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**Committee on the Rights of the Child**

Consideration of reports submitted by States parties   
under article 44 of the Convention

Combined third and fourth periodic reports of States parties   
due in 2007

Togo[[1]](#footnote-2)\*

[17 January 2011]

Acronyms and abbreviations

ADYSE Support for socio-educational development

AFD French Development Agency

APE Parent/teacher association

ASNT Improvement of school enrolment rates in northern Togo

CBM Christofell Blinden Mission

CDE Convention on the Rights of the Child

CEDEF Convention on the Elimination of All Forms of Discrimination against Women

CEG General secondary education school

CEPD Certificate of completion of primary education

CEPE Early education centre

CFPA Active Learning Pedagogy Centre

CHR Regional hospital centre

CHU University hospital centre

CLAC Reading and cultural activity centre

CMS Medico-social centres

CNAD National Anti-Drug Committee

CNAET Togo National Adoption Committee

CNAO National Centre for Orthopedic Appliances

CNARSEVT National Commission for the Reception and Social Reintegration of Child Victims of Trafficking

CNDH National Human Rights Commission

CNE National Committee on the Rights of the Child

COGERES Human resources management committee

CPE Parent/teacher committee

CPMI Maternal and child protection centre

CS Health huts

CVD Village development committee

DED German Development Service

DGS Department of Health

DOTS Direct Observed Treatment Short course

DRE Regional education department

EAM School for Medical Assistants

ECM Civic and moral education

EDB Basic education

EDF European Development Fund

EDIL Local initiative school

EDST Togo Population and Health Survey

EDUSIVIP Science education and introduction to practical life

ENIJE Kindergarten teachers training college

ENSF Togo National Midwifery School

EPD/SR Education in environment, population, development and reproductive health for sustainable human development

EPI Expanded Programme on Immunization

EPP Public primary school

EPTT Education for All in Togo

ESTEBA Higher School of Biological and Food Technologies

EU European Union

FAIEJ Fund to support young people’s economic initiatives

FAO Food and Agriculture Organization of the United Nations

FASPAREL Federation of Parent/Teacher Associations

FGM Female genital mutilation

FODDET Forum of Organizations for the Defence of Children’s Rights in Togo

FETAPH Togolese Federation of Associations of Persons with Disabilities

FMMP Joint School of Medicine and Pharmacy

FODES Federation of Savanes development organizations

GAVI Global Alliance for Vaccines and Immunization

GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria

HCRAH Office of the High Commissioner for Returnees and Humanitarian Action

HD District hospital

ICT Information and communication technology

IEPP Preschool and primary school education inspectorate

IGE General education inspectorate

IJE Kindergarten inspectorate

ILO International Labour Organization

ITN Insecticide-treated mosquito net

JNV National immunization days

MDGs Millennium Development Goals

MEPSA Ministry of Primary and Secondary Education and Literacy Teaching

MICS3 Third Multiple Indicator Cluster Survey

NGO Non-governmental organization

OEV Orphans and other vulnerable children

PAV Village action plan

PMCT Prevention of mother-to-child transmission

PPMR Multiannual micro-project programme

PRSP-F Full Poverty Reduction Strategy Paper

REFLECT Regenerated Freirian Literacy through Empowering Community Techniques

RESOKA Kara NGO network

ROAD-Togo Togo network of anti-drug NGOs

SCAC Cooperation and Cultural Action Service

SIS Health Information System

TBS Gross school enrolment rate

TNS Net school attendance rate

UNHCR Office of the United Nations High Commissioner for Refugees

UNICEF United Nations Children’s Fund

UNODC United Nations Office on Drugs and Crime

USP Peripheral health-care units

VAES Sexual violence, abuse and exploitation

WHO World Health Organization

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Introduction

1. Togo ratified the Convention on the Rights of the Child without any reservations on 1 August 1990. Since then, it has participated in several international and regional meetings on the rights of the child and signed and ratified agreements and conventions relating thereto, reflecting its willingness to work to improve the situation of Togolese children.

2. Pursuant to article 44 of the Convention, Togo submitted its initial report on the implementation of the Convention in 1997 and its second report in 2003.

3. The combined third and fourth periodic reports take account of the observations and recommendations made by the Committee on the Rights of the Child on the occasion of the presentation of Togo’s second periodic report, the Committee’s concluding observations (CRC/C/15/Add.83 of 21 October 1997) formulated after its consideration of Togo’s initial report (CRC/C/C/Add.42) on 7 and 8 October 1997 and those made on the occasion of its consideration of the second periodic report (CRC/C/65/Add.27 of 31 March 2005) on 28 January 2005 (CRC/C/SR.1025).

4. The present reports were prepared in accordance with the relevant guidelines and comprise the following sections:

I. General measures of implementation;

II. General principles;

III. Civil rights and freedoms;

IV. Family environment and alternative care;

V. Basic health and welfare;

VI. Education, leisure and cultural activities;

VII. Special protection measures.

5. The reports provide information on the specific measures taken to give effect to the Committee’s recommendations, indicate the programmes and principal legislative, judicial, administrative and other measures adopted to implement the Convention and refer to the allocation of budgetary resources by the State and the input from partners. They also provide information on statistical data, difficulties encountered and future prospects.

6. With regard to statistical data, it must be mentioned that data collection is inadequate and that where such data exist, they are not sufficiently disaggregated as stipulated by the guidelines. The statistics in the reports are therefore provided for illustrative purposes.

Overall context

Population

7. According to the survey for the Core Welfare Indicators Questionnaire (CWIQ) conducted in 2006, Togo’s population can be estimated at around 5,884,568 inhabitants. The most recent population census was carried out in 1981. The population gender ratio is 98 men to every 100 women. Togo’s annual population growth rate is 2.4 per cent and the total fertility rate is estimated at 5.4 children per woman.

8. Children account for almost half (48.2 per cent) of Togo’s population, namely, 2,839,028 persons under the age of 18. Over half this child population (54.5 per cent) are children of compulsory school age, namely, 1,548,229 children aged 6 to 14, while the proportion of children aged 15 to 17 is 12.5 per cent (354,904 adolescents). The capital city, Lomé, is home to 15 per cent of children, while 30.4 per cent live in the Maritime region (not including Lomé), 18.8 per cent in the Plateaux region, 9.9 per cent in the Centrale region, 12.8 per cent in the Kara region and 13 per cent in the Savanes region.

Rainfall

9. Contrary to the general rule whereby annual rainfall decreases from the equator to the tropics, in other words, from the dense forest zone to the desert, the south of Togo has less rainfall than the north.

10. This climatic anomaly often triggers natural disasters. Over the past three years, Togo has experienced heavy floods, which killed some 50 people in 2007 and six in 2008 and caused considerable material damage, including the devastation of thousands of hectares of food crops in 2006 in the northern part of the country, where agricultural output tends to be low anyway. In July-August 2008, the flooding of two major rivers (the Zio and the Haho) in the south seriously jeopardized the growing season.

11. Moreover, the 2008 collapse of bridges, notably the Amakpapé bridges on national highway No. 1 connecting Togo to its hinterland, namely, Burkina Faso, Mali and Niger, caused major economic losses through a marked slowdown of activity at Lomé Autonomous Port.

Political situation

12. The Head of State, General Gnassingbe Eyadéma, died on 5 February 2005. His death was followed by an institutional crisis and disturbances in which people were killed, injured or went into exile and substantial material damage was caused.

13. In the aftermath of this institutional crisis, the new Head of State, His Excellency Faure Essozimna Gnassingbe, launched a new process of political liberalization, which culminated in the signing of a Global Political Agreement on 20 August 2006 by the political parties representative of Togo’s political class and two civil society organizations: the Groupe de Réflexion et d’Action Femme Démocratie et Développement (GF2D) and the Réseau des Femmes Africaines, Ministres et Parlementaires-Togo (REFAMP/Togo).

Socio-economic indicators

14. Over the past 15 years, Togo’s socio-political crisis has slowed the development process considerably and caused a massive reduction in foreign aid. As a result, its Human Development Index, which had improved over the preceding decade, dropped from 0.510 in 1995 to 0.495 in 2006 (placing it 147th out of 177 countries worldwide).

15. The impact of the crisis is also measured by the fact that economic growth is far below the natural growth rate, a situation that has serious social repercussions and aggravates poverty. According to the CWIQ survey carried out in 2006, 61.7 per cent of Togo’s population live below the poverty line. The problem is more acute in rural areas, where the poverty rate is 74 per cent. Progress on social indicators, especially those related to education, health and drinking water, is far from adequate. This situation will undermine the attainment of the Millennium Development Goals in some sectors unless appropriate action is taken.

16. Between 1998 and 2006, the infant mortality and infant-and-child mortality rates fell from 80 to 77 per 1,000 and rose from 114 to 123 per 1,000 respectively.[[2]](#footnote-3) The main causes of the rise in infant and child mortality are malaria, pneumonia, diarrhoeal diseases, measles, AIDS and malnutrition. Combating such deaths thus remains a major challenge for the State, as does maternal mortality, with five maternal deaths for every 1,000 births, according to the 1998 Togo Population and Health Survey (EDST).

17. HIV prevalence peaked at 6 per cent in 2000, stabilized in 2006 and is currently estimated at 3.2 per cent in the general population. Sentinel serosurveillance of pregnant women in 2009 recorded a prevalence of 3.9 per cent. Some 130,000 people are living with HIV, of whom 60 per cent are women and 10,000 are children aged 0 to 14. An estimated 68,000 children have been orphaned by HIV.

18. In education, the net primary school attendance rate is 74 per cent, but it is higher in urban areas (89.3 per cent) than in rural areas (68.3 per cent). There is not a great difference, however, between net primary school attendance rates for girls (71.8 per cent) and those for boys (77.3 per cent).[[3]](#footnote-4) According to indicators from the 2006 Multiple Indicator Cluster Survey (MICS3), Togo will be able to provide Education for All by 2015 if the State takes appropriate action in its sectoral education policy to improve the education system’s low level of internal effectiveness.

19. With regard to quantitative data, Togo generally lacks disaggregated data on the different forms of violations of the rights of the child. However, it should be noted that the increase in child trafficking has prompted the Government to become involved in combating this problem. To this end, it launched the national forum on child trafficking held on 17 June 2008, in which social workers, judges, the security forces, prefects and children participated.

20. Despite the lack of disaggregated data, the MICS3 nevertheless revealed that nearly 51.2 per cent of children are not registered at birth. Violence against children, such as female genital mutilation (5.8 per cent), forced and/or early marriage (27.9 per cent) and psychological and/or physical punishment (90.3 per cent), is one of the violations of children’s rights against which the Government and human rights advocates are taking action to ensure increased protection of such rights.

National laws, policy and strategy for the protection of children’s rights

21. Pursuant to the Committee’s recommendations on bringing the Children’s Code into line with the Convention, the Togolese Government undertook to revise the Code with its different development partners and civil society. This process culminated in the adoption of the Code by Parliament on 25 June 2007 and its promulgation by the Head of State on 6 July 2007.

22. The Children’s Code is now harmonized with the Convention on the Rights of the Child and other international child protection standards.

23. In addition to the Children’s Code, a national child protection policy and a national strategic plan were drafted and approved in December 2008 by all parties involved in the protection of children’s rights and submitted to the Government for adoption.

24. To improve the protective environment for children and in addition to the full Poverty Reduction Strategy Paper (PRSP-F), which includes children’s rights issues, a number of strategies have also been defined. Multilateral cooperation agreements have also been signed and thematic action plans have been designed. These include the following:

* The Multilateral Cooperation Agreement to Combat Trafficking in Persons, Especially Women and Children, in West and Central Africa (2006).
* The Regional Policy on Protection and Assistance to Victims of Human Trafficking in West Africa (June 2009), to which Togo has adhered.
* The establishment of a National Committee on the Rights of the Child (CNE) by article 452 of Act No. 2007-017 of 6 July 2007 adopting the Children’s Code. The decree on the composition, organization and functioning of the National Committee is currently being drafted.
* The establishment of specialized child protection commissions in communities.
* The establishment of the National Steering Committee against Child Labour (CDN) in 2008.
* The introduction of the “Allo 111” child protection hotline in Togo in January 2009.
* The preparation in 2009 of a guide on norms and standards for the care of vulnerable children in reception centres and orphanages.
* The preparation in 2007 of a procedural manual on the care of child trafficking victims or children at risk of trafficking.
* The revision in September 2007 of the national plan to combat child labour.
* The drafting and adoption in 2007 of the national plan to combat trafficking in persons in general and women and children in particular.
* The drafting by the Ministries of Social Action, Security, Labour and Justice of a framework document of priority actions for combating child trafficking. These priorities emerged from the national forum on child trafficking held in Kara on 17 June 2008 under the auspices of the Head of State.
* The definition of a minimum package of services for vulnerable children, approved in June 2009.
* The establishment of a Togo National Adoption Committee in October 2008.
* The adoption of Act No. 2009-010 on the organization of the civil registry system in Togo, which includes provisions on the registration of births.
* The preparation of a guide to good practice for the protection of minors in conflict with the law, approved in 2010.

Activities of human rights associations and NGOs

25. In the past 10 years, Togo has seen the creation of a large number of associations and NGOs, including several concerned principally with children’s rights. The latter organizations have established thematic networks for the protection and promotion of children’s rights, their central organ being the Forum of Organizations for the Defence of Children’s Rights in Togo (FODDET). They carry out numerous awareness-raising and public education activities on children’s rights and provide care for children at risk or child victims, helping them reintegrate in society and find work. They are also involved in several areas of children’s rights, such as the care of orphans and other vulnerable children (through prevention, rehabilitation and social and workplace reintegration) and the improvement of the juvenile justice system. A chart of these organizations has just been produced, which will help improve coordination among them and of their activities in the field of children’s rights.

I. General measures of implementation

A. Legislation

26. Since 2004, the Togolese Government, with the support of its development partners, notably UNICEF, has been engaged in a process of bringing Togolese legislation into line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. This has resulted in the adoption of:

* Act No. 2005-009 of 3 August 2005 on the suppression of child trafficking in Togo;
* Act No. 2005-010 of 14 December 2005 on the protection of persons with regard to HIV/AIDS;
* Act No. 2006-010/PR of 13 December 2006 on the Labour Code;
* Act No. 2007-017 of 6 July 2007 on the Togo Children’s Code;
* Act No. 2009-010 of 11 June 2009 on the organization of the civil registry system in Togo.

27. The implementing regulations for some of these acts are currently being drafted.

B. Coordination

28. Under article 453 of the Children’s Code, the main functions of the National Committee on the Rights of the Child (CNE) are the following:

* Promotion of the rights of the child in the territory of the Togolese Republic by all means including:
* Teaching activities, comprising information, awareness raising, education, research, dissemination, training and advanced training;
* Preparation, for submission to the Government, of preliminary draft legislative and regulatory texts aimed at ensuring greater respect for children’s rights;
* Coordination and cooperation activities at national, bilateral and multilateral level;
* Protection of the rights of the child in Togolese territory;
* Participation in the drafting of national reports on the situation of children’s rights;
* Monitoring of the implementation of measures for the protection and promotion of the rights of the child, including the provisions contained in the Children’s Code.

29. Pursuant to articles 452 *et seq.* of the Children’s Code, a preliminary draft decree on the composition, organization and functioning of the National Committee is in the process of drafting.

30. CNE must be an independent organ and its financial autonomy must be ensured through mandatory State subsidies and contributions from bilateral and multilateral bodies or private institutions.

31. Pending the Committee’s establishment, specific institutional frameworks for coordination have been set up at the level of both the State and NGOs. These include the Ministry responsible for child protection, the National Commission for the Reception and Social Reintegration of Child Victims of Trafficking (CNARSEVT) set up by inter‑ministerial order of 25 April 2002 to handle child trafficking issues, the Togo National Adoption Committee (CNAET) for child adoption issues and the Forum of Organizations for the Defence of Children’s Rights in Togo (FODDET), responsible for coordinating NGO protection and promotion activities. There are also other, less formal, frameworks working to improve the coordination of child protection activities in Togo, for instance, the Group of Protection Partners (GPE), bringing together the main development partners and international and local NGOs.

32. It should be noted that these different structures receive technical and financial support from UNICEF and Plan Togo with a view to building their capacities for efficient coordination.

C. Independent monitoring

1. Measures guaranteeing the independence and impartiality of the National   
Human Rights Commission

33. As part of measures to increase the effectiveness, independence and impartiality of the National Human Rights Commission (CNDH) in keeping with the Paris Principles relating to the Status of National Institutions, Organic Act. No. 96-12 of 11 December 1996 on the composition, organization and functioning of CNDH was amended and supplemented by Organic Act No. 2005-004 of 9 February 2005.

34. To increase the independence and impartiality already guaranteed by article 1 of the 1996 Act,[[4]](#footnote-5) the Act of 9 February 2005 introduced in article 4 the stipulation that the mandate of Commission members shall be irrevocable, except in cases where a member fails to fulfil his/her legal obligations. In such cases, only the Commission, acting by a two‑thirds majority, may dismiss the member in question.

35. Moreover, before assuming their functions, members take an oath before the officers of the National Assembly, pledging to perform their functions with complete impartiality and independence.

36. CNDH determines and implements freely its activities for the promotion and protection of human rights. Its relationship with public administrative bodies is one of cooperation and partnership.

2. Increasing the Commission’s financial and human resources

37. Article 25 of the Act of 9 February 2005 requires the State to include in each year’s general budget the credits necessary for the Commission’s functioning. CNDH is thus mainly dependent on State subsidies. Unfortunately, since 2008 the State subsidy to CNDH has been reduced by 20 per cent. Efforts must be made to ensure that the Commission is able to perform its role effectively.

38. Since the Commission cannot recruit other staff directly in order to boost staff numbers, an effort was been made to respond in part to its requests for human resources. Thus, in 2009, in the context of the civil service recruitment examination, it was assigned six staff members —four A2 officers and two clerical workers.

# Table 1

**Permanent staff members of the administrative secretariat of the National Human Rights Commission (CNDH), 2007 to 2008**

|  | *Gender* | |  |
| --- | --- | --- | --- |
| *Professional category* | *Women* | *Men* | ***Total*** |
| Managers | 03 | 14 | **17** |
| Senior officers | 08 | 06 | **14** |
| Junior officers | 01 | 15 | **16** |
| **Total** | **12** | **35** | **47** |

*Source:* National Human Rights Commission (CNDH).

# Table 2

**Permanent staff members of the administrative secretariat of the National Human Rights Commission (CNDH), 2008 to 2009**

|  | *Gender* | |  |
| --- | --- | --- | --- |
| *Professional category* | *Women* | *Men* | ***Total*** |
| Managers | 04 | 18 | 22 |
| Senior officers | 09 | 07 | 16 |
| Junior officers | 01 | 15 | 16 |
| **Total** | **14** | **40** | **54** |

*Source:* National Human Rights Commission (CNDH).

3. Accessibility of CNDH to children

39. Under its rules of procedure, the Commission has a subcommission on specific categories of rights, including children’s rights. Its permanent secretariat also has a division for women, children and other specific groups, whose responsibilities include proposing guidelines to the Commission in these different areas.

40. With regard to the promotion of children’s rights, CNDH works to raise children’s awareness of human rights in general and children’s rights in particular. To involve them more effectively in this issue, it has launched a pilot experiment by setting up human rights clubs in some Lomé schools (secondary schools and high schools).

41. With regard to protection, the 2005 Act states that the Commission is open to anyone who alleges a human rights violation. However, as in the past, it is rarely seized of cases involving the violation of children’s rights. This situation may be explained by the fact that children’s rights are far more a matter for the courts and that little has been done to raise awareness among children.

42. Basically, the Commission’s activities tend more towards promoting reconciliation between parents and children. It also plays an advisory role, indicating, where necessary, the appropriate remedies available to complainants.

D. National plan of action

43. With financial support from UNICEF, Togo recently prepared a national child protection policy document, which was approved in December 2008. After an appraisal of child protection centres in Togo, the document goes on to present national policy options based on precise foundations and guiding principles, establishes the overall goal and specific objectives and identifies strategies and areas of intervention within the institutional framework of implementation and follow-up.

44. This national policy targets all vulnerable children, in other words, any child who faces a particular risk to his or her survival or development as a result of a situation that increases his or her vulnerability. Its aim is to create a protective environment for all children that is conducive to the achievement of fundamental rights and equitable access to basic social services.

45. Its overall goal is to put in place a national child protection system that will enable all children, especially the most vulnerable, to enjoy the same rights as others and protect them against neglect and all forms of abuse, violence and exploitation.

46. More specifically, the policy is designed not only to provide an immediate response to vulnerable children but also to prevent risks and abuse by means of a number of social protection measures.

47. Its intermediate objectives are:

(a) To reduce the number of vulnerable children;

(b) To improve the protection and care of vulnerable children;

(c) To combat all forms of child abuse.

48. To achieve these objectives, the national child protection policy envisages five strategic areas of intervention:

* Prevention of situations of vulnerability, based on awareness raising, the development of support for vulnerable families and children and community capacity building;
* Care of vulnerable children, with a focus on strengthening the legislative and regulatory framework in relation to and pursuant to the Children’s Code; strengthening of the mechanisms for and accessibility to counselling services for children in difficulties; building of institutional capacities in terms of human, logistical and technical resources and cooperation and operational coordination among child protection structures;
* Anchoring of child protection in sectoral policies, based on increasing the responsiveness of the education and health sectors to situations that place children at risk; strengthening of protection mechanisms in the judicial system;
* Monitoring, protection and integrated use of information on vulnerable children, based inter alia on the establishment of a national information system on vulnerable children and the creation of a referral centre;
* Strengthening of the framework for follow-up, planning and coordination of child protection, and reorganization and building of the institutional capacity of the Ministry responsible for child protection with regard to follow-up, evaluation and planning.

49. The national child protection policy forms part of the strategic and programme framework of the full Poverty Reduction Strategy Paper (PRSP-F) for 2009-2011, which envisages the implementation of a human capital development component based on:

* Promotion of the education and training system;
* Improvement of the health care system and health services;
* Improvement of the population’s nutritional level;
* Improvement of access to drinking water and sanitation infrastructures;
* Promotion of gender equity and social protection.

50. In this connection, the full PRSP underscores the need for:

* Communication as a means of changing people’s behaviours;
* The adoption of an appropriate legal framework for the protection of children in general and orphans and other children made vulnerable by HIV/AIDS in particular;
* The organization and education of communities to become permanently and actively involved in child protection, focusing on endogenous and self-sustaining strategies;
* The planning, coordination and follow-up of programmes for the protection and promotion of vulnerable children.

E. Resources devoted to children

51. With a view to achieving their objectives for the protection and promotion of children’s rights, the Government, through the Ministry responsible for child protection, and its development partners, notably UNICEF and Plan Togo, are devoting part of their budgets to funding the different activities. The relevant data are provided in the following tables.

# Table 3

**Financial resources allocated to the Child Protection Department**

|  |  |  |  |
| --- | --- | --- | --- |
| *No.* | *General budget* | *Service voted for* | *Service authorized* |
| 01 | 2005 budget year | 11 784 000 | 10 064 000 |
| 02 | 2006 budget year | 14 720 000 | 12 632 000 |
| 03 | 2007 budget year | 12 635 000 | 9 900 000 |
| 04 | 2008 budget year | 14 710 000 | 11 999 000 |
| 05 | 2009 budget year | 14 710 000 | 11 768 000 |
| **Total** | | **68 559 000** | **56 363 000** |

*Source:* Ministry of Social Action and National Solidarity (Child Protection Department).

# Table 4

**Financial and capital investment budget**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *2005* | *2006* | *2007* | *2008* | *2009* | ***Total*** |
| 25 000 000 | - | 15 000 000 | 30 000 000 | - | **70 000 000** |

*Source:* Ministry of Social Action and National Solidarity (Child Protection Department).

52. In addition to this budget, since 2009 a subsidy of CFA Fr 75 million has been allocated to the Ministry of Social Action, with CFA Fr 45 million going to CNAET and to combating child trafficking and abuse and CFA Fr 30 million to subsidize 33 orphanages and reception centres for vulnerable children.

53. Realizing that the State’s internal resources are far from adequate, the Government has developed resource mobilization strategies for implementing its child protection policy on the basis of partnership and cooperation. For instance, it set up a cooperation/development assistance framework with UNICEF, which resulted in the signing of a five-year plan of action for the period 2008-2012. The programmes proposed under this plan cover five components:

* Education and gender equity;
* Child survival and development;
* Child protection;
* HIV/AIDS;
* Social policy and partnership.

# Table 5

**Spending on the implementation of UNICEF Togo programmes from 2005 to 2009**

| *Year* | *Spending (US$)* |
| --- | --- |
| 2005 | 3 359 648.83 |
| 2006 | 3 550 667.52 |
| 2007 | 7 477 515.68 |
| 2008 | 8 681 928.77 |
| 2009 | 8 885 436.01 |
| **Total** | **31 955 196.81** |

*Source:* UNICEF Togo.

# Table 6

**Spending on the implementation of Plan International-Togo programmes from   
2005 to 2009**

| *Years* | *Spending (CFA Fr)* |
| --- | --- |
| 2006-2007 | 1 390 705 329 |
| 2007-2008 | 1 143 753 |
| 2008-2009 | 757 289 542 |
| 2009-2010 | 768 306 313 |
| **Total** | **2 917 444 937** |

*Source:* Plan Togo.

F. Data collection

54. There is still no centralized system of data collection and analysis. However, a national system of data collection and management on child victims of trafficking has been set up within CNARSEVT. This system will permit the creation of a database, but is still focused mainly on external trafficking and it is not clear how it will be used and accessed.

55. An observatory for monitoring the situation of children has been set up within the Statistics Department. It has regional branches and relies on twice-yearly data collection by social workers and village development committees (CVD). Unfortunately, it remains tied to project areas and activities. Greater advantage should be taken of opportunities for integrating and analysing data on children at risk in existing sectoral information monitoring and management systems.

56. In the health area, in addition to an epidemiological emergency information system, a routine information system, updated monthly, has been put in place. Age groups and pathology categories could be reviewed to highlight some forms of physical violence against children (intentional wounding and trauma, sexual violence).

57. The prison administration produces monthly statistics on the prison population by type of detention, gender and type of crime, but does not always indicate whether detainees are minors.

58. The primary education system and the school statistics services are seen as key for assessing and locating children whose birth has not been officially registered, without waiting for a small number of them to reach sixth grade and petition to remedy this situation.

59. Data on children are managed through TogoInfo, an advanced database management system that allows human development commitments to be monitored. The Government and agencies of the United Nations system in Togo adopted the system for the Government’s progress reports on the attainment of the Millennium Development Goals.

60. Apart from the Millennium Development Goals, the system provides information on trends in different areas of national life, including child protection. Data are disaggregated by gender, age group, geographical area, etc.

61. In the specific area of child protection, all heads of protection divisions, directors of social affairs and statistics directors in the regions have been trained in data collection and management through TogoInfo. Each region produces an annual report.

G. Dissemination of the Convention

62. In addition to translating the Convention, disseminating it in the national languages and producing an illustrated children’s version with a simplified text, the Government, development partners and civil society have provided training and awareness raising for the different stakeholders involved in the protection of children’s rights.

Training

63. All 81 members of Parliament have been given training on the Convention’s principles and the need for Togo’s legislature to bring domestic legislation into line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It should also be noted that during the second training round, the 2005 observations of the Committee on the Rights of the Child were disseminated to members of Parliament. A parliamentary unit for the protection and promotion of children’s rights, established as a follow-up to this training, contributed to the adoption of the Children’s Code and to a growing awareness of child protection issues on the part of many members of Parliament, especially the need to combat child trafficking and sexual abuse and exploitation, which members denounce in their constituencies at meetings with their voters.

64. Judges, lawyers and members of the security forces have received training on the Convention’s principles, including the concept of the best interests of the child, the protection of children against all forms of exploitation, abuse and violence and the notion of child participation. Tangible results have been achieved: several courts have tried alleged perpetrators of child exploitation, abuse and violence (prosecution of child traffickers and persons accused of physical or sexual violence, the sale of children, the production of child pornography, the theft or abduction of children, infanticide, etc.).

65. Teachers and social workers have also received training on the child’s right to protection, the best interests of the child, child survival and development, non‑discrimination and children’s participation. As a result of such training, children are taught about the rights of the child and teachers encourage pupils to organize into clubs to protect their rights at school and participate in the life of their school environment. A free child protection hotline, “Allo 111”,has also been set up.

66. Soldiers, police and gendarmes are also given training on the rights of the child and, on the instructions of the army chief of staff, a module on child rights and protection has been introduced into the armed forces, police and Gendarmerie training curricula. Admission to these forces is conditional on obtaining a higher than 12 average in this subject. With UNICEF support, this experiment is being extended to schools that train other professionals who will work with children once they have completed their studies.

67. Customary and religious chiefs, heads of convents, shamans and community structures (protection commissions, vigilance committees, birth registration committees, women’s groups, etc.) have received training on the content of the Convention and especially on the protection of children against harmful traditional practices. One consequence has been a dramatic decline in traditional practices harmful to children as a result of awareness-raising activities conducted with community protection structures.

68. Women paralegals, trade union federations and the Togolese Business Council have received training on the rights of child workers and the protection of children against the worst forms of child labour.

69. Lastly, from 2005 to 2007, UNICEF and Plan Togo assisted the Government in creating a pool of 5,120 child leaders who received training on the content of the Convention and who, in turn, either trained their peers in Wednesday afternoon workshops or broadcast programmes on their communities’ rural radio stations.

Awareness raising

70. Awareness-raising activities on the content of the Convention and the Committee’s observations were provided for Government members involved in children’s issues, first and foremost the Head of Government, and this prompted them to expedite the adoption of the Children’s Code in the Council of Ministers. The Ministry of Primary and Secondary Education and Literacy Teaching also instructed teachers to exempt needy primary and secondary school pupils from school fees.

71. On the instructions of the Minister of Justice, judges have been appointed to act as juvenile magistrates in several courts in the country’s interior. Urgent measures have also been taken to ensure respect for the principle, reaffirmed in article 348 (1) of the Children’s Code, of separation of minors and adults in places of detention or imprisonment. As a result, special juvenile sections have been created in 11 of the country’s 12 prisons.

72. Moreover, in training or awareness-raising sessions on children’s issues not directly related to the Convention, listeners are regularly reminded about the Convention as a point of reference for any child-related legislation in Togo.

73. In addition to the above training activities, government members and civil society organizations regularly broadcast programmes to raise public awareness about children’s rights on national and local radio and television stations, particularly rural radio stations.

74. The Act on child trafficking, the Labour Code, the Children’s Code and the Act on the organization of the civil registry system in Togo have already been reproduced widely in brochure form by the Government, with financial support from UNICEF, and have been disseminated for training purposes to the different stakeholders in this area, notably judges (133), members of the security forces (605), lawyers (115), notaries (61), community leaders (336), teachers (503), social workers (507) and journalists (189).

H. Cooperation with NGOs

75. Despite the absence of an independent operational coordination mechanism, efforts have been made to promote cooperation among public institutions, civil society organizations and development partners. Since 2005, every initiative to improve the situation of children in Togo has been taken in partnership with all stakeholders. For instance, several national and international NGOs were involved in drafting the Children’s Code and the child protection policy and in setting up the “Allo 111” hotline, and some are currently involved in the survey of vulnerable children being carried out by FODDET.

76. Rather than cooperation, these efforts reflect relations of complementarity between public child protection institutions and NGOs.

77. Moreover, NGOs receive support from UNICEF under its cooperation programme with the Government. This support was extended to some 15 NGOs in 2009, including Terre des Hommes, the International Catholic Child Bureau (ICCB), PSI, Aide et Action, CREPA, RELUTET, ROMAESE, Vivre dans l’Espérance, Centre Providence and SOS Children’s Villages.

II. General principles

A. Non-discrimination

78.Non-discrimination is regulated by the following legislative texts, which refer to the concepts of non-distinction and equality, as well as those of non-restriction and exclusion:

* The 14 October 1992 Constitution:
* Article 2, paragraph 1, enshrines the principles of equality and non‑discrimination by stating that the Togolese Republic shall ensure equality before the law for all citizens without distinction as to origin, race, gender, social status or religion. Paragraph 2 of the same article adds respect for all political and philosophical opinions and all religious beliefs;
* Article 11, paragraph 1, sets forth the principle of the equality of all human beings, while paragraph 2 of the same article sets forth the principle of equality of men and women before the law; paragraph 3 sets forth the principle of non-discrimination, adding ethnic or regional origin to the other cases envisaged in article 2 of the Universal Declaration of Human Rights of December 1948;
* Article 32 confers the right to Togolese nationality on children born of either a Togolese father or a Togolese mother;
* Article 35, paragraph 2, makes school attendance compulsory for children of both sexes up to the age of 15;
* The 13 December 2006 Labour Code.

79. Article 2 of the Labour Code characterizes everyone, irrespective of gender and nationality, as a worker.

* The Children’s Code:
* Article 5 of the Children’s Code states that every child shall enjoy all the rights and freedom recognized and guaranteed by the Code and that all discrimination based on race, ethnic origin, colour, gender, language, religion, political or other opinions, national and social origin, wealth, birth, disability, state of health or any other status shall be prohibited;
* Article 58 grants to children born out of wedlock whose parentage is legally established the same rights and obligations as children born within the marriage; article 68 provides that an adopted child has the same rights and obligations in the adoptive family as a child born within marriage; articles 114 *et seq.* establish the succession of urban and rural immovable property;
* Article 456 repeals all provisions that predate and conflict with the Code. Accordingly, all provisions that discriminate against children are repealed.

80. The age of marriage has been set at 18 years for both sexes in order to avoid the discrimination that used to exist in this regard in Togolese legislation.

81. In education, the abolition of primary school fees in 2008 has prompted parents to enrol all their children in school, unlike in the past when priority was given to boys if a choice had to be made. The Government presented its sixth to seventeenth periodic reports on the Convention on the Elimination of All Forms of Racial Discrimination on 30 and 31 July 2008.

82. Reiterating the provisions of Ordinance No. 16 of 6 May 1975 on the reform of education, article 255 makes school attendance compulsory for children of both sexes up to the age of 15 years.

Judiciary

83. The Togolese Constitution of 14 October 1992 stipulates that Togolese citizens shall enjoy equal protection before the law. In practice, the courts respect this principle.

Information on future legislative measures envisaged with regard to the   
principle of non-discrimination (articles 3 and 26)

84. Articles 64 to 68 and 94 to 105 of the Health Code adopted by Parliament contain provisions on protecting the health of families and children. The Code seeks to ensure the overall physical, mental and social wellbeing of children by instituting reproductive health (arts. 94 and 95), maternal and child health (arts. 96 to 98) and family planning (arts. 99 to 105) programmes and imposing on parents or guardians the obligation to have their children immunized during the first year of life and reimmunized at the requisite intervals. On 14 November 2008, the Government ratified the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption, thereby enabling children deprived of a family to have one and to enjoy all the rights and prerogatives extended to children living with their biological family.

B. Best interests of the child

85. Expressly incorporating the principle of the best interests of the child pursuant to article 3 of the Convention and Recommendation No. 29 of the Committee, article 4[[5]](#footnote-6) of the July 2007 Children’s Code defines the best interests of the child and goes on to emphasize its imperative nature in the adoption of any decision concerning the child (art. 8).

86. With regard to custody of the child (articles 108 to 111 of the Children’s Code), children up to the age of seven are in theory entrusted to their mother. In reality, this issue is governed by considerations other than age, in that the judge is required to take the child’s best interests into account.

87. Where a child has reached the age of discernment, the judge seeks and analyses his or her views before deciding to whom to award custody.

88. Moreover, in order to protect the best interests of the child in cases of adoption, for instance, the Government was forced to suspend the adoption procedure in Togo for nearly six months in order to enact an implementing decree aimed at clarifying and supplementing the Children’s Code, the main object being to avoid the dysfunction and excesses observed in this sector, which could jeopardize the best interests of the child.

89. In addition, all national initiatives taken since 2005 to ensure an environment protective of the child have, from their design to their implementation, been taken with the participation of children in order to take their best interests into account.

90. One example that can be cited is the process of conducting the 2006 sociological study on sexual violence, abuse and exploitation (VAES), in which children were involved at every stage.

91. Children expressed their views before the 2007 election campaign, reminding the different political parties of their duty to protect children against electoral manoeuvres and to take their right to protection into account in their political platforms.

C. Right to life

92. Children’s right to life is recognized in Togo. It is a fundamental, primordial right that cannot be taken away (article 7 of the Children’s Code). Accordingly, the Children’s Code prohibits and criminalizes infanticide (art. 359, para. 2).[[6]](#footnote-7)

93. At the administrative level, the aforementioned training and awareness-raising sessions have prompted parents, communities, opinion leaders and traditional priests to:

* Put an end to the infanticide of children born with a disability or abnormality, practised as a form of purification, in Dankpen prefecture (reporting of at-risk cases by telephoning the free “Allo 111” hotline, by community-based child protection structures set up by communities themselves, or by neighbours, women’s organizations, religious organizations, etc.);
* Put an end to cases of expulsion or serious mistreatment that can result in the death of children, in the case of children alleged to be witches in Kozah prefecture.

94. Act No. 2009-011 of 24 June 2009 abolished the death penalty in Togo.

D. Respect for the views of the child

95. Taking the child’s views into account is a rule of principle, set forth in article 9 of the Children’s Code, both in any judicial proceeding and in any issue involving a child who has reached the age of discernment. Children participated in the drafting of the Children’s Code, giving their views on its content before it was adopted.

96. Article 29 of the Children’s Code recognizes the child’s right to be heard on all matters concerning his or her education, religion, guidance and social life.

97. Article 30 of the Code recognizes the child’s right to be informed, within the limits established by law, of anything that has a bearing on his or her physical, mental and spiritual development.

III. Civil rights and freedoms

A. Name and nationality

98. As already emphasized, 22 per cent of Togolese children aged over 5 have no birth certificate and only 51.2 per cent are registered at birth, that is, within the legal time limits. Because Decree No. 62-89 of 2 July 1962 organizing the civil registry system in Togo no longer responded to current realities, Act No. 2009-10 on the organization of the civil registry system was adopted on 11 June 2009.

99. The new Act is designed to adapt the organization and functioning of the civil registry system to local authorities’ administrative organization and management practices.

100. Article 18 of the Act sets forth the principle and the framework of compulsory registration of declarations of birth. The Act makes the declaration of birth mandatory and extends the deadline for making the declaration from 30 to 45 days following the birth of the child. The declaration must be made at the registry office of the place of birth or at one of Togo’s diplomatic or consular missions if the child is born abroad.

101. The declaration of birth must be made by one of the child’s parents or anyone authorized by one of the parents to do so or, failing that, by the doctor or midwife in accordance with the legal provisions in force. The declaration entitles the child to an authentic document called a birth certificate.

102. The principle established by the Act presupposes the existence of registry offices in all parts of the country, which is not in fact the case. The registration of births is thus effective in cities, and capitals of prefectures and cantons, and autonomous villages. The table below shows the current situation of civil registry offices in the country.

# Table 7

**Situation of registry offices in Togo**

| *N°* | *Regions* | *Number* |
| --- | --- | --- |
| 1 | Lomé | 15 |
| 2 | Maritime | 62 |
| 3 | Plateaux | 141 |
| 4 | Centrale | 43 |
| 5 | Kara | 63 |
| 6 | Savanes | 62 |
| **Total** |  | **387** |

*Source:* Ministry of Territorial Administration, Decentralization and Local Authorities.

103. Residents of other localities are thus obliged to travel to registry offices far from their homes in order to register births. During a 2005 national campaign on birth registration, supported by UNICEF and Plan Togo, it was seen that registry offices are making an effort to register births, thanks to the strengthening of the civil registry system and, above all, of community actors such as civil registry workers and the local committees that follow up birth registration.

104. The main difficulties inherent in the registration of births in Togo are the following:

* Remoteness of registry offices: at present, only cities, capitals of prefectures, subprefectures, cantons and autonomous villages, as well as districts of Lomé, have registry offices;
* Most registry offices in Togo charge a fee for issuing birth certificates and the cost varies from one prefecture to another;
* Many registry offices do not have a team of trained registrars and the work is done by unqualified staff who learn on the job;
* There is insufficient information on the benefits of birth registration for parents (especially those in rural areas), children and policymakers.

105. In order to bring civil registry services closer to the population, there are plans to set up registry offices in urban districts and subsidiary offices in rural districts. Bringing registry offices closer to the population should help ensure the registration of births within the legal time limits, thereby improving the rate of birth declarations.

106. To compensate for the failure to declare births or to declare them within the legal time limits, courts of first instance regularly organize visiting registration hearings, especially for schoolchildren. The Government and civil society organizations have carried out, and continue to carry out, numerous activities to raise awareness about and facilitate and support birth registration and the issuance of supplementary registration orders.

Right to a nationality

107. The provisions of articles 17 to 21 of the Children’s Code govern the question of the child’s nationality.

108. According to article 17 of Act No. 2007-017 of 6 July 2007 on the Children’s Code, a child born of Togolese parents shall have Togolese nationality and the child of either a Togolese mother or a Togolese father shall be Togolese.

109. Article 18 of the Code states that any child born in Togo to foreign parents shall have the right to acquire Togolese nationality by declaration on reaching the age of majority, provided that he or she can prove that he or she has had Togolese status since the age of 16.

110. Article 19 of the Code states that any child found in Togolese territory before the age of five years whose parents are unknown and any child born in Togo to a parent whose place of birth is unknown shall have the right to acquire Togolese nationality.

111. Article 20 of the Code states that a child whose father has become Togolese by naturalization shall automatically acquire Togolese nationality. This provision does not apply to:

(a) A child aged 16 who is married according to the terms of articles 267 *et seq.* of the Children’s Code;

(b) A child who has served in the armed forces of his or her country of origin;

(c) A child subject to an order of expulsion or house arrest that has not been expressly deferred in due form in the place where it was issued;

(d) A child who has been sentenced to more than six month’s imprisonment for a deliberate offence classified as a crime.

112. According to article 21 of the Code, any foreign child who marries a Togolese spouse may acquire Togolese nationality.

B. Corporal punishment

113. With the support of Plan Togo, Togo took part in the international campaign “Learn Without Fear”, launched officially by the Togolese Government. As a result of the campaign’s advocacy, a module on non-violence at school was included in the curriculum of the national training college for primary school teachers (ENI).

114. All basic education stakeholders (school inspectors, school principals, teachers, parent/teacher committees) have been given training to help them instil the principles of non-violence both at home and at school, adhere to alternative forms of conflict management at school, familiarize themselves with the laws, texts and penalties in force and increase the accountability of each party in the education system.

115. It should be emphasized that corporal punishment has never been legal, even though it is widely used and socially accepted as long as it remains at a reasonable level.

116. To remedy this situation and make the existing regulations more effective, subtitle 4 of Title II of the Children’s Code, on the child’s rights to special protection, includes a first chapter on the protection of the child against physical or psychological violence within the family, at school or in an institution. The chapter’s provisions that expressly prohibit corporal punishment and even psychological violence in a family, school or institutional setting.

117. Article 353 of the Children’s Code sets forth the general principle of State protection of the child, stipulating that the State shall protect the child against any form of violence, including sexual abuse, physical or mental cruelty or brutality, abandonment or neglect, or ill treatment by the child’s parents or any other person with authority over or responsibility for him/her.

118. Articles 355 to 359 penalize violence and abuse against a child and criminalize infanticide.

119. Article 376 stipulates that corporal punishment and any other form of violence or abuse are prohibited in schools, vocational training centres and institutions, with institution being understood to mean any orphanage, rehabilitation centre for children with disabilities, reception and social reintegration centre, hospital, re-education centre or any other place that receives children on a temporary or permanent basis.

120. Institutional violence is subject to the same penalties as are imposed on parents or guardians.

121. To promote the application of the relevant provisions of the Children’s Code, the Government, working with its civil society and development partners, has taken a number of actions targeting different occupational groups:

(a) On 14 January 2009, the Government set up a universally accessible child protection hotline. Henceforth, if a child suffers mistreatment, violence or abuse, anyone can dial 111 to report it. Because hotline calls are anonymous, more cases of serious violations of children’s rights are being reported, whereas previously they were often not reported for fear of reprisals.

(b) Teachers have been made aware of the provisions of the Children’s Code prohibiting corporal punishment at school and in vocational training centres.

(c) Decree No. 2010-100/PR was adopted, establishing the norms and standards applicable to reception and protection centres for vulnerable children in Togo.

(d) Community-based structures (CVD, village district committees, local human rights protection committees) have been set up and taught how to combat corporal punishment, among other things.

(e) Most orphanages and reception and protection centres for vulnerable children have a code of conduct prohibiting all kinds of violence, particularly corporal punishment. This code has to be signed by each social worker.

122. Despite all these actions by the Government and civil society, sociocultural factors mean that corporal punishment is far from being eradicated in Togo because of. This can be seen from parents’ reactions to radio or television programmes on corporal punishment. In some schools, especially State schools, children are still being abused. Most teachers and parents continue to believe that the most appropriate punishment for a child is a beating. The Terre des Hommes Oasis centre continues to take in child victims of physical cruelty.

123. Given this situation, training workshops have been launched in some private schools and teachers themselves have participated in identifying alternative punishments. Such workshops should be extended to other schools.

C. Access to information

124. Since 2005, the Government has been taking action, in cooperation with civil society organizations and with technical and financial support from its development partners, to promote children’s access to appropriate information. The following are some examples:

(a) In 2006 and 2007, the observations of the Committee on the Rights of the Child were relayed to Togolese schools, along with explanations of the Committee’s role to children;

(b) The recommendations of the global survey of violence against children and the national study on sexual violence, abuse and exploitation of pupils at school were also relayed to Togolese schools;

(c) Information was provided to children on the occasion of the regional campaign against HIV/AIDS;

(d) Reading competitions are organized on the occasion of book day, when children are encouraged to read and discover books;

(e) Civil society contributes to information for children by publishing specialized children’s newspapers featuring stories written by children about the problems they face. The aim is to make children adopt appropriate behaviours and to build their capacities to demand their rights;

(f) Radio and television programmes for young people are broadcast;

(g) Reading and recreation spaces have been created in primary schools, secondary schools and high schools, as well as in prefectures and communes;

(h) Subscriptions to the magazines *Planète Enfants* and *Planète Jeunes* have permitted their distribution in schools.

125. It should be noted that lack of infrastructure prevents children in rural areas from accessing information and recreation. To remedy this situation, efforts will have to be made to provide rural areas with the necessary facilities for children to have access to the same level of information and recreation.

D. Freedom of expression

126. Articles 5, 9, 29, 30 and 31 of the Children’s Code guarantee children’s freedom of expression. Article 5 stipulates that all children shall enjoy all the rights and freedoms recognized and guaranteed by the Code, while article 9 provides that any judicial proceeding or issue involving a child capable of discernment must take that child’s views into account, either directly or through an impartial representative or an agency for the protection or defence of children’s rights.

127. A child capable of discernment is defined as any child who is capable of judging things or situations clearly and soundly and therefore of participating in the adoption of any decision concerning him or her.

128. Article 29 provides that the child has the right to be heard on all issues concerning his/her education, religion, guidance and social life. Article 30 recognizes the child’s right to communicate and to be informed, within the limits established by law, of anything that has a bearing on his or her physical, mental, moral and spiritual development.

129. Like other freedoms, however, freedom of expression is not limitless. Article 31, paragraph 3, of the Children’s Code stipulates that parents nevertheless retain the right to exert reasonable control over their children’s conduct.

130. Despite its unequivocal legal recognition, social and educational resistance prevents children from enjoying freedom of expression fully. Both the Togolese Government and civil society are trying to break down this resistance through various awareness-raising activities and by teaching children to overcome the deference due to education and the respect due to their elders.

131. Some steps are being taken to enable children to express their thoughts freely and to share them with others. These include:

* The appointment of class representatives in schools to participate in the running of the school and in decision-making related to it.
* The airing of special radio and television programmes and shows devoted to children, with the contribution of private initiatives and partners such as Plan Togo and UNICEF.
* For instance, the programme *“A nous la planète”*, broadcast by national television (TCT) and produced by children, recently won the first regional prize for Africa in the 2009 International Children’s Broadcasting competition, held by UNICEF Global in New York.
* Public speaking by children, who write and read out their own speeches at certain events.
* Plan Togo’s creation of a child reporters’ club.
* The establishment of children’s commissions, composed exclusively of children, at meetings on questions relating to children. For instance, a children’s commission was set up on the occasion of the national forum on child trafficking held at Kara on 17 and 18 June 2008.
* The creation of child protection clubs in 340 primary schools, bringing together 3,400 children, of whom 1,500 are girls and 1,900 are boys. In these clubs, children learn about their rights and how to defend them. In 2009, their outreach work in schools reached an estimated 42,000 of their peers (21,840 boys and 20,160 girls).

E. Freedom of thought, conscience and religion

132. Article 28 of the Children’s Code provides that every child has an inalienable right to freedom of thought, conscience and religion, while parents or guardians retain the right to guide and counsel the child in a manner consistent with his or her evolving capacities, in accordance with the national laws and policies in force.

133. In practice, some parents impose their religion on their children until they reach the age of majority. This sometimes gives rise to conflicts that result in children being excluded from the family. Information and awareness-raising activities must therefore be conducted to enable parents to reconcile their right to guide their children with the latter’s right to freedom of thought and religion.

IV. Family environment and alternative care

A. Adoption

134. Some irregularities observed in the adoption of children in Togo prompted the Ministry responsible for child protection to issue an order in July 2007 temporarily suspending child adoptions.

135. Decree No. 2008-103/PR of 29 July 2008 on child adoption procedures in Togo was enacted to remove these irregularities.

136. Another Decree, No. 2008-104/PR of 29 July 2008 on the Togo National Adoption Committee, defines the latter’s mission, organization and functioning.

137. Seven individuals drawn from the Ministries of Social Action, Justice, Health and Foreign Affairs were appointed members of the committee by Decree No. 004/2008/MASPFPEPA of 24 October 2008.

138. With regard to intercountry adoption, Togo ratified the 1993 Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption in October 2008.

139. In order to improve the follow-up of children who may be proposed for intercountry adoption, the Government, through the National Adoption Committee that is the central organ for this question, is deliberating on the establishment of mechanisms for cooperating with other countries through authorized bodies.

Adopted children

# Table 8

**Statistics on adopted children**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | *Gender* | | *Year* |
|  |  | *Number* | *Girls* | *Boys* |
| In-country adoption | Children in care | 03 | 02 | 01 | 2008 |
|  |  | 12 | 04 | 08 | 2009 |
|  |  | 13 | 08 | 05 | 2010 |
|  | By consent | 05 | 03 | 02 | 2009 |
|  |  | 01 | 01 | 0 | 2010 |
| Intercountry adoption | Children in care | 01 | 0 | 01 | 2007 |
|  |  | 04 | 01 | 03 | 2009 |
|  |  | 04 | 01 | 03 | 2010 |
|  | By consent | 01 | 01 | 0 | 2008 |
|  |  | 02 | 01 | 01 | 2009 |
|  |  | 10 | 09 | 02 | 2010 |
| **Total** |  | **52** | **30** | **26** |  |

B. Family support and recovery of maintenance

140. With the HIV/AIDS pandemic, the number of orphans and vulnerable children is assuming alarming proportions to which neither the Government nor its development and civil society partners can remain indifferent.

141. Several forms of support, notably financial, material and psychological, were provided to some 36,365 children between 2005 and 2008.

142. With regard to children from very poor families, the Government, in partnership with the World Bank, has set up school canteens in communities with very high levels of poverty in order to help keep children in school. In 2009, 19,849 children benefited from this programme.

143. With regard to the recovery of maintenance payments, the Ministry responsible for child protection and some civil society organizations, notably ICCB, Terre des Hommes, FODDET and its networks, are providing legal and judicial assistance to children to enable them to enjoy their right to maintenance. Some judicial decisions have been handed down to this effect.

144. Thus, in its judgement No. 1885/05 of 27 June 2008, the Lomé court of first instance, after granting a divorce to a Ms. M.A. and a Mr. T. K., awarded custody of the child to the mother and set child support at CFA Fr 15,000 a month.

145. The same court, in judgement No. 2847/2007 of 28 December 2007, granted a divorce to the spouses K. Z., attributing fault solely to Mr. K. A. O. A. Custody of the three children of the marriage (W., M. and K.) was awarded to their mother and their father was awarded extensive visitation rights. The court ordered Mr. K. A. O. A. to pay CFA Fr 20,000 a month in child support.

C. Child victims of abuse, neglect and violence

146. Several actions have been carried out throughout the national territory to promote and protect the rights of child victims of abuse and neglect, including sexual violence, abuse and exploitation.

147. In the institutional sphere:

* The creation of the Child Protection Department in the Ministry of Social Action, with branches throughout the country, has enabled a reference framework to be put in place for the protection and promotion of the rights of vulnerable children.
* A UNICEF national child protection programme was launched in 2005 with the primary aim of protecting Togolese children against sexual violence, abuse and exploitation. Its main function is to partner the Government’s efforts to promote child rights in accordance with the principles of the Convention, particularly article 19 thereof.
* The Plan Togo’s protection and participation programme (2005-2010) also aims to create a protective environment for children, make children and adults aware of children’s rights and prepare them for more efficient participation in society.
* The “Allo 111” telephone hotline was set up in January 2009 to permit the reporting of any abuse and violence committed against children and potentially enable organizations for the protection of children’s rights to intervene promptly and effectively, on an emergency basis, to take child victims into care. This hotline has permitted the reporting of several cases of child assault, above all those committed within the family, and potentially the lodging of complaints against the perpetrators.

148. In the legislative sphere:

* The adoption of the Children’s Code in 2007 provided the country with a legal framework for the promotion and protection of children’s rights in general and, in particular, the protection of children at risk or in difficult situations and child victims of all kinds of violence and abuse committed within the family or in institutions.
* As part of the implementation of the Children’s Code, several proceedings have been instituted before the country’s courts, particularly in Lomé, in which defaulting parents have been sentenced in civil court to pay for the maintenance, education or health care of their children, who are often neglected in conjugal or matrimonial disputes (some 200 orders were issued on this matter by the children’s judge in 2008). Children’s courts have issued several other orders concerning the protection of abandoned children (in 2008 alone, there were some 30 orders declaring children abandoned and placing them in temporary care with the Lomé crêche and some 600 temporary orders placing them with Terre des Hommes).

149. With regard to violence against children in detention centres, neither the Inspectorate General of the Security Services (IGSS), responsible for ensuring that the security forces (police, Gendarmerie) respect human rights, nor the judicial authorities have received any complaints of abuse of children during their detention by the police or the Gendarmerie.

150. It should be emphasized, however, that some situations in detention centres, the family, vocational training centres, schools and elsewhere can be viewed as abuse.

151. Firstly, the custody cells in police stations and gendarmeries are not geared to the special needs of minors, who generally come into contact with adult criminals and repeat offenders, exposing them to organized crime and to abuse by adults. Moreover, children in conflict with the law tend not to have family ties, raising the problem of who is responsible for their food, health and other needs while they are in custody in police stations or gendarmeries. Young offenders detained by the juvenile division are often held for long periods of time because there is no juvenile prosecutor’s office and it takes a long time for them to be brought before the juvenile magistrate or even because their case files are lost when they are transferred from a police station or gendarmerie to the juvenile division.

152. The time limit of 20 hours, with the possibility of a 10-hour extension, for detention in police custody is often not observed, for the following reasons:

* Difficulties in contacting the parents of detained children so that they can attend their hearing. These difficulties are linked to some parents’ lack of contact details and to lack of information about parents’ identity.
* Occasional loss by juvenile services of the records of children who have appeared before the public prosecutor, because of the absence of infrastructures for the storage of case files.

153. Action is taken regularly to put a stop to such abuse in detention centres:

* Meetings with gendarmes and police officers, journalists, customary chiefs and associations to raise awareness about the practice of torture have been held, notably by Amnesty International Togo, the International Committee of the Red Cross (ICRC), which visits places of detention periodically, ICCB, the Office of the United Nations High Commissioner for Human Rights in Togo, the Togolese Human Rights League (LTDH) and CNDH. Training activities for security officers (police and gendarmes) have also been organized by the French Embassy’s Police International Technical Cooperation Service (SCTIP) and meetings have been held between judges and the security forces on the provisions of the Criminal Code and the Code of Criminal Procedure in order to enhance respect for human rights in proceedings and investigations.
* The Children’s Code, the Criminal Code and the international conventions to which Togo is a party prohibit cruel, inhuman or degrading treatment, including corporal punishment.

154. Next, there is abuse within the family, in schools and in vocational training centres. In addition to these forms of abuse in Togo, there are also the recurrent neglect and violence that occur in such settings.

155. In 2007, to overcome such conduct, Togo drew up the Children’s Code, which expressly prohibits corporal punishment and psychological violence, both within the family and in institutions. The relevant provisions are contained in the first chapter, on the protection of the child against physical or psychological violence within the family and in schools and institutions, of subtitle IV of Title II on the rights of the child to special protection.

156. Article 355 of the Code stipulates that when the persons referred to in article 353[[7]](#footnote-8) assault or use violence against a child under 15 years of age, they are punishable by six months’ to five years’ imprisonment if such assault or violence results in medically confirmed incapacity for work for a period of between 10 days and three months. Physical or psychological abuse, corporal punishment and deliberate deprivation of care or food are also liable to the penalties set forth in article 356.

157. Faced with the persistence of corporal punishment in primary schools, the Ministry of Basic Education sent a circular to basic education districts and schools, drawing teachers’ attention to the damage caused by that practice. Meetings between these structures also provide an occasion to recall the regulations prohibiting corporal punishment.

158. As part of the reorganization of ministerial departments, the Government adopted Decree No. 2008-090/PR of 29 July 2008 on the organization of ministerial departments, which provides for a department of assistance to children in difficulties within the Ministry responsible for child protection. This department is responsible for providing assistance and counselling to children who are in difficulties or at risk. The same Decree provided for a department of access to law and justice within the Ministry of Justice, responsible, in conjunction with the structures of other administrative departments responsible for child protection, for monitoring the cases of children and persons without legal capacity involved in judicial proceedings and for helping conduct education and prevention activities aimed at young offenders or young children at risk.

159. One of the divisions of the department of access to law and justice, the youth protection division, is responsible specifically for:

* Monitoring the cases of children involved in judicial proceedings;
* Assisting young offenders or victims during the judicial proceedings or during the enforcement of the verdict;
* Drawing up and coordinating methods of placing minors and young adults under judicial protection;
* Conducting studies and contributing to the drafting of legislation in the areas of prevention and treatment of juvenile crime;
* Advising and assisting, where necessary, individuals and public or private establishments, services or bodies in implementing court-ordered custody and educational measures;
* Participating in the definition and implementation of a training policy for staff of establishments providing judicial protection for young people;
* Ensuring the administrative, financial and pedagogical oversight of establishments and services that provide judicial protection for young people;
* Studying any question related to the education of young offenders or young people at moral risk.

160. The establishment of the “Allo 111” hotline enables anyone to report abuse and violence. Child victims of such treatment, which is punishable under the Children’s Code, receive legal and social assistance from both public (Child Protection Department) and private institutions (NGOs, ICCB, Kekeli Centre and others).

161. In practice, State institutions —in this case, the Child Protection Department— and some NGOs, such as ICCB, Terre des Hommes and the African branch of the World Association for Orphans and Abandoned Children (WAO Africa), provide legal assistance to neglected, abused or assaulted children.

162. Awareness-raising activities are carried out in rural areas on the prohibition against teachers or school principals requiring pupils to perform domestic and agricultural chores.

163. As mentioned with regard to the corporal punishment of children, the Children’s Code protects children against such practices and the same measures are taken to ensure that they receive better care.

164. Children are cared for primarily in the family or extended family, and on the few occasions where severely affected children are removed from such settings, it is only for a short time and their placement in centres is regulated.

165. Both domestic laws and international instruments ensure the child’s protection against abuse, violence and neglect.

166. The relevant domestic laws are the following:

* The 14 October 1992 Constitution, article 36 of which provides for the protection of young people against all forms of exploitation or manipulation, while article 21 prohibits torture and other forms of cruel, inhuman or degrading treatment and article 28 stipulates respect for the life, dignity, honour and image of all persons;
* Act No. 2007-017 of 6 July 2007 on the Togo Children’s Code;
* Act No. 2005-009 of 3 August 2005 on child trafficking in Togo, which contains provisions for the protection of children from trafficking and sets forth the criminal penalties applicable to perpetrators;
* The Togolese Criminal Code of 13 August 1980, which criminalizes and punishes indecent assault (arts. 84 to 86), rape (art. 87), procurement (art. 92), affronts to public decency (art. 89), criminal association (arts. 187 to 189), offences committed by legal entities (arts. 42 and 43), offences committed against children by parents and third parties (art. 47(1), art. 65, art. 70 and arts. 74, 78, 79 and 81 to 83);
* The 13 December 2006 Labour Code, which sets the minimum working age at 15 years and punishes offences committed in the workplace (arts. 150 and 151);
* The Act of 16 May 1984 on the protection of girls and boys lawfully enrolled in a educational establishment or vocational training centre, which criminalizes and punishes the act of making a girl pregnant or maintaining sustained sexual relations with a girl or boy enrolled in such a place;
* Act No. 98-16 of 17 November 1998, which prohibits female genital mutilation (arts. 2 and 4), defined as any total or partial removal of the external genital organs of girls or women and/or other operations on these organs, with the exception of surgical operations carried out on medical orders.

167. With regard to international instruments, it should be noted that Togo is a party to almost all the international human rights instruments and has incorporated tem formally into its Constitution.

168. These international instruments include the following:

* The Convention on the Rights of the Child of 20 November 1989, ratified by Togo on 1 August 1990;
* The African Charter on the Rights and Welfare of the Child of 9 July 1990, ratified by Togo on 5 May 1998;
* ILO Convention No. 182 of 17 June 1999 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, ratified by Togo on 19 September 2000;
* ILO Convention No. 138 on the Minimum Age for Admission to Employment, ratified by Togo in July 1999;
* The Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others of 2 December 1949, to which Togo acceded on 14 March 1990;
* The 25 May 2000 Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, ratified by Togo on 22 June 2004;
* The 25 May 2005 Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, ratified by Togo on 22 June 2004.

169. While the information given in paragraph 41 of Togo’s second periodic report (CRC/C/65/Add.27) of 11 May 2004 still applies, numerous measures have been taken since then to stem the problem. These include:

* The validation and adoption, at a workshop held from 24 to 27 October 2006, of a national strategy for the elimination of child labour through education, vocational training and apprenticeship, with support from the International Labour Office (ILO) and the International Programme on the Elimination of Child Labour (IPEC)-Togo;
* The new labour regulations, notably Order No. 1464/MTEFP/DGTLS of 21 November 2007 identifying the kinds of work that are barred to children, pursuant to article 151(4) of the 13 December 2006 Labour Code.

170. As part of the modernization of the justice system, in November 2005 Plan International -Togo, in partnership with the Government, financed a study of juvenile criminal justice in Togo. This study, approved at a workshop held in Lomé in June 2008 with financial support from Plan Togo and UNICEF, proposes projects in four strategic areas

* Support for the establishment of juvenile courts;
* Support for juvenile justice investigation units;
* Support for the functioning of public reception centres (Beijing Rules);
* Establishment of a coherent juvenile justice administration system.

171. The aim of these projects is to give effect to the Committee’s recommendations on improving juvenile justice in Togo.

172. The study provides an exhaustive account of the situation of juvenile criminal justice in Togo and the difficulties facing those involved in its administration, especially for handling the cases of these vulnerable children and managing them effectively. The reasons for this difficult situation are manifold:

* The lack of cells for the custody of children in conflict with the law in police stations and gendarmerie barracks.
* The absence of lists and records on children held in custody and the offences they have committed.
* Children in conflict with the law are placed in the same cells as adult criminals or repeat offenders during the pretrial investigation.
* Young offenders are questioned in virtually the same way and according to the same procedures as adults.
* In Lomé, where there is only one juvenile division, there are often excessive numbers of children in prison and their pre-trial detention is abnormally long, for several reasons, including:
* The difficulty of locating the parents of imprisoned minors during proceedings for the enforcement of educational measures, or the systematic refusal of some parents to appear before criminal investigation police when their children are involved.
* The loss of some case files by the public prosecutor’s office.
* The refusal of some parents, on various pretexts, to take back their children on their release.
* The lack of centres specialized in the reintegration and education of children in conflict with the law. The Kamina centre, set up in 1959 to take children aged over 16 in conflict with the law once they have been tried, was closed in the 1990s for lack of resources.

# Table 9

**Statistics on children in conflict with the law held at the Lomé juvenile division**[[8]](#footnote-9) **from 2007 to 2009**

| *Year* | *Held in custody* | *Referred to the courts* | ***Total*** |
| --- | --- | --- | --- |
| 2007 | 265 children, incl. 20 girls | 35 children, incl. 2 girls | **300 children** |
| 2008 | 350 children, incl. 15 girls | 24 children, incl. 6 girls | **374 children** |
| Up to December 2009 | 295 children, incl. 25 girls | 34 children, incl. 3 girls | **329 children** |

*Source:* Lomé juvenile court.

173. In order to respond to the concerns raised by the study and thus comply with the Committee’s recommendations, a pilot project for the care of children in conflict with the law and the strengthening of the juvenile justice system in Togo was launched by the Togolese Government, with technical and financial support from UNICEF under its cooperation framework plan for 2008-2012. The project is being implemented by ICCB, which has proven expertise in this area.

174. Among the results achieved by the project, mention should be made of the support that it provided to the strengthening of the juvenile justice system in 2009, thereby ensuring better protection of children in conflict with the law within the jurisdiction of the Lomé appeal court. The results are as follows: (i) 198 professionals (judges, State prosecutors, social workers and members of the police) received further training and are now familiar with and apply best practices and international standards for the administration of juvenile justice, particularly the use of alternatives to prison and restorative justice; (ii) 137 children in conflict with the law (23 girls and 114 boys), arrested for minor offences, benefited from improved conditions and care in 10 police stations and five State prosecutor’s departments and were all released, with 32 of them (24 boys and eight girls) receiving support for vocational training and 46 (37 boys and nine girls) returning to the formal education system; (iii) alternatives to prison were also promoted, allowing assistance and protection to be provided to 170 children (163 boys and seven girls) who were placed in centres in Lomé; (iv) when imprisonment was decided, the children concerned were placed in separate sections for minors in the five prisons covered by the project (out of a total of 10 for the country as a whole); (v) a guide to good practice for juvenile justice was drawn up and is being used by juvenile justice professionals, and five observatories composed of 30 members of civil society were set up to monitor the five prisons in the Maritime and Plateaux regions, with the result that social workers are now systematically involved in the consideration of cases of children in conflict with the law.

175. The pilot project has also assisted child victims of rights violations who have been in contact with the law: 45 such children (32 girls and 13 boys) have received legal and medical assistance and psychosocial support.

176. It should be emphasized that there is as yet no data collection system that might provide reliable statistics (disaggregated by gender) on the number of children who have committed or been victims of crimes in Togo.

177. In the country’s interior, it is difficult to determine the number of cases recorded, at least over the two years, because there are no specific records on children in conflict with the law or child victims of crime.

178. In Lomé, however, the juvenile court recorded the following figures for children in conflict with the law for the years:

* 2005: 38 cases of children referred to the Lomé prosecutor’s office;
* 2006 (first six months): 40 cases of children referred to the Lomé prosecutor’s office.

179. Of these children referred to the juvenile court after consideration of their case by the judge, over 95 per cent were returned to their families. However, the absence of a follow-up mechanism makes it virtually impossible in such cases to monitor the child and ensure his/her education.

180. The remaining children were placed in institutions following a decision on their cases:

* Thirteen children in Lomé jurisdiction were placed with the Yaokopé social reintegration centre, which has been operational since 2005. Of these 13 children placed in apprenticeship programmes, two ran away and the remaining 11 continued their social and vocational integration.
* Between 2003 and 2006, the juvenile court placed eight children in conflict with the law in the Cacavéli social reintegration centre in Lomé, but so far only two have remained for three years in order to learn a trade.
* A total of 12 girls were placed with the Foyer Antonio, which specializes in caring for young girls in conflict with the law, so that they could return to school.

181. The court also placed a total of 427 child victims of crime in reception centres such as the Terre des Hommes Oasis centre, the WAO Africa Espérance centre, AFIJ and Foyer Antonio in 2005 and 320 in the first six months of 2006.

182. The juvenile division,[[9]](#footnote-10) which unfortunately exists only in Lomé, has capacity for 28 children, who are placed in a dormitory with seven rooms, each containing four beds. It generally takes in children in conflict with the law who have been either detained for questioning by the juvenile division itself or called to testify by the prosecutor’s office following their referral by police stations or gendarmerie units to the State prosecutor.

183. There is a flood of cases involving children. Between 2003 and 2006, the juvenile bureau’s caseload was the following:

* In 2003, 76 cases of children in conflict with the law simply for Lomé commune and the surrounding area;
* In 2004, 185 children;
* In 2005, 239 children;
* In the first half of 2006, 128 children.

184. Since most cases are settled amicably, very few are referred to the public prosecutor’s office.[[10]](#footnote-11) The juvenile division, independently of its primary mission of dealing with children in conflict with the law, sometimes also takes in children who are at risk. These are often lost or abandoned children, children found by third parties, street children, abused children, etc.

185. Such children are kept at the juvenile division for a very short time, in other words, the time needed to find their parents or guardians or, failing that, to place them with institutions such as Terre des Hommes, WAO Africa, Centre Antonio and the Lomé crêche.

186. Relations between the juvenile division and private reception centres are based purely on the personal relationship between the head of the juvenile division and the people in charge of the centres. A formal framework for coordination between these institutions needs to be established.

V. Basic health and welfare

A. Children with disabilities

187. In Togo, most children with disabilities are educated in private, specialized institutions. However, the State subsidizes these institutions by covering the salaries of 54 special education teachers from the State budget.

188. It should also be pointed out that parents underestimate the ability of their disabled children to pursue school subjects successfully.

189. Togo’s education system is not inclusive. Special education centres nevertheless try to adapt the national curriculum to the abilities of children with sensory disabilities. It should be noted that Togo does not have any teacher training colleges for special education teachers.

190. To remedy this situation, some disabled persons’ associations organize initial or further training for staff who teach children with disabilities.

191. There is as yet no policy for integrating children with disabilities in Togo, but the recent signing by Togo of the Convention on the Rights of Persons with Disabilities on 23 September 2008 and the adoption on 24 June 2009 of the bill authorizing its ratification open up prospects for the drafting of a policy for the integration of disabled persons in general and disabled children in particular.

192. Articles 8 *et seq.* of Act No. 2004-005 of 23 April 2004 on the social protection of disabled persons in Togo require the State to promote the education of persons living with a disability. Article 258 of the Children’s Code reiterates these obligations, notably, the right to education, re-education and vocational training. The provisions of these laws require the State to provide education grants, exemptions from access to special schools and subsidies to establishments that accept persons living with a disability. The implementing decrees envisaged by the Act and specifying the conditions for entitlement to these benefits have still to be enacted.

193. The Togolese Government has created services and centres that care for disabled children, which are under the authority of two Ministries: the Ministry of Social Action and the Ministry of Health.

194. These public services are supported by development partners, including the European Union (EU), the French Embassy’s Cooperation and Cultural Action Service (SCAC) and the German Development Service (DED), as well as NGOs such as Handicap International, the Christian Blind Mission (CBM), the Liliane Foundation/Envol (mentally handicapped children), EPHATA and religious denominations such as the Church of Assemblies of God, the Protestant Church, the Association of Baptists for World Evangelism (ABWE), the Catholic Church and the Muslim Union. All of them work with the Togolese Federation of Associations of Persons with Disabilities (FETAPH) and are involved in education, vocational training, social protection and health.

195. The Ministry of Health offers several types of care, namely, preventive and promotional care, treatment and rehabilitation.

196. With regard to preventive and promotional care, several immunization days have been organized in Togo with a view to eradicating poliomyelitis from the national territory.

197. Treatment for diseases is provided at all levels of the health care system in order to eradicate diseases that result in disability.

198. There are two rehabilitation centres, the National Centre for Orthopedic Appliances (CNAO) and the Zébévi Psychiatric Hospital (Aného). CNAO is based in Lomé and has four regional centres in the country’s interior, at Atakpamé, Sokodé, Kara and Dapaong.

199. Children with special disability-related needs encounter specific obstacles in learning and participating at ordinary schools and in integrating in the formal school system, which is why, thanks to the efforts made by the Government and Christian missions, special education has been introduced nationwide for the various categories of disabled persons.

200. It should also be noted that the Togolese State provides targeted assistance in the following cases:

* Education (exemption from school fees and assistance with school supplies).
* Payment of the salaries of some special education teachers from the State budget.
* Vocational training.
* Health care (donations of pharmaceutical products and evacuation of disabled persons who fall ill to health-care facilities). Because of a lack of appropriate skills and equipment within the country, some children born with a disability are sent abroad for operations, to France, Spain and Switzerland for instance, with the support of Terre des Hommes. Some 50 children are treated each year.

201. Disabled persons are often denied the opportunity to participate fully in their sociocultural system. This situation is due to material and social obstacles created by ignorance, indifference, fear and tradition (in some circles, disabled persons are seen as a curse).

202. Disabled children suffer discrimination in the following areas:

* Education: educational establishments are not accessible throughout the country to all categories of disabled children. The same is true of vocational training. In some prefectures, children with visual, mental or auditory impairment cannot attend ordinary schools either because of their problems in adapting to them or because teachers are unfamiliar with programmes for these types of disability. Children are then sent outside their community to attend classes if their parents are able to pay for it or, if they are not, remain illiterate.
* Equipment: the equipment needed to offset the impact of disability in children is in short supply.

203. Associations, NGOs and religious institution are also involved in the education of children living with a disability. Special schools have been set up both in Lomé and in the country’s interior. These include:

* The Education Centre for the Blind (Kpalimé) and the Saint Augustine Polyvalent Centre (Lomé);
* The Ephata centre (Lomé) and Vivienda (Sokodé) for hearing impaired children;
* The Marillac centre in Lomé (Golfe) and the Codhani Centre (Niamtougou) for children with motor disabilities;
* The Envol Institute (Lomé, Kpalimé, Atakpamé, Sokodé, Kara, Dapaong) for mentally handicapped children.

204. Very few people living with a disability —an estimated 1 per cent at most—[[11]](#footnote-12) attend school.

205. A large proportion of communities do not see how a person living with a disability can be of use to society. In most cases, disabled persons’ relations with their families are very strained. They are victims of neglect, discrimination and condescending pity, which explains their chronic lack of schooling.

206. However, not only do efforts continue to be made to give these children the education they need but there are also awareness-raising activities designed to combat all forms of violence against children with disabilities.

207. Sports and cultural activities for people with disabilities, especially young people, are promoted in Togo. There are several sports and cultural associations for people living with a disability, such as the Mango, Bombouaka and Dapaong cultural clubs for disabled persons, torball for the blind and wheelchair basketball.

B. Health and health services

208. The health of Togo’s population remains very precarious, particularly because of the impact of the sociopolitical crisis on social sectors. Despite the significant progress made in combating preventable diseases by immunization, the economic crisis of recent years has prevented an improvement in social and health indicators.

209. Maternal and child health indicators have improved slightly. Life expectancy at birth rose from 51.6 years[[12]](#footnote-13) in 1999 to 57.5 years in 2007.

210. Most health problems arise from communicable and non-communicable diseases that are, for the most part, preventable. Poverty and people’s behaviour either cause or aggravate them. Special measures to promote the health of at-risk groups such as mothers and children, young people, adolescents and older persons may limit their impact.

1. Characteristics of the health-care sector

211. Togo’s health-care system is organized in a three-level pyramid, with the central level at the top, the regional level in the middle and the peripheral level at the base.

212. The central level comprises the Cabinet, the Department of Health (DGS) with its central divisions, offices and services, university hospital centres, national private health services and national specialist centres (National Institute of Health, National Centre for Orthopedic Appliances, National Blood Transfusion Centre, National Quality Control Laboratory and health training schools).

213. The intermediate level corresponds to Togo’s six health regions (because of its exceptional situation as the country’s capital and its high population density, Lomé commune has been designated a health region), each of which has a regional health department and its related services, a regional hospital centre and private regional health‑care services. The six health regions are, from north to south, Savanes, Kara, Centrale, Plateaux, Maritime and Lomé commune.

214. The peripheral level comprises 35 health districts with their health infrastructures (prefecture hospitals, peripheral health-care units, including community health-care structures, and private and religious health-care services at district or local level.

215. In relation to the health commitments made by Togo, especially on universal access and integration of reproductive health, health infrastructure coverage, the proportion of births attended by skilled health personnel, immunization coverage, malaria-related morbidity and AIDS prevalence are the main indicators used for targeting health care.

1.1 Health-care infrastructure and resources coverage

216. The health-care system is well supplied with health infrastructures. The MICS3 results indicate that 62.5 per cent of the population live within 2.5 km of, or less than a half hour’s walk from, a health-care structure. According to the Ministry of Health’s department of health-care establishments, as of 24 May 2008 the number of private and public health‑care infrastructures were 1,103, of which 747 were public and 356 were private.

217. In the public sector, there are the following health facilities:

* 3 university hospital centres;
* 6 regional hospital centres;
* 35 district hospitals;
* 60 medical and social centres;
* 427 dispensaries or peripheral health-care units;
* 11 maternal and child health protection centres;
* 205 health huts.

218. In the private sector, there are the following health facilities:

* 8 church-run hospitals;
* 64 medical and social centres and dispensaries;
* 284 clinics and doctor’s offices.

219. The health system suffers from a chronic lack of human resources, especially of qualified medical and paramedical staff.

220. The principal ratios (population/health personnel in 2007) by comparison with WHO standards are as follows:

* 1 doctor for every 11,171 inhabitants, compared with of 1 per 10,000;
* 1 State nurse for every 6,135 inhabitants, compared with 1 per 4,000;
* 1 midwife for every 13,710 inhabitants, compared with 1 per 4,000.

221. Togo’s basic health training schools are:

* The Joint Faculty of Medicine and Pharmacy (FMMP);
* The Togo National Midwifery School (ENSF);
* The National Medical Auxiliaries School (ENAM), which trains State nurses, orthopedists, physiotherapists, laboratory technicians, State health auxiliaries, speech therapists, orthoprosthetic specialists and nursing aids (auxiliary nurses and assistant midwives);
* The School for Medical Assistants (EAM), offering training as senior health technicians, senior health engineering technicians, anaesthetists, instrument technicians, radiologists and ophthalmologists;
* The Public Health School for Middle-level Managers;
* The Higher School of Biological and Food Technologies (ESTEBA); and
* The National Social Training School (ENFS), offering training as social workers, development officers and special education teachers.

222. Training, retraining and regional and international seminars are organized for existing health-care personnel to familiarize them with the latest methods in specific areas of expertise. They are not enough, however.

223. The health-care sector operates with funding from the State and development partners and patient coverage of costs.

224. The health sector’s share of the national budget is detailed in the following table.

# Table 10

**State budget allocations to the health sector, 2005 to 2009, in thousands of CFA Fr**

| *Year* | *State budget* | *Total Health* | *% Budget Health* | *Operating budget* | *Investment budget* |
| --- | --- | --- | --- | --- | --- |
| 2005 | 202 873 032 | 13 064 162 | 6.44 | 12 472 162 | 592 000 |
| 2006 | 254 101 424 | 16 712 292 | 6.57 | 13 462 292 | 3 250 000 |
| 2007 | 259 627 485 | 16 020 411 | 6.17 | 12 770 411 | 3 250 000 |
| 2008 | 307 616 062 | 17 622 598 | 5.72 | 13 630 598 | 3 992 000 |
| 2009 | 350 147 857 | 18 335 218 | 5.24 | 14 750 218 | 3 585 000 |

*Source:* Prepared using Ministry of Health data.

225. Resources from development partners now account for a large proportion of health sector resources. On average, partners contribute around 60 per cent[[13]](#footnote-14) to overall health funding, not to mention donations in kind. The main health sector partners include WHO, the Global Alliance for Vaccines and Immunisation (GAVI), UNICEF, the United Nations Population Fund (UNFPA), the French Development Agency (AFD), the ECOWAS Bank for Investment and Development (EBID), the Islamic Development Bank (IsDB), the European Union, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Plan International-Togo.

# Table 11

**Development partners’ share of funding of the health sector, 2005 to 2009**

| *Year* | *Total spending* | *State share* | *Partners’ share (CFA Fr)* | |
| --- | --- | --- | --- | --- |
| *(CFA Fr)* | *(CFA Fr)* | *Cost* | *Percentage* |
| 2005 | 25 782 782 000 | 13 064 162 000 | 12 718 620 000 | 49.33 |
| 2006 | 25 220 292 000 | 16 712 292 000 | 8 508 000 000 | 33.73 |
| 2007 | 23 606 411 000 | 16 020 411 000 | 7 586 000 000 | 32.14 |
| 2008 | 32 221 598 000 | 17 622 598 000 | 14 599 000 000 | 45.31 |
| 2009 | 49 199 218 000 | 18 335 218 000 | 30 864 000 000 | 62.73 |

*Source:* Prepared using Ministry of Health data.

226. ICCB spending on child health from 2007 to 2009 totalled CFA Fr 69,300,000: CFA Fr 19,459,00 in 2007, CFA Fr 24,300,000 in 2008 and CFA Fr 25,541,000 in 2009.

227. Terre des Hommes child protection activities in Togo are funded essentially by Terre des Hommes-Lausanne, with an annual funding package of around CFA Fr 140 million. This funding covers the health-care costs, estimated at CFA Fr 20 million a year, of children born with malformations who are sent abroad for operations.

228. In 2009, the exact budget allocated by Terre des Hommes-Lausanne to Terre des Hommes-Togo child protection activities was CFA Fr 146,252,516, while that for specialized care was CFA Fr 21,401,806.

229. Inputs from partners are very important for the implementation of Terre des Hommes-Togo activities in the area of children’s rights. For instance, over the past three years, contributions were received from:

* Terre des Hommes-Spain: a total of CFA Fr 300 million.
* UNICEF: CFA Fr 120 million.
* International Labour Office/IPEC: CFA Fr 71 million.
* The State’s investment in support of Terre des Hommes children’s rights activities takes the form of an annual donation of CFA Fr 2 million. The donation for the past two years has not yet been paid.

230. Among its development partners, Togo received assistance from the Global Fund to Fight AID, Tuberculosis and Malaria (GFATM) for the following activities.

# Table 12

**GFATM funding rounds obtained by Togo**

| *Area* | *Round* | *Project title* | *Amount (CFA Fr)* | *Period* |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| HIV/AIDS | 2nd round | Intensification of HIV/AIDS control | 1 619 358 835 | December 2003 to October 2005 |
| Tuberculosis | 3rd round | Intensification of DOTS treatment of tuberculosis in Togo | 1 308 827 500 | December 2004 to November 2006 |
| 6th round | Increased access to prevention, treatment and medical-social support services for tuberculosis control in Togo | 3 062 002 028 | January 2008 to December 2012 |
| Malaria | 3rd round | Strengthening of malaria control in Togo | 2 447 889 446 | May 2004 to July 2009 |
| 4th round | Integrated innovative approach  to strengthening malaria control  in Togo | 4 447 935 648 | October 2005  to September 2010 |
| 6th round | Increased access to prevention, treatment, care and support services against malaria in Togo | 4 545 661 883 | January 2008  to December 2010 |

*Source:* Prepared on the basis of Ministry of Health data (national programmes to combat HIV/AIDS, malaria and tuberculosis).

231. Households contribute to funding health care by covering costs in primary‑health‑care facilities (Bamako Initiative). Thus, households pay for primary-health-care visits and patients pay for generic drugs. According to the latest available data, the resources generated by the coverage of costs in public primary-health-care facilities total CFA Fr 9.818 billion, equivalent to 55.71 per cent of the State’s health budget for 2008.

232. Some local authorities (town halls or prefectures) help fund health services by paying the salaries of some categories of staff, referred to as prefecture health workers.

233. There is a Health Information System (SIS). Since 2002, 42 basic indicators have been used for monitoring the performance of health districts.

1.2 Proportion of births attended by skilled health personnel

234. An analysis of the proportion of births attended by a qualified health worker shows that the Lomé-Golfe (97.3 per cent), Maritime (71.4 per cent) and Plateaux (56.9 per cent) health regions have higher proportions than the poorer Centrale (54.4 per cent), Kara (53.4 per cent) and Savanes (38.9 per cent) regions. With the exception of the Centrale region, the same trend can be observed for the proportion of children with full immunization coverage.

235. The results of the MICS3 (2006) survey, on the other hand, show that the Centrale (32.2 per cent), Kara (33.7 per cent) and Savanes (42.7 per cent) regions have higher proportions of pregnant women using an insecticide-treated mosquito net (ITN) than the other regions.

236. Access to health services is more difficult in the Central, Kara and Savanes regions than in the Maritime and Plateaux regions. In the latter two regions, over 70 per cent of households live less than 3 km from the nearest health centre, whereas for the other regions this rate is 67.3 per cent at best. The fact that there are fewer health care facilities per 10,000 inhabitants in the Maritime and Plateaux regions is partly explained by their greater population density.

# Table 13

**Distribution of health care facilities by health region**

| *Region* | *University  hospital  centres (CHU)* | *Regional  hospital  centres (CHR)* | *District  hospitals (HD)  and polyclinics* | *Medical-social centres (CMS)* | *Dispensaries* | *Maternal and child health protection centres (CPMI)* | *Health huts  (CS)* | ***Grand total*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lomé-Commune | 2 | 1 | 4 | 15 | 8 | 0 | 0 | **30** |
| Maritime | 0 | 1 | 5 | 13 | 94 | 0 | 29 | **142** |
| Plateaux | 0 | 1 | 10 | 12 | 138 | 8 | 50 | **219** |
| Centrale | 0 | 1 | 4 | 2 | 62 | 0 | 20 | **89** |
| Kara | 1 | 1 | 8 | 13 | 80 | 1 | 88 | **192** |
| Savanes | 0 | 1 | 4 | 5 | 45 | 2 | 18 | **75** |
| **Grand total** | **3** | **6** | **35** | **60** | **427** | **11** | **205** | **747** |

*Source:* Prepared using data from the department of health care establishments, Ministry of Health.

1.3 Immunization coverage

237. The Expanded Programme on Immunization (EPI), put in place in 1980 to reduce mortality rates, has enabled children to be immunized against several communicable diseases, namely, tuberculosis, diphtheria, whooping cough, tetanus, measles and poliomyelitis. The target populations are children aged 0 to 11 months and pregnant women for maternal-neonatal tetanus. Yellow fever, hepatitis B and *haemophilus influenzae* type b (Hib) infection have now been added to the programme.

238. Various immunization approaches are used to reach the target populations. Routine immunization uses three strategies:

* Immunization at fixed health facilities;
* Advanced immunization, in which health workers travel to communities located beyond a radius of 5 km;
* Mobile immunization, in which health workers travel to communities beyond a radius of 15 km:
* Supplementary immunization takes the form of campaigns, the main ones being the national immunization days against poliomyelitis, the measles immunization campaign and the yellow fever immunization campaign, and immunization responses to outbreaks of vaccine-preventable diseases.

239. With regard to immunization status, MISC3 2006 data show that 49.2 per cent of children had received all eight EPI vaccine doses by their first birthday, while 43 per cent had been fully immunized by their first birthday. At the same time, 6 per cent of children had received no vaccine doses by the age of one year.

240. This average level of immunization coverage conceals relatively wide disparities according to gender and place of residence.

241. With support from GAVI, in July 2008 Togo included in the routine EPI the pentavalent DPT-HepB-Hib vaccine against diphtheria, whooping cough, tetanus, hepatitis B and *haemophilus influenzae* type b infections.

242. The 2001 mass immunization campaign against measles for children aged nine months to 14 years reduced measles deaths by 100 per cent and measles morbidity by 84 per cent, eradicating in 2002 and 2003 the measles epidemics that had become almost annual occurrences. Building on these results, further campaigns against measles were organized in December 2004 and January 2008.

243. The campaign to eradicate poliomyelitis has also made considerable progress in Togo, with highly satisfactory surveillance indicators (3 out of every 100,000 children aged under 15 with non-polio-related Acute Flaccid Paralysis (AFP) since 2000 and 100 per cent of stool samples collected in 14 days). In 2007, Togo was certified polio-free. Against all expectations, however, three new cases were notified and confirmed in the districts of Tône and Oti in November 2008. In response, a polio immunization campaign was organized in Tône district in December 2008 and extended to the rest of the country in January 2009.

244. With regard to maternal-neonatal tetanus, Togo’s immunization performance resulted in the eradication of neonatal tetanus and the country’s certification as neonatal tetanus-free in 2005.

# Table 14

**Routine immunization coverage of children aged 0 to one year and pregnant women, 2005 to 2009**

| *Year* | *Coverage of children aged 0 to 1 year* | | | | | | | *Coverage of  pregnant women* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *BCG* | *DPT 1* | *OPV 1* | *DPT 3* | *OPV 3* | *VAR* | *VAA* | *TT 2* |
| 2009 | 91 | 93 | 93 | 89 | 89 | 84 | 84 | 80 |
| 2008 | 92 | 92 | 86 | 89 | 88 | 77 | 78 | 85 |
| 2007 | 91 | 94 | 84 | 88 | 78 | 80 | 77 | 85 |
| 2006 | 96 | 91 | 91 | 87 | 87 | 83 | 81 | 80 |
| 2005 | 95 | 91 | 88 | 82 | 80 | 70 | 56 | 70 |

*Source:* Epidemiology/EPI Division, Ministry of Health.

245. These routine results corroborate those found by the various surveys mentioned in the following table.

# Table 15

**Immunization coverage of children aged 0 to 1 year and pregnant women found   
by various surveys**

| *Survey* | *Year* | *Coverage of children aged 0 to 1 year* | | | | | | | *Coverage of pregnant women* | *Ratio of children  with 0 doses* | *Ratio of children fully immunized before 1 year* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *BCG* | *DPT 1* | *OPV 1* | *DPT 3* | *OPV 3* | *VAR* | *VAA* | *TT 2* |
| MICS II | 1996 | 88 | NA | NA | 59 | 59 | 53 | NA | NA | NA | 41 |
| EDST II | 1998 | 76 | 67 | 78 | 42 | 47 | 43 | NA | NA | 16 | 31 |
| EPI review | 2001 | 84 | 80 | 83 | 64 | 63 | 58 | NA | 47 | NA | 28 |
| EPI review | 2006 | 92 | 88 | 90 | 76 | 76 | 64 | 53 | 80 | 7 | 34 |
| MICS III | 2006 | 87 | 84 | 91 | 63 | 69 | 63 | NA | 71 | 6 |  |
| QUIBB | 2006 | 92 | NA | NA | 76 | NA | 74 | NA | NA | NA |  |

*Source:* Epidemiology Division, Ministry of Health.

246. Generally speaking, particular attention must be paid to improving epidemiological monitoring in order to gain a better idea of current trends with regard to vaccine‑preventable communicable diseases.

1.4 Morbidity caused by malaria

247. The proportional malaria morbidity rate among outpatients declined from 53 per cent in 2007 to 42 per cent in 2008, while malaria deaths in hospital fell from 23.1 per cent in 1998 to 20 per cent in 2008. Malaria thus ranks first among individual pathologies, with an average fatality rate of 8 per cent. Children aged 0 to 5 years are the worst affected, accounting for 37 per cent of recorded cases of all ages.

248. With regard to prevention, the 2004 integrated campaign of immunization and distribution of insecticide-treated mosquito nets (ITNs) helped increase the availability and use of such nets. In 2006, the proportion of children aged under 5 who slept under ITNs was 38 per cent and that of pregnant women was 57.8 per cent. The target is 100 per cent by 2015. In December 2008, a second integrated ITN distribution and vitamin A and Albendazole administration campaign was conducted to build on the results achieved.

249. Under the new malaria treatment policy, artemisin-based combination therapies are used to treat straightforward cases of malaria, in preference to chloroquine, which has become ineffective. At the same time, sulfadoxine/pyrimethamine is used intermittently as a preventive therapy against malaria during pregnancy.

1.5 HIV/AIDS prevalence

250. During the first half of 2009, UNAIDS and WHO, together with national structures (SP/CNLS, PHLS), began a process of estimating countries’ HIV/AIDS figures. In Togo, the CNLS secretariat’s monitoring and evaluation reference group produced preliminary estimates based on various sentinel surveillance surveys and programming and population data. This work was continued at a regional meeting held in Dakar in June and completed by the Geneva-based UNAIDS expert group in July 2009. The following table reproduces the indicators for 2006 to 2008.

# Table 16

**Indicators on people living with HIV/AIDS, 2006 to 2008**

| *Indicators* | *2006* | *2007* | *2008* |
| --- | --- | --- | --- |
| Prevalence in the general population (%) | 3.2 | 3.1 | 3 |
| Prevalence among pregnant women (%) | 4.2 | NA | 3.4 |
| Number of people living with HIV | 110 000 | 110 000 | 110 000 |
| Number of adult women | 65 000 | 65 000 | 65 000 |
| Number of infected children | 8 400 | 8 700 | 9 000 |
| Number of new infections | 9 000 | 8 500 | 7 900 |
| Number of AIDS-related deaths | 6 300 | 6 300 | 6 700 |
| Number of orphans and other children made vulnerable by HIV (OVC) | 54 000 | 59 000 | 64 000 |
| Number of adults living with HIV needing antiretroviral (ARV) treatment | 28 000 | 30 000 | 31 000 |
| Number of infected children needing ARV treatment | 3 200 | 3 200 | 3 100 |
| Number of HIV-positive pregnant women needing PMCT | 6 800 | 6 500 | 6 500 |

*Source:* Ministry of Health.

251. In 2008, it was estimated that 38 per cent of children requiring ARV treatment had access to medicines. The number of health care establishment providing paediatric antiretroviral treatment increased by nearly 80 per cent in 2007 and 2008, while the number of children receiving ARV treatment increased by 40 per cent. Around 8 per cent of infants born to HIV-positive mothers had also been placed on cotrimoxazole at the age of 2 months, which was twice the percentage recorded in 2007.

252. It should be noted that there has been a resurgence of tuberculosis (TB) as a result of HIV infection, which reduces immunity. According to WHO estimates, TB prevalence in Togo in 2007 was 171 per 100,000 inhabitants.

253. In 2007, notified TB cases comprised: 1,798 cases of pulmonary TB, including 24 children aged 0-14, that were microscopic smear positive; 211 cases of pulmonary TB, including 17 children aged 0-14, that were smear negative; and 484 cases of extrapulmonary TB.

254. To tackle TB/HIV co-infection, a coordinating committee for activities to combat TB/HIV co-infection was set up on 24 May 2007 (Order No. 0060/2007/MS/CAB/DGS/DSSP). A cooperation agreement for combating TB/HIV/AIDS co-infection was signed on 29 June 2007 between the heads of the two programmes (Agreement No. 146/2007/MS/DGS/DSSP).

255. The coordinating committee is responsible for facilitating and guiding activities to control TB/HIV co-infection and for reviewing the operational plans of the two programmes in order to harmonize the implementation of joint co-infection control activities.

256. Joint co-infection control programmes are put in place by the two technical services concerned. These programmes involve:

* The provision of a kit for systematic HIV detection to anyone diagnosed with TB;
* Free medical care for people with TB who are also HIV-positive (anti-TB drugs, ARV, cotrimoxazole);
* Referral of all HIV-positive persons with chronic coughs to the National TB Control Programme (PNLT) for testing.

257. The sporadic emergence of new illnesses, such as avian influenza (caused by the H5N1 virus), in Togo and the subregion also poses a public health risk.

258. The Government, in cooperation with development partners such as PSI and the National Programme against HIV/AIDS (PNLS), carries out awareness-raising activities both nationally and at community level. Every 1 December, a “Marathon of Hope” is held to mark World AIDS Day.

259. Both women and men run in the marathon, which forms part of HIV/AIDS awareness campaigns. A number of civil society partners are involved in the campaign, particularly those active in combating HIV/AIDS.

1.6 Other causes of death

260. Meningitis, cholera and other diarrhoeal diseases: annual cholera and meningitis epidemics still result in widespread illness and high mortality rates. Since 1980, levels of cerebro-spinal meningitis have alternated between epidemic highs and inter-epidemic lows, with the latter growing steadily shorter —down from 10 years to five or three years. Cholera epidemics are endemic in Lomé and other urban areas of the Maritime region. Shigellosis epidemics occur sporadically throughout the national territory.

261. The incidence of diarrhoeal diseases is closely linked to poor food hygiene and inadequate basic sanitation measures. Health-care structures do not always have the means to cope with epidemics.

262. Efforts to tackle communicable diseases such as Buruli ulcer, noma, lymphatic filariasis, bilharzia, leprosy, trypanosomiasis and pian need to build on existing achievements.

263. The health situation in Togo is also characterized by the emergence of non‑communicable diseases and other health problems, most of them linked to lifestyles and behaviours. These include cardiovascular disease, mental illness, diabetes, accidents in the home, domestic violence, teenage and unwanted pregnancies and sickle cell anaemia.

264. What the country primarily needs is a stepwise analysis of the situation with regard to common non-communicable diseases and their risk factors, in order to organize an effective response.

265. There is a very high incidence of wounds and injuries, which rank constantly among the main reasons, after illness, for seeking treatment at a health facility. The principal causes are road accidents, accidents in the home and agricultural accidents.

266. Mental health problems and neurological problems have yet to be analysed systematically and the national programme is in its infancy. In the particular case of epilepsy, lack of funding has prevented the experimental programme for the diagnosis and care of epileptics in Temberma communities from being replicated on a larger scale. The care of mentally ill persons in the only national centre available for this purpose has become expensive for patients and their families.

1.7 Maternal and child health, nutrition and reproductive health

267. Morbidity and mortality rates in Togo are particularly high among mothers and children. Trends show that infant and infant-and-child mortality rates fell from 80 and 146 respectively per 1,000 live births in 1998 to 77 and 123 in 2006 (MICS3). Similarly, according to EDST-II, the maternal mortality rate fell from 640 per 100,000 lives births in 1990 to 478 in 1998.

268. The main cause of infant and child mortality is malaria (25 per cent of deaths), which remains Togo’s biggest public health problem (figure 1). The other causes are: pneumonia (17 per cent), diarrhoea (14 per cent), measles (7 per cent) and AIDS (6 per cent). More than half (53 per cent) of all infant and child deaths can be attributed to malnutrition. It should also be noted that, in Togo, roughly a third of deaths among children under the age of 5 occur before the child is 28 days old. The main causes of these neonatal deaths are severe infection (30 per cent), premature birth (30 per cent) and asphyxia (21 per cent).

# Figure 1

**Main causes of infant and neonatal mortality in Togo**

Accidents 3%

Neonatal

29%

Malaria 25%

Pneumonia

17%

Diarrhoea 14%

Measles 7%

Severe infections

30%

Premature 30%

Asphyxia 21%

Congenital 6%

Tetanus 4%

Diarrhoea 2%

Other 7%

**Malnutrition**

**53%**

HIV/AIDS 6%

*Source:* Ministry of Health.

269. Maternal deaths account for a large proportion of all deaths among women of childbearing age and the main causes have not changed (figure 2): haemorrhage (34 per cent), infection, including AIDS (16 per cent), eclampsia (9 per cent), anaemia (4 per cent) and obstructed labour (4 per cent). At 30 per cent, the proportion of maternal deaths from other, unspecified causes is also far from negligible.

# Figure 2

**Main causes of maternal mortality in Togo**

Haemorrhage 34%

Infections, incl. AIDS

16%

Eclampsia 9%

Anaemia 4%

Abortion complications   
4%

Obstructed labour

4%

Other (malaria, tetanus ...)

30%

*Source:* Ministry of Health.

270. Turning to nutritional profile, the results of the MICS3 survey (2006) show that 26 per cent of children aged under 5 are underweight for their age, 7 per cent of them seriously so. The rate is 32 per cent in rural areas and 16 per cent in urban areas. It is 55 per cent in the Savanes region, compared with 15 per cent in Lomé. Stunting, reflected in children being smaller for their age and caused by chronic undernutrition, affects 23.7 per cent of children, 10 per cent of them severely. Wasting or acute weight loss, reflected in children weighing too little for their height, affects 14.3 per cent of children, 3.2 per cent of them severely. The prevalence of obesity in children aged under 5 is 3 per cent. Overall, children in rural areas are at a disadvantage compared with those in urban areas.

271. Micronutrient deficiency (iron, iodine, vitamin A) is also common. The rates of vitamin A supplementation as part of the EPI are 80 per cent for children aged 9 months and 58 per cent for nursing mothers. The rate is 100 per cent for children aged 6 to 59 months during mass campaigns.[[14]](#footnote-15) The prevalence of anaemia remains high and is estimated to affect 40 per cent of pregnant women and 76 to 91 per cent of children aged 6 to 36 months.[[15]](#footnote-16)

272. According to the analysis made of the reproductive health situation in Togo in 2003, 11.3 per cent of women of childbearing age use a modern contraceptive method. This figure compares with 8 per cent according to the EDST-1998 and 16.8 per cent in 2006 according to MICS3. While the unmet demand for family planning declined from 35 per cent to 25 per cent between 1995 and 2003, however, it rose to 40.6 per cent in 2006 (MICS3), showing that unmet needs remain.

273. The percentage of births attended by skilled health personnel rose from 51 per cent in 1998 (EDST-1998) to 62 per cent in 2006 (MICS3). The contraceptive prevalence rate grew from 24 per cent in 1998 (EDST-1998) to 25.7 per cent in 2003 (ASSR) for all methods (including natural methods). The proportion of mothers receiving ante-natal care is 83.8 per cent (MICS3).

274. In terms of strategy, Togo is trying to make reproductive health services available and accessible in order to meet all needs. To this end, a multi-annual plan has been put in place to ensure that the country has a secure supply of contraceptives and a reproductive health law was adopted by the National Assembly in December 2006.

275. Health activities for young people and adolescents currently comprise the services offered in health-care facilities, particularly those incorporating reproductive health. The national authorities, assisted by international partners, are paying increasing attention to health problems specific to children in difficult situations, such as drug addiction, sexual abuse and other forms of violence, including child trafficking.

276. According to a national survey carried out in 2002, smoking among schoolchildren is on the rise, with a prevalence rate of 32 per cent. Togo authorized the ratification of the Framework Convention on Tobacco Control (FCTC) by Act No. 2005-010 of 17 October 2005. The Government also adopted a preliminary anti-smoking bill on 16 April 2008, on which a commission of the National Assembly worked in March and April 2009.

2. Action to improve child health

277. Given the precarious state of health of the Togolese population, particularly mothers and children, the Government subscribes to the various resolutions and recommendations of Vision 2010, as well as the Millennium Development Goals. Its political commitment is reflected in the drafting of numerous strategy documents, including the following:

* National Health Policy (1998);
* National Health Development Plan (2001-2006);
* Togo’s National Reproductive Health Programme (Decree No. 159/PR of 2 October 1990 establishing the Family Health Division, which is responsible for the Programme);
* Strategic Plan for the Implementation of the PCIME (2002-2006);
* National Infant and Young Child Feeding Strategy (2006);
* National Food and Nutrition Strategy (2001) and the 2009 version, which is awaiting approval;
* Strategic Plan for Young People and Adolescents, 2008-2012;
* National Health Development Plan (2009-2013).

278. The following laws for improving child health and welfare have also been adopted:

* Act No. 98-016 of 17 November 1998 prohibiting female genital mutilation in Togo;
* Framework Act No. 2001-002 of 23 January 2001 on medicines and pharmaceuticals;
* Act No. 2001-017 of 14 December 2001 on the practice of traditional medicine in Togo;
* The Act on child trafficking in Togo, which entered into force on 2 August 2005;
* Act No. 2005-012 of 14 December 2005 on HIV/AIDS protection;
* Act No. 2006-010 of 13 December 2006 on the Labour Code;
* Act No. 2007-005 of 10 January 2007 on reproductive health;
* Act No. 2009-007 of 15 May 2009 on the Health Code.

279. In addition to this political commitment, a number of actions have also been carried out, including the following:

* Creation of specific services such as the Maternal and Child Health Service, the Nutrition Service and hospital paediatric services;
* Evaluation of SONUs.

280. Several programmes and projects have been developed (the results achieved by these programmes are what would interest the Committee), including the following:

* Expanded Programme on Immunization (EPI);
* Nutrition programme and Baby-Friendly Hospital Initiative;
* National anti-malaria programme (PNLP);
* National programme against HIV/AIDS (PNLS);
* National programme against tuberculosis and leprosy (PNLT/L);
* Reproductive health;
* National campaign against onchocerciasis (PNLO);
* National programme against blindness (PNLC);
* National programme against Guinea worm (PNLVG);
* National programme against lymphatic filariasis (PNLFL);
* National programme against diarrhoeal disease (LMD);
* National anti-smoking programme;
* National anti-drug programme;
* Project to prevent mother-to-child HIV transmission;
* Integrated care project for neonatal and infant diseases (PCIMNE);
* Vitamin A supplementation project for children and new mothers;
* Child de-parasitization project.

281. Each programme and project carries out its activities according to a strategic plan that has been prepared in advance. Recently, Togo’s partners (AFD, EU/ADSS, IsDB, UNFPA, ICCB, UNICEF) have been assisting the construction, rehabilitation and equipping of health care facilities.

282. In the Plateaux health region, AFD is currently funding the building of one new dispensary, the rebuilding of nine others, the extension of three dispensaries, the building of seven offices to serve as the Prefecture Health Department, the building of two housing units for nurses in charge of health posts (ICP), the rehabilitation of nine dispensaries and the rehabilitation of one ICP housing unit. The newly built and rehabilitated health facilities will be provided with equipment and consumables.

283. The IsDB I project provided funding from 2004 to 2006 for building and equipping 73 health facilities of all kinds (operating bloc, polyclinic, dispensaries)) throughout the country. The second project (IsDB II) has already been negotiated and will begin shortly.

284. The EU/ADSS project funded the building and equipping of four health facilities in health district 5 of Lomé Commune (Doumasséssé, Klikamé, Djidjolé and Cacavéli medical/social centres) and the headquarters of health district 5. In the Lacs health district, the same project rehabilitated the Kpota polyclinic and the Djéta, Avévé and Gbodjomé dispensaries and closed the Zébé psychiatric hospital. The ECOWAS Investment Bank (BIDC) plans to rehabilitate and equip a number of hospitals.

285. Between 2005 and 2009, UNFPA rehabilitated several dispensaries throughout the country (see table below).

# Table 17

**Number of dispensaries rehabilitated by UNFPA between 2005 and 2009**

| *Region* | *District* | *Rehabilitated health structures* | *Year of rehabilitation* |
| --- | --- | --- | --- |
|  |  |  |  |
| Maritime | Zio | USP Game Lili | Ongoing |
| Vo | Vogan hospital | 2009 |
| Vo Attivé USP | 2009 |
| Badougbé USP | 2009 |
| Zotchi USP | 2007 |
| Yoto | Esse Ana USP | 2007 |
| Plateaux | Wawa | Kpete Bena USP | 2007 |
| Kara | Kéran | Koutougou USP | 2008 |
| Bassar | Dimori USP | 2005 |
| Savanes | Tandjoaré | Nanergou USP | 2009 |
| Kpendjal | Naki-Est USP | 2009 |
| Oti | Tapamba USP | 2009 |
| Tône | Pana USP | 2005 |

*Source:* Prepared on the basis of data from the Family Health Division (DSF), Ministry of Health.

286. Despite this political commitment, the action taken and the activities of partners on the ground, maternal, neonatal and child mortality and morbidity indicators remain high:

* The maternal mortality rate is 478 per 100,000 live births (EDST II, 1998);
* The neonatal mortality rate is 42 per 1,000 live births (EDST II, 1998);
* The infant mortality rate is 77 per 1,000 live births (MICS3, 2006);
* The infant and child mortality rate is 123 per 1,000 live births (MICS3, 2006).

287. These high mortality rates are compounded by low birth weight, infant malnutrition, a low breastfeeding rate, low immunization coverage, prevalence of communicable diseases, diseases transmitted by mosquitoes, such as malaria, and lack of access to health care centres.

288. HIV prevalence among the general population was estimated a 3.2 per cent in 2006. This rate conceals regional disparities but declines from south to north (see table below).

# Table 18

**Health indicators by region**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Region* | *% rate of HIV/AIDS prevalence*\* | *% of births  attended by  skilled health personnel* | *% of children  with full  immunization  coverage* | *% of pregnant  women using an insecticide-treated mosquito net* | *% of households  living less than 3 km from the nearest  health-care centre* | | *Number of health care facilities  per 10,000 inhabitants*\*\* | |
| *Rural areas* | *Urban areas* |
| Lomé and Golfe | 6.3 | 97.3 | 65.7 | 21.2 | 84.3 | - | | 0.6 |
| Maritime | 4.5 | 71.4 | 62.9 | 31.5 | 79.9 | 1.0 | | 1.2 |
| Plateaux | 3.5 | 56.9 | 66.2 | 33.6 | 71.0 | 1.5 | | 1.6 |
| Centrale | 3.8 | 54.4 | 69.8 | 32.2 | 64.8 | 1.8 | | 1.5 |
| Kara | 2.5 | 53.4 | 53.2 | 33.7 | 67.3 | 1,8 | | 1.7 |
| Savanes | 1.4 | 38.9 | 62.7 | 42.7 | 45.0 | 1.1 | | 1.1 |
| Country as a whole | 3.2 | 63.3 | 63.8 | 30.7 | 71.2 | 2.7 | | 2.3 |

*Source:* CWIQ, 2006; \* CNLS, 2006; \*\* Ministry of Health, 2008.

289. Lack of access to drinking water and lack of hygiene and sanitation are major problems, especially in rural areas. Monitoring of the quality of water and foodstuffs is disorganized and unsystematic and wastewater disposal is unregulated in both urban and rural areas. Despite the existence of private solid waste disposal initiatives in Togo’s main cities, solid waste is generally disposed of in unauthorized sewerage works. MICS3 data indicate that 57.1 per cent of the population have access to an improved drinking water source. Access to improved sanitation facilities is still low (31.7 per cent) and lack of sanitary equipment and hygiene give rise to many communicable and parasitic diseases.

3. Prospects for improving child health

3.1 Development of the health-care system and health services

290. An evaluation of the health-care system has revealed some progress and some shortcomings in the health sector. There has been progress in immunization coverage, the availability and use of insecticide-treated mosquito nets, maternal and child health and the treatment of serious malaria cases among children. The infant mortality rate has also dropped slightly. By contrast, there has been no improvement in the country’s functional infrastructure. Health facilities are poorly equipped and unsuitable and patients’ satisfaction with health service provision remains low. The HIV epidemic is being stabilized.

291. There are also disturbing disparities according to the location, age and gender of patients. While Directly Observed Treatment Short (DOTS) courses are now being implemented in 100 per cent of the country's health districts, indicators have not improved. Health system management capacity is low and institutional reforms based on hospital policy are not being implemented. Moreover, hospital centres generate a large amount of waste, the nature of which demands particularly rational management.

292. In order to improve the performance of the health-care system and achieve the health-related Millennium Development Goals, the Government has focused on four strategic guidelines developed in the National Health Development Plan.

293. The National Health Development Plan (PNDS) 2009-2013 reflects the Government’s political will to tackle the population’s health problems. It is the culmination of a long process of targeting the major health problems identified from the bottom to the top of the system and pursuing results-based planning. The Plan was drawn up with the help of stakeholders from the public and private health sectors, other related bodies, development partners and civil society and several workshops were held to permit the definition of priorities.

294. The major problems identified[[16]](#footnote-17) by this process were:

* High maternal and infant mortality;
* High incidence of malnutrition and micronutrient deficiency in children aged 0 to 5 years;
* Persistence of HIV and sexually transmitted infections, malaria (the main cause of infant and child mortality) and tuberculosis;
* Persistence of diseases with the potential to become epidemics fairly frequently, diseases requiring eradication, elimination and control and emergent and re‑emergent diseases;
* High prevalence of wounds and injuries;
* Emergence of non-communicable diseases.

295. These problems are compounded by the shortage of health-care personnel, the state of disrepair and the lack of materials and equipment, the crumbling health infrastructure, poor management and coordination capacity, etc.

296. Four strategic guidelines[[17]](#footnote-18) were defined to tackle these problems:

* Strengthening the institutional framework and the management of the health-care system;
* Improving the health of mothers, children, adolescents and older persons;
* Combating communicable and non-communicable diseases;
* Promoting intersectoral cooperation, coordination and partnership.

297. The priority targets deriving from these strategic guidelines are aimed at improving maternal and child health and substantially reducing the impact of diseases, primarily malaria, tuberculosis and AIDS, through human resources development, infrastructure rehabilitation and improved medical and technical facilities and equipment. Implementation, monitoring and evaluation mechanisms are also envisaged at all levels of the system in order to ensure that resources are used rationally, taking into account the criteria of efficiency, equity, accountability and the need to achieve results.

298. The four strategic guidelines thus underpin the health component of the May 2009 full Poverty Reduction Strategy Paper 2009-2011, which reaffirms them as strategic aims of the Togolese Government for combating poverty.

Strengthening the institutional framework and the management of the   
health-care system

299. The Government intends to pursue the reform of the national health-care system in order to equip it to take successful action towards achieving the health-related Millennium Development Goals by 2015. The priority actions identified to this end are: (i) strengthening the legal and institutional framework; (ii) increasing the population’s access to health services; (iii) building management capacity, particularly at district level; (iv) giving renewed impetus to human resources development; (v) increasing the availability and accessibility of essential medicines, vaccines and other high-quality consumables; (vi) mobilizing financial resources for the health sector; (vii) promoting efforts to achieve health; and (viii) increasing the availability of reliable information for decision making.

Improving the health of mothers, children, adolescents and older persons

300. The aim of this component is to achieve the maternal and child health-related goals. To this end, the Government will undertake the following priority actions: (i) increasing the use of maternal and child health services from 80 to 90 per cent; (ii) strengthening clinical services by increasing the number of attended births, emergency obstetric care and free neonatal care; (iii) strengthening the immunization system; (iv) increasing prevention of mother-to-child transmission (PMCT) coverage from 11 per cent to at least 80 per cent; (v) reducing from 26 per cent to 20 per cent the malnutrition rate in children aged under 5; (vi) making at least one user-friendly centre for young people available per region; and (vii) developing services adapted to the health needs of older persons.

Combating communicable and non-communicable diseases

301. Since problems related to communicable and non-communicable diseases dominate the health sector, this component is designed to reverse the trend in order to reduce the weight of disease-related morbidity and mortality. Particular emphasis will be placed on AIDS (nationwide availability of antiretrovirals, prevention and treatment of opportunistic infections), tuberculosis and malaria, which impose a very heavy socio-economic burden. An effort will also be made to address non-communicable diseases, using the stepwise approach advocated by WHO.

302. The following action will be taken to achieve the above goals: (i) reducing morbidity and mortality caused by HIV, TB, malaria, other diseases and injuries and wounds; (ii) creating a healthy environment; (iii) making intervention structures operational in preparing for and responding to emergency situations and disasters; (iv) scaling up appropriate structures for the care and reintegration of persons with disabilities; and (v) putting in place appropriate services for safeguarding people’s health in specific environments, including the workplace.

Promoting intersectoral cooperation, coordination and partnership

303. Under this strategic objective, the Government aims to make intersectoral cooperation more effective in identifying solutions to problems whose causes go beyond the health sector. It also plans to strengthen national and international partnerships, as well as the role of the State in appropriating sectoral development policies and strategies and coordinating and mobilizing resources. All dimensions (national and international) will be taken into account. Coordination will cover the activities both of national sectoral bodies and of health development partners. To this end, the following priority actions will be taken: (i) strengthening intersectoral cooperation; (ii) expanding and strengthening the framework for coordination and consultation with the different health partners; (iii) improving coordination of activities; and (iv) building resource mobilization capacities.

3.2 Improvement of the population’s nutritional status

304. According to the results of the MICS3 survey (2006), 26 per cent of children under 5 are underweight and nearly 24 per cent are stunted. However, micronutrient indices (iron, iodine and vitamin A) improved significantly over the period under review. Generally speaking, malnutrition is more endemic in the northern regions of the country, particularly the Savanes region. A distinction needs to be made between chronic malnutrition (which has been on the rise for the past two years, particularly in the north) and acute malnutrition (which has declined substantially in recent years[[18]](#footnote-19)). The malnutrition rate is higher in rural areas than in urban areas and there is often a positive correlation between the educational level of the mother and the improved nutritional status of her children.

305. In view of the worrying nutritional situation in the country, the Government has set itself the following objectives: (i) increase the effectiveness of existing programmes and promote new programmes to combat nutritional deficiencies in mothers and children; (ii) make the population in general and the vulnerable population in particular aware of the importance of a good diet; and (iii) improve the institutional framework for nutrition and food.

306. The effectiveness of existing programmes to combat nutritional deficiencies will be increased and new programmes will be promoted by implementing the accelerated child survival and development strategy, promoting micronutrient-rich foods and enriching/fortifying foodstuffs. The national strategy for infant and young child feeding in the context of HIV will be implemented and school canteens will be set up in preschools and primary schools in vulnerable areas. The Government will also put in place a nutrition programme for teenage girls, pregnant women and nursing mothers, as well as an animal health, plant health, food and nutrition surveillance mechanism. Lastly, the Government will launch and implement special feeding programmes for vulnerable persons (older persons, people with AIDS, mothers and children suffering from severe nutritional deficiencies).

307. Making the vulnerable population aware of the importance of a good diet will involve targeting all public bodies and civil society with information, awareness-raising and education campaigns on the health benefits of a good diet.

308. Improving the institutional framework will involve taking measures to build the institutional capacity and the legal framework for promoting food and nutrition and to improve the information system and data collection mechanism of the food and nutrition sector.

4. Water supply and sanitation policy

309. Access to drinking water and sanitation infrastructures is a Government priority. According to data from the 2006 MICS survey, 57.1 per cent of Togo’s population use improved drinking water sources. According to the same survey, overall access to sanitation systems remains low: 31.7 per cent of the population use improved sanitation facilities —66.6 per cent in urban areas and only 10 per cent in rural areas.

310. These figures show that considerable efforts remain to be made to ensure a lasting improvement in people’s access to drinking water and sanitation infrastructures. To meet this challenge, the Government has adopted four strategic guidelines:

* Improving the water resources management system based on the integrated water resource management (IWRM) approach;
* Improving the population’s access to drinking water in rural, semi-urban and urban areas;
* Improving access to sanitation services by promoting appropriate infrastructures;
* Making the population aware of the health benefits of good hygiene and sanitation.

4.1 Improving the water resources management system based on the integrated   
water resource management (IWRM) approach

311. The Government’s action with regard to IWRM will involve:

* Adopting and implementing the national IWRM policy document and strategies and the Act promulgating the Water Code;
* Implementing a programme of priority IWRM actions (data collection, awareness raising, capacity building);
* Putting in place IWRM institutions and the requisite regulations;
* Conducting a pilot project applying IWRM principles in the Zio-Lake Togo basin.

4.2 Improving the population’s access to drinking water in rural, semi-urban and   
urban areas

312. This will involve:

* Implementing drinking water supply and sanitation policy in rural and semi-urban areas so that the population takes responsibility for maintaining water supply and sanitation works;
* Supplying rural populations with drinking water, giving priority to areas that are currently the least well served and placing emphasis on semi-urban centres where coverage rates are lowest;
* Installing a drinking water supply system in towns that do not yet have one and upgrading drinking water supply systems from Lomé to Kara.

4.3 Improving access to sanitation services by promoting appropriate   
infrastructures

313. Actions under this heading comprise:

* Facilitating households’ access to decentralized sanitation systems through a policy of subsidies;
* Carrying out emergency rainwater drainage works in the city of Lomé, accompanied by a sustainable maintenance system;
* Preparing sanitation master plans for cities other than Lomé.

4.4 Making the population aware of the health benefits of good hygiene and   
sanitation

314. Actions involve:

* Making households aware of the need to use sanitary facilities for the disposal of excreta and wastewater;
* Raising the awareness of sewage disposal companies and organizing them into networks to ensure that sewage sludge and wastewater are discharged at the appropriate sites.

# Table 19

**Ongoing projects**

| *No.* | *Project* | *Project cost* | *Financing* | *Aims* | *Starting  date* | *Completion date* | *Comments* |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 1 | Village waterworks | 2 500 000.000 | 100 % UEMOA | Drilling of 300 new boreholes: 100 in Savanes region, 100 in Kara region and 100 in Maritime region | March 2008 | October 2009 | Work is complete in the Savanes and Kara regions and 67 % complete in the Maritime region |
| 2 | Village waterworks | 5 815 000000 | 80 % AFD and 20 % Togo | Drilling of 170 new boreholes, rehabilitation of 100 old boreholes and installation of 15 mini DWS[[19]](#footnote-20) | March 2008 | End 2009 |  |
| 3 | Village waterworks | 5 900 000 000 | 88 % IDB and 12 % Togo | Drilling of 200 new boreholes (100 in Savanes, 100 in Kara), rehabilitation of 100 old boreholes (50 in Savanes and 50 in Kara) and installation of 9 mini DWS (5 in Kara and 4 in Savanes) | February 2009 | July 2010 | Drilling only began in October, following notification that IsDB had no objection to the choice of companies |
| 4 | Support for integrated water resource management | 160 000 000 | UNDP | Rehabilitation of 14 old boreholes, 3 freestanding water points and 5 mini DWS in Maritime region | June 2009 | September 2010 |  |
| 5 | Village waterworks | 3 200 000 000 | 100 % EU | Drilling of 150 new boreholes in Maritime region | December 2008 | November 2009 |  |
| 6 | Urban environment  of the city  of Lomé | 1 800 000 000 | AFD and BOAD | Dredging of the east lagoon and cleaning of the balancing channel | December 2008 | September 2009 |  |

*Source:* Ministry of Water, Sanitation and Village Waterworks, Department of Water and Sanitation.

315. According to data from the Ministry of Water, Sanitation and Village Waterworks, 5,393 rural boreholes were drilled, 1,904 modern wells were built and 107 mini drinking water supplies and 59 freestanding water points were installed.

316. Water supply coverage is 30 per cent in rural areas, 33 per cent in semi-urban areas and 44 per cent in urban areas, giving an overall average of 34 per cent.

C. Traditional practices harmful to children

317. As in other West African countries, female genital mutilation is practised in Togo.

318. A study carried out by the Government in December 2007 with financial and technical support from UNICEF and UNFPA shows that excision is practised in all regions of Togo and that a single form of excision predominates: 93 per cent of women aged 15 to 59 undergoing excision had their clitoris removed. The age at which women undergo excision varies from one setting or ethnic group to another.

319. The level of prevalence is inversely proportional to women’s educational level in settings where women undergo excision (41.2 per cent of uneducated women against 14.3 per cent of educated women). Likewise, for all ethnic groups, prevalence among illiterate women is 15.7 per cent, against 6.1 per cent for women with primary education and 4 per cent for women with secondary education or higher. According to the same study, the prevalence rate among children aged 0 to 18 years is 0.8 per cent. In general, prevalence varies from one region to another, the highest being in the Centrale region (56.3 per cent) and the lowest in Lomé and its surrounding area (0.4 per cent).

320. The findings of the 2007 study also indicate that some victims (15.1 per cent) undergo excision outside the country, mainly in the countries bordering Togo (Benin, Ghana and Burkina Faso).

1. Legal provisions

321. The promulgation of Act No. 98-016 of 17 November 1998 prohibiting female genital mutilation (FGM) in Togo and a host of other laws give associations and the State a means of combating this practice.

322. The Act was adopted as a result of the 1996 EXICTOG study, which found a high incidence of FGM. An institutional and legal framework was created for combating the practice, and the Act imposes penalties ranging from two months’ to 10 years’ imprisonment and fines ranging from CFA Fr 20,000 to 1 million.

323. Only one case has ever been punished. In a public hearing on 28 June 2000, the Sokodé court of first instance, second class, sentenced Mariama Kandjao, an excision practitioner, and Sédou Mama, known as Fada, the father of the girls on whom she performed excisions, to 12 months’ imprisonment and a fine of CFA Fr 100,000.

324. Other cases have been identified in Badou prefecture, where a girl reported her fiancé for preparing to have her subjected to excision and the judge simply ordered the fiancés’ judicial separation. It should be noted that many such cases are settled amicably by traditional chiefs.

2. Main interventions

325. The response to this harmful practice was set in motion by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)‑Togo.

326. The Ministry of Social Action, Advancement of Women and Protection of Children and Older Persons, in cooperation with UNFPA, WHO and the Togolese branch of IAC, which has taken over from the National Committee for Women’s and Children’s Health (CNSFE), is also working to combat FGM through information, education and communication (IEC) activities aimed at changing communities’ behaviour.

327. In partnership with UNICEF and UNFPA, the Government has carried out two studies, one of which evaluated progress in applying the Act prohibiting FGM in Togo. Support from the World Bank and UNFPA permitted the organization of two nationwide awareness-raising campaigns.

328. In the capitals of each of the country’s economic regions, structures for combating FGM have been set up by the Ministry of Health, with WHO assistance, to support civil society organizations working in this field.

329. The results achieved include the following:

* The silence has been broken: cases of FGM performed on newborn girls are now being reported to medical personnel. In June 2009, judicial proceedings were brought against parents who had been reported on the “Allo 111” hotline for having subjected their 3-week-old baby to excision;
* The different awareness-raising campaigns, combined with the Act, have resulted in a sharp reduction in the incidence of FGM in Togo, a trend confirmed by MICS3 and the findings of the 2007 study (FGM incidence is currently 6.9 per cent, compared with 12 per cent in 1996);
* The major asset of the anti-FGM campaign is the current ability of civil society organizations and girls themselves to expose the practice;
* Anti-FGM organizations must remain on the lookout for cases where girls may potentially be taken to other countries for excision in order to avoid stringent local laws.

330. The major obstacle encountered is the resistance of some communities, notably the Peuhls, where every mother is a potential practitioner of excision (mothers perform excision on their baby girls at birth). The 2007 study shows that excision is being performed increasingly on very young children.

331. The prospects for action are manifold and essentially involve the following:

* Strengthening the institutional and judicial framework for combating excision in Togo.
* Putting in place reproductive health training programmes and organizing community debates at which religious leaders, community leaders and excision practitioners will be held accountable.
* Identifying communication channels for implementing awareness-raising strategies on the cultural foundations of the practice of excision.
* Drawing up programmes for the prevention of child excision.
* Advocating the mobilization of resources for combating FGM in Togo.
* Stepping up public education and awareness-raising activities, particularly about the harmful effects of FGM and the Act prohibiting it, in the pockets of resistance that have been identified. It will be important to involve men in such activities, since the statistics show that it is men, more than women, who decide that their daughters should undergo excision.
* Developing a cross-border programme for combating FGM.
* Applying the laws prohibiting FGM effectively throughout the country.
* Launching in high-incidence regions a programme of medical care and monitoring of children and young girls who have been victims of FGM.
* Promoting associations specialized in caring for child victims.
* Identifying and strengthening local structures working to combat FGM.
* Conducting a cross-border study to determine the cultural foundations of the practice of FGM.
* Developing joint action strategies between bordering countries.
* Putting in place specialized institutions and services to handle FGM cases.
* Conducting an in-depth study on the basis of the findings of the present study.
* Broadcasting radio programmes on FGM in the country’s various languages.
* Introducing income-generating activities for women who have given up performing excisions.
* Creating a national framework for consultation and coordination among sectors involved in anti-FGM efforts.
* Setting up telephone hotlines.

332. Togo is making progress in the eradication of FGM, for which it relies heavily on:

* Its FGM information, education and awareness-raising programmes for all target groups;
* Its school enrolment strategy and the retention of girls in the school system (see the developments on free preschool and primary education in Togo);
* The development of a cross-border programme for combating and eliminating FGM in cooperation with the countries of the subregion.

D. Standard of living

333. Togo recognizes the right of every child to a standard of living adequate to permit his or her physical, mental, spiritual, moral and social development (article 27, paragraphs 1 to 3, of the Children’s Code).

334. Standard of living is measured according to a number of criteria, the main ones being: education, health, housing, environment and nutrition/diet.

335. Education is the key element for tackling real challenges and threats, and school attendance and success rates are the indicators used in measuring standard of living (see paragraph VI).

336. Some of the goals for securing an adequate standard of living are: asserting the basic human right to housing, establishing participatory urban governance and developing citizen solidarity, in other words, placing the city at the service of those who live there.

337. Access to drinking water, electricity, sanitation and cooking fuel, all elements identified in the Poverty Reduction Strategy Paper, are, with type of housing, the factors that define people’s standard of living. The CWIQ study evaluated these indicators in 2006. Its findings can be summarized as follows:

* Type of housing: overall, 57.8 per cent of Togolese households own their home. The proportion of households occupying family homes or rented houses is quite low, however (around 21.3 per cent).
* Cooking fuel: overall, households chiefly use firewood as their main cooking fuel (59.8 per cent), followed by charcoal (36.3 per cent). However, there is a slight preference for using oil (2 per cent), butane gas (1 per cent) and new energy sources such as solar power, electricity and biomass (less than 1 per cent).
* Type of lighting: Togolese households mainly use hurricane lamps for lighting their homes (55.9 per cent), followed by electricity (26.8 per cent) and oil lamps (15.9 per cent). The use of new sources of energy such as solar power and generators is virtually nil.
* Type of toilet: nearly half (47.9 per cent) of households have no toilet in their home. Only 21.8 per cent have covered latrines and 11.2 per cent have open latrines.
* Drinking water sources: Togo’s population use three types of water sources —public taps (24.5 per cent), unprotected wells (22.8 per cent) and boreholes and wells equipped with pumps (18.4 per cent). Very few people (15.9 per cent) have a tap in their home.
* Type of flooring material: overall, most Togolese homes have floors made of cement (83.2 per cent), with earth and sand coming a distant second (15.9 per cent).
* Type of material used for walls: earth or adobe bricks are the materials most often used (60.2 per cent), followed by cement or concrete (36.3 per cent), while metal sheeting, cardboard and stones are the least used (less than 1 per cent of households).
* Type of roofing material: very few Togolese households (2.2 per cent) use reinforced concrete for their roofs. Most roofs are made of zinc (68.1 per cent), the other material used being straw (21.8 per cent).
* Method of household waste disposal: over half of households (57.8 per cent) dispose of their household waste mainly in the natural environment.
* Method of wastewater disposal: overall, wastewater is disposed of directly into the natural environment (69.3 per cent).

338. The 2006 MICS3 evaluated housing according to security of ownership and level of comfort.

339. It was found that half of all urban households do not have secure housing, meaning that they do not have a legal document authorizing them to occupy their home or household members feel there is a risk that they may be evicted. A little over three quarters of urban households (76 per cent) live in precarious housing, meaning housing that meets one of the following five conditions for being classified as insalubrious: (i) non-permanent (unfinished flooring, plus two or more insalubrious conditions); (ii) insecure; (iii) overcrowded (more than three people per bedroom); (iv) no source of improved water supply; and (v) no use of improved sanitary facilities. Health status is measured by the 42 indicators mentioned above.

340. To permit the exercise of a child’s right to an adequate standard of living, appropriate measures have been taken to help the parents and other persons responsible for that child (article 27, paragraphs 1 to 3, cited above). Briefly, these are:

* Oil subsidies;
* Making the food reserves of the National Food Security Agency available to purchase;
* Expansion of existing health centres and schools and creation of new ones;
* Improvement of technical equipment in health facilities;
* Organization of immunization, vitamin A distribution and de-parasitization campaigns in order to increase children’s immunity and prevent anaemia;
* Organization of campaigns for the distribution of insecticide-treated mosquito nets;
* Implementation of the policy of supplying essential medicines in generic form in order to make health care financially accessible.

VI. Education, leisure and cultural activities

A. Education, including vocational training and guidance

1. Free compulsory preschool and primary education

341. The principle of free primary education in accordance with article 28 of the Convention on the Rights of the Child is enshrined in article 35 of the Constitution and article 255 of the Children’s Code and its effective implementation is ensured by the 1975 ordinance on the reform of education.

342. Long stalled by a lack of financial resources, this principle began to be put into practice in preschool and primary school education at the start of the 2008-2009 school year, when school fees were abolished. Access to education is thus free in principle, but extending this measure to all levels of education and to other schooling costs will have to wait until the country has the necessary resources. One direct result of the abolition of school fees was that school enrolment rose by over 16 per cent.

343. For now, this change in the functioning of the school system is not without problems, such as:

* Lack of preparation of education personnel (teachers, heads of kindergartens and schools and support staff) and social partners (parent/teacher associations);
* Some shortcomings in the implementation of support measures, which essentially involve:
* Allocating operating credits;
* Recruiting and making available sufficient teaching staff;
* Expanding infrastructures.

(a) Preschool and primary education budget

344. The growth of the preschool and primary education budget has not been constant, as can be seen from tables 20 and 21.

# Table 20

**Situation of the preschool and primary education budget**

| *Amount* | *2004* | *2005* | *2006* | *2007* | *2008* |
| --- | --- | --- | --- | --- | --- |
| Amount in CFA Fr billions | 15.86 | 15.88 | 14.19 | 18.22 | 18.09 |
| Variation (%) | -20.82 | +0.13 | -10.64 | +28.40 | -0.71 |

*Source:* Department of Financial Affairs/MEPSETFPA.

345. There was an increase of 13.54 per cent between 2004 and 2008.

# Table 21

**Secondary education budget**

| *Amount* | *2004* | *2005* | *2006* | *2007* | *2008* |
| --- | --- | --- | --- | --- | --- |
| Amount in CFA Fr billions | 9.26 | 9.70 | 12.09 | 11.25 | 12.54 |
| Variation (%) | -0.22 | 4.75 | 24.64 | -6.95 | 11.47 |

*Sources:* Department of Financial Affairs/MEPSETFPA.

346. The State education budget is supplemented by funding from partners (NGOs, United Nations agencies) provided under the headings of cooperation, partnership and development assistance.

347. In Togo, management of the education and training sector has fluctuated, in that different ministries have been entrusted with it in response to short-term aims and imperatives.

348. For instance, following the latest government restructuring in September 2008, responsibility for literacy teaching was transferred from the Ministry of Social Affairs to the Ministry of Primary and Secondary Education.

349. The education sector is now managed by three ministries: the Ministry of Primary and Secondary Education and Literacy Teaching, the Ministry of Technical Education and Vocational Training and the Ministry of Higher Education and Research. This restructuring has helped reduce the very high illiteracy rate by a substantial margin.

350. The education inspectorate created by Order No. 037/MEPS/CAB of 23 May 2005 is responsible for providing expertise and support to the education system and for evaluating it.

351. A computer division has also been established, entrusted essentially with making the information system more effective by developing management and communication software and with managing the statistical database and computer equipment.

352. The Government’s commitment to improving access to education is unwavering. Many studies have been funded to interpret the system’s indicators so that ways of improving them can be proposed. These studies include:

* Progress report on the education system (RESEN-2002 and 2006);
* Exclusion of girls from the formal education system (February 2005);
* Study on the factors and determinants of girls’ non-enrolment in school or abandonment of school in Togo (June 2007);
* Non-formal education (2008);
* The essential education package (2009).

353. The Government uses the findings and recommendations of these studies to guide its action for improving access to and the direction of the education system, and hence the system’s indicators.

(b) Early childhood education

354. The Government is active in both formal and non-formal early childhood education.

355. In non-formal education, Government action involves putting in place day-care centres, crêches and early childhood development centres throughout the country, but mainly in areas considered to have fallen behind in school enrolment.

356. This initiative has several aims:

* To protect children in all kinds of difficulties;
* To relieve older siblings, especially girls, from having to look after small children, so that they can go to school;
* To free mothers to engage in income-generating activities so that they have resources to cover their family’s needs and their children’s schooling;
* To prepare young children for formal preschool education by awakening their latent potential and giving them a taste for school.

357. The ability to offer such education to very young children is a result of the combined efforts and concerted actions of the Ministries of Social Action, Advancement of Women and Protection of Children and Older Persons, Primary and Secondary Education and Literacy Teaching and Territorial Administration, Decentralization and Local Authorities, supported by the Ministries of Security and Civil Protection, Justice with responsibility for relations with institutions of the Republic, Health and Human Rights, Strengthening of Democracy and Civic Education, as well as civil society and the country’s development partners.

358. Valuable support for the operation of these early childhood centres is provided by: UNICEF, through its basic education (EDB) programme; AFD, through its project for improving school enrolment in northern Togo (ASNT); and some civil society organizations such as ICCB, the Education Network, Terre des Hommes, Borne Fonden, Aide et Action and Plan Togo, through such projects as initiatives for the all-round development of young children in the Maritime, Kara and Savanes regions and for socio‑educational development in the Plateaux region.

359. The various projects involve the following:

* Building and equipping early childhood development and day-care centres: between 2005 and 2007, Aide et Action built and equipped 38 early childhood centres and 10 day-care centres in the Kara and Savanes regions.
* Setting up canteens: in 2005 and 2006, Aide et Action built and equipped 10 canteens under the ASNT project, while the EDB programme supplied 43 canteens with utensils between 2002 and 2007.
* Training mothers as canteen workers: between 2002 and 2007, 204 mothers were trained to work in school canteens by the UNICEF EDB programme in its areas of operation.
* Training members of the integrated young child development commissions: 225 members were trained by the UNICEF EDB programme between 2002 and 2007.
* Training staff of early childhood development centres: Aide et Action trained 30 staff from the Savanes region at the Dapaong Active Learning Pedagogy Centre, while UNICEF trained 244 staff in the management of early childhood centres and 10 others in the production of educational games between 2002 and 2007. The NGO Borne Fonden periodically trains staff of the early childhood centres that it has set up in its areas of operation.
* Equipping early childhood development centres with furniture and work materials: between 2002 and 2007, the EDB programme equipped 68 centres with mats, chairs and kitchen utensils.
* Establishment by ICCB of four early childhood development centres —two at Avoutokpa[[20]](#footnote-21) (Lacs prefecture) and two in Lomé.[[21]](#footnote-22)
* Early childhood development work with some 100 children aged 1 to 5 each year at the Terre des Hommes Oasis centre.

360. The appointment of a focal point for the protection of young children within the Ministry of Primary and Secondary Education and Literacy Teaching, responsible essentially for coordinating and monitoring activities under this heading, allows the Minister to take informed decisions.

(c) Preschool education

361. In formal education, namely, preschool education, the Government is responsible for recruiting teachers, financing the functioning of preschools and arranging for untrained teachers to attend the Kpalimé kindergarten teachers training college (ENIJE).

362. There is no discrimination in access to preschool establishments. Public campaigns are organized to explain the importance of preschool education and the need to put children through preschool before enrolling them in primary school.

363. Open days are often organized in targeted localities to make people aware of what preschool education involves and the advantages it offers for young children. These open days are supported by the UNICEF EDB programme.

364. The Education For All in the Village programme in the Savanes region places particular emphasis on making people aware of the importance of providing care and education to young children.

365. Action by UNICEF, UNFPA, AFD and civil society organizations has provided effective support for State efforts to promote preschool education. Their activities are centred on:

* Rehabilitating and building infrastructures.
* Furnishing school classrooms (child-size stools).
* Providing education kits composed of school supplies. Plan-Togo did this in its 2006-2010 programme, providing 3,125 individual kits composed of school supplies, schoolbags and cooler bags for meals at a total cost of US$ 21,875, while ICCB provided 500 individual kits to over 10 schools in 2009.
* Training teachers. Training sessions are organized periodically by school inspectors and/or in cooperation with civil society organizations and other partners.
* Educating parents.
* Organizing classes for children who have to repeat the school year. ICCB has been doing this since 2003 in Lomé and in rural areas.
* Providing children with kits of school supplies. ICCB Togo did this from 2006 to 2009 at a total cost of CFA Fr 25,900,000, equivalent to around US$ 57,505 or € 39,484.
* Organizing repetition classes for children in difficulties staying at the Terre des Hommes Oasis centre.
* Distributing school supplies to vulnerable children in urban and rural areas. Terre des Hommes distributes school supplies to around 600 such children each year.
* Terre des Hommes is also supporting the rehabilitation of some schools, notably in Vo prefecture (Agokponou, Badjènopé, Melly-Domé, Tigoé-Toka, Awavé). It supported the construction of a school building (public primary school) in Agokponou in 2009, as well as a dispensary in Tigoé-Toka, and helped rehabilitate six schools.

366. There are disparities, however, between urban areas, where most children enrolled in preschool education are concentrated, and disadvantaged rural areas. This explains the targeting of rural areas by partners as the focus of their actions.

367. In preschools, children are taught in local languages for the first two years, corresponding to the first two sections.

368. Children in especially difficult circumstances, whether orphans, abandoned children, orphans and other vulnerable children, children with all kinds of disabilities, child trafficking victims, etc., are not overlooked. The State education on offer to them remains limited, but this shortfall is made good by social and religious associations or civil society organizations such as ENVOL, EPHATA, Vivre dans l’Espérance, OCDI, Handicap International, SEFRAHH, SHD, IT Village, APH Moto, SOS Villages, Terre des Hommes, the Saint Paul of Atéda Vivenda centre, the Saint Augustine Polyvalent Centre in Kégué, the Kpalimé school for the blind, the Sokodé school for orphans, the Espoir centre in Lomé, the Saint Francis Centre in Sokodé, the Togoville Institute for the Blind, the Togoville ‘King Mensah’ orphanage and ICCB. The State provides support to these institutions in the form of teaching or supervisory staff and development partners such as UNICEF provide technical and financial support.

369. The 2007 edition of the annual conference of preschool and primary school education inspectors in Togo, on the theme of school inspections and the promotion of quality education for all, discussed special education. A debate was held on the subject, in the course of which ways and means of ensuring closer cooperation between special schools and education inspectorates were studied, so that inspectors can give staff working in special schools the necessary support to improve their performance. The long-term outcome should be closer cooperation between schools, improved performance of teachers and the design of a special education policy.

(d) Literacy teaching

370. The Togolese Government is responsible for literacy teaching. Three types of approach are used to combat illiteracy: traditional literacy teaching, functional literacy teaching and post-literacy teaching.

371. These three approaches have made it possible to reach young people and adults of both sexes, giving priority to rural areas.

372. The Department of Literacy Teaching and Adult Education has been assisted by the UNESCO regional bureau, which supported it in the design and execution of an experimental project on women’s literacy and increased school enrolment of girls from 2004 to 2007. Guided by the strategy that for every woman who learns to write and write, three girls are enrolled in school, the project covered 10 villages; 517 women learnt to read and write and 1,507 girls were enrolled in school over the three years of its implementation.

373. Civil society organizations and other partners also include literacy teaching in their programmes of activity. Borne Fonden has set up and maintains 21 literacy centres in its areas of operation, while Aide et Action supports 205 such centres. Under its five-year programme 2006-2010, Plan-Togo provided 15 training sessions for teachers in the non‑formal education sector at a total cost of US$ 60,000.

374. Since 2005, Terre des Hommes, with financial support from UNICEF, has run a drop-in centre for working children in Lomé’s central market where they can attend literacy classes. In 2008, 250 girls working as itinerant or stall vendors attended these classes. In 2009, 300 children attended literacy classes. Of these (girls working as itinerant or stall vendors), six were withdrawn from work and returned to the formal education system, while eight others withdrawn from work opted to enter apprenticeships.

375. The situation of literacy teaching in Togo is illustrated by the following table.

# Table 22

**Situation of literacy teaching in Togo in January 2008**

| *Region* | *Golfe/Lomé* | *Maritime* | *Plateaux* | *Centrale* | *Kara* | *Savanes* |
| --- | --- | --- | --- | --- | --- | --- |
| Number | 73 313 | 159 064 | 219 239 | 93 751 | 131 366 | 178 577 |
| % | 12.4 | 35.1 | 40.5 | 39.6 | 41.0 | 69.1 |

*Source:* Note for the design of a national programme for the expansion of literacy teaching in Togo – January 2008.

(e) Primary education

376. Children start primary school at the age of 5. Compulsory schooling ends at the age of 15, which is also the age of completion of the first cycle of secondary education.

# Table 23

**Gross entry to primary education**

| *Region* | *2004-2005* | | | *2005-2006* | | | *2006-2007* | | | *2007-2008* | | | *2008-2009* | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *B* | *G* | *T* | *B* | *G* | *T* | *B* | *G* | *T* | *B* | *G* | *T* | *B* | *G* | *T* |
| Golfe | 129.4 | 134.1 | 131.8 | 138 | 137 | 137.5 | 112 | 111 | 111.5 | 132 | 134 | 133 | 141 | 139 | 140 |
| Maritime | 75.8 | 100.2 | 85.7 | 64 | 86 | 73 | 62 | 86 | 74 | 61 | 84 | 71 | 83 | 111 | 95 |
| Plateaux | 73.9 | 79.9 | 76.6 | 77 | 87 | 82 | 69 | 77 | 73 | 79 | 91 | 85 | 111 | 122 | 116 |
| Centrale | 86.7 | 91.8 | 89.1 | 85 | 93 | 88 | 95 | 127 | 111 | 94 | 103 | 98 | 129 | 141 | 134 |
| Kara | 91.8 | 75.6 | 83.2 | 109 | 93 | 101 | 123 | 88 | 105.5 | 122 | 104 | 112 | 182 | 145 | 162 |
| Savanes | 94.9 | 73.2 | 83.9 | 93 | 72 | 82 | 124 | 92 | 108 | 108 | 91 | 99 | 175 | 144 | 159 |
| Togo | 88.4 | 92.2 | 90.2 | 88 | 94 | 91 | 97.5 | 96.83 | 97.08 | 91 | 100 | 95 | 124 | 131 | 127 |

*Source:* Education league tables in Togo.

377. The above table shows that, for the country as a whole, the gross rate of entry to primary education between 2004 and 2006 was higher for girls than for boys. In 2006-2007, the rates for girls and boys were almost equal.

378. This was not the situation in the Kara and Savanes regions, however, where the gross entry rate was lower for girls than for boys. From 2005 to 2007, the rate for girls improved steadily in Savanes, but its progress in Kara was irregular.

# Table 24

**Primary education completion rate**

| *Region* | *2005-2006 (%)* | | | *2006-2007 (%)* | | | *2007-2008 (%)* | | | *2008-2009 (%)* | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *B* | *G* | *T* | *B* | *G* | *T* | *B* | *G* | *T* | *B* | *G* | *T* |
| Golfe | 96 | 74 | 82 | 72 | 61 | 66 | 67 | 54 | 60 | 63 | 52 | 57 |
| Maritime | 76 | 57 | 67 | 69 | 53 | 61 | 63 | 48 | 56 | 60 | 48 | 55 |
| Plateaux | 77 | 65 | 71 | 66 | 55 | 61 | 63 | 54 | 59 | 61 | 53 | 57 |
| Centrale | 78 | 74 | 77 | 78 | 73 | 76 | 71 | 73 | 72 | 74 | 74 | 74 |
| Kara | 68 | 57 | 63 | 62 | 50 | 57 | 61 | 48 | 55 | 63 | 51 | 58 |
| Savanes | 58 | 33 | 45 | 59 | 31 | 45 | 56 | 30 | 43 | 58 | 33 | 46 |
| Togo | 76 | 61 | 69 | 68 | 54 | 61 | 64 | 51 | 58 | 63 | 51 | 57 |

*Source:* Education league tables in Togo.

379. The primary education completion rate is lower than the gross entry rate. The number of boys completing primary education is higher than the number of girls and there are also geographical disparities.

380. The 1975 education reform provided for a guidance component at the end of the first cycle of secondary education, in which pupils aged 14 and 15 would be directed towards different types of schools, following a guidance session that took account of their tastes and aptitudes and national development needs (Togo education reform, page 11).

381. This provision, which would have allowed children to receive guidance at a fairly early stage on the basis of the criteria enumerated in the education reform document, is not being applied as planned, the economic recession having prevented not only the creation of the necessary schools but also the training of staff to undertake this kind of work.

382. Nevertheless, each region has an ad hoc guidance commission, which reviews the academic records of pupils who have completed the first cycle of secondary education in order to advise them on their future.

383. For the authorities, improving the education system is an ongoing concern. Many actions are being taken to this end, of which the most tangible in primary education are:

* Campaigns to make teachers aware of the need to eliminate all forms of discrimination against girls at school, based on two documents:
* *“Pour une éducation de base de qualité”* (for a quality basic education), a compilation of modules prepared by the Department of In-Service Teacher Training and Pedagogical Action and Research with financial support from UNESCO;
* *“Module intégré d’autoformation en éducation en matière d’environnement, de population et de santé de la reproduction pour le développement humain durable”* (integrated self-training module on education in environment, population and reproductive health for sustainable human development);
* Building of 300 classrooms by the ongoing IDB II project;
* Gradual transformation of local initiative schools (EDIL) into public primary schools;
* Recruitment of regional assistant teachers almost every year since 2001;
* Gradual integration of assistant teachers into the permanent teaching corps: 10,666 in all since January 2006;
* Action under the UNICEF basic education programme, which, as part of its five‑year plan 2002-2006, extended to 2007, carried out two kinds of activities in primary education: supplying basic services and training.

384. Basic services include:

* Rehabilitating school buildings in 45 schools;
* Constructing two school buildings with a school principal’s office and a storeroom;
* Providing 52 schools with desks and 40 others with office tables and chairs;
* Covering the costs of school supplies and fees for children in 272 schools;
* Providing 130 schools with teaching aids and manuals for teachers;
* Supplying 43 schools with first-aid kits stocked with medicines;
* Building latrines with separate cubicles for boys and girls in 17 schools;
* Drilling a borehole and sinking wells in 10 schools;
* Building and rehabilitating water tanks in 17 schools;
* Installing and equipping nine community libraries.

385. Training includes:

* Training 1,454 teachers in the elimination of discrimination against girls at school.
* Training 786 teachers how to teach large groups.
* Training 637 teachers to combat violence, exploitation, abuse and discrimination.
* Training 184 school principals to collect statistical data.
* Training 60 teachers in the child-friendly/girl-friendly school approach.
* Training 44 teachers to promote hygiene at school.
* Training 254 teachers to manage first-aid kits.
* Training 1,872 members of parent/teacher associations and committees.
* Action under the project for improving school enrolment in northern Togo (ASNT) jointly financed by AFD and Aide et Action in the Kara region, which, by promoting universal primary school enrolment, aims to reduce inequalities and produce the human resources needed for economic and social development. Its main aim is to increase the proportion of children who complete primary education by reducing pockets of school under-enrolment and by improving the quantity and quality of the educational supply across a school system that has been expanded to include State‑recognized local initiative schools.

386. This project has:

* Provided training to 363 teachers in 2005 and a further 3,327 teachers in 2006 on various issues, such as subject teaching methods, school correspondence, production of teaching aids and preparation and execution of budgets;
* Built and equipped 44 school buildings in 2005 and 2006, consisting of three classrooms plus offices and storerooms, as well as latrines with four separate cubicles for boys and girls;
* Provided training to 2,477 members of parent/teacher associations and committees or school resources management committees in 2005, and a further 865 in 2006, on budget preparation and management, the organization and functioning of such associations and committees, the preparation, monitoring and evaluation of village plans, the development of school sites, the organization and management of community action and communication and information circulation techniques.

387. Three Aide et Action projects were carried out in the Savanes region in 2005: support for improving the quality of education and apprenticeships, support for community mobilization for education and support for the diversification of the educational supply. As a result:

* Training in teaching methods and school correspondence at the Active Pedagogy Training Centre was provided for 2,742 teachers, and 1,235 members of parent/teacher and associations and school resources management committees were given the tools needed to perform their role.
* In 2006, the training project’s partners addressed the same concerns but using a different approach, that of education for all in the village (EPTV), which aims to increase the participation of movements of parent/teacher associations in the management of alternative supplies of education, increase access to preschool education for children aged two to five and promote access by those excluded from the formal education system to educational alternatives, training opportunities and socioeconomic integration.
* In the Plateaux region, an EU-funded project in support of socio-educational development (ADYSE) in the prefectures of Wawa, Haho, Amou and Danyi aims to develop the social capital mobilized around education in the region. It has three components: institutional capacity building in the management and direction of the education system; community and association capacity building in the running and management of the education system; and improvement of access to a quality education.
* In 2005, the ADYSE project trained 1,470 teachers in the use of active pedagogy methods, 40 facilitators of REFLECT circles, and 20 members of local development committees in project planning and formulation.
* In 2006, under the same project, 55 instructors of preschool and primary school inspectors and educational advisers were trained in the preparation of modules, 130 school principals were trained in the planning and use of modules and 1,269 teachers received training in subject teaching methods. Young people and parents in 60 villages also received information on non-formal education.

388. The project to support the improvement and diversification of educational supply in West Africa (ADO) is being implemented in the Plateaux region. It is co-financed by Aide et Action and the French Ministry of Foreign Affairs.

389. Borne Fonden actions between 2005 and 2007 included the following:

* Building and equipping two school buildings consisting of three classrooms, offices and storerooms.
* Opening and equipping 38 early childhood development centres.
* Opening 10 relay schools.
* Installing 20 mini-libraries, each with 75 books, in 20 schools.
* Training 678 teachers in subject teaching methods, the evaluation of learning processes, the drafting process and the production of written work in school.
* Covering the cost of school fees and supplies for 23,742 sponsored children and their siblings.
* Providing the schools of sponsored children with teaching materials, 1,254 desks and a number of classrooms.
* Plan-Togo activities: under its five-year programme 2006-2010, Plan International‑Togo took specific action in favour of primary and non-formal education. The aims of the programme in Plan-Togo’s areas of activity are: to increase the rate of access to primary education for all school-age children from 80 per cent to 90 per cent; to increase the rate of completion of primary education for all children from 75 per cent to 85 per cent; to increase access to education for all children in need of special education; and to halve the prevalence of parasitic diseases and other communicable diseases in school-age children.

390. The activities carried out or ongoing under this project are the following:

* 2,000 school-based child de-parasitization campaigns and school medical visits, for a total cost of US$ 1.5 million;
* Health promotion in 200 schools by means of IEC, training, identification of drinking water needs, hygiene, training in the child-to-child approach and support for children’s clubs, for a total cost of US$ 1 million;
* Training of 250 primary school parent/teacher associations and committees and school principals;
* 145 training sessions for primary schoolteachers in active pedagogy methods, subject teaching methods, gender, etc., for a total of US$ 580,000;
* Provision of schoolbooks and teaching aids (language boards, globes, maps, books, etc.);
* Provision of 195,000 individual kits consisting of school supplies, schoolbags and coolers for meals, for a total of US$ 1,365,000;
* 10,500 individual scholarships for girls, for a total cost of US$ 315,000;
* Building of 180 classrooms and principal’s offices, for a total cost of US$ 1,440,000;
* Rehabilitation of 135 classrooms and principal’s offices, for a total of US$ 540,000;
* Equipping of 95 classrooms with furniture, supplies, blackboards and blackboard cleaners, etc., for a total of US$ 285,000;
* Building of 20 water tanks to collect rainwater in schools, for a total cost of US$ 40,000;
* Construction of 60 new boreholes with hand pumps, for a total of US$ 780,000;
* Building of 225 girls’/boys’ school latrine cubicles, for a total of US$ 562,500;
* Building of 250 school sewage disposal systems, for a total of US$ 75,000;
* Creation of 414 new schools throughout the country between 2004 and 2006, as indicated in the following table, which also gives figures for 2006 to 2009.

# Table 25

**Number of schools created from 2003 to 2009**

| *Region* | *Golfe-Lomé* | *Maritime* | *Plateaux* | *Centrale* | *Kara* | *Savanes* | *Togo* |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2003-2004 | 1 114 | 1 095 | 1 584 | 639 | 747 | 533 | 5 712 |
| 2005-2006 | 1 249 | 1 193 | 1 677 | 648 | 782 | 577 | 6 126 |
| Increase | 135 | 98 | 93 | 9 | 35 | 44 | 414 |
| 2006-2007 | 996 | 1 099 | 1 514 | 660 | 745 | 572 | 5 586 |
| 2007-2008 | 1 004 | 1 099 | 1 560 | 678 | 740 | 595 | 5 676 |
| 2008-2009 | 956 | 1 120 | 1 551 | 724 | 783 | 667 | 5 801 |

*Source*: Togo education league tables.

391. FODDET, through the basic structures of its member network (for instance, the Collective of Organizations for the Defence of Children’s Health and Environmental Rights in Togo (CODDESE/Togo)), has:

* Renovated a school building at Agoè in Golfe prefecture (Ma Patrie school);
* Created a kindergarten at Gadjawukpé in 2008 with financial support from the Rotary Club of the Malmebey region in Belgium;
* Built a sick bay and a four-cubicle toilet at Ma Patrie school in cooperation with TV du Monde, France;
* Taken care of 452 children in difficult circumstances in Maritime and Plateaux regions;
* Donated teaching aids and sports equipment to La Locomotive school, to Tokoin Cébévito preschool and primary school, to groups A and B at Gadjagan preschool and primary school, to Gadjawoukpé preschool and primary school, to Kpimé secondary school and to Zozokindji secondary school (groups A and B);
* Built a two-classroom building in August 2009 (Kpimé Tomégbé).

392. The increase in the number of schools has resulted in children travelling shorter distances between home and school. The norm is a maximum of three kilometres, as shown by the figures below.

Situation in 2003-2004

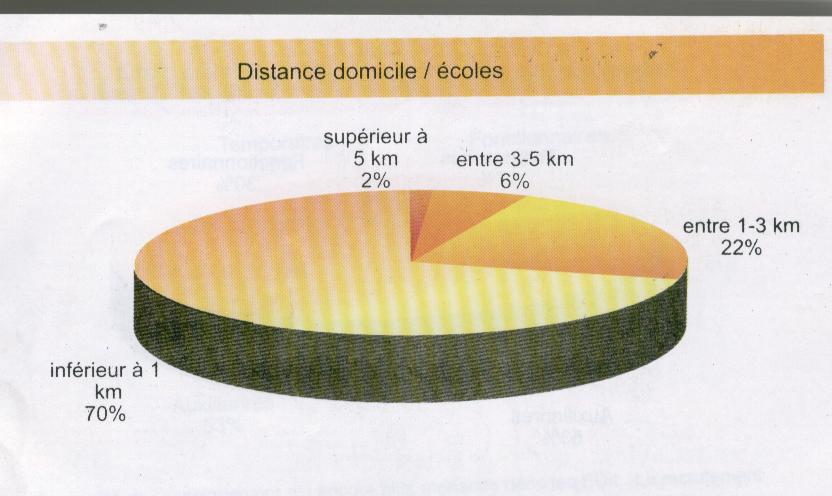
1 to 3 km

Under 1 km

3-5 km

Over 5 km

**Distance between home and school**



*Source:* Education league tables 2003-2004.

Situation in 2005-2006

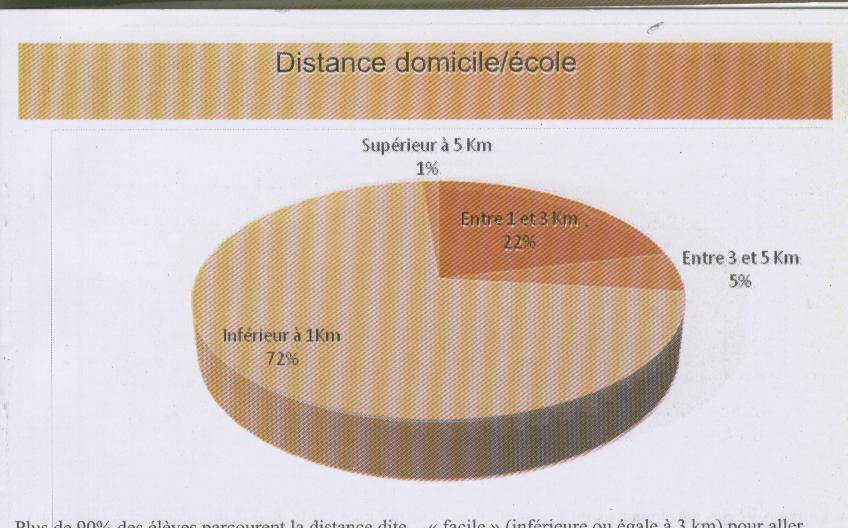
Under 1 km

1 to 3 km

3-5 km

Over 5 km

**Distance between home and school**



*Source:* Togo education league tables.

393. In 2005-2006, the number of pupils travelling over three kilometres between home and school fell by two per cent, from eight per cent in 2004 to six per cent in 2006. To reduce disparities among the regions in terms of teaching staff numbers, new teachers are deployed preferentially to regions where staff shortages are greatest (see figures below).

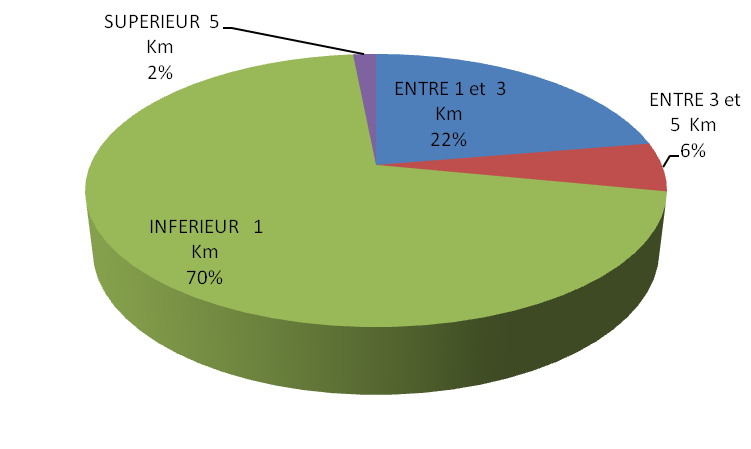
Situation in 2008-2009, distance between home and school

3-5 km

Under 1 km

1 to 3 km

Over 5 km

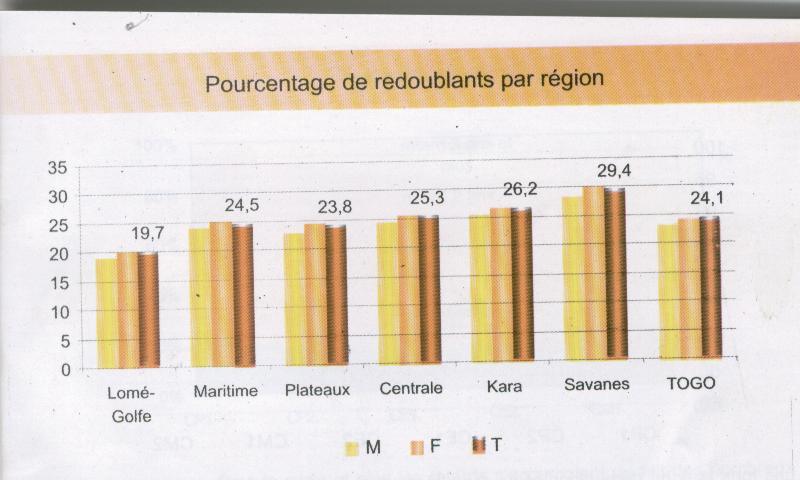


*Source:* Education league tables.

394. Despite these efforts, some indicators, such as the rate of repetition in primary education, remain high, as shown by the following graphs:

Percentage repetition rate

**Percentage of pupils repeating the school year, by region**

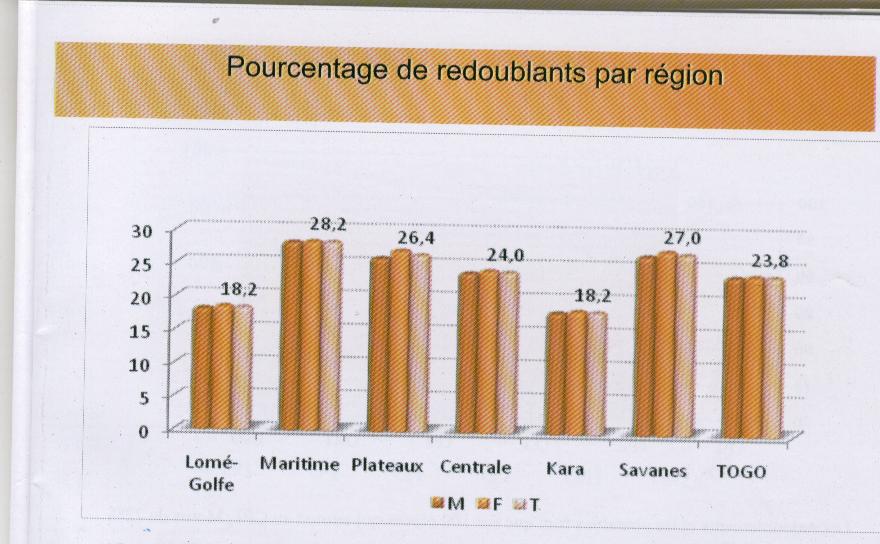


*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Situation from 2005 to 2006

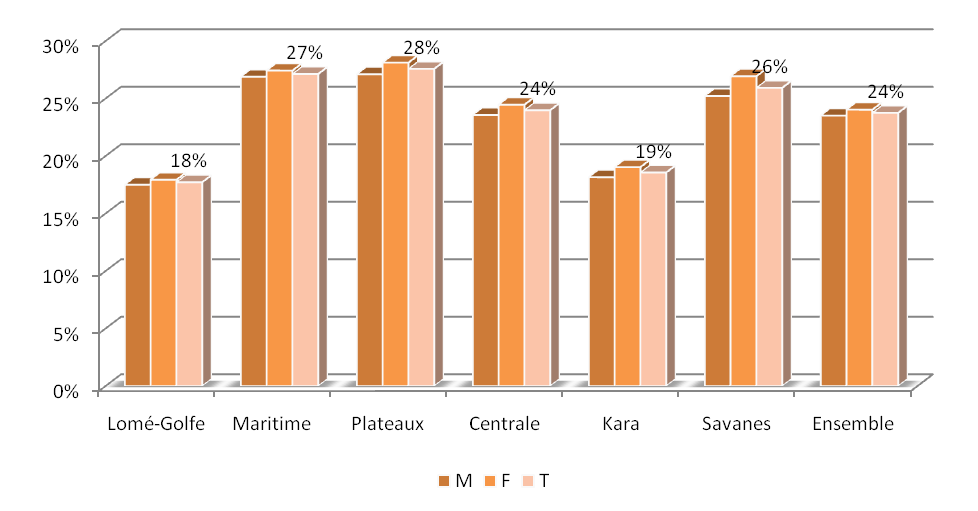
**Percentage of pupils repeating the school year, by region**



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Situation from 2006 to 2007



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

395. The graphs show that the repetition rate dropped in almost all regions between 2004 and 2006, with the exception of the Maritime and Plateaux regions, where the reverse happened. The national repetition rate also dropped from 24.1 per cent in 2004 to 23.8 per cent in 2006, then rose again to 24 per cent in 2007.

Situation from 2007 to 2008 and from 2008 to 2009

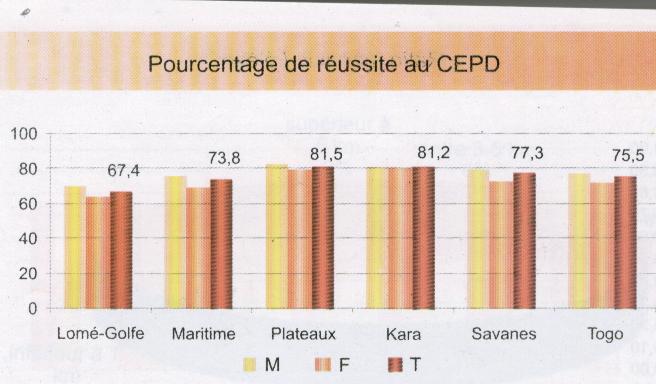
| *Level* | *2007-2008* | | | *2008-2009* | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Boys* | *Girls* | ***Total*** | *Boys* | *Girls* | ***Total*** |
| Nursery | 25 | 25 | **25** | 25 | 27 | **26** |
| 1st grade | 23 | 23 | **23** | 19 | 21 | **20** |
| 2nd grade | 24 | 24 | **24** | 24 | 28 | **26** |
| 3rd grade | 23 | 24 | **23** | 24 | 25 | **24** |
| 4th grade | 24 | 26 | **25** | 25 | 27 | **26** |
| 5th grade | 20 | 21 | **20** | 19 | 21 | **20** |

*Source:* National Yearbooks of School Statistics, 2007-2008 and 2008-2009.

396. Nevertheless, the percentage success rates for 2004 to 2008 in the *Certificat de Fin d’Etudes de l’Enseignement du Premier Degré* (CEPD) (certificate of completion of primary education), which is both an examination marking the end of primary education and a competitive examination for entry to sixth grade, the first year of secondary education, are far from encouraging.

Percentage pass rates in the CEPD: June 2004

**Percentage pass rates in the CEPD**

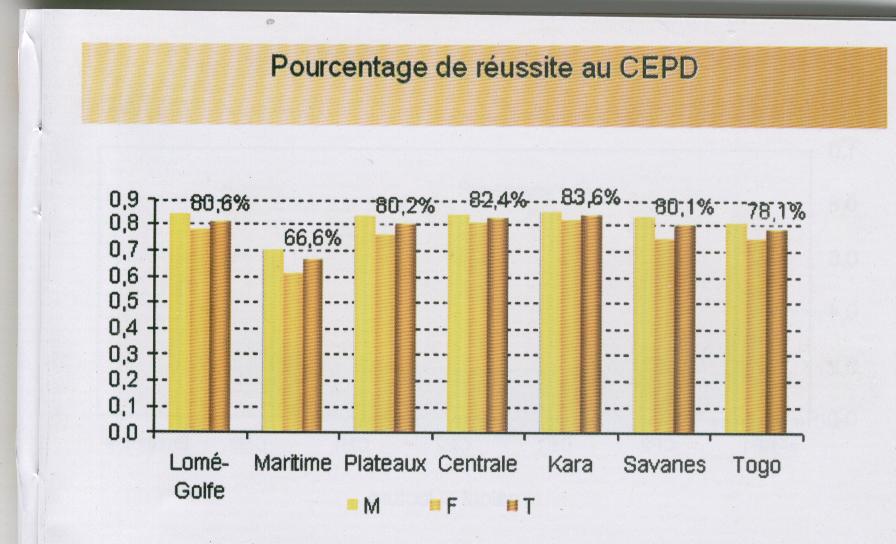


*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rates in the CEPD: June 2005

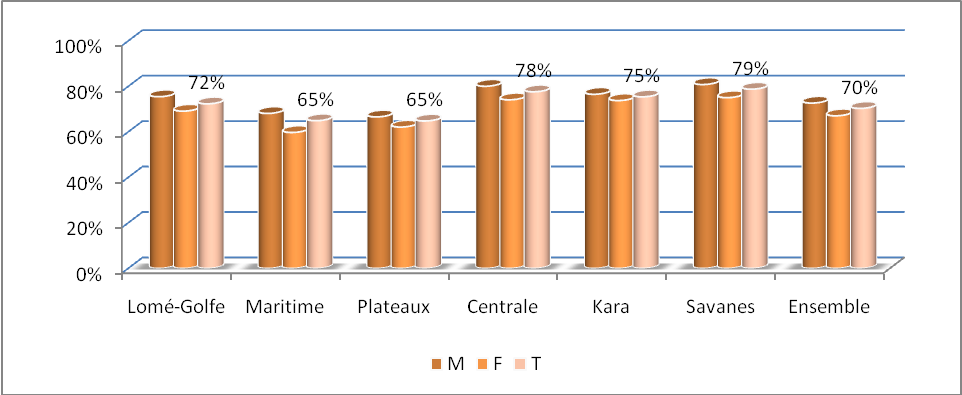
**Percentage pass rates in the CEPD**



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rates in the CEPD: June 2006



*Source*: Togo education league tables.

M = Male; F = Female; T =Total.

# Table 26

**Percentage pass rates in the CEPD, 2007 and 2008**

|  | *(%)* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Year* | *Golfe/Lomé* | *Maritime* | *Plateaux* | *Centrale* | *Kara* | *Savanes* | *Togo* |
| 2007 | 79.51 | 70.73 | 66.65 | 75.80 | 78.76 | 75.97 | 73.81 |
| 2008 | 76.22 | 68.66 | 67.62 | 78.68 | 79.43 | 78.42 | 73.46 |

*Source:* Department of Preschool and Primary Education.

397. Over the five years in question, the CEPD pass rate ranged between 70 per cent and 78 per cent nationwide, but there were disparities among the regions and also between girls and boys, although the table does not give gender-disaggregated results for the last two years.

Secondary education

7.1 General secondary education

398. The Government’s main actions in secondary education have involved:

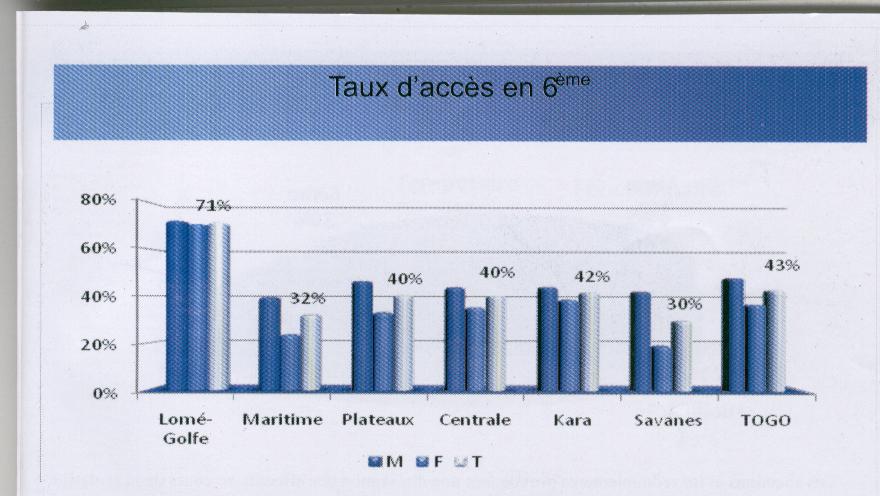
* Recruiting assistant teachers;
* Integrating assistant teachers into the professional teaching corps;
* Reinstating teachers dismissed for having gone on strike;
* Creating new general secondary schools: 13 for the 2005-2006 school year, 10 in 2006-2007 and nine in 2007-2008.

399. Creating middle schools and high schools (first and second cycle of secondary education) on the same site helps rationalize human resources management and thereby minimize the adverse effects of teacher shortages. First cycle of secondary education: entry rate

400. The rate of entry to the first cycle of general secondary education (middle school) from 2005 to 2006, as the following graphs show, was not stable.

Rate of entry to 6th grade

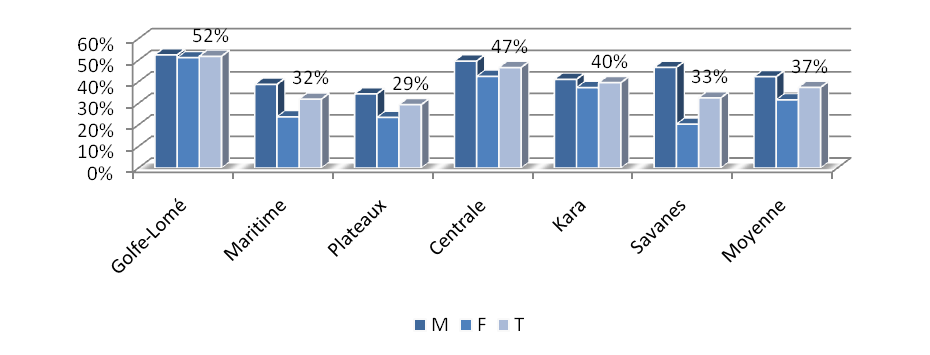
**Rate of entry to 6th grade**



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

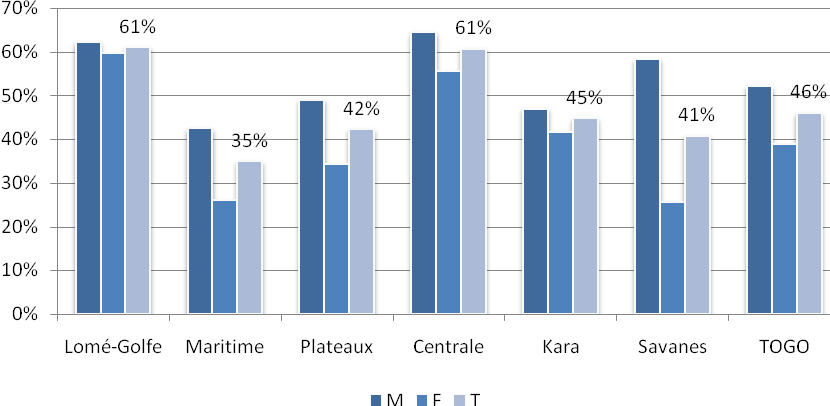
401. The entry rate for 2006 to 2007 is given in the following graph.



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

402. The entry rate for 2008 to 2009 is given in the following graph.



*Source:* Togo education league tables.

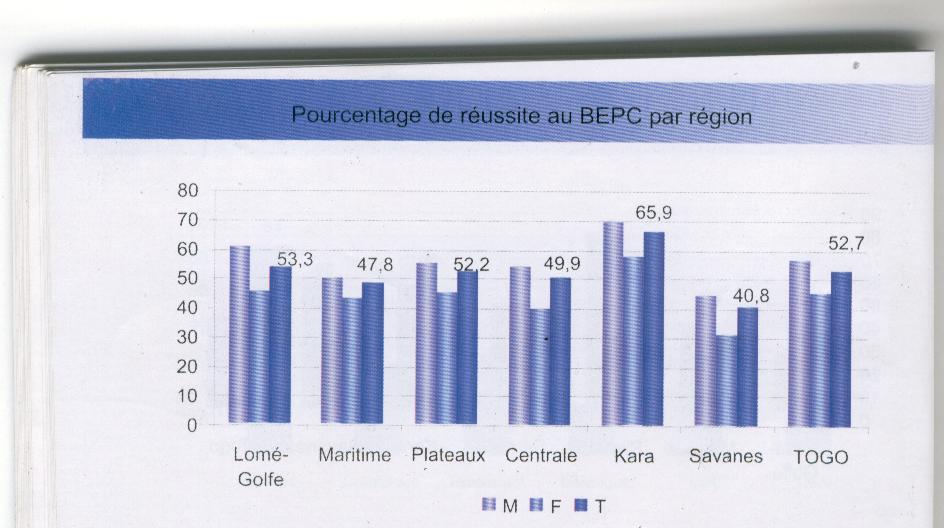
M = Male; F = Female; T =Total.

403. Generally speaking, the rate of entry to sixth grade has been declining since 2004. The Maritime and Savanes regions had the lowest rates of all for the entire period under consideration. Moreover, far fewer girls than boys enter secondary education.

404. Despite remaining consistently below 50 per cent, the percentage pass rate in the *Brevet d’Etudes du Premier Cycle* (BEPC) (certificate of completion of the first cycle of secondary education) has fluctuated sharply throughout the country. The same geographical and gender disparities can be observed throughout the period in question, as shown by the following graphs.

Percentage pass rate in the BEPC: June 2004

**Percentage pass rate in the BEPC**

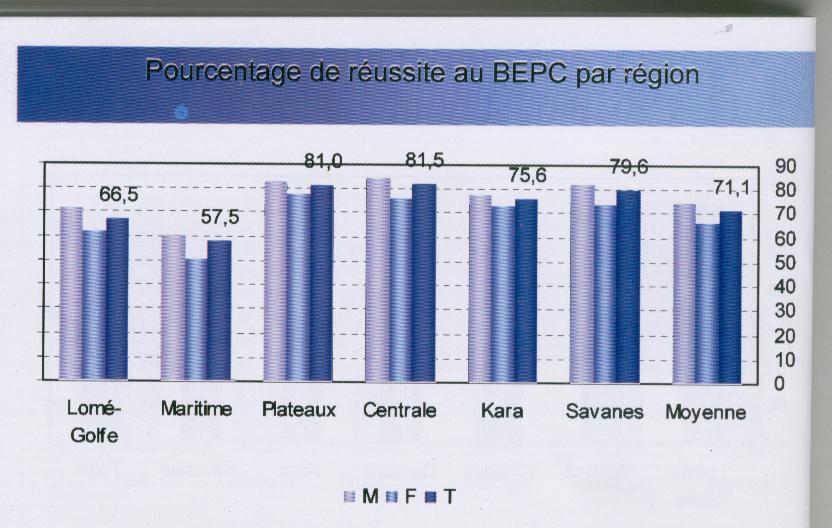


*Source*: Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rate in the BEPC: June 2005

**Percentage pass rate in the BEPC**

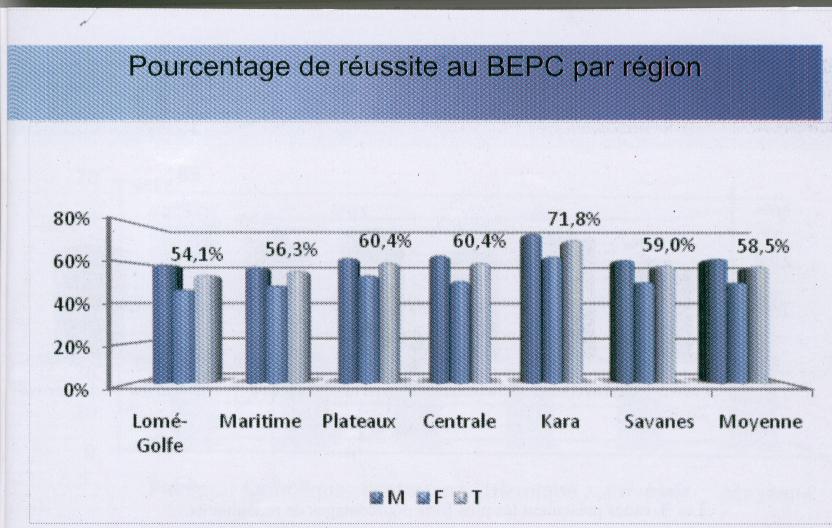


*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rate in the BEPC: June 2006

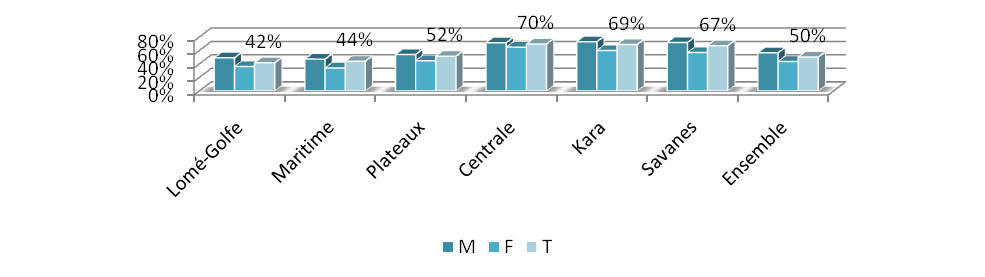
**Percentage pass rate in the BEPC**



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rate in the BEPC: June 2007



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

BEPC examination results: June 2008

| *Region* | *Took the examination* | | | *Passed the examination* | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Boys* | *Girls* | ***Total*** | *Boys* | *Girls* | ***Total*** |
| Lomé-Golfe | 11 565 | 8 156 | **19 721** | 5 569 | 3 409 | **8 978** |
| Maritime | 5 764 | 1 787 | **7 551** | 2 724 | 612 | **3 336** |
| Plateaux | 10 011 | 4 456 | **14 467** | 4 583 | 1 425 | **6 008** |
| Centrale | 3 825 | 1 554 | **2 737** | 1 011 | 3 748 | **3 748** |
| Kara | 4 653 | 2 283 | **6 936** | 2 844 | 1 080 | **3 924** |
| Savanes | 2 126 | 801 | **2 927** | 1 234 | 371 | **1 605** |
| Togo | 37 944 | 19 037 | **56 981** | 19 691 | 7 908 | **27 599** |

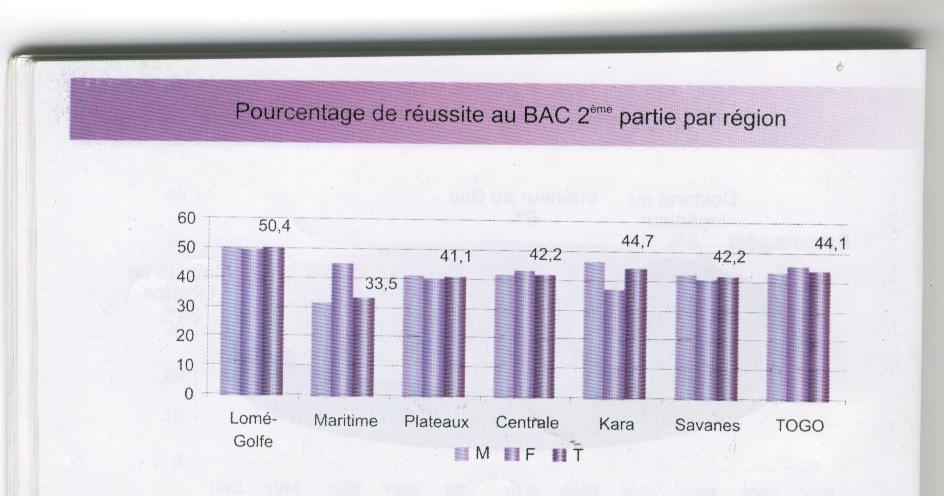
*Source:* National Yearbook of School Statistics 2007-2008.

Second cycle of secondary education (high school)

Percentage pass rate in the second Baccalaureate

Percentage pass rate in the second Baccalaureate, by region: June 2004

**Percentage pass rate in the second Baccalaureate, by region**



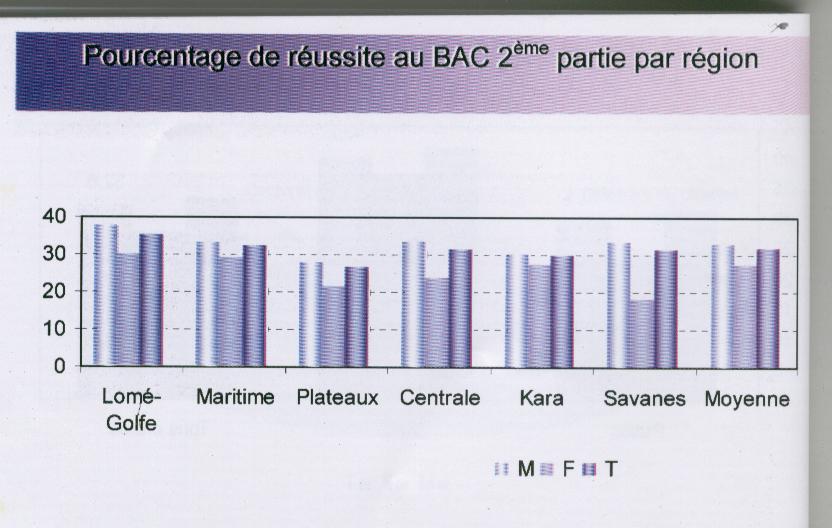
*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rate in the second Baccalaureate: June 2005

**Percentage pass rate in the second Baccalaureate**

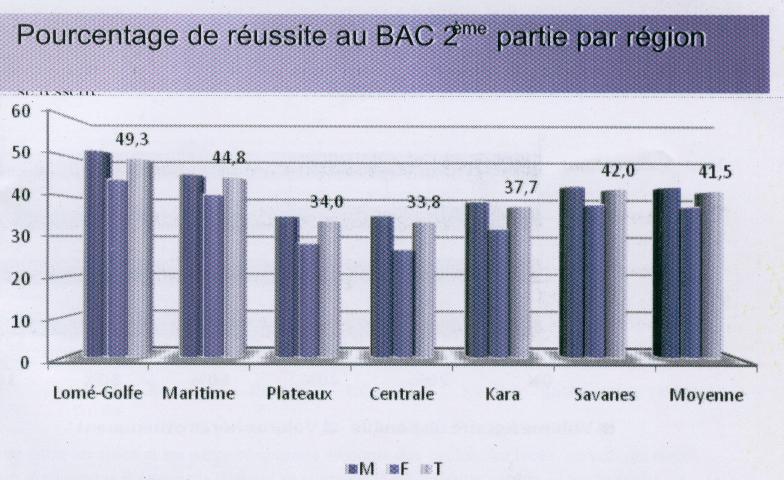
**Percentage pass rate in the second Baccalaureate**



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

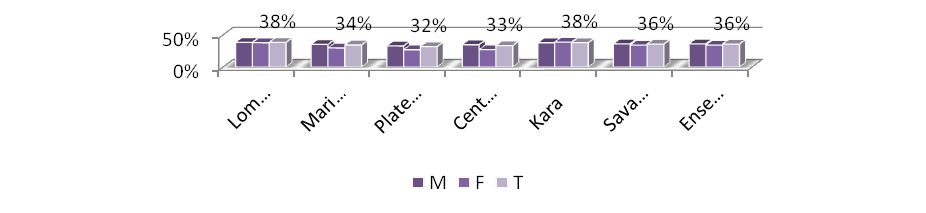
Percentage pass rate in the second Baccalaureate: June 2006



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

Percentage pass rate in the second Baccalaureate: June 2007



*Source:* Togo education league tables.

M = Male; F = Female; T =Total.

405. From 2004 to 2007, the pass rate in the second Baccalaureate was just over 44 per cent. In 2007, as many girls as boys passed the examination in the Lomé-Golfe region, while in the Kara region the pass rate for girls was higher than that for boys. Geographical disparities persist.

Second Baccalaureate examination results: June 2008

| *Series* | *Took the examination* | | | | | | *Passed the examination* | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *A* | | *C* | | *D* | | *A* | | *C* | | *D* | |
| *Region* | *M* | *F* | *M* | *F* | *M* | *F* | *M* | *F* | *M* | *F* | *M* | *F* |
| Lomé-Golfe | 1 082 | 756 | 135 | 15 | 1 831 | 428 | 431 | 231 | 71 | 9 | 963 | 201 |
| Maritime | 860 | 191 | 43 | 3 | 979 | 140 | 401 | 72 | 30 | 1 | 233 | 25 |
| Plateaux | 2 110 | 600 | 27 | 1 | 1 540 | 166 | 626 | 106 | 15 | 0 | 606 | 48 |
| Centrale | 705 | 213 | 9 | 0 | 567 | 55 | 217 | 40 | 5 | 0 | 202 | 17 |
| Kara | 1 163 | 391 | 21 | 1 | 725 | 67 | 416 | 112 | 10 | 0 | 370 | 30 |
| Savanes | 359 | 57 | 3 | 0 | 255 | 24 | 166 | 27 | 2 | 0 | 132 | 5 |
| Togo | 6 279 | 2 208 | 238 | 20 | 5 897 | 880 | 2 257 | 588 | 133 | 10 | 2 506 | 326 |

7.2 Technical secondary education

406. Technical secondary education is available without discrimination to all children who fulfil the necessary conditions. Throughout the national territory, technical education is provided in 13 public educational establishments and 90 private ones. Either a short or a long cycle of instruction is imparted.

407. Over 763 teachers, covering a range of specialities, provide instruction in public establishments.

408. The instruction on offer is quite varied, although it does not cover all the vocational skills demanded by the labour market and the development challenges facing Togo.

409. For the short cycle, there are a total of 13 public establishments, comprising regional technical and vocational training centres (CRETFP), technical colleges (CET) and technical and vocational high schools.

410. For the long cycle, as for the short cycle, there are fewer girls than boys. More girls register for courses in the services sector than in the industrial sector (see table below).

# Table 27

**Proportion of girls to boys in technical education**

| *Years* | *Industrial* | | |  | *Services/Commercial* | | | ***Total 3 (1+2)*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Male* | *Female* | ***Total 1*** |  | *Male* | *Female* | ***Total 2*** |
| 2003-2004 | 3 842 | 134 | **3 976** |  | 8 119 | 6 442 | **14 561** | **18 537** |
| 2004-2005 | 5 652 | 151 | **5 803** |  | 11 715 | 9 796 | **21 511** | **27 314** |
| 2005-2006 | 5 479 | 218 | **5 687** |  | 11 672 | 10 471 | **22 143** | **27 840** |

*Source:* Ministry of Technical Education and Vocational Training.

411. Some action has been taken to correct these deficiences. For instance:

* A Higher Council of Technical Education and Vocational Training has been set up with national responsibility for guiding and validating departmental choices in the area of technical education and vocational training, supported by regional and local branches.
* Gender and vocational training units have been set up in public training establishments and centres to encourage girls to register for technical education and vocational training, particularly for industrial courses.
* A National Apprenticeship, Vocational Training and Advanced Vocational Training Fund (FNAPP), constituted on the basis of a one-per-cent tax on wages, known as the vocational training tax, has been set up to mobilize the domestic and external resources needed to implement the programme of priority actions, conduct studies and fund innovative training initiatives. The Fund is involved in training and thus maintains a direct relationship with children.

7.3 Positive discrimination in secondary school fees

412. To encourage girls to stay in school, measures have been taken to introduce positive discrimination in their favour.

413. Such discrimination also takes account of socioeconomic realities and the fact that some regions have fallen behind in terms of school enrolment.

414. The school fees charged in public general education establishments, pursuant to Inter-ministerial Order No. 058/MENR/MEFP of 3 November 2000 setting school fees in public general education establishments, are indicated in the following table.

# Table 28

**Registration fees (in CFA Fr)**

|  |  |  |
| --- | --- | --- |
| *Region* | *Second Cycle* | |
| *Boys* | *Girls* |
| Golfe/Lomé-Commune | 8 000 | 5 500 |
| Maritime | 7 000 | 4 500 |
| Plateaux | 7 000 | 4 500 |
| Centrale | 6 000 | 4 000 |
| Kara | 6 000 | 4 000 |
| Savanes | 5 000 | 3 500 |

*Source:* Inter-ministerial Order setting school fees.

8. Higher education

415. Higher education in Togo is provided by two universities established by the State (Lomé University in 1970 and Kara University in 2003), denominational universities such as the Catholic University of West Africa/Togo University Unit (UCAO/UUT) and higher vocational training institutes.

416. Access to these higher education establishments is guaranteed to all children without discrimination. Despite a slight increase, however, the number of girls compared with boys at this level of education and training is even smaller than in secondary education. As in technical secondary education, girls tend to opt for arts, legal, medical and paramedical courses rather than scientific and technological ones.

B. Aims of education

417. The profile of the citizen to be educated, as defined by the Togo education reform promulgated by Ordinance No. 16 of 6 May 1975, guarantees the harmonious development of the child’s physical and intellectual capacities. It stipulates that schools must shape individuals who are healthy, balanced and fulfilled in every way and must permit the development of critical thinking, the basis of any modern culture. The citizen thus educated will be balanced, open minded, capable of adapting easily to all new situations, full of initiative and able to act on his/her environment in order to transform it.

418. Programmes emanating from this reform have placed renewed emphasis on hitherto neglected subjects, according them the importance they deserve.

419. In class, emphasis is placed on keeping to the timetable so that all subjects on the curriculum are well taught, thereby facilitating the child’s development and the fulfilment of all his/her latent potential.

420. With the assistance of specialists from certain ministries, education inspectorate staff often organize refresher courses to help teachers master the content of some subjects, which are badly taught because of teachers’ lack of skills. These subjects include drawing, model making, physical education and sports, and music.

421. With support from the Swiss Teachers Association (ASE), refresher courses are organized as part of teacher capacity-building activities. The latest such course was held on 19 and 20 February 2007 at the Notsè national primary schoolteachers training college, which was reopened in 2009 in an effort to improve teaching and learning methods, reduce failure and dropout rates and encourage children to go on to secondary school.

422. However, it is manual creative activities that are most frequently taught in schools, to the detriment of introduction to technology, as the materials used in the latter are expensive and hence beyond the reach of most schools.

423. Respect for human rights in general and the rights of the child in particular is included in the curriculum of preschools, primary schools and general and technical secondary schools under the heading of civic and moral education.

424. Civic and moral education curricula include contents on respect for parents which address the duties of the child and analyse critically the sociocultural values of the child’s environment.

425. With UNICEF support, a training module on child rights and protection has just been designed and approved. It will eventually be incorporated in the curriculum of the 13 colleges which train professionals who work with children.

426. In science education and introduction to practical life, geography and civic and moral education, topics on the protection of fauna, flora, soil and water are planned and developed by teachers and pupils. Many schools have orchards.

427. In secondary schools, environment/population/development (EPD)/reproductive health (RH) clubs provide a forum for introducing children to the issue of environmental protection. Using the strategy of peer education, club members are also responsible for making their friends aware of the need to change their behaviour in order to protect the environment.

428. In 2004 and 2005, under its COMBAT project, Care International Togo provided training in respect for children’s rights to teachers, education advisers and inspectors in its areas of operation, using a document on the protection of children’s rights at school.

429. Other documents were produced for training teachers and helping them to teach human rights and child rights contents effectively:

* A compendium of teaching notes on human rights education in Sub-Saharan French‑speaking Africa, produced with support from the schoolbook assistance fund of the Intergovernmental Agency of La Francophonie, is in use in primary schools;
* An integrated self-training module on education in environment, population and reproductive rights for sustainable human development, produced for EPD/RH clubs with financial support from UNFPA, is in use in secondary schools.

430. In all Togo’s schools, children are involved in the management of certain aspects of school life. For instance, they are organized into committees dealing with road safety, discipline, environment and HIV/AIDS, as well as EDP/RH clubs, child protection clubs, etc.

431. In the Vo-Nord, Vo-Sud and Afagnan inspectorates, the basic education programme, with UNICEF support, is testing the child-friendly, girl-friendly school approach through a project entitled “Schools run better when pupils govern”. The project involves organizing pupils so that they have their own government and take part in decision-making on how their school is run. Its aims include: (i) revitalizing school management through pupil participation in the administrative, pedagogical, sociocultural and partnership spheres; (ii) building life skills with a view to social development and responsible citizenship; and (iii) instilling a culture of democracy, peace, social justice, gender equality, freedom of expression and conflict resolution.

432. With UNICEF support, over 340 children’s clubs have been set up in schools, bringing together 3,400 children —1,900 boys and 1,500 girls— who have been taught about children’s rights.

433. Any individual or legal entity may set up and operate a school. Legal provisions exist for this purpose.

434. In primary and general secondary education, the relevant provisions are those of Order No. 042/MEPS of 20 August 2004 on the conditions for establishing and operating private lay and religious schools offering general education.

435. In technical education, the relevant provisions are those of Order No. 095/008/METFP-CAB of 1 June 1995 on the procedures for opening private lay or religious schools offering technical education and vocational training and Order No. 011/METFP/CAB/SG/CDO of 17 July 2002 amending and supplementing the provisions of article 6 of Order No. 95/METFP-CAB of 15 July 1995 on the procedures for opening and the conditions for operating private technical education and vocational training institutes.

436. A large number of measures have been taken to ensure respect for the rights and interests of the child. At the central level, these include:

* Order No. 50/MEN of 26 December 1975 setting up a parent/teacher association (PTA) in each school at the first, second and third levels of education. The purpose of these associations is to:

(i) Surround the school with the affection and goodwill needed for it to perform its mission fully;

(ii) Enable pupils’ parents and friends of the school to:

* Have a permanent relationship with the school;
* Be informed about everything concerning the organization and life of the school;
* Look after the material and moral interests of the school;
* Study and help organize school-related and after-school activities;
* Give their views on the running of the school insurance scheme, the school canteen, the medical service, etc.;
* Be involved in the building and maintenance of school premises and the provision of teaching aids;
* Promote interaction between the school and the surrounding community.
* The job/post/staff technique, coupled with qualitative preparation for the new school year, put in place by the human resources department. These involve managing available resources (material and human) rationally in order to ensure that each pupil receives the number of hours of teaching/learning to which he/she is entitled per day, week, month and school year.
* The annual conference of Togo preschool and primary school inspectors is a forum for coordinated planning and regulation of inspectorate activities. It brings together at the end of each school year all preschool and primary school inspectors, regional education directors and relevant partners. It permits an evaluation of the school year just ended, an exchange of views on the problems encountered and the preparation of an action plan to serve as a framework for activities and inputs during the coming school year.
* The operating rules for State schools are defined by the schools legislation in force. Supervisory staff regularly monitor their application by public and private school principals.
* Within schools, there are provisions for the regulation and monitoring of the application of school legislative and administrative texts relating to respect for the rights and best interests of the child. These primarily concern the child’s safety, health, wellbeing, freedom of expression, self-respect and respect for others, etc.
* The teaching councils within preschool and primary education inspectorates and general and technical secondary schools provide a forum for teachers to exchange views and pool experiences with a view to monitoring and correcting any deficiencies and shortcomings.

437. To prevent abuses and arbitrary decisions against pupils, disciplinary boards in secondary schools include pupils and parents elected by their peers.

438. All the efforts made to improve the performance of the education system over the past three years have produced mixed results. It is difficult to claim that the aims assigned to education have been achieved. Educational demand remains quite high, as do school enrolment rates. Regional disparities have declined, as have repetition rates. Gender parity has increased and the CEPD pass rate is encouraging. At the same time, some situations remain cause for concern:

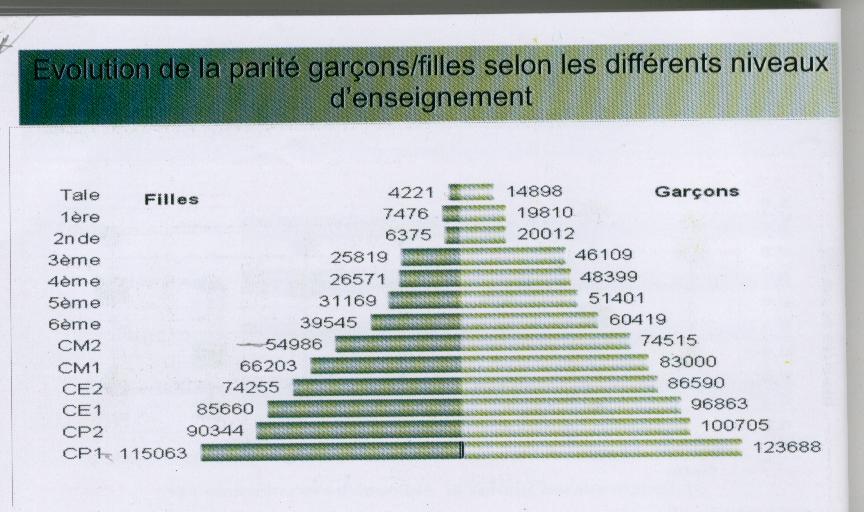
* There are still some pockets of school under-enrolment, as evidenced by regional disparities: 60.8 per cent to 90.4 per cent, as against the national average of 73.7 per cent;
* Repetition rates remain high: around 24 per cent in primary education, 23 per cent in the first cycle of secondary education and over 40 per cent in the second cycle of secondary education;
* The primary school retention rate (71.8 per cent) and completion rate (69 per cent) remain low;
* The number of trained teachers at all levels of education is declining steadily;
* There are insufficient textbooks: according to Togo’s education league table for 2005-2006, the textbook/pupil ratio is 0.75 per cent for reading books and 0.51 per cent for arithmetic books;
* Gender parity has still not been achieved, as can be seen from the following graphs:

Situation in 2005-2006

**Evolution of gender parity at the different levels of education,   
in descending order from 12th grade to nursery**

**Boys**

**Girls**

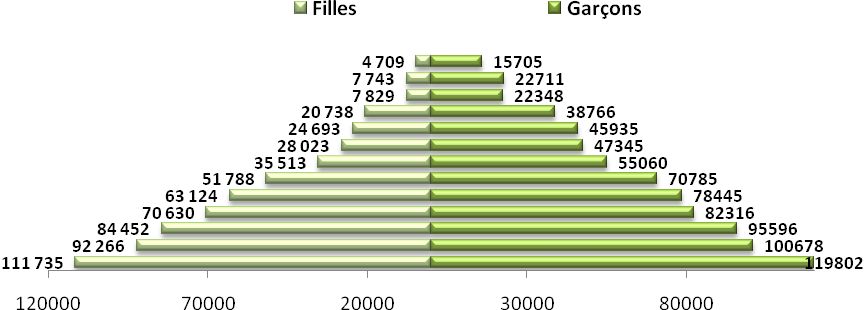


*Source:* Togo education league tables.

Situation in 2006-2007

**Boys**

**Girls**



*Source:* Togo education league tables.

439. A number of actions are envisaged to remedy this situation. The Interim Plan of Priority Actions (PIAP) 2008-2010 approved on 31 July 2008 provides, inter alia, for the following:

* Measures to reduce repetition rates (abolition of repetition within sub-cycles);
* Abolition of preschool and primary school registration fees as of the 2008-2009 school year;
* Expansion of schools’ reception capacity through the building of 1,800 classrooms and the rehabilitation of a further 5,500 classrooms;
* Resumption of school textbook distribution: a national seminar on school publishing was held in Kara from 15 to 19 July 2008 to find ways and means of relaunching the production of low-cost textbooks;
* Construction of latrines;
* Establishment of school canteens;
* Improved access to drinking water in schools;
* Recruitment of 3,420 new teachers and refresher training of 7,500 others in secondary education;
* Conduct of a feasibility study on the overhaul of the vocational and technical training system;
* Redefinition of the role and status of vocational and technical training centres;
* Evaluation and redefinition of technical training supply;
* Adoption of a higher education policy;
* Implementation of measures to manage higher education entry flows;
* Extension of the undergraduate/master’s/doctoral degree system;
* Investments for building and equipping teaching blocs;
* Institutional support for the subsector;
* Design of a national policy;
* Launch of an expanded literacy programme.

440. Forthcoming AFD financial assistance totalling € 10 million (CFA Fr 6,559, 570,000) will be used to fund the Education for All project in Togo, which will include:

* Rehabilitation of the Notsè primary schoolteachers training college and resumption of primary schoolteacher training;
* Rehabilitation of the Atakpamé teacher training college;
* Creation of regional training centres;
* Initial refresher training for primary and secondary schoolteachers.

C. Leisure and cultural activities

441. Various measures have been taken to ensure children’s right to rest, culture and leisure. These include:

* Setting aside a Friday afternoon slot in the primary school timetable reserved for sociocultural activities. Teachers use this time to introduce children to theatre, sociocultural activities and healthy local leisure activities appropriate to their age and intellectual capacities.
* Setting up reading and cultural activity centres in rural areas of Togo, aimed at:

(a) Helping overcome the isolation of rural communities by creating structures that give them access to books and modern information media;

(b) Developing centres in rural areas for training and exchanges of experience in the fields of education, literacy teaching, health, agriculture, technology, literature, etc.;

(c) Helping local cultures to thrive.

442. Ends of terms and the end of the school year are marked by parties at which children perform sketches, plays, poems, songs, recitals, etc. Picnics or trips are organized under the authority and supervision of school inspectors, often in partnership with local staff of the Ministry of Youth, Sports and Leisure and the Ministry of Communication and Culture.

443. Each year, the Ministry of Youth and Sports, in partnership with the ministries responsible for education, organizes sports competitions in team sports and athletics for primary and secondary school students. These competitions comprise local and regional heats.

444. There are now 10 reading and cultural activity centres in Togo, located in the following places: Anèho, Kévé, Notsè, Badou, Sotouboua, Sokodé, Tchamba, Pya, Pagouda and Atakpamé. Each centre is equipped with audiovisual materials and 3,000 books covering all areas of knowledge. Children go there to read, watch films and take part in theatre, pétanque, music and dance clubs and sports competitions. Lectures are organized for children and young people on topics of concern to them.

445. Public reading libraries are open in almost all prefecture capitals in the country. The library network comprises two kinds of library: 35 institutional libraries and around 40 subscription libraries. Institutional libraries operate permanently and welcome readers of all ages and backgrounds, suggesting books covering all types of knowledge.

446. Each year, reading and cultural activity centres and public reading libraries promote books by organizing lectures and reading games such as “Lire en fête”, a competition for best reader; “Défi lecture”, a reading challenge in which groups of secondary school pupils ask each other questions about the content of books; and “Parcours lecture”, aimed at primary school pupils. They also organize or supervise activities for young people related to other aspects of culture, such as puppet workshops and shows, writing, poetry and drawing workshops, computing, spelling and news competitions, etc.

NGO activities

447. A number of NGOs are active in the cultural field, including:

* Borne Fonden, an NGO that sponsors children, organized several cultural activities for children aged 8 to 16 from 2005 to 2007. Each of its centres also has a football team that takes part in intra-community competitions and regional tournaments;
* Each centre has a theatre group, whose aim is generally to put across messages that raise public awareness in order to bring about behavioural changes;
* Dance performances are organized for local resource persons to introduce them to the country’s rich cultural and musical heritage;
* Storytelling sessions are organized to encourage children to ask their parents to tell them the beautiful stories that are part of our disappearing oral cultural heritage.

448. Overall, there is a disparity between rural and urban areas in terms of leisure infrastructures.

VII. Special protection measures

A. Children in emergency situations

1. Refugee children

449. Togo has a national law on the status of refugees, namely, Act No. 2000-019 of 29 December 2009. It is a party to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. All domestic provisions applicable to Togolese children apply without discrimination to refugees.

450. The Office of the United Nations High Commissioner for Refugees (UNHCR) works with the operational partners responsible for protection services and community services:

* The National Coordinating Office for Refugee Assistance (CNAR) coordinates the refugee assistance activities of the United Nations, NGOs and governmental structures;
* Terre des Hommes, with financial support from UNICEF, provides health care for children aged 0 to 5 years;
* OCDI provides one-off assistance to vulnerable applicants, pending consideration of their cases on the basis of the Geneva Convention of 1951, the Organization of African Unity (OAU) Convention of 1969 and Act No. 2000-019.

451. UNHCR community services are responsible for refugees’ local and regional integration. In Togo, they play a role in education, covering 100 per cent of the costs of primary school attendance for refugee children. School attendance costs at secondary and vocational training level are fully covered for vulnerable children and children in difficult circumstances.

452. The right to health is guaranteed for all refugee children, as is the right to housing and a healthy and appropriate environment.

453. As of 30 December 2007, Togo had 6,768 registered refugees and asylum seekers, of whom 507 (259 girls and 248 boys) were children aged 0 to 17 years. Refugees’ countries of origin are: Rwanda, Congo, Central African Republic, Liberia, Chad, Somalia, Iraq, Sudan, Côte d’Ivoire, Sierra Leone and Burundi.

454. The principle of family reunification is mandatory, meaning that refugee status is granted to an applicant’s dependents. Parents with refugee status have a refugee card giving them rights that directly benefit their children. No unaccompanied minors have been registered.

455. The Family and Persons Code, the Act of 10 March 1978 protecting girl pupils against pregnancy and early marriage and Act No. 98-016 of 17 November 1998 prohibiting female genital mutilation in Togo also apply to anyone living in Togolese territory.

456. The number of refugee children of all nationalities in 2007 is given in the following table.

# Table 29

**Number of refugee children in 2007**

| *Age group* | *Girls* | *Boys* | ***Total*** |
| --- | --- | --- | --- |
| 0-4 years | 72 | 73 | **145** |
| 5-11 years | 79 | 72 | **151** |
| 12-17 years | 108 | 103 | **211** |
| **Total** | **259** | **248** | **507** |

457. Togo is a member of groupings such as ECOWAS, UEMOA and the African Union (AU). As such, it has signed several agreements and conventions under which it cooperates with all refugee return and reintegration institutions.

458. The Togolese Government works with all United Nations structures that have jurisdiction in Togo. UNICEF, UNHCR and UNFPA all work in their respective fields to provide protection and assistance to children, as provided for in the Convention.

459. Some refugees and asylum seekers engage in economic activities in order to survive and flourish. For sociocultural purposes, they are organized into associations by community. The Office of the High Commissioner for Returnees and Humanitarian Action (HCRAH), established on 4 June 2005 by Decree No. 2005-054/PR, is responsible for ensuring that refugees receive protection and assistance. To this end, it conducted a voluntary repatriation programme in 2007 and 2008, following a socio-political crisis that had prompted Togolese to leave for neighbouring countries. This UNHCR-supported programme enabled 200,000 Togolese refugees living in Benin to return home.

460. During the same period, 4,395 Togolese refugees in Ghana, of whom 2,331 were children aged 0 to 17 years, returned to Togo. Children account for 54 per cent of returnees, irrespective of whether repatriation is organized or spontaneous. HCRAH actions are evaluated periodically by UNHCR.

2. Children affected by armed conflict and physical and psychological recovery

461. Togo does not have any children who are conscripted into or enlist voluntarily in the armed forces or take part in hostilities. Nor does it have any children who have been demobilized and returned to their communities or children who have been victims of armed conflict, since Togo has not experienced a war.

462. Emphasis is placed on preventive action, however. Each year during military manoeuvres, the Togolese armed forces receive training on the protection of children in periods of armed conflict. This training is organized by WAO Africa, with technical and financial support from UNICEF.

463. Togo has ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. Article 426 of the Children’s Code also prohibits the enlistment of children in armed conflicts.

464. Most of the staff in charge of refugee assistance institutions have received training in humanitarian law, international protection of refugees and human and refugees’ rights.

465. Articles 424 *et seq.* of Act No. 2007-017 of 6 July 2007 on the Children’s Code contain legal provisions affording special State and community protection to children who find themselves in a situation of armed conflict.

466. Article 426 stipulates that no child may take part in hostilities, be enlisted under a flag or join a militia and that no child may take part in any war effort. These provisions do not only apply to children aged 15 and under, but also to children under 18.

467. Article 424 provides that children affected by armed conflict are entitled to respect for their person, their honour, their family rights, their religious beliefs and practices and their habits or customs. As a matter of priority, they are to be protected against any act of physical, sexual or psychological violence, such as: murder, physical or mental torture, mutilation, corporal punishment, humiliating and degrading treatment, enforced prostitution and any form of indecent assault, hostage taking, collective punishment, rape or the threat of any of the above acts.

468. Article 425 states that children affected by armed conflict are entitled, as a matter of priority and irrespective of their age, to humanitarian relief such as food, medicine, psycho‑social support, clothing, bedding, emergency housing and other supplies essential to their survival.

469. According to article 427, the foregoing provisions apply not only to child victims of internal armed conflict, internal tensions or civil, social or political unrest, but also to children who, prior to the outbreak of hostilities, were regarded as refugees within the meaning of the relevant international law or the laws of the host country or country of residence.

470. In addition to the Convention, Togo has ratified the Optional Protocols thereto adopted by the General Assembly of the United Nations on 25 May 2000, including the Optional Protocol on the involvement of children in armed conflict, and ILO Convention No. 182, the Worst Forms of Child Labour Convention.

471. All legislative and administrative measures are governed by the provisions of articles 424 *et seq.* of the Children’s Code (424, 425, 426, 427).

472. A military school for children was set up at Tchitchao, in Kozah prefecture, some 30 years ago. Children with the highest CEPD scores are admitted on the basis of a competitive examination, but in reality they are the children of officers and non‑commissioned officers.

473. Although Togo is not at war, it is a party to the international humanitarian law conventions, which are incorporated into the Constitution by virtue of its articles 50 and 140.

474. The National Committee on the Rights of the Child (CNE) and its branches are entrusted with monitoring at the national and regional level, without distinction, the effective implementation of all the rights recognized in the Convention. Since Togo is a party to the Geneva Conventions of 1949, the civilian population, including children, must receive protection and care in the event of an armed conflict. As regards budgetary measures for the protection of children in situations of armed conflict, Togo is not at war so there has not been any budgetary allocation for such cases in recent years.

475. From 26 to 28 April 2000, Togo attended the Conference on War-Affected Children in West Africa, held in Accra, Ghana. The Conference adopted the Accra Declaration on War-Affected Children and drew up a Plan of Action covering the areas of protection and prevention, as well as regional initiatives for peacekeeping and for managing issues related to the demobilization, disarmament, rehabilitation and reintegration of children.

476. The general principles of the Convention have been incorporated systematically into the July 2007 Children’s Code, especially articles 4 *et seq.* thereof. Since Togo is not at war, it has yet to deal with any cases of recovery and rehabilitation. The national child protection policy approved in December 2008 provides a frame of reference for all those with child protection responsibilities.

477. In the case of refugees, CNAR facilitates the social reintegration of any child who has been the victim of a conflict situation, while strictly respecting the child’s dignity. Togo has hosted refugees on several occasions, but it has no direct experience of managing armed conflict.

B. Children in conflict with the law

1. Administration of juvenile justice

478. At the institutional level, Ordinance No. 78-35 of 7 September 1978 on the organization of the judiciary in Togo provides for the creation of a specialized court for children in each court of first instance.

479. At the legislative level, articles 275 to 352 of the Children’s Code lay down the rules and procedures applicable to children in conflict with the law, taking into account their best interests, dignity and personal value.

480. Through the provisions of articles 300 to 346 of the Children’s Code, Togo took legislative and institutional action to ensure that children in conflict with the law enjoy special protection. Juvenile courts may only order measures of protection, supervision, assistance and education. The Code also provides alternatives to prison, in particular, penal mediation, a mechanism designed to avoid young offenders having to face the full force of the judicial system.

481. Criminal sentences in such cases must be the exception. Capital punishment and life imprisonment may not be imposed on a child, regardless of the child’s age and status and the nature of the acts committed. The maximum penalty imposed on a child aged over 16 may not exceed a cumulative 10-year prison term (art. 336), while a child aged under 16 may not normally be given a prison sentence. Article 302 of the Children’s Code raised the age of criminal responsibility in Togo to 15 years.

482. The process of reforming the juvenile justice system has been ongoing since the implementation of the national programme for the modernization of the justice system in October 2006.

483. With regard to the administration of juvenile justice, Togo has ratified the international instruments that offer comprehensive legal protection and guarantee the child all human rights:

* The Convention on the Rights of the Child;
* The United Nations Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines);
* The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules);
* The United Nations Rules for the Protection of Juveniles Deprived of Their Liberty;
* Economic and Social Council resolution 1997/30 on the administration of juvenile justice;
* The African Charter on the Rights and Welfare of the Child.

484. Only a handful of professionals are familiar with the Beijing Rules and the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty.

485. Because children are so vulnerable, it is important for judges involved in the juvenile justice process to receive specialized training. In practice, such specialization does not exist in the Togolese judicial system. Article 303 of the Children’s Code states that any child suspected of a criminal offence must be informed immediately of the charges against him or her. Children have the right to be assisted by legal counsel during the pretrial investigation and to express their opinions through such counsel at all stages of the proceedings. The Code gives any child who is capable of discernment the right to express his or her views freely on any issue or judicial or administrative proceeding concerning him or her.

486. One major advance is the conduct of a study on the state of juvenile justice in Togo’s judicial system, so as to take better account of child protection by instituting a well‑organized juvenile justice system. To do this, four strategic areas of action are proposed:

* Support the establishment of juvenile courts to permit the effective functioning of such courts throughout the country.
* Support juvenile justice investigation units to ensure that the entire country has investigation units specialized in investigating cases concerning or involving children.
* Support the functioning of public reception centres: the Foyer Kamina and the Caccaveli observation and reintegration centre. Specialized centres will also have to be set up for children at risk, children in conflict with the law, girls in conflict with the law and girls at risk.
* Set up a legal system in which the various bodies involved in juvenile justice —juvenile courts, juvenile division, Child Protection Department and public or private reception centres— function coherently together, as well as a legal framework for coordinating their activities.

487. These basic instruments are supplemented by Act No. 2007-017 of 6 July 2007 on the Children’s Code. The real challenge is to make the population aware of them and ensure that they are applied.

488. There are two specialized jurisdictions for young people and children:

* Juvenile magistrates, whose appointment is provided for in article 458 of the Code of Criminal Procedure, but who have yet to be appointed to all the country’s courts.
* Juvenile courts, composed of the juvenile magistrate, a president and two assessors, so far exist only in Lomé. In the absence of a juvenile assize court, it is the juvenile court that tries crimes committed by children.

489. The Togolese Government’s cooperation programme with UNICEF has included capacity-building for all juvenile justice stakeholders. Judges, clerks of the court, police and prison staff have been trained in the supervision of children in conflict with the law or at moral risk and social workers have been trained in the care of detainees.

490. The recommendations of the study on juvenile justice need to be implemented and all juvenile justice stakeholders need to be trained.

491. Juvenile magistrates are competent to deal with cases of children in conflict with the law and children at moral risk. The Children’s Code allows several alternatives to prison to be imposed on young offenders, such as:

* Placement with trustworthy parents;
* Placement in an educational, vocational or health institution;
* Penal mediation, in which a non-professional mediator is appointed to ensure that the procedure is settled amicably.

492. Individual measures are taken for the juvenile’s education, re-education, guardianship or assistance: a minor may be handed over to his or her family, placed with a parent or trustworthy adult or placed in a charitable or religious institution or a specialized public establishment. Togo does not have any special units responsible for reviewing the cases of offenders aged under 18. Young offenders whose cases are under investigation before the juvenile courts are usually entrusted to the juvenile division.

493. The Lomé juvenile division is responsible for conducting the pretrial investigation for juveniles in conflict with the law, ensuring their pretrial detention and carrying out any investigations ordered by the juvenile magistrate. This initiative is in line with the Riyadh Guidelines and the Beijing Rules. The juvenile division has the capacity to handle 28 children.

494. In 2003, the juvenile division dealt with 76 cases of children in conflict with the law for Lomé commune and the surrounding area. In 2004, it handled 185 cases, in 2005, 239 cases and in the first half of 2006, 128 cases. In other regions where there is no juvenile division, children are detained in an area reserved for juveniles.

495. Child-friendly procedures are generally observed in court and during investigations.

496. There are no special prisons for minors, but there are sections fitted out for them in ordinary prisons. The Code provides that all detention and correctional facilities must have social workers and areas set aside for juveniles. In 2003, the Lomé court recorded 26 cases of children referred to the public prosecutor’s office; in 2004, the number of cases was 39, in 2005 it was 61 and in the first half of 2006, it was 36. Once their cases had been considered by the juvenile court, most of these children were returned to their families.

497. Some children were placed in institutions once their case had been considered, allowing them to benefit from closer supervision and training:

* In 2005, 13 children were placed in apprenticeship schemes at the Yaokopésocial reintegration centre.
* Between 2003 and 2008, eight children were placed in the Caccaveli social reintegration centre in Lomé for three years in order to learn a trade.
* In 2005 and 2006, 12 girls were placed for education in the Foyer Antonio, while 10 girls were placed there in 2007. These girls receive psychiatric, medical and health care, as well as food.

498. The court has had to place child victims of crime with reception structures such as Terre des Hommes, WAO Africa, AFIJ and the Foyer Antonio: 427 children in 2005 and 320 in the first quarter of 2006.

499. To improve children’s conditions of detention (where detention is decided upon), the Government has had juvenile sections created in some prisons (five out of 12 prisons), with support from its child protection partners. These improvements have not been made in all prisons, however, and some young people are still being detained with adults, some of whom have committed more serious crimes than they have, and are being treated as adults.

500. Since most cases are settled amicably, very few are referred to the public prosecutor’s office. In some cases, however, children remain in detention for a long time because their parents cannot be contacted or their identity is unknown.

501. The programme for the modernization of the justice system and the Children’s Code provide for juvenile units to be created. Capacity building for judicial personnel began in 2006 and was stepped up in 2009 as a result of the UNICEF programme carried out in partnership with ICCB.

502. There is no specific legal counsel for minors in conflict with the law in Togo. A number of judges and lawyers have set up a juvenile defence association, the *Enfant Radieux* association, which works with the juvenile division and the public prosecutor’s office to secure the early release of young offenders. The association is based in Lomé but covers the whole country.

503. The inadequate resources assigned to institutions that care for children in conflict with the law and their poor functioning are a real obstacle to these children’s reintegration. The Children’s Code provides for the creation of a reception and training centre for convicted minors or minors at risk in order to facilitate their social and institutional reintegration and rehabilitation.

504. In 2004, the Centre for Psychosocial and Judicial Assistance to Victims of Violence (CPPSJ) was set up in the Lomé Tokoin university hospital centre. The Centre treats psychological and psychiatric disorders linked to violence and has already treated 86 children aged 0 to 18 years (eight boys and 78 girls).

505. Girls are subject to all kinds of violence, especially sexual violence, while most boys are subject to physical and psychological violence. An analysis of the situation of juvenile courts and structures in Togo paints a disturbing picture for the effective protection of children’s rights.

506. Of the country’s 22 ordinary courts, only Lomé has a juvenile court as required by Ordinance No. 78-35 of 7 September 1978 on the organization of the judiciary in Togo. The same is true of the other structures involved in juvenile justice, such as the juvenile division and reception centres. Only some of the country’s civil prisons have special sections for juveniles.

2. Treatment of children deprived of their liberty; all forms of detention,   
imprisonment or placement in a supervised establishment

507. The Children’s Code contains provisions on procedural guarantees such as presumption of innocence, the right to a fair trial within a reasonable period of time by an independent and impartial court, the right to be informed immediately of the charges and the right to be treated in a manner that preserves dignity and physical and mental health and aids social reintegration (articles 300 *et seq.* of the Children’s Code). It establishes special rules to be observed by the prison administration, for instance, the separation of juvenile offenders from adults in separate facilities, the need to provide protection and assistance to children in pretrial detention and the requirement to maintain contact with children’s parents or guardians (articles 347 to 350 of the Code).

508. The Yaokopé juvenile reintegration centre, created for the social and occupational reintegration of adult criminals, was reorganized in 2005 to receive minors in conflict with the law. It has capacity for 20 children and takes in boys placed by the Lomé juvenile court and other courts in the country. It is responsible for the rehabilitation and re-education of children in conflict with the law and returns them to the school system. Parents’ visits and short family stays are organized to prepare the children for their final return home. The care of minors component was suspended in 2007.

509. The Foyer Antonio home takes in underage girls in conflict with the law placed there by order of the Lomé juvenile magistrate or of courts in the country’s interior. The centre has capacity for 12 girls.

510. The Caccaveli observation and social reintegration centre takes in children in difficult circumstances —street children, children at moral risk, children in conflict with the law— who are placed either by the Lomé juvenile court or by judges in the country’s interior. It has capacity for 40 children. Children stay one to three years for observation, re‑education and social and occupational reintegration. ICCB, with UNICEF support, provides food so that children placed in such centres can receive free meals.

511. The Kamina juvenile re-education centre used to receive convicted ordinary juvenile offenders aged under 16 and acquitted juveniles having acted without discernment and sentenced to placement in a rehabilitation centre. The centre, created purely for juvenile offenders required to serve a sentence, was no longer operational. Thanks to financial support from UNICEF and technical support from ICCB Togo, the centre is again operational and receives children in conflict with the law placed there by ICCB.

512. As soon as a minor is arrested by the police or the Gendarmerie, the parents are notified. In the absence of the parents’ or the plaintiff’s full address, social workers (usually from ICCB Togo), with financial support from UNICEF, undertake a systematic search for the parents and the plaintiff in order either to attempt conciliation and persuade the plaintiff to withdraw the police complaint or to file a joint application with the public prosecutor’s office for penal mediation.

513. Efforts to obviate the referral of juvenile crimes to the courts by police and Gendarmerie units are becoming increasingly systematic in most units of the Maritime and Plateaux regions and in the Lomé juvenile division. Only children who have committed serious offences and crimes are referred to the public prosecutor’s office.

514. Familiarizing criminal investigation police with the principles of juvenile justice and the rules for the protection of juvenile offenders, counselling children in police custody and raising awareness among police and Gendarmerie units answerable to the Lomé appeal court have helped significantly improve criminal investigation police practices and attitudes towards children suspected of having committed a crime. A good working relationship has been established with prosecutors, who are becoming increasingly involved in the protection of juvenile offenders and supportive of alternatives to prison.

515. When there are doubts as to whether the child in question is a minor, a systematic effort is made to locate the child’s birth certificate at his or her school, with his or her family or wherever else it might be, in order to prove that he or she is a minor. If the search is unsuccessful, the child must be given the benefit of the doubt. A procedure is then launched to obtain an order substituting for the birth certificate and giving the child a legal identity.

516. At the judicial proceedings stage, logistical support is provided for the transport of children from the juvenile division to Lomé juvenile court whenever there is a hearing or cross-examination. In the absence of a prison and hence a juvenile section in the town of Kpalimé, children are held in pretrial custody at the Lomé juvenile division. Travel by the juvenile magistrate from the Kpalimé court of first instance is facilitated to ensure that hearings and cross-examinations are held regularly for the benefit of children held in Lomé. This arrangement has the advantage of ensuring that the procedural time limits laid down by law are observed.

517. Children are assisted by legal counsel or a legal assistant or, where appropriate, by social workers trained for this purpose. Social workers’ investigations allow the judge to:

* Arrange for the child to undergo a medical or psychological examination and/or be placed in a medical or psychological/educational establishment;
* Place the child with a guardian or in a public or private special education institution, a protective educational institution or an appropriate re-education institution;
* Place the child in an appropriate training institution or a school.

518. Once convicted, supervision of the minor passes to social workers, who are responsible for working with prison administrators to ensure the child’s rehabilitation and re-education in order to prepare him or her for re-entering society and returning to work or school. They ensure that the child keeps in touch with his or her family and prepare him or her for his return home. Socio-educational activities are offered in the juvenile sections of detention centres to help children overcome the trauma of their arrest and detention and recreational materials are available to children in the juvenile sections of all prisons under the authority of the Lomé appeal court. Support is provided to ensure an improvement in children’s conditions of detention in terms of hygiene, health and food. Regular visits or follow-up visits are made to juvenile sections to ensure that the norms and rules for the protection of children deprived of their liberty are respected and applied.

519. The numbers of children in conflict with the law being held in detention centres under the authority of Lomé appeal court in March 2010 were as follows.

Table 30

| *Detention centre* | *December 2009* | *March 2010* |
| --- | --- | --- |
|  |  |  |
| Lomé juvenile division | 64 children, incl. 13 girls | 47 children, incl. 9 girls |
| Tsévié civil prison | 2 boys | 0 |
| Aného civil prison | 4 children, incl. 1 girl | 4 children |
| Vogan civil prison | 0 | 3 boys |
| Notsè civil prison | 4 boys | 3 boys |
| Atakpamé civil prison | 8 boys | 3 boys |

*NB:* Kpalimé has no prison, so children are held in the Lomé juvenile division.

520. The figures given in the above table show that the number of children in prison has declined, thanks to the work being done with police and prosecutors prior to sentencing to reduce the numbers of children entering prison.

521. Prosecutors at the courts of first instance of Aného, Tsévié, Vogan, Notsè and Atakpamé, together with ICCB Togo, have visited police and Gendarmerie units within their jurisdiction to familiarize criminal investigation police with good practices for the treatment of children in conflict with the law and the procedures appropriate to such children. Criminal investigation police officers now understand that children in conflict with the law must receive special treatment, different from that accorded to adults, which respects their dignity and rights and, above all, facilitates their reintegration in society. They now resort more frequently to penal mediation and avoid sending children to prison. They call systematically on ICCB Togo or other NGOs or State social services for help in locating parents and plaintiffs.

522. The reduction in the number of children in conflict with the law being held in detention centres can also be explained by the establishment of observatories for the monitoring of detention centres. ICCB Togo, with financial support from UNICEF, has set up five such observatories for five detention centres, namely, Aného, Tsévié, Vogan, Notsè and Atakpamé, which help it look for parents and plaintiffs, conduct prison visits, reintegrate children in conflict with the law and monitor their reintegration. They also serve as watchdogs, deterring police units and detention centres from committing the most flagrant violations. These observatories were formed, and are currently operational on the ground, to defend the interests of children in conflict with the law.

523. With regard to the judicial protection to which children in conflict with the law are entitled (articles 300 to 346 of the Children’s Code), juvenile courts may, as a matter of priority, only order measures of protection, supervision, assistance and education. Educational measures take precedence over criminal penalties. No criminal penalty may be imposed on a minor aged 14 or under: he or she bears no criminal responsibility and benefits from judicial protection measures. Once a minor is over 14, he or she benefits from a system of reduced responsibility and special procedural rules appropriate to his or her age.

524. The law stipulates that all crime victims who are indigent are entitled to legal aid, but in practice such aid is not available. In its subprogramme on improving access to the law, the 2006-2011 programme for the modernization of the justice system envisaged a pilot legal aid scheme for courts in the jurisdictions of Lomé and Kara.

525. Since 2005, the French association La Voix de la Justice has been working with the Togolese bar to provide free legal aid to children in conflict with the law. Togolese NGOs also provide free legal aid to these children.

526. ICCB Togo provides systematic assistance to young offenders held in the juvenile division, from the pretrial investigation up to sentencing. Between 2006 and 2009, it assisted 215 children in this way, helped shorten the length of proceedings for some 1,200 children by locating plaintiffs and provided psycho-social support to 1,350 children.

527. In 2007, Terre des Hommes provided free legal aid to 58 children, while the Togo network against child trafficking (RELUTET) provided free legal aid to 11 children between June 2007 and January 2008. Plan Togo supported the Togolese Government in assigning a lawyer to plead three cases of rape of minors before the Lomé court of first instance between January and April 2007.

528. In its juvenile justice component, the national programme for the modernization of the justice system envisages a new civil prison for minors with ventilated rooms and training premises, in other words, an educational centre that should contribute to the development and social reintegration of child detainees.

3. Sentences against minors; prohibition of capital punishment and life   
imprisonment

529. Under the Children’s Code, juvenile courts may take only educational measures in respect of juvenile offenders. They have a range of measures at their disposal, depending on the age of the child.

530. Only judicial protection measures may be taken with respect to a child aged 14 or under.

531. For minors over 14, if the magistrate considers the case for preventive measures to be established, he or she declares the minor guilty and orders the appropriate educational measures, depending on the child’s status and the circumstances of the case.

532. The educational measures applicable to juveniles aged 14 to 18 whose guilt is recognized by the juvenile magistrate at the hearing are the following:

* Placing the child in an educational, vocational training or care centre;
* Releasing the child on probation to his or her parents or a trustworthy adult;
* Giving the minor a warning and indicating an action for him or her to take in reparation;
* Ordering the payment of a fine.

533. The juvenile magistrate sets the parents’ contribution to the costs of the educational measure that he or she has ordered, if they are unable to cover the full cost (article 329 of the Children’s Code).

534. Any establishment, service or individual responsible for enforcing placement or supervisory measures must report regularly thereon to the juvenile magistrate or juvenile court. They may propose that the duration of the measure be reduced or extended or that it be replaced by another measure more suited to the progress of the child and his or her family (article 337 of the Children’s Code).

535. Only the juvenile court may impose a criminal sentence on a minor in conflict with the law, taking account of the minor’s age and status and the circumstances of the case.

536. The sentence may be:

* Deprivation of liberty: imprisonment, which may or may not be suspended or subject to a trial period.
* Community service: this is performed according to special rules, since the proposed service must be appropriate for minors and be formative or conducive to their occupational and social reintegration. Such community service must last a minimum of 40 hours and a maximum of 240 hours and must be performed within at least 18 months.

537. Prison sentences are imposed by the juvenile court only when the child is aged over 16, his or her offence constitutes a crime or he or she reoffends after benefiting from educational measures. The sentence may not exceed half the maximum prison term applicable to adult offenders or a total of 10 years. The juvenile court ordering imprisonment must adduce special grounds for its decision.

538. To sum up, no sentence of capital punishment or life imprisonment may be imposed on a minor in conflict with the law in Togo. Alternatives to prison must be the rule.

539. The Togolese Criminal Code of 13 August 1980 provided for capital punishment, but this penalty was never applied to a child. The death penalty was abolished in Togo on 23 June 2009, pursuant to Act No. 2009-011.

4. Physical and psychological recovery and social reintegration

540. The physical and psychological recovery of a child suspected or convicted of infringing criminal law begins with his or her contact with the police, when he or she is counselled, establishes a relationship with those offering him or her assistance and reconnects with his or her family. This support lasts for as long as the child is under supervision and until he or she leaves prison and is reintegrated in society.

541. The role of the social worker is essential to the above process, but this process also involves all the other parties involved (criminal investigation police, public prosecutor’s offices, juvenile magistrates, etc.).

542. The re-establishment of family ties and the cooperation of parents have a positive impact on the outcome of the process. Social workers have been trained not only in the rights-based approach but also in the social intervention methods used for dealing with children in conflict with the law.

543. All the country’s prison governors and directors have received training on their roles in the recovery and re-education process of children in conflict with the law who have been deprived of their liberty, whether through pretrial detention or through a prison sentence.

544. From the social worker’s first contacts with the young offender, the latter’s social (family), school or occupational reintegration is being prepared. In practice, it is the social worker who conducts the social investigation to evaluate the child’s living environment and future reintegration setting. In the course of supervising the child, the social worker must also assess his or her educational needs. The child is first returned to his or her family, after which his or her return to school or work, as appropriate, is supervised.

545. The child’s reintegration takes place according to a plan with clearly defined objectives and clearly established tasks and responsibilities, the implementation of which involves all stakeholders: parents or guardians, teachers and the child’s immediate circle. The child too has an important role to play. Regular monitoring ensures that the various stakeholders assume their responsibilities. The advantage of this methodology is that it not only involves all stakeholders in ensuring that the child does not reoffend but also prevents the child from being stigmatized. It sends a message: a child in conflict with the law is not a lost cause, he or she can become a child aware of his or her responsibilities and capable of assuming them within society if he or she receives effective professional support.

546. If, for valid reasons, a child cannot be returned to his or her family, the judge will decide to place him or her in an appropriate alternative education establishment.

C. Children in situations of exploitation; physical and psychological recovery

1. Economic exploitation, including child labour

547. The International Programme on the Abolition of Child Labour (IPEC) continues to gather strength. International Labour Office (ILO)/IPEC action in Togo has focused in recent years on combating the worst forms of child labour and supporting non-institutional educational activities for the care of children in difficulties. The following developments are noteworthy:

* The 2007 revision of the national plan and sectoral plans for combating child labour, adopted in 2001.
* The adoption of the Children’s Code in 2007.
* The adoption of the order determining the kinds of work that are barred to children pursuant to article 151(4) of the Labour Code.
* The adoption in 2005 of the Act on child trafficking.
* The adoption in 2006 of a national strategy for combating child labour through education, vocational training and apprenticeship. Implementation of this strategy began in August 2008.
* The conduct of a national survey on child labour in Togo.
* The poverty-reduction programme.

548. The ILO/IPEC programme has also received US$ 5 million in funding from the United States Department of Labor (USDOL) for the five-year project ‘Combating child labour in Togo through education’ (2007-2011). IPEC aims to help eliminate the worst forms of child labour, particularly trafficking, through education.

549. The national steering committee (CDN) for the abolition of child labour in Togo was set up to guide, coordinate and supervise all activities to combat child labour throughout the national territory. A unit to combat child labour has also been set up within the Ministry of Labour, with responsibility for the day-to-day monitoring and evaluation, on behalf of CDN, of all projects and programmes executed in Togo.

550. Focal points in the labour inspectorates of all five regions have also been institutionalized.

551. In terms of programme impact, no reliable statistics are available on the victims of any kind of exploitation, but according to ICCB there are 29,000 child workers and 3,500 porters.

552. Generally speaking, children must perform work that is appropriate to their age and physical and intellectual capacities. Children entering the labour market must enjoy all the safeguards provided by law.

553. Between 2006 and 2009, under the UNICEF-funded ICCB Togo programme of support for porters, the number of child porters benefiting from legal aid, psycho-social support, help with giving up working as porters, rehabilitation and reintegration, as well as those benefiting from prevention and protection activities, amounted to 4,500.

554. With regard to social matters and the right to work, articles 262 to 266 of the Children’s Code prohibit children under the age of 15 from working. Children may not be employed in any firm or engage in any kind of work, even on their own account, before the age of 15. The worst forms of child labour are prohibited and subjecting a child to the worst forms of child labour is subject to criminal penalties.

555. Order No. 1464 MTEFP/DGTLS of 21 November 2007 determines the kinds of work that are barred to children pursuant to article 151(4) of Act No. 2006-10 of 13 December 2006 on the Labour Code.

556. Using children for work whose nature is potentially harmful to their health, safety or moral wellbeing is prohibited. The list of prohibited work is reviewed periodically and, where necessary, revised in consultation with employers, workers, unions and interested partners.

557. The intervention framework of the project for combating child labour by education was approved in March 2008. Entitled “Combating the labour of exploited children in Togo through education”, the project covers a four-year period and is being implemented in Lomé commune and the Maritime, Plateaux and Centrale regions, with targeted interventions in the Kara and Savanes regions. It is managed by ILO/IPEC, in cooperation with the Government, employers, workers and unions, civil society, communities and international organizations. Its aims include restoring the principal rights of at least 10,000 Togolese children.

558. The REVE (reintegration of child victims of abuse and exploitation) project in schools and workplaces was implemented between March 2006 and March 2009.

559. It must be said that child labour is not generally governed by a contract between the parties or a declaration of recruitment. Current practices do not permit the monitoring of children’s working conditions by the competent services. Labour legislation should be directed towards monitoring the informal sector and the invisible recruitment of children. This would involve building labour inspectors’ capacities as a necessary prerequisite for effective court action against child labour and trafficking.

560. All kinds of preventive or corrective actions are being taken. Training courses for judges, labour inspectors and social workers with a view to combating the exploitation of children are organized by UNICEF, the IPEC programme, the ILO/PAMODEC programme and NGOs, in cooperation with the ministries concerned. A definite trend has been observed since 2005 specifically with regard to the number of labour inspectors: during this period, their numbers have increased from around 10 to around 40. A further 23 trainee inspectors are studying at the Civil Service Training School. However, the desired impact of this increase in the number of labour inspectors is limited by the absence of specialization in their training. The quality of the Labour Inspectorate would in fact be enhanced if its inspectors were actually specialized in such sectors as industry, commerce and the urban and rural informal sectors.

561. The International Labour Office provides technical and financial support to Togo under its IPEC programme, through the national programme for the elimination of child labour and sectoral action on the trafficking of children involved in illegal activities.

562. ICCB, Terre des Hommes and WAO Africa have received financial support from ILO/IPEC under the programme for the elimination of child labour. This support is a result of the memorandum of understanding between the International Labour Office and Togo. The programme’s outcomes relate to:

* Prevention through awareness raising (reaching 3,605 village community leaders in 586 affected communities, 7,838 children, 1,528 employers, 1,622 members of workers’ organizations, 280 skilled artisans, political leaders, managers of State technical services, and public opinion);
* Support for local capacity building, training in strategies to combat child labour, design and planning of action plans and a programme for combating child labour (445 managers of State technical services, 48 leaders of six trade union confederations, 18 heads of employers’ organizations, 71 NGO managers and outreach workers, 1,050 leaders of village committees and 180 leaders of parent/teacher associations;
* Direct action in favour of children and their families, removal of 1,285 children from work;
* Improvement of living conditions for 285 families of former child workers.

563. New approaches are being taken in order to gain a better overall picture of child labour. The programme is supplemented by the LUTRENA (programme to combat the trafficking of children for labour exploitation in West and Central Africa) project.

564. These structures also carry out various programmes for the benefit of children, such as raising awareness of guardians and employers and sponsoring child apprentices or pupils who have no resources, the ultimate aim being to eradicate child labour.

565. Despite the progress made, the problem of child exploitation and labour persists because of the poverty of parents, who are unable to meet their children’s needs, and the inability of the State (because of lack of resources) to fulfil its responsibilities in the area of child protection.

566. In 2004, according to a study by CNARSEVT, 2,458 children were intercepted and repatriated. In 2005, 2,695 child victims of trafficking were identified, of whom 486 received assistance with a view to their reintegration. In 2006, there were 2,519 child victims of trafficking and in 2007, 78. Moreover, 1,485 children at risk were identified.

567. Judicial proceedings were brought against some of the perpetrators:

* Six people were sentenced to 12 months’ detention for child servitude;
* Four people were sentenced respectively to: 18 months’ imprisonment without the possibility of a suspended sentence and a fine of CFA Fr 1 million; a suspended sentence of 12 months’ imprisonment and a fine of CFA Fr 3 million; 12 months’ imprisonment, of which seven months were suspended, and a fine of CFA Fr 1 million; and 24 months’ imprisonment with no possibility of a suspended sentence.

2. Narcotic drug use

568. Measures for the protection of minors against narcotic drug use include:

* The adoption of Act No. 2007-017 of 6 July 2007 on the Children’s Code.
* The adoption of Act No. 98/008 of 18 March 1998 on drug control. On 10 January 2001, there was a vote to adopt the framework law on medicines and pharmaceuticals so that action could be taken to control and combat the parallel market in medicines and other toxic substances.
* The creation in 1996 of the National Anti-Drug Committee (CNAD) by Decree No. 96-040/PR.
* Decree No. 2000/076/PR of 21 August 2000 put in place a national anti-drug plan.
* The adoption of measures by the customs services, Gendarmerie and police to seize and destroy drugs and other psychotropic substances.
* Publicity against medicines sold on the street.

569. In addition to the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Togo has ratified the United Nations Convention against Transnational Organized Crime.

Drug abuse

570. The Ministry responsible for child protection, in cooperation with the Ministry responsible for education and a network of NGOs (the Togo network of anti-drug NGOs), has taken a series of actions, including:

* Organizing talks in social centres and schools and on the beach with young apprentices, pupils and street children on the damage done by drugs;
* Organizing of national awareness-raising campaigns on the same issues in urban and rural communities;
* Broadcasting radio and television programmes on the subject of drugs;
* Training teachers and establishing school anti-drug clubs in 22 secondary and high schools, which from 2006 to 2008 conducted the prevention campaign with project AD/RAF/G66 financed by the United Nations Office on Drugs and Crime (UNODC).

571. The Government has taken legal and institutional measures against drugs and tobacco, such as:

* Ratifying the Framework Convention on Tobacco Control;
* Pursuing the adoption of a national anti-tobacco law;
* Banning tobacco advertising following Ministry of Health letter No. 0826/06/MS/CAB of 2 June 2006;
* Drafting a new integrated national plan for combating drugs and crime in July 2009, which comprises the following components:
* Suppression;
* Demand reduction;
* Combating money laundering, corruption and financial crimes;
* Prevention, treatment and reintegration;
* Annual celebration of World No Tobacco Day on 31 May and World Drug Day on 26 June.

572. Rehabilitation services for child drug addicts have been created in order to provide care to child victims. These include:

* The opening by the Ministry of Health in 2006 of a psychological and medical assistance unit for drug victims at the university hospital centre campus in Lomé (UNODC project AD/RAF/G66);
* The establishment by the Ministry of Social Action and Child Protection of centres for the reception, re-education and social reintegration of children at moral risk;
* The creation of anti-drug NGO counselling centres for child drug victims.

573. Cooperation with WHO and UNICEF contributed to the conduct in 2008 of two studies on smoking among young people.

574. Since 2006, the Togolese State has been implementing UNODC project AD/RAF/G66, aimed at preventing drug use in secondary schools.

575. The components of this project are:

* Training of school principals on the prevention of drug use.
* Training of inspectors and chief inspectors.
* Provision of training and information to regional education directors.
* Training of pupil peer educators in pilot schools throughout the country (98 peer educators).
* Creation of school anti-drug clubs (16 clubs).
* Organization of prevention campaigns in schools, using talks, discussions and sketches by anti-drug specialists.
* Organization of prevention campaigns by pupil peer educators.
* Broadcasting of radio and television programmes with competitions in schools.
* Prohibition of billboards with cigarette adverts.
* Installation in 2008 of giant billboards at the entrance to or in the vicinity of schools, featuring messages such as “No to Drugs”.
* Broadcasting of *“Les Concurrents”*, the special Togolese Television quiz programme on drugs, which mobilized schoolchildren by having schools throughout the country compete against one another. The questions concerned:
* Knowledge about drugs;
* The consequences of drug use.

576. The university hospital centre provides medical and psychological care for child addicts. In 2006, it treated 15 patients under the age of 18, of whom four were girls; in 2007, it treated 24 patients, of whom three were girls, while in 2008 it treated 58 patients of both sexes.

577. Since the most recent civil service recruitment exercise, CNAD staff have included a psychologist.

578. The Togolese State is working with agencies of the United Nations system. Most of these agencies, including WHO and UNICEF, have offices in Togo.

579. CNAD works with UNODC, which funded the drafting of the national plan of action. The plan was finalized and put in place on 4 August 2009. CNAD has also prepared an advocacy document, which will be submitted to UNICEF for support.

Street children

580. Street children are a class of vulnerable children of concern to the Togolese Government. To gain a better idea of the different kinds of vulnerable children with a view to targeting action more effectively, a nationwide census of vulnerable children, including street children, was launched in February 2009.

581. The introduction of the “Allo111” hotline in January 2009 made it possible to strengthen the mechanism for providing guidance to these children. In addition to non‑institutional interventions, some street children have received assistance (food, schooling and reintegration in society and the workplace) at the Cacaveli observation and reintegration centre, which takes in some 30 boys a year for social and occupational reintegration programmes.

582. Some NGOs, such as ANGE (Lomé commune), Espace Fraternité, Don Bosco (Kara region) and JATO also help provide care to street children.

583. Cooperation between Togo and its development partners, notably the ILO/IPEC programme through its project for combating child labour through education, launched in October 2008, is permitting the development of strategies for removing child victims of the worst forms of child labour or children at risk and returning them to school or reintegrating them in society and the workplace.

584. To this end, a number of activities to build the capacities of the different stakeholders (CDN, transporters, trade unions, etc.) have been undertaken by the Ministry of Labour, in cooperation with the Ministry of Social Action, with ILO/IPEC support.

3. Sexual exploitation and violence

585. A qualitative study was carried out in 2006 by the Ministry responsible for child protection, with technical and financial support from UNICEF and Plan Togo. The aims of this study were to document and analyse the problems of sexual exploitation, violence and abuse of children in Togo and to report thereon to the Government and all stakeholders in order to draw up appropriate strategies and programmes for combating these phenomena.

586. To protect children from these kinds of violations of their rights, the Government, through the legislature, devoted articles 387 to 403 of the Children’s Code to these practices, making them subject to prison sentences and fines.

587. In order to encourage law enforcement professionals to apply the Children’s Code strictly, a public information campaign drew the attention of judges, law enforcement officers and judicial support staff to these provisions on the sexual exploitation of children.

588. To encourage the reporting of such crimes and action to assist victims and bring the perpetrators to justice, opinion leaders and teachers have also received training on the issue.

589. The Government intends to disseminate the Children’s Code among all sectors of society in the coming months. To this end, a national workshop bringing together all stakeholders, including children, was held in February 2009 to devise strategies for its dissemination.

590. The Togolese Government, in its concern for the risky future that awaits child victims of sexual exploitation and child prostitution, is in discussions with partners concerned by the issue with a view to defining appropriate strategies for combating this appalling problem and taking care of child victims of child prostitution.

591. For the time being, child victims whose cases are brought to the attention of the Ministry responsible for child protection are given assistance (food, health and social and occupational reintegration) with the help of concerned NGOs. Between 2005 and 2009, a total of 4,000 child victims were removed from places of prostitution, given psychological support and returned to their families. Of these, 205 were helped to reintegrate in society and the workplace.

Table 31

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Offence* | *2002* | *2003* | *2004* | *2005* | *2006* |
| Rape, attempted rape and being an accessory to rape | 10 | 21 | 13 | 33 | 48 |
| Indecent assault | 16 | 6 | 19 | 32 | 43 |
| Abduction and corruption of minors for sexual ends | 2 | 4 | 8 | 5 | 9 |
| Child trafficking | 1 | 2 | - | 2 |  |
| **Total** | **29** | **33** | **40** | **70** | **90** |

592. The only statistics available are those on cases of sexual violence, abuse and exploitation reported to the police and the courts. In all the cases of sexual offences against minors that were the subject of judicial complaints, the victims were girls aged six to 15. Rape and indecent assault headed the list of cases brought before the courts.

593. The following are some of the sentences imposed on perpetrators of sexual violence:

* Judgement No. 0720/05 of 20 July 2005 sentencing a 32-year-old man to a 12‑month suspended prison term and the payment of CFA Fr 50,000 in damages for indecently assaulting a 13-year-old schoolgirl;
* Judgement No. 232/04 of 23 March 2004 sentencing the perpetrator to 12 months’ imprisonment, of which two months were suspended, and damages of CFA Fr 40,000 for indecently assaulting a 14-year-old girl;
* Sentence against a 55-year-old man for raping a 13-year-old girl on 2 January 2005;
* Sentence against a 22-year-old man for raping a 4-year-old girl on 26 September 2002;
* Sentence against the perpetrators of the gang rape of a 15-year-old girl on 20 February 2005.

594. Articles 387 *et seq.* of Act No. 2007-017 of 6 July 2007 on the Children’s Code offer appropriate protection to child victims of sexual exploitation, including trafficking, child pornography and prostitution.

595. Togo ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography on 22 June 2004. The ongoing programme for the modernization of the justice system has a specific component on special training for all juvenile justice personnel. The Ministries of Justice and the Interior have already begun working with UNICEF to raise awareness and provide training for judges and police and security forces.

596. ICCB has trained over 100 police officers and over 85 members of civil society organizations and short-wave radio journalists since 2006.

597. The centre for psychological/social/judicial assistance to victims of violence provides medical and psychological support for victims and their families and shelter and referral to the appropriate services for victims of violence.

598. The Petites Soeurs à Soeurs (PSAS) project has helped 17 young girls find work as hairdressers and braiders and dressmakers.

599. In 2008, as part of its advocacy component, the PSAS project produced 5,000 flyers to raise public awareness in Togo about the risks posed by intergenerational relationships and 10,000 flyers to raise awareness among political decision-makers about the need to protect and promote the rights of vulnerable girls.

600. Discussion and advocacy days are organized each year for some 200 community leaders as a means of involving them in the promotion of girls’ rights.

601. In 2009, 200 village development committee (CVD) leaders received training on the provisions of the Children’s Code relating to child sexual abuse and exploitation.

602. Articles 387 *et seq.* of the Children’s Code make child prostitution punishable by one to five years’ imprisonment and fines ranging from CFA Fr 100,000 to 1 million. The penalty may be increased to up to 10 years’ imprisonment if the child linked to prostitution is aged under 15.

603. In 2004, with the support of the British Government and UNICEF Togo, PSI Togo launched the PSAS project in response to the realization that sex work in Togo was increasingly involving children. The PSAS approach is a holistic one, combining health, education and advocacy in order to improve the health and wellbeing of vulnerable girls who engage in prostitution or are at risk of becoming prostitutes.

604. For some years now, ICCB has been implementing a project to promote school attendance among poor or vulnerable children aged under 15, thereby reinforcing efforts to combat child trafficking and all forms of child exploitation. ICCB provides legal assistance to child victims of sexual exploitation and in 2008 it organized a vast campaign of action and prevention against sexual abuse in rural and urban areas of the Maritime and Plateaux regions.

605. All civil society organizations, NGOs and media have organized awareness-raising and education campaigns for the population at large in a bid to prevent the various forms of sexual exploitation or sexual violence:

* Legal and judicial assistance for victims.
* Vocational training and support for school attendance through the granting of scholarships.
* The *“Déviwo bé radio”* radio programmes made by children for children and communities supported by Plan Togo. These programmes cover children’s rights in general, including sexual exploitation and violence, and are taken up by several other radio stations.

606. The network of organizations against the mistreatment, abuse and sexual exploitation of children (ROMAESE), in cooperation with the ECPAT subregional coordinating committee based at WAO Africa, has organized awareness-raising activities (radio discussions, mass campaigns) against the commercial sexual exploitation of children, which includes child prostitution, child pornography, child sex tourism, trafficking of children for sexual purposes and forced and early marriage. These activities took place in Lomé from November 2006 to March 2007 and in March and April 2008.

607. From December 2007 to March 2008, WAO Africa, in cooperation with the ECPAT subregional coordinating committee, organized a nationwide campaign entitled “Make It Safe” to alert children, young people and the Togolese public to the risks of commercial sexual exploitation and the abuse of information and communication technologies (ICT).

608. This information, education and awareness-raising campaign toured Togo’s main cities: Lomé, Atakpamé, Sokodé and Dapaong. Children and young people from two clubs in Lomé took part by performing sketches illustrating the phenomenon of child sexual exploitation through ICT. The campaign used the participatory strategy of involving stakeholders such as the media, cyber café managers, NGOs, Internet access providers and concerned ministerial departments.

609. In addition to these activities, mention should be made of the following:

* The establishment of mechanisms for the protection of children’s rights, such as the National Committee for the Promotion and Protection of Children (CNE);
* The Task Force on Violence against Children;
* The creation of two legal and psycho-social assistance centres for children, the appointment of juvenile magistrates, the implementation of legal aid programmes, the National Commission for the Reception and Social Reintegration of Child Victims of Trafficking (CNARSEVT), the Network of Centres for the Reception and Social Reintegration of Child Victims of Exploitation (RESAEV), the Terre des Hommes Oasis Centre, the WAO Africa Espérance Centre, the Kékéli Centre, etc.;
* The creation of a Child Protection Department (DGPE);
* The creation of the child protection network;
* The Creation of the Forum of Organizations for the Defence of Children’s Rights in Togo (FODDET);
* The creation within the Togolese National Assembly of a parliamentary unit for the protection and promotion of children’s rights;
* The social reintegration of child victims of prostitution, as part of the activities of the Providence Centre, PSI Togo, ICCB Togo and the Kékéli Centre.

610. Each of the above structures has a reception centre providing institutional care for girls removed from prostitution for a period of three months to three years, depending on the institution, or non-institutional care at a day centre.

611. In 2007, ICCB trained Lomé social workers in the provision of psycho-social care and legal assistance to child victims of sexual violence, abuse and exploitation in order to build their capacities and improve their delivery of such assistance.

612. WAO Africa, Terre des Hommes, the Providence Centre and the Carmelite Sisters provide temporary shelter and accommodation to children in distress in Lomé, thereby ensuring the temporary care of child victims of all kinds of abuse and exploitation.

613. In Sokodé in the Centrale region, the NGO AJA, supported by Plan Togo, helps take care of child victims of sexual violence, abuse and exploitation in cooperation with community grass-roots structures. In the Kara region, it is the nuns of St. Catherine, NGOs, SOS children’s villages and COR Africa that help take care of such children.

614. Activities range from the provision of psycho-social care to the organization of socio-educational activities and the provision of medical care, social and vocational training and literacy teaching. During the rehabilitation process, family mediation is instituted in order to restore family ties. At the end of this process, girls are returned to their families or close relatives and are helped to find work.

615. Despite their relatively small number, lack of specialization and lack of resources, local and religious NGOs are very active and provide care for child victims of sexual abuse, exploitation and violence.

616. The following results were achieved between 2001 and 2006: 8,666 girls reached, of whom 128 were registered for training and reintegration and 558 minors made visits to centres.

4. Sale, trafficking and abduction of children

617. Articles 410 to 423 of Chapter IV of the Children’s Code define the crimes of trafficking and selling children and forcing them to beg and set forth the penalties and fines to which perpetrators are liable.

618. The national steering committee against child labour has been restructured and its composition is now multisectoral (13 Ministries, the National Business Council, CNE, the trade union observatory against child labour, networks or federations and NGOs working to combat child labour), with national branches.

619. The committee’s role is to guide, coordinate and supervise all action taken against child labour throughout the national territory. As part of the execution of the ILO/IPEC project for combating child labour, the committee approved a total of four projects in the first half of 2009, namely:

* Protection and school enrolment of 200 children removed from domestic employment in Lomé city and establishment of a preventive mechanism for 300 children at risk in the Sotouboua-Bitta and Agou areas;
* Establishment of mechanisms to prevent children from working as porters and to remove and reintegrate 625 children working as porters in the markets of Lomé city;
* Protection of 500 children at risk and removal and social reintegration of 225 children working as itinerant street vendors in Lomé commune;
* Protection of 100 girls against the commercial sexual exploitation of children and provision of assistance to 60 girl victims of commercial sexual exploitation in Lomé commune.

620. These projects, which will be piloted by WAO Africa, ICCB, Terre des Hommes and the Providence Association respectively, are in line with the objective of the project for combating child labour through education, namely, to help eliminate the worst forms of child labour, particularly trafficking.

621. RELUTET has assumed the task of pooling the efforts of its members with a view to promoting children’s all-round development and combating trafficking effectively. It has put in place a programme of support for victims and vulnerable children:

* Activities to detect child trafficking victims (some 1,200 children reintegrated in 2007);
* Support for the trial of 11 child traffickers in 2007;
* Legal assistance for children exploited by traffickers;
* Mass awareness raising in five regions, reaching 6,000 people (2,000 men, 1,500 women and 2,500 children, of whom 1,200 were boys and 1,300 girls);
* Airing of radio and television broadcasts from 2007 to 2009: 45 programmes on local radio stations in the five administrative regions and Lomé commune, reaching over 40,000 people (20,000 men, 10,000 women and 10,000 children);
* Production of 10,000 posters;
* Translation and distribution in three languages (Ewé, Kabyè and Tém) of 9,500 copies of the Act of 3 August 2005 on child trafficking;
* Production of 5,000 brochures, of which 4,500 have been distributed;
* Training of 240 teachers in the five administrative regions and Lomé commune to raise awareness among 20,000 pupils;
* Establishment of 220 school clubs for the promotion and protection of children’s rights.

622. In 2007, 11 traffickers were tried and convicted. In 2008, 12 cases were brought to court (cases of abuse, trafficking and violence) with the support of UNICEF and the United States Embassy.

623. A programme for the reintegration of children through AGRs was put in place with the support of the French Embassy’s SCAC. This programme will be extended to all the regions.

624. As soon as it was adopted, Act No. 009 of 3 August 2005 on child trafficking in Togo was translated into four local languages and disseminated throughout the national territory. Capacity-building in child protection in general and against the trafficking and sale of children in particular was provided for 250 legal experts, 350 criminal investigation police officers, 180 social workers, 85 journalists and 3,500 community leaders and members of specialized CVD commissions at special training sessions, with technical and financial support from UNICEF, Plan Togo, UNODC, ILO, Save the Children and the French and United States Embassies.

625. The National Commission for the Reception and Reintegration of Child Victims of Trafficking (CNARSEVT) has installed a system for the collection of data on child trafficking victims with financial support from UNICEF. The Commission, established by Inter-ministerial Order No. 446/MFPTE/MIS/MASPFPE/MJPDE/MSP of 24 April 2002, provides shelter to child trafficking victims and assists with their reintegration. The establishment of the ‘Allo 111’ hotline in January 2009 has strengthened the mechanism for detecting child trafficking victims.

626. In 2008, 509 children were given shelter and returned to their families, while in the first half of 2009, 206 children were given shelter and returned home. This brings the total number of child victims assisted between 2005 and 2009 to 8,412.

627. The national forum on child trafficking, held in Kara in 2008 under the authority of the Head of State, was accompanied by recommendations which were translated into a plan of priority actions implemented by the Ministries of Social Action, Security and Civil Protection, Labour and Justice, in partnership with civil society.

628. As regards subregional cooperation, a regional policy of assistance to trafficking victims has been devised and adopted by the ECOWAS member States, which include Togo.

629. With regard to suppression and prosecution, in 2008 there were 221 criminal convictions, 201 prosecutions and a total of 99 cases resulted in a conviction.

5. Other forms of exploitation

630. The same legislative, administrative, educational, budgetary and social measures apply to the protection of children against all other forms of exploitation harmful to any aspect of their wellbeing.

631. Articles 353 *et seq.* of the Children’s Code protect children against all forms of harmful exploitation, sexual abuse, physical or mental abuse or cruelty, abandonment or neglect, ill treatment or trafficking.

D. Children belonging to a minority or an indigenous group

632. There are no minority groups in Togo. No legislative, administrative, social, educational or budgetary provision limits the application of the rights of the child in Togo on grounds of social, ethnic, religious or linguistic origin or their application to any indigenous child. All children have the right, along with other members of their group, to:

* Lead their own cultural life;
* Profess and practice their own religion;
* Use their own language.

633. Programmes are being carried out to protect the most vulnerable children and/or those living in the poorest areas or at risk of child trafficking.

634. Generally speaking, the political and governmental authorities are making efforts to decentralize power from the regions and to ensure the development of all districts, in order to meet people’s specific needs and reach the most disadvantaged and vulnerable sectors of the population.

Conclusion

635. The adoption and promulgation of the Children’s Code and the action taken by the different stakeholders definitely reflect the Government’s determination to give effect to the provisions of the Convention on the Rights of the Child. Considerable progress has in fact been made in the areas of health and education.

636. It must be recognized, however, that despite the progress made by the Government with the support of its partners, the situation is unsatisfactory and children face many problems. Mortality and morbidity rates remain high, while the care of child victims of trafficking, violence, abuse and exploitation remains inadequate.

637. Children are an important part of the Togolese population and sometimes live in especially difficult circumstances. The reasons for this situation are manifold and are primarily economic and sociocultural. The Government is aware that special attention and priority must be given to issues specific to children and remains ready and willing to work with the Committee on the Rights of the Child and the various agencies of the United Nations system to ensure the welfare of children in Togo.

Annex I

List of persons who participated in the drafting of   
this report

List of members of the inter-ministerial commission for the   
drafting of initial and periodic human rights reports

1. Ms. Nakpa POLO: Director-General for Human Rights (Ministry of Human Rights, Strengthening of Democracy and Civic Education)

2. Mr. Kokou MINEKPOR: Acting Director of Legislation and Protection of Human Rights (Ministry of Human Rights, Strengthening of Democracy and Civic Education)

3. Mr. Matozuwé AHA: Researcher (Ministry of Human Rights, Strengthening of Democracy and Civic Education)

4. Mr. Awoki KOINZI: Researcher (Ministry of Foreign Affairs and Regional Integration)

5. Mr. Sourou WOLOU: Special Adviser to the Chairman of the National Human Rights Commission (National Human Rights Commission)

6. Mr. Gnazou N’DAAM: Human Resources Manager (Ministry of Communication and Culture)

7. Ms. Maggy GOEH-AKUE: Regional Director of Culture (Golfe and Lomé Commune) (Ministry of Communication and Culture)

8. Commander Bamana BARAGOU: Adviser (Ministry of Security and Civil Protection)

9. Mr. Gnambi KODJO G.: Judge, Director of the Prison Administration (Ministry of Justice responsible for relations with institutions of the Republic)

10. Mr. Amah LAÏSON: Chief, Legislation Division (Ministry of Labour, Employment and Social Security)

11. Mr. Koami DANYO: Chief, Division for the Oversight of Prefectures and Regions (Ministry of Territorial Administration, Decentralization and Local Authorities)

12. Ms. Bernadette KININ Koumédjina: Education Adviser (Ministry of Primary and Secondary Education and Literacy Teaching)

13. Ms. Bernice GBODUI Sueto: Administrative Attaché (Ministry of Youth, Sports and Leisure)

14. Ms. Aquitème AZAMBO: Director-General of Child Protection (Ministry of Social Action, Advancement of Women and Protection of Children and Older Persons)

15. Ms. Akati AZANGOU: Legal Expert (Ministry of Health)

16. Ms. Ama Essenam YAKPO: Legal Expert (Ministry of the Environment and Forestry Resources)

17. Mr. Mabiba DOUTI: Ministry of the Civil Service and Administrative Reform

18. Mr. Koffi LOGOSSOU: Legal Researcher (Ministry of the Economy and Finance)

19. Mr. Bayaboko ALOU: Legal Adviser (Ministry of Cooperation, Development and National and Regional Planning)

Annex II

List of representatives of civil society organizations

20. Koffi Edem AVEGNON: International Catholic Child Bureau (ICCB)

21. Espoir ADADJO-BINDER: Forum of Organizations for the Defence of Children’s Rights in Togo (FODDET)

22. Emilie SAMOE-AYITEY: Terre des Hommes

Resource person

23. Ms. Félicité MUKAMTAMBARA: Child protection expert (UNICEF)

1. \* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not edited before being sent to the United Nations translation services. [↑](#footnote-ref-2)
2. *Source:* Third Multiple Indicator Cluster Survey (MICS3). [↑](#footnote-ref-3)
3. *Source:* National Health Development Plan (PNDS): 2009-2013, p. 24. [↑](#footnote-ref-4)
4. Under article 152 of the Constitution, CNDH is an independent institution subject only to the Constitution and the law. It has legal personality and no member of the Government or Parliament may interfere in the exercise of its functions (art. 153). [↑](#footnote-ref-5)
5. According to article 4 of the Children’s Code, the best interests of the child must be understood as anything that is beneficial to the child’s mental, moral, physical and material wellbeing. Article 8 provides that the best interests of the child must prevail in any action or decision concerning him or her, whether taken by the parents, public or private social protection institutions, the courts, administrative authorities or legislative organs. [↑](#footnote-ref-6)
6. Article 359, paragraph 2, states that a father or mother who is the main perpetrator of or an accessory to the infanticide of his/her own child shall be liable to five to 20 years’ imprisonment, and that this provision shall not benefit joint perpetrators or accessories. [↑](#footnote-ref-7)
7. According to article 353, the State shall protect the child against any form of violence, including sexual abuse, physical or mental cruelty or brutality, abandonment or neglect, ill treatment by parents or by any other person with authority over or custody of the child. [↑](#footnote-ref-8)
8. The length of detention varies from a minimum of one month to a maximum of nine months. [↑](#footnote-ref-9)
9. Under Decree No. 70-55 of 23 February 1970, the juvenile division is responsible for conducting the pretrial investigation for minors in conflict with the law, ensuring their pretrial detention and conducting investigations ordered by the juvenile magistrate (art. 2). These powers already conform to the Riyadh Guidelines and the Beijing Rules. [↑](#footnote-ref-10)
10. Statistics on referrals to the Lomé prosecutor’s office recorded for these periods. [↑](#footnote-ref-11)
11. *Source:* “Conditions de vie de personnes handicapées au Togo”, produced by Handicap International in cooperation with FETAPH and DPH-TA in 1998. [↑](#footnote-ref-12)
12. *Source:* Human Development Report 2001. [↑](#footnote-ref-13)
13. Average input from partners, 2006 to 2008 [↑](#footnote-ref-14)
14. Activity report, National Nutrition Service, Ministry of Health, Lomé, 2003. [↑](#footnote-ref-15)
15. National Nutrition Service, Survey of Anaemia in Togo 1999-2000, Ministry of Health, Lomé, 2000. [↑](#footnote-ref-16)
16. PNDS 2009-2013, approved in April 2009. [↑](#footnote-ref-17)
17. *Ibid.* [↑](#footnote-ref-18)
18. Togo has returned to the average rate for countries of the maritime subregion. [↑](#footnote-ref-19)
19. Mini-DWS: Mini Drinking Water Supply. [↑](#footnote-ref-20)
20. 150 children. [↑](#footnote-ref-21)
21. 125 children. [↑](#footnote-ref-22)