Abstract

The Government of Togo has made important advances in the area of social protection. Although Togo has had limited social protection programs, the economic shock and natural disasters starting in 2008 brought the need for better mechanisms of social protection to the fore. The Government response has focused on measures to address the immediate needs of the affected populations, while building the analytical base for developing a national social protection policy. This report forms part of the overall analytical work prepared to support the formation of a national social protection policy. It finds that the most common safety net programs are in-kind transfers with limited coverage. It proposes basic elements for the Government to take into consideration in developing a national social protection policy and strategy and identifies next steps in finalizing the preparation of such a policy and strategy.

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For more information, please contact the Social Protection Advisory Service, The World Bank, 1818 H Street, N.W., Room MSN 68-803, Washington, D.C. 20433 USA. Telephone: (202) 458-5267, Fax: (202) 614-0471, E-mail: socialprotection@worldbank.org or visit the Social Protection website at www.worldbank.org/sp.
Until recently, most countries in Africa implemented safety nets and social protection programs only on an ad hoc basis. In the wake of the global economic, food and fuel price crises starting in 2008, however, policymakers in Africa began to increasingly view safety nets as core instruments for reducing poverty, addressing inequality, and helping poor and vulnerable households to manage risk more effectively. During FY2009-2013, to support governments in their quest to understand better how to improve the efficiency and effectiveness of safety nets in their countries, the World Bank’s Africa Region undertook social safety net or social protection assessments in a number of countries in Sub-Saharan Africa. By 2014 assessments have been completed or are under preparation for over 25 countries in sub-Saharan Africa. These assessments analyze the status of social protection programs and safety nets, their strengths and weaknesses and identify areas for improvement, all with the aim of helping governments and donors to strengthen African safety net systems and social protection programs to protect and promote poor and vulnerable people. They were all carried-out with the explicit aim of informing governments’ social protection policies and programs. With the results of analytical work like these assessments and other types of support, safety nets and social protection programs are rapidly changing across Africa. For a cross-country regional review, please see "Reducing Poverty and Investing in People: The New Role of Safety Nets in Africa," which pulls together the findings and lessons learned from these assessments and other recent studies of safety net programs in Africa.
Abstract

The Government of Togo has made important advances in the area of social protection. Although Togo has had limited social protection programs, the economic shock and natural disasters starting in 2008 brought the need for better mechanisms of social protection to the fore. The Government response has focused on measures to address the immediate needs of the affected populations, while building the analytical base for developing a national social protection policy. This report forms part of the overall analytical work prepared to support the formation of a national social protection policy. It finds that the most common safety net programs are in-kind transfers with limited coverage. It proposes basic elements for the Government to take into consideration in developing a national social protection policy and strategy and identifies next steps in finalizing the preparation of such a policy and strategy.

**JEL Classification:** I32, I38, J32, H53

**Key Words:** social protection, systems, safety nets, social assistance, welfare, administration, public policy, public sector reform, developing countries
# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CNSS</td>
<td>Caisse Nationale de Sécurité Sociale (National Social Security Bank)</td>
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<tr>
<td>CRENAM</td>
<td>Centres de Réhabilitation Nutritionnelle Ambulatoire pour les Malnutris aigus Modérés (Ambulatory Center for the Nutritional Rehabilitation of Moderately Malnourished)</td>
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<tr>
<td>CRENAS</td>
<td>Centres de Réhabilitation Nutritionnelle Ambulatoire pour les Malnutris aigus Sévères (Center for the Nutritional Rehabilitation of Severely Malnourished)</td>
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<tr>
<td>CRENI</td>
<td>Centres de Réhabilitation Nutritionnelle Intensif (Center for Intensive Nutritional Recuperation)</td>
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<tr>
<td>CRT</td>
<td>Caisse de Retraite du Togo (Pension Bank of Togo)</td>
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<tr>
<td>DSRP</td>
<td>Document de Stratégie pour la Réduction de la Pauvreté (Poverty Reduction Strategy Document)</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>FCFA</td>
<td>Franc de la Communauté Financière Africaine (Central African Franc)</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GoT</td>
<td>Government of Togo</td>
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<tr>
<td>HIV-AIDS</td>
<td>Human immunodeficiency virus/Acquired immune deficiency syndrome</td>
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<tr>
<td>ILO</td>
<td>International Labour Office</td>
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<tr>
<td>LIPW</td>
<td>Labor-intensive public works</td>
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<tr>
<td>MAEP</td>
<td>Ministère de l’Agriculture, de l’Elevage et de la Pêche (Ministry of Agriculture, Livestock and Fishing)</td>
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<tr>
<td>MASSN</td>
<td>Ministère de l’Action Sociale et de la Solidarité Nationale (Ministry of Social Action and National Solidarity)</td>
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<tr>
<td>MCIT</td>
<td>Ministère du Commerce, de l’Industrie, des Transports et du Développement de la Zone Franche (Ministry of Commerce, Industry, Transport and Free Zone Development)</td>
</tr>
<tr>
<td>MDABJEJ</td>
<td>Ministère du Développement à la Base, de l’Artisanat, de la Jeunesse et de l’Emploi des Jeunes (Ministry of Local Development, Artisans, Youth and Youth Employment)</td>
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<tr>
<td>MDG</td>
<td>Millenium Development Goals</td>
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<tr>
<td>MEF</td>
<td>Ministère de l’Economie et des Finances (Ministry of Economy and Finance)</td>
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<tr>
<td>MEPSA</td>
<td>Ministère de l’Enseignement Primaire et Secondaire et de l’Alphabétisation (Ministry of Primary and Secondary Education and Literacy)</td>
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<tr>
<td>MS</td>
<td>Ministère de la Santé (Ministry of Health)</td>
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<tr>
<td>Acronym</td>
<td>Abbreviation</td>
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<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<tr>
<td>MTESS</td>
<td>Ministère du Travail, de l'Emploi et de la Sécurité Sociale (Ministry of Work, Employment and Social Security)</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organizations</td>
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<tr>
<td>OEV</td>
<td>Orphelins et autres Enfants Vulnérables (Orphans and Other Vulnerable Children)</td>
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<tr>
<td>PDC</td>
<td>Projet de Développement Communautaire (Community Development Project)</td>
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<tr>
<td>PNDS</td>
<td>Programme National de Développement Sanitaire (National Health Development Program)</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
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<tr>
<td>PVVIH</td>
<td>Personnes vivant avec le VIH/SIDA (People Living with HIV/AIDS)</td>
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<td>QUIBB</td>
<td>Questionnaire Unifié des Indicateurs de Base du Bien-être (Unified Questionnaire for Basic Welfare Indicators)</td>
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<td>UNICEF</td>
<td>United Nation’s Children Fund</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WFP</td>
<td>World Food Program</td>
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Acknowledgments

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The report draws from a series of background reports prepared by the Government and with support of various donors, including the World Bank, UNICEF, ILO, and UNDP over the last three years on different aspects of social protection in Togo.

An initial draft of the report was reviewed in a national workshop in Togo in March 2012 presided by the Ministry of Work, Employment and Social Security, with attendance by the key ministries and agencies of the Government as well as international partners active in social protection in Togo. During that workshop, the ILO provided technical support to carry out an initial costing exercise. This final version incorporates the Government’s comments as well as summary results of the costing exercise.
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Executive Summary

Objectives and Context

Over the last several years, the Government of Togo has made important advances in the area of social protection. Although Togo has had limited social insurance and social assistance programs, the economic shock and natural disasters starting in 2008 brought the need for better mechanisms of social protection to the fore. The Government response has focused on measures to address the needs of the affected populations, while building the analytical base for developing a national social protection policy and strategy.

As part of developing the analytical base for a national social protection policy and strategy, a series of studies and analyses were carried out over the last two years. International development partners have supported this effort and have worked closely with the Government in developing this basis. This report synthesizes the situational analysis on poverty and vulnerability and the current state of social protection policies and programs from this set of background documents and attempts to assist the Government by providing general orientations and strategic choices in developing a national social protection policy and strategy that would integrate the various ongoing efforts and components of social protection with a view to achieving the Government’s longer-term goal of social protection for all.

The development of social protection policies and programs need to be based on the specific profile of risks and vulnerabilities in Togo. Although falling slightly over the last 5 years, poverty remains deeply entrenched in Togo, with 3.6 million Togolese living below the poverty line out of a national population of 6.2 million. Poverty remains concentrated in the rural areas. The poorest regions remain those farthest from the coast. Poverty is higher among households headed by someone over 55 years old compared to younger households. Other indicators that render households vulnerable to poverty include the size
of the household and the level of education of the head of household. Beyond general poverty levels, food insecurity is a critical aspect of vulnerability. Lack of access to education, health and other basic services is another source of vulnerability. The population group most vulnerable is children, with stubbornly high levels of malnutrition in the country.

Given the specific poverty and vulnerability profile of Togo, social protection policies and programs will need to take into consideration several factors. Togo will continue to be affected by shocks that affect a significant portion of the population so social protection programs will need to be scalable and responsive to shocks. Social protection programs will need to address some of the more structural issues of poverty and not just seek to satisfy today’s needs. For example, social protection programs should seek to break the intergenerational transmission of poverty by promoting access to basic services like health and education and developing local infrastructure. Importance of the informal sector poses a challenge to extending more traditional social security. Targeting mechanisms will need to be tailored to country circumstance. With such high levels of poverty, full coverage of targeted programs will require significant resources and there will be budgetary trade-offs between stabilizing the deficits in contributory social protection programs while expanding non-contributory programs to the poorest.

Analysis of the Current Situation

There is no specific national social protection policy or strategy, but many of the Government’s overall policy directives are relevant to social protection. For example, the Government’s 2009-2011 Poverty Reduction Strategy Paper (PRSP) acknowledges the need for effective social protection measures to address the needs of vulnerable populations and protect the general public against social risk of all types.
Given the multi-faceted nature of social protection, there is a multiplicity of institutions involved in the financing and implementation of social protection in Togo. This includes public sector ministries and agencies as well as NGOs who have operational activities in support of vulnerable groups and humanitarian assistance.

**Safety net programs** in Togo have historically focused on emergency interventions, but increasingly include a broader array of programs. Types of safety net interventions include: in-kind transfers (school feeding, nutrition supplements, food aid, etc.), cash transfers, temporary employment through labor intensive public works, and waivers for services (free cesarean sections or school fee waivers). In-kind transfers of food are the most common type of safety net in Togo.

Most safety net programs target highly vulnerable groups. Coverage is limited at present, with the exception of universal programs like fee waivers for primary education. As a result, total expenditures on safety nets are quite low as a share of the national budget, as a share of GDP and compared with expenditure levels in other African countries. More spending goes to reactive, coping responses than preventative measures. About half of the total amount spent on safety nets was for emergency in-kind distribution in the face of shocks. There is a trade-off between coverage and intensity. The larger-scale programs of nutritional support including grain stocks reach, potentially, a large number of people but the benefit they deliver per person is very slight. In addition, targeting systems need to be strengthened in some programs. For example, the fee waiver for indigents in the health system does not have a systematic identification and screening tool nor consistent application across regions and health centers.

**Contributory social insurance programs** include agencies that cover old age pensions, disability, family allocations and health insurance to workers in the public and formal private sectors:
a) The “Caisse de Retraite du Togo” (CRT) provides pensions, disability, survivor pensions, and family allocations to the public sector. The contributory system is based on civil servant contributions of 7 percent of base salaries and employer (State) contribution of 20 percent.

b) the “Caisse Nationale de Sécurité Sociale” (CNSS) provides coverage to private sector employees and other categories of Government-employed staff. The contributory system is based on 4 percent from salaried workers and 16.5 percent from the employer.

c) Recently created in 2011, national institute for health insurance (“Institute National d’Assurance Maladie” -INAM) provides health insurance coverage for the public sector, including the central administration, local collectivities, para-public agencies, and retired public sector workers. The financing base of INAM is 7 percent of the base salary, paid in equal amounts by the employee and the employer (State).

Only a small percentage of the population is covered by formal social security and health insurance mechanisms. Only five percent of adults participate in formal social security schemes. An estimated 6 percent of the population is covered by some type of health insurance, of which 4 percent is under the INAM regime. Nonetheless, public spending on contributory pensions is the largest area of social protection spending. Annual public spending from the State as employer totals about 1 percent of GDP. The bulk of this is for CRT pension payments. However, both the CRT and CRSS are facing long-run structural funding deficits that need to be addressed if they are to be sustainable. In recent years, the CRT has often delayed pension payments and accumulated significant arrears. The fiduciary management of CRT and CNSS has created concerns among their pensioners about the reliability and credibility of the social insurance system. Moreover, actuarial analysis reveals that financial imbalances are only expected to worsen, putting future pensioners at risk. In terms of health insurance issues, it will be important to further develop INAM within a
coherent national health care strategy, integrating the supply and financing of services with contributory and non-contributory solidarity mechanisms. This will require placing INAM within sectoral strategies and priority programs. The relationship of INAM to the mutual health insurance schemes will need to be considered, particularly with the idea of expanding INAM beyond the public sector.

**Social protection-related interventions in labor market and employment** issues are largely oriented to the protection of vulnerable workers and the promotion of access to employment of specific vulnerable groups likely to be excluded from the labor market. In the context of current activities in Togo this includes several active labor market programs oriented to improving employability and future employment prospects for targeted groups and the strengthening of labor standards and regulations to protect workers from workplace hazards. Active labor market programs are relatively small in scale, with several pilots initiated recently focusing on youth employment. Targeting these programs to those in greatest need is a challenge. For example, PRONOVAT and AIDE draw from a pool that is not very representative of the poorer populations – youth with diplomas. Costs per beneficiary range are relatively high. As most approaches are in their pilot stage, there needs to be a sufficient evaluation base to justify scaling up such programs. Even if these approaches work and can be scaled up, there are large gaps in reaching certain target groups. For example, existing programs target either formal sector employment or rural areas, leaving a significant gap on support to the urban informal sector.

**Towards a National Social Protection Policy and Strategy**

The goal of a national social protection policy is to reduce poverty, improve living conditions and promote broad-based economic growth by building an inclusive and reliable national social protection system. A national social protection policy and strategy is an important foundation to orienting the Government’s future actions in the area of social protection.
The Government has identified the general objective for social protection as: «to protect the Togolese population against vulnerabilities and social risks». A core set of specific social protection objectives that would respond to the current needs of Togo could include:

**Strategic Objective #1: Develop and extend a reliable and financially sustainable contributory social insurance system that addresses the risks of old age, death and disability to all households able to participate.** This would entail carrying out parametric reforms that address the structural deficits and future financial sustainability of the CRT and CNSS to ensure that retirees are protected and the drain on public finances is minimized, as well as separating the risks of old age, death and disability managed by the CRT from other employment benefits provided by the State to its employees. Institutional reforms of CRT and CNSS are necessary to improve the institutional functioning and governance of the social insurance system. The strategy would also seek to extend contributory social security mechanisms to the informal sector, agricultural cooperatives and independent workers to reach a more vulnerable population with social insurance mechanisms.

**Strategic Objective #2: Ensure access to health services, improve health outcomes and mitigate the adverse effects of health shocks by developing contributory mechanisms of health insurance.** This would be achieved by continuing the implementation of INAM to ensure that it can fulfill its immediate mandate, investigating mechanisms to address the ‘missing middle’ between coverage for salaried workers and support for indigent patients, and developing technical options to reach universal coverage of health insurance in the medium to long term.

**Strategic Objective #3: Prevent destitution and build human capital of the most vulnerable through an integrated system of safety net interventions that address the needs of the chronic poor, those affected by shocks and the needs of specific vulnerable groups.** Specific actions would seek to put in place cash transfer programs and labor intensive public works programs to reinforce the capacity of the poorest and most vulnerable households and
prevent destitution. These along with other safety net interventions would seek to ensure that the poorest and most vulnerable have access to health and education services and would reduce the financial barriers to access of food security and ensure quality nutrition for households with children in an effort to develop human capital and promote societal equity. In addition, social protection measures are needed tailored to the needs of the most vulnerable: orphans and victimized or exploited children, children in conflict with the law, people affected by HIV/AIDS, the disabled, elderly and people affected by catastrophes. The latter should complement disaster risk mitigation and response strategies with safety net interventions.

**Strategic Objective #4: Promote employability and access to jobs and income and safe working conditions among groups likely to be excluded from the labor market.** The strategy would seek to increase access to employment and income among long-term unemployed and underemployed, with a focus on youth, women and the disabled, and to create favorable conditions for decent work and the elimination of exploitation of vulnerable groups.

Translating the overall goals and principles of a national social protection policy into a medium-term strategy should seek to: (i) build on the existing social protection efforts of the Government; (ii) identify any key gaps for vulnerable groups which will require developing new programs or approaches, (iii) be coherent with the nation’s overall poverty reduction strategy, as put forth in the national poverty reduction strategy, and (iv) be supported by a legal framework (legislative and regulatory).

The overall objective of these interventions should be to develop a coherent and integrated national social protection system. A systems approach reduces fragmentation, promotes harmonization and can enhance both the performance of individual programs and the overall functions of social protection in creating opportunities, providing resilience and promoting equity. There are several aspects to developing a national social protection
system that should be prioritized over the coming years, including developing a common set of tools like targeting systems, beneficiary registries, common coordination, monitoring and evaluation systems, and a medium-term expenditure framework. The system should envision scalability and actively seek linkages between programs.

An effective national social protection system will require a conducive institutional framework. Building a supportive institutional framework at the central level should focus on several key functions:

a) **Overall policy coherence**

b) **Coordination of programming between elements of the national social protection strategy**

c) **Coherence with the DSRP institutional framework**

d) **Collaboration on policy and implementation mechanisms with other sectors, like health, education, and natural disaster management**

e) **Linkages with budget formulation and monitoring mechanisms at the central level**

f) **Collaboration with external partners, including international partners, NGOs and the private sector**

The success of implementing the national social protection strategy is supported through effective monitoring and evaluation systems. Each social protection program typically develops its own M & E system. However, coordination between programs under a national M & E action plan can improve the quality and compatibility of information between programs. While each program may have its more detailed set of indicators, a core set should be developed to monitor the overall progress in implementing the national social protection strategy. Impact evaluations will be an important element of the M & E strategy. A number of social protection programs are still in the early stages, where impacts are not
yet known. Measuring changes in household status and wellbeing as a result of social protection interventions helps justify funding.

Achieving the Government’s vision of social protection for all will require a significant increase in resources to social protection. Total expenditures on social protection are quite low as a share of the national budget and as a share of GDP. For instance, excluding general price subsidies, safety nets represent only 1.8 percent of the general expenditures of the State, or 0.5 percent of GDP (average 2008-2010). International partners finance about three-quarters of this amount.

Estimating the amount of resources needed depends on the Government’s prioritization of the mix of interventions selected and their scale over the medium term. The Government faces important trade-offs. Trying to reach all of the chronic and transitory poor, representing 62 percent of the population will result in very low levels of the available resources per capita, diluting effort and diminishing impact. Training more substantial resources per beneficiary will necessarily mean developing targeting approaches that discriminates between poor households. Resources are limited and in the short to medium-term unlikely to be sufficient to cover all areas of SP fully. In particular, there are tensions and trade-offs between policies supporting the contributory system as opposed to non-contributory systems and safety nets, particularly if the contributory system requires large infusions of public resources to stay afloat. The financial framework developed to implement the national social protection strategy will need to take these tensions and trade-offs into account and negotiate between the various societal groups affected to create a social and political compact that allows for the protection of vulnerable groups in Togo.
1. **Introduction**

1. **Over the last several years, the Government of Togo has made important advances in the area of social protection.** Although Togo has had limited social insurance and social assistance programs, the economic shock and natural disasters starting in 2008 brought the need for better mechanisms of social protection to the fore. The Government response has focused on measures to address the needs of the affected populations, while building the analytical base for developing a national social protection policy and strategy. For example, several important social protection programs were launched in the last few years, including the National Institute for Health Insurance, a labor intensive public works program for rural areas, a school lunch program, and a pilot for cash transfer program targeting vulnerable children. The Government has also promoted access to basic services by the poor by eliminating school fees and fees for cesarean sections.

2. **As part of developing the analytical base for a national social protection policy and strategy, a series of studies and analyses were carried out over the last two years.** International development partners have supported this effort and have worked closely with the Government in developing this basis. A list of the available analyses of social protection-related issues is presented in Table 1. This includes detailed reviews of the main elements of Togo’s contributory social insurance program, the nation’s safety nets and the targeted social assistance provided to children.

3. **This report forms part of the overall packet of analytical work prepared to support the formation of a national social protection policy and strategy.** The objectives of this report are to:
   a. Synthesize the situational analysis on poverty and vulnerability and the current state of social protection policies and programs from the set of background documents in Table 1.
b. Assist the Government through providing general orientations and strategic choices in developing a national social protection policy and strategy that would integrate the various ongoing efforts and components of social protection with a view to achieving the Government’s longer-term goal of social protection for all.

4. **This report is organized in the following sections:**

   a. Section II provides a brief overview of the objectives, components and importance of social protection as part a country’s economic growth and poverty reduction objectives.

   b. Section III summarizes the basic situation of poverty and vulnerability in Togo and identifies vulnerable groups and main risks and shocks.

   c. Section IV analyses the current policy and institutional framework and reviews the main areas of social protection, in terms of approach, coverage, targeting and expenditures.

   d. Section V proposes basic elements for the Government to take into consideration in developing a national social protection policy and strategy.

   e. Section VI identifies next steps in finalizing the preparation of a national social protection policy and strategy.
Table 1. Analytical Underpinnings for a National Social Protection Policy and Strategy

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<tr>
<td>Banque Mondiale. « Rapport de l’Etude de faisabilité pour un projet de transferts monétaires au Togo (Version préliminaire) ».</td>
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<tr>
<td>Bureau International du Travail. «Etude de Faisabilité d’une Institution d’Assurance Maladie pour les Agents Publics du Togo ».</td>
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UNICEF. « Quel Futur pour la Protection Sociale Centrée sur l’Enfant au Togo - Perspectives et Enjeux ». 2011.
II. The Importance of Social Protection

What is Social Protection?

5. Social protection encompasses a broad array of instruments that assist households to prevent, mitigate and cope with various risks and shocks. There is no standardized definition, but there is a consensus on its basic aspects:

“Social protection is defined as a set of policies and programs designed to reduce vulnerability to risks and improve the capacity to respond to shocks and loss of income which expose households to poverty and destitution.”

6. Social protection is an area of public policy that has grown in interest over the last twenty years in terms of its application in developing countries. Dialogue and debate on social protection has continued to expand, particularly in response to the food, fuel, and financial crisis of 2008. Social protection is now regarded among policymakers as a key component of poverty reduction strategies in the Africa region. Governments are investing in social protection programs that are proving to be effective, and lessons from the design and implementation of these programs are now informing the expansion of social protection across the continent. However, while spending on social protection is increasing, overall levels of both spending and coverage remain low except in some middle-income countries. These low levels of coverage stand in stark contrast with the widespread nature of poverty in Africa. The challenge in the coming years will be to develop national social protection strategies and programs that provide for scaling up social protection as a major component of managing risks and reducing poverty.

7. The general objectives of social protection are to: (a) promote inclusion via access to basic services (health, education, etc.) and to employment and revenue; (b) mitigate the
impacts of shocks and life-changing events on the well-being of households; and (c) assure a minimum of consumption in order to avoid destitution.

8. There are several main social protection instruments that may vary by country context:
   
a) Safety nets
b) Social insurance programs
c) Labor market and employment programs
d) Targeted service delivery to the poorest/most vulnerable

9. Safety nets are non-contributory transfer programs targeted to the poor and those vulnerable to shocks. Types of safety net interventions include:
   
   - cash transfers (conditional or unconditional)
   - In-kind transfers like school feeding, nutrition supplements, food aid
   - Creation of temporary employment through labor intensive public works
   - Fee waivers for services (like free health care or school fee waivers
   - Price subsidies

10. The specific objectives of safety nets are to support directly the consumption of the poor and vulnerable, to guarantee access of excluded groups and households to essential social services, to provide temporary support to population affected by shocks, and to break the cycle of poverty transmission between generations.

11. The effective implementation of safety nets requires that they provide predictable support that households can count on rather than ad-hoc support. It is important to note that the impacts of safety nets extend beyond the immediate protection of household well-being, but also enable households to protect and accumulate assets and to develop human
capital necessary to move out of poverty over the longer term. Safety nets need to be scaled up in times of need to have a significant impact on reducing vulnerability. And, safety nets need to be well integrated with sectoral policies, for example coordinating the impact on schools and health centers of expanded access provided through safety nets.

12. **Social insurance** encompasses contributory risk-pooling programs designed to protect the well-being of households and businesses in the face of old age, illness, accidents and other shocks that can translate into poverty. Types of social insurance include:

   - Pensions systems for seniors.
   - Health insurance, whether market-based, publically-funded or community-based.
   - Crop insurance.
   - Unemployment and disability insurance, which are classic elements of social security.
   - Micro-insurance products, like life insurance or property insurance, typically provided through microfinance institutions in order to reach the informal sector.

13. The specific objectives of social insurance are to protect the assets and income of affected populations, to ensure access to services and to smooth consumption in the face of adverse events.

14. To be successful, pension programs and other forms of social insurance must be financially self-sustaining, based on appropriate parameters regarding premiums, risks covered, eligible beneficiaries, and benefit levels. Public social insurance programs not built on a solid financial risk becoming a serious fiscal drain on the state budget and may crowd out other expenditures to protect vulnerable groups. Contributory social insurance programs require transparent and effective governance to establish sufficient confidence for those paying into the system. One of the challenges of contributory insurance
mechanisms is the high poverty levels making it difficult for much of the population to participate in contributory schemes as well as the large share of the informal sector, where traditional social insurance mechanisms are poorly adapted.

15. **Labor programs and policies** promote employment and productivity, particularly among youth and other groups likely to be excluded from the labor market. Labor and employment programs with social protection aspects include:

- labor market regulations (wage laws, worker protections)
- initiatives to enhance the skills of the workforce likely to be the most excluded from participation or those having been retrenched from certain industries and sectors
- active job-seeking services including counseling and placement
- wage and employment subsidies
- on the job training and internships
- income generating programs to develop businesses among the poor and vulnerable
- programs to eliminate dangerous and exploitative work, particularly among children.

16. The specific objectives of social protection-oriented labor market programs are to increase the employability, the access to work and the income levels of targeted populations.

17. The challenges of designing and implementing successful labor market interventions include adapting approaches that work in the formal sector to the vast majority of targeted population in the informal sector and in the rural economy. Active labor market programs in the African context are also constrained by limited information on which programs actually works and deliver results, with a dearth of impact evaluations done on the handful
of scaled-up programs in the African context. Moreover, scaling-up programs to a level sufficient to have an impact at the national level is constrained by financing and institutional capacity in both the public and private sectors to absorb large numbers of trainees and other job seekers.

18. **Targeted service delivery programs** are defined as complementary efforts to improve the supply of services in underserved communities. This is particularly applicable in those African countries where the supply side of public services has a difficult time making sure that services are available in the poorest communities. In those situations, compensatory, targeted service delivery programs such as social funds, decentralized service delivery programs and targeted support to vulnerable groups can provide a necessary component to national social protection strategies. Of course, increasing funding to basic services may similarly increase the access of poor and vulnerable groups. However, the main difference between an SP-oriented approach and a sector-wide approach is that one has this as an explicit objective whereas the general sectoral program may not.

19. Types of targeted service delivery programs include: (i) Social and community investment funds for basic infrastructure and (ii) decentralization of basic service programs targeted to the poorest communities. The specific objectives of these targeted service delivery programs are to ensure access to services, to develop local social and economic infrastructure, and to promote human capital.

20. The challenges of effectively implementing these programs within a national social protection strategy are to integrate their activities with sectoral programs and decentralization initiatives. Such programs should seek to develop a package of services to be made available in the poorest communities. Utilizing community-based approaches can amplify impacts through strengthening the capacities of poor communities to identify and implement service delivery projects.
21. The Government of Togo has commented that its programs to provide services to underserved communities are not considered directly part of social protection as the nation classifies social protection. In addition, it has not formed part of the background reviews of the sector. As such, this report does not specifically include this potential area of social protection.

Who is targeted by public social protection interventions?

22. One of the most salient features of social protection programs are their targeted nature, seeking to deliver benefits to specific at-risk populations. Social protection programs may apply equally to:

   a) The chronic poor, as even in good times these households are poor and require assistance to meet their minimum needs.

   b) Individuals or households vulnerable to life events or shocks that might reduce their wellbeing, including economic crises, natural disasters, illness or old age.

   c) Those with special circumstances, including people with disabilities, orphans and street children who may require integrated and specialized services to address their needs.
Rationale for investing in social protection

23. Social protection reduces poverty and contributes to sustainable, inclusive growth through three functions – equity, resilience, and opportunity (Figure 1):

a) **Resilience** reduces the likelihood that adverse shocks will have negative consequences for individuals and households, thereby preventing them from falling into poverty. This is largely achieved through social insurance mechanisms such as unemployment and disability insurance and by supporting poor individuals to access markets for, among others, weather-based insurance that aim to minimize the loss suffered by households that have experienced a shock.

b) **Equity** aims to guarantee individuals and households a minimum level of well-being and can reduce the socioeconomic harm that results from acute inequality. This helps promote equity, by protecting poor individuals and families from irreversible and catastrophic losses of human capital, and contributes to laying the foundation for equality of opportunity, notably by helping families feel secure enough to invest in their and their children’s future. These initiatives include safety nets (such as cash transfers and public works), social pensions, school feeding, and other efforts to extend access to basic services to the poorest.

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c) **Opportunity** aims to enable men and women to pursue productive livelihoods. This can be done by building their skills and promoting their employability, investing in their human and physical capital (and that of their children), and enabling individuals to take make more innovative and productive—but riskier—investments. These instruments can include labor market programs, targeted service delivery projects, cash transfers, and the infrastructure resulting from public works programs.

24. Social protection interventions produce improvements in household outcomes by:

a) **Reducing household poverty and vulnerability.** Improvements in consumption, income and food security have been observed in social protection programs, such as cash transfers, public works, and non-contributory (or “social”) pensions which provide poor households with resources to meet their basic consumption. This can reduce the extent to which they need to resort to negative coping responses such as reducing their food consumption, selling their productive assets, pulling their children out of school, or foregoing medical care, all of which have the effect of keeping the household in a longer-term poverty trap.
b) **Improving health, nutrition and education outcomes.** Pensions, cash transfers, in-kind transfers and social insurance programs have all shown to improve human development outcomes in the African context. This includes better weight–for-height indicators (through social pensions in South Africa), higher school enrollment rates and lower HIV prevalence (through cash transfers to girls in Malawi), and expanded use of health services and better health indicators (as evidenced in Rwanda’s national community-based health insurance).

c) **Building productive assets and expanding income-earning and employment opportunities.** To the extent that social protection interventions can help the poor to accumulate tangible productive assets and not just cover their current consumption, their growth prospects are enhanced. Social protection programs also give workers a chance to gain experience and thus help them to build a skill set. Social funds and the decentralization of service delivery expand access to economic and social infrastructure and services and build community-level assets. Instruments to mitigate risks can also translate into greater agricultural productivity, the creation of new businesses, or the expansion of economic activity. Improved employment outcomes have been observed in programs that provide training to youths, for example in Northern Uganda where community-based youth employment interventions led to almost 75 percent of participating youth engaged in skilled work two years after the training and business start-up assistance.

25. **While social protection can make a significant contribution to these household-level outcomes, it does not act in isolation.** Social protection measures can help households improve health and education outcomes, for example. But, there are many other non-social protection programs that contribute to these broad societal objectives, including provision of schools and health centers and clean water. Social protection can contribute to greater employability, but investments in private sector development and economic infrastructure are necessary to ensure that the economy in general is capable to
generating productive employment opportunities. Figure 2 illustrates how social protection interventions fit into these broader development objectives.

Figure 2. The Contribution of Social Protection to the Achievement of Sectoral Objectives

Links to overall economic growth and increased productivity

26. **Social protection is increasingly considered important for its direct linkage to economic growth and household productivity.** While the significant impact of social protection on household well-being is now widely recognized, there is a growing understanding that social protection should be considered more than a ‘hand-out’, but as an investment with impacts on economic growth and productivity at the micro-, meso- and
macro levels. At the micro level, the accumulation of assets, skills and the provision of insurance to allow households to take on greater investment risk all contribute to greater productivity. At the meso-level, social protection contributes to building local economies by creating infrastructure, stimulating local markets, and improving labor market functioning. At the macro-economic level, social protection contributes to broad economic growth by stimulating aggregate demand, for example through countercyclical spending on safety nets, by facilitating difficult economic reforms, for example by addressing worker retrenchments, and by replacing economic-growth reducing policies like general price subsidies with growth enhancing, targeted support to affected households.
III. Poverty and Vulnerability

27. The development of social protection policies and programs need to be based on the specific profile of risks and vulnerabilities in Togo. There is no one-size-fits all social protection policy or strategy. Social protection policies need to be constructed that identify the vulnerable populations and link social protection interventions to the specific risks faced by Togolese. This section reviews the poverty profile of Togo, identifies key risks and shocks and draws the implications for social protection policies of the poverty and vulnerability situation of the country.

Poverty Profile

28. Although falling slightly over the last 5 years, poverty remains deeply entrenched in Togo, with 3.6 million Togolese living below the poverty line out of a national population of 6.2 million. The new data from the 2011 QUIBB household survey show a national poverty rate (percentage below the poverty line, Po) of 58.7 percent, down 3 percentage points from the poverty rate observed in 2006 (Table 2). Despite this general reduction in both areas, poverty remains concentrated in the rural areas with 73 percent of the rural population under the poverty line.
29. **Although the poverty rate has declined, inequality and the severity of poverty among the poor has worsened slightly.** Poverty is deep, with a significant portion of the population in extreme poverty and relatively high levels of income inequality. On average, the poor have an expenditure shortfall of 24 percent of the poverty line, a situation that has worsened by one percentage point since 2006. Equally, the poverty severity index has eroded slightly, up to 13.1 from 11.6 in 2006.

30. **By region, the decrease in poverty is concentrated in the south, specifically the regions of Grand Lomé and Maritime.** Among the other regions, only the Kara region saw a reduction in poverty between 2006 and 2011. In particular, the two poorest regions in 2006 (Centrale and Savanes) experienced an increase in poverty. The poorest regions remain

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**Table 2. Poverty rate and contribution to national poverty by region 2006 and 2011**

<table>
<thead>
<tr>
<th>%</th>
<th>Poverty indicators</th>
<th>Contribution to national poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pop. Headcount index ( P_0 )</td>
<td>Poverty gap index ( P_1 )</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Lomé</td>
<td>23.3</td>
<td>32.8</td>
</tr>
<tr>
<td>Maritime</td>
<td>20.7</td>
<td>67.1</td>
</tr>
<tr>
<td>Plateaux</td>
<td>21.5</td>
<td>61.1</td>
</tr>
<tr>
<td>Centrale</td>
<td>9.8</td>
<td>74.6</td>
</tr>
<tr>
<td>Kara</td>
<td>13.5</td>
<td>74.2</td>
</tr>
<tr>
<td>Savanes</td>
<td>11.2</td>
<td>86.7</td>
</tr>
<tr>
<td><strong>Ensemble</strong></td>
<td>100</td>
<td>61.7</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Lomé</td>
<td>26.1</td>
<td>27.2</td>
</tr>
<tr>
<td>Maritime</td>
<td>14.9</td>
<td>53.9</td>
</tr>
<tr>
<td>Plateaux</td>
<td>23.4</td>
<td>64.7</td>
</tr>
<tr>
<td>Centrale</td>
<td>10.3</td>
<td>80.2</td>
</tr>
<tr>
<td>Kara</td>
<td>12.9</td>
<td>68.4</td>
</tr>
<tr>
<td>Savanes</td>
<td>12.5</td>
<td>90.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>58.7</td>
</tr>
</tbody>
</table>

*Source*: Calculations based on QUIBB 2006 and 2011.
those farthest from the coast. The poverty rate in the Savanes region increased from 87 to 91 percent over the course of the last five years.

31. **Other household characteristics are associated with poverty.** Poverty is higher among households headed by someone over 55 years old compared to younger households. The severity and depth of poverty decreases with the age of the head of household. Other indicators that render households vulnerable to poverty include the size of the household and the level of education of the head of household. The latter shows the intergenerational transmission of poverty where poorer households where children had more limited access to education result in higher poverty levels when these children become adult heads of households.

**Figure 3. Distribution of non-poor, vulnerable and poor populations % of national total**
Vulnerability

32. **Poverty is dynamic, with households moving in and out of poverty depending on various conditions.** The concept of vulnerability can be defined as the present probability of remaining poor or of becoming poor in the future. Using data from the 2006 QUIBB, the vulnerability rate was also calculated for Togo.\(^3\) The findings are that the overall vulnerability rate is 81.8 percent, distributed among the long-term poor (39.6 percent), the short-term poor (22.0 percent) and the vulnerable non-poor (20.2 percent). If this same distribution (from 2006) applies to the 2010 total population, 1 million Togolese would be considered non-poor, 1.2 million non-poor but vulnerable to poverty, 1.3 million short-term poor and 2.3 million long-term poor.

33. **Beyond general poverty levels, food insecurity is a critical aspect of vulnerability.** Overall, 71 percent of households live in a condition of food insecurity, rising to 88 percent among poor households. Food insecurity is defined as the occurrence of food shortages, i.e. not being able to procure sufficient food over the preceding months. Food insecurity is affected by low incomes as well as low productivity subsistence agriculture and frequent weather-related shocks (floods, droughts).

34. **Lack of access to education, health and other basic services is another source of vulnerability.** This lack of access can be due to several factors, from the lack infrastructure within reasonable distance – typical of rural areas – to lack of money to pay for the services and associated costs or high perceived opportunity costs of sending children to school versus working on the family farm and other businesses. According to the MICS 2010 survey, births attended by trained health personnel were two times lower in rural (43.6 percent) than in urban areas (91.1 percent). Births taking place in a health center were also less likely in rural areas (53.8 percent) versus urban areas (91.9 percent). In terms of

education, despite advances in enrollment, the net enrollment rate is lower in rural areas (86 percent) than in urban areas (94 percent), though there is parity between boys and girls.

35. **The population group most vulnerable to poverty is children.** The high level of food insecurity translates into alarming levels of child malnutrition. The results of the MISC 2010 survey indicate that three out of ten children (29.5 percent) show low weight for age (where the ratio weight for age is at least two standard deviations from the median). The percentage of malnourished children was higher in the rural areas (35.4 percent) than in the urban areas (17.8 percent).

36. **Child labor is one of the most decisive factors in their vulnerability to poverty.** The 2010 survey on child labor in Togo found that 55 percent of children between 5 -14 years old are engaged in work. There are wide regional disparities, with only 19 percent of 5-17 year olds in Lome engaged in work versus 73 percent in the Savanes region. The regions of Plateaux, Centrale and Maritime have the highest levels of child laborers between 12 -14 years old. Overall, of those children engaged in work, about half are in the basic production areas of agriculture/fishing/animal husbandry and one-quarter in domestic work. Economic imperatives drive this level of child labor, whether to help out with the family business or provide additional revenue to the family. The vulnerability of children is further exacerbated by a lack of access to basic social services (health and education) particularly in poorer communities, as well as by practices such as migration or child trafficking and exploitative child labor resulting from households’ strategic survival choices. Children living with a mother with no formal instruction are particularly vulnerable, with higher rates of child mortality and malnutrition.
37. **Other vulnerable groups face particular challenges:**

a) Having a **disability** is linked with higher poverty rates. For example, in Lomé, a household with a disabled head is 17 percent more likely to be poor than a household with an able-bodied head.

b) In 2009, UNAIDS estimated that approximately 120,000 Togolese were living with **HIV/AIDS**, 62 percent of whom were women. There are about 66,000 orphans due to AIDS between the ages of 0-16. Increased health costs, reduced productivity and the effects on families of AIDS-related deaths makes these households particularly vulnerable.

c) **Orphans and children separated from their biological parents** are vulnerable to neglect and exploitation. In Togo, school enrollment rates for children ages 10-14 years who have lost their two parents is 76.1 percent compared to 89.2 percent for non-orphan children, or a difference of 13.1 percentage points.

d) In terms of **early marriage** for girls, the percentage of women aged 20-49 years who were married or in union with a man before the age of 18 was about 29 percent for the country (MICS 4 2010). Early marriage of girls is almost twice as widespread in rural areas (36.5 percent) than in urban areas (19.3 percent).

e) **Human trafficking** affecting vulnerable groups, especially young women and children, has historically been a serious problem.

**Main risks**

38. **There are a broad range of risks that households face that can put them in a situation of vulnerability.** As social protection aims at managing risk, the key step toward a
social protection strategy is identifying the risks to which the Togolese are exposed. Risks can be classified into idiosyncratic risks that affect a specific individual or household due to that household’s characteristics and covariate shocks that affect a broad class of people either due to their geographical location or area of economic activity for instance. Table 3 lists examples of these types of shocks facing Togolese. Disease and old age, for example, are individual risks that can have catastrophic effects on a person's wellbeing. Environmental degradation and natural disasters as well as macroeconomic shocks are key covariate risks, affecting large segments of the population.

Table 3. Examples of idiosyncratic and covariate shocks affecting Togo

<table>
<thead>
<tr>
<th>Idiosyncratic shocks</th>
<th>Covariate Shocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness/death</td>
<td>Natural disasters</td>
</tr>
<tr>
<td></td>
<td>drought</td>
</tr>
<tr>
<td></td>
<td>floods</td>
</tr>
<tr>
<td></td>
<td>environmental degradation</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Macroeconomic shocks</td>
</tr>
<tr>
<td>Old age</td>
<td>Political unrest</td>
</tr>
</tbody>
</table>

39. **Risk factors that exacerbate vulnerability in the face of shocks include:**

a) **Household-level risk factors** relate to household structure and composition, and to its socioeconomic characteristics. High dependency ratios, low social standing, limited access to means of production and low or uncertain returns to labor are typical household risk factors.

b) **Community risk factors** are primarily determined by ecological and infrastructural conditions. Massive soil degradation, especially in overpopulated areas of the Savanes, Kara and Maritime regions, is probably the greatest ecological risk, as it lowers the productivity of entire villages. Land degradation affects at least 85 percent of arable land.
c) **National risk factors** have to do with geographical and political conditions, as well as with laws and policies. They affect the whole population, but tend to be more burdensome on the lowest socio-economic strata.

40. **Togo has experienced several broad-scale shocks in recent years that have had significant effects on the population.** Natural disasters, and in particular recurring flooding in recent years, have been particularly devastating, resulting in the loss of human life, infrastructure destruction, and damage to the Togolese economy. There were major floods in Togo during the last four years. For example, in 2008, approximately 12,000 hectares of cultivated land were washed away by the floods and road, bridge and school infrastructure were destroyed. Many farmers lost significant portions of their annual income and there were local food shortages. The national economy was affected through increased transportation costs and loss of Government revenues. In October 2010, 83,000 people were affected by floods.

41. **Togo's macroeconomic vulnerability is high given its openness to the world market, as witnessed in the international price shocks and general global economic downturn that affected the country starting in 2007 - 2008.** Rising food and fuel prices and contagion from the global recession impacted populations in several ways. At the macro level, the gross level of activity of Togolese enterprises was negatively impacted by the global economic recession. There was a significant reduction in public spending on health, education and agriculture – the sectors that most benefit the poor – in 2010 in the aftermath of the economic downturn. In terms of micro-level impacts on households, increases in food prices had a direct impact on household poverty levels. Fuel price increases directly affected households’ transportation and energy cost with indirect costs of dampening economic activity and raising the costs of transported goods.

42. **The effects were very different between rural and urban areas.** In rural areas, rising food prices in fact benefited rural producers, dampening the poverty increasing impacts.
Urban consumers were hardest hit. While 71 percent of the urban population was vulnerable in 2006, this proportion grew to 79 percent after the international price shocks. Simulations estimate that the poverty rate in Lome would have increased by 2 percent while the poverty rate in Savanes would have decreased by 2 percent. Overall, 52 percent of households would have remained in the same poverty decile, while 21 percent would have migrated to a higher decile and 28 percent towards a lower (poorer) decile.5

**Implications for social protection policies and strategies**

43. **A national social protection strategy and interventions should reflect the general profile of risks and vulnerabilities.** Certain types of social protection interventions map to different levels of poverty and vulnerability (Figure 4). For example, the population of the non-poor (whether vulnerable or not) are the main target for the development of contributory social insurance programs (like pensions and health insurance) because of the ability to pay. In the case of Togo, this represents about 38 percent of the population, or 2.2 million people. Governments may choose to subsidize lower-income access to these programs, but in those cases it is the government making the contribution on behalf of a segment of its citizens. Safety net programs typically target the poor (61 percent of the population or 3.6 million people), though they are often scaled up in the face of shocks. An additional 1.2 million Togolese are in vulnerable to shocks and would need expanded safety nets in the time of crises. The chronic poor, representing 2.3 million people, require assistance to avoid destitution, food insecurity, malnutrition and host of other adverse outcomes whether there are shocks or not. In many cases, such as with orphans and vulnerable children or the disabled, safety nets should be linked to integrated programs that address their specific needs.

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44. Given the specific poverty and vulnerability profile of Togo, social protection policies and programs will need to take into consideration the following:

a) Togo will continue to be affected by shocks that affect a significant portion of the population. Social protection programs will need to be scalable and responsive to shocks.

b) Social protection programs will need to address some of the more structural issues of poverty and not just seek to satisfy today’s needs. While the protective aspects of social protection are important, social protection programs should seek to break the intergenerational transmission of poverty, for example by promoting access to basic services like health and education which can be achieved through conditioning cash transfers, for instance. Developing local infrastructure, including environmental rehabilitation of degraded lands and soil and water conservation, are an important by-product of labor intensive public works programs.

c) Targeting mechanisms will need to be tailored to country circumstance. For example, geographical targeting at the canton level using the new data available from the Census and QUIBB 2011 will allow for more fine-tuning below the regional level.

d) Importance of the informal sector poses a challenge to extending more traditional social security. Contributory social insurance is most easily applied to the formal sector of the economy. The large presence of informal sector and independent agricultural employment will challenge the Government to come up with alternative mechanisms to extend systems that are adapted to the needs and abilities of these groups.
e) **There is a level of critical need that will require more targeted interventions.** The high levels of malnutrition and food insecurity point to a subset of the poor that are in critical circumstances. Targeting mechanisms will need to identify not only the poor and vulnerable, but also the households within that that should receive priority interventions.

f) **With such high levels of poverty, full coverage of targeted programs will require significant resources.** Fully covering the poor with any program will mean covering the majority of the population. Strategic choices will need to be made to ensure that the combined package of social protection measures addresses the main risks and vulnerable populations within an overall realistic fiscal framework.

**Figure 4. Mapping Social Protection Interventions to Poverty and Vulnerability Levels**
g) The potential tension between contributory and non-contributory program will need to be managed in light of the fact that they both require budgetary support. Many of the current social insurance schemes are either financially unsustainable or already broke, and require public resources to stay alive. The tension on the allocation of limited fiscal resources is most often resolved to the advantage of the contributory schemes, potentially introducing even greater inequity into the social protection system.
IV. Social Protection in Togo – Analysis of the Current Situation

A. The Overall Policy Framework

45. There is no specific national social protection policy or strategy, but many of the Government’s overall policy directives are relevant to social protection. However, social protection is part of the larger poverty reduction strategies. In addition, several sectoral strategies touch upon social protection issues, providing some level of policy guidance if not an integrated view of social protection.

46. Social protection has a place in Togo’s overall poverty reduction strategy. The Government’s 2009-2011 Poverty Reduction Strategy Paper (PRSP)\(^6\) acknowledges the need for effective social protection measures to address the needs of vulnerable populations and protect the general public against social risk of all types. Under the PRSP’s third pillar – development of human capital – the strategy acknowledges a lack of effective coverage of social protection programs, prioritizing the areas of (i) insurance; (ii) assistance and poverty management; and (iii) safety and health in the workplace. The broad goal is to ensure, in the medium term, a minimum of social protection for all citizens, men and women alike, including all workers in the formal sector or the informal economy, whether wage-earners or self-employed, urban or rural, industrial or agricultural, and for specific vulnerable categories as well.

47. The PRSP acknowledges the lack of a strong program platform in social protection at that time. There is limited coverage of social insurance programs, including social security and health insurance. Social assistance programs are fragmented and lack clear guidelines on concerning selection criteria and service packages. Worker safety issues are not effectively addressed either within the legal framework or at an operational level. Given this basis, the PRSP identifies priority actions in the areas of: i) expedite a study-assessment

to pin down the real situation in the area of social protection; (ii) perform a diagnostic audit of current social protection service delivery organizations; (iii) develop a national policy on social protection; (iv) raise the awareness of the Togolese population concerning the stakes and the responsibilities incumbent upon them in ensuring the sustainability of any solutions that are implemented; and (v) set in place an action plan to make the policy operational.

48. **Other key areas of policy guidance relevant to social protection include:**

a) The national education sectoral policy 2010-2020 which led to the elimination of school fees at the pre-primary and primary levels, accompanied by a subsidy of 2 billion CFA.

b) The national health policy 2009-2013 which includes the development of different solidarity mechanisms to extend health insurance and access to health mutuals, better management of the subsidy for health services for indigents. Fees for caesarian sections were waived as of 2011.

c) A national policy for the protection of children (2007/2008) focusing on children at risk due to being from a poor households, not registered at birth, excluded from the education system, in conflict with the law, disabled, and orphans, as well children being mistreated and neglected. A minimum packet of services for vulnerable children has been identified to improve coordination of service delivery to this highly vulnerable group.

d) The Framework Document for Employment Policy and the Fight Against Poverty was elaborated in 2004 with the objectives of increasing visibility of the labor market and employment issues, creating a legal and institutional environment conducive to productive employment, increasing access to credit systems for all sizes of businesses, improving the quality of employment training services, and creating and
ensuring the functioning of various forms of social protection for different categories of workers.

e) A national policy on gender equality including an action plan is under implementation, with a focus on reducing violence and exploitation of women as a part of addressing vulnerability.

f) A strategic plan for the management of natural disasters has been elaborated to better coordinate prevention and response to natural shocks.

g) Other sectoral policy areas are being developed but have not yet been approved (national employment policy, national policy for seniors, etc.)

B. Institutional Framework for Social Protection

49. Given the multi-faceted nature of social protection, there is a multiplicity of institutions involved in the financing and implementation of social protection in Togo. This includes public sector ministries and agencies as well as NGOs who have operational activities in support of vulnerable groups and humanitarian assistance.

50. At the national level, the following ministries all have a role to play, supported at the operational level by their deconcentrated staff:

- Ministry of Social Action and National Solidarity.
- Ministry of Education.
- Ministry of Health.
- Ministry of Agriculture, Livestock and Fishing.
- Ministry of Finance.
- Ministry of Planning.
- Ministry of Community Development, Handicraft, Youth and Youth Employment.

51. **These agencies are involved in a variety of social protection instruments.** There is a multiplicity of programs, with many agencies engaged in more than one type of social protection intervention (Table 4). At the operational level, the institutional dispersion is greatest in the area of safety nets. Many types of safety net activities are spread across many ministries making coordination on operational aspects, like targeting and beneficiary selection, a challenge.

<table>
<thead>
<tr>
<th>Table 4. Mapping of Social Protection Instruments Across Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Finances (MEF)</td>
</tr>
<tr>
<td>[ ]</td>
</tr>
<tr>
<td>Ministry of Education (MEPSA)</td>
</tr>
<tr>
<td>Ministry of Work, Employment and Social Security (MTESS)</td>
</tr>
<tr>
<td>Ministry of Agriculture, Livestock and Fishing (MAEP)</td>
</tr>
<tr>
<td>Ministry of Social Action and National Solidarity(MASSN)</td>
</tr>
<tr>
<td>Ministry of Health (MS)</td>
</tr>
<tr>
<td>Ministry of Commerce and Industry</td>
</tr>
<tr>
<td>Ministry of Community Development, Handicraft, Youth and Youth Employment (MDABJEJ)</td>
</tr>
<tr>
<td>National Social Security Bank (CNSS) Pension Bank Togo (CRT)</td>
</tr>
</tbody>
</table>

52. **Coordination and harmonization between the various ministries and programs is limited.** At the national level, the PRSP coordinating structure provides for a sectoral committee on social protection to follow-up implementation of the PRSP. The Ministry of
Employment and Social Security is the lead structure for social protection in collaboration with the Ministry of Social Action. They have coordinated a working group with the key donors and other institutional actors to help develop diagnostics of the various aspects of social protection and arrange trainings, seminars etc.

C. Analysis of the Current Situation with Safety Nets

Overview of Programs

53. Safety net programs in Togo have historically focused on emergency interventions, but increasingly include a broader array of programs. Types of safety net interventions include: in-kind transfers (school feeding, nutrition supplements, food aid, etc.), cash transfers (conditional or unconditional), temporary employment through labor intensive public works, and waivers for services (like free health care or school fee waivers). General price subsidies are often considered like a social safety net, however, as they are universal programs often benefitting the better-off, they will be treated separately from overall safety net expenditures. An overview of the range of safety net programs in effect is presented in Table 5, including their institutional anchorage.
Table 5. Principal Safety Net Programs and Institutional Anchorage

<table>
<thead>
<tr>
<th>Program</th>
<th>Institutional Actor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-kind Transfers:</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency assistance (mainly food)</td>
<td></td>
</tr>
<tr>
<td>Food assistance to disaster victims in Region Maritime</td>
<td>European Union/Spanish Red Cross</td>
</tr>
<tr>
<td>Food assistance to disaster victims in Region Savanes</td>
<td>European Union/French Red Cross</td>
</tr>
<tr>
<td>Assistance to natural disaster victims</td>
<td>MASSN</td>
</tr>
<tr>
<td>Food aid to displaced and disaster victims (EMOP)</td>
<td>WFP</td>
</tr>
<tr>
<td>Nutritional emergencies in Savanes, Kara and Maritime</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Subsidized grain stock (ANSAT)</td>
<td>MAEP</td>
</tr>
<tr>
<td>Nutritional support</td>
<td></td>
</tr>
<tr>
<td>PVVIH/OEV</td>
<td>MASSN</td>
</tr>
<tr>
<td>Association Vivre dans l’Esperance</td>
<td>UNICEF</td>
</tr>
<tr>
<td>School lunches</td>
<td>WBP, WFP</td>
</tr>
<tr>
<td>Community Development Project</td>
<td>WB</td>
</tr>
<tr>
<td>Appui aux Communes du Millenaire</td>
<td>WFP</td>
</tr>
<tr>
<td><strong>Labor-Intensive Public Works (LIPW)</strong></td>
<td></td>
</tr>
<tr>
<td>Community Development Project</td>
<td>WB/MDABJEJ</td>
</tr>
<tr>
<td><strong>Fee Waivers</strong></td>
<td></td>
</tr>
<tr>
<td>Fee waivers for indigents</td>
<td>MS</td>
</tr>
<tr>
<td>Abolishment of school fees (primary and preprimary)</td>
<td>MEPSA</td>
</tr>
<tr>
<td><strong>Cash Transfers</strong></td>
<td></td>
</tr>
<tr>
<td>Projet Contre le Travail des Enfants</td>
<td>NGOS (WAO et Plan)</td>
</tr>
<tr>
<td>Community Development Project (to begin 2012)</td>
<td>WB/MDABJEJ</td>
</tr>
<tr>
<td><strong>Targeted services for vulnerable groups</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MASSN</td>
</tr>
</tbody>
</table>


54. **In-kind transfers of food are the most common type of safety net in Togo.** These programs typically target regions affected by emergencies, food insecurity, or where the poorest reside in response to basic consumption difficulties. EU/Red Cross interventions have been critical in responding to the floods of 2010. The MASSN provides punctual support every year to those affected by natural disasters and to those in extreme need. WFP orients its emergency support to the north of the country, targeting displaced persons.

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7 The Community Development Project came into play with a strong social protection focus, with a focus on improving access to service delivery in targeted poor communities through a social fund mechanism rooted in community demand. As integrated sectoral approaches were developed, in education in particular, the CDP remains an important partner to line ministries in expanding access to services. At the same time, the CDP has served as the institutional basis for key social protection interventions in response to crisis, like labor-intensive public works, cash transfers and distribution of seeds and fertilizers to farmers.
and communities affected by floods. UNICEF similarly has provided nutritional support to affected populations, targeting families with malnourished children. The Ministry of Agriculture, through ANSAT, manages grain stocks (corn and rice) that are resold at subsidized rates to the populations in the most vulnerable regions during critical moments to attenuate the seasonal increases in grain prices in local markets. To avoid speculation, purchases are regulated to a maximum amount.\textsuperscript{8}

55. \textbf{In-kind food transfers also provide nutritional recuperation to the malnourished or vulnerable to malnutrition.} The main programs are carried out by MASSN, WFP and UNICEF. They target people affected by HIV/AIDS and children at high risk for malnutrition. Some of this nutritional support is channeled through the system of CRENAM (\textit{Centres de Réhabilitation Nutritionnelle Ambulatoire pour les Malnutris aigus Modérés}), CRENI (\textit{Centres de Réhabilitation Nutritionnelle Intensif}) and CRENAS (\textit{Centres de Réhabilitation Nutritionnelle Ambulatoire pour les Malnutris aigus Sévères}), as well as community-based approaches where the centers are not available. Nutritional support is also provided through SOS Village d’Enfants.

56. \textbf{School lunches were introduced/scaled up in response to the 2008-2009 economic crisis as a means of responding to the food price increases as well as provide incentives for school attendance.} School lunches, supported by the World Bank and WFP, target the most vulnerable rural geographic zones and within those, communities most affected by floods and economic shocks. The World Bank-funded program reaches 92 schools and works through local NGOs. The pilot reached over 21,000 students providing meals between

\textsuperscript{8}In addition to the school lunches, the Community Development Project launched a 2.2 billion FCFA pilot in response to the economic crises which involved purchasing 5,000 tons of fertilizer and significant quantities of seeds that were distributed to 14,000 farmers, with a large subsidy component. Although this was a clear response to the rising global food prices, with the aim of boosting production and eventually reducing costs of food in Togo, the program targeted the most efficient producers as it was felt that by supporting this group, often more entrepreneurial and better-off, there would be a larger production response. This program has not been considered among the safety net programs that have been the subject of analysis of the 2011 background report “\textit{Les Filets Sociaux au Togo}” and so is not included in this section as it is viewed mainly as an agricultural production program and not a safety net given its target population.
60 and 70 percent of daily caloric intake needed for primary school age children at a unit cost of about 31,000 CFCA per student. WFP supports a smaller program focusing on two Communes du Millenaire. Despite the fact that the 2008–2009 school year had a general increase in enrolment and attendance due to the government initiative of abolishing school fees, school enrolment and attendance increased more significantly in schools with school lunches, particularly among girls. Broader impacts found include average household savings have of US$8–10 per month, employment and income opportunities for 600 mother-helpers and economic effects of injected money into local economies for food purchases.

57. **Labor-intensive public works as a safety net response were initiated in 2011 in response to the need for temporary revenues and infrastructure improvements in the poorest regions.** Supported by the World Bank through the Community Development Project, the program targets communities based on poverty, soil degradation, and availability of laborers. Groups of 40 workers may work for up to 40 days, with a daily payment of about 1,500 FCFA, with payments made directly to workers through the rural banking and postal systems. By 2011, about 150 projects were completed.

58. **Cash transfers to households have not yet been used very extensively.** The one initiative identified by the Safety Nets Review was an NGO initiative (via WAO and Plan) to intervene with cash payments to reduce child labor for those children obliged to leave school. Transfers and access to loans are made the children/families to ensure that studies are continued. However, these programs have been very micro in scale. A larger pilot of cash transfers is set to begin in 2012 under the Second Community Development Project through the MDABJEJ and funded by the World Bank. With a view to helping the Government to develop its social protection policy and test a cash transfer mechanism, the pilot targets children at risk of malnutrition or already severely malnourished in the northern regions (Kara and Savanes). Cash transfers will complement an ongoing operation financed by UNICEF that provides nutritional recuperation to severely malnourished children and preventive services in 565 villages by providing monthly cash transfers to the
children’s mothers/caretakers as well as growth monitoring and training sessions for caregivers (e.g., on health, hygiene and nutrition). The transfer will be 5,000 FCFA per month per child aged 6-24 months for a maximum period of 18 months. Soft conditionalities include having a birth certificate for the child, attending training and growth monitoring sessions and schooling of older siblings; strong compliance will be rewarded with extra cash.

59. **Fee waiver programs in the health and education sectors help promote access to and utilization of those services.** In the health sector, there is a general policy for waiving or reducing fees for people who cannot pay, carried out in cooperation between the Ministry of Health and the MASSN. Management committees within health structures should earmark 3 percent of their receipts for indigent cases. Social workers from the MASSN are charged with screening those eligible and are supported to do field visits. In addition, there is a budget transfer to the health establishments to reimburse for indigent expenses. However, the criteria are not clear or consistent and there is no information system that tracks the number of cases or verification mechanisms to support budget transfers. The health sector has also instituted a fee waiver for all cesarean sections performed. However, this only affects 15 hospitals, all in urban centers, most likely to affect better-off populations. In terms of school fee waivers, these were established across the board, benefitting all children who attend public primary (and pre-primary) school beginning in 2008-2009. Enrollments jumped 7 percent in 2009-2010.

60. **Targeted services to vulnerable groups can also be considered part of the country’s safety net.** Several of these are captured under in-kind support programs, however, their support often goes far beyond in-kind transfers and entails more comprehensive services, including counseling, institutional placement, legal assistance and follow-up to high risk vulnerable groups.

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9 The fee waiver for cesarean sections is considered more of a health policy matter than a specific safety net program and so was not included in the safety net review summarized in this section.
a) The MASSN with Unicef and other NGO partners, carries out several activities oriented to protection of the rights of children. In 2009, the Green Line program was launched providing a free call-in number, « Allo 111 » staffed by social counselors for the reporting of various forms of violence, exploitation, abuse and mistreatment of children. In 2010, the green line received 150,000 calls and 380 denunciations. The program, has allowed for the identification of hundreds of vulnerable children to be referenced through the MASSN regional offices to services that can assist them. Where reintegration with families is not possible, children are placed with other services, like SOS Villages which provide a place for orphans, abandoned children and those in unsafe family situations and ensure that these vulnerable children have access to basic services and grow up in a supportive family environment. In addition, the MASSN provided support to over 4,000 families and 158 orphanages between 2008 and 2010.

b) There are various supports provided to PVVIH. The MASSN offers assistance in food and pharmaceutical supplies, reaching 1,740 PVVIH/OEV in the 2008-2010 period. UNICEF supports a further 1,249 OEV and 85 families in the city of Dapaong.

c) The disabled are a particularly vulnerable group, often fully reliant on family and informal support. The Direction of Disable Person at the MASSN provides punctual support to handicapped persons and organizations. Internationally funded initiatives and NGOs also provide some support. Approaches include both a center-based service delivery approach, for instance through the MASSN’s training and professional reinsertion centers for disabled person, as well as through community-based re-adaptation programs that use a community development approach to create local partnerships and create a more inclusive environment for those with disabilities.

61. **Price subsidies are another form of spending to protect populations at times of economic crisis that are often viewed as a type of safety net.** Economic and natural disasters hit the Togolese economy starting in 2008, totaling about 9% of GDP. In the face of
these shocks, the Government put in place price subsidies on electricity, petroleum products and food products. These price shocks may have buffered populations from the full impact of price shocks. However, they benefits tended to accrue to better off populations, since they consume more electricity and petroleum products. The expense of price subsidies for energy products in 2008-2010 represented 2.5% of the national budget, or about 6,220 milliards FCFA in 2010. Food subsidies represented about 3-5 percent actual price reduction, so the impact on households was slight. Overall, recourse to subsidies represented about 4 percent of GDP over the 2001-2011 period. In general, price subsidies are high in fiscal cost, low in impact on household wellbeing, particularly in the poorer households.

**Targeting and Coverage**

62. **Most safety net programs target highly vulnerable groups.** The focus on children at risk, the poorest rural communities and poor households affected by shocks fits well with Togo’s vulnerability profile. However, for some of the programs, the actual profile of who benefits is not known. For example, there are no verification systems for recipients of health center fee waivers and households accessing the subsidized grain stocks. Universal policies, like the fee waivers for education, benefit all school children except those that still are not enrolled (usually the poorest).

63. **Most of the safety net programs are still in their nascent stage with very low levels of effective coverage (Table 6).** The only two programs with significant coverage are the universal fee waiver for education and the subsidized grain stock program, though in the case of the latter there is no information on the actual number of households who benefit. In terms of coverage of natural disaster victims, immediate assistance probably reaches a significant number of victims, though whether this is sufficient or equitably distributed is not known.
### Table 6. Targeting and Coverage of Safety Net Interventions (excluding subsidies)

<table>
<thead>
<tr>
<th>Targeted population</th>
<th>Coverage 2010</th>
<th>(% of target population)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food assistance (and other type of assistance in kind)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School feeding <em>(WB, WFP)</em></td>
<td>School aged children in rural areas</td>
<td>21,000 (+ to 36,000 in 2010-2012)</td>
</tr>
<tr>
<td>Nutritional support <em>(MASSN, UNICEF, WFP, EU, Croix Rouge)</em></td>
<td>PVVIH/OEV</td>
<td>38,400</td>
</tr>
<tr>
<td>Support to victims of disaster– <em>(MASSN, WFP, EU)</em></td>
<td>Affected people</td>
<td>124,200</td>
</tr>
<tr>
<td>Grain stock - <em>(ANSAT)</em></td>
<td>Most vulnerable regions</td>
<td>n.d. (reg. pop. 3,470,000)</td>
</tr>
<tr>
<td><strong>Labor Intensive Public Works – LIPW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Development Project <em>(WB, MDABJEJ)</em></td>
<td>Rural unemployed</td>
<td>12,500</td>
</tr>
<tr>
<td><strong>Fee waivers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee waiver for education <em>(MEPSA)</em></td>
<td>School aged children</td>
<td>646,000</td>
</tr>
<tr>
<td>Health fee waivers for indigents <em>(M5)</em></td>
<td>Indigents</td>
<td>n.d</td>
</tr>
<tr>
<td><strong>Cash transfer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDP cash transfer</td>
<td>Malnourished</td>
<td>8,000 (programmed for 2012)</td>
</tr>
</tbody>
</table>


### Costs and Financing

64. **Total expenditures on safety nets are quite low as a share of the national budget, as a share of GDP and compared with expenditure levels in other African countries.** On average, between 2008-2010 safety nets, not including general price subsidies, annual spending on safety nets amounted to almost 12 billion FCFA (Table 7). This represents about 7 percent of total social spending in the country, 1.8 percent of the national budget and 0.5 percent of GDP.
Table 7. Safety Net Spending (excluding subsidies)

<table>
<thead>
<tr>
<th>SSN expenditures</th>
<th>(average years 2008-2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency food distribution:</td>
<td>5.962 million FCFA</td>
</tr>
<tr>
<td>Nutritional support:</td>
<td>1.648 million FCFA</td>
</tr>
<tr>
<td>School feeding:</td>
<td>670 million FCFA</td>
</tr>
<tr>
<td>Grain stock:</td>
<td>931 million FCFA</td>
</tr>
<tr>
<td>LIPW (transfert):</td>
<td>690 million FCFA</td>
</tr>
<tr>
<td>Health fee waivers (indigents):</td>
<td>885 million FCFA</td>
</tr>
<tr>
<td>Education fee waivers</td>
<td>712 million FCFA (manque a gagner)</td>
</tr>
<tr>
<td>Social transfer to the institution responsible for</td>
<td>170 million FCFA</td>
</tr>
<tr>
<td>vulnerable groups (MASSN)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>11.659 million FCFA</strong></td>
</tr>
</tbody>
</table>


65. **More spending goes to reactive, coping responses than preventative measures.**

About half of the total amount spent on safety nets was for emergency in-kind distribution in the face of shocks. Typically these are punctual supports that, while necessary, do not make up part of a reliable nor predictable system of safety net support. Nutritional supplements to malnourished children accounted for 14 percent, revealing the high costs of not having sufficient preventive and productive safety nets in place. Spending on safety nets that prevent destitution and malnutrition (e.g. public works, school lunches, fee waivers, etc.) accounts for only one-third of safety net spending.

66. **The level of benefit per person varies widely across safety net programs (Figure 5).**

Nutritional recuperation entails a high cost per beneficiary, denoting the intensive nature of the intervention in such life threatening circumstances. The four types of targeted support to pre-identified beneficiaries – public works laborers, cash transfer recipients, poor rural school children for school meals, and OEV/PVVIH for nutritional support – cost on a range of 14,664 – 60,000 FCFA. These types and levels of benefit are aimed at developing human capital and stabilizing minimum consumption. The ad-hoc programs of support either in response to disasters or punctual support to the needy are lower in cost but typically do not extend benefits over a very long period of time. The waiving of school fees had broad
coverage and a very low cost per beneficiary. The grain stock program costs an average of 900 million FCFA but the impact is diluted across a large number of potential beneficiaries.

**Figure 5. Safety Nets – cost per beneficiary (FCFA)**

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost (FCFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver of school fees</td>
<td>1,000</td>
</tr>
<tr>
<td>Nutritional support UNICEF</td>
<td>14,664</td>
</tr>
<tr>
<td>Food aid MASSN</td>
<td>4,644</td>
</tr>
<tr>
<td>EU aid for floods</td>
<td>1,648</td>
</tr>
<tr>
<td>Grain stock program</td>
<td>268</td>
</tr>
<tr>
<td>Labor intensive public works (transfers only)</td>
<td>55,200</td>
</tr>
<tr>
<td>School lunches</td>
<td>31,443</td>
</tr>
<tr>
<td>Nutritional recuperation</td>
<td>124,400</td>
</tr>
</tbody>
</table>


*Data not available on number of beneficiaries of MASSN institutional transfers.

**Key Issues**

67. **The experience to date with safety nets highlight several issues to be taken into consideration in developing a national social protection strategy:**

a) **Coverage is inadequate.** Programs will need to be selectively scaled up if safety nets are to serve the purpose of providing predictable support to the vulnerable populations. A national social protection strategy will need to prioritize interventions while seeking to increase coverage levels.
b) **Overall spending levels are a small share of the national budget and reliant on donor funding.** Safety net expenditures have yet to claim any significant part of national resources. The majority of programs are financed through international assistance, which has grown as Togo has pulled in support from its partners in response to recent shocks.

c) **The lack of preventative programs translates in elevated costs of nutritional recuperation.** The cost of recuperating one malnourished child is extremely high, and more than twice the cost of other forms of transfers (the pilot cash transfer or transfers made via LIPW payments) that could be effective at preventing malnutrition. A greater emphasis on prevention programs can help to lower the costs of more expensive coping responses.

d) **There is a trade-off between coverage and intensity.** The larger-scale programs of nutritional support including grain stocks reach, potentially, a large number of people but the benefit they deliver per person is very slight.

e) **Targeting systems need to be strengthened.** For programs that deliver benefits to selected households, developing transparent targeting criteria is important. For example, the fee waiver for indigents in the health system does not have a systematic identification and screening tool nor consistent application across regions and health centers.

f) **While overall the safety net programs target key vulnerable groups, there are some gaps.** Labor intensive public works have focused on rural areas. Youth unemployment in urban areas is a major issue, and although there have been major public works in recent years, the LIPW methodology and targeting have not been applied systematically to these efforts. In addition, households headed by the
elderly have a higher share of the poor, yet none of the major safety net programs target vulnerable elderly households (e.g. elderly without support from family).

D. Analysis of the Current Situation with Social Insurance

Types of Programs

68. **Contributory social insurance programs in Togo include agencies that cover old age pensions, disability, family allocations and health insurance to workers in the public and formal private sectors.** The core of the formal social security system in the country is put forth in the “Loi n. 2011-006 portant sur la Sécurité Sociale” promulgated 21 February 2011 which defines the social security regime as comprising three components: family allocations, pensions and professional risks. The two main agencies of the contributory social insurance system for pensions, disability and other allocations are the “Caisse de Retraite du Togo” (CRT) for civil service employees including military and judicial branches and the “Caisse Nationale de Sécurité Sociale” (CNSS) for private sector employees and other categories of Government-employed staff. These two systems are non-capitalized schemes, where active employee and employer contributions fund payments of pensions. Both institutions are semi-autonomous public bodies, the CRT is under the responsibility of the Ministry of Economy and Finance and the CNSS under the Ministry of Employment and Social Security. The national institute for health insurance (“Institute National d’Assurance Maladie” -INAM) provides health insurance coverage for the public sector, including the central administration, local collectivities, para-public agencies, and retired public sector workers.

69. **Created in 1991, the CRT provides pensions, disability, survivor pensions, and family allocations to the public sector.** The retirement age is 50 or 60 depending on the category of civil servant and 30 years of service is required. Family allocations are provided for up to six children up to the age of 20. Medical expenses regarding work and
professional-related accidents and sickness are also covered. The CRT has also taken a
number of additional obligations which are not directly linked to social insurance, including
financial support for housing and severance payments. The contributory system is based on
civil servant contributions of 7 percent of base salaries and employer (State) contribution of
20 percent.

70. **Created in 1973, the CNSS manages a social security scheme for the private sector (and parastatals) that provides retirement, disability and death allowances to its policyholders.** It offers protection against occupational hazards to workers in the private sector and employees of State agencies. It also pays child benefits. Medical expenses regarding work and professional-related accidents and sickness are also covered by CNSS. Workers are vested after ten years and may receive pension payments at the age of 60. The contributory system is based on 4 percent from salaried workers and 16.5 percent from the employer.

71. **Recently created in 2011, INAM will provide health insurance for public sector workers is its initial beneficiary group.** Although the longer-term perspective on INAM is to eventually create a universal health insurance mechanisms in Togo, including progressively incorporating the salaried private sector the informal sector and eventually indigent populations, the initial focus is on civil servants (active and retired) including the military. The system is based upon a premium payment, with a three month vesting period, after which members receive a membership card and can access a prescribed list of services. A 20 percent co-payment is applied to most services. The financing base of INAM is 7 percent of the base salary, paid in equal amounts by the employee and the employer (State).

**Coverage and Targeting**

72. **Only a small percentage of the population is covered by formal social security and health insurance mechanisms (Table 8).** Only five percent of adults participate in formal
social security schemes. Similarly, only 5 percent of families with children receive some type of family allocation. In terms of retirement, 13 percent of the 60+ population receive pensions via the CRT or CNSS. Within health insurance, an estimated 6 percent of the population is covered by some type of health insurance, of which 4 percent is under the INAM regime.

**Table 8.** Targeting and Coverage of Contributory Social Insurance Schemes

<table>
<thead>
<tr>
<th>Programs</th>
<th>Targeted population</th>
<th>Coverage 2010</th>
<th>(% of targeted population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pensions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caisse Nationale de la Sécurité Sociale (CNSS)</td>
<td>Private sector salaried</td>
<td>Contributors: 69,000</td>
<td>Of adults 24-64: 3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pensions: 25,254</td>
<td>+60 years: 8%</td>
</tr>
<tr>
<td>Caisse de Retraite du Togo (CRT)</td>
<td>Public functionaries +60</td>
<td>Contributors: 42,000</td>
<td>Of adults 24-64: 2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pensions: 17,000 (+orphans:9,000)</td>
<td>+60 years: 5% (orphans: 4%)</td>
</tr>
<tr>
<td>Other social benefits:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family allocations</td>
<td>Salaried (public or privates )</td>
<td>CRT: 40,000</td>
<td>Of households with children:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNSS: 11,000</td>
<td>CRT: 4%</td>
</tr>
<tr>
<td>Health insurance:</td>
<td></td>
<td></td>
<td>CNSS: 1%</td>
</tr>
<tr>
<td>INAM</td>
<td>Functionaries (active and retired)</td>
<td>Contributors: 57,000</td>
<td>Of total population:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pop covered: 200,000</td>
<td>4%</td>
</tr>
<tr>
<td>Other – mutual, private</td>
<td>----</td>
<td>Estimate pop covered: 107,000</td>
<td>2%</td>
</tr>
</tbody>
</table>


73. **Regarding targeting, contributory social insurance schemes typically target those with an ability to pay.** These are not poverty targeted programs. However, the extent to which contributory systems are developed and functioning for those with the ability to pay, the Government can train scarce resources on the social protection mechanism for the population that cannot afford to pay (or pay much).
Costs and Financing

74. Public spending on contributory pensions is the largest area of social protection spending (Table 9). Annual public spending from the State as employer totals about 1 percent of GDP. The bulk of this is for CRT pension payments.

75. The relative value of the benefit varies greatly, with average CRT pensions the most generous. Figure 6 shows the expenditures per beneficiary, with the division between employer (State) and employee funding estimated depending on the overall cost sharing arrangements through premiums. The average public sector pension through the CRT is 60 percent higher than the private sector pensions through CNSS.

Table 9. Spending on Social Insurance*

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Expenditures</th>
<th>Government financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRT pensions:</td>
<td>13,646 million FCFA</td>
<td>(of which the Government: 9,143 million FCFA)</td>
</tr>
<tr>
<td>CRT orphans:</td>
<td>1,502 million FCFA</td>
<td>(of which the Government: 1,006 million FCFA)</td>
</tr>
<tr>
<td>CRT allocations</td>
<td>4,298 million FCFA</td>
<td>(of which the Government: 2,880 million FCFA)</td>
</tr>
<tr>
<td>CNSS pensions:</td>
<td>12,921 million FCFA</td>
<td></td>
</tr>
<tr>
<td>CNSS allocations:</td>
<td>1,746 million FCFA</td>
<td></td>
</tr>
<tr>
<td>INAM: (2011 contributions)</td>
<td>4,314 million FCFA</td>
<td>(of which the Government: 1,838 million FCFA)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>35,998 million FCFA</strong></td>
<td><strong>(of which 14,867 million FCFA)</strong></td>
</tr>
</tbody>
</table>


*CRT, CNSS corresponds to 2009; INAM projected 2011. Government financing estimated based on percentage of cotisation due from the State.
76. **The extent of effective coverage is threatened by the lack of a sustainable financial framework for social security.** Both CRT and CNSS are facing financial difficulties and structural challenges, which sooner or later will threaten their survival. Actuarial studies carried out on the CRT and CNSS revealed the following financial challenges:

77. **The CRT is currently running a deficit and its financial problems, if not addressed, could balloon to an annual deficit of 70 billion FCFA (constant 2009) by 2050, or 1.5 percent of GDP.** Due to the decline in civil service positions, the contributory base is not what was anticipated at the development of the CRT. A deficit of 9 billion FCFA was registered in 2009. Currently, the ratio of pensioners to active contributors is 1 to 3.2 (1 to 2.4 if beneficiaries of pensions de reversion are included). The annuity rate is particularly
high, leading to more generous pensions than the average for African public sector pensions in comparison with contributions. The poor financial parameters and its implications over the long term has been partially hidden by the relative youth of the system, with relatively few pensioners at the beginning. Actuarial studies reveal that the current level of benefits and premiums would provide sufficient financing for an average of 3 years of retirement, while the average civil servant lives 19 years past the age of retirement.¹⁰ To balance the system, without changing benefits, the rate of contributions would have to rise from 27 percent of base salary to 80 percent by 2050. The Government has undertaken some reforms, like disallowing severance payments upon retirement, but broader parametric reforms have yet to be undertaken.

78. **The financial situation of CNSS also reveals long-run deficits, though not as severe as the CRT.** In 2009, the CNSS ran a 1.4 billion FCFA deficit on its operations. In total, the debt burden of the government weighing on the CNSS is close to 100 billion CFA francs (loans, arrears of contributions, and their interests), a situation which has eroded the cash position of the company.¹¹ There is a structural deficit on retirement pensions, compensated in part via a surplus from family allocations. If nothing is done to address the situation, actuarial analysis estimates and annual deficit of 50 billion FCFA by 2050. To achieve financial equilibrium, contributions will need to increase from 12 to 16 percent of base salary. Financial health of CNSS would also be reinforced by expanding the number of contributors.

79. **As a new agency, INAM is not yet in a position of financial instability.** However, similar risks are present unless the State negotiates transparent and efficient prices for health services with providers. To ensure both the financial sustainability of INAM and that sufficient resources flow to the health services to keep them viable, premiums and the cost

structure of health services covered will need to be modeled taking into consideration the availability of health services and the types of health care needs of the population.

**Key Issues**

80. **The formal mechanisms of social insurance, in particular pensions, disability, and health insurance, have limited coverage at the present time.** For Togo to achieve its vision of ‘social protection’ for all, the coverage of the contributory system will need to be expanded. Out of approximately 200,000 households of salaried workers (public and private), only about one-half to one-quarter are covered by social insurance. This makes the majority more vulnerable to income and health shocks, despite their better employment status. This is a particularly concern given the poverty profile that shows risks of poverty rising with age of the head of household.

81. **The current social insurance systems under the CRT and CNSS is unsustainable, and so does not provide a reliable basis to the population currently covered.** In recent years, the CRT has often delayed pension payments and accumulated significant arrears. The fiduciary management of CRT and CNSS has created concerns among their pensioners about the reliability and credibility of the social insurance system. Moreover, actuarial analysis reveals that financial imbalances are only expected to worsen, putting future pensioners at risk. Major reforms are needed with both the CRT and the CNSS in order to deliver on the promise of future financial support to pensioners is unlikely. Continuing with the status quo will blow up annual operating deficits.

82. **It will be difficult to consider seeking to expand the existing arrangements into the informal sector without creating a more sustainable model for pensions and other social insurance coverage.** The new social security code (loi n. 2011-06 du fevrier 2011 portant code de la sécurité sociale) foresees the expansion of social security arrangements to independent and informal sector workers. This can only be successful if the credibility and
reliability of the CNSS and CRT is addressed. Moreover, other models are being experimented with in the African context for extending social insurance to the informal sector, for instance through voluntary savings mechanisms or through other forms of mutual insurance via professional associations, which could provide alternatives for the Government to consider.

83. **It will be important to further develop INAM within a coherent national health care strategy, integrating the supply and financing of services with contributory and non-contributory solidarity mechanisms.** This will require placing INAM within sectoral strategies and priority programs. The relationship of INAM to the growing number of health mutual insurance schemes will need to be considered, particularly with the idea of expanding INAM beyond the public sector.

84. **Ensuring that contributory social insurance systems do not create an unintentional drain of limited fiscal resources is important to the overall financing of social protection in Togo.** There is a risk that financial problems in the contributory systems will crowd out resources to the non-contributory part of the social protection portfolio.

**E. Analysis of the Current Situation with Labor Market Programs**

**Types of Programs**

85. **Social protection-related interventions in labor market and employment issues are largely oriented to the protection of vulnerable workers and the promotion of access to employment of specific vulnerable groups likely to be excluded from the labor market.** In the context of current activities in Togo this includes several active labor market programs oriented to improving employability and future employment prospects for targeted groups and the strengthening of labor standards and regulations to protect workers from
workplace hazards. While they address employment issues, labor intensive public works are classified under safety net interventions and were addressed in that section of the report.

**Table 10. Selected Active Labor Market Programs and Institutional Anchorage**

<table>
<thead>
<tr>
<th>Program</th>
<th>Institutional Actor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appui à l’Insertion et au Développement de l’Embauche (AIDE) ANPE</td>
<td>Ministry of Employment and Social Security</td>
</tr>
<tr>
<td>Promotion du Volontariat National au Togo (PROVONAT)</td>
<td>MDABJEJ/UNDP</td>
</tr>
<tr>
<td>Projet de Développement Communautaire (PDC) – Activités Génératrices de Revenues (MDABJEJ)</td>
<td>MDABJEJ/WB</td>
</tr>
</tbody>
</table>

86. Active labor market programs are relatively small in scale, with several pilots initiated recently focusing on youth employment (Table 10):

a) Appui à l’Insertion et au Développement de l’Embauche (AIDE) is a program initiated in 2011 by the Agence National de l’Emploi which seeks to a) allow first-time job seekers to acquire professional experience; b) to provide access to work and hence a source of income; c) to help employers access qualified labor. The goal of AIDE is to facilitate the entrance into the labor market of young people with school diplomas via hands on training. The pilot phase of this program to create conditions of ‘employability’ of first time job seekers between ages of 18 and 40 years founded on internships in private enterprises but financed via the State is designed for three years. Work internships are for between 6 and 12 months with salary at 70 percent. The participating enterprises pay 2.5 percent for work-place insurance. AIDE is currently in its three year pilot phase (2011-2013). The objective is to reach 3000 people during its three-year pilot phase (2011-2013). In 2011, AIDE received 23,000 applications for 600 positions filled.

b) The Programme de Promotion du Volontariat National au Togo (PROVONAT) was also initiated in 2011 under the responsibility of the Ministry of Community Development. The program has similar objectives in that it seeks to help
unemployed youth with diplomas to acquire their first professional experiences, thereby increasing their employability on the labor market. However, while AIDE focuses on private enterprise, PROVONAT places youth in NGOs, development associations, public administration, local government, and unions. During the programs initial year, placements focused on agriculture, health, civil works, and social action. Volunteers receive a monthly allocation of between 40,000 and 60,000 FCFA depending on their level. Internships last from six to twelve months, with the possibility of renewing. The pilot initial year of PRONOVAT sought to cover 1,000 youth.

c) The *Projet de Developpement Communautaire (PDC)*, under the supervision of the Ministry of Community Development, provides grants for income generating activities to targeted groups in the poorest rural communities as a way of improving their employment and income. These activities benefit small groups within the targeted vulnerable communities and primarily consist of small projects in fishing, arts and crafts, and production, transformation, storage and marketing of agricultural products. During its first phase, PCD facilitated 174 income generating activities (IGAs) that benefited small groups of people within the targeted communities. A qualitative evaluation was carried out that concluded that the micro-projects were found to have improved the quality of life of the children in the households participating, including reduction in child labor, improved nutrition, increased ability to purchase school supplies and improved social cohesion at the local level. The PCD’s second phase is starting in 2012 and will finance approximately 150 IGAs with a maximum cost of up to US$5,000 each. All subprojects are screened for technical soundness as well as both short-term and medium-term profitability. Beneficiaries are offered training, management support and technical assistance so as to maximize profits and sustainability. The second phase will introduce targeting criteria and limit the grant size to discourage better off entrepreneurs.
87. In addition to these active interventions to facilitate access to jobs and income, a number of regulatory and legal changes have been made to address vulnerability concerns regarding labor market practices. This has been an ongoing area of interest of the Government. In 1999 Togo signed the international convention on the worst forms of child labor. In 2007, the Government classified domestic work among the worst form of labor and prohibited children under 18 years to be employed as domestic help in response to the high numbers of young girls that are victims of exploitative work as household servants each year.

Targeting and Coverage

88. These programs remain small in coverage as most are in or just completing their pilot phases (Table 11). They cover an insignificant share of the target population. However, it is important to start with pilot-scale activities in order to test approaches, develop effective operational procedures and evaluate outcomes before scaling up to larger coverage.

89. Targeting these programs to those in greatest need is a challenge. For PRONOVAT and AIDE, they already draw from a pool that is not very representative of the poorer populations – youth with diplomas. While this group is vulnerable in the sense that they wait on average over 3 years before finding their first job, they are often not the poorest segments of the labor market. Nonetheless, they are apolitically volatile group that can affect the overall social stability of the country. The PCD AGR interventions are probably reaching poorer households as they are centered in the rural areas, although phase 1 did find that often the more dynamic groups were accessing AGR funding.
Table 11. Targeting and Coverage of SP-oriented Labor Market Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Targeted population</th>
<th>Coverage 2011</th>
<th>(% of targeted population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appui à l’Insertion et au Développement de l’Embauche (AIDE) ANPE</td>
<td>Youth unemployed (18-40 years)</td>
<td>600 (23,000 applied)</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Promotion du Volontariat National au Togo (PRONOVAT) ANPE</td>
<td>Youth unemployed (18-40 years)</td>
<td>1500</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>PDC – Activités Génératrices de Revenues (MDABJEJ)</td>
<td>Poor rural communities</td>
<td>5,300 beneficiaries (58% women) over 3 year life of phase 1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Source: Program documents.

Costs and Financing

90. The financing of these programs averages about 1,2 billion FCFA per year, or one-tenth of current safety net efforts:

a) The program AIDE is financed by the Government of Togo for a total of 1.5 billion FCFA for the three-year first phase, with 420 million FCFA inscribed in the 2011 budget.

b) PRONOVAT received 500 million FCFA in the 2011 Government budget and receives support from UNDP, du Programme des Volontaires des Nations Unies et de Frances Volontaires.

c) PCD IGA received 1.75US$ million over the 3 years of implementation of the first phase through October 2011. 275 IGA at an average cost of little bit more than 6,000US$ each - 5,300 beneficiaries (58% women).
91. **Costs per beneficiary range are relatively high.** The annual cost per beneficiary for AIDE is about 500,000 FCFA, for PROVONAT 330,000 FCFA and for the IGA subprojects of PCD about 230,000. This is lower than the annual transfers for pensions but far greater than any of the safety net programs.

**Key Issues**

92. **The experience with targeted labor market interventions raises several issues that will need to be addressed in a national social protection strategy:**

a) **Most approaches are in their pilot stage.** There needs to be a sufficient evaluation base to justify scaling up these programs. An impact evaluation is currently underway for AIDE and the IGA subprojects of PCD were evaluated in the first phase (leading to some significant design changes). Outcomes should be measured in terms of skills developed during the internship (for AIDE and PROVONAT) as well as labor market indicators like success at finding post-internship employment, number of hours of employment and income generated. Full program effects may take longer-term tracer studies to see labor market insertion rates several years after the beneficiary receives support.

b) **Even if these approaches work and can be scaled up, there are large gaps in reaching certain target groups.** For example, the three programs target either formal sector employment or rural areas. There is a challenge to develop approaches for expanded employment and improved incomes in the urban informal sector, which accounts for a significant share of the vulnerable population, particularly urban youth that do not have diplomas.
V. Towards a National Social Protection Policy and Strategy

93. This section provides recommendation to the Government on possible social protection policy and strategy based on the review of poverty and vulnerability and the status of the current situation of social protection interventions. There is a need for both overarching policies and strategies for achieving social protection goals:

a) **Policy** is a statement of principles guiding the Government’s operations and decision-making. Policies outline rules and provide principles that guide actions. Policies should be clear and measurable statements of general objectives and intended outcomes.

b) **Strategy** is the bridge between policy or high-order goals on the one hand and tactics or concrete actions on the other. Strategy is a plan developed to successfully achieve an overall goal or objective. The necessary precondition for formulating strategy is a clear and shared understanding of the ends to be obtained.

94. To assist the Government in determining its social protection policy and strategy, this section:

a) Identifies overarching goals and objectives drawn from existing Government statements to articulate an overall social protection policy and a set of guiding principles.

b) Develops possible directions for social protection strategy to achieve the overall goals, including identification of priority programs, proposals for institutional responsibilities and coordination mechanisms, general budgeting and financing issues and proposed mechanisms for measuring results.
c) Specifies elements to develop a more integrated national social protection system.

A. Defining a National Social Protection Policy

Goals and Objectives

95. The goal of a national social protection policy is to reduce poverty, improve living conditions and promote broad-based economic growth by building an inclusive and reliable national social protection system. A national social protection policy and strategy is an important foundation to orienting the Government’s future actions in the area of social protection. A national social protection policy seeks to increase the number of people with access to social protection, particularly the most vulnerable groups, and heighten the impact of social protection programs on creating human capital, economic opportunity and resilience. The vision of « social protection for all » seeks to guarantee access of all citizens to social protection through measures that should be derived from a coherent strategy, supported by legislation, and financed to a level sufficient to meet the global objective.

96. At the « Social Protection for All » workshop in January 2012 a general objective for social protection was identified as:
« protect the Togolese population against vulnerabilities and social risks »

97. A core set of specific social protection objectives that would respond to the current needs of Togo could include:

Strategic Objective # 1: Develop and extend a reliable and financially sustainable contributory social insurance system that addresses the risks of old age, death and disability to all households able to participate.
Strategic Objective # 2: Ensure access to health services, improve health outcomes and mitigate the adverse effects of health shocks by developing contributory mechanisms of health insurance.

Strategic Objective # 3: Prevent destitution and build human capital of the most vulnerable through an integrated system of safety net interventions that address the needs of the chronic poor, those affected by shocks and the needs of specific vulnerable groups.

Strategic Objective # 4: Promote employability and access to jobs and income and safe working conditions among groups likely to be excluded from the labor market.

Guiding Principles

98. Several general principals should guide the translation of these broad policy goals into strategic actions:

a) In terms of outcomes, social protection interventions should seek to create opportunities, increase resilience and encourage equity by providing essential support to those living in poverty, providing a safety-net to those in danger of falling into poverty, supporting people to pull themselves out of poverty and graduate from the need for social protection. The integration of these aspects is critical to achieving the outcomes desired.

b) Priority should be given to the most significant risks and the most vulnerable populations. Togo is at the initial stages of building more resilient and comprehensive social protection systems. The needs are great and resources are limited. Institutions have limited experience and implementation capacity. The social protection strategy will need to be selective, while responding the areas of greatest vulnerability.
c) The social protection strategy should address vulnerabilities of the different stages of life, with a particular emphasis on children and youth. Children are particularly vulnerable and ensuring the development of human capital of the next generation is important for the future of the country.

d) Gender equity should be embedded in social protection strategies to address the particular vulnerabilities of women and the greater risk of their exclusion from resources and services.

e) Social protection strategies need to support and reinforce sectoral strategies. Social protection contributes to sectoral goals like expanded access to health and education, rural development via productive infrastructure, and natural disaster response. As such there needs to be policy consistency and coordination between social protection and sectoral policies sand strategies.

f) Social protection strategies need to be built on a sound evidence base. To be effective, social protection systems need to be informed by sound analysis of risks and vulnerabilities. There also need to be program evaluations that demonstrate progress towards outcomes prior to scaling up. This is particularly important in justifying increased spending of scarce fiscal resources to support national social protection efforts.

g) Transparency and good governance are essential to creating credible social protection systems and for ensuring the effective utilization of resources. Social protection systems should provide predictability to beneficiaries. Targeting and selection of beneficiaries should be based on clear and transparent criteria and selection processes. And, contributory systems should provide assurance of effective fiduciary management.
h) The social protection strategy should promote **partnerships and seek synergies** between areas of social protection. A broad range of institutional actors are involved in social protection, including multiple Government ministries and agencies, international partners, NGOs and the private sector. A harmonized approach will avoid dispersion of efforts and increase impacts. This coordination between actors should extend to reinforcing synergies between social protection interventions.

B. Developing a National Social Protection Strategy: Priority Programs

99. **Translating the overall goals and principles of a national social protection policy into a medium-term strategy should seek to:**

   a) **Build on the existing social protection efforts of the Government.** Over the last several years, the Government has made significant strides at creating the basis for a more comprehensive national social protection system. Fee waiver policies in health and education, creation of INAM, development and piloting of labor intensive public works, school lunches, and cash transfers (slated for 2012), and employment insertion programs for youth have created the institutional and operational basis for an expanded social protection agenda.

   b) **Identify any key gaps for vulnerable groups which will require developing new programs or approaches.** For example, the elderly poor and the informal sector have been traditionally difficult to reach with typical social insurance mechanisms.

   c) **Be coherent with the nation’s overall poverty reduction strategy,** as put forth in the national poverty reduction strategy.
d) **Be supported by a legal framework (legislative and regulatory)** that codifies the rights of citizens and responsibilities of institutional actors in the effective provision of social protection measures.

100. The implementation of a national social protection strategy will be oriented to the progressive expansion of priority programs outlined under each of the strategic objectives below:

**Box 1. Strategic Objective 1**

**Reinforce and extend a reliable and financially sustainable contributory social insurance system that addresses the risks of old age, death and disability to all households able to participate.**

101. To achieve this strategic objective, the national social protection strategy will need to address the critical risks and opportunities identified earlier in this report regarding the existing social insurance system related to financial sustainability, governance, coverage, and extension beyond the formal sector:

**Specific objective 1.a:** Carry out parametric reforms that address the structural deficits and future financial sustainability of the CRT and CNSS to ensure that retirees are protected and the drain on public finances is minimized.

102. Reforms are needed for both pension funds to allow the Government of Togo to reduce the fiscal liability it is facing. Restructuring the pension system will not only ensure income security for retirees and other beneficiaries but will also unleash much needed longer-term funds for the development of the economy. Actuarial analysis has developed a set of recommendations and options for parametric reforms that will be necessary to put the CRT and CNSS on a more solid financial footing.
103. For the CRT, parameters where reforms could have a significant impact on financial sustainability include:

   a) Harmonization of the legal retirement age to 60 years across all categories of public servants with the exception of the uniformed services and introduce early retirement or delayed retirement options.

   b) Reduction in the *taux d’annuités* (*a 2%*) to be more consistent with norms of the sub-region.

   c) Progressive changes to the number of years taken into account for determining the reference salary.

   d) Revaluation of pensions on basis of inflation or salary.

104. For the CNSS, actuarial studies have identified the following parametric reforms as worthy of consideration:

   a) Increase in the number of salary years used in the base calculation.

   b) Maintain the global rate of contribution but rebalance the internal distribution between retirement and family allocations.

   c) A change in the indexation mechanism to inflation or salaries to address the erosion in the real value of CNSS pensions by 60 percent over the last 30 years despite indexation to the legal minimum wage foreseen in the law and thus better protect the retirees from poverty.
105. No one reform with solve the challenges facing the CRT and CNSS. Relative financial efficiency and political feasibility varies by option. There are several alternatives of a packet of reforms that could stabilize the financial future of the current social insurance schemes, with each parametric reform contributing a portion of the financial re-equilibration needed. In addition, the Government should consider gradually moving to a capitalization system that can begin to address the demographic shift that is just beginning but will accelerate towards an aging population. A capitalization system will begin to build resources so that there is a financial foundation for the time when the balance between pensioners and active employees contributing into the scheme is tilted more to covering pensioners.

Specific objective 1.b: Separate the risks of old age, death and disability managed by the CRT from other employment benefits provided by the State to its employees.

106. Several unfunded mandates have been added to the CRT since 1991 having to do with financial advantages linked to the number of years worked, severance payments and other costs associated with retrenchments, bonuses for children and for disability pensions, and coverage of half of health expenditures. Technically, these do not form part of the pension scheme but account for 20 percent of the CRT annual deficit. Shifting these obligations to the Budget of the State would address a significant portion of the financial imbalances of CRT.

Specific objective 1.c: Carry out institutional reforms of CRT and CNSS to improve the institutional functioning and governance of the social insurance system.

107. Studies of the social insurance system have identifies institutional reforms beyond those that aim to improve financial sustainability that will strengthen the performance of the CRT and CNSS. Institutional reforms to consider include:
a) Technical reforms, including of the data sheets for contributors and beneficiaries, internal controls etc. are a necessary precondition for the management of new contributors.

b) Development and implementation of an information and technology master plan to improve the management of information;

c) Training to strengthening the capacity of the human resources

d) Consideration of options for developing a common management organization merging functions of the CNSS and CRT (and perhaps INAM) in order to increase administrative efficiency.

**Specific objective 1.d:** Extend contributory social security mechanisms to the informal sector, agricultural cooperatives and independent workers to reach a more vulnerable population with social insurance mechanisms

108. There are several options to extending social insurance beyond the salaried worker:

a) If sufficient parametric reforms are carried out to stabilize the system, access to the formal social insurance mechanisms could be extended to cooperatives and individual workers interested in joining.

b) Building access to social insurance through the *mutuelle* model. The ‘associative’ sector holds the most opportunity for extension of social insurance. With 20,000 agricultural cooperatives covering 1.5 million potential beneficiaries, the extension of social insurance mechanisms to the segment is a priority. Togo’s over 600,000 artisans is also an important target
group. The associative structure creates a basis for pooling risks associated not only with health but also other social risks.

c) Alternative mechanisms more appropriate to the circumstances of informal sector workers could be developed. For example, micro-insurance schemes have grown in importance in Africa facilitated in part by the extension of the micro-finance model into the area of insurance. In addition, there are a growing number of programs that seek to extend retirement and disability insurance to the informal sector using voluntary mechanisms linked to savings and other financial sector services, creating incentives for workers to join. This may have significant benefits beyond participation in a social insurance system, including their inclusion in the business taxation system and other activities that today are unregistered.

d) Although the private insurance market is still shallow, there may be room to start introducing elements of private schemes and regulatory framework in this area.

e) Bundling insurance with other targeted social protection programs can be an effective way to reach poor households. For example, premiums for disability, retirement contributions and/or health insurance can be bundled with payments to workers engaged in labor-intensive public works or recipients of cash transfers to provide a broader array of protections to these vulnerable groups.

109. Achieving this specific objective will require more analytical analysis to assess and design appropriate systems. This includes: (a) an assessment of the capacity to contribute, (b) specifications of efficient mechanisms to collect premia; (c) development of a sufficient
contractual basis to protect worker contributions and ensure coverage; (d) actuarial studies to develop financially sustainable parameters.

**Box 2. Strategic Objective 2**

**Ensure access to health services, improve health outcomes and mitigate the adverse effects of health shocks by developing contributory mechanisms of health insurance.**

110. Access to affordable health services and protection from health shocks is a priority for the citizens of Togo. The Ministry of Health is responsible for the development and provision of public health services. The role of social protection within this is to support the application of social insurance mechanisms to pool risks and provide an insurance-based funding contribution to the system.

**Specific objective 2.a: Continue the implementation of INAM to ensure that it can fulfill its immediate mandate.**

111. INAM’s immediate mandate is to cover public sector workers (active and retired). While INAM’s structure could serve as the basis for an expanded system, given its newness (created in 2011) care should be taken to ensure that it is functioning properly and has the right legal, technical, human and financial resources in place before scaling out.

112. Priorities include:

   a) Coordination with the Ministry of Health to ensure that INAM is integrated within the PNDS and priority programs and vertical programs of the Ministry of Health (e.g. subvention a la cesarean) and that public spending on health services is rationalized.
b) Development of a national health map that identifies levels of service available in different geographic areas as well as the real health care needs of the population by geographic zone.

c) Implementation of solid fiduciary mechanisms that provide transparency and control on contributions and payments for health services.

d) Beyond public sector workers, the initial scale out that would be the easiest to effectuate would be to extend health coverage to contributors of CNSS.

Specific objective 2.b: Develop mechanisms to address the ‘missing middle’ between coverage for salaried workers and support for indigent patients.

113. Reforms to the contributory system covering the formal sector and improvements to the system for supporting indigent patients (see Specific Objective 3b under safety nets below) leaves the majority of the population at risk for the financial implications of health shocks. A significant portion of this population could provide some form of premium payments. Mutual health insurances are being developed on the basis of professional organizations or local entities sharing geographic proximity (community-based mutual health insurance). The acceleration of the creation of mutual health insurance calls for:

a) The formulation of a national strategy for health mutual to provide coherence with public health services.

b) The development of clear legislative and regulatory parameters around this growing sector to provide legal protections to members.

c) Consideration of the potential role that INAM could play in managing payments and identifying contributors in support of the mutual health, which would create new branches of health insurance.
d) The development of public sector subsidy mechanisms to support the extension of insurance mechanisms to the informal sector and indigent populations.

Specific objective 2.c: Develop technical options to reach universal coverage of health insurance in the medium- to long-term.

114. For technical and financial reasons it is not possible at this point in time to launch a universal system of health insurance. INAM is just getting up and running and lacks implementation experience and a sufficient technical platform. The financial impact to the national budget is bound to be significant as well as to households in terms of their payments to a contributory system. Nonetheless, efforts to reinforce INAM, reform the system for financing indigent care and develop stronger mechanisms for mutual health insurance will create the foundations for the future extension of a universal system.

Box 3. Strategic Objective 3

Prevent destitution and build human capital of the most vulnerable, notably children, through an integrated system of safety net interventions that address the needs of the chronic poor, those affected by shocks and catastrophes and the needs of specific vulnerable groups and facilitate their access to basic social services.

115. Safety nets can make important contributions to preventing destitution, building human capital and supporting broad-based economic growth. Overall, they should target the most important risks and vulnerable groups and be designed to optimize impacts on the ability of the poor to rise out of poverty.

Specific objective 3.a: Put in place cash transfer programs and labor intensive public works programs to reinforce the capacity of the poorest and most vulnerable households and prevent destitution.
116. Temporary income support, whether via cash transfers or labor intensive public works, prevents short-term food insecurity and destitution and enables households to access other public services – such as health and education – by enabling them to overcome the financial barriers that they may face. The infrastructure created through LIPW public works creates assets for poor communities including better roads and market infrastructure, environmental rehabilitation and greater local social services of proximity. Both cash transfers and temporary employment programs create scalable platforms to address not only the chronic poor but populations affected by shocks.

117. Labor intensive public works as part of a safety net was piloted in response to the 2009 economic crisis under the Community Development Project. This provided an important opportunity to test approaches and implementation modalities. Further developing labor-intensive public works as a core program of Togo’s social safety net should focus on:

a) Coherence with participatory local infrastructure planning mechanisms to ensure that the public works reflect community priorities and are integrated with sectoral ministries investment planning.

b) Sufficient non-labor resources and technical supervision to ensure quality and that the full impacts of the infrastructure are realized.

c) Refinement of the payment mechanism to address limitations of using the postal system. Microfinance institutions offer local financial services as one option. Other countries in Africa are experimenting with payments made via cell phones.

d) Stronger collaboration with the regional platforms for disaster risk reduction so as to identify high labor-demand activities that contribute to increase
resilience of the population to the negative impact of weather-related shocks and climate change.

e) In order to scale up beyond the next phase target of temporary employment opportunities for 10,000 people, introduction of the concept of contingency planning to enable rapid scale up in the event additional resources are identified or a crisis hits that requires a short-term response.

118. Togo is about to embark on a cash transfer pilot, experimenting with a safety net mechanism that has proven effective in other African contexts and throughout the developing world at protecting households from destitution while building human capital and assets important to rising out of poverty over the longer-term. The pilot, with an expected coverage of 8,000 children, should be evaluated with a view to scaling up if successful, paying particular attention to:

a) Effectiveness of targeting. The pilot targets children at-risk of malnutrition or already severely malnourished in the northern regions of the country.

b) Appropriateness of the amount of the transfer. Transfers set too low may be insufficient to have the intended impact, but those set too high can invite elite capture and make it financially difficult to scale up. Consistently with established good practice, the amount of the transfers is around one third of the absolute poverty line and the transfers will be given to mothers/caregivers rather than to the head of household.

c) Effect of the conditionalities. Conditionalities are designed to promote the human capital outcomes desired as well as create accountability on the part of recipient households. The pilot includes soft conditionalities of having a birth certificate for the child, attending training and growth monitoring
sessions and schooling older siblings; strong compliance will be rewarded with extra cash.

d) Institutional capacity. The MASSN is responsible for finalizing beneficiary registration, checking on compliance with the soft conditionalities, providing complementary household support, and monitoring activities in collaboration with AGAIB staff, who are responsible for the fiduciary management of the program. An evaluation of performance is necessary before possible scaling up of the program.

**Specific objective 3.b:** Ensure that the poorest and most vulnerable have access to health services and health care.

119. The absence of a common tool and criteria for identifying who qualifies as indigent for financial coverage for health services opens the door to varying interpretations and applications of financial support. In addition, there is no central monitoring of the system of payment to health services for indigent patient coverage.

120. Reforms to the system of indigent care should include:

   a) Definition of standard criteria for identifying indigent patients. This should be easily verifiable and transparent to both service providers and population at large. Developing a national proxy means test system for identifying indigent households could serve as the basis for this system. Community-based targeting mechanisms are an important complement to this.

   b) Modeling of the financial impact depending on the level of services and population coverage to develop a target number of persons that could be covered.
c) Developing notional financial allocations per health structure, for instance on a per capita basis.

d) Systematization of beneficiary information, for instance through a health card that is managed outside of the health structures and the collection on the financial use of service information to exercise a level of control not now in existence.

e) Coordination with INAM to explore the potential for the indigent coverage to be considered under social insurance, to be funded by transfers from the Budget of the State to INAM.

f) Bundling of access to health care for indigents with other social protection programs, for example via identification of eligible beneficiaries participating in other safety net programs (e.g. nutritional recuperation, humanitarian assistance)

**Specific objective 3.c:** Ensure access to education on the part of the most vulnerable population in order to develop their human capital and promote societal equity.

121. The Government has made strides in removing barriers to accessing education and in developing incentives for school attendance as part of its broader education policy and safety net goals. The policy of eliminating school fees for pre-primary and primacy education has reduced some of the financial hurdles, though demand-side financial factors like expenses needed for supplies or the opportunity cost of child labor remain. School lunches and ad-hoc support for school supplies to needy families further promotes access.

122. Future efforts to be considered to ensure access to education by the most vulnerable groups should identify the remaining constraints to the poorest families and
communities as well as the remaining 15 percent of children currently not attending primary school. Possible priorities include:

   a) Scaling up of the school lunch program. This means primarily a geographical expansion (more communities, more schools in more regions). Initial scale up could focus on cantons and schools with the highest poverty rates.\textsuperscript{12}

   b) Reforming ad-hoc support through the National Solidarity Fund to a more programmatic approach, linking support for school supplies with other programs supporting OEVs, more transparent targeting and identification of vulnerable households for participation in other safety net programs.

   c) Assessing the impact of the cash transfer pilot on educational attainment of children in beneficiary families. Given the educational impacts usually observed in programs of this type, an expansion of the cash transfer system could make an important contribution to achieving educational access goals.

\textbf{Specific objective 3.d: Reduce financial barriers to access of food security and ensure quality nutrition for households with children.}

123. Food insecurity and malnutrition is a result of a complex set of factors. Polices to promote economic growth and employment, agricultural development that improves productivity of smallholders and health sector policies that provide vitamin supplementation, growth monitoring and health interventions for the malnourished are important elements of the society’s response to this problem. Safety nets, too, have a role

\textsuperscript{12} Additional expansion raises concern about targeting, as all children at a given school benefit. As the program approaches universal coverage it would by definition include higher proportions of non-poor children. This would evolve the program from a safety net focus providing incentives to attend school and nutritional support to targeted populations, to more of an educational service approach as a basic part of the packet of services parents can expect their children to receive.
to play. Currently, the majority of safety net resources are designated to address these issues, however the bulk of these are in ad-hoc humanitarian response via food distribution programs. A scaled-up, programmatic approach could include:

a) Link the households accessing nutritional recuperation centers with other safety net programs to promote graduation out of food insecurity over the longer-term.

b) Promote behavioral change to better nutritional practices as an essential part of any short-term nutritional support.

c) Expand both the LIPW and cash transfer programs in communities of heightened risk for malnutrition, trained on specific periods of year when rural households are at greatest risk. This could substitute for some of the existing ad-hoc food distribution.

d) Evaluate the role and functioning of the grain stock program to determine the targeting, performance and impact of the program with a view to assessing its effectiveness in meeting safety net objectives and food security.

e) Assess the impact on food security of the full range of safety net interventions as they are scaled up in order to move gradually from punctual food aid to putting in place a permanent safety net system that addresses food insecurity in a more structural manner.

Specific objective 3.e: Support social protection measures tailored to the needs of the most vulnerable: orphans and victimized or exploited children, children in conflict with the law, people affected by HIV/AIDS, the disabled, elderly and people affected by catastrophes.
124. There are several vulnerable groups that, beyond general poverty and vulnerability status, require a more specialized approach and packet of services. Either supportive family structures are not in place, or the nature of the difficulty puts the group at higher risk for exclusion from services or employment. Priority groups include orphans and vulnerable children (children exploited, abused and in conflict with the law), people affected by VIH/SIDA, and people with disabilities.

125. Priorities to address the needs of these groups include:

   a) Reinforce the public awareness of the rights of children, people living with HIV/AIDS and the disabled.

   b) Support the line agency services of the MASSSN to these groups with capacity building, systematization of information, development of common beneficiary registries, and utilization of targeting methodologies.

   c) Develop a common mechanism for community identification of needs and monitoring of services to OEV and other groups and their outcomes with links to MASSN regional services.

   d) Provide training and communications to ensure that the Lignes Directrices, norms and standards developed for example for child protection are applied by all governmental and on-governmental actors.

   e) Develop monitoring and evaluation tools that will permit the measurement of outcomes of these specialized services, not only in terms of coverage but in terms of access to services and other indicators of wellbeing of the households and individuals affected.
f) Develop and budget a packet of services to these vulnerable groups that contain all elements of prevention, promotion, and protection covering health and nutrition, education and capacity building, income support and development of productive capabilities, legal and psychosocial support. Not all elements will be needed in all cases, but a more integrated approach to services to these groups is called for.

**Specific objective 3.f:** Complement disaster risk mitigation and response strategies with safety net interventions.

126. Shocks and disasters impact the poor the most because their asset base is low, their risk management options limited and their coping responses entail high costs like pulling children out of school or reducing caloric intake that can have long-term repercussions. The Government is currently engaged in efforts to improve disaster management. For example, General awareness campaigns about the risks of flooding and land degradation is being conducted to educate the population about flood-prone areas, flood evacuation plans, and flood prevention, and to improve readiness when such events occur. Complementary safety net interventions can mitigate the effects of shocks on households, helping to protect assets and ensure a minimum of consumption following natural disasters. Priorities for the Government to consider include:

a) Integration of the social protection system into the early warning systems to identify the need for a response as early as possible.

b) Development of contingency mechanisms as part of risk mitigation and rapid response systems. These mechanisms would consist of:

i. contingency plans that identify the role and responsibility of social protection interventions in the event of a disaster and provide detailed response plans. Adequate institutional arrangements and
capacity in place or able to be put in place quickly to allow the pre-prepared plans to be implemented; and

ii. the creation of contingent financing resources, which could be a combination of government resources/reserves and upfront commitments from donor agencies to be triggered in the case of an adverse event. These contingency mechanisms would help in a more timely response to shocks as well as train resources on areas of greatest need.

Box 4. Strategic Objective 4

Promote employability, access to jobs and income and decent working conditions among groups likely to be excluded from the labor market.

127. The absence of employment and sufficient income creates the basis for poverty and vulnerability. Addressing the ability of the economy to create sufficient jobs is the goal of the nation’s overall economic and employment policies. The role of social protection within this broader mandate is to promote access to jobs and income for groups likely to be excluded from the labor market as well as to ensure safe working conditions and prohibit exploitative conditions.

Specific objective 4.a: Increase access to employment and income among long-term unemployed and underemployed, with a focus on youth, women and the disabled:

128. Supporting the opportunities for youth (ages 18-40) to be productively employed is a core goal of the Government, whether via salaried employment, self-employment or in the independent/informal sectors.
Priorities under a national social protection strategy to be considered include:

a) Developing an overall approach to youth employment that distinguishes between approaches that are appropriate for school graduates accessing the formal sector, as well as less skilled youth likely to enter the informal sector.

b) Evaluate the targeting, performance and impact of the AIDE and PROVONAT programs with a view to scaling up if appropriate.

c) Seek to scale up the AGR activities being carried out through the Community Development Project with a focus on target rural communities.

d) Introduce increased elements of skill training into the LIPW public works program.

e) Evaluate pilot approaches to youth employment currently being carried out in Africa with a view to identifying best practice approaches that could be piloted in the Togo context.

Specific objective 4.b: Create favorable conditions for decent work and the elimination of exploitation of vulnerable groups.

Dangerous working conditions create conditions of vulnerability for certain groups, for example those employed in unsafe working conditions or child labor subject to abuse and exploitation. A new social security code was adopted which increases the rights of workers and expands the application to independent workers and those in the informal sector. In addition, to promote health workplaces, several legal texts applying the Employment Code on Health and Security (Code du travail en santé et sécurité) have been
elaborated by the National Commission on Employment and Social Law (Conseil National du Travail et des Lois Sociales (CNTLS)).

131. Priorities for the national social protection strategy to be considered include:

a) Awareness raising and capacity building for employers about the implications for workplace safety of the new social security code.

b) Capacity building to the MTESS to increase the ability to monitor compliance with the new social security code.

c) Improvements to the national system of labor market and work condition statistics to better reflect underlying work conditions.

d) Capitalizing on previous interventions and pilot actions to combat the worst form of child labor, diffuse the lessons learned throughout concerned agencies and community structures at the local level.

e) Work across agencies to ensure that children found being exploited in work situations are integrated into safety net services to avoid their return to exploitative work.

f) Creation of effective monitoring and surveillance systems to follow individual cases as well as national tendencies.
C. Towards a National Social Protection System

132. The overall objective of these interventions should be to develop a coherent and integrated national social protection system. Based on a clearly defined vision and coherent set of policies, the implementation of this packet of priority programs and measures will create a strong foundation of social protection for the most vulnerable households and individuals. A national social protection system aggregates and integrates these efforts based on a clearly specified legal and programmatic framework which clarifies roles and responsibilities. The system is also based on agreed upon national objectives as well as a minimum packet of services that may vary by vulnerable group but in its entirety provides protections to all Togolese that helps them to prevent, mitigate and cope with a full range of social risks.

133. A systems approach reduces fragmentation, promotes harmonization and can enhance both the performance of individual programs and the overall functions of social protection in creating opportunities, providing resilience and promoting equity. There are several aspect to developing a national social protection system that should be prioritized over the coming years:

a) Development of a common set of tools to be shared across programs, including:

i. Targeting systems. The new data available from the national census and the QUIBB will permit significant advances in geographical and household level targeting and development of eligibility criteria. Poverty maps are in the process of being generated at the canton level, facilitating the more accurate identification of poorer communities. Moreover, the QUIBB household survey data will allow for the development of proxy means test indicators that help identify
household characteristics correlated with poverty and vulnerability which can be used to develop screening criteria for access to various social protection programs. In addition to these proxy means test systems, community-based targeting systems can be shared across programs, with local committees identifying eligible beneficiaries for a range of social protection interventions at the local level.

ii. **Beneficiary registries.** Shared beneficiary registries across programs would improve coordination and efficient use of resources. If well-designed and managed, it would allow having a clear and performing system to monitor beneficiaries, transfers, and graduation mechanisms. Beneficiary registries should be linked directly to payments systems.

iii. **Common local coordination mechanisms.** Typically, each agency or program develops its own local coordination mechanisms, with multiple committees and consultation mechanisms. A common institutional platform would foster synergies between social protection programs.

iv. **Integrated monitoring and evaluation systems.** A national system should integrate the M & E systems of the various social protection programs in place, this includes standardization of core indicators and MIS systems able to compatible with each other, all feeding information on whether national social protection goals are being achieved.
b) **Linkages between programs.** Rather than an isolated set of priority programs, a national social protection strategy seeks to build explicit synergies between programs. This can be achieved by for example by building links between programs that deliver different safety net functions in order to better enable beneficiaries to graduate from poverty. Households enrolled in cash transfer programs could be automatically eligible for national health insurance (or health fee waivers), or households participating in public works could be linked with income generating projects, microfinance or other asset building programs to help them graduate from safety net programs.

c) **Intentional scalability.** The national social protection system should have the flexibility to respond quickly to the short-term needs resulting from shocks and to scale back down after the period of transitory crisis passes. This includes the contingency planning across all main program areas. Without such readiness, shocks could continue to engender greater vulnerability through negative coping strategies of households as well as recourse to expensive second-best responses by the Government like general price subsidies. The concept of an expandable safety net is much needed given the serious cyclical vulnerabilities affecting poor households in Togo and should feature prominently in the national social protection strategy.

d) **Capacity building.** A national social protection system would identify overall needs for capacity building in transversal topics, like needs identification among specific vulnerable groups, targeting, management of in-kind and cash transfers, monitoring and evaluation. These would be shared across programs.
e) **Medium-term expenditure framework.** Moving from a project or individual program approach to a national social protection system will require developing an overall financial framework for the sector that prioritizes expenditures and builds a sustainable funding basis for social protection. The medium-term expenditure framework used for other sectors is a well-known tool that would help translate the national social protection strategy into public spending priorities within a coherent multi-year macroeconomic and fiscal framework and integrated into the budget process.

D. **Institutional Framework in Support of a National Social Protection Strategy**

134. **Various studies and analyses have pointed out the need for better mechanisms of coordination and collaboration in the social protection area.** The challenges are significant of bringing together a set of programs and policies that implicate several governmental ministries as well as varying implementation structures at all levels and a strong role for non-state actors (NGOs and the private sector). An effective institutional framework to underpin implementation of the national social protection strategy should address coordination at the national level, including integration with institutional mechanisms of the DRSP and with other sectors, as well as at the local level and with non-state actors.

**Coordination at the central level**

135. **Building a supportive institutional framework at the central level should focus on several key functions:**

   a) Overall policy coherence.

   b) Coordination of programming between elements of the national social protection strategy.

   c) Coherence with the DSRP institutional framework.
d) Collaboration on policy and implementation mechanisms with other sectors, like health, education, and natural disaster management.

e) Linkages with budget formulation and monitoring mechanisms at the central level.

f) Collaboration with external partners, including international partners, NGOs and the private sector

136. **The existing social protection coordination structure at the central level is embedded in the PRSP coordination process.** There was a social protection commission established in 2008, headed by the Ministry of Employment and the Ministry of Social Action and National Solidarity which included a broad set of actors including the sectoral ministries in health and education. To rationalize structures, the commission has now been replaced by the sectoral committees that were created by decree in November 2011 for the preparation of the PRSP. Social protection issues come under the tutelage of the sectoral committee “promotion et protection sociale, emploi”. The committee is comprised of the MTESS as the Chair, and Unicef as the lead donor agency. The other central ministries who make up the committee include the MASSN, MDABJEJ, the Ministry of Promotion of Women and the Ministry of Sports and Leisure. The ministries of planning and finance also can have representation on the sectoral committees to ensure coordination with overall planning and budgeting of the Governments. The sectoral committees also include participation from civil society, the private sector, department and program heads, and other donor agencies.

137. **The objective of each sector group is not only to work on the preparation of the PRSP but also to follow up with the sector policy and development plans of the Government in each sector.** Specifically, these sectoral committees are tasked with monitoring the formulation, validation, implementation and evaluation of sectoral strategies. They also monitor the elaboration of program budgets and medium-term
expenditure frameworks to develop annual budgets. The committees also oversee monitoring and evaluation efforts, including annual progress reports on the achievement of goals and objectives (sectoral, PRSP and MDG goals). The sectoral committees serve an important donor coordination function as well.

138. **There are several advantages to this central level coordination framework.** The sectoral committees are embedded within the PRSP and its overall coordination structures – which links social protection closely with the overall economic growth and poverty reduction framework of the Government. The committee receives technical support via the permanent technical secretariat of the PRSP. The structure of the committee itself reflects the multi-sectoral nature social protection and includes all key stakeholders. And, the direct linkages to the budget process and the Government’s priority programs under the PRSP increases the opportunities for accessing financing to implement the national social protection strategy.

Coordination mechanisms at the regional and local levels

139. **The PRSP coordination structure also provides structures at the local level.** Regional Participatory Monitoring Committees (CRSPs)\(^\text{13}\) carry out participatory monitoring and evaluation of projects and programs at the regional level. The regional committees work in close collaboration with prefecture administrations and local civil society organizations, as well as local private sector actors, to monitor implementation of the PRSP in their regions. Local Participatory Monitoring Committees (CLSPs)\(^\text{14}\) at the municipal level

\(^{13}\) Each CRSP is made up of the future Regional Governor, who will serve as chairperson; the Regional Director of Development, who will handle the secretarial functions; and representatives of municipal councils, prefecture councils, the regional council, directorates of deconcentrated government agencies in the region, traditional chiefs, the Regional Chamber of Agriculture, the Regional Chamber of Trade, nongovernmental organizations, women’s development associations, trade union organizations, and Village Development Committees.

\(^{14}\) Each local committee is made up of representatives of municipal councils, NGOs operating in the municipality, women’s development associations, farmer organizations, traditional chiefs, and Village Development Committees.
are responsible for monitoring operations implemented under the PRSP in their municipalities.

140. **The role that local committees play in social protection is important as a means of further decentralizing service delivery and improving the outreach and monitoring of critical social protection programs.** At the local level, the Community Development Committee (CDV), comprised of Comités Villageois de Développement (CVD) and Comites de Développement de Quartier (CDQ), have been the most operational in terms of identifying local priorities and coordinating program implementation. In many rural villages, CDVs have created specialized commissions for child protection to detect local needs through *Comités Locaux de Protection* (CLP) or *Comités Locaux contre la Traite* (CLT). Through these circuits, vulnerable children are identified, registered, and provided support (temporary housing, food, clothing, health care, legal and psychosocial assistance) as well as efforts toward reinsertion with families where appropriate. These different committees are under the tutelage of the head of the village, which in turn depends on the local prefecture. These currently are informal social protection structures at the community level. There is no legal framework that regulates these local associations. Moreover, these local committees require support from technical agencies, including line ministries and implementing agencies like AGEFIB, in terms of training, information and materials.

141. **Whatever the specific design, it is important that coordination mechanisms be performing.** Clear lines of communication, responsibilities and reporting functions are essential. Typically, a simplified structure is better. Larger committees should meet occasionally, leaving more operational sub-committees or restrained groups to carry out specific tasks. Most coordination functions breakdown without a clear and specific mandate and manual of operations outlining their respective roles. For line agency staff participating in coordination mechanisms, it is important that their participation be included in their overall job descriptions. And, technical backstopping and financial resources for logistics and other inputs (like document production) need to be clearly specified for each level.
E. Measuring Results

Monitoring & Evaluation Systems

142. **The success of implementing the national social protection strategy is supported through effective monitoring and evaluation systems.** M & E systems allow for tracking the implementation of policies and priority programs, measuring results and making adjustments where necessary. Increasing the use of computerized management information systems in social protection programs can improve reporting and can be linked with other government databases, for example the national birth and death registry system as those systems are further developed. Each social protection program typically develops its own M & E system. However, coordination between programs under a national M & E action plan can improve the quality and compatibility of information between programs. A detailed national M & E action plan should be developed once the national social protection strategy is adopted by the Government.

143. **Impact evaluations are an important part of an effective national social protection strategy.** A number of social protection programs are still in the early stages, where impacts are not yet known. Measuring changes in household status and wellbeing as a result of social protection interventions helps justify funding. This is particularly true in measuring the ultimate impacts on human capital and asset creation among the poor of programs that may tend to be viewed as ‘hand-outs’. Priority areas for impact evaluations of current SP programs under implementation include: the pilot program of cash transfers, INAM’s initial operations in terms of impacts both on program participants as well as health services, assessment of the real effects of the grain stock program, and the effectiveness of the Green Line (Allo 111) in terms of outcomes for the children assisted.
Performance Indicators

144. While each program may have its more detailed set of indicators, a core set should be developed to monitor the overall progress in implementing the national social protection strategy. These should reinforce and be consistent with the indicators selected as part of the national poverty reduction strategy. The indictors should focus on outputs in terms of coverage, targeting, and efficiency as well as outcomes in terms of changes to indicators of household wellbeing. Table 12 provides examples of core indicators to be considered by area of strategic objective.

145. Before choosing indicators, the Government should analyze what data are available and what data can be collected given resources and feasibility constraints. Output indicators should be able to be collected at least annually and aggregated nationally. Outcome indicators are more difficult to collect as they often rely on national household surveys (which are not carried out annually) or program-level periodic impact evaluations. To the extent possible, all indicators should be disaggregated gender, age and geographical area as well as reported by vulnerable group (e.g. by distinguishing characteristic like disabled, OEV, PVVIH). Relative poverty level of program participants (by poverty quintile) should be developed as part of program impact evaluations, to be reported as data permits. Baselines and target values should be established for each indicator.
Table 12. Sample core indicators for a national social protection strategy

<table>
<thead>
<tr>
<th>Strategic Objective #1:</th>
<th>Proposed Core Indicators</th>
</tr>
</thead>
</table>
| Develop and extend a reliable and financially sustainable contributory social insurance system that addresses the risks of old age, death and disability to all households able to participate. | **Output:**
| | No. of contributors to CNSS |
| | No. of pensioners of CNSS |
| | No. of recipients of other allocations CNSS |
| | No. of contributors to CRT |
| | No. of pensioners of CRT |
| | No. of recipients of other allocations CRT |
| | Parametric reforms carried out (CRT and CNSS) |
| | Implementation of pilots to extend social insurance beyond salaried formal sector |
| | **Outcome:**
| | Annual deficit/surplus (CRT and CNSS) |
| | Projected deficit/surplus in 10 years (CRT and CNSS) |
| | Poverty rate of +60 year old population |
| | % of population covered by formal social insurance |

<table>
<thead>
<tr>
<th>Strategic Objective #2:</th>
<th>Output:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure access to health services, improve health outcomes and mitigate the adverse effects of health shocks by developing contributory and subsidized mechanisms of health insurance.</td>
<td>No. of contributors to INAM</td>
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<tr>
<td></td>
<td>Standard list of tariffs for services and quality of service parameters agreed with health care providers</td>
</tr>
<tr>
<td></td>
<td>Annual operating deficit/surplus of INAM</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome:</strong></td>
</tr>
<tr>
<td></td>
<td>% of population covered by health insurance</td>
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<td></td>
<td>Health service utilization indicators (from health sector strategy)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Objective #3:</th>
<th>Output:</th>
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</thead>
<tbody>
<tr>
<td>Prevent destitution and build human capital of the most vulnerable through an integrated system of safety net interventions that address the needs of the chronic poor, those affected by shocks and the needs of specific vulnerable groups.</td>
<td>No. of beneficiaries of social safety net programs by program type (in-kind transfers, cash transfers, public works, fee waivers, etc.)</td>
</tr>
<tr>
<td></td>
<td>Share of administrative costs in program budget</td>
</tr>
<tr>
<td></td>
<td>Geographical distribution of program resources by poverty level (canton)</td>
</tr>
<tr>
<td></td>
<td>Contingency/scale up plans developed per program</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome:</strong></td>
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<tr>
<td></td>
<td>Human capital –</td>
</tr>
<tr>
<td></td>
<td>Access to educational and health services and sectoral outcome indicators for poorest 40%</td>
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<tr>
<td></td>
<td>Decrease in malnutrition rates and increase in food security of beneficiaries.</td>
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<tr>
<td></td>
<td>Economic empowerment –</td>
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<tr>
<td></td>
<td>Changes in household income and assets</td>
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<tr>
<td></td>
<td>Number of hours employed</td>
</tr>
<tr>
<td></td>
<td>Local infrastructure (LIPW) created (kms road rehabilitated etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Objective #4:</th>
<th>Output:</th>
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<tbody>
<tr>
<td>Promote employability and access to jobs and income and safe working conditions among groups likely to be excluded from the labor market.</td>
<td>No. of beneficiaries of labor market training programs</td>
</tr>
<tr>
<td></td>
<td>No. of beneficiaries of income generating activities (AGRs)</td>
</tr>
<tr>
<td></td>
<td>No. of training days/weeks provided</td>
</tr>
<tr>
<td></td>
<td>Geographical distribution of program resources by poverty level (canton)</td>
</tr>
<tr>
<td></td>
<td>Share of administrative costs in program budget</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome:</strong></td>
</tr>
<tr>
<td></td>
<td>Changes in household income and assets</td>
</tr>
<tr>
<td></td>
<td>No. of hours worked and employment status</td>
</tr>
<tr>
<td></td>
<td>No. of children engaged in exploitative work</td>
</tr>
</tbody>
</table>
F. Financial Framework

146. **Achieving the Government’s vision of social protection for all will require a significant increase in resources to social protection.** Total expenditures on social protection are quite low as a share of the national budget and as a share of GDP. For instance, excluding general price subsidies, safety nets represent only 1.8 percent of the general expenditures of the State, or 0.5 percent of GDP (average 2008-2010). International partners finance about three-quarters of this amount. The scaling up measures called for to meet the specific social protection strategy objectives outlined above will require more spending on these priority programs.

147. **Estimating the amount of resources needed depends on the Government’s prioritization of the mix of interventions selected and their scale over the medium term.** A theoretical costing exercise was carried out based on the general and specific objectives outlined in the previous sections. The costs of scaled up coverage of a list of potential priority programs was developed and is presented in Table 13. Looking at the list of 14 possible priority programs, even at initial, not final, stages of scale up, implementing all of these would absorb almost of one-third of the current national operating budget and 8% of GDP, rising to 53 percent of the national operating budget and almost 15% of GDP if all programs were scaled out over the next 8 years. Clearly, this level of effort is not feasible for the foreseeable future in Togo.

148. **However, there is significant overlap between and synergies among these social protection programs, resulting in a more realistic program mix.** The importance of developing a national social protection system will result in a more rational and feasible program mix than initiating a long list of programs without looking at interactions and duplications. In determining what can be financed and how much, several key principals should be adhered to:
a) **It is important that contributory programs and populations that can afford to, pay their own way.** Priority should be placed on scarce public resources going to the poor and vulnerable populations. This would, for example, reduce the priority of a program like health insurance to non-poor workers that are non-salaried, where a contributory program would be more appropriate.

b) **Universal programs increase costs with little poverty impact.** For example, providing free health care for the three main illnesses affecting children spreads benefits across the 40 percent of Togolese who are not poor and so should be able to pay for these services. The point of insurance programs is to manage the risk of health care costs. Subsidizing insurance for the poor within a national health insurance framework would be financially preferable to free services for everyone.

c) **Avoid benefit overlap.** To develop a reasonable financial framework, some programs may obviate the need for others. For example, of the 14 programs listed, several entail transfers to poor households, including cash transfers to households with children under five years old, payments to workers in LIPWs, a universal old age pension and food stamps (bons alimentaires) for the rural poor. It is possible that the same households could end up receiving multiple transfers. It would be preferable to identify the total number of households to receive transfers based on resources availability and then determine how to allocate these between different target groups.

149. **The Government faces important trade-offs.** Trying the reach all of the chronic and transitory poor, representing 62 percent of the population will result in very low levels of the available resources per capita, diluting effort and diminishing impact. Training more substantial resources per beneficiary will necessarily mean developing targeting approaches
that discriminates between poor households. This could be done geographically, or using criteria of vulnerability that are more stringent than general poverty levels, for example OEVs or very large households, or other households characteristics. For example, one of the studies estimated that if cash transfers alone were provided to the estimated 1,519,860 children living in poverty, a 12,000 FCFA transfer per child per year (one fifth the current cash transfer pilot) would be equivalent to about 3.7 percent of the budget (or 1.1 percent of GDP). Limiting this to households with children under 5 would further reduce the financial requirements to 1.15 percent of the budget and 0.34 percent of GDP. However, the low transfer amount could dilute impacts.
### Table 13. Indicative coverage and costs of potential elements of a national social protection system

<table>
<thead>
<tr>
<th>Element of Social Protection System</th>
<th>Number of Direct Beneficiaries</th>
<th>% of Coverage</th>
<th>Transfer per Beneficiary (2012 prices)</th>
<th>Annual Budget – Year 1 (FCFA)</th>
<th>In % GDP</th>
<th>In % Govt Operating Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal pension for agricultural and informal sector</td>
<td>251,593 (people +60 years agriculture and informal sector)</td>
<td>65% people + 60 years</td>
<td>60,000</td>
<td>15,850,376,545</td>
<td>0.90%</td>
<td>3.20%</td>
</tr>
<tr>
<td>Orphan pension for agricultural and informal sector</td>
<td>14,000 (orphans)</td>
<td>1.2% of total families</td>
<td>12,000</td>
<td>176,400,000</td>
<td>0.01%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Survivor pensions for agricultural and informal sector</td>
<td>7,000 (widows)</td>
<td>0.6% of total families</td>
<td>24,000</td>
<td>176,400,000</td>
<td>0.01%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Disability pensions for agricultural and informal sector</td>
<td>45,906 (disability)</td>
<td>5.1% of total population</td>
<td>60,000</td>
<td>2,892,098,120</td>
<td>0.16%</td>
<td>0.58%</td>
</tr>
<tr>
<td>Extension of health insurance to non-poor, non-salaried workers</td>
<td>48,927 (non-salaried non-poor population)</td>
<td>2% of non-poor, non-salaried</td>
<td>19,400</td>
<td>968,025,380</td>
<td>0.06%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Extension of health insurance among the poor</td>
<td>224,968 (poor)</td>
<td>5% of poor</td>
<td>23,000</td>
<td>5,690,768,987</td>
<td>0.32%</td>
<td>1.15%</td>
</tr>
<tr>
<td>Cash transfer for vulnerable children</td>
<td>59,089 (children 0 – 5 from poorest households)</td>
<td>10% of the poorest 40% of households</td>
<td>60,000</td>
<td>4,254,403,923</td>
<td>0.24%</td>
<td>0.86%</td>
</tr>
<tr>
<td>Labor intensive public works</td>
<td>327,462 (poorest households)</td>
<td>60% of poor households; 32% of total populations</td>
<td>150,000</td>
<td>54,031,214,221</td>
<td>3.08%</td>
<td>10.92%</td>
</tr>
<tr>
<td>Free services for the 3 main illnesses that kill children under 5 years</td>
<td>1,101,808 (children 0 – 5)</td>
<td>100% of children 0 to 5</td>
<td>1,000</td>
<td>1,211,988,457</td>
<td>0.07%</td>
<td>0.24%</td>
</tr>
<tr>
<td>Fee waiver for pre-primary and primary school</td>
<td>725,223 (children 5 – 12)</td>
<td>100% of children in primary school</td>
<td>4,950</td>
<td>2,929,320,687</td>
<td>0.17%</td>
<td>0.59%</td>
</tr>
<tr>
<td>School lunches</td>
<td>1,091,371 (children 3 - 11)</td>
<td>100% of children 3 – 11</td>
<td>36,000</td>
<td>41,253,827,848</td>
<td>2.35%</td>
<td>8.33%</td>
</tr>
<tr>
<td>Scholarships for girls in secondary school</td>
<td>14,377 (girls in secondary)</td>
<td>5% of girls in secondary</td>
<td>15,000</td>
<td>219,962,237</td>
<td>0.01%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Food vouchers for those affected by disasters</td>
<td>38,702 (poor rural families)</td>
<td>10% of poor rural households</td>
<td>50,000</td>
<td>2,128,636,923</td>
<td>0.12%</td>
<td>0.48%</td>
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<tr>
<td>Program to fight against the worst forms of child labor</td>
<td>60,775 (vulnerable children)</td>
<td>10% of vulnerable children</td>
<td>300,000</td>
<td>20,055,617,667</td>
<td>1.14%</td>
<td>4.05%</td>
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<td><strong>TOTAL</strong></td>
<td><strong>151,839,040,995</strong></td>
<td><strong>8.6%</strong></td>
<td><strong>30.7%</strong></td>
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150. **International comparators are instructive in terms of potential cost of programs at varying levels of coverage.** There are few large-scale social protection programs yet in Africa. The largest HIMP public works program (that includes 20 percent of cash transfers to beneficiaries unable to work) is Ethiopia’s Productive Safety Net Program (PSNP) which reaches about 10 percent of the national population targeted to the poorest rural districts at a cost of about 1.2 percent of GDP, reaching 8 million people each year through over 30,000 LIPW projects. Rwanda’s national health insurance program through mutuelles de santé has been universalized, reaching 91 percent of households at a public fiscal cost of 1.2 percent of GDP, a relatively low burden given the coverage because the program requires financial contributions from all but the very poorest. Old age social (i.e. non-contributory) pensions in South Africa and Lesotho reach 30 percent and 3 percent of the national population at a cost of 6 and 3 percent of GDP respectively.\(^{15}\)

151. **What would the cost be of a core program of social protection interventions, or a social floor, in Togo?** A core set of social protection interventions would ideally include a mix of contributory and non-contributory programs, with the non-contributory programs focused on specific vulnerable populations:

a) If Togo currently spends 0.5 percent of GDP on safety nets, a reasonable fiscal target would be expand this by 1 percent of GDP, which would bring it closer in line with regional averages and would represent a tripling of current resources, sufficient enough to significantly scale out some of the more effective safety net interventions.

b) On the social insurance side, the fiscal resources needed will rely in great measure on the contributory policies and parametric reforms associated with

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its pension and health insurance priorities. The key will be to scale these programs out while developing the contributory basis that permits the non-contributory portion of the SP agenda to receive adequate financing.

c) Currently, expenditures on employment programs for targeted vulnerable groups are in the pilot stage. The high cost per beneficiary will constrain significant scale out of these programs. However, a logical progression of expansion should be budgeted for impact evaluations prove that to be warranted.

152. **Where will the extra resources come from?** The possible sources of financing to underpin implementation of the national social protection strategy include:

a) **Reallocation of existing social protection expenditures.** There are several areas where efficiencies or reforms could increase the level of domestic resource available to fund the national social protection strategy. Two stand out for their budgetary implications:

   i. First, a portion of the 2 to 3 percent of GDP that is spent in Government resources for general subsidies in times of shock could be reoriented to a more comprehensive safety net system that would be scalable in times of need. This would save resources, improve equity through better targeting and heighten positive impacts on poor and vulnerable households (since the absolute value of the price subsidy per household is relative small). In summary, shifting from general subsidies and humanitarian assistance to targeted safety net programs can save fiscal resources while improving outcomes.
ii. The second important source of resources is to stem the drain on fiscal resources of the unsustainable financial parameters of the contributory pension systems of CNSS and CRT. The annual deficits of these systems would absorb a substantial part of all social protection funding and only threaten to worsen if not systematically addressed. Putting the CRT for example on a more sustainable financial footing would free up resources that could be spent to expand other elements of the social protection system, particularly those targeted to more vulnerable populations. Attempts to expand the contributory systems of social insurance, including both pensions and health insurance, outside of the formal sector would additionally crowd in private resources to fund more of the national social protection coverage goals of the Government.

b) **Increase in the share of Government budget allocations to social protection.** With a broad range of development priorities, there is keen competition for resources of the national budget. In the past, social protection programs have often been seen as hand-outs or ad-hoc responses to the crisis of the moment. The development of a coherent policy vision for social protection together with a prioritized, targeted and well justified set of core interventions will help justify increased resources from the budget. Moreover, the costs of not spending enough are considerable, both in terms of costly recourse to second-best solutions like general subsidies or the cost in terms of failure to meet national development and poverty reduction goals or the potential dragging effects on future economic growth. The PRSP process provides an opportunity to highlight the importance of a set of social protection measures and expenditures to be monitored as part of the overall performance of the Government.
c) **Increased external funding to social protection.** It is unlikely that Togo will achieve its social protection coverage goals without an expansion in donor funding to these efforts. This external financing should be channeled through an agreed upon plan to harmonize approaches and shift to more programmatic rather than project funding. The donors should work with the Government to identify sufficient funding within the medium-term expenditure framework for social protection that gives the Government greater predictability through pooling of donor resources into common programs and moving to multi-year commitments of resources.

153. **There are political economy dimensions of these financial trade-offs that need to be recognized.** Resources are limited and in the short to medium-term unlikely to be sufficient to cover all areas of SP fully. In particular, there are tensions and trade-offs between policies supporting the contributory system as opposed to non-contributory systems and safety nets, particularly if the contributory system requires large infusions of public resources to stay afloat. The financial framework developed to implement the national social protection strategy will need to take these tensions and trade-offs into account and negotiate between the various societal groups affected to create a social and political compact that allows for the protection of vulnerable groups in Togo.
VI. Next Steps

154. This report summarizes the current situation of social protection policies and programs in Togo and identifies the main issues and components for developing a national social protection policy and strategy. Targets should be specified within an overall view of expanding social protection efficiently, effectively and fiscally sustainable as possible to the greatest number of vulnerable Togolese. These goals and objectives, and the priority actions the achieve them, should be harmonized with and integrated within the process of finalizing the new poverty reduction strategy of the country.

155. As part of the next steps to support national social protection policy and strategy, the following set of tools should be developed:

a) Develop a **strategic plan** to clearly specify timelines, actions, and institutional responsibilities.

b) Develop a **medium-term expenditure framework** including detailed costing of alternative scenarios. Developing a medium-term expenditure framework for social protection, including the establishment of a social floor, will require outlining a feasible expansion/reform path for a core set of social protection interventions once priorities are determined by the Government.

c) Identify **capacity building needs** across the full spectrum of social protection policies and programs included under a national social protection strategy in order to strengthen implementation of the strategy.

d) Elaborate a **monitoring and evaluation manual** that builds a national social protection information system which can be used for reporting and making adjustments to the strategy and permits aggregating information across the various components of the national social protection strategy.
156. **Finalization and validation of the national social protection policy and strategy will enable the Government to capitalize on the efforts of recent years to assess its social protection needs and pilot promising approaches.** In a national workshop held in Lome in March 2012, the draft of this report was presented and working groups validated the analysis and fine-tuned the general and specific objectives. It was agreed to use this report as the basis for the national social protection policy, to be validated in a national workshop in mid-2012.

157. **The formal adoption of a national social protection policy and strategy will establish a roadmap for the Government to ensure that it can provide predictable support to the poorest, respond to shocks, and help its citizen mitigate social risks, build productive assets and increase their access to income and services.** Implementation of the national social protection policy and strategy, supported by an action plan to be developed along with the strategy document, will support the achieving the national goals of reducing vulnerability and poverty and promoting broad-based economic growth.
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Abstract

The Government of Togo has made important advances in the area of social protection. Although Togo has had limited social protection programs, the economic shock and natural disasters starting in 2008 brought the need for better mechanisms of social protection to the fore. The Government response has focused on measures to address the immediate needs of the affected populations, while building the analytical base for developing a national social protection policy. This report forms part of the overall analytical work prepared to support the formation of a national social protection policy. It finds that the most common safety net programs are in-kind transfers with limited coverage. It proposes basic elements for the Government to take into consideration in developing a national social protection policy and strategy and identifies next steps in finalizing the preparation of such a policy and strategy.

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