

4 January 2006
English
Original: French

**Committee on the Elimination of Discrimination
against Women**
Pre-session working group
Thirty-fourth session
16 January-3 February 2006

**Responses to the list of issues and questions for
consideration of the combined fourth and fifth
periodic report**

Togo

**Ministry of Population,
Social Affairs and the
Advancement of Women**

Republic of Togo
Work — Liberty — Fatherland

Cabinet General Secretariat

General Directorate for the Advancement of Women (DGPF)

Status of Women Directorate (DSJF)

**Responses to the list of issues and questions of the Committee on
the Elimination of Discrimination against Women**

Combined initial, first, second, third, fourth and fifth periodic reports of Togo

**Permanent Secretariat
CEDAW Sectoral Committee
DSJF
October 2005**

List of issues and questions concerning the measures taken by the Government of Togo to:

- 1 & 2. Improve the implementation of the Convention and the priority given by Togo to the process of harmonizing domestic legislation and the Convention;
3. Improve access to justice for women, giving details of how women have challenged discriminatory laws;
4. Sensitize judges, lawyers and law enforcement officers to prevailing legal standards and the State party's obligations to achieve gender equality;
5. Enhance the implementation of the Convention and the evaluation of its impact by establishing national machinery;
6. Adopt a national policy for the advancement of women and the evaluation of its impact;
7. Adopt temporary special measures to accelerate the achievement of women's de facto equality;
8. Combat discriminatory practices and stereotypes against women;
9. Combat violence against women;
10. Enforce the law prohibiting female genital mutilation;
11. Combat trafficking in women and children for the purpose of forced prostitution and non-consensual labour;
12. Provide health care to prostitutes;
13. Accelerate women's entrance into political life and their access to decision-making bodies;
14. Adopt an explicit legal provision whereby a foreign man married to a Togolese woman may acquire Togolese citizenship through marriage;
15. Promote women's and girls' education;
16. Eliminate stereotyping in school textbooks as well as its impact on students' lives;
17. Encouraging pregnant girls to remain in school;
18. Eliminate gender-based discrimination in the labour market;
19. Implement the principle of equal remuneration for work of equal value;
20. Support women's self-help groups;
21. Provide a comparative analysis of the health of rural and urban women;
22. Promote access to modern contraceptive methods;
23. Enhance the availability of prenatal programmes;
24. Combat HIV/AIDS;
25. Combat discrimination between single and married mothers concerning family benefits;

26. Increase women's access to formal credit;
27. Increase the number of health centres in rural areas and rural women's and girls' access to trained doctors and other medical personnel;
28. Ensure women's access to safe drinking water;
29. Address the prevalence of informal unions;
30. Publicize the advantages of modern law compared with customary law.

Contents

| | <i>Page</i> |
|---|-------------|
| Introduction | 9 |
| Summary | 10 |
| 1. Implementation of the Convention and harmonization of the Convention and domestic legislation | 11 |
| 1.a. Implementation of the Convention | 11 |
| 1.a.1. Social and educational measures | 11 |
| 1.a.1.1. Measures aimed at citizens | 11 |
| 1.a.1.2. Measures aimed at judicial actors | 12 |
| 1.a.2. Institutional measures | 13 |
| 1.b. Harmonization of domestic legislation and the Convention | 13 |
| 2. Access to justice for women | 13 |
| 3. Sensitization of judges, lawyers and law enforcement officers | 14 |
| 3.1. State action | 14 |
| 3.2. Activities of non-governmental organizations | 15 |
| 4. Machinery for monitoring the implementation of the Convention | 15 |
| 5. Government policy for the advancement of women | 16 |
| 6. Adoption of temporary special measures to achieve de facto equality between men and women | 16 |
| 7. Combating discriminatory practices and stereotypes and their effects | 17 |
| 8. Combating all forms of violence against women | 17 |
| 8.1. State action | 17 |
| 8.2. Activities of non-governmental organizations | 18 |
| 9. Combating the practice of female genital mutilation | 19 |
| 10. Combating traffic in women and children | 19 |
| 10.1. Legislative measures | 19 |
| 10.2. Awareness-raising programmes | 20 |
| 11. Providing health care and information about sexually transmitted diseases and HIV/AIDS to prostitutes | 20 |
| 11.1. Legislative measures | 20 |
| 11.2. Social and educational measures | 20 |
| 12. Promoting the entrance of Togolese women into public and political life | 21 |
| 12.1. Government actions | 21 |

| | | |
|---------|---|----|
| 12.2 | Activities of non-governmental organizations | 21 |
| 13. | The Nationality Code and the Togolese Constitution of 1992 | 22 |
| 14. | Education and training of women and girls | 22 |
| 15. | Impact of the fight against stereotypes in schools. | 23 |
| 16. | Keeping pregnant women and girls in school | 23 |
| 17. | Combating discrimination in the labour market | 23 |
| 18. | Implementing the principle of equal remuneration for work of equal value. | 24 |
| 19. | Programme to combat poverty among women | 24 |
| 20. | Women's health indicators | 24 |
| 20.a. | Child and infant mortality | 25 |
| 20.b. | Low birth weight | 25 |
| 20.c. | Maternal mortality | 25 |
| 20.d. | Immunization | 26 |
| 20.e. | Prevalence of infectious diseases | 26 |
| 20.f. | Prevalence of non-infectious diseases | 26 |
| 20.g. | Differences between rural and urban women. | 28 |
| 20.h. | Coverage of health-care facilities | 28 |
| 20.i. | Coverage of health-care personnel | 30 |
| 21. | Programmes to promote access to modern contraceptive methods | 31 |
| 21.a. | Use of contraceptive methods | 31 |
| 21.b. | Unmet contraceptive needs | 32 |
| 21.c. | Coverage and availability of family planning services | 32 |
| 21.d. | Constraints and restrictions on providing contraceptive methods | 32 |
| 22. | Enhancing the availability of prenatal programmes | 33 |
| 23. | Combating STD/HIV/AIDS | 33 |
| 23.a. | Description of projects | 33 |
| 23.b. | Project results. | 34 |
| 23.b.1. | Context | 34 |
| 23.b.2. | Actions to combat AIDS | 35 |
| 23.b.3. | Impact of projects | 36 |
| 24. | Access to family benefits according to women's marital status. | 37 |
| 25. | Women's access to bank credit | 37 |
| 26. | Rural women's access to health care | 37 |

| | |
|--|----|
| 27. Access to safe drinking water | 37 |
| 28. The Togolese Personal and Family Code and the Convention | 38 |
| 28.a. Minimum age of marriage | 38 |
| 28.b. The legality of polygamy | 38 |
| 28.c. Freedom to choose marital home and workplace | 39 |
| 28.c.1. Freedom to choose marital home | 39 |
| 28.c.2. Freedom of work | 39 |
| 28.d. Informal unions | 39 |
| 29. Reducing the impact of customary law in the home | 39 |

Introduction

On 18 December 1979 the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which entered into force on 3 September 1981. Togo acceded to the Convention on 26 September 1983.

In accordance with article 18 of the Convention, all States Parties must submit an initial report within one year of accession, and then a periodic report every four years.

Thus, Togo should have submitted a report to the Secretary-General in 1984, 1988, 1992, 1996 and 2000. However, as a result of institutional problems, it was only possible to submit the reports as a single document, in 2002, following approval by the Council of Ministers.

The combined report highlighted the many efforts made by the Government to protect and promote women's rights within the family, in society, and in the country's various development sectors.

Following its consideration of the combined report, the Committee on the Elimination of Discrimination against Women raised a number of concerns in the form of a list of issues and questions for the Government of Togo.

With a view to formulating responses to the Committee's concerns, a workshop was held in Lomé from 24 to 26 October 2005, attended by various ministries and organizations of civil society involved in women's issues.

The questions asked of workshop participants (see Annex) covered 30 points, which may be grouped under four headings:

1. Eliminating discrimination against women and guaranteeing equality between men and women (questions 1, 2, 4, 5, 7, 8, 18 and 19);
2. Combating all forms of violence against women (questions 9, 10 and 11);
3. Promoting women's entrance into political, economic and social life (questions 6, 13, 20, 26, 29 and 30);
4. Ensuring effective education and health-care coverage for women (questions 12, 15, 21, 23, 24, 27 and 28);

As far as the report's substance is concerned, the responses formulated during the workshop provide greater clarity and precision with respect to certain points made in the combined report submitted in 2002, and highlight the advances made in the area of women's rights since that time. They also demonstrate how much remains to be done.

As regards its form, the responses have been presented in accordance with relevant practice. Thus, a response has been given to each question in turn, in order to ensure that all the Committee's concerns are adequately addressed.

Summary

The concerns of the Committee on the Elimination of Discrimination against Women were expressed in the form of questions, which may be grouped under four headings.

By grouping the questions under four headings, it has been possible to clarify certain elements of the combined report submitted to the Secretary-General in 2002 and to highlight the progress made since then as well as the work that remains to be done.

The four headings are as follows:

1. Eliminating discrimination against women and guaranteeing equality between men and women (questions 1, 2, 4, 5, 7, 8, 18 and 19)

The responses under this heading address the following points:

- The Government’s commitment to establish committees to review current national legislation (Personal and Family Code; Penal Code) in the light of international laws ratified by Togo;
- The ratification of new international laws on the promotion and protection of women such as the Additional Protocol to the African Charter of Human and Peoples’ Rights on the Rights of Women in Africa;
- Training and raising the awareness of citizens and judicial actors regarding the provisions of national and international laws relating to women’s rights.

2. Combating all forms of violence against women (questions 9, 10 and 11)

The following points are addressed under this heading:

- A 16-day awareness-raising campaign on issues relating to all forms of violence against women has been organized each year by the General Directorate for the Advancement of Women (DGPF) and Women in Law and Development in Africa (WiLDAF) Togo since 2000;
- Since 2001, DGPF, Women, Democracy and Development Study and Action Group (GF2D) and the Togolese League for Women’s Rights (LTDF) have been setting up counselling centres for women victims of violence throughout the country;
- Legislative measures, including the Act of 3 August 2005, have been taken to prevent and suppress traffic in children and thus to protect young girls. A preliminary draft law for the suppression of traffic in adults is currently being prepared.

3. Promoting women’s entrance into political, economic and social life (questions 6, 13, 20, 26, 29 and 30)

The promotion of women is currently reflected in the following measures:

- Revision of the Personal and Family Code with a view to ensuring equality between men and women in the home, guaranteeing women’s legal capacity and the protection of their right as descendants and/or widows (amendments

proposed by the Committee for the revision of the Personal and Family Code) to inherit;

- Efforts to mainstream the gender issue into sectoral policies and the establishment of focal points within ministries;
- Implementation of strategies to ensure women’s access to credit within the framework of decentralized financial systems, including Women and Associations for Gain both Economic and Social (WAGES), Cooperation for International Development Society (SOCODEVI), and ECHOPPE [“Market Stall”].

4. Ensuring effective education and health-care coverage for women (questions 12, 15, 21, 23, 24, 27 and 28)

In the area of education, the Government has taken a number of measures, notably affirmative action measures aimed at promoting girls’ access to schools (e.g. the reduction of girls’ school fees).

In the area of health care, measures have been introduced to ensure conformity with World Health Organization (WHO) standards regarding health-care coverage, setting up health-care facilities, etc.

Moreover, the draft health code adopted in August 2005 contains provisions for the protection of individuals who are vulnerable to HIV/AIDS, notably women and sex workers. The Government’s efforts to combat the HIV/AIDS pandemic include programmes such as the National AIDS/STD Control Programme (PNLS).

Furthermore, all women — regardless of their social or geographical situation — enjoy access to health care, including contraceptive methods and prenatal care, without discrimination.

However, much still remains to be achieved in all these areas.

Articles 1 and 2

1. Implementation of the Convention and harmonization of the Convention and domestic legislation (question 2)

1.a. Implementation of the Convention

The measures introduced to implement the Convention are social and educational, as well as institutional, in nature.

1.a.1. Social and educational measures

These measures are designed, on the one hand, to inform citizens about their rights under the Convention in order to ensure its application and, on the other hand, to inform judicial actors so that they can dispense justice in accordance with the Convention’s provisions.

1.a.1.1. Measures aimed at citizens

In order to address the majority of the population’s ignorance of the relevant legislation, a number of different information, education and communication

activities have been introduced, including seminars, round tables, town-hall meetings, and radio programmes on women's rights organized by substantive departments within the Ministry of Population, Social Affairs and the Advancement of Women and NGOs. The following are examples of such activities:

- During 2002, DGPF, in partnership with the World Bank, provided training in women's rights to regional actors in the country's five economic regions;
- During 2002, the Ministries of Health and the Advancement of Women, working in partnership with the United Nations Children's Fund (UNICEF), carried out awareness-raising activities on the dangers of excision, aimed at traditional leaders living in areas where this practice is prevalent;
- The Ministries of Justice and the Advancement of Women periodically broadcast programmes on national radio entitled "Informing and explaining about women's rights".

It should also be noted that in an effort to ensure more effective dissemination of the Convention, the Ministry of Population, Social Affairs and the Advancement of Women, in partnership with the United Nations Development Programme (UNDP), has published a simplified version of the Convention, in French and in the national languages.

1.a.1.2. Measures aimed at judicial actors

A number of information and education actions have been targeted at judicial actors, notably including the following:

- The Ministry of Planning provided training to judges, lawyers and Prefects on the provisions of the Convention and of the Convention on the Rights of the Child, within the framework of the Togo-UNICEF cooperation programme 1998-2003;
- In 2002 the Ministry of Population, Social Affairs and the Advancement of Women and the regional branch of WiLDAF, in partnership with the World Bank and the International Organization of la Francophonie (OIF), organized an international seminar on women's access to legal and judicial services in sub-Saharan Africa;
- Under the Togo-UNICEF cooperation programme 2002-2006, the Ministry for the Advancement of Women held a seminar on strengthening the capacities of judges and officers of the law, as well as traditional chiefs, in the fight against gender-based violence and in the psychological care of victims;
- In 2002 a simplified and illustrated version of the Convention was distributed to legal professionals with the intention that WiLDAF could use it on behalf of defendants;
- The Ministry for the Advancement of Women, in partnership with UNDP, plans to hold a workshop in December 2005 to consider articles 15 and 16 of the Convention, on equality between men and women in family relations, in the light of articles 50 and 140 of the Togolese Constitution, which state that "Conventions and Treaties duly ratified by Togo shall be an integral part of the Constitution and shall 'take precedence over national laws'".

1.a.2. Institutional measures

These measures include:

- Bringing the courts closer to the people under their jurisdiction, in order to make access to the courts easier; applying the law, and hence the Convention;
- The establishment, on 25 June 2001, of an Inter-ministerial Committee responsible for identifying those provisions of the Personal and Family Code that discriminate against women. The Committee submitted its report in March 2003, proposing the amendment of 24 articles that discriminate against women and suggesting the creation of two new headings, on divorce by mutual consent and on simple adoption, respectively.

1.b. Harmonization of domestic legislation and the Convention

It should be noted that there is a genuine political will to achieve this goal. In 1996, for example, an Inter-ministerial Committee was set up to harmonize the various laws in force in Togo. The Committee is also responsible for preparing the country's initial and periodic reports on human rights questions.

Moreover, the Ministry of Justice, with the support of UNDP, has recently validated the national programme to modernize the judicial system over the next five years (2005-2009). This programme, which reflects national policy on judicial reform, includes a subprogramme entitled "modernization of legislation", whose interim plan (2005-2006) provides for the establishment of a commission for the harmonization of domestic law and international law, which is required to propose a harmonization programme and codify domestic laws.

Owing to the importance attached to this programme by the Togolese authorities, it was launched by the Head of State himself, in August 2002.

2. Access to justice for women (question 3)

Since the enactment of the Personal and Family Code, which constitutes the frame of reference for women's rights in family relations, several measures have been taken by the Ministry for the Advancement of Women with a view to improving women's access to the courts. These are the following:

- Translation of the Personal and Family Code into local languages, and its dissemination among the public;
- Organization of various seminars and workshops on women's rights, for judicial and extrajudicial actors;
- Opening of counselling centres, by State agencies and NGOs, which provide counselling on women's issues;
- Training of female legal assistants and paralegals to liaise between the courts and the public.

As part of the national programme to modernize the judicial system, there are plans to implement a programme for the dissemination of information about citizen's rights as well as ways to access the justice system, through:

- Seminars organized jointly by the Ministry of Justice and NGOs;
- Direct awareness-raising activities carried out by the Ministry of Justice;
- Awareness-raising projects subcontracted to NGOs.

The effort to bring the courts closer to those under their jurisdiction should also be noted. Togo now has 23 courts, compared with 19 in 2001, and now has a second Court of Appeal (The Kara Court of Appeal) in addition to the Lomé Court of Appeal.

It remains difficult for rural women to get access to the justice system, because of the physical difficulties experienced by the courts in holding the public sessions required under the order of 18 September 1978 on judicial organization in Togo.

Legal aid exists only in criminal matters. In civil matters the programme to modernize the judicial system provides for the creation of a legal aid fund, which will be launched on a pilot basis in 2008, comprising:

- The fixing of conditions for fund eligibility and administration;
- The establishment of a national fund administration committee;
- The opening of a special account to be administered by the Ministry of Justice;
- The establishment of an annual financial audit.

Furthermore, in the context of the implementation of a subregional programme to strengthen the capacities of judicial and extrajudicial actors, civil society has developed a standard, illustrated version of the provisions of the Convention, which is designed to improve public understanding of the Convention and ensure that defendants can cite the Convention before the courts if necessary.

3. Sensitization of judges, lawyers and law enforcement officers (question 4)

Both the State and NGOs have taken action to sensitize judges and other law enforcement officers.

3.1. State action

- A five-year TOGO-UNICEF programme (1998-2003), in partnership with the Ministry of Population, Social Affairs and the Advancement of Women, has enabled around 50 magistrates and lawyers to be trained in the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child;
- Two projects aimed at strengthening the capacities of magistrates, law enforcement officials and traditional chiefs have been implemented with financial support from the United Nations Population Fund (UNFPA) and UNDP as part of efforts to combat gender-based violence, on the one hand, and raise awareness of the Convention and national legislation relating to the protection of women, on the other;
- The holding in 2002 of an international workshop on women's access to legal and judicial services in sub-Saharan Africa financed by the World Bank and the International Organization of la Francophonie;
- The recent UNDP-backed project to modernize the justice system provides measures for the systematic dissemination of information on laws, regulations and jurisprudence and the preparation of manuals on CD-ROM during 2006. It

also envisages making all of Togo's official gazettes since independence available in electronic format.

3.2. Activities of non-governmental organizations

- In 2002, the WiLDAF network implemented a subregional project entitled “Sensitizing and strengthening the capacities of judicial and extrajudicial actors for the effective implementation of women's rights in West Africa”. As part of this project, a brochure containing a simplified version of the Convention's provisions has also been published and made available to different stakeholders.

Article 3

4. Machinery for monitoring the implementation of the Convention (question 5)

In addition to the National Beijing Follow-up Committee, there exist technical structures and bodies responsible for supporting and assessing efforts to reduce inequalities and promote respect for women's rights.

Regarding technical structures, by a decree of 14 September 1994, the Government set up the Status of Women Directorate, one of the sections of which is responsible for monitoring implementation of legislation to promote women.

As for specific bodies, since the Interministerial Order of 2001, there has been a Sectoral Technical Committee responsible for drafting Togo's initial report and periodic reports under the Convention (see report, p. 134). The members of this Committee are responsible not only for drafting reports, but also for advocating for the implementation of the Convention in their sector. They are assisted in their task by focal points which have been set up by the Ministry for the Advancement of Women since 2001.

Today, the impact of this monitoring can be seen through the establishment of committees to review national legislation and harmonize it with the Convention. The following are examples of legislation that has been reviewed:

- The Personal and Family Code of 31 January 1980;
- The Penal Code of 13 August 1980;
- The draft children's code.

The purpose of reviewing legislation is to:

- Eliminate all forms of discrimination against women and young girls;
- Harmonize the age of majority, marriageable age and age of criminal responsibility;
- Prevent and suppress all forms of violence against women and young girls;
- Introduce stiffer penalties for violence against children and thus protect young girls.

At the social level, following an intensive awareness campaign conducted by the substantive departments responsible for the advancement of women in

cooperation with civil society organizations, traditional chiefs have begun applying the provisions of the Personal and Family Code, which favours equality in marriage and inheritance, to the detriment of customary rules.

5. Government policy for the advancement of women (question 6)

The Government has drawn up, but not yet adopted, a policy for the advancement of women; however, a number of guidelines regarding the advancement of women are being implemented, the most important of which relate to the following areas:

- Enhancement of the legal position and status of women;
- Reinforcement of women’s economic power;
- Promotion of school attendance and education among young girls and literacy among women;
- Improvement of women’s empowerment and their involvement in decision-making spheres.

Since 2004, the Ministry for the Advancement of Women has been conducting a study with a view to formulating a strategic plan on gender in all sectors and at all levels. The elaboration of this strategic plan received financial support from UNDP and technical support from an international expert. This strategic plan has now been drawn up. It will be implemented as soon as it has been validated, approved and adopted.

Article 4

6. Adoption of temporary special measures to achieve de facto equality between men and women (question 7)

The temporary special measures adopted concern above all education and employment.

In the education sector, the following measures have been adopted:

- Introduction of lower school fees for girls;
- Adoption of a system of giving preference to the girl in cases where a girl and a boy of the same age and subject clusters are competing for a grant.

Today, owing to the scarcity of financial resources, scholarships are no longer awarded; however, all students receive help, without distinction as to their sex.

In the employment sector, the communiqué approved by the Council of Ministers of Wednesday, 21 September 2005 officially endorsed the practice of taking account of the ratio between men and women when compiling the results of national competitive examinations, a practice which has been in force in the country for five years. Under this practice, women candidates are encouraged and given preference over male candidates.

In addition, the Government now requests the establishment of entry quotas for women in sectors traditionally reserved for men, such as the police, the water and forestry service, and the army. However, such measures, even if they are temporary, should be enshrined in legislation and extended to other sectors.

Article 5

7. Combating discriminatory practices and stereotypes and their effects (question 8)

Measures have been taken to address discriminatory practices and stereotypes in various areas.

In the area of education, the Government recognized that primary school textbooks (such as the one about Abalo and Afi) contained stereotypes and therefore took measures to eliminate such textbooks from the school syllabus in 2002. Although there are no statistics on the effect of withdrawing such textbooks, there is no doubt that stereotypes have diminished in intensity among both teachers and pupils. In some schools in Togo's major towns, teachers do not mind which tools are brought in during manual work (hoe, machete, brooms for both sexes). Moreover, in some schools, girls outnumber boys, thereby demonstrating the growing importance that parents attach to young girls' education.

In the social domain, the traditional chieftaincy system has always been considered a man's realm. Today, however, several canton chiefs and village chiefs are women.

In the economic domain, the subordination of women to men is dwindling owing to the emergence of savings-and-loans societies which enable women to be more independent. In Togo, over 60 per cent of these societies are managed and owned by women. Businesswomen's networks are also being organized and this has an impact on the way in which the family's needs are met in financial terms.

Moreover, as a result of the awareness programmes organized by the department responsible for the advancement of women, in cooperation with civil society organizations, law enforcement officials and magistrates are now taking the problem of violence against women seriously.

In the legal arena, amendments have been proposed to discriminatory articles that deny women the right to inherit, such as articles 391 and 397 of the Personal and Family Code. Moreover, following the rereading of the preliminary draft children's code, Personal and Family Code and Penal Code, these three texts have been harmonized and the age of majority has been fixed at 18 for both sexes, in line with the Convention on the Rights of the Child.

In the area of health, a draft health code is in the process of being adopted. This draft emphasizes equal rights for women and men in matters relating to health.

8. Combating all forms of violence against women (question 9)

8.1. State action

In addition to measures taken to combat traffic and the exploitation of the prostitution of women, both the Government and NGOs have taken steps to combat a number of specific types of sexual violence, such as rape, incest, sexual harassment and early marriage.

The General Directorate for the Advancement of Women organizes training sessions and awareness-raising campaigns for practitioners of the law, law enforcement officials and traditional and religious authorities on the subject of

gender-based violence and psychological care of victims, as part of the project entitled “Support for the advancement of women” in partnership with UNFPA.

Moreover, every year, from 25 November to 10 December, this Directorate and the WiLDAF-Togo network organize a campaign on a particular theme relating to violence against women as part of the 16 Days of Activism Against Gender Violence campaign. The themes addressed from 2000 to 2004 were as follows:

- In 2000: sexual harassment;
- In 2001: sexual harassment in schools, universities and centres of learning with the establishment of SOS committees for girls in almost 90 educational establishments (middle and secondary schools);
- In 2002: rape;
- In 2003: rape and incest;
- In 2004: early marriage and fistulas;
- In 2005: the same theme was repeated owing to the damage caused by the two phenomena.

8.2. Activities of non-governmental organizations

The 540 paralegals of GF2D and the other members of WiLDAF-Togo have been raising awareness about these issues throughout the country. It should be noted that, in order for these efforts to be effective, account must be taken of the specific nature of these forms of violence, which must also be envisaged and penalized by the Togolese legislator.

On the subject of early marriage, a workshop was organized to bring the various national codes into line with the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. Given that there is no law against early marriage, it would be advisable to align the marriageable age for girls with that provided in the Convention on the Elimination of All Forms of Discrimination against Women and in the African Charter on the Rights and Welfare of the African Child. The preliminary draft children’s code already addresses this concern.

Legislation is also needed to address sexual harassment in schools. In the meantime, in 2000 the Ministry of Education sent a circular to all teachers throughout the country urging them to be aware of the issue. The WiLDAF-Togo network and the NGO “Conscience” have also set up SOS committees for girls and monitoring committees.

In 2001, WiLDAF-Togo prepared a guide to caring for victims of sexual harassment in schools, universities and centres of learning which it made available to the members of the SOS committees for girls in educational establishments.

It is important to amend legislation in order to punish sexual harassment, incest, early marriage and traffic in human beings, including women, in line with the Convention on the Elimination of All Forms of Discrimination against Women and the United Nations Convention against Transnational Organized Crime. Here too the preliminary draft children’s code has taken these various aspects into account.

9. Combating the practice of female genital mutilation (question 10)

The Law prohibiting female genital mutilation has been in force since 1998. However, the practice still exists owing to the fact that in some places it is a cultural practice or initiation rite. The practice is much more common in central regions and in the savannah.

The Government's technical departments are conducting an extensive campaign to provide information and raise awareness among female practitioners of circumcision and the population as a whole about the damage caused by the practice and the penalties incurred by offenders (*publication and dissemination of the law*).

There also exist plans not only to retrain female circumcisers in other income-generating activities, through targeted training and the granting of reimbursable loans but also for the medical and social services to provide treatment to the victims.

In addition to the action taken by the Government, NGOs/grass-roots associations have also helped generate awareness about the Law, inter alia, by translating it into the national languages and through posters.

Article 6

10. Combating traffic in women and children (question 11)

A number of legislative measures have been introduced and awareness campaigns conducted to curb the increased traffic in women and children for the purpose of prostitution and forced labour.

10.1. Legislative measures

Law No. 2005-009 of 3 August 2005 on traffic in children in Togo has now entered into force. The purpose of this Law is to define, prevent and suppress traffic in children.

According to article 3 of this Law, "*traffic in children is a serious offence which is defined as the process whereby any child is recruited or kidnapped, transported, transferred, taken in or lodged inside or outside the country, by one or several persons, for the purpose of their exploitation*".

Article 4 defines the exploitation of children as "*any activity to which a child is subjected which is of no economic, moral, mental or psychological benefit to the child but which, on the contrary, is, directly or indirectly, of economic, moral or psychological benefit to the perpetrator of the crime or any other person*".

The perpetrators of the crime and their accomplices are liable to a prison term of two to five years and a fine of 1 to 5 million CFA francs.

The punishment is more severe — five to ten years in prison and a fine of 5 to 10 million CFA francs — when, for example, the child has been subjected to the worst forms of labour.

Any parent or guardian who knowingly facilitates the traffic of their child or of a child of which he or she has custody is also liable to a prison term of six months to one year.

The establishment of the future national commission to combat traffic in children envisaged by this Law will help coordinate efforts to combat traffic in women and children more effectively. It should, however, be stressed that this Law has a limited scope in so far as it protects only girls under the age of 18. Legislative measures must be introduced to extend protection to all women.

10.2. Awareness-raising programmes

The Ministry of Population, Social Affairs and Advancement of Women and associations and NGOs that work to promote, protect and defend the rights of women and children are raising people's awareness about the harmful effects of traffic in women and children.

Several cases of traffic in children have been discovered and steps have been taken to make it easier to return victims to their families.

11. Providing health care and information about sexually transmitted diseases and HIV/AIDS to prostitutes (question 12)

11.1. Legislative measures

Article 96 of the Penal Code provides that persons who have engaged in prostitution may undergo medical examinations and treatment. Moreover, on 24 August 2005, the Government adopted a bill on the protection of individuals against HIV/AIDS. This bill is currently being considered by the National Assembly and contains provisions to protect people who are vulnerable to HIV/AIDS.

Indeed, articles 46 and 52 of the bill specify that education, information and communication programmes aimed at changing behaviour vis-à-vis HIV/AIDS and STDs must be put in place for women and sex workers. Programmes for the treatment of HIV/AIDS and STDs must also be developed for sex workers (*prostitutes*).

11.2. Social and educational measures

In July 2005, the Government took measures to improve conditions in places where minors are engaged in prostitution in Lomé. Victims were given psychological and medical treatment.

In addition, awareness and information campaigns are conducted by the National AIDS Control Programme (PNLS) and the National Council for the Control of AIDS, in cooperation with associations for people living with HIV/AIDS, such as "Espoir Vie-Togo". These campaigns address the different modes of transmission, prevention and treatment for people who are vulnerable to HIV/AIDS.

As regards prostitutes, the action taken by the association "Providence" as part of the project to combat AIDS in West Africa (AIDS 3) is very revealing. Indeed, following the assessment of the microproject entitled "*Promotion of sexual health of child sex workers and adolescents at risk of prostitution through effective care*" in July 2005, prostitutes have been offered medical care through mobile clinics.

Articles 7 and 8

12. Promoting the entrance of Togolese women into public and political life (question 13)

12.1. Government actions

The measures taken to achieve the full and effective participation and representation of women on an equal footing with men in decision-making posts in political and public life relate to the gradual mainstreaming of gender into politics.

The Government has taken steps to mainstream the gender issue into sectoral policies and gender focal points have been set up within all ministries.

In May 2004, these gender focal points and Permanent Secretaries or Chiefs of Staff attended a training course in Porto-Novo, Benin on how to mainstream the gender issue into sectoral policies.

In 2005, a diagnostic study on gender was carried out. A strategic plan was then formulated and is now being implemented. A number of focal points also took part in a training workshop in Dakar on how to take gender into account when preparing national budgets.

Moreover, two women were appointed to the National Independent Electoral Commission (CENI), which monitored the April 2005 presidential elections.

Lastly, the creation of the post of adviser to the Prime Minister on gender and equality issues, which has been filled by a woman, will gradually help reduce gender disparities.

Training and awareness-raising campaigns have also yielded results and, in this regard, women have been involved in the national dialogue for the implementation of the 22 commitments undertaken by the Government in Brussels on 14 April 2004.

Two women passed the competitive examination for police commissioner and one woman for police officer, five women for deputy police officer and 60 for police constable.

Further efforts must be made to involve women more deeply in the decision-making process and introduce a progressive quota system for elected and appointed posts and in competitive examinations.

The Government has still not adopted specific measures or gender-awareness and career-development programmes to increase the number of women holding posts in the Togolese diplomatic service or in the United Nations system.

Nevertheless, the reopening of the diplomacy department of the Ecole Nationale d'Administration for the 2005 academic year suggests that young women students wishing to embark on a career in diplomacy will now have the opportunity to pursue studies in this field.

12.2. Activities of non-governmental organizations

Civil society is involved alongside the Government in awareness-raising and training to promote the access of women to political and public posts. In 2000,

WILDAF and the World Conservation Union's Regional Office for West Africa with the financial support of the European Union, developed a training manual for women in politics which was made available to organizations which undertake activities to enhance the participation of women in the management of public affairs.

In 2002, with the financial support of the United Nations Development Fund for Women (UNIFEM) office in Dakar, the national chapter of this network organized a training workshop on women leadership. The workshop brought together 32 women from various decision-making bodies in Togo, including:

- 12 women from political parties;
- 3 women union leaders;
- 2 women parliamentarians;
- 12 representatives of women's associations.

At the village level, the Democracy and Development Study and Action Group trains women of the village development committees in decision-making.

An advisory women's council was established in 2004 with the aim of advocating for the effective exercise of the political rights of women.

The NGO La Colombe raised awareness among traditional chiefs on the need for women to exercise their political rights.

The NGO La Lumière conducted awareness-raising campaigns on women's rights and the importance of civil registration in 73 villages between 1999 and 2003, and 2,743 rulings substituting for birth certificates were established. The beneficiaries may obtain identity papers and register easily to vote.

Article 9

13. The Nationality Code and the Togolese Constitution of 1992 (question 14)

The Nationality Code of 1978 was not brought into line with article 32 of the Constitution of the Fourth Republic granting Togolese citizenship to any child born of a Togolese father or mother. Nevertheless, the draft children's code states clearly that "a child born of Togolese parents shall be Togolese. A child born to a Togolese father or mother shall be Togolese". A foreigner who marries a Togolese woman may only obtain Togolese nationality through naturalization. He is nevertheless exempt from the general provisions in that regard (article 19, paragraph 2 of the Nationality Code).

Article 10

14. Education and training of women and girls (question 15)

Togolese education policy gives priority to the education of girls and women through the democratization of schools, providing free access to all, both girls and boys (education reform of 1975).

The 1998 declaration on education sector policy explicitly states the need to encourage steady attendance by children in all zones, rural and urban, through specific incentives such as:

- A reduction in school fees for girls from disadvantaged backgrounds;
- The introduction of partially subsidized schooling in sparsely populated rural areas;
- Boosting of household income through income-generating activities;
- The provision of appropriate education or training for persons with disabilities (physical or mental);
- Enhancing efforts to provide remedial classes for all those who have been insufficiently educated or not educated at all.

15. Impact of the fight against stereotypes in schools (question 16)

Steps were taken to combat gender stereotypes in the Togolese educational system through the distribution of new school manuals which treat girls and boys equally.

Many awareness-raising campaigns have been conducted on the education of girls by various civil society organizations with the agreement of the Government.

Moreover, the design and development of a standard syllabus (a kind of manual for public school teachers, explaining specific terms and behaviour relating to discrimination, developed under the France-UNICEF-Togo cooperation project, as well as co-education in all public schools constitute comprehensive steps.

It can be said, as demonstrated by statistical data, that these steps have begun to produce results, especially as girls have begun to have confidence in themselves and wish to attend school. However, an evaluation study should have been commissioned after several years of experience to come up with reliable data on the impact of these steps.

16. Keeping pregnant women and girls in school

While circular No. 8478/MEN-RS prohibits pregnant schoolgirls or students from attending school until they give birth, it is not strictly enforced, and it is the parents in most cases who do not allow their pregnant daughters to continue their studies because of specific cultural or financial considerations, since no assistance is rendered to pregnant women.

These measures do not affect institutions of higher education, as married couples are enrolled in them. Nor are such institutions governed by any special requirements.

Given that this circular is no longer applied, there are no plans to revise or amend it.

17. Combating discrimination in the labour market (question 18)

Under Togolese law, victims of any gender-based discrimination may seek redress before the administrative division of the Court of Appeals.

Civil servants may seek redress before the administrative courts.

In the private sector, any person who is refused employment or dismissed on the grounds of pregnancy or for attending to family responsibilities may seek redress before the labour court.

However, the administrative division is still not operational. There are plans to modernize the Togolese justice system so as to afford all victims of discrimination effective redress.

18. Implementing the principle of equal remuneration for work of equal value (question 19)

Concerning remuneration, the Togolese State has instituted equality in wages and salaries. However that norm appears to be unequally applied. This is because under the Personal and Family Code the husband is the head of the household and as such has the primary responsibility for all the family expenses, with the wife and children being regarded as his dependants.

19. Programme to combat poverty among women (question 29)

At the State level, the Government has made poverty reduction in general and the impoverishment of women in particular a priority. An extensive programme in collaboration with UNICEF for this purpose has been under way since 2002 and will end in 2006.

A project to provide support for community services and specific women's initiatives has been implemented under this programme. Thus grass-roots women's production, processing and trade associations have been established.

With a view to reducing poverty among women, specifically rural women, the Directorate for Cooperation, Promotion of Women's Economic Activities and Local Community Organization intervenes in the field by helping rural women to set up associations and granting them credits financed, inter alia, by the International Organization of la Francophonie.

Mutual savings and loan institutions have also been established by NGOs, including WAGES, SOCODEVI, APETATRA and ECHOPPE.

NGOs, associations and the Government have implemented a development strategy based on the gender approach to address the feminization of poverty and hold men accountable for managing loans provided to women.

20. Women's health indicators (question 21)

(Infant mortality, low birth weight, maternal mortality, immunizations, prevalence of infectious and non-infectious diseases and life expectancy)

The Government's current priorities in the area of health are contained in the 2002-2006 national health development plan, the national education policy and the final interim poverty reduction strategy paper (2004). These priorities take into account the Millennium Development Goals to be achieved by 2015, including the reduction in the maternal and infant mortality rate and the need to wage a multidimensional fight against HIV/AIDS, malaria, tuberculosis and other infectious diseases among the population.

20.a. Infant and child mortality

Infant and child mortality is attributable to infectious and parasitical diseases, including malaria, diarrhoeal diseases, acute respiratory infections and nutritional deficiencies in addition to diseases under the expanded programme on immunization (EPI) such as measles, polio, diphtheria, whooping cough and tetanus.

Infant and child mortality

| | |
|----------------------------|-------------------------------|
| Infant mortality | 80 per thousand live births |
| Infant and child mortality | 146 per thousand live births |
| Neonatal mortality | 42.4 per thousand live births |

Source: Demographic and health survey of Togo, 1998 (EDST II 98).

20.b. Low birth weight

According to the 1998 demographic and health survey, 10 per cent of children are born with a low birth weight; 14.6 per cent of them are in the central region.

20.c. Maternal mortality

According to the 1998 survey, the maternal mortality rate is 478 per 100,000 live births.

The problems which women of child-bearing age encounter are risks associated with unwanted pregnancy and delivery unassisted by a qualified professional (40 per cent, Analysis of the reproductive health situation in Togo (Etude AS/SR Togo — 2003)), resulting in maternal mortality. The main direct causes of maternal deaths in Togo are: haemorrhaging, septicaemia, eclampsia, dystocia and septic deliveries.

The indirect causes of maternal mortality are: anaemia, HIV/AIDS, malaria, malnutrition, low contraception rate (11.3 per cent), a shortfall of some 25 per cent of family-planning needs according to the Etude AS/SR Togo — 2003 and the poor organization of emergency obstetric care. Added to all these causes are aggravating factors such as:

- Delays in taking the decision to get appropriate care by the individual and the community because of ignorance, illiteracy, the social status of women and the extreme poverty of the population;
- Delays in gaining access to appropriate care facility because of financial and geographical obstacles;
- Insufficient income-generating activities for women at risk (through forced marriage, female genital mutilation, unsafe abortions, tattoos and nutritional taboos).

It should be noted, moreover, that maternal mortality is also high in rural areas and is essentially caused by:

- The late detection of complications;

- The late arrival at the appropriate health facility;
- Late access to skilled care;
- Early childbearing;
- Too many pregnancies;
- Illiteracy;
- The extreme poverty of women.

20.d. Immunization

The expanded tetanus immunization programme for women of childbearing age.

According to the analysis of the reproductive health situation, half of all mothers who have given birth since 2000 (5 per cent) have received at least two doses of tetanus vaccine needed to ensure protection against tetanus during their pregnancy.

20.e. Prevalence of infectious diseases

Sexually transmitted diseases (STDs) remain a matter of concern in Togo. There were 20,618 cases of STDs registered in 2002 and 26,980 cases in 2003.

In conclusion, cases of STDs are on the rise in Togo.

Table

Number of reported cases of AIDS and sexually transmitted infections by region in 2002 and 2003

| Region | AIDS cases | | STI cases | |
|--------------|--------------|--------------|---------------|---------------|
| | 2002 | 2003 | 2002 | 2003 |
| Lomé | 878 | 1 052 | 3 156 | 4 129 |
| Maritime | 13 | 163 | 4 530 | 5 928 |
| Plateaux | 38 | 195 | 4 354 | 5 697 |
| Centrale | 34 | 139 | 2 556 | 3 345 |
| Kara | 149 | 300 | 2 700 | 3 534 |
| Savanes | 23 | 139 | 3 322 | 4 347 |
| Total | 1 135 | 1 988 | 20 618 | 26 980 |

HIV is an indirect cause of maternal mortality.

20.f. Prevalence of non-infectious diseases

Malaria is the leading endemic parasitic disease in Togo in terms of both morbidity and hospitalization of patients. It is also the leading cause of maternal and infant and child mortality.

The Government has therefore made a commitment to rolling back malaria in Togo by developing a strategic plan for the period 2001-2009, a national malaria

treatment policy in 2004 and a training manual on malaria prevention and control during pregnancy for health-care providers in 2005.

The measures taken under the national malaria control programme include, inter alia:

- Awareness-raising of health-care personnel and the population, particularly pregnant women, by the Ministry of Health through the free distribution of insecticide-treated nets. In September 2005, 50.92 per cent of pregnant women and 59.39 per cent of children under five slept under such nets; 61 per cent of households have at least one such net and 47 per cent of households have at least one net installed;
- Training of 154 trainers on the implementation of intermittent preventive treatment;
- Training of 1,700 health-care providers on intermittent preventive treatment in the 35 districts of Togo;
- The provision of sulfadoxine to pregnant women in 35 districts.

Since the actual launching of intermittent preventive treatment in hospitals in March 2005, 26,003 pregnant women have been under intermittent preventive treatment as of the end of July 2005, or 22 per cent of the goal set, which is 60 per cent by the end of 2006.

NB: Statistics from the national malaria control programme.

Other non-infectious diseases

- Arterial hypertension;
- Diabetes.

Statistics on diseases of hospitalized patients in 2003

| | | <i>Deaths</i> |
|--|--------|---------------|
| Malaria | 18 847 | 1 130 |
| Tuberculosis: Unfortunately, there are no data on tuberculosis | | |
| Arterial hypertension | 749 | 27 |

Demographic and health survey II, 1998.

Overall life expectancy for women is 58.5 years and 56.5 for men.

(Source: World Health Organization)

20.g. Differences between rural and urban women**Time spent to walk from the home to a health-care centre****Urban and rural women**

Table

Breakdown of women who walk to the nearest health-care centres by time spent to make the trip

| <i>Time frame</i> | <i>Time required to reach a health-care facility</i> | | | <i>Total percentage</i> | <i>Number</i> |
|------------------------------------|--|-----------------|------------------------|-------------------------|---------------|
| | <i>less than 30 mn</i> | <i>30-60 mn</i> | <i>more than 60 mn</i> | | |
| Demographic area | | | | | |
| Other towns (excluding Lomé) | 78.6 | 19.3 | 2.1 | 100 | 1 341 |
| Rural | 51.0 | 29.8 | 19.25 | 100 | 3 448 |
| Region | | | | | |
| Lomé | 88.9 | 10.7 | 0.4 | 100 | 748 |
| Maritime | 71.3 | 18.7 | 10.0 | 100 | 1 640 |
| Plateaux | 68.0 | 19.7 | 12.5 | 100 | 1 037 |
| Centrale | 54.7 | 30.4 | 14.9 | 100 | 640 |
| Kara | 23.9 | 46.8 | 29.3 | 100 | 646 |
| Savanes | 62.8 | 24.7 | 12.5 | 100 | 5 537 |
| Togo as a whole | 62.8 | 24.7 | 12.5 | 100 | 5 537 |

– 57 per cent of rural women spend less than 30 minutes to walk to a health-care centre versus 84 per cent in urban areas (88.9 per cent in Lomé and 78.6 per cent in other towns).

Nearly 20 per cent of rural women spend more than 60 minutes to reach a health-care centre versus 1.2 per cent in urban areas (0.4 per cent in Lomé and 2.1 per cent in other towns).

20.h. Coverage of health-care facilities

There were 1,244 health-care facilities in 2003, including 632 standard public and private facilities and 612 non-standard facilities.

Table

Breakdown of health-care facilities by type according to health region

| <i>Type of facility</i> | <i>Lomé</i> | | | | | | <i>Total</i> |
|-----------------------------|----------------|-----------------|-----------------|-----------------|-------------|----------------|--------------|
| | <i>Commune</i> | <i>Maritime</i> | <i>Plateaux</i> | <i>Centrale</i> | <i>Kara</i> | <i>Savanes</i> | |
| Regional hospital centres | 2 | | | | 1 | | 3 |
| University hospital centres | 1 | 1 | 1 | 1 | 1 | 1 | 6 |
| Specialized hospitals | 1 | 1 | | | | | 2 |

| Type of facility | Lomé | | | | | | Total |
|---------------------------------------|-----------|------------|------------|-----------|------------|-----------|------------|
| | Commune | Maritime | Plateaux | Centrale | Kara | Savanes | |
| Prefecture or district hospitals | 1 | 4 | 8 | 3 | 6 | 3 | 25 |
| Polyclinics | 1 | 3 | 2 | 1 | 1 | 1 | 9 |
| Faith-based hospitals | 0 | 5 | 5 | 1 | 0 | 2 | 13 |
| Community health centres | 14 | 31 | 26 | 14 | 14 | 6 | 105 |
| Health centres | 9 | 1 | – | – | – | – | 10 |
| Maternal and child health centres | 20 | 3 | 11 | – | 3 | 4 | 41 |
| Clinics (peripheral health-care unit) | 3 | 105 | 124 | 62 | 76 | | |
| Total standard facilities | 51 | 154 | 178 | 82 | 102 | 65 | 632 |

| Type of facility | Lomé | | | | | | Total |
|------------------------------|---------|----------|----------|----------|------|---------|-------|
| | Commune | Maritime | Plateaux | Centrale | Kara | Savanes | |
| Clinics | 22 | 1 | 5 | 3 | – | – | 31 |
| Health huts | – | 35 | 109 | – | 38 | 1 | 183 |
| Clinics or private practices | 214 | 136 | 26 | 14 | 6 | 2 | 398 |
| All non-standard facilities | 236 | 172 | 140 | 17 | 214 | 3 | 612 |
| All health facilities | 287 | 326 | 318 | 99 | 146 | 68 | 1 244 |
| Pharmacies | 113 | 2 | 6 | 2 | 4 | 2 | 129 |
| Beds | 1 332 | 498 | 662 | 485 | 119 | 352 | 4 479 |
| HIV/AIDS screening centres | 32 | 3 | 0 | 1 | 1 | 1 | 38 |

Source: Ministry of Health review of the health sector, Kpalimé, April 2004.

Table
Ratio of population to health-care facilities and beds by health district

| Region | Population | Number of health-care facilities | Population/Health-care facility ratio | Beds | Inhabitants/Bed |
|--------------|------------------|----------------------------------|---------------------------------------|--------------|-----------------|
| Lomé Commune | 839 000 | 51 | 16 451 | 1 332 | 630 |
| Maritime | 1 274 000 | 154 | 8 273 | 498 | 2 558 |
| Plateaux | 1 142 000 | 178 | 6 416 | 662 | 1 725 |
| Centrale | 478 000 | 82 | 5 830 | 485 | 986 |
| Kara | 647 000 | 102 | 6 344 | 1 149 | 563 |
| Savanes | 590 000 | 65 | 9 077 | 352 | 1 676 |
| Total | 4 970 000 | 632 | 7 864 | 4 478 | 1 110 |

Source: Ministry of Health review of the health sector, Kpalimé, April 2004

Throughout the entire country, there are 7,864 inhabitants per health-care facility with disparities at the regional level.

The Greater Lomé region has 16,451 inhabitants per facility versus 5,830 for the region of Kara.

This breakdown includes health-care facilities which are in line with the standards set in terms of infrastructure, equipment and quality of services.

There are a total of 4,418 beds for the Greater Lomé region and 1,830 beds in the maritime region.

20.i. Coverage of health-care personnel

In 2003 the health-care facilities and administrative structures of the Ministry of Health had a total of 5,305 staff across all categories.

Table

Breakdown of health-care professionals and support staff by region

| <i>Staff category</i> | <i>Lomé Commune</i> | <i>Maritime</i> | <i>Plateaux</i> | <i>Centrale</i> | <i>Kara</i> | <i>Savanes</i> | <i>Total</i> |
|---------------------------------|-------------------------|-----------------|-----------------|-----------------|--------------|----------------|--------------|
| Doctors | 189 | 27 | 28 | 15 | 27 | 10 | 296 |
| Medical assistants | 103 | 34 | 40 | 23 | 42 | 17 | 259 |
| State-certified nurses | 408 | 55 | 138 | 49 | 97 | 52 | 799 |
| Midwives | 178 | 57 | 55 | 11 | 36 | 11 | 348 |
| State laboratory technicians | 174 | 10 | 47 | 9 | 49 | 17 | 306 |
| Other medical staff | 222 | – | 216 | 29 | 263 | 49 | 778 |
| Para-medical staff | 299 | 191 | 171 | 106 | 213 | 65 | 1 045 |
| Senior technical staff | 88 | 13 | 21 | 13 | 23 | 8 | 166 |
| All medical staff | 1 578 | 374 | 695 | 242 | 727 | 221 | 3 832 |
| All support staff | 736 | 37 | 199 | 32 | 266 | 38 | 1 308 |
| Total Ministry of Health | 2 397 | 424 | 915 | 287 | 1 016 | 267 | 5 305 |

Source: Ministry of Health review of the health sector, Kpalimé, April 2004.

Health-care staff is classified as follows:

- Other medical staff: professional birth attendants; nurses; matrons; medical assistants; laboratory assistants; attendants; and leprosy monitors;
- Health assistants: orthopaedic technicians; physical therapists; associate nurses; associate birth attendants;
- Senior health-care technician: ophthalmologists; orthopaedists; radiologists; and odontologists.

More than half of all skilled personnel are concentrated in Lomé, the seat of government; indeed, nearly 11 per cent of all doctors and 43 per cent of senior “non-medical” staff are located there.

There is a significant regional disparity in the number of technical health personnel posted. This disparity affects access to and quality of care given to

women, as more than half of the population is rural and made up essentially of women.

At the national level, women must travel on average 1.8 kilometres to go from their home to the nearest health-care centre.

Nevertheless, in the Savanes region, they must travel almost three times this distance to have access to any health-care service.

Prenatal care

| <i>Prenatal consultations</i> | <i>Years</i> | |
|-------------------------------|----------------------|-------------|
| | <i>1998</i> | <i>2003</i> |
| National level | 82% | 86% |
| Maritime region | 57% | 86% |
| Plateaux region | 80% | 84% |
| Kara region | 81% | 84% |
| Savanes region | Constant 86% in 2003 | |

The rate of prenatal consultations has improved.

At the national level, it has gone from 82 per cent to 86 per cent and, at the regional level, from 80 to 84 per cent. The Savanes region, where the rate has remained constant at 86 per cent, is an exception.

Family Health Division Programme Togo (UNFPA)

| <i>Assisted deliveries</i> | <i>Years</i> | |
|----------------------------|--------------|-------------|
| | <i>1998</i> | <i>2005</i> |
| At the national level | 50% | 61% |
| Maritime region | 52% | 69% |
| Plateaux region | 43% | 54% |
| Kara region | 45% | 62% |
| Savanes region | 29% | 28% |

Source: Family Health Division 2005.

The rate of assisted deliveries improved at the national level (from 50 per cent to 61 per cent) and regional level (from 43 per cent to 61 per cent). However, the Savanes region experienced a slight decrease from 29 per cent in 1998 to 28 per cent in 2003.

21. Programmes to promote access to modern contraceptive methods (question 22)

21.a. Use of contraceptive methods

At the national level, the rate of contraceptive use is low: 11.3 per cent. About one woman in four between the ages of 15 and 49 (27.6 per cent) reported using some form of contraception at the time of the survey (12.4 per cent used modern

methods and 15.1 per cent used traditional methods). Among modern methods, condoms and injections predominate (5.8 and 3.1 per cent of users respectively); among traditional methods, natural family planning methods (NFP), in particular abstinence and withdrawal (14 per cent), are most prevalent.

21.b. Unmet contraceptive needs

Total unmet needs among the women surveyed are 25 per cent for women without a partner, 12 per cent for women in a union wishing to space out births and 8 per cent for women in a union who do not want more children.

21.c. Coverage and availability of family planning services

The majority of health facilities, around 80 per cent, offer family planning services every weekday; 15 per cent offer them even on days they are closed. About half of all health facilities (49 per cent) offer family planning services eight hours a day. On average, family planning services are available six hours a day. In almost all health facilities (98 per cent), the whole range of contraceptives is available but the level of availability of each type varies.

21.d. Constraints and restrictions on providing contraceptive methods (Agency for Regional Health Care Services)

The attitudes of some providers towards offering contraceptive methods are based on subjective considerations concerning certain types of clients. This bias, which sometimes has no medical basis, often involves age, parity, marital status and certain other characteristics of the clients:

- Age restrictions: 62 per cent of providers impose a minimum age below which they will not provide family planning methods, which varies between 8 and 20. The maximum age restrictions stated range from 46 to 61.
- Restrictions related to the number of children the client has: 96 per cent of providers require a minimum number of children before they will provide a sterilization method (tubal ligation).
- Restrictions depending on marital status of the client: 99 per cent of providers state that they would not recommend tubal ligation to a single woman with no children who had never been married, 33 per cent for Sterilet/IUD, 27 per cent for Norplant and 21 per cent for injections. Almost all providers — 98 per cent — stated that they would require consent of the spouse before using tubal ligation as a contraceptive method.

Significant efforts have been made in the area of contraception, in particular, injections and male condoms. However, the needs of Togolese women have not been met, especially married women. In order to meet their needs, appropriate contraceptive methods must be offered to women so that they do not resort to induced abortion to avoid births too closely spaced and unwanted pregnancies.

Induced abortion is considered an urban phenomenon, but it is reaching rural areas more and more, and is becoming widespread. Campaigns to raise awareness of the dangers of induced abortion and the benefits of contraception must be intensified.

A large proportion of adolescents under age 20 (80 per cent) did not use any form of protection during their first sexual encounter. Given the current developments in the spread of HIV/AIDS, this calls for increased awareness among youth of the ravages of this scourge and the need to protect themselves in each encounter outside marriage.

22. Enhancing the availability of prenatal programmes (question 23)

The routine Expanded Programme of Immunization (EPI) has been strengthened considerably by the National Immunization Days (NID) against poliomyelitis and by measles vaccination campaigns. Therefore, the immunization coverage against the diseases in the EPI for the country as a whole are: BCG vaccine, 89 per cent, DPT, 75 per cent and chicken pox, 71 per cent, according to the annual report of the epidemiology service. An analysis of the situation in reproductive health shows that half of mothers who have given birth since 2000 (51 per cent) have received during their pregnancies at least two doses of the tetanus vaccine necessary to protect them against tetanus. As for immunization against yellow fever, only 10 per cent of mothers reported having received this vaccine.

Article 12

23. Combating STD/HIV/AIDS (question 24)

In combating STD/HIV/AIDS, objectives were set to reduce and/or limit the dizzying progression of HIV and STD infection:

- Reduce the incidence of STDs by 50 per cent;
- Maintain or reduce the rate of HIV prevalence in the general population (rate in 2002 — 5.98 per cent);
- Provide psychological and medical care to at least 70 per cent of those suffering STDs and persons living with HIV/AIDS.

In order to achieve these objectives, various projects were developed and financed by partner organizations.

23.a. Description of projects

The following are the projects:

- Strengthening of the institutional framework to combat STD/HIV/AIDS;
- Social marketing of condoms;
- Medical and psychosocial support for persons living with HIV/AIDS;
- Treatment for STDs;
- Epidemiological and behavioural monitoring of STD/HIV/AIDS;
- Transfusion safety, prevention during care and traditional practices;
- Support for youth and adolescents;
- Protection of women;
- Prevention of mother-to-child transmission;

- Prevention of HIV infection among migrants;
- Protection among prostitutes.

23.b. Project results

23.b.1. Context

As for the socio-economic impact of the epidemic, AIDS mainly strikes the age group between 20 and 49, which represents the most vibrant elements of the nation. Furthermore, over three quarters of the cases recorded and declared to date have already died. Those approximately 10,000 deaths have left at least 54,000 orphans. AIDS is a burden on the health-care services because of the increase in the number of patients and health-care expenditure.

Table No. 1

Number of AIDS and STDs cases reported by health regions in 2002 and 2003

| <i>Region</i> | <i>AIDS cases</i> | | <i>STD cases</i> | |
|---------------|-------------------|--------------|------------------|---------------|
| | <i>2002</i> | <i>2003</i> | <i>2002</i> | <i>2003</i> |
| Lomé-commune | 878 | 1 052 | 3 156 | 4 129 |
| Maritime | 13 | 163 | 4 530 | 5 928 |
| Plateaux | 38 | 195 | 4 354 | 5 697 |
| Centrale | 34 | 139 | 2 556 | 3 345 |
| Kara | 149 | 300 | 2 700 | 3 534 |
| Savanes | 23 | 139 | 3 322 | 4 347 |
| Total | 10 135 | 1 988 | 20 618 | 26 980 |

Table No. 2

Sentinel Infection Surveillance 2003 in Togo

| <i>Region</i> | <i>Number of samples</i> | <i>Negative</i> | <i>Positive</i> | <i>Prevalence</i> |
|---------------|--------------------------|-----------------|-----------------|-------------------|
| Savanes | 587 | 572 | 15 | 2.5% |
| Kara | 569 | 550 | 19 | 3.3% |
| Centrale | 570 | 548 | 22 | 3.8% |
| Plateaux | 1 176 | 1 114 | 62 | 5.3% |
| Maritime | 943 | 878 | 65 | 6.9% |
| Country | 4 691 | 4 480 | 211 | 4.5% |

Table No. 3
Sentinel Infection Surveillance 2003 in Togo

| <i>Region</i> | <i>Number of samples</i> | <i>Negative</i> | <i>Positive</i> | <i>Prevalence</i> |
|---------------|--------------------------|-----------------|-----------------|-------------------|
| Savanes | 764 | 746 | 18 | 2.5% |
| Kara | 688 | 662 | 20 | 3.3% |
| Centrale | 67 | 655 | 16 | 3.8% |
| Plateaux | 960 | 912 | 48 | 5.3% |
| Maritime | 1 608 | 1 499 | 109 | 6.9% |
| Country | 4 691 | 4 480 | 211 | 4.5% |

23.b.2 Actions to combat AIDS

At the institutional and operational level

- The National AIDS and Sexually Communicable Disease Alleviation Programme is the institution within the Ministry of Health responsible for coordination, monitoring and implementation of the various programmes to combat HIV/AIDS, and to provide support for persons living with AIDS at the national level;
- At the decentralized level, the Regional Directorates and Prefecture Directorates have programmes to combat HIV/AIDS, and for psychosocial and medical supervision and care for persons living with AIDS;
- CAMEG-Togo (pharmaceutical laboratory) is responsible for stockpiling and dispensing medications for the first year and UNDP is the principal recipient of the orders through the UNICEF supply system in order to take advantage of the best prices.

– Laboratories

There is a network of laboratories which are branches of the National Reference Centre. These laboratories are spread throughout the country, under the coordination of the main agency, the National Reference Laboratory of Lomé. Their tasks are:

- To conduct diagnostic examinations in accordance with NGO criteria;
- To conduct the initial assessment for treatment in accordance with national norms;
- To participate in the quality assurance programme established by the National Reference Centre/National Programme to Combat AIDS. There are a total of 20 voluntary and anonymous testing centres, 42 per cent of which are in the Lomé-Commune region;

There are a total of seven CD4 count laboratories distributed throughout the country, three of which are in Lomé. It should be noted that 24 districts out of 35 do not have a voluntary and anonymous counselling and testing centre.

Table No. 4
Testing by voluntary and anonymous testing and counselling centres 2004

| <i>Structure</i> | <i>Total number of tests performed</i> | <i>Number of positive tests</i> | <i>Percentage</i> |
|------------------|--|---------------------------------|-------------------|
| CCD | 3 468 | 483 | 14 |
| SNSJA | 1 114 | 133 | 12 |
| ATBEF-Lomé | 1 478 | 239 | 16 |
| ATBEF-SOKODE | 474 | 99 | 8.2 |
| P SAMA O | 751 | 147 | 20 |
| FAT-Lomé | 2 059 | 193 | 9.3 |
| FAT-Atakpamé | 489 | 52 | 11 |
| FAT-KARA | 1 385 | 131 | 9.4 |
| FAT-DAPAONG | 858 | 44 | 05 |
| CDXA-Kpalimé | 526 | 98 | 19 |
| CDVA-KARA | 173 | 16 | 09 |
| AMC | 704 | 277 | 39.3 |
| Total | 13 479 | 1 852 | 13.7 |

HIV prevalence in voluntary and anonymous testing and counselling centres is 13.7 per cent.

– Care centres

The accreditation criteria for care centres are subject to:

- availability of medical personnel;
- availability of medical and paramedical personnel trained or retrained in the receipt and use of the results of tests conducted in an accredited diagnostic centre;
- availability of a database (patients, treatment plan, tolerance of treatments, therapeutic observations, therapeutic results) updated regularly.

In total 22 health facilities are able to provide adequate care for persons living with AIDS and 116 doctors and medical assistants have been trained for their medical care.

23.b.3. Impact of projects

As for the impact, these actions have allowed the people to:

- learn of the existence of HIV/AIDS;
- know the modes of transmission;
- learn of its dangerous consequences for the population.

As a result of this impact, people are going to the testing centres. However, their subsequent behaviour after testing is not yet known. A nationwide qualitative and sociological survey will be needed to know the effects of the projects.

Article 13

24. Access to family benefits according to women's marital status (question 25)

While the fifth report to CEDAW states that single and married women do not receive the same family benefits, and that unmarried women have the right to receive family benefits for only two children, this depends on whether the public or the private sector is involved. In the public sector, a married woman can receive family benefits for six children when she is a member of the Civil Service. In the private sector, the Social Security Code has different provisions for married or unmarried women, and therefore they receive different treatment. This is aimed at encouraging legal marriage and discouraging informal unions. No new measures have been taken to date to place married and unmarried women on equal footing. As for workers in the private sector and public sector workers who are not members of the civil service, whose family benefits are sent directly by the Social Security Fund into the hands of their spouses, the services concerned formally prohibit men from intimidating their wives and taking the benefits by force.

25. Women's access to bank credit (question 26)

With regard to women's difficulty in gaining access to credit because of their lack of access to property, the new Personal and Family Code, which is being rewritten, has provided a solution to succession rights by providing equal access for women and men to property without the possibility of recourse to customary law. Only the Personal and Family Code applies to all citizens (*new article 391*). It should be noted that there is a system of microfinance and the Regional Solidarity Bank which offer credit to women.

Article 14

26. Rural women's access to health care (question 27) (*See article 12*)

Health infrastructure coverage has evolved in our country in general and in rural areas in particular. Efforts were made to increase health facilities, from dispensaries or peripheral health-care units and huts to prefecture hospitals. Current statistics indicate that there are about 565 public health facilities in rural areas. As for adequate access to doctors and qualified paramedical personnel, it should be emphasized that there is no discrimination. Any patient of any gender has the right to be examined. However, it should be pointed out that qualified personnel tend not to prefer rural areas, and are more concentrated in urban areas. Furthermore, some difficulty in access to doctors and paramedical personnel of private urban health-care facilities can be observed, as services are paid for directly by the patient. There is also the problem of monetary income in rural areas, where rural women and girls are more likely to be poor.

27. Access to safe drinking water (question 28)

The Togolese Government, in its policy on safe drinking water supply, has emphasized activities to promote rural areas intended to meet the needs in safe drinking water of rural populations and to free rural women from carrying water.

In its vision for 2025, it has established the following objectives:

- A significant increase in the number of water points to one per 300 inhabitants within a radius of 500m of a settlement;
- Provide mini-water pipe systems for settlements of 1500 inhabitants;
- Contribute to meeting the daily needs of 20 l. per person in rural areas.

For this purpose, a Ministry of Rural Water Supply has been established in the recent government.

Articles 15 and 16

28. The Togolese Personal and Family Code and the Convention (question 29)

With regard to the provisions of the Personal and Family Code that discriminate against women in the areas of minimum age of marriage, legality of polygamy, choice of matrimonial home, inheritance and freedom to work, a workshop was organized to harmonize the various legal instruments, in particular the Personal and Family Code, with the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. On the basis of this workshop, action on the following issues will be taken:

28.a. Minimum age of marriage

Taking into account the requirements of the Convention on the Rights of the Child and medical data, the minimum age of marriage is established at 18 years of age for both genders. Nevertheless, for serious reasons (in the event the girl becomes pregnant, for example) the Presiding Judge of the Family Court may, by court order, allow an exception for girls or boys 16 years of age (first draft of the Children's Code). Except in cases where special authorization has been granted, marriage for both male and female children under the age of 18 is invalid.

28.b. The legality of polygamy

Taking into account its sociocultural importance and the need to eliminate all forms of discrimination against women, the proposed amendment to the Personal and Family Code, while not automatically prohibiting polygamous marriage, has made it subject to the express agreement of both spouses at the time the first marriage is performed by the civil registry official, and has established monogamy as a regime under common law.

In accordance with this proposed amendment, the second marriage may be entered into only if the spouses already in a union have expressly chosen this form of marriage. In the event they have not so specified or disagree, they shall be considered as having contracted the marriage under the monogamous regime.

By approving this proposed amendment, the Togolese legislature will promote monogamy as the preferred form of marriage, by subjecting polygamous marriage to strict conditions of express prior consent of the first two spouses who have chosen the polygamous option.

28.c. Freedom to choose marital home and workplace**28.c.1. Freedom to choose marital home**

While former article 101 of the Personal and Family Code stated that “*the man is the head of the family*” the draft amendment to the Personal and Family Code places responsibility for the management of the marital home on both spouses equally. Based on this principle, article 104 of the new Personal and Family Code clearly spells out that “*the spouses choose the marital home freely and by mutual agreement*”. By this provision the Code intended to end discrimination against women in the choice of marital home.

28.c.2. Freedom of work

The proposed new article 109 of the Personal and Family Code grants each spouse the freedom to choose and perform the work he or she prefers. The other spouse may not object to the partner’s choice unless it compromises the safety or interests of the family. In cases of disagreement, the matter is referred to a judge.

28.d. Informal unions

Many couples in Togo live together in informal unions. The phenomenon can be explained by the size of the rural population and a lack of awareness that such unions are illegal, as only marriages performed by a civil registry official have legal effect.

The only actions to be taken are to raise awareness of the importance of civil marriage. On this subject, besides NGOs and associations for the protection of women’s rights, which hold lectures, debates and public meetings, the State has worked through the religious and traditional authorities to encourage them to require a certificate of civil marriage to be produced before performing a religious or traditional ceremony, which will aid in reducing the rate of informal unions.

29. Reducing the impact of customary law in the home (question 30)

The area in which customary law most notably discriminates against women remains inheritance rights and certain practices regarding widows.

With regard to inheritance rights, former article 391 of the Personal and Family Code established the principle that the individual could designate an heir while living, rather than apply the provisions of the Code. If no such designation had been made, customary law would be applied; most Togolese customary law did not grant inheritance rights to women, especially of property.

The Interministerial Commission to revise the Personal and Family Code is addressing the issue and has proposed a rule that all inheritance questions shall be governed by the Personal and Family Code, and therefore by modern legal norms, which has the advantage of granting the same inheritance rights to women as to men, whatever the legacy left by the deceased.

The proposed new article 397 states that “*the widow has the right to refuse to submit to mourning rites that are degrading and undermine her dignity, physical, moral or psychological integrity and sensibility*”. By this regulation, Togolese law protects women against any humiliating and demeaning customary practice.