

TOGO COVID-19 PANDEMIC RESPONSE

Limited Emergency Operation Republic of Togo	
Number of beneficiaries	252,500
Duration (starting date – end date)	1 July to 31 December 2020
Cost to WFP	USD 6,799,502

EXECUTIVE SUMMARY

Togo confirmed the first case of COVID-19 on 6 March 2020. As of 24 June 2020, the total number of confirmed cases had reached 576, including 24 health workers, 384 recoveries and 13 deaths with four regions highly affected: Maritime (63 percent), Centrale (13 percent), Plateaux (13 percent) and Savanes (7 percent).

The Head of State declared a COVID-19 State of Health Emergency for a period of three months from 2 April 2020. The Government has taken several measures to prevent the spread of the virus including, but not limited to, the closure of schools, airports, land and maritime borders, instating a nationwide night curfew, intercity travel restrictions, and physical distancing measures.

These restrictive measures will have an impact on the agricultural sector, which provides more than 20 percent of export earnings and employs over 80 percent of the rural population (53.3 percent women).¹ This situation will in turn impact food availability and household purchasing power. The informal sector, accounting for more than one-third of GDP and reliant on agriculture, trade and services, has been heavily impacted, leaving thousands of vulnerable households without livelihoods.² Restrictions affecting supply chains and stocks could gravely impact the availability of food supplies, pharmaceutical products, health equipment, and other forms of assistance. Delivery times have increased, on average, 45 to 60 days and more. The knock-on effects of these measures could have disastrous social and health consequences, with a detrimental impact on socio-political stability.

Research conducted in May 2020 by the University of Lomé on the impact of COVID-19 on the economy and socioeconomic conditions of vulnerable households and groups in Togo indicated: (i) an estimated GDP decrease of 3 percent, (ii) a decline of available income for all categories of households, (iii) an increase of poverty and inequality, (iv) negative repercussions of food availability (v) a rise in malnutrition, mainly for children, pregnant and lactating women and at risk groups, such as schoolchildren and people living with HIV/TB and (v) negative effects on the health system, including limited capacity to take care of all infected people and reduction of at-risk groups' access to prevention, both for usual treatment and adherence to treatment.³

The 45,000 families of the 90,000 children who benefited from the Government's school feeding programme, will have to provide an extra meal to their children because the schools are closed, further compounding the economic disruption

¹ Recensement National Agricole 2013 (no electronic link available except hard copies).

² <https://www.togofirst.com/fr/gouvernance-economique/2102-307-l-informel-au-togo-pese-entre-20-et-30-du-pib-selon-le-fonds-monetaire-international>

³ Analyse des impacts de la pandémie COVID-19 sur l'économie et les conditions socio-économiques des ménages et des groupes vulnérables au Togo (May 2020).

brought by the COVID-19 crisis. Without school meals these children are not able to meet their nutritional needs, which may have negative short- and longer-term impacts on their health, impeding their ability to learn and thrive. Most of these families are employed in the informal sector which represents 85 percent of economic activity in the country, with women contributing to more than 70 percent.⁴

Facing this unprecedented health crisis, with its economic and social consequences on vulnerable populations, the Government has developed a national response plan, complemented by line ministry plans from health, agriculture, education and others. The Government requested assistance from the United Nations through its coordination office in Togo, and the United Nations System elaborated both a contingency plan and a support plan for the national response in the framework of the Humanitarian Response Plan.

Following a direct request for assistance from the Government in May 2020, WFP will implement a Limited Emergency Operation (LEO) to respond to the COVID-19 crisis in Togo. The LEO is an integral part of the United Nations' response and is embedded within the Humanitarian Response Plan for the COVID-19 pandemic in Togo.

WFP's emergency response will be channelled through two strategic outcomes:

- Strategic Outcome (SO) 1: *Crisis-affected populations can meet their basic food and nutrition needs during and in the aftermath of shocks.* SO1 will provide immediate unconditional food and nutrition assistance over an initial period of three months to up to 252,500 crisis-affected people in Maritime, Plateaux, Centrale, Kara and Savanes regions to ensure they can meet their basic food needs. Technical assistance will also be provided both for messaging around physical distancing, hand hygiene and related measures, and to national disaster management institutions and partners to reinforce coordination and preparedness and response capacities. Further food assistance through in-kind and/or three months of cash-based transfers (CBT) will be delivered to meet evolving needs and in coordination with national and international partners, targeting people who are unable to access food through their normal livelihoods. The three months CBT will occur after the immediate unconditional food and nutrition assistance and according to market conditions.
- Strategic outcome 2: *Humanitarian and development partners in Togo have access to common services throughout the crisis.* SO2 aims to improve the effectiveness of the humanitarian response through the delivery of supply chain and emergency telecommunications services to government and humanitarian partners.

⁴ DOSI : Délégation à l'organisation du secteur informel.

1. HUMANITARIAN SITUATION

1.1 Emergency Context

1. The first COVID-19 case in the country was officially announced on 6 March 2020. As of 24 June 2020, the total number of confirmed cases was 576, including 284 recoveries and 13 deaths.⁵ Four regions are highly affected: Maritime, Central, Plateaux and Savanes, with respective contamination rates at 63, 13, 13 and 7 percent. Community transmission concerns about 30 percent of cases while the remaining 70 percent of cases are people who have travelled from neighbouring countries and further abroad. The incidence is as follows according to age: 45.2 percent in the 20-29 age bracket; 32.1 percent in the 30-59; 13.1 percent for over-60s and 9.5 percent for the under-20. Men are affected 1.6 times more than women.

2. The COVID-19 crisis has increased the vulnerability of at-risk groups:⁶
 - *People with chronic conditions* (diabetes, hypertension, HIV, tuberculosis): Given the increasing incidence of mortality of these diseases related to COVID-19, this group is highly vulnerable and deserve special protection. Contact with the outside world must be limited, which may affect their livelihoods and incomes.
 - *Specific groups* (sex workers, drug users, prisoners, porters, street children), most of whom are in contact with several people and are often deprived of prevention messages and means.
 - *Workers in the informal sector* (motorcycle taxi drivers, women vendors) *and casual workers*: the slowdown of activities and its impact on the income of these categories of people increases their vulnerability. Similarly, the proximity of their work also exposes them to contamination, hence the importance for them to respect the physical distancing measures.
 - *2,700,000 learners* (girls and boys) in pre-, primary, secondary schools and universities, including in rural areas, and children with learning difficulties: all these groups find themselves without educational activities or pedagogical support. Many children who find themselves at home outside of school are enlisted in their parents' income-generating activities and are more exposed to abuse.

⁵ <https://covid19.gouv.tg/>

⁶ Global Humanitarian Response Plan for the COVID-19 Pandemic- Togo, April 2020.

- *Teachers* (men and women), especially those in private schools, as well as volunteer teachers, are now unemployed and without pay or means of support.
- *Migrants and their families*: Due to border closures, 102 Togolese migrants aged between 0 - 50 years, of which the majority are children and 33 women, are currently blocked in Cote d'Ivoire, Ghana, Niger, Mali and Benin.
- *About 12,336 Refugees*: In the Avepozo refugee camp, housing conditions do not allow for adequate implementation of safe distancing measures. Shelters which house large numbers of people are not sufficiently spaced. And the income-generating activities of the refugees are affected by the restrictive measures.
- *6,750 children aged 6-23 months, and thousands of girls and pregnant and lactating women (PLW)* face greater difficulties accessing health care facilities due to transportation restrictions.
- *45,000 households of schoolchildren who benefited from the government-run school feeding programme* are now affected by the suspension of this programme due to the closure of 304 public primary schools in the Maritime, Plateaux, Centrale, Kara and Savanes regions.
- *Elderly people and people living with disabilities* are more affected by the incidence and mortality related to COVID-19.

1.2 Food Security and Nutrition Needs

Access to food

3. Concerning food availability, the implementation of restrictive measures, including isolation of affected cities and the limitation of opening hours for markets will impact the agricultural sector, crafts and small trade managed mostly by women. With a predominantly rural population, the agricultural sector in Togo largely contributes to the national GDP (35.5 percent in 2015) and employs more than 80 percent of the rural population.⁷ In terms of trade, the agricultural sector provides more than 20 percent of export earnings. Apart from coffee, cocoa and cotton, which are often exported in their raw state, Togo exports other agri-food products such as dairy products, cashew nuts, palm oil, sesame, seeds and oil cake from solid residues from oil extraction. However, restrictions could affect food availability and accessibility to markets and food products. Indeed, the availability of food products is the result of enough supply at the market level. This supply can come from domestic production or from imports. It also depends on how easily markets

⁷ www.stat-togo.org/contenu/pdf/pb/pb-rap-final-QUIBB-tg-2015.pdf

can be supplied. Restrictions on market access or difficulties in transporting production to large cities will pose a problem of food availability in the markets.⁸

4. Although the 2019-2020 crop season registered surpluses for all agricultural products⁹, their marketing under good conditions is likely to be seriously compromised and thus prevent producers from having sufficiently remunerative incomes. It is important to note that production surpluses generally come from large producers. Indeed, in Togo, agricultural production and mainly food production are dominated by poor smallholders, of which 51 percent are women¹⁰. According to the 2015 poverty profile in Togo, the poverty and extreme poverty of agricultural households was 72.6 percent and 41.9 percent respectively.¹¹
5. There are also problems of physical accessibility due to the slowdown in the construction of rural feeder roads, affecting the link between production areas and urban centres. Moreover, as emphasized by the Response Plan to COVID-19 of the ministry in charge of agriculture, despite the fact that local grain prices are declining in rural markets, they are increasing in the consumer market due to the deterioration of the integration between the two markets.¹² In the short term, the increase in demand for food products will lead to an increase in food prices from 20 to 40 percent, depending on the products, and storage costs for producers, who generally have no warehouses to store their production. For perishable products, losses will increase at the level of producers resulting in loss of incomes.
6. Overall, the situation will be aggravated by reduced incomes, rising unemployment and rising prices due to disruptions on both the supply and the demand sides. In addition to the economic losses for producers, they will be affected, as will consumers, by price hikes of basic goods and services. The decline in farmers' incomes deriving from the restrictive measures will disproportionately affect poorer households in urban and rural areas as they will also face higher food prices. The erosion of their real incomes would affect not only their ability to meet their basic needs but also impact poverty levels.

⁸ Global humanitarian response plan for the COVID-19 Pandemic-Togo, April 2020.

⁹ The estimated surpluses are : 68,964 tons of céréales, 677,286 tons of tubers and 145,149 tons of pulses (Plan de réponse à l'insécurité alimentaire due à la crise sanitaire du Covid-19, Ministère de l'Agriculture, Avril 2020).

¹⁰ Quatrième Recensement National de l'agriculture 2011-2014 (www.stat-togo.org)

¹¹ <http://togopolitique.org/togo-profil-de-pauvrete-institut-national-de-la-statistique-et-des-etudes-economiques-et-demographiques>

¹² Plan de réponse à l'insécurité alimentaire due à la crise sanitaire COVID-19, Ministère de l'Agriculture, Togo, Avril 2020.

Nutrition

7. Chronic malnutrition (stunting), acute malnutrition (wasting) and anaemia are the main forms of malnutrition faced by the Togolese populations. While the prevalence of undernourishment¹³ decreased from 20.8 percent in 2011 to 11.5 percent in 2016¹⁴, chronic malnutrition remains persistently above the medium threshold of WHO (20 percent). More than 23.8 percent of children from 6 to 59 months still suffer from chronic malnutrition of which 6.7 percent are severely affected. Stunting affects more boys (26.2 percent) than girls (21.3 percent) and is more rural than urban (29.7 versus 14.2) and is less prevalent in the wealthiest group compared to the poor (10.9 percent versus 33.2 percent).¹⁵ Furthermore, there are regional and age specific disparities.
8. More children are affected by chronic malnutrition in the regions of Savanes (29.6 percent), Maritime (28.5 percent) and Kara (28.2 percent) than in the Plateaux region (25.4 percent), in the Centrale Region (26.7 percent) and in Lomé municipality (11.4 percent). The underweight for children from 6 to 59 months stands at 18.0 percent and 2.8 percent from them are severely affected. Wasting at national level passed from a medium level of 4.8 percent in 2010 (target of 5 percent) to 6.5 percent in 2014 and 6.8 percent in 2017 including 1.1 percent severe acute malnutrition¹⁶. The results from the MICS 2017 revealed that boys aged 6-59 months are more affected by acute malnutrition (7.4 percent) than girls of the same age category (6.2 percent). The prevalence of global acute malnutrition is highest among children from 6-11 months with 10.8 percent followed respectively by children from 18–23 months (9.2 percent), children from 12-17 months (8.8 percent), children from 24–35 months (8.2). The medium rates are met only for children aged from 36–47 months (3.2 percent) and children from 47–59 months (4.4 percent).
9. In 2017, Global acute malnutrition was increase to 6.7 percent among children aged 6 to 50 months national wide. By sex, 6.2 percent of boys were suffering from acute malnutrition against 5.3 percent for girls. At regional level, the two Northern regions were more affected with the highest prevalence in the Savanes Region (8.1 percent), followed by Kara Region (6.5 percent).
10. Anaemia affects 70 percent of children, 62 percent of pregnant women and 48 percent of women of reproductive age. According to the 2017 MICS Togo, rural women are more affected than women living in urban areas (more than 50 percent against 40 percent). The 2013-2014 demographic and health survey indicated that 53 percent of children under five years have deficiency

¹³The undernourishment indicator is related to household food consumption and energy provided compared to minimum energy needed (FAO, 2017).

¹⁴FAO 2017- Afrique, vue d'ensemble régionale de la sécurité alimentaire et de la nutrition, le lien entre les conflits, la sécurité alimentaire et la nutrition : Renforcer la résilience pour la sécurité alimentaire, la nutrition et la paix.

¹⁵Ibid

¹⁶Ibid.

in vitamin A. Indeed, 42 percent of children are moderately affected and two percent are severely affected. Anaemia affects more children aged from six to eight months with 90 percent than children from 48 to 59 months with 48 percent.¹⁷

11. The Nutrition assessment, counselling and support (NACS) activities for HIV conducted from May to July 2018 in 32 health centers in the country, has shown that 14 percent of people living with HIV (PLWHIV) are globally suffering from wasting (among which 3.7 percent are severely affected) and 21 percent suffering from anemia. The highest rates of global acute malnutrition are found among children and adolescent boys and girls from 5–19 years under antiretroviral treatments with 34.5 percent followed by HIV affected children from 6-59 months (32.1 percent) and adults PLHIV from 19 years and more (11.3 percent). The pregnant and lactating women and girls under antiretroviral treatment are more affected by overweight and obesity (6.3 percent) than acute malnutrition (3.9 percent).¹⁸
12. COVID-19 seriously impacts global health services, particularly HIV activities, which may lead to the disruption of HIV treatment and its related services. On 11 May 2020, UNAIDS released a report, revealing that in WHO Africa intervention area, the disruption can increase up to 104 percent of new HIV infection among children. The number of deaths related to HIV may rise from 83, 000-190, 000 deaths within 6 months of disruption of HIV-related services. In Togo, according to a rapid survey carried out on 5 May 2020, about 82 percent of PLWHIV under ART have faced difficulties to get their treatment, among which 26 percent fear to be exposed to coronavirus. The HIV service providers have changed the frequencies of PLWHIV visits from two visits a month to one visit every three months to limit contact with PLWHIV.

Smallholder farmers and livelihoods

13. Restrictive measures due to COVID-19 will result in economic losses to mainly smallholder farmers among which are predominantly women (51.11 percent against 48.9 percent of men)¹⁹. As consumers, they will be affected by inflation. The loss of farmer incomes resulting from stay-at-home measures will affect women more as primary producers and caregivers. The erosion of their real incomes would affect not only their ability to meet their basic needs but also their prospects of escaping poverty. Thus, the vicious poverty-food insecurity-poverty cycle will persist.

¹⁷ Profil pays du Rapport Mondial sur la Nutrition 2015- <https://scalingupnutrition.org>

¹⁸ Rapport sur les consultations nutritionnelles et le dépistage de la malnutrition aigüe chez les PVVIH et chez les patients tuberculeux au Togo, Octobre 2018.

¹⁹ Profil National Genre des Secteurs de l’Agriculture et du Développement Rural – Togo. Série des Evaluations Genre des Pays, Lomé (FAO et Commission de la CEDEAO. 2018.

Food systems

14. COVID-19 and related restrictions have affected the performance of supply chains in Togo and resulted in a decrease in the level of supply, demand and availability of transporters. Thus, there have been significant market disruptions in terms of increased difficulties in the supply of food and other basic necessities, a decrease in the use of markets by customers, a scarcity of transporters who accept freight contracts following the restrictions implemented by the government, and an increase in the price of freight transport despite the drop in the price of petroleum products. Moreover, ineffective monitoring and coordination mechanisms, particularly with regard to stock management, could seriously affect the availability and distribution of basic foodstuffs, agricultural inputs and pharmaceutical products, including vaccines, essential health drugs, antiretrovirals and other health inputs. Delivery times are now extended from 45 to 60 days or more. This situation could have disastrous social and health consequences and could reverse Togo's recent progress in maternal, neonatal and child mortality and universal health coverage, with a detrimental impact on peace and socio-political stability.²⁰
15. Globally, there are constraints in production, packaging, storage, quality control, transport and delivery by manufacturers, suppliers and other actors in the supply chain, with demand outstripping supply; stoppage/decrease in production or diversion of factories from their primary objectives; difficulties in packaging, storage and quality control; land, air and sea transport restrictions; the slowdown of export procedures and; availability of labourers.

1.3 Humanitarian needs, plans and coordination mechanisms

16. On 17 March 2020, the Togolese Ministry of Public Health established an Action Plan against the COVID-19 pandemic, including air, land and maritime border closures; limitation of population grouping and movement restrictions; dissemination of sensitization and information messages; clinical and para-clinical screening; and the management of human resources, equipment, and health facilities. The Government has also reinforced COVID-19 related preventative measures including instituting a curfew and revising working hours and arrangements to allow workers to return home before curfew time, suspending cultural and sport events, and cancelling all flights from high-risk countries until further notice.
17. On 2 April 2020, the President declared a three-month state of health emergency. Subsequently, line ministries elaborated strategic plans to mitigate the impact of the COVID-19 crisis on their respective sectors. Accordingly,

²⁰ Ibid

the Ministry of Education, in collaboration with national education stakeholders, prepared a COVID-19 response plan, including implementation of distance learning courses on national television for students.

18. The Ministry of Agriculture, in its plan to minimize the impact of COVID-19 on food security of the population, has requested WFP to support with the purchase of 150,000mt of food from the local farmer organizations to distribute to vulnerable households in quarantined areas, patients of COVID-19 and their families, and health workers. This includes 45,000 families with children who benefitted from the government run school feeding programme prior to the school closures.
19. In early April 2020, the Government made a request for assistance²¹ to the United Nations system through its coordination office in Togo, developed a national response plan, while the United Nations System elaborated both a contingency plan and a support plan for the national response in the framework of the Humanitarian Response Plan amounting to USD 26,707,052 in April 2020.
20. In addition to the negative impacts of COVID-19 already indicated, other challenges influencing the management of the pandemic include the limited capacity of both the unique treatment centre in Lomé (120 beds) and the single laboratory for biological tests (100 per day).
21. A National Coordination Response Management to COVID-19 in Togo has been created to coordinate COVID-19 related interventions. This body, placed under the authority of the Head of State, is the intermediary level between the Crisis Committee, chaired by the President of the Republic, and the various ministries engaged in the response. The National Coordination Response Management's mission is to ensure centralized data collection and analysis and inter-ministerial coordination and implementation of Government decisions, to ensure appropriate preparedness and response. At local level, coordination and implementation are carried out by prefectural committees under the leadership of the prefects.

²¹ The government's request is related to support for the implementation of a COVID-19 national response plan. This detailed plan is composed of sectoral actions on which each UN agency in Togo has been able to position itself according to its comparative advantages. The plan also inspired the UN agencies in the formulation and design of the UN Preparation and Response Plan against COVID-19 and the Global Humanitarian Response Plan (GHRP) of Togo.

2. WFP EMERGENCY RESPONSE

2.1 Direction, focus and intended impacts

22. Following a direct request from Government to WFP in May 2020, this LEO is implemented to support the National Response Plan including to cover the needs related to the COVID-19 pandemic. WFP's two-fold approach is an integral part of the United Nations' response and is embedded within the Humanitarian Response Plan for the COVID-19 pandemic. Within the humanitarian coordination system, WFP is leading the supply chain/logistics and emergency telecommunications sectors, and co-leading with FAO the food security and livelihoods sector. WFP participates in the nutrition and WASH sector group led by UNICEF, and to the education sector group led by the World Bank.
23. Where requested, WFP staff will support coordination in supply chain, emergency telecommunications and food security sectors, provide food and/or cash assistance, and actively leverage its expertise to address bottlenecks and support the delivery of the assistance provided by the government and other actors to the affected population. The UN sectoral mechanisms enable agencies and other stakeholders to pursue complementary interventions with local authorities while at the national level, the National Coordination of Response Management to COVID-19 provides overall coordination and leads government activities to ensure a coherent response and avoid overlap among partners.
24. WFP has not had operational capacity in the country for a prolonged period. The small CO has been providing technical assistance to the government in recent years, while also managing a Regional Logistics Corridor in support of the Sahel operations. To become operational, WFP will increase its existing office and staff capacity to support the proposed emergency response through its partnership with the National Coordination of Response Management to COVID-19, launching this operation on a 'no regrets' basis in order to ensure operational readiness to provide adequate and timely support to the coordination body and to other national and international stakeholders.
25. WFP's emergency response operation will be implemented to address the immediate needs of the most affected men, women, boys and girls, in targeted regions of Togo. Under this six-month LEO, WFP will adopt a dual strategy in support of enhanced food and nutrition security along with common services.

2.2 Strategic outcomes, focus areas, expected outputs and key activities

2.2.1 STRATEGIC OUTCOME 1: Crisis-affected populations are able to meet their basic food and nutrition needs during and in the aftermath of shocks.

Outcome description

26. WFP will provide emergency assistance to an estimated 252,500 people, supporting their access to basic food and nutrition needs following national authorities' request and based on an identified need. In the first three months, WFP's focus will be to meet the immediate basic food needs of the affected populations, initially via in-kind general food distributions followed by cash-based transfers for three months after the immediate unconditional food and nutrition assistance and according to market conditions. Technical assistance will be provided to national disaster management institutions and partners in the form of capacity strengthening in emergency preparedness and response. In addition, WFP, along with WHO and UNICEF, will promote social and behaviour change communication using a community-based approach in targeted areas. This will include messaging around physical distancing, hand hygiene and related measures.

Focus Areas

27. Designed as an emergency response, this outcome has a crisis response focus area.

Expected outputs

28. This strategic outcome will be accomplished through the following four outputs:

1.1 Affected populations (Tier 1) receive cash-based transfers or in-kind food assistance in order to meet basic food needs (SR 1) and support their nutrition status (SR 2). (Output Category: A, B)

1.2 Affected vulnerable groups (Tier 1) receive nutritional support in order to prevent malnutrition (SR 2). (Output Category: A, B)

1.3 Affected populations (Tier 3) benefit from improved coordination forum of food and nutrition security, cash and information management by national disaster management mechanisms and other partners to timely receive humanitarian assistance. (Output Category: H)

1.4 Affected populations (Tier 2) benefit from enhanced government and partners' capacity, to ensure their safe and adequate access to food

and nutrition (Output category C), to ensure their safe and adequate access to food and nutrition (Output category C).

Key activities (right assistance at the right time)

Activity 1: Provide emergency food and nutrition assistance through cash-based or in-kind transfers to COVID-19 affected populations. (Activity Category 1: Food, CBT & CS)

29. WFP's relief efforts will focus on providing in-kind food assistance and cash transfer to COVID-19 affected populations in the areas of Maritime, Plateaux, Centrale, Kara and Savanes regions to cover their basic food and nutrition needs.
30. WFP will seek to adapt its assistance to the diverse needs of populations, including the following nutritionally vulnerable groups: (i) households with schoolchildren; (ii) people infected by HIV and their families; (iii) persons in quarantine; (iv) persons impacted by health and other crises; (v) children aged 6-23 months. WFP will also assess the feasibility of channeling part of its assistance through existing national social protection programmes.
31. WFP will work with partners and existing structures including civil society, faith-based organizations and decentralized structures of the government ministries to identify and focus on the needs of the most vulnerable households, taking into account vulnerabilities related to COVID-19 and the impact of other shocks, including floods. If and where possible, design criteria will consider gender and age analysis to account for disparities between women, men, boys, and girls in terms of nutrition and food security. WFP will explore options to introduce and to scale-up cash-based transfers, when market and other conditions are met, linking these to existing national social protection systems to the extent possible.
32. WFP will also provide support to community-based organizations to prevent malnutrition, with a focus on providing blanket supplementary feeding for children 6-23 months in the most vulnerable households.
33. Social and behavior change communication will be embedded across WFP's food and nutrition assistance activities through cooperating partners. Focusing on a community-based approach, this intervention will include nutritional education and water and sanitation practices to reduce the spread of COVID-19 in targeted areas. The planned action will also serve to sensitize women and girls for appropriate use of specialized nutritious food (Super Cereal Plus²²) provided to prevent malnutrition among children aged 6-23 months. It will also serve to advise on complementary feeding practices.

²² If Super Cereal Plus is unavailable, other alternative locally produced and accepted special nutritious food will be considered in consultations with the WFP food technology experts of RBD.

34. This activity will also include capacity strengthening support to government institutions and partners in food security monitoring, assessments and analysis, delivery of food assistance, and coordination to improve emergency preparedness and response.

2.2.2 STRATEGIC OUTCOME 2: Humanitarian and development partners in Togo have access to common services throughout the crisis.

Outcome description

35. Following critical commercial supply chain interruptions due to the crisis, this strategic outcome seeks to enable and improve the effectiveness of the humanitarian response through the delivery of common services. As such, WFP will support partners, including humanitarian responders, the national disaster risk management office, the National Coordination Response Management to COVID-19 and prefectural committees, complementing their actions with the provision of logistics, telecommunication, and transport.
36. Upon identification of needs or request from authorities and its partners, Supply Chain services will include the provision of tents for the isolation of suspect cases at points of entry into the territory. WFP assistance will facilitate the flow of supplies and resources across the affected regions, as well as the coordination of the efforts of cooperating partners, which in turn will reduce the time needed to reach the most vulnerable populations and increase the efficiency of operations.

Focus Areas

37. Designed as an emergency response, this outcome has a crisis response focus area.

Expected output

38. This strategic outcome will be accomplished through the following output:

2.1 Affected populations benefit from technical advice, common supply chain and emergency telecommunications services and coordinated support to government and partners (tier 2) to receive timely assistance. (Output Category: H)

Key activities (right assistance at the right time)

Activity 2: Provide technical assistance, supply chain and emergency telecommunications services to government and partners, including transport,

storage and distribution of food and non-food items. [Activity category 10; Modality: SD]

39. Placing emphasis on developing national logistics coordination and information management mechanisms, WFP will provide expertise, equipment, and support to resolve logistic bottlenecks caused by transport difficulties, following the COVID-19 crisis and natural access challenges in remote and isolated areas. WFP will focus its assistance on transport, storage and distribution through airport, port and warehouse capacities and management. In addition, WFP will establish three staging areas in Lomé, Sokodé and Cinkassé to facilitate connectivity and transport of food and non-food items. Thus, WFP will strengthen the broader humanitarian supply chain, limiting increases in transport rates and ensuring beneficiaries rapidly receive medicine, water and sanitation, food and non-food items and other humanitarian supplies. Improvements in transport and storage infrastructures will also benefit the smallholder farmers and other vulnerable populations whose livelihoods are jeopardized by limited market access.
40. Leveraging its expertise in Security Communication Systems²³, WFP will seek to supplement existing national capacities and resolve connectivity issues limiting the coordination of an effective response, rehabilitating and setting up the infrastructure for internet, phone connectivity and other equipment where needed. By establishing an interagency emergency telecommunications systems and communication centers in the operational hub in Lomé and providing coordination and training, WFP will ensure adequate provision of telecommunication services to humanitarian and development partners operating in the most impacted areas, in order to meet the needs of affected populations.
41. As the crisis continues to unfold, with increasing number of positive cases, the assistance will require flexible and coordinated responses to alleviate its short- and long-term impact on affected populations. WFP will therefore leverage its own supply chain and programmatic expertise and set up, from procurement, transportation and warehousing to distribution to targeted beneficiaries. In contrast to time-bound emergency common services, these on-demand services will be provided on a cost-recovery basis, according to needs.

2.3 Transition and exit strategies

42. WFP is developing this LEO concurrently with an interim Country Strategic Plan (I-CSP) for 2021 which will continue to address some of the assistance needs supported through this LEO. Thus, the LEO incorporates strategies to

²³ Inter-Agency Security Management Network (IASMN).

transition into the I-CSP, which will be presented to the Executive Board in November 2020.

43. Under SO1, WFP and partners will regularly re-assess the needs for immediate response. The LEO has planned a carryover of residual beneficiary caseloads and resources into the I-CSP, to ensure that the immediate population needs are met beyond December 2020. At the same time, WFP, the United Nations Country Team through the emergency taskforce, and partners will also assess and strengthen the existing delivery systems to enable a gradual transition to national actors, wherever possible.
44. Under SO2, WFP in close coordination with partners, will continue to monitor the supply chain, telecommunication and food security coordination needs and gaps for assistance beyond 2020. Thus, a Strategic Outcome will be included in the proposed I-CSP (2021), to ensure that humanitarian partners continue to benefit from the same services. At the same time, WFP will work with the Government and humanitarian partners to identify and implement an appropriate handover of common services that maintains continuity in operations, response capacity, and attention on minimum preparedness actions.

3. IMPLEMENTATION ARRANGEMENTS

TABLE 1: BENEFICIARIES BY STRATEGIC OUTCOME & ACTIVITY (ALL YEARS)							
Strategic Outcome	Activities		Girls (0-18 years)	Boys (0-18 years)	Women (18+ years)	Men (18+ years)	Total
Strategic Outcome 1	1	GFD - Households of School children	39 015	37 485	75 735	72 765	225 000
		HIV/TB Mitigation and Safety Nets programme.	2 601	2 499	5 049	4 851	15 000
		COVID-19 Quarantined	434	417	842	809	2 500

		GFD – IDPs/Refugees	1 734	1 666	3 366	3 234	10 000
		BSFP (6-23)	3 443	3 308			6 750
Strategic Outcome 2	2	<i>Service Delivery</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
<i>TOTAL with overlap</i>			47 226	45 374	84 992	81 659	259 250
<i>TOTAL without overlap</i> ²⁴			43 784	42 067	84 992	81 659	252 500

45. *Beneficiary analysis*: With respect to the food and nutrition assistance, WFP’s LEO will assist up to 252,500 affected people, focusing on the most vulnerable households in Maritime, Plateaux, Centrale, Kara and Savanes regions. WFP will further refine its targeting and prioritize the following vulnerable groups: families of schoolchildren supported through the government-run school feeding programme as schools are currently closed due to the health crisis; HIV/TB patients and their households; people affected by COVID-19 including quarantined persons and their families; children 6-23 months living with families receiving GFD; vulnerable people with disabilities and other marginalized people affected by health, climatic or other shocks.
46. *Rations and modalities*: Targeted populations will receive GFD rations for three months (covering 10 days of their energy needs of 2,100 Kcal per person per day each month) from July to September and nutrition-sensitive cash-based transfers²⁵ (also covering 10 days of their energy needs per month) from October to December 2020. Quarantined households with a confirmed or trace case of COVID-19 will receive a one-off 14-day ration during the quarantined period. WFP will strive to provide a food basket consisting of cereals (maize or rice), pulses, vegetable oil, and iodized salt. As the situation evolves, and as recommended by further assessments, the composition of the food basket may be adjusted during the forthcoming I-CSP in 2021.
47. WFP’s food assistance is complementary to the Government’s social protection programme for COVID-19 response called Universal Solidarity Programme (NOVISSI)²⁶ and the World Bank’s Human Capital programme, which already provides cash transfer assistance to the COVID-19 affected population. WFP’s proposed response will follow a cross-sectoral approach within the framework of the COVID-19 emergency response programmes which provides greater synergies and complementarities while allowing a

²⁴ BSFP beneficiaries are included in the GFD - Households of School children

²⁵ For the nutrition sensitive CBT, there will be SBCC activities conducted by the partners and WFP market analysis together with PDM will assess the extent to which cash is used to purchase nutritionally balanced food items.

²⁶ www.novissi.gouv.tg

rapid response to address short-term food needs. Depending on how the outbreak progresses and the impact on food security and economic activity evolves, WFP’s food assistance to the COVID-19 affected population will continue in the ICSP in 2021 with a greater focus on CBT.

48. For cash transfers, the Country Office will use mainly mobile money transfers to deliver assistance to beneficiaries under SO1 through WFP’s beneficiary and transfer management platform, SCOPE.
49. With regards to nutrition, WFP will provide mixed nutrition products to prevent malnutrition and to meet the differentiated needs of young children aged 6-23 months. In line with WFP’s nutrition policy, nutritional products have been selected according to age/population group (children). The blanket supplementary feeding ration for these young children will consist of Super Cereal Plus
50. As markets recover in the coming months, WFP will undertake market analyses and cash feasibility assessments in order to provide cash-based transfers for accessible affected populations (households of schoolchildren, PLHIV), allowing men and women beneficiaries to meet their differentiated preferences. Beneficiaries will receive USD 0.35 per person per day to purchase food locally, which is equivalent to the value of the in-kind food basket on local markets and will support the recovery of livelihoods. The transition will depend on the extent to which markets, financial and telecommunication services are functioning, including the possibility to guarantee the security of beneficiaries. Cash-based transfers will follow WFP guidelines.

TABLE 2: FOOD RATION/ TRANSFER BY ACTIVITY (g or US\$/person/day)				
Commodity/Cash	General Food Assistance			Prevention of malnutrition
	<i>GFD -In-kind (Households of School children/ IDP PLHIV/TB)</i>	<i>GFD -In-kind (Households of COVID-19 Quarantined)</i>	<i>Cash/ Households of School children/ IDP PLHIV/TB</i>	<i>BSFP (Children 6-23 months)</i>

Cereals	350	350		
Vegetable oil	35	35		
Pulses	100	100		
Super Cereal (with sugar)				
Super Cereal Plus				100
Iodized Salt	5	5		
Cash (US\$/person/day)			0.35	
Total	490	490		100
Total kcal/day	2100	2100		391
% kcal from protein	11,4%	11,4%		15.5
% kcal from fat	24,6%	24,6%		23.1
Number of feeding days	30	14	30	60

51. *Supply chain:* WFP and WHO are co-leading the COVID-19 Supply Chain system established in April 2020 as a part of the global humanitarian response, offering warehousing and distribution services, including cargo and air transport. In Togo, WFP will source food supplies locally when possible from farmers' organizations and the national food security agency (ANSAT) and make use of the global commodity management facility (GCMF) for vegetable oil and nutritious products. The non-food items such as mobile tents for quarantine or storage of equipment will be procured in the UNHRD depot in Accra and transported to Togo by road. Hence, the sourcing strategy guarantees very short lead times for both food and non-food items.
52. From the handover points, the items will be transferred to the main staging areas using commercial transport providers contracted through an existing Long-Term Agreement (LTA) for intermediate storage in Maritime, Plateaux, Centrale, Kara and Savanes regions. The food preposition points in the northern part of the country will be selected using the study on the national capacity for food and non-food items storage in Savanes and Kara regions undertaken by WFP Togo in April 2020. These delivery points will be managed by Cooperating Partners and Government focal points with support from WFP staff. The transport to final delivery points will be done using adequate means of transport to reach communities living in inaccessible areas. The agile and flexible supply chain design in place will cater for the needs of the Government and humanitarian community in Togo in terms of transport, warehousing and distribution of food and non-food items.
53. *WFP in-country capacity:* WFP's country office in Togo has been managed by a deputy country director since August 2018 and is composed of two

operational units: a programme unit and a supply chain unit with responsibilities that include corridor management. The country office has a supporting administrative and finance unit, which includes information technology expertise. Other functions are supported by the Benin country office.

54. To ensure organizational readiness, the Togo country office will use effective and inclusive communication systems that foster the commitment and full engagement of staff. The Country office will reinforce its capacity by recruiting additional staff composed of: One Emergency coordinator, one Logistics Officer, one Programme Officer, five Logistics and Programmes Assistants, one Finance Assistant and one OIM Reporting/Communications/Partnerships Officer.
55. According to evolving needs, WFP will first process surge requests for support through TDYs and stand by partners, particularly in supply chain, transport, storage and distribution of goods. Complementing immediate surge efforts, WFP will also invest in additional training, local hiring and supplementary equipment for an expanded field presence in all targeted regions.
56. Partnerships: Adequate coordination among stakeholders is essential to ensure effective and rapid responses with the appropriate modality to meet the needs of the most vulnerable people and avoid duplication and other inefficiencies. To this effect, WFP will implement the Emergency Response in close collaboration with the humanitarian coordination system, the National Coordination Response Management to COVID-19, and local committees while also leading, co-leading and participating in the following active working groups to seek synergies with other partners' interventions.
57. The Food Security working group will collect and coordinate geo-referenced data to align emergency and longer term food security interventions, such as combined general food assistance and technical assistance to smallholder farmers, or resumption of school feeding or other early recovery and resilience activities with UNICEF, UNDP, World Bank and FAO. Similarly, the WASH and nutrition sectors will help coordinate and improve the effectiveness of WFP's prevention of malnutrition activity.
58. The provision of logistics services will help coordinate the arrival, storage and transport of non-food items, including the establishment of tents for the isolation of suspected cases at the points of entry, temporary settlements, all of which will ensure better alignment with partner activities, including HCR, UNDP, World Bank and other humanitarian stakeholders among others. Similarly, emergency and telecommunications as well as aviation services will ensure adequate connectivity and access for all partners, facilitating decision making and the adaptation of coordinated responses according to evolving

needs, in collaboration with the main stakeholders (Office of the Resident Coordinator, OCHA, etc.).

TABLE 3: FOOD/CASH-BASED TRANSFER REQUIREMENTS & VALUE		
Food type / cash-based transfer	Total (mt)	Total (US\$)
Commodity 1 (Cereal)	2,651	837,795
Commodity 2 (Pulses)	758	340,875
Commodity 3 (Oil)	265	251,869
Commodity 4 (Salt)	41	39,285
Commodity 5 (Super cereal Plus)	38	6,628
TOTAL (food)	3,752	1,476,452
Cash-Based Transfers (US\$)		2,625,000
TOTAL (food and CBT value – US\$)	3,752	4,101,452

Cross-cutting issues

59. *Humanitarian principles*: In implementing its emergency operation, WFP will apply its policy on the respect of humanity, neutrality, impartiality and operational independence, both in its in-kind and cash-based distributions, and in common services provided in coordination with the National Coordination Response Management to COVID-19 and local committees.
60. *Accountability to affected populations*: Setting up its emergency operation, WFP will seek to apply the three key components of AAP,²⁷ engaging men and women equally when providing information to affected populations, consulting them on programme design and implementation, and setting up appropriate complaints and feedback mechanisms (CFMs). Consultations will focus on transfer modalities, eligibility criteria, management, logistical arrangements distribution and monitoring, among others. Specific tools and processes will be defined when more information is available.
61. *Gender*: To reach the goal of gender parity, WFP will seek to involve women in all aspects of its response. To the extent possible, this will include the active and leading participation of women in food distribution, as well as in work planning committees tasked with improving implementation mechanisms,

²⁷ The three key components are (1) Information provision (Give account to), (2) Consultation (Take account of), and (3) Complaints and Feedback (Be held to account).

including transfer modalities, eligibility criteria, management, logistics, distribution and monitoring. The provision of family rations will also be made in the name of the women, whenever possible, to address inequalities related to traditional gender roles. In line with protection measures above, interventions will be designed to minimize safety risks.

62. *Conflict-sensitivity and peacebuilding*: WFP will monitor local tensions along with insecurity risks that could affect its corridor operations, and implement mitigating strategies should these arise, including programmatic interventions which seek to contribute to the peaceful coexistence of different groups and a safe and secure environment.

4. PERFORMANCE AND RISK MANAGEMENT

4.1 Monitoring and evaluation

63. WFP's monitoring and reporting systems will be set up to cover key emergency activities and harmonized where possible with the monitoring and evaluation (M&E) activities of other agencies, mainly UNHCR, UNICEF, FAO, UNFPA, ILO, within the food security and protection sectorial approach and captured through WFP's corporate monitoring and performance management tool (COMET). The M&E plan will be jointly developed with partners (Ministry of Education, Ministry of Agriculture, ANADEB²⁸, ANPC²⁹) to define roles and responsibilities for outcome, output and process monitoring, frequency, and sources, and in line with the corporate guidance on monitoring in the context of COVID-19, management and mitigation of fraud. Two Post Distribution Monitoring (PDM) exercises will be conducted, one after food distribution and another one after cash distribution at the end of the operation in 2020. In the context of COVID-19, the VAM tool will be prioritized for real-time data collection during monitoring exercises.
64. Key output indicators on gender and age disaggregated beneficiary figures and amount of food and cash distributed will be provided by cooperating partners and verified by WFP. Targets have been set and are specified in the logical framework. WFP monitors will be physically present where possible during food and cash distributions, ensuring that COVID-19 preventive measures are in place and strictly adhered to while monitoring onsite, conducting beneficiary contact monitoring and post-distribution monitoring to measure operational performance and maximize accountability. A beneficiary feedback mechanism appropriate to the context will be established considering access and protection issues, including gender and age.

²⁸ ANADEB : Agence nationale d'appui au développement à la base.

²⁹ ANPC : Agence nationale de protection civile.

65. Baselines from forthcoming food security assessments in June and July 2020 will provide information for key performance indicators such as the food consumption score, dietary diversity score, and indicate the quality and frequency of the diet, against which WFP will be able to measure progress and results based upon a final survey among targeted beneficiaries upon termination of the Emergency Response.³⁰
66. Given the short duration of this Emergency Response, it is not expected that nutritional outcomes can be measured. However, if it is extended and maintains supplementary feeding programmes, then supplementary feeding performance and nutrition indicators might be included to assess success of the programmes.
67. A lesson learned exercise will be initiated in November 2020 to draw lessons from WFP's and the United Nations Country Team (UNCT) responses, including regional and corporate support.

4.2 Risk Management

68. Arrangements will be made to ensure that timely risk assessments are carried out prior to implementing and scaling the operation. WFP will conduct periodic risk assessments and communicate regular progress towards implementing risk mitigation actions to its key stakeholders. Timely communication to partners and other stakeholders on revisions to programme response, increase in beneficiary numbers, etc., will be ensured to maintain high credibility of WFP's response. Particular attention will be paid to risks related to security and access negotiation. There are four risk categories: (i) strategic; (ii) operational, (iii) fiduciary and (iv) financial.³¹

Strategic Risks:

69. The lack of immediate and adequate funding will hinder WFP's ability to meet the needs of the targeted populations under this emergency response. To mitigate this risk, WFP will draw on coordination mechanisms elaborated under the auspices of both the National Coordination Management to COVID-19 and the United Nations Coordination Office in Togo³², to develop and adapt its strategy and programme in-line with priorities of the Government and the broader humanitarian response. Proactive advocacy and fundraising efforts will be made, both through the UN coordination mechanisms and independently.

³⁰ For emergency responses of a duration below 6 months, outcome monitoring is not binding nor mandatory.

³¹ WFP go: COVID-19 CO Risk Register template_2020 and guidance note.

³² The UN Preparedness and Response Plan against COVID-19 in Togo- "Plan de Préparation et de Réponse des Nations Unies contre le COVID-19 au Togo"- April 2020.

70. The country office does not have the required number of staff and/or skill set required to scale up emergency operations. International travel restrictions preclude the CO from recruiting or repatriating staff required to scale up operations. The mitigation measures are: (i) prioritize activities that can be reasonably undertaken in COVID-19 context and explore possibility of diverting staff/use of internal TDYs for staff supporting activities that are deprioritized; (ii) identify staffing needs, deploy and/or recruit additional staff at national level as required; (iii) put in place contingency measures, including, where possible, telecommuting and flexible working arrangements for non-critical staff and (iv) ensure internal staff rotation plans.
71. In line with WFP's corporate emergency preparedness and response package, WFP will take minimum preparedness actions and emergency readiness actions to ensure it can enhance its operational capacity to meet any potential deterioration of the scenario and changing needs of affected populations, government and the wider community.

Operational Risks:

72. Ongoing instability and insecurity in Burkina and Niger due to violent terrorism could pose a challenge in Savanes region to access certain public place/hotels frequented by foreigners/UN personnel and distribution sites. Moreover, the restriction of displacements related to COVID-19 could affect access to all targeted areas in the country. In collaboration with the United Nations Department of Safety and Security (UNDSS), WFP will continue to implement its Business Continuity Plan (BCP), focusing on remote work. Through the ministries in charge of education, health and social protection, civil protection and involved non-governmental organizations, WFP will continue to closely monitor its programme implementation and field data collection including food prices on local markets to modalities as needed.
73. Inadequate cooperating partner capacity to implement food security, nutrition or other programmes may affect WFP's ability to deliver its emergency response. WFP's emergency operation will deploy experienced staff and use coordination mechanisms including equipment to build partner capacity, while also brokering knowledge to strengthen national, and local partners, through technical assistance.
74. Some activities such as food distribution process could lead to misunderstanding or clash between beneficiaries and cooperating partners if the implementation is not in accordance with planning. Misconduct from cooperating partners could result in harassment, stigma, abuse of authority and other frustrations, affecting safety and dignity of targeted populations. Activities at risk will be screened for potential unintended harm to the well-being of beneficiaries and sustainability of their community, in search of

preventive or remedial action designed to guarantee their safety and dignity by preventing discrimination and exploitation, ensuring well organized and safe programme sites with basic services, but also considering safety at distribution points, including the routing, flexibility in distribution points for populations on the move, and advocacy with other parties to respect the humanitarian nature of WFP programmes, among others.

75. Targeting, beneficiary registration, or beneficiary verification exercises, as well as food distributions potentially expose beneficiaries to COVID-19 infection. The mitigation measures are : (i) applying manual processes for beneficiary registration/verification; (ii) consulting with WHO/MOH officials to determine scope of WFP support for confirmed cases/COVID-19 treatment facilities and (iii) switching to CBT, extended distribution cycles.
76. Restrictions and closures (including trade and movement restrictions as well as border and airport closures) imposed to contain COVID-19 cause severe supply chain and market disruptions for sourcing, transport and storage of food commodities/non-food items (NFIs). To mitigate this risk, WFP will (i) implement operational adjustments as required, which may include changes in food basket composition, assistance modalities (in-kind vs CBT), transfer mechanisms and payment instruments within the same modality, substitution of specialized nutritious food (SNF); (ii) implement alternative procurement and/or transport plans for food and SNF/NFIs.

Fiduciary Risks:

77. Fiduciary risks are primarily related to fraud and corruption, including the risk of food assistance being diverted to local markets or used for unintended purposes. The mitigation measures include application of WFP risk management procedures, (compliance with operating security standards of the United Nations common security system) and cooperation with authorities at national and local levels.
78. WFP employees and dependents are exposed to COVID-19 or affected by quarantine and/or movement restrictions. The mitigation measures are to (i) identify gaps in capacity of UN/WFP and alternative measures in consultation with United Nations Country Team; (ii) procure personal protective equipment for staff and dependents in consultation with regional medical officer and HQ Wellness guidelines for forward planning and (iii) ensure HR guidelines for staff during COVID-19 are shared after each revision/update.
79. Regarding behaviors, WFP will take every precaution to prevent sexual exploitation and abuse, and other wrongdoing in accordance with established policies and operational measures in place. In addition, WFP will include messaging around physical distancing, hand washing, wearing of masks, etc.

Financial Risks:

80. WFP will closely monitor currency and exchange rate fluctuations, setting up alternate arrangements with vendors to limit its exposure as required. Continuous monitoring and feedback loops will help management adjust implementation to optimize use of assets.
81. Another financial risk is related to price volatility and the mitigation measures are mainly to increase monitoring and analysis of markets, food prices.

5. RESOURCES FOR RESULTS

TABLE 4 – OVERALL LEO COST BREAKDOWN (USD)			
	Strategic Result 1/ SDG Target 2.1	Strategic Result 8/ SDG Target 17.16	Total
Strategic outcome	1	2	
Focus area	Crisis Response	Crisis Response	
Transfer	5,055,624	455,520	5,511,144
Implementation	505,562	36,442	542,004
Direct support costs	333,671	29,518	363,189
Subtotal	5,894,857	521,479	6,416,336
Indirect support costs (6.5%)	383,166	0	383,166
TOTAL	6,278,023	521,479	6,799,502

Resourcing outlook and prioritisation

82. Togo has become part of the Global Humanitarian Response Plan (GHRP) for COVID-19 to support and complement the Government's response. The Plan includes a total of USD 26.7 million as the entire appeal for Togo, of which WFP's appeal is USD 3.78 million, including for Food Security (USD 3,320,164), Nutrition (USD 81,350) and for Supply Chain Support Services (USD 380,000). WFP will join the UN-wide advocacy fundraising efforts, including an issuance of a flash appeal. WFP will also actively engage with donors. An advocacy and communication plan will be put in place and an appeal will be issued once the operation is approved.

ANNEX 1: LINE OF SIGHT

TOGO LEO - 1 JULY TO 31 DECEMBER 2020	
SR 1 – Everyone has access to food (SDG Target 2.1)	SR 8 – Enhance global partnership (SDG Target 17.16)
CRISIS RESPONSE	CRISIS RESPONSE
STRATEGIC OUTCOME 1 Crisis-affected populations in Togo are able to meet their basic food and nutrition needs during and in the aftermath of shocks.	STRATEGIC OUTCOME 2 Humanitarian and development partners in Togo have access to common services throughout the crisis.
BUDGET SO 1: US\$ 6,278,023 BENEFICIARIES : 252,500	BUDGET SO 2: US\$ 521,479
<p style="text-align: center;">OUTPUTS:</p> <p>1.1 Affected populations (Tier 1) receive cash-based transfers or in-kind food assistance in order to meet basic food needs (SR 1) and support their nutrition status (SR 2). <i>(Output Category: A, B)</i></p> <p>1.2 Affected vulnerable groups (Tier 1) receive nutritional support in order to prevent malnutrition (SR 2). <i>(Output Category: A, B)</i></p> <p>1.3 Affected populations (Tier 3) benefit from improved coordination forum of food and nutrition security, cash and information management by national disaster management mechanisms and other partners to timely receive humanitarian assistance. <i>(Output Category: H)</i></p> <p>1.4 Affected populations (Tier 2) benefit from enhanced government and partners' capacity, to ensure their safe and adequate access to food and nutrition. <i>(Output category C)</i></p>	<p style="text-align: center;">OUTPUTS:</p> <p>2.1 Affected populations (tier 2) benefit from technical advice, common supply chain and emergency telecommunications services and coordinated support to government and partners to receive timely assistance. <i>(Output Category: H).</i></p>
<p style="text-align: center;">ACTIVITY 1</p> <p>Provide emergency food and nutrition assistance through cash-based or in-kind transfers to affected populations. <i>[Activity category 1: Food, CBT & CS]</i></p>	<p style="text-align: center;">ACTIVITY 2</p> <p>Provide technical assistance, supply chain and emergency telecommunications services to government and partners, including transport, storage and distribution of food and non-food items. <i>[Activity category 10; Modality: SD]</i></p>
	TOTAL BUDGET LEO: US\$ 6,799,502 TOTAL BENEFICIARIES : 252,500

ANNEX 3: ACRONYMS

CBT	Cash-Based Transfer
CSP	Country Strategic Plan
FAO	Food and Agriculture Organization of the United Nations
FFA	Food assistance for assets
FFT	Food assistance for training
IOM	International Organization for Migration
ICSP	Interim Country Strategic Plan
NGO	Non-Governmental Organization
REACH	Renewed Efforts Against Child Hunger and Undernutrition
SDGs	Sustainable Development Goals
SO	Strategic Outcome
SR	Strategic Result
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Aviation Service
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children’s Fund
UNSF	United Nations strategic framework
WHO	World Health Organization
NOVISSI	Togo’s Solidarity Revenue Programme, ‘Novissi’ meaning solidarity in local dialect