Republic of Togo

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment The government of Togo is currently elaborating a multisectoral Early Childhood Development (ECD) policy, but ensuring the support of all relevant ministries remains a challenge. Budget allocations for ECD are insufficient, and coordination is lacking between sectors in implementing interventions. In recent years, Togo has established policies to promote the provision of ECD services. In 2008 the government introduced free tuition for public preschools, which has resulted in a relative increase in preschool enrolment. The Education Sector Plan 2010–2020 seeks to further expand access to preprimary education but does not mandate compulsory preprimary enrollment.	Emerging
2. Implementing Widely The scope of ECD programs targets all beneficiaries, yet inequalities exist in the level of coverage between regions and socioeconomic groups. Interventions to reach children from rural families should be expanded as well as programs for children with disabilities. Existing targeted interventions can be strengthened and new interventions introduced to ensure equal access throughout the country.	Emerging
3. Monitoring and Assuring Quality Administrative data are not consistently available to monitor children's development across sectors, although strong survey data are available for some important indicators. Quality standards for ECD service provision have yet to be approved, which in part limits the government's ability to monitor compliance. Developing a comprehensive system for monitoring children's development and establishing quality standards could significantly strengthen Togo monitoring and quality assurance mechanisms for ECD.	Emerging

This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children in Togo and recommendations for moving forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework[1] and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Togo along with regional and international comparisons.

Togo and Early Childhood Development

Situated in West Africa, the Republic of Togo has experienced alternate periods of economic development and repression. Togo ranks 159 on the UNDP Human Development Index, and 33 percent of its population live below the poverty line, including 81 percent of the rural population.

Togo is home to approximately 870,000 children under the age of five. Of these children, 17 percent suffer from severe malnutrition, 22 percent have no birth registration, and 89 percent are not enrolled in any form of early childhood education. Although the government has introduced policies and programs in recent years to address these issues and expand access to ECD services, significant resource constraints and quality control issues remain a challenge. Currently Togo is in the process of elaborating a multisectoral ECD strategy but faces the challenge of ensuring buy-in and support from all relevant ministries. The adoption of a multisectoral ECD policy has the potential to promote a holistic approach to ECD service delivery.

SABER–Early Childhood Development

SABER–ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Table 1: Snapshot of ECD Indicators in Togo with Regional Comparison

	Togo	Guinea	Liberia	Mali	Nigeria
Infant mortality (deaths per 1,000 live births)	73	81	74	99	88
Under-five mortality (deaths per 1,000 live births)	110	130	103	178	143
Maternal mortality ratio (deaths per 100,000 births)	300	980	990	460	550
Gross preprimary enrollment rate (36–59 months, 2010)	11%	9%	47%	5%	9%
Birth registration 2000–2010	78%	43%	4%	81%	30%

Source: UNICEF Country Statistics 2010.

[1] SABER-ECD is one domain within the World Bank initiative "Systems Approach to Better Education Results" (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

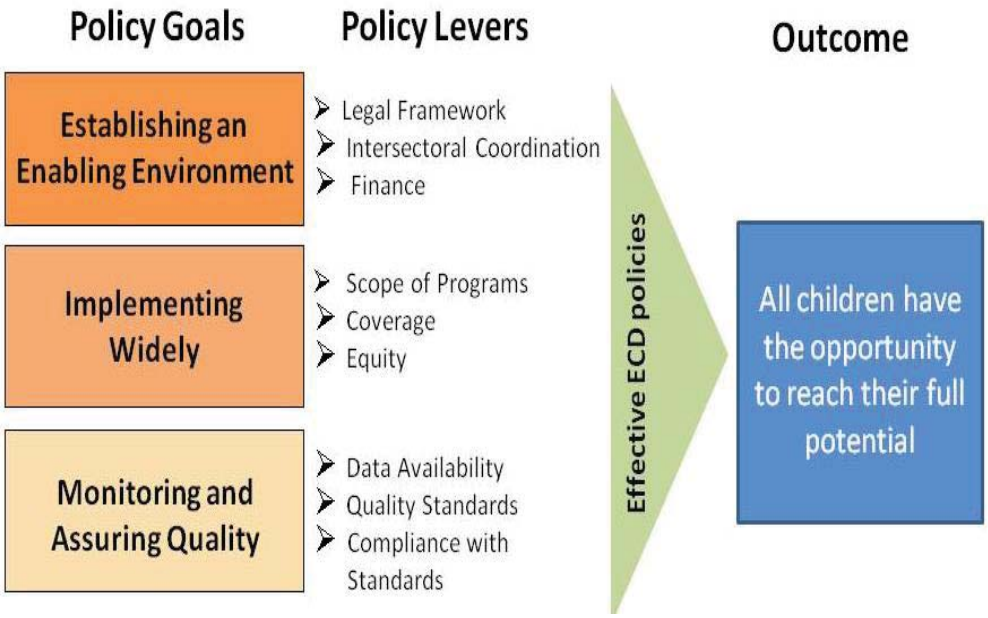
Box 1: A Checklist to Consider How Well ECD Is Promoted at the Country Level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health care
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
• Breastfeeding promotion • Salt iodization • Iron fortification
Early learning
• Parenting programs (during pregnancy, after delivery, and throughout early childhood) • High-quality child care, especially for working parents • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social protection
• Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation and access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (including, e.g., cash transfers, social welfare)
Child protection
• Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regard to the particular needs of young children

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment, Implementing Widely and Monitoring,* and *Assuring Quality.* Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of *policy levers* are identified, through which decision makers can strengthen ECD.[2]

Figure 1: Three Core ECD Policy Goals



Strengthening ECD policies can be viewed as a continuum; as described in table 2, countries can range from a latent to advanced level of development within the different policy levers and goals.

Table 2: ECD Policy Goals and Levels of Development

ECD policy goal	Level of development			
	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●
Establishing an Enabling Environment	Nonexistent legal framework; ad hoc financing; low intersectoral coordination	Minimal legal framework; some programs with sustained financing; some intersectoral coordination	Regulations in some sectors; functioning intersectoral coordination; sustained financing	Developed legal framework; robust interinstitutional coordination; sustained financing
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance

[2] These policy goals were identified based on evidence from impact evaluations, institutional analyses, and a benchmarking exercise of top-performing systems. For further information see "Investing Early: What Policies Matter" (World Bank, forthcoming).

Policy Goal 1: Establishing an Enabling Environment

➢Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An enabling environment is the foundation for the design and implementation of effective ECD policies[3] and consists of the following: the existence of an adequate legal and regulatory framework to support ECD, coordination within sectors and across institutions to deliver services effectively, and sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework

The legal framework comprises all of the laws and regulations that can affect the development of young children in a country. The laws and regulations that impact ECD are diverse because of the array of sectors that influence ECD and because of the different stakeholders that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

Togo could improve its national laws to more comprehensively promote appropriate dietary consumption for pregnant women and young children.
Regulations are in place in Togo to promote salt iodization and flour fortification. The Ministry of Public Health's Interministerial Order no. 76/MSP/MCPT of May 3, 1996, regulating the importation, production, packaging, distribution, and use of salt for human and animal consumption in Togo mandates the consumption of iodized salt. The sale and importation of non-iodized salt is illegal. In March 2012, the Council of Ministers adopted a decree on food fortification that requires the enrichment of refined oils and wheat flour with iron, zinc, folic acid, and B vitamins.

The National Food and Nutrition Policy (2010) and the National Health Development Plan (2012) seek to address issues of malnutrition and micronutrient deficiencies in pregnant women and young children. Both policies promote the continued distribution of iron and Vitamin A to pregnant women and young children, and encourage the exclusive breastfeeding of infants from birth to six months of age. Currently, Togo has only a draft policy that complies with the International Code of Marketing of Breast Milk Substitutes, a global directive that promotes the appropriate nursing of infants and young children. A study in the *British Medical Journal* on compliance with the code in Togo and Burkina Faso found that in both countries manufacturers of breast milk substitutes used national health care systems to promote their products, and the labeling of breast milk substitutes was of particular concern.

Policies promote some healthcare services for pregnant women and young children. According to the National Health Development Plan (NHDP) and the Multi-Year Vaccination Plan, all children are required to receive the full course of childhood immunizations, and vaccinations are free for children from birth to 11 months of age. Togo has remained polio-free since 2003, and immunization coverage to protect children against diphtheria, pertussis, and tetanus continues to improve. The Public Health Code and NHDP require that infants receive routine periodic visits at least once per month.

Togo could do more to improve maternal health. Currently there are no policies that guarantee women free antenatal care and skilled delivery. Though the government began providing free cesarean sections in 2011, it does not provide support for other childbirth services. Regulations concerning HIV/AIDS do not do enough to protect pregnant women and young children. Although the 2005 Law on the Protection of People with HIV/AIDS requires the provision of HIV counseling and screenings to pregnant women, pregnant women cannot be compelled to take an HIV test. Health facilities are required to provide pregnant women with the appropriate medication to prevent mother-to-child transmission.

National education policies and related regulations do not mandate preprimary education. Public preschools are free in Togo, but preprimary education is not mandatory. Although the Education Reform of 1975 promoted the expansion of preschools across the country, it did not make preprimary education compulsory. To encourage preschool enrollment, in 2008 the government of Togo (GoT) abolished tuition fees for all public preschools. This has contributed to a steady

[3] Britto, Yoshikawa, and Boller (2011); Vargas-Barón (2005).

increase in preschool enrollment between 2008 and 2012, particularly in the north of Togo. Yet the overall national enrollment rate remains low, at only 11 percent. The Education Sector Plan 2010–2020 (ESP) aims to increase preschool enrollment to 22.6 percent by 2020. To this end, the ESP seeks to expand access to preschools for vulnerable children aged four to five years and to provide parental education and support for children from birth to three years of age. In rural areas, the government plans to expand the use of community childcare centers to support preprimary and parental education programs.

Box 2: Expanding Access to Early Learning

Cuba Educate Your Child Program

The Educate Your Child Program (*Educa a Tu Hijo*) is a national program of non-institutional community-based preschools for children under the age of six. The program targets children who do not attend formal child care centers, and it seeks to coach and encourage families to stimulate their child's integrated development. Currently 70 percent of all Cuban children below age six participate in the program.

Key Components of the Program

Teams of ECCE and health professionals and local coordinating groups are responsible for implementing the program, working as facilitators and promoters. Groups from all levels receive a one-year training on child development and essential services necessary for each stage of development. The national level trained the provincial level, the provincial level trained the municipal level, and the municipal level trained the local level. The newly built capacity allowed coordinating groups to facilitate effective implementation at their respective levels. At the local level, coordinating groups were responsible for designing an awareness and promotion campaign, carrying out a census of all young children to establish a basic development profile, selecting and contracting service providers, and monitoring the program.

These trained facilitators visit the home of children to two years of age and under once or twice a week. The in-home sessions consist of demonstrations of stimulation activities by the facilitators, which serve as examples for the parents. Children in the two-to-six-years-old age group participate alongside their parents or caretakers in group sessions held once or twice a week in a community space (parks, cultural centers, sports centers). At least one family member participates in the in-home and group sessions, which seek to involve families while training and guiding them and helping them to develop the knowledge and skills to promote the development of their children. Children that participated in the Educate Your Child program showed statistically significant better results in all areas of development.

Lessons for Togo

The Educate Your Child Program shares many of the same goals with Togo's Education Sector Plan. Some key lessons that Togo could use in implementing its policy include the following:

- ✓ Improve the capacity to train ECCE and health professionals as well as community groups in early childhood development, and use these professionals to serve as facilitators for parental education and community preprimary education programs
- ✓ Local authorities should be trained to promote adequate delivery of all essential services at the local level and to coordinate education activities with other ECD sectors such as health and nutrition
- ✓ Improve parental training to bolster parent involvement in the monitoring and management of community preschools and early learning programs

National laws and policies guarantee job protection for pregnant women and promote opportunities for new parents to provide care for newborns. The Labor Code (Article 148) mandates the provision of 98 days of maternity leave paid at 100 percent of salary by the employer and the National Social Security Fund. Maternity leave may be extended by three weeks in case of an illness related to the pregnancy or to the health of the child. The maternity leave policy applies to women employed in the public and private sectors. Although no regulations mandate paternity leave, the Interprofessional Collective Convention allows for two days of paternity leave through many collective bargaining agreements. Paternity leave is paid at 100 percent salary in the case of a home birth. In reality, 90 percent of Togo's workforce is employed in the informal sector, meaning that the vast majority of Togolese parents do not benefit from paid maternity or paternity leave.

Table 3: Regional Comparison of Parental Leave Policies

Togo	Guinea	Liberia	Mali	Nigeria
98 days paid maternity at 100% salary for women; no mandatory leave for fathers but two days of paid paternity leave available	98 days paid maternity leave at 100% salary for women; no leave for fathers	90 days paid maternity leave at 100% salary for women; no leave for fathers	98 days paid maternity leave at 100% salary for women; three days at 100% salary for fathers	84 days paid maternity leave at 50% salary for women; no leave for fathers

Source: World Bank's Women, Business and the Law database.

The Labor Code also protects women from discrimination due to pregnancy and guarantees job protection. Women cannot be dismissed from employment due to pregnancy and are guaranteed nursing breaks for 15 months following the birth of a child.

National laws promote child protection and care for vulnerable children. The Labor Code, the Organization of Civil Status Act, and the Law on the Protection of People with HIV/AIDS all include provisions for child protection. The Organization of Civil Status Act mandates the registration of children at birth. To encourage birth registration, in 2009 the GoT extended the registration deadline from 30 to 45 days after the birth of a child. The Law on the Protection of People with HIV/AIDS requires extended family members and the government to contribute to the care and protection of orphans and vulnerable children affected by HIV/AIDS.

In 2007 Togo introduced a Children's Code, a comprehensive child and social protection policy that harmonizes national laws relating to children in line with the UN Convention on the Rights of the Child (CRC). In 1990 Togo ratified the CRC, and in 1992 it ratified the African Charter on the Rights of the Child. The GoT has established a National Committee on the Rights of the Child and the Directorate General for Child Protection at the Ministry of Social Affairs to manage and oversee the coordination of social protection services for children. The GoT has also established the National Commission for the Reception and Social Reintegration of Trafficked Children and a National Adoption Committee to oversee intercountry adoptions.

Policies guarantee social protection for orphans and vulnerable children (OVCs) as well as children with disabilities. Article 258 of the Children's Code guarantees the right of children with disabilities to education, vocational training, and rehabilitation. Children with disabilities as well as those affected by HIV/AIDS are guaranteed access to special social and medical care. A policy specifically for children with disabilities and for the integration of these children into the school system has not yet been established. The Children's Code also includes protections for OVCs, and the GoT has developed norms and standards for their care. In 2008 Togo established the National Adoption Committee to oversee intercountry adoptions.

Policies promote the reduction of violence against children and encourage training in child protection for law enforcement and justice professionals. Since 2009 the government has maintained a toll-free line, "ALLO 111," to encourage citizens to report incidents of child abuse and receive legal assistance. The helpline was created with the support of private phone companies. Togo has also assigned judges to specialized courts for children. The Embassy of France works with the GoT to provide training to Togolese security services, including on issues of child protection, and regular meetings take place between judges and security forces on the application of the Penal Code and Code of Criminal procedure in cases involving children. The Training Center for Justice Professionals at the University of Lomé currently provides training to legal professionals on children's rights.

Box 3: Key Laws, Regulations, and Plans Governing ECD in Togo

- Children's Code 2007
- Criminal Code (1980)
- Draft National Child Protection Policy (2011)
- Draft Standards for School Mapping (2009)
- Education Reform in Togo (1975)
- Multi-Year Vaccination Plan (2006)
- National Child Protection Policy 2008
- National Education Policy 2010–2020
- National Health Development Plan (2009–2013)
- Norms and Standards Applicable for Child Care Centers for Vulnerable Children, 2010
- The African Charter on the Rights and Welfare of the African Child (ratified, 1992)
- The United Nations (UN) Convention on the Rights of the Child (ratified, 1990)

Policy Lever 1.2: Intersectoral Coordination

Development in early childhood is a multidimensional process.[4] To meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

Togo is currently in the process of elaborating a multisectoral ECD policy. The GoT has established a commission to develop a multisectoral National Policy for Early Childhood that incorporates health, nutrition, education, and social and child protection components. The commission aims to complete a draft policy by December 2013 that will be accompanied by an implementation and resource mobilization plan. The commission is composed of a multisectoral team including representatives from a number of ministries, including: the Directorate of Preprimary and Primary Education (DPPE), the Ministry of Public Health, the Ministry of Justice, the Ministry of Social Affairs, the Ministry of Human Rights, the Ministry of Economy and Finance, the Ministry of Security and Civil Protection, the Ministry of Territorial Administration, and the Ministry of Agriculture. A consultant from UNICEF is working with the government to draft the policy and representatives from national and international nongovernmental organizations (NGOs) working on early childhood are also supporting the development of the policy.

The Directorate of Preprimary and Primary Education coordinates the activities of the commission. To date DPPE has organized meetings and workshops for the Commission. The ministries of justice, economy and finance, agriculture, and human rights have yet to send representatives to the commission.

[4] Naudeau et al. (2011); Neuman (2007); UNESCO-OREALC (2004).

Box 4: Benefits of Multisectoral Policy Design and Implementation

The Chilean Experience with Multisectoral Policy Design

A multisectoral ECD policy is a comprehensive document that articulates the services provided to children and key stakeholders involved, including responsibilities of service providers and policy makers. The policy should also present the legal and regulatory framework in a country and address any possible gaps. Typically, a policy can include a set of goals or objectives and an implementation plan that outlines how they will be achieved. The benefits of doing so are manifold. The preparation process requires all stakeholders to contribute, which in turn promotes a more holistic, synergetic approach to ECD and identifies possible duplication of objectives by individual stakeholders. Another benefit is that the policy framework clarifies the boundaries within which all stakeholders are to operate and can create accountability mechanisms.

One such example is *Chile Crece Contigo* ("Chile Grows with You," CCC), an intersectoral policy introduced in 2005. The multidisciplinary approach is designed to achieve high-quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40 percent of households key services, including free access to preprimary school. Furthermore, the CCC mandates provision of services for OVCs and children with special needs. The creation and implementation of the CCC has been accomplished through a multisectoral, highly synergistic approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels institutional bodies are tasked with supervision and support and operative action, as well as development, planning, and budgeting for each respective level. The *Chile Crece Contigo* Law (No. 20.379) was created in 2009.

***Key considerations for Togo**:*

- ✓ Multisectoral policy that articulates responsibilities for each government entity
- ✓ Highly synergetic approach to service delivery
- ✓ Guaranteed support for poorest households
- ✓ Policy developed with input from all levels of government

Policy Lever 1.2: Finance

Although legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.[5] Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

No national policy establishes the minimum level of funding for ECD, and no mechanisms coordinate budgeting across ministries. No explicit criteria exist for determining the budget in most sectors, and each ministry is tasked with financing its own interventions. Budgeting and information systems do not allow for the identification of ECD-specific spending in health, nutrition, and social protection. Ministries do not coordinate in determining spending for ECD-related activities.

Only the Ministry of Primary and Secondary Education and Literacy (MPSEL) has a criterion for determining ECD spending. The budget for preprimary education programs is determined based on the number of children enrolled. The government spent about 15 percent of the public budget on education in 2012; however, the percentage spent on ECD is difficult to

[5] Hanushek (2003); Hanushek and Kimko (2000); Valerio and Garcia (2012).

assess. The Education Sector Plan 2010–2020 notes that in 2006 the government spent 0.7 percent of its education budget on preprimary education. It is likely that the government has increased its rate of spending on ECD following the introduction of free preprimary education in 2008, but information to assess this is insufficient.

The level of public ECD expenditure is inadequate, and high private costs are a barrier to access, especially for low-income families. Tuition for public preprimary education is free in Togo. Parents have to pay for student uniforms and meals, contribute to salaries for volunteers, and pay for transportation and school health services. Data from the government are not available for health and nutrition expenditures. However, as shown in table 4, the World Health Organization Global Health Expenditure Database reports that, at the household level, out-of-pocket expenditures[6] account for 48 percent of the total expenditure on health in Uganda. Families have to pay out-of-pocket for prenatal and antenatal care as well as insecticide-treated nets (ITNs) and malarial treatment. The GoT provides free child growth monitoring, vaccination, and antiretroviral treatment to prevent HIV/AIDS transmission.

Table 4: Regional Comparison of Health Expenditure Indicators

	Togo	Guinea	Liberia	Mali	Nigeria
Out-of-pocket expenditure as a percentage of all private health expenditure	85%	99%	52%	99%	95%
Out-of-pocket health expenditure as a percentage of total expenditure on health	40	88	35	53	59
General government expenditure on health as a percentage of GDP	4	5	12	5	5
Percentage of routine EPI vaccines financed by government	8	24	6	20	71

Source: WHO Global Health Expenditure Database 2010; UNICEF Country Statistics 2010

Official remuneration for Early Childhood Care and Education (ECCE) professionals is competitive, but the level of remuneration is difficult to assess for health service, nutrition, and social protection professionals. The salaries for ECCE professionals and administrators are on par with those for primary school professionals. The minimum salary for teachers is $152 per month, and the maximum salary is $354 per month. The government pays ECCE volunteers $175 annually. In most cases the salaries for community-based childcare professionals are not fixed, and the community pays the volunteers, sometimes in kind. The government does not compensate health service professionals, and the level of remuneration for social protection professionals is difficult to assess.

Policy Options to Strengthen the Enabling Environment for ECD in Togo

- **Legal framework—**Togo has developed policies and regulations in all relevant sectors to support ECD. Although the government has introduced a number of policies in recent years to expand preprimary education, preprimary enrollment rates remain significantly low in Togo. The GoT could consider introducing a policy of mandatory preprimary education and a phased approach to expanding universal coverage. It should act promptly on approving and implementing policies that pertain to the International Code of Marketing of Breast Milk Substitutes as well as access to health services and develop policies to ensure the integration of children with disabilities—all of which could substantially improve nutrition, health, and social protection.
- **Intersectoral coordination—**The GoT should ensure that efforts to develop a multisectoral ECD policy include all key ministries, especially the ministries of finance and justice. The policy should articulate the responsibilities of each ministry and the services provided to children and key stakeholders. The policy should include a set of goals and objectives and the time frame to achieve them, as well as the development of costed implementation plans. Mechanisms for coordinating efforts on ECD services between the local and central levels as well as nongovernmental organizations should also be considered in developing the policy.

[6] Out-of-pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.

- **Finance—**It is important that the government commit to a sustained financial support for the implementation of ECD policies. Currently, the government provides limited ECD financing, and no mechanisms are in place for ministries to coordinate spending on ECD. Relevant ministries should consider inserting specific line items within their budgets for pregnant women and young children. They should also develop mechanisms for jointly planning spending on ECD and/or sharing data on ECD-related budget allocations and spending.

Policy Goal 2: Implementing Widely

Policy Levers: Scope of Programs • Coverage • Equity

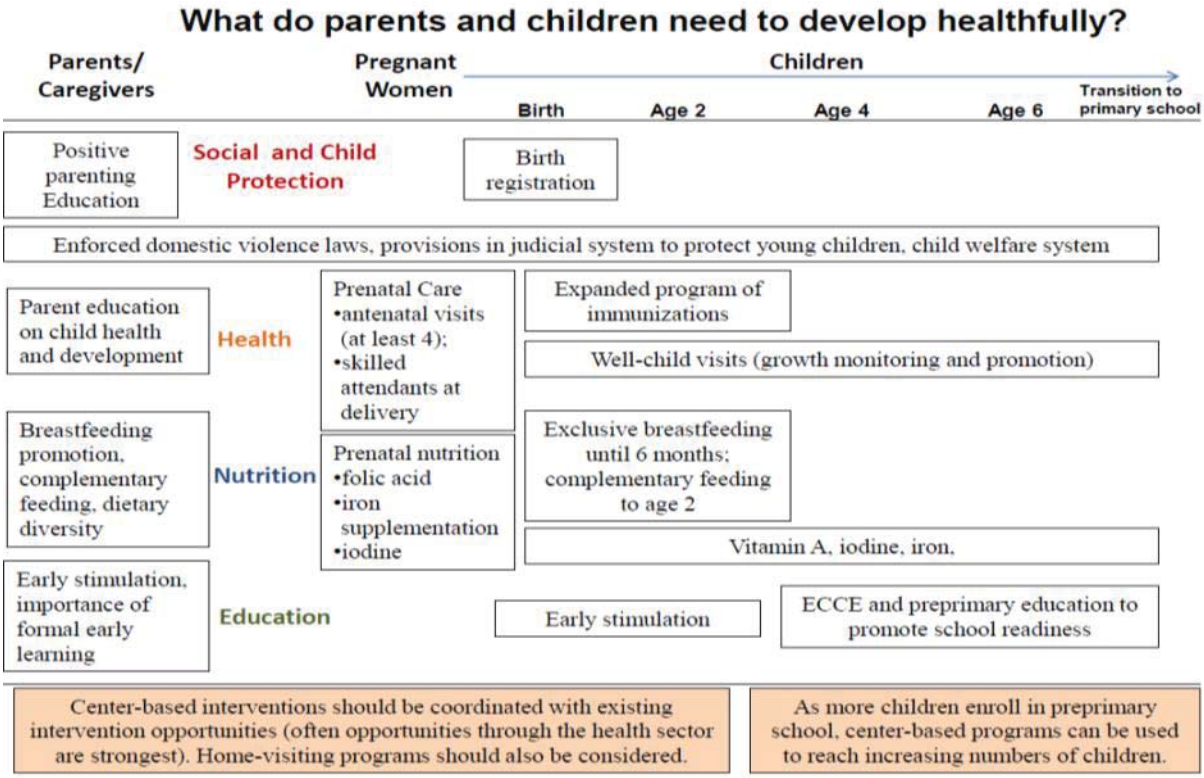
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population), and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children, and their parents and caregivers. A robust ECD policy should include programs in all essential sectors and provide comparable coverage and equitable access across regions and socioeconomic status—especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs

Emerging ●●○○

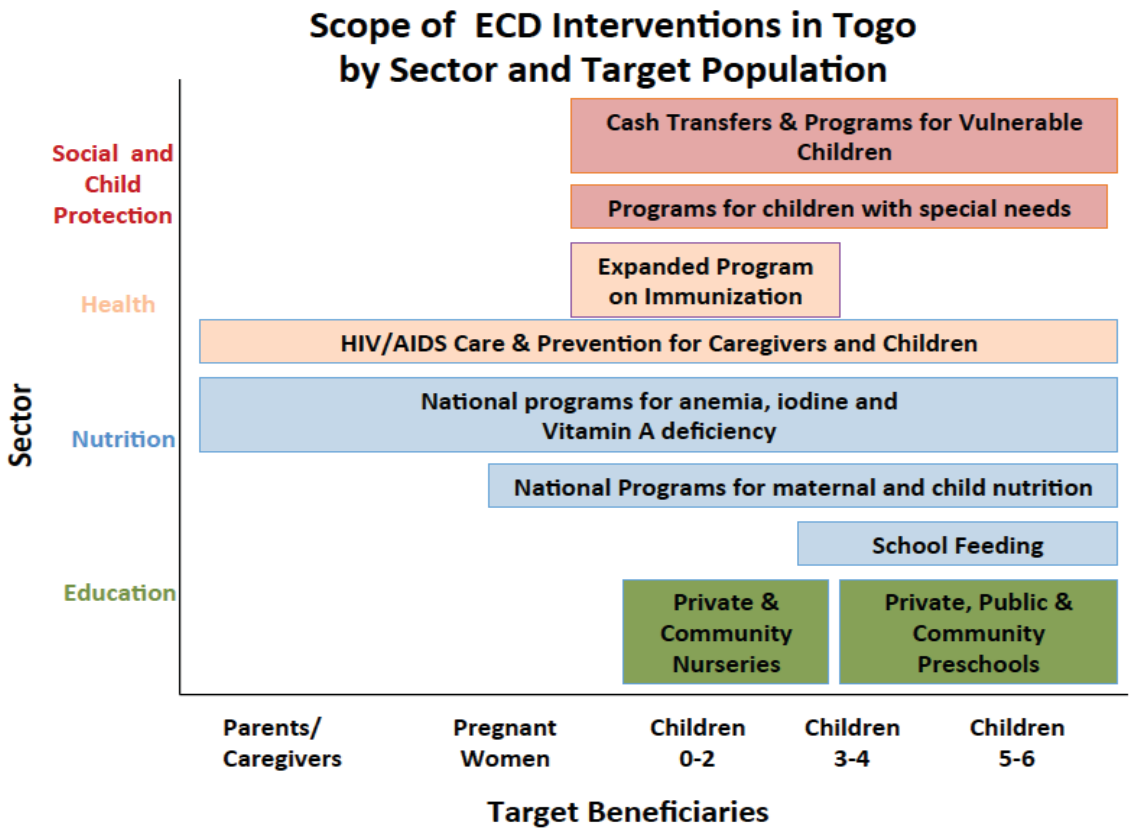
Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries.
Error! Not a valid bookmark self-reference.2 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 2: Essential Interventions during Different Periods of Young Children's Development



ECD programs are established across all relevant sectors and target a wide range of beneficiary groups. Togo has a range of ECD interventions in the sectors of education, health, nutrition, and child protection. Interventions exist that target children from birth to 83 months of age, pregnant women, and caregivers. As presented in figure 3, programs targeting parents, caregivers, and preprimary aged children are limited.

Figure 3: Scope of ECD Interventions in Togo by Sector and Target Population



The government, NGOs, and private institutions provide a range of essential health, nutrition, education, and social protection programs. The GoT in coordination with international development partners (IDPs) has introduced programs for child growth monitoring, parental education, ITN distribution, and immunization. Togo also has programs in place to address the issues of reproductive health and HIV/AIDS. In 2009 Togo officially launched the project on food fortification with vitamins and minerals. The government has established 166 new nutritional rehabilitation centers and runs a program to promote exclusive breastfeeding until six months of age.

Working with the Program for Community Development, the GoT provides cash transfers for vulnerable children ages six to 24 months of age. The program is currently run in two regions with the highest level of malnutrition and vulnerable children. The Program for Community Development also provides school lunches for children in very poor areas in the Maritime, Plateux, Centrale, Kara, and Savanes regions. Although OVCs generally receive little assistance from the government, the GoT is working with IDPs on a pilot project that provides foster families for OVCs. Social programs are in place to provide free health care for poor and vulnerable children.

In the education sector, the Directorate for Preprimary and Primary Education has introduced various policies and programs to improve access to preprimary education. Most ECCE centers are public and attached to primary schools. The government is increasingly interested in developing more community-based child care centers as well as promoting parent education programs as a means to expand access to ECCE.

Table 5: ECD Programs and Coverage in Togo

ECD intervention	Scale		
	Pilot programs	Number of regions covered (out of six)	Level of coverage
Education (stimulation and early learning)			
Government-provided early childhood care and education		6	Low
Privately provided for profit early childhood care and education		6	Low
Privately provided not-for-profit early childhood care and education		6	Low
Community-based early childhood care and education		6	Low
Capacity building for early childhood care and education	No data		
Health			
Prenatal health care		6	Low
Labor and delivery		6	Low
Comprehensive immunizations for infants		6	Low
Childhood wellness and growth monitoring		6	Low
Capacity building intervention on quality of child health services	No data		
Maternal depression screening or services	No data		
Nutrition			
Micronutrient support for pregnant women		6	Universal
Food supplements for pregnant women	No data		
Micronutrient support for young children		6	Universal
Food supplements for young children	No data		
Food fortification		6	Universal
Breastfeeding promotion programs		6	Low
Anti-obesity programs encouraging healthy eating/exercise	No data		
Feeding programs in preprimary schools		5	Low
Parenting			
Parenting integrated into health/community programs		6	Low
Home visiting programs to provide parenting messages	No data		
Anti-poverty			
Cash transfers conditional on ECD services or enrollment		2	Low
Social and child protection			
Programs for OVCs		6	Low
Interventions for children with special needs	No data		
Advocacy and capacity building intervention for provision of care to children with special needs	No data		
Multisectoral or comprehensive			
A comprehensive system that tracks individual children's needs and intervenes, as necessary	No intervention		

Source: SABER-ECD Policy Data Collection Instrument and SABER-ECD Program Data Collection Instrument.
Note: Nearly universal coverage signifies coverage rates above 95 percent.

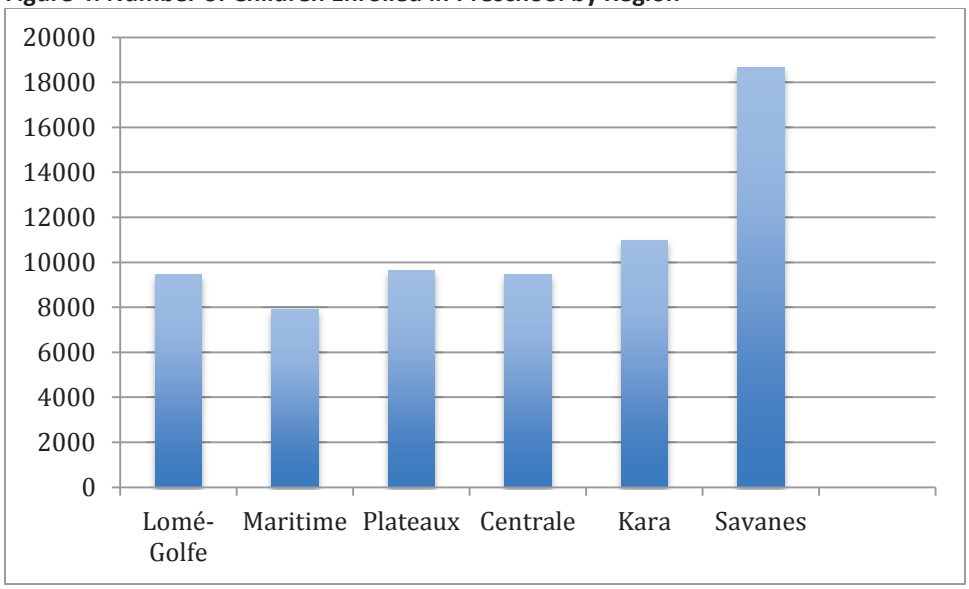
Policy Lever 2.2: Coverage

A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage, and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expecting mother have guaranteed access to essential ECD services.

Preprimary enrollment rates in Togo remain low despite efforts by the government to lower the cost of enrollment. In 2008 the GoT instituted a policy to abolish school fees at public preprimary schools. This has helped reduce the cost of preschool for many families, especially the poor, and has increased enrollment in ECCE programs, particularly for girls.

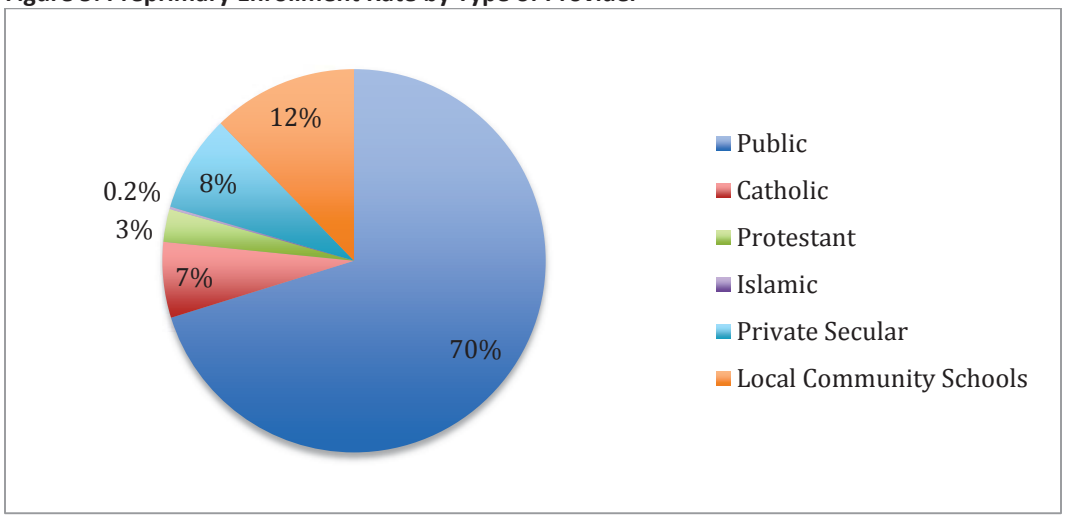
Between 2008 and 2011, preschool enrollment increased at an average yearly rate of 26 percent from 26,050 students enrolled in 2008 to 66,018 in 2011. Despite these improvements, coverage for preschool education remains low, with approximately 11.4 percent of preschool aged children enrolled in preprimary programs. In recent years, preschool enrollment has primarily been provided by the public sector. Figure 4 presents the number of children enrolled in preprimary schools by region, and figure 5 presents preschool enrollment by type of provider.

Figure 4: Number of Children Enrolled in Preschool by Region



Source: Education Statistics Yearbook 2011–2012.

Figure 5: Preprimary Enrollment Rate by Type of Provider



Source: Education Statistics Yearbook 2011–2012.

Access to essential maternal health interventions in Togo is better than in neighboring countries but could still be improved. Compared to neighboring countries antenatal care and health services during childbirth is higher in Togo but remains relatively low by international standards. Table 6 shows the level of access to a selection of essential ECD health interventions for pregnant women in Togo with regional comparisons. As illustrated in the table, Togo has had more success in providing skilled attendants at birth for pregnant women and in providing antiretroviral medicines to HIV+ pregnant women and exposed infants. Approximately 59 percent of women receive antenatal care in Togo, which is higher than other countries in West Africa, except Mali.

Table 6: Maternal Health Services in West Africa

	Togo	Guinea	Liberia	Mali	Nigeria
Births attended by skilled attendants	59%	46%	46%	49%	39%
Pregnant women receiving antenatal care (at least four times)	55	50	66	35	45
HIV+ pregnant women/exposed infants receiving antiretrovirals for PMTCT	61	22	38	34	22

Source: UNICEF Country Statistics 2010 and UNAIDS Database.

Access to some essential health interventions for young children remains low. Togo fares better (or is comparable) in terms of certain indicators of child health compared to neighboring countries, but lags behind in other important indicators. As table 7 demonstrates, Togo has been particularly successful in immunizing 92 percent of one-year-old children against diphtheria, pertussis, and tetanus (DPT) and in scaling ITN coverage for 59 percent of children below the age of five. Although Togo leads the countries listed below in child immunization, the country lags in providing antimalarial drugs to children below five years old. Currently, only 41 percent of young children suspected to have pneumonia receive antibiotics, and 24 percent of young children suffering from diarrhea receive oral rehydration and continued feeding.

Table 7: Access to Essential ECD Health Interventions for Children in West Africa

	Togo	Guinea	Mali	Liberia	Nigeria
Children below five with diarrhea receive oral rehydration/ continued feeding (2006–10)	24%	57%	64%	76%	69%
One-year-olds immunized against DPT	92	57	64	76	69
Children below five with suspected pneumonia receive antibiotics (2006–10)	41	No data	62	38	23
Children below five sleeping under ITN (2006–10)	59	5	26	70	29
Children below five with fever, receive antimalarial drugs (2006–10)	23.6	74	67	No data	49

Source: MICS 4 and UNICEF country statistics.

Togo could improve access to essential nutritional interventions. Table 8 illustrates the nutritional status of young children and pregnant women in Togo and some neighboring countries. In Togo the level of moderate and severe stunting among children five years of age or younger is 30 percent. Currently 65 percent of all pregnant women are anemic, signifying a need to bolster the government's outreach efforts to promote healthy nutrition for pregnant women. Undernutrition is the underlying cause for an estimated one-third of all deaths of young children worldwide. The period between conception and the age of two is a window of opportunity to address and prevent the damage that can be caused by undernutrition. Nutrition interventions that begin in the prenatal period are essential. Although the 62 percent rate of exclusive breastfeeding for children until six months of age is high by international standards, scope exists to improve; given the high returns to breastfeeding and low cost, the GoT can improve its public information campaigns and interventions for new mothers. Currently Togo has yet to achieve near universal coverage of Vitamin A supplementation for young children, with only 88 percent of young children receiving Vitamin A supplementation.

Table 8: Level of Access to Essential Nutrition Interventions for Young Children and Pregnant Women in West Africa

	Togo	Guinea	Liberia	Mali	Nigeria
Children below five with moderate/severe stunting (2006–10)	30%	40%	42%	38%	41%
Vitamin A supplementation coverage (6–59 months)	88	97	53	59	91
Infants exclusively breastfed until six months of age (2010)	62	48	34	38	13
Infants with low birth weight	11	12	14	19	12
Prevalence of anemia in pregnant women (2010)	65	69	62	73	67
Children below five years of age with anemia	No data	79	88	83	76
Population that consumes iodized salt	32	41	No data	79	97

Source: MICS 4 and UNICEF country statistics.

Although birth registration in Togo is among the highest in West Africa, it could still be improved. Birth registration is essential to child protection; it provides children not only with an identity but also a means to access a range of social and legal services. It can also help states like Togo in preventing child trafficking and improving access to education and health care. Currently 78 percent of Togolese children have birth registration compared with 30 percent in Nigeria, 43 percent in Guinea, and just 5 percent in Liberia. This points to the success of the GoT's efforts to increase birth registration and the need to strengthen birth registration campaigns, particularly in marginalized communities.

Table 9: Level of Access to Birth Registration in West Africa

	Togo	Guinea	Liberia	Mali	Nigeria
Birth registration	78%	43%	5%	81%	30%

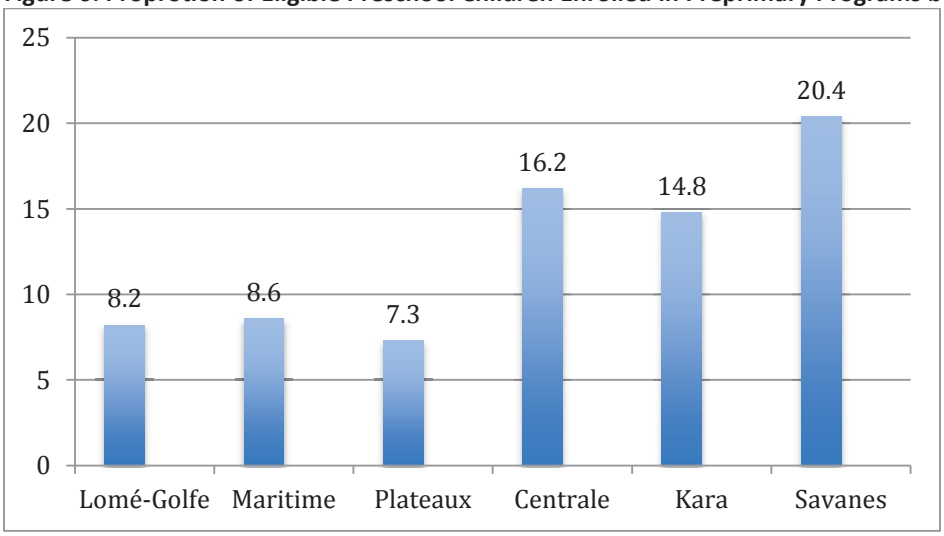
Source: MICS 4 and UNICEF country statistics.

Policy Lever 2.3: Equity Latent

Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services.[7] *One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.*

Significant disparities exist between regions in access to ECCE services. Enrollment rates for girls and boys in preprimary school are nearly equivalent in Togo; however, significant disparities exist between regions. The high cost of private ECCE centers and the lack of nearby preschools has contributed to low access in many regions. The Savanes region has the highest rate of preschool enrollment at 20.4 percent followed by the Centrale region at 16.2 percent and the Kara region at 14.8 percent. The Maritime, Plateux, and Golfe-Lomé regions register significantly lower enrollment rates with 8.2 percent, 8.6 percent, and 7.3 percent preprimary enrollment, respectively. Since 2008, the Centrale and Savanes regions have witnessed the greatest increase in preschool enrollment with an annual average growth rate of 55 percent. By contrast, during the same period, in Lomé the rate of enrollment has slightly decreased. Data on preprimary enrollment by socioeconomic status are not available.

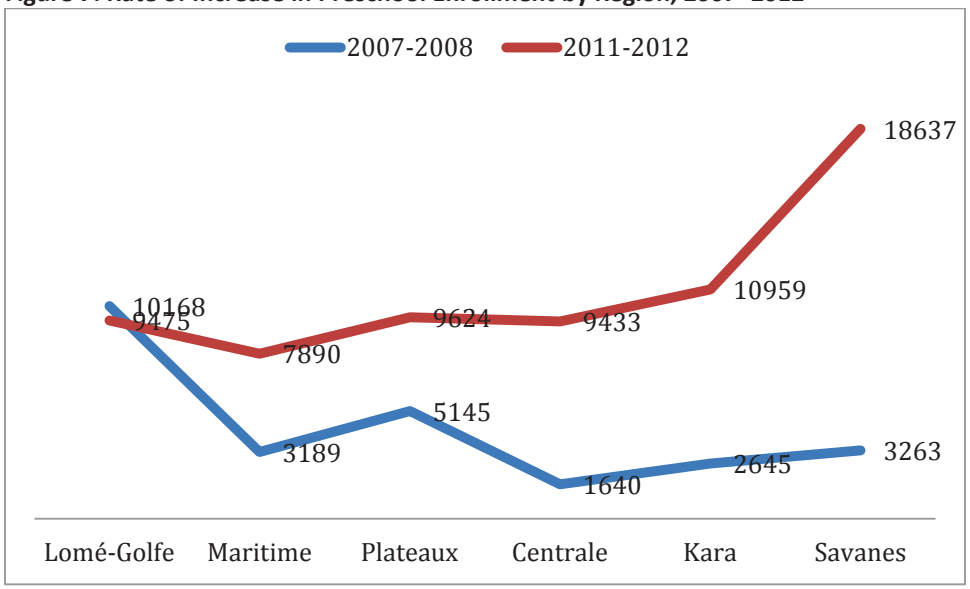
Figure 6: Proprotion of Eligible Preschool Children Enrolled in Preprimary Programs by Region



Source: Education Statistics Yearbook 2011–2012.

[7] Engle et al. (2011); Naudeau et al. (2011).

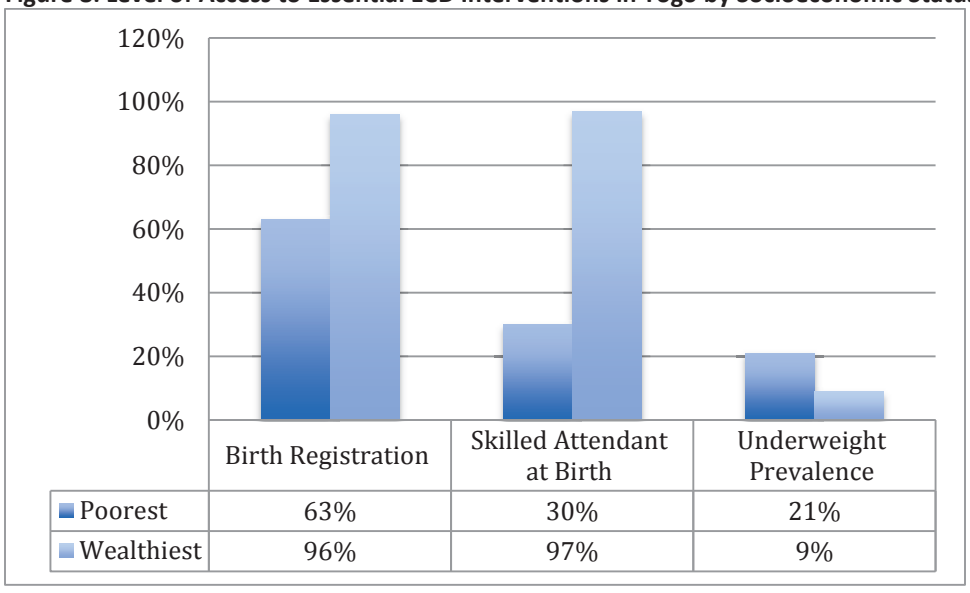
Figure 7: Rate of Increase in Preschool Enrollment by Region, 2007–2012



Source: Education Statistics Yearbook 2011–2012.

Wealthier families have better access to health, nutrition, and social protection services than poorer families. Data from the Multiple Indicator Cluster Survey (MICS) in Togo reveals significant disparities in access to ECD services by wealth and urban-rural location. Figure 8 illustrates the level of access to a number of ECD services by socioeconomic status. Although 96 percent of children from the richest quintile are registered at birth, only 63 percent of children from poorer families are registered. Pregnant women from the wealthiest families are three times more likely to have skilled attendants at birth than women from the poorest families. Approximately 9 percent of wealthy children are underweight compared to 21 percent of the poorest children.

Figure 8: Level of Access to Essential ECD Interventions in Togo by Socioeconomic Status

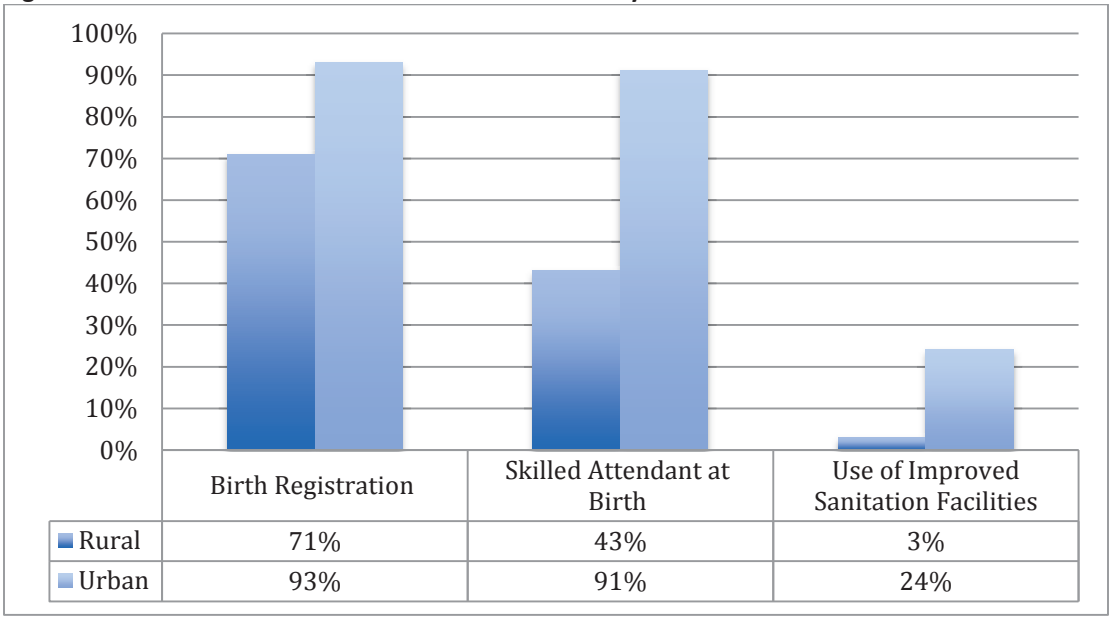


	Birth Registration	Skilled Attendant at Birth	Underweight Prevalence
Poorest	63%	30%	21%
Wealthiest	96%	97%	9%

Source: MICS 4 and UNICEF country statistics.

Access to essential ECD services is higher in urban areas than in rural areas. Figure 9 demonstrates access to a selection of ECD services by urban-rural location. Although 91 percent of women in urban areas have the assistance of skilled attendants at birth, only 43 percent of women in rural receive such assistance. Young children and families from urban areas also have better access to sanitation facilities than those in rural areas. Furthermore, 93 percent of children in urban areas are registered at birth, compared with 71 percent of rural children.

Figure 9: Level of Access to Essential ECD Interventions by Urban-Rural Location



	Birth Registration	Skilled Attendant at Birth	Use of Improved Sanitation Facilities
Rural	71%	43%	3%
Urban	93%	91%	24%

Policy Options to Implement ECD Widely in Togo

- **Scope of programs—**Various health and nutrition programs target pregnant women and young children in Togo. Some social protection programs for children exist, but programs for children with disabilities and OVCs are limited. The government could consider expanding programs for these children through its conditional cash transfer program and by expanding its support for specialized schools for children with disabilities. Parent and caregiver education is also an area that is currently underdeveloped in Togo, and the GoT should increase its efforts to expand parenting education through formal and informal mechanisms.

- **Coverage—**The lack of accessible ECCE centers has contributed to the low levels of ECCE coverage in Togo. The GoT could consider developing a plan for rehabilitating and constructing infrastructure to encourage access to preprimary education. Its strategy to increase the use of community child care centers should also be strengthened. Coverage is inadequate for health and nutrition services. The government could consider introducing a community health insurance scheme, managed at the local level, to increase access to maternal and child health services.

- **Equity—**The poorest and more rural populations have less access to ECD interventions. The GoT should consider targeting mechanisms to reach the most marginalized families with young children; this could include expanding its conditional cash transfer program or introducing block grants to the most vulnerable villages to support ECD services. Block grants can be used to support developing health and nutrition program for children and/or providing ECCE access based on the needs of particular regions.

Box 5: Expanding ECCE Coverage through Community Block Grants

Indonesia Early Childhood Education and Development Project

To expand access to ECE services, the Indonesian government through the Ministry of National Education (MONE) launched the Early Childhood Education and Development Project (ECED) in 2006. The ECED's objective is to increase the delivery of ECCE at the local level while building a sustainable ECCE system by providing matching block grants to communities to implement community-based ECD services for poor children. The government provides grants to 50 districts where preprimary enrollment is low and with high poverty and low levels of human development. With the assistance of a technical advisor, communities can choose from a list of options what types of ECCE services they would use the grant to provide. The grants cover the costs of organizing, enhancing, and operating the programs. Evaluations of the program revealed that communities that participated in the program displayed higher enrollment rates than communities outside the project.

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services, and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible or even detrimental.

Policy Lever 3.1: Data Availability

Accurate, comprehensive, and timely data collection can promote more effective policy making. Well-developed information systems can improve decision making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards, and efforts to target children most in need.

Both administrative and survey data are collected in Togo, though the collection of administrative data could be improved. Togo participated in UNICEF's Multiple Indicator Cluster Survey (MICS) in 2010. The MICS data provide a rich source of information on a number of indicators related to young children's healthy development. Table 10 presents a series of key indicators that a country can collect to track the provision of services to promote young children's development. These indicators are divided into both administrative data (census data, reflecting total uptake) and survey data (based on sampling of a specific population). Both administrative and survey data are useful and necessary to track access to services and outcomes.

Table 10: Availability of Data to Monitor ECD in Togo

Administrative data	
Indicator	**Tracked**
Special needs children enrolled in ECCE (number of)	X
Children attending well-child visits (number of)	X
Children benefiting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	✓
Children enrolled in ECCE by subnational region (number of)	✓
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	X
Is ECD spending in health sector differentiated within health budget?	X
Survey data	
Indicator	**Tracked**
Population consuming iodized salt (%)	✓
Vitamin A supplementation rate for children 6–59 months (%)	✓
Anemia prevalence among pregnant women (%)	✓
Children below the age of five registered at birth (%)	✓
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four antenatal visits (%)	✓
Children enrolled in ECCE by socioeconomic status (%)	X

Source: UNICEF Country Statistics 2010 and MPSEL.

Note: X refers to indicators that are not tracked, and √ refers to indicators that are tracked

Child development outcomes are not adequately tracked in Togo, and no system is in place to comprehensively monitor the development of individual children. Togo does not have a centralized system for collecting and analyzing administrative data on young children. Each of the relevant ministries manages its own data collection system. Administrative data are collected on child protection through TogoInfo as a means to track progress made toward achieving the Millennium Development Goals. These data are disaggregated by sex, age, and residence. The General Directorate of Statistics also collects data on social protection of children, but this is done at the local level.

The Ministry of Public Health collects data on national health and nutrition with updates on a monthly basis. Data on young children are collected as part this general process; the MPH does not have a specialized system for monitoring data on young children and maternal health.

By contrast, the Ministry of Primary and Secondary Education and Literacy collects administrative data on education access for young children. MPSEL tracks and disaggregates data by urban-rural location and gender but not by socioeconomic characteristics. The MPSEL's data are also used to support efforts to evaluate birth registration.

Policy Lever 3.2: Quality Standards

Ensuring quality ECD service provision is essential. A focus on access—without a commensurate focus on ensuring quality—jeopardizes the very benefits that policy makers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.[8]

The Directorate for Preprimary and Primary Education (DPPE) has developed some early learning standards for preprimary education. The DPPE is currently elaborating a curriculum for community preschools and updating the curriculum for formal preschools. The GoT is also developing a parent education curriculum. The current Guide for Kindergartens outlines child development areas, the minimum hours of preprimary education per week, and the recommended ratio of students to teachers, and it provides pedagogical guidance. According to the Education Reform of 1975, mother tongue education is compulsory in the ECD sector, but in the case of a teacher that is a non-native speaker of the local language, French is used as the language of instruction.

Some infrastructure and service delivery standards have been established in Togo for ECCE. The GoT requires preprimary teachers to hold an upper secondary school education degree and for volunteers to hold one in lower secondary school education. Training for ECCE professionals is not specialized. The Ecole Normale d'Instituteurs provides preservice and in-service training for ECCE professionals using the same curriculum used for primary school educators.

In 2009 the Ministry of Primary and Secondary Education and Literacy developed the "Standards for School Mapping," which includes infrastructure standards for ECCE centers. The standards are yet to be approved and currently serve as a reference for ECCE centers. The standards do not include guidelines for potable water and sanitation. The GoT has also developed a standards document for primary health care facilities that is awaiting approval. No infrastructure standards have been established for hospitals.

Registration and accreditation procedures are difficult to assess. A regulatory framework is in place to monitor the creation and operationalization of schools in Togo (Ministerial Order No. 042/MEPS of August 20, 2004, repealed by Order No. 261/MEPS/CAB/SG of September 3, 2014 regulating the conditions for creating, opening, and operating of secular and religious private schools). However, information about registration and accreditation procedures for community preschools in Togo is lacking.

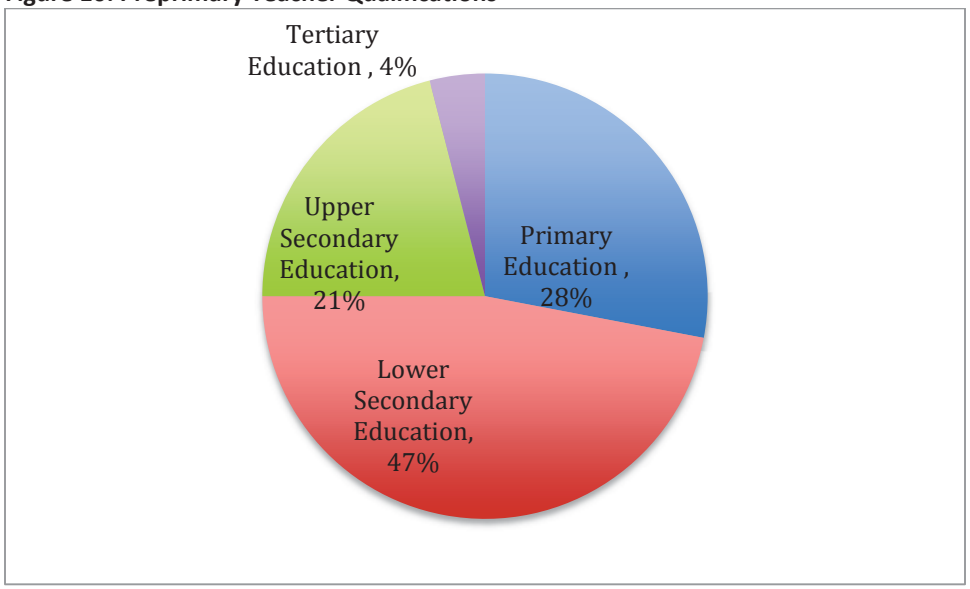
Policy Lever 3.3: Compliance with Standards

Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

In Togo many preprimary programs suffer from issues of poor quality. Most preprimary teachers do not have the appropriate education to manage ECCE programs, and teacher manuals for preschools are quite limited. As figure 10 illustrates, about 75 percent of all ECCE teachers are not adequately trained, and this likely affects the quality of ECCE services.

[8] Bryce et al. (2003); Naudeau et al. (2011); Victoria et al. (2008).

Figure 10: Preprimary Teacher Qualifications



Many classrooms do not have adequate materials, and teaching methodologies and curriculum are not play-based and developmentally appropriate for young children. The Guide for Kindergartens requires a student-to-teacher ratio of 25:1; however, as table 11 illustrates, the average student-to-teacher ratio is 33:1.

Table 11: Student-Teacher Ratio by Region

Region	Student-Teacher Ratio
Lomé-Golfe	29:1
Maritime	35:1
Plateux	31:1
Centrale	27:1
Kara	35:1
Savanes	37:1
National Average	33:1

Preprimary schools do not adequately comply with stated infrastructure standards. Infrastructure norms have been developed but have yet to be approved and therefore constitute only a reference guide for state and non-state ECCE facilities. Currently many public and private institutions have classrooms that do not meet the stated standards.

Policy Options to Monitor and Assure ECD Quality in Togo

- **Data availability—**Togo lacks a comprehensive data collection system to monitor children's access to essential ECD services. Data collection and monitoring are necessary for identifying needs and targeting ECD policies to vulnerable populations. The GoT should consider developing a centralized system for monitoring child development outcomes by expanding the data collected through Togo Info. The government could also assist each relevant ministry to improve management information systems for collecting and sharing data on ECD. Improved financing and improved technical assistance for statistical bodies should also be considered.
- **Quality standards—**The GoT should act promptly to approve standards for ECD service delivery. An information campaign could also be useful in expanding knowledge of the standards once approved. A specialized training curriculum should be developed for ECCE professionals based on current pedagogical theories and practices for early childhood education. The government should also consider explicitly detailing standards for the accreditation of ECCE centers.

- **Compliance with standards—**Monitoring compliance with ECCE service delivery standards would be much improved once standards are established. The GoT should closely monitor programs and review standards for formal and community-based ECCE centers. Attention to compliance to infrastructure standards by ECCE centers and health facilities is also important. The government could also consider using its parental education programs and public information campaigns as a means to encourage families to assist in monitoring the standards of ECD service providers.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies do not in practice ensure better access and service delivery. This is the case in Togo where, for example, the law mandates the iodization of salt, but only 32 percent of the population consumes iodized salt. This stands in sharp contrast with the case of Nigeria where salt iodization is also mandatory and 97 percent of the population consumes iodized salt. Yet Togo has achieved some success in implementing its birth registration and childhood immunization policies, thus highlighting the importance of government's sensitization campaigns. Currently 78 percent of Togolese children have birth registration, and 92 percent of one-year-olds are immunized against DPT. Through its breastfeeding promotion campaigns and policies, Togo has been able to achieve a 62 percent rate of exclusive breastfeeding of infants until they are six months old.

Table 12: Comparing ECD Policies with Outcomes in Togo

Policy		Outcomes
Draft policy that complies with the International Code of Marketing of Breast Milk Substitutes	→	Rate of exclusive breastfeeding until six months: 62%
Expanded Immunization Program mandates a complete course of childhood immunizations	→	Children with DPT (one-year-old): 92%
Birth registration of children is mandatory	→	Birth registration rate: 78%
Preprimary education is encouraged but not compulsory for three-to-five-year-olds	→	Net preprimary school enrollment (three to five years old): 11%
Policy mandates consumption of iodized salt but it is not mandatory	→	Household consumption of iodized salt: 32%

Table 13 compares key policy provisions and associated outcomes in Togo with countries in West Africa. Despite mandatory salt iodization in Togo consumption is much lower than in Guinea, where salt iodization is voluntary. Nigeria and Mali also have policies that mandate salt iodization, and the rate of coverage is relatively higher, 97 percent and 79 percent, respectively. Although Togo has yet to adopt a policy that complies with the International Code of Marketing of Breast Milk Substitutes, it has a relatively higher rate of exclusive breastfeeding (63 percent) than Guinea (48 percent), Mali (38 percent), and Nigeria (13 percent), where the code has been fully or partly adopted. This seems to highlight the relative effectiveness of Togo's breastfeeding promotion campaigns.

Preprimary education seems to be a particular challenge throughout the region. None of the countries in table 13 mandate compulsory preprimary education, and coverage varies from as low as 5 percent in Mali to approximately 11 percent in Togo.[9] Conversely, all countries mandate birth registration, and rates vary from country to country. Mali has achieved the highest rate of birth registration (81 percent), whereas Liberia has the lowest (5 percent). The mixed policy outcomes presented here underscore the importance of addressing critical policy omissions and the importance of implementation and policy enforcement mechanisms.

[9] There is some concern over the validity of this statistic in Liberia.

Table 13: Comparing Policy Intent with ECD Outcomes in Togo and Comparison Countries

	Togo	Guinea	Mali	Nigeria
Salt iodization				
Salt iodization policy	Mandatory	Voluntary	Mandatory	Mandatory
Population consuming iodized salt	32%	41%	79%	97%
Appropriate infant feeding and breastfeeding promotion				
Compliance with Code of Marketing of Breast Milk Substitutes	No policy	Some provisions in policy	Law	Law
Exclusive breastfeeding until six months old	62%	48%	38%	13%
Preschool education				
Preprimary school policy	Not compulsory; free preprimary education largely state provision	Not compulsory; government finances some cost but largely nonstate provision	Not compulsory; largely nonstate provision	Not compulsory: largely nonstate provision
Preprimary school enrollment rate	11%	9%	5%	5%
Birth registration				
Birth registration policy	Mandatory	Mandatory	Mandatory	Mandatory
Birth registration rate	78%	43%	81%	31%

Preliminary Benchmarking and International Comparison of ECD in Togo

Table 14 presents the classification of ECD policy in Togo within each of the nine policy levers and three policy goals. For the *Enabling Environment* policy goal Togo's level of development is classified as emerging. Togo's Children' Code, Education Sector Plan, health and nutrition policies guarantee the provision of many essential ECD services. *Implementing Widely* is deemed emerging in Togo. Although programs are established in all essential sectors, coverage levels remain low, and universal coverage for the eligible beneficiary population in all essential sectors is yet to be achieved. Finally, Monitoring and Assuring Quality is classified as emerging, with key quality standards being developed but requiring further regulation and compliance reinforcement mechanisms. Togo's challenge is to improve intersectoral program implementation, develop mechanisms to expand ECD coverage and ensure quality, and develop a system for comprehensively monitoring child development outcomes.

Table 14: Benchmarking Early Childhood Development Policy in Togo

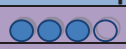
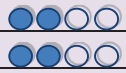
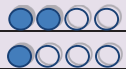
ECD policy goal	Level of development	Policy lever	Level of development
Establishing an Enabling Environment		Legal Framework	
		Intersectoral Coordination	
		Finance	
Implementing Widely		Scope of Programs	
		Coverage	
		Equity	
Monitoring and Ensuring Quality		Data Availability	
		Quality Standards	
		Compliance with Standards	
Legend:	**Latent** 	**Emerging** 	**Established** 	**Advanced** 

Table 15 presents the status of ECD policy development in Togo alongside a selection of countries in East and West Africa. In terms of legal framework, Togo development is on par with Ethiopia and Nigeria, where the legal frameworks for ECD are established. Togo, like Mali, has made little progress on intersectoral coordination compared with other countries in East and West Africa. Kenya and Tanzania have developed an advanced intersectoral strategy to coordinate ECD, which

could serve as a model for developing Togo's multisectoral strategy. Finance for ECD appears to be a particular challenge for countries in Africa. The level of coverage and equity of ECD service provision in Togo is on par with countries in West Africa and lower than in Tanzania and Kenya. Togo quality standards are emerging, and the level of compliance with standards remains low and on par with other countries in West Africa.

Table 15: Classification and Comparison of ECD Systems in East and West Africa

ECD policy goal	Policy lever	Level of development					
		Togo	Ethiopia	Kenya	Mali	Nigeria	Tanzania
Establishing an Enabling Environment	Legal Framework	●●●○	●●●○	●●○○	●○○○	●●●○	●●○○
	Intersectoral coordination	●○○○	●●○○	●●●●	●○○○	●●○○	●●●○
	Finance	●○○○	●○○○	N/A	●○○○	●○○○	●○○○
Implementing Widely	Scope of Programs	●●○○	●●○○	●●○○	●●○○	●●○○	●●○○
	Coverage	●●○○	●○○○	●●●○	●○○○	●○○○	●○○○
	Equity	●○○○	N/A	N/A	●○○○	●●○○	●●●○
Monitoring and Assuring Quality	Data Availability	●●○○	●○○○	●●○○	●○○○	●○○○	●●○○
	Quality Standards	●●○○	●●○○	●●●○	●○○○	●●○○	●●●○
	Compliance with Standards	●○○○	●○○○	●●○○	●○○○	●○○○	●●○○
Legend:		Latent ●○○○		Emerging ●●○○		Established ●●●○	Advanced ●●●●

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. This Country Report presents a framework to compare Togo's ECD system with other countries in the region and internationally. Each of the nine policy levers is examined in detail, and some policy options are identified to strengthen ECD are offered.

The abolition of tuition fees for public preschools and the development of the Children's Code have supported the development of the ECD sector in Togo. There is currently political will to develop a multisectoral ECD policy, and this should be seized upon to advance the regulatory framework and implementation of ECD policies. The Ministry of Economy and Finance and the Ministry of Justice should be actively involved in the development of the ECD policy. Efforts to develop standards for preschool service delivery is a positive step toward monitoring and ensuring quality, but current enforcement mechanisms are not sufficient to ensure compliance.

Despite Togo's efforts to provide a range of ECD services to pregnant women and young children, coverage levels are low, particularly in education. Significant disparities exist between socioeconomic groups and urban and rural residents. It is important that the GoT strengthen its efforts to target vulnerable populations while ensuring high-quality standards and compliance accompany expansion of service delivery. Table 16 summarizes possible policy recommendations and options that the government could consider to strengthen ECD.

Table 16: Summary of Policy Options to Improve ECD in Togo

Policy dimension	Policy options
Establishing an Enabling Environment	• Ensure that all relevant ministries are involved in developing the National Early Childhood Development policy and develop a workable timeframe and costed implementation plan • Promptly approve the draft policy in compliance with the International Code of Marketing of Breast Milk Substitutes and adequately monitor compliance • Develop an inclusive education policy that ensures the effective integration of children with disabilities into the school system • Consider compensating community health workers • Establish a system to track and coordinate government spending on ECD within the country's education, social protection, and health and nutrition budgets • Develop a formula for using explicit criteria to determine ECD funding allocations
Implementing Widely	• Ensure that all regions have access to essential ECD interventions through improved coordination at the point of service delivery • Develop specialized training for staff working with children with special needs • Consider expanding the conditional cash transfer program or using block grants to target the most vulnerable children throughout the country
Monitoring and **Assuring Quality**	• Provide technical and financial support for improving data collection systems and develop a comprehensive system for monitoring child development outcomes • Promptly approve quality assurance standards and closely monitor compliance • Establish a training curriculum for preschool teachers

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Abbreviations and Acronyms

CRC	UN Convention on the Rights of the Child
DPPE	Directorate of Preprimary and Primary Education
DPT	Diphtheria, Pertussis, and Tetanus
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ESP	Education Sector Plan 2010–2020
GoT	Government of Togo
IDP	International Development Partner
ITN	Insecticide-Treated Netting
MICS	Multiple Indicator Cluster Survey
MPSEL	Ministry of Primary and Secondary Education and Literacy

NGO	Nongovernmental Organization
NHDP	National Health Development Plan
OVCs	Orphans and Vulnerable Children

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This report focuses specifically on policies in the area of Early Childhood Development.

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