

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Togo
Humanitarian / Resident Coordinator	Rosine Sory Coulibaly
Reporting Period	1 January 2008 – 31 December 2008

I. Executive Summary

In Togo, the slow trickle of returning donors and the global high food price crisis are hampering attempts to restore the country's viability. Since September 2007, a hike in food prices has deeply affected the purchasing power and food security of people in Togo. In particular, cereals (which are the most highly consumed commodity in Togo with maize representing 65 percent of locally produced cereals) have reached their highest levels in five years with a 200 percent increase compared to 2004 and a 92 percent increase during the year. Despite a mediocre harvest in the previous season (2007-2008) and a better harvest in 2008-2009 (maize/sorghum and mil production has increased by six percent), Togo remains among the most vulnerable West African countries when it comes to a rise in food prices. While many countries reported decreasing food prices, in January 2009 the level of food prices in Togo was still higher compared to the previous year.

This situation has been exacerbated by several natural disasters, which have affected Togo over the past 15 months. A FAO assessment indicated that floods have devastated 15,000 acres of food crops in three regions and a WFP Emergency Food Security Assessment showed that 65,000 people have their lives threatened, while the way of life of 300,000 people is in danger. A donor report submitted by the Ministry of Agriculture of Togo (February 2009) indicated that continuous flooding in the last two seasons represented a loss of \$ 22,000,000 with 25,000 hectares destroyed.

In 2006, the Multiple Indicator Cluster Survey (MICS) showed alarming rates of malnutrition in children aged 6-59 months. Rates in the Savanes region reached as high as 32 percent, with 22.6 percent in the Kara region. In these two regions, approximately eight percent were suffering from severe acute malnutrition. In the Maritime region (excluding Lomé) overall malnutrition rates were 12.9 percent. Providing emergency therapeutic feeding for children suffering from acute malnutrition and food rations to communities worst affected throughout Togo helped to address high rates of malnutrition. However, chronic and acute malnutrition were a serious concern as climatic factors and subsequent destruction of crops and other livelihoods affected families in new pockets of the country in 2008.

Specifically, in August 2008, several catastrophes and emergencies hit the country and exposed the people of Togo to greater vulnerability. The floods destroyed farmland in various parts of Southern Togo, including Lomé district. The affected areas were primarily located along the Haho River and Zio River causing widespread infrastructural damages, crop failures, and population displacement. The infrastructure network was severely affected (nine bridges), with wide ranging reports of damage, destruction, and submersion of roads and bridges. In particular, the collapse of the Amakpapé bridge physically divided Togo in two, creating a transport bottleneck for the deliveries to northern Togo and neighbouring

countries. This situation exacerbated the food price crisis as traditional transportation and shipping routes were disrupted.

In response, the Government of Togo has activated the “*plan ORSEC*” (Emergency Rescue Plan) while the humanitarian community multiplied their efforts to respond in a fast and appropriate way.

The impact of these two exogenous shocks (high food prices and floods) on food security in Togo, which also suffers from structural issues, has required focus on three key sectors:

- Respond to malnutrition and prevent mortality in children under 5. With a deteriorating food security situation in northern (Savanes) and southern (Maritime, Plateaux) regions, malnutrition prevention activities as well as well-functioning health facilities for children have been identified as priorities.
- Assist vulnerable populations exposed to high food prices and flooding in highly affected regions with a focus on populations whose lives and livelihoods are at risk by severe food insecurity.
- Assist farmers and small producers in need of assets and inputs to recover from the crisis while mitigating the risk of threatened lives and livelihoods.

The CERF Rapid Response grant has served as a kick-start to enable the United Nations agencies and NGOs to assist 94,500 vulnerable beneficiaries. In 2008, the CERF allocated \$ 2,074,049 to enable the humanitarian community in Togo to scale up immediate response activities in tackling serious shocks that threatened the lives of severely malnourished and food insecure populations in Togo.

Total amount of humanitarian funding required and received during the reporting year	REQUIRED:		\$15 710, 660	
	RECEIVED:		\$ 13,100,400	
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM:			
	FAO		\$ 601,586	
	UNICEF		\$ 363,800	
	WFP		\$ 1,108,663	
	NGOS:			
GOVERNMENT:				
OTHER:				
	TOTAL:		\$ 2,074,049	
Approximate total number of beneficiaries reached with CERF funding	TOTAL	Under 5 years of age	Female (If available)	Male (If available)
	65,100 (WFP) 6,000 (FAO) 14,775 sensitized (UNICEF)	23,436 (WFP) n/a (FAO) 3,701 treated and 45,468 screened children (UNICEF)	38,729 2,100	26,371 3,900
Geographic areas of implementation targeted with CERF funding	WFP used CERF funding in Savanes (4 districts and 1 sub-district) FAO used CERF funding in the 5 regions of Togo UNICEF used CERF funding in: <ul style="list-style-type: none"> ▪ 100 community therapeutic care village in Savanes, Kara and Maritimes regions; ▪ 107 rehabilitation centres at district level in Savanes, Kara 			

II. Background

(a) Decision-making process to determine allocation

In response to the 2008 floods and high food prices, the Togo United Nations Country Team (UNCT) has prioritized actions to mitigate risks of further deterioration of nutrition and food security.

This year floods in southern Togo have sharply affected the agricultural recovery process started in Togo after major natural disasters in 2007. Crop losses and destruction of stocks have worsened food insecurity in a region that provides a substantial volume of food for the entire country. Previously, from January to September 2008, highly volatile food prices had a direct impact on household welfare and humanitarian needs. Higher prices have translated into increased expenditure on food to the detriment of other household needs (e.g. education and health) and an even poorer diet, as families use coping mechanisms to shift from energy-dense cereals to less energetic/micronutrient-rich but cheaper food products.

The combination of flooding and high food prices had consequences for specific vulnerable groups, such as:

- Children under 5;
- Pregnant and lactating mothers;
- Poor farmers relying on subsistence agriculture; and
- Flood-affected communities

There was a particular need to respond to a degradation of food security in targeted regions and reduce the risk of malnutrition and mortality for these vulnerable groups.

Nutrition surveys and food security assessments released between 2007 and 2008 by UNICEF, FAO, and WFP confirmed the need to tackle urgent issues. In 2006, MICS survey indicated high rates of acute malnutrition in three regions regularly affected by natural disasters; although recent figures showed a decline of acute malnutrition, levels remain high in some regions. In 2007 and 2008, WFP conducted two food security assessments highlighting important cases of severe food insecurity in northern regions of Togo. Finally, an FAO evaluation stressed the importance of providing farmers with support and mitigating the consequences of natural disasters.

The prioritization for submitting projects to CERF in the framework of a Rapid Response Grant was based on the above-mentioned assessment. Togo's level of malnutrition and food insecurity was a concern and the Rapid Response Grant served to provide fast assistance to people in need, particularly the most vulnerable, including children, women, and smallholder farmers.

(b) Coordination amongst the Humanitarian Country Team

When flooding occurred in July and August 2008, the Resident Coordinator (RC) convened meetings with the UNCT and NGOs to encourage strengthened coordination of the emergency response in liaison with the Government of Togo (GoT). The Ministry of Security and Civil Protection activities the Emergency Rescue Plan (ORSEC) to coordinate response with partners, mobilize funds, and inform the media. The GoT successfully led and coordinated the overall emergency response despite small internal debates with the Ministry of Social Affairs in charge of providing direct humanitarian assistance.

Joint assessment missions were proposed by the RC to improve data collection, information sharing, and joint analysis and to ensure that accurate data is submitted to donors. These assessments were implemented successfully and carried out in early August 2008. Following this assessment, an adapted need assessment, carried out with stakeholders, and facilitated the activation of CERF mechanisms and other fundraising activities to support a timely and adequate response.

III. Implementation and results

1. Coordination and implementation arrangements

As jumpstarted through the CERF allocation, FAO, UNICEF, and WFP worked together to provide an appropriate response to the shocks from flooding and increased food prices. Regarding the floods response, the coordination has been led through the humanitarian network under the auspices of the Office for the Coordination of Humanitarian Affairs (OCHA) and guided by the ORSEC plan activated by the Government of Togo. As a result, the fast response provided support for both rural and urban people who were displaced due to summer flooding.

FAO, UNICEF, and WFP continue to work to address the high food prices in Togo. Under guidance from the Comprehensive Framework for Action (CFA) which helped to determine specific actions that could be set up to prevent deterioration of food security and nutrition levels in Togo. While the coordination is functioning, it still could be improved by greater involvement of other key stakeholders, including national authorities and the Bretton Woods Institutions.

According to the results of the rapid needs assessments, prioritization of needs was established in response to primary life-saving needs, in line with the Government's approach. Staff from OCHA, on mission in the country, advised the UNCT members throughout the prioritization process.

2. Project activities and results, including actual beneficiaries

(a) Food Security (WFP)

The CERF contribution enabled WFP and its implementing partner, CRT (the Togolese Red Cross), to start major food distribution in northern regions of Togo that were affected by high food prices. The CERF contribution allowed WFP to mobilize existing in-country food commodities and to purchase new commodities with CERF funds.

CERF funds helped WFP to distribute rations in November and December to the most vulnerable households in northern Togo. Thus, 65,100 people (13,020 households) received a two-month ration to help them reduce the impact of high food prices and increase access to food. CERF contributions were used for to provide one of the two-month's rations that were supplied to those in need. Among the vulnerable, 38,729 women, 23,436 children under 5, and 22,785 children and youth between 6 and 17 years of age received a ration. WFP objectives, as displayed in the 2008 Emergency Food Security Assessment, aimed to provide continuous support to this population with at least two other phases of food distribution during the lean season.

(b) Health and Nutrition (UNICEF)

The CERF contribution enabled UNICEF and its implementing partners (3ASC and Sar Afrique) to respond to the acute malnutrition emergency through:

- Identification and signature of MOU with NGO partners (3ASC);
- 107 nutrition rehabilitation centres in the three targeted regions supplied with therapeutic food, medicine, anthropometric material, and data collection tools;
- 100 community therapeutic care villages supplied with anthropometric material, data collection tools, and utensils;
- 22 nutritional support groups created to support community based activities in the most affected areas;
- 14, 775 persons sensitized by nutritional support groups to prevent malnutrition;
- 45,468 children screened in targeted areas;
- 3,701 children treated for severe malnutrition;
- 200 community health agents trained to prevent and treat acute malnutrition;
- 50 health workers trained to prevent and treat acute malnutrition;
- Conception of data collection tools and equipment for health centres;
- Equipment provided for community-based activities; and,
- Supervision of targeted health centres and community therapeutic care villages

(c) Agriculture (FAO)

The CERF contribution helped to cover 25 percent of farmers affected by floods across three regions. This represents 6,000 farmers, including 2,100 women farmers and 3,900 men farmers. Beneficiaries are located in Maritime (1,705 – 28 percent), Plateaux (821 – 14 percent), Centrale (947, 16 percent), Kara (1,238 – 21 percent) and Savanes (1,289 – 21 percent). FAO's programs have a large geographical scope given the need to tackle increasing food insecurity, including populations hit by 2008 floods in the southern region. Approximately 1,394 tonnes of seeds (for dry season crops) has been purchased. In addition, 120 tonnes of fertilizers and 6,000 units of tools have been procured. The distribution primarily took place from mid-November thru December. An impact survey is currently underway to assess the improvement of productivity in the targeted areas.

3. Partnerships

Collaboration among NGOs, United Nations agencies, and the Government was strengthened both at the UNCT level through cooperation agreements and at the government level in support of the ORSEC plan.

The CERF was particularly effective as a rapid funding mechanism in Togo to ensure the provision of key emergency supplies and financial resources for field activities. Partnerships have been established with local organisations, which have carried out effective activities and excellent knowledge of particular sectors. For example, partnership was strengthened between FAO and the Togolese NGO RAFIA in northern Togo and WFP and the Togolese Red Cross throughout the country.

These partnerships better enabled the successful implementation and utilization of CERF grants through excellent cooperation among all stakeholders and implementing partners. These partnerships were launched based on their own sectoral, specialization, or geographical coverage.

As per WFP's response, inputs from key NGOs and the GoT have been essential to avoid duplication and provide efficient and fast assistance to populations in need. Regular coordination meetings to prepare flood response activities were held. In food assistance planning, partnership with officials and NGOs for pre-assessment and crosschecking of beneficiary lists have been critical.

The primary partners of UNICEF to provide emergency response to acute malnutrition are the Ministry of Health, WFP, and NGOs. MoUs were signed by UNICEF and NGOs to implement activities according to specified priorities. These NGOs implemented activities in partnership

with the decentralized state health services. The National Service of Nutrition coordinated nutritional interventions that were implemented by nutritional partners.

FAO worked closely with key technical structures of the Ministry of Agriculture there were essential in determining needs and avoiding duplication with similar operations implemented in response to flooding in 2007. In addition, a network of local partnerships was set up within regions to involve civil society in beneficiary identification and to provide technical assistance at the farmer level.

4. Gender-mainstreaming

UNICEF implemented its community-based activities with gender equity. It is important that child nutrition is not seen just as the job of the 'mother' rather it is the responsibility of the community and the entire family. The 22 nutritional support groups, composed of 484 persons and created at the community level, were balanced 50 percent male and 50 percent female. Interventions implemented by those groups ensure community based provision of Impregnated Treated Nets (ITN), vitamin A supplementation, and Integrated Management of Child Illness (IMCI). UNICEF insists on providing those services to both female and male beneficiaries, information systems are being developed to give a clearer picture of the 'gender' dimension of child malnutrition in Togo.

WFP is committed to respect gender equity within General Food Distribution (GFD). Women are equally involved in food distribution planning and implementation without putting them at risk of increasing their burden of work and while contributing to their control of food resources. Distributing teams, supervisors, and other programme-related bodies aim to include equally women and men. WFP insists on providing both female and male beneficiaries with information on how to report cases of abuse linked to food distribution and actively supports education and information campaigns informing women on sexual abuse and exploitation linked to GFD. Finally, as per the methodology employed for the GFD in northern Togo (in bulk), sensitization is provided to ensure that women will be preferably responsible for sharing food commodities between households.

FAO has focused efforts on helping farming households that are managed by women. Some 2,100 women farmers out of 6,000 farmers have been assessed for seeds and tools support as well as technical assistance. Development of technical capacity among women has been considered as a priority given the importance of the agricultural economy and subsistence agriculture in Togo.

5. Monitoring and evaluation

Once the CERF grants were disbursed to the various agencies, project implementation began under specific arrangements developed by the agencies themselves and their main counterparts. Specific arrangements for monitoring and evaluation were devised by each of the agencies implementing the specific CERF-approved projects.

WFP

Emergency food assistance activities were monitored by WFP's Food Aid Monitors, who live and work at the district level. WFP employed two Food Aid Monitors and hired additional Emergency Food Monitors in Togo. Monitoring of activities was also done through the provision of funding from WFP to a NGO partner (CRT) who was responsible for the implementation and supervision of food distribution in the targeted areas.

UNICEF

To ensure quality statistics, specific data collection tools were created and utilized. Activities were supervised by partner NGOs and state health services. Nutritional focal points ensured data collection from primary health care units (PHCU) to the district level and sent the report to the centralized level. All data were compiled and analysed at the National Service of Nutrition in partnership with UNICEF. In order to evaluate the implemented activities, UNICEF undertook a nutrition survey (SMART) in December 2008 with the Ministry of Health and through financial support from ECHO. Results of this study reveal an improvement of children's nutritional status in Togo. The global acute malnutrition rate decreased at the national level from 14.3 percent (MICS 2006) to 5.5 percent (SMART 2008). In the three regions, the global acute malnutrition rate reduced from 12.9 percent (MICS 2006) to 4.9 percent (SMART 2008) in Maritime, from 22.6 percent (MICS 2006) to 7.6 percent (SMART 2008) in Kara and from 32 percent (MICS 2006) to 9.3 percent (SMART 2008) in Savanes.

FAO

A monitoring committee has been set up per region to follow up on activities developed at the regional level. This has been replicated at the district level as well. This permanent monitoring helped to improve and correct issues surrounding density and cycles of watering, manuring, and utilization of fertilizers. Finally, these committees have been involved in the trading process to support farmers in optimizing sales of their harvest. Main partners, with technical support from FAO, assessed surfaces, production and incomings, and consumption in order to determine the improvement of monetary incomes as well as the food security of beneficiaries.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
AGRICULTURE	08-FAO-035 Restore food production capacity of most vulnerable agricultural households affected by food insecurity	\$ 601,586	6,000 Togolese farmers	Ministry of Agriculture, Institut de Conseil et d'Appui technique (ICAT) – 38,000 USD RAFIA – 12,000 USD	<ul style="list-style-type: none"> ▪ Partners reports (Governmental Counterpart and NGOs) ▪ Mission reports from FAO consultant ▪ Regular review by FAO ▪ Final assessment report by stakeholders 	<ul style="list-style-type: none"> ▪ 6,000 among the poorest agricultural households in the targeted areas receive seeds, fertilizer, and tools for the improvement of their agricultural productivity ▪ 1,050 acres are exploited and allow for a substantial improvement of the productivity of tomato, onion, and okra crops ▪ 6,000 agricultural households are monitored and receive technical assistance 	<ul style="list-style-type: none"> ▪ 6,000 farmers in 5 regions of Togo have received 1,394 tonnes of seeds, 120 tonnes of fertilizers, 6,000 watering cans, and 6,000 tool kits ▪ 1,650 hectares are exploited with counter season cultures ▪ Expected harvest is 23,125 tonnes ▪ Three levels of technical assistance have been set up one network of local NGOs per region (total of 5); ICAT (Technical Structure of Minister of Agriculture) for 4 regions and 1 national NGO RAFIA for 1 region (northern Region); FAO experts to cover the whole project

<p style="text-align: center;">HEALTH AND NUTRITION</p>	<p>08-CEF-055 Emergency nutritional assistance to malnourished under fives in Savanes, Kara, and Maritime regions of Togo</p>	<p>\$ 363,800</p>	<p>14,775 sensitized (UNICEF) 3,701 treated (45,468 screened children) (UNICEF)</p>	<ul style="list-style-type: none"> ▪ Ministry of Health, WFP, 3ASC 	<ul style="list-style-type: none"> ▪ PHCU monthly reporting ▪ NGO reports ▪ Data collection from National Service of Nutrition ▪ Field trips ▪ Survey reports 	<ul style="list-style-type: none"> ▪ 50 nutritional rehabilitation centres (CREN) are provided with medical, weighing and therapeutic supplies ▪ 50 community nutritional centres are provided with medications and therapeutic food ▪ 25 community nutrition activities centres for child survival in 100 villages and displaced centres screen up to 21,500 children, as part of the CMAM (Community Management of Acute Malnutrition), referring all cases of malnourished children to appropriate GoT/UNICEF/WFP services ▪ Breastfeeding and the consumption/production of food rich in micronutrients (vitamin A, iodine, iron, etc.) 	<ul style="list-style-type: none"> ▪ 968 children treated ▪ 2,733 children treated ▪ 7.3 percent Global malnutrition rates <p>14,291 persons</p>
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<p style="text-align: center;">Food</p>	<p>08-WFP-081 Emergency Assistance to flood affected populations and children and pregnant lactating mothers affected by food crisis in Togo</p>	<p>\$ 1,108,663</p>	<p><i>65,000 Persons affected by floods and high food prices</i></p>	<ul style="list-style-type: none"> ▪ CRT (\$50,000) 	<ul style="list-style-type: none"> ▪ Food distribution report by Implementing Partner ▪ Way-Bill from warehouse to beneficiaries ▪ COMPAS reports (Commodities Tracking System) ▪ WINGS reports (Financial system) ▪ Post-Distribution Monitoring Survey (in progress) 	<ul style="list-style-type: none"> ▪ Provide adequate and timely food support to 65,000 people affected by flood and high food prices (CERF grant was for 65,000 people for one month) ▪ Maintain adequate levels of nutritional well-being, especially for children, through the provision of a nutrition food basket ▪ Purchase and deliver 1,238 tonnes of cereals for immediate delivery and distribution in affected areas ▪ 13,000 households are protected from potential shocks (flooding and high food prices) 	<ul style="list-style-type: none"> ▪ 65,020 food insecure people have received a two-month ration (as per the food basket of the region) for November and December (CERF and other funding) ▪ A Post-Distribution Monitoring is planned to assess the degree of vulnerability of beneficiaries from the GFD
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V. CERF IN ACTION

Some 45,468 children screened for malnutrition and 3,701 malnourished children treated thanks to CERF funds - (Togo- August 2008)

Following a UNICEF malnutrition survey carried out in 2006, at least 110,000 children were found to be suffering from acute malnutrition and of these 27,000 were severely malnourished. The malnutrition rates recorded in the survey grazed or exceeded the emergency cut-off of 15 percent set by WHO in the three regions of Maritime (12.9 percent), Kara (22.6 percent), and Savanes (32 percent).



Consequently, UNICEF launched efforts to fight high levels of malnutrition, opening 212 rehabilitation centres in partnership with the Togolese Government, providing more than 200 tonnes of therapeutic food, medicine, and anthropometric material, and training 450 health agents and 1,900 community health workers.

But the situation has since been exacerbated by several natural disasters that have hit the country over the past 15 months. An FAO assessment indicated that floods devastated 15,000 acres of food crops in three regions and a WFP Emergency Food Security Assessment showed that the lives of 65,000 people are threatened, while the way of life of 300,000 people is in danger. Furthermore, a donor report submitted by Togo's Ministry of Agriculture (February 2009) indicated that continuous flooding in the last two seasons represented a loss of \$22,000,000 with 25,000 hectares destroyed. Following this report, a joint response was organized between UNICEF and its UN sister agencies, FAO and WFP, to limit the impact of floods and the global food crisis on children and the whole population.

Acute malnutrition is treated according to its classification as moderate or severe. If a child is diagnosed as moderately malnourished, a bag of flour enriched with vitamins, protein, and medicines (vitamin A and de-worming treatment) are recommended, and the mother is urged to bring the child to the health centre for a follow-up appointment every two weeks.



In cases of severe acute malnutrition, more care is required. For the past decade, UNICEF has advocated for a community-based management of severe malnutrition. Home-based therapy has become a reality thanks to the developments of ready-to-use therapeutic food (RUTF), which can be administered by caregivers.



In Togo, children diagnosed as severely malnourished without complications are given a peanut-based protein paste enriched with vitamins called Plumpy Nut. The mother is provided with a weekly supply of therapeutic food based on the child's weight until improvement in malnutrition is demonstrated.

Children suffering from severe acute malnutrition with complications receive a more intensive therapy, including therapeutic milk and medicines.

Sidonie is now safe



Sidonie is one of these children suffering from severe acute malnutrition. She has been admitted to the Korbongou rehabilitation center in the Savanes region, managed by Catholic sisters. Sister Christina was shocked by Sidonie's appearance.

"Her mother arrived yesterday and explained to us that Sidonie doesn't want to eat and that she has been very weak for several weeks. Her mother makes a living as a street vendor and her father has gone to the capital to find a job. He was a farmer." Indeed, Sidonie's father, like many other farmers emigrated to the city to escape poverty after his fields were destroyed by floods and food prices began to rise.

"I think Sidonie was chronically malnourished already and when her parents got into economic hardship it became even more difficult to feed her both in terms of quantity and quality. She then got very ill," explained Sister Christina.

"But the good side of seeing Sidonie here is that now we know she is safe. She will recover in three to four weeks with a diet of Plumpy Nut, therapeutic milk, and medicines," said Sister Christina smiling.

Thanks to the support of CERF, 45,468 children have been screened and 3,701 malnourished children treated. Throughout Togo 25,000 children under the age of 5 who suffered from acute malnutrition have been treated.

More than 65,000 people threatened by severe food insecurity in northern Togo have received food assistance thanks to CERF funds - (Northern Togo – December 2008)

The WFP food assessment carried out in March 2008 identified 65,000 people whose lives were at risk while 300,000 were at risk of losing their livelihoods. Urgent requirements were needed for households who have been hard hit by the floods and whose food insecurity has been worsened by high food prices.

For the most vulnerable populations (approximately 65,000 people), the assistance was required before the beginning of the lean season to facilitate the setting up of family stocks for the agricultural season, allowing them to rebuild their system of production and reduce the trend of lower number and quality of meals.

Therefore, WFP activities focus on food assistance to extremely vulnerable people in the flood affected and food insecurity areas, mostly in northern Togo (Savanes). Nutritional support provided by WFP has also been pursued.

A story of Lare

Lare Lari is from Moak in the District of Tandjouaré, northern Togo. She is 80 years old. She is a widow and is physically handicapped. Thieves amputated her left arm during an attack in her former village close to Notsé (southern Togo) where she cultivated cotton with her husband. She has no children. Before the WFP food distributions, she ate one meal a day. Some days she did not eat at all. Her main source of income is from begging and the generosity from her

sister's child who is a farmer in the same village. During the lean season, people are more reluctant to help with gifts because the situation is hard for them too. Last year, she was forced to go for two days without eating a proper meal. Now she is relieved after receiving a full ration for two months composed of maize (150 kg), CSB (90 kg), beans (90 kg), oil (2 jerry cans) and some salt. This donation also allowed her to sell one bag of maize to purchase medicines and condiments. Thanks to WFP and CERF funds, she has now three meals per days and has managed to keep some food in stock.

Thanks to CERF funds, 65,000 people have received a full and nutritional month ration to cover their needs. In Togo, WFP has assisted 187,800 people in 2008.

Annex: Acronyms and Abbreviations

CMAM	Community Management of Acute Malnutrition
CERF	Central Emergency Response Fund
CRT	Togolese Red Cross
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organization
GFD	General Food Distribution
GOT	Government of Togo
IMCI	Integrated Management of Child Illness
ITN	Impregnated Treated Nets
MICS	Multiple Indicator Cluster Survey
MOU	Memorandum of Understanding
NGOs	Non-Governmental Organizations
ORSEC	Emergency Rescue Plan
PHCU	Primary Health Care Units
RC	Resident Coordinator
UN	United Nations
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization