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### United Nations Children's Fund

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### Short-duration country programme document

#### Côte d'Ivoire

#### *Summary*

The short-duration country programme document for Côte d'Ivoire is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$4,903,000 from regular resources, subject to the availability of funds, and \$15,000,000 in other resources, subject to the availability of specific-purpose contributions, for 2008.

#### **The situation of children and women**

1. The political and military crisis of September 2002 and the ensuing 'no peace, no war' situation have had disastrous consequences for Côte d'Ivoire, including population displacements, economic disruption, deterioration of socio-economic infrastructures, association of children with armed groups and serious human rights violations. The country remains divided, with the north controlled by the Forces Nouvelles and the south by the Government with a buffer zone — the "Zone of Confidence" — in between, under the control of the United Nations Operations in Côte d'Ivoire and French soldiers of the Licorne force. In resolution 1721 (2006), the Security Council renewed the mandates of the President and the Prime Minister to support the peace process and hold elections in October 2007. The direct dialogue between the Government and the Forces Nouvelles in March 2007 concluded with the signature of a new peace agreement to which all Ivoirians have adhered.

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\* E/ICEF/2007/8.

2. Living conditions of the population, particularly women and children, continue to deteriorate. The poverty rate, estimated in April 2002 at 38 per cent, has increased to more than 40 per cent. The country is ranked 164 on the Human Development Index, one place lower than in 2002. Côte d'Ivoire is on track to meet only two of 11 targets of the Millennium Development Goals, for hunger and access to drinking water.

3. The protracted crisis has had serious social repercussions: weakening of the health system in the centre, north and west; the pressure of population displacement on social services in the south; and rising mortality rates (infant mortality rate from 102 to 118 per 1,000 live births from 2002-2005, under-five mortality rate from 176 to 195 per 1,000 live births from 2002-2005 and maternal mortality rate from 597 to 690 per 100,000 live births from 2000-2005). The main causes of child mortality are malaria (only 6 per cent of children under five years of age sleep under insecticide-treated nets in 2006 against 10 per cent in 2000), respiratory infections (5 per cent in 2006 against 3.7 per cent in 2000), diarrhoea (17 per cent prevalence in 2006 against 20 per cent in 2000) and neonatal infections. Although the number of children completely vaccinated with the antigens of the expanded programme on immunization (EPI) has increased considerably, from 48 per cent in 2000 to 75 per cent in 2006 thanks to the strengthening of routine and campaign immunization, it is still far from achieving the required target. One third of all children now suffer from moderate and severe malnutrition, against 25 per cent in 2003. With an HIV/AIDS prevalence rate of 4.7 per cent in 2005, Côte d'Ivoire is the most affected country of West Africa; 40,000 children are infected and 5,011 benefit from medical assistance, 1,623 of them from antiretroviral treatment.

4. In 2006, an estimated 76 per cent of the population (82 per cent in 2000) had access to potable water, with important disparities between rural (65 per cent) and urban (92 per cent) areas. About 57 per cent of households have access to an adequate excreta disposal and sanitation system.

5. Primary school enrolment ratios remain a concern, with a net enrolment ratio of 55 per cent in 2006 compared to 57 per cent before the war. Boys' enrolment decreased from 61 per cent in 2002 to 59 per cent in 2006 and that of girls remained at 51 per cent. Since the start of the crisis, the north has suffered from the departure of qualified teachers and destruction of school buildings, furniture and equipment, while schools in the south received an influx of internally displaced children that is difficult to absorb due to the schools' limited capacity.

6. Côte d'Ivoire is affected by internal and cross-border child-trafficking, lack of birth registration (45 per cent of children under age five years are not registered, against 28 per cent in 2000), child labour, increased domestic and sexual violence and female genital mutilation and cutting (36 per cent of women aged 15-49 years, with 88 per cent in the north and 73 per cent in the west). Reliable and quantifiable data on vulnerable children remain limited. An estimated 3,000 to 4,000 children are associated with armed groups.

## The country programme, 2008

### Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	1 470 900	6 750 000	8 220 900
Education	980 600	5 505 000	6 485 600
Child protection	539 330	1 200 000	1 739 330
Social policy, monitoring and evaluation	441 270	45 000	486 970
Cross-sectoral costs	1 470 900	1 500 000	2 970 900
<b>Total</b>	<b>4 903 000</b>	<b>15 000 000</b>	<b>19 903 000</b>

7. The Government and United Nations country team have agreed to postpone the drafting of a harmonized country programme document because of the unresolved socio-political crisis, pending the implementation of the peace agreement; the limited availability of data for preparing the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), since the results of the third multiple indicator cluster survey and AIDS Indicator Survey have been validated only recently and results of other surveys like the Living Standards Measurement Study are pending; the postponement of the update of the poverty reduction strategy paper; and the additional time required to plan joint programming initiatives and to synchronize agencies' programme cycles. The one-year programme will lay the foundation for the 2009-2013 country programme and create a clear link from humanitarian action to reconstruction.

### Goals, key results and strategies, relationship to national and international priorities

8. The strategic result of the country programme remains the same: the living conditions of children and women are improved and their rights (particular those of the most vulnerable) are respected and applied. Strategies include advocacy and social mobilization; strengthening of institutional capacities; partnerships with national, bilateral and multilateral agencies; provision and improvement of social services; and decentralization.

9. The planned programme results for 2008 do not change significantly from those of the 2003-2007 cycle, as redefined after the 2005 mid-term review. The intervention zone approach will be abandoned progressively in favour of scaling-up to accelerate progress towards achievement of the Millennium Development Goals. Particular emphasis will be put on health and education, in accordance with the UNICEF medium-term strategic plan and government efforts. In the absence of a functional CCA/UNDAF, the cooperation and implementation of the country programme are supported by a number of *aide-mémoires* that have been established by the strategic reflection group, providing a framework for advocacy in favour of humanitarian and transitional actions.

### **Programme components**

10. The country programme will comprise four sectoral programmes that reflect lessons learned and recommendations of the midterm review: the health and nutrition and the child and adolescent welfare programmes will be renamed child survival and protection of children against violence, exploitation and abuse respectively, to better express the planned results.

11. **Child survival.** The planned result remains unchanged: the conditions for survival, growth and development of children are improved, and infant, under-five and maternal mortality are reduced. UNICEF will support the Government to extend accelerated child survival and development activities beyond the current intervention zones. Emphasis will be on five key interventions: EPI “plus” (including malaria prevention); reinforced maternal and neonatal care; integrated management of childhood illnesses; prevention of mother-to-child transmission of HIV “plus” (including paediatric care); and water, sanitation and hygiene.

12. **Basic education and gender equality.** UNICEF will continue to support the national plan on Education for All and the restoration of the schooling system initiated in 2006. Programme interventions aim at improvement of quality through the reinforcement of the child-friendly school concept (community participation, life-skills training, school furniture, promoting child-centered education and provision of school meals with the World Food Programme). Access to education will be increased through the continuation of the rehabilitation of schools and water and sanitation facilities. In the areas most affected by the crisis, the psychosocial module will be fully included in the curriculum. Specific actions aim to reduce rural/urban, regional and gender disparities. Girls’ education will be promoted through the United Nations Girls’ Education Initiative (UNGEI) partnership.

13. **Protection of children against violence, exploitation and abuse.** UNICEF will support the revitalization of the birth registration system. The capacities of families and communities will be strengthened to better prevent and respond to child trafficking and harmful traditional practices. Children and women affected by sexual violence will be assisted through integrated psychosocial, legal and medical services, awareness-raising and advocacy. UNICEF will contribute to prevention of use of children by armed groups and forces, and to follow-up care for demobilized children, focusing on long-term social reintegration. The monitoring and reporting system on the rights of children affected by armed conflict, as defined in Security Council resolution 1612 (2005), will be reinforced. Primary prevention and improved access to basic social services will be provided for children affected by AIDS. A child protection study will enable UNICEF to identify and address the main protection issues in Côte d’Ivoire.

14. **Social policy, monitoring and evaluation of the situation of women and children.** UNICEF will support the design and implementation of social policies that are responsive to the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women and ensure that other development policies and programmes take into consideration children, women and other vulnerable groups. Efforts will be made to include results-based, human rights and gender approaches in all programme and project designs and their implementation. The routine statistics system will be reinforced, national surveys, research and evaluation will be supported and appropriate data dissemination mechanisms will be set up to improve the monitoring of the situation of children and

women. The produced data will be used to enhance policy dialogue and influence decision-making in favour of children and women. Specific tools related to sectoral programme components will be developed for a better monitoring of programme performance.

#### **Emergency response**

15. UNICEF will reinforce capacities in emergency preparedness and response in collaboration with other United Nations agencies, to efficiently prevent and respond to natural and man-made disasters.

#### **Main partners**

16. The implementation of the transition programme and United Nations reform will require enhancing partnerships with other United Nations agencies, the European Union, international financial institutions, the United States President's Emergency Plan for AIDS Relief, donor countries, non-governmental organizations, the private sector and such regional and subregional bodies as the Economic Community of West African States and the Mano River Union. UNICEF will continue to act as sector leader in the fields of education and water and sanitation. Partnerships in health and education will be reinforced to facilitate the accelerated child survival and development programme (ACSD) and UNGEI implementation through agreements, conventions, consolidated appeals, *aides-mémoires* and other forms of collaboration. Additional memorandums of understanding will be signed to pave the way for joint programming and for the United Nations to act as one.

#### **Monitoring and evaluation**

17. Monitoring will be reinforced with an emphasis on community-based management. The DevInfo database will be available on the internet and the integrated monitoring and evaluation plan will be extended to the whole United Nations system. Major evaluation activities planned in 2008 are an inventory of ACSD after one year of implementation, an evaluation of the strategy for the promotion of girls' education, a survey on iodine deficiency disorders and the impact of salt iodization activities, and a child protection study.

UNICEF MTSP focus area	Focus area key results	Key indicators for measuring progress	Verification means	Main partners/partnership framework and cooperation strategies	Results will contribute to the achievement of MDG
<b>Young child survival and development</b>	EPI+ <ul style="list-style-type: none"> <li>100% of children 0-59 months are vaccinated against polio</li> <li>At least 85% of children 0-11 months are immunized against all EPI-targeted illnesses</li> <li>At least 20% of children 0-59 months are using an insecticide-treated net (ITN).</li> <li>At least 65% of pregnant women have received at least two doses TT and sleep under an ITN</li> <li>At least 95% of women in child bearing age in the high risk districts have received at least two doses of TT</li> </ul>	<ul style="list-style-type: none"> <li>% of children under five that received one dose of OPV, deworming and one dose of Vitamin A.</li> <li>% of children under five that have received: DPT3, Hep. B, Measles, one vitamin A dose, deworming, an ITN, 2 doses of tetanus toxoid</li> </ul>	<ul style="list-style-type: none"> <li>Activity reports</li> <li>Supervision reports</li> <li>Monitoring reports</li> <li>Surveys</li> </ul>	Ministry of Public Health and Hygiene (MSHP)  United Nations partners and others: Helen Keller International (HKI), WHO, UNFPA	4, 6, 8
	Maternal and neonatal care+ <ul style="list-style-type: none"> <li>In the 41 districts, at least 65 % of pregnant women have received adequate and good quality care, during pregnancy, delivery and after labor.</li> <li>At least 80 % of newborns have received adequate and good quality care during the perinatal and neonatal period.</li> </ul>	<ul style="list-style-type: none"> <li>% of pregnant women that received adequate care during pregnancy, delivery and after labor.</li> <li>% of newborns that received adequate and good quality care during the perinatal and neonatal period</li> </ul>	<ul style="list-style-type: none"> <li>Activity reports</li> <li>Supervision reports</li> <li>Monitoring reports</li> <li>Surveys</li> </ul>	MSHP  United Nations partners and others: WHO UNFPA	4, 5, 6, 8
	IMCI+ <ul style="list-style-type: none"> <li>At least 40% of children 0 to 59 months are treated correctly in 41 districts in accordance with IMCI standards and at least 100% of households with children 0 to 59 months and/or pregnant women in the 28 health centers of the 7 target districts have followed Essential Family Practices.</li> </ul>	<ul style="list-style-type: none"> <li>% of mothers that practice exclusive breastfeeding until 4 months, and provide vitamin A every 6 months to their child aged 6-59 months.</li> <li>% of households that practice essential family practices.</li> </ul>	<ul style="list-style-type: none"> <li>Activity reports</li> <li>Supervision reports</li> <li>Monitoring reports</li> <li>Surveys</li> </ul>	MSHP United Nations partners and others: HKI, WHO Local NGOs:	4, 6, 8
	Support to the health system <ul style="list-style-type: none"> <li>The Ministry and development partners are committed to ACSD and the competencies of the programme managers at all levels are improved.</li> <li>ACSD is taken up in the policy documents of the country, its coordination is ensured at all levels and the 41 urban health centres and 12 General Hospitals are rehabilitated and equipped.</li> </ul>	<ul style="list-style-type: none"> <li>Level of commitment and implementation of the Ministry and development partners for ACSD Strategy</li> <li>% of urban health centres and General Hospitals that are rehabilitated and equipped.</li> </ul>	<ul style="list-style-type: none"> <li>Activity reports</li> <li>Supervision reports</li> <li>Monitoring reports</li> <li>Surveys</li> </ul>	MSHP	4, 5, 6
	Water and sanitation <ul style="list-style-type: none"> <li>Populations have easy access to and use drinking water and adequate sanitation equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of the population that uses improved water sources and basic sanitation equipment;</li> <li>Average time necessary to get to the water point, gather water and return home</li> <li>Percentage of affected households that receive a minimum quantity of drinking water</li> </ul>	<ul style="list-style-type: none"> <li>Activity, survey and evaluation reports, MICS, Gen. Population and Habitat survey, Demographic and Health Survey</li> <li>Household survey</li> </ul>	MSHP; Department of Water Resources, United Nations partners and others: World Bank, UNDP, WHO International NGOs: MAP International, International Rescue Committee, SOLIDARITES Local NGOs	7

UNICEF MTSP focus area	Focus area key results	Key indicators for measuring progress	Verification means	Main partners/partnership framework and cooperation strategies	Results will contribute to the achievement of MDG
	In declared emergencies, children and women benefit from vital interventions in accordance with the UNICEF Core Commitment for children in emergencies (CCCs)	- Number of children and women assisted in emergencies	- Activity, survey and evaluation reports	Technical ministries, United Nations agencies, NGOs	
<b>Basic education and gender equality</b>	<p>Basic education</p> <ul style="list-style-type: none"> <li>At least 40% of children age 6 are admitted in the first year of primary school</li> <li>A higher proportion of children in school-going age (57 per cent at least) have access to quality education in rural areas and in the areas most affected by the crisis.</li> <li>Girls are enrolled in school at the same level as boys</li> <li>At least 250 schools will become 'child-friendly'</li> </ul>	<ul style="list-style-type: none"> <li>Net admission ratio to year 1</li> <li>Net enrolment ratio</li> <li>Gender Parity index in primary schools.</li> <li>Number of schools rehabilitated / equipped, number of teachers trained/re-trained in Basic Life Skills, equipped with school manuals, presence of hygiene, health, HIV and Peace Messenger clubs, functioning School Management Committees</li> <li>% of pupils that have access to clean water and separate sanitary installations for girls and boys and to hygiene education in primary schools.</li> </ul>	<ul style="list-style-type: none"> <li>Start of year report 2008-2009</li> <li>Household survey</li> <li>Start of year report</li> <li>Activity report</li> <li>Annual Report</li> <li>Household surveys</li> </ul>	<p>Ministry of National Education: Education For All programme (EFA))</p> <p>United Nations partners and others: World Bank, WFP, UNDP</p> <p>Decentralized communities: Local leaders</p>	2, 3 EFA Plan for the restoration of the Ivorian education system
	In declared emergencies, children benefit from vital education interventions in accordance with the CCCs	- Number of children assisted in emergencies	- Activity, survey and evaluation reports	Technical ministries, United Nations agencies, NGOs	
<b>HIV/AIDS and children</b>	<p>PMTCT+/Paediatric care</p> <ul style="list-style-type: none"> <li>At least 80% of HIV-positive pregnant women, their partners and their children from 0 to 18 years have received treatment and alimentary counseling in the 14 health districts.</li> <li>At least 60% of children born from HIV-positive mothers and children exposed to HIV are tested and treated and 42 centers of 14 health districts do HIV testing and treat children from 0-18 years and their parents.</li> </ul>	<ul style="list-style-type: none"> <li>% of health centers that offer PMTCT in the 29 health centers in 14 districts</li> <li>% of pregnant / breastfeeding women that have received counseling on food, practice exclusive breastfeeding, provide replacement feeding;</li> <li>% of children born from tested HIV-positive mothers</li> <li>% of adolescents that have access to adolescent-friendly services for HIV/AIDS prevention.</li> </ul>	-Reports : Data collection, routine activities, evaluation, supervision, reviews, studies, data analysis, monitoring missions, youth survey	MSHP, Ministry for the Combat against AIDS, NGOs	6, 8
	<p>Primary prevention among adolescents</p> <ul style="list-style-type: none"> <li>The proportion of adolescents that have exact information and access to HIV/AIDS prevention competencies and services is increased from 56 to 70 % in the intervention zones.</li> </ul>	- % of adolescents of 14 intervention districts that have benefited from information with regard to HIV/AIDS through prevention services.	-Activity reports -Mission reports - Surveys	Technical ministries, United Nations agencies, NGOs	6, 8

UNICEF MTSP focus area	Focus area key results	Key indicators for measuring progress	Verification means	Main partners/partnership framework and cooperation strategies	Results will contribute to the achievement of MDG
	Children affected by HIV/AIDS <ul style="list-style-type: none"> <li>The proportion of Children Affected By Aids that benefit from medical, nutritional, educational, professional and family assistance has increased from 35 to 50% in the intervention zones.</li> </ul>	- Number and % of children affected by HIV in the intervention zones that have benefited from assistance through basic social services.	-Activity reports -Mission reports -Surveys	Technical ministries, United Nations agencies, NGOs	1, 4, 6, 7
	In declared emergencies, children and women benefit from vital interventions in accordance with the CCCs	- Number of children and women assisted in emergencies	- Activity, survey and evaluation reports	Technical ministries, United Nations agencies, NGOs	
<b>Child protection from violence, exploitation and abuse</b>	<ul style="list-style-type: none"> <li>5.000 children receive psycho-social and professional assistance.</li> <li>The right of children to be registered with the Civil Registry and to be protected against trafficking, worst forms of labour are better known and applied.</li> <li>Children in need of special protection measures are identified</li> <li>The prevention of violence against children and women is effective.</li> </ul>	<ul style="list-style-type: none"> <li>Number of children affected by the conflict, identified and reinserted with family, in schools or receiving vocational training.</li> <li>Nature and number of prevention mechanisms against the recruitment of children with armed groups and forces put in action</li> <li>Nature and number of legal and institutional measures taken</li> <li>% of CRC and CEDAW provisions disseminated and applied</li> <li>% of children registered at the Civil Registry</li> <li>% of villages/sites that were sensitized and subsequently abandoned FGM practices.</li> <li>% of FGM cases</li> </ul>	<ul style="list-style-type: none"> <li>Reports of : Activities, missions, special events, collective decisions to renounce,</li> <li>Session minutes</li> <li>Official Journal of CI</li> <li>Civil Registry registers.</li> </ul>	Technical ministries, United Nations agencies, NGOs	1, 2, 3, 6
	<ul style="list-style-type: none"> <li>Children and women victim of violence benefit from a minimum package of institutional and community assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Number of actors with strengthened capacities with regard to assistance to victims of violence</li> <li>Number and % of children and women victim of violence that benefited from psycho-social, medical and legal assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Reports of activities, missions;</li> <li>Attendance list</li> <li>Delivery notes</li> </ul>	Technical ministries, United Nations agencies, NGOs	3, 6 PRSP
	<ul style="list-style-type: none"> <li>Children and women are protected in emergency situations in accordance with the UNICEF CCCs</li> </ul>	- Number of children and women that have benefited from special protection measures in emergency situations	- Reports of activities, missions;	Technical ministries, United Nations agencies, NGOs	3, 6 PRSP

UNICEF MTSP focus area	Focus area key results	Key indicators for measuring progress	Verification means	Main partners/partnership framework and cooperation strategies	Results will contribute to the achievement of MDG
<b>Policy advocacy and partnerships for children's rights.</b>	Social policy, monitoring and evaluation <ul style="list-style-type: none"> <li>• Policies and programmes that consider the issues of children, women and in particular the most vulnerable, are better established and implemented.</li> <li>• The availability, quality and dissemination of information on the situation of children and women and particularly the most vulnerable, are improved.</li> <li>• Programme performance monitoring mechanisms are operationalized.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of partners trained in RBM, HRBAP, Gender and MDG monitoring</li> <li>- Policy documents drafted that take into account children, women and vulnerable groups,</li> <li>- Proportion of disaggregated social indicators that have updated data in <i>DevInfo</i></li> <li>- Proportion of local committees for the monitoring of project performances.</li> </ul>	<ul style="list-style-type: none"> <li>- Reports of activities and missions,</li> <li>- Policy documents</li> <li>- Policy evaluation reports</li> <li>- MDG monitoring report</li> </ul>	Technical ministries, United Nations agencies, EU	8