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children

UNICEF CÔTE D'IVOIRE

2009-2013

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CÔTE D'IVOIRE

COUNTRY *OVERVIEW*

- Republic of Côte d'Ivoire
 - Capital: Yamoussoukro
 - Economic Capital: Abidjan
 - Surface: 322,460 sq km
 - Religion: Islam 38%, Christianity 30%, traditional 14%, without religion 16%
 - Climate: tropical along the coast, semi-arid in the North
- Official language: French



COUNTRY *profile*

Statistics

Source: *State of the World's Children 2009* - (data referring to the most recent available year)

Demographic indicators

Inhabitants	19,262,000
Population < 5	2,872,000
Population < 18	9,271,000
Population growth rate (1990-2007) (%)	2.4
Urban population (%)	46
Total Fertility rate (per woman)	4.5
Life Expectancy (2007)	48
Girls' primary school attendance ratio (net)	66
HIV prevalence rate	3.9
Infant (<1) mortality rate (per 1000)	89
Under five mortality rate (per 1000)	127
Maternal mortality rate (per 100,000)	810
Annual no. of births	687,000
Annual no. of <5 deaths	87,000

Economic Indicators

GNI per capita (US \$)	910
GDP per capita average annual growth rate (%)	-0.7

CÔTE D'IVOIRE & MDGs

MDG	1990 ^[1]	Present ^[2]	Target
MDG 1: Prevalence of Underweight Children Under Five Years of Age	24%	20%	12%
MDG 2: Net Primary Enrollment Ratio % reaching grade 5	45,6 % 72,5 %	62% ^[5] 88 % ^[5]	100%
MDG 3: Ratio boys :girls in primary education	65,5 %	88 % ^[5]	100 %
MDG 4: U5MR Infant MR Measles Immunization (<1 year)	157 103 56	127 ^[3] 89 ^[3] 84% ^[3]	52,3
MDG 5: Maternal mortality Skilled attendant at delivery	594 ^[4] 45 % ³	810 (adjusted) 57% ^[5]	149
MDG 6: AIDS prevalence, female HIV/AIDS orphans	8,3% ♀ (2001) ^[6] 270.000 (2001)	3,9%, 6,4% ♀ 420.000	Stopped and reversing
MDG 7: Access to improved water sources	69 %	81 %	84,5 %

^[1] Source: World Bank

^[2] Source: State of the World's Children 2009

^[3] Child Info UNICEF

^[4] Source: State of the World's Children 1998

^[5] MICS 2006

^[6] Impossible to compare figures because different survey methodology (sample)

^[7] IVS

SOCIO-POLITICAL CONTEXT

- Côte d'Ivoire enjoyed relative stability and prosperity until mid-1990 with thriving economy, good road infrastructure and communications network, and a health system unparalleled in the West and Central Africa.
- The coup d'état in 1999 and the consequent civil conflict in 2002 shattered the economy and led to inter-community clashes, violent street demonstrations and destruction of public and private buildings.
- Among the root causes of the conflict are disputes over land ownership, especially in cocoa producing areas, national identity and eligibility for citizenship.
- The civil conflict led to the de facto partitioning of the country in two. Forces loyal to current President Laurent Gbagbo held the South and Central regions and the rebel forces ("Forces Nouvelles") controlled the western and northern parts. A buffer zone of confidence was overseen by the UN peacekeeping forces and 4,000 French troops, physically separating the two zones.
- 750,000 people were internally displaced and 3,000 killed.
- The escalating socio-political and military conflict led to the collapse of the internal economic fabric, practically cutting off the important trans border trade with neighboring West Africa region and seriously hampering the activities of the port in Abidjan.
- The exit of migrant workers and expatriate business people seriously contracted economic activities and state revenues.
- The crisis led to general impoverishment of the population, the share of population living under the poverty line being 38.4 per cent in 2002 and increasing to 48.9 per cent in 2008.
- The Ouagadougou Political Agreement (APO) in March 2007 finally put an end to hostilities and paved the way out of crises. The Agreement addresses the issues of identification of the population, presidential and legislative elections and unification of the country. Its 4th complementary agreement (Ouagadougou 4) of December 2008 specifies the security and defense arrangements, redeployment of the administration and the financing of the exit from the crises.
- IMF awarded in April 2009 the poverty reduction and growth facility (PRGF) to Cote d'Ivoire as a concrete step towards reaching the completion point under the heavily indebted poor countries (HIPC) initiative, which will lead to important debt write-offs.
- The Government approved the Poverty Reduction Strategy (PRSP) for 2009-2013 in January 2009. The United Nations Development Assistance Framework (UNDAF) for 2009-2013 is directly linked to this strategy.



**UNICEF COUNTRY PROGRAMME
2009-2013**

UNICEF COUNTRY PROGRAMME 2009-2013

The Programme budget for 2009-2013 is 141 million USD, out of which 31 million USD or 22 per cent are from Regular Resources.

UNICEF's Country Office is in Abidjan. Two sub-offices are based in Man and Bouaké. UNICEF has a staff of 102, out of which 9 internationals. UNICEF's activities in Côte d'Ivoire are planned and coordinated together with the Ivorian government. The Country Programme 2009 - 2013 will progressively move from the intervention zone approach to scaling up activities throughout the country and accelerate progress towards the achievement of the Millennium Development Goals, with a particular emphasis on health and education.

UNICEF will support the Cote d'Ivoire to exit from the crisis and conflict to peace and development.

The programme consists of five components:

- a) The child survival component includes: (i) integrated and continuous care of mothers, newborns and children; (ii) malnutrition management and emergency obstetric care, PMTCT and paediatric care; (iii) water, hygiene and sanitation;
- b) HIV/AIDS and adolescents component is structured into three subcomponents: (i) assistance to orphans and other vulnerable children; (ii) HIV/AIDS prevention among the most vulnerable adolescents and young people; and (iii) advocacy and resource mobilization for HIV/AIDS;
- c) The basic education and gender equality component includes: (i) formal education; (ii) non-formal education and alternative learning opportunities; and (iii) early childhood development and school preparedness;
- d) The child protection component includes: (i) support to children in need of special protection; (ii) legal and institutional protection for children; and (iii) combating gender-based violence and harmful practices;
- e) The cross-cutting social policies, monitoring and evaluation component comprises the following: (i) social policies; (ii) planning; and (iii) monitoring and evaluation. Communication for development and external relations components provide support to the whole programme.





CRITICAL ISSUES

The slowing down of the peace process poses challenges for the implementation of the country programme. Côte d'Ivoire could relapse into a conflict due to the political stalemate and if the conditions for the organization of free, fair and transparent elections are not met. This would undermine results already achieved in restoring peace, and could increase the needs for humanitarian assistance. It would hamper the efforts of the donor community and the Government to take the country from an emergency phase to a post-conflict situation, and to replace gradually the humanitarian assistance with early recovery and development aid.

Funding for emergencies and humanitarian needs might considerably decrease for Côte d'Ivoire in 2009, due to the changing political and economic environment as well as the global financial crisis. To accumulate the high level of Other Resources (OR) planned for UNICEF activities, amounting to 22 million US\$ per year, the Country Office has to implement a very comprehensive, assertive and innovative fundraising strategy to meet the huge programmatic challenges.

The insufficient financial resources that the government invests in basic social services provide a major challenge to the scaling up of child survival and girls' education. In addition to service delivery, capacity building and community empowerment activities, UNICEF needs to support policy making, data collection, situation analysis and advocacy interventions.



CHILD SURVIVAL

CHILD SURVIVAL

Over 80 per cent of health personnel working in the regions controlled by rebel forces fled to more secure areas after the conflict erupted in 2002. With the destruction of hospitals and health care centers, women's and children's health further deteriorated undermining the country's commitment to achieving the Millennium Development goals. The Under Five mortality decreased from 176/1000 live births to 127/1000 live births in 2005 although this decline is still too low to meet the MDG target of reducing child mortality by 2015. Equally, the Maternal Mortality rate reached an all time high (597/100,000 in 2000 against 810/100,000 live births in 2008).

The collapse of the health and sanitary structure has aggravated the epidemiological situation with outbreaks of polio, yellow fever, cholera and meningitis. These outbreaks further strained the health system as resources had to be redirected to respond to the resurgence of these epidemics. After notification of 17 cases of Wild Polio Virus in 2004, the polio immunization coverage improved with additional immunization campaigns, the strengthening of the EPI and epidemiological surveillance system. Since 2005 no new cases were observed. Unfortunately, in December 2008, the wild polio virus was reintroduced following the detection in Adiaké district of a polio case.

Malaria, diarrhea, respiratory and neonatal infections are the major child killer diseases, which could be easily prevented. The mosquito nets, distributed free by UNICEF, are not yet widely used in Côte d'Ivoire, where only 3 per cent of children under five slept under ITNs in 2007 against 10 per cent in 2000.

- UM5: 127‰.
- Malaria (40%), diarrhea (15%) and Acute Respiratory Infections are the major causes of infant and child mortality.
- Only three per cent of children under 5 years sleep under insecticide treated bednets (2007).
- 17.5 per cent of children under five in the North suffer from acute malnutrition and 4.7% in Abidjan (SMART 2008).
- 81 per cent of the population has access to potable water. Only 57 per cent uses appropriate sanitation facilities.
- Each year, 810 women out of 100 000 livebirths, die from hemorrhagy, anemia, and pregnancy and delivery related infections.

CHILD SURVIVAL

UNICEF IN ACTION

Health and Nutrition programme comprises four high impact projects aiming at the reduction of maternal, infant and under five mortality by improving survival, growth and development conditions for children and women. It thereby contributes directly to MDGs 1, 4, 5, 6 and 7.

Three synchronized mass polio immunization campaigns were conducted in February, March and May 2009 including the supply of de-worming tablets and vitamin A.

A national integrated measles campaign with vitamin A supplementation, de-worming with Mebendazol and distribution of Long Lasting Insecticidal Nets was organized in 2008, reaching a coverage rate of 95 per cent for measles and vitamin A, 93 per cent for de-worming among children from 9 months to 5 years.

In 2007, the Accelerated Child Survival & Development Strategy (ACSD) was officially launched. ACSD has benefited from the establishment of an Inter-ministerial Pilot Committee and is included in the National Programme for Health Development (2009-2013) and the Poverty Reduction Strategy.



The introduction and implementation of high impact intervention packages for the reduction of infant and maternal mortality rates resulted in considerable progress in the health of children and pregnant women in 2008. Three fundamental strategies were applied: support to health system, improvement in service provision and community empowerment.

NUTRITION

At the height of the crisis in 2002, pervasive poverty combined with the lack of potable water led to an increase of malnutrition cases in the West and North of Cote d'Ivoire with severe chronic malnutrition rates over 10 per cent, thus negatively impacting under-five mortality rates.

The July 2008 SMART survey revealed high levels of malnutrition in the North, where 17, 5 per cent of children under five suffer from acute malnutrition, out of which 4 per cent (22 000 children) suffer from severe acute malnutrition. The survey indicates that 80 per cent of children and 65 per cent of women in the north and the peri-urban areas of Abidjan suffer from anemia. Malnutrition is mostly due to repeated episodes of malaria, respiratory infections and diarrhea. Inappropriate feeding habits also add to the problem with only 4 per cent of mothers breastfeeding their children exclusively until the age of six months.

At the national level, severe malnutrition is evaluated at 6.9 per cent among children under five. 3.5 million children under five are continuously exposed to malaria.

According to the Food Security Monitoring System (FSMS) survey conducted in August 2008, 27 per cent of rural households in the Savanes region (Northern region) are food insecure and 12 per cent are severely food insecure.

0 - 5 years

- 20% of children suffer from severe or moderate underweight
- 34% of children suffer from severe or moderate stunting
- 7% of children suffer from severe or moderate wasting
- 4% of under 6 months old are exclusively breastfed
- 84% of households consume iodised salt

NUTRITION

UNICEF IN ACTION

When the crisis erupted, UNICEF supported reception centers for displaced persons in Abidjan with supplies and medicine. As access to conflict areas was difficult, UNICEF advocated for the establishment of a humanitarian corridor to allow the distribution of relief materials to affected areas. UNICEF strengthened its presence on the ground by opening sub-offices in Yamoussoukro, Bouaké, Man and Guiglo. Staff capacity in emergency preparedness and response was also built. Qualified emergency officers lead the response in health, nutrition, education and protection.

As an emergency response to the high level malnutrition in the North, UNICEF supported the National Nutrition Programme together with MSF Belgium by:

- (i) Providing essential commodities for malnutrition treatment in therapeutic feeding centers including therapeutic milks and foods, essential drugs and anthropometric materials;
- (ii) Training of health professionals to adequately manage malnutrition cases in accordance with the revised national protocol;
- (iii) Training of community voluntary health workers in sensitization, early detection and referral of malnutrition cases to therapeutic feeding centers;



- (ii) Providing financial support towards mobilization of health and administrative authorities in the affected regions in the North to strengthen their response capacity.

Local NGOs will be supported to help voluntary community health workers in early detection and referral of malnutrition cases within communities and to supply nutrition centers managed by the National Nutrition Program and humanitarian NGOs (Action Contre la Faim, CAP ANAMUR) with therapeutic foods and anthropometric materials.



CHILD SURVIVAL – WATER & SANITATION

WATER & SANITATION

More than 8 million people – 43 per cent of Côte d'Ivoire's population – lack appropriate sanitation facilities and over 4 million people still use unsafe drinking water sources, especially in rural areas. Many children die every day from diarrhea and other diseases due to lack of water and appropriate sanitation, many more suffer and are weakened by illness.

The lack of access to safe drinking water and appropriate sanitation has serious repercussions. Children – and particularly girls – are denied their right to education because they are busy fetching water or are deterred by the lack of separate and decent sanitation facilities in schools. Women are forced to spend hours fetching water - 85.9 per cent of women in Côte d'Ivoire are in charge of supplying their family with water. Poor farmers and workers are less productive due to frequent illnesses thus hampering economic development. Without safe water and appropriate sanitation, sustainable development is impossible.

The UNICEF Water and Sanitation programme contributes to the Millennium Development Goal for water and sanitation: to halve, by 2015, the proportion of people without sustainable access to safe water and basic sanitation. The programme focuses on the supply of water and the promotion of hygiene and sanitation in community, school and health centres and in peri-urban environment, and the epidemiological surveillance to prevent water-related diseases.

- 19% of the total population does not have access to safe drinking water
- 34% of people in rural areas do not have access to safe drinking water
- 7.5% of girls under 15 are in charge of fetching water for their family
- 76% of the population does not have access to appropriate sanitary facilities
- Guinea worm: 198 cases in 2002, 21 in 2004, 5 in 2006, 0 in 2007

WATER & SANITATION

UNICEF IN ACTION

Actions 2008

Access to Drinking Water: 132 water supply points were built or rehabilitated (improved wells and hand pumps); 717 Water Management Committees (WMC) were revitalized; 193 economic interest groups were identified to financially support the maintenance of water points.

Access to Sanitation Facilities: 224 SANPLAT family latrines and other sanitation facilities were built; 336 masons were trained in construction of latrines using SANPLAT platforms and provided with tools (wheel barrows, shovels, trowels).

Prevention of Water- and Hygiene-Related Diseases: 337 IEC/BCC sensitization sessions were organized and 1,843 posters were distributed; 7,755 sensitization sessions reached 115,000 individuals in precarious neighbourhoods.

Epidemiological Surveillance of the Guinea Worm: The interrupting of transmission of Guinea worm disease has been sustained since the end of 2006.

Hygiene and Sanitation Education in Schools: 145 improved latrines (VIP) with 1,400 toilets and 305 hand washing facilities were built in 101 schools; 25 counsellors were trained in hand washing with soap and in turn trained 10,000 students during World Hand Washing Day; Students from 61 schools were sensitized during Hand Washing Days.





HIV/AIDS

HIV/AIDS

With the national HIV prevalence rate of 3.9 per cent, Côte d'Ivoire is the most affected country in Western Africa. The HIV/AIDS pandemic is the first cause of death for adults.

420,000 Ivorian children are orphaned and vulnerable due to HIV/AIDS. 52,000 children live with HIV, and over 16,000 are infected each year. Only 4,000 children are followed-up for HIV/AIDS and 2,800 benefit from Antiretroviral (ARV) therapy.

With two women infected for one man (6.4 for women against 2.9 for men) the feminization of the infection is evident. Among young pregnant women (15-24) living in Abidjan, HIV prevalence is 5.2 per cent.

HIV/AIDS is a crosscutting component and interventions mainly consist of preventing HIV/AIDS and providing assistance to women and children affected by the pandemic.



- 480.000 people live with HIV
- 420.000 Ivorian children are orphaned and vulnerable due to HIV/AIDS
- 52,000 children currently live with HIV
- Only 10% have access to ARV
- 16.200 children are infected each year.
- Feminization of the infection with two women infected for one man (6.4 for women against 2.9 for men).
- HIV prevalence Among young pregnant women (15-24) is 5.2%.

UNICEF IN ACTION

HIV/AIDS

Prevention of mother to child transmission (PMTCT):

UNICEF works closely with partners in training health service providers on the Integrated Management of Childhood Illnesses (IMCI), by supplying health care centres with ARVs and PMTCT inputs. 21 laboratory and reference health care centres were equipped for paediatric care and treatment.

Paediatric Care and Treatment in 16 Health Districts:

In 2008 only 75 per cent of children of HIV positive women received ARV prophylaxis and 19 per cent were on Cotrimo after six weeks.

HIV/AIDS Prevention among Adolescents:

UNICEF advocates for the integration of HIV/AIDS in school curricula. In 2008, 11 schools integrated HIV/AIDS subjects. 1,305 peer educators were trained in mass communication sensitization techniques. 125,000 adolescents and youth were sensitized through participation in 15 sports events. HIV testing and sexually transmitted illnesses (STI) care and treatment services were made accessible to 55,000 youth and adolescents.

Access to convivial Youth Health Services:

3,500 students treated for STIs and 10,200 youth were referred to HIV testing centres.



Sexual Violence

- 167 cases of sexual violence were treated (PEP Kit, psychosocial care and legal assistance)

HIV/AIDS and other vulnerable children (OVCs)

- 2,200 OVCs received food support; 710 OVCs got educational support; 100 were provided with jobs
- 10,500 OVCs got psychosocial support
- 116 OVCs were assisted legally

EDUCATION



The crisis was a major factor in the decrease of girls' enrollment rate from 62 per cent in 2000 to 51 per cent in 2006. The combination of badly damaged school infrastructure and the massive displacement of teachers led to the closure of schools in the western and northern regions. 80 per cent of qualified teachers fled conflict-stricken areas.

Thousands of children are excluded from the education system because they do not have a birth certificate. The results of the 2006 Multiple Indicator Survey (MICS) showed that 4,239,000 children, out of which 3,530,000 below 14 years, were not registered at birth.

Indiscriminate attacks on school buildings, their seizure and forceful occupation, and frequent strikes inextricably deteriorated the education system leaving more than 1,000,000 children out of primary schools.

- Only 5.5% of children from 3 to 5 years go through an early childhood development programme
- One child out of two (between 6 to 11 years) does not have access to primary school
- Less girls (49 %) than boys (61 %) are enrolled in primary schools
- Major disparities persist in the school attendance among urban (67%) and rural (48%) areas, and between regions in the South (excluding Abidjan ,66%) and the North (27%)

UNICEF IN ACTION

BASIC EDUCATION

Child Friendly Schools

“Child Friendly School” programme covered 200 schools in 2008, benefiting through the school rehabilitation programme more than 5,000 children. 150 more schools are being rehabilitated. The school learning environment is improved with proper school furniture, sanitation kits and children’s participation in extra-curricular activities such as peace messenger, HIV prevention, and health and sanitation clubs.

Back to school campaigns

Between 2005 - 2007, more than one million children returned to school as a result of three ‘Back to School’ campaigns. Increasing demand for education gave impetus for the establishment of community schools in remote villages.

Alternative education programmes

UNICEF provided 50 “bridging classes” in Odienné in 2008 in partnership with the national NGO Ecole Pour Tous (EPT) and ten community schools in Bondoukou. This enabled 1,500 children above the legal age for school enrollment (nine years) to engage in the accelerated school programme thus allowing them to integrate in the official school system.

Support to Girls’ Education

UNICEF supports the implementation of the Girls’ Education Action Plan and the reduction of all forms of disparity in education, including gender. 42 mothers of School Girls’ Clubs (CMEF) in 42 schools were assisted in 2008. Mayors and chairmen of regional councils were sensitized to sign the Memorandum of Understanding with the Ministry of Education ensuring their support to girls’ right to education.



Integrated Early Childhood Development

The establishment of an institutional framework and elaboration of a policy document for the early childhood development sector is under preparation. Capacity building sessions for early childhood development counterparts have been organized. UNICEF has also supported community-based early childhood development centres.

CHILD PROTECTION

Children represent almost half of Côte d'Ivoire's population and individuals under 18 account for 56 per cent of the entire population. More than half of the population that lives below the poverty line (48.9 per cent) are women and children.

Children and women bore the brunt of the 2002 politico-military upheaval with an estimated 3,000 children associated with armed groups. Out of the 750,000 internally displaced persons, who sought refuge in Abidjan, Daloa, Duékoué, Toulepleu and Yamoussoukro, 51,037 were children. The combined effects of the war, pervasive poverty and HIV pandemic has brought the number of orphans and vulnerable children to 940,000 while 175,000 are living on the streets. 16 percent of Ivorian children are not living with either biological parent though the majority out of them still have at least one relative alive.

Civil strife eroded community protection mechanisms and contributed with rapid urbanization to family and community disintegration. Many children, particularly girls, are victims of domestic and community violence. Access to quality services is unequal and inadequate due to the lack of professionals on protection and rehabilitation needs for victims. Efforts to prosecute and sentence by a court authors of criminal acts are limited by extrajudicial arrangements between family victims/authors, while fees for medical certificate prevent victims to present legal evidence. Judiciary services are not operational throughout the country.

45 per cent of children less than five years are not being registered, The situation is particularly critical in the north, centre and west of the country where the rate of children under 5 not declared to the Civil Registry varies between 60 – 77 per cent.

Children and Adolescents Protection Programme comprises three projects: (i) support to children in need of special protection; (ii) legal and institutional protection for children; and (iii) combating gender-based violence and harmful practices.

- Côte d'Ivoire is one of the main destination for trafficked children in the West and Central Africa
- The national study on child labour (2005) estimates that 1.1 percent of children aged 5 to 17 are victims of trafficking (34,000). Child labour affects 22.2 per cent of children.
- 36,4% of women between 15-49 were subject to genital female mutilation with high regional disparities (88% of women if the North)
- 45% of children under 5 are not declared at birth in 2006
- 64% of women aged 15-49 agree with marital violence, and 63% of the girls aged 15-19 agree with marital violence.
- 21% of 2-14 years old children experience severe physical punishments, while 39% of mothers/adults in charge considers that children must face corporal punishment to be educated.
- 21% of women and girls have been victim of sexual violence. Among these victims, only 6% have access to adequate psychosocial and medical care. (National Survey on Crisis and Gender-based violence in Cote d'Ivoire, 2008)

UNICEF IN ACTION

CHILD PROTECTION

Sexual and gender Based Violence

The provision of a protective environment for girls and women against Gender Based violence starts with changing attitudes, traditions, customs and behaviours through awareness raising and community mobilization. Capacities and understanding of issues by social workers, security and judiciary officers, health and community agents need to be strengthened. Legislation needs to be established and enforced. Assistance to victims must be provided. Monitoring and reporting is essential and can be built up through enhanced coordination of reporting and building up referral mechanisms. Services for recovery and reintegration are done through health and psycho-social care, legal protection and provision of physical security.

Building National Child Protection System

As Côte d'Ivoire is transitioning from crisis to peace, UNICEF is supporting the government and its partners in building a national child protection system. It consists of a set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection related risks. Special attention is given to supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation.



Birth registration

UNICEF has supported the Government in the elaboration of the National Programme for the Modernization of the Civil Registry in Côte d'Ivoire (MECCI). This programme aims to accelerate the regularization of undeclared children and the systematic registration mechanisms for new births. UNICEF provides technical support to civil registration of undeclared children, training of civil servants and community actors, equips civil registry centres and conducts community awareness raising campaigns.

UNICEF CÔTE D'IVOIRE



UNICEF is on the ground in over 150 countries and territories to help children survive and thrive, from early childhood through adolescence. The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation facilities, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS. UNICEF is funded entirely by the voluntary contributions of individuals, businesses, foundations and governments.

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