

Approved by the Executive Board
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United Nations Children's Fund
Executive Board

Revised country programme document

Côte d'Ivoire (2009-2013)

The draft country programme document (CPD) for Côte d'Ivoire (E/ICEF/2008/P/L.21) was presented to the Executive Board for discussion and comments at the second regular session of 2008 (15-18 September). The Board approved the aggregate indicative budget of \$31,140,000 from regular resources, subject to the availability of funds, and \$110,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2013.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the second regular session. The revised CPD was approved by the Executive Board at its first regular session of 2009.

<i>Basic data† (2006 unless otherwise stated)</i>	
Child population (millions, under 18 years)	9.2
U5MR (per 1,000 live births)	127
Underweight (% , moderate and severe)	20
Maternal mortality ratio (per 100,000 live births, 1998-2005)*	540
Primary school attendance (% net, male/female)	66/57
Primary schoolchildren reaching grade 5 (%)	92
Use of improved drinking water sources (% , 2004)	84
Use of improved sanitation facilities (% , 2004)	37
Adult HIV prevalence rate (% , 2005)	7.1
Child work (% , children 5 to 14 years old)	35
GNI per capita (US\$)	870
One-year-olds immunized against DPT3 (%)	77
One-year-olds immunized against measles (%)	73

† More comprehensive country data on children and women are available at <http://www.unicef.org/>.

* This figure is a 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, which is adjusted for underreporting and misclassification of maternal deaths.

The situation of children and women

1. The population of Côte d'Ivoire, as of June 2008, is estimated at 20.6 million, with 47 per cent living in urban areas. Some 52 per cent of the Ivorian population is younger than 18 years, including 18 per cent under the age of five. Life expectancy is estimated at 51 years (National Institute for Statistics).
2. The political crisis that broke out in September 2002 resulted in an armed conflict that divided the country into two zones, with the South under government control and the North, comprising the centre, north and west zones, under the control of the *Forces Nouvelles*.
3. The Ouagadougou Peace Agreement of 4 March 2007 has led to the elimination of the 'Confidence Zone' that separated the two zones, as well as the partial disarmament of the militia in the west of the country; internally displaced persons have begun to return to their areas of origin. Despite delays in the disarmament, demobilization and reintegration process and the redeployment of the administration, the Agreement seems to have contributed to a stabilization of the political situation — a stabilization to which the country programme aims to contribute, within the context of national peacebuilding and recovery. Presidential elections, planned for the Fall of 2008, should contribute to a further stabilization and recovery, provided that these are held in a free and fair manner.
4. If present trends continue, the country will only have the potential to achieve one target of Millennium Development Goal 7 (reduce by half the proportion of people without sustainable access to safe drinking water).

5. The political crisis has made achievement of Millennium Development Goal 1 more difficult, as the level of human development has deteriorated (ranked 166 out of 177 countries on the Human Development Index in 2006, compared to 156 out of 177 countries in 2002). The percentage of the poor is currently estimated at more than 40 per cent, compared to 38 per cent in 2002.

6. Acute malnutrition affects 270,000 children under the age of five (or seven per cent of this age group). The majority can be found in the North, where the emergency threshold has been exceeded, with 12 per cent of children affected, and where 20 per cent of the children under the age of five are moderately or severely underweight. The prevalence of exclusive breastfeeding is only 4 per cent. The worsening of the nutritional situation of children may be attributed to cyclical food insecurity, poor eating habits and the general decline of the health system, but also to illiteracy, overburdening of mothers and impoverishment of the population. The situation has been further worsened by the rise in prices for staple foods, such as rice and maize, which witnessed price increases of 78 per cent and 92 per cent, respectively, between March 2007 and March 2008. The continued food crisis will affect the already precarious nutritional status of the most vulnerable groups.

7. Concerning Millennium Development Goals 2 and 3, nearly one out of three children aged 6 to 11 does not go to school, with a serious gap between boys and girls (66 per cent compared to 57 per cent) and between urban and rural areas (72 per cent compared to 56 per cent) in 2006. The primary school net attendance rate increased from 58 per cent in 2000 to 62 per cent in 2006. Out of 100 children who enter the first grade, 92 reach fifth grade (multiple indicator cluster survey 2006). The inadequate resources allocated to education by the State, the shortages in the supply side for education (availability of safe, accessible schools, employment possibilities for women or educational information for families), the low level of training for teachers, the high cost of education for families and the community, as well as child labour, are the main obstacles to the schooling of children, particularly girls, and to quality of education.

8. Concerning Millennium Development Goals 4, 5 and 7, infant- and under-five mortality rates remain high (91 per 1,000 live births and 127 per 1,000 live births, respectively). Malaria is the main cause of mortality among children under the age of five, followed by diarrhoea and respiratory infections. However, the coverage of insecticide-treated mosquito nets in households is only 10 per cent, with only 3 per cent of effective use among children under the age of five. Access to drinking water, which was 82 per cent in 2000, fell to 76 per cent in 2006, and only 57 per cent of households have access to adequate excreta elimination and sanitation systems. A number of factors affect the enjoyment of the rights of children and women to survival: the failing health services, especially during the crisis; the inadequacy of resources allocated by the State to the health sector (less than 5 per cent); the widespread illiteracy of parents; the impoverishment of households; and the lack of decision-making power of women. The maternal mortality ratio remains high (810 per 100,000 live births), mainly due to the low levels of access for pregnant women to emergency obstetrical care (only 0.8 per cent of births in the country were by caesarean delivery in 2000 and 3.6 per cent in the Abidjan region in 2004) and the low rate of assisted child births (57 per cent).

9. Concerning Millennium Development Goal 6, HIV prevalence rate is very high, estimated at 4.7 per cent in 2005, with 6.4 per cent among women and 2.9 per

cent among men. AIDS has become the main cause of mortality among adults in Côte d'Ivoire. The prevalence among young people aged 24 to 29 is 5.4 per cent and 2.5 per cent for youth aged 20 to 24 (AIDS Indicator Survey 2005). Less than 10 per cent of the 540,000 orphans and other vulnerable children receive care and support. HIV prevalence among pregnant women is 8 per cent; within that group, only one out of 10 of these pregnant women living with HIV has access to the prevention of mother-to-child transmission (PMTCT) services. It is estimated that out of a total of 74,000 children infected with HIV, less than 4,000 have access to paediatric care and only 2,000 benefit from antiretroviral treatment. Key factors in the vulnerability to infection are the lack of knowledge on prevention among young people (only 18 per cent of women and 27.6 per cent of men have a comprehensive knowledge of AIDS), low levels of condom use (29 per cent of young women and 42 per cent of men use it during their first intercourse) and the low coverage of prevention, care and support services.

10. Concerning child protection, more than 200 cases of child trafficking were registered in 2006 and 2007. The National Study on Child Labour, carried out from August to October 2005, estimates that 1.1 per cent of children aged 5 to 17 are victims of trafficking. Nearly 45 per cent of children under the age of five were not registered at the civil registry in 2006 (in the west and the northwest, 77 per cent were not registered), compared to 28 per cent in 2000. Reasons for this include isolation and poor functioning of the birth registration centres and ignorance of the obligation to register on the part of the population. Although it is difficult to define the extent of the phenomenon, an increase in cases of gender-based violence has been observed. Many people in Côte d'Ivoire suffered sexual or physical violence at the height of the crisis, with an upsurge in cases of collective rape committed by servicemen. Some 36 per cent of adult women have suffered female genital mutilation (in the north and, the northwest, the percentage is 88 per cent). Child labour affects 22.2 per cent of children aged 5 to 17. Rapid urbanization, promiscuity, breakdown of social solidarity, impoverishment of households, as well as the large number of children and teenagers affected by the lack of prospects within the context of conflict and insecurity, are all child protection problems to which urgent solutions must be found.

11. The poverty reduction strategy paper (PRSP), the framework to operationalize the Millennium Development Goals, was not finalized because of the crisis. However, the development of the PRSP has recently resumed. Sector policies did not aim to satisfy all the rights of children and women, and their internal resource mobilization mechanisms proved inefficient. Expenditures made to mitigate the immediate consequences of the crisis have considerably reduced the capacity of the Government to respond to investments in the social sectors and in the fight against poverty. In 2007, expenditure for health was only 4.7 per cent of total government expenditure. The rights of vulnerable groups, notably those of children and women, are not adequately taken into account in development programmes. There is no explicit social policy for children and women, and sectoral national action plans for women and children were never implemented. Furthermore, development planning is still limited, due to the lack of data, making it impossible to assess adequately the situation of children and women. A weakness in the monitoring and evaluation function in the management of development programmes has also been observed.

Key results and lessons learned from previous cooperation, 2003-2008

Key results achieved

12. During the conflict, the previous country programme was mainly responding to the crisis situation in the country. Activities focused mainly on providing assistance to the conflict-affected population by improving access to basic social services and contributing to the protection of the rights of children and women.

13. Under-five mortality has declined from 129 per 1,000 live births in 2005 to 127 per 1,000 live births in 2007 (*State of the World's Children 2008*). The restoration of health structures has contributed to this reduction: the health system, which was disorganized in the centre, north and west zones, has gradually been restored, thanks to financial contributions from development partners, particularly the European Union, which supported the reopening of health structures, the redeployment of health staff and the restoration of the cost-recovery system. Over 100 degraded or dilapidated primary health centres have been rehabilitated and 115 health structures have been equipped and the technical capacities of their staff upgraded. The results registered in the area of the Expanded Programme on Immunization Plus (EPI+) are very encouraging: no polio cases have been reported since 2005; the number of measles cases has declined significantly; and the coverage of vaccinations against diphtheria/pertussis/tetanus-hepatitis B-3 and measles increased between 2000 and 2006. Major results were also registered in the area of nutrition: a protocol on malnutrition management was developed; the opening of seven therapeutic nutrition centres facilitated assistance to 3,000 severely malnourished children; vitamin A supplementation was intensified; and access to iodized salt increased (from 31 to 84 per cent).

14. Between 2005 and 2007, hand pump repair led to a decrease in pump failure rates, from 82 per cent to 26 per cent, in the intervention areas, resulting in improved access to safe water for 1.2 million people. Some 180 villages in the centre, north, west and southwest of the country have benefited from sanitation works while over 144,000 primary school children have adopted good hygiene practices, notably hand washing after toilet use and before meals, and are growing up in a sound and favourable environment. The transmission of dracunculiasis has been interrupted.

15. The action of the education sector group, led by UNICEF, with financial support from the European Union, in 2006 enabled two million children (40 per cent girls), including 80,000 displaced children, to go to school in the government-controlled South, compared to 417,688 children (30 per cent girls) in the North. Three back-to-school campaigns between 2005 and 2007, for the first time, resulted in more than one million children returning to school and receiving school kits. Since 2005, some 60,000 children have benefited from quality education through the Child-Friendly School for Peace and Tolerance programme, based on the UNICEF 'child-friendly schools' concept. About 17,300 out-of-school children were able to attend school as a result of the development of alternative learning programmes implemented in partnership with non-governmental organizations (NGOs).

16. UNICEF supported the National Plan for Demobilization, Disarmament and Reintegration and the Protection Programme for Vulnerable Children and Adolescents, and collaborated with the United Nations system agencies and local

NGOs to provide psychosocial, medical and food assistance to 7,000 conflict-affected children, (including 3,300 girls) and 2,900 children associated with armed groups. Some 1,700 of these children have been reintegrated into the formal school system. Thanks to intense advocacy, the recruitment of children by armed groups has stopped. During the past two years, 174 children who were victims of trafficking were offered assistance in close collaboration with the Ivorian Social Protection Department, the International Organization for Migration, the International Catholic Child Bureau and the German Agency for Technical Cooperation. More than 48,000 children without birth certificates have been registered at the Civil Registry.

17. Concerning PMTCT, 30 per cent of pregnant women receiving counselling accepted voluntary testing and 70 per cent of the HIV-positive women amongst them are receiving antiretroviral prophylaxis. The district approach has helped to strengthen the capacities of 20 health districts and to develop and integrate micro-plans into the minimum activity package. In total, 20 per cent of health structures in the intervention areas offer PMTCT services. More than 4,500 young people visited and received advice in 10 new youth-friendly centres. More than 455 victims of sexual violence benefited from care and support in 2006. About 15,000 orphans and other vulnerable children benefited from quality care and support. UNICEF provided support for the development of: standards and policies in the area of PMTCT; the 2008-2010 plan for scaling up PMTCT and paediatric care; the 2007-2010 plan on HIV prevention among youth; the 2007-2010 strategic plan on orphans and other vulnerable children; and the document on HIV integration at the workplace.

Lessons learned

18. The Accelerated Child Survival and Development (ACSD) strategy was adopted by the Government in 2007. However, the mobilization of partners and resources around the strategy, to ensure the scaling-up, turned out to be insufficient, and had a negative impact on the programme. Taking this into account, advocacy will now be strengthened to ensure the adoption of the strategy by partners and a strengthening of the institutional and partnership framework.

19. The recent experience with bridging classes and community schools in the areas with low school attendance rates (northeast, southwest and west), carried out in partnership with the Ministry of Education, paved the way for a solution to the delicate problem of the countless children who did not have access to education at the required age (6-11 years). The advocacy of UNICEF with the Government contributed to a recognition of these education strategies, which will enable many children to realize their right to education. This demonstrates that there is a possibility to link the non-formal education system to the formal system, thus allowing thousands of children to be reintegrated into the formal school system and further opening up new areas for action for the coming programme.

20. At the beginning of the 2003-2007 programme, the response by UNICEF to the HIV/AIDS pandemic provided through the programmes for health and nutrition (PMTCT and paediatric care), protection (orphans and other vulnerable children) and education (prevention among young people) obtained modest results, due to lack of coordination and leadership. To ensure greater efficiency, an HIV/AIDS programme will be established in order to provide better coordination and an answer commensurate with the magnitude of the pandemic and its devastating effects in

Côte d'Ivoire. In addition, the participation of teenagers will be increased in order to channel their positive energy towards the protection and promotion of their rights. This strategy will provide them with new prospects and save them from violence and other harmful practices.

The country programme, 2009-2013

Summary budget table

<i>Programme</i>	<i>(In United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	8 407 800	38 720 000	47 127 800
Basic education and gender equality	5 293 800	37 400 000	42 693 800
Child protection	4 048 200	11 000 000	15 048 200
HIV/AIDS and adolescents	3 114 000	11 000 000	14 114 000
Social policies, monitoring and evaluation	3 736 800	880 000	4 616 800
Cross-sectoral costs	6 539 400	11 000 000	17 539 400
Total	31 140 000	110 000 000	141 140 000

Preparation process

21. The CPD preparation process started with the United Nations Development Assistance Framework (UNDAF) workshop of June 2007, aimed at defining the comparative advantages of the United Nations system and setting up the timetable for elaboration of the UNDAF, followed by an in-depth situation analysis. In February 2008, a five-day training on the human rights-based approach to programming and on results-based management was held for 50 participants. Particular emphasis was placed on the analysis of the roles and capacities of stakeholders, as well as the analysis of the situation of children and women, identifying key problems that the next country programme will help resolve. The Ministry of Planning coordinated the entire process.

22. UNICEF, as a lead advocate for the protection of child rights, is well placed to advance peace and security and to improve national recovery and reconstruction in the country.

Goals, key results and strategies

23. The objective of the new country programme is, within the context of transition between conflict and development, national peacebuilding and recovery, to contribute to the achievement of the Millennium Development Goals and to the rights of children and women to survival, development, protection and participation.

24. The programme will contribute to the following outcomes: (a) reduce mortality of children under five by 25 per cent (from 127 to 95 per one thousand live births); (b) reduce maternal mortality by 45 per cent (from 543 to 299 per 100,000 live births); (c) ensure that all children of school-going age (6-11 years) have access to quality basic education and complete the primary cycle and that at least 20 per cent

of children aged 3-5 years are offered early childhood development and school preparedness programmes; (d) ensure the respect, promotion and protection of the rights of children; (e) prevent HIV/AIDS among the most vulnerable adolescents and young people, provide care and support for orphans and other vulnerable children, and conduct advocacy and mobilize resources for HIV/AIDS; (f) strengthen national capacities in the area of analysis and development of social policies, offer social protection services to children and women in the most vulnerable households and produce strategic information for the management of development programmes; and (g) offer appropriate preparedness and responses to emergency situations.

25. In order to support the national Government in the transition between conflict and development in this recovery phase, the country programme will maintain a twofold strategy of upstream policy work and strengthened service delivery.

26. Advocacy among parliamentary and government officials to influence national policies and programmes will help to address the many structural causes of mortality among children, the low school attendance rates and the existing child protection issues, including inadequate allocation of budget resources to basic social services and the insufficient application of policies in certain areas. These advocacy efforts will be enhanced and supported by empirical and scientific evidence.

27. The increase in demand for services and post-emergency rehabilitation of infrastructures, along with the improvement of the services offered, will contribute to realizing the rights of millions of children in the crisis-affected areas. The maintenance of sub-offices will facilitate access to the populations and improve field interventions.

28. A bottom-up approach to programme design, with the full involvement of communities, will ensure sustainable solutions to the delivery of goods and services. Seizing the return to peace as an opportunity, the 'building back better' approach will henceforth constitute a core element of the interventions and will serve as model for the normative work and programming of UNICEF.

29. Capacity-building will occupy a central place in the strategy of the country programme. It aims at all stakeholders, notably those caring for children in households, community workers and leaders, providers of child survival, HIV/AIDS, as well as education and protection services. The strengthening of national capacities, in collaboration with partners, will also be part of the preparation and response to emergencies. An emergency preparedness and response plan will be developed and regularly updated to respond to eventual crises.

30. Communication for behaviour change will occupy an important place in the new programme, placing particular emphasis on the empowerment and mobilization of the communities to achieve these results. The programme will enhance the knowledge of stakeholders on essential family practices, using communication channels accessible to children, parents, community leaders and decision makers.

31. Technical and financial support for monitoring and evaluation will allow staff to produce information and fill knowledge gaps, as well as support the effective application of results-based management.

32. The programme places considerable emphasis on the consolidation of partnerships with national structures, including the private sector, faith-based

organizations, communities and NGOs, as well as with bilateral organizations and United Nations system agencies. These partnerships are indispensable for scaling up the interventions. UNICEF will contribute to strengthening the rights of Ivorian children to survival, development and protection by developing these partnerships, notably with the media, the private sector, national committees and the United Nations system.

33. Young people represent more than half of the population; their participation is a key condition to safeguard and nurture the fragile peace processes. Young people will participate in our programme activities through the involvement of youth associations, the youth parliament, and peer education activities, among others.

Relation to national priorities and the UNDAF

34. Five UNDAF outcomes have been identified as priorities, based on the draft PRSP, and will be supported by the programme: (a) the quality of life of the population is improved; social protection and assistance to vulnerable groups are strengthened; (b) national and local institutions, as well as civil society, are restored; good governance is strengthened, serving the entire population while respecting gender equality and human rights; (c) national capacity building is advanced, helping the Government and the private sector to create sustainable employment and ensure food security for the population, notably for the most vulnerable groups; (d) peace is consolidated, improving the protection of life and property, by supporting national reconciliation, community reinsertion and respect for human rights; and (e) water, forestry and environmental resources are protected, preserved and managed in a sustainable and concerted manner. The UNICEF country programme contributes to all UNDAF outcomes, although most of the support will focus on the first outcome on basic social services.

Relation to international priorities

35. The planned programme results will contribute to the achievement of the Millennium Development Goals and the Plan of Action for 'A World Fit for Children'. The programme's child survival component will contribute to the achievement of Millennium Development Goals 1, 4, 5, 6 and 7. The results in the area of education for all are linked to Millennium Development Goals 2 and 3, while the HIV component of the programme will also contribute to the attainment of Millennium Development Goal 6. They will support the objectives of the national strategy, based on the Millennium Development Goals, the plan for the restoration of the educational system, the national health development plan, and the national child protection action plan. The programme is also guided by the medium-term strategic plan 2006-2009.

Programme components

36. The programme comprises five components: (a) the **child survival component** includes (i) integrated and continuous care for mothers, newborns and children; (ii) malnutrition management and emergency obstetric care, PMTCT and paediatric care; and (iii) water, hygiene and sanitation; (b) 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; (c) the **child protection component** includes (i) support for children

in need of special protection; (ii) legal and institutional protection of children; and (iii) combating gender-based violence and harmful practices; (d) the **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; (e) the cross-cutting **social policies, monitoring and evaluation component** comprises the following three subcomponents: (i) social policies; (ii) planning; and (iii) monitoring and evaluation. A cross-cutting **communication for development component** will provide support to the whole programme, and an **emergency response component** will be included in all major programme components.

37. The **child survival component** will intensify its efforts in support of the National Health and Development Plan, with a view to scaling up the Child Survival Strategy. It will contribute to the following national results: (a) provide integrated packages of high-impact interventions through a continuum of care during pregnancy, childbirth and postnatal care, reaching at least 80 per cent of pregnant women, newborns and children at the household and community levels and in health facilities; (b) management of malnutrition, emergency obstetric care, as well as cases of HIV/AIDS, for 70 per cent of mothers, newborns and children; and (c) sustainable access to drinking water for 80 per cent of children and women in rural and near-urban communities, and access to adequate basic sanitation infrastructures for 75 per cent of children and women in rural and near-urban communities. This component will apply the following key strategies and approaches: (a) integration of cost-efficient interventions and continuum of care for mothers, newborns and children at the community and health facility levels; (b) communication for behaviour change, particularly at the household and community levels; (c) advocacy for ownership, resource mobilization and effective involvement of all stakeholders for the survival of mothers and their children; and (d) collaboration and enhanced partnerships with the Government on the major national programmes (health, education, HIV/AIDS, water and sanitation, and protection), as well as with the decentralized communities, the agencies of the United Nations system (particularly the World Health Organization, the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations), bilateral and multilateral agencies (including the World Bank, the European Commission and the African Development Bank), national and international NGOs, and the private sector.

38. The **basic education and gender equality component** will contribute to the following results: (a) at least 20 per cent of 3- to 5-year-olds have access to an early childhood development or school preparedness programme; (b) all 6- to 11-year-olds, girls and boys, have equal access to quality basic education, and complete the primary cycle; and (c) all 6- to 15-year-olds, girls and boys, who are outside the formal system receive quality basic education, particularly in life skills. This component will carry out advocacy for effective free education and will support the revision of the construction standards for schools and the modification of school-mapping criteria. It will also encourage the equitable allocation of increased resources for early childhood development and primary education. The child-friendly school model will be strengthened. Institutional support will be provided for an assessment of the integration of life skills into the curricula and the development of extracurricular activities through clubs (child messengers of peace,

HIV/AIDS, health and hygiene). Technical support will also aim to increase the supply of alternative learning and catch-up opportunities, such as bridging classes, community schools and the establishment of functional relationships between non-formal education centres and the formal education system. The programme will organize outreach activities to mobilize families and communities in support of the right of the child to education. It will support capacity building of teachers and their supervisors through training, refresher courses and the provision of supplies. It will provide technical support for the life skills education of students aged 11-15 at the junior secondary level. It will support capacity building of institutions at the decentralized level in the area of resource mobilization, in order to improve access and retention at the junior secondary level. UNICEF will implement the Memorandum of Understanding signed with WFP for school canteens and strengthen the coordination of the education sector group. It will collaborate with UNFPA on supporting a revision of the curricula with respect to gender and reproductive health education. The communities, through parent-teacher associations and NGOs, will participate in social mobilization, rehabilitation of schools and installation of water and sanitation facilities in schools and preschool education centres.

39. The **child protection component** will contribute to the achievement of the following results: (a) over 58,000 children in need of protection (children living or working on the streets or outside a family home, disabled children, survivors of child trafficking or the worst forms of child labour, children in conflict with the law) are protected; (b) the legislative and institutional frameworks for birth registration, child labour and juvenile justice are not only in conformity with the Convention on the Rights of the Child, but also operational; and (c) gender-based violence and harmful traditional practices are reduced, and all survivors receive adequate care and support. It will pursue interventions aimed at strengthening community capacities, mobilization and active participation of the community in all child-protection mechanisms. It will provide technical support for the harmonization of the national legislative framework with international standards. It will develop information and communication activities to enhance knowledge of the national and international legal frameworks on child protection. It will ensure greater involvement of the media for a more sustained promotion of the rights of children and women. In support of the achievement of result (a) above, the **Protection component** and the **HIV/AIDS component** will adopt an intersectoral approach on achieving a holistic and integrated national policy protecting orphans and other vulnerable children. This approach will facilitate the harmonization of the two projects and help combat any stigmatization against orphans and other vulnerable children. Concerning care and support for disabled children, the **education component** will support the **protection component** in areas regarding special education.

40. The **HIV/AIDS component** will contribute to the achievement of the following results: (a) 60 per cent of orphans and children made vulnerable by HIV/AIDS benefit from protection and assistance; (b) 70 per cent of young people have access to HIV/AIDS counselling, care and prevention services; and (c) resources are mobilized and advocacy is conducted for HIV/AIDS, including the scaling-up of PMTCT and paediatric care and support services. This will involve providing technical assistance and support to the Ministry of AIDS Control and to the ministries of health and public hygiene, youth and sports, family and social

affairs, and education. The joint United Nations system team will participate in coordination and resource mobilization activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Finally, several national and international NGOs will help provide the services offered to beneficiaries.

41. The **social policies, monitoring and evaluation component** will support the development and implementation of social policies for children and women. The component will (a) support the Government in identifying and analyzing funding gaps with regard to women and children, and in determining the adequate allocation and of budget funds for the social sectors. It will ensure that the implementation of the national PRSP and of national policies and international legal instruments (the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, *A World Fit for Children*) are better monitored. The component will (ii) ensure that children and women of the most vulnerable households have access to social protection programmes; (iii) the technical and institutional capacities of the statistics and research centres of the Ivorian monitoring and evaluation network are strengthened, to ensure efficient documentation and knowledge management on the situation of the child; and (iv) an internal performance monitoring mechanism, with quality assurance indicators, will be put in place and made operational at all levels.

42. **Communication for development** will provide cross-cutting support to the different components of the programme to enable them to achieve their respective results through integrated communication activities for large-scale behaviour change, ownership and sustainability of the programme's achievements, as well as for the strengthening of partnerships.

43. Cross-sectoral resources will be used to strengthen the logistical and management capacities of the programme as a whole. Emphasis will be placed on improving the management ability and monitoring capacity of partners within the context of the implementation, in 2009, of the new approach to harmonized cash transfers.

44. An emergency response plan is developed in conformity with the Core Commitments for Children in Emergencies. In the event of an emergency, UNICEF will be able to provide assistance to 50,000 people in the affected zones, notably children and women. This plan aims at ensuring (a) real-time access to basic health care for children and women; (b) malnutrition prevention and case management; (c) the provision of drinking water and sanitation facilities; (d) HIV/AIDS prevention among young people and the prevention and case management of sexual violence; (e) the protection of children and women against all forms of violence; and (f) formal and non-formal education for children aged 3 to 15.

Major partnerships

45. The consolidation of peace will accelerate the return of key multilateral and bilateral partners. The programme will step up its advocacy to ensure support for the cause of the child; the programme will intensify collaboration with its present partners, in order to tackle funding and implementation challenges within the recovery context and to consolidate achieved results, notably the Child Survival Strategy. Within the UNDAF, it will strive to identify, develop and implement joint projects to promote and protect the rights of children and women. The programme will further encourage the private sector to help 'leverage' resources for children

and women. It will intensify its partnerships: (a) with the national parliament to ensure the increased allocation of resources for basic social services; (b) with civil society and the media to raise awareness and increase the reporting of violations of the rights of children and women; and (c) with research institutions to strengthen the analysis of social policies and advance evidence-based decision-making.

Monitoring, evaluation and programme management

46. The **monitoring component** of the programme comprises biannual and annual reviews, control visits to project sites, joint coordination meetings, as well as a midterm and final review of the programme. The following indicators will be used to assess progress towards the achievement of the strategic results: infant- and under-five mortality rates; prevalence of moderate and severe underweight; net school attendance rates; girls-boys parity in access to education; HIV/AIDS prevalence among pregnant women; condom use by young people during sexual intercourse; prevalence of female genital mutilation; birth registration rate; and the percentage of the budget allocated to the social sectors.

47. The midterm review, which will take place in 2011, will be completed with evaluations of the community-participation strategy and the gender approach. The evaluation function will support decision-making and accountability in view of improving the programme performance and supporting the realization of the rights of children and women. Research will be carried out to guide community-based interventions and communication activities for behaviour change.

48. The programme will also participate in the monitoring of progress towards achievement of the Millennium Development Goals by providing support for data collection activities (multiple indicator cluster survey [MICS], demographic and health survey, living standards measurement survey and general census), studies and research projects on various issues affecting children, as well as the current statistical systems on civil registry, health, education, water and sanitation. The country programme will support the strengthening of national capacity for data collection and analysis as well as the dissemination and use of the reports within the framework of MICS and the development of the DevInfo database.

49. The Ministry of Planning is responsible for the overall coordination of the programme and the development of synergies between the UNICEF country programme and the policies and objectives of the Government. The ministries will have responsibility for implementation of the components within the individual sectors, and national coordinators will ensure the planning, management and monitoring of each component of the programme.