

## Cote d'Ivoire

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### Executive Summary

Cote d'Ivoire turned a page to a peaceful presidential election this year, a sign of the Ivorian will to avoid previous election violence. With significant support from UNICEF Cote d'Ivoire, Cote d'Ivoire also kept Ebola Virus Disease (EVD) at bay for another year. Deterring presidential election violence and keeping the largest Ebola outbreak in history from entering the country, among other progress, made 2015 a very successful year. But Cote d'Ivoire remains a country of delicate stability. The recent repatriation of refugees from Liberia with Government's decision to open the borders faces risks from recurrent local conflicts in border areas. Neglected disparities in economic and social indicators among the country's regions and social groups threaten social cohesion. The 2016 legislative and local elections and a Constitutional referendum may also challenge prevailing peace.

In 2015, Cote d'Ivoire continued to strategically position itself in Africa with a determination to return to its pre-conflict stature. The African Development Bank (AfDB) returned its headquarters to Abidjan where it held its annual meeting and Bank presidential election. Further proof of Cote d'Ivoire's stability was the African Conference on Emergence organized by the Government and UNDP and attended by five African presidents and three prime ministers. It was a platform on emergence in Africa, where emerging African and Asian countries met to dialogue on how other countries can emerge through economic and social transformations.

At the UN level, a high note of 2015 was the decision to work with Delivery as One programme (2017-2020) based on Government's request. The UN Country Team (UNCT) identified UNDAF goals, and they work especially well with UNICEF Cote d'Ivoire's strategies and policies on social cohesion and equity.

Honoring a Government request, the Country Programme (CP) was extended through 2016 to match the Cote d'Ivoire National Development Plan. However the current CP was conceived in 2008–2009, at a time when the issues differed greatly from the current national environment. Planning for and embarking on the next CP will bring solid and refreshing dynamics.

Built with intense UNICEF Cote d'Ivoire advocacy, Government adopted a law on compulsory schooling for all children age six to 16 years old. Challenges lie ahead for implementation, including feasibility of the 2026 timeline, construction capacity and education quality, yet the commitment represents Government's will to invest in education and creates opportunity to advocate and to leverage resources.

A multi-sectoral nutrition strategy will be tabled to a Council of Ministers in January 2016. UNICEF Cote d'Ivoire provided extensive technical support in drafting the strategy and played a key role in advocacy with involved ministries.

UNICEF Cote d'Ivoire's intensive advocacy on BR and civil registry reform spurred great achievements this year. Donors recognize BR and civil registry as crucial to strengthen governance, health, education and security; and Government has begun to agree that BR is a

priority for peace and good governance.

In June, UNICEF Cote d'Ivoire closed the October 2013 audit recommendations. The office shows impressive indicators on programme implementation, human resource management, financial management, Direct Cash Transfer (DCT) and Harmonized Approach to Cash Transfers (HACT) implementation. The office developed an ambitious Business Continuity Plan (BCP) to prepare for possible strife with presidential elections. With successful election transition, the BCP was not utilized but remains an excellent plan for 2016 in anticipation of legislative and local elections.

In 2015 UNICEF Cote d'Ivoire collaborated with Agence Française de Développement (AFD) on funding through Government, which was matched by funding from UNICEF Cote d'Ivoire France. The organizations worked closely together and importance of this partnership will eventually transcend Cote d'Ivoire's borders.

Challenges faced in 2015 included work on engaging with private sector. Extensive mapping of the private sector and a draft engagement strategy was developed but has been held up. With the Government's preoccupation with the elections and the highly sensitive nature of engagement with the cocoa sector --- it is UNICEF Cote d'Ivoire's first time globally to invest in partnership with the food and beverage sector --- UNICEF Cote d'Ivoire was cautious implementing risk-mitigation measures.

UNICEF Cote d'Ivoire was instrumental in developing the Government's strategy on social protection. Implementation in 2016 didn't reach expectations, and Government lacked the will to allocate the national budget beyond World Bank funding (US\$50 million) the overall process and design of the social protection cash transfers was centralized and rather closed; UNICEF Cote d'Ivoire's role in supporting the implementation through access to social services for the most vulnerable children especially around education and child protection support services will be further defined in 2016, as first safety net transfers are expected to be transferred by end 2016.

## Humanitarian Assistance

In 2015, Cote d'Ivoire successfully kept the EVD epidemic at bay with strong UNICEF Cote d'Ivoire and partner support. As a member of the National Committee for the Fight Against Ebola, UNICEF Cote d'Ivoire Communication for Development (C4D) measures coordinated with key programmes including communication, social mobilisation, WASH and health, and emergency coordination for containment and control. With the Ministry of Health (MoH) and the Government Information and Communication Centre, UNICEF Cote d'Ivoire organized national communication campaigns for TV and radio. Community-based activities with NGO and Community Health Workers (CHWs) raised awareness in households on the hard-to-reach borders of Liberia and Guinea. UNICEF Cote d'Ivoire and the Ministry of Education (MoE) trained teachers in hard-to-reach districts to raise student awareness about hand washing as prevention practice reaching 250 schools, 75,000 students and 1,515 teachers during the reported period. A total of 1,515 devices designed for hand-washing in rural areas were procured and distributed in schools, churches and mosques, especially in the regions neighbouring the infected countries (Liberia and Guinea).

UNICEF Cote d'Ivoire, the National Public Health Institute and the Ivoirian Red Cross collaborated on a Knowledge, Attitudes and Practices (KAP) survey that confirmed effective programming as 99 per cent of respondents were informed on EVD and 93.7 per cent had changed their attitudes to comply with EVD prevention measures.

In collaboration with the Ivoirian Alliance of Religious Leaders, UNICEF Cote d'Ivoire mobilized and engaged Muslim and Christian authorities as leaders to promote EVD prevention measures: 488 religious leaders were involved in prevention activities in faith-based communities in 26 cities. Health workers and CHWs trained in EVD prevention carried out prevention-awareness activities in the communities. Social workers and community workers were trained to provide psychosocial management, especially of affected/infected children and families during an outbreak. Actions are underway for the finalization of the national communication strategy for EVD prevention and control, which was drafted in 2015 and will be validated in January 2016.

UNICEF Cote d'Ivoire joined the World Bank and MoH in a US\$10 million agreement to strengthen health systems and EVD preparedness, largely through procurement of essential equipment and supplies. With timely procurement, UNICEF Cote d'Ivoire dispatched 108,080 EPIs, 46 vehicles, 20 ambulances, 100 motorcycles, and other essential drugs and medical supplies to 82 district health centres and 16 EVD treatment centres in the regions that border EVD-affected countries, Guinea and Liberia.

UNICEF Cote d'Ivoire participated with other UN agencies to prepare for any potential incident or violence following the national presidential elections in October. Country Office staff were trained by the WCARO Emergency Specialist on the latest emergency preparedness and response procedures; materials and supplies were prepositioned; and stand-by agreements signed with four partners in child protection, WASH, nutrition and education. Also, 32 social workers from government and NGOs were trained on child protection coordination and response in emergency situations. UNICEF Cote d'Ivoire implemented the education, protection, nutrition and WASH measures of the 2015 UN Contingency Plan for the presidential election. The plan's target reached 10,000 children. The presidential elections passed without major incident, but the plan continues to be relevant should crisis arise in the southwest or with the 2016 legislative and local elections.

In the shadow of attacks in western Cote d'Ivoire along the Liberia border, UNICEF Cote d'Ivoire provided school supplies to ensure education for 360 displaced children.

This year UNICEF Cote d'Ivoire supported 4,500 families who live in parts of Abidjan with high-risk of cholera with hygiene kits (hand-washing devices, soap, chlorine, posters) who were also informed on preventive measures. Thirty WASH partners attended a workshop on preparedness, response and evaluation in emergencies. The training focused on water, sanitation and hygiene responses in the event of a cholera/EVD outbreak, flood or population displacement.

UNICEF Cote d'Ivoire supported and participated in several missions of the Capacity Assessment for Disaster Risk Initiative concerning natural disasters and floods, and supported the development of a five-year disaster risk reduction plan highlighting education, nutrition and WASH.

## Summary Notes and Acronyms

AfDB African Development Bank  
AMP Annual Management Plan  
ARV Antiretroviral  
BCP Business Continuity Plan  
C2D Communications for Development  
CHW Community Health Workers

CMT Country Management Team  
CNN National Nutrition Council  
CO Country Office  
DCT Direct Cash Transfer  
E-PAS Electronic Performance Appraisal System  
ECD Early Childhood Development  
EU European Union  
EVD Ebola Virus Disease  
ERM Enterprise Risk Management  
GAP Gender Action Plan  
HACT Harmonized Approach to Cash Transfers  
IATT Interagency Task Team for HIV Prevention  
IMEP Integrated Monitoring, Evaluation and Research Plan  
JCC Joint Consultative Committee?  
KAP Knowledge, Attitudes and Practices  
MoE Ministry of Education  
MoH Ministry of Health  
NDP National Development Plan (PND)  
NGO Non-Government Organisation  
OR Other Resources  
OVC Orphans and Vulnerable Children  
PBR Programme and Budget Review  
PCT Programme Co-ordination Team  
PMTCT Prevent of Mother-to-Child Transmission of HIV  
PNPE Child Protection National Policy  
PNPJEJ National Policy for Judiciary Protection of Children and Youth  
RR Regular Resources  
SITAN Situation Analysis?  
SMT Senior Management Team  
SOP Standard Operating Procedure  
SUN Scaling-up Nutrition  
UNCT United Nations Country Team  
UNDP United Nations Development Programme  
UNDSS United Nations Department of Safety and Security  
UNICEF United Nations Children's Fund  
VAC Violence Against Children

## Capacity Development

Cote d'Ivoire started developing an Education Sector Plan. UNICEF Cote d'Ivoire supported a Ministry-staff training on education-planning at a workshop in Dakar, and provided technical assistance to working groups on education quality; construction; educational infrastructure; and teachers' training policies. MoE staff participated in a conflict and education workshop in Dakar, and a training in Abidjan on education and disaster risk reduction. Knowledge from both will inform the Education Sector Plan (2016-2026).

A National Policy for Judiciary Protection of Children and Youth (PNPJEJ) complementing the Child Protection National Policy (PNPE) was developed for first time to address protection of children in contact with law (victims, offenders, witnesses). UNICEF Cote d'Ivoire provided technical assistance to develop protocols for related judiciary services. Technical assistance was provided to develop standards for family-based alternative care and institutional care,

following a participatory approach involving ministries (central and regional levels) and children.

To improve access to health care for HIV-affected adolescents and reinforce prevention, 20 doctors from school and university health services were trained on ARV treatment and adolescent-friendly services; 2,400 teachers were trained on HIV and AIDS and prevention of teenage pregnancy; and 100 social workers were trained on family-centred approach for OVC. To extend ARV coverage: 74 nurses and midwives were trained on Option B+ (i.e. lifelong ART to pregnant and breastfeeding women living with HIV) and 810 Community Health Workers (CHW) on Essential Health Practices, HIV/AIDS and STIs.

To ensure sustainability of sanitation programme at decentralized level, CLTS monitoring departmental committees were established. UNICEF Cote d'Ivoire undertook their training: currently 34 of the 48 committees are functional.

Collaborating with local NGOs and with International Baby Food Action Network, UNICEF Cote d'Ivoire worked to improve infant and young child feeding practices: 82 sites providing nutrition services were trained (700 community volunteers) reaching 11,000 women and 13,000 children in Abidjan and rural areas.

### **Evidence Generation, Policy Dialogue and Advocacy**

In July 2015, Ivoirian President established compulsory education for all children 6-16 years, to start 2016–2017. This pivotal decision followed advocacy by UNICEF Cote d'Ivoire and partners. UNICEF Cote d'Ivoire accompanied this milestone by supporting an intensive communications campaign, which resulted in over three million children enrolling in primary public schools.

UNICEF Cote d'Ivoire supported MoE in an out-of-school children study on magnitude and dynamics of exclusion. UNICEF Cote d'Ivoire also supported technically the Education Sector Analysis and led partners on Early Childhood Development (ECD), and risks and vulnerabilities. The MoE's ownership over risk-informed education is evinced by their support to integrate risks and vulnerabilities questions into Education Management Information System (EMIS).

UNICEF Cote d'Ivoire supported MoE in School Readiness Assessment and Parental Behaviour Study and also in developing ECD costing and pedagogical models. Both will help positioning ECD in Education Sector Plan.

With UNICEF Cote d'Ivoire support, a Social Cohesion Module was integrated in the MICS questionnaire. Cote d'Ivoire was one of two WCAR countries to participate in the Harvard Humanitarian Initiative (HHI) Social Cohesion survey on social cohesion, resilience, and human security.

Government increasingly recognizes BR as a peace-building and governance priority. UNICEF Cote d'Ivoire prioritized meetings with Government and crucial donors to advocate for civil registry system policy reform and influence their country strategies, hence paving the way for a civil registry Strategic Action Plan in 2016.

In 2015, the National Nutrition Council started developing the National Nutrition Policy and National Nutrition Strategy. As lead of Scaling-up Nutrition (SUN-UN) and donor convener on nutrition, UNICEF Cote d'Ivoire facilitated and coordinated policy dialogue between the Prime Minister's office and nutrition partners to finalise this Strategy and get it integrated into the 2016-

2020 National Development Plan. UNICEF Cote d'Ivoire also raised public awareness on nutrition issues with national media, and drafted an advocacy note and resource mobilisation strategy for nutrition.

## Partnerships

UNICEF Cote d'Ivoire participated in partnership forums on health and education; led Cote d'Ivoire's nutrition partners; and with EU co-led WASH partners. UNICEF Cote d'Ivoire participated in Common Country Coordination Mechanism, Joint UN team on HIV/AIDS, and National Core Group on Adolescents Health and HIV/AIDS. UNICEF Cote d'Ivoire had a dynamic role in the UN Gender Group, which was revamped to include wider gender issues.

UNICEF Cote d'Ivoire's partnership with GAVI and Global Fund was strengthened with new agreements signed by each entity, and by UNICEF Cote d'Ivoire's role in two high-level visits in Cote d'Ivoire. Deputy Executive Director of GAVI visited with focus on vaccine procurement for routine immunization; and Director of Global Fund visited with French Minister for Development Cooperation to focus on malaria. Partnerships continued with AFD and World Bank which will be strengthened in 2016 with collaboration on the second Debt Relief C2D and social protection.

In 2015, the Country Office undertook a mapping of private stakeholders in cocoa sector as a prelude to drafting its engagement strategy incorporating child rights and business principles into the sector. There was close consultation with Geneva PFP, as this private sector partnership with cocoa production is among UNICEF Cote d'Ivoire's first partnerships globally with food and beverage sector. Innovative partnerships were established with foundations such as Jacobs Foundation and Bernard van Leer Foundation on Early Childhood Development and the Child Rights Impact Assessment (to conduct with Jacobs Foundation). Collaboration with International Cocoa Initiative, a platform of about 22 cocoa and chocolate companies, continued. UNICEF was invited to attend their stakeholders meeting in Ghana (November).

Partnership with civil society, religious communities and religious leaders of all faiths, in particular during the Ebola awareness and KAP activities, were strengthened. UNICEF Cote d'Ivoire participated in the Regional Resource Development, Mobilization and Management workshop in Dakar and in All Africa Partnerships workshop in Nairobi (June).

## External Communication and Public Advocacy

UNICEF Cote d'Ivoire's 2015 Communication Work Plan fell naturally inline with the GCPAS. As a result, in April the Division of Communication included Cote d'Ivoire as one of the countries implementing the Global Communication Strategy of UNICEF Cote d'Ivoire.

UNICEF Cote d'Ivoire's public advocacy strategy was implemented with attention to two of its three priorities: girls' education and BR (the third, social protection, had a slow take-up with Government). Years of advocacy on education, especially for girls, culminated in the Government's adoption of a law making education compulsory for children age 6-16 years. UNICEF Cote d'Ivoire followed through with a mass media campaign on education at the beginning of the school year (including TV, radio and billboards). Advocacy on BR, carried out in partnership with several ambassadors, is paying off as the EU and AfDB are considering including BR in their plans for Cote d'Ivoire.

The Country Office now has a Twitter account with over 500 followers and a Facebook page.

Encouraging contributions from the staff will be part of 2016.

Communication on EVD continued to be a priority for the office this year. A partnership was enacted with the Government communication agency to extend outreach. Visibility was given to partnerships with key donors such as the Global Fund, GAVI, and the European Union.

### **South-South Cooperation and Triangular Cooperation**

The African Conference on Emergence, organised by Government and UNDP in March 2015, was a high-level platform for dialogue. Five African presidents attended with three Prime Ministers, representatives from emerging countries in Africa and Asia and others who exchanged information on dynamics and factors that enable countries to emerge with social and economic transformations. The conference highlighted how disparities are a setback to growth and development, and advocated for equity in approaches to development.

Two high-level conferences held in February raised considerable attention and dialogue on issues of identity among developing countries:

- A Pan-African Conference to promote civil registration and vital statistics was held with UNICEF Cote d'Ivoire WCARO and ESARO. Ministers responsible for civil registration, Ministers of Health, Heads of Civil Registration Offices and National Statistics Officers attended to honour human rights, starting with the right to identity.
- A Ministerial Regional Conference was held with the Executive Director of UNHCR. The first of its kind in Africa, the conference resulted in 62 recommendations adopted to end statelessness in the region where, UNICEF Cote d'Ivoire stressed, less than 50 per cent of children are registered at birth, and where the absence of a birth certificate is an obstacle to the determination of nationality.

UNICEF Cote d'Ivoire facilitated a Regional Workshop on Coordination in Child Protection in Emergencies (CPIE), gathering 22 delegates from seven West and Central African countries with WCARO support and the global Child Protection Working Group.

UNICEF Cote d'Ivoire supported the Ministry of Youth and a youth representative at the ICASA conference in Harare, Zimbabwe; and a Representative of the Ministry of Health and a member of the National Network of People Living with HIV/AIDS to participate in the IATT international meeting in Kampala, Uganda. A youth-led NGO was supported to participate in the Theatre for Development workshop in Zambia.

### **Identification Promotion of Innovation**

The cost of a machine-drilled borehole in Cote d'Ivoire is about US\$12,000 to US\$15,000. The relatively high cost, coupled with the fact that some rural areas are virtually inaccessible for large drilling rigs, means that providing all rural dwellers with an improved water supply is a challenge.

In order to reach the most vulnerable communities in rural, hard-to-reach areas, radically different approaches are needed with affordable and sustainable solutions at the community level.

One of the most promising approaches to increase sustainable access to clean water is also one of the most cost-effective: the promotion of manual drilling. The average cost of a manually drilled borehole is about US\$ 5,000.

In Cote d'Ivoire, UNICEF uses a sustainable manual drilling strategy to create local employment, develop local businesses, and increase the number of water access points – all of which will support poverty reduction among Ivorian's most vulnerable populations.

UNICEF Cote d'Ivoire's innovation lies in the integration of the private sector and the sustainable transfer of technology. This is fundamentally different from more traditional development interventions. The core of UNICEF Cote d'Ivoire's approach is to build the professionalism and private sector capacity for manual drilling by providing local artisans with the tools and training required to meet the demand for clean water beyond donor assistance.

UNICEF Cote d'Ivoire worked with the National Office of Potable Water (ONEP) to complete a nationwide geo-hydrological map highlighting favorable zones for manual drilling. To date, three small private enterprises were trained on manual drilling techniques; 24 water points drilled; and one local workshop held on drilling tools.

Working with government partners, UNICEF Cote d'Ivoire continues to review national policies and develop plans to keep manual drilling on the political agenda.

### **Support to Integration and cross-sectoral linkages**

There was close collaboration between education, child protection and communication programmes on the issue of Violence Against Children (VAC). Hence, with UNICEF Cote d'Ivoire advocacy and support, the MoE now promotes Cote d'Ivoire's schools as protective environments. In 2015, a national media campaign raised awareness on VAC for students and promoted the Code of Conduct for teachers and school personnel. The campaign reached 563 schools (85 per cent of them at primary level). In addition, 201 education authorities, 53 education trade unions and associations, and 302 schools were trained on violence detection and referral mechanisms. UNICEF Cote d'Ivoire engaged with CDC/PEPFAR (U.S. President's Emergency Plan for AIDS Relief) to support a government survey on VAC that will provide a baseline to monitor progress; orientate policy review; and guide planning and implementation.

There was a strong push this year for integration and cross-sectoral linkages with Government on issues concerning both adolescents and ECD. Building on the 2014 lifecycle-based SITAN, and in preparation for the 2017-2020 CP, UNICEF Cote d'Ivoire undertook several inter-sectoral discussions on key interventions that can protect adolescents' education, ECD, Integrated Community Case Management (ICCM), health, social issues and more. Discussions will continue in 2016 with new CP plans. A workshop on integrated community-based approaches was organized and convergence themes were identified. A key challenge will be to install this integration and inter-sectoral spirit among governmental partners.

Cote d'Ivoire Country Office was nominated to participate in the Early Childhood Development Global Network Meeting and nominated by HQ and WCARO as Second Decade Flagship Country to demonstrate effective, integrated programming with and for adolescents in the implementation of the Strategic Plan on adolescent-related outcomes.

### **Service Delivery**

In 2015, an estimated 653,000 children benefitted from UNICEF Cote d'Ivoire's community awareness-raising and mobilization activities in child protection. Coverage of interventions extended to 66 districts (up from 45 districts in 2014). Forty child protection platforms were

operational, including ten aligned with standards developed in 2015; 15,200 teachers and school community actors were mobilized on child protection, including new Code of Conduct; 4,760 teachers were trained on protective teaching methods; and 1,500 female teachers trained as girls' protection focal points.

In 2015, 2,812 child victims of violence, abuse or exploitation were detected and referred for care: 740 cases detected at community level, 161 in schools, and 1,911 child victims of worst forms of child labor (39 per cent girls).

Community mobilization on BR reached 201 localities. As a result, 270,155 new births (47 per cent of annual births) and 12,825 children with delayed registration were registered. With support to information systems, 71 per cent of child registry centres report to Ministry of Interior on births/deaths registered.

UNICEF Cote d'Ivoire ensured that 111,784 students and 2,551 teachers from disadvantaged north and southwest regions received basic educational material. MoE provided more school kits to children this year following UNICEF Cote d'Ivoire's intensive advocacy. UNICEF Cote d'Ivoire supported construction of 16 community-based ECD centres, benefitting 1,332 three- to five-year-old children.

To support HIV programmes, ten motorcycles and four vehicles were provided to partners (NGOs and local government). UNICEF Cote d'Ivoire supplied school health services with 1,200 kits to treat STIs and supported provision of 40 CD4 machines in 14 hard-to-reach districts.

UNICEF Cote d'Ivoire supported a monitoring and evaluation system for community intervention on PMTCT in four health districts; essential drugs procurement and distribution in 31 health districts in vulnerable regions (under free health care policy).

## Human Rights-Based Approach to Cooperation

The 2014 UNICEF Cote d'Ivoire Situation Analysis on Children and a study conducted on deprivations among children were important for the HRAP for UNICEF Cote d'Ivoire, the Government and other UN agencies. Following SITAN launch in December 2014 in partnership with central government and regional authorities, UNICEF Cote d'Ivoire disseminated the SITAN in three most under-served regions. The central Government used the data, focusing on the social indicators' disparities between regions and social groups, to determine the 2016-2020 National Development Plan (NDP). The UN system did the same for the 2017-2020 UNDAF. Two of the five pillars of the NDP include equity in access to basic services, in human capital development, and in geographical distribution of infrastructure. Also, two of the three outcomes of the UNDAF focus on equity and access to basic services by the most vulnerable groups. The UN team will emphasize individual CP Documents on northern Cote d'Ivoire (the region was highlighted by UNICEF Cote d'Ivoire in the 2014 studies as the neediest region).

A study on equity in access to health services with focus on immunization was undertaken to improve immunization coverage, focusing on regions with low vaccination results. The study identified causes for the low performance, and made recommendations such as better health-sector allocation of resources; make outreach strategy targeting households and a community-based communication plan, and strengthen health services in worst regions. A plan of action was developed and UNICEF Cote d'Ivoire supports its implementation with partners such as WHO and GAVI.

Another milestone on evidence for equity this year was the study of out-of-school children, undertaken by UNICEF Cote d'Ivoire in collaboration with MoE. The study analyzed the nature and dynamics of the out-of-school child phenomenon in Cote d'Ivoire (a number estimated at 1.30 million). The study, concluded in October, recommended a number of actions. Efforts in 2016 will ensure it is publicly launched and advocacy carried out to ensure it feeds into the ten-year Education Sector Plan and other programmes.

UNICEF Cote d'Ivoire also supported the Government of Cote d'Ivoire on the progress report for the Child Rights Convention Committee, a report long overdue. The dissemination of the report is planned for 2016.

## Gender Mainstreaming and Equality

UNICEF Cote d'Ivoire addressed two priority areas of the 2014-2017 Gender Action Plan.

HIV prevalence is 3.7 per cent nationally, but 4.6 per cent among women. UNICEF Cote d'Ivoire highlighted data on adolescent girls and HIV/AIDS, and advocated for adolescent health. A draft strategy on adolescent health received UNICEF Cote d'Ivoire inputs that focused on gender. Cote d'Ivoire is piloting HPV vaccine in 2 districts with support from UNICEF Cote d'Ivoire and GAVI; first round took place in November and 18,033 girls aged 9 years were vaccinated; second round planned for May 2016. UNICEF Cote d'Ivoire's support to adolescent and youth sensitization on HIV/AIDS and STIs prioritizes adolescent girls. However, cultural barriers stand as a major obstacle to reach girls.

The gender disparities in primary education are significant in Cote d'Ivoire; transition rates to secondary education are quite low (regardless of sex). Progress is noted in school-retention rates for girls (52.1 per cent to 58.8 per cent over the past two years), but the gap between boys and girls remains at 5.1 points. Girls' education is one of three priorities of the CO advocacy strategy. A draft strategy on girls' education was reviewed by partners but not yet validated by MoE. The new law making education compulsory for 6-16 olds will benefit girls. The UNICEF Cote d'Ivoire supported communication campaign on schooling placed girls at its heart. UNICEF Cote d'Ivoire also supported a national campaign on prevention of violence in schools, including sexual violence. There are 32 mothers' clubs (236 women) who track girls at risk of school drop-out and raising awareness to protect them.

The two gender focal points in the office are national officers (C4D and ECD) and members of UN Gender Task Force. In 2015, UN Women sponsored a Gender Score Card Analysis on effectiveness of gender mainstreaming by UNCT. Areas for improvement include: planning, UNCT's capacities, budgeting, monitoring and evaluation, and discussion of gender issues at UNCT meetings. The 2017-2020 CP development will further mainstream gender into programming. Finally, the proportion of females in the office is 41 per cent overall (53 per cent of international staff, 31 per cent of national professionals and 44 per cent of general service).

## Environmental Sustainability

The issue of climate change was addressed briefly in the 2014 Situation Analysis, though UNICEF Cote d'Ivoire does not intend to explicitly address the issue in its next CP. However, UNICEF Cote d'Ivoire contributes to the UNDAF, and one of its three outcomes is related to environmental sustainability and addressing the impact of climate change.

The CO exercised a Carbon Footprint Study this year as per requirements set forth by the Office of the Executive Director, and an action plan will be developed in 2016 to address the issues, including the possibility of partially introducing solar power to the office with a full transfer should it prove effective.

The decision to close the office daily by 19.00 and to give staff access to the office only one weekend per month (as part of the work-life balance action plan) has definitely reduced the carbon foot print of the office, though this cannot be measured accurately in this report in quantitative terms.

## Effective Leadership

Representative chaired ten CMT meetings; two one day-long CMT meetings held to (a) review 2015 performance and set 2015 APM priorities and (b) review mid-year progress. Priorities have SMART indicators and individual responsibilities which ensures accountability and facilitates tracking. All CMT meetings reviewed management performance indicators. Progress on CMT decisions is regularly reviewed.

Good practices for transparent governance included: AMP; Statutory Committees; Standard Operating Procedures (SOPs) and information sharing with staff. ERM was developed with staff participation. The Business Continuity Plan (BCP) at ten business continuity sites was fine-tuned and tested several times ahead of elections with Regional Office support. The peaceful nature of the elections didn't require BCP activation, but it was a good learning and will endure in case of other future emergencies

Minutes of CMT, SMT, JCC, Programme and Operations meetings shared with staff and available on shared drive; performance indicators set and reviewed at each meeting, including outstanding actions. Programme Co-ordination Team (PCT) met monthly and functioned as structure for programme discussions and monitoring programme performance. PCT meetings fed into CMT discussions. Operation and Supply participated in PCT meetings.

Suggestions to improve committee performance were made mid-year and shared with staff. Eight SOPs reviewed, including for SSAs, supply, travel, DCTs asset and warehouse management. 2015 office performance on travel, DCTs asset and warehouse management improved, indicating SOP validity, e.g. > 9 months are at 0 per cent and few outstanding TAs; value of warehouse items on expired grants declined from US\$621,000 in January to US\$193,000 in December. Ongoing efforts are addressing existing backlog.

The Representative's trip reports were shared with staff and staff debriefing follows each RMT. Staff participation was sought in PBR preparations. Staff Association consultations were held in JCC meetings and shared with staff.

In June 2015, the office closed recommendations of 2013 Audit.

## Financial Resources Management

Bank reconciliations are up-to-date with no outstanding transactions beyond six months. The CMT monitored fund utilisation and DCT management on a monthly basis: by the end of December 2015, the office had two DCTs outstanding, totalling about US\$14,000 over nine months old (3 per cent of the overall office DCTs). The concerned partners are being closely pursued for refund. The office invested substantial effort to clear a long-outstanding DCT with

an NGO partner, with advice from WCARO and HQs. As of 4 January 2016, 100 per cent of RR and 89 per cent of OR were utilized, and 81 per cent of ORE of US\$10.3 million. The 11 per cent and 9 per cent of unutilized OR and ORE were re-phased to 2016 (coming largely from multi-year programmes).

On-going training and collaboration with sections on cash forecasting resulted in a monthly closing cash balance of 15.5 per cent (US\$1.6 million) compared to approved monthly threshold of 25 per cent (equivalent amount of US\$2.6 million). Thus, US\$1 million was available monthly to UNICEF Cote d'Ivoire Treasury Division for alternative means.

Internal capacity-building trainings especially on HACT and FACE forms, lunch hour sessions, and clinics on financial, asset and travel management strengthened accountability and fiduciary responsibility in the office, minimised errors, and cut back on processing time of transactions. The Property Survey Board held six meetings to review and dispose surplus items, and validate the result of the physical inventory count. All assets are accounted for and the asset management database in Vision is fully up to date.

The office submitted all schedules due for the 2015 year-end closure of accounts by DFAM due dates.

## Fund-raising and Donor Relations

Despite setbacks of the Resource Mobilisation specialist transferring in June and the Communication Specialist in November, the office had solid fundraising performance. This year US\$15.2 million was mobilized, slightly above 50 per cent of the annual ORR ceiling.

Fundraising for Cote d'Ivoire is challenging with the return of security to the country and its projection as an emerging country by 2020. Certain donors prefer direct bilateral relations with the Government. Nevertheless, UNICEF Cote d'Ivoire attracted new donors this year including the Swiss NatCom and UNILEVER. Relations were also strengthened with UNICEF Cote d'Ivoire France and UNICEF Cote d'Ivoire Belgium.

Partnerships were renewed with the Global Fund and with AFD. With the AFD's pledge of 12 million euros (US\$12,895,680) over five years, UNICEF Cote d'Ivoire obtained matching funds from UNICEF Cote d'Ivoire France for one million euros (US\$1,074,640) per year over five years. UNICEF Cote d'Ivoire Italy partnered on a contribution to nutrition and UNICEF Cote d'Ivoire France on a contribution to BR. Discussions with the EU commenced to leverage funding for BR.

The 2014-2015 Resource Mobilisation Strategy was revised with the CP 2016 extension and to incorporate lessons learned. An action plan was developed, a point person assigned, and a timeline established. The office participated in a regional workshop on resource mobilization. Very good relations and networking are honoured with the donor representatives in Cote d'Ivoire.

UNICEF Cote d'Ivoire was selected as a lead country office in WCAR for engaging with the private sector.

To embolden donor relations and resource mobilisation, the office held a three-day workshop with support from PFP Geneva with 25 participants. It raised awareness on the current fundraising environment, donor reporting and proposal development. UNICEF Cote d'Ivoire staff

performed exceptionally well on donor reporting. The office invested in the preparation of 12 proposals.

## Evaluation

In 2015, UNICEF Cote d'Ivoire implemented for the first time a SOP on Integrated Monitoring, Evaluation and Research Plan (IMEP), adopted in 2014. The SOP was used to select a limited number of studies and evaluations (13 against 20 on average since 2010). Monitoring implementation of the IMEP is one of the points reviewed during the CMT meetings to ensure that all planned studies are realized in time. By end of 2015, 62 per cent of these studies were finalized, compared to 32 per cent end of 2014. A significant progress in the implementation of IMEP is noted.

An impact evaluation of WASH programme was included in the IMEP for the first time since the start of the programme cycle. The preparation of the evaluation was supported by the Regional Office and all partners contributed to the development of terms of reference. This evaluation, scheduled to take place over a period of at least three years, is designed according to the standard of an impact evaluation to ensure objectivity, impartiality and usefulness.

The office also participated in two multi-centre evaluations of programmes on VAC and peace-building which were initiated and piloted by UNICEF Cote d'Ivoire HQ.

## Efficiency Gains and Cost Savings

UNICEF Cote d'Ivoire established a ceiling on and monitored telephone use, saving US\$ 17,200 (45 per cent cost reduction). Measures such as closing the office on weekends and holidays and limiting overtime and weekend travel further reduced expenditure from US\$ 74,000 in 2014 to US\$ 37,750 in 2015.

The office also renegotiated contracts with vendors based on results of market assessment and reviewed maintenance and communication contracts resulting to saving of about US\$ 85,000 per annum.

The office procured duty-free fuel from ONUCI. It strengthened the planning process for trips and intra-city movements using an outlook calendar system to manage intra-city requests and missions during approval of travel plans. There were regular interaction and briefing sessions with staff on the need for effective and efficient fleet management. This resulted to a reduction in annual fuel cost from US\$85,000 in 2014 to US\$45,000 this year.

The office established 28 Long Term Agreements for printing, garage services through UN joint procurement, hotel and conference services, transport, audit, school kits, micro-assessments and security services, a reduction of about 75 per cent of the time previously required to procure these services.

Candidates approved by the Regional Office or management were retained in a roster and direct selection from these rosters was done for five of the office's position. This reduced the time of advertising the position and the time the candidates assumed the function of the position from about 120 to 30 days, and an 80 per cent reduction in the recruitment time.

The office also established LTA in light of HACT assurance activities with accounting firms such as KPMG and Ernst & Young. These LTAs for micro-evaluations, spot checks and audits were also used by other UN agencies in the country.

## Supply Management

<b>UNICEF Cote d'Ivoire 2015</b>	<b>Value in US\$</b>
Programme Supplies	30,453,224
Operational Supplies	796,292
Services	2,498,755
Construction	2,172,182
<b>Total</b>	<b>36,287,579</b>
<b>Supplies channelled via Procurement Services</b>	<b>Value in US\$</b>
via Regular Procurement Services	1,925,346
via GAVI	16,898,112
<b>Total</b>	<b>18,823,459</b>
<b>Locally managed procurement</b>	<b>Value in US\$</b>
Programme Supplies	13,295,192
Operational Supplies	536,833
Services	4,617,722
<b>Total</b>	<b>18,449,747</b>
The value of the inventory of programme supplies controlled is US\$ 1,321,912 of which US \$592,695 were supplies prepositioned for Emergencies	
The value of programme supplies issued from local warehouses controlled by the office is US\$ 3,236,660	
The total value of supplies managed during the year is US\$ 4,558,572	

Office distributed 5.5 million Long Lasting Treated Insecticides Nets as part of a MoH/Global Fund project

With a US\$ 10 million funding from World Bank for EVD Preparedness, UNICEF Cote d'Ivoire procured vehicles, motorcycles, medical supplies and equipment valued at US\$5.1 million. By end 2015, 85 per cent of these supplies were distributed.

The office procured through local vendors and distributed 113,000 school kits valued at US\$ 560,000 to communities not covered by government's distribution of school kits

To best manage construction projects (mostly schools) office hired a construction engineer on TA. Site visits were carried out to contractors by a joint programme supply team to assess their capacity, quality of contractor equipment, expertise of team, etc.

Three end-user (Programme and Supply) monitoring missions were undertaken to check distribution of school supplies and EVD materials purchased and findings shared with partners.

The CO participated in the workshop Financing for Routine Commodities in Vaccination, Health and Nutrition, organized by WCARO with staff from MoH, Ministry of Finance and Economy and Budget. Follow-up actions will lead to improvement in supply and procurement of vaccines.

## Security for Staff and Premises

UNICEF Cote d'Ivoire recruited a security specialist to support security preparations for the presidential elections held in October. The specialist also responded well to staff concerns raised in the Global Staff Survey regarding security. The Regional Security Officer in WCARO made two visits to Cote d'Ivoire in 2015; recommendations were implemented. The Representative took an online training for SMT members and the office regularly participated and gave inputs at SMT meetings.

In total, 85 per cent of MOSS recommendations were implemented; the remaining 15 per cent were in process.

Six security orientation staff sessions were held by UNDSS and ICT covering the warden system; security preparations for elections; handling threats; the communication tree; and use of communication equipment (satellite phones, BGAN, VHF/HF radios). The office established a mobile bulk SMS system, including a dedicated UNICEF Cote d'Ivoire VHF channel, and a communication tree for use in the event of an emergency. A fully functional up-to-date database of all staff and their dependents' contacts, telephone numbers and geo-localization was created and maintained. It is password protected and accessible to senior management and the security specialist. The UNICEF CO was selected as one of three office concentration points in Abidjan. A fire safety drill was conducted in collaboration with the Fire Marshall of ONUCI and UNDSS and feedback from drill strengthened office fire preparation measures.

All personnel completed their basic and advanced training course in the field. The office is very strict in restricting staff to travel to the field without completion of the security courses or obtaining security clearance.

All vehicles are MOSS compliant and equipped with basic first aid equipment; satellite phones are provided to staff who go to the field where radio coverage is not available.

## Human Resources

After the 2014 staffing needs review, this year, in line with the second CP extension, the office requested from PBR changes of funding sources for some posts from OR to RR (raising the level of RR allocated to staff costs to 35 per cent).

Recruitment plans were implemented in stipulated time-frames with consideration to find competent female candidates. In total, HR handled 29 recruitment cases; 79.3 per cent of recruitments completed within global-approved KPI.

HR conducted training on Electronic Performance Appraisal System (E-PAS). Learning and staff development plans, in consultation with supervisors, were part of E-PAS. There was 100 per cent completion for 2015 key assignments and 94 per cent for mid-year review of 2015 PAS. The office learning and development plan was implemented well: 64 per cent individual trainings and 75 per cent group trainings. The Office Learning Committee met on quarterly basis. All staff

completed online mandatory ethics training by WCARO deadline. An orientation session for staff covered practical ethical issues related to conflict and political engagement of staff.

Staff contributed to an action plan to address Global Staff Survey results, with focus on: career development, work-life balance and staff security. The only pending action is on career development for which recruitment of consultant is ongoing.

The UN Care Committee was active and conducted training on HIV/AIDS; office implemented the ten minimum standards on HIV in workplace. The Committee ensured PEP kits were in place.

UNICEF Cote d'Ivoire is one of three offices that are piloting the new Talent Management System for roll out in 2016. Participation in TOT on performance management was delayed for HR staff until 2016. Two HR colleagues gave technical support to UNICEF Cote d'Ivoire Haiti and UNICEF Cote d'Ivoire Cameroon on CBI training.

### Effective Use of Information and Communication Technology

The Business Continuity Plan (BCP) was fine-tuned and tested at several intervals ahead of the presidential elections with support from the Regional Office. In line with the BCP, the office established a functional alternative business continuity site with VSAT connection at its warehouse. Nine staff residences were identified as secondary sites connected to the office network; ten business continuity tests were conducted at each site. The peaceful nature of the elections did not require the use of those alternative centres, but the work done was a learning experience and will endure in the future in the case of any emergency.

Trainings were conducted on office 365 applications, Citrix, Cisco Any Connect, OneDrive, BGAN, HF/VHF radios and satellite phones, as well as sharing and on-line collaboration of documents as part of emergency preparedness. The trainings and use of applications also gave staff the flexibility of working remotely as well as handling emergency equipment.

The office installed a PIN code printing configuration system with automatic recto-verso printing on all shared printers in order to reduce paper use. The migration from Windows 7 to Windows 8 was accomplished for 90 per cent of users, and will be completed early next year. The office also installed network printers thereby reducing the number of printers from 39 to 28.

The Office has a Facebook page with about 900 likes in less than 8 months; the twitter account has 400 followers in 9 months. The performance on our posted you-tube videos is not yet up to the desired level.

### Programme Components from Results Assessment Module

#### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** Children and women - especially in the most vulnerable households - are have access to a package of high-impact interventions for child survival

#### **Analytical Statement of Progress:**

Despite Government and partners 'efforts, over six women per 1,000 live births die during pregnancy, childbirth or within the two months following delivery in Cote d'Ivoire (EDS 2012). Maternal mortality is highly correlated with neonatal mortality, which also remains very high at

38 deaths per 1,000 live births. Despite a decline from 125 per 1,000 live births in 2005 to 108 in 2012 (EDS 2012), child mortality remains high, with significant regional disparities. This situation requires urgent actions at all levels to scale-up high-impact interventions.

While creating an enabling policy environment for maternal and child health, UNICEF Cote d'Ivoire in collaboration with its partners actively contributed to the formulation of major national policy documents: i) elaboration of a national framework for community-based child survival interventions, ii) revision of the national guidelines and training tools on essential family practices, iii) development of a national strategy for performance-based financing (PBF) at health facility-level, iv) scaling up the Demographic Health Information System 2 (DHIS2) and eLogistic Management Information System (eLMIS). These strategic documents will ensure more optimal and equitable planning, implementation and monitoring of health interventions at all levels, including in hard-to-reach areas. UNICEF Cote d'Ivoire played an especially key role in the adoption and implementation of a package of high-impact interventions at community level.

UNICEF Cote d'Ivoire contributed also to the delivery of essential health interventions, with a focus on community-based interventions, in areas with highest rates of maternal and child mortality. As a result, the promotion of Key Families Practices (KFP) and the implementation of Integrated Community Case Management (iCCM) are gradually scaling up. All health districts (82) now have a pool of regional trainers for ICCM and KPF. UNICEF Cote d'Ivoire supported extension of the community-level interventions to 26 new districts in addition to the 22 districts supported in 2014.

Over seven million children under-five and three million households were protected against polio and malaria during national immunization campaigns, and the last phase of the nationwide distribution of mosquito nets was conducted in Abidjan. All essential work was conducted with the financial support of GAVI, Global Fund, Muskoka (France) and H4 + (Sweden). Cote d'Ivoire was declared free of Polio virus, and the HPV vaccine was introduced.

2016 is the last year of the current programme cycle, and the priority will be to consolidate progress to date while scaling-up of essential interventions. There is special attention given to the 51 ICCM districts which have the highest burden of infant mortality and to immunization at national level, especially the supply-chain management of vaccines. UNICEF Cote d'Ivoire will continue with its important role in the elaboration of key strategic documents such as the Health Development National Plan, and the Maternal and Child Health Roadmap, focusing on equity.

**OUTPUT 1** By the end of 2015, communities in areas with high maternal, neonatal and child mortality rates, have the capacity to implement health promotion, disease prevention activities and fight against HIV

**Analytical Statement of Progress:**

In Cote d'Ivoire, availability of and access to health services is limited due to insufficient budget allocations to the health sector (close to 5 per cent), and limited capacities and scarce resources at district-level, especially in rural and remote regions such as the north. Demand for health services is also limited, resulting in high maternal and child morbidity and mortality rates.

To address this situation, UNICEF Cote d'Ivoire's prioritizes the delivery of high-quality health services at facility level while enhancing community-based approaches and communication for development activities. In this regard, UNICEF Cote d'Ivoire actively supported the MoH in the implementation of a package of high-impact interventions at community-level, focusing on the

promotion of KFP, prevention of child illness and HIV/aids prevention. UNICEF Cote d'Ivoire supported the extension of community-based activities from 22 to 48 health districts and 1,098 new community health workers (CHWs) were involved in this in 2015. To date 3,248 CHWs) were trained and received the necessary tools and equipment for the treatment of child illnesses and promotion of essential family practices.

In 2016, the priority will be to consolidate progress and contribute to scaling-up community-based approaches to at least 61 districts.

UNICEF Cote d'Ivoire in collaboration with the Global Fund and other health partners supported the MoH in the organization of a national universal coverage campaign for long-lasting insecticide mosquito nets. As a result of the joint efforts that started in 2014, the last phase of the national campaign was conducted in 2015, successfully covering over three million households in all 12 health districts of the economic capital, Abidjan.

**OUTPUT 2** By the end of 2015, in areas of high maternal and child mortality, the health technical platform is reinforced according to national norms (including cold chain equipment) to ensure that at least 80 per cent of the population have access to an appropriate continuum of care

#### **Analytical Statement of Progress:**

Cote d'Ivoire is still recovering from a decade of economic stagnation and political conflict which had adverse consequences on the health system. Despite dire needs, only five per cent of the Government's total annual budget is allocated to the health sector. As a consequence, the infrastructure is not in place to ensure the continuum of care for children under-five and their mothers, and the availability of essential drugs is insufficient (35 per cent in 2013, MoH). Donor and health partners continue to equip health facilities and provide essential drugs in the most vulnerable regions.

In 2015, UNICEF Cote d'Ivoire contributed to the following results to improve access to health services for over one million pregnant women and two million children under-five:

- 12 health centres and two hospitals equipped for Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) respectively;
- 174 health centres equipped with basic delivery kits in eastern and western regions;
- Vaccines cold chain strengthened with the procurement of 321 refrigerators and 500 voltage regulator for health districts and the periodic maintenance of cold chain equipment at central and regional levels. Noteworthy, 17 cold rooms and one freezer room were procured to the central and regional level.

In 2016, UNICEF Cote d'Ivoire will continue to work on the supply-chain management of essential drugs, vaccines and equipment, which desperately needs to be improved.

**OUTPUT 3** By the end of 2015, HIV+ pregnant women visiting maternal health services receive triple therapy ARV option B + in priority areas

#### **Analytical Statement of Progress:**

HIV prevalence slightly declined since 2005; the adult (15 to 49 years old) prevalence rate is estimated at 3.5 per cent (UNAIDS 2015). The coverage of interventions for the prevention of mother-to-child transmission (PMTCT) of HIV (49 per cent), the retention rate (77 per cent) of HIV-positive pregnant women on treatment (ARVs), and the proportion of exposed children with access to early diagnosis (14 per cent) remain low.

UNICEF Cote d'Ivoire in collaboration with stakeholders (JURTA and PEPFAR) continuously advocated for the roll-out of a national transition to Option B+. The scaling up of transition towards B+ was preceded by a national-level cost assessment. In this transition process, UNICEF Cote d'Ivoire supported the transition in 11 health districts in six regions (western, south-western, central regions and Abidjan). The capacity of health centres has been strengthened (75 providers trained, equipment including CD4 counters provided). As a result, Cote d'Ivoire initiated the implementation of the 2013 WHO recommendations of transition to Option B+ in eleven health districts out of 82 which will now offer prenatal consultations and PMTCT services under Option B+.

In 2016, UNICEF Cote d'Ivoire will continue support to the Government to ensure the scaling-up of PMTCT services. and the effective transition to Option B+ in Cote d'Ivoire.

**OUTPUT 4** By the end of 2015, performance in terms of coverage and quality of high-impact interventions are monitored and increased by at least 30 per cent in 6 pilot districts

**Analytical Statement of Progress:**

Past political and social crises in Cote d'Ivoire almost devastated the health system. Governance and management of the health system are also problematic, and Government expenditures in the health sector were less than half of the Abuja target. Barriers to health services can be grouped into four categories: access, affordability, availability and acceptability. The national universal health coverage strategy promotes a performance-based financing (PBF) approach. Indeed, with incentives of a PBF approach, services should be enhanced as health facility staff have the incentive (and by extension, improved motivation) to provide high-quality care and encourage patients to return.

In this regard, under the leadership of the MoH, UNICEF Cote d'Ivoire, the World Bank, the Global Fund and other partners support the introduction of the PBF approach. Core documents were finalised: i) National PBF strategy; ii) PBF contracting documents for health services at facility-level; and, iii) PBF standards and procedures iv) PBF tool kit. In 2015, discussions started on the design of the pilot phase, which should start in nine districts in 2016. Partnership is envisaged in the design and implementation of the pilot phase, according to area of expertise. UNICEF Cote d'Ivoire focuses on supporting supervision and monitoring in these districts, in addition to designing a PBF approach at community level in a pilot zone.

UNICEF Cote d'Ivoire's priorities for 2016 are to contribute to the effective introduction of PBF at district level while strengthening supervision and monitoring in PBF district. The policy dialogue with the MoH will also focus on linkages between iCCM and PBF.

**OUTPUT 5** By the end of 2015, coordination, monitoring and supervision of health interventions are reinforced at central and local level

**Analytical Statement of Progress:**

Coordination of maternal and child health interventions requires attention at central level, despite the specific coordination mechanism established in 2015 for the implementation of maternal and child health interventions under two projects: the H4+ (Sweden) and Muskoka (France). There is however no overall formal monitoring and supervision system in place. As a result, supervision and monitoring activities are not conducted and data collection tools are not

harmonized nor systematically designed to obtain disaggregated data needed for more effective planning and decision-making.

Given this situation, in 2015 UNICEF Cote d'Ivoire supported monitoring of the minimum package of interventions and four essential family practices in 27 out of 82 health districts. Monitoring results confirmed persistent bottlenecks at all levels. (Noteworthy: vaccines stock-out was a key bottleneck.) This monitoring exercise was the first conducted after several years of political crisis, and requires fine-tuning in 2016 before being permanently institutionalized. In addition, UNICEF Cote d'Ivoire, in collaboration with the Global Fund, MEASURE and the World Bank contributed to the introduction of the Demographic Health Information System 2 (DHIS2) and the eLogistic Management Information System (eLMIS). It is expected that will be interconnected at a later stage.

The main challenge is to ensure national ownership and an appropriate roll-out of these tools in 2016. UNICEF Cote d'Ivoire is planning to support monitoring and supervision activities in 50 out of 82 districts in 2016.

**OUTPUT 6** By the end of 2015, leadership and coordination are reinforced in the health sector and a Health Compact is established with a single program, plan monitoring system and budget

**Analytical Statement of Progress:**

Cote d'Ivoire signed the Global Compact at the World Health Assembly in May 2012. The main objective of the Health Compact is to establish a single and harmonized framework for increased, more predictable and effective assistance in the health sector in order to accelerate the achievement of the health-related MDGs. Partners have expressed the need to launch the process of the National Compact in the context of the 2016-2020 programme planning phase in the health sector.

In this context, Cote d'Ivoire has initiated the preparation of all documents and frameworks required for the signature of the Health Compact at national level. Given that this process is new to the country, and to obtain the adhesion of all key stakeholders, the Government has started the process with the development and signing of a pre-Compact early 2015. UNICEF Cote d'Ivoire supported, in close collaboration with health partners, the elaboration all documents required for the adoption of the Compact since 2015. Key documents are: i) a joint strategic and programmatic framework; ii) a joint operational planning framework; iii) a joint coordination framework; iv) a joint monitoring and evaluation framework, and v) a joint budgetary framework. The document related to financial procedures is expected to be validated in the first two months of 2016.

Once signed, the Compact will feed into the new National Health Development Plan 2016-2020.

**OUTPUT 7** By the end of 2015, emergency preparedness and response capacity exists at national level and the program is able to provide an adequate response to emergencies in accordance with CCC standards

**Analytical Statement of Progress:**

There was no health-related emergency to address in 2015. But the health unit focused mainly on necessary emergency preparedness activities in case of a potential Ebola Virus Disease (EVD) outbreak in Cote d'Ivoire. Given the EVD outbreak in neighboring countries, the World Bank and the MoH asked UNICEF Cote d'Ivoire to enter into a US\$10 million agreement in December 2015. The objective was to contribute to health systems strengthening and EVD

preparedness in Côte d'Ivoire with timely procurement and dispatching of medical equipment, vehicles and other essential medical drugs and supplies for the treatment of EVD. This project was implemented in 2015. As a result, 82 health district and 16 Ebola treatment centres were provided with essential supplies and equipment, in order to timely respond to an EVD outbreak or other infectious diseases.

Emergency preparedness activities were conducted in preparation for possible strife following the presidential elections. Emergency supplies were ordered and essential health activities integrated in stand-by agreements in coordination with key partners.

**OUTPUT 8** By the end of 2015, polio eradication certification criteria, pre-measles elimination, elimination of Neonatal Tetanus and control of yellow fever's objectives are reached

**Analytical Statement of Progress:**

In 2015, Cote d'Ivoire was certified polio free. No measles or yellow fever epidemic was reported and the neonatal tetanus (TNN) elimination status was maintained.

A National Polio Campaign was organized in April: a total of 8,087,134 children aged 0 to 59 months were vaccinated against polio, 7,444,221 children aged 6 to 59 months received vitamin A, and 6,588,781 children aged 12 to 59 months were dewormed. A sub-national polio campaign was also successfully organized in October 2015: a total of 5,802,387 children aged 0 to 59 months were vaccinated against polio, 5,243,164 children aged 6 to 59 months received vitamin A, and 4,736,659 children were dewormed.

Despite repeated stocks-out, reported routine immunization coverage were BCG (75 per cent), OPV3 (87 per cent), Pentavalent 3 (90 per cent), VAR (79 per cent), VAA (50 per cent) and the TT2 + (80 per cent) from January to October 2015 (MoH).

Health districts having reported at least one suspected case of vaccine preventable diseases are as follows: i) AFP: 81/82, ii) measles: 77/82, iii) yellow fever: 73/82, and iv) neonatal tetanus: 7/82.

There is an urgent need to address major bottlenecks in immunization: supply chain management, procurement, and reporting.

**OUTCOME 2** By the end of 2015, children are better protected against exclusion, violence, abuse, and exploitation through a strengthened child protection system.

**Analytical Statement of Progress:**

In view of advancing the right to protection against violence, abuse and exploitation for every child in Cote d'Ivoire, UNICEF Cote d'Ivoire continued its support to the Government in implementing the National Child Protection Policy (PNPE) and its budgeted Action Plan, built around four axes (prevention, assistance to victims, fighting impunity, organizational framework). With UNICEF Cote d'Ivoire support, the coordination mechanisms headed by local authorities were put in place in six regions, along with regional plans of action finalized by stakeholders at decentralized level. Legal instruments for national coordination mechanisms were finalized but the national steering committee is not yet operational.

The collaboration between Government and UNICEF Cote d'Ivoire on child protection included policy dialogue, standardizing services, strengthening capacities and coordination mechanisms at decentralized level, and promoting community-based child protection systems. Collaboration

is held with ministries in charge of child protection and social welfare, justice, education, and the interior. UNICEF Cote d'Ivoire accompanied the Ministry of Justice in developing and finalizing the National Policy for Judiciary Protection of Children and Youth, in line with the Justice Sector Policy Document (DOPS) and the National Child Protection Policy (PNPE). The Child Justice policy presents a vision, strategic results and key measures to be taken to strengthen the justice protective environment for children in contact with the law, whether they are victims, offenders or witnesses.

UNICEF Cote d'Ivoire supported also ministries in developing national standards for quality CP services (through consultative process including government officials, civil society, and children): standards and procedures for specialized CP services; standards and procedures for judiciary CP services; standards for family-based alternative care, and standards for institution based alternative care. With UNICEF Cote d'Ivoire Support, the MoE (MENET) engaged in a national campaign to prevent and respond to violence affecting school children. Measures were also taken to integrate VAC into the MENET's routine information management system. In 2015, interventions aimed at raising awareness among communities, families and children on CP issues reached 667 localities, including 252 localities covered by the programme for community-based child protection (bringing the total number of localities covered in 2014/2015 to 350, i.e. 23 per cent of the programme's national target for 2014-2018). Community awareness raising and mobilization activities reached 476,559 persons (44 per cent children and 53 per cent women and girls) and enabled around 653,000 children to live in a more protective family/community environment.

At service delivery level, UNICEF Cote d'Ivoire supported government and civil society organizations in their efforts in building services and capacities to better protect children at operational level. The coverage of child protection networks, increased with 28 per cent compared to 2014 providing support to detection and referral of child victims: there are 693 localities presently covered with those services (source: PCA project activity reports). With UNICEF Cote d'Ivoire support, a model for the organization of CP Platforms was developed and operationalized in 10 localities and should be extended to the 40 CP coordination mechanisms existing at local levels. Detection and referral of child victims remains however a major challenge.

In the area of Birth Registration (BR), UNICEF Cote d'Ivoire played an active part in supporting Government and civil society for strengthening civil registry services, promoting BR in targeted areas and advocating for an overall civil registry reform. As of 30<sup>th</sup> September, 270,155 new born children were registered in targeted areas (i.e. 47 per cent of planned births for that year, against a target of 50 per cent new born children registered), despite persistent bottlenecks at both demand and service delivery levels (source: MEMIS BR statistics Sept 2015). Monitoring of civil registry services has improved with 71 per cent of civil registry services equipped with an on line reporting system connected to the Ministry of Interior. Advocacy work and technical support enabled the launch of the civil registry reform process through the design of coordination mechanisms, the engagement of the MoH and key donors' support such as the African Development Bank.

Despite progress, violence against children, in particular sexual violence, is still widespread and socially accepted. The current child protection system is still facing challenges in terms of coordination, detection of child victims, quality of protection services, including legal protection, and routine information management system.

In 2016, key priorities will be to assist the Government in: (i) undertaking the national survey on violence against children; ii) supporting and strengthening coordination mechanisms at regional and decentralized levels; iii) disseminating and starting the operationalization of new standards for child protection services in key targeted areas; iv) implementing the community based-child protection national programme; v) BR promotion and civil registry sector reform planning & implementation.

**OUTPUT 1** By the end of 2015, the number of child victims detected and referred increases 20 per cent through case detection and referral system's strengthening

**Analytical Statement of Progress:**

While incidence of violence, abuse and exploitation against children according to household surveys (MICS, DHS, and surveys on child labour and violence at school) and schools' surveys (MENET, 2014) is high, the number of child victims detected and referred for care is limited. Early detection and referral of children at risk or victims of violence is still a key challenge in Cote d'Ivoire, as social norms and weak understanding of the impact of violence on children's survival and development, taboos and the silence of victims limit the chances of detection or self-reporting.

In 2015, children's access to protection services was strengthened with 693 localities covered by local protection networks. Interventions covered 66 districts (against 45 last year, out of the 90 country's districts). Accordingly to the National Child Protection Policy, TORs for child protection local platforms, formalizing existing child protection networks, and reviewing their articulation with platforms on gender based violence and on OVC, were developed through a consultative process. Newly standardized CP platforms were put in place in 10 localities and should be rolled out in 2016. The Child Help Line put in place with UNICEF Cote d'Ivoire support enabled counselling for 568 child cases and detection of 40 cases (out of 12,345 calls). Communication campaigns are necessary to improve Child Help lines services. Rapid response team networks need to be systematized beyond Abidjan. 2,639 local actors, including 77 per cent community actors and 23 per cent professionals had their capacities strengthened on CP. As a result of local awareness raising campaigns and child protection networks in place at local levels, directly supported by UNICEF Cote d'Ivoire, about 3 child victims of violence, abuse, neglect or exploitation, were identified and reported every day in 2015, or 901 in total, including 161 in schools. Partnerships were established to strengthen detection and reporting of violations affecting child students in 302 school settings. In addition, UNICEF Cote d'Ivoire supported implementing the monitoring system on child labour (SOSTECI) in the Bas Sassandra Region that facilitated detection and referral of 1911 child victims of WFCL (including 39 per cent girls). A total of 2,812 child victims was detected and referred for care in 2015. This raises the total number of child victims reported in 2012-2015 with UNICEF Cote d'Ivoire support to 6,511.

Increasing detection of child victims relies on wider and more targeted awareness raising campaigns on children's protection needs and services, improved detection and reporting mechanisms, and quality response services. Also an integrated and more comprehensive routine data collection and management system of the social welfare sector would better reflect protection needs expressed at field level.

**OUTPUT 2** By the end of 2015, the institutional framework for implementing and monitoring child protection measures is strengthened

**Analytical Statement of Progress:**

To strengthen an enabling environment for child protection, UNICEF Cote d'Ivoire supported the development of the Child Justice Policy that was finalized and approved. Coordination, reviewing regulations and strengthening institutional frameworks, along with developing knowledge and data collection and management mechanisms are key issues to be addressed to build the child protection system in the context of Côte d'Ivoire.

At central level, UNICEF Cote d'Ivoire collaborated with the EU and the Ministry of Justice to review laws with regard to children. Recommendations of legislative reform (criminal and civil) were communicated to Government for law revision. With UNICEF Cote d'Ivoire support, a national child justice policy was finalized and is awaiting official approval of the Government's Board and new standards were also developed to strengthen the quality of child protection services both in the social welfare and the justice sectors. Through consultative processes run by both ministries concerned, national standards were thus developed to organize specialized CP services within social welfare and justice services. Alternative care standards were finalized to better prevent family separation and respond to children deprived of parental care. Advocacy actions enabled engaging key donor such as the Agence Française de Développement in support of child justice services.

In terms of coordination and planning, no progress was made with regard to the national steering committee for the PNPE. But with UNICEF Cote d'Ivoire support, coordination mechanisms at regional level were put in place with a strong commitment of prefectural authorities in six regions. Regional action plans were also developed by stakeholders in the six regions. The MoE engaged actively in favour of child protection, 100 per cent of Regional Directors and Department Inspectors were trained on child protection and engaged through regional work plans to better address VAC in schools.

Regarding data collection, UNICEF Cote d'Ivoire provided support to sector based information management system. Thus the Government operationalized the monitoring system for child labour (SOSTECI) in the cocoa regions of San Pedro and Nawa. In parallel, thanks to UNICEF Cote d'Ivoire advocacy and support the MoE integrated CP monitoring into its routine IMS.

UNICEF Cote d'Ivoire engaged with CDC/PEPFAR, in supporting Government to carry out a national survey on Violence Against Children (VAC). The Steering Committee was put in place and the technical group started adapting the global methodology to national context, for implementation in 2016. Knowledge generated by the VAC Survey will provide a baseline to monitor progress and will orientate policy review and implementation.

**OUTPUT 3** By the end of 2015, 80 per cent of detected children victims of violations access to services adapted to their special needs (PSS, medical, legal)

### **Analytical Statement of Progress:**

UNICEF Cote d'Ivoire supported improving children's access to quality services through development of standards and building capacities of professionals in contact with children, in particular in the justice, social welfare, security and education sectors. In support of the MoE, 15,200 teachers and school community actors were mobilized and had their capacities strengthened in CP including the new Code of Conduct; 4,760 teachers were trained on protective teaching methods and 1,500 female teachers trained as girls' protection focal points. CP indicators and tools were integrated into the Education routine IMS, with IMS staff trained across country. UNICEF Cote d'Ivoire continued to support security forces' in-service training, through the 40-hour training module. As a result, 100 per cent of security units in the west

regions and 40 per cent in Abidjan are staffed with two agents each (i.e. 93 policemen and gendarmes) likely to have competencies for protective practices of children.

A joint partnership between the EU, UNDP, UNOCI and UNICEF Cote d'Ivoire contributed to strengthen population's access to legal aid, with 5,200 persons accessing individual legal aid counselling including 48.7 per cent cases related to child rights (PCA AFJCI activity reports). Out of 740 child victims detected at community level and referred for services, 60 per cent received psychosocial support, 42 per cent medical assistance and 38 per cent legal assistance (NGO activity reports). However, progress remains limited and child victims detected at community level or education level are not systematically referred to formal protection services. Services do not rely systematically on existing guidelines/tools to ensure coordination and quality. Treatment of children in conflict with the law, in particular the phenomenon of so-called "microbes children" continues to be an area of concern in terms of protection of their rights to due judicial processes.

In 2016, UNICEF Cote d'Ivoire and Government's efforts will focus on operationalizing new standards and strengthening coordination mechanisms (CP platforms) at service delivery level.

**OUTPUT 4** By the end of 2015, the BR rate in 6 targeted district (Bouaké, Korhogo, Bondoukou, Man, San Pedro et Odienné) increases 5 per cent.

#### **Analytical Statement of Progress:**

In 2015, UNICEF Cote d'Ivoire promoted civil registry reform and donor interest. UNICEF Cote d'Ivoire provided support to the Ministry of Interior to engage in the reform process. In February, the African Union (AU) Conference on Civil Registry and Vital Statistics (CRVS) was held in Cote d'Ivoire: it was an opportunity for the MoH to engage in support of civil registration. UNICEF Cote d'Ivoire contributed to leverage resources in support of the reform; partnerships were established with the African Development Bank to provide assistance to Government for the comprehensive analysis and development of the strategic action plan, accordingly to the AU programme on CRVS.

In the area of BR, UNICEF Cote d'Ivoire, along with other agencies, assisted the Government and civil society to promote BR at local levels. 201 localities were covered by awareness raising activities and community mobilization. As a result, in 2015, 270,155 new births (47 per cent of planned birth, with a target of 50 per cent) and 12,825 children who had passed the normal time for registration were registered. This brings to 898,831 the total number of registered child beneficiaries since 2012 despite persistent bottlenecks at demand and supply levels. Demand for civil registration remains a primary concern for the population; there are 6 legal aid clinics operational throughout the country that help in getting birth records. The Ministry of Interior has been rolling out, with UNICEF Cote d'Ivoire support, an online reporting mechanism of civil registry services: 71 per cent of child registry centres report on birth and death registered with this support. The monitoring of new-borns' registration shows that efforts in promoting BR had various impact in targeted regions. As an average, for all six regions the proportion of newborns registered against the planned target during the year was 47 per cent in targeted districts for January-September 2015 (against 44 per cent at the same period last year and the planned average target of 50 per cent) (Statistics Ministère de l'Intérieur et Sécurité). In UNICEF Cote d'Ivoire targeted areas, 270,155 new birth were registered against 576,184 planned. In 2016, UNICEF Cote d'Ivoire will support Government efforts to address BR challenges through awareness raising campaigns and community mobilization along with building capacities of child registry in targeted areas; registering of out-of delay unregistered children; M&E; engaging civil registry system reforms.

**OUTPUT 5** By the end of 2015, in targeted priority areas of intervention, communities and child protection actors develop competencies for a public opinion and community/family practices favorable to child protection.

**Analytical Statement of Progress:**

With UNICEF Cote d'Ivoire support, the Ministry of Solidarity, Family, Woman and Child developed in close collaboration with the Ministry of Employment and Social Welfare, a national programme for strengthening community-based child protection mechanisms. As planned in the PNPE's action plan the Programme targets 1500 localities between 2014 and 2018. In 2015, with UNICEF Cote d'Ivoire support, 252 localities were covered by the programme for community-based child protection (bringing the total of localities covered in 2014/2015 to 350, i.e. 23 per cent of national target). The national guide for social work aimed at guiding community-based child protection mechanisms was disseminated across social welfare services and NGOs. The guide is expected to strengthen the outreach social work and community-based child protection mechanisms, including improving their referral and collaboration with state services at local levels.

In parallel to its support in rolling out the programme for community-based child protection, UNICEF Cote d'Ivoire supported community awareness raising activities in 415 other localities which brings the total number of localities reached in 2015 to 667 (against 278 in 2014). Outreach Interventions enabled reaching 476,559 persons (44 per cent children and 53 per cent women and girls). As a result, around 653,000 children are likely to live in a more protective family/community environment in which mothers have the basic information for child protection.

UNICEF Cote d'Ivoire supported the MoE (MENET) for developing & implementing a national media and school campaign, on protection against violence against school children. 201 MENET's authorities at regional and district levels, 53 trade unions and associations from the sector; 563 schools (85 per cent primary level) were covered by outreach awareness raising activities.

**OUTCOME 3** Children, adolescents and young people vulnerable to HIV and AIDS have access to information, life skills education and services to ensure their rights are promoted and respected

**Analytical Statement of Progress:**

HIV /AIDS prevalence declined from 4.7 per cent (EDS, 2005) to the current 3.7 per cent (DHS/MICS2012). HIV infection from mother to child has decreased from 13 per cent to 8 per cent (SITAN on PMTCT, 2014). 52 per cent of women and 42 per cent of men know that the HIV virus can be transmitted from mother to child and that the PMTCT programme can reduce the risk. 18 per cent of adolescents 15-19 and 22.4 per cent of young people 20-24 have comprehensive knowledge on HIV and AIDS. The incidence of HIV among adolescents has increased by 56.3 per cent from 2005 to 2012 (Comparative Study on the Vulnerability Analysis among Adolescents, 2014).

In 2015 UNICEF Cote d'Ivoire provided information on HIV/AIDS to 2,170,590 adolescents and young people 10-24 years old (including 888,899 girls) using community sensitization by pair educators. Among them 12.63 per cent have benefited from Voluntary Counselling and Testing (girls 13.71 per cent - boys 11.5 per cent). Most of them were 16 and older due to a restrictive law on testing for adolescents that requires parental consent for those under 16 years old. 65

per cent of adolescents and young people who tested positive were referred and put on treatment with support from community counsellors.

Services coverage and provision: Cote d'Ivoire attained critical coverage and utilization of HIV biomedical prevention service (PMTCT/Pediatric Care). Nationally over 90 per cent of HIV-positive pregnant and breastfeeding women have access to ARV, 78 per cent of first contact health centres have integrated PMTCT and 34 per cent have integrated HIV pediatric care. On PMTCT in the UNICEF Cote d'Ivoire supported areas of intervention:

- 70 per cent of pregnant women seen for a first antenatal care (ANC1)
- 90 per cent of those seen for ANC1 were tested for HIV
- 90 per cent of those who tested positive were put on ARV (9.790/9.914) (Option B).
- 28.5 per cent of exposed infants benefited from early diagnosis
- 83.25 per cent of children who tested positive were put on treatment before the age of one year

UNICEF Cote d'Ivoire strongly supported community interventions to promote ANC and to adhere to treatment with close follow up from CHWs.

UNICEF Cote d'Ivoire provided care and support to 10,616 orphans and vulnerable children (OVC): 3,548 were supported to start professional learning; 5,212 received health care services; 3,232 got a BR certificate.

UNICEF Cote d'Ivoire supported the elaboration of the national health adolescent policy and strategy (though not yet formally adopted). With UNICEF Cote d'Ivoire support the Ministry of Youth led the launch of the "All In" initiative in Cote d'Ivoire. The first phase on situation and current response analysis is finalized. We are entering Phase Two of defining programmatic priorities and in depth analysis in three priority regions (where adolescents are the most deprived and at risk).

UNICEF Cote d'Ivoire supported the Ministry of Solidarity, Family, Women and Children through the National Program on Orphans and Vulnerable Children (PNOEV) to elaborate its new 2016-2020 Strategic Plan for OVC and their family.

Partners' coordinated efforts (including UNICEF Cote d'Ivoire, UNAIDS, WHO, CDC) led to the adoption of the 2013 WHO recommendations: option B+ for PMTCT, testing and treatment for children up to 10 years old and task shifting to nurses and midwives. The new recommendations started to be implemented in October 2015.

The program is still facing major challenges:

- Pediatric ART coverage is still very low (8 per cent) (UNAIDS global progress report 2014) with a low rate of case identification, coupled with limited number of health centres providing pediatric HIV care (594 /1,753);
- Lack of synergy between the national policy on child protection and the national policy on OEV;

Lack of ownership and integration of HIV/AIDS in school curricula: curriculum was developed and disseminated. Lack of resources and possible lack of commitment did not allow the MoE to train all teachers on new curriculum and monitor its implementation.

**OUTPUT 1** 90 per cent pregnant women living with HIV have commodities and services to protect their babies from HIV transmission 80 per cent of babies infected by HIV have access to antiretroviral therapy (ART)

**Analytical Statement of Progress:**

UNICEF Cote d'Ivoire PMTCT programme covers 23 health districts:

- 71 per cent of target pregnant women attended CPN1 and 46 per cent CPN4.
- 90 per cent of the pregnant women seen on CPN1 have been tested and more than 90 per cent (9,790 / 9,914) of those who tested positive were put on ART for PMTCT (option B).
- 28.5 per cent of exposed infants born to HIV positive mothers were tested for HIV within two months of delivery and received their results.
- 17 per cent of children born to HIV positive mothers were tested positive within 12 months of life.
- 83.5 per cent of HIV positive children aged less than 12 months were put on ARV treatment.

UNICEF Cote d'Ivoire support improved service utilization: women attending antenatal clinics 1 and 4 have increased from 51,458 at baseline (2012) to 130,859 in 2015 for ANC1 and from 33,905 at baseline (2012) to 84,014 in 2015 for ANC 4 (SIDA GRANT Project). Access to early diagnosis for children born to HIV mothers increased from 17 per cent in 2012 to 28.5 per cent (the national EID is 16 per cent). Access to ARV treatment for HIV infected children rose to 83.25 per cent (compared to 13 per cent at the national level).

Lessons learned: community involvement, ownership and intervention by CHWs helps create health care demand, strengthens linkages between health centres and communities, increases use of services, and improves follow-up visits.

With powerful advocacy of partners (UNICEF Cote d'Ivoire, WHO, UNAIDS, PEPFAR and Global Fund), the Government adopted the WHO 2013 recommendation of option B+ for PMTCT; "test and treat" for children up to 10 years old; and task shifting of ART treatment prescription to nurses and midwives. The Government approved the WHO recommendation and started implementing in October. HIV indicators and data collection tools were adapted to accommodate the new recommendations and DHIS 2.

Despite results, some difficulties remain including: late visits of pregnant women at ANC clinics; gaps in the PMTCT cascade; insufficient coverage of early infant diagnostic and delays in getting results to the mothers and care takers; difficulties to maintain the HIV-positive pregnant women into care; limited identification of children living with HIV; and lack of routine supervision of community interventions by the district health medical team.

In 2016, UNICEF Cote d'Ivoire will push for the country to adopt new Point of Care equipment to increase early diagnosis and viral load coverage especially in the districts.

**OUTPUT 2** 70 per cent of the most vulnerable adolescents, young people and families have access to correct information and skills on HIV an HIV and IST prevention

**Analytical Statement of Progress:**

The target: 70 per cent of the most vulnerable adolescents, young people and families have access to correct information and skills on HIV and IST prevention in UNICEF Cote d'Ivoire supported areas of intervention.

Peer-to-peer outreach and interpersonal sensitization sessions were implemented in communities and schools. Out of the targeted 70 per cent of adolescents and youth in UNICEF Cote d'Ivoire supported regions, 87 per cent of them (2,170,590) gained correct information and life skills on HIV/AIDS, STIs, Reproductive Health and Gender Based Violence (51 per cent boys, 49 per cent girls).

12.63 per cent were tested for HIV. Among them 1.13 per cent were tested for HIV; 65 per cent of those diagnosed HIV positive received ART treatment through community interventions relays and other community workers (others were not eligible, didn't come back from treatment, or were lost to follow-up attempts).

In all school health centres, 3,987 STI cases were identified in 2015. Only 498 cases (12.50 per cent) were treated due to the lack of treatment available. UNICEF Cote d'Ivoire funded 1,200 STI kits that were donated to school health services in June. There were thus six months when kits were not available, and then they only covered UNICEF Cote d'Ivoire supported areas of intervention. This explains the low rate of treatment. UNICEF Cote d'Ivoire will continue advocacy to make the kits available nationally. These kits need to be registered on the National Essential Drugs list to be purchased by the New National Pharmacy and distributed to the health services. The newly national policy on adolescent health identified STIs as a priority and would be used as an advocacy tool.

These results were achieved under the leadership of the Ministry of Youth with the commitment of the MOH, the MoE and the support of UN agencies and partners (UNFPA, UNAIDS, PEPFAR, Alliances).

The year's major constraint was the lack of synergy in the services delivery between the Ministries of Youth, MoE, the PNSSU and the PNOEV.

UNICEF Cote d'Ivoire will work to strengthen the coordination between the four ministries in charge of adolescents and all partners (UNFPA, UNAIDS, PEPFAR, Alliances) to better address the vulnerability of adolescents. UNICEF supports the Ministry of Youth as the leader on adolescent and youth issues to federate a synergy in planning, implementing and monitoring interventions with adolescents and others sectors.

**OUTCOME 4** The rights of children and women, in particular the vulnerable groups, are better monitored and included in national policies

#### **Analytical Statement of Progress:**

In view of advancing the right to social security, social insurance and an adequate standard of living for every child in Cote d'Ivoire, UNICEF Cote d'Ivoire supported the Government in implementing and coordinating the National Strategy on Social Protection to promote inclusive growth and equitable access to basic services, with a focus on the most vulnerable households. The social protection system in Côte d'Ivoire is under construction, the law on Universal Health Coverage has been adopted and management structures are in place. Identification of members is underway. The government received a loan from the World Bank of US\$50 million to implement a cash transfer program for 35,000 poor and vulnerable households. To feed high-level advocacy on child rights and their inclusion in national development plan,

UNICEF Cote d'Ivoire worked with the Ministry of Planning and Development to disseminate the situation analysis of children 2014 (SITAN), a powerful programming and advocacy tool often referred to in drafting the National Development Plan (2016-2020). The adopted NDP prioritizes human development and child rights with equity.

UNICEF Cote d'Ivoire strengthened national data collection and monitoring systems on child rights, through the preparations under way for the MICS survey (MICS5), the implementation of the LSMS survey and the dissemination of the 2014 National Census results. These data are instrumental for assessing baselines in key indicators of the SDGs, the NDP and the UNDAF.

**OUTPUT 1** The analyses and evidence produced are effectively used as advocacy tools to promote and influence policy dialogue and interventions in the key sectors related to the realization of children's rights

**Analytical Statement of Progress:**

To strengthen government engagement in coordinating the recently adopted National Strategy on Social Protection and its Action Plan for 2014-2015, UNICEF Cote d'Ivoire supported the Department of Social Protection (operating under the leadership of the Ministry of Labour and Social Affairs) in training the heads of regional social affairs' office and local authorities.

102 officials from local authorities (local health districts, social affairs, education, family and social centres) including 14 members of Regional Local Boards are now competent to implement and monitor social protection interventions. The coordination's capacities in reporting were also reinforced.

UNICEF Cote d'Ivoire in partnership with the World Bank supported the Government to conduct a public expenditure review on health and education to reinforce upstream advocacy on increased fiscal space, quality, and equity of social spending. Data collection was achieved and report finalization is under way.

UNICEF Cote d'Ivoire built a partnership with UNDP, the World Bank and National Administration School to monitor civil service performance in Cote d'Ivoire. The study is underway and will provide key advocacy messages on the quality of public civil services. This mechanism is a local response to an initiative of the African Union on public services quality and thanks to UNICEF's support, Cote d'Ivoire will be part of the initiative of the AU.

**OUTPUT 2** National and local planning processes are reinforced and the cooperation programme is planned and coordinated in a more effective and efficient manner

**Analytical Statement of Progress:**

In 2015, major efforts were made to widely disseminate the Sitan at local level and build decentralized capacities to develop, implement and monitor strategic and operational plans based on Sitan findings with an explicit Human Rights Based Approach to Programming (HRBAP) and equity focus. The intervention was conducted in the three most deprived regions based on social indicators. The exercise grounded dialogue at the regional level that resulted in the need to develop a local plan as a comprehensive framework and a coherent response to the specific problems in each region. The process was delayed because of the anticipated renewal of the mandates of local elected officials.

UNICEF Cote d'Ivoire and financial and technical partners supported national efforts to draft a

national development plan for the next five years. In close collaboration with line ministries, UNICEF Cote d'Ivoire produced strategic guidance notes for all relevant sectors for the rights of children. These notes outlined a brief diagnosis of the sector by highlighting the main bottlenecks, problems and challenges; the area of the risks/violations of children's rights; the main causes of the current situation, the response and its limitation and suggested some policy options to close such gaps for the next five years. UNICEF Cote d'Ivoire played an important role to influence the country assessment for children through the Sitan and to support the development of the result matrix.

These achievements allowed the Government to define the five strategic areas of the National Development Plan, three of which are directly linked to the UNICEF Cote d'Ivoire program areas: (i) Quality of institutions and governance; (ii) Human development and social welfare; (iii) Infrastructure to address regional disparities and environmental sustainability.

The National Development Plan was adopted by Government in December 2015. This strategic document expresses the Government commitment to achieve children rights and human development with equity.

UNICEF Cote d'Ivoire also engaged in the preparation for the new country programme 2017-2020. Six days of structured inter-sectoral reflections led to a proposal for children. Results are based on the theory of change and the life cycle approach thus enabling practical opportunities for collaboration between sectors. The first quarter of 2016 will be devoted to the drafting of the CPD and newly adopted Programme Strategic Component

**OUTPUT 3** Quality data on children and women are generated. Together with monitoring data and evaluation findings they create a sound knowledge base for the analysis of the situation of children and women and the assessment of programme performance

#### **Analytical Statement of Progress:**

Updated evidence on the situation of children in Cote d'Ivoire was generated by major surveys including LSMS, National Census, survey on out-of-school children, and survey on VAC in school. New data influenced the preparation of National Development Plan and the United Nations Development Framework.

UNICEF Cote d'Ivoire contributed significantly to strengthen national monitoring and evaluation capacities by supporting the Government in the analysis and dissemination of the 2014 National Population and Housing Census and the National Livelihood survey. These surveys provide important baseline data for the elaboration, implementation, monitoring and evaluation of the 2016-2020 National Development Plan (NDP) and related sectorial policies.

Within the context of the preparation of the new NDP 2016-2020, UNICEF Cote d'Ivoire jointly with all UN agencies supported the Government in the development of a result matrix based on result-based management principles.

To influence social policy dialogue, the CO carried out several equity-focused studies on topics like VAC, out-of-school children, practices on water and sanitation, prevention of mother-to-child transmission of HIV, and equity in immunization.

UNICEF Cote d'Ivoire also engaged in reinforcing the national monitoring system for the implementation of the CRC by supporting the Ministry of Plan and the Ministry of Solidarity in

dissemination of the first National Monitoring Report on Children's Rights in Côte d'Ivoire. This report was submitted to the Geneva-based UN Committee on the Rights of the Child for review.

**OUTCOME 5** Women and children have access to essential nutrition interventions (including the management of acute malnutrition)

**Analytical Statement of Progress:**

In Côte d'Ivoire successive waves of political conflict and economic stagnation have not allowed the country to address its persistent chronic malnutrition problem for more than a decade. Nutrition remains a national development issue in Cote d'Ivoire with large problems of nutritional insecurity, and regional variation in the manifestation of malnutrition. As a result, this nation of 24 million people has some 1 million children under five (more than 30 per cent of all under-five children) who are stunted, with rates reaching as high as 40 per cent in the poorest areas of the country (DHS, 2012). In 2014, a nutrition survey (SMART) conducted in 9 out of 20 regions in Côte d'Ivoire confirms that chronic malnutrition in children under-five is stubbornly persistent. While this survey suggests positive trends for global acute malnutrition (4.2 per cent) in children under-five, seasonality factors have to be considered and geographic disparities remain. In 2015, a SMART survey was conducted in collaboration with ACF and the Ministry of Health in peri-urban areas of Abidjan to have better understanding the evolution of the nutrition situation in deprived areas of the economic capital. The prevalence of global acute malnutrition and stunting in children under-five were below critical thresholds; estimated at 4.3 per cent and 15.8 per cent respectively. However, 43 per cent of women of reproductive age were overweight confirming that the nutrition transition is gradually emerging in specific settings of Côte d'Ivoire.

In spite of this nutrition situation, access to essential nutrition interventions remain poor, including in the first 1000 days of a child's life. Infant and young child feeding practices are particularly inadequate. Only 12 per cent of children are exclusively breastfed in the first 6 months of life and 5 per cent of children aged 6 to 24 months receive a minimum adequate diet (DHS-2012). As a consequence, there is an urgent need to enhance the coverage and quality of nutrition service delivery while amplifying community demand for nutrition.

Recognizing the importance of nutrition for survival and development – including its long-term effect on cognitive development and learning ability – the Government of Côte d'Ivoire joined the Scaling-up Nutrition (SUN) movement in 2013, which has proven to be a turning point in the fight against stunting and malnutrition. In this regard, Côte d'Ivoire is in the midst of making important policy choices to address the wide range of nutritional deficiencies causing havoc on children's growth and development. In 2014, a National Nutrition Council was established in the Prime Minister's Office to strengthen cross sector coordination and leadership for nutrition. In 2014 and 2015, the Government of Côte d'Ivoire, through the National Nutrition Council (CNN), has embarked on the development of a National Nutrition Policy and a Strategic Plan for Nutrition and tools to raise the investments in nutrition action. UNICEF Cote d'Ivoire, as the donor convener for nutrition, has actively supported this high-level national processes by providing technical support with key partners for the development of the nutrition strategy and its costing, which has successfully been integrated in the National Development Plan 2016-2020.

Moreover, UNICEF Cote d'Ivoire has assumed the lead of the nutrition group of technical and financial partners including about 15 partners (donors, UN agencies and international NGOs). The African Development Bank (AfdB) is co-lead. Four meetings have been organized in 2015 in collaboration with the Prime Minister's Office. This group has contributed to ensure coordinated technical and financial support to the government and a mapping of partners has been developed. UNICEF Cote d'Ivoire is also the lead coordinating agency for SUN within

UNICEF Cote d'Ivoire.

In 2015, UNICEF Cote d'Ivoire was also actively involved in capacity building for nutrition and in the delivery of essential nutrition actions at all levels such as the promotion of adequate infant and young child feeding practices, Vitamin A supplementation and deworming as well as the management of severe acute malnutrition. Despite progress, challenges remain in terms of leadership for nutrition at all levels, planning, supervision, monitoring and supply management. In 2015, UNICEF Cote d'Ivoire has benefited from generous funding from the Government of Canada, and UNICEF Cote d'Ivoire Italy to deliver these interventions.

Given that 2016 is the last year of the current program cycle, the priority will be to consolidate progress to date and ensure the jump-start of the implementation of the National Nutrition Strategy at decentralized level to significantly improve access to essential nutrition interventions, including in hard-to-reach areas. Updated data on key nutrition indicators will be provided mid-2016 through the national MICS survey.

**OUTPUT 1** 60 per cent of mothers, in areas with the highest stunting prevalence, are counselled on optimal infant and young child feeding practices

**Analytical Statement of Progress:**

Three of the three planned activities to improve infant and young child feeding practices were initiated this year.

At national level, UNICEF Cote d'Ivoire continued to advocate for the promotion, protection and support of breastfeeding. A national breastfeeding campaign was launched this year by the Prime Minister in June. With UNICEF Cote d'Ivoire's support and MoH, 90 traditional healers and 27 religious leaders were sensitized so far about breastfeeding. The breastfeeding campaign will continue in 2016.

In collaboration with nutrition partners and the MOH, UNICEF Cote d'Ivoire initiated the revision and harmonization of communication tools in nutrition.

At facility-level, UNICEF Cote d'Ivoire supported the Baby Friendly Hospital Initiative (BFHI) in collaboration with WHO, by providing technical and financial support to the MoH. The initiative ensured that 30 additional maternities (22 supported by UNICEF Cote d'Ivoire and 8 by WHO) became breastfeeding support centres; 20 maternities (covering about 4 per cent of live births at national level) supported by UNICEF Cote d'Ivoire have effectively initiated the process and are about to be certified

At community-level, 3,248 CHWs ensure the promotion of KFP, including the promotion of IYCF practices. Partnerships with two local NGOs and the International Baby Food Action network (IBFAN-CI) were established to strengthen nutrition activities, including the promotion of adequate infant and young child feeding practices at community-level in rural areas and in the capital, Abidjan. As a result, 82 sites providing nutrition services were set up with more than 700 community volunteers working in those sites; this is supposed to have benefited at least 11,000 women and 13,500 children in a few locations in Abidjan and in Sanpedro and Boukani in rural areas.

Remaining challenges are to harmonize approaches for the promotion of adequate IYCF practices at community level and pursue the scaling-up in 2016.

**OUTPUT 2** At national level, all targeted children benefit from an adequate micronutrient supplementation (campaign or routine) to control micronutrient deficiencies

**Analytical Statement of Progress:**

With regard to micronutrient supplementation, all three planned activities were initiated.

About seven million children between 6-59 months (100 per cent administrative coverage at national level) were provided high dose of Vitamin A and about six million children (100 per cent administrative coverage at national level) ages one to five years received deworming tablets during the National Immunization Days (NIDs) held in April. Vitamin A supplementation and deworming (100 per cent administrative coverage at national level) were also integrated in the second National Immunization Days in October, but only 71 per cent of children at national level benefited from bi-annual vitamin A supplementation in 2015 given that the country was partially covered by this 2nd round of NIDs.

A 2016 priority will be to determine better routine vitamin A supplementation and to initiate Child health days in Cote d'Ivoire by strengthening the collaboration between the Nutrition and Immunization Programmes in the MoH. This is crucial in a context where NIDs may be interrupted, given the current epidemiologic context for polio virus (Cote d'Ivoire certified as polio free in 2015).

UNICEF Cote d'Ivoire supported the MoH to organize an advocacy meeting for key ministries and actors involved in food-fortification activities in Cote d'Ivoire. Conducted in collaboration with the ECOWAS, there was a renewed commitment to food fortification. The coordination of food fortification activities at national level and an effective surveillance system must still be established.

UNICEF Cote d'Ivoire will support the MoH in the introduction of multiple micronutrient powders (MNPs) in 2016. Following a small-scale feasibility study conducted in 2014 in collaboration with the WFP, technical and financial support will be provided to the MoH to ensure a proper introduction of this new product in Cote d'Ivoire.

**OUTPUT 3** 50 per cent of children with severe acute malnutrition, in areas with the highest acute malnutrition prevalence, benefit from an adequate management of acute malnutrition

**Analytical Statement of Progress:**

Concerning the management of severe acute malnutrition (SAM), three out of four activities were initiated.

At national level, 20 national nutrition experts were trained and the revision of the National Protocol for the MAM was finalized in 2015. 2,752 children under-five with SAM were treated in 2015---the data is from 18 districts out of an expected 82. Data is not routinely reported by all health facilities in the same district. While the community-based management of SAM is part of the national nutrition strategy, and therapeutic foods are integrated in the list of essential medical supplies, the program needs to be strengthened. Indeed, the National Health Information System doesn't integrate key indicators, and there no systematic data collection mechanisms in place.

The supply chain management also needs to be improved. UNICEF Cote d'Ivoire remains the unique provider of ready-to-use therapeutic foods at national level and therapeutic foods are not yet provided through the national public health Pharmacy (N-PSP). As a result, program

coverage remains limited given funding constraints. UNICEF Cote d'Ivoire will continue to support the MoH towards an effective and systematic integration of the management of SAM at both facility and community levels in 2016.

There was no nutrition emergency to report in 2015. However, emergency preparedness activities were effectively conducted in preparation for presidential elections. Emergency nutrition supplies were ordered and essential nutrition activities were integrated in stand-by agreements in coordination with key partners.

**OUTPUT 4** The nutrition sector has an adequate policy framework to scale up nutrition

**Analytical Statement of Progress:**

UNICEF Cote d'Ivoire is a key nutrition partner in Côte d'Ivoire. Following the country's adopting to the Scaling-up Nutrition Movement (SUN) in 2013, a National Nutrition Council (NNC) was established under the leadership of the Prime Minister. In 2014, UNICEF Cote d'Ivoire started to support, in collaboration with partners, the NNC in the elaboration of an analysis of the nutrition situation, the National Nutrition Policy and a cross-sectoral Nutrition Strategy. In 2015, the five-year Nutrition Strategy aiming at the scaling-up of direct and sensitive nutrition interventions was finalised, costed with the World Bank's support, declined in programmes and projects and integrated in the 2016-2020 National Development Plan.

In this context, UNICEF Cote d'Ivoire facilitated the coordination of nutrition partners (UN agencies, international NGOs and donors) and successfully led the four quarterly meetings of the nutrition platform in 2015. Coordination efforts resulted in a mapping of nutrition actors, developed in close collaboration with the African Development Bank (Afd) (co-lead of the platform since April 2015). UNICEF Cote d'Ivoire was also designated as the lead of the UN network in Cote d'Ivoire. National medias were sensitized on the importance of nutrition, and an advocacy note and resource mobilisation strategy for nutrition were drafted in preparation for the Nutrition Round Table planned early 2016.

Moreover, with a view to strengthening the national nutrition information system, a SMART survey was conducted in deprived areas of Abidjan. The prevalence of global acute malnutrition and stunting in children under-five were below critical thresholds; estimated at 4.3 per cent and 15.8 per cent respectively. However, 43 per cent of women of reproductive age were overweight, confirming that the nutrition transition is gradually emerging in specific settings of Côte d'Ivoire.

In spite of the 2013 revision of the Code of Marketing of Breast-milk Substitutes, inter-ministerial orders to implement were not signed, and the inter-ministerial committee overseeing enforcement is not yet operational. Mechanisms to boost the Code's implementation and enforcement will be a priority for UNICEF Cote d'Ivoire in 2016.

UNICEF Cote d'Ivoire will continue to play a key role in the nutrition sector in 2016 by supporting the organization of the Round Table, coordinating the nutrition platform, developing essential decision-making tools and monitoring the enforcement of the Code of marketing of breastmilk substitutes.

**OUTCOME 6** Women and children have access to drinking water, to improved sanitation, and they adopt good hygiene practices.

**Analytical Statement of Progress:**

Cote d'Ivoire is not on track with the sanitation-related MDG target because access to sanitation rates weren't significantly improved (from 15 to 22 per cent in 25 years; JMP 2015). In 2015, an estimated ten per cent of rural population used improved latrines (22 per cent nationally); and 51 per cent of the rural population still practice open defecation (nationally 26 per cent). This corresponds to 5.6 million people nationally, of which 4.9 million live in rural areas. The situation for access to water is better: 93 per cent in urban areas have access to an improved water source; 69 per cent in rural areas (with great disparities among regions). The MDG water target is still off-track, however, because progress since 1990 was limited (from 76 to 82 per cent in 25 years; JMP 2015).

In 2015, UNICEF Cote d'Ivoire supported the Government of Cote d'Ivoire in Community Approaches to Sanitation (CATS). As a result, more than 420,400 new people in 1,369 villages live in open free defecation environment. Since 2014, more than 690,000 people in 2,155 villages live in open free defecation environment, and at least 92,000 households have adopted handwashing with soap. With support from UNICEF Cote d'Ivoire, CATS is on a steady path of scaling up in Cote d'Ivoire.

Regarding access to drinking water, more than 114,000 persons have gained access to an improved water source as a result of UNICEF Cote d'Ivoire direct support in Cote d'Ivoire in 2015, achieved by replacement of broken hand pumps and the construction of new boreholes in the most desperate regions of Cote d'Ivoire (Kabadougou, Folon, Béré, Bounkani, Gontougo, Agnéby-Tiassa and Sud-Comoé).

With support from Government of the Netherlands, UNICEF Cote d'Ivoire continued to support the introduction of low-cost manual drilling technology, with 24 boreholes drilled by three local companies trained in 2014. Furthermore, Real Time Monitoring (using FLOW) of water point functionality and sanitation related indicators was implemented with the technical support of Akvo in five pilot departments.

As part of prevention activities against Ebola Virus Disease (EVD), at least 87,300 students and teachers and 4,500 families located in high-risk areas in southwestern Cote d'Ivoire and in poor areas in Abidjan, were provided with hygiene kits (hand washing devices, soaps, chlorine, posters) and were informed and sensitized on preventive measures.

In terms of environment support, UNICEF Cote d'Ivoire focused on: the development of the National Strategy Document on Hygiene; advocacy for the counterpart funding from Government; and the implementation of the WASH Sustainability Compact signed by UNICEF Cote d'Ivoire and Government in 2013.

As part of monitoring and evaluation activities, a sustainability check is ongoing and will be completed early 2016. A management response plan will be developed in accordance to recommendations in order to increase sustainability of WASH programs.

UNICEF Cote d'Ivoire was the lead of the WASH technical and financial partners group, including about ten major partners. Three meetings were organized in 2015. The group contributed to coordination of technical and financial support to the Government.

In 2015, UNICEF Cote d'Ivoire had ten partnership agreements (largely project cooperation agreements with UNICEF Cote d'Ivoire funding) with ten civil society actors such as national NGOs (ASAPSU, CRCI, IFS, ODAFEM, SED, and MAP) but also international NGOs (AKVO, PRACTICA, CRF, IRC) and one regional organization (WSA-EAA).

In 2015, UNICEF Cote d'Ivoire benefited from generous funding in the area of WASH from the European Union, the Government of the Netherlands, the Government of Sweden, and the German agency GIZ.

**OUTPUT 1** Sector actors benefit from a political environment that is favorable to the population's access to water, sanitation and hygiene.

**Analytical Statement of Progress:**

Ten of the 15 planned activities to improve the political environment were completed. Three activities advanced sufficiently. Progress on policy documents included: A National Manual for the Implementation of Community-Led Total Sanitation (CLTS) was developed and validated; the National Hygiene Strategy document was finalized and will be validated in early 2016.

On sector coordination, UNICEF Cote d'Ivoire organized regular donor meetings that ensured sharing information. UNICEF Cote d'Ivoire also continued support to Government on the sectoral group of Water, Sanitation and Hygiene (GS-EHA). However, progress was limited as the decree creating the GS-EHA was not signed. There is, however, Government will to get better coordination across ministries in this sector. Through UNICEF Cote d'Ivoire advocacy and technical support, more than 40 CLTS monitoring committees were established at the departmental level and are operational.

The monitoring-evaluation system and WASH sector annual review have not taken place in 2015. This deficiency is a weakness in terms of ownership of WASH sector coordination by national actors.

**OUTPUT 2** WASH infrastructure, products and services are available in communities, schools and health centres.

**Analytical Statement of Progress:**

Nine out of 11 (82 per cent) activities planned for this output were either completed or sufficiently advanced. Much progress was made regarding water supply in target villages: the realization of 51 new water boreholes including ten manual drilling, and the rehabilitation of 144 water points (replacing obsolete with new hand pumps) provided access to clean water for at least 114,700 people. Water supply activities are ongoing, including the construction of latrines and water points in 109 schools and 20 health centres in order to offer WASH package services in these institutions.

A sanitation marketing study was completed that informs Government and CLTS actors on feasibility of sanitation marketing in Cote d'Ivoire to improve latrines built for CLTS activities. Development of seven pilot projects on sanitation marketing was ongoing by NGOs in partnership with UNICEF Cote d'Ivoire. The findings of these experiences are expected in 2016 and will improve and define best strategy on this thematic in Cote d'Ivoire.

**OUTPUT 3** In humanitarian emergencies, people access a basic WASH package based on the CCC standards.

**Analytical Statement of Progress:**

All four planned activities were successfully finalized (100 per cent). On prevention activities against EVD, at least 87,300 students and teachers located in high-risk areas along the borders with Liberia and Guinea, and 4,500 families in poor areas with high-risk of cholera in Abidjan,

were provided with hygiene kits (hand washing devices, soaps, chlorine, posters) and were informed and sensitized on preventive measures.

In line with national emergency preparedness and response strategy ahead of the presidential elections in October, UNICEF Cote d'Ivoire reinforced its emergencies preparedness with technical capacity building and supplies procurement. With funding by Sweden and the Netherlands, WASH supplies were purchased as contingency stock to cover WASH needs for 5,000 households in case of humanitarian crisis. Capacities of 30 WASH partners were strengthened in terms of preparedness, response and evaluation in emergencies through a workshop. The training focused on water, sanitation and hygiene response in case of cholera/EVD outbreak, flood or displacement of populations.

**OUTCOME 7** In the zones which registered low enrolment and a number of return refugees, at least 200,000 children, including girls and other vulnerable children school year old access to quality basic education

**Analytical Statement of Progress:**

During the school year 2014-2015, 3,370,558 students were enrolled in primary school nationwide, compared to 3,176,874 the previous year; an increase of 6.1 per cent. Gross enrolment rate in primary school rose from 94.7 per cent in 2013-2014 to 95.4 per cent in 2014-2015, (MoE statistical yearbook 2013-2014 and 2014-2015).

Despite this progress, equitable access to universal primary education in Cote d'Ivoire is a challenge of disparities by region, gender and wealth. To address this issue, the Government adopted a law on compulsory education for children aged 6 to 16. This strong political will is an opportunity for holistic interventions to address the barriers and bottlenecks that have led to the exclusion of two million children and adolescents from school, including the 1.3 million who are supposed to be enrolled in primary school.

A major barrier to education remains its high hidden costs for families UNICEF Cote d'Ivoire is supporting national efforts through the free distribution of education materials to 111,784 students to reduce costs for families and thus facilitate the enrolment and retention of children in school.

A poor quality of education is a determinant for non-enrolment; UNICEF Cote d'Ivoire helped the MoE to develop school improvement plans aiming at moving 150 pilot schools where 54,477 children are enrolled, progressively towards quality standards in line with the Child Friendly School approach.

UNICEF Cote d'Ivoire ensured a better positioning of conflict sensitivity, peacebuilding and disaster risk reduction in the education sector, including the Education Management Information System (EMIS). Cote d'Ivoire is also one of the two WCARO countries participating in the Harvard humanitarian Initiative (HHI) Social Cohesion survey, to measure impact-level results of social cohesion, resilience, and human security in the country. Furthermore with UNICEF Cote d'Ivoire's support, a "new" Social Cohesion module was integrated in the MICS questionnaire and successfully tested in the country.

To support the education of 3,200 children with disabilities aged 0 to 16, UNICEF Cote d'Ivoire equipped the national child-guidance centre, and provided sanitary materials and furniture. This initiative is currently being scale-up with the development of tools for early detection of and response to learning disabilities among students.

**OUTPUT 1** The capacity of 40 local communities are reinforced for ensuring the access to ECD centres for 24,000 young children from 3 to 5 years old

**Analytical Statement of Progress:**

During the 2014-2015 school year, 16 ECD centres were established in Man, San-Pedro and Odienné regions. These centres enabled 1,332 children aged 3 to 5 years old to access appropriate early learning programs. Furthermore, mothers' clubs were established around these ECD centres and sensitized on ECD approach to ensure that all children, including those with disabilities, get adequate daily care.

Access to early-learning education increased across the country and in the regions targeted by the UNICEF Cote d'Ivoire and MoE cooperation programme. The number of children enrolled in preschools increased from 129,371 in 2013-2014 to 144,128 for the 2014-2015 school year (11.4 per cent increase) (statistical yearbooks 2014-2015).

Since 2012, UNICEF Cote d'Ivoire supported the establishment of 41 ECD centres at community level, benefiting 2,743 children aged 3 to 5 years old. Of these children, 1,332 were enrolled in 16 ECD centres established in 2014-2015. On the ground, UNICEF Cote d'Ivoire has noted the huge increase in demand for ECD. In light of the upcoming new CPD, several intersectoral discussions for integrating multi-sectoral services across the early life-cycle for young children took place.

To raise Government awareness on early learning and to promote holistic approach to ECD programming, UNICEF Cote d'Ivoire supported the MoE to develop the ECD prototype including the costing of early childhood services, the early learning assessment of children entering primary education and the parenting behavior survey. The costing component is included in the new education sector plan 2016-2025 for a better positioning of ECD in national education priorities.

Early childhood learning promotes transition and a higher enrolment in primary schools, but the options in the region are low with only 1,991 preschools for a national population of 2,134,429 children aged 3 to 5 years old. Thus, the majority of children begin school unprepared to meet academic requirements.

In order to produce evidence on early learning comparative advantages, UNICEF Cote d'Ivoire supported the MoE on a school readiness assessment and a national parenting behavior survey, both administered to a representative sample in 150 primary schools of 1500 children and 150 families. The surveys assess: (i) preparation of children to engage in and benefit from learning experiences, and the ability of a school to meet the needs of all students whether they had attended preschool or not, and (ii) parent behaviors regarding essential practices (hygiene, health and nutrition), and parents general perceptions concerning children's physical, cognitive and socio-emotional development.

**OUTPUT 2** In zones which registered a low enrolment for girls, the capacity of local communities are reinforced for facilitating the access to basic education

**Analytical Statement of Progress:**

To facilitate access to basic education in zones with low enrolment rates, especially for girls, UNICEF Cote d'Ivoire provided basic education materials to 111,784 students and 2,531 teachers from the most disadvantaged northern and southwestern regions, not covered by the

government's free distribution of education kits. UNICEF Cote d'Ivoire followed through with a nationwide communication (including TV, radio and billboards) campaign aiming at increasing the demand for schooling and which resulted in three million children enrolling in primary public schools. It is worth noting with UNICEF's help, including the provision of microplanning tools, the MoE provided more school kits to children this year compared to the previous school year.

As part of Child Friendly School roll out, 300 teachers and 300 local communities' members were trained on CFS approach to ensure that 54,477 children enrolled in the 150 pilot schools have access to a learning environment that is healthy, attractive, inclusive, and engaging. Furthermore, to facilitate a smooth transition of young children to primary school, 211 teachers as well as regional teaching inspectors were trained on school readiness and provided with the necessary tools on ECD approach. As the teacher training curriculum does not include these concepts, both trainings were critical for teachers' capacity to work with young children effectively.

**OUTPUT 3** In zones with low enrolment rate, capacities of 40 local community reinforced for creating 40 ECD centres in their localities

**Analytical Statement of Progress:**

Thirty two community volunteer caregivers and community representatives of San-Pedro Region were trained on ECD, child rights, and child-friendly school approach. UNICEF Cote d'Ivoire provided parent education programmes and support to 228 communities, NGOs and local leaders to improve parenting and communication skills with their children, thus reducing the risk of child maltreatment and/or abuse.

This initiative from UNICEF Cote d'Ivoire has increased the demand of preschool education. Thus seven new ECD centres are being established in the west and northeast. They will be fully functional in 2016 by the Ministry of Education.

**OUTPUT 4** In the zone with low enrolment rate, the access to basic education of children in particular girls is increased

**Analytical Statement of Progress:**

The 2014-2015 routine statistical data published by the MoE shows a slight improvement of 0.7 point in access to primary school with a gross enrollment rate estimated at 95.4 per cent against 94.7 per cent in 2013-2014. However the gender gap between boys and girls remains high (5.8 points in 2015).

Even for those that attend school, completion rates are alarmingly low at 63.9 per cent (though up from 58.2 in 2013-2014). There is a gap of nearly 5.1 points between boys and girls primary school completion rate at national level (63.9 per cent versus 58.8 per cent).

UNICEF Cote d'Ivoire supported the MoE to develop the girl's education national strategy to mobilize partners to create an enabling learning environment for girls. Within this policy framework, the capacity of 32 mothers' clubs (236 women) were reinforced with sessions and material support to empower them to protect girls' education. Mother's club actions at local level served as an early warning mechanism to reduce drop outs and prevent unfavourable cultural practices such as early marriage. UNICEF Cote d'Ivoire also supported the MoE to develop communication tools aimed at reinforcing women's leading role in favour of girl's education and protection in schools and communities.

**OUTPUT 5** Children registered in Non-formal education structures have good conditions of learning

**Analytical Statement of Progress:**

The process of integration of community schools into the education official system is ongoing. In 2015, 1083 community schools with about 81 539 children were included in the official school map, hence benefitting from all forms of government funding and support. By building on community initiatives and efforts to offer learning opportunities for their children, the MoE is enhancing the acceleration of basic education in Cote d'Ivoire; however efforts need to be strengthened to reinforce the quality of education in those schools.

To generate evidence about the situation of children and adolescent out of school, UNICEF Cote d'Ivoire supported the MoE to undertake a national survey which identifies the profile and key factors of school exclusion. The findings indicate that there are nearly two million children in the age range 6-16 who are excluded from enjoying their right to education in Cote d'Ivoire, including 1.3 million of primary school age. The study provides the MoE with critical information to recommend comprehensive solutions to address the barriers and bottlenecks of school exclusion within the framework of the compulsory education policy,

**OUTPUT 6** A decade education plan is developed to ensure quality education, equitable and inclusive for all children

**Analytical Statement of Progress:**

The Education SITAN (RESEN) 2015 was validated with sectorial ministries. UNICEF Cote d'Ivoire's advocacy and technical leadership ensured a better positioning of ECD, as well risks and vulnerabilities facing the education system throughout the document.

UNICEF Cote d'Ivoire supported the country to initiate its first overall planning of the costing exercise for ECD services expansion, combined with an early learning assessment and the parental behaviour survey. The results, expected in 2016, will inform the Education Sector Plan for the next decade (2017-2026) which is ongoing and articulated around the following priorities: increase the intake rate to 100 per cent; create bridging classes for out-of-school children; ensure gradual integration of community as well as of Islamic schools into the formal education system; provide required textbooks; provide grants for school canteens and distribute education kits for children from disadvantaged areas.

**OUTPUT 7** An education emergency plan is developed and implemented in emergency situation

**Analytical Statement of Progress:**

Due to recurrent armed attacks in the locality of Olodio in western Cote d'Ivoire along the Liberia border, UNICEF Cote d'Ivoire intervened to ensure continuing education for 360 displaced children by providing necessary school supplies.

UNICEF Cote d'Ivoire took the lead in developing the education component of the 2015 interagency contingency plan related to the presidential elections and pre-positioned emergency education supplies for 10,000 children.

UNICEF Cote d'Ivoire facilitated the Capacity Assessment for Disaster Risk Initiative concerning

natural disasters and floods, including the development of a five-year disaster risk reduction plan for the education sector.

**OUTPUT 8** ECD centres contribute to consolidate peace and social cohesion in targeted zones

**Analytical Statement of Progress:**

Women of different ethnic and social backgrounds in the targeted 17 communities of Tonkpy and Cavallay were mobilized and involved in the implementation of peace-building and conflict prevention initiatives, using ECD centres as the entry point for social cohesion among women. With UNICEF Cote d'Ivoire's help multi-ethnic mothers' clubs were established in community-based ECD centres and around the common goal of child well-being. The community structures were revised and made inclusive to mirror the community diversity (i.e. they now include not only Ivorian ethnic groups perceived as originating from the region, but also those from other regions and from neighbouring countries). The centres now unite women from different ethnic groups around the common goal of child wellbeing, going a step further to using these inclusive community structures as platform for social interaction, dialogue, joint learning and joint community activities that promote understanding, skills building and constructive action for peace among the group, families and beyond in the larger community.

In addition to conflict-management training to enhance engagement for reconciliation, the women received literacy classes and skills to manage income-generating activities that help sustain the ECD centres.

**OUTPUT 9** Peace building education Programme contributes to reinforce the consolidation of peace in school and to reduce conflicts at school and community level

**Analytical Statement of Progress:**

In 2015, 162 000 children including girls were trained on conflict prevention in seven regions affected by the crisis and to take initiatives to create peaceful learning environments. This helps reinforce conflict prevention at school level while empowering young people to be voice of peace in their communities.

With the support of NGOs and local media, a culture of peace was promoted through media channels facilitating reflections about the past conflict as well as about the role and responsibilities of young people in shaping the country's future.

At national level, through the PBEA programme, UNICEF Cote d'Ivoire advocated for the integration of conflict sensitivity and peace-building concepts across education system, from the education sector analysis to the Education Management Integrated System, including curriculum and extracurricular activities.