UNICEF Annual Report 2014

Cote d'Ivoire

Executive Summary

In 2014 UNICEF Cote d'Ivoire successfully conducted a restructuring exercise, responded to recommendations in the audit report, shifted office premises to a new location, and supported the Government to keep Ebola out of the country.

A major highlight during 2014 was the publication of the Situation Analysis (SITAN). Following a life cycle and child rights based approach with focus on equity, the SITAN is a key programmatic and advocacy tool for positioning children in the next National Development Plan (PND 2016-2020). Launched at a ceremony chaired by the Prime Minister and attended by 250 people, including senior government officials, diplomats and representatives of bi-lateral and multi-lateral agencies, civil society, media and private sector, the SITAN launch marked an important mobilization and advocacy event on children, especially those most vulnerable and hard to reach. A Strategic Moment of Reflection was organized in May 2014, with the participation of several regional advisors from UNICEF’s West and Central Africa Regional Office (WCARO) and Geneva to determine the key areas for the new Country Programme Document (CPD) and further alignment with the Strategic Plan. It was an important moment for UNICEF Cote d'Ivoire to start defining its business models far as the relation between service delivery and upstream work is concerned.

Nutrition was positioned very high on the Government’s political agenda; the Government engaged at the highest level, establishing a National Council on Nutrition headed by the Prime Minister. With support from UNICEF, the Government started developing a multi-sectoral nutrition strategy to be launched at a round table by the Prime Minister in spring of 2015.

Significant progress was achieved in primary school enrolment, with gross enrolment going up from 91 per cent in 2013 to 94 per cent in 2014. A political commitment made by the President at the September 2014 General Assembly to provide schooling for all represented a key momentum on which to build for pushing the education agenda further.

Low cost/high impact Water, Sanitation and Hygiene (WASH) interventions such as Community-Led Total Sanitation (CLTS) coupled with promotion of hand washing with soap were scaled up. A partnership was launched with 13 international, regional and national non-governmental organisations (NGOs) working in 4,000 villages to be turned into open defecation free (ODF) villages by 2017.

The National Child Protection Policy was adopted following intensive advocacy efforts carried out by UNICEF. A budgeted Five-year Action Plan for this Policy was adopted by the Council of Ministers in December. The Policy presents an excellent opportunity for mainstreaming child protection across various sectors, including justice, education, and social protection.

Shortfalls in 2014 included limited paediatric care, with only 16 per cent of newborns having access to early infant diagnosis (EID) within the first 2 months of life. Little progress was made in implementing essential nutrition interventions, especially at community level. Managing the
health and nutrition supplies was a priority; including avoiding unnecessary vaccine wastage and ensuring regular availability of vaccines at all levels. Limited progress was made in making water and sanitation facilities available in schools and health centres, due to priority being given to CLTS and open defecation free villages. An overly centralized national government system was a bottleneck throughout all sectors; there was very slow progress in decentralization and the allocation of resources and decision-making remained quite centralized.

UNICEF Cote d’Ivoire’s rapport with various partners grew wider and more positive in 2014. A strong partnership was established with the World Bank, reflected in joint work in the area of social protection, education and nutrition, and in funding provided to UNICEF for supporting Ebola preparedness by the Ministry of Health. A potential partnership with the private corporate sector around child rights and business principles is under development and is expected to turn into concrete action in 2015.

Humanitarian Assistance

Though no Ebola Virus Disease (EVD) cases were reported in 2014 in Cote d’Ivoire, the country remains at high risk given that it borders two of the most heavily affected countries - Liberia and Guinea. Though Mali seems to have brought a few Ebola cases under control, its proximity still poses a threat to Cote d’Ivoire given the porous borders and since many people coming from Guinea take the Mali route to enter Cote d’Ivoire. After the World Health Organisation (WHO), UNICEF was the first partner that extended support to the Government in Cote d’Ivoire to work on the EVD prevention and preparedness. UNICEF is a member of the National Committee to Fight Ebola and is also co-leading with the Government the sub-committees on communication and WASH. UNICEF also participated in the logistic, humanitarian and case management sub-committees.

As early as March 2014, UNICEF provided technical assistance to the Ministry of Health to draft and implement the national Ebola prevention communication plan, based on which a nationwide mass communication campaign was rolled out using communication materials including posters, billboards, leaflets, TV and radio spots, and flipcharts. UNICEF also supported the production and broadcast of spots with key EVD messages on 80 community radios. A total of 105 media professionals, 40 religious leaders, 36 trainers and 180 volunteers were trained on Ebola prevention with support from UNICEF. With the opening of the schools in September 2014, UNICEF worked with the Ministry of National Education to identify the schools in the border areas with the affected countries; a total of 21,800 schools were identified. In collaboration with three national NGOs, UNICEF provided hand washing facilities and soap, and carried out awareness-raising activities to orient teachers and communication aids, reaching 1,063 schools. In December, 200 schools, including approximately 1,200 classes, started benefitting from these interventions. The total number of children estimated to benefit from these actions is approximately 185,000. UNICEF also provided technical and financial support for the design and implementation of a Knowledge, Attitudes and Practices (KAP) study by the Ministry of Health. The KAP survey is expected to provide evidence on the outcome of the first communication campaign supported by UNICEF and identify some urgent needs for redesigning better targeted and appropriate communication work.

At the Government’s request, UNICEF initially provided tents to establish 16 Ebola treatment centres; latrines and water access were provided by UNICEF in three such centres, including one in Abidjan, which is the only centre able to function at present in case Ebola infections were to occur. In November 2014, based on a request from the World Bank and the Ministry of Health, UNICEF entered into an agreement with both of them whereby UNICEF would finance
the procurement of medical equipment, vehicles and some other essential medical drugs and supplies for the treatment of Ebola worth US$10 million. The first quantities of personal protection equipment will be received in Cote d'Ivoire in January 2015.

UNICEF is an active partner of the Comité de Coordination Elargi, which is co-chaired by the Minister of Solidarity, Family, Woman and Child and the UN Resident Coordinator to respond to emergencies. In the context of this committee, UNICEF provided support to the planning and preparedness for the evacuation of some 25,000 persons from classified forests and national parks in Cote d'Ivoire (Mont Peko region). These are mostly persons who have migrated into Cote d'Ivoire to work in agriculture. The evacuation did not take place but materials were prepositioned with the Government to enable immediate response. UNICEF also procured a WASH contingency stock for a cholera outbreak targeting 1,500 people with WASH kits; for which a cholera partnership was activated in December 2014 to fight the spread of cholera in Abidjan.

**Equity Case Study**

Two pieces of work undertaken during 2014 that will help UNICEF Cote d'Ivoire better define its equity based approach are the situation analysis of children and the analysis of deprivations among children using the Cross-Country Multiple Overlapping Deprivation Analysis (CC-MODA).

Under the title “Pour une societe plus equitable dans un pays emergent”, the situation analysis (SITAN) on children in Cote d'Ivoire used a life-cycle human rights approach with an equity focus to look at the situation of children. The SITAN highlighted unfulfilled rights and social-economic inequalities affecting the most vulnerable children and women, as well as the main bottlenecks and barriers in the realization of children’s rights in Cote d’Ivoire. The analysis showed inequalities among regions (the North and the West being the poorest performing), disparities between rural and urban areas, between social groups and those affecting women. The SITAN underlined the need to address the growing inequalities as they form a direct threat to the social cohesion and peace that Cote d’Ivoire wishes to consolidate. The SITAN will also be used to increase advocacy for improving budget allocations for social sectors and reducing regional inequities. It was launched in December 2014 in a ceremony presided by the Prime Minister, during which a strong message came from UNICEF about the need to address inequalities and prioritize social and human development in the context of the Government’s vision to make Cote d’Ivoire an emerging country by the year 2020. The SITAN was widely disseminated among Government and other civil society partners. It will also be launched at local level in five regions of Cote d'Ivoire during 2015. The equity focused SITAN represents a powerful advocacy and programming tool to further strengthen the equity focus in the next (2016-2020) National Development Plan and in social sector policies.

An analysis of deprivations among children in Cote d'Ivoire using the multidimensional poverty analysis CC-MODA used the most recent data available from the EDS-MICS (Demographic and Health Survey-Multiple Cluster Indicator Survey) 2012. The analysis highlighted the type, level and magnitude of deprivations facing children. The analysis focused on regional disparities, the rural-urban divide and other factors contributing to child poverty. The main results of the analysis were included in the SITAN and were also presented in a separate publication. Results showed that deprivations in terms of sanitation affect three out of five children; for children ages 0-59 months, deprivations are highest in health and nutrition, and for those ages 5-14 years, education is the highest form of deprivation.
Based on the findings of these analyses, UNICEF Côte d’Ivoire prepared with the Ministry of Plan and Development a programme to facilitate the elaboration and monitoring of local development plans in seven regions, with the specific aim of enhancing the access of the most vulnerable households to basic services and narrowing the existing equity gaps. This local planning process is expected to feed into the national development programme. More efforts are required to ensure that the data on disparities and inequities finds its way to Government planning beyond the rhetoric. The discussion around a universal approach to development and a targeted approach may be best done in the context of formulating the next National Development Plan. Advocacy needs to continue, not only with Government but with influencing partners such as the World Bank, African Development Bank (AfDB), European Union (EU), and others.

Summary Notes and Acronyms

AMP - Annual Management Plan
BEmONC - Basic Emergency Obstetric and Newborn Care
CEmONC - Comprehensive Emergency Obstetric and Newborn Care
CC-MODA - Cross-Country Multiple Overlapping Deprivation Analysis
CLTS - Community Led Total Sanitation
CMT - Country Management Team
CO - Country Office
CPD - Country Programme Document
CPMP - Country Programme Management Plan
CRC - Convention on the Rights of the Child
ECD - Early Childhood Development
EDS-MICS - Demographic and Health Survey-Multiple Cluster Indicator Survey
EID - Early Infant Diagnosis
EVD - Ebola Virus Disease
GFATM/Global Fund - The Global Fund to Fight AIDS, Tuberculosis and Malaria
HACT - Harmonized Approach to Cash Transfers to Implementing Partners
HWWS – Hand washing with Soap
IBCR - International Bureau for Children's Rights
JCC - Joint Consultative Committee
KAP - Knowledge, Attitudes and Practices study
LLTA - Local Long Term Agreement
MILDA - Long Lasting Insecticide Treated Nets (LLITN)
NDP - National Development Plan (PND)
NTIC - New Technology of Information and Communication
ODF - Open Defecation Free
OHTA - Optimizing HIV Treatment Access for Pregnant Women Initiative
PBR - Programme and Budget Review
PCT - Programme Co-ordination Team
PEPFAR - U.S. President's Emergency Plan for AIDS Relief
PMTCT - Prevent of Mother-to-Child Transmission of HIV
SITAN - Situation Analysis
SMR - Strategic Moment of Reflection
SMT - Senior Management Team
SOP - Standard Operating Procedure
SUN - Scaling up Nutrition
UN - United Nations
UNDSS - United Nations Department of Safety and Security
Capacity Development

Capacity building was a key strategy in almost all programmes and is directed at various groups of government personnel. All training undertaken was directly relevant to the UNICEF programmes.

In the context of scaling up Community-Led Total Sanitation (CLTS), more than 200 staff from decentralised government structures were trained in CLTS facilitation. In the context of the scaling-up of high-impact health interventions, UNICEF strengthened capacities at facility and community level in vulnerable areas. For instance, 1,550 community health workers in 22 health districts were trained on the promotion of essential family practices. Social mobilization activities were also conducted in all 82 health districts to raise awareness of the population on Polio virus and the utilization of mosquito nets during national campaigns.

Based on a request from Ministry of Education and in the context of promoting child friendly schools, teacher training was organized on pedagogic skills for child protection. The need to review training curricula for social workers was acknowledged by two ministries involved in social work; UNICEF facilitated a capacity assessment of social workers and the national training institute. It was concluded that it is necessary to define the mandate, mission and responsibilities of social workers before embarking on a capacity assessment exercise.

In the field of child protection, UNICEF supported the development and integration of a competency-based training module on child protection into the curricula of three national security forces schools. As a result, 100 per cent of security units in five regions have at least two agents each with competencies strengthened for more protective working practices for children. The training module developed was with support from UNICEF and the International Bureau for Children’s Rights (IBCR). Police and Gendarme training institutes are now rolling out the 40-hour child protection course on their own with minimal support from UNICEF.

Evidence Generation, Policy Dialogue and Advocacy

The human rights based situation analysis (SITAN) with an equity focused and conflict-sensitive lens was the main piece of evidence generated regarding the situation of children in Côte d’Ivoire. The SITAN will serve as a key instrument in the drafting of the next National Development Plan (NDP/PND). Preparations are underway with the Government for MICS 5 to be conducted in 2016; a module on peacebuilding will be included.

Joint advocacy with partners such as the Global Fund and U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) continued on decentralization, more speedy allocation of resources to regional and district levels and the adoption of a community based health strategy.

A Prevent of Mother-to-Child Transmission of HIV (PMTCT) situation analysis provided evidence used by a joint UN mission in May 2014 to advocate for transition to Option B+. A roadmap was developed for the implementation in 2015.

In line with the Scaling up Nutrition (SUN) requirements, UNICEF supported the Government in an analysis around nutrition, which is being used to develop a National Nutrition Policy and Strategy. A Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey in 9 out of 20 regions showed stubbornly persistent chronic malnutrition among under five
children (31.5 per cent), with suggested positive trends for global acute malnutrition (4.2 per cent wasting).

In collaboration with UNDP, UNICEF commissioned a participatory, action-oriented analysis of violence and conflict in urban settings, with focus on youth. Results will contribute to addressing youth issues in a rapidly urbanizing society and in light of upcoming elections.

UNICEF supported the Ministry of Education in a study on violence against children in school. Results were used in a variety of advocacy contexts; a code of conduct was developed for teachers, communication materials were produced and study results will be announced in January. Within the context of the National Priority Plan for Peace Consolidation, and with support from UNICEF, the Ministry of Interior engaged in a reflection on civil registry reform. An analysis of the national civil registry system civil registry system (CRS) was drafted.

Accounts were set up on main social media platforms to engage with a broad audience about child rights. To support Ebola prevention efforts, UNICEF used social media to disseminate sensitisation messages to large audiences.

**Partnerships**

Though not formally defined in a partnership document, UNICEF Cote d’Ivoire has various modalities for partnering with stakeholders, including national coordinating mechanisms and processes; multi-stakeholder initiatives; formal partnerships around programme implementation (Memorandums of Understanding, Programme Cooperation Agreement (PCAs) and Small Scale Funding Agreements (SSFAs)), and; informal partnerships with key international actors in-country.

UNICEF co-leads with EU the WASH group of technical and financial partners. UNICEF leads technical and financial partners in nutrition and participates in the common Country Coordination Mechanism (CCM), Joint UN team on HIV/AIDS (JUNTA), and national core group on Adolescents Health and HIV/AIDS. A coordination approach to Muskoka and H4+ initiative exists with WHO, UNAIDS, UNFPA and UN Women. Partners’ coordination in education passed to the World Bank. Successful results were made for children through participation in the multi-stakeholder partner forum around access to justice, in partnership with EU, UNDP, UNOCI, and France, with above 50 per cent of cases in legal clinics being child-related.

Partnership was initiated with the Centres for Disease Control (CDC) and the US Agency for International Development (USAID) for the Violence against Children study. Advocacy is ongoing with partners such as EU and French Development Agency (Agence française de développement) to join the partnership. UNICEF’s partnership with World Bank is around social protection, nutrition and budget analysis. Partnership was initiated with the Network of Monitoring and Evaluation (RISE) around the 2015 Evaluation Year. UNICEF worked technically with Johns Hopkins University and the Ebola Core Communication Group.

In WASH, 15 partnership agreements with 13 civil society actors including national, international and regional NGOs had a total value of US$3.4 million. A solid monitoring and evaluation framework for these contracts was functional, with monthly review meetings in presence of government. Other agreements existed for peace building education, child protection and communication for behavioural change.

Partnerships with UNICEF National Committees were reinforced. A joint monitoring visit with
Embassy of Belgium took place in 2014, and more efforts will be made in 2015 for joint field visits with other ambassadors.

**External Communication and Public Advocacy**

In 2014, UNICEF Côte d’Ivoire implemented a communication strategy based on the three main pillars of public advocacy, partnership, and visibility and recognition.

To streamline advocacy efforts, UNICEF developed an advocacy strategy focusing on three priorities: growing disparities among regions; girls’ education; and birth registration. The development of this strategy followed a training organized on UNICEF advocacy strategy with support from Headquarters (HQ) Activities and indicators were defined for each theme. UNICEF successfully influenced the Government to raise the issue of birth registration on decision makers’ agenda. UNICEF Côte d’Ivoire advocated with stakeholders to increase fiscal space for social sectors, in particular the National Strategy on Social Protection that was adopted by the Cabinet in May 2014 under the leadership of the Prime Minister.

Since the advocacy strategy was developed mid-year, it was not possible to include all activities of the strategy in the Rolling Work Plans (RWPs) of the various programme sections. Special efforts were made to ensure that activities of the advocacy strategy are integrated into the 2015 programme Annual Work Plans (AWPs).

The partnership between UNICEF and Radio Television Côte d’Ivoire resulted in lower costs for diffusion of child-related messages. A partnership was developed with a leading newspaper in the country, and is expected to materialise into a signed agreement in 2015. UNICEF and the Government have jointly communicated on Ebola prevention and preparedness to ensure that the population is well aware of risks and prevention methods.

Visibility was given to partnerships with key donors such as the Global Fund and Government of Japan, as well as European Commission’s Humanitarian Aid and Civil Protection department (ECHO). A number of communication materials, including short films, articles in newspapers, reporting on television and in small publications, were produced and shared with donors. Those recognition activities were instrumental in ensuring a strong partnership between UNICEF and donors. A short film on UNICEF’s efforts working against child labour in cacao was posted to the global UNICEF website and was widely disseminated on Twitter.

**South-South Cooperation and Triangular Cooperation**

UNICEF Côte d’Ivoire contributed to the UNICEF network on Civil Registration and Vital Statistics. The experience of Côte d’Ivoire in promoting birth registration through the use of mobile telephones was shared during the Conference on new technology of information and communication (NTIC) held in Uganda in June 2014.

UNICEF supported the participation of a Côte d’Ivoire delegation to the Global Conference on Violence Against children (VAC) held in Swaziland in May 2014. This enabled delegates to better know and understand VAC trends and challenges, and learn from other countries’ VAC surveys processes and outcomes. The knowledge built through participation in this conference will facilitate the planning and implementation of the VAC survey expected to take place in 2015.

UNICEF Côte d’Ivoire also supported the participation of the Ivorian Etat Major to the Children and Armed Conflict (CAAC) Conference organized by the Paris Principles Steering Committee and held in October 2014 in Addis Ababa. This enabled Côte d’Ivoire to share its experience in
preventing and ending child recruitment, and also served to renew the Etat Major’s commitment for preventing child recruitment. This is particularly important view of the upcoming elections. UNICEF also supported a mission of a high-level Ivorian delegation to the Social Protection meeting organized by the African Union. A delegation from the Ministry of Health was supported to participate in global HIV/AIDS meetings in South Africa and Malawi.

**Identification Promotion of Innovation**

With technical support from the Netherlands-based company Akvo, UNICEF supported the Government in the introduction of low cost manual drilling technology. To ensure proper transfer of technology to national counterparts, three local companies were trained and the first 30 boreholes were drilled during December 2014. SMS-based monitoring of water point functionality and sanitation-related indicators tested in five pilot departments.

UNICEF Côte d’Ivoire supported the Ministry of Interior in piloting birth registration through mobile phones in 199 localities in partnership with Orange Foundation, and in piloting birth registration in 15 health care facilities, in partnership with UNFPA. Using mobile phone technology to promote birth registration raised enthusiasm among professionals in the field, but some technical and legal aspects are yet to be clarified. At the end of 2014, a workshop on lessons learned from the pilots was being consolidated along with recommendations that will help the Government in developing a plan of action for reforming the civil registration system.

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

The life cycle-approach adopted in the SITAN was an opportunity to centre attention of various programmes around the child, rather than the sectoral programmes. It provided an example of cross-sectoral linkages.

The MODA analysis will help facilitate programme discussions leading to the preparation of the new country programme on how multi-sectoral interventions can be prioritized to obtain the greatest reduction in child poverty. The analysis further enabled discussions about which groups of children or which regions should be prioritized and what appropriate entry points are to remove overlapping deprivations in cost-effective ways.

Other opportunities provided in 2014 for discussing inter-sectoral linkages were the one day discussions facilitated by WCARO on implementation of MORES and on adolescents. Two priorities of inter-sectoral linkages were retained for 2015 AWPs focusing on adolescent health and schools.

At the operational level, beyond the classical work on PMTCT and health, one area of success in terms of inter-sectoral linkages was the work done in 2014 on the issue of violence in schools, peacebuilding and transitional justice, which brought together the Education, Child Protection and the Communication for Development (C4D) programmes. Positive results were achieved as a result of this joint work, including practical steps taken by the Ministry of Education. Teachers were trained on protective teaching practices, a study on violence affecting children in schools was carried out, and a Code of Conduct for all Education staff was adopted by education regional authorities and 47 staff organizations and unions. In the area of birth registration, a model aimed at promoting birth registration through health facilities was piloted in close collaboration with UNFPA.

The multi-sectoral National Nutrition Strategy that is being developed following Côte d’Ivoire’s adherence to the SUN movement represents an opportunity for inter-sectoral work within
Government, by combining direct and sensitive nutrition strategies involving Health, WASH, agriculture, Education, and social protection sectors.

**Service Delivery**

UNICEF Côte d'Ivoire supported service delivery is in health, education, WASH, child protection and nutrition. Essential drugs worth US$1.5 million were handed over to Government as part of an ECHO-funded project; One hundred refrigerators were provided for cold chain system and 13 million long-lasting insecticide-treated nets (LLITN, MILDA) were procured and distributed during the national MILDA campaign.

The education programme supported local communities to set up Early Childhood Development (ECD) centres and provide learning and play materials, directly contributing to increasing access to education in those localities. A total of 126,353 education kits were provided to children in primary schools.

Access to latrines was facilitated for 200,000 people, and 60 per cent of them are now living in households with handwashing devices and soap. In 2014, 3,500 internally displaced persons were assisted after an attack on a town in the West.

To enhance activities related to HIV programme implementation and supervision, 11 motorcycles, 10 IT kits including computers and printers, and Monitoring and Evaluation tools were provided to partner NGOs and health districts. Following work on child protection community structures, approximately 550,000 children are living in a more protective family/community environment. UNICEF supported defining the roles of two ministries involved in delivery of social welfare services, leading up to a ministerial decree in November 2014. More efforts are required to ensure harmonization of those services.

Information Management Systems across all sectors in Côte d'Ivoire requires further strengthening. Often, support for data collection is carried out by key partners and it is therefore difficult to determine the extent to which services have benefitted the most vulnerable.

**Human Rights-Based Approach to Cooperation**

The human rights-based approach to cooperation is a foundation for the entire programme in Côte d'Ivoire and is reflected across all programme areas. The SITAN carried out in 2014 followed a human rights based approach with equity focus. The multidimensional poverty analysis (CC-MODA) served to identify the profile of deprivations among children in Côte d’Ivoire and will be further utilized in 2015 and beyond for programme design and advocacy.

The CLTS approach scaled up in nearly 2,000 communities with UNICEF support represented a direct contribution to addressing the sanitation deprivation from which three out of five children suffer (per the CC-MODA analysis).

Following strong advocacy by the Joint UN Team on AIDS, a law on HIV/AIDS was approved by the Parliament, making way for reforms in the services provided to HIV affected persons in line with international human rights obligations, focusing on changing discriminatory attitudes and stigmatization associated with HIV/AIDS and acceptance of HIV positive people. Similarly, advocacy efforts by UNICEF Côte d’Ivoire’s Social Policy section are leading the Government to consider progressively transferring funds to sub-national authorities on the basis of local development plans. In partnership with the EU, training was provided to local planning experts on this matter.
C4D interventions placed special emphasis on addressing marginalized communities and increasing their access to information and participation. Communication projects were implemented in townships in order to reach deprived households and children.

UNICEF engaged in reinforcing the national monitoring system for the Convention on the Rights of the Child (CRC) implementation through supporting two Ministries in drafting the first National Monitoring Report on Children’s Rights. The report was submitted to CRC Committee for review and will be complemented by an alternative civil society-led report in 2015.

Gender Mainstreaming and Equality

The Country Programme Management Plan (CPMP) was reviewed and amended in early 2014 in light of programme extension for two years (2014-2015), without explicitly mentioning gender accountability. Following the April 2014 programme and budget review (PBR), guidelines were issued on recruitment clearly mentioning prioritisation of female candidates and rendering the office more gender-balanced. One of the office advocacy priorities for 2014-2015 is girl’s education. Limited capacities within the office to address gender-related issues will be addressed in 2015 through the Staff Learning Plan.

Two targeted gender priorities from within the Gender Action Plan are “promoting gender responsible adolescent health” and “advancing girls’ education”. While the country is no longer an emergency, violence against children – especially against girls – is high on the programme and advocacy agendas.

UNICEF provided technical assistance for the development of a national plan to address barriers and bottlenecks in girl’s education (basic education). A draft document of the girls’ education strategy exists for finalization in 2015 along with a communication strategy. Efforts will be made to ensure that girl’s education is included in the Government’s plan on schooling for all and in the Social Protection plan.

The bottleneck analysis on PMTCT and adolescents’ vulnerabilities revealed that geographic, age and sex disparities must be taken into consideration in programme planning. Promoting gender-responsive adolescent health and addressing gender-based violence is part of HIV/AIDS programming. An increasing number of adolescent girls participated in HIV testing (56 per cent in 2014 compared to 44 per cent in 2013).

A study on violence affecting school children was undertaken by UNICEF and the Ministry of Education. Results were shared informally with partners, pending the official launch of the report in January 2015. UNICEF supported the development of a communication strategy on violence against children, in particular girls, to be launched in 2015.

UNICEF supported a government policy of promoting women’s leadership within community water management committees through training 161 members.

Environmental Sustainability

There were no substantial results to report in 2014 regarding environmental sustainability.

Effective Leadership

Eleven Country Management Team (CMT) meetings were held in 2014 (November was missed due to travel and workload). Management performance indicators were reviewed in December
2013 taking into account audit recommendations. The Senior Budget Assistant was responsible for collating information on indicators in liaison with unit heads. Following each CMT meeting, a table of actions was shared with all staff. An update on progress against actions was collected prior to the next meeting. CMT minutes were shared with all staff and posted on the shared drive.

A number of good practices were developed for transparent governance, including Annual Management Plan, Statutory Committees in the office, Standard Operating Procedures (SOPs), and information sharing with staff.

The 2014-2015 Rolling Management Plan (RMP) was developed and shared with all staff after validation by CMT. The Plan identified priorities for the office, and for programme, operations and communication. Progress on overall office priorities was tracked by CMT monthly, progress on programme, operations and communication priorities was tracked every six months. Priorities had SMART indicators and individual responsibilities were assigned to ensure accountability and facilitate tracking progress.

Minutes of Senior Management Team (SMT), CMT, Joint Consultative Committee (JCC), Programme and Operations Team meetings were shared with staff and were available on the shared drive. Performance indicators were set and reviewed at each meeting, including review of outstanding actions. The Programme Coordination Team (PCT) met every month and functioned as the central structure for programme discussions and monitoring programme performance. PCT meetings happened before CMT to feed into CMT discussions. Six JCC meetings were held and minutes were shared with staff.

A mechanism was established to review the performance of the office statutory committees at mid-year; review focused on frequency of meetings held, quality of discussions and participation of members. Suggestions to improve performance of committees in the second half of 2014 were made and results of the review were shared with all staff.

SOPs were developed in a participatory way, including for Special Service Agreements, supply, travel, management of assets, warehouse management and Direct Cash Transfers (DCTs). A review of the utility and usefulness of these SOPs is planned for 2015.

To promote transparency in governance, the Representative’s trip reports were shared with staff and staff meetings were held after each RMT for debriefing. A participatory and transparent process was adopted in preparing the PBR submissions in 2014, including wide consultations with staff and establishment of a Change Task Team. The office was commended by the PBR for the consultative and participatory approach.

A 2014 Risk Control Library was developed in a participatory manner with an action plan to mitigate risks, with further action in 2015. The Business Continuity Plan was tested in August; implementation of related actions will be carried out in 2015.

An Audit Task Force worked with all concerned and provided suggestions and recommendations to close the 2013 audit recommendations. To date 17 out of 21 of the recommendations have been closed. In 2015, a review of the actions already taken will be made to ensure their sustainability.
Financial Resources Management

Bank reconciliations are up to date with no outstanding transactions beyond six months. Ninety seven per cent of Regular Resources (RR) and 74 per cent Other Resources (OR) funds were utilized during 2014. The 26 per cent OR not utilized was for supply operations for World Bank Ebola funds and WASH programme funds re-phased to 2015 (a multi-year programme).

A finance user satisfaction survey was conducted and results were acted on.

Among effective measures put in place in 2014 was the training of staff on cash forecasting and its importance. A monthly closing cash balance was maintained at 6 per cent (US$0.8 million) compared to the monthly threshold of 25 per cent (US$3.3 million). As a result, approximately US$ 2.5 million was available on a monthly basis to UNICEF Treasury Division for other use.

An online internet monitoring and real time tracking system was used through a mobile service provider to monitor and make payments to 133 individuals working on the MILDA (LLITN) project in 53 districts, most without banking facilities, and locally hired individuals without bank accounts. The payment to these individuals over a six month period amounted to US$ 0.5 million; the office will pay transaction fees of only US$ 800.

A HACT assurance plan was developed by June and finance staff were available to support programme colleagues in the conduct of joint operations/programmes spot checks. Refresher training was also conducted for 120 programme partners on the HACT process. Finance, working with colleagues in programmes and supply, assisted in establishing long-term agreements (for two years with established rates) with two international accountancy and audit companies (KPMG and Deloitte) for the conduct of micro-assessments and financial spot checks upon request.

Two consultants were hired who assisted staff to fully reconcile the asset management database. Ninety five per cent of Property Survey Board (PSB) approved actions were executed. A vehicle replacement plan was established and approved by the CMT.

Fund-raising and Donor Relations

UNICEF Cote d’Ivoire mobilized US$48.7 million for 2014-2015,. Major donors for Health included Global Fund, France, French National Committee (NatCom), US Fund, GAVI, and consolidated funds from NatComs. Major donors for Nutrition included the Italian NatCom, and Micronutrient Initiative. For WASH, major donors included Netherlands, and European Union; and for Education, the Netherlands and the World Bank. –The Global Fund and Swedish International Development Cooperation Agency (SIDA) supported HIV programmes, and Japan supported multi-sectoral programmes. The Protection, Education, Health and HIV sections also received global thematic funding. A total of US$10 million was received from the World Bank for Ebola preparedness through regional Ebola Humanitarian Action for Children (HAC) appeal. Small amounts were mobilized for Ebola from ECHO, Thematic funding, SIDA, Denmark, the Netherlands, and the German Agency for International Development (GIZ).

UNICEF Cote d’Ivoire developed a fund raising strategy for 2014-2015 with a mechanism to track funding proposals.

SOPs were developed for donor reports at mid-year. Weekly reminders were sent on donor reports due for next three months, which contributed to improvement in terms of timely submission. SOPs gave the Deputy Representative and Representative more time to verify and
improve reports' quality. Training to further improve donor reporting quality is envisaged in 2015.

Relations with donors were satisfactory and efforts to raise funds were intensified. Strong partnerships with the Netherlands, European Union, Japan and the Global Fund were maintained; visibility was provided through field visits and communication materials.

To strengthen relations with NatComs, UNICEF Cote d'Ivoire established bilateral contacts and visits to the US Fund, Dutch, German and Belgian NatComs. Some NatComs will be invited to visit Cote d'Ivoire in 2015. Building partnerships with the private sector involved in the global cocoa supply chain was emphasized on corporate social responsibility and to mobilize additional resources for the country programme, which will be further pursued in 2015.

**Evaluation**

No evaluations were conducted by UNICEF Cote d'Ivoire in 2014. The Cote d'Ivoire child protection programme is part of the global evaluation that UNICEF is doing on child protection.

**Efficiency Gains and Cost Savings**

During 2014, efficiency gains and cost savings were achieved in several areas, for further consolidation in 2015. The shift of office premises to a new location enabled a savings of US$2,000 per month, following negotiations with the proprietor. The rental fee will remain fixed for a period of five years; estimated savings in rent over the next five years is US$120,000. Other savings were incurred from closure of the Man zone office Guest house; (total amount US$ 11,300) and closure of Yamoussoukro warehouse resulted in monthly savings of US$1,200.

UNICEF Cote d'Ivoire also negotiated with local service provider to increase band-width on its fibre-optic main link from 2MB to 6MB, with a marginal price increase from US$3,720 to US$ 3,860.

Between 2013 and 2014, fuel costs were reduced by 29 per cent, following use of UNOCI flights for travel into the main cities, and also as a result of better travel planning (on monthly basis) and more rational use of vehicles through joint missions. A system has been put in place whereby the Deputy Representative analyzed and discussed the monthly mission plan with the Administrative section to see what economies could be achieved.

**Supply Management**

The total value of supply planning in 2014 was approximately US$27.7 million (US$21.2 million for services and US$6.5 million for goods).

Effective procurement amounted to US$19,834,708.

Purchases through procurement services amounted to US$56.78 million. The total value of supplies stored in UNICEF warehouses was approximately US$2,502,396.72.

Two large scale procurement and logistic operations took place in 2014. The first was procurement and distribution of 12 million long lasting insecticides treated nets (LLITNs) in 53 districts. UNICEF’s supply section trained transporters and worked with registered companies to organize sub-contractors (managed by a lead contractor). Eighteen contracts amounting to
US$2.4 million for in-country logistics were awarded to lead contractors. In December, the procurement of Ebola preparedness supplies began for the Ministry of Health, financed by the World Bank at US$10 million.

An international consultant was recruited to conduct a market survey. The database generated enabled UNICEF Cote d’Ivoire to identify suitable vendors for local long term agreements (LLTAs) and regional LTAs. Findings were shared with staff.

To strengthen the supply function, training was conducted for 123 partners, with more sessions planned for 2015. Five staff from Supply and Operations participated in regional and global workshops.

**Security for Staff and Premises**

Efforts continued to focus on security of staff. Particular emphasis was placed on Minimum Operating Security Standards (MOSS) compliance for staff residences and office premises; security orientation and training for staff, and security measures for staff on the move.

In close collaboration with the United Nations Department of Safety and Security (UNDSS), UNICEF Cote d’Ivoire ensured that all premises of staff (local and international) were inspected and recommendations were provided by UNDSS to staff prior to occupancy. All office vehicles were MOSS compliant. Before the move to the new office premises, a security assessment was carried out by UNDSS and recommendations were developed.

An orientation session on security was organized by the Regional Staff Security Officer for all staff, involving general security awareness, including personal security and terrorism. With the support of UNDSS, training on first-aid was conducted for a number of pre-identified staff at both the country and zonal office levels. Security trauma bags were purchased and were made available for all offices. Training for security guards was also conducted by UNDSS on hostile surveillance and security guard force procedures.

As a rule, staff did not commence their travel if they had not completed the Basic and Advanced Security in the Field online courses. This resulted in a 100 per cent completion rate for these courses among both staff and consultants. With support from UNDSS, staff on field missions were monitored through radio checks during the entire duration of the field mission. All staff and consultants visiting from outside Cote d’Ivoire received a mandatory security briefing upon arrival to Abidjan. Following this briefing, staff were included in the integrated UNDSS message and warden system and received instant security alerts on their cellular phones broadcast by UNDSS. There was an up-to-date database of all staff and their dependents which included information such as their addresses and primary and secondary contact telephone numbers. To facilitate greater use of the hand-held radios, the office conducted a half-day training on the use of radio as alternate communication and all staff were provided with hand-held radios.

**Human Resources**

Recruitment of an emergency Human Resources Specialist during 2014 improved the office’s performance in this area. To enhance efficiency in recruitment, the office adopted special tools and measures and a dedicated email address accessible to HR staff only for applications and recruitment-related queries; shortlisting done in parallel during the advertisement period, reducing time required for shortlisting; and a detailed recruitment plan for each post agreed upon with the hiring unit and communicated to all staff to ensure transparency and information
sharing. Prioritization of female candidates was clearly stipulated in the recruitment guidelines. The male/female gender ratio is 58:42. For transparency purposes, written test questions were prepared by subject matter experts in WCARO based on broad requirements sent by section chiefs.

In 2014 the average recruitment time was 30 days for a position. A talent pool for national positions is available.

Two PBR exercises were conducted during 2014. In April, the PBR approved abolishment of 28 posts and creation of 12 posts. In June, Global Shared Services Centre (GSSC) PBR approved staff changes, with minor impact on staff. Special measures were taken to ensure participation of staff in preparation for the PBR exercises. A human resources expert was hired for one month and a Change Task Team was established. Mitigation measures were put in place to ensure support for staff on abolished posts. Five Competency Based Interview training sessions were organised and 50 staff were CBI certified. The Regional Human Resources manager visited and briefed staff on their separation entitlements. The Regional Stress Counsellor spent one week in Abidjan and visited Bouake to meet with staff on abolished posts.

An office learning plan was developed, taking into consideration knowledge gaps among staff identified by senior management, past trainings and development outputs proposed by staff and agreed by supervisors. The Plan was developed by the Office Learning Committee and approved by Management, with a total cost of US$180,000 and actual expenditure of US$150,000. Completion rate was 77 per cent and 60 per cent for group trainings and individual trainings, respectively. Orientation sessions on Ethics were conducted in Abidjan and zonal office with HQs support. Staff and their dependents were oriented on Ebola. The completion rate for the ethics, integrity and harassment, basic and advanced security trainings stands at 98 per cent.

To enhance team building and improve staff morale, a retreat was held in October, facilitated by the WCARO Stress Counsellor. An action plan was developed with responsibilities and deadlines; progress on action plan implementation was reviewed by JCC. The office established a breastfeeding room and a common room.

**Effective Use of Information and Communication Technology**

UNICEF Cote d’Ivoire focused on three information and communication technology (ICT) issues in 2014: management of the office move to new premises with minimal interruption; improvement in ICT technology in line with overall progress in UNICEF, and development of the Business Continuity Plan and Disaster Recovery Plans.

In May 2014, the office moved to a new location. The move was gradual and there was minimal interruption, with operations continuing simultaneously at both locations through a bridge connection.

UNICEF Cote d’Ivoire upgraded its fibre optic link from 2MB to 4MB with minimal cost. An automatic fail-over radio link was installed in case the main fibre optic link becomes non-functional. A third link, VSAT I-direct with an external service provider, was installed to serve as back-up in case of local service failure. Meetings were conducted using MS Lync/Skype.

Access to Local Area Network was improved by extending the wired network with a protected Wi-Fi connection based on the Universal Wi-Fi project, providing wireless coverage in office for
staff and visitors, while maintaining security for UNICEF’s core network.

The office migrated from analog to IP telephony. Two virtual local area networks were created for data and voice communication. Two dial peers for Voice over Internet Protocol (VOIP) calls using main and backup link were established.

An ICT operations manual was developed and shared with staff. An ICT satisfaction survey was conducted and results were used to improve services. The conversion from lotus notes to Outlook was completed, and two trainings were held on effective use of Office 365 applications.

As part of Business Continuity preparedness and response and Disaster Recovery preparations, a business continuity test was conducted in August, and a Disaster Recovery test was conducted in September. Results were incorporated in the draft Business Continuity and Disaster Recovery plans.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

Analytical Statement of Progress:
Despite Government and partners efforts, more than six women per 1,000 live births die during pregnancy, childbirth or during the two months following delivery (EDS 2012). Maternal mortality is highly correlated with neonatal mortality, which is also high, at 38 deaths per 1,000 live births. Despite a decline from 125 per 1,000 live births in 2005 to 108 per 1,000 in 2012, child mortality is still high (EDS 2012).

In 2014, UNICEF, in collaboration with UNAIDS, UNFPA, WHO and the World Bank, contributed to the formulation of several major national policy documents, including development of the framework for universal health coverage, revision of national guidelines on essential family practices, development of a national Health Compact which is expected to be signed in 2015, development of a national strategy on performance-based financing (PBF), and development of national fund tracking system in the health sector. These joint efforts are expected to contribute to ensure an optimal planning, implementation and monitoring of health interventions at all levels; including in hard-to-reach areas.

UNICEF advocated for the adoption of a high impact intervention package at community level. As a result of UNICEF’s support, community-level interventions were scaled-up from 8 districts in 2013 to 22 districts in 2014, with a focus on vulnerable areas with high rates of maternal and child mortality. Interventions were implemented with the financial support of ECHO, GAVI, Global Fund, H4 + (Sweden), Muskoka (France) and Japan. In 2014, national immunization campaigns and a nationwide distribution of mosquito nets were also conducted.

In 2015, one UNICEF Cote d’Ivoire will put a priority on supporting the Government in the operationalization of the Health Compact as well as the universal health coverage strategy with a specific focus on equity. UNICEF will also support the implementation of performance-based financing in six pilot districts and the integrated management of childhood illnesses, which will
be extended to 15 new health districts. Special attention will be given to immunization, especially supply chain management of vaccines.

OUTPUT 5 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:

Availability and access to health services remained limited in Cote d'Ivoire, especially in rural and hard-to-reach areas. The demand for health services was also limited, resulting in unacceptably high maternal and child morbidity and mortality.

While improving the offer of services at facility level, there is also an urgent need to develop community-based approaches and strengthen communication for development activities to increase demand for health services. UNICEF supported the Ministry of Health in the implementation of a package of high-impact interventions - focusing on the promotion of essential family practices and prevention of child illnesses - at community-level.

UNICEF supported the expansion of community based-activities from 8 to 22 health districts. A total of 1,550 new community health workers were trained and equipped. UNICEF also contributed to the capacity building of health workers in maternal and reproductive health in collaboration with UNFPA in 17 districts. In 2015, the priority will be to consolidate progress, and contribute to the scaling-up of community-based approaches to 15 new districts.

In collaboration with the Global Fund and other health partners, UNICEF provided support to the Ministry of Health in the organization of a national universal coverage campaign for long-lasting insecticide mosquito nets. As a result of these joint efforts, more than 10 million nets were distributed in 59 health districts, covering 18 million people. Remaining districts in Abidjan will be covered early 2015.

OUTPUT 6 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% of the population have access to an appropriate continuum of care

Analytical Statement of Progress:

Cote d'Ivoire is recovering from a decade-long economic stagnation and political conflict which has had adverse consequences on the health system. Availability of essential drugs remains poor (35 per cent in 2013, MoH). In this context, donor and health partners are continuing to contribute to equipping health facilities and providing essential drugs in highly vulnerable areas.

In 2014, UNICEF contributed to the following initiatives, which will improve access to health services for 1 million pregnant women and 2 million children under-five. Fourteen health centres and four hospitals were equipped with material for Basic Emergency Obstetric and Newborn Care and Comprehensive Emergency Obstetric and Newborn Care, respectively. A total of 171 health centres were equipped with childbirth kits, tables, cups and resuscitation equipment in western regions. Availability of essential drugs was ensured in 92 per cent of first-level health care facilities. To maintain optimal conditions during the transport, storage, and handling of vaccines, the cold chain was strengthened by procuring 100 refrigerators and 3 generators for
Daloa, Gagnoa and Odienné districts and a periodic maintenance of cold chain equipment was ensured at central and regional levels.

In 2015, UNICEF will continue to advocate for improved supply chain management of essential drugs and equipment, which is urgently needed to ensure an efficient use of resources.

**OUTPUT 7** 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 has been declining, from 4.7 per cent in 2005 to 3.7 per cent (DHS 2012). Despite this positive trend, the coverage of interventions for the prevention of mother-to-child transmission (PMTCT) of HIV, 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. Cote d’Ivoire has not yet initiated the implementation of the 2013 WHO recommendations of transition to option B+.

In this context, UNICEF, in collaboration with other stakeholders advocated for the roll-out of a national transition roadmap toward option B+, UNICEF continued support toward the transition in 11 health districts in six regions (Western, South western, Central regions and Abidjan). The capacity of health centres was strengthened (75 providers were trained, and equipment, including CD4 counters, was provided). As a result, 59 new health centres now offer prenatal consultations and prevention of mother to child transmission services under option B+.

UNICEF’s support also contributed to improving PMTCT services in six priority regions with unmet needs identified in the National Plan for the elimination of HIV transmission. In the 150 health centres supported by UNICEF, 113,000 pregnant women benefited from adequate care during prenatal consultations, and HIV testing was proposed to 99 per cent of them. Fifty seven per cent of HIV-positive pregnant women and 35 per cent of their children received ARVS (option B) for the prevention of mother to child transmission of HIV.

In 2015, UNICEF will continue to provide support to the Government to ensure the scaling-up of PMTCT services and the transition to the Option B+ in Cote d’Ivoire.

**OUTPUT 8** By the end of 2015, performance in terms of coverage and quality of high-impact interventions are monitored and increased by at least 30% in 6 pilot districts

**Analytical Statement of Progress:**

The health system in Côte d’Ivoire is characterized by a low utilization rate of health services, estimated at 18 per cent (MoH). The main causes are inadequate availability, lack of access to and low quality of health services. While monitoring and supervision activities are essential to improve the quality of health services, these activities are not adequately conducted because of a lack of human and financial resources. The national universal health coverage strategy has promoted a performance-based financing (PBF) approach to address these issues.

Under the leadership of the MoH, UNICEF supported the development of the PBF approach in the context of the H4+ partnership aiming at the acceleration of efforts towards the achievement of Millennium Development Goals (MDGs) 4, 5 and 6. The main results of this phase included
the development and validation of all key documents needed to effectively launch and
implement the PBF approach in Cote d’Ivoire: a three-year national PBF strategy; PBF
contracting documents for health services; and, PBF standards and procedures. The first phase
of the strategy was initiated in the three pilot districts of Bouake West, Katiola and Sakassou,
with the identification of health areas that will implement the approach as well as key
stakeholders.

Key challenges in 2015 will be to ensure an adequate roll-out of this innovative approach in the
three pilot districts and to agree on a model which will take into account the community level in
the PBF.

OUTPUT 9 By the end of 2015, coordination, monitoring and supervision of health interventions
are reinforced at central and local level

Analytical Statement of Progress:

UNICEF, UNAIDS, UNFPA and WHO established a formal coordination mechanism for the
implementation of two maternal and child health projects, the H4+ (Sweden) and Muskoka
(France), to strengthen coordination of maternal and child health interventions at the central
level.

Regular supervision and monitoring activities are not yet part of a formal coordination framework
at the central and local levels. As a result, supervision and monitoring activities are not regularly
conducted and data collection tools are not harmonized nor systematically designed to obtain
disaggregated data needed for more effective planning and decision-making.

In 2014, UNICEF supported the revision and harmonization of monitoring tools in order to
address this issue. The minimum package of activities and essential family practices to be
monitored were defined on the basis of a monitoring exercise conducted in 27 health districts.
The revision focused on 12 interventions: 8 from the minimum package of activities (prenatal
consultations, refocused prenatal consultations, post-natal consultations, childbirth,
immunization, treatment consultations, prevention of mother-to-child transmission of HIV, family
planning) and 4 essential family practices (exclusive breastfeeding, oral rehydration therapy with
Zinc, hand washing with soap, use of bed nets) as well as the community fund. Preliminary
monitoring results from 2014 confirm that bottlenecks exist at all levels, from availability to
effective coverage. Vaccine stock-out was a key bottleneck.

UNICEF’s support to improve monitoring and supervision activities contributed to improving the
availability of data collection tools to identify bottlenecks and implement corrective actions.
Remaining challenges are to ensure the ownership and appropriate utilization of these tools.
UNICEF will provide support to scale up the monitoring from 27 districts in 2014 to 50 in 2015,
as well as to ensure regular supervision activities.

OUTPUT 10 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. 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. 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. Given that this process is new to the country, and in order to obtain the adhesion of all key stakeholders, the Government started the process with the development and signing of a Pre-compact.

In close collaboration with health partners, UNICEF supported the elaboration of five out of six documents required for the adoption of the Compact. The documents were validated in 2014 and included a joint strategic and programmatic framework; a joint operational planning framework; a joint coordination framework; a joint monitoring and evaluation framework, and a joint budgetary framework.

In order to accelerate the decentralization of the health system, UNICEF and WHO contributed to a strengths/weaknesses/opportunities/threats (SWOT) analysis of the health system capacity at district level.

The Compact is expected to be signed in 2015. The last document to be finalized in 2015 is related to financial procedures. The development of the Compact will feed into the revision of the National Health Development Plan.

**OUTPUT 11** 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:**

The health emergency response mainly focused on the prevention and preparedness activities to address a potential Ebola Virus Disease (EVD) outbreak in Cote d’Ivoire. Though no EVD cases were reported in 2014, the country remains at high risk, given that it borders Liberia and Guinea, two of the most heavily affected countries.

Cote d’Ivoire is recovering from a decade-long economic stagnation and political conflict with adverse consequences on the health system, so the effective implementation of prevention and preparedness activities have been particularly challenging. The western part of the country bordering Guinea and Liberia was most affected by the crisis, with health centres being looted and destroyed. UNICEF supported prevention and preparedness activities in the region and beyond, by contributing to the strengthening of coordination, planning, capacity building, and communication activities.

In collaboration with partners, UNICEF provided technical support for the development of the National Emergency Plan and related reference documents. Sixteen Ebola treatment centres were established with UNICEF support, 30 tents were provided, and specific technical support and equipment were provided to health districts bordering Liberia and Guinea. UNICEF led the social mobilisation/C4D component of the Ebola response. Communication and social mobilization activities are ongoing at national, regional and community levels. At least 185,000 students and teachers at more than 1,000 schools in the West, bordering Ebola affected countries, were equipped with hygiene kits (hand washing devices, soap, chlorine,
communication posters) and sensitized about EVD preventive measures.

UNICEF also contributed to procuring key equipment and material required in case of an Ebola outbreak. The essential items were financed by the World Bank in support of the Government. It is crucial to maintain an optimal level of emergency preparedness (including supply chain management) and coordination at all levels and to ensure that key prevention practices are continuously applied at community-level.

**OUTPUT 12** 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:**

Since 2012, Côte d’Ivoire has not reported any case of wild poliovirus, has not experienced any epidemic of measles or yellow fever, and the elimination of neonatal tetanus (TNN) status has been maintained.

In order to consolidate progress, three national immunization campaigns against polio were organized, with 7,890,274 children immunized in June. A total of 7,978,283 children were immunized in September, and 7,914,007 children were immunized in October. A national vaccination campaign against measles reached 9,640,512 children aged from 6 months to 9 years old, coupled with the administration of deworming tablets, for 3,603,902 children aged 5 to 9 years.

A total of 200,000 doses of measles vaccines and one million doses of tetanus vaccine were procured. Despite repeated stocks-out, reported routine immunization coverage from January to September 2014 were BCG (84 per cent), OPV (84 per cent), Pentavalent 3 (86 per cent), VAR (72 per cent), VAA (68 per cent) and the TT2 + (79 per cent).

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

**OUTCOME 3** 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 Côte d’Ivoire, UNICEF supported the Government in launching and implementing the National Child Protection Policy (PNPE). The PNPE, developed through a consultative process in 2012-2013 with UNICEF as leading technical partner, was officially launched in June 2014, and its budgeted 5-year national Plan of Action (PAN-PNPE) was adopted by the Government’s Economic Pool in its meeting in December 2014. The Policy envisages minimizing children’s exposure to violence and abuse, improving detection and care for child victims, and fighting impunity. The Government committed to allocate approximately US$2 million out of a US$6.9 million Action Plan Budget and to take concrete measures in social welfare, justice, security, education, health and communication for child protection.

The collaboration between the Government and UNICEF on child protection concentrated mainly on building knowledge and policy dialogue, strengthening services and capacities at decentralized level, and promoting community based child protection systems. UNICEF
collaborated with a large number of Ministries and accompanied them in developing up-to-date analysis. This included a national report on the situation of children in institutions and the alternative care system was presented to representatives of Ministries, state institutions, civil society, and partners. This new evidence will be used to orient and support reforms of the alternative care system to ensure the right of children to be protected and to live in a family environment.

The Ministry of Education (MENET) undertook, with UNICEF support, a study on violence against students which indicated that 40 per cent of children are hit by their teachers, 34 per cent are victims of humiliating punishments, and sexual violence is a particular area of concern. The study provided a strong basis for advocacy and policy dialogue, and a baseline to monitor progress. Violence against children is now recognized as an issue of concern for the MENET in terms of child rights to protection, quality education, and girls’ education.

With UNICEF support, a Code of Conduct for all Education staff was adopted by education authorities and 47 staff organizations and unions. The Code includes an obligation to report violence against children and sanctions for offenders. The official launch of a national campaign on violence against children in schools by the MENET is scheduled for early 2015.

In order to support scaling up of community-based interventions and addressing the social norms change dynamic in a more systematic way, and as planned by the PAN-PNPE, a national programme for community based child protection was drafted by the Ministry of Solidarity, Family, Woman and Child (MSFFE) in collaboration with the Ministry of Employment and Social welfare (MEMEASFP), with technical support from UNICEF. The programme targets 1,500 localities out of 8,000 nationwide (19 per cent), and will be finalized and launched in 2015.

In 2014, community awareness raising and mobilization activities enabled approximately 550,800 children to live in a more protective family/community environment. At meso level, UNICEF continued to support 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 by 32 per cent compared to 2013, supporting detection and referral of child victims (source: PCA project activity reports).

In November 2014 a ministerial decree on the mandate of social welfare services was adopted. UNICEF advocated for a joint process between Government ministries to be re-launched in early 2015 for a harmonized reform of social welfare services.

In the area of birth registration, UNICEF, along with other agencies, assisted the Government and civil society to implement the special regulation adopted for the 2012-2014 period facilitating civil registration of children born during the ten years conflict. As of mid-2014, 103,885 children had been registered, with a total of approximately 900,000 children registered since 2012, accounting for 50 per cent of the target population, despite persistent bottlenecks at both demand and service delivery levels (source: MEMIS birth registration statistics 2012-May 2014). The Ministry of Interior put in place a reporting mechanism of civil registry service activity. Child registry data (2012-mid 2014) is available and 44 per cent of child registry centres now periodically report, which enables monitoring of birth registration progress and bottlenecks. A national study on new mechanisms for birth registration and data management was finalized in 2014 and was shared with key partners for validation. Conclusions of the report will contribute to design a national plan of action for civil registry reform.
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, and quality of protection services.

In 2015-2016, key priorities will be to assist the Government in: undertaking a survey on violence against children; strengthening institutional and regulatory framework for an integrated national child protection system; operationalizing a community based-child protection national programme; building child protection capacities and services; and promoting civil registry sector reform.

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

Analytical Statement of Progress:
While incidence of violence, abuse and exploitation against children, as estimated through household surveys (MICS, DHS, and surveys on child labour and violence at school) remained high, the number of child victims detected and referred for care remained proportionally limited. Early detection and referral of children at risk or victims of violence is a key challenge in Cote d'Ivoire.

In 2014, mechanisms for detection and referral of child victims of neglect, violence abuse or exploitation improved with UNICEF support in targeted areas, in partnership with NGOs. Children’s access to protection services was strengthened through the expansion and strengthening of local protection networks to 743 localities/villages covered in 2014 (an increase of 32 per cent compared to 2013) in 45 districts out of the 90 country’s districts.

With UNICEF technical and material support, the Ministry of Family, Woman, and Child launched the Child Help Line at the end of 2013. Teams were further trained and equipped in 2014. Operationalizing the Help Line enabled identifying, counselling and orienting 1,257 children. Rapid response team networks need to be systematized beyond Abidjan. As a result of UNICEF-supported local awareness raising campaigns and child protection networks in place at community and service levels, an average of 4 child victims of violence, abuse, neglect or exploitation were identified and reported every day in 2014 (1,541 in total).

The number of reported child victims, 3,699 in 2012 – 2014, was limited as a result of various factors: the lack of larger scale awareness raising campaigns on children’s protection needs and services; limited quality services; and lack of systematic data collection nationwide. Partnerships were established to further strengthen in 2015 detection and reporting of child rights violations affecting children in school settings.

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

Analytical Statement of Progress:
In view of strengthening an enabling environment for child protection, UNICEF supported the development of the National Child Protection Policy, which was officially launched on the Day of the African Child in June 2014. 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.

As the result of UNICEF advocacy and technical support, a Code of Conduct for all Education staff was adopted by Ministry of Education and 47 teachers’ unions, to be launched in early 2015. The Code includes an obligation to report and also sanctions for offenders. The MSFFE
also took a step further in reforming social welfare services by adopting a ministerial decree reviewing mandates of its services accordingly to the PNPE and SNPS, and to a concept document developed with UNICEF’s technical support in 2012. UNICEF advocated and laid the basis for a joint process between the MSFFE and the MEMEASFP to be re-launched in early 2015 for a harmonized reform of social welfare services, involving international development partners.

UNICEF contributed significantly to the strengthening of national monitoring and evaluation capacities in the child protection sector by supporting the Government in carrying out two key studies. The first was on children in institutions and the alternative care system, which provided new evidence that will be used to orient and support reforms of this sub-system to ensure the right of children to be protected in a family environment. The second was on violence against children at school. This study provided important baseline data on violence affecting students at school and at community/home levels, and will support advocacy for and implementation, monitoring and evaluation of the national Policy. In 2015, UNICEF will support wide dissemination of the survey, along with a national campaign on protecting children against violence in schools. UNICEF also engaged in reinforcing the monitoring system for child labour in the cocoa growing regions of San Pedro and Nawa. UNICEF advocated and supported the re-launch of the process of developing an integrated routine IMS for the social welfare sector. In 2015, efforts will concentrate on supporting the government, along with other partners, in designing and operationalizing this IMS.

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

Analytical Statement of Progress:
UNICEF contributed significantly to improving children’s access to quality services through building capacities of professionals in contact with children, in particular in the justice and education sectors. At macro level, a 40-hour competency based training module on child protection was developed and integrated into the curricula of three national security forces schools; approximately 2,600 police and gendarmerie students receive pre-service training in these schools (source: MEMIS and MD reports). In parallel, at meso level, UNICEF continued to support the Ministries of Interior and of Defense to provide in-service training, through the 40-hour training module, to security forces already on the field. As a result, 100 per cent of security units in four regions (Centre, North, North-East, North-West) out of the six targeted were equipped with at least two agents each (i.e. 200 policers and gendarmes) who have competencies around practices that are more protective of children. UNICEF supported rolling out in-service training curricula of judges developed by the justice training Institute (INFJ) with EU support. One hundred per cent of child judges/tutorship judges and 50 per cent of social workers from all courts had their capacities strengthened on protecting children in contact with the law (source: Government activity reports).

A joint partnership between the EU, UNDP and UNOCI and UNICEF contributed to strengthening the access of the population to legal aid, with 9,803 people accessing individual legal aid counselling, including 40 per cent cases related to child rights (PCA AFJCI activity reports). With UNICEF support, the Ministry of Education provided in-service training for teachers on protective practices for children. In parallel, in the social welfare sector, under the coordination of the MSFFE and MEMEASFP, 50 per cent of social welfare facilities (54) were equipped with motorbikes and computers, which will facilitate social workers’ interventions at community and family level and help reporting and data collection. Detected child victims at community level were not systematically referred to formal protection services. Only 74 per cent
received psychosocial support, 60 per cent received medical assistance and 48 per cent received legal assistance based upon identified needs (NGO activity reports).

In 2015, in order to further improve children’s access to quality services, UNICEF and Government’s efforts will focus on disseminating nationwide the national guidelines and tools for operating the child protection system at local level; developing standards for special protection services along with supporting social welfare reform services; and strengthening child protection platforms.

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

**Analytical Statement of Progress:**

Within the framework of the National Priority Plan for Peace Consolidation, UNICEF provided support to the Ministry of Interior to engage on a reflexion for reforming the civil registry system. A study was undertaken that provided a comprehensive analysis of the national civil registry system (CRS) with a focus on birth registration, and which proposed options for reform. The report is being validated and when finalized, should lay the basis for developing a civil registry reform national plan of action in 2015. In parallel, the Ministry of Interior, with UNICEF support, engaged in piloting birth registration through mobile phones in 199 localities in partnership with Orange Foundation, and in piloting birth registration in 15 health care facilities in partnership with UNFPA (source: MEMIS and PCA Aide et Action activity reports). Birth registration through mobiles raised enthusiasm from professionals in the field and lead to dynamisation of birth registration at local level; however, some technical and legal aspects are yet to be clarified. Lessons learned from the two pilots, along with recommendations from the study, will help government in developing a plan of action for reforming the CRS to be more efficient, reliable, and equitable.

UNICEF, along with other agencies, assisted the Government and civil society to implement a special regulation adopted for 2012-2014 facilitating civil registration of children born during the ten-year conflict. As a result, in 2014, 103,885 children were registered. This brings to 886,006 the total number of beneficiaries since 2012 (50 per cent of national target) despite persistent bottlenecks at demand and supply levels. Sixty four per cent of these children were reached with UNICEF support (569,815). The Ministry of Interior has taken an important step by developing, with UNICEF support, a reporting mechanism of civil registry services. Data for 2012 to mid-2014 is available, and 44 per cent of child registry centres report periodically. The monitoring of new-borns’ registration within the three month legal period following birth shows that efforts in promoting BR had various impact in targeted regions. Registration increased only in three out of six targeted regions. It increased by 24 points in the Zanzan (58 per cent from January-May 2014 against 34 per cent proportionally in 2013); by 6 points in the Savanes (to 77 per cent); and by 4 points in the Denguele (to 53 per cent) (Annuaire MEMIS).

In 2015, UNICEF will support Government’s efforts to address birth registration for peace consolidation; 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; and engaging civil registry system reforms.
OUTPUT 6 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 technical support from UNICEF, in close collaboration with the Ministry of Employment and Social Welfare, the Ministry of Solidarity, Family, Woman and Child drafted, through a participatory process involving national and decentralized representatives, a national programme for strengthening community-based child protection mechanisms.

A national guide for social work aimed at guiding community based child protection mechanisms was shared with relevant partners for review in 2014. It was edited and is ready for wide dissemination, along with information materials. The guide is important for harmonizing social work nationwide and will boost work on child protection at community level.

The programme will target 1,500 localities by 2018. In the first year, 2014, 493 sites were targeted, of which UNICEF supported the coverage of 98 localities (PCA activity reports). In parallel to the development process of the National Programme for community based child protection, UNICEF additionally reached 180 localities in 2014, bringing the total reached to 743 to date (a 32 per cent increase compared to 2013). As a result, more than 351,272 people, (33 per cent children, 64 per cent women), were reached by outreach communication activities for awareness raising and mobilization in favour of child protection. Consequently, approximately 550,000 children are likely to be living in a more protective family/community environment, in which mothers have the basic information for child protection. UNICEF collaborated with the First Lady Cabinet, ILO/IPEC and Ministries in charge of Family, Woman and Child and of Employment, Social Welfare to build capacity of 122 media professionals on child protection, with a specific focus on child labour and trafficking.

OUTCOME 4 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:
While overall trends in HIV/AIDS prevalence in Cote d’Ivoire show some improvement, in that prevalence among the population overall went down from 4.7 per cent in 2005 (EDS2005) to 3.7 per cent in 2012 (DHS/MICS2012) and the HIV transmission from mother to child decreased from 13 per cent in 2012 to 8 per cent at the end of 2013 (Situation analysis on PMTCT, May 2014), the incidence of HIV among adolescents has increased by 56.3 per cent between 2005 and 2012 (Comparative study on the vulnerability analysis among adolescents, 2014).

The annual National Council meeting on HIV/AIDS was organized in December 2014 and the President of the Republic expressed the high commitment of the Government of Cote d’Ivoire to reduce drastically the HIV/AIDS epidemic in Cote d’Ivoire. The high level engagement was also expressed by The First lady of Cote d’Ivoire, who agreed to be appointed as PMTCT Ambassador in the framework of the agenda of the elimination of the PMTCT transmission by the UN General Secretary through the UNAIDS Executive Director.

Adoption of positive behaviours was observed: an increase in safer sexual behaviour and a reduction in risky behaviours; consistent use of condoms increased from 31.6 per cent to 59 per cent; multiple sexual partners declined by 50 per cent among men and women; intergenerational sex among men and women decreased by 5 points from 10 years to 5 years
between 2005 and 2012. Casual sex was reduced by at least 50 per cent by 2014; adolescent pregnancy was reduced by 21 per cent among youth under 19 years old.

Cote d’Ivoire attained critical coverage and utilization of HIV biomedical prevention service (PMTC/PEC): 52 per cent of HIV+ pregnant and breastfeeding women have access to ARV and 64 per cent of health centres have integrated PMTCT and 36 per cent have pediatric care services.

The proportion of HIV-infected mothers and exposed infants accessing PMTCT increased from 36 per cent to 52 per cent between 2012 and 2014 and the proportion of adults who have recently tested for HIV in 2013 increased to 25 per cent. The proportion of clinically eligible ART clients enrolled on treatment increased to 10 per cent to 23 per cent from 2012 to 2014.

There has been an increase in the proportion of women who make decisions about their sexual and reproductive independently or jointly with partners, from 66.4 per cent in 2005 to 70.03 per cent in 2012. The per cent of adults who believe that a wife is justified to refuse sex with her husband if he has an STD increased and is now around 78 per cent for women and 90.4 per cent among men.

The ratio of orphans to non-Orphans (10-14 years) attending school increased from 5.4 per cent in 2005 to 12 per cent in 2014; and the ratio of orphans and vulnerable children (OVC) and non-OVC (5-17 years) whose five basic needs are met increased from 9.7 per cent to 40 per cent. Of a targeted population of 232,000 OVC in the national strategic plan 2010-2015, 172,546 (75 per cent) are currently provided with various support services.

Data on new HIV infections was tracked annually and disseminated, Population/facility surveys of HIV prevention outcomes were conducted through DHS/MICS 2012. HIV prevention interventions were evaluated for impact and a comparative study on adolescents' vulnerabilities was finalized, showing the negative trend represented by an increase in the epidemic among adolescents. This study was used as an advocacy tool. Annual reports of HIV prevention comparing outcomes/outputs against targets were produced at the regional level and the national HIV prevention programs had M&E systems and plans.

**OUTPUT 1** 40 per cent of OVC identified in the areas of intervention receive care and support by family centred approach

**Analytical Statement of Progress:**
The M&E system and the OVC platform of coordination were strengthened with strong joint support between UNICEF, PEPFAR and the Global Fund. A total of 10,350 OVCs per cent (103 per cent of the target) received psychosocial support; 3,548 OVCs were supported with vocational training; 3,232 OVCs received protection (birth registration, legal assistance, nutrition); 1,734 OVCs were provided with school kits and education support; and 5,212 OVCs were provided with care and treatment.

UNICEF supported the introduction of a family centered approach by training 50 trainers, and by partnering with Save the Children and PEPFAR, who are contributing to the development of the approach through their various implementing partners.

The national Programme on OVCs progressed, with additional coverage as well as additional numbers of HIV positive children benefitting. Fifty three social centres were restructured and strengthened with equipment (motorcycles, computers and printers, internet commodities for
communication and reporting) and capacity building through training and support for the OVCs program. All these processes enhanced the coordination platforms at national, regional and local levels, supervision for coaching and field support to the implementation of activities.

A total of 2,315 social workers were trained on care and support of OVCs, communication for behaviour change, gender and children rights. The module on OVCs care and support was integrated in the basic training of social workers and since 2007 has reached 1,589 students in different schools providing skills to social workers (INFS, ENSEP/INJS). UNICEF contributed to the production of documents and tools used especially for supervision, monitoring and evaluation of the program.

In 2015, the focus will be on family and community centered interventions, as well as on intersectoral coordination to strengthen a sustainable supportive environment.

OUTPUT 2 Treatment, Care and Support for Adolescents and Young People

50 per cent of adolescents and young people living with HIV/AIDS identified receive treatment and care and 100 per cent of adolescents and young people identified receive treatment and care for IST an SGBV

Analytical Statement of Progress:

Data on adolescents on HIV ART is collected through the national monitoring and evaluation system but is not yet part of the national data analysis and reporting system, which doesn’t take into account age and sex disaggregation. Available data are based on project reporting. There is a need for a bigger picture on data and information related to adolescents’ health and development.

In 2014, UNICEF, in partnership with Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFAMT) targeted a population of more than 60,000 adolescents. Among them, 37,582 (62 per cent) were tested for HIV and 1.5 per cent were diagnosed as HIV+. More girls (20,167) were tested than boys (17,415). The prevalence in UNICEF intervention zones is almost the same as reported in DHS III, which is 1.3 per cent. The prevalence among HIV+ adolescents between 15 and 19 years is 60 per cent among girls against 40 per cent among boys. This figure is reversed for those between the ages of 20-24 years, when the burden becomes more important among boys than girls (57 per cent vs 43 per cent). The annual data analysis of tested adolescents reveals that adolescent girls respond more positively when treatment is offered than boys: 67 per cent of HIV positive adolescent girls are on ARV treatment.

A total of 11,313 cases of sexually transmitted infections (STIs) were identified and all of them were treated with the support of UNICEF, which provided treatment kits through the national program on School Health (SSU) and to the health centres. Despite an STI Programme located in PNLS at the national level, it remains difficult to have comprehensive national data from health care services. One of the big constraints is the lack of availability of STI Syndromic kit drug in the new Public Pharmacy (Nouvelle PSP) since 2008. STI medicines are not integrated in the list of essential drugs. Advocacy is ongoing with the hope that this will be addressed in 2015.

Considering the poor programming and reporting in the area of ART and the weaknesses on paediatric care, UNICEF supported a “Situation analysis on paediatric care extended to adolescents” which will be followed by the development of a road map on how to improve HIV/AIDS treatment and care for children and adolescents. UNICEF also supported the Ministry
of Health and HIV/AIDS through the PNSSU on the development of a National Adolescents Health Strategy and contributed to the BNA analysis and the definitions of required actions to be implemented in 2015-2020. In 2015 UNICEF and the others partners (UNFPA, PEPFAR) will focus on supporting the implementation of this comprehensive adolescent health strategy and on strengthening care and ART treatment for HIV positive adolescents.

OUTPUT 3 Policy Development, community and Health System Strengthening and Capacity Building Relevant policies are developed, community and health systems and interventions of HIV/AIDS are coordinated for the optimal utilization of resources and to ensure equity in services provision

Analytical Statement of Progress:

A joint consultation with all stakeholders was organized on ETME situation analysis and the roadmap to transition from Option B to Option B+. A high level joint mission to advocate for the ETME was organized and led to the approval of the task shifting in June 2014. The situation analysis and the development of the road map to option B+ have been strong tools for advocacy and were used by the joint mission in May 2014.

The Comparative analysis on the vulnerabilities of adolescents and youth to HIV/AIDS was used as an advocacy tool during the Joint UN Regional Team on AIDS (JURTA) joint mission and by UNICEF Cote d'Ivoire during national consultations organized for advocacy. This consultation was led by the Minister of Youth, Sports and Leisure.

Several meetings of the Joint UN Team, such as the Joint Work Plan development, various consultations and joint advocacy with Parliamentarians on HIV/AIDS contributed to the visibility of the bottlenecks in program implementation and in addressing the gaps. The studies cited above were presented to the Parliamentarians and strategies were discussed as a means of sensitization and capacity building at political levels.

Strategic advocacy also led to the CCM reform and the change in its management for better accountability and better support to programs. Joint field visits were organized by the CCM and partners to monitor the efficiency of the Global Fund grants. Two important strategic meetings were held with PEPFAR, USAID and CDC, GFAMT, WHO and UNAIDS as a way of leveraging strategies and better utilization of resources and for common advocacy on issues such as the transition from option B to option B+, the task shifting, and the domestic funding of HIV/AIDS. As result, PEPFAR and the GFAMT committed to fund the entire ARVs and commodities needed for the transition to option B+ in 2015 and 2016.

All districts supported have functional HIV coordination bodies, functional PLHIV networks and organized quarterly meetings to analyse data collected and progress towards the end year goals and to identify the bottlenecks to be addressed. Working groups also provided opportunities for capacity building through strategic discussions and learning new concepts such as the Bottlenecks analysis, equity and vulnerability analysis, and gender dimension in Programme implementation.

In collaboration with the Joint UN team a new HIV law was adopted by the Parliament to protect both HIV positive people and their partners.
OUTPUT 4 HIV and AIDS in Emergencies: Care and treatment of women and children in emergencies are continued.

Analytical Statement of Progress:
Support was given to all stakeholders to prepare an emergency contingency response based on the CCC on HIV/AIDS. Supplies such as ARVs, PEP Kits, and medicines were provided to health centres and training continued. Information, Education and Communication (IEC) materials and PMTCT monitoring tools were produced and distributed in the zone of humanitarian needs around Mont Peko as well as in the areas with internally displaced people in Abidjan. As result of these Emergency Preparedness and Response Plan (EPRP) and implementation actions, prevention and care as well as treatment of HIV+ women and children were continued without strong negative impact on the MCH/PMTCT services.

OUTPUT 5 Treatment, Care and Support for Women and Children: 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:
Although Cote d’Ivoire has implemented PMTCT for more than 10 years, universal access has not yet been attained. However, steady progress in PMTCT provision has been observed since 2009, progressing from 10 per cent of pregnant women in 2009 to 63 per cent in 2014. According to the 2014 eTME road map report, approximately 11 per cent of new HIV infections in the country are due to mother-to-child transmission (MTCT). Based on the 2014 UNICEF implementation report, the increased effectiveness of PMTCT services has contributed to strengthening all prongs of PMTCT: primary prevention of HIV among reproductive age women and their partners; provision of family planning services for women living with HIV; HCT for pregnant women and HAART (option B) for mothers and infants living with HIV; and care and support for women living with HIV, their partners, infants and families and the platform of maternal, neonatal and infant health.

According to the 2014 HIV national Programme report, 98 per cent of pregnant women who attend ANC take HCT, and this high proportion is largely due to routine counseling and testing the same day. However, approximately 36 per cent of women who tested for HIV/AIDS and initiated treatment are lost during the treatment period. Retention should continue to be addressed. Considerable efforts were made to reduce drop-outs and an SMS mobile phone system for improved health services will be introduced in 2015 to decrease the number of drop-outs.

In 2014, strong advocacy activities were carried out with support from a regional inter-agency team. A situation analysis was achieved and a roadmap for the transition from Option B to option B+ was adopted. The task shifting was approved by the Cabinet, a UN Regional and HQ joint mission with other partners in PMTCT/PEC was organized and recommendations are being implemented. The Bottleneck analysis (BNA) and Health district micro-planning were achieved in 12 Health Districts.

The Optimizing HIV Treatment Access for Pregnant Women Initiative (OHTA) Project implementation in Côte d’Ivoire made some positive impact on the shift in national policies at high levels as well as in improving service delivery and PMTC uptake. Partnerships between UNICEF, WHO, UNAIDS, PEPFAR and GFAM were strengthened through joint advocacy for task shifting and the transition to option B+. Both strategies were approved by the Government and will begin early 2015. Efforts to raise complementary funding for the implementation of the
transition to B+ and the task shifting were successful. PEPFAR and the GFAMT agreed to fund the entire provision of ARVs and other commodities for approximately 50 per cent of the global funds in year 2015. UNICEF support in 2014 helped to improve the utilization of services. Women attending antenatal consultation 1 and 4 increased; access of children to early diagnosis increased to 61 per cent. Children having access to ARV increased to 33 per cent compared to 13 per cent at the national level. The number of new women on HIV treatment increased by 10 points in 9 months of implementation. In all zones of implementation in 2014, UNICEF has seen improving quality and scaling up coverage of HIV counseling and testing, in scaling up of core HIV prevention services to attain critical coverage and utilization, in strengthening supply chain management of health supplies for HIV prevention due to support of close supervision and coaching and coordination, strengthening the lien of HIV prevention services in clinical and community settings. The focus on community mechanisms contributed to increasing the demand and retention for prevention and care services. In the West, the Health centres integrating PMTCT and MCHI increased, with 59 new sites and quality services were maintained in 91 existing sites, bringing the total to 150 health centres providing services to nearly 120,000 pregnant women and 79,000 children.

OUTPUT 6 Prevention and Communication for Behaviour Change: 70 per cent of the most vulnerable adolescents, young people and families have access to correct information and skills on HIV an IST prevention

Analytical Statement of Progress:
Peer-to-peer outreach and interpersonal community-wide events were implemented in communities and schools. Out of a total of 1.7 million adolescents between 10 and 24 years old in UNICEF intervention areas, 1.4 million (80 per cent) were exposed to correct information and life skills on HIV/AIDS, STIs, RH and GBVs. HIV. A total of 81,713 adolescents were tested for HIV, and among them 1,238 (1.13 per cent) were found HIV +.

In partnership with the Ministry of Youth, Ministry of Health, Ministry of Education and partner NGOs, significant achievements were reached in Interpersonal communication and community awareness, using a mobile clinic van to support information sharing and skills, testing for HIV and ISTs, counselling education, addressing stigma, sexual violence and high risk behaviors, anti-natal consultations and referral to PMTCT services.

There is still no comprehensive health care and treatment Programme available for adolescents, and there is a poor reporting and M&E system on community indicators at the national level. To remove these bottlenecks, in 2014 UNICEF supported a bottleneck analysis on adolescents and youth health and contributed to the development of a draft “National Strategy on Adolescents Health.” UNICEF also supported coordination between the four Ministries in charge of adolescents and the main funding partners (UNFPA, UNAIDS, PEPFAR, Alliances),

OUTCOME 5 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 Côte d’Ivoire, UNICEF supported the Government in implementing and coordinating the National Strategy on Social Protection. This Strategy was adopted in April 2014 by the Council of Ministers (with UNICEF as lead technical partner) and provides an important framework to promote inclusive growth and equitable access to basic services, with a focus on the most vulnerable households. The current social protection system in Côte d’Ivoire relies
mainly on traditional informal solidary mechanisms, which were weakened due to the socio-political crisis that affected the country over the last two decades. Only 10 per cent of the population benefits from formal social insurance schemes (source: *Etat des Lieux, Défis et Perspectives de Renforcement de la Protection Sociale*, 2011).

Less than one per cent of the state budget is invested in social protection and increased fiscal space is needed to ensure that the policy will reach and benefit the most vulnerable and excluded groups (SITAN 2014).

To feed high-level advocacy on children rights and their inclusion in national and sectorial policies, UNICEF published with the Ministry of Development and Plan an up-to-date analysis on the situation of children in Côte d’Ivoire (SITAN). It represents a powerful programming and advocacy tool for the next National Development Plan (2016-2020) and social sector policies. The SITAN is the first of its nature to depict the current state of child rights in Côte d’Ivoire in the post-crisis context.

Together with other partners, UNICEF continued its upstream advocacy on a better integration of social protection and human development within the new National Development Plan.

UNICEF also played a lead advocacy role for better governance and increased fiscal space for social spending through its participation in the National Public Expenditure Review Committee on Health and Education.

UNICEF Cote d’Ivoire also strengthened national data collection and monitoring systems on child rights, such as the preparation of the next MICS survey (MICS5). The data are instrumental for assessing changes in key indicators on child well-being and tracking progress toward elimination of disparities and inequities in Côte d’Ivoire.

**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 supported the Department of Social Protection (operating under the leadership of the Ministry of Labour and Social Affairs) in publishing and disseminating the strategy document.

UNICEF Cote d’Ivoire also built government capacities on social protection by training 150 Ministry staff and decentralized government services (education, health, social affairs) staff on social transfers. This training covering all regions of the country and enhanced the participants’ understanding of the challenges faced in implementation of a social protection policy in Côte d’Ivoire, as well as their roles and responsibilities in putting this policy into practice.

In view of reinforcing upstream advocacy on increased fiscal space, quality and equity of social spending, UNICEF, in partnership with the World Bank, supported the Government in preparing a public expenditure review on health and education to be conducted in 2015. This in-depth review will provide a solid evidence-base for preparing the next five year National Development Plan (PND 2016-2020) and influence high-level policy dialogue on strategies to enhance the efficiency, effectiveness and equity of public expenditures in both sectors.
UNICEF also provided training to 35 parliamentarians, key civil servants, civil society, and media professionals on child friendly budget analysis. This exercise enabled national actors to conduct their own budget analysis based on national budget data and to plan jointly strategic interventions for next year.

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:

Following the Government’s decision to start the new programme cycle in 2016 instead of 2014, during its regular session on 6 September 2013. The Executive Board approved a two-year extension of UNICEF Côte d’Ivoire’s country programme. In 2014, UNICEF Cote d’Ivoire focused its efforts on supporting the Ministry of Plan in preparing this new programme (2016-2020).

A first step in this planning process was the realization of an updated situation analysis of children (SITAN) under the leadership of the Ministry of Plan. The analysis was based on a life cycle approach with an equity lens and highlighted the main bottlenecks for the realisation of children’s rights. The SITAN was presented to 250 senior government officials, diplomats and representatives of bi-lateral and multi-lateral agencies, civil society, media and the private sector during a ceremony chaired by the Prime Minister, as part of the 25th anniversary celebration of the CRC. During this event, a strong plea was made to all stakeholders to fully engage in promoting and protecting child rights.

In 2015, major efforts will be made for a wider dissemination of the SITAN at the local level and for building decentralised 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. This intervention aligns with the objectives of a recent reform on budget transfers from central government to local entities beginning in 2016.

UNICEF will continue its advocacy for a better inclusion of children's rights in policies, programmes and operational plans related to emergence.

In collaboration with the EU, UNICEF provided training to 31 regional counsellors on local planning, incorporating gender, results based management and HRBAP, to strengthen their capacities in coordinating the elaboration of local development plans.

With support from the UNICEF Regional Office, UNICEF Cote d’Ivoire undertook a Strategic Moment of Reflection (SMR) which determined key areas to be tackled in the next country programme, such as enhancing engagement with the private sector, promoting integrated approaches and addressing better the needs of adolescents and youth.

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:
UNICEF contributed significantly to the strengthening of national monitoring and evaluation capacities by supporting the Government in executing the 2014 National Population and Housing Census. The Census provides important baseline data for the elaboration, implementation, monitoring and evaluation of the 2016-2020 National Development Plan (NDP) and related sectoral policies. In 2015, UNICEF will support wide dissemination of the Census results and will conduct a more in-depth data analysis to complement the 2014 Situation Analysis of Children (SITAN) in Côte d’Ivoire.

Within the context of the preparation of the new NDP 2016-2020, UNICEF, jointly with all other UN agencies, supported the Government in conducting an in-depth mid-term review of the current NDP 2012-2015 with all national and sub-national ministerial actors. Particular support was given to the design and use of a comprehensive framework for assessing sectoral performance with regard to NDP execution. The review revealed major challenges to be addressed in terms of coordination, ownership, communication, monitoring and evaluation. Its findings will guide the elaboration of the next UNDAF.

In order to produce quality evidence for the SITAN and influence social policy dialogue, UNICEF Côte d’Ivoire carried out a secondary analysis of the 2012 Demographic and Health Survey (DHS), a child deprivation analysis according to the CC-MODA and several equity-focused studies on topics like vulnerability of young and adolescents, out-of-school children and birth registration.

The CC-MODA gives a clear indication on who the multiply-deprived children are, where they live and of what aspects of child well-being they are deprived. It presents an important tool for future programming, particularly on how to target the most vulnerable children, enhance intersectoral interventions and reduce inequities. The main findings of this analysis were included in the SITAN and were also presented in a separate publication.

UNICEF 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 drafting the first National Monitoring Report on Children’s Rights in Côte d’Ivoire. This report, which was submitted to the Geneva-based UN Committee on the Rights of the Child for review, will be complemented by an alternative civil society-led report in 2015.

OUTCOME 6 Women and children have access to essential nutrition interventions (including the management of acute malnutrition)

Analytical Statement of Progress:
Nutrition is a national development issue in Côte d’Ivoire. Despite recent positive trends, the latest Demographic Health Survey (DHS) conducted in 2012 shows that one out of three Ivorian children are stunted; threatening the survival and development of about 1 million children. In 2014, results of a nutrition survey conducted in 9 out of 20 regions in Côte d’Ivoire confirmed that chronic malnutrition in children under-five is stubbornly persistent. While this survey suggested 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 spite of this nutrition situation, access to essential nutrition interventions remain poor and infant and young child feeding practices inadequate; only 12 per cent of children are exclusively breastfed in the first six months of life and 5 per cent of children ages 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 communities' demands on nutrition.
In this regard, UNICEF’s support to the Government of Côte d’Ivoire in 2014 contributed to the implementation of key nutrition interventions such as the promotion of adequate infant and young child feeding practices, the management of severe acute in vulnerable areas, and Vitamin A supplementation and deworming through national campaigns. Challenges remain in terms of planning, supervision, monitoring and supply management. In 2014, UNICEF, as the donor convener for nutrition, also actively supported high-level national processes to raise the profile of nutrition in Côte d’Ivoire. In this context - following Côte d’Ivoire’s adhesion to the Scaling up Nutrition (SUN) movement in June 2013 – a National Nutrition Council was established in 2014 to strengthen cross-sector coordination and leadership for nutrition under the leadership of Prime Minister. The National Nutrition Council is developing, with support from UNICEF and other nutrition partners, the National Nutrition Policy and multi-sectoral Nutrition Strategy. This national process aims to mainstream nutrition across sectors in order to scale-up direct and sensitive nutrition interventions for women, children and their families. In 2014, UNICEF Côte d’Ivoire benefited from generous funding from the Government of Canada, Japan and the Italian national committee for this effort.

In 2015, UNICEF will provide support to the National Nutrition Council for the finalization of the National Nutrition Strategy and common results framework, as well as its costing. The implementation of the National Nutrition Strategy will be a key milestone to significantly improve access to essential nutrition interventions, including in hard-to-reach areas, in Côte d’Ivoire. UNICEF will also be strongly involved in capacity building for nutrition and in the monitoring of the nutrition situation at all levels in order to better deliver results for children and generate data for decision-making.

**OUTPUT 3** 60 per cent of mothers, in areas with the highest stunting prevalence, are counseled on optimal infant and young child feeding practices

**Analytical Statement of Progress:**

At the national level, UNICEF strongly advocated for the promotion, protection and support of breastfeeding. UNICEF participated in the revision of the Code of Marketing of Breast-milk Substitutes, which was conducted under the leadership of the National Nutrition Programme. The Code was updated and an inter-ministerial committee was established to further ensure its implementation. However, appropriate mechanisms still need to be designed and put in place to boost the implementation and enforcement of the Code and create an enabling environment for proper infant and young child feeding in Côte d’Ivoire. UNICEF was also planning to support the celebration of the National Breastfeeding week, but it was not celebrated by the Ministry of Health due to time and planning constraints.

At facility-level, UNICEF supported the Baby Friendly Hospital initiative in collaboration with WHO, by providing technical and financial support to the National Nutrition Programme. This effort aims to ensure that a total of 30 additional maternities (22 supported by UNICEF and 8 by WHO) become breastfeeding support centres by the end of 2015. In 2014, 20 maternities supported by UNICEF have initiated the process.

Partnerships with three local NGOs were established to strengthen nutrition activities, including the promotion of adequate infant and young child feeding practices at community-level. As a result, 82 nutrition sites with 480 community health workers are being set up to reach 782,000 under-5 children, 165,000 pregnant women and 132,000 lactating women in vulnerable areas.
There is still a need to harmonize approaches for the promotion of adequate infant and young child feeding (IYCF) practices at community level and communication tools need to be developed and reproduced. This activity, originally planned to be conducted with UNICEF’s support in 2014, will be initiated in 2015.

OUTPUT 4 At national level, all targeted children benefit from an adequate micronutrient supplementation (campaign or routine) to control micronutrient deficiencies

Analytical Statement of Progress:

Approximately 7 million children (Ministry of Health) between the ages of 6-59 months (100 per cent coverage) were provided with a high dose of Vitamin A during the National Immunization Days held in June and November 2014. Approximately 6 million children (100 per cent coverage) between the ages of 1 to 5 years received deworming tablets (Albendazol). Biannual deworming was not ensured because of planning and funding constraints.

UNICEF also supported, in collaboration with Helen Keller International, the harmonisation of national fortification standards and regulations for wheat flour, oil, salt and complementary foods. In 2015, UNICEF technical support will focus on the implementation of these standards. In collaboration with the World Food Programme (WFP), UNICEF also supported a feasibility study on the introduction of multiple micronutrient powders in Cote d’Ivoire. Results are being consolidated. Given the high anaemia prevalence in children aged 6 to 24 months, further support will be provided to the Ministry of Health in this area in 2015.

OUTPUT 5 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:

At national level, UNICEF supported the revision of the National Protocol for the Management of Acute Malnutrition and 20 national nutrition experts were trained on the revised Protocol. The roll-out of the revised protocol has not yet been initiated at sub-national level.

UNICEF provided 9,165 cartons of therapeutic foods to health centres for the treatment of approximately 11,000 children under-5 with severe acute malnutrition. The national nutrition programme is consolidating monthly reports to estimate the number of children under-5 treated and cured in 2014. However, the collection of information needs further support from UNICEF, and Cote d’Ivoire does not yet have in place a systematic data collection mechanism. In addition to the provision of essential supplies at facility-level, partnerships with NGOs were established to strengthen the screening, treatment and prevention of malnutrition at community-level. A total of 82 nutrition sites with 480 community health workers are being set up to reach approximately 700,000 under-5 children, 165,000 pregnant women and 132,000 lactating women in vulnerable areas. Given capacity, planning, monitoring and supply management challenges, UNICEF will conduct an in-depth analysis of the situation in 2015 in order to identify and address bottlenecks and further improve and scale-up the management of severe acute malnutrition in Cote d’Ivoire.

OUTPUT 6 The nutrition sector has an adequate policy framework to scale up nutrition

Analytical Statement of Progress:

Following the adhesion of Cote d’Ivoire to the Scaling-up Nutrition Movement (SUN) in 2013, a regional inter-agency mission involving FAO, HKI, OMS, WFP, UNICEF, and USAID was
conducted in early 2014. This joint effort resulted in a road map for accelerating the scaling-up of nutrition at national level. Further to this mission, a National Nutrition Council was established under the leadership of the Prime Minister and UNICEF was designated as the convener of technical and financial partners for nutrition in 2014. In this regard, UNICEF contributed, in close collaboration with nutrition partners, to the roll-out of the SUN roadmap. UNICEF provided technical support to the National Nutrition Council for an extensive analysis of the nutrition situation (desk-review and qualitative survey), which was validated by the National Nutrition council and presented a sound evidence-base for the elaboration of the National Nutrition Policy and a cross-sectoral Nutrition Strategy. The five-year Nutrition Strategy aimed at scaling-up direct and sensitive nutrition interventions will be finalised and costed in early 2015. In this context, UNICEF facilitated the coordination of nutrition partners (UN agencies, international NGOs and donors) and led the two first meetings of the newly established nutrition platform. With a view to strengthening the national nutrition information system, a SMART survey was conducted in priority areas (9 out of 20 regions in Cote d’Ivoire). This survey provided updated and sound information on the nutrition status of women and children under-five, thereby assisting with future planning.

Following the deactivation of the UNICEF-led Nutrition cluster in 2013, only two humanitarian nutrition meetings were organised under the leadership of the National Nutrition Programme. UNICEF, as co-chair, supported the revision of the humanitarian strategy. Emergency preparedness and response activities need to be strengthened in 2015, including in the context of Ebola prevention and risk mitigation actions.

OUTCOME 7 Women and children have access to drinking water, to improved sanitation, and they adopt good hygiene practices.

Analytical Statement of Progress:
Cote d’Ivoire will not meet the sanitation related Millennium Development Goal (MDG) target, due to limited progress in terms of access to sanitation increasing from 15 per cent to only 25 per cent in 22 years (JMP 2014). In 2012, the proportion of the rural population using improved latrines was estimated at 10 per cent (22 per cent nationally; JMP 2014). A total of 5.6 million people in Cote d’Ivoire (28 per cent) still practice open defecation; the majority of them (4.9 million) live in rural areas. While the situation for access to water is better, with 92 per cent of the population in urban areas and 68 per cent in rural areas having access to an improved water source, the MDG water target will not be met as there has been insufficient progress since 1990 (from 76 to 80 per cent in 22 years (JMP 2014).

In 2014, UNICEF support to the Government of Cote d’Ivoire in the area of Community Led Total Sanitation (CLTS) led to at least 268,000 new users of basic sanitation facilities (against a target of 800,000 new users over two years), and at least 36,000 households have adopted hand washing with soap. The evaluations of Open Defecation (OD) status are ongoing. More than 750 villages were newly certified open defecation free (ODF) in 2014, as compared to approximately 350 villages having been certified in the first four years since the introduction of CLTS. (Source: Government CLTS evaluation reports).

At least 20,000 people gained access to an improved water source as a result of UNICEF’s work in Cote d’Ivoire in 2014. This was achieved through the replacement of water pumps, especially in the Bas Sassandra region, a region with especially low access rates to water. With support from Government of the Netherlands, UNICEF supported the Government in the introduction of low cost manual drilling technology, with three local companies undergoing
training in 2014. SMS-based monitoring of water point functionality and sanitation related indicators is currently being tested in five pilot departments.

In collaboration with the Education Section and with support from the World Bank, UNICEF rolled out a hygiene promotion campaign in schools. As the threat of the Ebola Virus Disease (EVD) became more urgent, the focus shifted toward hygiene promotion to stop Ebola from entering Cote d'Ivoire. As a result, 1,063 schools that were most risk because of their proximity to the affected countries benefited from hygiene promotion campaigns and the distribution of hand washing facilities and soap, with support from Japan, SIDA and the GIZ.

In 2014, UNICEF Cote d'Ivoire established 15 partnership agreements with 13 international and national NGOs and a regional organization (WSA-EAA). One newly established partnership is a Standby Agreement for cholera and Ebola response, which was activated in the month of December 2014 in order to prevent cholera from spreading in Abidjan.

In 2014, UNICEF Cote d'Ivoire benefited from generous funding for WASH interventions from the European Union, the Government of the Netherlands, the Government of Japan, and the World Bank, for a total amount of US$5.2 million.

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

Analytical Statement of Progress:
Some progress was made in the area of policy documents, especially regarding the CLTS Implementation Manual, which is being finalized and will be validated in early 2015. A consultant is being recruited for the Hygiene Strategy. Donor meetings were organized by UNICEF on two occasions and the terms of reference are being finalized to facilitate more regular meetings in 2015.

The limited progress in this area is mainly due to governance issues and restructuring that is still incomplete in government. Following the deactivation of the UNICEF-led WASH Cluster in 2013, the government has not fully taken over this task. Only two humanitarian WASH meetings were organized in 2014, and only upon UNICEF's initiative.

OUTPUT 2 Communities end open defecation and households improve their latrines, practice household water treatment and adopt hand washing with soap.

Analytical Statement of Progress:
As a result of UNICEF efforts, there are at least 268,000 new users of basic sanitation facilities, and at least 36,000 households have newly adopted hand washing with soap (source: Government CLTS Evaluation Report). Evaluations of Open Defecation (OD) status are still ongoing, so these numbers could be even higher for 2014. More than 750 villages are newly certified open defecation free (ODF), indicating that CLTS is going to scale in Cote d'Ivoire. For these interventions, UNICEF mobilized sufficient resources, more than US$12 million for rural sanitation over a period of four years, while the government mobilized central, regional and departmental authorities around the issue of ending open defecation and also contributed financially to these achievements.

Limited progress was made in the area of Household Water Treatment and Safe Storage (HWTS). The initiatives that UNICEF started four years ago (Aquatabs and ceramic filters) have seen limited success, due to the high costs of the Aquatabs and consequent difficulties in their
marketing without subsidy, and due to difficulties in scaling up ceramic filters. Under government leadership, a new partnership is being finalized with PSI for the introduction of Sur’Eau, a chlorine solution, in the Ivorian market in 2015. It is estimated that a cost-recovery price can be established after one to two years.

OUTPUT 3 WASH infrastructure, products and services are available in communities, schools and health centres.

Analytical Statement of Progress:

Some progress was made regarding water supply in two vulnerable and needy regions, notably Bas Sassandra and Zanzan regions (Bas Sassandra has 50.3 per cent access to improved water source compared to 78.3 per cent nationally; and Zanzan has very high rates of chronic malnutrition, which is likely to be driven by poor WASH indicators). At least 20,000 new people gained access to drinking water through the replacement of pumps in these two areas.

UNICEF Cote d’Ivoire plans to scale up the WASH construction activities for the districts of Zanzan (Bounkani and Gontougou regions), Odienne (Kabadougou and Folon regions), and Bere, Agneby Tiassa and Sud Comoe regions, covering 7 of 31 regions. More financial resources will be needed in order to expand to more than seven regions.

A Sanitation Marketing study has been underway since July 2014 and results are expected in March 2015. This study will inform implementation in order to improve latrines that are being built in the context of CLTS activities.

OUTPUT 4 In humanitarian emergencies, people access a basic WASH package based on the CCC standards.

Analytical Statement of Progress:

A WASH Contingency Stock was constituted with financial support from the Government of Japan. An adequate and efficient response for the displaced population followed the attacks in Grabo in the South-West of Cote d’Ivoire. Since the start of the Ebola Virus Disease (EDV) epidemic in neighbouring Guinea and Liberia (and Mali though brought under control), WASH emergency activities focused on procurement of soap, chlorine and hand washing stations, and on hygiene promotion campaigns in more than 1,063 schools in high-risk areas in the West of Cote d’Ivoire, benefiting more than 185,000 pupils. Chlorine (HTH) is currently being distributed to 200 health centres in high-risk areas, and hygiene kits for 3,500 households have been ordered as a precautionary measure and will be distributed in early 2015. Three additional partnerships were concluded to carry out distribution and hygiene promotion in schools. UNICEF activated a Standby Agreement with the Ivorian Red Cross (CRCI) and transferred US$50,000 in December 2014 to allow for a response against cholera in high risk areas of Abidjan.

OUTCOME 8 By 2015, 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:

Access to quality education remains a challenge in Cote d’Ivoire, especially for girls, and especially for children residing in the West, North West and the North. Several barriers exist, including economic barriers, hidden costs of education, the involvement of children in education,
social and cultural norms and limited protective environment for children in schools, especially for girls. At the September 2014 General Assembly, the President expressed a strong political will to make schooling accessible to all.

Access to early learning opportunities has increased across the country and in the regions targeted by the UNICEF-Ministry of Education (MoE) cooperation programme with, the number of children enrolled in preschools having increased from 111,384 in 2012-2013 to 129,371 for the 2013-2014 school year (16.15 per cent increase) including 1,153 children (of which 52 per cent are girls) enrolled at community level (statistical yearbooks 2012-2013 and 2013-2014). The students enrolled in community-based early childhood development (ECD) centres represent 0.9 per cent of children with access to early learning. A total of 1,628 children attended the 25 community-based ECD centres established since 2012 in the North-East (Bouna) and the West (Man-Guiglo) with UNICEF support (Caritas activity report). Sixteen new ECD centres are being established in the North-West (Odienné) and the South-West (San-Pedro and Soubré) to provide 1,280 children between the ages of 3 and 5 with appropriate skills and abilities in preparation for easier access and transition into primary school. Overall access to ECD facilities in Cote d’Ivoire remains low. The DHS-MICS 2011-2012 survey revealed that the preschool enrolment rate is only 4.5 per cent. To address this issue, UNICEF supported the Ministry of Education (MoE) to develop a harmonized community-based approach for establishing ECD centres. This approach, to be disseminated by ministerial decree, is a strategy to strengthen community-based initiatives for early childhood development and to anchor community ECD centres within the existing MoE framework on school readiness.

Progress is being made toward achieving universal primary education, with an increasing number of students enrolled in primary school. During the school year 2013-2014, 3,176,874 students attended primary school nationwide, compared to 3,021,417 students in the previous year, representing an increase of gross enrolment rate from 91.2 per cent to 94.7 per cent (MoE statistical yearbook 2012-2013 and 2013-2014). Despite this progress toward universal primary education, girls’ education remains a key nationwide challenge, with a gap of 10.1 points between boys and girls gross enrolment rate at national level (99.7 per cent versus 89.6 per cent) (Statistical yearbook 2013-2014). This gap is accentuated and gets much higher in some regions of the country.

Tangible progress has been seen in terms of primary education achievement rate, with an increased completion rate from 58.2 per cent in 2012-2013 to 60.4 per cent in 2013-2014 (MoE Statistical yearbook 2012-2013 and 2013-2014). These results are associated with education cost reduction strategies such as the construction of additional classrooms, free distribution of learning and teaching materials to primary school students, improved teacher training and supervision. Despite these improvements, the quality of education remains a challenge, in response to which the Ministry of Education, with UNICEF’s support, initiated the roll-out of the child friendly school model in order to mobilize all education stakeholders and create synergies of actions. The child friendly school approach is being implemented in 150 primary schools before its nationwide introduction in all schools within the framework of the Education Sector Plan.

**OUTPUT 1** The capacity of 40 local communities are reinforced for ensuring the access to ECD centres for 24000 young children from 3 to 5 years old

**Analytical Statement of Progress:**
The 25 ECD centres established in 2012 and 2013 enabled 1,628 children to access early learning during the school year 2013-2014 (Caritas activities reports 2014). An additional 16
new ECD centres are currently being established: 10 in San Pedro and Soubre, 4 in Odienne, and 2 in Man. These centres will be fully operational for the new school year 2015-2016 and will enable 1,520 children to access ECD facilities.

The mothers’ clubs of the 25 existing ECD centres and the 16 new centres that are being established were sensitized on the ECD approach and also benefited from parental education training. An ECD and social cohesion baseline study was conducted, covering 17 target communities in the Man region. The study provided updated information on the socio-economic and demographic situation of ECD pupils (i.e. number of children by gender and age, civil status, enrolment rates, maternal health situation and number of children living with disabilities) and will enable early identification of disability cases and referral to specialized services. The study also covered conflict dynamics and local conflict management capacities, providing a solid baseline for community social cohesion programming using ECD centres as an entry point.

All activities were undertaken in close collaboration with the regional education authorities (DREN). In 2015, on-going activities in the 16 target regions will be continued and further scaled up to cover an additional 24 areas.

**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:**

The 2013-2014 statistical year book published by the Ministry of Education shows a gradual improvement in access to primary school, with gross enrolment rate estimated at 94.7 per cent, compared to 91.2 per cent in 2012-2013. However, the gap between boys and girls is still high, at 10.1 points for 2013-2014. The primary school completion rate also improved, rising from 58.2 per cent in 2012-2013 to 60.4 per cent in 2013-2014, but with lower performance among girls (54.2 per cent for girls versus 66.4 per cent for boys).

An important aim of the education programme is to support free education through the distribution of school supplies to children and teachers in primary and community schools as a key strategy to accelerate progress towards universal education. In this context, almost 110,451 basic learning materials were distributed to children in low enrolment areas such as Odienné, San Pedro, and Bouna. To promote access to quality basic education for all children without discrimination, a holistic and participatory assessment was conducted in 150 primary schools to define their profile in line with the 11 national standards for child friendly schools in Cote d’Ivoire. The 150 schools were classified in order to orient the development of school improvement plans to achieve child friendly schooling for 51,548 children. With UNICEF technical support, the process was driven by the Ministry of Education, building ownership of the approach and ensuring its generalization and sustainability in all schools within the framework of the Education Sector Plan.

The Ministry of Education developed a draft plan for the acceleration of girls’ education, which is being finalized and will be supported by a communication plan in 2015 in order to mobilize all national stakeholders and development partners. A training module on pedagogic practices was developed and approximately 850 teachers have been trained, with more sessions planned for the Ministry of Education staff at regional level.

In accordance with the new policy of the Ministry of Education related to the fight against violence in schools, 1,200 teachers were trained on protective teaching practices with a
particular focus on the protection of girls at school. That training was reinforced by the development of a national code of conduct for teachers and other communication tools for protection children against violence.

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

**Analytical Statement of Progress:**
To strengthen capacities of caregivers of young children between the ages of 3 and 5 years, 16 ECD centres were established and integrated in primary schools in 16 communities in San Pedro, Soubre, Man and Odienné, with the support of local NGOs. Sixty caregivers from those communities were trained to enhance their knowledge and skills on early childhood development. Each ECD centre is managed by a women’s/mothers’ group that accompanies the ECD initiative and supports young children from the moment they join the centre to their enrolment at primary school.

To ensure sustainability of community-based centres, 31 mothers’ clubs (in North, South West and West regions) were equipped with materials to carry out income-generating activities.

Information and community sensitization sessions were held in 41 communities (including 25 targeted since 2012) to mobilize the entire community around ECD, including young people (Caritas activity report 2013-2014).

**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:**
In the 12 Regional Directorate of National Education and Teaching (DRENET) target regions of the UNICEF-Ministry of Education (MoE) cooperation programme, UNICEF provided basic learning materials to 110,451 students to facilitate their access to basic education and reduce education costs for families. In the same context, 4,180 preschool kits also were distributed in 41 ECD centres (27 established since 2012 and 14 being established). A total of 2,080 kits also were purchased for 26 new ECD centres set for completion in the 2015-2016 school year (MoE’s school kits distribution 2014 report).

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

**Analytical Statement of Progress:**
To obtain a better understanding and knowledge on the situation of the children out-of-school in Cote d’Ivoire, UNICEF collaborated with the “Ecole National des Statistiques et d’Economie et Appliquee” (ENSEA) for research on that issue. A draft report issued on a literature review will be used to identify the regions seriously affected and the reasons for that situation through the realization of specific enquiry in these regions.

UNICEF collaborated with NGO partners to establish bridge classes recognized by the Ministry of National Education in order to reintegrate out-of-school children into the formal system. Thirty two out of 128 children were reintegrated in the Man region by Caritas Man.

UNICEF also provided support to community schools, including faith-based schools. A total of 116 faith based schools were provided with basic learning materials for 28,106 students as per
the Ministry of Education’s school kit distribution plan, and 188 teachers were trained on pedagogic practices and class management as part of the integration process to the formal education system. Twenty institutes out of a total of 25 received materials and equipment to enhance girls’ learning outcomes in non-formal education settings.

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

Analytical Statement of Progress:
The national Mid-term Action Plan was reviewed with technical and financial support from UNICEF, providing an update on the results achieved and proposed strategic adjustments needed to fully realize the planned objectives. The exercise revealed that 80 per cent of the required resources were mobilized, but with very slow progress in implementation. The mid-term review also served as the starting point for the development of the next decade education sector plan (2016-2025) as well as the education sector diagnosis (RESEN). These strategic documents take into account concerns such as early childhood development, equity, out of school children quality and management of the education system, and the conflict and disaster risk reduction. The working groups were created and are working under the leadership of the IIEP/UNESCO Dakar office, UNICEF WCARO and the Education programme in Cote d’Ivoire.

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

Analytical Statement of Progress:
The Ministry of Education developed an action plan on Ebola prevention focusing on schools in the border region with Liberia and Guinea. The action plan is aimed at sensitizing children and teachers as well as establishing hand washing facilities in target schools. A total of 6,000 posters and 60,500 pamphlets were developed and distributed in 1,063 schools; 5,000 hand washing facilities and 180 image boxes were distributed in the schools of six DRENET. The activities not only benefited children but also their parents and the broader community.

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

Analytical Statement of Progress:
Since July 2014, UNICEF, in collaboration with Caritas, established 17 peace committee messengers and 17 inclusive ECD mothers’ clubs to run the ECD centres, bringing together 650 women from different ethnic, social and religious backgrounds around a common goal of child wellbeing. In the context of a fragile social fabric weakened by a decade-long crisis, displacement and divisions among communities, the ECD mothers’ clubs are used as entry points for social cohesion programming, functioning as platform for social interaction, dialogue, joint learning and community activities that promote understanding, skills building and constructive action for peace among the group, families and in the larger community. Mothers’ groups have been sensitized on social cohesion issues and trained on non-violent conflict resolution. They also received training on parental education, simplified accounting, stock management, community collaboration and agricultural techniques to enable income generating activities.

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 partnership with the NGO Search for Common Ground (SFCG), UNICEF Cote d'Ivoire’s education programme is promoting the culture of peace in 30 primary and secondary schools. In this context, 30 peace messenger clubs were reinforced and 119 students, 50 community leaders and 62 teachers were trained in conflict transformation, mediation, and peace building techniques to help them improve their understanding of conflicts and social cohesion issues. Theatre club members were trained in participatory theatre to increase their knowledge and skills to promote peace at school and community level.

The Peacebuilding and Education programme fostered the engagement of youth in national reconciliation processes (Truth and Reconciliation Commission, CDVR) and supported independent youth platforms on transitional justice and peacebuilding. UNICEF developed child-friendly statement-taking methodology and trained CDVR statement-takers to enable young people to testify in the context of the CDVR truth seeking process. UNICEF established a diverse youth leaders’ network (Action Justice et Paix) consisting of 30 youth leaders representing approximately 5,000 members across the country. Youth leaders were trained and accompanied in constructive dialogue, documentation projects and in collaboration with an NGO, through music and radio programming, to reach a mass audience on their experience of the conflict and their responsibilities leading up to the next election.

Given the prominent role of youth in Cote d'Ivoire’s multiple conflicts and to ensure that UNICEF’s interventions are guided by a thorough and comprehensive understanding of youth in fragile settings and of conflict dynamics and peacebuilding capacities, UNICEF, in collaboration with UNDP, commissioned a participatory, action-oriented analysis of violence and conflict in urban environments, with a particular focus on the role of youth. Evidence generated from the study, which was undertaken by Interpeace, will not only benefit UNICEF’s programmatic engagement with youth but also that of the broader humanitarian and development community. The study will serve as an entry point to prevent, mitigate and respond to the high level of violence and conflict touching youth in urban settings and to broaden the limited avenues for youth to constructively and positively channel their potential contributions to a peaceful Cote d’Ivoire, in particular in view of the upcoming 2015 elections.

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