UNICEF ANNUAL REPORT for Cote d'Ivoire

1 EXECUTIVE SUMMARY

An unstable political environment and a national agenda focused on the presidential elections, which took place in the fall, characterized 2010 for the Côte d'Ivoire Country Office. Security and human rights in Abidjan and the southern region of the country have worsened significantly and degraded into a humanitarian situation in the western region and Liberia. Abidjan’s security environment has prompted a significant number of NGOs and United Nations agencies to evacuate international staff. UNICEF will keep a minimum essential international presence in Abidjan and redeploy other essential international staff to zone offices in Bouaké and Man.

Despite the worsening social and political situation, some improvements for children’s and women’s rights in Côte d’Ivoire occurred during 2010. Highlights of the main results achieved in the year include (i) an update of the Emergency Preparedness and Response Plan with a focus on a humanitarian situation linked to the socio-political crisis; (ii) signed stand-by partnerships with five local partners throughout the country that are tasked with supporting rapid assessments and supply distribution; and (iii) steady progress towards certification for polio eradication, with no cases of wild polio virus detected since August 2009.

In 2010 a number of shortfalls were also registered for the country, for instance: (i) The gender-based violence strategy was not finalised due to delays by the gender sector group in identifying external technical support; (ii) rescheduling of important studies, such as the social protection diagnostic study and the state budget analysis, due to the unstable political environment; and (iii) in relation to school construction, there were delays in implementation and lower-than-expected quality of building standards due to the limited capacity of local entrepreneurs.

Important collaborative partnerships were established or strengthened during 2010. Coordination was strengthened in most sectors. High-level donor representatives cite the health sector coordination mechanism as a good example of a platform through which joint support to the Government was planned and implemented. Key partnerships with the European Union, the Government of Japan and the African Development Bank allowed the Country Office to obtain significant donor funding and to reach 80 per cent of its annual OR-R ceiling.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Seasonal floods in June and July caused 11 casualties in Abidjan, affecting 1,000 families. Malnutrition rates are high in the northern and western regions. In August, a yellow fever outbreak took place in Abidjan, Bassam and Bouaké. Confrontation and disorder following the presidential election run-off could generate a large number of IDPs.

The 2010 National MDG Progress Report estimates that Côte d’Ivoire is likely to achieve one MDG goal (Target 3A: Eliminate gender disparities in access to primary and secondary education).

Forty per cent of the population lives below the poverty line, up from around 14 per cent in 1985. Malnutrition levels remain high. Provisional results from the 2010 SMART survey indicate that 8 per cent of children under five suffer from acute malnutrition (wasting) in the north and west regions of the country.
Côte d’Ivoire is unlikely to achieve the MDG targets related to Goal 2. The latest available data from UNESCO-UIS reveals that in 2009 only 57 per cent of primary-school age children (6-12 years) were attending school. According to the latest UNESCO-UIS estimates, in 2010, 62 per cent of primary-school aged boys and 52 per cent of girls in that age group were attending primary school. The country is potentially on track to achieve the MDG target on gender equality in access to education. According to recent analysis, based on the ENV-2008, the fraction of female-headed households among the poor has doubled: from 10 per cent in 1985 to 20 per cent in 2008.

Côte d’Ivoire has no reasonable chance of reaching MDGs 4 or 5. The under-five mortality rate is estimated to have reached 114 per 1,000 live births in 2008 (SOWC 2010). Progress was made in immunisation coverage, with BCG at 90 per cent and no reported cases of wild polio virus noted since August 2009. The latest data available on maternal mortality (2005) estimates 543 maternal deaths per 100,000 live births. Improvements were registered in access to maternal health, with skilled attendance delivery at 64 per cent in 2009, compared to 61 per cent in 2008. Disparities remain very high in access to maternal health services; 87 per cent of deliveries in households in the highest wealth quintile were attended by skilled personnel, compared to only 27 per cent in the lowest quintile.

The national HIV prevalence rate was estimated at 3.7 per cent in 2008 (UNAIDS/WHO), with approximately 440,000 people living with the virus, 57 per cent of whom are women aged 15+ and 11 per cent are children under 14 years. An estimated 430,000 orphans and children made vulnerable by HIV live in the country. PMTCT coverage remains relatively low; in 2010, 9,320 pregnant women received ARV prophylaxis and 6,696 children born from HIV positive mothers received Cotrimoxazole within six weeks of birth.

Côte d’Ivoire still has a chance to reach the water target of MDG 7, but will probably not reach the sanitation target. Access to safe water had reached 80 per cent by 2008, compared to 76 per cent in 1990 (JMP 2010), but sanitation coverage in 2008 was estimated at just 23 per cent (JMP).

In September the World Bank announced total funding of US$540 million for the period 2010-2014. According to the IMF, in 2009 the inflow of foreign direct investment into the country (US$ 381 million) had decreased by 15 per cent compared to the previous year, due to the global financial downturn.

It is estimated that one in 10 girls and women aged 10-49 are victims of sexual violence.

3 CP ANALYSIS & RESULT

3.1.1 Programme Strategy

3.1.1.1 Capacity Development

Capacity development is a key Country Programme strategy. The limited capacity of counterparts continues to hinder the achievement of planned results. The CO needs a stronger and more comprehensive approach to institutional capacity development, including specific capacity-building interventions, to transform institutional structures and strengthen monitoring and information systems. In 2010 UNICEF supported a diagnostic analysis of the national evaluation capacity, which highlighted a number of capacity gaps related to both technical and institutional factors. The outcome of this analysis served as an important input for refocusing the national capacity development strategy. A number of trainings involving counterparts at the local and central levels were supported. For example, training was held on ‘Results-Focused Public Investment
Programming,’ with the aim of enabling line ministries to better prepare submissions to the national Public Investment Plan. In collaboration with UNFPA, UNICEF supported the development of an RBM&E training modules, including planning and budgeting, that were integrated into the curricula of four public training institutions where around one-third of all civil servants are trained. Another example of capacity development activity conducted in 2010 involved 101 Government representatives (national and regional) who received training on ECD policy development and information management systems. These Government officials are expected to be an important resource in the development of the national integrated ECD policy in 2011.

3.1.1.2 Effective Advocacy
UNICEF’s advocacy effort with the Ministry of Health and Public Hygiene led to the inclusion of a dedicated line of funding for care and treatment of hospitalised malnourished children in the 2010 ministry’s budget. UNICEF also successfully advocated for the issuance of a ministerial decree institutionalising this measure.

Beyond the social security system, Côte d’Ivoire does not have a large-scale social protection scheme providing social assistance or insurance opportunities to informal workers or other vulnerable segments of the population. UNICEF advocacy efforts led to the decision to develop an integrated social protection strategy that focuses on the poorest children and families. A comprehensive national social protection diagnostic study, led by the Ministry of Planning and Development, commenced in September 2010. It is foreseen that the results of the study will provide a solid basis for developing a national multi-sector social protection strategy.

Early Childhood Development (ECD) considerations are currently scattered throughout various sector policies (education, health, nutrition, protection, etc.). UNICEF’s high-level advocacy led to the 2010 decision to elaborate an integrated national ECD policy. The policy, which is currently being developed, has a sharp focus on poor and disadvantaged children. The integrated approach to ECD was strengthened at the national level and will soon be expanded at the regional and local levels through cross-sectoral ECD coordination bodies.

3.1.1.3 Strategic Partnerships
Strategic partnerships with the public sector, such as the European Union, the Government of Japan and the African Development Bank allowed the Country Office to raise a total of US$14.7 million OR-R for 2010, despite a complex development funding environment due to the political situation and the election-related conditions set by many donor governments as a precursor to a full resumption of aid. The Country Office sought to improve donor relations by making additional efforts to ensure the quality and timeliness of donor reporting.

UNICEF took advantage of the vibrant private sector in Côte d’Ivoire to establish partnerships to mobilise resources and advance children’s rights. Hence, GlaxoSmithKline and Unilever contributed to the implementation of the child survival programme, adding valuable resources for community-based interventions and hygiene promotion. Additionally, discussions are on-going with MTN and Barry Callebaut to support girls’ education and the protection of children from exploitation. Partnerships are expected to be made concrete in 2011.

3.1.1.4 Knowledge Management
The CO actively engaged in knowledge management (KM) activities in 2010. A focal point was identified, and related tasks were specified in the Annual Management Plan.
The Office drafted a concept note on KM that will be presented to the CMT in early 2011. Knowledge Management activities carried out in 2010 include carrying out a 'learning drive' dedicated to Office learning activities, which is comprised of information on learning events, documentation from previous meetings and training sessions, and web-based learning. In 2010 the PSSE and ICT sections developed a new shared drive that is expected to improve and facilitate storage of and access to documents; launched is planned for 1 January 2011.

3.1.1.5 C4D Communication for Development

Communication for Development remained at the centre of the Country Programme in 2010. The three key areas of intervention were: (i) development of an integrated communication plan on child survival and development and a strategic plan for involving religious leaders; (ii) strategic partnerships with the coordinating body of Côte d’Ivoire’s religious leaders, the community radio syndicate (35 radios), the international NGO Search for Common Ground and other national NGOs; (iii) integrated communication tools and messages on child survival and development in French and local languages. These interventions contributed to reaching 60 per cent of households in 53 health districts with messages on key family practices (such as breastfeeding), protection, education, and HIV and influenza prevention. In the west of the country, of 78,674 patients treated for DTC/HepB/Hib3 from January to September 2010, 61 per cent were reported to practise exclusive breastfeeding of children aged 0-6 months. In the district of Abobo, 66 per cent of mothers having a child aged between 0 and 6 months old were reported to practise exclusive breastfeeding.

3.1.2 Normative Principles

3.1.2.1 Human Rights Based Approach to Cooperation

Human Rights-Based Approach to Programming (HRBAP) was a key element of UNICEF’s capacity development efforts with Government and partners. A standard HRBAP training module was developed and integrated into the curricula of four national training institutions (ENSEA, ENA, INFES and INFAS). This will generate a multiplier effect, as from now on all civil servants trained in these institutions (close to one-third of all civil servants) will be trained on the new modules. UNICEF’s renewed focus on equity provides an opportunity to sharpen the Country Programme’s HRBAP focus.

3.1.2.2 Gender Equality and Mainstreaming

Gender equality was further stressed in the CO through the hiring of a Gender Specialist in 2010, followed by a pilot project on strengthening gender equality in emergencies and post-conflict situations. The objective was to support mainstreaming of gender issues into the post-conflict and transition programme, emergency preparedness planning, and response and implementation. The Gender Specialist chose two pilots: on CSD and CP.

In the area of CSD, tools (checklist, pre/post tests and templates for M&E of CHW activities) were developed jointly with the national counterpart. Gender focal points were trained to use these tools and to better understand the gender approach. The selection of CHW was done on a parity basis. Focus group discussions with CHW were conducted on possible entry points to promote behaviour change. For CP, a situation analysis of existing structures and referral pathways was conducted to identify strengths and weaknesses and their ability to mainstream gender into the services provided.

Internally, a gender task force was established as one of the CO committees. Members met on a monthly basis and gender mainstreaming at "activities implementation" level was a standing agenda point. The gender policy was disseminated through a one-day presentation during which the implications for future work plans were discussed and
recommendations made. Among the opportunities, the "gender marker" newly introduced in PRoMS 9.1 is in line with CO orientation.

Training sessions on gender in emergencies and the new UNICEF gender policy were held for staff in Abidjan and the two zone offices. The PSSE programme is supporting the Government in the development of the Côte d'Ivoire report on the AU declaration on gender equality.

### 3.2 Programme Components

**Title: Child survival**

**Purpose**
The programme component aims to support progress towards the reduction of child and maternal mortality, increased access to safe water and sanitation, and combatting HIV/AIDS and malaria. To achieve this goal, the Child Survival and Development (CSD) Programme consists of three components; i) Integrated and Continuous Care for Mothers, Newborns and Children, ii) Malnutrition, HIV/AIDS and Emergency Neonatal and Obstetrical Prevention and Care, and iii) Water, Sanitation and Hygiene.

**Resources Used**

- Total approved for 2010 as per CPD: US$9,425,560
- Total available for 2010 from all sources: RR US$3,915,164; OR US$8,291,191
- Total: US$12,206,355

**Donors**
United Kingdom Committee for UNICEF (US$ 4,678.58), European Commission (US$ 2,231,291.91), Côte d'Ivoire (US$ 313,372.91), Consolidated Funds from NatComs (US$ 517,291.41), CIDA/HAND (US$ 577,777.80), Norway (US$ 145,477.77), Netherlands Committee for UNICEF (US$ 11,407.22), UNICEF-Côte d'Ivoire (US$ 150,570.96), Japan (US$ 1,900,163.30), Rotary International (US$ 296,035.48), USAID (US$ 88,026.42), The GAVI Fund (US$ 1,128,822.26), US Centers for Disease Control (US$ 262,845.00), United States Fund for UNICEF (US$ 60,777.22), SIDA (US$ 166,844.99), and USA (USAID) OFDA (US$ 117,495.82)

**Results Achieved**
An Accelerated Child Survival and Development Strategic Plan was elaborated in 2010, based on five principles: continuity of care, equity, integration, multi-sectorial collaboration and partnership. It is composed of up-stream interventions, whereby it seeks to develop policies and strategies and allocate resources to get results for children, as well as down-stream interventions, with a focus on high-impact, integrated and pro-poor interventions through community and household care, outreach strategy, and individual and clinical care. In 2010 the Government developed for the first time a three-year Mid-Term Expenditures Framework focused on MDG achievement, using Marginal Budgeting for Bottlenecks for costing. As a result, the budget allocated to the peripheral level of the health system for 2011 (Health District and Rural Health Centres budgets) was doubled. Conversely, in spite of efforts by UNICEF in 2010, limited coordination among Government institutions in the WASH sector and the absence of an integrated sectorial policy continued to pose significant challenges. Institutional instability linked to the socio-political environment led to a three-month delay in the implementation of several health and WASH activities. Additionally, the
persistent lack of security in a large part of the country prevented qualified staff (doctors, nurses, midwives) from staying in rural areas. The lack of mobility among health staff due to an inadequate system of incentives continues. Limited supervision and control at all levels, sometimes leading to corruption, resulted in a loss of confidence in the health system by the population. Very few management committees including community representatives remain operational. As a consequence, the utilisation rate of curative care is very low, at 18 per cent. To overcome these constraints, programme partners developed a strategy based on incentives linked to performance to motivate health workers.

The programme supported development of a mechanism to monitor the implementation of a minimal package of services in health centres, including: immunisation, ante-natal care, deliveries assisted by qualified personnel, prevention of mother-to-child transmission of HIV, postnatal care, and management of childhood illnesses. Monitoring activities will be conducted every six months at all health centres. A similar mechanism was developed to monitor implementation of four key family practices: breastfeeding, hand-washing with soap, use of bed-nets by children under five and pregnant women, and at-home treatment of diarrhoea in children under five.

**Partnerships**
UN partners (WHO, UNFPA, UNDP, UNAIDS, UNICEF) and multi- and bi-lateral partners (European Union, World Bank) met on a monthly basis to discuss major issues in the sector. UNICEF is also part of the Country Coordination Mechanism of the Global Fund. The large-scale experience of IRC on community case management of malaria, diarrhoea and pneumonia was an opportunity for the programme to widely implement this strategy in the districts supported by UNICEF. Another collaboration was established with PSI on social marketing. The partnership with UNILEVER for the celebration of the Global Hand-washing Day on 15 October 2010 opened up opportunities for increased support to UNICEF and partners to promote hygiene practices.

**Future Workplan**

i) Support to the mid-term review of the National Health Development Plan, as well as the country's submission to the HHA process and the elaboration of the partners commitment document, and monitoring the MTEF

ii) Documentation of access to services and support for defining and implementing strategies to improve equity

iii) Scaling-up of KFP: hand-washing with soap, use of bed-nets, exclusive breastfeeding and community case management of common childhood illnesses

iv) Scaling-up of routine integrated, high-impact and pro-poor interventions (PMTCT, IMCI, MCH, EPI) on a routine basis

v) Promotion of Nutrition Essential Actions targeting children and mothers, including those infected and/or affected by HIV

vi) Monitoring and surveillance of the nutritional situation and national capacities for the management of SAM

vii) Documentation of high-impact pilot and pro-poor interventions (CLTS, household water treatment & storage, hand-washing with soap) for scale-up and integration into the national policy

viii) Strengthening of sectorial dialogue on WASH and support to the national coordination system, in accordance with the eThekwini and Sharm El Sheikh commitments

ix) Preparedness and coordinated responses to possible emergency situations, in line with the UNICEF CCCs in the health arena.
**Title: Basic education and gender equality**

**Purpose**
The purpose of the Basic Education and Gender Equality Programme Component is to ensure that all children of school-going age (6-11 years) have access to quality education and complete the primary cycle, and that at least 20 per cent of children aged three-to-five years are offered early childhood development and school preparedness programmes. The programme’s objectives are in line with the UNDAF outcome on basic social services, CPD goals and the Mid-Term Education Sector Plan (2010-2013). To achieve these objectives, the BEGE programme is comprised of four projects: 1) Early Childhood Development; 2) Formal Basic Education; 3) Non-formal/Alternative Education; and 4) Emergencies.

**Resources Used**
Total approved for 2010 as per CPD: US$ 8,111,822
Total available for 2010 from all sources: RR US$1,335,080; OR US$4,570,587
Total: US$5,905,667

**Donors**
UNICEF (US$1,335,080.00), Government of the Netherlands (US$920,423.75), and Côte d’Ivoire (US$2,331,406.01)

**Results Achieved**
Emphasis was on advancing key initiatives at the upstream level. It spearheaded the development of ministerial orders on ECD, girls’ education and education in emergencies. Delays in signing these institutional breakthroughs stemmed from the unstable political situation and a prolonged presidential electoral period. Main activities and results achieved:

- Supported the Ministry of Planning and Development to initiate an inter-ministerial order establishing a national coordination body for ECD
- ECD situation analysis from 2008 was updated, and provides the basis for development of the national integrated policy-framework on ECD
- The MEN, MFFAS, MSHP and MEMPD have outlined common ECD indicators and an integrated gender-disaggregated ECD data collection framework
- At the field level, 13,000 young children accessed an improved early learning environment and benefitted from systematic de-worming and medical follow-up
- A draft inter-ministerial order institutionalising the national UNGEI Coordination network in Côte d'Ivoire was developed.
- Recruitment and management of teachers by the Ministry of National Education was improved through the training of 65 officials from the Human Resources Department on a comprehensive computer programme.
- An estimated 23,000 children benefitted from improved education services through the provision of school equipment in 75 primary schools
- Child and community participation in school management was supported through Peace Messenger Clubs, HIV/AIDS Clubs and Health and Hygiene Clubs in 105 schools and the training of 73 teachers in facilitating school club activities; an action plan to integrate Koranic schools into the formal education system was developed by the MEN and Koranic education authorities
- A diagnosis/study of literacy programmes was conducted as a contribution to the Government’s Medium-Term Education Action Plan; the 45th Global Literacy Day was celebrated in partnership with UNESCO and UNDP, providing an opportunity to review all literacy programmes in Côte d’Ivoire
• A tripartite agreement was signed with IRC and the METFP to offer vocational training opportunities to 125 out-of-school youths (including 90 girls) through a Talent Academy on Fashion
• An estimated 8,000 children enrolled in 30 community schools in Zanzan, Denguele and Savannah have access to an improved learning environment thanks to the provision of school supplies and sanitation kits
• UNICEF actively supported the institutionalisation of education in emergencies within the Ministry of National Education
• Two regional EiE action plans were developed (for Odienne and San Pedro) and are being implemented by the EiE working groups within the regional Education Sector Groups
• In collaboration with Save the Children and other NGOs, development and updating of key emergency preparedness tools was conducted

Constraints
The major continuing constraint for effective and efficient implementation of the programme is the inadequate capacity of government counterparts. The lack of an efficient national education information system providing updated education data for monitoring and evaluation purposes limits the ability to measure programme success and performance. In addition, limited technical capacity among construction firms crippled the timely completion of the construction of five schools within the LAB4LAB project in Danané and Tabou, as well as the rehabilitation of schools in the CNO region.

Partnerships
The main partners are: the Ministry of National Education (MEN), the Ministry of Technical Education and Professional Training (METFP), the Ministry of Planning and Development (MEMPD), donor agencies (World Bank, EU, AFD), UN agencies (UNESCO, UNDP, WFP), international NGOs (Save the Children, IRC, NRC), and national NGOs.

Future Workplan
In 2011 the programme will pursue efforts to improve the institutional environment for the education of all children. The programme will also strive to strengthen partnerships at the community level to promote positive, child-centred changes in classrooms and schools.

Priority Area #1: Advocate for the signing of three education ministerial orders and support the translation of political commitment into action plans and programmes. The inter-ministerial orders to receive support are for:
• Establishing the ECD national coordination body and the development of its action plan.
• Institutionalising the national UNGEI network.
• Institutionalising education in emergencies within the MEN and the development of a national strategy on EiE.

Priority Area #2: Strengthen partnerships at the community level to motivate positive, child-centred changes in classrooms and schools for the most disadvantaged children:
• Support local NGOs to rehabilitate and equip community-based ECD centres
• Support capacity-building of community members and local authorities to improve community participation in school management and maintenance
• Lead community-based and school-based activities to raise awareness about the prohibition of corporal punishment and sexual violence in schools.
Title: Child protection

Purpose
The main purpose of the programme component is to ensure that children live in an environment that recognises, respects, protects and promotes their rights. The programme component is consistent with and supportive of the UNDAF objectives and PRSP priorities, and contributes to the achievement of MDG 2 on universal access to basic education for all children (birth registrations support interventions and child labour prevention), MDG 3 on equality of opportunity and MDG 6 on HIV/AIDS (GBV prevention and response interventions). The programme consists of three complementary components: (i) Support for children in need of special protection; (ii) legal and institutional protection of children; and (iii) combating gender-based violence and harmful practices.

Resources Used
Total approved for 2010 as per CPD: US$3,809,640
Total available for 2010 from all sources: RR US$1,109,750; OR US$850,368
Total: US$1,960,118

Donors
UNICEF (US$1,109,750.00), United Kingdom Committee for UNICEF (US$73,191.33), and SIDA - Sweden (US$258,063.38)

Results Achieved
Implementation levels of the 2010 Child Protection work plan vary among the three components. Lower than expected achievements in some areas are due to a number of factors, including limited local technical expertise in child protection, institutional weaknesses and political instability. Under component 1, progress was made in developing the sector’s approach for building a child protection system. Components 2 and 3, which focus on birth registration and gender-based violence, benefited from strong partnerships at the community and national levels. The most significant results achieved in 2010 include: i) development of the MFFAS’s routine information management system’s tools and indicators, including child protection data; ii) development of a methodology and handbook for social work on child protection within communities; iii) strengthening of national birth registration systems through training of 1,305 civil registry officers, equipping 497 civil registry service points, and community-based mechanisms for birth registration in 800 localities; and iv) 407 villages engaged against FGM/C, including 139 with collective and formal decisions to abandon the practice. Main achievements:

- The MFFAS’ integrated management information system was developed in consultation with national and local level government and development partners, including UNFPA and UNESCO.
- A study on national capacity-building initiatives on child protection was conducted.
- The birth registration system improved as a result of support provided to the Ministry of Interior within the National Programme on Modernisation of the Civil Registry (MECCI) in partnership with the UE, World Bank, UNHCR and IRC.
- Adoption practices in Côte d’Ivoire were assessed as part of a partnership between the MFFAS, UNICEF and French Cooperation. Based on the findings, partners agreed to assess and document in 2011 the conditions at residential care facilities and support legal reforms in compliance with the Hague Convention before engaging in the ratification process.
- Access to care and services for children and women who are victims of violence and abuse was promoted.
• Community sensitisation on prevention and response to violence against children was conducted in conjunction with local NGOs, schools, community leaders and through children’s radio programmes and school theatre.
• A survey on perceptions, knowledge and attitudes on child protection targeting a sample of 1,900 households is underway. The findings will inform finalisation and implementation of the 2011 ‘Child Protection Integrated Communication Plan’.
• A methodology and handbook for community social work on child protection was developed.
• A national anti-FGM/C dynamic was launched.

**Partnerships**
The programme works closely with the MFFAS (Social Protection Department; Gender Promotion and Equality Department; Planning, Research and Documentation Department), the Ministry of Public Service and Employment, the Ministry of Justice and Human Rights, the Ministry of Interior, the Ministry of National Education and the Ministry of Health, international NGOs BICE, IRC, Save the Children, Search For Common Ground, and national NGOs.

**Future Workplan**
The programme will pursue efforts to establish a national child protection system, with special attention to social welfare services, child justice systems, birth registration, alternative care, and community protection. The pilot interventions will be documented to enable scaling-up of integrated child protection case management systems and outreach strategies.

At the policy level, the CP system mapping report will be disseminated and used as a basis for the development of a new national policy on child protection. Support will be provided to the Ministry of Justice to review its judiciary protection policy. At the institutional level, an assessment of existing services and mechanisms for victims of violence across sectors will be conducted.

Finalisation and testing of the MFFAS’s MIS and assessment of opportunities for integrating CP indicators within other sectors’ routine MIS (health, education) will take place. The national integrated child protection communication plan will be finalised and implemented. At the community level, the handbook for community social work on child protection will be implemented.

Additionally, the birth registration system will continue to be strengthened in the framework of the MECCI and in close consultation with technical and financial partners; focus will remain on decentralised and community-based birth registration mechanisms.

**Title: HIV/AIDS and adolescents**

**Purpose**
The programme’s objectives are to provide appropriate services to 30 per cent of orphans and vulnerable children in the intervention areas; provide at least to 70 per cent of vulnerable adolescents and young people aged 10-24 years, in school and out of school, with accurate information, life skills education and services, including voluntary counselling and testing services and testing for STIs and reproductive health; strengthen HIV and AIDS programme coordination at national, regional and district levels for PMTC/PEC, OVC, HIV prevention among vulnerable adolescents and mobilise and leverage resources for programme support and implementation.
To reach these results, the programme includes five axes: (1) coordination, advocacy and leveraging resources, (2) prevention of HIV amongst adolescent girls and boys, (3) OVC care and support, (4) HIV/AIDS in emergencies, and (5) programme support.

**Resources Used**
Total approved for 2010 as per CPD: US$2,822,800
Total available for 2010 from all sources: RR US$ 864,100; OR US$501,242
Total: US$2,822,800

**Donors**
UNICEF (US$864,100), Government of Netherlands (US$32,016)

**Results Achieved**
- UNICEF provided technical and financial support to the development of the National Strategic Plan (NSP) 2011-2015 and ensured that due consideration was given to inclusion of the 4Ps.
- The HIV and AIDS programme advocacy effort led to better coordination and more effective utilisation of existing funds entrusted to the Government.
- 83 districts’ integrated micro-plans were elaborated and budgeted.
- A national review and planning workshop on the national PMTCT plan was conducted jointly with WHO, UNAIDS, PEPFAR/CDC, UNFPA, EGPAF, HAI, and led to a 10 percent increase in PMTCT funding.
- A total of 190 teachers in the Central, Northern and Western Zones were trained as trainers and facilitators of peer educators.
- An estimated 36,949 vulnerable young people had access to youth-friendly services for HIV and received information on STIs and reproductive health.
- The provision of STI kits in programme intervention areas (Bandama Valley and 18 Montagnes) contributed to an increase in the number of young people accepting STI tests from 1,400 in 2009 to 6,484 in 2010.
- A national campaign ‘Vacances Santé’ brought together more than 9,000 adolescent girls who received information, skills and services.
- A strategic partnership on HIV prevention among adolescents was developed with other UN agencies, through the JUNTA, including World Bank, CDC/PEPFAR and John Hopkins University.
- UNICEF support ensured that a number of care and support services were provided to a total of 11,933 children, 5,338 of whom are orphans due to HIV and AIDS.
- 5,638 OVCs received psychosocial support through individual or peer group counselling and through different networks of families, friends and communities.
- 285 out-of-school OVCs were economically empowered through the completion of vocational training in subjects such as mechanics, tailoring, hairdressing, electrical and carpentry.

**Future Workplan** During 2011 UNICEF plans to:
- Promote the human rights approach to HIV programming at the national and regional levels.
- Organise open dialogue through an existing partnership with the Global Fund, PEPFAR/CDC, the JUNTA, World Bank, EGPAF, JHU and HAI.
- Strengthen the platforms of OVC at the national, regional district levels for scaling up interventions and increase services.
- Support the PN-OEV to improve the M&E system and build capacity of community stakeholders in its use.
- Support strategic planning based on the human rights approach and focusing on equity and vulnerabilities
• Promote and support Government and civil society to set-up an HIV prevention model based on a combination of information, life skills and services targeting the most vulnerable adolescents.
• Support young people’s involvement in HIV and AIDS information and education to raise awareness on HIV, ISTs and GBV.
• Carry out interventions to help young people, mothers and children to continue accessing to basic HIV, STI and GBV treatment and counselling services, as a top priority.

Title: Social policies, monitoring and evaluation

Purpose
The PSSE programme has two broadly defined objectives: (i) produce data and evidence to support advocacy and policy engagement in sectors that are key to the realisation of children’s rights, and (ii) support Government partners to strengthen planning and M&E functions and support planning and M&E of UNICEF’s Programme of Cooperation in Côte d’Ivoire. The programme includes three components: (1) social policy, (2) planning; and (3) monitoring and evaluation.

Resources Used
Total approved for 2010 as per CPD: US$923,360
Total available for 2010 from all sources: RR US$576,846; OR US$81,059.22
Total: US$657,905

Donors
UNICEF (US$576,846), European Commission (US$81,059)

Results Achieved
Of the eight planned results established for 2010: three were fully achieved, four were partially achieved and are expected to be achieved in 2011, and one was not achieved. Underperformance in some of the results was due to delays in a number of key activities, often linked to the country’s unstable political situation.

Main activities and results:
• UNICEF carried out an in-house analysis of social protection and conducted consultations with national and international partners on social protection.
• An advanced draft of the first Côte d’Ivoire CRC progress report (covering the period 2001-10) was produced under the leadership of MEMPD and MFFAS.
• The state budget analysis that was initially meant to be conducted based on the 2010 budget, was postponed on the assumption that the 2011 budget would present a more thorough picture of Government resources, due to the progressive return to orthodoxy in public finance management.
• A national-level inter-ministerial consultation on planning was coordinated by the Ministry of Planning and Development.
• Standard training modules on planning, budgeting, programming, RBM, and HRBAP were developed and integrated into the curricula of four national training institutions (ENSEA, ENA, INFES and INFAS).
• The capacity of 202 Government officials from counterpart ministries was strengthened through training in RBM, HRBAP and gender mainstreaming at the central and local levels.
• UNICEF played a key role in the negotiation and preparation of the Demographic and Health Survey.
• A facility and household survey on ‘Availability, quality and utilisation of health services for women and children’ was conducted in collaboration with UNFPA, WHO and AMDD.
• UNICEF provided a substantial technical and financial contribution to the preparation of analytical plans for the General Population Census that will be conducted by the INS in late 2011.
• Research activities were carried out under direct guidance of the PSSE section: (i) the M&E plan of the PNDS was developed and validated in November 2010., which is expected to improve MSHP and partners capacity to measure progress in the implementation of the PNDS; and (ii) support was provided for an assessment of national evaluation capacity, conducted by MEMPD.

**Partnerships**
Key partners include the Ministry of Planning and Development (MPD), the National Institute of Statistics (INS) and the Ministry for the Fight Against AIDS (MLS).

**Future Workplan**
The following interventions will be carried out in 2011-12:

Priority Area # 1: Bring to completion the on-going data collection and analytical work and use results to rally support and advocates for specific shifts toward a more equity-focused policy and budgetary framework.

• Complete the social protection diagnostic study and, based on its findings, advocate for a national social protection system that focuses on the most vulnerable children and their families.
• Conduct the analysis of the state budget in early 2011, in collaboration with MEF and MEMPD and a national NGO.
• Broadly disseminate the Côte d’Ivoire CRC progress report at the national and decentralised levels. MEMPD and MFFAS will coordinate the dissemination.
• Complete the EDS-CI and the study on ‘Availability, quality and utilisation of health services for women and children’ and the SMART survey.
• Develop a situation analysis of children and women in Côte d’Ivoire.

Priority Area # 2: Strengthen planning and M&E at the national level and within the UNICEF programme of cooperation.
• Building on the results of the national consultation on policy and planning, support development of the National Planning Guidelines.
• Support implementation of the National Plan of Education Statistics. Provide support to the improvement and publication of the Annual Statistics Yearbook and support dissemination of available data through user-tailored publications and online data (though DevInfo).
• Coordinate the preparation and implementation of the Country Programme mid-term review, including support for relevant studies and data collection and conducting at least two multi-sectorial field visits.

### 4 OPERATIONS & MANAGEMENT

#### 4.1 Governance & Systems

##### 4.1.1 Governance Structure
The CO continued to promote a transparent and participatory management approach. The CMT, which meets every month, remains the key decision-making and advisory forum. Matters related to programme implementation, financial control, donor reporting, internal communication and information sharing, cost-saving strategies, and internal
control mechanisms are regularly discussed at the CMT. In addition, Office management indicators were reviewed by the CMT on a monthly basis to assess overall CO performance.

A calendar of meetings of Office governance bodies (such as JCC, LCRB, LTSDC, CRC, PSB, ICTG, CFU, and PACRAC) was developed at the beginning of the year and included in the Annual Management Plan (AMP). The CMT met seven times in the reporting period, of the nine meetings scheduled on the AMP calendar. Two additional extraordinary CMT meetings were held relating to briefings on emergency preparedness and security. Other important CO governance mechanisms included the Programme Coordination Team (PCT), the Zone Programme Coordination Team (ZPCT), the Emergency Task Force (ETF) and the HIV/AIDS Task Force, which also met to focus on programme implementation, inter-sectorial activities and EPRP preparation.

To improve operations and programme management performance, a set of key results with corresponding indicators were included in the AMP 2010. More precisely, 26 results and targets for Office management, 17 results and targets for Operations, and 27 Programme results were noted. Performance against the AMP key results was reviewed at the internal annual management review held 14 December 2010.

Timely management of DCT has remained a matter of concern. However, great improvements were registered in 2010 in terms of decreasing the amount of long-standing un-liquidated DCT.

Monthly reviews of Programme Performance Management Indicators were conducted at the PCT meetings and were instrumental in improving performance monitoring in the areas of funding, contribution management, programme implementation and DCT. The comprehensive Table of Authority and the Document Authorization Table enabled strengthening in the area of segregation of duties.

## 4.1.2 Strategic Risk Management

The Office updated its Emergency Preparedness and Response Plan in June and December, with a focus on a humanitarian situation linked to a socio-political crisis due to the electoral process. The current standing level of preparedness allows the Office to immediately meet the needs of 20,000 people affected by crisis. The Office also contributed to the update of the inter-agency contingency plan (October 2010), and played a lead role in preparation of the WASH, Nutrition, Child Protection and Education sector plans.

Stand-by partnerships were signed with five local partners (Caritas in Abidjan, Caritas in Man, ASAPSU in Yamoussoukro, Fondation Akwaba in Bouake, and ARK in Korhogo) that are tasked with supporting rapid assessments and supply distribution. A Memorandum of Understanding was also signed with the Côte d’Ivoire Red Cross, according to which, in case of an emergency the Red Cross will provide on-the-ground operational support, while UNICEF will provide technical support, emergency items and financial resources if available. This mechanism proved successful during the response to the seasonal floods in June 2010. UNICEF’s emergency stock was consolidated and prepositioned in the CO’s four warehouses across the country and those of stand-by partners.

The internal Emergency Task Force met on a regular basis to advance preparedness efforts. Staff and partner capacity was strengthened through a number of orientations and trainings on gender in emergencies, education in emergencies, child protection in emergencies and the newly revised CCCs.

A revised planning scenario for CDI carried out on 20 December 2010 anticipates 2 million people affected, including 450,000 IDPs (of which 50,000 are in camps) and up to 150,000 refugees. Regional plans to cover planned response across the six countries for
funding, surge and supplies and surge capacity to the zone offices in the West and North are being finalised in conjunction with the RO and neighbouring COs.

Staff were briefed on the new policy regarding strategic risk management, and an exercise to define the Country Office risk profile and mitigating measures will be conducted in early 2011.

4.1.3 Evaluation
The 2010 IMEP identifies the studies, surveys and evaluations planned for the year. IMEP implementation levels were low in 2010; only four of the planned activities were completed before year-end, while 14 are either on-going or have not yet started. In developing the 2011 IMEP, CO management, in consultation with the PSSE team and programme sections, will ensure that only a limited number of priority studies, surveys and evaluations are included. Furthermore, amendments to the IMEP will have to be agreed upon with CO management, in consultation with the M&E team. To strengthen the quality control process for implementation of IMEP activities, the PSSE section will revise the SOP on management of M&E activities and management will ensure strict adherence by programme sections to the revised provisions.

Office capacity to effectively manage and coordinate the evaluation function was significantly strengthened in the course of 2010 through the merging of the Social Policy team with the Planning and M&E team; resulting in the section now being led by a higher-level post (P4). Furthermore, staffing of the M&E team was completed through the hiring of the NO-C M&E Specialist, the NO-A Statistics and Monitoring Officer and a GS-7 Senior Budget Assistant.

4.1.4 Information Technology and Communication
Information Communication Technology (ICT) activities were focused this year on the upgrade and replacement of equipment to enhance the delivery of Country Programme activities, particularly in the areas of Security Communication and MOSS, Business Continuity and Emergency Preparedness and Communication. Activities were conducted on the basis of the ITD global policies; major achievements were:

- Enhancement of MOSS compliance status in the two zone offices, with a focus on upgrading communication equipment, such as Thuraya, and provision of BGAN and bandwidth from 512kbps to 1024kbps, to respond in case of deterioration of the security situation.
- Significant improvement of contingency planning for business continuity, including strategic infrastructure implementation to facilitate systems availability and enhancement of preparedness to emergency response. Two key alternate BCP sites, capable of activation within two hours, are ready for BC purposes.
- Provision of I-Direct services was underway in late 2010 to ensure continuous systems availability in the event of a major equipment failure, to achieve the readiness required to minimise service disruption to less than two hours in the worst-case scenario.

As part of ICT enterprise management, the system and infrastructure (PRoMS, emails, VOIP, Telecommunication, etc.) was ensured with an uptime of more than 95 per cent. Global rollouts and system upgrades to PRoMS and Lotus Notes were undertaken without service disruption.

As an extension to corporate service provision and in support of emergency operations, Blackberry service was implemented and access granted to all CMT members.

The implementation of Citrix for remote office access permits staff to work from home, in case of future restrictions on movement.
The regular on/off site backup of critical data, such as PRoMS and Lotus Notes, was maintained as part of the disaster recovery plan.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

Over the past few years it has been apparent that UNICEF Côte d’Ivoire is dependent on very few donors; the majority of funds are received from the EU, the Government of Japan and the African Development Bank. Emergency funds have virtually disappeared since the beginning of the new transition programme cycle in 2009.

A major constraint for fundraising endeavours is the physical absence of major donors such as DfID and other bilateral donor country representatives in Côte d’Ivoire due to the political situation.

The complex political situation has led many donors to place a hold on their aid until the country has been through fair and transparent elections. The current political situation could further prevent donors from funding development programmes. Rehabilitation of structures and revitalisation of service delivery systems has required significant support. Outreach activities are required to close the gap between available and qualified manpower, system capacity and family and community are needed for education, health and water services. However, implementation of a development-focused programme runs the risk of a humanitarian crisis that would force UNICEF to return to an emergency-focused programme.

Opportunities for improved fundraising and leveraging of resources do exist. UNICEF has high credibility as an organisation with a solid presence in the country. It is respected for its technical capacity, as well as its extensive knowledge of conditions inside Côte d’Ivoire. It is considered by bi- and multi-lateral partners to have a solid track record in implementation of sector programmes, and is known for carrying out its activities in a transparent and accountable manner, with good implementation levels. Moreover, UNICEF plays an active role in supporting strategic dialogue in a number of sectors, in conjunction with Government departments and affiliated bodies, including in the areas of Education, WES, Child Survival, HIV/AIDS and Child Protection.

In light of the uncertain socio-political situation that could lead to a continued deterioration of funding opportunities for Côte d’Ivoire, UNICEF must be prepared to increase its fundraising activities during this period.

4.2.2 Management of Financial and Other Assets

Similarly to last year, financial responsibilities were streamlined and strengthened by a well-structured Table of Authority. In addition, procedures and staff accountabilities for processing financial transactions were established and defined through the Requesting, Authorizing, Certifying, and Approving and Paying (RACAP) functions. The aim was to strengthen risk management in the Office’s financial activities. These tools call for staff members to take responsibility for financial transactions and safeguarding of UNICEF property. All basic documents (agreements, contracts, invoices, bills, etc.) with financial implications now bear the certifying signatures of the requesting programme as well as the Chief of Operations, before being signed by the Head of Office or for payment.

The composition of the Contract Review Committee was reviewed and modified with a view to strictly adhere to the set threshold of US$50,000. The systematic review of all CPAs by the CRC was phased out. This role has been entrusted to the Programme Cooperation Agreement Review Committee (PCARC).
Budget and payroll forecasts were prepared based on inputs received from sections. The monthly utilisation and requirements for both cross-sectorial and support budgets were also prepared for forecasting purposes.

Due attention was paid to long outstanding items, which were cleared with the shortest possible delay. Similarly GL accounts reported by DFAM were also analysed and corrective JVs were issued to clear any unauthorised transactions. The statement of receipts and payments of COHAs remained part of the monthly financial documents submitted to the accounts section in NYHQ.

The administration continued efforts to maintain a record of CO assets. All new NEP equipment is systematically recorded, using the NEP format for a smooth conversion of data to IPSAS.

Preventive maintenance of vehicles is carried out in a timely manner to avoid major breakdowns during field missions. Thanks to an agreement reached with ONUCI, UNICEF vehicles can use the ONUCI fuel stations throughout the country.

With funds secured from programme sections, a second standby generator was procured. Office space is an issue of on-going concern.

4.2.3 Supply
The value of supplies in 2010 was approximately US$7.1 million, which represents nearly 28 per cent of the total programme budget (US$ 25.3 million). Forty-nine per cent, 9.6 per cent and 46 per cent of the total supply represented the offshore (US$3,183,582), direct order (US$680,892) and local procurement (US$3,241,658), respectively. Procurement service was increased to US$14.2 million, mainly for immunisation supplies, pharmaceutical and medical equipment.

During 2010 the Office established four LTAs. The Côte d’Ivoire local market has a large potential since a wide range of locally produced and imported supplies can be procured at competitive cost. As the Office is involved in a construction project, the Supply Unit worked closely with the Construction and Rehabilitation Unit to review the contracting process.

In collaboration with other UN agencies, NGOs and the Government, UNICEF contributed significantly by leading the logistics commission to organise logistics for the mosquito net campaign in Côte d’Ivoire, funded by the Global Fund. In-country logistics in Côte d’Ivoire remain weak: clearing, forwarding of shipments, warehousing and delivery to end-users are mainly performed by UNICEF since the Government lacks adequate handling capacity.

Despite the system put in place to rapidly respond to programme needs, the school desks and construction activities could not be efficiently handled in respect to time and quality. The selected suppliers and carpenters were unable to handle the huge quantity ordered, which affected the quality. To avoid such inconvenience in the future, the section has undertaken a geographical assessment of prequalified suppliers not only to speed up delivery but also to split the orders and reduce transportation costs.

As part of post-crisis activities, the Office was engaged in the construction and rehabilitation of schools and medical centres destroyed during the conflict. A total of US$20 million was committed for the last three years. To overcome concerns associated with construction and rehabilitation activities, the Office created a construction and rehabilitation unit staffed by four engineers.

4.3 Human Resource Capacity
Following the completion of the 2008 PBR, a number of key positions were approved to support implementation of the 2009-2013 Country Programme. With an increase of more than 65 per cent in staffing, providing adequate working space for all staff in the Abidjan office became problematic. It was agreed to relocate the Office in a more adequate building and area of the city. However, finding a building that corresponds to UNICEF needs proved challenging in 2010.

The PER completion rate for 2009 was not satisfactory. The Office now requests the completion of the previous year’s PER as a pre-requisite for the renewal of contracts. This measure is expected to help raise the percentage of PERs completed on time. The e-PAS was well managed in the Office by international staff.

The security situation represents a major challenge to human resource management as it affects the staff morale, well-being and performance. The Chief of Operations, acting as the Security Focal Point, conducted regular presentations and info-sharing on the security situation.

Radio checks and staff tracking for all road movements are systematically conducted. Several trainings and information sessions were organised by the Office on basic security measures. Although the Office location is not MOSS compliant, significant efforts were made this year to increase security measures in the building. As part of staff safety and security measures, non-critical staff members were granted in advance R&R and home leave.

A stress counselling session was organised to provide support to staff members. The Peer Support Volunteer group was activated to provide daily care to staff during critical periods.

The training and learning plan was developed in March 2010 and includes three categories of training: group, regional and individual. The overall implementation rate was low; only 42 per cent of activities were completed in the course of the year.

The Office participated in the 2009 WCAR staff morale survey. The three high-priority areas found to require attention were: stress management, performance vs. politics, and investment in people.

**4.4 Other Issues**

**4.4.1 Management Areas Requiring Improvement**

The Office took advantage of the UN corporate agreement with MTN to considerably reduce costs for mobile phone communication. The use of VoIP was maintained instead of landlines, which are costly in Côte d’Ivoire.

The challenge for 2011 will be to continue the spirit of common service within the UN family, which aims to reduce items with high costs such as travel agencies, customs clearing, banking, security and maintenance of premises.

**4.4.2 Changes in AMP**

The 2010 Annual Management review conducted on 14 December 2010 offered an opportunity to assess the results achieved. The following recommendations were issued and will be included in the 2011 AMP:

- Improving the performance of the supply function by reinforcing supply planning and monitoring processes, mainly for construction and carpentry
- Timely PER completion
- Preparation of a realistic training plan
- Reactivation of the interface programme-operation
- Set up a mechanism to monitor contracts
- Relocate the office.
6. INNOVATION & LESSONS LEARNED

Title: Delegating management of rural water schemes to professional operators to improve continuity of access

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Abstract

In rural areas of Côte d’Ivoire, people often pay a higher price for water than those in urban areas. Therefore, the Ministry of Economic Infrastructures introduced a pilot scheme to engage small private sector operators in the management and maintenance of both small-scale piped networks and hand pumps for rural schemes. UNICEF supported the Government to document the pilot scheme and to extend a modified scheme to several departments.

The main lesson learned from the initial project is that continuity of access to water can be improved, and the price of water maintained, through professional management. The initial pilot also showed that involvement by the private sector in management and maintenance of water points can work for both small-scale piped networks and water points equipped with hand-pumps. However, several factors can hinder the long-term sustainability and scalability of delegated water management arrangements and need to be addressed.

Innovation or Lessons Learned

Positive lessons learned:
- Delegated management can be profitable both in the case of small-scale piped networks and of hand pumps: all operators of the initial pilot scheme survived the five-year critical lifespan.
- Small-scale private sector operators can show innovation in business models and their capacity to collect and analyse technical and financial data is generally higher than that of community organisations: one operator is planning to launch payments by mobile phones, another to import cheaper spare parts from a neighbouring country and all operators have financial and technical records of their operation.
- Private operators can generate employment by hiring local artisans as technicians and community members as water point operators or fee collectors.
- Professional management of water points seems to increase water use and, in the case of small-scale piped networks, the number of household connections.
Challenges:
- Demand creation and its sustainability over time seemed to be a key issue, as uncollected fees amounted to as much as 30 per cent of invoices for certain operators and penetration rates in each district remained low.
- The governance arrangements of the pilot scheme, with contracts directly managed by the central government, did not seem scalable and is not in line with the decentralisation policy.
- Not all operators had the same capacity to adapt their business models and to maximize profitability over time.

Potential Application
Delegated management of rural water schemes could be scaled up nationally, with some adaptation of the model at the regional level, allowing, for example, for economically unattractive districts to federate among themselves and select a single operator, or allowing districts with effective existing networks of artisans to accompany the transformation of these networks into formal enterprises or cooperatives, or including in the contract major rehabilitation of infrastructure.

The model could also be introduced in other countries in the region. Even in countries where delegated water management is already functioning, like Mali and Burkina Faso, activities are normally confined to the management of more complex small piped systems. The experience of Côte d’Ivoire shows that all rural water schemes can be attractive for the private sector.

Issue/Background
Before the onset of a lengthy conflict, coverage and investment in safe drinking water infrastructure was relatively high. However, maintenance issues were common and community management systems were not effective. Studies showed that in rural areas people ended up paying more for water than in urban areas. The situation worsened sharply after the beginning of the conflict. In response, in 2005 the Government initiated a pilot scheme of professionalisation of rural water schemes’ management in three districts. In 2010 UNICEF supported the Government to document the pilot launch of an extended, modified scheme in nine districts.

Strategy and Implementation
An expert in business development was tasked with documenting lessons learned and including them into a new, extended, nine-district pilot scheme. UNICEF organised a visit to the sites of the 2005 scheme for stakeholders involved in the extended pilot.

The 2005 pilot scheme was managed by ONEP, the central agency responsible for water service delivery. Small-scale operators signed contracts guaranteeing continuous management and maintenance of either a group of rural water points or a small-scale piped network. All three operators were selected by ONEP and received technical support and an initial subsidy.

The extended pilot shifted responsibility for selecting and monitoring water operators from ONEP to district councils.

Competitive bidding was introduced to reach a larger number of private sector operators. The district councils were supported to develop marketing materials; representatives of traditional chiefs were involved in the development of bidding and contract documents; local radios and five local NGOs were used as outreach strategy; and existing water management committees were transformed into ‘satisfaction monitoring committees’.
To allow testing of different profitability models, some districts joined in small-scale piped networks and hand-pumps, others gave to the hand-pump operators a rotation stock of spare parts.

**Progress and Results**
In the geographical areas of the initial pilot scheme, all three operators have survived the five-year lifespan, the price of water has remained within the range indicated by the Government, water consumption and the number of private connections have increased, anecdotal satisfaction of consumers is reported and interest was expressed by district councils in taking ownership of the process. However several issues of sustainability emerged, the most important of which will be tackled by the extended scheme.

Of the nine proposed districts, seven agreed to continue with the selection of professional operators, while two decided to engage in a process of supporting the capacity development and formalisation of their existing networks of artisans. A call for competitive bids was launched and small-scale professional operators were selected for seven departments, potentially covering around 2,000 hand pumps and around 15 small-scale piped networks. The overall number of quality proposals was low and the same operator won the bids in five out of seven districts.

The other factor that slowed progress was underestimation of the legal issues around the status of a village: a village cannot enter into a private contract unless it is registered as a legal entity.

**Next Steps**
1. Involve political leaders as advocates for adoption of the model in other districts.
2. Pilot modified contracts that include rehabilitation of infrastructure.
3. Evaluate and document the extended scheme, with a special focus on its impact on equity, in order to influence the national policy on rural water management, which is under development.