I. Introduction

1. The following members of the Executive Board of UNICEF participated in the visit: H.E. Mr. Vandi Chidi Minah, Ambassador Extraordinary and Plenipotentiary, Permanent Representative of Sierra Leone to the United Nations; Mrs. Sewa Lamsal Adhikari, Minister Plenipotentiary Deputy Permanent Representative of Nepal to the United Nations; Mr. Noboru Sekiguchi, Minister, Permanent Mission of Japan to the United Nations; Ms. Kristel Lõuk, First Secretary, Permanent Mission of Estonia to the United Nations; Ms. Desirée del Carmen Cedeño Rengifo, Attaché, Permanent Mission of Panama to the United Nations; Mr. Nicolas Pron, Secretary of the Executive Board, UNICEF; and Mr. Gilles Fagninou, Assistant Secretary of the Executive Board, UNICEF.

2. The objective of the field visit was to enable the delegation to gain a comprehensive understanding of how UNICEF works at the country level. More specifically, the visit presented an opportunity for the delegation to see concrete examples of UNICEF cooperation with the Government of Côte d’Ivoire and other partners, including the United Nations country team. The visit also enabled the delegation to learn about the issues concerning children and women in Côte d’Ivoire and the challenges that they face.

3. The delegation expresses its gratitude to the Government of Côte d’Ivoire for providing it with the opportunity to engage in frank and substantive dialogue with senior members of the Government. It is also grateful to the UNICEF country team in Côte d’Ivoire for the well-organized visit and for the availability of UNICEF personnel.

4. The delegation was impressed by the commitment and dedication of senior Ivorian leadership officials at every level and of the UNICEF staff in Abidjan.
5. The programme of the visit consisted of two main components:

(a) Meetings in Abidjan with representatives of the UNICEF country office, senior-level government ministers, key members of the United Nations country team and key donors;

(b) Field visits to Odienné, Foula, Man, Guiglo and Nizahon, where the delegation met with local government representatives, civil society organizations, users of health facilities, health workers, teachers, school administrators, students, members of community groups, religious leaders and key UNICEF staff:

(i) On the field trip to the region of Odienné, the delegation visited the Maternal and Child Welfare Centre (Protection maternelle et infantile), where it met the doctor in charge and other personnel and discussed the issues of care for pregnant women and the role of community counsellors. The delegation also spoke with a group of women who had benefited from the programme for the prevention of mother-to-child transmission (PMTCT) of HIV;

(ii) In Foula, the delegation observed early development and education activities supported by UNICEF and learned about the efforts of the inhabitants to ensure that their children were being properly educated in a safe environment. In addition, the delegation inspected UNICEF projects in Nizahon, where it witnessed a presentation on community-based health activities. The enthusiastic reception extended to the delegation in both villages was a clear testament to the high esteem in which UNICEF is held;

(iii) In Man, the delegation met informally with the Governor and some of his senior officers. The Governor gave a briefing on the former prominence of region, its touristic and economic potential and its health challenges. The delegation visited the Man Regional Hospital and the UNICEF-supported legal aid centre (clinique juridique) of Guiglo;

(iv) In Guiglo, the delegation paid a courtesy visit to the Governor, who gave a briefing on the priorities of children and women in the region.

6. This report summarizes the briefings received by the members of the delegation and concludes with the delegation’s own observations and recommendations.

II. Key issues facing children and women in the West Africa region and in Côte d’Ivoire

Overall situation

7. The Ivorian government has set the goal of making Côte d’Ivoire an emerging country by 2020. This ambitious vision is based on projected strong economic growth, supported, among other things, by an attractive business environment and a process of poverty reduction. After a decade of military and political conflicts, the Ivorian economy started to grow again in 2012 as a result of various reforms and massive investment in its growth sectors. Côte d’Ivoire has succeeded in the past four years in repositioning itself in Africa.

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1 Statistics from Institut National de la Statistique and ICF International, “Enquête démographique et de santé et à indicateurs multiples de Côte d’Ivoire 2011-2012” (Calverton, Maryland, 2013), unless otherwise noted.
Demographics and poverty levels

8. The population of Côte d’Ivoire, at 23.3 million as of 2015, is very young, with 75 per cent below the age of 34 years. Fertility stands at an average of 5 children per woman, with disparities between rural areas, with 6.3 children per woman, and urban areas, with 3.7 children per woman. Recent measurements of poverty levels in the country revealed that 46.3 per cent of the population still lives below the poverty line, down from 48.9 per cent in 2008. However, there are significant variations in poverty levels between rural and urban areas, at 56.8 per cent and 35.9 per cent, respectively. These poverty levels, coupled with very limited social-protection schemes, pose a serious threat to social cohesion.

Child and infant mortality²

9. Despite a reduction in mortality among children under 5 over the past two decades, from 125 per 1,000 in 2005 to 108 per 1,000 in 2012, the mortality rate is still too high: one in every nine children die before the age of 5. The risk is especially high for children born into poorer families and to mothers with lower education levels. The infant mortality rate is 68 per 1,000; more than half of infant deaths (i.e., in the first year of life) occur in the neonatal period (the first month of life). The high neonatal mortality is linked to obstetric and neonatal complications. The main causes of death are prematurity (33 per cent), birth trauma (27 per cent) and infection (15 per cent). More than one third of these deaths occur in the first month of life and more than half before the first year of life. For post-neonatal mortality, 38 per cent die from malaria, for 15 per cent from pneumonia and 12 from diarrhoea.

Maternal mortality

10. Maternal mortality is extremely high in Côte d’Ivoire, at 614 deaths per 100,000 live births, the seventh highest rate in the world. The main causes of mortality are post-partum haemorrhage, haemorrhage in the perinatal period, extraterine pregnancies and ruptured membranes. Less than a half (44 per cent) of pregnant women benefit from four prenatal visits. The proportion of deliveries supervised by qualified health personnel is 59 per cent, with significant regional disparities in favour of urban areas.

Malnutrition

11. Only 1 in 10 women practise exclusive breastfeeding for six months; only 5 per cent of children aged 6-24 months have a minimum adequate diet. The prevalence of stunting is 30 per cent at the national level and as high as 39 per cent in the northern regions; 14 per cent of infants are born with a low birthweight. Anaemia levels are alarming: 75 per cent of children aged 6-59 months have anaemia and 54 per cent of women, with some regional disparities.

Water and sanitation

12. Approximately 82 per cent of Ivorians have access to an improved water source, with significant rural and urban disparities (69 per cent and 93 per cent, respectively).

Only 22 per cent of the population has access to improved sanitation (10 per cent in rural areas and 33 per cent in urban areas). The proportion of the population without access to latrines and practising open defecation is 25 per cent (51 per cent in rural areas and 6 per cent in urban areas).

**HIV/AIDS**

13. Despite the decrease in HIV/AIDS prevalence from 4.7 per cent in 2005 to 3.7 per cent in 2012, Côte d’Ivoire still records the second highest prevalence rate of HIV/AIDS in West Africa. Recent analysis confirms the feminization of HIV infection, with a prevalence of 4.5 per cent among women (2.9 per cent in rural areas and 5.6 per cent in urban areas). According to a 2015 UNAIDS report, the proportion of pregnant women receiving antiretroviral (ARV) treatment is currently 79 per cent up from 55 per cent in 2012. The rate of the vertical transmission of HIV decreased from 28 per cent in 2011 to 23.8 per cent in 2014. Every day in Côte d’Ivoire, 13 children are born with HIV/AIDS, and 63,000 children are still in need of ARV treatment.

14. The country assessment undertaken in 2015 for the All In initiative highlighted the increase of new HIV infections among adolescents. The feminization of HIV is a critical issue among adolescents, with eight girls infected for every infected boy. About one out of three adolescent girls (30 per cent) aged 15 to 19 years are either pregnant or already have a child (19 per cent in urban area and 46 per cent in rural areas). Eighty-two per cent of adolescents aged 15 to 19 years old lack knowledge about HIV/AIDS.

**Education and out-of-school children**

15. The net school enrolment rate rose from 55 per cent in 2006 to 68 per cent in 2012, with persistent gender disparities (64 per cent for girls and 72 per cent for boys). The northern and north-western regions have the lowest net school enrolment rates, at 56 per cent and 50 per cent, respectively. Only about 4.5 per cent of children aged 3 to 5 years attend early child development centres, with a rate of 1.9 per cent in rural areas and 9.1 per cent in urban areas. There are 1.2 million children aged 6 to 11 years and 0.8 million aged 12 to 15 years who are out of school. The majority of them are girls and reside in the northern, western and north-western areas of the country. The drop-out rate is high and increases as schooling progresses. The following findings merit particular attention:

   (a) 3 out of 4 children enrol in primary school;
   (b) 5 out of 9 children complete primary education;
   (c) 2 out of 5 children enrol in secondary education;
   (d) 1 out of 6 children complete secondary education.

16. The main causes for the high rates of out-of-school children are poverty, a lack of awareness among parents about the value of education, and social norms concerning girls’ education. Leading causes on the supply side include inadequate infrastructure, a lack of school supplies and textbooks, a shortage of qualified teachers, long distances to travel to school or even a lack of schools. A national situation analysis has shown that 2 million children are out of school in Côte d’Ivoire, with girls as well as children with disabilities the most affected. In September 2015, Parliament adopted a law on compulsory education for children aged 6 to 16 years.
Violence against and exploitation of children

17. According to data from 2006, one out of five children are subject to severe physical punishment. Data from 2012 indicate that one out of four girls aged 15 to 17 years and almost one third of girls aged 15 to 19 years have been victims of physical violence since the age of 15 years. The same data indicates that 4.7 per cent of girls aged 15 to 19 years were victims of sexual violence committed by their intimate partners during the 12 months preceding the study. At school, violence is also prevalent: nearly one out of two children are physically hit by their teachers and one out of three are humiliated; two out of five children (girls and boys) are victims of sexual harassment, with more than 1 out of 10 instances perpetrated by a teacher; and one out of five girls have been raped, with instances occurring both in and out of school. Female genital mutilation affects more than one in three women (38 per cent), with half of women aged 15 to 49 years circumcised before the age of 4 years. In most cases, circumcision is done before the age of 10 years. As many as 1.4 million children aged 5 to 17 years are victims of child labour, working, on average, 51 hours per week, with half of them working in the agricultural sector. A large portion of children do not live with their parents (20 per cent of children below the age of 18 years and 41 per cent aged 15 to 17 years); girls are more likely to be subject to placement outside the family.

18. The detection and the referral of child victims of violence remain a challenge, while the availability of coordinated specialized child protection services is very limited.

Birth registration

19. Since 1964, it has been a legal requirement to declare all births in Côte d’Ivoire. Yet only about 65 per cent of children under five years of age are registered. About 1.8 million children aged 0 to 17 years are not registered. In rural areas, the problem of birth registration is very acute, with only 1 out of 2 children in rural areas registered compared with 8 out of 10 children in urban areas.

20. The regions most affected by the decade-long conflict are those with the lowest birth registration rates, notably the western, south-western, central, north-western and northern parts of the country, where only around one out of two children are registered. The main reasons for the low level of birth registration are the lack of both awareness and information about procedures among the population; inadequate infrastructure; a limited supply of birth registries; poorly qualified personnel; and a lack of supervision.

Social protection

21. The Government has undertaken major actions over the past three years, such as establishing a support fund for women, a social housing programme and universal health insurance. It has also adopted a national strategy on social protection comprising an integrated set of cash transfers and social inclusion measures and representing an important framework for ensuring pro-poor and equitable national growth.

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22. The World Bank has allocated $50 million for a cash transfer project in the north and west of the country, which are the areas with the poorest social indicators. However, the Government has not yet made any long-term commitment to such cash transfers and it has not allocated any funds from domestic sources for that purpose. Hence, the effective management of the large number of small and heterogeneous projects implemented by a multitude of Government and civil-society actors remains a social-welfare challenge.

III. High-level meetings

Meeting with the Prime Minister

23. The delegation was impressed by the fact that the Prime Minister, H.E. Daniel Kablan Duncan, was extremely knowledgeable about the work of UNICEF in Côte d’Ivoire and expressed the deep appreciation of the Government for the efforts of UNICEF on behalf of the children of Côte d’Ivoire. The Prime Minister made reference to the aspiration of Côte d’Ivoire to become a middle-income emerging State by 2020. He also briefed the delegation on the security and development achievements made since the end of the decade-long conflict. He made reference to the widely praised and peaceful presidential elections of October 2015. He added that the transformation of Côte d’Ivoire into a middle-income State should also be evident in the rural areas. He informed the delegation that the Government planned to expand access to electricity at the village level by 2017, and to significantly improve access to clean water. The Prime Minister also mentioned that there was a dire need for skilled and educated people and for sufficient and appropriate educational opportunities for children and adults. The Prime Minister also emphasized the renewed commitment of the Government in the area of nutrition through the development of a multisectoral nutrition strategy, which has been integrated into the National Development Plan (NDP) 2016-2020.

Meeting with the Minister of Foreign Affairs

24. The Minister of Foreign Affairs, H.E. Albert Mabri Toikeusse, pointed out that the support of the United Nations country team was needed to entrench the post-conflict stability and, especially, the development of Côte d’Ivoire. That support was evident in the roles performed by UNICEF, such as community and regional outreach to hear what the people wanted and to inform the Government accordingly. The Minister stated that he enjoyed a good working relationship with UNICEF, citing the establishment of health-care centres in collaboration with UNICEF, especially those specialized in the care of women, during his tenure as the Minister of Health and Public Hygiene. The Minister also mentioned that he had established the “Delivering as one” initiative in close cooperation with the United Nations Development Programme (UNDP), UNICEF and other United Nations agencies when he was the Minister of Planning and Development. The Minister was convinced that the “Delivering as one” initiative had been one of the most important mechanisms to enhance the effectiveness of assistance programmes.

25. The Minister expressed his gratitude for the positive contribution of UNICEF before, during and after the period of the crisis, especially for children and women in such areas as education, birth registration and HIV/AIDS.

26. The Minister explained the intergovernmental coordination mechanism for development activities in Côte d’Ivoire, which is aimed at enhancing effective
coordination among all stakeholders, including both bilateral and multilateral partners. As Minister of Planning and Development, he held coordination meetings once every two months with relevant ministers, such as the Foreign Affairs Minister and the Finance Minister. He also coordinated with United Nations system organizations and other multilateral international organizations.

Meeting with the Minister of Planning and Development

27. The Minister of Planning and Development, H.E. Niale Kaba, stated that the Ministry, as the focal point for all United Nations agencies, had been collaborating in the implementation of the NDP. She explained that the new NDP, for the period 2016 to 2020, had been drafted by the Government, in close collaboration with United Nations agencies, and adopted by the Parliament in the fall of 2015.

28. The Minister stressed the importance of preparing accurate indicators by which the Government would be able appropriately to monitor the implementation of the 2030 Agenda for Sustainable Development and to track changes in the situation of children and women, in particular. The Minister thanked UNICEF for supporting the preparation of the relevant indicators and reminded the delegation that she was counting on the continued support of UNICEF regarding monitoring and evaluation.

29. The Minister explained that Ministry of Finance was in charge of the short-term administration of the national economy and that the Ministry of Planning and Development handled the longer-term economic responsibilities of Côte d’Ivoire. The Minister expressed her conviction that good coordination among ministries was essential for successful development and described the ways in which the Ministry of Planning and Development supported other ministries to prepare development plans for their relevant sectors of operation.

30. The Minister explained that the national economy of Côte d’Ivoire was in relatively good shape. However, the Minister pointed out that the Government had to pay appropriate attention to the exchange rate because it had been borrowing from foreign and multilateral partners in order to finance certain sectors, such as education.

Meeting with Minister of National Education

31. The Minister of National Education, H.E. Kandia Camara, pointed out that Côte d’Ivoire and UNICEF had established a fruitful partnership prior to the conflict, and that the partnership had continued to flourish in the post-conflict era. The Minister explained that the Government had introduced free and compulsory education in September 2015, because it was convinced that raising the school enrolment rate was essential to achieving a successful country.

32. The Minister stated that the major human-resource challenge was how to attain appropriate classes with appropriate teachers. She also stated that it was important to ensure not only access to education but also to the quality of education; the Government had been carrying out various programmes, such as curriculum reform, the capacity-building of teachers and the establishment of sustainable canteens in schools, with support from various partners.

33. The Minister explained that the State needed to have both public and private schools since it was not the case in Côte d’Ivoire that every village had at least one public school. She stated that the Government, in certain circumstances, relied on education provided by community-based schools in rural villages. She indicated that
the Government intended to convert some community-based schools into official public schools.

34. The Minister pointed out the low school enrolment rate among girls, especially in rural areas, because of early pregnancy and migration from villages to cities. She explained that the Government was collaborating with UNICEF to reach out to community-based schools to raise awareness of the importance of education for both boys and girls.

35. The Minister stressed the importance of establishing kindergartens in order to raise the school enrolment ratio, especially in the countryside, where there was very limited access to kindergartens, and expressed her appreciation for the support of UNICEF.

36. The Minister presented examples of the assistance provided by UNICEF to the Government including:

   (a) The collection of statistical data on schools and pupils every year in March;

   (b) The promotion of the Child Friendly and Girl Friendly Schools campaign to make schools free from violence against children, especially girls, for many years, with the assistance of the child protection programme;

   (c) The formation of various clubs, including teacher’s committees;

   (d) Advocacy to raise awareness of child marriage, in collaboration with the Ministry for the Promotion of Women, Family and Child Protection.

37. The Minister further explained that the Government has formed a national committee to tackle violence against children, and that there were laws and regulations to punish offenders who committed violence against children, including sexual violence. She indicated that the Government has adopted a policy of zero tolerance or “no compromise” towards violence against children.

Meeting with the Minister of Urban Hygiene and Sanitation

38. The Minister of Urban Hygiene and Sanitation, H. E. Anne Desirée Ouloto, was appointed in January 2016. From November 2012 to January 2016, as the Minister of Solidarity, Family, Women and Children, she was the main UNICEF partner from the Government side. She noted the leadership role of UNICEF regarding the agenda for children in Côte d’Ivoire, and commended the excellent reputation of the organization. The Minister said that sanitation was a priority for the Government, with a special commitment on the part of the President, and informed the delegation about a working group on hygiene and sanitation, chaired by the Prime Minister, for which she was the Vice-President. She noted the intersectoral approach of the strategy on sanitation, which encompassed such related sectors as education, and highlighted its participatory nature, with traditional chiefs and religious leaders playing an important role.

Meeting with the Minister of Social Cohesion

39. The Minister of Social Cohesion, H. E. Mariatou Koné, welcomed the delegation and highlighted the consistent support of UNICEF to Côte d’Ivoire. She explained the importance of her Ministry’s role in a country emerging from a decade of conflict. She praised UNICEF for its outstanding work in the country and hoped that the new
country programme would continue to support the Government’s efforts towards solidarity and social cohesion.

Meeting with the Minister of Youth Promotion, Youth Employment and Civic Service

40. The Minister of Youth Promotion, Youth Employment and Civic Service, H.E. Sidi Tiémoko Touré, welcomed the delegation and congratulated UNICEF and the country representative for the tremendous achievements, for young people in particular, in the years before, during and after the conflict. He noted that his Ministry was leading the All In initiative, in partnership with the Ministries of Health, Education and the Promotion of Women, Family and Child Protection. He also spoke about the newly created department for youth in a situation of radicalization, highlighting the importance of prevention. He expressed concern about the migration of educated youth from Côte d’Ivoire and stressed the importance of finding a solution to the problem. He noted some of the initiatives that his Ministry was implementing, including collaboration with France on immigration issues; the development of a youth employment Internet platform; a project on youth and peacekeeping; and the use of U-Report, a digital social messaging tool, learning from the experience of Kenya and Senegal. The Minister said that he expected UNICEF to continue its support to the Ministry, especially in the context of the next country programme.

41. The delegation commended the Minister for the political and financial commitment of the Government to children and adolescents and congratulated him for his leadership on the All In initiative. The delegation asked questions about the Minister’s vision for ensuring that all children and adolescents had access to basic social services, notably education and health care, underlining the need to address such issues in an intersectoral manner. The delegation also congratulated the Minister on the position of Côte d’Ivoire as a flagship country for the second decade of life, mentioning that the country could serve as a model for the region, given the high percentage of young people in the African population.

IV. Meetings with United Nations and civil society representatives

Meeting with the UNICEF country management team:

42. The delegation was briefed on the key issues facing children and women in the region and in Côte d’Ivoire, as described in section II.

43. The delegation met with the UNICEF Côte d’Ivoire Representative, Ms. Adele Khudr, and the Deputy Representative, Ms. Christina de Bruin, and the respective section chiefs of UNICEF Côte d’Ivoire in charge of child survival and development; basic education, child protection, health for children and women, children and HIV/AIDS, partnerships, including civil society, and communications. The section chiefs described the challenges that they faced in Côte d’Ivoire and provided an overview of how they were planning to address them.

44. Regarding internal coordination, UNICEF Côte d’Ivoire tried to maintain effective programme delivery by means of regular monthly country management team meetings and general staff meetings as well as the monthly and quarterly monitoring of the performance of the office against a number of indicators. The delegation was satisfied with the overall UNICEF work environment, namely, the holding of periodic
meetings to promote regular communication among the staff; the establishment of work-life balance; the capacity enhancement of staff through individual training; and the fostering of good relations between management and the Staff Association.

45. Meetings were held every two weeks to maintain internal coordination within the United Nations system and with other agencies, such as the World Bank.

46. One of the major challenges for the country management team was ensuring that it secured and maintained adequate financial and human resources.

**Meeting with the United Nations Resident Coordinator**

47. The Resident Coordinator, Mr. M’Baye Babacar Cissé, briefed the delegation on the following issues:

   (a) *Political climate.* With the satisfactory progress of political dialogue, the situation had greatly improved. The presidential elections in October 2015 were the first peacefully conducted political elections in the country;

   (b) *Economic situation.* Economic growth was strong, with a reported annual growth of 9 per cent. However, economic and social disparities remained, with little flow of the national wealth to the poor and a highly skewed income distribution. Other challenges included limited access to health care, and a poverty rate of about 46 per cent;

   (c) *Social situation.* Challenges remained in fostering and maintaining social cohesion, especially in regions with an outflow of citizens to Burkina Faso, Ghana and Liberia. In an effort to accomplish social cohesion, there was an ongoing dialogue among youth groups addressing various topics. The programme for birth registration had won the support of the Peacebuilding Fund, and UNICEF would be the leading implementation agency of the programme. The Resident Coordinator said that after the United Nations Operation in Côte d’Ivoire (UNOCI) withdraws in July 2017, the effort to attain national reconciliation would need to be continued;

   (d) *Future prospects.* A total of $16 billion would be needed for the implementation of the new NDP, which was the basis for the United Nations Development Assistance Framework (UNDAF). The activities of the United Nations system to support the implementation of the NDP needed to be harmonized with the 2030 Agenda.

   The goal to become a middle-income emerging country by 2020 was not likely to be realized by that year, but Côte d’Ivoire had great potential. The biggest challenge would be peace consolidation and social cohesion. With a large number of people returning from Burkina Faso, Ghana and Liberia, the need to attain social cohesion was of paramount importance. The stability of Côte d’Ivoire was important not only for the country itself, but also for the entire West Africa region;

   (e) *Other related information.* There was a need to develop strong institutions at the national and local levels, with high-capacity human resources. However, there was significant brain drain because highly qualified individuals were being channelled to such institutions as the World Bank. How to attract such valuable human resources back to the public sector remained a challenge. Capacity-building at the institutional level, rather than at the individual level, would be a more effective strategy in addressing this challenge. The Resident Coordinator acknowledged the role played by UNICEF in the country and the fact that its work was highly appreciated by the Government.
Meeting with the United Nations country team

48. The United Nations country team consists of 16 resident agencies and 4 non-resident agencies. The country team is responsible for establishing the mode of collaboration with the Government of Côte d’Ivoire. The delegation was briefed by the agencies that work in close collaboration with UNICEF: the World Food Programme, the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS, the United Nations Educational, Scientific and Cultural Organization, the Office of the United Nations High Commissioner for Refugees and Office for the Coordination of Humanitarian Affairs.

49. The heads of the respective agencies briefed the delegation on their major challenges, describing how they intended to strengthen the contribution of the United Nations country team to realize the “Delivering as one” initiative in order to achieve effective programme delivery and the efficient management of resources.

Meeting with civil society

50. The delegation had the opportunity to meet with representatives of various non-governmental organizations that worked closely with UNICEF. The organizations were involved primarily in developing programmes and initiatives dedicated to children and women. They shared with the delegation their views about the situation of children and women in Côte d’Ivoire.

51. Among the challenges that the civil society representatives identified were the difficulty of access to certain State institutions, such as police stations; resource mobilization; the prevalence of pregnancies in school; female genital mutilation; HIV/AIDS; and the lack of birth certificates and technical and material capacity.

V. Field trips

Meeting with the Governor of Odienné

52. The Governor of Odienné said that the key challenges concerning children, mothers and youth in the region were poverty; HIV/AIDS, including the transmission from mother to child; access to education; illiteracy, especially in the rural areas; youth unemployment; and the lack of birth registration.

53. Among other challenges that he mentioned were early marriage and genital mutilation, as well as the custom that pregnant women were not always allowed by their husbands to visit health centres.

54. The Governor expressed his gratitude for the positive and highly valuable contributions of UNICEF and requested the continuation of UNICEF projects.

Visit to the Maternal and Child Welfare Centre Odienné

55. In the region of Odienné, the delegation visited the Odienné Maternal and Child Welfare Centre (Protection maternelle et infantile) and was able to learn about the management of HIV and PMTCT. UNICEF support to the centre contributed to the national efforts to reduce child and maternal mortality and strengthen the response to HIV in the region.
56. The delegation spoke with the doctor in charge of the clinic, who presented the treatment flow for an HIV-positive pregnant woman, from the first antenatal-care visit to the final status of the child. The delegation learned that the clinic offered antenatal care, including PMTCT; labour and delivery services; family planning; immunization, HIV testing and counselling; nutrition services; and medical care.

57. The delegation also learned about the role of community counsellors in the follow-up with pregnant women through to the determination of the final status of the child. The delegation was also able to speak with women beneficiaries of the PMTCT programme.

58. The delegation learned that the clinic benefited from technical and logistic support from the Organization for the Development of the Activities of Women (Organisation pour le Développement des activités des Femmes), a local non-governmental organization, for the coordination of activities linked to communities, with financial support from UNICEF.

59. The key challenges for the clinic were the following:

(a) The difficulty of identifying children living with HIV and providing them with the necessary treatment;

(b) The lack of national laboratory capacity to perform early infant diagnosis for HIV-exposed babies; there was a high need for laboratory capacity at the regional level;

(c) Only one doctor working at the clinic. Despite his efforts, the lack of medical personnel limited the number of patients that the clinic could accept as well as the quality of the services provided;

(d) The low involvement of men due to a lack of understanding about the importance of antenatal care;

(e) The continuing stigma attached to women with HIV/AIDS-positive status, especially by the husbands of pregnant women;

(f) The lack of affordability for some women for some of the regular services of the clinic (other than services related to HIV/AIDS).

Visit to Foula

60. In Foula, the delegation visited a UNICEF-supported early child development and education centre, speaking with children and hearing presentations by the staff of the local school. The delegation also met with the village mothers’ group, which is actively involved in the running of the centre.

61. The delegation learned that the recent construction of school classrooms by the community of Foula had contributed to reducing the number of classrooms that had to be shared by several teachers each day. However, there was still a need for more classrooms because up to 54 pupils were not enrolled in appropriate grades, a situation that could undermine the quality of education.

62. There was a need to reduce the disparity between girls and boys in school enrolment and retention, especially for the final three grades. There was also a need for the establishment of a secondary school near the village.

63. The people of Foula expressed their gratitude for the support of UNICEF and expressed their willingness to cooperate with UNICEF in the future.
64. The visit to Foula was an excellent opportunity to observe community initiative, engagement and ownership in the field of education, in which the support of UNICEF met the needs of the local community. This model of cooperation could also be used in other villages.

Visit to the Man Regional Hospital

65. The delegation visited the Man Regional Hospital, situated in the Tonkpi region, in western Côte d’Ivoire, where the economic and public health systems were significantly affected by years of conflict. The visit provided the delegation the opportunity to observe the delivery of health services of a referral public health facility, located in a post-conflict urban area.

66. The hospital covers 4 health districts out of 82 in Côte d’Ivoire, providing services to the patients of Guinea and Liberia, as well, owing to its prime geographical location. From 2003 to 2007, during the conflict period, the hospital was exclusively administered by non-governmental organizations.

67. The hospital has 25 units including paediatric, neonatal intensive care, maternity and emergency obstetric care wards. It is focused on a holistic approach to health-care services, including promotional, preventive and curative measures for children and mothers.

68. The Tonkpi region is supported by the UNICEF sub-office in Man. UNICEF provides support to the hospital to ensure that it has the capacity to deliver essential interventions.

69. The delegation concluded that the hospital provided extremely effective and useful services to the community. In particular, the therapeutic nutrition unit at the paediatric ward was found to be extremely effective in dealing with severe and acute malnutrition problems. The hospital was well maintained, with a good level of medical facilities. However, the hospital lacked the necessary human resources and physical infrastructure to cope with the high local demand for its services.

70. The key challenges were the following:

(a) A substantial number of children did not have birth certificates due to the conflict; the absence of birth certificates prevented thousands of children from enjoying basic health-care services;

(b) There was a lack of sufficient awareness about health, hygiene and healthy living practices among the local community;

(c) There was a high prevalence of acute malnutrition, malaria and HIV/AIDS, but the primary challenge remained how to integrate the various health-care services into a single sustainable health-care system;

(d) There was a need to increase the access to a broad range of health-care interventions by means of a package of promotional, preventive and curative measures;

(e) Similarly, there was a need to strengthen the health-care referral system at the regional level and maintain reliable supply chains to avoid deficiencies of essential medical supplies at all levels of the health system;

(f) There was a need to raise awareness concerning health, hygiene and healthy living practices in the region and beyond;
(g) There was a severe lack of qualified medical personnel to provide essential services.

Visit to the legal aid centre (clinique juridique) in Guiglo:

71. The delegation visited the legal aid centre in Guiglo, a jointly supported project, established in 2013 in the aftermath of the conflict, in collaboration with the Government, with bilateral and multilateral donor support, to provide access to justice to the population, with a particular focus on women and victims of gender-based violence.

72. The project supports six legal aid centres covering 11 different regions, including Guiglo. The centres are managed by government and civil society organizations with the following objectives:

(a) To provide individual, free legal information and orientation;
(b) To promote the awareness of the population of their rights and ensure their access to justice, through local media, outreach and activities in rural communities;
(c) To train local actors on specific rights issues, including birth registration and gender-based violence;
(d) To provide legal assistance to children and women, with special attention paid to people in detention, female victims of violence and children in contact with the law;
(e) To develop and disseminate information resources for education on rights;
(f) To organize exchanges and collaboration between actors in the field concerning legal-aid activities and support for civil registration.

73. The legal aid centre in Guiglo was established in May 2013, in line with the above-mentioned overall objectives, with a focus on legal consultations; legal training; judiciary process support for civil registration; the organization of visits to detention centres, including police stations; and the promotion of awareness-raising on legal rights.

74. The centre is focused on awareness-raising activities concerning human rights, access to justice and strengthening the protective environment for children in Guiglo. It provides free individual legal counselling, including on birth registration, family matters, succession, violence and judiciary assistance. It is also deeply involved in awareness-raising activities.

75. The delegation spoke with the mother of a child who had been raped. The mother, in difficult circumstances and from a conservative community, brought a complaint and sought legal support. The centre supported the mother with all the legal requirements for her complaint to its eventual conclusion and subsequent legal action against the perpetrator. The successful resolution of the complaint was a clear example of the change brought about in the community with respect to successfully addressing impunity, largely as a result of the awareness-raising programme started by the centre. The delegation was informed that such complaints, when they were pursued, were usually handled in a traditional manner (amicable solutions in which the victim’s family ended up giving up their rights), to the detriment of the victims.

76. The support of UNICEF to the centre has been critical for the promotion of and support for civil registration and child protection-related activities, including awareness-raising, the capacity-building of local actors, case management and the
child protection network. The centre has helped more than 1,400 undeclared children to register and obtain proof of identity.

77. The centre was facing the following key challenges:

   (a) While there was great demand for legal assistance because of the prevalence of violence in the region, there was ongoing uncertainty as to whether the services will continue;

   (b) The centre had limited expertise, coverage and outreach and lacked the capacity to provide specific training for the diverse issues it addresses, including domestic and gender-based violence, civil registration and child-protection matters;

   (c) There was a lack of proper collaboration and cooperation regarding child-protection cases among relevant State agencies.

Community-based health activities in Nizahon

78. The delegation met with community health workers, who provide an integrated package of such preventive and curative services as the management of malaria, diarrhoea and pneumonia and the promotion of such practices as breastfeeding, hand washing and the use of mosquito nets. The testimonies of those who had benefited from such community-based health interventions highlighted the contribution of community health workers in providing care and services to people in the most disadvantaged areas with poor access to health structures. In addition, the promotion of latrine use, with the commitment and ownership of communities and their leaders to sanitize their own environment, has been an important result of community-based activities.

79. Further, the stories of mothers whose children had benefited from the receipt of birth certificates attested to the importance of integrated community activities carried out by UNICEF.

VI. Role of UNICEF in the region and in Côte d’Ivoire

80. UNICEF has a Basic Cooperation Agreement with the Government of Côte d’Ivoire, signed in 2009. The current country programme has been extended twice: at the end of 2013 and at the end of 2015. The programme extension requested by the Government was to ensure harmony with the NDP 2012-2015 and to allow the time required for the preparation of the new country programme; the NDP 2016-2020 was finalized only in December 2015.

81. The main objective of the UNICEF country programme in Côte d’Ivoire is to support the Government and the people of Côte d’Ivoire in their quest to realize the rights of every child, to enable all children to grow up with equitable access to health, education and protection services in every stage of their lives and to flourish in an environment in which the concerns of children and youth are taken into account.

82. UNICEF Côte d’Ivoire covers all sectoral outcome areas of child survival and development (primary health care, nutrition and water and sanitation), basic education and gender equality (preschool and basic education), HIV/AIDS and adolescents (with a focus on the prevention of parent-to-child transmission and among adolescents) and child protection (building a child-protection system, advocating for protection against violence against children and against child labour and promoting birth registration), social policy, planning, monitoring and evaluation, as well as cross-sectoral
interventions (communication for development, communications, external relations and advocacy, youth outreach and social mobilization).

83. The UNICEF country office has been working on the submission of the next country programme document (CPD) for Côte d’Ivoire for the period 2017-2020, a four-year programme, rather than the usual five year programme cycle, to ensure alignment with the NDP. The development of that CPD started with the elaboration of a situational analysis of children in Côte d’Ivoire and the contribution of UNICEF to the development of the UNDAF 2017-2020.

84. The delegation noted the strategic role that UNICEF had played in Côte d’Ivoire. The country office had been able to achieve results owing to solid upstream and downstream programme implementation through strong partnerships at the national and district levels. The role of UNICEF in Côte d’Ivoire has been changing since the end of the conflict. UNICEF now has the opportunity to operate at the advocacy level to shape the sectoral development plans and play a more strategic role.

85. The delegation met with provincial and county governors, local officials and technical counterparts. In every instance, members of the delegation were impressed by the excellent working relationship between UNICEF and its government counterparts, and by the strong commitment of the authorities to engage with local communities to take successful innovative projects to scale.

VII. Observations and recommendations

Observations

86. The delegation would like to underscore the considerable efforts made by UNICEF Côte d’Ivoire in organizing a productive and intensive field visit focused on the main aspects of their work and that of its partners. The delegation would especially like to thank the UNICEF staff for their commitment and dedication.

87. The delegation noted with appreciation the cooperation that UNICEF had forged with governmental institutions at all levels, from the central Government to regional and community authorities. It was also convinced that UNICEF and its government partners were committed to achieving significant improvements in the lives of children through advocacy and the development and implementation of key policies.

88. The delegation welcomed the engagement of UNICEF with partners, civil society and communities. This engagement demonstrated the power of UNICEF to effectively bring together different actors to influence policies, legislation and public spending for the benefit of the most disadvantaged children and women.

89. The delegation was fully satisfied with the effective working relationship between civil society and UNICEF. The delegation noted the appreciation of the civil-society representatives for the technical and financial support provided by UNICEF.

90. The delegates noted the excellent partnership that existed among the United Nations agencies, funds and programmes and their ability to build on synergies to achieve better results in a cost-effective manner, especially during the exit process of the peacekeeping mission.

91. The delegation welcomed the strong emphasis of UNICEF on national ownership, which was evident throughout the visit. The strong engagement of UNICEF with partners, civil society, communities and faith-based organizations, as well as the private sector, were good examples of the added value and multiplier effect
that UNICEF could contribute by acting as a catalyst to bring different partners together.

92. The delegation noted the positive role that UNICEF, and by extension the United Nations country team, played nationally. UNICEF and the United Nations country team must remain conscious of their central role in the post-conflict recovery of Côte d’Ivoire and ensure that they maintain the level and reach of their activities.

93. The delegation saw evidence of both upstream and downstream programme implementation through effective partnerships at the national and district levels. Upstream implementation was evident in the positive engagement of UNICEF with senior leadership. Downstream implementation was evident in the positive feedback received from the beneficiaries of UNICEF programmes and from the delegation’s interaction with national actors in the regions visited. The delegation was also impressed with the competence and dedication of UNICEF field office personnel.

94. The delegation was fully briefed by national actors at all levels on the critical impact and positive results brought about as a result of the work of UNICEF; the national actors constantly stressed the importance of that work in improving the lives of children and women.

95. The delegation was convinced that the major challenges faced by Côte d’Ivoire were to attain peace consolidation and to achieve social cohesion through reconciliation. The delegation also observed that Côte d’Ivoire was in need of increasing substantially its middle-class population if it was to become an emerging economy, in accordance with the aspirations of the Government.

**Recommendations**

96. UNICEF should continue its focus on advocacy and public awareness-raising activities, in conjunction with the Government and other partners, in its efforts to put children in Côte d’Ivoire on the agenda of all stakeholders, and it must ensure that the new CPD facilitates a consistent record of implementation.

97. UNICEF must be encouraged to continue its upstream-level work at the advocacy level, while also complementing this with downstream-level work, by supporting the Government and other partners to translate policies into quality inclusive services at the local level.

98. The delegation urges UNICEF, and by extension, the United Nations country office, to continue to deliver as one in support of the aspirations of the Government and to strive to set and maintain the standard of programme implementation.

99. UNICEF must ensure that it remains an effective interlocutor of its programmes and that it maintains the current high level of public and governmental support for its national presence.

100. UNICEF must continue its programmatic presence, providing advice on policy and legislative formulation and supporting programmes that will secure and enhance equitable access to education, health services and social protections for all relevant populations of Côte d’Ivoire and that will bridge the disparities among children, especially between girls and boys and between urban and rural areas.

101. The delegation urges UNICEF to help the Government by drawing on the experience from other countries, to seek to work more with the private sector, mainly
in the advocacy of child rights, including child labour, and to try to use innovative and information and communications technology solutions wherever applicable.

102. The United Nations country team including UNICEF must be ready to assume its leadership position as the face of the United Nations system after the departure of UNOCI. A smooth transition of tasks from UNOCI to the United Nations country team is essential.
Annex

Summary of the programme of the field visit to Côte d’Ivoire by members of the UNICEF Executive Board, 4 to 8 April 2016

Monday, 4 April 2016
Abidjan
- Meeting with the UNICEF country management team
- Meeting with the Deputy Special Representative of the Secretary-General/United Nations Resident Coordinator
- Meeting with the Minister of Foreign Affairs
- Meeting with the Minister of Planning and Development
- Meeting with the Minister of Education
- Reception at the Netherlands Economic Mission in Côte d’Ivoire

Tuesday, 5 April 2016
Odienné
- Visit to the Maternal and Child Welfare Centre

Foula
- Visit to an early child development and education centre supported by UNICEF

Man
- Meeting with the Governor of Man
- Meeting with the United Nations local team
- Dinner with the Governor of Man and local authorities

Wednesday, 6 April 2016
Man
- Visit to the Man Regional Hospital

Guiglo
- Meeting with local authorities
- Visit to the legal aid clinic
- Visit to the civil registration centre

Nizahon
- Presentation of community-based health activities

Thursday, 7 April 2016
Abidjan
- Courtesy call to the Head of Cabinet-First Lady
- Meeting with the Minister of Social Cohesion
• Meeting with the Minister of Urban Hygiene and Sanitation
• Reception for key partners in Government, the donor community and civil society

**Friday, 8 April 2016**

• Meeting with United Nations country team
• Meeting with the Minister of Youth Promotion, Youth Employment and Civic Service
• Meeting with the Minister for the Promotion of Women, Family and Child Protection
• Meeting with staff members of the UNICEF country office
• Meeting with civil-society partners
• Meeting with the Prime Minister
• Press conference