Ms Kandia Camara, Minister of Education, launched the distance learning program.

**Highlights**
- In collaboration with the Ministry of Youth, UNICEF started training 50 young bloggers on how to identify and respond to fake news.
- UNICEF engaged with 97 social services to enable front-line social workers to carry out community prevention work and case management.
- With support from UNICEF, the nationwide distance learning program, “Mon école à la maison” was officially launched on TV, Radio, WebTV in addition to the free of charge SMS-based learning system.

**Key indicators**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target (Dec 2020)</th>
<th>10 April 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RCCE 1:</strong> Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>TBC 100,000,000 ¹</td>
<td>TBC 78,118,960</td>
</tr>
<tr>
<td><strong>RCCE 2:</strong> Number of people engaged on COVID-19 through RCCE actions</td>
<td>500,000</td>
<td>365,545</td>
</tr>
<tr>
<td><strong>RCCE 3:</strong> Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>2,000,000</td>
<td>786,814</td>
</tr>
<tr>
<td><strong>IPC 1:</strong> Number of people reached with critical WASH supplies (including hygiene items) and services.</td>
<td>100,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>IPC 2:</strong> Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)</td>
<td>3,513 (HF staff: 1,390 + CHWs: 2,123)</td>
<td>0</td>
</tr>
<tr>
<td><strong>IPC 3:</strong> Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>2,690 (HF staff: 567 + CHWs: 2,123)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Continuity of Health Care 1:</strong> Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women</td>
<td>HF staff: 1,390</td>
<td>0</td>
</tr>
<tr>
<td><strong>Continuity of Health Care 2:</strong> Number of children &amp; women receiving essential healthcare services, including immunization, prenatal, postnatal, HIV &amp; GBV care in UNICEF supported facilities</td>
<td>389,050 Children: 325,600 + Women: 63,450</td>
<td>97,263 Children: 81,400 + Women: 15,863</td>
</tr>
<tr>
<td><strong>Continuity of Health Care 3:</strong> Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms</td>
<td>52,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Access to Continuous E, CP and GBV Services 1:</strong> Number of children supported with distance/home-based learning</td>
<td>300,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Access to Continuous E, CP and GBV Services 2:</strong> Number of schools implementing safe school protocols</td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Access to Continuous E, CP and GBV Services 3:</strong> Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>500</td>
<td>300</td>
</tr>
<tr>
<td><strong>Access to Continuous E, CP and GBV S. 4:</strong> Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>100,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Access to Continuous E, CP and GBV Services 5:</strong> Number of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors, including for PSEA</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td><strong>Social Protection 1:</strong> Number of households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs</td>
<td>2,000</td>
<td>0</td>
</tr>
</tbody>
</table>

¹ This target is well above the Cote d’Ivoire total population (25 million) since each person can be reached many times.
Situation overview and needs

The number of COVID-19 cases more than doubled compared to last week (from 194 on April 3th to 444 on April 10th) with cases reported in 26 districts among the 113 districts nationwide. Transmission is now occurring at a community level (phase 3). With this trend, Côte d’Ivoire could reach 1,000 COVID-19 cases by April 17.

Despite intense communication efforts, the population remains anxious. A COVID-19 isolation site under construction was dismantled in Yopougon (suburb of Abidjan) by members of the community. A truck from the National Drug Store was attacked by demonstrators in Bangolo (45 km from Man). The National Security Council condemned both acts.

The Government announced a contribution of 25 billion CFA to the Public Health Response Plan (total 95.5 billion CFA) with additional testing capacities (up to 45 sites nationwide) and the order or production of masks and drugs to cover the country’s needs. The Government also announced a contribution of 20 billion CFA to the Solidarity Fund to distribute food and non-food items to the most vulnerable.

Coordination and Partnerships

Coordination mechanisms improved substantially with the appointment of a National Response Coordination Unit within the Prime Minister’s Office. This Unit will be in charge of coordinating the national COVID-19 response and overseeing the implementation of the Public Health Response Plan. The National Multisectoral Response Plan also advanced as did indications of financial support from financial partners notably the World Bank.

The WHO coordination group with its 6 sub-groups are functional with the participation of UN agencies, Civil Society and partners under the lead of the Ministry of Health (UNICEF is leading the IPC and the Communication sub-groups).

The UNICEF Representative met with the Minister of Planning to inform of UNICEF efforts to support the COVID-19 national response and with the Minister of Sanitation to advocate for the reactivation of the WASH sector coordination mechanism. UNICEF supported coordination efforts in Nutrition, Child Protection, Social Protection, WASH and Education towards development of specific response plans to operationalize the National Multisectoral Response Plan.

Summary Analysis of Preparedness and Response Actions

1. Risk Communication and Community Engagement (RCCE)

UNICEF continued its COVID-19 awareness campaign with 78 million potentially reached. Social media channels, including UNICEF and U-Report on Facebook, Twitter, Instagram, LinkedIn and YouTube reached 3 million and registered 283,545 engagements. SMS messages on handwashing and hygiene prevention reached 32 million active users. More than 1.7 million consultations were registered by the U-Report COVID-19 SMS information center. In collaboration with the Ministry of Youth, UNICEF started training 50 young bloggers (out of 700 planned) on coronavirus prevention messaging, online safety and how to identify and respond to fake news.

Communication at community level was identified as a gap, notably in rural communities and poor or vulnerable populations. Through the SBA with CARITAS, administrative authorities in the West were able to conduct awareness raising campaigns targeting traditional and community leaders, including women and youth associations.

The Community Health partners’ group (including WHO, UNICEF, PMI, the Global Fund and Save the Children) supported the DSC/Ministry of Health (MoH) in developing a strategy to reinforce Community Health Workers (CHWs) capacity in conducting awareness raising and community case surveillance. Other community actors, such as community agents from ANADER (the Rural Development Agency), will complement this mechanism.

2. Providing critical medical and WASH supplies and improving Infection Prevention and Control (IPC)

UNICEF ordered 20,000 surgical masks and 100,360 N95 respiratory protection masks to strengthen IPC in UNICEF-supported areas. This equipment is intended to protect CHWs and health workers working in primary health care centers as a complement to WASH equipment. The first UNICEF truck with WASH supplies arrived in Man (West) through the humanitarian corridor. Provision of disinfection products will cover > 50% of the needs of the 33 Western priority health care facilities.

3. Continuity of Health Care and Nutrition Services

A rapid assessment of the continuity of health services undertaken by the 2 sub offices in Man and Korhogo confirmed the decrease of health service utilization rate, with a noticeable impact on immunization performances. With UNICEF support, the MoH issued a Note to urge the population to continue seeking care in their respective health centres and specifically to attend immunization activities.
Through the humanitarian corridors, UNICEF distributed HIV drugs and midwifery kits across the country.

UNICEF is closely working with the National Nutrition Program/MoH on the development of nutrition counselling tools particularly for IYCF promotion. UNICEF supported the continuity of nutrition services by providing anthropometric equipment in 13 health districts and 16 general hospitals.

4. Continuity of Education and Protection Services
With technical and financial support from UNICEF, the nationwide distance learning program, “Mon école à la maison” was officially launched on TV, Radio, WebTV in addition to the free of charge SMS-based learning system. The Education response plan has been developed and is under review by the Local Education Group for endorsement.

UNICEF is leading the development of the child protection response plan that will enable a joined-up response to issues including domestic violence and violence against children. UNICEF provided birth registers to health centers and civil registration services to support the continuity of civil registration services. UNICEF finalised a financing arrangement with the Direction of Social Affairs to ensure that all (97) front-line social services across the country have access to additional funds -through mobile money- to prevent and respond to violence and abuse, particularly an increase in cases due to the stress of COVID. Finally, UNICEF is working closely with UNFPA to support the Government to collect data on VBG and Violence against children and develop the annual statistical on GBV and VAC.

UNICEF and the World Bank started supporting the social protection Ministries in drafting the sectorial action plan targeting the most vulnerable populations affected by COVID 19. This action plan will be an example of adaptive social protection, as it combines emergency interventions such as food distribution, psychological support and cash transfers for the most vulnerable households.

Supply and Logistics
6 LTAs for WASH supplies have been issued. The collaboration with the UN Business Operating System (BOS) procurement task force was strengthened to share advice and available LTAs.

Abidjan is currently the most affected area, but since the COVID-19 is now spreading in the countryside, UNICEF distributed calcium hypochlorite, 8,000 bottles of hydroalcoholic gel and 200 pedal hand washing devices in Abidjan and pre-positioned 1,000 bottles of hydroalcoholic gel, 7,500 of liquid soap and 700 boxes of soap bars in Man (West).

Human Resources
While Abidjan is in full teleworking mode, field offices in Man and Korhogo remain open but tested their BCP mechanisms. An SOP has been prepared to facilitate payments while in BCP. Since field visits are still needed notably in Abidjan to support health facilities assessment, personal protection equipment has been provided to staff. The Terms of Reference of the Polio C4D consultant have been reviewed to shift her work towards the COVID response. The contracts of 4 Communication interns have been exceptionally extended to help fight fake news on social media. The Social Policy Intern’s contract has also been renewed exceptionally renewed to assist socio-economic analysis.

Funding Overview
Out of the 15 million USD budget need for UNICEF COVID-19 Multisectoral Response Plan, 3.5 million USD (22%) has been mobilised; this included the reallocation of a portion of existing grants with C2D-AFD and Canada, as well as incremental funding from DFID and GPE. Negotiations are ongoing for the reprogramming of other resources amounting 1.4 million (9% of funding needs).

External Media

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