

UNICEF HUMANITARIAN ACTION

CÔTE D'IVOIRE

IN 2007



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

CORE COUNTRY DATA

Population under 18 (thousands)	8908
U5 mortality rate	195
Infant mortality rate	118
Maternal mortality ratio (1990-2005, reported)	600
Primary school enrolment ratio, 2000-2005, net (male/female)	62/50
% U1 fully immunized (DPT3)	56
% population using improved drinking water sources	84
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	750
% U5 suffering from moderate and severe stunting	21

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	10,575,345
Water and environmental sanitation	3,079,460
Education	3,639,070
Child protection	1,772,990
Total	19,066,865

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The politico-military crisis in Côte d'Ivoire entered its fifth year, and is characterized by a tense security situation on the ground, a continued breach of international humanitarian law and violations of human rights, and obstacles to law enforcement in all parts of the country. In turn, the protection of individuals and the scope and impact of the humanitarian response have been severely affected. The weak public administration and basic social services in the north of the country are further exacerbating the vulnerability of the population. The absence of a sustainable solution to the political deadlock and a second postponement of general elections give rise to well founded fears of renewed conflict and/or violent demonstrations in the city of Abidjan. This would accentuate the vulnerability of the affected populations, notably in terms of access to basic social services, increment the number of internally displaced persons (IDPs), overburden and impoverish host families and communities, increase the enrolment of children into armed forces as well as aggravate the prevalence of HIV/AIDS.

The current situation has already resulted in greater vulnerability of Ivorian women and children. Weakened traditional protection structures and increased poverty have left children and women more at risk of sexual exploitation, abuse and violence. Such cases have multiplied and are leading to a rise in sexually transmitted diseases (STDs). Victims' access to STD treatment, psychosocial care, legal advice and compensation for trauma is extremely limited. Children living in border areas (specifically with Guinea, Liberia and Sierra Leone) are particularly exposed to exploitation, violence and abuse, with risks exacerbated due to the conflict.

In the health sector, the main concerns are the lack of access to health care, the low quality of care and nutritional precariousness. Before the crisis, the proportion of women assisted by qualified staff during delivery was estimated at around 30 per cent, with the number decreasing ever since. Each year, 50 per cent of children under one and 67 per cent of pregnant women are not immunized against vaccine-preventable diseases. Vaccination coverage is low due to stock-outs of tuberculosis (BCG), yellow fever and tetanus vaccines. Malaria-related morbidity and mortality have increased over the past years, malaria remaining the principal cause of mortality in children under five. Countrywide, 7.3 per cent of children are acutely malnourished.

In the water and environmental sanitation sector, North, West and Central Côte d'Ivoire suffer from a chronic lack of drinking water: 50 per cent of rural populations do not have access to drinking water, and 40 per cent of rural pumps are out of order. In the cities that have received the most significant number of IDPs (Abidjan, Yamoussoukro, Daloa, Duékué), the still functioning hydraulic infrastructures and sanitary facilities (68 per cent have broken down countrywide) are at the verge of collapsing due to over-exploitation.

The education sector is particularly affected by the division of the country. In government-controlled areas the demand for enrolment exceeds the capacities of the educational institutions while, in the Forces Nouvelles-controlled zone, shortages of full-time teachers and the deterioration of school infrastructures have seriously impaired the education system. Exams had not been held in the North since 2003, leaving hundreds of thousands of children without final results and increasing the likelihood of children dropping out. The organization of two rounds of exams in March and September 2006 has partly addressed the situation.

According to the preliminary results of the 2006 AIDS Indicator Survey, the national prevalence rate is estimated at 4.7 per cent, making Côte d'Ivoire the most severely affected country in West and Central Africa. Countrywide, some 450,000 children have been orphaned by the HIV/AIDS epidemic and, of the 40,000 HIV-infected children, only 2,000 are registered beneficiaries of antiretroviral therapy. Only 6.5 per cent of orphans and vulnerable children receive external support.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, and with the ongoing support from donors, UNICEF has continued to respond to the humanitarian needs of the Ivorian population affected by war. It has mainly focused on the priority areas of health and nutrition, water and sanitation, education, child protection and HIV/AIDS. However, these interventions were partly hindered by the political instability and the subsequent insecurity in and lack of access to some parts of the country. Response was also limited due to the restricted availability of funds.

In the area of health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. Thanks to mass immunization campaigns, the prevention of poliomyelitis and measles has increased considerably. Some 5,329,500 infants aged 0-59 months were immunized against polio and 4,644,000 children aged 6-59 months received vitamin A supplementation during a major immunization campaign in May 2006, attaining 98.6 per cent coverage. During the first five months of 2006, an estimated 70 per cent of children under one have received three doses of DTP-HepB vaccines and 72 per cent their measles vaccine. Out of a population of 30,000 children, some 6,360 moderately and 2,250 acutely malnourished children were treated through the establishment of treatment centres, the provision of nutritional supplies and the training of health staff. At the end of the first half of 2006, 551 out of 595 (92 per cent) primary health care centres in the North were functioning again thanks to UNICEF's intervention and EU funding, after almost all had to close due to the departure of most of the qualified staff. Currently, 107 schools, that were damaged or misused during the conflict, are being rebuilt and rehabilitated. Meanwhile, UNICEF actively advocated for the organization in the northern half of the country of school exams, which had not been held since 2003. This led to the organization of two rounds of national exams at primary, secondary and high school level in March and in September 2006.

UNICEF continued its activities for the benefit of children (formerly) associated with armed groups. An action plan was implemented with the Forces Nouvelles in November 2005. Advocacy activities have resulted in agreements with militia on not engaging children into their groups. UNICEF has supported the social reintegration of 1,594 children, of which some 1,000 were associated with armed groups in West and Central Côte d'Ivoire.

During 2006, some 450,000 people gained access to safe water through the rehabilitation/construction of 1,160 water pumps and benefited from improved hygiene through awareness raising and the distribution of hygiene kits. Sanitation facilities were provided to 120 primary schools and a total of 222 latrines were built in 30 communities.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF is working in close collaboration with other UN agencies through the UN Country Team. Sectoral meetings coordinate relief efforts between all UN agencies and NGOs. UNICEF is coordinating the sectors of education, nutrition, and water and sanitation. Memoranda of understanding have been signed with UNDP, UNFPA and WFP, and joint action plans are currently being developed. Cooperation agreements have been signed with numerous international and national NGOs.

Regular programme

UNICEF is currently implementing its 2003-2007 Country Programme. The activities proposed in the emergency appeal fall within the framework of the Country Programme but highlight specific areas where the rights of children are especially endangered due to the current situation in the country.

Health and nutrition (US\$ 10,575,345)

Some 500,000 pregnant women, 800,000 women of childbearing age and 1,740,000 children under five (of which 154,000 are under one), primarily in the Centre, North and West of the country, will benefit from the following key activities:

- Supply essential drugs for malnutrition treatment, therapeutic feeding and anthropometric devices;
- Supply and install obstetrical equipment;
- Supply clean delivery kits for midwives;
- Supply and distribute routine vaccines and injection materials;
- Deliver vaccination and other preventive care to children through fixed and outreach strategies;
- Supply 644,000 long-lasting insecticidal nets;
- Supply artemisinin-based combination therapy for malaria case management;
- Supply sulfadoxine/pyrimethamine for intermittent preventive malaria treatment of pregnant women;
- Supply tetanus vaccines and injection materials;
- Immunize 800,000 women of childbearing age against tetanus;
- Train health workers on severe malnutrition treatment, antenatal care, emergency obstetrics, stock management, injection safety and waste disposal, malaria prevention, and management of malaria, acute respiratory infections, diarrhoea and measles;
- Train traditional birth attendants on hygiene during delivery;
- Train village health workers in effective follow-up of the immunization status of children under one and of pregnant women in their village (including orientation to the health centre when needed); in severe malnutrition management in the community; in infant and young child feeding practices; in early detection of malaria, diarrhoea and acute respiratory infections and timely referral to health centres; in vitamin A distribution and de-worming; in prevention of malaria, dehydration, and sexually transmitted infections/HIV;
- Support decentralized planning of preventive and curative care activities in the health centres with the involvement of both the health centre staff and the beneficiary community (micro-planning);
- Support outreach activities in order to increase access to health care for those that live far from health centres;
- Promote social mobilization and communication for behaviour change;
- Advocate for scaling-up of long-lasting insecticidal nets utilization and distribution and for community-based treatment of malnourished children.

Some 20,000 young people and children formerly associated with armed groups will be reached through the following key activities on HIV/AIDS:

- Train peer educators among children formerly associated with armed groups and young people in life skills and HIV/AIDS, aiming to prevent STDs and HIV/AIDS;
- Train health staff in health centres for STD syndrome management;
- Train medical social workers for HIV counselling;
- Support awareness raising on HIV/AIDS by peer educators;
- Produce and duplicate leaflets, booklets and posters about STDs and HIV/AIDS;
- Provide HIV test kits and STD kits for children and young people.

Water and environmental sanitation (US\$ 3,079,460)

Some 2,500,000 persons, of which 1,750,000 children and women, will be reached through the following key activities:

- Repair 1,000 water and sanitation facilities, protect and disinfect 2,000 traditional wells;
- Promote community mobilization and awareness raising through the production and dissemination of sensitization messages;
- Provide hygiene and sanitary kits;
- Establish epidemic surveillance committees;

- Train community health workers in hygiene promotion;
- Rehabilitate 600 hydraulic village pumps and reactivate their management committees;
- Train local craftsmen in pump repair, provide equipment and establish 10 spare parts shops;
- Repair damages in 10 water treatment plants and in 18 water quality analysis laboratories;
- Provide analysis kits and chemicals to 18 water quality analysis laboratories;
- Establish hygiene committees and provide basic analysis kits and chemicals.

Education (US\$ 3,639,070)

A total of 27,900 war-affected children and their teachers will benefit from the following key activities:

- Rehabilitate 558 classrooms in 93 schools damaged and degraded during the crisis;
- Construct latrines and water points in 80 schools;
- Provide school furniture (tables, chairs and cupboards) to same 93 schools;
- Provide life skills training for 558 teachers;
- Provide life skills didactic materials for 558 teachers and 27,900 students;
- Promote life skills education (peace/tolerance education, HIV/AIDS prevention, hygiene and sanitation);
- Create peace messenger, health and HIV/AIDS clubs in all 93 schools;
- Support capacity-building of 93 school management committees.

Child protection (US\$ 1,772,990)

Some 37,500 war-affected children (of whom 2,000 victims of sexual abuse and 400 associated with armed groups) are targeted through the following key activities:

- Train health workers, social workers, legal advisors, policemen, peer educators, soldiers and journalists to protect children, women and youngsters from sexual violence and sexually transmitted diseases (STDs);
- Sensitize communities, children, youngsters, teachers, school counsellors and decision makers on sexual abuse and child rights;
- Provide holistic care for and reintegration of children victims of sexual abuse;
- Provide post-exposure prophylaxis kits and STD drugs to health facilities for accurate protection and care for adolescents and children victims of sexual abuse;
- Support capacity-building of local committees on child protection and provide training on child rights and protection principles;
- Support recreational and non-formal educational activities;
- Supply non-food items;
- Establish an information system on child rights' violations;
- Demobilize and reintegrate children associated with armed groups;
- Provide education and/or vocational training as well as medical and psychosocial care for children formerly associated with armed groups;
- Advocate at all military levels for the promotion and dissemination among all forces and armed groups of the Convention on the Rights of the Child and relevant Security Council resolutions.