Côte d'Ivoire has a population of around 20 million people, half of whom are children. More than 50 percent of the population live in urban areas. The climate ranges from tropical along the southern coast to semi-arid in the far north. The capital is Yamoussoukro though Abidjan remains the economic hub. The official language is French.
The military coup in 1999 and the outbreak of civil strife in 2002 have led Côte d’Ivoire to a protracted socio-political crisis. Years of social turmoil and political instability have transformed once a prosperous economic power hub of western Africa into a limping giant with almost half of its population living under the poverty line. The education system, which used to be a prime example for the region, has all but collapsed. 49 per cent of the total adult population cannot read or write. Only half of school age children go to school, and only 34 per cent of those lucky ones graduate from primary schools. About half of pregnant women deliver without any appropriate technical assistance causing high maternal mortality. Only 15 percent of the population use curative health services. One in three children under the age of five suffers from chronic malnutrition, which is the main underlying cause of death in children. HIV prevalence rate is highest in the region with 3.9 per cent. About four million children 0-17 years old have not been entered into the civil registry thus denying them an identity and access to education. The post-conflict reconstruction programme has timidly started but the destruction of social infrastructure has been such that important funding efforts are needed to bring it to any appropriate levels.

Presidential and legislative elections have been postponed several times since 2005. The power sharing agreement – Ouagadougou Political Agreement – signed in March 2007 gave a long waited impetus for solving the stagnated political situation. However, the major issues behind the crisis still remain. The questions of citizenship, identity and land ownership are far from resolved and disarmament has been delayed.

Among all the chaos the government has, however, embarked in development efforts in approving a Poverty Reduction Strategy, which helped Côte d’Ivoire reach the decision point of the heavily indebted poor countries (HIPC) initiative. If the elections pass off peacefully and a stable government is established, Cote d’Ivoire could return to a long-term economic growth path assisted by large debt write-offs.

UNICEF Côte d’Ivoire Country Programme for 2009-2013 foresees an assistance budget of USD 141 million. 22 per cent of this budget will be funded through UNICEF’s regular global resources. However, to cover the remaining funding needs of USD 110 million, UNICEF needs to pledge funds from international donors, its National Committees and private sector.

UNICEF coordinates its activities with the rest of the UN system in Côte d’Ivoire and the UN programme is in line with the Government’s Poverty Reduction Strategy. UNICEF’s major focus is in child survival, HIV and AIDS, and education, especially that of girls. Building a child protection system and overcoming sexual violence are important elements of UNICEF’s protection mandate. Water and sanitation agenda will strive to increase access to drinkable water and clean up villages.

UNICEF’s Country Office is located in Abidjan, with sub-offices in Bouake (center) and Man (west). UNICEF employs a staff of 115, of whom 13 are internationals.

UNICEF’s assistance programme focuses on five sectors: Child Survival, HIV/AIDS, Education, Child Protection and Social Policy. Emergency preparedness and response are integrated in all sectors. The following pages describe the activities undertaken by each programme section and indicate the amount of funding needed for 2009-2013 to implement the programme in full.
When the majority of health personnel fled the conflict areas in 2002, the health situation deteriorated significantly and has not fully recovered. Maternal Mortality Rate, for instance, reached an all-time high of 810/100,000 live births, as recently as 2008. Child mortality rates are slowly improving but malaria, diarrhoea, and respiratory and neonatal infections remain major child killers. Routine immunization campaigns are not yet fully up to speed, contributing to the reappearance of the wild polio virus in 2009. Malnutrition rates are high, especially among infants, with very low rates of exclusive breastfeeding (4 per cent). Sixteen million people – over three quarters of the population – lack appropriate sanitation facilities, while over 4 million use unsafe drinking water sources. This contributes to diarrhoea, and exacerbates the absence of girls from school, as they fetch water among other chores.

**KEY FACTS**

- Under 5 mortality rate: 114 per thousand live births
- Malaria (40%), diarrhoea (15%) and acute respiratory infections are the major causes of infant and child mortality
- 3% of children under five sleep under insecticide-treated bed nets
- Global acute malnutrition (GAM) based on weight-for-height: 7.2% (SMART 2009)
- Global chronic malnutrition based on height-for-age: 43.1% (SMART 2009)
- 8% of women out of 100,000 live births die from haemorrhage, anaemia and pregnancy and delivery-related infections
- 20% of children suffer from severe or moderate underweight
- 34% of children suffer from severe or moderate stunting
- 7% of children suffer from severe or moderate wasting
- 4% of children under 6 months are exclusively breastfed
- 84% of households consume iodized salt
- 24% of people do not have access to safe drinking water
- 35% of people living in rural areas do not have access to safe drinking water
- 8% of girls under 15 are regularly in charge of fetching water for their families
- 76% of people do not have access to adequate sanitation facilities
- 27 cases of polio in 2009
**PROJECTS**

**Integrated and continuous care for mothers, newborns and children**

Maternal and child mortality rates in Côte d'Ivoire are among the highest in the world. This project will provide integrated and continuous care packages, through the critical phases of pregnancy, childbirth, postnatal and infant care, reaching at least 80 per cent of pregnant women, newborns and under-5 children in health facilities and at community level. These care packages comprise interventions in maternal and neonatal health, such as vaccinations and integrated management of childhood and neonatal illnesses, including Prevention of Mother-To-Child-Transmission of HIV. Exclusive breastfeeding will be promoted together with hand washing with soap, and use of mosquito nets by children.

**Malnutrition management**

One in three children under the age of five suffer chronic malnutrition in Côte d’Ivoire. The project will ensure that at least 50 per cent of households have access to counseling on infant and young child feeding practices and care. All therapeutic and supplementary feeding units would provide adequate care to malnourished children at health facility and community levels. Health centres will offer counseling, support and follow up on feeding choices for newborns, children and pregnant and breastfeeding women.

**Water, hygiene and sanitation**

Four million people do not have access to safe drinking water and only 24 per cent of the population have access to improved sanitation facilities. The project will provide sustainable access to safe drinking water for 90 per cent of children and women in rural and near-urban communities. Adequate basic sanitation infrastructures would be available for 75 per cent of children and women in deprived highly communities. Forty-five per cent of primary school children will have access to potable water and improved latrines.

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**FUNDING NEEDS**

<table>
<thead>
<tr>
<th>Child Survival Projects</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated and continuous care for mothers, newborns and children</td>
<td>6,729,197</td>
</tr>
<tr>
<td>Malnutrition management</td>
<td>3,392,054</td>
</tr>
<tr>
<td>Water, hygiene and sanitation</td>
<td>6,367,261</td>
</tr>
<tr>
<td>Programme Support</td>
<td>3,221,943</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>19,710,455</strong></td>
</tr>
</tbody>
</table>
HIV & AIDS

Côte d’Ivoire is the most seriously HIV affected country in West Africa, with an official HIV prevalence rate of 3.9 per cent. An estimated 420,000 Ivorian children are orphaned and vulnerable as a result of HIV and AIDS, while 52,000 children are themselves infected. Only 2,800 children benefit from antiretroviral therapy. An estimated additional 16,000 children are infected each year.

AIDS is the primary cause of death among adults in Côte d’Ivoire. HIV prevalence among women is 6.4 per cent against 2.9 per cent in men and, with a high prevalence (5.2 per cent) among pregnant women aged 15-24.

There is an urgent need for widespread information, especially among adolescents. Better services should be provided, including care and treatment for those infected, notably pregnant mothers in order to prevent mother-to-child transmission.

KEY FACTS

- 480,000 people live with HIV
- 52,000 children aged 0-14 live with HIV
- 420,000 children are orphaned and vulnerable due to HIV and AIDS
- 16,200 children aged 0-14 are infected each year
- Feminization of the infection, with two women infected for one man (6.4% for women and 2.9% for men)
- HIV prevalence among young pregnant women (15-24) is 5.2%
- Only 10% are children among those who have access to antiretroviral treatment

PROJECTS

Assistance to orphans and vulnerable children

With 420,000 children orphaned and vulnerable due to HIV and AIDS, this project will ensure that 30 per cent of orphans and children made vulnerable by AIDS will receive care and protection. Activities will strengthen coordination among governmental and civil society actors in effectively assisting orphans and other vulnerable children and offering them and their families access to essential services.

HIV and AIDS prevention among the most vulnerable adolescents and young people

This project will help provide access to information, skills and services such as testing, counselling, care and treatment on HIV/AIDS and Sexually-Transmitted Infections (STIs) for up to 70 per cent of young people aged 10-24 years in urban areas. It will target the most at risk and vulnerable adolescents, especially girls, and will continue to support integration of appropriate information in school curricula in 50 schools. Peer education, social mobilization and media campaigns will be strengthened.

Advocacy and resource mobilization for HIV and AIDS

The project will seek to reinforce political will through advocacy and social mobilization campaigns. It supports interventions in the four areas of prevention known as the 4Ps (prevention, protection, PMTCT and paediatric care). Focus will be on strengthening partnerships that address the broader health concerns and survival of women, infants and children. Broad and regular consultations at the central and decentralized levels will help with the effectiveness and scaling-up of operations and leveraging of resources.

FUNDING NEEDS

<table>
<thead>
<tr>
<th>HIV/AIDS Projects</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance to orphans and vulnerable children</td>
<td>1,891,784</td>
</tr>
<tr>
<td>HIV/AIDS prevention among the most vulnerable adolescents and young people</td>
<td>3,014,323</td>
</tr>
<tr>
<td>Advocacy and resource mobilization for HIV/AIDS</td>
<td>572,386</td>
</tr>
<tr>
<td>Programme Support</td>
<td>4,515,069</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9,993,562</td>
</tr>
</tbody>
</table>
EDUCATION

The politico-military conflict led to the closure of many schools in the western and northern regions, decreasing girls’ net enrolment rate from 62 per cent in 2000 to 49 per cent in 2008. The destruction of educational infrastructure left over a million children out of primary schools, while the lack of birth certificates has resulted in thousands dropping out of or being excluded from schools. A child-friendly school approach is necessary to improve attendance rates, while further alternative learning and life skills training opportunities need to be developed and advocated for those left out of school. Early childhood development facilities need to be established to help promote the social development and well-being of all young children, and prepare them for school.

KEY FACTS

- Only 5.5 percent of children between 3 - 5 years go through an early childhood development programme
- 55 per cent of primary school age children are attending primary school
- There is a gender gap in primary school attendance, with 57% of girls attending primary school compared to 66% of boys
- Primary school net completion rate is 46%
- Major disparities persist in the school attendance among urban (67%) and rural areas (48%), and between regions, with attendance rates being lower in the Northern part of the country.
**PROJECTS**

**Early childhood development and school preparedness**

The project will ensure that at least 20 per cent of 3-5 year old children have access to an integrated early childhood development and school preparedness programme. It will support the elaboration and implementation of comprehensive child development policies. National, inclusive and participatory early childhood and pre-schooling service provision will be strengthened.

**Formal education**

All 6 - 11 year old children should have equal access to free, basic quality education and all should achieve primary school level. Demand for education, especially among girls, will be increased through improvements in the quality of education and with the creation of more girl-friendly schools. Children will be encouraged to participate in school and community life by learning wider life-skills.

**Non-formal education and alternative learning opportunities**

The project is targeting over 250,000 out-of-school girls and boys aged 6-15 years, who are outside the formal education system. They will receive quality basic education, particularly in life-skills. Offer of alternative learning and catch-up opportunities will be strengthened for children of school-going age, through bridging classes and community schools. An institutional framework within the formal education system will be established to further ensure children’s access to quality basic education.

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**FUNDING NEEDS**

<table>
<thead>
<tr>
<th>Education Projects</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood development and school preparedness</td>
<td>325,434</td>
</tr>
<tr>
<td>Formal education</td>
<td>12,764,416</td>
</tr>
<tr>
<td>Non formal education / alternative education</td>
<td>296,792</td>
</tr>
<tr>
<td>Programme Support</td>
<td>1,201,144</td>
</tr>
<tr>
<td>Emergencies</td>
<td>1,012,500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15,600,286</strong></td>
</tr>
</tbody>
</table>
PROTECTION

Over half of the Ivorian population are children. 45 per cent of child population, around four million children, have not been registered at birth. The combined effects of war, pervasive poverty and the HIV epidemic have created 940,000 orphans and vulnerable children. Some estimates suggest that as many as 175,000 children are living on the street.

Civil strife has eroded both state and community protection mechanisms and, coupled with rapid urbanization, has contributed to family and community disintegration. 21 per cent of children aged 0-17 are not living with either biological parents, and 16 per cent of all children do not live with their biological parents, even if both are alive. Fostering practices tend to expose children to risks of violence, abuse and exploitation. Many children, particularly girls, are victims of domestic, sexual and community violence.

Gender-based violence is particularly alarming. According to a survey (2008), 25 per cent of women and girls have been victims of sexual violence considering that 64 per cent of women aged 15-49 and 63 per cent of girls aged 15-19 agree with marital violence.

Some harmful traditional practices such as female genital mutilation (FGM) are still prevalent. The prevalence of FGM remains high with a national average of 36.4 per cent with disparities between (over 80 per cent in the Northern areas). Attitudes towards issues such as gender-based violence are slow to change. Judicial systems are not strong and the existing legislation is not fully implemented, thus posing significant challenges to the protection of women and children.

KEY FACTS

- 45%, around 4 million children, are not registered at birth
- 175,000 children are living on the street
- 21% of children aged 0-17 are not living with either biological parents
- 16% of all children do not live with their biological parents, even if both are alive
- 25 % of women and girls have been victims of sexual violence
- 21 % of children aged between 2-14 years experience severe physical punishments
- 36.4 % of women and girls are subject to female genital mutilation
- 1.1% of children aged 5 to 17 are victims of trafficking (34,000)
- Child labour affects 22.2 % of children
Support for children in need of special protection

Special protection will be provided to over 58,000 children at risk or victims of rights violations. These include children living or working on the street, disabled children and victims of child trafficking and child labour. Protection is also sought for children in conflict with the law, and those who have suffered sexual violence or who are potential victims of female genital mutilation or forced marriage. A national child protection system with enhanced cooperation between state, communities and civil society is needed to respond coherently to the needs of all vulnerable children.

Legal and institutional protection of children

This project will seek to enhance community awareness on the importance of birth registration and the risks associated with the engagement of children in dangerous work. It will help implement a National Plan of Action against the worst forms of child labour and encourage better provision of services to those affected. It will also encourage wider harmonization of legislation with agreed international norms such as those outlined in the Convention on the Rights of the Child.

Combating gender-based violence and harmful practices

This project will work towards the reduction of gender-based violence, early or forced marriage, and harmful traditional practices such as female genital mutilation. The focus will be on advocacy and strengthening of community mechanisms to reduce these practices and change social norms, and to ensure that those affected receive adequate care and support. Work will continue on the implementation of a national plan against gender-based violence.

FUNDING NEEDS

<table>
<thead>
<tr>
<th>Child Protection Projects</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for children in need of special protection</td>
<td>898,119</td>
</tr>
<tr>
<td>Legal and institutional protection for children</td>
<td>2,481,021</td>
</tr>
<tr>
<td>Combating gender-based violence and harmful practices</td>
<td>2,941,655</td>
</tr>
<tr>
<td>Programme Support</td>
<td>2,547,996</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8,868,791</strong></td>
</tr>
</tbody>
</table>
The existence of a sound and comprehensive national social policy framework and its effective implementation is key to the realization of children’s rights. In addition to gaps in Côte d’Ivoire’s compliance to the Convention on the Rights of the Child, the country’s policy implementation capacity varies from sector to sector and requires further development.

Availability of up-to-date strategic information and analysis is essential for the development of a sound policy framework and for evidence-based planning. Further efforts are required to improve availability and access to reliable socio-economic data, at both the national and sub-national levels.

The size of budget allocations for the social sector is a key determinant for any ambitious policies to effectively tackle factors behind increasing poverty. The cancellation and rescheduling of Côte d’Ivoire’s important debt burden will create a fiscal space that provides a precious opportunity to increase pro-poor and child-friendly budget allocations. UNICEF will advocate with the rest of the like-minded donor community for the appropriate use of this opportunity for better and more efficient allocation of budgetary resources to reduce overall poverty and to create developmental and economic opportunities.

### FUNDING NEEDS

<table>
<thead>
<tr>
<th>Social Policies Projects</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social policy</td>
<td>404,824</td>
</tr>
<tr>
<td>Planning</td>
<td>347,970</td>
</tr>
<tr>
<td>Monitoring, evaluation and research</td>
<td>936,132</td>
</tr>
<tr>
<td>Programme Support</td>
<td>408,198</td>
</tr>
<tr>
<td>Total</td>
<td>2,097,124</td>
</tr>
</tbody>
</table>

### SOCIAL POLICY, MONITORING & EVALUATION

The objective of the project is to advocate for the development of a national policy framework that is fully in line with the provisions set out in the Convention on the Rights of the Child. The project aims at fostering and shaping the dialogue among relevant government institutions and partners towards the development of a more comprehensive social protection strategy. Analysis of the state budget allocations will be conducted to support the advocacy effort towards a more pro-poor and child-friendly budget. UNICEF will build strategic partnerships with government institutions and key stakeholders.

### Planning

The project aims at increasing the planning capacity of partner government institutions, NGOs and civil society organizations. The use of Results-Based Management and Human Rights-Based Approaches and Gender Mainstreaming will be promoted for the planning and implementation of interventions at the central and decentralized levels. The use of these approaches will improve the quality of plans and interventions, while increasing fund mobilization capacity.

### Monitoring and evaluation

This project will support the production and use of strategic information and analysis for evidence-based planning and policy-making in sectors related to the realization of children’s rights. The project will develop the capacity of government partner institutions to access and use strategic information and analysis. This includes support to the national strategy for statistics development.

Since the signing of the Ouagadougou Political Agreement in 2007, the security environment has improved significantly in Côte d’Ivoire and many displaced people have returned to their homes. However, the social and economic infrastructure remains fragile, with land and national identity disputes continuing to strain social cohesion. In addition, redeployment of public administration has been slow in the north and west resulting in prevailing poor basic social services and weak protection mechanisms for women and children. Across the country, the global problem of rising food prices and internal socio-economic difficulties has led to increased levels of chronic malnutrition.

Even if the country is on the path to recovery, UNICEF and its partners are ready with an emergency response plan, which takes into account various possible emergency contingencies. The objective is to enable the office to provide an adequate response in case of any emergency.

**Emergency preparedness**

Development of a contingency plan, emergency stock provision and stand-by agreements with partners.

**Emergency response**

Response to emergencies arising from socio-political situations, and recurrent emergencies such as floods, food insecurity, malnutrition and epidemics.

**National capacity development**

Work with national authorities, ministries, district officials, NGOs and international agencies to prepare effective response to emergencies and to ensure that children and women receive the basic necessary support.

<table>
<thead>
<tr>
<th>Emergency Project</th>
<th>Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY PREPAREDNESS</td>
<td>300,000</td>
</tr>
<tr>
<td>EMERGENCY RESPONSE</td>
<td>200,000</td>
</tr>
<tr>
<td>NATIONAL CAPACITY</td>
<td>500,000</td>
</tr>
<tr>
<td>TOTAL EMERGENCIES</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>