The difficulties of children and women in Côte d’Ivoire have intensified since the long awaited 2010 presidential elections and the prolonged political stalemate that ensued. Continued fallout from the internal conflict that engulfed parts of the country since 2002 has shattered the social cohesion of the country’s 20.6 million citizens. All parties to that conflict have maintained an armed presence in the country, leaving women and children particularly vulnerable to sexual violence, prostitution and exploitative labour which continue to be rampant. The political standoff since the elections has aggravated the security situation and provoked serious tensions among the population. Several violent incidents in early 2011 are symptomatic of the deterioration in Côte d’Ivoire’s political climate. The risks for escalation of tensions are significant.

It has been estimated that at least 500,000 displaced persons remain in the country, a figure that may have risen with the recent incidents of violence. Those who were returning to their homes, particularly in western Côte d’Ivoire, frequently encountered conflict over land they had left.1 With about 49 per cent of the population living below the national poverty line,2 humanitarian need is rooted in poverty, compounded by social and political instability, and intensified by periodic natural disasters, such as the Abidjan floods of June 2010, which affected 1,000 households.

The main emergency affecting Côte d’Ivoire remains the fallout from an internal conflict and political crisis. While the 2010 electoral process was expected to restore peace, it created the opposite, further increasing the vulnerability of families. Parties to this strife have maintained armed forces, and the political stalemate has effectively crippled the state’s ability to deliver basic social services in health, water, education and all major sectors. The consequences of the ongoing emergency are yet to be fully grasped, but it is likely to affect a large number of people already made vulnerable by almost a decade of civil instability. Approximately 700,000 people were affected by the conflict that started in 2002 and generated violence, massacres and displacement, mainly in western and northern areas and in Abidjan.3 Political tension has heightened following the contested election results, with new isolated violent incidents occurring across the country. Inter-agency needs assessments are currently ongoing to verify the dimensions of humanitarian needs and the size of the population currently affected.

Public services continue to be seriously disrupted; epidemics have appeared in some regions; insecurity and human rights violations have provoked pockets of population displacement. While humanitarian response has thus far focused on people displaced in the west, the crisis is having far-reaching humanitarian consequences throughout the entire country. Evidence is emerging in the form of the cholera outbreak in the economic capital, Abidjan, the prolonged interruption of schooling in the north-central-west (CNO) zone, and increased reports of gender-based violence. With no end to the crisis in sight, the situation of children and women is likely to further deteriorate in the coming weeks.

Based on initially verified needs in December 2010, UNICEF requested US$5,541,000 for its humanitarian work in Côte d’Ivoire in 2011, to assist children and women as they cope with the consequence of the protracted political stalemate. This figure is likely to change as the data is verified by further assessments and as the highly volatile situation unfolds across the country. UNICEF has aligned its request with the 2011 Consolidated Appeals Process (CAP) requirements. Priorities include combating sexual violence, providing adequate care to reduce severe acute malnutrition and offering access to basic social services and education facilities. UNICEF is currently leading the WASH and nutrition cluster, and co-leading with Save the Children the Education cluster.

Insecurity and poor public infrastructure hinder the delivery of humanitarian assistance in Côte d’Ivoire. Protecting children is also challenging, because of lack of guidelines and alert and response systems. In addition, ways to coor-
CRITICAL ISSUES FOR CHILDREN AND WOMEN

Violence against children and women, including sexual violence, is widespread.\(^4\) Eleven per cent of girls and women 10–49 years old have been victims of sexual violence in the regions most affected by the conflict, including Bafing, Denguele, Montagnes, Moyen Cavally, Savanes, Valle du Bandama, Worodougou and Zanzan.\(^5\) Access to health treatment, psychosocial care, legal advice and compensation for sexual trauma is extremely limited, with only 7 per cent of victims having access to adequate support.\(^6\) HIV prevalence is high at 4.7 per cent and at a ratio of 3 to 1 between women and men.\(^7\) More than 20 per cent of the inhabitants in semi-urban and rural areas fetch water from non-protected wells and ponds (surface water).\(^8\) Only 23 per cent of the national population has access to improved sanitation facilities, and in the war-affected areas, the majority of rural populations practise open defecation, which increases risks of water-related diseases.\(^9\) The education situation is also bleak, with 94.5 per cent of children 3–5 years old not enrolled in preschool and 42 per cent of children 6–11 years old not enrolled in primary school.\(^10\) One of every three children enrolled in primary school does not complete the full cycle, and only 39 per cent of girls complete a full cycle of primary education.\(^11\) Priorities include providing 15,000 children under age 5 suffering from severe acute malnutrition with adequate care, and providing 20,000 pregnant women with complete antenatal care to reduce rates of low birthweight. Also needed are 42,000 doses of vaccines and appropriate equipment to treat meningitis. Another priority is protecting crisis-affected children by strengthening referral pathways between communities, medical services and legal aid by reinforcing the monitoring and reporting mechanisms on grave child rights violations, in addition to ensuring access to quality formal and non-formal education opportunities for 20,000 children 3–15 years old.

KEY ACHIEVEMENTS IN 2010

UNICEF was able to achieve a number of gains for children and women affected by emergencies in Côte d’Ivoire during 2010. In collaboration with the World Food Programme, the Food and Agriculture Organization of the United Nations and the National Nutrition Programme, UNICEF conducted a nutrition survey using SMART methods. As part of the survey, 8,800 undernourished children in the northern part of the country, representing 69 per cent of the total undernourished children, were treated in outpatient units, and 1,200 others were treated in therapeutic feeding units. More than 5.5 million children under age 5 received deworming medication, and about 6.1 million were provided with vitamin A supplementation. To this end, UNICEF developed partnerships with Action Contre la Faim, Helen Keller International, the International Baby Food Action Network, Merlin and the National Red Cross.

Riposte campaigns, which are targeted local, national and sometimes subregional campaigns organized in response...
to outbreaks of measles, cholera and other epidemic occurrences, were carried out in localities of the West and North and in the economic capital, Abidjan. Similar campaigns were also conducted in four districts hit by yellow fever outbreaks: 177,000 people were vaccinated in Grand-Bassam and 29,000 were vaccinated in Seguela (Dani and Diaradoumou).

At least 12,000 people now have access to safe drinking water, 28 villages have been declared open defecation free and 1,400 households now have access to latrines. More than 200,000 people were sensitized on the prevention against diseases related to water and sanitation, namely cholera, through radio broadcasting messages. In addition, 50 people were trained on the Sphere standards.

With funding from the Government of the Netherlands for Education in Emergencies, Post Crisis and Transition, UNICEF provided capacity-development opportunities related to emergency preparedness and response for the education sector (including the Inter-Agency Network for Education in Emergencies Minimum Standards) to 30 government education administrators working in the western regions, which led to the development of two regional action plans. UNICEF also supported the institutionalization of education in emergencies, leading to a ministerial order establishing a dedicated unit within the ministry of education.

UNICEF also provided capacity-building opportunities on emergency preparedness and response in the protection sector to 20 social workers from government services and NGOs. Three regional action plans (centre, north and south) were developed, in addition to the national emergency action plan for child protection. Community-based protection mechanisms, supported by UNICEF through local partners, are operational in 150 localities in the west, centre, north and east, as well as in Abidjan. Between January and July 2010, 74 cases of sexual violence against women (84 per cent of which were girls) were identified, and 86 per cent of the victims received assistance, including psychosocial and medical support and legal counselling. UNICEF built the capacity of service providers in the north-west, reaching approximately 1.2 million people with information and services. Coordination mechanisms were strengthened in the cities of Bouake, Duekoue, Guiglo, Korhogo, Man and Toulepleu, and in Bafing and Denguélé Regions. Post-rape-care kits, including post-exposure prophylaxis for HIV, were provided to 120 health centres.

HUMANITARIAN ACTION: BUILDING RESILIENCE

In accordance with the newly revised Core Commitments for Children in Humanitarian Action, UNICEF Côte d’Ivoire is working with the Government of Côte d’Ivoire, other partners and civil society to build communities’ capacities in disaster preparedness, response and risk reduction systems. At the system level, UNICEF worked with the Regional Directorates of Education in Man, Odienne and San-Pedro to develop education in emergencies action plans and to set up regional education in emergencies steering groups responsible for preparedness and response activities. At the community level, while communities did not initially consider undernutrition an illness and took action only after complications, UNICEF’s sensitization campaigns and training of community health workers led parents to start bringing their children to outpatient ambulatory units and to progressively change their attitude towards undernutrition.

Additionally, because rights violations, particularly sexual violence, increase during crises, UNICEF has been promoting community mobilization and awareness on child protection rights. Communities have protection committees in place, which are engaged in information and sensitization on rights violations risks, how to deal with the risk once it occurs, how to make referrals and what responses are available. Cultural taboos relating to violence are still high, but better community awareness and preparation has resulted in an increased number of cases of sexual violence being referred for assistance.

UNICEF currently is the lead agency for the WASH and nutrition sector groups and, together with Save the Children, is co-lead for education. Despite the current political stalemate, UNICEF will work in partnership with other UN agencies and NGOs to assist 6.9 million people in 2011, including 4 million children. Throughout 2011, in addition to direct response, UNICEF will reinforce NGO partners and civil-society capacity in emergency preparedness and response.

In the sectors outlined below, UNICEF will respond to new and growing humanitarian needs as they become apparent, based on data gathered from inter-agency needs assessments, in line with the organization’s Core Commitments for Children in Humanitarian Action. The anticipated beneficiary figures identified below constitute only minimal indicators, based on data gathered prior to the current political and humanitarian crisis.
NUTRITION (US$1,551,000)

About 15,000 – or 33 per cent – of children under age 5 suffering from severe acute malnutrition in the northern and western parts of the country will be treated.

- Undernutrition rates will decrease from 2 per cent to 1 per cent following a scale-up of improved practices related to infant and young child feeding, health and hygiene.
- Community case management of such potentially deadly childhood illnesses as diarrhoea, malaria and pneumonia will benefit 22,000 children.

HEALTH (US$1,000,000)

In 2011, UNICEF will improve the capacity of 210 health-care providers by organizing specific training on medical prescriptions, psychosocial care, and guidance and assistance to survivors.

- A second round of immunization against yellow fever will reach 6.8 million people over 9 months of age.
- 6.2 million children under age 5 will receive vitamin A supplementation, and 5.8 million children under age 5 will get deworming medication.
- Emergency medical supplies will be consolidated and pre-positioned to respond to the needs of 20,000 people affected by crisis.

WATER, SANITATION AND HYGIENE (WASH) (US$900,000)

UNICEF will undertake a retrospective survey and analysis of cholera outbreaks and map hot spots, aiming to contribute to the reduction of undernutrition among children in the regions of Montagnes and Zanzan by improving water quality in households, promoting open defecation free and good hygiene practices, and reducing maternal mortality. Interventions will benefit an estimated 50,000 people, including 23,000 children.

- Water quality and cholera outbreak surveillance teams will be set up in 50 at-risk communities.
- UNICEF will strengthen the capacity of 10 water and cholera monitoring teams through training for cholera emergency preparedness and response, including rapid assessment, monitoring and water testing.
- Key WASH activities, including hygiene/sanitation promotion and household water treatment, will be delivered alongside vitamin A distribution campaigns at treatment centres.

CHILD PROTECTION (US$650,000)

Decentralized social welfare departments in the regions of Bas Sassandra, Montagnes, Moyen Cavally and Valle du Bandama will develop the capacity to coordinate a regional child protection response, including post-crisis response, to benefit 500 children and adolescents.

- In 150 at-risk communities, community-based child protection bodies will receive training in preventing, monitoring, referring and reporting on grave rights violations.
- UNICEF will support the regional mapping of child protection services and facilities in the regions of Bas Sassandra, Montagnes, Moyen Cavally and Valle du Bandama.
- The capacity of 20 partners will be strengthened on operational standards for child care in emergencies.
- All identified survivors of violence will receive psychosocial assistance, medical care, legal counselling and shelter, if requested.

EDUCATION (US$700,000)

An estimated 50,000 children will benefit when at least 50 education stakeholders in five regions with the greatest humanitarian needs will have enhanced emergency preparedness and response capacities through training on education in emergencies and the Minimum Standards for Education in Emergencies, as well as the development of contingency plans within regional education sector groups.

- Technical support will be provided to the Government of Côte d’Ivoire, including emergency preparedness and response for national education plans and budgets.
- About 20,000 children (6,000 children 3–5 years old; 10,000 children 6–11 years old; and 5,000 adolescents aged 12–15) will access formal and non-formal education opportunities, the procurement of emergency teaching and learning materials, and psychosocial and recreational activities that include information on life skills, health and hygiene.

HIV AND AIDS (US$350,000)

Some 50,000 young people will have increased knowledge about HIV as a result of local sensitization campaigns and working with peer educators.

- UNICEF will improve the capacity of 210 health-care providers by organizing specific training on medical prescriptions, psychosocial care, and guidance and assistance to survivors.
- UNICEF will increase the capacity of 160 government and non-governmental counterparts related to HIV prevention and care in emergencies and humanitarian settings.
- Continuity of care will be ensured for 100 people living with HIV (60 women and 40 men).
EMERGENCY PREPAREDNESS AND RESPONSE PLANNING (US$300,000)

The overall goal for 2011 is to consolidate emergency stocks and pre-position stock to respond to the needs of 20,000 people affected by crisis.

• The capacity of five national partners14 will be built on emergency preparedness and response, including disaster risk reduction and contingency planning. Coverage will reach the west, north and Abidjan areas.

CLUSTER COORDINATION (US$90,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF, as cluster lead, expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,551,000</td>
<td>35,000</td>
<td>7,650</td>
<td>7,350</td>
</tr>
<tr>
<td>Health</td>
<td>1,000,000</td>
<td>6,800,000</td>
<td>2,000,00016</td>
<td>2,000,00017</td>
</tr>
<tr>
<td>WASH</td>
<td>900,000</td>
<td>50,000</td>
<td>11,200</td>
<td>11,800</td>
</tr>
<tr>
<td>Child protection</td>
<td>650,000</td>
<td>50018</td>
<td>150</td>
<td>350</td>
</tr>
<tr>
<td>Education</td>
<td>700,000</td>
<td>50,000</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>350,000</td>
<td>100,000</td>
<td>24,000</td>
<td>36,000</td>
</tr>
<tr>
<td>Emergency preparedness and response planning</td>
<td>300,000</td>
<td>20,00019</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>90,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5,541,000</td>
<td>6,900,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

5. Ibid.
6. Ibid.
9. Ibid.
11. Ibid.
12. The Inter-Agency Network for Education in Emergencies established minimum standards for education, preparedness, response and recovery.
13. The protection committees are informal organizations set up in communities under the leadership of partner NGOs to serve as a relay for the action of prevention and response. The composition of these committees is representative of the community (Chieftancy / Community, Aboriginal population / population immigrants, men/women/youth/child, representative of basic social services, teachers, nurses, etc.). These committees have the task of conducting awareness-raising on the themes of child protection, as well as monitoring and reporting on violations of child rights. The committees are also responsible for specialized-care referrals and, when they have the capacity, for providing an immediate response.
15. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
16. Statistical estimation based on 30 per cent of children out of the total 6.8 million people that are being reached out to.
17. Ibid.
18. This number refers to an annual average number of identified and referred survivors of gender-based violence. Contingency plan in the scenario of pre/post-violence elections refers to 25,000 children displaced, including 18,400 separated children and 9,200 survivors of sexual violence.