

UNICEF HUMANITARIAN ACTION CÔTE D'IVOIRE IN 2009



| Core Country Data | |
|---|-------|
| Population under 5 (thousands) | 2,872 |
| U5 mortality rate | 127 |
| Infant mortality rate | 89 |
| Maternal mortality ratio (2000–2007, reported) | 540 |
| Primary school enrolment ratio (2000–2007, net male/female) | 61/49 |
| % U1 fully immunized (DPT3) | 76 |
| % population using improved drinking-water sources | 81 |
| HIV/AIDS prevalence | 3,9 |
| % U5 suffering moderate and severe acute malnutrition (in the North)* | 17.58 |

Sources: *The State of the World's Children 2009*, *Nutrition report/SMART, August 2008

High food and energy prices affect the livelihoods of the whole population in Côte d'Ivoire and especially of those most vulnerable suffering from politico-economic crises since 2002. Global acute malnutrition (moderate and severe) is on the rise due to lack of social services and increased food insecurity, particularly in the war-affected areas in the northern and western parts of the country. Forty-five per cent of primary school-aged children are left out of the education system. Increasing poverty, unsettled political situation and failing administration and service delivery expose children at high risk of abuse, malnutrition, waterborne diseases and violence. Some 375,000 children aged 0–17 years and 50,000 pregnant/lactating women will benefit from UNICEF's interventions in Côte d'Ivoire in 2009.

| Summary of UNICEF Emergency Needs for 2009* | |
|---|------------------|
| Sector | US\$ |
| Health and Nutrition | 4,653,000 |
| HIV/AIDS | 402,000 |
| Water, Sanitation and Hygiene | 800,000 |
| Education | 720,637 |
| Child Protection | 1,177,000 |
| Total** | 7,752,637 |

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** 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 AND WOMEN

Côte d'Ivoire is going through a critical transition from crises to development after the signing of the Ouagadougou Peace Agreement (APO) in March 2007. However, the implementation of the agreement has been slow, including the disarmament, the resettlement of 700,000 internally displaced persons (IDPs), the return of government employees to rural areas, the registration of population and the organization of presidential elections. Social and economic infrastructure needs urgent rehabilitation and reconstruction; high food and energy prices cause unrest; circulation of arms poses serious physical danger; and stalemate in the political situation creates general insecurity. High debt burden vis-à-vis international banks and donors impacts the capacity of the country to address the urgent social sector needs. Internal debt handicaps state's ability to provide for medical and educational needs of its population. High levels of malnutrition prevail, mainly in the North, where 17.5 per cent of children under age five are acutely malnourished, of whom 4 per cent (22,000) suffer from severe acute malnutrition and are, therefore, at highest risk of mortality (Standardized Monitoring and Assessment of Relief and Transitions (SMART), 2008). The therapeutic and supplementary nutrition centres, especially in the North, cannot cover the needs of the population due to lack of structures, training of caretakers and medical staff, as well as shortage of supplies. High food and fuel prices leave less and less expendable income for the population to buy other essential items, such as soap and school supplies, and to procure water. The vulnerability to waterborne diseases, such as cholera and typhoid fever, is increasing. Access to basic health services and education has been seriously affected. Health and education personnel are only slowly returning to work in areas previously controlled by the rebel forces. Côte d'Ivoire is the most affected country in West Africa by the HIV/AIDS pandemic, with a prevalence rate of 3.9. Malaria remains one of the leading causes of morbidity and mortality among children under age five. Deepening poverty exposes children to child labour and sexual abuse and adds to gender-based violence. Lack of access to education augments girls' vulnerability, and leads to the spreading of HIV.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

Routine immunization services have improved and all 1,367 primary health-care centres now offer immunization for 627,180 children under age one and 1,063,017 pregnant women. Health districts received vitamin A, deworming tablets, tetanus toxoid and measles vaccines, long-lasting insecticidal nets and drugs to prevent and treat malaria, as well as obstetrical equipment and midwifery kits. A total of 729 health workers were trained in antenatal, maternal and newborn care. More than 70,000 young people received HIV counselling and testing in 10 new centres and 120,000 other youths were sensitized to HIV/AIDS. The rehabilitation of 160 health centres (out of 642) which cover about 9 million inhabitants is ongoing with the provision of equipment. Some 7,800 community health workers are being trained in the integrated management of childhood illness (IMCI) initiative. In the North and West of Côte d'Ivoire treatment was provided to 58 per cent of severely acutely malnourished children (2,976 cases) in seven therapeutic feeding centres with therapeutic milk (F75 and F100) and ready-to-use therapeutic food (Plumpy'nut and BP100). Around 60,000 people now have access to 20 litres of drinkable water per person per day and to 1,000 family latrines. A total of 28,000 people were sensitized on the prevention of waterborne diseases and on proper hygiene.

Child protection activities focused on the reintegration to their communities of children associated with armed groups. Psychosocial assistance, vocational training and professional kits were provided to 1,497 children out of 3,000 associated with armed groups during the conflict in 2002. National capacity to prevent gender-based violence (GBV) was reinforced and assistance provided to victims. A total of 45 social workers, 437 community workers and 120 members of justice administration and security forces were trained in the prevention of sexual violence and female genital mutilation (FGM) and in the provision of assistance. All declared survivors of sexual violence (more than 80 children and women) received psychosocial support and medical assistance.

In the area of education, child-friendly schools (CFS) are being developed in 200 primary schools for more than 60,000 children in former crisis areas; 60,000 pupils were trained in life skills as part of the essential learning package, and 17,000 children (100 per cent coverage) presenting signs of disease were treated through deworming campaigns and regular medical visits.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

UNICEF is sector lead in nutrition, water, sanitation and hygiene (WASH) and education, and is member of the health cluster led by the World Health Organization (WHO) and the protection cluster led by the UN Refugee Agency (UNHCR). UNICEF also participates in the gender-based violence thematic group led by the UN Population Fund (UNFPA). UNICEF leads the Child Protection Forum, which consists of UN agencies and international and national NGOs working on child protection.

Linkages of HAR with the Regular Programme

The 2008 bridging programme, established to accommodate the changing political and humanitarian environment, will be replaced by the Country Programme 2009–2013, which coincides with the UN Development Assistance Framework (UNDAF) and the poverty reduction strategy cycles. The humanitarian activities will complement the Country Programme addressing specifically the issues of transition and facilitating the reduction of under-five and maternal mortality rates, increasing access to quality basic education, promoting child rights and caring for children affected by HIV/AIDS.

UNICEF's humanitarian actions in Côte d'Ivoire have been designed to respond to the immediate and emerging needs of all women and children most vulnerable to diseases and to the politico-economic crises. Great emphasis will be placed on interventions aimed at curbing the current rising trend of malnutrition cases in the country's northern part (17.5 per cent); on ensuring good quality formal and non-formal education for displaced and war-affected children and on increasing access to water and sanitation facilities. UNICEF's interventions will benefit 375,000 children aged 0–17 years and 50,000 pregnant/lactating women.

Health and Nutrition (US\$ 4,653,000)

In 2009, all 190,000 children and 48,000 pregnant/lactating women in IDP/return and resettlement areas will be reached through the following key activities:

- Train 225 health workers in inpatient and severe acute malnutrition treatment in five therapeutic feeding centres and 100 supplementary feeding centres;
- Support five therapeutic feeding centres with supplies (therapeutic milks (F75, F100), Plumpy'nut, essential drugs and anthropometric materials) to treat 1,900 children with severe acute malnutrition;
- Train 3,800 community volunteers in early screening, referral and supplementary feeding in their respective communities;
- Sensitize households (with 190,000 children under age five and 48,000 pregnant/lactating women) on early screening of malnutrition, and promote, protect and support best feeding practices;
- Supply safe delivery kits for pregnant women and clean delivery kits for traditional birth attendants;
- Train 1,100 traditional birth attendants on hygienic deliveries and antenatal/maternal/newborn care;
- Provide deworming tablets, vitamin A, vaccines and long-lasting insecticidal nets for 190,000 children under age five and 48,000 pregnant/lactating women;
- Provide obstetrical equipment and midwifery kits;
- Provide artemisinin-based combination therapy (ACT) for malaria case management and sulfadoxine-pyrimethamine (SP) for preventive treatment of pregnant women;
- Rehabilitate/equip 61 primary health facilities and one regional hospital to cover 532,864 inhabitants.

HIV/AIDS (US\$ 402,000)

For 2009, the overall goal is to engage in capacity-building and improved service delivery, behavioural change, and community empowerment and participation, through the following key activities:

- Prevent sexual abuse and provide appropriate care to all declared adolescents, survivors of sexual exploitation;
- Reduce the proportion of adolescents (5.4 per cent) infected by sexually transmitted diseases, including HIV.

Water, Sanitation and Hygiene (US\$ 800,000)

For 2009, the overall goal is to increase water, sanitation and hygiene (WASH) interventions for the 150,000 most vulnerable people in IDP/return and resettlement areas, mainly 27,000 children and 45,000 women, through the following key activities:

- Undertake retrospective survey and analysis of cholera outbreaks and mapping of hotspots;
- Set up 100 water quality and cholera outbreak surveillance teams in communities at risk;
- Train water and cholera monitoring teams for cholera emergency preparedness and response (rapid assessment, monitoring, leak detection, water testing, repair and maintenance of water supply systems);
- Implement an information, education and communication (IEC) programme on hygiene practices for 100,000 people;
- Provide 10,000 households with hygiene, sanitation and family water treatment kits;
- Provide safe water for the 100,000 most vulnerable population;
- Construct/rehabilitate 50 wells and 50 adequate sanitary facilities for peri-urban areas at risk.

Education (US\$ 720,637)

For 2009, the overall goal is to ensure good quality formal and non-formal education for the majority of the crisis-affected children aged 3–14 years, mainly girls and adolescents and for 6,000 displaced and war-affected children (30 per cent of total displaced population) as well as train 120 teachers through the following key activities:

- Supply basic school materials, including school kits, for 6,000 primary schoolchildren;
- Supply recreational kits and school supplies ('school-in-a-box' kits) for 6,000 children in 20 primary schools;
- Train 120 primary schoolteachers, with particular emphasis on HIV and peace education;
- Construct 20 temporary schools/classroom structures to accommodate 6,000 primary schoolchildren displaced during the conflict.

Child Protection (US\$ 1,177,000)

For 2009, the overall goal is to protect survivors of gender-based violence (GBV) from further suffering and provide adequate care and support (psychosocial, medical and legal). The risk of gender-based violence will be prevented/reduced through the following key activities:

- Train local community members, teachers and health workers on GBV and its consequences;
- Establish and/or strengthen local women's committees and Child Protection Networks to promote the elimination of GBV;
- Organize and train 200 peer educators to increase community awareness on GBV (50 per cent of total population);
- Organize awareness-raising campaign involving media (radio and TV);
- Engage in advocacy and provide technical support to Government for the adoption of a national strategy against GBV;
- Provide integrated support (medical, psychosocial and legal) to 1,000 survivors of GBV;
- Increase the capacity of partners, including national government, religious/traditional leaders, partner organizations, service providers and citizens, to recognize, prevent and address GBV;
- Reinforce monitoring mechanisms and reporting on rights' violations.