

# Côte d'Ivoire



2009

Critical Humanitarian Needs



## Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

### **SAMPLE OF ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS**

AARREC	COSV	HT	MDM	TGH
ACF	CRS	Humedica	MEDAIR	UMCOR
ACTED	CWS	IA	MENTOR	UNAIDS
ADRA	Danchurchaid	ILO	MERLIN	UNDP
Africare	DDG	IMC	NCA	UNDSS
AMI-France	Diakonie Emergency Aid	INTERMON	NPA	UNEP
ARC	DRC	Internews	NRC	UNESCO
ASB	EM-DH	INTERMOS	OCHA	UNFPA
ASI	FAO	IOM	OHCHR	UN-HABITAT
AVSI	FAR	IPHD	OXFAM	UNHCR
CARE	FHI	IR	PA (formerly ITDG)	UNICEF
CARITAS	Finnchurchaid	IRC	PACT	UNIFEM
CEMIR INTERNATIONAL	FSD	IRD	PAI	UNJLC
CESVI	GAA	IRIN	Plan	UNMAS
CFA	GOAL	IRW	PMU-I	UNOPS
CHF	GTZ	Islamic RW	PU	UNRWA
CHFI	GVC	JOIN	RC/Germany	VIS
CISV	Handicap International	JRS	RCO	WFP
CMA	HealthNet TPO	LWF	Samaritan's Purse	WHO
CONCERN	HELP	Malaria Consortium	SECADEV	World Concern
Concern Universal	HelpAge International	Malteser	Solidarités	World Relief
COOPI	HKI	Mercy Corps	SUDO	WV
CORDAID	Horn Relief	MDA	TEARFUND	ZOA

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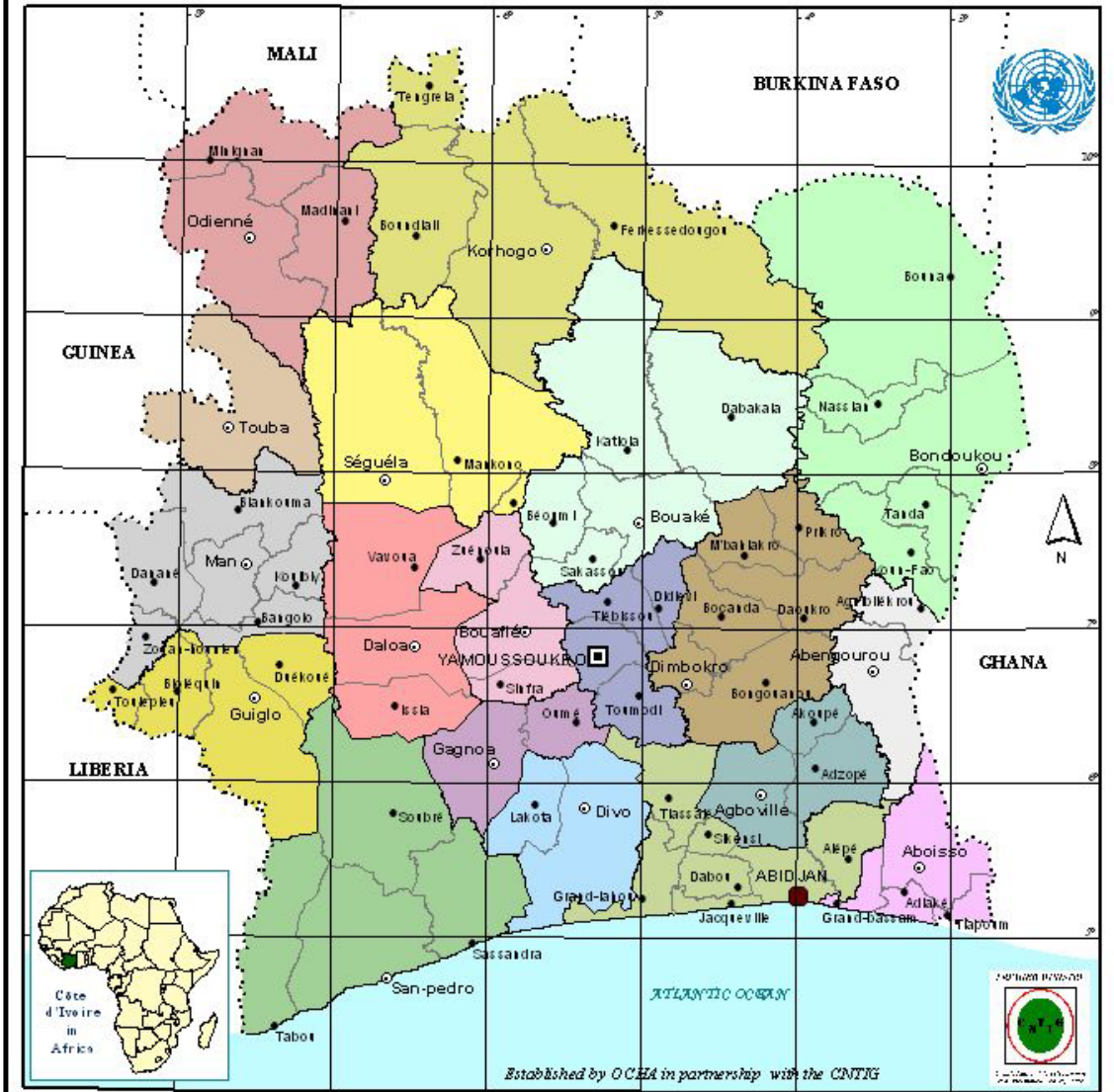
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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from [www.reliefweb.int/fts](http://www.reliefweb.int/fts).

# REPUBLIC OF COTE D'IVOIRE

## Administrative boundaries



### LEGEND

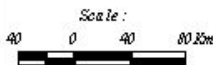
**Boundaries**  
 - - - Of State  
 --- Of Region  
 --- Of Department

#### LOCALITIES

- Political capital
- Economic capital
- Regional centre
- Department centre

#### REGIONS

- 18 MONTAGNES
- AGNEBY
- BAFING
- BAS SASSANDRA
- DENGUELE
- FROMAGER
- HAUT SASSANDRA
- LACS
- LAGUNES
- MARAHOUÉ
- MOYEN CAVALLY
- MOYEN COMOE
- NZI COMOE
- SAVANES
- SUD BANDAMA
- SUD COMOE
- VALLEE DU BANDAMA
- WORO DOUNGOU
- ZANZAN



THE BOUNDARIES AND NAMES SHOWN ON THE MAP DO NOT IMPLY OFFICIAL ENDORSEMENT OR ACCEPTANCE BY THE UNITED NATIONS

## 1. EXECUTIVE SUMMARY

The signature of the Ouagadougou Political Agreement (OPA) in March 2007 ushered in a new era of political and humanitarian development in Côte d'Ivoire. The Ivorian parties to the conflict came together to address the main obstacles that have long prevented a return to normality in the country. The progress made in the implementation of the OPA has placed Côte d'Ivoire in a post-conflict phase for the first time since the eruption of the socio-political crisis in 2002.

As a part of this transition, there has been reinforced collaboration between humanitarian partners and the Government as well as improvements in the security situation, particularly following the deployment of the mixed brigade composed of the national army and members of the former rebellion, *Forces Nouvelles* (FN). Furthermore, these developments have helped to facilitate response efforts to meet the relief and protection needs of an estimated caseload of 120,000 internally displaced persons (IDPs) in the western part of the country.

Due to positive developments in the context, between March 2007 and September 2008 humanitarian agencies recorded the voluntary return of approximately 70,000 IDPs in the western regions of Moyen Cavally and 18 Montagnes.

Another important benchmark of the transition in Côte d'Ivoire was the closure of the IDPs Transit Camp (*Centre d'Accueil Temporaire des Déplacés* [CATD]) in Guiglo on 31 July 2008. The CATD was established in December 2003 and had hosted 7,900 IDPs. Its closure conformed with the timeline agreed by relief actors and Government ministers during a reconciliation workshop held in May 2008 in Boléquin, marking significant progress in the returns process. The humanitarian community also committed to support local authorities to provide alternatives on a case-by-case basis to the estimated 780 residual IDPs who remained in the CATD.

Achievements in the returns process have paved the way towards sustainable recovery and development. Accordingly, United Nations organisations and NGOs have begun to adapt their programming and planning processes in line with this evolving context. The elaboration of the UN Development Assistance Framework (UNDAF) for 2009 to 2013 will also help ensure that the outcomes of the emergency relief phase are sustained and that remaining humanitarian needs are taken into account by early recovery and development programmes.

While the political atmosphere remains generally positive and all parties continue to support the implementation of the OPA, potential threats to long-term peace and stability remain relevant. In particular, there has been little or no progress in the disarmament of former rebels and the dismantling of militias, so the proliferation of weapons continues to influence the security environment.

In late 2008, recognising the transitional context and reassessing needs, members of the humanitarian community in Côte d'Ivoire unanimously agreed not to embark in a conventional CAP for 2009 but rather update the humanitarian strategy (Common Humanitarian Action Plan - CHAP) and elaborate a gap-filling resource mobilisation in two areas:

- 1) **Resettlement and Protection of IDPs in the west;**
- 2) **Nutrition and Food security in the north.**

Return of IDPs in the west has been ongoing but not without constraints and obstacles. There are continued concerns about human rights violations against displaced and returning populations, and the non-functional judiciary system allows for widespread impunity. Cases of sexual and gender-based violence (SGBV) are increasing and children's vulnerability has also increased in areas of return. Many IDPs and returnees still require livelihoods support as well as access to safe water and basic health care. In what is considered a fragile environment, it remains critical for the humanitarian partners in Côte d'Ivoire to ensure that the most affected populations receive appropriate assistance in order to consolidate the gains made in the peace process and to avoid a potential relapse. In this respect, protection activities in support of a safe return and reintegration process in the west are a priority.

Another humanitarian concern recently surfaced in Côte d'Ivoire. High malnutrition rates were revealed in July 2008 by the Standardised Monitoring and Assessment of Relief and Transitions (SMART) survey, conducted jointly by the National Nutrition Programme (PNN), WFP and UNICEF. The survey concluded that the food security situation in the north had deteriorated, following a poor maize and rice harvest in 2007, erosion of the means of production with the loss of oxen, and general loss of purchasing power as a result of the high food prices. Furthermore, the survey concluded that

the global acute malnutrition (GAM) rate is 17.5% in the north, well above the emergency threshold of 10%, and a marked deterioration from the 2006 multiple indicator cluster survey which concluded a GAM of 12.5% in that region.<sup>1</sup>

This appeal, the 2009 Critical Humanitarian Needs and Funding Gaps presents the common humanitarian strategy for Côte d'Ivoire. Humanitarian partners submitted 17 projects which are in line with this strategy. The total amount requested is US\$<sup>2</sup> 37,079,995 for an estimated caseload of 305,200 beneficiaries.

**Some basic facts about Côte d'Ivoire**

➤ Population	15,366,000 persons
➤ Under five mortality	195 p/1,000 (UNICEF 2005)
➤ Maternal mortality	543/100,000
➤ Life expectancy	45.9 years (UNDP human development report, (HDR) 2006)
➤ Prevalence of under-nourishment in total population	13% (FAO Statistical Division 2004 estimate)
➤ Gross national income per capita	\$910 (World Bank Key Development Data & Statistics 2006)
➤ Percentage of population living on less than \$1 per day	14.8% (UNDP HDR 2007/2008)
➤ Proportion of population without sustainable access to an improved drinking water source	84% (Millennium Development Goals (MDGs), 2004)
➤ IDPs (number and percent of population)	709,380 (3.7%) (OCHA, CAP for 2008)
➤ Refugees	
➤ In-country	24,155 Liberians and 453 others (UNHCR August 2007)*
➤ Abroad	15,000 (UNHCR 2007)
➤ ECHO Vulnerability and Crisis Index score	3/3 (most severe rank)
➤ 2006 UNDP Human Development Index score	0.432: 166 <sup>th</sup> of 177 – low (UNDP HDR 2007/2008)

These figures result from the joint (UNHCR-Government of Côte d'Ivoire) verification exercise conducted in August 2007 following the end of the organised voluntary repatriation of Liberian refugees in June 2007

<sup>1</sup> Source: FAO, WFP 2008.

<sup>2</sup> All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2009 page.

**Table I: Consolidated Appeal for Côte d'Ivoire 2009**

Summary of Requirements (grouped by cluster)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Cluster	Original Requirements (US\$)
COORDINATION AND SUPPORT SERVICES	4,005,859
FOOD SECURITY AND NUTRITION	25,763,377
HEALTH	2,411,853
PROTECTION	4,116,906
WATER, SANITATION AND HYGIENE	782,000
<b>Grand Total</b>	<b>37,079,995</b>

**Table II: Consolidated Appeal for Côte d'Ivoire 2009**

Summary of Requirements (grouped by appealing organisation)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements (US\$)
ACF	1,200,000
DRC	1,079,000
EMSF	784,006
FAO	3,060,394
IRC	1,000,000
OCHA	3,891,797
UNDP	114,062
UNFPA	315,650
UNHCR	1,500,000
UNICEF	3,806,420
WFP	19,202,983
WHO	1,125,683
<b>Grand Total</b>	<b>37,079,995</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## 2. FROM THE FLASH APPEAL 2002 TO THE CONSOLIDATED APPEAL 2007

### 2002

The crisis that erupted in 2002 in Côte d'Ivoire led to massive population movements. Within the first few months, hundreds of thousands of people fled the central and northern regions of the country towards the south. A Flash Appeal was launched in November 2002 in response to the emerging humanitarian needs in Côte d'Ivoire and the needs in four other countries in the sub-region for a three-month period.

In Côte d'Ivoire, food aid was provided to IDPs in Government-held regions, vulnerable people in rebel-held territories and refugees in camps and transit centres. Relief agencies and the Red Cross movement set up several transit centres to welcome IDPs, complementing local civil society efforts. Humanitarian agencies also advocated with all parties against the involvement of children in the conflict, or their recruitment as soldiers. Advocacy was also targeted to stop violent acts against women, children or any part of the civilian population.

### 2003

In 2003, a Consolidated Appeal (CAP) was launched focusing exclusively on immediate life-saving actions in food security, health, water and sanitation, education, protection, coordination and other common services, and multi-sectoral assistance. The country was under a *de facto* political and administrative partition with the centre and the north controlled by the FN, the south controlled by the Government, and the west gradually becoming more insecure.

The continued absence of local administration and social services in the North and in the west, led to a deterioration of basic services. The lack of access to health services particularly affected women and children. Large numbers of children also lacked access to education. The pressure of a large IDPs population on host communities also weakened household coping mechanisms and local economies while militia activities affected security the south, leading to further displacement. During this period, significant efforts were made to ensure humanitarian access to the most vulnerable populations in the region.

### 2004

The 2004 CAP marked a shift in focus from solely supporting life-saving activities to include actions in support of the gradual stabilisation of the country through medium and longer term activities, the protection of civilians as well as the promotion of social cohesion among communities. Though security in the west remained precarious, several humanitarian objectives were met in health, protection, HIV/AIDS and education. For example, 8,834 persons suffering from short-term hunger received lean season distributions to hold them over until the harvest and some 31,500 households in vulnerable areas of the north and west benefited from agricultural assistance including seeds, tools, fertilisers and agro-chemicals complemented by food rations to meet immediate food needs and in support of seed protection.

### 2005

Despite some progress towards stability in 2004, the situation worsened considerably in 2005 and resulted in increased vulnerability. Persistent violence and instability, particularly in the west, caused massive population displacements. Humanitarian access was also impeded, particularly in remote areas in the west due to the poor state of roads and insecurity. Furthermore, humanitarian concerns were exacerbated by a severe deterioration in the access to water in both urban and rural areas, particularly those localities controlled by the FN.

In mid 2005, in response to the increasing insecurity and under pressure from the international community and affected communities, the Government took measures to secure the west by appointing military Prefects. In the same period, within the framework of the Inter-Agency Humanitarian Coordination Committee (IAHCC), a protection network was established to operate through sectoral groups in the field with a clearly defined strategy.

As access increased, humanitarian actors provided food aid, primary health care and access to potable water to vulnerable populations. According to the World Food Programme (WFP), food and nutritional assistance was provided to 700,675 people, including: vulnerable farmers during the lean season, IDPs in reception centres, returnees and refugees, women and children in nutrition centres and HIV patients.



However, despite advocacy efforts throughout 2005, the return of public administration personnel was slow and therefore the provision of basic services remained weak in FN controlled areas. Statistical data collected by the regional education office, the *Direction Régionale de l'Éducation Nationale* (Regional Director of National Education), in collaboration with the school rescue committees in the FN zones, indicated that only slightly over half (379,232) of the total pupils (708,321) were still enrolled in 2004-2005 as compared to before the crisis. Furthermore, the organisation of school examinations in FN controlled zones did not take place, despite intense negotiations with the Minister of Education.

An AIDS Indicator Survey was carried out in 2005, which concluded that the HIV/AIDS prevalence in the general population was 4.7%, ranking Côte d'Ivoire as the most severely affected country in the Western Africa region. The prevalence was over twice the level in women (6.4%) as compared to men (2.0%) and slightly higher in urban areas (5.4%) than in rural areas (4.1%).

## 2006

Political progress towards resolution of the conflict during the first half of 2006 translated into slight improvements in the security situation, the judiciary system and the humanitarian situation. However, access to basic services remained challenging, particularly for IDPs. For example, though exams were held in the centre, north and west regions between 2003 and 2006, over 30% of displaced children did not have access to education.<sup>3</sup> Furthermore, during the second half of 2006, the western region and the Zone of Confidence (ZoC) were the theatres of recurrent inter-communal conflicts characterised by killings and disappearances. The disarmament process, which had started in July 2006 with the commencement of the dismantling of militia in the western region, was also suspended.

In response to the growing needs of displaced people, the 2006 CAP focused on the protection, reintegration, reinsertion and rehabilitation of displaced populations, the needs of host families as well as the repatriation of some 39,000 Liberian refugees, as the political situation evolved in Liberia. According to findings of a baseline survey<sup>4</sup> carried out in five regions and made public at the beginning of 2006, the total figure of IDPs in Côte d'Ivoire was estimated at 750,000. Less than 10% of IDPs lived in transit camps, while more than 90% were hosted by families. In 2006, 1,325 Liberian refugees were repatriated with the assistance of UNHCR, bringing the total number of Liberians repatriated since September 2004 to 14,891. At the beginning of July 2006, UNHCR closed the refugee transit centre in Tabou (close to the border with Liberia) and nearly 2,400 Liberian refugees were integrated into local communities and surrounding villages.

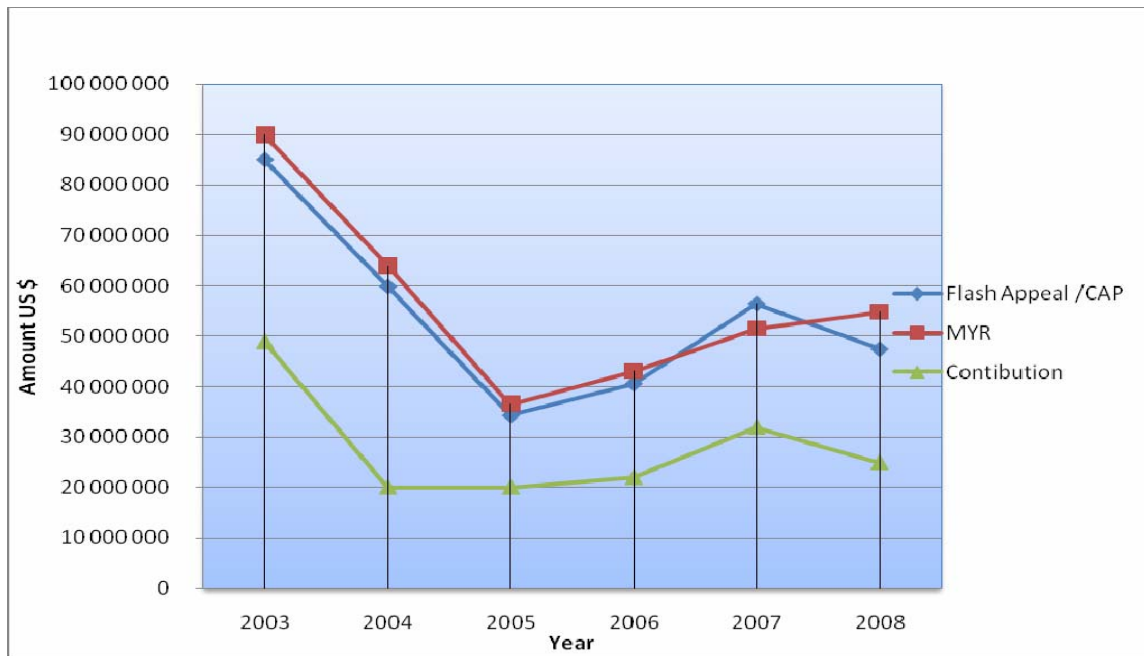
In 2006, Côte d'Ivoire was the first Member State of the UN to have access to the funds of the newly established Central Emergency Response Fund (CERF) in order to address critical humanitarian needs.

**Table - Summary of funding**

Year	Requirements \$	Contributions \$	%	CERF funding \$
2003	90,891,786	49,785,986	55%	-
2004	64,197,916	20,544,506	32%	-
2005	36,431,798	20,214,942	56%	-
2006	43,523,872	22,652,252	52%	5,752,282
2007	55,271,244	32,093,090	58%	6,494,720
2008	58,099,693	25,263,422	44%	9,427,477
<b>TOTAL</b>	<b>348,416,309</b>	<b>170,554,198</b>	<b>49%</b>	<b>21,674,479</b>

<sup>3</sup> Source: Study on IDPs conducted jointly by ENSEA and Agencies of the UNS, EIS 2005

<sup>4</sup> Survey conducted by ENSEA (Ecole Nationale Supérieure de Statistique et d'Économie Appliquée) and UNFPA, Côte d'Ivoire, 2006.



**2007**

The 2007 Common Humanitarian Action Plan placed a strong focus on IDPs and their return to their places of origin in the Centre, North and West Zones. Following the signing of the OPA, the number of spontaneous returns increased over the year, and approximately 6,000 (out of 8,000) IDPs in the Transit Centre in Guiglo returned to their pre-displacement homes. The programme for the voluntary return of Liberian refugees, initiated by the UNHCR in 2004, also came to a successful end in June 2007 with the assisted return of 21,533 Liberian refugees and spontaneous return of approximately 18,000 refugees. During the first quarter of 2007, the Nicla refugee camp was turned into an Ivorian village named Zaglo, for those who wished to remain in Côte d'Ivoire. UNHCR's protection programmes also remained operational wherever refugees continue to reside within communities.

An FAO evaluation mission in mid-2007 concluded that there was relative stability of livestock production in the west and that the return of IDPs has resulted in the recapitalisation of small livestock. This small-scale recapitalisation was essential for household food security; however, due to the lack of a substantial vaccination programme as well as a lack of monitoring of breeders before July 2007, livestock continued to suffer from epizootic diseases (trypanosomiasis, small ruminant plague or contagious bovine pleuro-pneumonia, pasteurellosis, anthrax, etc.).

The nationwide school feeding programme benefited 580,000 students with the goal of increasing school attendance and retention. Education was used as an important tool for the reconciliation of students and for reintroducing normalcy for those children who had been affected by the crisis. However, even as the conflict was being resolved, another crisis was increasingly affecting children: in 2007 UNAIDS estimated there were 420,000 HIV/AIDS orphans.

### 3. 2008 IN REVIEW

#### A. Introduction

The political context in Côte d'Ivoire has continued to evolve positively during 2008, despite delays in the overall implementation of the OPA. The identification process of voters and citizens has been underway since 15 September 2008, though it reportedly faces logistical and technical difficulties. The Permanent Consultative Committee of the OPA, agreed on 10 November 2008 in Ouagadougou to postpone the date of the presidential election from 30 November 2008 to another date, to be communicated by the Independent Electoral Commission.

Further progress on the disarmament of former rebels and militias, and their reinsertion or reintegration into civilian life or the military, is required. Furthermore, a lack of logistical support has hindered the effective deployment of the state administration to some areas previously controlled by the FN.

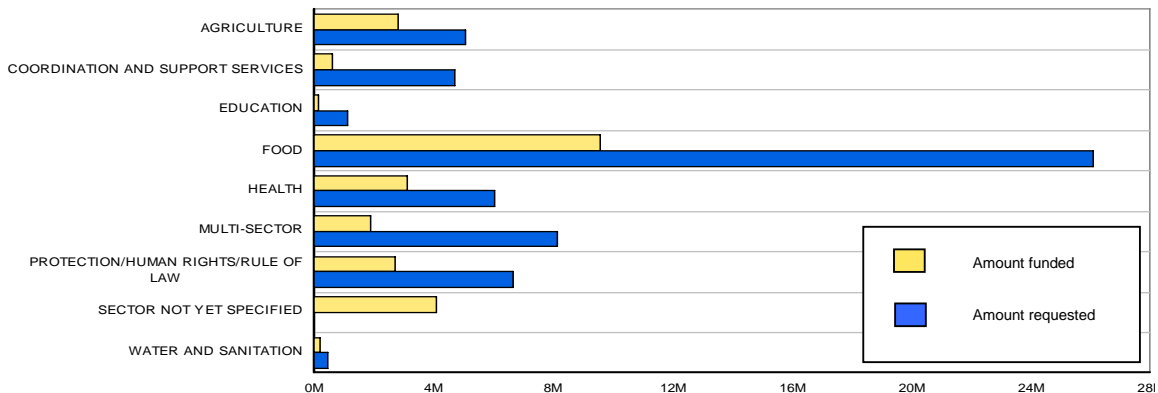
Though the overall security environment has improved, there has been an increase in armed robberies, violence and rape over the last six months, particularly in the western and northern parts of the country...

#### B. Financial Review of the 2008 CAP

In 2008, 38 projects were included in the CAP for Côte d'Ivoire, with \$46,642,196 requested in funding. Because an increased emphasis was placed on support to the return of IDPs in the west and nutritional assistance in the north, in the mid-year, requirements were increased to \$58,099,693.

As of 31 December 2008, contributions equalling 43.5% (\$25,263,422) of total requirements for the 2008 CAP had been received. The percentage covered remained relatively low and the total funds received in 2008 amounted to only 79% of funding received in 2007 (\$32,093,090).

##### *Funding by sector* (Source: FTS)

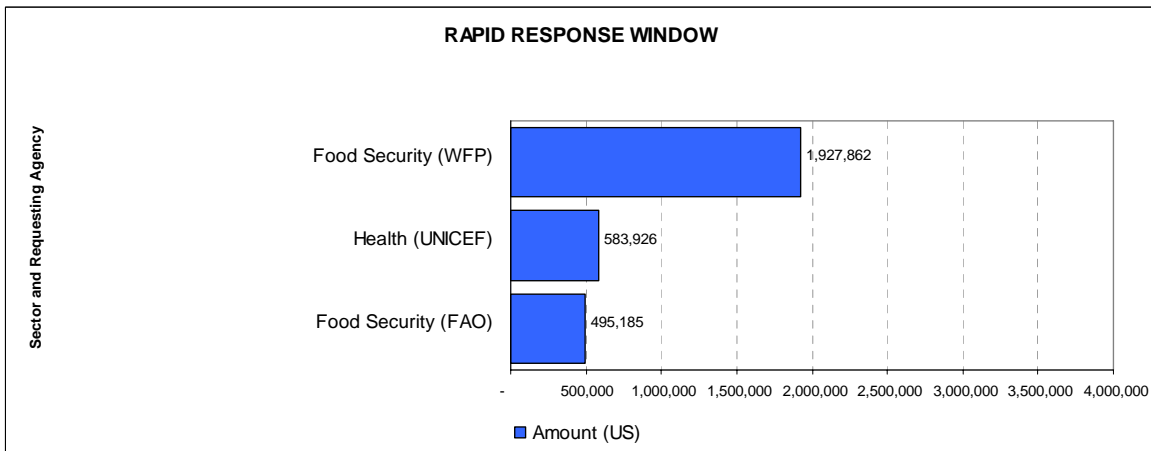
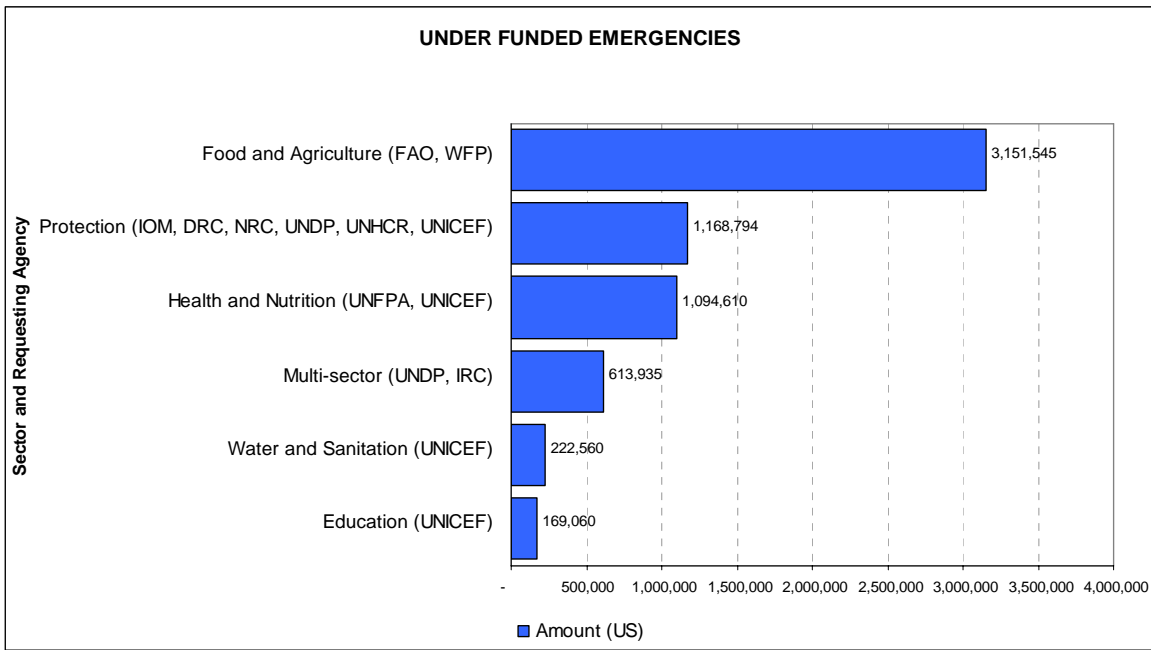


#### Central Emergency Response Fund (CERF)

With a total of \$9,427,477 in allocations to the country, the CERF was the main funding source for the 2008 CAP, representing 37.3% of the total funding for the CAP.

Under-funded window: Côte d'Ivoire \$6,420,504 from CERF's window for under-funded emergencies. Seven agencies received grants in five sectors, including Food Security, Health and Nutrition, Protection, Education, and Water and Sanitation. See Annex I for a breakdown of CERF allocations.

Rapid response grants: Humanitarian organisations also received \$3,006,973 rapid response grants. In June, \$2,012,459 was received for food security initiatives. An additional \$994,514 was allocated in October to respond to the nutrition and food crisis in the northern part of the country.



**C. Progress Made**

**COORDINATION AND SUPPORT SERVICES**

Although the country is moving towards the recovery phase, following the signature of the OPA in 2007, humanitarian gaps remain. Specifically, in the west, there is a need for support for the return of IDPs and in the north support is required to address the high rate of malnutrition rates.

In support of meeting these needs, and following agreement in the IAHC, the cluster approach was formalised for Côte d'Ivoire in early 2008, as per the procedures established by the Inter-Agency Standing Committee (IASC) Principals. The adoption of the cluster approach will help to ensure high standards of predictability, accountability and partnership in all sectors, as well as greater consistency across the sectors. The Terms of Reference (ToRs) for all Sector Groups were revised to be in line with the IASC Generic ToRs for Cluster/Sector Leads.

Since the adoption of the reviewed ToRs by the IAHC meeting of 9 September 2008, the following arrangements are officially in place for the humanitarian operation in Côte d'Ivoire. Separate thematic groups have also been established to address cross-cutting issues including Gender, HIV/AIDS and Social Cohesion.

Group Sector/Cluster	Lead Agency (in support of government)
Water & Sanitation and Hygiene	UNICEF
Education	UNICEF/SAVE THE CHILDREN
Food Security and Nutrition	WFP/FAO
Health	WHO
Protection	UNHCR
Governance and Economic recovery	UNDP

## TRANSITION AND EARLY RECOVERY STRATEGY

As the security situation improves and the political environment stabilises, the needs in Côte d'Ivoire are changing, no longer demanding predominantly humanitarian response, but also requiring recovery and longer term development assistance. Despite a more stable environment, a range of serious humanitarian concerns remain, including the assistance and protection needs of IDPs, returnees and other vulnerable groups in host communities, as well as assistance for communities affected by high rates of malnutrition. In order to consolidate peace and ensure that the immediate humanitarian needs of the population are met while addressing recovery needs to re-establish basic social service provision and tackle poverty reduction, it is critical that a more nuanced approach is adopted that meets both the immediate and longer term needs of Ivorian communities.

Recognising the importance of linking humanitarian actions, such as support for returns, to longer-term development initiatives, such as economic recovery in areas of return, humanitarian and development actors have developed a transition strategy so as to ensure complementarity in programme implementation and avoid gaps in coverage. The UNDAF for 2009 to 2013, developed jointly by the Government of Côte d'Ivoire and the UN, supports this transition through the elaboration of joint objectives which build on current humanitarian actions so as to sustain the outcomes of the emergency relief phase. Aligned with a new '*Document Stratégique de Réduction de la Pauvreté*', the UNDAF also bridges with the Government-led, *Programme de Sortie de Crise* (PSC) developed in 2007, which encompasses development and recovery objectives for communities that were affected by conflict, thereby building on previous humanitarian assistance to these communities, and also supporting the consolidation of peace through community recovery. It is important to note that UNDP administers two large basket funds in support of the PSC for post-crisis reconstruction activities as well as the electoral process.

To ensure effective coordination during this transition phase, OCHA and UNDP's Bureau for Crisis Prevention and Recovery (BCPR), have developed a shared coordination approach. A cost-sharing agreement has been established between OCHA and BCPR to provide joint humanitarian and development coordination at the sub-office level. Under this model, a single Head of Sub-Office will have the responsibility of overseeing a gradual shift of focus from leading the coordination of humanitarian efforts towards an early recovery approach. The early recovery approach focuses on supporting national actors to assume increased responsibility for essential processes in support of recovery, such as enhancing social cohesion, protection and the consolidation of assistance. A pilot sub-office is being established in Korhogo, which will be replicated in other parts of the country as the context evolves.

The ongoing transition and changes in the operational context requires a strengthened field presence of recovery and development actors. Consequently, relevant agencies, including UNDP, United Nations Industrial Development Organization (UNIDO), and FAO are increasing their presence in the field. These agencies are working in close collaboration with humanitarian actors to help ensure the synergy between their actions and ensure adequate response capacities to meet evolving needs. In support of this enhanced collaboration, joint UN sub-offices have been established in Korhogo in the north and in Guiglo in the west of the country. The offices also incorporate some substantive sections of the United Nations Peacekeeping Operation in Côte d'Ivoire (UNOCI), such as Civil Affairs and disarmament, demobilisation and reintegration, thereby bringing the UN Country Team and UNOCI together to enable joint needs-based planning and facilitating coordination.

It is important to note that despite the gains made in the transition towards recovery there are continued risks related to the social and political context that could generate new humanitarian needs. The development of a single humanitarian/early recovery coordination mechanism and close collaboration of humanitarian and development actors through joint offices helps to ensure that in

addition to responding to residual humanitarian needs, any new humanitarian needs that emerge can be addressed efficiently and effectively.

## EDUCATION

In 2008, UNICEF contributed to address the problem of out of school children as a result of the crisis: 130 bridging classes were created in partnership with the Norwegian Refugee Council (NRC); and “*Ecole Pour Tous*” was implemented in regions that were significantly affected by the conflict. Approximately 3,800 out of school children and 1,680 children between 9 and 11 years were given a second chance to go to school.

With the CERF's support to UNICEF, 6,000 children benefited from improved school infrastructure and have been able to pursue their education in an improved learning environment. Twenty primary schools in the departments of Sangouiné, Mahapleu, Danané, Zouhan Hounien, Bin Houye and Kouibly in western Côte d'Ivoire received equipment, including pupils' tables and chairs (6,000), teachers' tables (120) and chairs (480), and cupboards (120).

In addition to providing children an opportunity to continue their education, the implementation of these activities has involved local resources, thereby generating employment opportunities and stimulating the local economy by engaging local entrepreneurs.

## FOOD SECURITY / NUTRITION

In 2008, WFP, in close collaboration with FAO, undertook an assessment to monitor household food security in the Savanes and Moyen Cavally Regions, which are the most vulnerable regions in the country. The results of the assessment show significant food insecurity in the Savanes region where 12% of rural households were severely food-insecure and 15% were moderately food-insecure. Likewise, 15% of those in Moyen Cavally were moderately food-insecure.

In July, a nutrition survey was carried out by UNICEF, WFP, and the PNN in the north and in peri-urban areas of Abidjan to establish the nutritional situation of children under five and to measure the impact of the food crisis on malnutrition. This survey showed the following: (i) an alarming rate of 17.5% of children under five are undernourished (with 4% severely undernourished) in northern Côte d'Ivoire; (ii) 5% undernourished in peri-urban areas of Abidjan; (iii) 65.3% of children under five with global anaemia (moderate and severe) in the north; (iv) and 61.5% with global anaemia in peri-urban areas of Abidjan.

During the 2008 rainy season, 13,300 vulnerable households were assisted by FAO in seven regions. Some 45% of the households assisted were new returnees, 2% were IDPs, 49% were “very poor” and 4% HIV affected. In total, 620 tonnes of cereal seeds, 15 tonnes of varied vegetables seeds, 469 tonnes of fertiliser (nitrogen, phosphorous, potassium [NPK] fertiliser mixture and urea), 22,110 hoes (industrial and local) and 2,425 pairs of boots were distributed. This enabled approximately 78,000 people to access food for a period of six months by the end of the 2008 agricultural season.

During the non-farming season, FAO also assisted 14,200 vulnerable households (100,000 persons). Some 17% of the households assisted were new returnees, 1% were IDPs, 74% were “very poor” and affected by soaring food prices and 8% were HIV affected. In total, 68 tonnes of lowland rice seeds, 655 kg of varied vegetables seeds, 341 tonnes of fertiliser (NPK and Urea), 28,400 hoes (industrial and local), 5,450 pairs of boots and 8,750 watering cans were distributed.

In the course of 2008, WFP has provided food rations to 42,151 vulnerable groups including 17,000 IDPs in-transit (returning to their villages) and IDPs in the CATD camp in the Guiglo area. Overall, from January to August 2008, 9,882MTs of food commodities were distributed.

Furthermore, hot meals were served to 607,142 school children during their lunch break every school day including 315,000 school children in the north. WFP also delivered a package of HIV prevention and nutrition rehabilitation assistance to HIV-affected beneficiaries and mother and child health (MCH) programmes in partnership with the Ministry of Health, UN agencies as well as local and international NGOs.

Each month, when cases of moderate acute malnutrition were diagnosed by nutritional/medical implementing partners, WFP provided take-home rations comprised of corn soya blend, vegetable oil and sugar in health/nutrition centres for an average of 3,157 malnourished children per month.

Approximately 3,013 pregnant and lactating women also received a take-home ration of fortified blended foods at health centres from the seventh month of pregnancy until six months after delivery to enhance their nutritional status, increase birth weights and provide an incentive to use MCH services more regularly.

According to UNICEF, performance data from the Nutritional Therapeutics Care Centres (NTCCs) is encouraging. Approximately 1,500 severely malnourished children were admitted to NTCCs with the following results: (i) cure rate: 75%; (ii) default: 10%; death: 7%; length stay in Nutritional Therapeutics Care Centres (NTCC): three to four weeks; weight gain in NTCC: six to nine g/kg/day. Therapeutic foods provided by UNICEF included: therapeutic milk F75 and F100; ready to use therapeutic food Plumy Nut and BP100, BP5 for moderate malnutrition management; and ReSomal diet for diarrhoea management. Essential drugs included anti-malarial drugs, ferrous salt and folic acid for anaemia and antibiotics for acute respiratory infection.

## HEALTH

As indicated, in the 2008, early warning and response to outbreaks were some of the main sectoral strategic goals in the 2008 CAP.

In 2008, yellow fever and meningitis outbreaks occurred in Côte d'Ivoire. WHO provided technical support, vaccines, as well as funds to support operations in response to a meningitis outbreak in Tengrela and Bondoukou districts, which resulted in the vaccination of 100,000 persons against meningitis.

In response to a yellow fever outbreak in August 2008, WHO and UNICEF supported the Ministry of Health to respond in Abidjan, including a mass immunisation campaign. WHO provided funds to cover operational costs and technical support for supervision; The Global Alliance for Vaccine and Immunization provided two million doses of yellow fever vaccine; and UNICEF, with CERF funds, provided syringes and other supplies. Approximately two million people, representing 100% of the target population, were vaccinated during the campaign.

Emergency relief initiatives have achieved substantial results in the health sector. The Government, with support from its partners, managed to redeploy more skilled health personnel in zones previously under FN control, including in the central, northern and western regions. The number of doctors in these regions is now even higher than it was before the crisis (261 doctors are now posted in these regions compared to 235 before, and 170 during, the crisis). The presence of skilled personnel enabled the Government to re-open 567 primary health centres: by September 2007, 95% of primary health centres were operational countrywide. UN agencies and NGOs also provided equipment to health districts and trained health workers on integrated management of childhood illness, safe motherhood and disease surveillance, etc.

The United Nations Population Fund (UNFPA) supported the reintegration of reproductive health components into the Minimum Package of Activities provided at functional health structures in the Centre and East of the country. As a result, 75 maternity wards (60 basic and 15 referrals) received reproductive health emergency kits and individual kits were provided to manage caesarean and episiotomy, anaesthesia and post-partum. The number of assisted births in health facilities was approximately 60,500 from January-November, 2,700 caesareans were performed and 15,650 tears of the perineum were managed. Community health workers also sensitised 250,000 to recognise the signs of obstetric complications and the advantages of assisted deliveries.

## RESETTLEMENT, PROTECTION AND SOCIAL COHESION

Joint actions of humanitarian actors with national authorities have reinforced social cohesion amongst returnees and host communities and improved conditions in areas of origin.

In June 2008, a workshop in Bloléquin provided an opportunity to address some of the issues that were constraining the returns process. After major obstacles were addressed during the workshop, some developments in the returns process were achieved, including the closure of the International Organization for Migration (IOM)-administered CATD camp in Guiglo on 31 July 2008. In September 2008 the estimated number of returnees to the west, according to OCHA figures, was 69,933 people.

However, it is worth noting that, some setbacks have been experienced during IDPs returns. In Zéaglo there were clashes between returnees and host communities over property rights in the beginning of 2008, which prompted the secondary displacement of some IDPs. There were also ambushes and assaults, including murders and rape, targeting returnees, which has disrupted the returns process.

The total number of IDPs living on the Guiglo-Bloléquin axis had reached 7,829 persons from Zou and Diéouzon according to the International Rescue Committee's (IRC) "Return and reintegration Programme" figures and IOM. Wherein an around Guiglo, IDPs now have one focal point in each place, who is assisted by IDPs leaders. A total of five IDPs focal points (two in the Department of Guiglo, two in the Department of Bloléquin and one in the Department of Duékoué) and 16 IDPs leaders (six in the Department of Guiglo, eight in the Department of Bloléquin and two in the Department of Duékoué) were trained on basic protection and techniques to enhance social cohesion. These focal points have enhanced local decision-making processes and they are in frequent contact with OCHA and other humanitarian actors to increase IDPs' participation in dialogues on humanitarian needs. The IDPs focal points and leaders took part in an IRC-organised Round Table held in Abidjan in February 2008 which addressed the issue of IDPs in the area of Zou, supported by UNDP, OCHA, and the Ministry of Solidarity and Victims of War.

The IDPs leaders also supported activities related to information sharing on areas of return in adherence to the guiding principles on internal displacement. With the leaders, IRC initiated a Go & See Visit in Bloléquin in March 2008. This provided an opportunity for six communities (three *autochtones*, two *hallogènes*, one *allochtone*) from Zou (place of origin) to travel to Bloléquin (place of displacement) to meet with IDPs from Zou and exchange information on living conditions and the situation in their places of origin. The exchanges have helped IDPs make decisions about returning, based on objective and reliable information.

Humanitarian actors and civil and military authorities have also been involved in the dialogue between returnees, IDPs and host communities, which took place in the residence of the Prefect of Bloléquin. These exchanges were followed by IDPs visits to their villages of origin and led to some heartfelt testimonies from IDPs who were able to do Go & See Visits:

- *"Thanks to your activities, our villages have regained their life."*
- *"Thanks to the rehabilitations of schools, hospitals, markets, pumps, our villages are liveable, we thank you from the bottom of our hearts, let God reward you."*
- *"I was afraid before. But, once in my village, I saw that you have installed social cohesion through the creation of peace committees who have welcomed me very well, registered and supported me. I have not been worried at all. I will go back to fetch my family to return, as my children will be able to go to school, we can be taken care of in the village and drink clean water. Here are the receipts of school registration to the school."*

Many agencies, including UNHCR, NRC and UNICEF, as well as others, have started activities to assist people obtain documentation, which is critical for protecting individuals' rights, especially for IDPs so they can access their property and pursue other legal action. The lack of documents is partly due to the war but also to certain local community practices. The joint UNHCR/NRC initiative which supports Information, Counselling and Legal Advice centres has generated some concrete results. However, more progress is needed. An evaluation is currently being carried out in the 18 Montagnes and Moyen Cavally regions to provide a sound basis from which to improve the impact of the action.

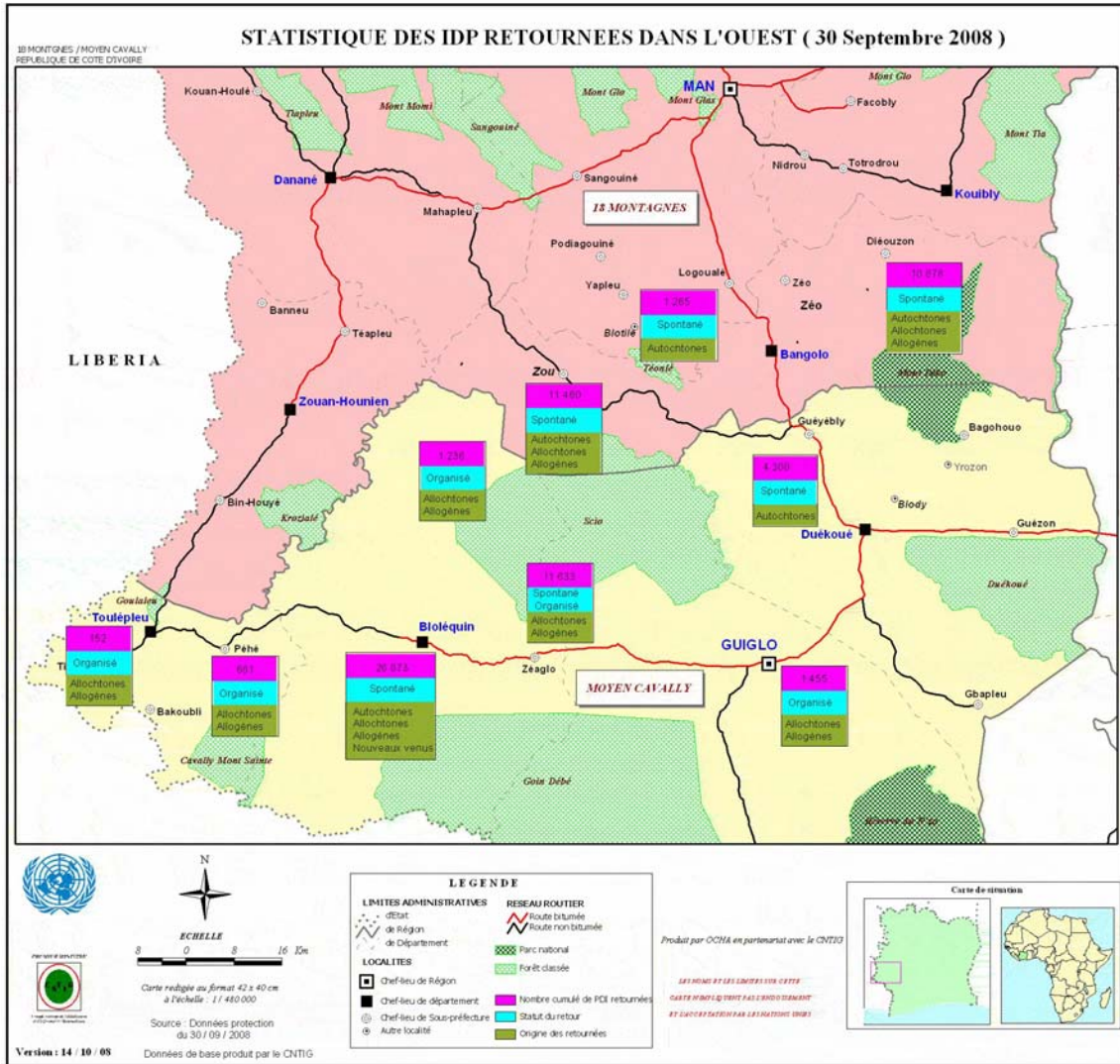
In addition to displacement, the socio-political crisis has led to significant increases in the prevalence of SGBV, with women and girls at highest risk. Indeed, some types of violence have increased exponentially because of the deterioration of the security situation in some parts of the country. Harmful traditional practices also persist.

UNICEF has pursued efforts to strengthen mechanisms for preventing gender-based violence (GBV) and care for victims of sexual violence, including: i) training 437 community, health social, and judiciary workers as well as 120 security forces to prevent GBV and to improve care for victims of sexual violence; ii) sensitising more than 44,000 people; iii) providing psychosocial assistance, medical and legal advice to 120 girls / women victims of sexual violence (rape, attempted rape) through training, supply of kits; and (iv), reinsertion of 1,312 children previously associate with armed groups through the development of businesses. A commission was also established that monitored the situation of child soldiers and which ensured they were not re-enrolled.



UNFPA has supported the institutional framework to prevent SGBV through reinforcement of the national gender policy and code of individual rights and the family. UNFPA has also supported the development of a national strategy on GBV and female genital mutilation.

A fistula centre in the west has been strengthened to provide quality care and manage the increasing number of patients. To date, 3,448 persons have been targeted with awareness-raising on GBV while 245 IDPs women have received psychosocial and legal support.



**WATER SANITATION AND HYGIENE**

One third of the rural population has no access to toilets and only 55% of the population has access to drinking water, with a significant regional gap in access between urban areas and rural areas, favouring urban areas. Furthermore, the redeployment of technical staff from the state water services and local governments is not yet effective. The situation has been exacerbated by the food crisis and soaring prices which has reduced household resources to ensure consumption of potable water and ensure that hygienic conditions are maintained.

More than 200,000 persons, including 40,000 living in shanty districts near Abidjan (Ayakro, Boribana, Vridi three and Avocatier) and 160,000 returnees in the villages of Zuenoula, Zouan Hounien, Boléquin, Bangolo, Duékoué Danané, Kouibly departments (western region), were sensitised on basic hygiene throughout the year. These populations now have improved access to potable water and basic sanitation facilities through a series of rehabilitation programmes and maintenance of boreholes with water pumps and drinking fountains. Sanitation campaigns were also organised to clean the

environment by destroying unsuitable latrines, shower units and cesspools. Basic sanitation facilities including household latrines, lavatories and public washhouse were also made available.

A total of over 500,000 persons now have improved access to potable water and basic sanitation facilities through a series of rehabilitation programmes, including 200 village pumps and 150 new water points projects run by UNICEF, Government partners and local and International NGOs in the Moyen Cavally, 18 Montagnes, Worodougou, Marahoué and Vallée du Bandama Regions.

Moreover, UNICEF provided many hospitals and health centres with water-storage equipment to ensure they could provide in water for patients, particularly for women. More than 100 water treatment stations belonging to the private water distribution company, in the Central, Northern and Western Zones, received purification materials and were also provided with technical support to keep them in good working order.

Furthermore, IRC's "Return and Reintegration Programme" rehabilitated, in coordination with the village water and sanitation committees, a total of 11 water pumps not covered by any other actions in the Department of Bloléquin (west), as follows:

N°	Sub-Prefecture	Villages	Population in Village	Population in Temporary Camps <sup>5</sup>	Number of Men	Number of Women	Total Population	Number of repaired pumps
1	Dieouzon	Bouobly	464	175	344	295	639	1
2		Goénié Tahouaké	1,226	195	802	619	1,421	1
3		Baïbly	2,207	452	1,340	1319	2,629	1
4		Diébly	1,553	474	1,116	911	2,027	1
<b>Total</b>			<b>5,450</b>	<b>1,296</b>	<b>3,602</b>	<b>3,144</b>	<b>6,716</b>	<b>4</b>
1	Zou	Banguiéhi	428	1,493	1,058	863	1,921	1
2		Zou	3,485	2,952	3,380	3,057	6,437	3
3		Pinhou	3,226	231	1,962	1505	3,467	2
4		Béoua	175	665	453	387	840	1
<b>Total</b>			<b>7,314</b>	<b>5,341</b>	<b>6,853</b>	<b>5,812</b>	<b>12,665</b>	<b>7</b>
<b>Grand total</b>			<b>12,764</b>	<b>6,637</b>	<b>10,455</b>	<b>8,956</b>	<b>19,381</b>	<b>11</b>

<sup>5</sup> These people are newly returned and living just outside the village in temporary shelters in the bush.

#### 4. GAP ANALYSIS

Given the current context in Côte d'Ivoire, more funds are available in transition and early recovery areas, particularly through the UNDP-administered PSC Basket Fund. However, resources are still needed to meet critical humanitarian needs of highly vulnerable communities during this important transitional period.

Despite the changes in the context and the shift towards recovery and development, humanitarian challenges persist in the west and some parts of the north and would be exacerbated if the fragile peace process collapses. Consequently, members of the Côte d'Ivoire IAHCC unanimously agreed not to embark in a conventional CAP for 2009 but rather to update the humanitarian strategy and mobilise resources in two priority sectors:

1. **Food Security and Nutrition;**
2. **Resettlement and Protection of Internally Displaced Populations and Social Cohesion.**

These sectoral priorities will be matched with geographical priorities, including: support for return dynamics in the west; and support to address malnutrition in the north. Initiatives will also take into consideration the humanitarian consequences of the increases in food and oil prices.

The objectives of the common humanitarian strategy are the following:

- ensure protection and community reinsertion for IDPs through access to basic social services and means of subsistence in the west;
- improve the nutritional status of vulnerable populations living in food-insecure areas in the north, and extend coverage and access to essential therapeutic care for children suffering from severe acute malnutrition within communities and health facilities.

The selected projects are in line with the strategic priorities and are meant to have the greatest impact in meeting needs in the most vulnerable regions of the country while bridging the gap during the transition to early recovery and development.

##### FOOD SECURITY / NUTRITION

The social and economic context deteriorated sharply in the course of the past six months due to the sudden increase in the prices of essential commodities. A study conducted by the National Institute for Statistics revealed that approximately 49% of the populations in Côte d'Ivoire are living on about 661 FCFA (less than 1 Euro) per day compared to approximately 38% in 2002. The Study on Standard of Living and Households Conditions (ENV2008) was sampled from 12,000 families living in 15 of the 18 regions throughout the country. The trends showed that poverty affects 75% of the rural population. Korhogo (northern region) is the most severely affected area with 77% of the residents made vulnerable by poverty. Abidjan was amongst the lowest rate of vulnerable households with 21% of its residents living in dire conditions.

Furthermore, the results of the SMART survey conducted in July 2008 by WFP, UNICEF, and the PNN showed an alarming nutrition situation in the north with a GAM rate of 17.5%. Malnutrition rates could be attributed, among other factors, to food insecurity, limited access to health and social services, reduced access to quality food due to high food prices and morbidity.

Moreover, the current food crisis is likely to have a more severe impact on vulnerable groups, such as IDPs, pregnant women and the elderly. Combined with other structural factors, it is also likely to exacerbate the acute malnutrition rate in children under-five years of age.

This concerning situation in the north of the country has been exacerbated by the outbreak of epizootics which affects livestock and poultry. In some villages, all of the cattle died from the disease, including the oxen, which are used for ploughing and are an important means of agricultural production in the north. Veterinary services and health monitoring systems were overwhelmed by the crisis and have yet to fully resume operations in the region.

## RESETTLEMENT, PROTECTION AND SOCIAL COHESION

It is clear that the humanitarian response to date has made a significant effort to ensure the protection of the most vulnerable population groups, including IDPs in the areas of return and resettlement. However, protection challenges persist.

During his recent mission to the west, the Humanitarian Coordinator (HC) noted a positive evolution of the humanitarian situation in the western region. Residual humanitarian needs are mainly linked to the stabilisation of the return and reintegration of IDPs in return areas, as well as the consolidation of social cohesion amongst the communities. In general, the needs of the populations have evolved from humanitarian assistance towards developments, such as rehabilitation of basic social services and roads, socio-economic integration of youth, and access to microcredit.

Social cohesion remains a serious concern which is largely linked to access to land or conflicts over access to those lands. The issue of restitution of property also remains unresolved despite attempts made by the Government and the humanitarian community to address it. Particular attention needs to be paid to improving basic social services in return/resettlement zones, primarily in the western parts of the country so that competition for scarce resources does not jeopardise community cohesion.

The number of security incidents, particularly ambushes and armed robberies has significantly increased from June to July 2008 in the west. The Duékoué-Bangolo axis is now considered to be one of the most dangerous areas because of ambushes, which involve killings, rape, other violence and robberies. High levels of insecurity and lack of administrative structures in some areas of return have made it difficult for victims to fully exercise their right to legal recourse after such abuses.

The main areas in which a strong and concerted effort needs to be made, among others, in terms of protection include the following:

*Right to return:* Whilst scores of people did return to their areas of origin/habitual residence, the numbers of returnees remains considerably low as compared to the total number of those who left their areas of origin or who may be interested in going back. Despite the assistance provided by humanitarian organisations and other institutions, and despite the Government's primary responsibility to support returns, the willingness of many IDPs interested in going back has not materialised because of a real or perceived lack of the basics needed to support them in areas of return.

*Access to property:* In many villages, returns could not be sustained because of the impossibility for returnees to have access to their property (which had been sold or occupied by other persons in many areas). This has even prompted the return of some IDPs to IDPs centres, and was the case in early 2008 when those who went to Zéaglo, Bloléquin Prefecture could not access their plantations. The "codes of cohabitation", which promote the renting of land which is registered under the tutelage of an indigenous Ivorian, has reduced some of these problems. However, property-related incidents are prevalent and need to be regularly monitored. Furthermore, the problem is not confined to rural areas. In urban or semi-urban areas, houses which were occupied after the forcible displacement of their legitimate owners remain occupied, a situation which in many cases prevents the owners from returning.

*Social cohesion:* The coexistence of communities once pitted against each other, mainly because of war, remains problematic. Because of tensions, what seem to be insignificant incidents trigger inter-communal violence. Peace building needs to be pursued in order to maintain peaceful inter-communal coexistence.

Continued actions are also needed to ensure community capacity building, mobilisation and active community participation in all mechanisms for the protection of children in the post crisis context. In addition to awareness raising activities targeting local communities, the involvement of the media for the sustained promotion of children's and women's rights should be increased, particularly to address issue of violence against children and women.

To meet the continued humanitarian needs, effective coordination is key. Specifically, emphasis is needed to enhance the sharing of information between agencies, partners and Government counterparts. Advocacy is also important for the promotion of humanitarian principles, including a principled returns process. Furthermore, support for strategic coordination of programmes so as to effectively mobilise and utilise resources is critical for meeting remaining humanitarian needs as the country transitions to recovery and development.

## 5. CRITERIA FOR SELECTION OF PROJECTS

Under the leadership of the HC, IAHCC members discussed on 9 September 2008 the opportunity to develop a Côte d'Ivoire CAP for 2009.

As recommended by the HC, sector group and cluster leads made thematic presentations on key challenges in their respective areas during the 23 September 2008 IAHCC meeting. Consequently, IAHCC members unanimously agreed not to embark in a conventional CAP for 2009 but rather update the humanitarian strategy (CHAP) and elaborate a gap-filling resource mobilisation in two areas: **IDPs resettlement and protection in the west, and nutrition and food security in the north.**

This decision, which is line with changing context and the fact that more sources of funding are available in transition and early recovery areas, particularly through the UNDP-administered '*Sortie de Crise*' Basket Fund, simplifies the humanitarian strategy and programming exercise.

Taking into account the agreed humanitarian strategic priorities, three main criteria for the selection of eligible project proposals were retained: (a) priority was given to the Protection and Nutrition sectors (b) consideration was given to cross-cutting projects in favour of IDPs and people suffering from malnutrition (c) inter/intra-cluster consultation was enhanced to avoid overlapping in terms of projects areas of implementation and beneficiaries, and provide a more strategic and complementary set of programmes to achieve agreed objectives.

## 6. PRIORITISATION OF PROJECTS

#	Sector	Appealing Agency	Project title (abbreviated)	Amount Requested (\$)	Priority sector	National/local capacities	Conflict area	Crucial support	Gender GBV	Timing	Sum	Ranking
1	Coordination and Support services	OCHA	CIV-09/CSS/21994	3,891,797	x	x	x	x	x	12 months	5	Immediate
2	Coordination and Support Services	UNDP	CIV-09/CSS/22016	114,062	x	x	x			4 months	3	Medium
3	Food security and Nutrition	ACF	CIV-09/H/22001	1,200,000	x	x	x	x	x	12 months	5	Immediate
4	Food security and Nutrition	DRC	CIV-09/A/22014	749,000	x	x	x			12 months	3	Medium
5	Food security and Nutrition	FAO	CIV-09/A/22006	303,134	x	x	x	x		12 months	4	Immediate
6	Food security and Nutrition	FAO	CIV-09/A/22008	2,461,360	x	x	x	x		12 months	4	Immediate
7	Food security and Nutrition	FAO	CIV-09/H/22011	295,900	x	x	x	x	x	12 months	5	Immediate
8	Food security and Nutrition	UNICEF	CIV-09/H/22028	1,551,000	x	x	x	x		12 months	4	Immediate
9	Food security and Nutrition	WFP	CIV-09/F/22012	19,202,983	x	x	x	x	x	8 months	5	Immediate
0	Health	UNFPA	CIV-09/H/22084	315,650		x	x		x	12 months	3	Medium
11	Health	UNICEF	CIV-09/H/22017	970,520	x	x	x	x		12 months	4	Immediate
12	Health	WHO	CIV-09/H/22018	1,125,683	x	x	x	x		12 months	4	Immediate
13	Protection/Human Rights / Rule of Law	DRC	CIV-09/P-HR-RL/22025	330,000	x	x	x	x	x	12 months	5	Immediate
14	Protection/Human Rights / Rule of Law	EMSF	CIV-09/P-HR-RL/22019	784,006	x	x	x	x		12 months	4	Immediate
15	Protection/Human Rights / Rule of Law	IRC	CIV-09/P-HR-RL/22023	1,000,000	x	x	x	x		12 months	4	Immediate
16	Protection/Human Rights/Rule of Law	UNHCR	CIV-09/P-HR-RL/23891	1,500,000	x	x	x	x	x	12 months	5	Immediate
17	Protection/Human Rights / Rule of Law	UNICEF	CIV-09/P-HR-RL/22022	502,900		x	x	x	x	12 months	4	High
18	Water and Sanitation	UNICEF	CIV-09/WS/21996	782,000	x	x	x			12 months	3	Medium
<b>Grand Total</b>				<b>37,079,995</b>								

## 7. CONCLUSION

Strategic priorities for 2009 in Côte d'Ivoire were identified as the following: 1) protection and community reinsertion for IDPs through access to basic social services and means of subsistence in the west; and 2) improvement of nutritional status of vulnerable populations living in food-insecure areas in the north. Humanitarian actors have oriented their activities towards providing effective and coordinated support (balanced and inclusive between sectors of action) to ongoing return movements, especially in the west. They have also extended coverage and access to essential therapeutic care for children suffering from severe acute malnutrition within communities and health facilities in the north.

To adequately respond to humanitarian needs as well as emerging recovery and development requirements, stakeholders highlighted the need for humanitarian and recovery activities to be complementary. To support the smooth transition from humanitarian to recovery and development, it was agreed that the humanitarian community would focus on identifying and responding to existing assistance and protection needs of IDPs, returnees, and other vulnerable groups in host communities. Needs related to early recovery and sustainable development would be addressed by the appropriate actors through the relevant programming and funding mechanisms such as the Government-led PSC for which two UNDP administered Trust Funds (one for the PSC and one for Elections) have been established to facilitate and accelerate disbursement of external funding.

The elaboration of the UNDAF for 2009-2013 also supports the transition to early recovery. The UNDAF provides UN agencies and their national and international partners with a framework to ensure that the outcomes of the emergency relief phase will be sustained and that remaining humanitarian needs are taken into account by early recovery and development programming.

Project proposals submitted for funding during the current Appeal have taken into account the living conditions of vulnerable populations in the areas of return. Provision has also been made for distribution of agricultural inputs and food rations to assist vulnerable rural households affected by the conflict and increase in the access to essential therapeutic care for children suffering from severe acute malnutrition.

In the current context of no war and no peace, some outstanding political concerns are being addressed such as the voters' census operation and the date of the election. These will be critical for the success of the peace process, which is directly linked to maintaining security and progress towards early recovery and development throughout the country.

## ANNEX I. LISTS OF 2009 PROJECTS

## PROJECTS GROUPED BY SECTOR/CLUSTER (WITH HYPERLINKS TO OPEN FULL DETAILS)

Click on any project code to open the full project sheet. (For a constantly-updated on-line version of this table, click here: [http://ocha.unog.ch/fts/reports/daily/ocha\\_R32\\_A849\\_0901201539.pdf](http://ocha.unog.ch/fts/reports/daily/ocha_R32_A849_0901201539.pdf).)

Project code	Project title	Appealing agency	Requirements (\$)	Priority
<a href="#">(click on code to open full project sheet)</a>				
<b>COORDINATION AND SUPPORT SERVICES</b>				
<a href="#">CIV-09/CSS/21994/119</a>	Coordination of humanitarian response to the crisis in Côte d'Ivoire	OCHA	3,891,797	IMMEDIATE
<a href="#">CIV-09/CSS/22016/776</a>	Réseau d'Echange et de Communication d'Informations Sécuritaires (RECIS)	UNDP	114,062	MEDIUM
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>4,005,859</b>	
<b>FOOD SECURITY AND NUTRITION</b>				
<a href="#">CIV-09/A/22006/123</a>	Support to the Coordination of Emergency Agricultural Operations in Côte d'Ivoire	FAO	303,134	IMMEDIATE
<a href="#">CIV-09/A/22008/123</a>	Provision of agricultural inputs and establishment of income-generating activities for returnees and host communities in the west and poor households affected by soaring food prices in the north of Côte d'Ivoire	FAO	2,461,360	IMMEDIATE
<a href="#">CIV-09/A/22014/5181</a>	Relief support to vulnerable households and farmers in the Moyen Cavally region (West)	DRC	749,000	MEDIUM
<a href="#">CIV-09/F/22012/561</a>	Assistance to populations affected by the Côte d'Ivoire protracted crisis	WFP	19,202,983	IMMEDIATE
<a href="#">CIV-09/H/22001/5186</a>	Program of treatment of the malnutrition in Savanes Region in Ivory Coast	ACF	1,200,000	IMMEDIATE
<a href="#">CIV-09/H/22011/123</a>	Improving the nutritional status of children under five in northern and western Côte d'Ivoire through nutrition knowledge and improved feeding practices	FAO	295,900	IMMEDIATE
<a href="#">CIV-09/H/22028/124</a>	Emergency nutrition for child survival in Northern Cote d'Ivoire	UNICEF	1,551,000	IMMEDIATE
<b>Sub total for FOOD SECURITY AND NUTRITION</b>			<b>25,763,377</b>	
<b>HEALTH</b>				
<a href="#">CIV-09/H/22017/124</a>	Strengthen capacity of health system to manage acute malnutrition in Denguélé, Bafing, Savanes and Worodougou Regions (North)	UNICEF	970,520	IMMEDIATE
<a href="#">CIV-09/H/22018/122</a>	Integrated Nutrition Surveillance for under-five children in Western and Northern most affected health districts of Côte d'Ivoire: Bangolo, Biankouma, Danane, Man ("Montagnes"); Duekoué, Guiglo, Toulepleu ("Moyen Cavally"); Boundiali, Ferkessiédougou, Korhogo, Tengrela ("Savanes")	WHO	1,125,683	IMMEDIATE
<a href="#">CIV-09/H/22084/1171</a>	Support for integration of reproductive health components in the Minimum Package of Activities of functional health structures in the western zones (Danané, Man and Bangolo).	UNFPA	315,650	MEDIUM
<b>Sub total for HEALTH</b>			<b>2,411,853</b>	
<b>PROTECTION</b>				
<a href="#">CIV-09/P-HR-RL/22019/7017</a>	Making IDPs /Vulnerable persons auto-sufficient in the Western region	EMSF	784,006	IMMEDIATE
<a href="#">CIV-09/P-HR-RL/22022/124</a>	Protection from sexual violence and support to girls' and women's rights during the peace and reconciliation phase in Western Côte d'Ivoire (Man, Kouibly, Bangolo, Duekoué, Guiglo, Bloléquin and Toulepleu localities)	UNICEF	502,900	HIGH
<a href="#">CIV-09/P-HR-RL/22023/5179</a>	To ensure a continued dignified and sustainable return of IDPs in Western Cote d'Ivoire	IRC	1,000,000	IMMEDIATE
<a href="#">CIV-09/P-HR-RL/22025/5181</a>	Support to IDPs return and reintegration in Toulepleu and Duekoué Departments (Western region)	DRC	330,000	IMMEDIATE
<a href="#">CIV-09/P-HR-RL/23891/120</a>	Protection and Assistance to IDPs and Other Vulnerable Persons in Western Côte d'Ivoire	UNHCR	1,500,000	IMMEDIATE
<b>Sub total for PROTECTION</b>			<b>4,116,906</b>	
<b>WATER, SANITATION AND HYGIENE</b>				
<a href="#">CIV-09/WS/21996/124</a>	Prevention of malnutrition linked to access to safe drinking water in Northern regions of Côte d'Ivoire (Denguélé, des Savanes et du Zanzan)	UNICEF	782,000	MEDIUM
<b>Sub total for WATER, SANITATION AND HYGIENE</b>			<b>782,000</b>	
<b>Grand Total: USD</b>			<b>37,079,995</b>	



## PROJECTS GROUPED BY ORGANISATION

**Table IV: Consolidated Appeal for Côte d'Ivoire 2009**

List of Projects (grouped by appealing organisation)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Cluster	Project Title	Original Requirements (US\$)
<b>ACF</b>			
CIV-09/H/22001/5186	FOOD SECURITY AND NUTRITION	Program of treatment of the malnutrition in Savanes Region in Ivory Coast	1,200,000
<b>Subtotal for ACF</b>			<b>1,200,000</b>
<b>DRC</b>			
CIV-09/A/22014/5181	FOOD SECURITY AND NUTRITION	Relief support to vulnerable households and farmers in the Moyen Cavally region (West)	749,000
CIV-09/P-HR-RL/22025/5181	PROTECTION	Support to IDPs return and reintegration in Toulepleu and Duekoue Departments (Western region)	330,000
<b>Subtotal for DRC</b>			<b>1,079,000</b>
<b>EMSF</b>			
CIV-09/P-HR-RL/22019/7017	PROTECTION	Making IDPs /Vulnerable persons auto-sufficient in the Western region	784,006
<b>Subtotal for EMSF</b>			<b>784,006</b>
<b>FAO</b>			
CIV-09/A/22006/123	FOOD SECURITY AND NUTRITION	Support to the Coordination of Emergency Agricultural Operations in Côte d'Ivoire	303,134
CIV-09/A/22008/123	FOOD SECURITY AND NUTRITION	Provision of agricultural inputs and establishment of income-generating activities for returnees and host communities in the west and poor households affected by soaring food prices in the north of Côte d'Ivoire	2,461,360
CIV-09/H/22011/123	FOOD SECURITY AND NUTRITION	Improving the nutritional status of children under five in northern and western Côte d'Ivoire through nutrition knowledge and improved feeding practices	295,900
<b>Subtotal for FAO</b>			<b>3,060,394</b>
<b>IRC</b>			
CIV-09/P-HR-RL/22023/5179	PROTECTION	To ensure a continued dignified and sustainable return of IDPs in Western Cote d'Ivoire	1,000,000
<b>Subtotal for IRC</b>			<b>1,000,000</b>
<b>OCHA</b>			
CIV-09/CSS/21994/119	COORDINATION AND SUPPORT SERVICES	Coordination of humanitarian response to the crisis in Côte d'Ivoire	3,891,797
<b>Subtotal for OCHA</b>			<b>3,891,797</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table IV: Consolidated Appeal for Côte d'Ivoire 2009**

List of Projects (grouped by appealing organisation)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Cluster	Project Title	Original Requirements (US\$)
<b>UNDP</b>			
CIV-09/CSS/22016/776	COORDINATION AND SUPPORT SERVICES	Réseau d'Echange et de Communication d'Informations Sécuritaires (RECIS)	114,062
<b>Subtotal for UNDP</b>			<b>114,062</b>
<b>UNFPA</b>			
CIV-09/H/22084/1171	HEALTH	Support for integration of reproductive health components in the Minimum Package of Activities of functional health structures in the western zones (Danané, Man and Bangolo).	315,650
<b>Subtotal for UNFPA</b>			<b>315,650</b>
<b>UNHCR</b>			
CIV-09/P-HR-RL/23891/120	PROTECTION	Protection and Assistance to IDPs and Other Vulnerable Persons in Western Côte d'Ivoire	1,500,000
<b>Subtotal for UNHCR</b>			<b>1,500,000</b>
<b>UNICEF</b>			
CIV-09/H/22017/124	HEALTH	Strengthen capacity of health system to manage acute malnutrition in Denguélé, Bafing, Savanes and Worodougou Regions (North)	970,520
CIV-09/H/22028/124	FOOD SECURITY AND NUTRITION	Emergency nutrition for child survival in Northern Cote d'Ivoire	1,551,000
CIV-09/P-HR-RL/22022/124	PROTECTION	Protection from sexual violence and support to girls' and women's rights during the peace and reconciliation phase in Western Côte d'Ivoire (Man, Kouibly, Bangolo, Duékoué, Guiglo, Bloléquin and Toulepleu localities)	502,900
CIV-09/WS/21996/124	WATER, SANITATION AND HYGIENE	Prevention of malnutrition linked to access to safe drinking water in Northern regions of Côte d'Ivoire (Denguélé, des Savanes et du Zanzan)	782,000
<b>Subtotal for UNICEF</b>			<b>3,806,420</b>
<b>WFP</b>			
CIV-09/F/22012/561	FOOD SECURITY AND NUTRITION	Assistance to populations affected by the Côte d'Ivoire protracted crisis	19,202,983
<b>Subtotal for WFP</b>			<b>19,202,983</b>
<b>WHO</b>			
CIV-09/H/22018/122	HEALTH	Integrated Nutrition Surveillance for under-five children in Western and Northern most affected health districts of Côte d'Ivoire: Bangolo, Biankouma, Danane, Man ("Montagnes"); Duekoué, Guiglo, Toulepleu ("Moyen Cavally"); Boundiali, Ferkessiédougou, Korhogo, Tengrela ("Savanes")	1,125,683
<b>Subtotal for WHO</b>			<b>1,125,683</b>
<b>Grand Total</b>			<b>37,079,995</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## SUMMARY OF REQUIREMENTS BY IASC STANDARD SECTOR

**Table V: Consolidated Appeal for Côte d'Ivoire 2009**

Summary of Requirements (grouped by IASC standard sector)

as of 19 January 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements (US\$)
AGRICULTURE	3,513,494
COORDINATION AND SUPPORT SERVICES	4,005,859
FOOD	19,202,983
HEALTH	5,458,753
PROTECTION/HUMAN RIGHTS/RULE OF LAW	4,116,906
WATER AND SANITATION	782,000
<b>Grand Total</b>	<b>37,079,995</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## ANNEX II.

# Plan 2009-2010



## West Coast of Africa Regional Representation

### Executive Summary

The International Federation's West Coast regional office, based in Lagos, Nigeria, covers seven National Societies (Benin, Côte d'Ivoire, Ghana, Liberia, Nigeria, Sierra Leone and Togo; support to the Liberian Red Cross National Society, or LRCNS, is covered in a separate plan). Programmes in this plan have been designed to ensure self-reliance systems and reinforce resources at the community level through strengthening of National Society capacities. The main focus of the planned programmes is to address the needs and roles of vulnerable people, especially people living with HIV (PLHIV), women, orphans and vulnerable children (OVC) as well as the elderly.

The priorities in the West Coast region for 2009-2010 are guided by the International Federation's Global Agenda goals and the Framework for Action. In addition, specific plans will be drawn from the Global Secretariat objectives and from the Algiers Plan of Action. This plan is a reflection of the needs emanating from this context and based on the National Societies' own strategic development plans (SDP) and Cooperation Agreement Strategies (CAS). Programme approaches which build on the existing partnerships and structures established over the past years will be taken into consideration, and new partnerships will be encouraged by drawing from lessons learned and employing new innovative ways of carrying out activities.

The commitment to ensure that West Coast National Societies scale-up their activities demands that all stakeholders rise to the challenges that conflicts, disasters, population movements, poverty, food insecurity, HIV/AIDS and health-related challenges across the region pose to the traditional ways of providing assistance. The West Coast regional office key areas of support to the National Societies shall be to assist them in designing relevant disaster management and health strategies which shall lead to the reduction in the number of death, injuries and impact from disasters, diseases and health emergencies. It is critical that continued multi-sectoral and integrated assistance is provided to increase capacities at the community level to enable vulnerable people in the West Coast region to better cope with the inherent risks that they face.

### National Society priorities and current work with partners

The general goal of National Societies is to ensure that all programmes focus on the needs of vulnerable populations and are in line with the Global Agenda goals of the International Federation. The priorities of National Societies for 2009-2010 are to consolidate and scale up activities in the core programme areas of health and care, disaster management, organizational development and humanitarian values and principles. National Societies shall continue to scale up their health and care activities to alleviate illness and death by focusing on maternal and child health, malaria, water and sanitation and public health in emergencies. They will also continue to combat HIV/AIDS and Tuberculosis through awareness activities. Great priority shall be accorded to community-based first aid as more attention is being given to capacity building at the community level. As part of an effort to scale up activities against HIV/AIDS, the Nigerian Red Cross Society (NRCS) is already part of the Global Alliance on HIV/AIDS and the Togolese Red Cross already indicated interest. Other National Societies are planning to join the Alliance soon.

National Societies will also focus on strengthening the capacity of their volunteers and raise communities' awareness in disaster preparedness and response in the region. Training and equipping disaster response teams in the region shall be strengthened, while disaster risk reduction at the community level shall be encouraged.

Food security forms part of the activities of National Societies in the West Coast region. Food insecurity in some countries has led to population movements within the region. Some National Societies are working in collaboration with government agencies to find a way of reducing the effects of food crisis.

National Societies shall be encouraged to strengthen their capacities through organizational change management, development and volunteer management to make them well-functioning National Societies.

National Societies have been actively participating in the promotion of the principles and humanitarian values of the Red Cross through public awareness campaigns, bulletins and newsletters. National societies shall give priorities to initiatives to address the issues of sexual and gender-based violence and sensitize populations on women and children rights. They shall also encourage gender equality and women empowerment in line with the Millennium Development Goals (MDG).

National Societies have been working in partnership with Partner National Societies, United Nations (UN) agencies, non-governmental organizations (NGO) and government agencies in their respective countries. They have also been working with other Movement partners such as the International Committee of the Red Cross (ICRC)<sup>6</sup> and the International Federation of Red Cross and Red Crescent Societies. The UK Department for International Development (DFID) has been supporting some National Societies in disaster preparedness and response through its Institutional Strategy III project. The Swedish Rescue Service Agency (SRSA) in collaboration with the Swedish Red Cross Society is also partnering with the Nigerian, Sierra Leone and the Liberia Red Cross Societies in disaster management capacity building. It is a pilot project launched in 2008 and is expected to reach other National Societies in the region. The Finnish Red Cross Society is also supporting disaster management. Some National Societies are collaborating and working on bilateral agreement basis. Partnerships with government agencies have been strengthening cooperation and coordination of activities of the Red Cross in alignment with government policies on health and disaster management.

### **Secretariat supported programmes in 2009-2010**

The International Federation's priorities in the region are guided by its Global Agenda goals and the Framework for Action. In addition, specific plans will be drawn from the global secretariat objectives, and in the spirit of the Algiers Plan of Action, thus:

- Building and strengthening the capacity of National Societies through National Society organizational change management, including strong organizational capacity development and volunteer management;
- Intensified capacity building;
- Scaling up the African Red Cross/Red Crescent Health Initiative (ARCHI) 2010 interventions, including HIV and AIDS, water and sanitation (watsan), community-based health programme (CBHP) and malaria interventions;
- Effective food security interventions covering long-term sustainable development, effective disaster preparedness and mitigation;
- Coordination, cooperation and building strategic partnerships;
- Effective representation and advocacy;
- High quality governance support; and
- Effective Federation management.

A high priority will be the regional representation role as a coordinator of the CAS process that facilitates harmonization of external Red Cross partnerships in priority areas, and encourages National Societies to retain ownership of their development process while strengthening their capacity to deliver services.

<sup>6</sup> As one of the components of the International Red Cross and Red Crescent Movement, the International Committee of the Red Cross is a neutral, impartial and independent humanitarian organisation. The ICRC does not take part in the CAP. Nevertheless, with an operational presence in Côte d'Ivoire since the beginning of the crisis, the ICRC is committed to coordinate with the UN and NGOs for a strengthened response benefiting populations directly or indirectly affected by the crisis in Côte d'Ivoire. Further details of the ICRC's protection and assistance activities in Côte d'Ivoire are available at [www.icrc.org](http://www.icrc.org).

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

For further information specifically related to this plan, please contact:

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## ANNEX III. TABLE OF CERF-FUNDED PROJECTS IN 2008

CERF 2008 Allocation Table - as of 30.09.2008

Country: Côte d'Ivoire

UNDER FUNDED EMERGENCIES (UFE)							
	Requesting Agency	Project Title	Sector	Project Code	Total Project Budget (CAP) USD	Percentage of funding received to date	Approved Allocation \$
<b>Food and Agriculture</b>							
1	FAO	Provision of agricultural inputs to assist vulnerable rural households affected by the conflict in Côte d'Ivoire	Agriculture	CIV-08/A03	1,730,707	9.80%	351,547
2	WFP	Assistance to populations affected by the Côte d'Ivoire protracted crisis-PRRO 10672.0	Food security	CIV-08/F01	17,000,000	26.90%	2,799,998
<b>Subtotal Food and Agriculture</b>							<b>3,151,545</b>
<b>Protection</b>							
3	IOM	Continuum of assistance and protection of vulnerable populations in particular IDPs within the areas of return (axis of Guiglo-Bloléquin-Toulepleu) and the CATD of Guiglo	Protection/Human/Rights/Rule of Law	CIV-08/P/HR/RL15	752,852	0%	216,675
4	UNDP-NRC	Protection – Monitoring	Protection/Human Rights/Rule of Law	CIV-08/P/HR/RL13	723,354	0%	292,682
5	UNHCR	Protection and assistance to IDPs	Protection/Human/Rights/Rule of Law	CIV-08/P/HR/RL03	1,070,000	0%	369,146
6	UNHCR -DRC	Protection, peace, and security in western Côte d'Ivoire	Protection/Human/Rights/Rule of Law	CIV-08/P/HR/RL04	317,332	0%	155,471
7	UNICEF	Protection from sexual violence and support to girls and women's rights during the peace and reconciliation phase in Côte d'Ivoire	Protection/Human/Rights/Rule of Law	CIV-08/P/HR/RL02B	191,530	70.39%	134,820
<b>Subtotal Protection</b>							<b>1,168,794</b>
<b>Education</b>							
8	UNICEF	Equipment of school infrastructures with school furniture	Education	CIV-08/E02	662,110	25.53%	169,060
<b>Subtotal Education</b>							<b>169,060</b>
<b>Multi-sector</b>							
9	UNDP-IRC	Providing emergency relief and reliable information for IDPs in western Côte d'Ivoire	Multi Sector: Protection/Shelter/Education/ Water and Sanitation	CIV-08/MS03	N/A	N/A	613,935
<b>Subtotal Multi-Sector</b>							<b>613,935</b>
<b>Water and Sanitation</b>							
10	UNICEF	Support rural water supply and basic sanitation in the western region of Côte d'Ivoire, especially in areas of resettlement	Water, sanitation, hygiene	CIV-08/WS01	428,000	52%	222,560
<b>Subtotal Water &amp; Sanitation</b>							<b>222,560</b>

**CÔTE D'IVOIRE – CRITICAL HUMANITARIAN NEEDS**

<b>UNDER FUNDED EMERGENCIES (UFE)</b>							
	<b>Requesting Agency</b>	<b>Project Title</b>	<b>Sector</b>	<b>Project Code</b>	<b>Total Project Budget (CAP) USD</b>	<b>Percentage of funding received to date</b>	<b>Approved Allocation USD</b>
<b>Health and Nutrition</b>							
11	UNFPA	Increasing access to, and use of high quality of Emergency Obstetric and Neonatal Care (EONC) with appropriate community involvement in the west, Sub west, centre and north of Côte d'Ivoire	Health	CIV-08/H04	556,400	68.85%	383,060
12	UNICEF	Improve management of malaria in four health districts	Health	CIV-08/H06	341,330	70.53%	240,750
13	UNICEF	Providing care for children with acute under nutrition in western Côte d'Ivoire	Health/Nutrition	CIV-08/H02	360,600	87.96%	191,530
14	UNICEF	Improve nutrition of children through treatment of malnutrition in health facilities and within communities in northern Côte d'Ivoire	Health/Nutrition	CIV-08/H01	420,900	66.35%	279,270
<b>Subtotal Health &amp; Nutrition</b>							<b>1,094,610</b>
<b>TOTAL UFE</b>							<b>6,420,504*</b>

\* In addition, a CERF UFE allocation to WFP's Humanitarian Air Support Service for several West African countries benefited humanitarian partners in Côte d'Ivoire.

<b>RAPID RESPONSE WINDOW (RR)</b>						
	<b>Requesting Agency</b>	<b>Project Title</b>	<b>Sector</b>	<b>Project Code</b>	<b>Allocation Date</b>	<b>Approved Allocation</b>
15	WFP	Provision of agricultural inputs and food rations to assist vulnerable rural households affected by the conflict and the soaring prices in Côte d'Ivoire	Food Security	CIV-08/F01	24/06/2008	1,517,274
16	WFP	Extended coverage and access to essential therapeutic and nutritional care for children suffering from acute malnutrition within communities and health facilities	Food Security	CIV-08/F01	23/10/2008	410,588
17	FAO	Provision of agricultural inputs and food rations to assist vulnerable rural households affected by the conflict and the soaring prices in Côte d'Ivoire	Food Security	CIV-08/A03	24/06/2008	495,185
18	UNICEF	Improve nutritional status of children through treatment of malnutrition in health facilities and within communities in the northern part of Côte d'Ivoire	Health	CIV-08/H01	23/10/2008	414,634
19	UNICEF	Providing care for children with acute under nutrition in western Côte d'Ivoire	Health	CIV-08/H02	23/10/2008	169,292
<b>TOTAL RR</b>						<b>3,006,973</b>
<b>TOTAL UFE &amp; RR</b>						<b>9,427,477</b>



## ANNEX IV.

## INTERNATIONAL HUMANITARIAN FUNDING FOR CÔTE D'IVOIRE IN 2008

**Table I: Consolidated Appeal for Côte d'Ivoire 2008**  
Requirements, Commitments/Contributions and Pledges (grouped by sector)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

non-standard sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE / FOOD SECURITY AND NUTRITION	21,350,890	35,139,627	13,972,053	40%	21,167,574	190,260
COORDINATION AND SUPPORT SERVICES	4,956,417	4,713,262	947,294	20%	3,765,968	-
EDUCATION	1,213,190	1,299,946	1,743,376	134%	(443,430)	-
HEALTH	3,341,430	2,119,580	924,832	44%	1,194,748	-
MULTI-SECTOR	7,171,611	7,675,704	2,242,327	29%	5,433,377	388,601
PROTECTION / HUMAN RIGHTS / RULE OF LAW	7,631,258	6,673,574	3,961,563	59%	2,712,011	-
WATER, SANITATION AND HYGIENE	977,400	478,000	1,471,977	308%	(933,977)	-
<b>Grand Total</b>	<b>46,642,196</b>	<b>58,099,693</b>	<b>25,263,422</b>	<b>43%</b>	<b>32,836,271</b>	<b>578,861</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table II: Consolidated Appeal for Côte d'Ivoire 2008**  
 Requirements, Commitments/Contributions and Pledges (grouped by appealing organisation)  
 as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Appealing Organisation	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
CARE International	100,000	50,000	-	0%	50,000	-
DRC	317,332	-	-	0%	-	-
FAO	3,569,390	5,095,153	3,113,486	61%	1,981,667	-
IOM	752,852	752,852	216,675	29%	536,177	-
IRC	502,900	251,450	504,047	100%	(252,597)	-
NRC	1,299,424	1,373,685	292,682	21%	1,081,003	-
OCHA	4,732,115	4,601,111	667,294	15%	3,933,817	-
OHCHR	131,250	131,250	145,100	100%	(13,850)	-
SC - UK	863,292	431,643	-	0%	431,643	-
UNDP	623,270	925,570	893,935	97%	31,635	-
UNFPA	3,391,365	1,973,883	383,060	19%	1,590,823	-
UNHCR	8,241,611	9,881,612	3,611,484	37%	6,270,128	388,601
UNICEF	3,940,395	5,953,230	5,974,386	100%	(21,156)	-
WFP	17,000,000	26,089,754	9,461,273	36%	16,628,481	190,260
WHO	1,177,000	588,500	-	0%	588,500	-
<b>GRAND TOTAL</b>	<b>46,642,196</b>	<b>58,099,693</b>	<b>25,263,422</b>	<b>43%</b>	<b>32,836,271</b>	<b>578,861</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table III: Consolidated Appeal for Côte d'Ivoire 2008**

Total Funding per Donor (to projects listed in the Appeal)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Central Emergency Response Fund (CERF)	9,427,477	37.3 %	-
Japan	3,790,000	15.0 %	-
United States	2,797,476	11.1 %	190,260
Sweden	2,496,175	9.9 %	-
Allocations of unearmarked funds by UN agencies	2,319,385	9.2 %	-
European Commission	971,450	3.8 %	-
Carry-over (donors not specified)	800,349	3.2 %	-
Private (individuals & organisations)	793,930	3.1 %	-
Spain	425,788	1.7 %	-
Netherlands	330,274	1.3 %	-
Korea, Republic of	286,000	1.1 %	-
Norway	281,160	1.1 %	-
African Development Bank	215,000	0.9 %	-
Switzerland	197,247	0.8 %	-
African Union	100,000	0.4 %	-
Greece	31,711	0.1 %	-
Italy	-	0.0 %	388,601
<b>Grand Total</b>	<b>25,263,422</b>	<b>100.0 %</b>	<b>578,861</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table IV: Other Humanitarian Funding to Côte d'Ivoire 2008**  
 List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal  
 as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
<b>European Commission Humanitarian Aid Office</b>			
UN Agencies, NGOs and Red Cross	Humanitarian aid for vulnerable populations at risk in the Sahel region of West Africa [ECHO-WF/BUD/2008/02000]	-	788,644
<b>Subtotal for European Commission Humanitarian Aid Office</b>		-	<b>788,644</b>
<b>Norway</b>			
Norway RC	CIV 1083035/ICRC Emergency Appeal 2008, Ivory Coast	691,700	-
<b>Subtotal for Norway</b>		<b>691,700</b>	-
<b>Sweden</b>			
NRC	Education programme	279,739	-
NRC	Education programme	109,840	-
NRC	Education programme	59,942	-
NRC	Education programme	12,775	-
<b>Subtotal for Sweden</b>		<b>462,296</b>	-
<b>Grand Total</b>		<b>1,153,996</b>	<b>788,644</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table V: Côte d'Ivoire 2008**

Total Humanitarian Assistance per Donor (Appeal plus other\*)  
as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Central Emergency Response Fund (CERF)	9,427,477	35.7 %	-
Japan	3,790,000	14.3 %	-
Sweden	2,958,471	11.2 %	-
United States	2,797,476	10.6 %	190,260
Allocations of unearmarked funds by UN agencies	2,319,385	8.8 %	-
Norway	972,860	3.7 %	-
European Commission	971,450	3.7 %	-
Carry-over (donors not specified)	800,349	3.0 %	-
Private (individuals & organisations)	793,930	3.0 %	-
Spain	425,788	1.6 %	-
Netherlands	330,274	1.3 %	-
Korea, Republic of	286,000	1.1 %	-
African Development Bank	215,000	0.8 %	-
Switzerland	197,247	0.7 %	-
African Union	100,000	0.4 %	-
Greece	31,711	0.1 %	-
European Commission (ECHO)	-	0.0 %	788,644
Italy	-	0.0 %	388,601
<b>Grand Total</b>	<b>26,417,418</b>	<b>100 %</b>	<b>1,367,505</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table VI: Consolidated Appeal for Côte d'Ivoire 2008**  
 Requirements, Commitments/Contributions and Pledges (grouped by IASC standard sector)  
 as of 19 January 2009  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	3,569,390	5,095,153	3,113,486	61%	1,981,667	-
COORDINATION AND SUPPORT SERVICES	4,956,417	4,713,262	947,294	20%	3,765,968	-
EDUCATION	1,213,190	1,299,946	1,743,376	134%	(443,430)	-
FOOD	17,000,000	26,089,754	9,461,273	36%	16,628,481	190,260
HEALTH	4,122,930	6,074,300	2,322,126	38%	3,752,174	-
MULTI-SECTOR	7,171,611	7,675,704	2,242,327	29%	5,433,377	388,601
PROTECTION/HUMAN RIGHTS/RULE OF LAW	7,631,258	6,673,574	3,961,563	59%	2,712,011	-
WATER AND SANITATION	977,400	478,000	1,471,977	308%	(993,977)	-
<b>GRAND TOTAL</b>	<b>46,642,196</b>	<b>58,099,693</b>	<b>25,263,422</b>	<b>43%</b>	<b>32,836,271</b>	<b>578,861</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 19 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**ANNEX V. ACRONYMS AND ABBREVIATIONS**

ACF	<i>Action Contre la Faim</i>
AIDS	Acquired Immune-Deficiency Syndrome
BCPR	Bureau for Crisis Prevention and Recovery
CAP	Consolidated Appeal or Consolidated Appeal Process
CATD	<i>Centre d'Accueil Transit des Déplacés</i>
CERF	Central Emergency Response Fund
CHAP	common humanitarian action plan
DfID	(U.K.) Department for International Development
DRC	Danish Refugee Council
DREN	Regional Director of National Education ( <i>Directeur Regional de l'Éducation Nationale</i> )
EMSf	<i>Enfance Meurtrie Sans Frontières</i>
FAO	Food and Agriculture Organization of the United Nations
FN	<i>Forces Nouvelles</i>
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
HC	Humanitarian Coordinator
HIV	Human Immune-Deficiency Virus
IAHCC	Inter-Agency Humanitarian Coordination Committee
IASC	Inter-agency Standing Committee
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDPs	internally displaced person
IOM	International Organization for Migration
IRC	International Rescue Committee
MCH	mother and child health
NGO	non-governmental organisation
NRC	Norwegian Refugee Council
NPK	potassium fertiliser mixture
NTCC	Nutritional Therapeutics Care Centres
OCHA	Office for the Coordination of Humanitarian Affairs
OPA	Ouagadougou Political Agreement
PNN	<i>Programme National de Nutrition</i>
PSC	<i>Programme de Sortie de crise</i>
SGBV	sexual and gender-based violence
SMART	Standardised Monitoring and Assessment of Relief and Transitions
ToR	Terms of Reference
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNOCI	United Nations Operation in Côte d'Ivoire
WFP	World Food Programme
WHO	World Health Organization
ZoC	Zone of Confidence

## Consolidated Appeal Process (CAP)

The CAP is a tool for aid organisations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organisations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- Strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- Resource mobilisation leading to a Consolidated Appeal or a Flash Appeal;
- Coordinated programme implementation;
- Joint monitoring and evaluation;
- Revision, if necessary;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organisation for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilisation. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts).

***In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.***



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