

## ANNUAL REPORT OF THE RESIDENT/HUMANITARIAN COORDINATOR ON THE USE OF CERF GRANTS

<b>Country</b>	<b>Côte d'Ivoire</b>
<b>Resident/Humanitarian Coordinator a.i.</b>	<b>Steven Ursino</b>
<b>Reporting Period</b>	<b>1 January 2009 – 31 December 2009</b>

### I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$37, 224,513		
	Total amount received for the humanitarian response:	\$14, 137,727		
	Breakdown of total country funding received by source:	CERF	\$2,412,316	
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)	\$11,725,411	
	Total amount of CERF funding received from the Rapid Response window:	\$2,000,003		
	Total amount of CERF funding received from the Underfunded window:	\$412,313		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$1,425,349	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$570,579	
		c. Funds for Government implementation:	\$416,388	
d. <b>TOTAL:</b>		<b>\$2,412,316</b>		
Beneficiaries	Total number of individuals affected by the crisis:	<p style="text-align: right;">76,000 returnees</p> <p>1,269,549 persons affected by malnutrition and food insecurity (232,602 people are severely food insecure)</p> <p>Around 8 percent of children 6 to 59 months in the north and west affected by malnutrition</p> <p>305,000 persons in Yellow fever affected zones</p>		
	Total number of individuals reached with CERF funding:	60,000 (protection) + 27,600 (FS&N) + 221 816 (vaccination) = 309, 416 individuals		
		4,800 severely malnourished children under 5 + 5,677 under 12 months vaccinated		
		±50 percent females for all three UFE grants to malnutrition response including girls under 5		

Geographical areas of implementation:	West: Kouibly, Dueoué, Bagohouo, guehiebli, Logoualé, Diéouzon, Zou, Bangolo, Guiglo, Bloléquin, Zéaglo, Béoué, Tiobly and Péhé North: Savanes and Déngélé regions
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## II. Analysis

### 1. Humanitarian Context

In late 2008, recognizing the transitional context and reassessing needs, members of the humanitarian community in Cote d'Ivoire (IAHCC) unanimously agreed not to embark in a conventional CAP for 2009 but rather update the humanitarian strategy (CHAP) and elaborate a gap filling resource mobilization in two areas: 1) resettlement and protection of IDPs in the west, and 2) nutrition and food security in the north. The strategic document was called Côte d'Ivoire 2009: Critical Humanitarian Needs.

Return of internally displaced persons (IDPs) in the west has been ongoing but not without constraints and obstacles. There were continued concerns about human rights violations against displaced and returning populations and the non functional judiciary system allows for widespread impunity. In what is considered a fragile environment, it remained 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 violent relapse. In this respect, protection activities in support of a safe return and reintegration process in the west are an immediate priority. However, low levels of funding had dramatically slowed down protection operations since the end of 2008, and as a result tensions were very tangible and could potentially lead to more inter-community violence.

In the north, high malnutrition rates were revealed in July 2008 by the Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey, conducted jointly by the National Nutrition Programme (PNN), World Food Programme (WFP) and United Nations Children's Fund (UNICEF). The survey concluded that the global acute malnutrition (GAM) rate was 17.5 percent in the north, well above the emergency threshold of 10 percent, and a marked deterioration from the 2006 multiple indicator cluster survey (MICS) which concluded a GAM of 12.5 percent in that region.<sup>1</sup> A number of initiatives have been put in place in late 2008 to respond to the needs but lack of resources and response infrastructure as well as poor crops will unfortunately allow for severe malnutrition to persist if not worsen. Humanitarian partners and national counterparts have stressed the need to reinforce screening capacities coupled with acute malnutrition interventions in most severely hit areas in order to avoid the worse, but also noted that the situation will keep degrading further if not more seriously considered by all stakeholders, and more specifically by donors.

At the time of the underfunded emergency (UFE) first round allocation in 2009, none of the critical humanitarian needs (CHN) priority projects supporting the two areas had received funding. The lack of funding was threatening the continuation of already limited life-saving programmes.

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

## 2. CERF allocations

### CERF requests to support to peaceful reintegration and protection of IDPs in the west (09-HCR-004; 09-IOM-005).

Protection monitoring highlighted that the dynamics in return areas were such that if not assisted by humanitarian partners through reintegration, social cohesion and protection activities, there was a high risk of violent relapse. Conflicts between host community members and returnees had regularly occurred and lead to violent deaths. Areas where durable solutions and social cohesion assistance had been provided proved to be much safer and some communities had already embarked in an early recovery mode. Indeed, the stabilisation of return areas in the west was critical to the implementation of the peace process in Cote d'Ivoire. Further violence and death could only create more division amongst all parties involved.

Within the Protection Cluster, it was considered crucial that the following under-funded activities receive CERF support in order to avoid further loss of life and a potential return to conflict in the most affected parts of western Cote d'Ivoire:

1. Coordination of the protection cluster
2. Reintegration support to returnees and host communities to achieve durable solutions
3. Social cohesion activities aiming at reducing inter-community tensions

#### *Results and CERF added value:*

The CERF contribution to this collaborative response, protection and durable reintegration of IDPs, has ensured the continuation of programmes that were on the brink of closing because of lack of funding. With the injection of new funding in the protection monitoring programme, and the protection cluster coordination that it informs, UNHCR and its partners were able to identify the most urgent assistance priorities in affected areas and mitigate, in a timely manner, the risks of violence due to inter-community tensions.

This assistance reached more than 49,000 returnees and triggered the return of 19,500 IDPs to their areas of origin. Sixty five peace committees received enough support to carry out their work - conflict resolution mechanisms in highly volatile areas. The provision of 150 NFI kits and the rehabilitation of 11 water pumps contributed greatly to stabilising affected areas and fostered inter-community reconciliation. Except for localised issues, no major incidence of violence or waves of internal displacement were reported during 2009.



Source: IRC CI



Source: IOM CI

**CERF request to respond to acute malnutrition in the north  
(09-WFP-016; 09-FAO-007; 09-CEF-001).**

Limited rapid response (RR) CERF funding was provided for malnutrition to humanitarian partners in Cote d'Ivoire in late 2008 to kick start assistance to most vulnerable groups. For many of those organisations, this funding allowed for putting in place response mechanisms but the real operations had yet to be financed and national screening capacity was still very weak. Most humanitarian donors had, by the beginning of 2009, withdrawn from Cote d'Ivoire, leaving a critical transition gap. By February, the northern part of the country was entering its bridging period between crops when the most vulnerable have usually depleted their reserves and relapse into severe malnutrition again if nothing is done to prevent it. Food security and crops assessments had all indicated increasing vulnerability which could lead to a situation much worse than in 2008 if not urgently addressed. To avoid an increasing number of malnourished and ultimately save lives in worse hit areas, the cluster prioritised a rapid "complex response" package comprising of:

1. Nutrition treatment of malnourished children under 5 and lactating women
2. Food assistance for severely food insecure communities
3. Agricultural inputs to critically affected communities

*Results and CERF added value:*

The CERF allocation to Food security and Nutrition needs in Côte d'Ivoire was key in covering part of the funding gap often characterising a transition period. It was impossible to get the necessary funding to provide for the foreseeable caseload of severely and moderately malnourished children and mothers in affected areas of the north presented in the CHN 2009 (of which 17,000 suffering from acute malnutrition).

The CERF allocation ensured that 1,500 severely malnourished with complication (inpatient) and 3,300 severely (outpatient) malnourished children under 5 years old receive the necessary therapeutic treatment to survive through the combined efforts of UNICEF and WFP. Four hundred additional malnourished children received WFP nutritional supplements. Five hundred community nutrition activities centres for child survival in 500 villages centres have also screened 104,000 children, as part of the CMAM (Community Management of Acute Malnutrition), referring all cases of malnourished children to appropriate GoT/UNICEF/WFP services.



*Source FAO CI*

The causes of malnutrition in the north of Côte d'Ivoire are diverse, but access to food is critical to curb the under-5 mortality rates.

With CERF funding, 23,400 people received agricultural kits, 8 tons of rice, maize and vegetable seeds and 82.5 tons of fertilizer and 5,550 tools were distributed by Food and Agriculture Organization (FAO) and its implementing partners. This allowed for beneficiaries to produce 105 tons of lowland rice, 712 tons of maize and at least 814 tons of niebe, okra, hot pepper, eggplants, tomatoes, onions, carrots and cabbages. These productions have ultimately allowed the households to feed themselves during 5 months and to decrease the period of weild.

This integrated response has proven to be effective. A new SMART survey conducted in August 2009 revealed that the level of acute malnutrition had gone down in areas covered by the CERF funded projects.

### **CERF request for response to Yellow Fever outbreak in Denguélé and Savanes regions (09-WHO-072).**

The Denguélé region has a total population of 344,000 people. In November 2009, ten suspected cases of yellow fever were reported, by two of its three health districts: Madinani (6 cases) and Odiénne (4 cases); among the ten cases, six deaths were reported. Five of these cases were laboratory confirmed by *Institut Pasteur* of Dakar. Increasing of cases became a serious concern for population and national health authorities, because of immediate unavailability of resources to respond to this outbreak. Immunization of targeted population in the two health districts affected in the region by this yellow fever outbreak was imperative for the following reasons:

- Total population in this part of northern area is continuously moving across the borders, from Côte d'Ivoire to neighbouring countries, Mali and Guinea, with important interactions between people, mainly due to Côte d'Ivoire crisis.
- The region has been considered in the national preparedness plan to be the potential hosting area for refugees from the neighbouring unstable Guinea.
- Relatively low yellow fever immunization coverage rate among the general population, particularly children under one year (less than 10 percent).
- Due to consequences of the socio-political conflict, the vector control activities as well as epidemiological surveillance are very weak and the reporting system has suffered dramatically.

For the control of the yellow fever outbreak occurred in Odiénne region, the Ministry of Health lunched an appeal to health sector partners for assistance. Due to unavailability of funds at Ministry and WHO Country Office level, it was urgent to mobilize resources from outside. In this context, a project for rapid response to the outbreak was submitted to the CERF, which allocated USD 412,313 for control activities.

Support provided by CERF funding enabled immunization of 221,816 persons, representing about 87 percent of the targeted population. This coverage rate was obtained through mass campaigning in the affected area (higher than 80 percent), and contributed to saving lives and reducing the population's vulnerability.



Source: OMS CI

The allocation was granted within five days of the request and allowed for the roll out of the vaccination campaign within 15 days. No additional funds were provided by other sources. However, the implementation and the contribution of the national health sector stakeholders, especially of local authorities and communities, facilitated the achievement of the set goals. The epidemic is now considered over as no new cases have been reported since the immunization campaign.

### **3. Coordination and prioritisation process**

Côte d'Ivoire received a \$2,000,000 UFE allocation in February 2009. Under the leadership of the Humanitarian Coordinator, the Humanitarian Country Team (IAHCC) requested the clusters to prioritize projects responding to life-saving needs and supporting the two priority areas of their 2009 CHAP: 1) Protection and return of IDPs; and 2) Malnutrition. The situation prevailing in these areas were equally worrying. The IAHCC promoted the idea of working around an equal share of funding for both responses.

OCHA Côte d'Ivoire provided support to the prioritization process by participating in cluster meetings and providing guidance to cluster leads.

As protection cluster lead, UNHCR ensured that the overall CERF prioritisation process for reintegration and protection activities was ultimately responding to the most urgent needs and addressing them in a coherent and balanced way for achieving maximal impact. To that effect, UNHCR presented an umbrella proposal to cover its most critical activities (including cluster coordination) and activities to be implemented by NGOs working complementarily, alongside a proposal from International Organization for Migration (IOM) which has a long experience in supporting vulnerable host communities in highly sensitive areas of the west. The cluster members ensured that there was no overlapping of projects and insisted for maximum geographical coverage.

The food security and nutrition cluster prioritisation process was lead by FAO and WFP. The coordination group met as agreed in the IAHCC and asked partners to identify critically under-funded and life-saving activities responding to the malnutrition situation in the north. It was decided to pursue an integrated approach whereby therapeutic treatment is accompanied by food security programmes.

As funding for CDI was scarce and because of the requirement to identify life-saving activities through a prioritisation process, the CERF allocation somehow worked as an incentive for more in-depth sectoral analysis and coordinated response planning.

### III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food Security	09-WFP-016  CIV- 09/F/22012/561  Assistance to populations affected by the Côte d'Ivoire protracted crisis	\$400,000	\$19,202,983 is the total project budget, but \$2,461,360 is projected for malnutrition treatments  \$6,636,873 was received, including CERF	5,200 malnourished children under five years (2,579 boys and 2,621 girls), 10,000 vulnerable pregnant and lactating women	The prevalence of acute malnutrition is reduced among children under five in targeted area.  Cure rates of children in supplementary feeding programmes is within the Sphere standards.  Prevalence of low birth weight amongst infants born to women receiving supplementary food assistance is less than 9 %.	Prevalence of global acute malnutrition was reduced from 16.6 % in July 2008 to 8.2 % in July 2009 in the five northern regions as per SMART nutrition survey conducted by National Nutrition Programme, WFP, UNICEF, FAO, OCHA (WHO reference, weight-for- height <-2).  Cure rates of children in WFP supplementary feeding programmes was 84.1%, which is above the Sphere standard of 70 %.  Prevalence of low birth weight babies born to women receiving supplementary food assistance was 7 %.	The inputs from WFP in therapeutic feeding treatments are vital. Allowing for 5,200 children to be saved from severe malnutrition.	WFP food aid monitors regularly visited project sites to report on the progress of the nutrition projects, and partners submitted monthly reports on the use of food and on entry and exits into the programme.	2,579 boys, 2,621 girls, and 10,000 vulnerable pregnant and lactating women reached.

<p style="text-align: center;"><b>Food security</b></p>	<p>09-FAO-007 CIV09/A/22008/1 23</p> <p>Provision of agricultural inputs to assist vulnerable rural households affected by the conflict in Côte d'Ivoire. people in food insecurity and affected by malnutrition in the Northern Region des Savanes</p>	<p>\$200,000</p>	<p>\$2,461,360 (total project budget) \$665,000 received (CERF included)</p>	<p>2,600 malnutrition affected and food insecure households (23,400 persons) in the north of Cote d'Ivoire</p>	<p>400 households will receive an agricultural kit for the realization of 0.25 ha of low land rice.</p> <p>400 households (3,600 persons) will receive an agricultural kit for the realization of 0.5 ha of maize.</p> <p>1,800 households (16,200 persons) will receive an agricultural kit for the realization of 600 m<sup>2</sup> of market garden production.</p> <p>10.234 tons of rice, maize and vegetable seeds and 70 tons of fertilizer and 2,200 tools are distributed.</p> <p>The production of the beneficiaries will be 800 tons of lowland rice, 600 tons of maize and 1,350 tons of vegetables.</p> <p>2,600 households will be trained technically on agriculture and sensitized on nutrition and importance on diversity of diet.</p>	<p>150 households (1,350 persons) received an agricultural kit for the realization of 0.25 ha of low land rice.</p> <p>650 households (5,850 persons) received an agricultural kit for the realization of 0.5 ha of maize.</p> <p>1,800 households (16,200 persons) received an agricultural kit for the realization of 600 m<sup>2</sup> of market garden production.</p> <p>8 tons of rice, maize and vegetable seeds and 82,5 tons of fertilizer and 5,550 tools were distributed.</p> <p>2,600 households beneficiaries attended technical training courses.</p> <p>The productions of the beneficiaries are 105 tons of lowland rice, 712 tons of maize and at least 814 tons of niebe, okra, hot pepper, eggplants, tomatoes, onions, carrots and cabbages. These productions have allowed the households to feed themselves during 5 months and to decrease the period of weld.</p> <p>2,600 recipients are sensitized to a good use of vegetable products to improve the diet of the household.</p> <p>The nutritional status among malnourished affected households was improved.</p>	<p>These gardening productions have ultimately allowed the households to feed themselves for 5 months and to decrease the period of weld.</p> <p>Acute malnutrition rates have substantially dropped in affected areas.</p>	<p>Memoranda of Understanding were signed with technical partners for the implementation of activities of CERF project.</p> <p>In addition to the distribution of agricultural kits and training of beneficiary households, the technical partners have a mandate to regularly monitor the activities of the beneficiaries.</p> <p>They are also supported in this task by FAO through its head of office in <i>Korhogo</i>.</p> <p>At the end of the harvest, there will be a project evaluation, including measurement of yields and the organization of a study of impact of project activities.</p>	<p>50% of beneficiaries were women.</p>
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Nutrition	<p>09-CEF-011</p> <p>CIV-9/H22028/124</p> <p>Emergency nutrition for child survival in Northern Côte d'Ivoire (Région des Savanes )</p>	\$400,000	\$1,551,000	<p>1,500 severely malnourished with complication (inpatient)</p> <p>3,300 severely (outpatient) malnourished children under 5 years old</p> <p>104,000 children from 500 villages as part of the CMAM (community management of acute malnutrition)</p>	<p>8 nutritional rehabilitation centres provided with medical, weighing and therapeutic supplies.</p> <p>100 community therapeutic centres are provided with RUTF and medication (deworming tablets and vitamin A).</p> <p>500 community nutrition activities centres for child survival in 500 villages centres screen up to 104,000 children, as part of the CMAM, referring all cases of malnourished children to appropriate GoT/UNICEF/WFP services.</p> <p>Breastfeeding is promoted.</p> <p>The consumption/ production of food rich in micro-nutrient (vitamin A, iodine, iron, etc) is promoted.</p>	<p>CERF funds provided an opportunity to respond to the negative effect of the financial crisis and the rising food prices on nutritional status of the population. The funds have been used to buy 30 mt of plumpynut, 15 mt of therapeutic milk (F100&amp;F75), 12 mt of BP 5, 700 adult MUAC and some medicine (folic acid, amoxicillin) to ensure treatment of 3,453 severe acute malnourished children through routine activities and 7, 338 children severe acute malnourished children identified through the two community screening campaign. Among these, 77% were successfully rehabilitated.</p>	<p>The CERF funds have contributed to continuing life- saving activities of acute malnutrition management, acting as a catalyst for further funding from other donors.</p>	<p>Statistical reports from nutrition centres are regularly collected and analyzed and the analysis is shared with members of Food Security and Nutrition Thematic Group.</p>	<p>The primary target population for this project was children under 5 years suffering from severe malnutrition.</p>
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Protection	<p>09-HCR-004</p> <p>CIV-09/P-HR-RL/23891 CIV-09/P-HR-RL/22023 CIV-09/P-HR-RL/22025</p> <p>Support to the return (in dignity and security) of IDPs in western Côte d'Ivoire, contribution to the sustainability of returns through targeted initiatives in areas of return, and strengthening of the protection environment for civilians, in particular women and children, in areas of return.</p>	\$800,003	<p>Total budget for the 3 projects is \$2,558,556</p> <p>Received \$1,506,044</p>	<p>45,000 internally displaced persons in Cote d'Ivoire in early 2009 of which an estimated 19,500 returned by the end of December 2009 – detailed breakdown by gender and age is not available</p>	<p>Gather and share information and data on the IDPs' and returnees' situations</p> <p>Monitor intentions and obstacles of IDPs to return through Go and See visits</p> <p>Voluntary nature of returns by IDPs is verified and return movements are conducted in safety and dignity</p> <p>Enable unimpeded access of returnees to plantations and their properties</p> <p>Most vulnerable returnees have the ability to cope through return packages</p> <p>Communities in areas of return accept the return of IDPs</p> <p>Peaceful cohabitation in areas of return ensured through capacity building and provision of material support to peace committees that are fully effective</p>	<p>UNHCR led the Protection Cluster and organized monthly meetings of the implementing and operational partners and other UN agencies to review and coordinate the activities. 12 joint evaluation missions were carried out to different locations.</p> <p>UNHCR arranged to monitor all the ten departments throughout the year and circulated fortnightly sitreps on the problems and solutions in the places of displacement and of returns. Around 20% of the total expense was covered from the CERF relating to mobilization of returns.</p> <p>The monitoring visits estimated that some 19,500 persons returned in 2009 in the west, while some 25,000 still remain as IDPs. The member agencies operating in different zones mobilized several interventions against violent conflicts related to recovery of properties in coordination with local authorities and MSVG; and arranged dissemination of information on relevant legal provisions.</p>	<p>CERF funding served as a catalyst for reviving the protection monitoring programme and ensuring a follow-up of the IDPs and returnees situation in the west.</p> <p>It also improved the coordinated approach to assistance to IDPs and returnees by triggering the mapping of intervention and rapid identification of gaps in protection and social cohesion.</p>	<p>Monthly meetings of the Protection Cluster as well as 12 evaluation missions conducted in different areas were the main mechanisms put in place and effectively implemented.</p> <p>Monitoring reports of UNHCR monitoring teams also provided details of situation prevailing in the different departments.</p> <p>UNHCR Field Office in Guiglo also looked after overall coordination of the programme.</p>	<p>On account of the prevailing security situation, detailed breakdowns on the beneficiaries could not be obtained. So the activities benefited all the IDPs and returnee populations in the west, in general.</p>
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					<p>Youth associations receive technical and material support to enhance their knowledge on human rights and life skills to improve their living conditions.</p> <p>Mixed women groups trained in UNSCR 1325 and 1820, functional literacy, mediation, conflict resolution / prevention and gender awareness.</p> <p>Sexual and gender-based violence is substantially reduced and action is taken to support to survivors.</p> <p>The Project is executed as planned to improve the conditions of the beneficiaries as permitted by operational exigencies.</p>	<p>The local partner CARITAS provided the logistical support for the project and organized 3 returnee convoys from Guiglo to the Zou sub-Prefecture in safety and dignity.</p> <p>The 3 international partners implemented social cohesion projects in the areas of return. They boosted existing peace committees and also set up new ones followed by training of the members on women's leadership, UNSCR 1325 and 1820, human rights peace culture and prevention/ resolution of conflicts. A total of 65 peace committees received support to mitigate the risks of inter-community violence, while the entire villages/ communities benefited from the interventions. IRC: 30 communities, DRC: 1,600 persons from 8 communities.</p> <p>150 NFIs kits were distributed to the most vulnerable returnee families by IRC (thereby benefiting some 750 persons). Housing rehabilitation kits comprising wooden doors, windows, plastic sheets, cement and tools were provided to 154 households with a total of 292 individuals.</p> <p>DRC rehabilitated 6 classrooms and CARE rehabilitated 3 classrooms in addition to water pumps in 2 villages.</p> <p>105 youth from youth associations, 210 members from women's associations, and 49 DRC/field staff were trained on women's leadership, peace building, gender awareness and UNSCR 1325/1820.</p>	<p>Overall, the CERF project encouraged the return of some 19,500 IDPs to their places of origin by improving protection and social cohesion.</p>		
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<p style="text-align: center;"><b>Protection</b></p>	<p>CIV-09/P-HR-RL/24173</p> <p>09-IOM-005</p> <p>Restore peaceful cohabitation and social cohesion in host communities in Western Côte d'Ivoire (Dept. of Bloléquin.)</p>	<p>\$200,000</p>	<p>Total budget \$500,000</p> <p>Only received CERF funds</p>	<p>10,302 IDPs returned in their communities without access to their lands (2,302 IDPs from CATD and 8,000 other returned IDPs) and 2,000 Baoulé and Senoufo prevented to return and 7,000 people from host communities</p>	<p>Peace Committees have been revitalized and are trusted by the various communities.</p> <p>Peace Committee members are better equipped to detect, negotiate, transform and manage conflicts.</p> <p>Peaceful cohabitation in the zone of returns has improved.</p> <p>IDPs and host communities feel more secure and social connectedness has improved.</p> <p>The task of maintaining peace and civic order has been facilitated.</p> <p>8 hydraulic pumps are selected and rehabilitated.</p>	<p>Strengthen 6 peace committees of Bloléquin by distribution of communication materials and train members on conflict prevention, management and transformation.</p> <p>Intense sensitization towards leaders (traditional chiefs, youth, women) on rights to land access by IDP returnees and to promote the acceptance of the Baoulé and Sénoufo communities.</p> <p>Rehabilitation of 9 community hydraulic pumps and training of village watsan committees</p>	<p>CERF funding was especially targeted in the Department of Bloléquin were inter-community tensions are the highest. No reports of clashes have been reported since.</p>	<p>OCHA and IOM scheduled an evaluation mission with the HC/RC during a sensitization activity. The HC/RC met some members of peace committees. He also met with village watsan committees and exchanged ideas on the usefulness of the hydraulic pumps.</p>	<p>The peace committees were strongly encouraged to include women within their ranks. Also a number of women's groups were supported through the social cohesion activities organized through this project.</p> <p>As women are usually fetching the water, the water pumps have positively impacted on the protection of many women who had to walk long distances to get to water sources</p>
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HEALTH	09-WHO-072 Emergency response to yellow fever outbreak in Odienné and Minignan districts, Côte d'Ivoire	\$412,313	\$560,000 total budget Only CERF contribution received	221,816 persons vaccinated among 254,960 Persons at risk in the whole Odienné region	Contribute to yellow fever outbreak control in districts of Denguele region, in Côte d'Ivoire.	<p>Project supported Côte d'Ivoire through procurement and delivery of 172,000 doses of vaccines and administrative supplies.</p> <p>254,000 persons in affected districts sensitized on prevention of yellow fever disease.</p> <p>A rapid refreshment training of about 250 health workers and volunteers has been conducted on yellow fever disease for a rapid response to an outbreak.</p> <p>Surveillance activities enhanced in the affected districts (Minignan and Madinani) in Denguele region</p> <p>221,816 persons have been vaccinated during mass immunization campaign in Denguele region.</p>	CERF funding ultimately stopped the spread of the yellow fever in the north of Côte d'Ivoire. The entire process from proposal to vaccination was less than 30 days.	<p>For the emergency response yellow fever project in Odienné and Minignan, a team of 6 staff of WHO-Country Office conducted a mission in Odienné region for the monitoring of activities, from 25 to 28 December 2009.</p> <p>The coverage survey planned for evaluation of the campaign was conducted under WHO country office control.</p>	The entire population in the affected zone was targeted for vaccination. The turnout was 87%.
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## Annex 1: NGOs and CERF Funds Forwarded to Each Implementing Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
IRC	Protection	09-HCR-004	\$197,741	2009-07-20 2009-12-17 2010-02-08
CARE	Protection	09-HCR-004	\$122,310	2009-08-31 2009-12-17
DRC	Protection	09-HCR-004	\$161,017	2009-07-20 2009-11-06 2010-02-24
MSVG	Protection	09-HCR-004	\$16,919	2009-07-20 2010-01-06
CARITAS	Protection	09-HCR-004	\$34,752	2009-10-02 2009-12-16
Animation Rurale de Khorogo (ARK)	Nutrition	09-CEF-011	\$16,666	2009-11-12
ANADER (Khorogo, Tengréla, Ferké, Odiénné, Touba)	Food Security	09-FAO-007	\$9,174	See list attached (many small payments)
CARITAS	Food Security	09-WFP-016	\$12,000	2009-04-28 2009-06-08 2009-10-06
<b>TOTAL</b>			<b>\$570,579</b>	

## **Annex 2: Acronyms and Abbreviations**

<b>ACF</b>	Action Contre la Faim
<b>AKR</b>	Animation Rurale de Khorogo
<b>ANADER</b>	National Agency for Rural Development
<b>CMAM</b>	Community Management of Acute Malnutrition
<b>CERF</b>	Central Emergency Response Fund
<b>CHAP</b>	Common Humanitarian Action Plan
<b>DRC</b>	Danish Refugee Council
<b>ERC</b>	Emergency Relief Coordinator
<b>FAO</b>	Food and Agriculture Organization
<b>FSMS</b>	Food Security Monitoring System
<b>GAM</b>	Global Acute Malnutrition
<b>IAHCC</b>	Inter Agency Humanitarian Coordination Committee
<b>IASC</b>	Inter Agency Standing Committee
<b>IDPS</b>	Internally Displaced People
<b>IOM</b>	International Organization for Migration
<b>IRC</b>	International Rescue Committee
<b>MoH</b>	Ministry of Health
<b>MSVG</b>	Ministère de la Solidarité et des Victimes de Guerre
<b>MT</b>	Metric Tons
<b>NFI</b>	Non Food Items
<b>NGOs</b>	Non Governmental Organizations
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OPA</b>	Ouagadougou Political Agreement
<b>PNN</b>	National Nutrition Programme
<b>PPCs</b>	Peace and Protection Committees
<b>SAM</b>	Severe Acute Malnutrition
<b>SFCs</b>	Supplementary feeding Centers
<b>GBV</b>	Sexual and Gender-Based Violence
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions
<b>TFC</b>	Therapeutic Feeding Centers
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children's Funds
<b>WFP</b>	World Food Programme