

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

Country	Côte d'Ivoire
Humanitarian / Resident Coordinator	Mr Georg Charpentier
Reporting Period	January – December 2007

I. Executive Summary

Côte d'Ivoire (CDI) remains one of the most complex protection crises in the region, reflecting the adverse impact of a political-military crisis that erupted in September 2002 following the failed coup attempt against President Laurent Gbagbo. After more than four years of stalemate, the signing of an inter-Ivorian political accord on 4 March 2007 in Ouagadougou, Burkina Faso, gave new impetus to the peace process.

Although significant progress had been made on a number of issues regarding the implementation of the road map following the Ouagadougou Peace Agreement, substantive improvements have yet to be made in key sectors such as health, food, protection and human rights and water and sanitation, to facilitate the reintegration of Internally Displaced People (IDPs).

Moreover, the protection and assistance of displaced people, who started to return to their communities or former places of living, especially in the West and in the former Zone of Confidence, remains one of the most urgent humanitarian challenges.

During the Mid-Year Review of the 2007 Consolidated Appeal Process (CAP) for Côte d'Ivoire in June 2007, Non-Governmental Organizations (NGOs), United Nations (UN) agencies and donor representatives, as well as government delegates, reviewed the context as well as the humanitarian implications and identified as a result, humanitarian and protection needs of IDPs, particularly in return areas as a top priority.

The 2007 CERF allocations of some \$8.5 million increased the overall humanitarian response capacity in Côte d'Ivoire in the protection, health, food, and safe water sectors. CERF funded programmes helped to contain the potentially devastating effect of a worsening humanitarian situation in the West through the rapid provision of funding to humanitarian responses that had been weakened by lack of adequate funding. The rapid implementation of projects, and their quick impact, sent to IDPs and affected populations a positive signal about the humanitarian community's responsiveness to supporting their needs at a very critical moment.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$ Received: \$
Total amount of CERF funding received by funding window	Rapid Response: \$1,677,450 Underfunded: \$6,817,410 Grand Total: \$8,494,860
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ N/A Total implementing partners: \$ N/A

Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
Geographic areas of implementation	South, West, North, East and Centre (All regions were concerned , mainly the ex-rebellion held areas)			

II. Coordination and Partnership-building

Coordination

In 2007, Cote d'Ivoire was granted two Central Emergency Response Fund (CERF) allocations: a total \$6.8 million from the under-funded emergencies (UFE) window in March and August, respectively, as well as \$1.7 million from the rapid response (RR) window in March 2007.

Consultations and discussions took place at the United Nations Country Team (UNCT) level. As a result, International NGOs and donors, members of the Inter Agency Humanitarian Coordination Committee (IAHCC) — Inter Agency Standing Committee (IASC) at the country level were not involved in the decision-making process.

To ensure transparency, efficiency and fairness during the second allocation, the Humanitarian Coordinator (HC) with support from the Office for the Coordination of Humanitarian Affairs (OCHA) actively involved the IAHCC in the various steps leading to the allocation of the CERF funds from the underfunded window.

Indeed, subsequent to the Emergency Relief Coordinator's (ERC) decision as of August 2007 to allocate funds to Côte d'Ivoire, the Humanitarian Coordinator convened a IAHCC meeting, attended by representatives of UN agencies, NGOs and donors, which further agreed that humanitarian assistance to IDPs should be balanced and inclusive between sectors of intervention, in order to ensure that all relief and protection needs were met. Humanitarian actors in Côte d'Ivoire had identified, during the Mid-Year Review of the 2007 CAP humanitarian and protection needs of IDPs as top priority, and consequently oriented their activities towards providing effective and coordinated support to ongoing return movements (balanced and inclusive between sectors of intervention), especially in the western region of the country where the situation of IDPs was of concern.

Taking into account the strategy, CERF guidelines for CAP countries, as well as CERF country prioritisation and selection procedures, three main criteria for the selection of eligible project proposals were retained:

- priority to underfunded sectors within CAP;
- relevance of project proposals to the identified needs and response strategy, and;
- operational capacities of agencies on the ground, with specific attention to the complementarity of activities between funded projects and time frame for implementation as required by the CERF underfunded window requirements.

On this basis, a subsequent IAHCC meeting reviewed proposals submitted by humanitarian organisations and made suggestions for the allocation of CERF funding up to the total amount granted. The HC further reviewed the proposals, taking into account the level of funding of each proposal, as per the Financial Tracking Service (FTS), reduced the number of proposals submitted for funding and presented a final submission, including for the first time two NGO projects sponsored by the United Nations Development Programme (UNDP).

Partnership-building

The CERF has strengthened the coordination role of the HC. The involvement of NGOs in the various steps of CERF allocation process, ranging from the identification of priorities, strategy-setting and the allocation of funds has helped improve relations with NGOs and rendered the allocation process credible and transparent.

In addition, the submission for the first time of joint NGO proposal through a UN agency allowed for increased collaboration between UN agencies and NGOs (UNDP joint project proposals with International Rescue Committee (IRC) and Norwegian Refugee Council (NRC)).

Using CERF funding for common services that serve the entire humanitarian community in their daily operations, such as the humanitarian air and NGOs security “Réseau d’Echange de Communication et d’Informations Sécuritaires (RECIS)” further strengthened partnerships and links between members of the wider humanitarian community.

III. Implementation and Results

The 2007 CERF increased the overall humanitarian response capacity in Côte d’Ivoire in key sectors (protection, health, food, water & sanitation) in accordance with the agreed upon humanitarian strategy (“Support to the return dynamics in actual return areas particularly in the western parts of the country”) and contained the potentially devastating effect of a worsening humanitarian situation in the West through the rapid provision of funding to humanitarian responses that had been weakened by lack of adequate funding. The rapid implementation of projects, and their quick impact (within a three month time frame), sent to IDPs and affected populations a positive signal about the humanitarian community’s responsiveness to supporting their needs at a very critical moment.

Rapid Response projects

World Health Organization (WHO) – “*Prevention and Control of Meningitis Outbreaks in Northern Health Districts of Côte d’Ivoire*”

In January 2007, between week one and week four, Tengrela and Boundiali health districts (North) reported sixteen cases of meningitis, including four which resulted in death. Six other health districts in central and Western regions of Côte d’Ivoire (Tabou, Soubré, Divo, Daoukro, Yamousoukro and Bouaké) reported all together 42 cases of meningitis with eleven deaths.

Even though no health district crossed the epidemic threshold, this was a situation of concern since northern districts fell within the meningitis belt. Also, in the neighbouring Burkina Faso, a massive meningitis outbreak was declared; health districts close to the border with Côte d’Ivoire were heavily affected by the outbreak. Hence, disease surveillance for an effective early warning and response system had to be reinforced; adequate case management implemented; community sensitisation and immunization activities carried out as earlier as possible in affected districts to stop further spreading of the disease. To this end, the Ministry of Health requested support from World Health Organization (WHO) to mobilize needed resources. Since Côte d’Ivoire did not declare a meningitis outbreak (no district crossed the outbreak threshold), the International Committee of Coordination (ICG) could not provide meningitis vaccines as per its guidelines. 300,000 doses of the vaccine were therefore obtained through WHO’s procurement system. All doses were provided to the Ministry of Health for the mass immunisation campaign in affected districts. To reinforce case management and disease surveillance, WHO purchased and provided to the Ministry of Health, drugs; laboratory equipment and supply and disease surveillance tools. WHO also supported supervision of activities.

Underfunded projects

Food and Agriculture Organization of the United Nations (FAO) – “*Provision of agricultural inputs to assist vulnerable rural households affected by the conflict in Côte d’Ivoire*”.

Following the signing of the Ouagadougou Political Agreement in March 2007, thousands of families returned to their areas of origin, especially in western regions. Upon returning many areas of the origin had late or insufficient rains, which affected agricultural outcomes. CERF supported 5,514 vulnerable households, mainly IDPs and returnees in the West, to access quality agriculture inputs (lowland rice, pulses and vegetable seeds and gardening tools) during the off season 2007 - 2008.

International Organization for Migration (IOM) – “Assistance to IDPs in Cote d’Ivoire, particularly in the Western Zone including the IDP Camps of Guiglo (CATD) and population within the areas of return”; “Assistance to the voluntary return of about 1,000 IDPs of the Camps of Guiglo to their former places of residence”

Thanks to CERF funding in 2007, International Organization for Migration (IOM) mechanisms were reinforced for monitoring, assessing and responding to needs stemming from the humanitarian and protection situation which was still fragile in the Moyen Cavally (West) despite the implementation of Ouagadougou Agreement signed on 4th March 2007: Repair of 22 hydraulic pumps to provide all communities with potable water; assistance to voluntary return of 1,451 IDPs to their former places of living; distribution of food and tools to 1,451 returned IDPs and their host families (4,353 natives); access to education by issuance of child birth certificate (all communities); reinforcement of peace committees for conflict prevention and resolution; assistance to 30 child victims of trafficking.

UNDP / NRC – “Support to IDPs through Information, Counselling and Legal Assistance (ICLA) / Education in Emergency programme”

This project focused on providing Information, Counselling and Legal Assistance (ICLA) to IDPs and returnees as well as establishing a “catch-up programme” (Classes passerelles) for children of age nine to thirteen. Education fell between emergency and development and the education system, already poor, was not able to cope with the displacement, and then, the return. The passerelle school system allowed, children who dropped out of school to go back, and those who had never started to begin school.

Without this CERF funding and the synergy between projects (on top of the infrastructure put in place by NRC), children would never have found any opportunity to go to school. A total of three Information, Counselling and Legal Assistance centres were created in three localities of the western region and 568 cases related to administrative papers were registered out of which 189 cases were solved.

UNDP / “Réseau d’Echange et de Communication d’Informations Sécuritaires”

The project has contributed to improving the working conditions for international non-governmental organizations (INGOs) through timely provision of information shared by the UN Security cell, which allowed the international NGOs (INGOs) to develop contingency plans accordingly. In collaboration with the UN Security Cell, **RECIS** project provided advice to international non-governmental organizations, at national and local level, on a diverse range of policy issues related to safeguarding the security of the work environment of INGOs actors and ensuring the effective delivery of information and communication services. Monitoring, analysis and reports on the security information and communication needs of INGOs are regularly provided during IAHCC meetings twice monthly, but also weekly, and daily written incident reports when required by events, follow-up in the field by radio tracking system through OSCAR BASE.

UNDP / International Rescue Committee (IRC) – “Bridging the Divide between IDPs and their Areas of Origin, and Responding to Basic Needs upon Return”

Protection: Advocacy actions consisted of introducing the staff to civil and military authorities in the different areas of intervention, which allowed their support and facilitation of project activities. The International Rescue Committee (IRC) updated, with the help of the Village Peace Committees created by the “Return and Reintegration Program”, IOM’s data on the number of IDPs. The list now totals 7,829 displaced persons from Zou and Diéouzon living on the Guiglo-Bloléquin axis (West). Today, IDPs in these locations are organized in such a way to ensure there is one focal point in each place, assisted by IDP leaders. A total of five IDP focal points were mobilized and trained in basic protection and social cohesion techniques. “Go and See” and “Go and Talk” visits were carried out under this CERF - funded project. In general, IDPs have expressed satisfaction on issues raised and the information they have acquired on their places of origin, which they left up to six years.

Education: The rehabilitated schools have been equipped with benches and latrines for the students. The IRC linked with the DREN (Directeur Régional de l’Education Nationale) to ensure that rehabilitation works follow national standards. The schools have been handed over to the Primary School Inspection and to the community.

Water & sanitation: The repair of 11 water pumps not covered by other interventions in the area of return was carried out in coordination with the Village Water and Sanitation Committees, also put in place by the IRC “Return and Reintegration Program,” to ensure sustainability.

The water pumps were rehabilitated in IDPs’ places of origin as follows:

N°	Sub-Prefecture	Villages	Population in Village	Population in Temporary Settlements	Men	Women	Total Population	Pumps repaired
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	1,319	2,629	1
4		Diébly	1,553	474	1,116	911	2,027	1
		Total	5,450	1,296	3,602	3,144	6,716	4
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	1,505	3,467	2
4		Béoua	175	665	453	387	840	1
		Total	7,314	5,341	6,853	5,812	12,665	7
	Grand total		12,764	6,637	10,455	8,956	19,381	11

United Nations Population Fund (UNFPA) – “Support for reintegration of reproductive health components in the Minimum Package of Activities of functional health structures in the Centre and East of the occupied zones”

This project has contributed to the improvement of reproductive health services in 75 maternity clinics and facilitated women’s access to Emergency Obstetric and Neonatal Care (EONC) through an increase in the number of service provision points offering at least three quality Reproductive Health (RH) services. In addition, a total of 2,500 caesarean interventions were registered during the six-month implementation period of the project leading to the reduction of maternal and pre-natal mortality rates.

United Nations Children’s Fund (UNICEF) - “Emergency obstetric care for women and neonates affected by conflict”; “Improvement nutritional status for children in western Cote-d’Ivoire”; “Improvement of access to water for rural communities inadequately covered by humanitarian assistance (including schools and health centres)”; “Rehabilitation and equipment of school infrastructures with latrines, water points and kits”

Health: During 2007, CERF funds have allowed the strengthening and integration of activities of the Therapeutic Feeding Centres (TFC) in the pediatric services in five hospitals. As a result, children under five that suffer from acute malnutrition will be adequately treated in those TFCs. This will considerably contribute to mortality reduction of children under five in the areas covered by the project. Training of health agents and provision of therapeutic feeding, drugs and anthropometric materials have increased the access to adequate care of malnourished children and the improvement of the nutritional status of children under five.

Water and sanitation: Training of masons for the emergency repair and construction of latrines was implemented in collaboration with government sanitation department, Direction de l’Assainissement et du Drainage (DAD). This collaboration was essential to allow DAD to bring the benefit of its expertise to the areas more affected by the crisis. Without support from CERF -funded projects, this would not have been possible. Hand pumps were repaired by local private companies in order to achieve consistent quality and better efficiency compared to the option consisting of relying on many pump mechanics.

World Food Programme (WFP)

During the reporting period (year 2007), World Food Programme (WFP) received three CERF grants under two different projects.

The March round allocated \$1,500,140 in support of the project “**Food assistance for education and health of formerly displaced population affected by the Côte d’Ivoire crisis**”. This contribution

enabled WFP to avoid a food pipeline break which would have occurred in May and June had the grant not have been received. With the CERF grant, WFP bought 1,833 MT of rice, to complete the WFP food basket, in order to implement the following activities:

- Direct support to 27,000 vulnerable people living with HIV/AIDS selected on medical and food insecurity criteria, with a family ration for six months, as well as host families of 15,000 HIV/AIDS orphans. Take-home family rations contribute to adequate dietary intake and serve as an income transfer that allows household budgets to include non-food expenditures, in turn contributing to an increase in their care giving capacity. The daily ration which brings 2,100 kcal was composed of rice, oil, salt, pulses and corn soya blend. As an exit strategy, where vulnerable households were still food insecure they were enrolled in literacy, skills-for-life or food-for-work activities. The activities were implemented in partnership with local and international NGOs in six regions.
- Through its nutrition rehabilitation programmes, WFP provides food through supplementary feeding centres (SFCs) and therapeutic feeding centres (TFCs) in mobile clinics or hospitals managed by local or international NGOs and the Ministry of Health. UNICEF ensured the provision of therapeutic milk. Though the nutritional rehabilitation ration doesn't include rice, the 500 caretakers of severely malnourished children received a 2,100 kcal ration including this commodity as a main component. Moreover, after TFCs, a similar take-home ration was handed out to the patients' families to avoid immediate relapse once at home.

In the framework of the August round, WFP received \$500,721 to support the WFP Protracted Relief and Recovery Operations 10672.0 "**Assistance to populations affected by the Côte d'Ivoire protracted crisis**".

With CERF funds, WFP focused its interventions on 10,150 IDPs, 3,170 moderately malnourished children and 1,830 pregnant or lactating women through mother-child health facilities in the Moyen Cavally and the Montagnes regions for three months. From this grant, \$267,591, i.e. 57 percent, were used to procure 544.5 MT of beans. The remainder was used to cover operational cost.

Thanks to that contribution, the nutritional status among IDPs present in the *Camps of Guiglo* camp in Guiglo was maintained. It also helped improve access to food for resettled IDPs in Moyen Cavally and 18 Montagnes regions.

Finally, WFP SO 10061.33 "**Humanitarian Air Service in West Africa Coastal Countries**" received \$500,000 from the CERF. From January to December 2007, a total of 1,744 passengers belonging to more than 53 organizations (UN, NGOs and others) and 9,600 kgs of cargo were transported.

The United Nations Humanitarian Air Service (UNHAS) with its two passenger aircraft (Beech craft 1900 and a Caravan) not only provides cost-effective transportation but it also guarantees timely transportation of humanitarian personnel between Abidjan and Man/Guiglo in Cote d'Ivoire. In addition to internal flights in Cote d'Ivoire, UNHAS connects Cote d'Ivoire to Guinea, Sierra Leone and Liberia.

WHO – "Reinforce Minimum Health Care package delivery in the North and Western regions of Côte d'Ivoire"

CERF funds allowed for the provision of drugs and other equipment to health centres, thus improving access to health care for returning IDPs in Western regions of Côte d'Ivoire. Disease surveillance activities maintained disease control in these at risk areas. Activities implemented through this project include: support to disease surveillance activities; distribution of essential drugs to health centres; support to case management of common infectious diseases; distribution of 2,000 treated bed nets; provision of medical equipment for referral hospitals hospital in Duékoué and Guiglo health districts; provision of technical guides for disease surveillance, and; support to the nutrition surveillance.

(a) Monitoring and Evaluation

UNICEF - Periodic supervision of Therapeutic Feeding Centres (TFCs) by the National Nutrition Programme of the Ministry of Health and monthly reporting system established by humanitarian international NGOs.

WFP - Outcome indicators by strategic objective have been collected through the monitoring and evaluation system and nutritional surveys (one baseline and one follow-up) with focus on WFP intervention area. A nutritional screening will be done in case of emergency to collect outcome indicators for Special Operation 1 (SO1). A mid-term evaluation has been conducted in the last quarter of 2008 by the country office with the participation of international consultants.

The existing monitoring report formats and a checklist have been adjusted to include new outcome and output indicators in the framework of Result Based Management (RBM) approach. The monitoring plan matrix has been built based on the logical framework.

Output data, disaggregated by beneficiary categories, sex and age groups has been collected on a monthly basis by each cooperating partner and food aid monitors. Data has been typed into a database in the Sub Offices and refreshed into the central Monitoring and Evaluation (M&E) database at Country Office level. Data will then be screened, consolidated and analyzed for decision making purposes. Further upgrading of the databases is planned in 2007 and additional training in participatory beneficiary contact monitoring has also been provided.

An umbrella partnership, which aims at entrusting coordination of several smaller partners by a key partner, has been developed in 2006. Primary distribution data, collected by smaller partners, are consolidated, by the key partner, into a single Country program (CP) report by activity and by intervention area before submitting to WFP Sub Office. This approach of umbrella partnership enables WFP staff to concentrate on monitoring thereby increasing the data quality and enhancing Country programs capacities.

Furthermore, protection issues and “Do No Harm” concepts have been mainstreamed throughout data collection and data analysis stages.

Data on commodity distribution and commodity movement have been tracked through Commodity Movement Processing and Analysis System (COMPAS).

Food Basket Monitoring (FBM) and Post Distribution Monitoring (PDM) are carried-out during and after food distribution to beneficiaries of general food distribution, nutrition, school feeding, food for work and food for training activities. Post Distribution Monitoring (PDM) looks deeper into beneficiary food consumption patterns, utilization of food aid and coping strategies developed to complement food aid. NGO partners and Government counterparts actively formed part of the WFP composed PDM team and benefited from WFP organized monitoring and evaluation techniques.

FAO – Letters of understanding were signed with field technical partners who were in charge, among other activities, of dispatching agriculture kits, training households on vegetables farming techniques and monitoring activities on the ground. These partners are seconded by FAO heads of field sub offices for the monitoring activities. An assessment of this project is planned for the end of the 2008 harvest, likely in April 2008.

IRC - The monitoring and evaluation of indicators was conducted by IRC’s Monitoring and Evaluation Manager for the collection, use, and analysis of the information to attain the objectives defined in the project. Also, the conclusions and evaluations were shared with the different humanitarian actors during UN Office for the Coordination of Humanitarian Affairs (OCHA) coordination meetings and clusters (protection, water & sanitation, education) and with the five IDPs focal points. For the protection activities, the deployment of two IRC staff members ensured the project to have experienced field agents in the field. In the perspective to facilitate their mission, they were introduced to the different authorities and humanitarian actors in the region. These field agents have been based in the field to implement and monitor the activities. For community rehabilitation activities, two field agents were in place, one in Zou

and another in Dieouzon. They conducted the assessment and mobilized the population to provide materials found in their villages. Each week, they visited the villages to monitor the activities. For the education part of the project, following the workshop, IRC conducted visits to six schools to analyze the immediate impact of the activities. The IRC sub-office contributed to sound monitoring of the project.

(b) Initiatives complemented CERF- funded projects

UNICEF - Community workers involved in the early detection and referral of malnourished children came from community Integrated Management of Childhood Illness (IMCI) programme which is based on the promotion of Essential Family Practices (EFP) for child survival at household level.

Community IMCI program has involved community workers whose duties are to sensitize and encourage household members through monthly home to home visits to perform Essential Family Practices. During home to home visits, community workers use weight and height measurement of children aged zero to five years to detect and refer those who are malnourished for adequate care at the health centres. The CERF -funded project has contributed to train community workers in early detection and referral of malnourished children which has resulted in the treatment of a high number of acute malnutrition cases as well as an improvement of the nutritional status of children under five and reduction of mortality.

IRC - The synergy of activities between humanitarian actors, IDP focal points, the close links with IRC's "Return and Reintegration Programme", civil and military authorities, in the areas of the CERF -funded project permitted the facilitation of the dignified and safe return of IDPs to their places of origin. It should be noted that IRC's "Return and Reintegration Program", which is the primary initiative that complements the CERF -funded project, is complemented by projects funded by the European Union and United States.

IOM - Norway and CERF funding were used to implement IOM activities within the western region and United States Agency for International Development/Office for Foreign Disaster Assistance (USAID/OFDA) funding were dedicated to IOM activities within the Goum blao area of the Moyen Cavally. This synergy reinforced IOM capacity for the mentioned achievements/results as detailed in the results matrix below (V. Results). CERF, Norway and Office for Foreign Disaster Assistance / United States Agency for International Development resources were used for the IDPs medical visits before travelling, transport and security of IDPs during the returns to their former places of living and the rehabilitation of hydraulic pumps as well as for the return kits (plastic sheeting, tarpaulins, blankets and kitchen kits) and the issuance of children birth certificate and their enrolment to school within the areas of return.

Norway paid for reconciliation ceremonies and prepositioned food and non-food items (NFIs), including plastic sheeting, tarpaulins, blankets and kitchen kits, distributed to IDPs and host families.

FAO – CERF funds were used with Sweden, United States and Belgian funds to implement the off season programme. These activities targeted 10,843 vulnerable households in ten regions.

IV. Lessons learned

UNICEF - In view of the changeover of malnutrition treatment in the West and North after the departure of humanitarian NGOs, the funds partly contributed to the establishment of a malnutrition detection and treatment system in the communities and health structures in those localities. However, in order for parents of sick children to have access to quality care close to their house, it is necessary to continue the strengthening of existing structures for the treatment of malnutrition cases. The funds provided by the CERF were too modest and insufficient to achieve this objective that should contribute to the reduction of mortality of children under the age of five.

FAO – Under the CERF project, activities were mainly executed by women (72 percent of the beneficiaries). All project beneficiaries were grouped into associations and worked in each selected village on a common site located near a water point. This improved social cohesion, especially in areas of return.

For instance, in the 18 Montagnes region (West), one of FAO's partners targeted HIV/AIDS affected families as beneficiaries of this project. Thanks to this initiative, families were provided with

supplementary foods and other income leading to a better health and nutritional status. This activity will reduce in the long run their dependency on community income.

The project focused its intervention on displaced households who have recently returned to their areas of origin (approximately 49 percent of beneficiaries).

IOM - With CERF funding, IOM was able to undertake the following emergency humanitarian activities: Repair of 22 hydraulic pumps for providing all communities with potable water; assistance to the voluntary return of 1,451 IDPs to their former places of living; distribution of food and tools to 1,451 returned IDPs and their host families (4,353 natives); access to education by issuing child birth certificate (all communities); assistance to 30 child victims of trafficking; reinforcement of IOM protection and prevention (early alert) mechanism in the ground consisting in the permanent presence in five villages (Bedi-Goazon, Beoue, Keïbly Péhé and Zouhan) of five IOM Community Agents who are working closely with communities and peace committees in assessing basic services, environment and social cohesion for rapid response to the needs.

Another main lesson which has been learned is the usefulness of this mechanism which provided IOM with key information shared with the HC and the IAHCC on the situation of IDPs within the Zeaglo areas from September 2007 onwards.

IRC - The visited teachers found that what they learned during the training workshop is helping them improve their teaching through a change of attitude and behaviour towards the students (i.e., not to beat and insult students; improvement of the relationship with the parents of students, etc.). Actions carried out by the teachers are aiming at improving their own attitude vis-à-vis their students. Actions undertaken by teachers to improve their attitudes need to be more aligned with specific needs of their students; On their part, the supervisors agreed on the observed points and think that teachers need to see the improvement of the overall quality of education as a major outcome of tangible actions they undertake in responding to the specific needs of their students.

WHO - Reinforcing the health aspect of humanitarian response helped to improve the control of contagious diseases as well as access to quality health care which contributed to reintegration of returning IDPs in their villages and, ultimately, to social cohesion. Early and prompt action is essential to control epidemic-prone disease such as meningitis. A rapid funding mechanism such as CERF is central in saving lives.

V. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Multi Sector: Protection / Water and Sanitation / Reconstruction / Education	07-UDP-033 Support IDPs during their situation of transition in the Moyen Cavally region (on the Guiglo-Bloléquin axis), and provide basic needs not covered by the Return and Reintegration Programme, to facilitate	203,030	A total of 7,829 IDPs as follows: (a) 4,518 in the Department of Guiglo (b) 2,308 in the Department of Bloléquin and (c) 1,003 in the Department of Duékoué. 16 IDP leaders mobilized and trained in basic protection and social cohesion techniques. 542 beneficiaries on IDP rights and social cohesion awareness raising campaigns (193 women and 349 men). 750 school children benefit from four rehabilitated schools. 5,500 direct beneficiaries from water pump rehabilitation. 19,381 Indirect beneficiaries from water pump rehabilitation (10,455 men and 8,956 women). 21 teachers (15 males and six females) trained in Healing Classrooms methodology.	Norwegian Refugee Council (NRC)	(i) Five IDP focal points mobilized and trained in basic protection and social cohesion techniques (ii) Approximately 5,000 IDPs on the Guiglo-Bloléquin axis have increased access to information about the conditions in their home areas (iii) Three schools are rehabilitated and equipped with furniture and latrines in the area of return (iv) Eleven water pumps rehabilitated in the area of return (v) 20 teachers trained in Healing Classrooms methodology.	<ul style="list-style-type: none"> ▪ Five IDP focal points mobilized and trained in basic protection and social cohesion techniques as follows: (a) two in the Department of Guiglo, (b) two in the Department of Bloléquin and (c) one in the Department of Duékoué; ▪ 7,829 IDPs on the Guiglo-Bloléquin axis have increased access to information about the conditions in their home areas ▪ Four schools rehabilitated and equipped with furniture and latrines in the area of return ▪ Eleven water pumps rehabilitated in the area of return ▪ 21 teachers trained in Healing Classrooms methodology

	<p>07-UDP-027 Support to IDPS through Information, Counseling and Legal Assistance (ICLA)/Education in Emergency programme</p>	99,459	<ul style="list-style-type: none"> - 700 children (age nine to thirteen) - IDPs and resumes in the targeted areas (Zou and Kahen) 	International Rescue Committee	<ul style="list-style-type: none"> - IDPS/returnees have access to legal advice and assistance to address legal obstacles to return; IDPs, in particular on the Duekoue-Blolequin axis, have access to information about the conditions in their home areas - Appropriate documentations will facilitate circulation of IDPs, property recovery, etc. - 700 children (age nine to thirteen) with little or no schooling participate in a Ministry of Education-approved catching up programme - Training of volunteer teachers for 10 classes 	<ul style="list-style-type: none"> - Three ICLA centres created - Appropriate documentations provided to 189 people over 568 cases - Training of 20 volunteer teachers - Distribution of school kits - 668 children have started the programme (the number of which is subject to increase)
Protection / Rule of Law	<p>07-IOM-004 Assistance to the voluntary return of about 1,000 IDPs of the CATD to their former places of residence</p>	230,000	1,000 IDPs	OCHA, UNICEF, WFP, FAO, UN peacekeeping forces, Medicines Sans Frontières (MSF) and Save the Children UK (SC-UK), traditional authorities, peace committees and government representative	1,000 IDPs of the CATD are returned in safety and dignity to their former places of residence.	<ul style="list-style-type: none"> - 1,451 IDPs including 740 women and 741 men as well as 435 children (156 children transferred for enrolment in school) were assisted and voluntary returned to their former places of living; - Rehabilitation of ten Hydraulic pumps for providing all communities within the areas of return with potable water; - 1,451 IDPs and their host families (4,353 inhabitants) were assisted with food and tools.

				s (Prefects and sous/ prefects, Directors of schools, Hospital of Guiglo, security forces.)		
	07-IOM-019 Assistance to IDPs in Côte d'Ivoire, particularly in the West zone including IDPs Camp of Guiglo and population within the areas of return.	310,300	6,500 IDPs	OCHA, UNHCR, WFP, UNICEF, UNFPA, FAO, UNDP, UNOCI, ICRC, SC-UK, MSF and local NGOs, national counterparts.	<ul style="list-style-type: none"> - The humanitarian assistance including protection is provided to the IDPs within the CATD; - Ten percent of hydraulic pumps identified for rehabilitation are effectively developed in the areas of return as related to the urgent needs; - More than 10 percent of the remaining IDPs within the CATD are returned. 	<ul style="list-style-type: none"> - 1,012 IDPs are still assisted in the CATD in synergy with WFP; - Since 8th February 08, 467 IDPs from zeaglo areas are returned to the CATD and they are assisted by IOM; - 7 hydraulic pumps have been repaired in the CATD; - Five hydraulic pumps have been rehabilitated within the areas of returned (Blolequin – Toulepleu areas) - 16 children victims of trafficking have been assisted and transferred to their country (Burkina Faso) in synergy with UNICEF.
Health & Nutrition	07-WHO-052 Reinforce Minimum Health Care package delivery in the North and Western regions of Côte d'Ivoire	244,192	300,000 Internal Displaced Persons among the Children and Women living in Moyen Cavally and Montagnes region in Côte d'Ivoire	Ministry of Health; UNICEF; UNFPA;	<ul style="list-style-type: none"> - Increased access to the MCP. - Enhanced immunization coverage. - Enhanced reproductive health services. - Enhanced health personnel capacity. - Improved referral system 	<ul style="list-style-type: none"> - Increased access to the MCP in Duekoué health district. - Enhanced health personnel capacity through training on malaria case management and supervision.
	07-WHO-003 Prevention and Control of Meningitis Outbreaks in Northern Health Districts of Côte d'Ivoire	1,677,450	600,000 people in Northern, Districts of Côte d'Ivoire	Ministry of Health, Red Cross Society	<ul style="list-style-type: none"> - 80 percent of people living in Northern, Districts of Côte d'Ivoire are immunized against meningitis - Reduced meningitis case fatality rate - Meningitis outbreak 	<ul style="list-style-type: none"> - Meningitis cases were properly managed and none of the district had a meningitis outbreak

					under control	
	07-CEF-015-A Emergency obstetric care for women and neonates affected by conflict	551,050	126,000 pregnant women and 6,000 neonates in eleven health districts affected by the crisis in CI	Ministry of health, NGOs, communities	<ul style="list-style-type: none"> - Improved access to emergency obstetric and neonatal services for populations affected by crises. - Improved service provider competency in case management of pregnant and sexually abused women 	<ul style="list-style-type: none"> - Order and reception of equipment, materials and essential drugs for maternal and neonatal health - Preparation (drafting of modules) and organization of training workshops in refocused Pre-natal Consultations and in Emergency Obstetric Care for staff of 70 Primary Health Care Centres in the eleven districts of the CERF project. - Production and dissemination of video programmes and radio spots for social mobilisation and awareness raising on Maternal and Neonatal Health
	07-FPA-007 Support for integration of reproductive health components in the Minimum Package of Activities of functional health structures in the Centre and East of the occupied zones	969,163	598,170 women of childbearing age of the 14 regions of implementation are the primary beneficiaries and 109,000 pregnant women are expected to have quality care. The abortion complications awaited are of 21,791, the tears of the périnée awaited are of 27,239 and caesareans awaited are of 5,447 A total of 14 Health Districts as concerned: Bouake, Béoumi, Katiola, Sakassou, Vavoua, Man, Bangolo, Biankouma, Tabou, Tiebissou, Dimbokro, Daoukro, M'bahiakro et Danané and 75 maternities (15 Referral et 60 Basic) are the implementation sites	Ministry of Health and Public Hygiene, UNICEF, WHO, Regional Health manager	<ul style="list-style-type: none"> - Emergency Obstetric and Neonatal Care (EONC), Family Planning [FP], syndromic management of Sexually Transmitted Infections [STIs] and prevention of care of sexual violence including psychological support, prevention of STI/HIV and unwanted pregnancies services are available in 75 maternities of the implementation sites - Setting five teams of 20 ToT composed each by (one anaesthetist, one surgeon or gynaecologist obstetrician and two midwives) for EONC 	<ul style="list-style-type: none"> - All the 75 maternities of the project provide EONC services - The five teams for scaling up EONC in the total region are set up and composed by 26 doctors, 22 midwives and 12 nurses. The regional health managers approved the initiative and are ready to planned for the training of health providers and go ahead for resources mobilization to cover all their region with EONC programme - 26 doctors and 120 nurses and midwives were trained in EONC and Ante Natal Care - All the 75 maternities have received Reproductive Health emergency kits to ensure clean delivery, clinical delivery assistance, management of miscarriage and complications of abortion, suture of tears and vaginal examination, vacuum extraction delivery and to perform caesarean sections and other obstetric surgical interventions. The populations, the local authorities were involved during the ceremonies. The Ministry of Health and Public Hygiene, ONUCI were also involved for the transportation directly to the service delivery point. Such collaboration for live saving is

					<ul style="list-style-type: none"> - Train 30 doctors and 120 nurses and midwives in EONC and Ante Natal Care - Provide Reproductive Health emergency kits to 75 maternities to ensure clean delivery, clinical delivery Assistance, Management of miscarriage and complications of abortion, suture of tears and vaginal examination, vacuum extraction delivery and to perform caesarean sections and other obstetric surgical interventions - Provide material and medical equipment to 75 maternities to enable them to provide EONC services. 	<ul style="list-style-type: none"> - to be encouraged - Labour tables, paravent and gynaecologic table were given to each maternity - 360 Community health workers and traditional birth attendants have been trained in EONC recognition signs. - The data tools reveal that the childbirth number assist by a medical person is increased around 21,500 pregnant women have delivered in health facilities of the project site during six month and 2500 caesareans were managed.
	07-CEF-067-B Improve nutritional status for children in western Cote-d'Ivoire.	100,045	5,000 children for supplementary feeding 1,000 children for therapeutic feeding	MSF Belgium CAP ANMUR Government through NNP	<ul style="list-style-type: none"> - 5,000 children moderately malnourished children treated in the community - 1,000 children severely malnourished treated in the community and therapeutic feeding centres 	<ul style="list-style-type: none"> (i) Provision of therapeutic foods/anthropometric materials and (ii) Training of health agents contributed to better access to quality care for malnourished children <ul style="list-style-type: none"> - 1,300 severely malnourished children treated in TFCs - 300 moderately malnourished children treated within communities.
Water and Sanitation	07-CEF-015-B Improvement of access to	548,950	Approximately 150,000 people in 168 villages, mainly from the Western region of Cote	- Direction de l'Assainissement et du Drainage (government)	<ul style="list-style-type: none"> - Rehabilitation of 109 hand-pumps; - Rehabilitation of 120 dug wells, some of 	<ul style="list-style-type: none"> - Rehabilitation of 133 hand-pumps - Rehabilitation of 56 new dug wells - Revitalization of 168 water committees

	water for rural communities inadequately covered by humanitarian assistance (including schools and health centres)		d'Ivoire	agency) ; - Solidarités (INGO) - OAP (NGO) - Caritas Odienné (NGO) - ASAPSU (NGO) -Private companies (hand-pump repairs)	<ul style="list-style-type: none"> - which will be equipped with rope-pumps - Revitalization of 168 water committees, including the training of their members - Training of 10 hand-pump mechanics, who should be provided with tools; - Two hand-pump spare-part stores equipped and installed; - Hygiene promotion carried out for 168 village communities for sanitation of the environment, promotion of low-cost latrines and adopting best hygiene practices (hygiene of water, hand washing at crucial moments). 380 latrines will be built 	<ul style="list-style-type: none"> - Hygiene promotion carried out for 192 village communities for sanitation of the environment, promotion of low-cost latrines and adopting best hygiene practices (hygiene of water, washing of hands at crucial moments). - 100 masons were trained and equipped with tools for the construction of individual latrines in villages. - About 100 latrine slabs were built. - The training of pump mechanics and installation of spare-part stores could not be carried out because of time constraints. Instead, 30 percent more hand-pumps were repaired than what was initially foreseen and hygiene promotion was carried out in more villages.
Common Services Facilities	07-UDP-005 RECIS (Réseau d'Echange et de Communication d'Informations Sécuritaires)	200,000	14 INGOs in Cote d'Ivoire	UNDP, ONUCI, Impartial Forces, Security Forces	<ul style="list-style-type: none"> - Reinforce collaboration with the UN security system in Ivory Coast. - Establish full integration with the UN communication system resulting to timely and efficient information exchange. - Establish systematic information collection, analysis and exchange of these information between UN 	<ul style="list-style-type: none"> - The present project aim of responding to INGO's needs in term of security, security information shared among Humanitarians, both UN and INGO representative and donors. - The project was able so far to bring analytical inputs and advice that contribute to improve ability to articulate policy on security matters in a way relevant to the needs - and compatible with the modus operandi - of INGOs operating in Cote d'Ivoire; - INGOs are able to identify security related issues/problems and develop pro-active and creative approaches to problem solving;

					System and INGO's	- INGOs have developed good working relations and interact effectively with colleagues within and outside OCHA.
	07-WFP-019 Humanitarian Air Service in West Africa Coastal Countries	500,000	1,800 passengers		<ul style="list-style-type: none"> - Provide safe, efficient and cost-effective air service to all humanitarian agencies operating in Ivory Coast. - Render regional WFP humanitarian efforts efficient and cost-effective and enhance activity co-ordination between Cote d'Ivoire and neighbouring countries, - Provide rapid and practical connections across borders - Move small quantities of high-energy foods and quickly perishable light cargo, such as medical supplies and vaccines - Carry out timely medical and security evacuations of humanitarian staff - Provide flights free of charge to passengers 	<ul style="list-style-type: none"> - From Jan till Dec 2007, Cote d'Ivoire WFP Air Operations has served 1,744 passengers from more than 53 organizations (UN, NGO or others) - 9,600 kg of Cargo
Education	07-CEF-067-A Rehabilitation and equipment of school infrastructures with latrines, water points and kits	610,487	4,800 children, of which 3,350 boys and 1,450 girls	NGOs Solidarités, Caritas DAPH	<ul style="list-style-type: none"> - Rehabilitation of 96 classes - Provision of classes with school furniture - Distribution of 10,000 school kits, 20 recreational kits (games etc.) and 84 teachers' kits - rehabilitation of 16 	<ul style="list-style-type: none"> - 84 classes are currently being rehabilitated, out of 96 planned - 2,400 school furniture is being produced, to serve 4,800 children, of which 3,350 boys and 1,450 girls - 84 tables, chairs and cupboards have been produced for teachers. - 10,000 school kits, 20 recreational kits and 84 teachers' kits have been distributed. - 16 water points and 48 latrines

					water points and latrines	have been rehabilitated
					-	- 16 points d'eau et 48 latrines réhabilités
Agriculture	07-FAO-045 Provision of agricultural inputs to assist vulnerable rural households affected by the conflict in Côte d'Ivoire	250,000	CAP: 25,000 vulnerable households (CERF: 5,500 beneficiaries households), including IDPs, returnees, malnutrition affected households, HIV-AIDS affected households, poor households with limited harvest)	FAO Côte d'Ivoire ANADER and NGO	<ul style="list-style-type: none"> - 5,500 households will receive a market garden kit for the realization of vegetables gardens within villages. Majorities of the beneficiaries will be women gathered in groupings - The productions of the beneficiaries will be 250 tons of rice, 122 tons of niebe, 215 tons of okra, 500 tons of hot pepper, 600 tons of eggplants and 500 tons of tomatoes. - The daily food ration of the household during the hunger gap period is improved and the additional incomes are increased by the sale of surplus of production - The various training courses in cultural techniques were given to the beneficiaries 	<ul style="list-style-type: none"> - 5,514 households received a market garden kit and training for the realization of vegetables gardens within villages - Majorities of the beneficiaries are women (72 percent) gathered in grouping households - Majorities of the beneficiaries are returnees (49 percent) - The harvest are beginning
Food security	07-WFP-052 Assistance to populations affected by the Côte d'Ivoire protracted crisis	500,272	15,150 people	CARITAS, IOM, CARE and JRS	<ul style="list-style-type: none"> - The Nutritional status among IDPs, refugee and returnee beneficiaries is maintained - Improved access to food for resettled IDPs and returnee refugees in Cote d'Ivoire - Increased ability of 	<ul style="list-style-type: none"> - 544.5 Mts of beans distributed to 15,150 persons - 73,5 percent assisted in Supplementary Nutrition Centre (CNS) - 85,4 percent assisted in therapeutic nutrition centre (CNT) - 5,140 persons living with HIV profit to food assistance - 64,3 percent of persons living with HIV are on HAART - 8,853 orphans caused by HIV/AIDS receive WFP assistance

					<ul style="list-style-type: none"> - targeted Ivorian households vulnerable to shocks to maintain or increase their productive and physical assets. - Increased ability of targeted Ivorian households vulnerable to shocks to acquire and apply learned skills including households affected by HIV/AIDS. - Reduced level of malnutrition among targeted children under-five and pregnant/lactating women in targeted areas - Improved nutrition & health status of beneficiaries under ARV/TB treatment and of beneficiaries in PMTCT programs 	- 7,6 percent of babies in MCH program born with a weight < 2,5 Kg
	<p>07-WFP-018 Food assistance for education and health of formerly displaced population affected by the Côte d'Ivoire crisis</p>	1,500,140	42,500 people	CARE,CARITAS, EGPAF,JRS	<ul style="list-style-type: none"> - The Nutritional status among IDPs, refugee and returnee beneficiaries is maintained - Improved access to food for resettled IDPs and returnee refugees in Cote d'Ivoire - Increased ability of targeted Ivorian households vulnerable to shocks to maintain or increase their productive and 	<ul style="list-style-type: none"> - 1,833 MTs of rice distributed to 42,500 persons - 73.5 percent treated in Supplementary Nutrition Centre (CNS) - 85.4 percent treated in therapeutic Nutrition Centre (CNT) - 5,140 persons living with HIV/AIDS receive - 64.3 percent of persons living with HIV/AIDS are on HAART - 8,853 orphans caused by HIV/AIDS receive WFP assistance - 7.6 percent of babies in MCH program are born with a weight < 2,5 Kg

					<ul style="list-style-type: none"> - physical assets. - Increased ability of targeted Ivorian households vulnerable to shocks to acquire and apply learned skills including households affected by HIV/AIDS. - Reduced level of malnutrition among targeted children under-five and pregnant/lactating women in targeted areas - Improved nutrition & health status of beneficiaries under ARV/TB treatment and of beneficiaries in PMTCT programs 	
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VI. CERF IN ACTION: Success stories

Agriculture

The following is an interview of Ms DJE Sénon Thérèse, working in a vegetable farm in the village of Domobly (West - Moyen Cavally region) settled thanks to CERF funding. This area has registered returned populations since June 2007.

Good morning Madam, Could you please tell us about the activities undertaken since the beginning of this CERF project?

We each (members of the grouping) received vegetable seeds, two hoes and one watering can. We were also trained on vegetable production techniques and we, as a result, plant cabbage, carrot, okro, onion, salad and spinach.

On which basis were you selected for this project?

The rice harvest was not good. In addition, all communities are helping several “relatives” who have recently returned to the village.



Women working in a vegetable parcel in the village of Domobly (Source FAO)

What were your day-to-day activities prior to the launch of the project?

We were farming rice and cassava on small parcels and that was all!

What about during dry season?

We were not doing anything special.

Do you think this CERF project has created a better social environment for you and your community?

Sincerely, yes!

Please illustrate.

In the farm, we execute tasks all together. For instance, if the plants of one of us are growing correctly, she shares them with those who did not have the same chance. In addition, if one of us has lost a relative, is sick or travelled, the others including the president of the grouping will work on her farm.

In a nutshell, what are the impacts of the CERF on your individual lives?

We now know how to grow vegetables. We are also given supplementary foods which enhance our children and husbands' meals. We got some money in order to independently (*smile*) satisfy our family and individual needs!

Thank you Madam and have a nice day!

Food security

As other humanitarian actors, WFP is supporting the return of IDPs, in particular in the villages of Gohgbehi, in the Blolequin “sous prefecture”. There, most of the houses, social infrastructures, access roads and bridges have been destroyed or severely damaged, and water points are out of service.

Gohgbehi is an encampment for natives, around which there are 10 other satellite encampments belonging to foreigners. The latter had already returned, whereas the natives were frightened by their presence. On the other hand, the aliens could not dare get out of their encampments to go to their plantations, for fear of the natives. Furthermore, the two bridges joining the encampments, the plantations and the town had been destroyed. Following direct talks between WFP and the two communities, the parties agreed on one month of general food distribution to be followed by three months of food for work to rehabilitate the two bridges.

The general distribution took place in the same place for the two communities. The construction of the bridges was an opportunity for the two communities to learn to live and work together. After three months of working together, the wall of suspicion was removed. In the end, the natives came back to their encampment, the foreigners started to return to their plantations. Today, both communities live together peacefully; the free circulation of goods and people between encampments is ensured. At the end of the day, WFP has contributed to the social cohesion.

Health



(Source UNFPA)

«ONU CI carrying Reproductive Health emergency kits for a rural maternity in Tabou region, an example of successful synergy and much appreciated collaboration in saving the lives of women»



(Source UNFPA)

“Local authorities, populations and health agents receiving Reproductive Health emergency kits for the maternity from UNFPA, ONU CI staff”



(Source UNFPA)

“Thanks to those who thought about improving childbirth and saving lives through granting material and medical equipment. I am very happy to be alive with my baby”, said this new mother.



(Source UNFPA)

“My reinforced skills for childbirth constitute an opportunity to better address EONC with medical equipment provided to save the lives of women and children”, said the midwife.



(Source UNFPA)

“A case of caesarean’s management by a gynaecologist trained on EONC”

Multi-sector

IRC: IDPs during the implementation of the CERF -funded project have expressed their gratitude on the importance to receive updated information on their places of origin. They have realised how badly informed they had previously been; all information they received earlier was based on stories of anguish and fear, creating in them a feeling of vengeance and anarchy. But the fact of being given updated and objective information on the villages they left six years ago and to take part in sensitization sessions on

social cohesion and human rights has reassured them on the improvement of the situation and thus of the possibility to have a safe and dignified return to their places of origin.



Partial view of participants during the workshop on Healing Classrooms Approach



A female teacher in a catch up class poses for a picture

Following are some testimonies of IDPs who were able to do “Go & See Visits” to their places of origin
“Thanks to your activities, our villages have regained their life”.

“Thanks to the rehabilitation 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 received 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.”

“I am from Kahen, I thank you to allow me to get away from rumors and toxification, today, I realise that my village is liveable and that people live here, and that children go to school, that the village chief is not a Burkinabè. With the information you have given us, we now know we have the choice to return. The spirit of vengeance that I had is now dead.”

Protection/Human Rights/Rule of Law

The IOM – CERF project (07-IOM-004) contributed to the return of IDPs to their former place of living in the Cantons Glo Kouin (May 2007), Zaké Blao (June 2007), Zahoun (August 2007) and Zarabaon (September 2007) including reconciliation ceremonies organized by peace committees bringing natives and IDPs. For the first time, since the beginning of the conflict in September 2002, the natives were seen public welcoming back the IDPs during and after these reconciliation ceremonies and the previous one organized in PEHE (March 2007) under the leadership of IOM thanks to the Kingdom of Norway allocation. Natives and foreign returnees were hand in hand, greeting through villages and dancing during the reconciliation ceremonies. Upon arriving in villages of return, IDPs have been accommodated in host families during at least one week of delay to repair, if required, their houses and other accommodations with the plastic sheeting included in the kits of return provided by IOM and under the supervision/contribution of the peace committees.

Furthermore, upon arriving in villages of return, the returnees, host and most vulnerable native families received food and non-food items such as tarpaulins, blankets and kitchen kits, which have been pre-

positioned ahead of time by IOM.. More food assistance, seeds and tools have been distributed during the following weeks of the returns by WFP and FAO.

Reconciliation efforts previously made and safe drinking water provided by rehabilitation of hydraulic pumps as well as food, tools and seeds distribution in implementing the project, have contributed greatly to improve relations between *autochthons*, native communities and the IDPs, non-natives mainly burkinabé and Ivorian (Baoulé, Dioula, Loby...) and Malians and Guineans.



Brotherly welcome in the village by Natives to IDPs (Source: IOM)

List of Acronyms

AIDS - Acquired Immunodeficiency Syndrome
CAP-Consolidated Appeal Process
CATD -Camps of Guiglo
CERF -Central Emergency Response Fund
COMPAS -Commodity Movement Processing and Analysis System
CP -Country program
DAD -Direction de l'Assainissement et du Drainage
DREN -Directeur Regional de l'Education Nationale
EFFP -Essential Family Practices
EONC -Emergency Obstetric and Neonatal Care
ERC's -Emergency Relief Coordinator
FAO -Food and Agriculture Organization of the United Nations
FBM -Food Basket Monitoring
FTS -Financial Tracking Service
HC -Humanitarian Coordinator
HIV -Human Immunodeficiency Virus
IDPs -Internally Displaced Persons
ICLA -Information, Counselling and Legal Assistance
INGOs - International non-governmental organizations
IOM -International Organization for Migration
IRC -International Rescue Committee
IAHCC -Inter Agency Humanitarian Coordination Committee
IASC -Inter Agency Standing Committee
M&E -Monitoring and Evaluation
NGO -Non-Governmental Organization
NRC -Norwegian Refugee Council
NFIs - Non-food items
NRC -Norwegian Refugee Council
OCHA -Office for the Coordination of Humanitarian Affairs
PDM -Post Distribution Monitoring
RBM -Result Based Management
RECIS -Réseau d'Echange de Communication et d'Informations Sécuritaires
RH -Reproductive Health
SFCs -Food through supplementary feeding centres
SO1 - Special Operation 1
TFC -Therapeutic Feeding Centres
UNDP -United Nations Development Programme
UNFPA -United Nations Population Fund
UNICEF -United Nations Children's Fund
UNCT -United Nations Country Team
UNHAS - United Nations Humanitarian Air Service
USAID/OFDA -United States Agency for International Development/Office for Foreign Disaster Assistance
WFP -World Food Programme
WHO - World Health Organization