

Côte d'Ivoire

Executive Summary 2006

Despite four years of international efforts and negotiations, Côte d'Ivoire remained politically and militarily divided after a political-military crisis erupted in September 2002. Humanitarian and socio-economic indicators continued to deteriorate and funding to meet the needs of vulnerable groups remained low and uneven between sectors, affecting adequate and timely response. Since 2002, the Consolidated Appeals Process (CAP) of Côte d'Ivoire had not been adequately funded while some sectors remained underfunded.



Following an outbreak of violence in Guiglo in January 2006, during which humanitarian actors registered huge losses, Côte d'Ivoire was among the first pilot countries to access the grants from the Central Emergency Response Fund (CERF).

In 2006, 13 projects were funded by the CERF for an amount of \$5,752,272 (six projects from the rapid response window and seven projects from the underfunded window) to respond to serious challenges within the protection, social, health and sanitation sectors.

Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required (per reporting year):	<ul style="list-style-type: none"> ■ \$36,943,853
Total amount of CERF funding received by window (rapid response/underfunded):	<ul style="list-style-type: none"> ■ Rapid Response: \$1,752,282 ■ Underfunded: \$4,000,000
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners:	<ul style="list-style-type: none"> ■ Total amount of CERF funding for direct UN/IOM implementation: \$4,676,281.3 ■ Total amount forwarded to implementing partners: \$1,076,001.7
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):	<ul style="list-style-type: none"> ■ Please refer to Part 3, "Results"
Geographic areas of implementation:	<ul style="list-style-type: none"> ■ West, Center, North, Center-North

Decision-making

In terms of the decision-making process used for the allocation of CERF funds, the Humanitarian Coordinator (HC) or the Acting HC convened United Nations Country Team (UNCT) and the IAHCC (Inter-Agency Humanitarian Coordination Committee) meetings and consulted widely and regularly with Heads of Agencies and NGOs on the allocation of funds. Based on the criteria and guidelines received from the CERF Secretariat on the use of CERF funds, prioritization and selection procedures were adopted. In the case of the underfunded allocations, two main criteria for the selection of eligible project proposals were retained - priority to underfunded sectors within the CAP and consideration of sector funding outside the Côte d'Ivoire CAP to avoid the exclusion of sectors not included in the Côte d'Ivoire CAP such as food security.

The criteria to request CERF funds from the rapid response window pertained to core life-saving activities. The Financial Tracking Service (FTS) was used to determine the least funded sectors in the Côte d'Ivoire CAP and the 2005 CAP highlighted Protection, Health, Education, and Water and Sanitation sectors. In view of the life-saving nature of these sectors and the impact of lack of adequate funding, projects covering activities in the above-mentioned sectors were given a priority in the allocation of the funds, particularly in the underfunded window.

Implementation

The coordination and interaction of non-governmental and governmental partner agencies were particularly significant in implementing the CERF-funded projects in a timely and coherent manner, namely local NGOs, privately owned public utility system, governmental structures and UN agencies.

Implementing partners have been involved in the projects, particularly for aspects concerning the definition of programme contents. Letters of agreement were signed with partners for the implementation of CERF projects

The synergy between CERF beneficiary agencies, the International Organization for Migration (IOM) and Office for the Coordination of Humanitarian Affairs (OCHA) in the preparation and submission of the projects, the immediate availability of CERF funding and the commitment of the above listed non-governmental and governmental partner agencies at critical moments were decisive. Projects could be mounted rapidly and the project implementation and potentially devastating effect of the worsening of the humanitarian situation could be contained as a result.

An efficient response to the improvement of the nutritional and health status of children under five needed urgent action by various actors at different levels. Apart from the provision of therapeutic products and essential drugs, the intervention of NGOs at community level contributed to the reduction of severe malnutrition cases through early detection and treatment of moderately malnourished children and children at risk. The technical support of a nutritional consultant facilitated the implementation of activities in the field. Influencing behavior being a difficult and long-lasting task requiring a regular presence among the recipient community, the project strategy was to recruit a large number of facilitators and community members while also carrying out discussions in local languages. This task was seconded by national NGOs with in-depth knowledge of the local environment and experience in social mobilization. The contribution of the "Direction de l'Assainissement" (DA) and the "Centre Régional pour l'Eau Potable et l'Assainissement à faible coût-Côte d'Ivoire" (CREPA-CI) were particularly precious, thanks to DA extensive experience in rural sanitation and CREPA-CI known expertise in social mobilization.

Table 2: Results achieved in 2006

Agency	Number of beneficiaries	Activities
IOM	<ul style="list-style-type: none"> ▪ Approximately 14,000 IDPs in Guiglo 	<ul style="list-style-type: none"> ▪ Strengthened the physical security of IDPs as a result of scaled up protection interventions and major protection activities
	<ul style="list-style-type: none"> ▪ 20,000 people of various communities 	<ul style="list-style-type: none"> ▪ Inter-ethnic dialogue and reconciliation approaches (peace committees; etc.) performed in synergy with the local and foreign population, including IDPs, local authorities, and a local NGO
	<ul style="list-style-type: none"> ▪ 15,000 IDPs, including 3,000 children in primary school and 7,000 IDPs living in the transit centre (including 3,145 children aged 0-14 years) 	<ul style="list-style-type: none"> ▪ Improved living and hygienic conditions through the provision of potable water and improved sanitation services
UNICEF	<ul style="list-style-type: none"> ▪ 1,811 severely malnourished children 	<ul style="list-style-type: none"> ▪ Children treated at the Therapeutic Feeding Centers (TFCs) of Madinani (Odienné) and Man (MSF-Belgium) ▪ Therapeutic milk provided to the TFCs of Man and Madinani, which were already treating malnourishment cases, as well as the provision of anthropometrics material, therapeutic milk, and essential drugs
	<ul style="list-style-type: none"> ▪ 236 health agents and 165 community health agents 	<ul style="list-style-type: none"> ▪ Trained in the detection and treatment of malnutrition and therapeutic food
	<ul style="list-style-type: none"> ▪ 2,500 adults and 7,500 children 	<ul style="list-style-type: none"> ▪ Provided with malaria prevention and treatment
	<ul style="list-style-type: none"> ▪ 10 health districts 	<ul style="list-style-type: none"> ▪ Material health care improved ▪ 157 midwives and nurses, providers of maternal and neonatal care and persons in charge of Primary Health Care Centers trained. They are now able to offer multiple and quality care services for approximately 100,000 pregnant women (in particular with material, equipment and essential drugs) ▪ Capacity building to ensure effective malaria prevention and that treatment could be given by trained personnel to mothers and new-born babies at any moment during pregnancy, delivery and in immediate post-partum

WHO	<ul style="list-style-type: none"> Rural communities affected by the crisis 	<ul style="list-style-type: none"> CERF funds contributed to the decrease of the Maternal Mortality Rate in the intervention zone Training 300 masons and 21 NGO staff in adequate sanitary installations and hygiene promotion. This resulted in more than 100 latrine slabs being produced. Also, materials necessary for the construction of 750 latrine slabs distributed
	<ul style="list-style-type: none"> 463,492 people in Korhogo district (19,985 children from 6-11 months and 443,507 people over 12 months old), 275,049 people in Ourahio district (5,344 children under 1 year and 269,705 over 12 months) 15,000 IDPs in the west of Côte d'Ivoire Northern districts of Bouaké, Korhogo, Boundiali and Tengrela as well as to the western district of Duekoué and Guiglo 	<ul style="list-style-type: none"> Immunized against <i>Yellow Fever</i> <i>Yellow Fever</i> immunization skills of more than 500 health workers and community health workers also strengthened The Duekoué Hospital and other health centers provided with kits of drugs, medical equipment and anthropometrics equipments Technical support provided to district health teams in meningitis and <i>Buruli Ulcer</i> case management through supervision Support also provided to national <i>Buruli Ulcer</i> officials to carry out a mapping on cases of <i>Buruli ulcer</i> in Béoumi and Sakassou health districts In coordination with UNICEF, 1,000 insecticide treated nets (ITN) ordered to be provided to maternity and health centers Thirty doctors and health district managers trained in new guidelines on malaria case management based on new national malaria control policy. More than 200 community health workers in Bouaké district trained in collaboration with UNICEF on management of <i>Buruli ulcers</i> Two vehicles purchased to reinforce field operation activities such as supervision activities and two national public health specialists and an assistant to reinforce project activities implementation Training of 25 health workers and community health workers in disease and nutrition surveillance and disease

FAO		<p>surveillance tools provided to health centers. Information and communication systems (computers, radios, fax, etc.) installed in health districts to reinforce data collection and data analysis. WHO staff and Ministry of Health officials supervised health district teams on disease surveillance activities. As a result, indicators of epidemics (i.e. <i>Yellow Fever</i>) promptly investigated and timely action taken. IT and communication equipment installed in WHO sub-offices in Duékoué (West of Côte d'Ivoire) and Bouaké (North) for easier data collection, analysis and information sharing.</p> <ul style="list-style-type: none"> Weekly epidemiological bulletin initiated and two public health specialists and one nutritionist recruited to support early warning activity
	<ul style="list-style-type: none"> 2,530 malnourished child caretakers registered in 17 feeding centers and 1,470 vulnerable households (majority being HIV-AIDS affected persons) through a dry season programme 4,000 beneficiaries 	<ul style="list-style-type: none"> Helped to treat acute malnutrition and increase food security of vulnerable households by providing 68 metric tons of Corn Soya Blend (CSB) and 28 metric tons of sugar Malnutrition, nutrition and agriculture training sessions organized in addition to vegetable kits distributed

Results

Rapid response window:

The volatile situation in western Côte d'Ivoire and particularly in Guiglo in January 2006 caused extensive destruction to IOM infrastructures and equipment and consequently hampered IOM capacities to respond to the needs of IDPs. The immediate availability of CERF funding at the critical moments of mid-April 2006 (rapid response window) and September 2006 (underfunded window) boosted IOM's capacity for a rapid implementation of projects. The funds made it possible to save several thousands of lives by providing adequate responses to the needs of vulnerable people, in particular vulnerable children and women, access to basic services, including health, adequate food, and drinking water.

Underfunded window:

The CERF underfunded grant enhanced and strengthened self-reliance, inter-community dialogue and social cohesion in western Côte d'Ivoire, in particular in the Moyen Cavally region, which had been weakened by the armed conflict and recurring inter-community land tenure conflicts.

In the area of **protection**, IOM field staff (head of field office, protection officer and assistants, water and sanitation and database and IT assistants) conducted regular missions to Guiglo, Duékoué and Bloléquin in order to identify and address the main protection issues. The timely availability of resources, the rapid implementation of the projects and their quick impacts (three months) was a concrete action towards IDPs and affected communities at a critical moment. This has prevented further IDP movements and enabled humanitarian workers to respond optimally to population's needs.

CERF funded projects were monitored by the IOM Head of Mission. The programme coordinator conducted regular monthly field missions to the affected areas. Monitoring and supervision was carried out in the ten project districts by the District Management Teams. Their supervision was in turn monitored by the Regional Teams for Technical Support. IOM produced a video report on its activities, which was presented to the CERF management in 2006 and posted online, strengthening the Organization's capacity of mobilization and advocacy.



CERF funds rehabilitated a hydraulic pump in Nicla.

In **water and sanitation**, UNICEF officers based in Man and San Pedro carried out day-to-day follow-up. The NGOs, DA and CREPA-CI carried out a follow-up mission in February 2007, in which they monitored the work of NGO with the hygiene committees. Progress reports by NGOs were sent on a regular basis after activities have started in villages. A final survey, supervised by the NGO, CREPA-CI was carried out at the end of the project while the district management team participated in the training to ensure supervision.

CERF funding increased the impact of UNICEF's water and sanitation project in the western region of Côte d'Ivoire by allowing sanitation work to be carried out along with clean water activities. The emphasis on hygiene practices should increase the project's effectiveness compared to what would have been obtained from activities limited to water supply.

The CERF funds enabled the strengthening and integration of activities of the therapeutic feeding centers (TFCs) of the pediatric services in eight hospitals and the start of these activities in 118 health centers in the **health** sector. As a result, children under five with malnutrition were treated in a facility close to their home improving the access of malnourished children to health care. The provision of Emergency Obstetric Care remained an area of serious concern, and remained continuously underfunded. CERF funding however helped to address partially this situation.

In the **food security** sector, the CERF project allowed WFP to continue nutritional support to feeding centers without a shortage of Corn Soya Blend (CSB) and sugar. Some 4,000 vulnerable people including malnourished children, orphans, pregnant and lactating women received complete rations. Malnutrition-affected households were able to diversify their diet and provide complementary food to small children in making gardens. However, due to the short implementation period, no results about the improvement of food consumption, knowledge, good nutrition practices, and number of gardens are available yet. HIV-AIDS affected households from 18 Montagnes and Bafing regions were included in community agriculture project where both affected and non-affected persons are involved. This approach prevented stigmatization of sick people and promoting knowledge and good attitudes towards sick people at village level.

CERF funds gave FAO the opportunity to integrate and develop a nutritional approach. Funds are usually limited in this sector. At the end of the programme, 4,000 vulnerable people received a complete nutrition ration, including CSB as a source of micro-nutrients and sugar. Despite the delay of implementation of the programme, 2,530 malnutrition-affected households are now in a better position to provide a variety of food, based on local vegetable production, according to the crop calendar. The possibility gave 1,409 HIV-AIDS affected households the opportunity to diversify their food intake and earn additional income, which would result in a better integration in the community.

Advocacy activities will be carried out for the PNN (Programme National de Nutrition) to extend rapidly their nutritional programme in Moyen Cavally region, where insecurity and population movements are one of the main causes of the malnutrition situation.

Lessons Learned

Some constraints may be partly explained by the innovation of the exercise. For example, the recruitment of qualified human resources for short-term activities (three months) proved very difficult and limited the opportunities to find immediately available international staff (with the necessary field experience). The three-month implementation timeframe to carry out CERF-funded projects was another challenge. IOM indicated that the CERF reporting mechanisms for monthly and quarterly reports were too cumbersome and made a recommendation to have quarterly reports only¹.

In the west, with the departure of the NGO, ACF and soon MSF, the funds partly contributed to the establishment of a malnutrition detection and treatment system in the communities and health structures in the area. However, for parents of sick children to have access to quality care close to their house, it is necessary to continue to strengthen existing structures for the treatment of malnutrition cases.

Should there be a follow-up programme, the following recommendations would have to be put forward:

- The agriculture and nutrition education sessions should be implemented to a larger extend at community level, provided sustainable and efficient community nutrition centers (CFCs) are put in place. This will improve access to people suffering from malnutrition and will ease the follow up of malnutrition-affected households, on both malnutrition treatment and prevention aspects,
- Additional nutrition education projects should evaluate the knowledge, capacities and practices (KPC evaluation) of targeted beneficiaries to detect strengths and weaknesses of nutrition and cooking education sessions, its content and methodology,
- Regular refresher nutrition training should be organized for community health workers,
- Coordination should be improved between PNN, FAO, UNICEF, WFP, WHO and NGOs in order to integrate all aspects of prevention of malnutrition in project proposals. In a post-crisis situation, malnutrition can be tackled in a sustainable manner at community level through an integration of programmes, linking health and nutrition, agriculture, water, sanitation and education. Livelihood support and access to a diversified diet are prerequisites for the improvement of food security. However, such an approach will not have the desired effect on nutrition if the problems of access to health, safe drinking

¹ At field level, Humanitarian/Resident Coordinators (HC/RCs), on behalf of humanitarian country teams, will submit both an annual report and a mid-year progress report for all the countries that benefited from allocations under the rapid response and underfunded windows (cerf.un.org).

water and other social services are not addressed. It should also be accompanied by a wide spread nutrition education strategy, and

- Organization of workshops addressing problems across sectors affecting nutrition in order to highlight key points for a common approach for prevention of malnutrition and identify support for community based activities.

In the health sector, the CERF-funded intervention contributed towards strengthening the disease surveillance while scaling up *Yellow Fever* immunization coverage rate (from 70 to 95 percent) and improving case management of *Buruli ulcer* and other communicable diseases in the northern and western regions of Côte d'Ivoire. Implementing the project through efficient partnership resulted has laid a foundation upon which other intervention could be undertaken.

CERF in Action

Protection sector

Thanks to CERF funded activities, about 47,000 Ivorian IDPs living in Bloléquin, Duékoué and Guiglo areas have been identified and registered. Other activities included

- "Go & See Visits" to eight villages organized for local IDPs interested in returning to their home villages;
- 150 IDPs assisted to return to their home villages;
- public hearings for the provision of birth certificates to 150 children hosted at the CATD site in Guiglo were facilitated; and
- security measures for the physical protection of IDPs at the CATD site were strengthened.



Meeting of the peace committee of Kaadé

The protection and humanitarian assistance to IDPs within the region (including the CATD) were reinforced. The conditions in some areas of return were monitored through peace committees. As result, some openings are foreseeable for more than 2,500 IDPs of the transit Center (CATD) to return to their former places of residence.

The rehabilitation of a dozen of hydraulic pumps and dwells in Bolequin – Duékoué – Guiglo area, together with water distribution through bladders and trucks, gave access to potable water to about 15,000 persons, including 3,000 children of a primary school and 7,000 IDPs and refugees. Providing free of charge access to potable water also to many local dwellers at critical times, contributed greatly to improve relations between IDPs and host communities. Training 21 IDPs and refugees on maintenance and rehabilitation of hydraulic pumps also fostered self-reliance among IDPs and refugees and inter-community dialogue.

Health:

On 2 October 2006, the Ministry of Health reported two laboratory confirmed cases of *Yellow Fever*. Cases were reported by Korhogo health district (Northern) and Ouragahio health district (western Côte d'Ivoire). No fatal cases were reported.

Against the background of chronic social and political crisis, weakened health systems and the low immunization coverage particularly in northern regions of Côte d'Ivoire, the occurrence of

confirmed cases of *Yellow Fever* required an urgent mass immunization campaign in the affected districts.

The Ministry of Health launched active cases investigation. To support case investigation and help contain the epidemic, WHO introduced a grant request for CERF funding and \$806,245 was allocated to WHO for this project. Some 400,000 people living in the affected districts were targeted for a mass immunization campaign against *Yellow Fever*. The campaign achieved a coverage rate of 92 percent and 95 percent in Ourahio and Korhogo Health districts respectively. Epidemiological surveillance systems have been strengthened through training of health workers and community health workers as well as provision of surveillance tools. Adverse events occurring after *Yellow Fever* vaccine administration have been properly followed up and managed.

Water & Sanitation:

Sanitation and hygiene are basic needs, which must be addressed especially in the areas where armed conflicts have increased the vulnerability of the recipient population, particularly children. Under the CERF supported water and sanitation response, activities were implemented and delivered through six national NGOs, each assigned a specific geographical area. These organizations carried out social mobilization and hygiene promotion in the targeted villages with the aim to encourage households to construct latrines, to protect bathing areas and other items such as waste pits and dish trays. This was done through the training of hygiene committees in charge of disseminating hygiene messages. The project was designed to encourage individuals to replicate efforts and build more latrines and other systems while the community at large was motivated to maintain the environment clean.

In addition to the six implementing partners, two other institutions took part in the project:

- The governmental agency 'Direction de l'Assainissement' (DA) trained 300 masons for the making of SANPLAT slabs used in the latrines;
- The regional NGO, CREPA-CI carried out training of trainers in which 21 NGO staff was trained in the use of the PHAST (Participatory Hygiene and Sanitation Transformation) method. In turn, these trainers trained hygiene committees.
- All 150 hygiene committees (one per village) were established and trained.
- More than 100 latrine slabs were produced after the training of masons. Some of them have already been used in villages.

Food security:

The security situation in January 2006 forced the peacekeeping forces as well as most humanitarian actors to leave the zone of Guiglo. As a result, vulnerable populations in this area found themselves in a situation where international assistance, including food aid, had been drastically reduced. Multi-sector assessment reports indicated that due to a combination of insecurity, reduced access to land, bad weather and lack of monetary resources, food scarcity continues to be a problem. The fragile food security status of the vulnerable population resulted in high malnutrition rates in the rural areas (7.3 percent -15.5 percent according to 2004 UNICEF nutritional survey).

CERF funding also assisted the vulnerable population with nutrition rehabilitation and supplementary feeding, support home gardens for food security and diet diversification, and nutrition education to prevent disease and decrease child mortality rates. This intervention

improved food security and nutritional status of war-affected population groups, decreasing dependency on external aid and strengthening their resilience to future shocks.

The project made the treatment of acute malnutrition possible as well as the increase of food security of vulnerable households by providing 68 metric tons of Corn Soya Blend (CSB) and 28 metric tons of sugar. More than 8,410 persons including 1,228 malnourished people, 4,115 orphan and 1,602 pregnant or lactating women received WFP food rations including CSB and sugar.

Nutritional and agriculture training sessions have been organized and vegetable kits have been distributed to 4,000 beneficiaries, within two programmes: a nutrition programme which supported 2,530 caretakers registered in 17 feeding centers and dry season programmes which supported 1,470 vulnerable household whose majority are HIV-AIDS affected persons.

ANNEX 1 - IMPLEMENTING PARTNERS

International Organization for Migration

IOM - Addressing protection needs of vulnerable populations and in particular of IDPs in Guiglo Addressing water and sanitation needs of IDPs at the host site (CADT) Assistance to internally displaced persons, particularly in the west				
Partner agencies	Status	Primary activities	Amount of CERF forwarded	
			Dollar Amount	Percent total CERF funding to IOM
AWECO	NGO	<ul style="list-style-type: none"> Sensitization of HIV/AIDS and Malaria 	\$19,580	2.6 percent
GNSK Alpha	NGO	<ul style="list-style-type: none"> Alphabetization and training of maintenance of hydraulic pump 	\$3,200	0.4 percent
UVPAP	NGO	<ul style="list-style-type: none"> Facilitation of inter community dialogue and restoration of social cohesion 	\$30,076.20	4.0 percent
SODECI	Private enterprise	<ul style="list-style-type: none"> Distribution of safe drinking water 	\$5,000	0.7 percent
Protection apparatus	Government counterparts	<ul style="list-style-type: none"> Security and physical protection 	\$50,377.31	6.7 percent
TOTAL			\$108,233.51	14.5 percent

UNICEF

UNICEF - Malnutrition Management in the most affected areas in Côte d'Ivoire			
Partner	Type	Activities	Budget
National Nutrition Programme	<ul style="list-style-type: none"> Governmental structure of the Ministry of Health and Public Hygiene 	<ul style="list-style-type: none"> Training of 236 health agents and 165 community health agents in the detection and treatment of cases of severe and moderate malnutrition 	<ul style="list-style-type: none"> \$32,545.74
National Nutrition Programme National Programme for Health in Schools and Universities (NPHSU) National Infant Health Programme (NIHP)	<ul style="list-style-type: none"> Government 	<ul style="list-style-type: none"> Provision of anthropometrics materials for detection and treatment of malnutrition 	<ul style="list-style-type: none"> \$29,647.12
² ARK, ASAPSU, CASES ODAFEM, BDPH, IFS, centre Christ-Roi de Sinfra	<ul style="list-style-type: none"> Local NGOs 		
MSF, NNP	<ul style="list-style-type: none"> International NGO Government 	<ul style="list-style-type: none"> Supply of therapeutic products 	<ul style="list-style-type: none"> \$6,902.87
MSF, NNP	<ul style="list-style-type: none"> International NGO Government 	<ul style="list-style-type: none"> Freight for procurement of therapeutic products 	<ul style="list-style-type: none"> \$2,544.50

² ARK ; Animation Rurale de Korhogo; ASAPSU: Association de Soutien à l'Autopromotion Urbaine ; ODAFEM ; Organisation pour le Développement des activités des femmes ; IFS : International Friendship Service ; BDPH : Bureau Diocésain de Promotion Humaine.

NNP,NPHSU,NIHP	<ul style="list-style-type: none"> Government 	<ul style="list-style-type: none"> Procurement of essential drugs 	<ul style="list-style-type: none"> \$4,047.91
Nutrition consultant	<ul style="list-style-type: none"> SSA consultant Nutrition from 1/10/06 to 31/01/07 	<ul style="list-style-type: none"> Technical support for the training in malnutrition detection and treatment, and on the surveillance system to community based agents. 	<ul style="list-style-type: none"> \$6,027.12
NNP	<ul style="list-style-type: none"> Government 	<ul style="list-style-type: none"> Integrated Management of Childhood Illnesses 	<ul style="list-style-type: none"> \$2,322.00
UNICEF - Access to adequate sanitary installations and hygiene promotion for rural communities affected by the crisis			
Partner	Type	Activities carried out	Budget
'Direction de l'Assainissement' (DA)	<ul style="list-style-type: none"> Governmental agency under the Ministry of construction 	<ul style="list-style-type: none"> Training of 300 masons for the construction of 'SANPLAT' latrine slabs Follow-up and quality control 	<ul style="list-style-type: none"> \$40,100.68
'Centre Régional pour l'Eau Potable et l'Assainissement a faible coût' Côte d'Ivoire (CREPA CI)	<ul style="list-style-type: none"> Regional NGO 	<ul style="list-style-type: none"> Training of 21 NGO staffs in charge of hygiene promotion and social mobilization Follow-up 	<ul style="list-style-type: none"> \$27,929.60
'Côte d'Ivoire Charité' (CIC)	<ul style="list-style-type: none"> National NGO 	<ul style="list-style-type: none"> Hygiene promotion, social mobilization and latrine construction in 30 villages of 'Bas Sassandra' region (San Pedro and Tabou department) 	<ul style="list-style-type: none"> \$18,841.00
Association de Soutien à l'Autopromotion Sanitaire et Urbaine' (ASAPSU) - Yamoussoukro.	<ul style="list-style-type: none"> National NGO 	<ul style="list-style-type: none"> Hygiene promotion, social mobilization and latrine construction in 20 villages of 'Moyen Cavally' region (Guiglo department) 	<ul style="list-style-type: none"> \$8,811.00
Caritas – 'Département des Actions de	<ul style="list-style-type: none"> International NGO 	<ul style="list-style-type: none"> Hygiene promotion, social mobilization and latrine construction 	<ul style="list-style-type: none"> \$12,413.16

Promotion Humaine' (DAPH)		in 30 villages of '18 Montagnes' region (Biankouma and Man department)	
International Friendship Services (IFS)	▪ National NGO	▪ Hygiene promotion, social mobilization and latrine construction in 20 villages of '18 Montagnes' region (Biankouma, Danane, and Man departments)	▪ \$8,811.00
'Organisation Nationale pour l'Enfant, la Femme et la Famille' (ONEF)	▪ National NGO	▪ Hygiene promotion, social mobilization and latrine construction in 20 villages of '18 Montagnes' region (Zouan Hounien and Bin Houye departments)	▪ \$17,152.00
'Organisation pour le Développement des Activités des Femmes' (ODAFEM)	▪ National NGO	▪ Hygiene promotion, social mobilization and latrine construction in 30 villages of 'Moyen Cavally' region (Duekoué and Bangolo departments)	▪ \$12,413.16

Food and Agriculture Organization

FAO - Improve the food security and the nutritional status of vulnerable households in rural western Côte d'Ivoire

Regions		Villages	Nutrition centers	Partners
Moyen Cavally	1	Guiglo	CNT	ANADER - Social Center - MSF/F
	2	Blolequin	CNS	ANADER - Social Center - MSF/F
	3	Duékoué	CNS	ANADER - Social Center - MSF/F
18 Montagnes	4	Zouhan-Hounien	CNT	OVDL - MSF/H
	5	Téapleu,	CNS	OVDL - MSF/H
	6	Glangleu,	CNS	OVDL - MSF/H
	7	Ouyatouo	CNS	OVDL - MSF/H
	8	Bin-Houyé	CNS	OVDL - MSF/H
	9	Danané,	CNS	Caritas
	10	Bounta,	CNS	Caritas
	11	Banzadepleu,	CNS	Caritas
	12	Guian-Houyé	CNS	Caritas
	13	Gbinta	CNS	Caritas
Savanes	14	Korhogo,	CNT - CNS	CRCI - ARK
	15	Kohotieri	CNC	ARK
	16	Bodonon	CNC	ARK
	17	Togoniere	CNS	ARK

World Health Organization

WHO - Yellow Fever Outbreak		
Partner	Type	Activities
WHO	UN	<ul style="list-style-type: none"> ▀ Purchased vaccines and supplies ▀ Technical supervision ▀ Coordinated immunization Activities ▀ Provided resources to Ministry of Health and other partners (funds, logistic, etc)
Ministry of Health	Government	<ul style="list-style-type: none"> ▀ Provided personnel to deliver vaccine and supplies and administer vaccine. ▀ Community sensitization ▀ Sensitized local authorities (religious, traditional, administrative) for community mobilization ▀ Training of health and community health workers on immunization campaign organization, waste management and Adverse Events Following Immunization (AEFI) management
National Red Cross Committee and International Committee of the Red Cross (ICRC)	National and Inter-governmental Organizations	<ul style="list-style-type: none"> ▀ Community sensitization and community mobilization ▀ Participated to vaccine administration ▀ Participation in training of community health workers ▀ Monitoring of AEFI cases
UNICEF	UN	<ul style="list-style-type: none"> ▀ Participated in the supervision of the immunization campaign
WFP	UN	<ul style="list-style-type: none"> ▀ Provided Logistical support
UNOCI:	UN	<ul style="list-style-type: none"> ▀ Provided Logistical support
OCHA	UN	<ul style="list-style-type: none"> ▀ Coordination of humanitarian interventions
WHO - Reducing Morbidity and Mortality due to Communicable Disease and Epidemic Prone Diseases including <i>Buruli Ulcer</i> in Côte d'Ivoire		
Partner	Type	Activities
WHO	UN	<ul style="list-style-type: none"> ▀ Coordination of disease surveillance activities ▀ Provided technical support to other partners (including distribution of guidelines and tools for case management)

Ministry of Health	▣ Government	▣ Surveillance, EPI (Expanded programme for immunization), and case management activities implementation
UNICEF	▣ UN	▣ Coordination of EPI activities (Expanded programme for immunization)
Save the Children	▣ INGO	▣ Implementation of EPI
MSF/France	▣ INGO	▣ Case management
CARITAS		▣ Case management
Cap Anamur	▣ INGO	▣ Training of health and community health workers on nutrition surveillance
AWECO	▣ Local NGO	▣ Community mobilization and sensitization for immunization

WHO - Early Warning System for the Surveillance of Epidemic Diseases in Côte d'Ivoire

Partner	Type	Activities
WHO	▣ UN	▣ Coordination of disease surveillance activities ▣ Provided tools and guidelines on disease surveillance ▣ Training of health workers and community health workers on disease surveillance in collaboration with UNICEF
IRC	▣ INGO	▣ Data transmission through IRC radio communication equipment
IOM	▣ IO	▣ IDPs camps management
OCHA	▣ UN	▣ Coordination of humanitarian response
UNHCR	▣ UN	▣ Provision of health care
UNICEF	▣ UN	▣ Training of health workers and community health workers in disease surveillance in collaboration with WHO
Cap Anamur	▣ INGO	▣ Training of health workers on nutrition surveillance

Côte d'Ivoire 2007

On 1 March 2007, CERF allocated \$4.5 million to ensure the continuation of humanitarian assistance to vulnerable populations in Côte d'Ivoire. CERF also allocated \$1.7 million to control a meningitis outbreak in the northern part of Côte d'Ivoire.

Côte d'Ivoire 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 three years of stalemate, the signing of a peace accord on 4 March 2007 in Ouagadougou, Burkina Faso, gave new impetus to the peace process. The accord envisages the holding of elections in ten months. It also stipulates that government and troops from the Forces Nouvelles start deploying in the buffer zone - known as the Zone of Confidence - currently manned by the United Nations and the French Licorne forces as of 16 April 2007. The UN and French forces in the zone are then expected to start reducing their presence in the area.

Against this backdrop of political fragility, the humanitarian situation in the country continues to deteriorate, with devastating effects particularly for approximately 700,000 displaced and other vulnerable groups in the volatile West and an increasingly impoverished North. Côte d'Ivoire experiences serious challenges within the social and health sectors, with saturated and inadequate health infrastructure, an upcoming shortage of stocks of essential drugs and resources, shortages of potable water, poor sanitary conditions, and weak epidemiological surveillance systems. This environment poses serious challenges to humanitarian efforts to overcome the deterioration of basic health services as well as the resurgence of diseases like *Yellow Fever*, cholera and meningitis. This situation was further exacerbated last summer by the dumping of 500 tons of toxic waste in the economic capital, Abidjan, which led to 15 deaths and necessitated treatment for several thousand patients.

In such a fragile socio-political context, persistent violations of human rights and humanitarian law, inter-community tensions and widespread impunity continue to aggravate the social fracture. These abuses and the impunity that fuels them raised serious concerns about the potential for sudden violence whenever the peace process is stalled. The protection of displaced populations and host families, especially in Government-controlled areas in the west and in the Zone of Confidence, remains one of the most urgent humanitarian challenges, as well as that of children associated with armed forces and children victims of violence and sexual abuse, or deprived of access to education.

The CERF grants of \$4.5 million will allow UN agencies to respond to the most pressing of humanitarian concerns. WFP will provide food assistance and humanitarian air service, while UNFPA will support the integration of reproductive health components in the center and east of the occupied zones. UNICEF will provide emergency obstetric care for women as well as provide improved access to water for rural communities inadequately covered by humanitarian assistance. While IOM will provide assistance to the voluntary return of about 1,000 internally displaced people (IDPs), UNDP will provide coordination and support services.

With the CERF grant, the World Health Organization (WHO) will seek to control a meningitis outbreak in the northern, central, south western and western regions of Côte d'Ivoire and prevent the disease to expand to other areas. During January 2007, district administrations in the aforementioned areas reported 58 cases of meningitis, including 15 deaths. The WHO projects targets 80 percent of the population in these districts or 3.6 million people. Activities include a strengthened epidemiological surveillance in the region as well as the purchase and delivery of drugs, vaccine, syringes, and other medical supplies as part of a mass immunization campaign.