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### United Nations Children's Fund

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### Summary of midterm reviews of country programmes

#### West and Central Africa region

#### *Summary*

This regional summary of midterm reviews of country programmes conducted in 2012 was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1). The Executive Board is invited to comment on the report and provide guidance to the secretariat.

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\* E/ICEF/2013/19.



## **Introduction**

1. During 2012, Côte d'Ivoire was the only country in the West and Central Africa region to conduct a midterm review of its country programme. That midterm review was carried out against a regional backdrop characterized by persisting insecurity and the fragility of certain States, the impact of recurring extreme weather events (droughts and flooding) and some of the world's strongest trends in population growth and in urbanization. These destabilizing factors place limits on the progress achieved by certain countries towards attaining the Millennium Development Goals (MDGs), weaken and affect the living conditions of millions of children and women every year and considerably undermine the accessibility and quality of basic social services. On the other hand, a number of countries have made significant advances in recent years, particularly in terms of economic growth and a faster pursuit of specific development goals, thereby highlighting the strong points and potential of the West and Central Africa region.

## **Midterm review**

### **Côte d'Ivoire**

#### **Introduction**

2. The midterm review of the 2009-2013 country programme was conducted between October 2011 and April 2012, under the auspices of the Ministry of State, the Ministry of Planning and Development, and the Programme Coordinator. A simplified format was adopted in order to ensure the necessary flexibility in view of the political context, particularly the expected adoption of the Government's new strategic options in the fields of development and poverty reduction and the establishment of the new National Assembly, scheduled to convene in the second quarter of 2012.

3. The midterm review began with sectoral reviews in November 2011 and concluded with a multisectoral review workshop chaired by the General Director of Planning and comprising all Government departments involved in the programme, civil society organizations and other United Nations system partners participating in the implementation of the UNICEF cooperation programme in Côte d'Ivoire. The report was finalized in April 2012. That process made it possible to assess developments in the situation of children and women, evaluate progress towards expected results, identify key constraints, encourage an intersectoral approach and, if necessary, readjust the strategic positioning and operational aspects of the country programme in order to improve performance in its last two years of implementation. During the midterm review, account was also taken of the midterm report on the implementation of the Poverty Reduction Strategy Paper (PRSP 2009-2013) in the period 2009-2011. That report highlights the contributions of the development partners, including UNICEF; revisions to the Government's main commitments in the area of development (PRSP, National Development Plan and national Health Development Plan); and the progress and constraints observed in implementing the United Nations Development Assistance Framework (UNDAF) for 2009-2013.

## **Update on the situation of children and women**

4. The socio-political and military crisis, prompted by protests against the results of the presidential elections held in late 2010, aggravated poverty and vulnerability among the population and caused a far-reaching deterioration of the social situation. The population's economic vulnerability was considerably exacerbated by a series of economic and social shocks. Poverty, disparities and inadequate access to basic services, such as those related to health and nutrition, increased, while individual involvement in economic life declined.

5. Mortality rates remain high, particularly for children under 5 and women at childbirth. Although decreasing, trends in that area are still largely insufficient for achieving MDGs 4 and 5. In 2011, with 36 confirmed cases of wild poliovirus, Côte d'Ivoire ranked first in the world as a centre of type 3 polio, while a number of centres of yellow fever and cholera epidemics were identified in the period 2009-2011.

6. Global acute malnutrition displays a declining trend in all areas of the country, except the North-East and South-West, where the prevalence of wasting increased in the period 2006-2011 and chronic malnutrition is on the increase.

7. Recurrent political crises exacerbated violence against women and children. During the 2011 humanitarian crisis, approximately 10 per cent of the population was displaced. Women and girls account for 80 per cent of identified victims, and 40 per cent of recorded occurrences of violence involve sexual abuse.

8. Access to primary education remained limited. In 2011, education suffered a setback as a result of the destruction, looting and occupation of school buildings. As regards education quality, the success rate in the primary education final exam (for an elementary school certificate) decreased from 74.5 per cent in 2009 to 68.9 per cent in 2010 and 58.2 per cent in 2011.

## **Progress and key results at midterm**

9. The first part of the 2009-2013 cooperation programme was launched as the country was emerging from the crisis. That fragile political context made it difficult to implement and regularly monitor action on the ground. Moreover, lack of data hampered the measurement of progress towards expected results.

10. The latest UNDAF review acknowledges the collective efforts undertaken at the level of United Nations system organizations in order to, inter alia: (a) support the Government and the decentralized authorities in enhancing the supply of and demand for preventive, promotional and therapeutic care; (b) take appropriate steps in the area of nutrition, including in particular the provision of food supplements and vitamin A, and the conduct of nutritional surveys based on "specific, measurable, achievable and attributable, relevant and realistic, time-bound, timely, trackable and targeted" (SMART) indicator methods in order to obtain data necessary for monitoring and appropriate response; (c) improve the supply of basic education throughout the national territory, particularly through school rehabilitation, community mobilization and technical and institutional capacity-building; and (d) strengthen action against HIV/AIDS through the supply of antiretroviral (ARV) drugs, other medications and materials (detection reagents), the promotion of monitoring second generation resistance, the expansion of the

prevention of mother-to-child transmission (PMTCT), and psychological counselling.

11. In the area of child survival, significant results were achieved at the political level. With the advent of the new Government, a national policy on health was formulated and validated, and work began on a medium-term (2012-2015) development plan complementing the medium-term expenditure framework (MTEF). That policy is based on an accelerated MDG achievement strategy, drawn up in 2010, in support of high-impact activities and pro-poor approach mainstreaming. National guidelines and a set of tools were developed for family- and community-based management of diseases affecting children, including newborns.

12. In the period 2009-2011, the programme focused on maintaining the level of immunization coverage of the main antigens targeted under the Expanded Programme on Immunization (EPI). Regarding the prevention of communicable diseases, routine vaccination coverage increased between 2008 and 2010, for instance from 74 to 85 per cent for diphtheria, pertussis, tetanus and polio and from 63 to 70 per cent for measles.

13. In 2011, national inoculation campaigns undertaken preventively or in response to epidemic outbreaks contributed to improving coverage rates that had been affected by the crisis, leading in particular to 91 per cent coverage against measles, and full vitamin-A-supplement and deworming coverage. Such combined activities also helped increase coverage with long-lasting insecticide-treated nets (ITNs) from 10 per cent in 2008 to 25 per cent in 2011.

14. The increase in the number of new therapeutic-nutrition and nutrition-stabilization centres (from 9 in 2008 to 47 in 2010) and the training of community personnel in the early detection of acute malnutrition in children led to significant improvement in identifying the children concerned and ensuring their recovery. In 2011, of the approximately 10,500 children suffering from severe acute malnutrition who were provided with care, 80 per cent were cured. Stunting is on the decline, with the prevalence of chronic malnutrition among children decreasing from 34 per cent in 2006 to 27.3 per cent in 2011. The rate of exclusive breastfeeding has increased from 4 per cent at the national level to 33 per cent in the North and 14 per cent in the West as a result of stepping up meetings for the promotion of community-based monitoring of children's growth.

15. ARV, essential drugs and other materials for early diagnosis in children were supplied to 77 PMTCT sites. In 29 districts, 41 per cent of pregnant women undergoing their first antenatal examination were provided with PMTCT services and ARV medication was administered to 44 per cent of newborns with HIV-positive mothers.

16. As the crisis called into question the attainment of MDG 7 in respect of access to drinking water, the programme focused on supplying and maintaining community facilities, thereby covering 60 per cent of the target population. In the area of sanitation, termination of open defecation in the period 2009-2011 was attested in 127 out of 237 villages, with an expected gain of approximately one percentage point in the national rate of access to a clean environment. Responding to emergencies regarding access to drinking water, sanitation and hygiene, UNICEF supported the measures taken by the Government against the cholera epidemic

which broke out in the district of Abidjan with approximately 1,300 reported cases, including 30 deaths in 2011.

17. Girls' education has been defined as a national priority and is supported by the coordinators of the network of the United Nations Girls' Education Initiative (UNGEI) in Côte d'Ivoire, an effort formalized in 2011 by a joint decree of the Ministers of Education and of the Family, Women and Children. The child- and girl-friendly school model adopted by the Ministry of National Education is being implemented in at least 400 elementary schools; and 4,621 children aged 3-5 have participated in preschool learning and assistance programmes as part of an intersectoral approach to the comprehensive development of young children. With regard to non-formal education, alternative educational approaches, viewed as a strategy for ensuring universal primary school enrolment, enjoy equal pedagogical and administrative support. Through advocacy for the integration of Islamic schools in the official education system, of 43 such establishments that have been identified, 22 have been accredited. In 2011, more than 16,000 children in the areas affected by post-electoral violence benefited from educational and recreational activities; and 39,000 displaced school-age children were enrolled in elementary schools in host communities. In the areas affected by the crisis, 112 schools have been rehabilitated with African Development Bank (AfDB) support.

18. Côte d'Ivoire ratified the two Optional Protocols to the Convention on the Rights of the Child and adopted Act No. 2010/272 prohibiting child trafficking and the worst forms of child labour in the country. UNICEF supported the mapping and analysis of, and the preparation of a concept paper for, the national system for the protection of children. In order to ensure that policies are formulated on the basis of observation, the standard information system was enhanced to cover child protection and gender-based violence. UNICEF played a crucial role in the design of a common tool for monitoring and reporting violations of the rights of the child, broadening the scope of monitoring and the care provided in the cases identified. In the area of legal and institutional protection, the access of more than 400,000 children to such services was improved through enhancement of the capacities of civil registry offices and community birth registration mechanisms; and, with direct UNICEF support, 2,339 statutory declarations were authorized by a judge (in 2010) for children after expiry of the relevant time limits. Of almost 400 communities mobilized through local protection committees, 139 villages officially discontinued excision. For purposes of prevention, at least 20,000 persons, including 8,400 children, in 200 communities belonging to 15 departments affected by child trafficking were informed on the risks for children in connection with early migration, on child trafficking and on the worst forms of child labour. Moreover, 129 child trafficking victims were returned to their families.

19. Mother and child health care booklets were revised to reflect PMTCT, mainly testing and monitoring the women concerned and infants born to HIV-positive mothers. Adolescents' vulnerability to AIDS was analysed in partnership with the joint United Nations team on AIDS, the World Bank and the University of Montreal in order to guide current action, particularly on the basis of vulnerability and equity. Moreover, UNICEF, the World Bank and the United States President's Emergency Plan for AIDS Relief (PEPFAR) supported the Ministry of National Education in its systemic approach to the inclusion of HIV/AIDS in primary and secondary education curricula. In an emergency context, 72,949 displaced persons and the host population groups, including 26,000 adolescents, were provided with access to

information and to prevention and care services. Care, including post-exposure prophylaxis (PEP) kits, was made available to 149 victims of sexual violence. The rate of ARV availability at central level health centres was maintained at 100 per cent.

20. Technical support and advocacy encouraged intensive national dialogue on social protection, which thus became a cornerstone of State efforts against extreme poverty and vulnerability. The specific target consisted in developing a national social-protection policy in 2012. Through a planning conference organized by the General Directorate of Planning of the Ministry of State and the Ministry of Planning and Development, a framework for coordinating central planning services was established with a view to building capacities in the areas of a rights-based approach, information and results generation and management, equity and gender.

## **Resources**

21. The total budget from all funding sources for 2009-2011 amounted to US\$ 100,561,327, compared to US\$ 88,423,440 planned at the beginning of the period. Of that total, \$32,497,500 was provided from regular resources, \$47,718,701 from other resources and \$20,345,125 from other resources earmarked for emergencies. At the end of 2011, expenditure amounted to \$98,602,229, broken down as follows: \$31,871,793 from regular resources; \$46,659,403 from other resources; and \$20,071,032 from other resources earmarked for emergencies. Expenditure was broken down by programme as follows: \$51,558,932 for child survival; \$24,539,200 for basic education; \$6,505,501 for the protection of children; \$3,555,387 for HIV and young persons; and \$2,674,387 for social policies.

## **Constraints and opportunities affecting progress**

22. Although designed on a forward-looking, development-oriented basis, the country programme was implemented within the context of considerable instability, which kept expanding during the second half of 2010 and the first half of 2011, limiting the scope of action and impeding the regular monitoring of certain activities on the ground. For instance, school schedules and routine health-care activities were upset. Opportunities for dialogue and long-term considerations were also restricted.

23. As a result of the crisis and national budget trade-offs, certain expenditures could not be carried out during the three years covered by the midterm review. The consequences included shortages in vaccines against tuberculosis, yellow fever and polio and in certain essential drugs. That affected the quality of services and users' confidence in the health system.

24. Community-based action and capacity-building and community empowerment activities remain experimental, reducing the probability of swiftly achieving universal coverage by social services, particularly of the most vulnerable.

25. In certain cases, the inadequacy and unequal geographical distribution of human resources restrict institutional capacities at the level of central and decentralized structures. That often obstructs the activities planned and the achievement of expected results. High staff turnover rates in sectoral ministries compel partners to repeat their recommendations to new decision makers and persons in charge and reduce capacity-building effectiveness and the scope of the institutional memory of Government services.

26. The restoration of peace and the commitment of the President and the Government to rebuild the political institutions and instruments of governance in order to bring about effective socioeconomic recovery and allow the population to share the benefits of peace bode well for strengthened implementation of the country programme.

27. Improvement of the political and legal framework in recent years, along with the Government's interest in and commitment to a deeper understanding of problems and a sustainable mainstreaming of the pro-poor approach within national policies and expenditure framework, are further significant promising elements.

### **Adjustments to the programme**

28. As part of the midterm review and in view of the restoration of peace, it was recommended to:

(a) Maintain the structure of the programme while supporting and accelerating the reorientation of emergency action towards development activities; and readjust the structure and staff of the UNICEF office to dovetail with the new profile of programme activities;

(b) Pay special attention to equity and the reduction of inequalities, particularly by refocusing the provision of services on three "areas of convergence" selected on the basis of the high level of vulnerability of the resident population and the main problems identified.

29. The following further adjustments were recommended:

(a) Strengthening the support for comprehensive reform and coordination of the health system and of the integrated operational plans of districts; enhancing the community-based approach and the decentralized monitoring of essential activities; and, lastly, promoting rehabilitation, infrastructure and the supply chain for essential products;

(b) Developing and expanding nutrition activities at the community level with a view to enhancing parents' and other providers' capacity to improve nutritional practices and family-based care for young children;

(c) Scaling up the community-led total sanitation strategy; strengthening the political framework of the water, sanitation and hygiene sector; enhancing the supply of and demand for social services in areas affected by the conflict and areas of convergence; and preparing responses to emergencies;

(d) On the basis of lessons learned during the first three years of the country programme, adopting the following three basic education and gender equality main thrusts, selected in cooperation with sector partners: education in an emergency setting and post-conflict recovery; institutional support for effective implementation of the education and training sector's medium-term plan of action, 2012-2014; and mainstreaming the equity approach in all education programme activities in order to better assist the population groups most deprived of basic education, especially in the priority areas covered;

(e) Shifting the response to problems of orphans and HIV/AIDS-affected children from the HIV/AIDS component to the child protection component in order to avoid stigmatization and promote a comprehensive approach;

(f) Developing a coordinated and equity-based national social protection framework, supplemented with budget analyses aimed at an optimal allocation of resources to the social sectors in line with the country's international commitments.

30. The organizations of the United Nations system, in cooperation with the Government, have agreed to revise the UNDAF in order to ensure alignment with national priorities. In April 2012, the Government consented to an extension of UNDAF 2009-2013 through 2015. The new agenda makes it possible to synchronize the partners' programming cycle with the Government's, which was established in 2009, and to ensure that the expected results coincide with the 2015 MDG Summit. Pursuant to that decision, the United Nations Development Group (UNDG), which includes UNICEF, decided to propose a two-year extension of their country programme for the continuation of planned activities in view of the limited extent of the changes envisaged.

## **Conclusion**

31. The midterm review of the Côte d'Ivoire-UNICEF cooperation programme for 2009-2013 was carried out in a concerted manner by UNICEF and the Government, under the coordination of the Ministry of Planning and Development and in close consultations with the Central and West Africa Regional Office of UNICEF. The Office supports and approves the main analyses, recommendations and adjustments proposed on the basis of the review.

32. The review established in particular that, in the period 2009-2011, UNICEF, in cooperation with its main partners and donors, continued to promote children's rights to survival, development and protection by combining development activities initially planned under the programme with emergency activities developed on an as-and-when-needed basis in response to the sociopolitical and military crisis.

33. After the end of the crisis and in view of gradual peace-building, one of the main challenges faced by Côte d'Ivoire will be to ensure that restored stability and economic recovery effectively contribute to reducing poverty, inequalities and disparities and that the expected increase in State revenue will serve in an equitable manner to provide quality basic services and strengthen social protection for the poorest and most vulnerable population groups.

34. In that context, the main recommendations formulated on the basis of the midterm review are appropriate and fully in line with national priorities and UNICEF guidance; and are aimed in particular at:

- (a) Refocusing the programme on development activities;
- (b) Placing greater emphasis on the reduction of inequalities and the provision of quality services in the "areas of convergence" selected on the basis of the high level of vulnerability of the population residing there, and especially the children;
- (c) Reaffirming the contribution of the country programme to national efforts aimed at accelerating the attainment of the MDGs;
- (d) Developing a national framework for social protection;
- (e) Improving the identification and removal of obstacles that reduce the effectiveness and sustainability of the activities.