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### United Nations Children's Fund

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### Country programme document

### Côte d'Ivoire

#### *Summary*

The country programme document (CPD) for Côte d'Ivoire is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$62,305,000 from regular resources, subject to the availability of funds, and \$150,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2021 to 2025.

\* E/ICEF/2021/1.



## Programme rationale

1. Côte d'Ivoire has experienced notable economic growth — gross domestic product (GDP) growth was 8.3 per cent between 2012 and 2019, on average — and has achieved positive results in poverty reduction and public investment through the Social Programme of the Government 2019–2020 and its National Development Plan (NDP) 2016–2020. However, children living in the most vulnerable areas of the country (western and northern border regions and some peri-urban neighbourhoods of Abidjan), continue to experience persistent social inequalities and deprivations in health, nutrition, education, water, sanitation and protection services.<sup>1</sup> Recognizing the leadership of the Government of Côte d'Ivoire, the country programme 2021–2025 will build on progress achieved while addressing the needs of the country's most vulnerable children.

2. Between 2012 and 2016, the infant mortality rate fell from 68 to 60 per 1,000 live births nationally and the child mortality rate decreased from 108 to 96 per 1,000 live births.<sup>2</sup> Regional and economic disparities persist: child mortality rates reach 108 per 1,000 live births in rural areas and 120 per 1,000 live births in poor households. An estimated 38.9 per cent of deaths among children under the age of 5 years occur during the neonatal period. The main causes of death among children from 1 to 59 months of age are preventable diseases, including pneumonia (19.2 per cent), diarrhoea (15.7 per cent) and malaria (11.8 per cent). HIV prevalence among pregnant women was 2.6 per cent in 2018, compared with 4.5 per cent in 2008.

3. The maternal mortality rate remains particularly high, at 645 per 100,000 live births. The main causes are related to the uneven access to quality basic health services across regions and unfavourable family practices. These causes are underpinned by poverty and a disproportionate allocation of public resources towards tertiary health care.

4. The prevalence of stunting among children under the age of 5 years fell from 29.8 per cent in 2012 to 21.6 per cent in 2016, though it remained three times higher in rural areas and among poor households due to feeding practices and insufficient access to food and quality care. Combined with rapid urban growth (half of the population lives in urban areas), this represents a triple challenge for Côte d'Ivoire: persistent chronic malnutrition; micronutrient deficiencies, as the prevalence of anaemia among women aged 15 to 49 years is 66.4 per cent and reaches 81.1 per cent in the north-west; and the emergence of poor dietary practices related to urban food-consumption patterns.

5. Between 2002 and 2015, access to potable drinking water rose from 51.2 per cent to 67 per cent, although poor, rural and peri-urban populations lagged behind. Over 68.5 per cent of households do not have access to improved sanitation facilities and 25.7 per cent of people still practise open defecation, with higher rates in rural areas (43.6 per cent) and among poor households (58 per cent). Despite public investments during the Social Programme of the Government 2019–2020, the water, sanitation and hygiene (WASH) sector has been unable to keep pace with population growth.

6. The Government's focus on education has led to the achievement of a primary education gross enrolment rate of over 100 per cent, with gender parity in primary schools and completion rates of 80.5 per cent in primary education and 56 per cent in

<sup>1</sup> Ministry of Planning and Development and UNICEF, "Analysis of children's multiple deprivations in Côte d'Ivoire", National Multiple Overlapping Deprivation Analysis (N-MODA)(Abidjan, 2018).

<sup>2</sup> Unless otherwise stated, all data is taken from the Ministry of Planning and Development and UNICEF, "Situation analysis of children and women in Côte d'Ivoire" (Abidjan, 2019).

lower secondary education.<sup>3</sup> However, education is still characterized by regional disparities and low pupil performance, and an estimated 1.6 million children are out of school. Preschool capacity is limited and schools lack sanitation facilities and qualified teachers. While 16 per cent of public spending is devoted to education, demand is constrained by school fees, social norms that risk excluding girls from school and a preference by some communities for non-formal education, such as Qur'anic schools.

7. Despite recent reforms to the child protection regulatory framework, overall performance in this sector has not improved except for birth registration coverage, which increased from 65 per cent in 2012 to 71.7 per cent in 2016. An estimated 87 per cent of children from 2 to 14 years of age are victims of violence and 19.2 per cent of girls are victims of sexual violence.<sup>4</sup> More than 31 per cent of children (5–17 years) work, 1 million children are orphans, including 45,000 AIDS orphans, and 15,000 live on the streets. Violence prevention and care services are scarce, and their effectiveness is limited by a lack of qualified personnel and deficits in coordination and budget allocation in addition to persistent social norms that are unfavourable to child rights.

8. Young people are a priority for the Government due to their demographic weight, their impact on social cohesion and the need to strengthen human capital. Young people from 10 to 19 years of age, who represent 22 per cent of the population,<sup>5</sup> experience challenges and frustration because their education is not adapted to the needs of the labour market.<sup>6</sup> Approximately 50 per cent of students complete primary school without acquiring basic literacy and numeracy skills. Some 25,000 young people, 56 per cent of whom are girls, live with HIV due to unsafe behaviours and a lack of specialized services. Youth voices are rarely heard in decision-making processes.

9. Despite the progress achieved in poverty reduction through the NDP 2016–2020 and the NDP 2012–2015, inequalities persist among children. Low public expenditure on social protection, which represented 0.3 per cent of GDP in 2019, the low health insurance coverage of 7 per cent and the limited social safety nets adversely impact vulnerable children. The Social Programme's success in addressing the unequal distribution of economic growth may be compromised by the socioeconomic consequences of the coronavirus disease 2019 (COVID-19) pandemic. Indeed, initial analyses indicate a drop in vaccination coverage, an increase in children dropping out of school and a rise in violence against women and children.<sup>7</sup>

10. Lessons learned from the previous country programme, drawn from the 2019 situation analysis and from joint programme reviews and studies, highlight the need to address the low social indicators in vulnerable geographical areas and to reinforce support to the Government to reduce persistent inequalities that impede the realization of child rights. Sociocultural determinants and unfavourable family practices are persistent key bottlenecks. Other lessons learned demonstrate the significant potential for scaling up innovations, expanding partnerships with the private sector and reinforcing youth engagement to accelerate results for children. The continued

<sup>3</sup> Data on education is for the 2018–2019 school year.

<sup>4</sup> Ministry of Women, Family and Children of Côte d'Ivoire and others, "Violence against children and youth in Côte d'Ivoire: findings from a national survey, 2018" (Abidjan, 2019).

<sup>5</sup> The 2020 estimates are based on the 2014 General Census of Population and Housing, as cited in Ministry of Planning and Development and UNICEF, "Situation analysis of children and women in Côte d'Ivoire" (Abidjan, 2019).

<sup>6</sup> UNICEF, Social cohesion analysis (Abidjan, 2019).

<sup>7</sup> UNICEF, Qualitative survey on the impact of COVID-19 on basic social services (Abidjan, June 2020).

promotion of multisectoral and integrated approaches to WASH, nutrition and birth registration, as well as to the COVID-19 response, remains critical.

## **Programme priorities and partnerships**

11. The overarching goal of the country programme is to reinforce access to quality social services and to promote behavioural change, especially in vulnerable areas, to enable women, children and adolescents — particularly girls — to realize their rights and full potential. Based on priorities identified with partners and lessons learned, the country programme's theory of change is that if the contribution of UNICEF succeeds in (a) accelerating and concentrating interventions in vulnerable geographical areas; (b) sustaining the continuity of basic social services, including in humanitarian situations; (c) strengthening the capacity of families, authorities and young people to promote sociocultural norms favourable to child rights; and (d) expanding partnerships with the private sector to unlock resources and bring about sustainable, affordable and at-scale solutions that address bottlenecks, then mothers, children and adolescents who are left behind or at risk of being so will access quality social services and adopt behaviours that will allow children to develop to their full potential, contribute to social cohesion and be resilient when faced with shocks and stresses. The underlying assumptions are that the Government will take measures that effectively mitigate the risks of climate change, contain the effects of the central Sahel crisis and strengthen the resilience of systems and populations to withstand socioeconomic shocks and epidemics such as the COVID-19 pandemic.

12. The aspiration of Côte d'Ivoire to become an emerging country is aligned with the 2030 Agenda for Sustainable Development and the African Union Agenda 2063. The UNICEF country programme 2021–2025 is aligned with the UNICEF Strategic Plan, 2018–2021 as well as the NDP 2021–2025, particularly its pillar 2 on the development of human capital and the improvement of its productivity and its pillar 3 on the strengthening of inclusion, national solidarity and social action. The programme takes into account the concluding observations of the Committee on the Rights of the Child of 2019. It is based on the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021–2025 particularly its outcomes related to youth, gender, access to social services, education and governance. The programme will focus on achieving key results for children in the West and Central Africa region, particularly routine immunization; equitable and sustainable access to education; the protection of children from violence and exploitation; and birth registration.

13. The country programme will make an important strategic shift by promoting multisectoral and convergent interventions in priority areas (convergence zones), which include the northern and western regions of the country and some peri-urban areas of Abidjan, in order to benefit the most vulnerable and hardest-to-reach children. The geographic focus in the north, which is exposed to the threat of armed groups from the central Sahel, will reinforce social services and community resilience. In these geographical priority areas, intersectoral and convergent programming will be strengthened, and synergies will be consolidated with other United Nations agencies. Decentralization and governance will be reinforced at the local level. The geographical focus of the country programme will be complemented by selected interventions and policy initiatives at the national level to achieve at-scale results for all children in Côte d'Ivoire.

14. Building on the 2019 situation analysis<sup>8</sup> and on existing evidence, an in-depth analysis of sociocultural determinants will guide the development of a cross-cutting approach to communication for development (C4D). Community-level behaviour-change communication will play a transformative role in the country programme, driving change in support of all programme components by catalysing social networks, youth engagement and traditional media channels to strengthen and consolidate social cohesion.

15. Partnerships with the private sector will be intensified, particularly in the cocoa sector, where evidence-based advocacy, continued from the previous country programme, is expected to lead to large-scale transformative interventions across programme components. The country programme will scale up innovative approaches, including the use of recycled plastic bricks, mobile payments, distance learning (developed during the COVID-19 pandemic) and the interoperability of birth registration with the health sector.

16. The programme will implement the common chapter of the strategic plans of UNICEF, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). It will focus on strengthening national capacities for data collection and statistical systems for sustainable development; the prevention of and response to gender-based violence; complementary interventions for reproductive, maternal and adolescent health; and reinforced social cohesion.

### **Every child survives and thrives**

17. UNICEF will contribute to the national health development plan by enabling pregnant women, children and adolescents, especially the most disadvantaged, to make full use of integrated quality services in health centres and communities.

18. Within the framework of the Global Financing Facility for Women, Children and Adolescents, UNICEF will advocate for an increase in budgetary resources for primary health care, so that reforms focus on universal health coverage, strategic procurement and performance-based financing, as well as the operationalization of health districts to better meet children's needs.

19. In partnership with other health actors including the World Health Organization (WHO), UNFPA and the French Development Agency (Agence Française de Développement (AFD)), UNICEF will facilitate the extension of high-impact maternal and neonatal health interventions, with a focus on the most vulnerable areas. These interventions include community-based health care; scaling up innovations, such as distance-learning platforms for community health-care agents and the continued use of uterine balloon tamponade kits; and the essential newborn care package. Births attended by health personnel are expected to increase from 74.2 per cent to 85 per cent. To support gains in immunization, UNICEF, WHO and Gavi, the Vaccine Alliance will continue to adapt immunization strategies to new urban and rural realities, with the aim of increasing national pentavalent-3 vaccination coverage to 95 per cent.

20. Multisectoral approaches will be pursued, particularly through the C4D, WASH, nutrition and child protection components. This will enable the scaling up of new mechanisms for registering births at delivery and during vaccinations to support universal birth registration.

21. In partnership with WHO and the Joint United Nations Programme on HIV/AIDS and in line with the 95-95-95 targets, the strategy for HIV prevention and

<sup>8</sup> Ministry of Planning and Development and UNICEF, "Situation analysis of children and women in Côte d'Ivoire" (Abidjan, 2019).

care among children from 0 to 14 years of age will be revitalized by improving paediatric care (early infant screening through point-of-care technology), increasing antenatal consultations and mobilizing communities to eliminate mother-to-child transmission (EMTCT). Index-based family HIV testing, assistance to at-risk children and women and the distribution of antiretroviral drugs will be integrated into advanced and expanded strategies at all EMTCT sites, including private sites.

22. UNICEF will support the country's multisectoral national nutrition plan. Children, adolescents and pregnant and lactating women, especially the most vulnerable, will have improved access to adequate nutrition and adopt appropriate early childhood care and feeding practices. UNICEF will continue its strategy of integrating nutrition interventions into quality health-care services. An emphasis will be placed on addressing micronutrient deficiencies and advocating for improved urban consumption patterns.

23. As the lead agency of the nutrition partners' group and in partnership with other actors supporting the Government in the nutrition sector (AFD, the World Bank, the World Food Programme (WFP) and civil society), UNICEF will seek to reduce coordination bottlenecks and strengthen data collection systems.

24. Multisectoral action will be strengthened through C4D to promote improved strategies for infant and young child feeding and the prevention of chronic and acute malnutrition in communities. In priority areas where nutrition-related deprivations are most acute, the antenatal consultation platform will support improved nutrition for mothers and adolescent girls. Exclusive breastfeeding rates are expected to double to 50 per cent by the end of 2025. In addition, community health workers, young people, rural development facilitators and agricultural cooperatives will be trained in community animation techniques as part of initiatives undertaken by the Centres for the Strengthening of Community Nutrition Activities (Foyer de renforcement des activités de nutrition communautaire (FRANC)), involving U-Reporters to monitor interventions, an approach that has been used as part of the COVID-19 response.

### **Every child lives in a safe and clean environment**

25. UNICEF will support the Sanitation and Water for All partnership and the national rural sanitation strategy to enable the most disadvantaged communities, especially women, girls and boys, to live in a safe and clean environment, including during emergency situations.

26. In partnership with other actors supporting the Government in the WASH sector, including the World Bank and the African Development Bank, UNICEF, as lead agency of the WASH partners' group, will contribute to the revision of legislative frameworks and technical standards, support coordination and reinforce monitoring systems to enable institutional and governmental mechanisms to become more effective.

27. Capitalizing on lessons learned from the COVID-19 pandemic, WASH interventions within priority areas will target schools and health centres, which serve as entry points for integrated community-based interventions. Priority will be given to community-led total sanitation, reducing open defecation from 26 to 10 per cent nationally by 2025, revitalizing community management mechanisms for water points and enhancing partnerships with the private sector to increase the supply of accessible and affordable sanitation and hygiene products. The engagement of youth and local authorities as advocacy partners will be strengthened.

### **Every child learns**

28. UNICEF will support priority interventions of the education sector plan related to the development of human capital, so that children from 4 to 19 years of age have

equitable access to quality education and training and acquire skills to meaningfully contribute to social and economic development. UNICEF will continue its interventions in favour of girls' education, inclusive education and quality education for improved learning outcomes, especially in convergence zones, where the education sector performance is weakest. The percentage of children with basic academic skills will increase. For example, the target related to children's ability to read in the second grade of the primary cycle is expected to increase from 14 to 50 per cent.

29. As the lead agency of the education partners' group and in partnership with other actors supporting the Government in the education sector, including the World Bank, AFD, the United Nations Educational, Scientific and Cultural Organization and WFP, UNICEF will support the development of a national human resources management strategy, the expansion of performance-based financing and the national strategy to integrate Qur'anic schools into the formal education system. Based on lessons learned during the COVID-19 pandemic, distance education will enhance the continuity of education services. The use of plastic bricks will be leveraged to accelerate green school construction and to systematically add classrooms for pre-primary education.

30. In the convergence zones, the community preschool strategy will scale up the revitalization of local management committees and parental education; focus on monitoring children's school performance; and increase the proportion of girls in preschool from 9 to 25 per cent.

#### **Every child is protected from violence and exploitation**

31. In partnership with actors such as the Office of the United Nations High Commissioner for Refugees, UNFPA, the International Organization for Migration, the International Labour Organization and Save the Children, UNICEF will support strengthened child protection systems through the development and implementation of national policies, action plans and protocols to prevent and combat all forms of violence, abuse and exploitation. The programme will support vulnerable families through a communications campaign, parent education (linked to the education component) and the scale-up of innovations developed as part of the COVID-19 response, such as the use of mobile cash transfers to prevent child abuse and provide care to victims.

32. UNICEF will support birth registration to secure the right of children to a legal identity and will reinforce child protection systems against all forms of violence, exploitation, neglect and abuse by targeting bottlenecks and focusing on prevention and community-based services in the most vulnerable areas. To implement the commitment with the African Union to universalize birth registration, new birth registration mechanisms in community health facilities will be scaled up. Birth registration coverage for children under 1 year of age is expected to increase to 90 per cent nationally.

33. The programme will support the Government's efforts to prevent the worst forms of child labour through transformative public-private partnerships as well as to apply procedures related to juvenile justice, in line with the national policy for the judicial protection of children and young people, including the reintegration of children in conflict with the law.

#### **Youth and adolescents are engaged**

34. Building on the achievements made during the previous country programme, and in line with the national youth policy, UNICEF will promote greater engagement and participation in community life for youth and adolescents to enable their contribution to positive social change and cohesion.

35. Capitalizing on the Generation Unlimited partnership and the U-Report network, UNICEF, together with UNFPA, UNDP, UN-Women, civil society and the private sector, will advocate for the creation of digital and other innovative platforms aimed at increasing the employability of young girls and vulnerable young people. UNICEF will promote the use of social media to encourage young people to undertake civic action, particularly in their communities. Advocacy with decision-makers and donors will be intensified to increase the number of civic service centres to benefit out-of-school or socially isolated youth in rural and peri-urban areas.

36. UNICEF will continue to strengthen the life skills of youth and adolescents, including reproductive health awareness, and improve their access to services — in schools and non-formal settings — through the provision of health services, HIV prevention, nutrition and protection from violence.

### **Every child has an equitable chance in life**

37. UNICEF, together with the World Bank and United Nations agencies, will contribute to the reduction of inequalities among children by supporting the promotion of social policies and equitable social protection services.

38. To provide a foundation for investments towards equitable development, UNICEF will support the production of gender-sensitive and disaggregated data, particularly on children living in rural and peri-urban settings and those living with disabilities. In collaboration with the World Bank, UNICEF will accelerate the production of a social protection statistical data yearbook and a single social register of vulnerable people that will serve as a single database of beneficiaries for various social protection services, including in emergency situations.

39. UNICEF will support public expenditure reviews in social sectors to sensitize decision-makers on the importance of equity-informed budget allocations. Capacity-strengthening of local authorities and line ministries in priority geographical areas will support the transition to decentralized budgeting. UNICEF will support non-governmental organizations and youth to review social sector budgets with the aim of institutionalizing a culture of accountability. The use of citizens' budgets, which allows for exchanges between youth and local authorities and have already been introduced in the north (Odienné), will be extended to other areas in the convergence zones.

## **Programme effectiveness**

40. The programme will be efficiently coordinated, managed and supported to accelerate results for children in accordance with quality norms and standards and in line with the UNSDCF, 2021–2025. Synergies between the programme components and multisectoral approaches to reinforce access to quality social services and promote resilient communities will be systematically facilitated in the convergence zones.

41. The programme will strengthen the capacity of implementing partners through the harmonized approach to cash transfers framework and in the areas of monitoring and evaluation, results-based management and the prevention of sexual exploitation and abuse. Cross-cutting approaches, such as C4D, innovations, partnerships with the private sector, emergency preparedness and response and gender mainstreaming, will be strengthened to improve the effectiveness and efficiency of interventions.

42. The programme will seek to heighten the commitment of decision-makers and the public to the cause of children through an evidence-based communication and advocacy strategy and by positioning UNICEF as a global advocate for child rights. Studies, research and evaluations, including those centred on innovations, will be

widely disseminated and goodwill ambassadors and influencers will support key advocacy priorities. A special effort will be made to increase the use of digital and web-based technology by capitalizing on the experience of the U-Report network. To amplify advocacy messages, strategic partnerships with the national and international media, telephone service providers and other actors will be strengthened.

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Every child survives and thrives			
Health	8 100	37 500	45 600
Nutrition	5 776	18 000	23 776
Every child lives in safe and clean environment	5 776	15 000	20 776
Every child learns	8 685	40 500	49 185
Every child is protected from violence and exploitation	6 667	16 500	23 167
Youth and adolescents are engaged	5 769	15 000	20 769
Every child has an equitable chance in life	3 875	2 625	6 500
Programme effectiveness	17 657	4 875	22 532
<b>Total</b>	<b>62 305</b>	<b>150 000</b>	<b>212 305</b>

### Programme and risk management

43. UNICEF will maintain a risk-informed monitoring system focused on the risks identified in the United Nations Inter-agency Contingency Plan, which could restrict access to populations and generate additional needs linked to population movements. In consultation with the Government and the United Nations country team, UNICEF will activate its standby arrangements with partners or adjust the content and approach of the programme, if needed, to effectively respond to emergencies.

44. While UNICEF successfully mobilized significant additional resources in recent years, the economic repercussions of the COVID-19 pandemic, combined with the security risks emanating from the central Sahel, could constrain resource mobilization for the country programme. UNICEF will continue its evidence-based resource mobilization strategy and proactively support the Government with emergency preparedness and response.

45. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

## Monitoring and evaluation

46. The Ministry of Planning and Development, which carried out the situation analysis<sup>9</sup> in 2019, will coordinate the monitoring and evaluation of the country programme with UNICEF support.

47. Building on the network of U-Reporters, frontline workers and community-based organizations, real-time, innovative and participatory monitoring and evaluation approaches will be implemented to guide programming, demonstrate achievements and document good practices and lessons learned, particularly in the convergence zones. Partnerships will be enhanced with the Government, universities, United Nations agencies and civil society organizations to strengthen evidence generation and knowledge management on child rights and emerging issues to promote the institutionalization of evaluation of public policies and to strengthen national monitoring and evaluation systems. Priority monitoring and evaluation activities are listed in the integrated monitoring, research and evaluation plan, which includes support for a demographic and health survey.

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<sup>9</sup> Ministry of Planning and Development and UNICEF, “Situation analysis of children and women in Côte d’Ivoire” (Abidjan, 2019).

## Annex

### Results and resources framework

#### Côte d'Ivoire – UNICEF country programme of cooperation, 2021–2025

**Convention on the Rights of the Child:** articles 2–40

**National priorities:** Pillars 2 and 3 of the National Development Plan (NDP) 2021–2025

**Sustainable Development Goals:** 2–5, 10, 13, 16 and 17

#### **United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:**

By 2025, young people (girls and boys) especially those in vulnerable situations, have greater access to socioeconomic opportunities and develop to their full potential.

By 2025, women and girls have greater access to socioeconomic and technological opportunities for their empowerment, and for prevention and care of all forms of violence, including harmful practices.

By 2025, children, adolescents, youth (girls and boys) and adults, especially those from vulnerable households, have access to better opportunities to quality and inclusive education, functional literacy and vocational training.

By 2025, people, particularly the most vulnerable, have equitable access to a minimum social protection floor and use health services (maternal, newborn and child, reproductive health, HIV/AIDS, non-communicable diseases), nutrition, protection (child labor, violence), quality water, hygiene and sanitation, including in emergency situations.

By 2025, governance systems are more inclusive, accountable and efficient and have access to quality data, and people live in an environment where the rule of law, labour, gender equality, peace and security rights are respected and effective.

#### **Outcome indicators measuring change that reflect UNICEF contribution:**

Primary and secondary education completion rates (lower and upper secondary)

Gender parity index in primary and secondary education completion (lower and upper secondary)

Percentage of children who have acquired a minimum level of knowledge in reading and mathematics

Proportion of school-aged children who are outside the education system

Gross pre-primary education enrolment rate

Proportion of children (0–11 months) who received a third dose of pentavalent vaccine

Proportion of the population practising open defecation (urban and rural)

Level of achievement of the 95/95/95 targets for HIV and AIDS by Côte d'Ivoire

Proportion of the population benefiting from at least one social protection programme

Proportion of children (0–6 months) exclusively breastfed

Proportion of children (6–23 months) who receive a minimum acceptable diet

Proportion of the population using safely managed drinking-water supply services

Proportion of children (5–17 years) engaged in the worst forms of child labour

Proportion of child victims of violence, abuse and exploitation identified and cared for

**Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5**

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
1. By 2025, pregnant women, children and adolescents, especially the most disadvantaged, make full use of integrated quality services in health centres and at the community level, including in emergency situations.	Percentage of live births attended by skilled birth attendants B: 74.2% (2016) T: 85%	Demographic and health survey (DHS) and multiple indicator cluster survey (MICS)	Health institutions have strengthened capacities to promote a resilient health system.	Ministry of Health and Public Hygiene, World Bank, United Nations Population Fund (UNFPA), Debt Reduction and Development Contract (C2D), French Development Agency (AFD), World Health Organization (WHO), Gavi, the Vaccine Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria	8 100	37 500	45 600
	Percentage of children vaccinated with three doses of pentavalent-containing vaccine B: 84% (2017) T: 95%	DHS/MICS	Health providers and community health workers have strengthened capacity to provide equitable access to quality primary health care.				
	Percentage of children (0–4 years) with symptoms of acute respiratory infections who received antibiotics B: 30.1% (2016) T: 80%	DHS/MICS	Communities adhere to social practices and norms that promote maternal and child health.				
	Children (0–59 months) sleeping under an impregnated mosquito net B: 59.7% (2016) T: 80%	DHS/MICS	Service providers have strengthened capacity to provide quality services for the elimination of mother-to-child transmission of HIV and for the screening and treatment of exposed or infected children.				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Children (0–14 years) living with HIV who have received an antiretroviral treatment B: 36.4% (2019) T: 95%	District Health Information Software 2 (DHIS2)					
2. By 2025, children (girls and boys), adolescents and pregnant and lactating women, especially the most vulnerable, have access to adequate nutrition and adopt appropriate early childhood care and feeding practices using of quality services, including in emergency situations.	Percentage of infants (0–6 months) who are exclusively breastfed B: 24% (2016) T: 50%	DHS/MICS	Nutrition actors have strengthened capacity for greater efficiency and accountability in the implementation of the multisectoral approach.  Nutrition actors at the operational level are better equipped to scale up an integrated package of nutrition interventions.  Women of childbearing age have increased knowledge and capacity to adopt resilient behaviours and optimal social norms in nutrition.	National Council for Nutrition, Food and Early Childhood, World Food Programme (WFP), World Bank, Transforming Education in Cocoa Communities (TRECC)	5 776	18 000	23 776
	Minimum dietary diversity rate: B: 26% (2016) T: 50%	DHS/MICS					
	Percentage of adolescent girls and women with anaemia B: 15 to 19 years - 65.6%; 15 to 49 years - 66.4% (2016) T: 50%	DHS/MICS					
	Number of children who received two annual doses of vitamin A B: 2,764,764 (2017) T: 2,928,000 per year	DHIS2					
3. By 2025, the most disadvantaged communities, especially women, girls and boys, live in a safe and clean	Percentage of the population using at least basic drinking-water services B: National: 73%, urban: 88%, rural: 58% (2017)	DHS and WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)	National authorities have improved management capacities for equitable and sustainable access to quality water, sanitation and hygiene (WASH) services.	Ministry of Hydraulics, Ministry of Sanitation, Ministry of Health, World Bank,	5 776	15 000	20 776

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
environment, including in emergency situations.	T: National: 90%, urban: 96%, rural: 84%		Communities have affordable, safe and adequate WASH facilities.	African Development Bank, C2D			
	Percentage of the population using at least basic sanitation services B: National: 32%, urban: 46%, rural: 18% (2017) T: National: 74%, urban: 79%, rural: 68%	DHS/MICS/JMP	Communities are committed to changing social and behavioural norms to maintain a safe and clean environment for children.				
	Percentage of the population practising open defecation B: National: 26%, urban: 8%, rural: 44% (2017) T: National: 10%, urban: 3%, rural: 17%	DHS/MICS/JMP					
4. By 2025, children aged 4 to 19 years have access to quality, equitable education and training and acquire improved learning outcomes, including in emergency situations.	Gross pre-primary education enrolment rate: B: 9% (girls: 9%, boys: 8%) (2019) T: 25% (girls: 25%, boys: 24%)	DHS/MICS	Education institutions have enhanced capacity to improve the effectiveness, efficiency, quality and resilience of the education system.  Actors in the education system are better equipped to develop quality alternative education and vocational training for out-of-school children.	Ministry of Education, AFD, United Nations Educational, Scientific and Cultural Organization, World Bank, WFP, TRECC	8 685	40 500	49 185
	Percentage of children with basic academic skills B: CP2 (second year of primary school): - Reading: 14% - Mathematics: 30% CM1 (fifth year of primary school) - Reading: 25% - Mathematics: 26% (2014) T: CP2 (second year of primary school): - Reading: 50% - Mathematics: 50%	Educational Systems Analysis Programme (Programme d'analyse des systèmes éducatifs de la CONFEMEN (PASEC)) of the Conference of the Ministers of Education of Francophone States and Governments (Conférence des	Targeted communities adhere to social norms that are favourable to pre-primary school attendance and to the retention of children in school.				

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	CM1 (fifth year of primary school): - Reading: 70% - Mathematics: 60%	ministres de l'éducation des états et gouvernements de la Francophonie (CONFEMEN)) /MICS					
	Percentage of out-of-school children of primary and lower secondary school age:  B: 34% (2016) T: 21%	DHS					
5. By 2025, girls, boys and adolescents enjoy a legal identity and are protected against all forms of violence, exploitation, neglect and abuse, including in emergency situations.	Number of children who have experienced violence reached by care services B: 4,429 (2019) T: 5,000 per year	Ministry of Child Protection, Information and Management System (IMS)	Key actors in the child protection system have enhanced capacity to strengthen the system and address all forms of violence against children.	Ministries of Children; Justice; and Territorial Administration, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), UNFPA, WHO	6 667	16 500	23 167
	Number of children in contact with the justice system who benefit from UNICEF-supported interventions improving their access to justice  B: 980 (2019) T: 2,000	Ministry of Justice, IMS	Communities gain skills and adopt practices to protect children from violence and the worst forms of child labour.  Key actors in the justice system have increased capacity to provide legal support and rehabilitation services to juveniles in conflict with the law.				
	Percentage of children (0–11 months) whose births are registered  B: 70% (2019) T: 90%	Ministry of Territorial Administration, IMS	Civil registration authorities and communities have increased				

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	<p>Percentage of children (5–17 years) engaged in child labour or dangerous work</p> <p>(a) Child labour: B: 31% (2016) T: 26%</p> <p>(b) Dangerous work: B: 22% (2016) T: 19%</p>	MICS/DHS	capacity to declare and register all births.				
6. By 2025, adolescents and youth have access to opportunities to develop to their full potential and to actively engage and participate in community life and social change.	<p>Number of adolescents (10–19 years) participating in or leading civic engagement initiatives</p> <p>B: 260 (2019) T: 25,000 cumulative</p>	Activity report of the civic services	<p>Partners have enhanced capacity to provide opportunities for adolescents to improve their employability.</p> <p>Social structures are better equipped to provide quality prevention and care services adapted to the needs of adolescents.</p> <p>Adolescents are more proactive in seeking information and expressing their opinions and aspirations.</p>	Ministry of Youth, UNFPA, United Nations Development Programme (UNDP)	5 769	15 000	20 769
	<p>Percentage of adolescents (10–19 years) neither employed nor in school or completing a vocational training programme</p> <p>B: 35% (girls: 36%, boys: 33%) (2016) T: 30% (girls: 30%, boys: 30%)</p>	MICS/DHS					
	<p>Existence of a policy on adolescents and young people</p> <p>B: No (2019) T: Yes</p>	Activity report of the civic services					
7. By 2025, girls, boys and young people in disadvantaged areas have equitable access to social protection and	<p>Number of children covered by cash transfer programmes</p> <p>B: 85,000 (2019) T: 400,000</p>	Activity report of the cash transfer programme	National actors have strengthened capacity to develop and implement public policies on social protection.	Ministry of Social Protection, UNDP, World Bank	3 875	2 625	6 500

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
other basic social services for enhanced resilience to socioeconomic shocks.	Share of financial resources allocated to child-centred social services in the national budget  B: 27% (2019) T: 35%	Ministry of Budget and State portfolio reports	National institutions have strengthened capacity to effectively use resources to improve children's access to basic social services.				
8. By 2025, the programme of cooperation is designed, coordinated, managed and supported effectively to generate the expected results for children in accordance with quality norms and standards.	Percentage of key results for children outcome indicator targets achieved  B: 43% (2019) T: 90%	Results assessment module	Key stakeholders are better equipped to strengthen cross-sectoral synergies in the design and implementation of programmes for children.  Stakeholders are equipped with enhanced capacities for the effective generation and management of knowledge and for the planning, monitoring and evaluation of results for children.  UNICEF staff and partners have access to tools, guidance, platforms and resources to promote programme visibility.  UNICEF Programmes, partners and civil society have the tools and resources to strengthen individual and community participation.	Ministry of Planning and Development, International Cocoa Initiative, Mobile Telephone Network company, Governmental Information and Communication Centre, Conceptos Plásticos	17 657	4 875	22 532
	Number of private companies actively engaged with UNICEF  B: 2 (2019) T: 25	Activity report					
	UNICEF-supported communication and community engagement platforms and mechanisms are consistent with quality standards for development priorities  B: No T: Yes	Activity report					
Total resources					62 305	150 000	212 305