

Côte d'Ivoire 2005



Consolidated Appeals Process (CAP)



Côte d'Ivoire 2005



IRIN / CÔTE D'IVOIRE / 2004

Consolidated Appeals Process (CAP)



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The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters occur, a Flash Appeal. The CHAP can also serve as a reference for organisations deciding not to appeal for funds through a common framework. Under the leadership of the HC, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies, and standing invitees, i.e. the International Organization for Migration, the Red Cross Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The HC is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is presented to donors in June of each year.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on www.reliefweb.int/fts

In sum, the **CAP is about how the aid community collaborates to provide civilians in need the best protection and assistance available, on time.**

ORGANISATIONS WITH PROJECTS CONSOLIDATED APPEALS FOR 2005:

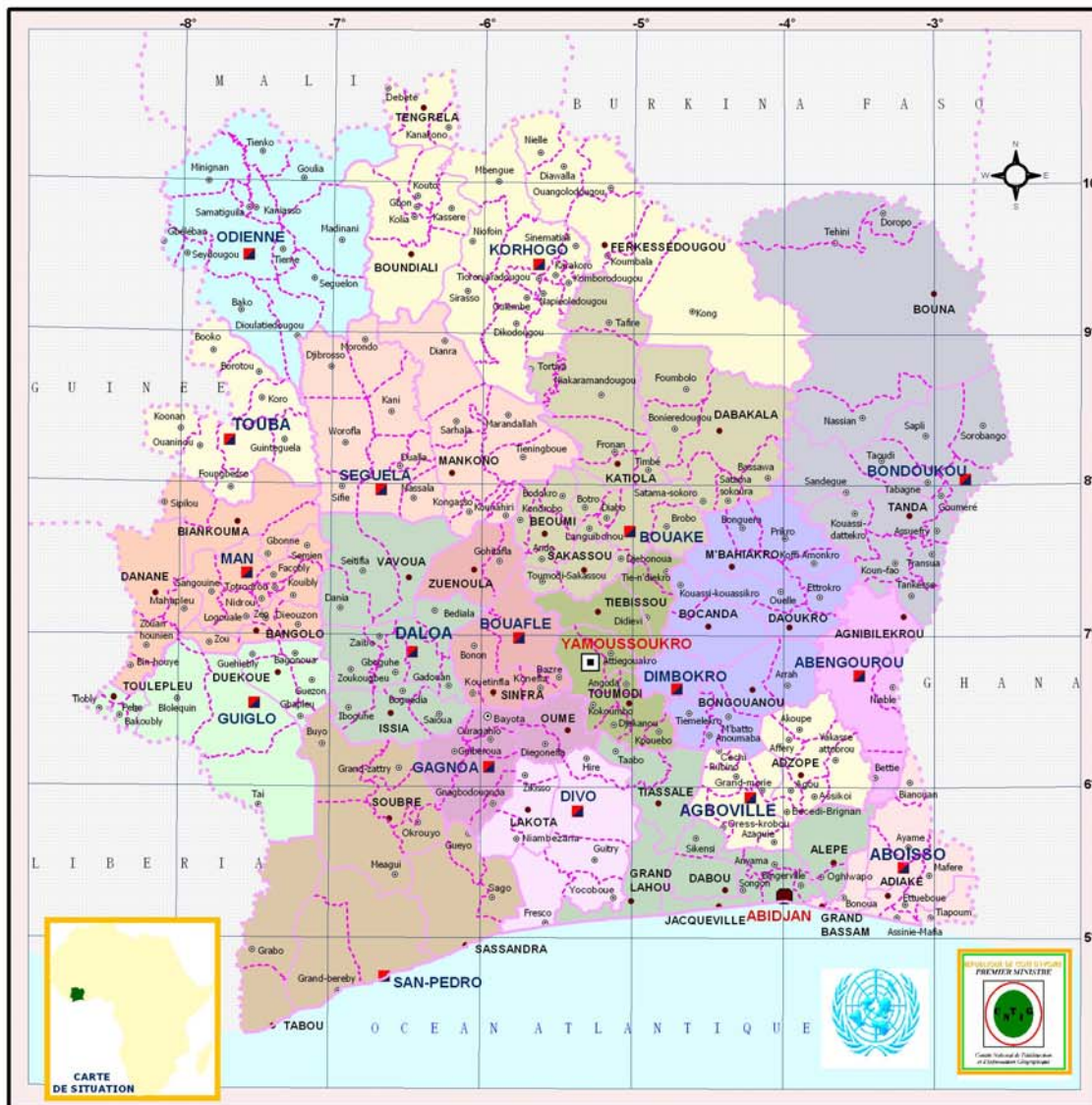
AAH	CPA-LIRA	HIA	Non-Violence Int'l	TEWPA
ABS	CPAR	Horn Relief	NPA	UNAIDS
ACF/ACH	CPCD	HWA	NRC	UNDP
ACTED	CRC	IFRC	Orphan's Aid	UNESCO
ADRA	CREAF	ILO	Open Continent	UNFPA
Africare	CRS	IMC	OCHA	UN-HABITAT
Alisei	DDG	INTERMON	OCPH	UNHCR
AMREF	DENAL	INTERMOS	OHCHR	UNICEF
ARC	DRC	IOM	OXFAM-GB	UNIFEM
Atlas Logistique	EMSF	Islamic Relief	PAPP	UNMAS
AVSI	ERM	IRC	PIN	UNODC
CAM	FAO	IRIN	PRC	UNRWA
CARE Int'l	Fondn. Suisse Déminage	JVSF	RUFOU	UNSECOORD
CARITAS	GAA	KOC	SBF	VESTA
CEASOP	GPI	LIBA	SCF / SC-UK	VETAID
CESVI	HA	LSTG	SCU	WACRO
CIRID	HABEN	MAG	SERLO	WANEP/APDH
COLFADHEMA	HDIG	Mani Tese	SFP	WFP
COMED	HDO	MAT	Solidarités	WHO
COOPI	HFe.V	MDA	TASO	WV Int'l
CORDAID	Handicap Int'l	NE	TEARFUND	

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PROJECT SUMMARY SHEETS ARE IN A SEPARATE VOLUME ENTITLED “PROJECTS”

CARTE ADMINISTRATIVE



LEGENDE

LIMITES

- d'Etat
- - - de Région
- - - de Département
- - - de Sous-préfecture



Produit par OCHA-RSO en partenariat
avec le CNTIG sous l'impulsion du Fonds
de coopération Ivoir-Canadien

LOCALITES

- Capitale politique
- Capitale économique
- Chef-lieu de région
- Chef-lieu de département
- Chef-lieu de sous-préfecture

REGIONS

- REGION DES LAGUNES
- REGION DU HAUT-SASSANDRA
- REGION DES SAVANES
- REGION DE LA VALLEE DU BANDAMA
- REGION DU MOYEN-COMOE
- REGION DES 18 MONTAGNES
- REGION DES LACS
- REGION DU ZANZAN
- REGION DU BAS-SASSANDRA
- REGION DU WORODOUGOU

- REGION DU N'ZI-COMOE
- REGION DE LA MARAHOUE
- REGION DE L'AGNEBY
- REGION DU SUD-BANDAMA
- REGION DU SUD-COMOE
- REGION DU DENGUELE
- REGION DU MOYEN-CAVALLY
- REGION DU FROMAGER
- REGION DU BAFING

ECHELLE : 1/4 000 000

1. EXECUTIVE SUMMARY

In early 2004 there were true expectations that peace was possible for Côte d'Ivoire, and that the disarmament of combatants and reunification of the country would commence, even if it were a difficult and slow process.¹ These hopes were dashed in March 2004 when President Gbagbo's security and defence forces violently disrupted a demonstration in Abidjan planned by opposition parties, following which the National Government of Reconciliation² fell apart for five months thus stalling any progress related to the Linas Marcoussis Peace accords. On 4 May 2004, the United Nations (UN) deployed its peacekeeping mission to Côte d'Ivoire (UNOCI) bringing a total of 6,240 military peacekeepers to the country to support the implementation of the peace accords. Under the leadership of the UN Secretary General, and the Economic Community of West African States (ECOWAS), the political parties reconvened in July 2004 for Peace talks in Accra, which produced another signed peace agreement by all political leaders, including President Gbagbo, to undertake a certain number of actions that would lead to a peaceful resolution of the crisis including the commencement of Demobilisation, Disarmament and Reintegration (DDR) on 15 October 2004. The commencement of the DDR was subject to adoption of political reforms, such as the review of article 35, which determines who is eligible to run for President.

The scenario for 2004 was "the fragile consolidation of peace", however, with the country split between the *Forces Nouvelles* (FN) controlled North and the government controlled South, it was revised during the Midterm Consolidated Appeals Process (CAP) review to "no war- no peace".

Since the inception of the crisis, the humanitarian situation in the North and within the confidence zone has been characterised by the prolonged absence of public administration and basic social services. The lack of access to seeds and cash to purchase fertilisers and herbicides may lead to a food shortage in certain parts of this area. The complexity of the situation in the West prevents humanitarian actors from gaining access to all areas affected by the crisis and the humanitarian needs are equally as varied by the presence of internally displaced, living in transit centres or with host families, returnees and flux of refugees. More than 70,000 reside in the country, of which 7,000 live in a transit centre. The current situation has led to an increase of inter and intra community conflicts putting a strain on social cohesion leading to problems of access, insecurity and further displacement. In the Centre and the South, communities and families hosting displaced persons are living on strained resources without much external support. In addition health centres and schools are overcrowded and unable to meet the needs of the increased population. It is estimated that there are approximately 500,000 internally displaced persons in Côte d'Ivoire, the majority of which are living with host families.

Based on the Needs Assessment Matrix and a number of in-depth evaluation missions undertaken in the country, the humanitarian priorities for 2005 are in the sectors of food security, health, water and sanitation, protection and education. Humanitarian actors will continue to address the most urgent needs of vulnerable populations³ related to the provision of food aid and primary health care and access to drinkable water. The on-going efforts to respond to critical needs will be paired with activities to encourage and support the redeployment of teaching and medical staff to their duty stations and the return of internally displaced persons (IDPs). This will include actions to address security and protection issues, including efforts towards rebuilding social cohesion. The rehabilitation of health centres and schools, including the provision of medicines and educational supplies are paramount. Agricultural activities aimed at making vulnerable populations self-sufficient again are also a key element for stabilisation of conditions and the recovery of livelihoods. This will be achieved through a concerted and coordinated effort with the National Government of Reconciliation, local authorities and local communities.

The appeal calls for **US\$ 34,245,916** in order to respond to the humanitarian needs of over **3.5 million** vulnerable persons affected by the crisis and on-going situation of "no war, no peace" including the vaccination of **7 million** children between the age of 0-4 years against poliomyelitis.

¹ Since 19 September 2002, Côte d'Ivoire has been split into two principle zones: the Government and Forces Nouvelles controlled areas.

² The National Government of Reconciliation was formed as part of the Linas Marcoussis peace agreement signed in Jan. 2003 and gathered all political parties including the three former rebel groups MPCl, MJP and MPIGO.

³ The most vulnerable population include IDPs, refugees, returnees, children (incl. child soldiers and orphans), women, victims of human rights violations and HIV/AIDS burdened families

**Consolidated Appeal for
Cote d'Ivoire 2005**
Summary of Requirements - By Appealing Organisation
as of 18 October 2004
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

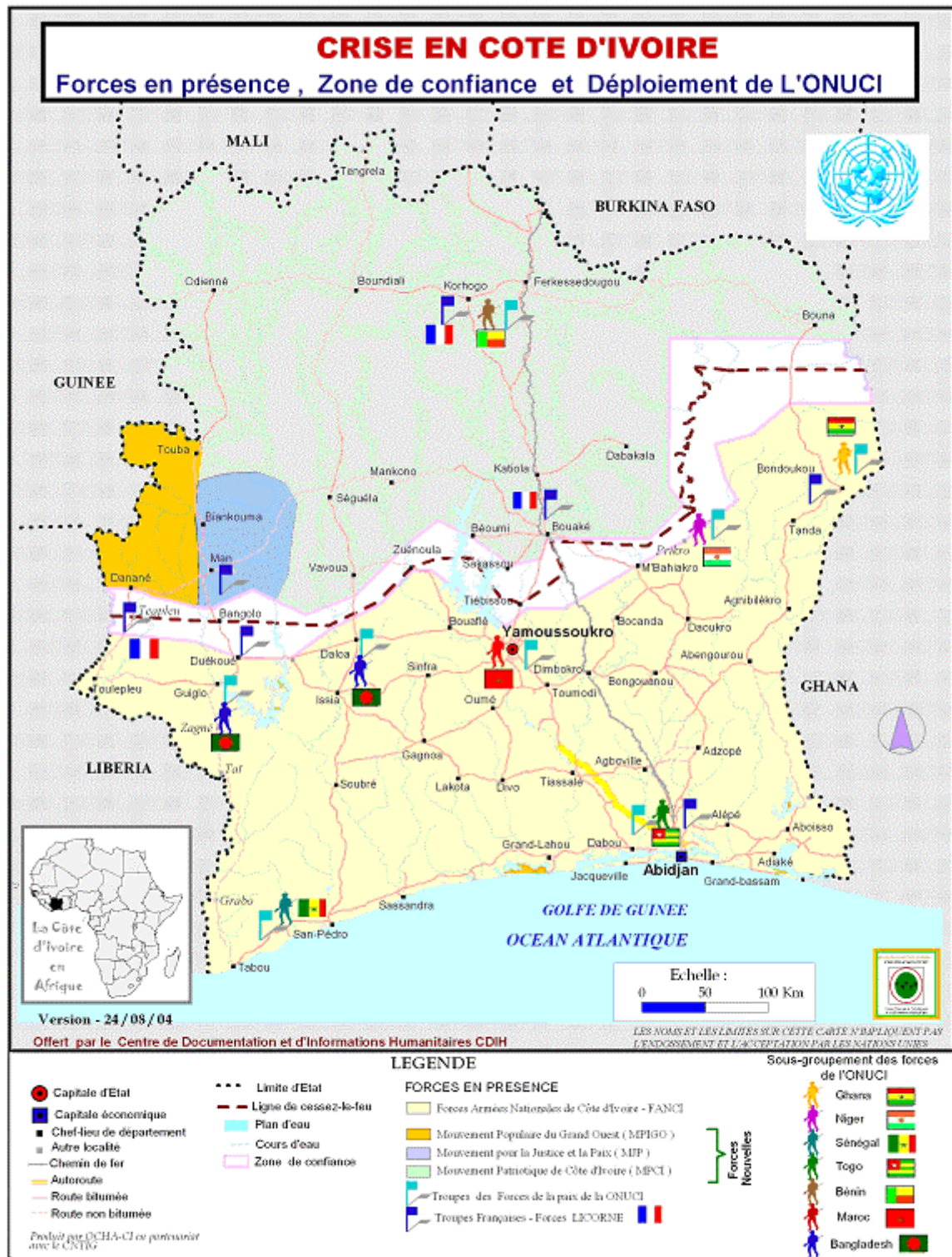
Appealing Organisation	Original Requirements
EMSF	177,420
FAO	2,655,000
IOM	1,900,000
IRIN	75,000
OCHA	2,958,476
SFP	40,000
UNESCO	646,644
UNFPA	1,427,415
UNHCR	10,915,922
UNICEF	12,411,135
WANEP/APDH	201,934
WFP	365,906
WHO	471,064
Grand Total	34,245,916

**Consolidated Appeal for
Cote d'Ivoire 2005**
Summary of Requirements - by Sector
as of 18 October 2004
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements
AGRICULTURE	2,655,000
COORDINATION AND SUPPORT SERVICES	3,127,292
EDUCATION	3,562,700
FOOD	365,906
HEALTH	6,021,030
MULTI-SECTOR	12,815,922
PROTECTION/HUMAN RIGHTS/RULE OF LAW	2,578,748
WATER AND SANITATION	3,119,318
Grand Total	34,245,916

Map on Presence of Impartial Forces and the FN Control and FANCI Controlled Zones



2. YEAR IN REVIEW

2.1 Changes in the humanitarian situation

While the past year experienced some serious setbacks in the consolidation of peace in Côte d'Ivoire, the humanitarian consequences of the crisis continue to unfold.

For over a two-year period, the country has remained under a de-facto political and administrative partition, with the Centre and the North controlled by the FN (a coalition of three ex-rebel groups: *Mouvement Populaire pour la Côte d'Ivoire* (MPCI), *Mouvement pour la Justice et la Paix* (MJP) and *Mouvement Populaire Ivoirienne du Grand Ouest* (MPIGO)), while the South and parts of the West are under governmental control. Subsequently the humanitarian response has varied from zone to zone. The security in the West remains precarious at best and continues to be the area with the most urgent humanitarian needs, while in the North the humanitarian situation remains relatively stable, though multi-assessment reports indicate that depending on the harvest, food scarcity could be a problem in early 2005. It is expected that access to social services (access to health centres and education) will continue to be difficult for vulnerable groups in areas under control of the FN. In the centre of the country, around Yamoussoukro and its surrounding areas, humanitarian agencies continue to grapple with the needs of IDPs, whose host families have completely depleted their resources and are no longer capable of providing for them. Meanwhile government resources to respond to these needs have greatly diminished.

The following are the features of the humanitarian situation in Côte d'Ivoire in 2004:

- Limited return of civil servants to run health clinics, schools and other services such as the provision of law and order in the West and North;
- Increased inter and intra-community tensions and clashes particularly in the West;
- Mounting pressure of IDP presence on host families and limited return of IDPs to their areas of origin;
- Decreased food production, as highlighted by the Food and Agriculture Organization (FAO) and the World Food Programme (WFP) Food and Crop Supply Assessment mission while the cost of transportation has risen substantially as a result of roadblocks and related exaction fees;
- Proliferation of small arms and presence of militia in various parts of the country fuelling insecurity;
- Increased violation of human rights and international humanitarian law;
- Minimal attention and services provided to the needs resulting from psychological stress and trauma of affected persons;
- Continued need to protect and assist some 75,000 refugees (mainly Liberians);
- Resettlement of some 6,000 Liberian refugees residing in Côte d'Ivoire to the USA and Norway;
- Beginning of the Liberian repatriation programme scheduled for 1 October 2004.

2.2 Challenges arising from the scenario identified for 2004

The most likely scenario selected for 2004 at a CAP workshop of all stakeholders was “**the fragile consolidation of peace**”. However, following the repressed demonstrations of March 2004 all opposition parties to pull out of the Government of National Reconciliation (GNR), while the Demobilisation, Disarmament and Reintegration (DDR) process was suspended and FN (the coalition of rebel movements) withdrew from the quadripartite working groups.

In the standoff between the President Gbagbo and a coalition of opposition parties, dubbed the Group of 7 (G-7), on the slow implementation of the Linas-Marcoussis peace agreements, protestors took to the streets despite the ban on all demonstrations. Those who attempted to leave their homes to reach the demonstration sites were prevented from doing so by government security and defence forces. According to the United Nations High Commissioner for Human Rights (UNCHR) in a report released in April, the security and defence forces killed 125 people on the day of the demonstration (25 March 2004).

The incidents of 25 to 26 March disrupted the Government's initiative to deploy all civil services, including police and the judicial system to the FN-controlled areas. Medical and teaching staff, which

had been redeployed in the FN-controlled area momentarily left their posts in fear of reprisals, though a small number have returned since.

Although the Accra III Summit, put the peace process back on track allowing the resumption of the works of the Government of National Reconciliation, hopes that rebel forces in Côte d'Ivoire would start to hand in their weapons on 15 October have evaporated after a special session of parliament closed without approving a series of political reforms which were meant to pave the way for disarmament.

2.3 Implementation of the strategic goals for 2004

This section will examine if the strategic goals for 2004 were implemented and if not what was the impact of their non-implementation in terms of the ability of the UN Country Team (UNCT) to carry out its humanitarian assistance programmes.

The strategic goals of the Common Humanitarian Action Plan in 2004 were the following:

a. Address immediate life saving needs of populations affected by the crisis based on objective criteria of vulnerability

In 2004, humanitarian agencies and organizations made progress towards meeting the needs of vulnerable groups identified by agencies' field staff or through the fielding of various multi-sectoral assessment missions, vulnerability studies or the application of specific criteria used to identify those eligible to receive assistance. The limitations in implementing programmes were the following: lack of funding, slow capacity of certain agencies and NGOs to respond to the humanitarian needs and lack of appropriate tools to properly identify vulnerable groups. The table below provides data on some of the key objectives for 2004 and achievements.

HEALTH and NUTRITION

Objective: Immunize 80% of children from 6 months to 14 years against measles
Achieved: 49% of children have been vaccinated against measles, it is expected that the next vaccination campaign in December 2004 will reach many more children

Objective: Facilitate health care access to the population in the Northern and Western areas by providing equipment, drugs and other medical supplies
Achieved: 110 health centres out of 350 are operational and are supplied with medicines, however lack of medical staff remains a true constraint

Objective: Prevent high maternal morbidity and mortality in seven health districts affected by the crisis
Achieved: Seven health districts have been reinforced to provide emergency Obstetrical care, Family planning, sexually transmitted infection (STI) syndromes management, post abortion care, pre and post natal consultations and family planning (training of service providers, provision of drugs, material/equipment and distribution of reproductive health kits)

WATER AND SANITATION

Objective: Ensure access to clean water at transit centres for displaced persons and host communities in highly populated areas
Achieved: 150,000 IDPs or refugees have access to clean water in the transit centre (CATD) in Guiglo, in Tabou refugee camp, 200 water pumps have been rehabilitated in different localities.

Objective: Facilitate access to adequate sanitation facilities for 80% of affected populations
Achieved: Construction of 239 latrines in displaced centres and primary schools for about 21,512 beneficiaries.

FOOD SECURITY

Objective: To cover food needs for vulnerable IDPs, host families, returnees, refugee populations, and other vulnerable groups.

Achieved: 20,820 refugees in Tabou, Guiglo, Man and Abidjan received general rations in 2004 as well as 6,650 IDPs in camps in Guiglo and Yamoussoukro and 70,430 IDPs in host families. 25,253 IDP returnees received a 3-4 month returnee package to help them recover and rebuild their livelihoods. 4,924 severely and moderately malnourished children received supplementary feeding rations as well as 2,539 pregnant and nursing mothers. 3,500 vulnerable people in social institutions also received general rations as well as 3,080 people living with Human Immune-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and their families. 8,834 persons suffering from short-term hunger received lean season distributions to hold them over until the harvest.

COORDINATION

Objective: Reliable field coordination and links with national mechanisms in Abidjan

Achieved: Two additional sub-field offices established (Bouaké and Korhogo) facilitating rapid assessment missions and strengthening the information flow between field and national level with better decision-making. Four inter-agency multi-disciplinary evaluation missions have been organised and coordinated by Office for the Coordination of Humanitarian Affairs (OCHA), and have been essential for the identification of the key humanitarian needs and the development of an appropriate common response plan

b. Contribute to the recovery and stabilisation of the social and economic conditions of affected populations promoting reconstruction, development and prevention activities

Many of the projects linked to recovery and stabilisation of the conditions of populations were not financed because the political developments on the ground did not create a conducive environment for their implementation, at least within the framework of the CAP.

EDUCATION

Objective: Ensure that 700,000 children from poor families attend school.

Achieved: 175,000 children in the schooling districts of Bouake, Man Korhogo and Odienné received education kits, while 3,500 teachers received teaching kits. 50,000 vulnerable children in the schooling districts of the government zone received education kits.

FOOD SECURITY

Objective: To provide food needs to the vulnerable population as an incentive to carry out community/social work.

Achieved: 20,067 families, including 3,000 refugee families (130,355 beneficiaries) benefited from food for work rations. These beneficiaries include volunteer teachers, social workers and other volunteer workers on community projects.

Objective: Provide food and agricultural inputs in the form of seeds, tools, fertilisers and agro-chemicals to the war-affected population to ensure cultivation of at least 1,5 hectares of food crops per household.

Achieved: Some 31,500 households in vulnerable areas of the North and West benefited from agricultural assistance. The households received seeds, tools, fertilisers and agro-chemicals along with food rations for seed protection. The agricultural inputs were sufficient for the cultivation of one hectare of food crops while food served the dual purpose of ensuring that the seeds were planted rather than eaten to address short-term hunger and provided the families with the energy they needed to cultivate their fields.

c. Support efforts aimed at the promotion of national reconciliation and a culture of peace, including through advocacy and sensitisation campaigns, mediation, negotiation and civic education

Promoting peace and reinforcing social cohesion were critical components of the humanitarian activities and programmes in 2004 as it was clear that inter-community tensions had been exacerbated and were running high. These peace programmes were implemented in schools, through reconciliation committees established by the government or local authorities, by organizing workshops etc. Certain agencies such as WFP, the United Nations Commissioner for Refugees (UNHCR) and FAO promoted co-existence between various communities and advocated for social cohesion through specific programmes, which rewarded for example, communities that encouraged the return of IDPs. Meanwhile, the United Nations Children's Fund (UNICEF) and the United Nations Education, Science and Culture Organization (UNESCO) introduced in the school curriculum peace education programmes for primary and secondary teachers. WFP's emergency school feeding program also contributed to normalising traumatised communities by providing a supportive environment for children and their families in conflict-affected areas and serving as an incentive to reopen more schools. School canteens also serve as a catalyst for community cohesion through participation, particularly by women, in parent teacher associations (PTAs) and *Comité de gestion* (COGES). These groups are active women's associations; grouping women from all ethnic groups in the villages. These associations had developed several years prior to the crisis, in villages, to manage and supply the school canteens with homegrown foods. In its relief and recovery efforts, WFP has been building upon and supporting these groups as a paramount implementing partner throughout the country for conflict mitigation.

d. Promote the protection of civilians, including the provision of appropriate assistance to victims of violence or intimidation, as a central part of the core principles of humanitarian response

In mid-2003, the Joint Humanitarian review mission to West Africa, co-led by OCHA and UNHCR, defined the crisis as one of protection, hence a number of programmes and activities were designed to advocate for the protection of vulnerable groups. A successful protection initiative was the DDR of child soldiers, or those children associated with armed groups. Efforts to protect children continued, despite the fact that the DDR process was stalled for adults. UNICEF undertook a systematic approach with the FN and obtained an agreement in which they committed not to recruit child soldiers and allowed for child soldiers to be demobilised and reintegrated. According to UNICEF, some 250 child soldiers have been demobilised and are in the process of being reintegrated. Five rehabilitation centres for boys and girls have been established, with four centres in Bouaké and one in Man, with WFP providing food rations for the children. Support to the victims of gender-based violence is being provided by the United Nations Population Fund (UNFPA) through the project "Support to Prevention of sexual violence in health districts of Duekoue and Yamoussoukro", which aims to increase the awareness of the risks of the sexual violence and their consequences in these two departments, through sensitisation, advocacy, and provision of medical, psychological and legal support to the victims.

However, the weak response of the UN system to anticipate and respond to the severe repression of March 2004 has highlighted the difficulties surrounding the protection of civilians in armed conflict. Therefore it was decided to undertake the formulation of a forward-looking and pro-active advocacy strategy on the protection of vulnerable groups, which is currently being developed and focuses on social cohesion and peace education.

e. Support the capacity of national and local authorities to respond to the crisis

Humanitarian agencies across all sectors collaborate and coordinate humanitarian actions together with the relevant ministries and authorities. Representatives from the Ministry of Education, Health, Human Rights, National Water works department etc. participate on a regular basis in the sectoral group meetings in Abidjan and the field.

The World Health Organization (WHO) has worked closely with the Ministry of Health, the National Department for Pharmacies and the Institute for Public Hygiene to support epidemiological

surveillance and response. In 2004 the spread of meningitis and measles epidemics were controlled through such concerted efforts. National Immunisation Days (NIDs) and Polio campaigns have also been the result of successful collaboration between the Ministry of Health, UNICEF, WHO and numerous NGOs. UNICEF has also collaborated with the government and the National Institute of Statistics to conduct a nationwide nutrition survey in 2004.

The WFP has been working closely with the National Department of Canteens (DNC) and the Ministry of Education since 1998 on school feeding activities. Since the beginning of the crisis in 2002, WFP continued to work with the government where possible in order to maintain the capacity built through the previous development programme and avoid the disruption of the education system. Since January 2004, the school-feeding programme has reached 515,000 children of which 200,000 are from the North. More recently, the Ministry of Education established an inter-agency group to support education initiatives, including in areas under FN control. Other concerted efforts within the education sector include the pilot project for the development of a curriculum for peace, which was realised by UNICEF in collaboration with the Department for Pedagogy and Ministry of Education.

UNHCR supported the government agency responsible for refugee issues - *Service d'Aide et d'Assistance aux réfugiés et Apatrides* (SAARA) - and helped draft the national law on asylum. This law has yet to be adopted by the Parliament.

2.4 Lessons learned

As the Côte d'Ivoire enters its third year of a humanitarian crisis, the humanitarian community, drawing on the experiences of the previous Consolidated Appeal processes, has identified a number of key lessons.

Regional approach

The inclusion of the humanitarian analysis and needs of the three most affected countries by the crisis in Côte d'Ivoire namely Ghana, Burkina and Mali was viewed as diluting the focus of the appeal. Fully cognisant of the regional implications of the crisis, there was some doubt about the relevance of including the needs of the three neighbouring countries in an appeal for Côte d'Ivoire when there is simultaneously a regional appeal. Furthermore, no significant funds were raised for those affected by the crisis in Côte d'Ivoire in neighbouring countries⁴ and most UN humanitarian agencies used funds from their regular budgets to respond to emergency needs.

Better collection, analysis and dissemination of information leading to a more coordinated response

There was great appreciation in the humanitarian community over the increase of reliable data and information in the various sectors. This was partly as a result of a number of multi-sector and multi-agency assessments missions carried out – such as the OCHA-led mission in the Savane and Denguele areas in April 2004, in the Zanzan in June 2004 and in Bandama Valley in July 2004, and in the Bolequin in the Western part of the country in September. Meanwhile some UN agencies and NGOs strengthened their humanitarian profiles and undertook in-depth sectoral assessments using a range of tools such as vulnerability studies, sectoral assessments, food security assessment, food basket monitoring and the need assessment matrix. The data collected by the Country Team allowed garnering solid humanitarian data to be used to plan and to determine the deterioration of the indicators. Equally, there were more joint response missions to meet the needs of beneficiaries such as in the case of Bangolo in May or in Ngattadolikro in June 2004 or in the Western region such as around Guiglo and Man.

The presence of field offices – whether of UN agencies or NGOs - has also contributed to strengthening the collection, analysis and dissemination of information. Many key agencies have a presence in Guiglo, Man, Bouake, Korhogo and Yamoussoukro and/or conduct regular assessment missions, and have a direct understanding of the evolving situation. (Please find Table and Map on organisations in the field in Annexes).

⁴ In contrast, WFP will maintain its regional approach used in 2004 again in 2005, covering Côte d'Ivoire, Mali, Burkina Faso and Ghana. This regional operation is presented in the regional 2005 West Africa Consolidated Appeal. The 2004 regional operation was funded at 84% as of September 2004. In 2005, WFP is appealing for 34,000 mt valued at US\$ 27.4 million.

In the context of the development of the 2005 CAP workshop, a two-day workshop was organised with the participation of key stakeholders, including national authorities, and donor representatives to allow for the setting of common strategic goals as well as priority sector of activities.

Funding related to the Common Humanitarian Action Plan (CHAP) but not necessarily to the CAP

According to figures collated by OCHA Abidjan, significant funds have been allotted to humanitarian programmes in the area of health, food security and education outside of the CAP. The latest figures for 2004 show that approx US\$ 19 million were funded outside the CAP, while a little under US\$ 10 million were allocated through the CAP 2004 Côte d'Ivoire +3, however the food sector (WFP) received US\$ 20,889,032 through the Regional CAP for Côte d'Ivoire. It is worth noting that the funds allocated outside the framework of the CAP are in line with the humanitarian response strategies and objectives outlined in the CHAP 2004 and projects sometimes closely resemble those included in the CAP.

Table A

Overview of Funds for Humanitarian Actions 2004			
Sector	Inside CAP⁵	Outside CAP⁶	Total
Education	0	6,137,792	6,137,792
Agriculture	721,286	240,674	961,960
Coordination	850,872	1,267,382	2,118,254
Health and Nutrition	1,902,680	6,508,014	8,410,694
Multi-sector	6,428,994	1,550,099	7,979,093
Sector not yet specified (UNICEF/NGOs)	1,126,397	60,000	1,186,397
Transition	0	2,991,360	2,991,360
Protection	0	267,325	267,325
Food ⁷	*	*	
TOTAL	11,030,229	19,022,646	30,052,875

Source: OCHA 18.10.04/ FTS/ Donors

Few NGO projects in CAP

Despite repeated calls for international NGOs to participate in the CAP only a small number of NGOs did so in 2004. They participated in the discussion leading to the drafting of the CHAP but did not submit projects as appealing agencies. There are some challenges regarding the perception of the CAP and its usefulness in raising funds, but the most important obstacle is the policy of some of the international NGOs on fund raising, which does not encourage the use of the CAP as the primary fund-raising mechanism. Moreover the inadequate number of international NGOs in Côte d'Ivoire has continued to present a challenge in the effective delivery of humanitarian assistance.

The need to reinforce monitoring and evaluation of the humanitarian response

Ongoing strategic monitoring has improved but has been limited due to the overstretched capacity of existing coordination mechanisms and certain weakness inherent to some of the sectoral working groups. The Inter-Agency Humanitarian Coordination Committee (IAHCC) has tasked OCHA to establish monitoring mechanisms, to support those that have been unable to sufficiently monitor, evaluate and jointly report back on developments within their sector. A consistent monitoring and reporting of activities and changes in the humanitarian context are important to enable a coordinated response, within and across sectors. The sectoral groups, which have been able to accomplish this, have achieved a more coherent response to the humanitarian needs identified, with the limited resources available.

The change of the political situation in March 2004 and the revised scenario for 2004 from "the fragile consolidation of peace" to "no war-no peace" required flexibility by the humanitarian community and its partners to ensure that adequate changes were made to the humanitarian response. Given the context of the situation in Côte d'Ivoire it will continue to be important to consider the need for a flexible response strategy based on regular evaluations of the humanitarian needs facing vulnerable populations.

⁵ Figures available from OCHA's Financial Tracking Service (FTS)

⁶ Figure provided by key donors –the actual figure is believed to be higher

⁷ Contributions to WFP are not included in this table as funds were requested through the West Africa Regional CAP.

3. THE 2005 COMMON HUMANITARIAN ACTION PLAN

3.1.A Context for Côte d'Ivoire

Political and security context

The Accra III Summit held in July provided a framework on steps to be taken to achieve DDR and the reunification of the country, which needed however to be preceded by the amendment of article 35 (on the eligibility of the President) and the adoption of the outstanding laws in particular on nationality, land tenure and the establishment of the Independent Electoral commission by 30th September 2004. However, at the time of writing the commencement of the DDR, scheduled to start on 15 October 2004, is seen highly unlikely given the failure in the adoption of those political reforms by the agreed upon deadline.

Furthermore, the re-emergence of the young patriots attacking alternatively the UN mission in Côte d'Ivoire staff and peacekeepers, French nationals and its Licorne military force, Members of Parliament and those perceived as against the interests of the President Gbagbo is considered a worrisome development

As far as the crushed demonstration in March 2004 is concerned a UN commissioned report concluded that "what happened on 25 and 26 March was the indiscriminate killing of civilians and the committing of massive human rights violations." The demonstration became a "pretext for what turned out to be a carefully planned and executed operation" by security forces and the so-called "parallel forces". The government's acknowledgment of the existence of "parallel forces" or militia sent shockwaves throughout the national and international community.

Meanwhile the FN has had to contend with rivalry over leadership leading to repeated clashes in various parts of the North. The most serious incident occurred in June 2004 when the convoy of the Secretary-General of the FN, Mr. Guillaume Soro, was attacked by supporters of Ibrahim Coulibaly, a leader of the rebellion until recently in exile in France. In early August, UNOCI discovered a mass grave containing 99 bodies near the city of Korhogo, which was possibly linked to internal strife within the FN. In the meantime, Ibrahim Coulibaly has been released and is reported to be in Mali.

Economic

Despite an economic downturn, export revenue for cocoa doubled between 2000 and 2003, buoyed by a good harvest and strong international market prices for the 2002/2003 season, which produced 1.3 million metric tons (MT) at a minimum price of 625 *Franc de la Communauté Financière Africaine* (FCFA)/Kilo (US\$ 1.04). Production in 2003/2004 was also high, with an estimated production of 1.4 million MT, however the quality was poor and prices low, and farmers only received between 200- 300 FCFA/Kilo (US\$ 0.33 – 0.50). Meanwhile coffee and cotton production were below average and produced less revenue. The drop in cotton production is directly linked to the crisis. The lack of money in the North could contribute to a decrease in food production, as farmers cannot purchase fertilisers and other agricultural inputs. Furthermore, police, security and defence forces continue to exacerbate the situation by setting up roadblocks, at which they exact fees, thereby impeding the free movement of people and goods and increasing the cost of all food items. For example, a Chamber of Commerce report indicated that a specific transportation company made up of eight vehicles loses more than US\$ 200,000 in roadblock fees in one year following the September 2002 events. In the meantime, businesses have closed down, downsized or relocated; new investment is practically non-existent, while unemployment is on the rise. In 2004, the United Nations Development Programme (UNDP) reported that roughly 42-44% of the population live below the poverty line, compared to only 38% before the failed coup in September 2002.

Regional dimension of the crisis

There are outside factors that influence the political and/or humanitarian situation in Côte d'Ivoire. Over the past few 10 years, tens of thousands of Liberian refugees have crossed the border and remained in Côte d'Ivoire. The Government of Côte d'Ivoire encouraged a policy of integration rather than the establishment of refugee camps, therefore in a number of villages in the West along the border there are now more refugees than villagers putting a strain on natural resources and social services. Last year there were reports that Liberian armed elements participated in the conflict in the West both with the Ivorian military and the *Forces Armées des Forces Nouvelles* (FAFN). There were also confirmed reports of recruitment in the Nicla refugee camp. There is still reason for concern for the security of staff and vulnerable populations (refugees and IDPs) in the West. UNOCI are

collaborating with the United Nations Mission in Liberia (UNMIL) to reinforce surveillance of the borders, through joint border controls and information sharing.

Closely affected by Côte d'Ivoire's instability, Burkina Faso has had to absorb thousands of people in 2002- 2003 seeking refuge from Côte d'Ivoire, which creates a significant problem considering that many in this group are a couple of generations removed from living in Burkina Faso. Fractions of the Force Nouvelles (led by Ibrahim Coulibaly) are also said to have connections and supporters in Burkina Faso, however it is unconfirmed whether the ties have any political implications for the crisis in Côte d'Ivoire. Other reports indicate that the FN also have supporters in Mali; in March 2004 10 former FN-soldiers were arrested for the possession of illegal arms in Mali. The Government of Mali has always distanced itself from the activities of the FN groups.

It is also unclear as to what degree instability in Guinea affects Côte d'Ivoire. Some sources have suggested that there is a military defence pact between Guinea and Côte d'Ivoire. Although it is difficult to ascertain the veracity of such statements, there have also been reports that a large number of weapons and various combatants circulate across the borders, whether from Burkina Faso or Mali, which may contribute to instability in the sub-region.

Civil service

Following the September 2002 failed coup turned rebellion, a large percentage of civil servants fled their posts in the North leaving the health and education sectors bereft of manpower. Even though recent efforts to redeploy the civil service has enjoyed some initial success, significant gaps still exist in the manning of the social services. According to the Ministry of Education, in the rebel-held North, only 20% of teachers who initially fled towards the South have returned to their post, while some of its regional directors (DREN) have redeployed.

Population

Whether located in the South or in North, children, women, internally displaced persons, refugees, host communities and host families and people suffering from HIV/AIDS represent the vulnerable groups in this context.

It is estimated that there are 500,000 IDPs in Côte d'Ivoire many have fled to the Southern part of the country (Abidjan) while the vast majority are living with host families or communities. There are only two IDP transit centres in Côte d'Ivoire, the largest is the *Centre d'Accueil Transit des Déplacés* (CATD) situated in Guiglo in the West where 5,623 IDPs reside, while in the Mie N'Gou centre in Yamoussoukro, 494 IDPs reside. In 2004 humanitarian organisations provided assistance to approximately 40,000 people who returned to their areas of residence in the Western part of the country. The situation of IDPs in the West is characterised by a confusing myriad of displacement and return. Many communities remain hostile towards those who fled, while others encourage their return. Inter and intra ethnic tensions and conflicts are a main factor causing the current situation. Another large burden in the West is the large number of Liberian refugees. More than 70,000 refugees reside in Côte d'Ivoire, of which 7,000 live in a refugee camp in Guiglo. UNHCR estimate that in 2005 35,000 refugees will remain in Côte d'Ivoire following its repatriation programme. (Please find Map on Population Movements in Annexes)

Ethnically, Côte d'Ivoire is made up of five different groups with the Akan constituting the largest with 42%. Voltaiques, Northern Mandes, Southern Mandes and the Krous make up the other ethnic groups. In addition the population is fairly well divided among three major religions, Christianity, Islam and Indigenus.

Table B

Population across Age and Gender Groups			
	Male	Female	Total (percent of population)
0-14 years	3,854,868	3,665,127	7,519,995 (43%)*
15-64 years	4,854,370	4,701,062	9,555,432 (55%)
65 years and over	229,524	205,008	434,532 (2%)
Total population	8,938,762	8,571,197	17,509,959

* Figures have been calculated on the basis of Statistics from 1998 extrapolated with an annual growth rate of 2.2%

Source: RGPH-1998, Institut National de Statistiques, Côte d'Ivoire.

Age, gender and nationality/ ethnicity are the most common factors that separate the different groups at risk. In the North, children still run the risk of being recruited as child soldiers, while girls suffer sexual exploitation. Although figures are not available, humanitarian actors in the field are observing an increase in the rate of prostitution. Displaced women are particularly vulnerable since commercial sex may be their only resort to survive and feed their families, this also greatly increases their exposure to HIV/AIDS. The United Nations AIDS Programme (UNAIDS) has estimated the HIV/AIDS prevalence rate in their annual report for 2004 as 7%, which is the highest rate for West Africa (Ghana 3.1%, Burkina Faso 4.2%, Mali 1.9%).

In this tense environment, religious differences have not been used as a political instrument in the struggle for power, and are not frequently the cause of friction, but there is potential for these differences to be used to further deepen the divide between various communities. Furthermore, West African immigrants (particularly those from Burkina Faso or Mali) who are now Ivorian citizens with valid identification papers are also vulnerable to harassment by security and defence forces and must be protected.

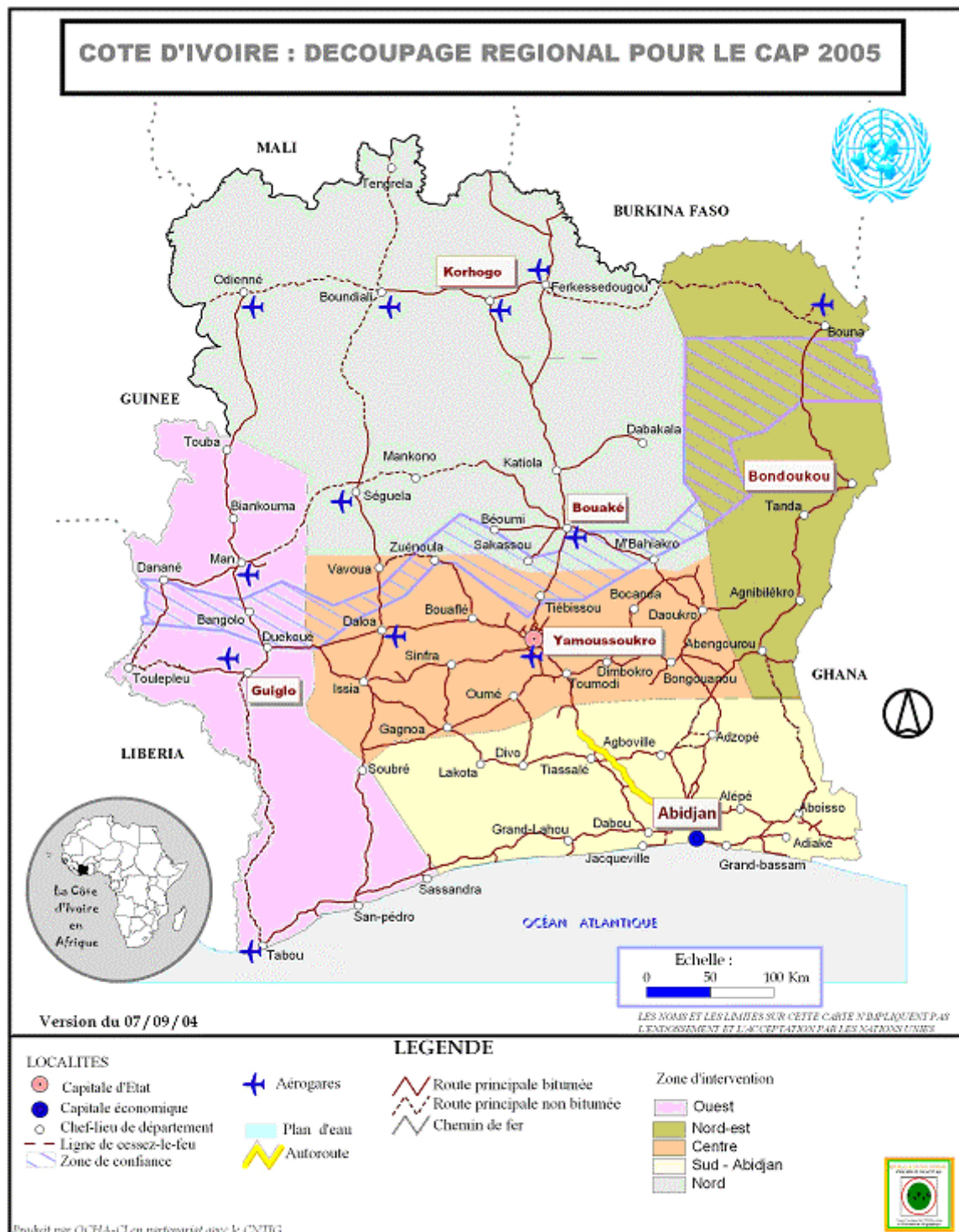
National Capacities

The Ivorian Government's national capacity to respond to the humanitarian needs and coordinate humanitarian activities has remained generally weak. However in 2004 various initiatives to reinforce the National Response to the crisis were made. The Prime Ministers Offices conducted a large-scale evaluation mission to determine the impacts of the crisis and evaluate the state of public infrastructures. The *Comité Nationale de la Redéploiement de l'Administration* (CNPRA) was established to support the redeployment of state functionaries including local administrators, schoolteachers, health staff etc. Progress was made in the Western part of the country, where a large number of public services have been reinstalled through deployment efforts. The humanitarian community and its partners continue to encourage further redeployment, particularly in the North. However when it comes to the non-governmental zone there are many obstacles blocking progress. The *Comité Nationale de la DDR* (CNDDR), who are responsible for the preparations for the DDR process have also collaborated with the humanitarian community, particularly with regards to the protection of children for the development of a programme for the DDR of child soldiers. Other efforts aimed at providing a collaborated response to the humanitarian needs have been made by WFP and the DNC (Département Nationale des Cantines). WFP are currently supporting the DNC through their school-feeding programme. Complete responsibility for the school canteens will gradually be transferred to the local communities. The Foreign Ministry has established SAARA to ensure that issues related to refugees are addressed in collaboration with UNHCR.

It should be noted that despite these efforts, there is still no centralised coordination mechanism for humanitarian activities at the governmental level. However, humanitarian organisations work together with the various governmental institutions to ensure complementarity rather than substitution where possible. Representatives from relevant ministries and local authorities participate on a regular basis in the sectorial meetings held in Abidjan and the field.

At the local level, authorities established Crisis Committees, which had the responsibility of coordinating and managing humanitarian aid mobilised at the National level. These committees have been limited by the lack of national response, however it is important to note that they are fairly well organised and continue to provide humanitarian assistance despite the diminishing availability of resources and their use to pursue political agendas. In the areas under the control of the FN, there is a very limited capacity to respond to the humanitarian needs of the vulnerable though the political branch of the FN has created offices dealing with social and humanitarian affairs in a bid to address them. Religious organisations and local NGOs have also played an important role in the humanitarian crisis. Where the governmental capacities were exhausted or non-existent these institutions, though limited by the lack of resources and capacity, have been instrumental in the provision of basic humanitarian assistance.

Map on CAP Regions



3.1.B Humanitarian Consequences for Côte d'Ivoire

In a bid to better identify and prioritise the needs, a Needs Assessment Matrix was introduced in the CHAP process. In Côte d'Ivoire it was decided to use the matrix in the five geographical zones defined at the CAP workshop in order to better analyse the needs, as situations vary greatly from region to region, namely in the Western (Man to Tabou), Northern (Bouaké to Korhogo), NorthEast (Bondoukou to Bouna), central (Yamoussoukro to Daloa) and Southern (greater Abidjan area) zones. (Please refer to the map on page 13, which outlines the zone limits)

The priorities are food security, health, water and sanitation, protection and education. These priorities are based on the vulnerability and needs of children (incl. child soldier and orphans), women, HIV/AIDS burdened families, West African migrant workers, refugees and internally displaced persons, who are the first to suffer the humanitarian consequences of the crisis.

Protection

The absence of a judiciary system in the North is a profound threat to protection, while the culture of impunity, which prevails in the South, has created an environment where crime can go on unabated. An inadequate prosecution of human rights violations is a problem throughout the whole country and such violations tend to target vulnerable groups in the South, and West. Human rights violations were most blatant during the violent attacks on residents of poor neighbourhoods on 25-26 March 2004 by security and parallel forces. The mop-up operations carried out the following days in those same neighbourhoods have instilled a sense of fear. The destruction of shantytowns continued and meanwhile, in August 2004, UNOCI uncovered mass graves (99 bodies) in the North, near the city of Korhogo.

The continued practice of roadblocks by security and defence forces to extort money or services is another problem for protection, especially for IDPs and refugees. This places restrictions on travelling freely and those who flee are subjected to arbitrary rule of the forces manning checkpoints. In the West, militia activity and the trafficking of arms is a problem as it facilitates violence against West African nationals and other vulnerable groups.

Health and Nutrition

The lack of medical personnel and staff rings like a leitmotiv in the FN-controlled areas. As indicated earlier, humanitarian programmes have focused on the rehabilitation of health centres, the provision of equipment and medicine, but the missing element is the staff to run these facilities. In the early part of 2004, there was a great effort to redeploy the civil service, but it was disrupted when the peace process came to a standstill. For instance, the NorthEastern region faces a shortage of medical care and facilities, where a single doctor serves a population of 200,000 making it difficult to address the health needs.

Table C

Northern areas including Odienne, Boundiali & Tengralla				
Personnel Present	Doctors	Nurses	Midwives	Aids
Pre-crisis 2002	22	110	24	103
May 2004	7	34	2	107

Number of Structures Providing Services	Curative Care	Routine Vaccinations	Pre-Natal Consultations	Clean, Assisted Deliveries
Pre-crisis 2002	69	72	63	67
May 2004	66	44	55	48

Source: OCHA Situation Report (27)/ UNICEF, May 2004, CI

The emergence of curable diseases and the continued existence of malnutrition in parts of the West and North are the biggest concern in the health sector. World Bank data in 2002 listed the under five-mortality rate in Côte d'Ivoire as 191 deaths per 1,000 children. This is an alarming increase since 1995 when the mortality rate was of 142 deaths per 1,000 children. Polio eradication efforts must continue in order to make up for Côte d'Ivoire's brief discontinuation of the program in 2002. The WHO confirmed fifteen cases of wild poliovirus since December 2003, whereas only one case was registered from 2000 through 2002. Further, the campaign to vaccinate against measles and meningitis face daunting challenges since many health clinics have not reopened since closing down due to the conflict.

According to a UNICEF report on nutritional status conducted in June 2004, the situation is deteriorating throughout the country. Acute malnutrition is most alarming in the NorthWest with a prevalence rate of 14.2%. Chronic malnutrition is problematic in the North as well as the NorthWest with a prevalence of 34.4%. Successful action is possible as evidenced in the Western town of Zouan Hounien in June 2004, when the International NGO *Action Contre la Faim* (ACF) and other INGOs re-established a feeding centre to treat 65 cases of severely malnourished children under the age of five. According to a World Health Organization report issued in early 2004, it found that diarrhoea and meningitis were the major causes of child mortality with 15.4% and 7.7% of children's deaths caused by diarrhoea and meningitis respectively. Malaria is another serious concern; *Médecines Sans Frontières* (MSF) has reported malaria as a primary illness detected during their consultations. The mortality rate in 2002 was 28%.

Table D

CHILDRENS NUTRITIONAL STATUS				
Zone	Acute Malnutrition		Chronic Malnutrition	
	Rural areas	Over all	Rural areas	Over all
West	7.3%	6.8%	37.9%	34.4%
North	13.3%	11.4%	38.5%	31.6%
North West	15.5%	14.2%	37.5%	34.4%
Centre	7.2%	5.5%	25.6%	18.2%
North East	12.7%	12.3%	26.6%	25.0%
Central West	6.1%	5.8%	29.0%	27.6%
South East	9.2%	8.8%	21.9%	19.7%
South	8.1%	7.8%	19.6%	18.1%
Over all	9.0%	8.1%	27.7%	24.2%

Source: « Enquête Nutrition, Santé et Mortalité en Côte d'Ivoire », MSP/ ME/ UNICEF, June 2004

One of main consequences of this crisis is the spread of HIV/AIDS. The prevalence rate was already one of the highest for West Africa before the crisis, today according to UNAIDS's annual report for 2004 the prevalence rate is estimated at 7%. There are some preliminary indications that the rate may have risen quite drastically during the last few years. A multi-sectorial mission reported that 14 out of 25 patients were HIV positive in an Odienné health centre, located in the North. Twelve of the HIV positive patients were female. UNAIDS also report that there were 310,000 orphans due to AIDS in 2003, a figure that is steadily rising. HIV/AIDS has a particularly destructive impact in Côte d'Ivoire because the factors that facilitate its spread are so prevalent, such as the movement of populations, the presence of armed groups, the rate of prostitution on the rise, increasing poverty and limited capacity to purchase condoms or obtain medical treatment, Côte d'Ivoire may indeed be faced with a challenge to contain and treat the million of infected patients. HIV/AIDS is beyond being a health issue but impacts each sector of humanitarian action and programmes.

Water and sanitation

Despite recent progress in the water and sanitation sector, there is still a serious shortage of water supply in urban and rural areas particularly in the Northern and Western zones. UNICEF contributed to improvements in the central, South-Western and Western zones by delivering hand pump maintenance spares to repair 72 hand pumps in 56 villages, while UNHCR, the Oxford Committee for Famine Relief (OXFAM) and the International Rescue Committee (IRC) constructed or rehabilitated 73 water points in Tabou and Man. Further efforts are needed where water pumps are not well maintained if operating at all. This is particularly deleterious for rural villages where 65% of public water pumps are inoperable. A water supply shortage will become more problematic with the end of the rainy season approaching. Poor villages living on the urban fringe are extremely susceptible to an unreliable access to water. Often overlooked for projects providing water supply, those in the urban periphery are forced to purchase water on the street at exorbitant prices.

Most cities throughout the country face a shortage of functional showers and more than three-quarters of latrines nationwide are inoperable. In these highly populated areas, people live in very poor hygienic conditions. Garbage is not regularly collected and piles up contaminating the environment and augmenting the risk of animal vectored and water-borne diseases.

Education

UNICEF estimates that there are currently 700,000 children who have left school due to the conflict, the majority of which live in FN-controlled areas. Other problems such as destroyed school buildings, shortage of books and other school materials and lack of both drinkable water and toilet facilities all present serious challenges. Addressing these problems will carry beyond the educational sector alone. Based on evidence from other countries that have experienced war, a generation with a lost education will deepen the divide and the disparity gap, which will further instigate resentment in the future.

As displayed below, the most important challenge facing the education sector is a shortage of teachers and classrooms in the non-government controlled areas. This creates difficulties delivering quality instruction and ensuring discipline in classrooms, especially in Odienné where some classes, according to UNICEF, contain up to 89 students. The education sector faces the most profound problems in the rebel held areas. The Ministry of Education reported that the greater majority of schools remained closed and only 28% of children attended primary school during the 2002-2003 school year North of the security zone.

Table E

Region of Odienné							
	Schools			Teachers			Pupils
	Authorised	Functioning	%	Awaited	Present	%	
Odienné 1	100	74	74%	313	76	24%	10,705
Odienné 2	79	64	81%	284	119	42%	9,344
Touba	91	74	81%	396	105	27%	7,533
Seguela	73	49	67%	330	121	37%	9,036
Kani	42	23	55%	127	48	38%	3,113
Mankono	96	53	55%	465	98	21%	10,441
Total	481	337	70%	1,915	567	30%	50,172

Source: DREN ODIENNE, May 2004 provided by UNICEF

Table F

Schools Registered as Open		
	Year 2001 to 2002	Year 2002 to 2003
Bouake	818	169
Korhogo	504	209
Man	913	345
Odienné	589	67

Source: MEN/ DIPES/ statistiques provisoires, 2003

Food security

The food security situation remains fragile in most of the conflict-affected areas and is likely to deteriorate for the most vulnerable segments of the population. In the West, insecurity remains a concern hampering the return process and preventing people's access to their farms. In addition, the difficulties faced by the cash crop economy also has a negative impact on smallholder producers who are experiencing a significant loss of income and difficulties to overcome the lean season acquiring food when the households' own stocks are exhausted. The joint FAO/WFP food and crop assessment in December 2003 indicated a general decline in both food and cash crop production estimated at some 20%.

In the North, the lack of cash is the major problem forcing farmers to sell their harvests for almost nothing. A substantial number of cotton farmers have still not been paid for their 2001-02 harvest. The conflict and the resulting closure of banking and other credit institutions exacerbate the situation. Lack of free mobility between and within government and FN-controlled areas is also hampering the marketability of agricultural products, which impacts heavily on the entire sector.

Livestock and poultry have been very negatively affected with a steep decline of production in the West and a cessation of the veterinary service provision in the North. Further, continental fish production has declined due to losses of fishing gears, equipment and cessation of aquaculture activities.

Table G

Most pressing humanitarian needs by sector	
Protection	Human rights violations
Health and nutrition	Shortage of doctors and other medical support staff/ Re-emergence of disease such as the new cases of polio and malnutrition/ Lack of reproductive health services and sexual health services for young people
Water and sanitation	Shortage of water supply and large number of water pumps out of order
Education	Shortage of teachers and classrooms
Food security	Loss of food production due to forced displacement

3.2 Scenarios

Most Likely Scenario – No peace, no war

At the workshop organised in July 2004, all stakeholders were cautious about the peace process and agreed that the stalemate situation would continue in 2005 with a few improvements. Presidential elections are also expected to take place in 2005, which could spur an upsurge of violence and tension. The deteriorating economy will also have serious implications on social cohesion, as resources and utilities become strained. This scenario needs to be flexible in case of a steep deterioration of the situation in particular in the West.

Core assumptions:

- Follow-up of the Accra III accords, notably the focus to amend article 35 of the constitution by the end of September 2004 allowing all political leaders to participate in elections;
- Formal declaration of peace between Forces Armées Nationale de Côte d'Ivoire (FANCI) and FN signed in July 2003 is upheld;
- Adoption of amnesty law;
- Presence of UNOCI forces;
- DDR in Liberia and Côte d'Ivoire.

Triggering factors:

- Elections scheduled for 2005;
- Continuous areas of instability and proliferation of armed groups;
- Movement of arms and combatants from Liberia into Western Côte d'Ivoire, in particular in and around Toulepleu, Bolequin and Guiglo;
- Further breakdown of social cohesion;
- Economic recession.

Humanitarian implications:

- Limited return of IDPs and Ivorian refugees, as well as West African Migrants to their residence;
- Continued displacement due to ethnic tensions particularly in the West;
- Limited access to education, health and other social services, especially in the North;
- Limited humanitarian access to certain areas due to violence and insecurity;
- A tense environment exacerbating inter and intra community tensions;
- Lack of funds to carry out socio-economic activities and support humanitarian operations.

Worst Case Scenario

Core assumptions:

- All FN ministers pull out of the government;
- Implosion of the GNR;
- Assassination of political figures including members of the pro-Marcoussis FN;
- Attempted coup d'état;
- Shift of power, eventually obtained by extremist leaders.

Triggering factors:

- Halt to the national reconciliation process;
- Resumption of open conflict and violence;
- Difficulties of public order widespread throughout the country;

- Weak capacity to restrain hostilities and maintain peace;
- Insolvency followed by economic collapse;
- Economic sanctions with combined hardships reinforce the war economy.

Humanitarian implications:

- Increase in security problems and ethno-religious tensions to the point that the UN security coordinator (UNSECOORD) declares security phase IV or V in certain zones;
- Large increase in IDPs inside Côte d'Ivoire and across the borders;
- Extensive water and electricity shortage with serious consequences in the water and sanitation sector;
- Human rights violations;
- Limited access to provisions, especially in the North and West leading to severe malnutrition for children;
- Problems of banditry, looting and prostitution;
- Limited access to education, facilitating a surge in recruitment of child soldiers;
- Spread of epidemic disease.

Best Case Scenario

Core assumptions:

- Effective steps taken towards DDR;
- Full commitment to the ACCRA III agreement and implementation of Linas Marcoussis Accords.

Triggering factors:

- Consensus on a referendum process;
- Reunification of the North and South;
- Successful process leading to the October 2005 elections.

Humanitarian implications:

- Return of IDPs;
- Return of Ivoirian refugees from neighbouring countries;
- Social services are properly functioning again;
- Recovery of development programs;
- Decrease of inter-ethnic tensions.

3.3 Strategic Priorities for Humanitarian Response

The five strategic priorities for humanitarian response will aim to:

1. Address immediate nutritional and life saving needs of populations affected by the crisis, including those affected by the HIV/AIDS burden, based on objective criteria of vulnerability;
2. Address the needs of the communities regarding safe water storage, inadequate sanitation and unhygienic behaviours;
3. Protect the most vulnerable and least visible populations, particularly children, women, IDPs and refugees, by identifying them, by supporting their self-organisation, by involving them in services they identify as most important and by advocating for them where their voices cannot otherwise be heard;
4. Contribute to the recovery efforts and functioning of basic social services, including basic health care and polio eradication activities and a functional educational system, in particular in the North and West while promoting the return of civil servants;
5. Contribute to the recovery of social and economic conditions, through rebuilding social cohesion among and within communities, while safeguarding household food security to reinforce agricultural productivity and preserve essential assets of the affected population.

Anticipating a continuation of the current stalemate of “no war, no peace,” humanitarian needs will persist and will deepen in certain areas, namely in the West and the North. In order to address immediate life saving needs, these priorities must constitute the base for the development of an adequate humanitarian response strategy, which in turn will provide the means so that communities do not remain dependent on humanitarian aid. The purpose of this strategy is to mitigate adverse

humanitarian consequences over the next 12 months and reduce the vulnerability of children, women, refugees, IDPs, and host families and communities.

There continues to be a demand for emergency humanitarian relief, particularly in the West, as vulnerable populations still suffer from the lack of food and basic health care. This situation is exacerbated by the large displacement of people, who have been cut off from their livelihoods and who constitute a growing burden upon host families and communities.

While relief/emergency assistance remains necessary, actions towards the recovery of the health, education and agricultural sectors are equally important for the sustainability of humanitarian assistance. It is fully recognised that the rehabilitation and reopening of health centres and more importantly the redeployment of qualified personnel within the health sector will greatly strengthen basic health care, including the fight against HIV/AIDS, and reduce the vulnerability of local populations. The redeployment of trained staff is essential to reopen health clinics, provide routine vaccinations, monitor malnutrition and undertake epidemiological surveillance. Operational health clinics are also paramount to encourage the return of other civil staff, including, schoolteachers that fled their posts during the crisis.

The slow return of teachers has been detrimental for children's education. The redeployment of teachers, the provision of basic educational materials as well as the establishment of school canteens will improve the conditions under which children are educated and increase attendance and enrolment levels. Formal education is also a crucial component in the fight against HIV/AIDS. Solid primary school attendance and enrolment will also strengthen child protection by reducing sexual and economic exploitation and exposure to association of armed or paramilitary rebels.

Another serious humanitarian concern is the lack of clean and drinkable water. Improvements in water quality and quantity will decrease water-related illness and morbidity, as well as decrease people's vulnerability caused by the need to travel to their water source. Women and girls, in particular, suffer from the lack of clean water, as they are often burdened with the task of fetching it.

In rural areas, particularly in the West, the crisis has significantly reduced agricultural activities, seriously jeopardising food security of rural households. The provision of essential agricultural inputs paired with food aid to rural families, particularly those affected by displacement, will greatly reinforce households' food security and reduce the burden on host communities. In villages where the social situation is stabilising more emphasis and support to vegetable production and additional income generating activities, giving priority to women, will greatly improve the livelihoods of rural populations while contributing to increased agricultural production. In the North, support to animal husbandry and the redeployment of veterinary services will increase the availability of locally produced protein and improve the nutritional state of local populations.

Protection is the foremost concern for most people during conflict. Strengthening the judiciary system is vital to decrease the feeling of impunity, which will deter crime more so than in the past. The return of civil administrators in the judiciary system to punish criminal acts is the central strategy to reduce individual security risks, such as sexual exploitation, child trafficking, disregard of human rights and violation of international humanitarian law, which will thereby increase the protection of all vulnerable groups. Empowering people to demand and defend their rights is an equally important element, which will contribute to their protection. Efforts towards rebuilding social cohesion are also crucial for the protection of civilians and the improvement of the humanitarian situation. Ethnic and inter-community conflicts have led to violent clashes, forced and voluntary displacement and a general environment of insecurity, which is not conducive to change and development.

All of the above priorities for humanitarian action are linked to the fifth priority, which is to regenerate some of Côte d'Ivoire's social and economic opportunities such as improving agricultural production, access to markets, access to financial institutions as well as encourage other business investments. However, many of these factors are dependent upon an improvement of the above-mentioned factors and an improvement of the security situation.

The strategic priorities accomplish three important functions. They focus to alleviate the burden of those who suffer the most. They guarantee certain unconditional rights to all people regardless of who they are or where they come from. Finally, they constitute action to restore the capacity of people to

become self-sufficient. These functions take into account humanitarian principles and the preservation of human rights.

Indicators

In order to determine the success in meeting the strategic goals, the humanitarian response mobilised in 2005 will be measured through common indicators such as vaccination coverage, school attendance, number of redeployed civil servants, agricultural output and the nutritional status of women and children, number of new cases of polio detected, number of outbreak diseases timely detected. Other indicators, such as the number of people arrested and tried for crimes as well as the morbidity rate due to measles or malaria would provide meaningful insight into results obtained if the proper tools were available. It would be useful to create mechanisms to collect these types of data. A couple of general indicators give a broader, inter-sectorial picture of success, such as number of schools with access to latrines and potable water; as well as HIV/AIDS among youths. Specific indicators for each sector are provided in the respective response plans below.

Complementarities

The IAHCC will ensure that the humanitarian priorities complement or are complemented by other aid initiatives of the UN, EU, World Bank and other partners through their focus on the transitional aspects of the humanitarian situation (fifth priority). Currently the country has not yet fully embarked on the transition phase, however the UNCT and other partners discuss and plan future actions in preparation for changes in the current context. In 2004, workshops were held to prepare for the transition stage and ensure coordination and complementarity. Such initiatives are also foreseen for 2005. UNOCI is also involved with humanitarian work through providing resources for Quick Impact Projects (QUIPs). A committee chaired by the humanitarian coordinator (HC) has been established to ensure that QUIPs complement the humanitarian communities response.

3.4 Response Plans

3.4.a Agriculture/Food Security

Strategies

Food Aid

In 2005, WFP's goal is to contribute to stability and household food security through food aid actions that preserve human and productive assets and that encourage recovery prospects of vulnerable people who have suffered as a result of the crisis. Immediate relief activities will therefore be implemented in parallel with investments in recovery.

WFP will continue assisting refugees and internally displaced persons in camps with general rations (17,500 persons). People in transit, recent internal returnees, and other crisis-affected populations will receive general rations (35,000 persons). Rural households experiencing short-term food insecurity during the lean season (May-September) will receive up to three months of full general rations, until they harvest (40,000 persons). In addition, distributions of food in combination with seeds and tools (provided by specialized partners) will prevent farmers from consuming the seeds and will support them during the agricultural season. 23,000 households (115,000 persons) are expected to be assisted.

WFP will also provide therapeutic and supplementary rations to the children and their families (or to the accompanying adult in the case of therapeutic feeding when cases of malnutrition are diagnosed by nutritional /medical implementing partners (5,300 persons). Vulnerable groups such as people living with HIV/AIDS and patients in hospitals will also be targeted (18,000 persons).

WFP will continue to support the school-feeding program in Côte d'Ivoire; in 2004, 465,000 students will benefit from this program.

When possible, WFP will implement its programs through international and local NGOs with sufficient capacity. Some of these partnerships are ensured by International Rescue Committee (IRC), international Conference of Catholic Churches (Caritas), ACF, *Association de Soutien et d'Auto-promotion de la Santé Urbaine* (ASAPSU), MSF Belgium, Holland and France, and *Animation Rurale de Korhogo* (ARK).

For school feeding WFP will continue to work closely with the government through the National Department of Canteens (DNC).

Considering the fragile political situation in the country with the possibility of further insecurity and population movements, WFP and FAO will continue to analyse national food security trends at a macro and household level. This will provide government, humanitarian partners and donors with early warning information together with a longer-term perspective on food security policy to inform future actions. Further to the food security baseline undertaken in 2004, WFP has programmed in 2005 follow-up surveys based on a core set of indicators measuring household's food availability and food access. In addition WFP, together with FAO has also planned to assess the impact of food aid initiatives. Furthermore FAO is strengthening its early warning and agricultural production monitoring capacity.

Agriculture

In 2005, FAO will continue to strengthen household food security of war-affected population through support to food production and income generation activities thus consolidating the positive results achieved during the 2004 cropping season. Internally displaced, host families and recent returnees in the insecure areas in the West of the country remain priorities for FAO, while special attention will be given to activities that will improve social cohesion and facilitate return and reinsertion of war-affected populations.

Distribution of essential inputs will enable internally displaced, host families and recent returnees in the insecure areas in the West of the country, to restart essential food crop production.

In addition, in the Western region, and all along the confidence line, intense fighting and prolonged presence of combatants have decimated livestock herds. FAO will support the reintroduction of backyard poultry and provide support to fresh water fishery activities in order to rapidly increase protein availability. In the Northern and Western regions of the country where the collapse of the administration has caused the complete cessation of delivery of veterinary services and vaccination campaigns, FAO will concentrate efforts on the restoration of basic means to control the most threatening animal diseases such as *Peste des Petits Ruminants* (PPR) and *Péripleumonie Contagieuse Bovine* (PPCB).

In more stable areas where reasonable harvests are expected, efforts will be made to reintroduce simple food processing equipment lost during the conflict, in order to reduce post harvest losses, facilitate marketing of production, add value to the commodities produced, improve income generation capacity of the rural population and provide additional employment opportunities in beneficiary communities.

The agricultural support programme is envisaging the participation of the State Ministry of Agriculture, the Ministry of Animal Production and Fishery together with the national rural extension agency *Agence Nationale Pour le Développement Rural* (ANADER) and UN agencies such as WFP and UNDP. International organisations such as International Committee of the Red Cross (ICRC), the International Organization for Migration (IOM) and NGOs such as ACF, Solidarités, OXFAM, ARK, *Organisation pour le développement des activités des femmes* (ODAFEM), Association Contre la Pauvreté en Côte d'Ivoire (ACOPCI), and Zatchaida are also important actors. Strengthening of coordination will allow the different organisations to address problems in a coherent and complementary way. Joint assessments and joint monitoring/evaluation exercises, together with information sharing and analysis will allow concerned organisations to improve planning and targeting of relief activities and maximise utilisation of limited resources.

Objectives

Food aid:

- Save lives of crisis-affected people who are critically food insecure;
- Protect livelihood and support rehabilitation of productive assets and enhance resilience to shocks;
- Contribute to maintaining the nutritional status of vulnerable groups, women, children and people living with HIV/AIDS.

Agriculture:

- Address the most urgent agricultural needs and improve the household food security of conflict-affected vulnerable rural households;
- Support adequate level of animal production by promoting backyard poultry, reestablishment of veterinary services and small-scale fresh water fishery;
- Facilitate the resettlement and reintegration of vulnerable rural households by supporting income generation capacity and promotion of rural employment opportunities;
- Promote a common understanding of the needs and situation in the food security/agriculture sector and develop approaches to address those needs through coordinated multi-agency and multi-sectorial activities, as well as by enhancing the capacity of local counterparts and institutions.

Indicators**Food aid:**

- Number of beneficiaries (male, female, children) assisted (IDPs and refugees; beneficiaries participating);
- Indicators measuring household's food availability and food access: food consumption pattern, food and non-food expenditures, type and level of income sources, health and nutrition, and educational attainment;
- Quantity and quality of food distributed to the different groups;
- Food Security database and reports (data available and analysed).

Agriculture:

- Number of beneficiaries, harvested areas by household main food crops, percentage of food needs covered by self produced crops;
- Number of small animals distributed, animal vaccination coverage, level of fish catches;
- Number of small food processing units introduced, value of income generated, number of jobs created;
- Joint agricultural assessment reports, agriculture and livestock sector information gathered and analysed

Monitoring**Food Aid:**

- WFP monitoring system (Distribution and Post Distribution Monitoring, COMPAS, food stock tracking; Food Security Monitoring System; implementing partners' reports).

Agriculture:

- Distribution and post-distribution monitoring reports, Post Harvest surveys, Programme Impact evaluation, Early Warning and Food Security Monitoring System.

3.4.b Coordination and Support Services**Priority needs and response strategies****Humanitarian Coordination**

The complexity of the humanitarian crisis in Côte d'Ivoire, with the humanitarian issues and needs varying in different parts of the country, presents a challenge for coordination. In each specific area; West, North, Centre, South etc. the humanitarian community is faced with a particular set of concerns and issues, which call for a tailor-made response, matching advocacy efforts and good coordination.

In 2004 the main pillars of coordination for the development of the common-response strategy included:

- 1) The IAHCC, consisting of UN humanitarian agencies, ICRC, International Federation of Red Cross and Red Crescent Societies (IFRC), IOM and international NGOs, which analyse the humanitarian situation to develop strategies and policies to ensure a better response to the humanitarian needs and advocate on behalf of vulnerable populations to the Government and other concerned actors;
- 2) Humanitarian coordination and information meetings, held on a regular basis in Abidjan and the field, with the participation of the government, UN humanitarian agencies, NGOs and external partners;
- 3) Sector group meetings, involving the relevant actors to ensure coordination and information sharing within each sector in Abidjan and the field;
- 4) Donor contact group meetings, to strengthen the relationship with donors and their involvement in the humanitarian response;
- 5) Evaluation missions: to provide the various coordination forums with accurate information regarding the humanitarian situation;
- 6) Information Management Unit: to facilitate the management of humanitarian information OCHA has established an information centre which manages a database collating all information regarding humanitarian activities (situation reports, calendar of meetings, calendar of missions, mission reports and other publications), enabling the production of detailed geographical maps of the region, including indicators of population movements (IDPs and refugees), humanitarian activities, military zones etc. Many of the products have been made available through an OCHA website for Côte d'Ivoire giving easy access to humanitarian information.
- 7) Strong presence in the field; OCHA has been able to remain in close contact with humanitarian actors and provide a thorough coverage of the humanitarian situation due to its presence in Bouaké, Guiglo, Yamoussoukro and Korhogo in addition to Abidjan.

It is imperative that the above mentioned coordination mechanisms, which have already been established in Abidjan and in the field by OCHA, continue to receive support in 2005 facilitating a constant and strong coordination in the field and Abidjan, contributing to the development of a common response strategy, the flow of information regarding humanitarian development as well as the promotion of a multi-sector approach to actions.

Communication

There continues to be an important demand by all humanitarian partners for information and knowledge of the humanitarian situation, the mandates and activities of humanitarian organisations and other important developments. The lack of accurate information has had some unfortunate consequences. Local communities, unaware of the beneficiaries of humanitarian aid, began accusing humanitarian organisations of being partial in their distribution of aid. Some organisations have been denied access to some areas or held up and questioned about their objectives, which has delayed or hindered the provision of humanitarian assistance to some vulnerable populations. It therefore remains a priority to have a common inter-agency communication strategy. In 2005, particular emphasis will be placed on reaching out local communities affected by the humanitarian crisis.

OCHA in collaboration with other humanitarian agencies has developed a common inter-agency communication strategy, which has served as the backbone for a number of communication initiatives since the beginning of the crisis, with the aim of informing the general public and media on humanitarian principles and response, and the issues surrounding the protection of civilian populations in armed conflict. Under the chairmanship of OCHA, a communication and advocacy thematic group has been established to ensure the implementation of the strategy. OCHA is in this respect responsible for a number of essential humanitarian information services including; daily monitoring and review of the local press on humanitarian or related developments; production of radio programs highlighting humanitarian activities; publication of situation reports; issuance of bulletins and the preparation of press releases.

Advocacy

The humanitarian crisis in Côte d'Ivoire calls for a more proactive common advocacy approach, particularly with regards to the protection of civilians and the respect of humanitarian principles. Following the violent demonstrations on 25 March 2004 leading to the death of over 120 people, and other examples of violations of human rights it was recognised that there was a serious need for a common advocacy response strategy. This is currently being developed and focuses on social

cohesion, which can be interpreted as the basis for all other problems and issues including the protection of civilians and impunity.

Advocating on behalf of IDPs is another priority for OCHA in 2005. OCHA has estimated that there are at least 500,000 IDPs, who remain vulnerable and continue to require assistance, the majority of which live with host families or communities. The return of IDPs will remain a challenge for 2005 particularly as more IDPs are requesting support for their return. In 2004 some IDPs started to return to their residence areas, however some hostile local communities turned many away. At the same time, new displacements were recorded. The movement of IDPs is a true obstacle to the humanitarian response; to date there is little registration of IDPs. Monitoring the movement of IDPs while advocating for continued assistance will remain a priority in 2005.

Strategies

Coordination

- Reinforce monitoring and assessment of humanitarian needs;
- Strengthen operational capacities and coordination mechanisms in the field (in particular in the North and North-West);
- Continue gathering, consolidating and analysing information to enable appropriate action;
- Constantly improve the identification process of vulnerable people and their needs as well as improving actions by order of priority;
- Increase the involvement of key partners, including donors and government representatives in missions and activities in the field;
- Improve monitoring and follow-up of evaluation missions –as well as impact assessment of activities;
- Ensure the participation of target populations and those benefiting from humanitarian aid;
- Maintain senior management meetings with Civil-Military Coordination (CIMCOORD) UNOCI and assist with the elaboration of QUIP projects.

Communication

- Mitigate the confusion among the local populations, regarding the mandates and activities of humanitarian organisations operating in the field and the beneficiaries of humanitarian actions;
- Clarify of the differing roles and mandates of the humanitarian and development agencies and the civil-military operations;
- Increase visibility and coverage of the humanitarian situation in Côte d'Ivoire through the media, directed towards the international community and local population;
- Strengthen information management including media approach;
- Establish a communication and advocacy response mechanism for an immediate reaction to localised outbreaks of violence and conflicts.

Advocacy

- Strengthen the network for communication and advocacy, particularly at the level of protection to better anticipate and be proactive;
- Advocate on behalf of the vulnerable populations affected by the crisis, in particular IDPs, in view of their return;
- Advocate for and support activities towards the restoration of social cohesion, as part of an attempt to address protection issues.

Implications if the response plan is not implemented

Without any coordination mechanisms the priorities for humanitarian action would be unclear to humanitarian agencies, which would lead to inappropriate response and duplications of programmes. Some vulnerable populations would suffer from little or no action, while others may receive the bulk of contributions. This could lead to an overall deterioration of the humanitarian crisis in Côte d'Ivoire. Insufficient or incorrect information on the gravity of the humanitarian crisis in Côte d'Ivoire could lead to the loss of international interest and thereby loss of funds, leading to the further deterioration of the humanitarian situation.

Misinformation, rumours and false campaigns leading to perceived partiality, can increase of inter-community and ethnic frictions, anti-UN sentiment and thereby increased insecurity for the civilian population, international citizens and UN staff.

Without a more proactive approach towards advocacy for social cohesion, ethnic and inter-community conflicts will continue unabated. This would lead to further insecurity and opportunity for violent clashes, which ultimately could spark up something greater and more detrimental than what has until now been small isolated cases. Before people and communities are able to live together in peace there will be no foundation for development and improvement, and only the further deterioration of the situation.

Activities

- Reinforce humanitarian coordination mechanisms;
- Strengthen and consolidate information sharing through maintaining coordination meetings at the general, sectorial and IAHCC level;
- Strengthen and develop the capacities and products provided by the information centre, ensure that the products are widely distributed to humanitarian actors and partners;
- Continue to support radio stations to broadcast balanced information about sensitive and controversial issues in an interesting and professional manner, including through training of radio journalists, co-production of programmes with partner radio stations etc.;
- Continue and strengthen inter-agency planning, evaluation and monitoring, put into place monitoring committee to follow-up and ensure appropriate actions are taken in response to information provided by evaluation missions;
- Continue to disseminate, promote and monitor the implementation of the Code of Conduct for Humanitarian Action (please refer to Annex V).

Partners		
Organisation	Mandate	Priorities
OCHA	Coordination of humanitarian response, policy development and humanitarian advocacy, information management and technology as well as resource mobilisation on behalf of the humanitarian community	Coordinated humanitarian response to the crisis in Côte d'Ivoire Advocating on behalf of vulnerable population affected by the crisis
WFP	Support towards coordination mechanisms in the North Eastern region	Ensure coordinated response in this region and provide humanitarian information from this region to the humanitarian community
UNHCR	Support to the coordination mechanisms in the South-Western region	Ensure coordinated response in this region and provide humanitarian information from this region to the humanitarian community
All Humanitarian Partners; Government, local authorities Civil society, Donors, local and int. NGOs, UN humanitarian organisations and UNOCI	All humanitarian actors who agree and accept the principle of coordination are partners and instrumental for the realisation of priorities and strategies outlined.	

Objectives

- Common understanding of the humanitarian context in all parts of the country;
- Coordinated humanitarian response and identification of urgent humanitarian needs;
- Strengthened systems for the provision of timely and quality information in support of the humanitarian decision making process and response;
- More collaboration, understanding and proactive response to the humanitarian assistance and protection needs of IDPs;
- More collaboration and improved coordination of advocacy, for the protection of vulnerable groups and efforts towards rebuilding social cohesion;
- Increase awareness of humanitarian principles and mandates of humanitarian actors;
- Greater clarity of the distinction between humanitarian actors and civil-military operations.

Indicators

- Coordination strategies implemented in the field with immediate results in terms of coordinated humanitarian response to needs of vulnerable populations;
- Number of, and availability of analytical humanitarian information products including reports, data and geographical maps;

- Media coverage of humanitarian issues;
- Number of visitors to the OCHA CI website and relief web;
- Increased number of partners using OCHA services;
- Fewer protection cases and rights respected;
- Continued assistance and protection of IDPs;
- Common advocacy strategy for social cohesion;
- Number of activities aimed at rebuilding social cohesion, based on the common advocacy strategy.

Monitoring

The coordinated response by the sectorial groups will be monitored through the coordination mechanisms in place, in particular the IAHCC. The sectorial groups are to produce sectorial analysis reports every three months, providing updated information on the humanitarian situation and response.

Evaluation missions will be followed by reports and presentations on the recommendations for actions made to the relevant organisations and donors.

Communication and advocacy initiatives such as radio sensitisation programs will be monitored through local surveys and questionnaires to register their impact.

3.4.c Education

In conflict areas, despite the innumerable operational difficulties (lack of collaboration with the Ministry of Education, total lack of means and premiums for voluntary teachers and shortage of teaching materials) the quality of education provided in FN-controlled zones proved to be satisfactory. The Ministry of Education decided not only to validate the 2002-2003 school year for the benefit of children, but also to organise a special session in February 2004 for official examinations including Primary School Certificate (CEPE), the Certificate of Junior High School (BEPC) and the Baccalaureate (High School Certificate), which produced successful results comparable to those recorded in the area under governmental control. Since then, a reduced number of administrators have been established in Korhogo, Bouaké, Odienné and Man to replace the Regional Department of Education (DREN). The main constraint has been, and remains the lack of teaching staff. To solve this problem, local communities took the responsibility of appointing voluntary teachers for the school start in February and March 2004.

Technical and financial development partners like UNICEF have supported the return of children to schools in these areas by distributing school material to 175,000 children and to 3,500 teachers. WFP's school canteens, which provided 200,000 students in the North and West with hot lunches, also contributed to normalising traumatised communities and served as an incentive to reopen more schools. WFP also provides food for work rations and salaries for volunteer teachers. For the schools in the North, food is transported to WFP's sub-offices in Korhogo, Bouake, Man and Bondoukou. These sub-offices are then responsible for distributions to schools, which are completed every two months. Delivery planning is done by the National Department of Canteens (DNC) staff in the North. WFP's engagement in food transportation is only temporary and will stop as soon as the DNC's capacity in the North has returned to normal.

In areas under control of the government the 2003-2004 school start was carried out over two periods, namely on 6 October 2003 in the South and on 4 November 2003, in the West. UNICEF provided 50,000 pupils and 1,000 teachers living in the South with education and teaching kits. 315,000 students in the South also benefited from school canteens supported by WFP, for a total of 515,000 nationwide. UNHCR ensured that refugee children could be admitted to schools. However thousands of children have still not attended school. The Ministry of Education estimates that between 14,000 and 20,000 formerly displaced children have been waiting since November to be enrolled in schools in the South. In April 2004, the Ministry of Education adopted the school formula known as "safeguard schools", which favours the enrolment of children from families of military staff (police officers, gendarmes and soldiers).

Priority needs

The main challenges for 2005 are:

- To ensure quality access to education for as many as possible: through (i) the rehabilitation of educational infrastructures destroyed, damaged and plundered in the areas under control of the Government and Force Nouvelles; (ii) the supply of furniture to schools; (iii) food;
- To ensure quality supervision and training: through (i) the optimal redeployment of the education personnel; (ii) the supply of teaching materials to teachers and school kits to pupils;
- To contribute to the development of values among children and youth: through the dissemination and adaptation of the curriculum of education for peace and tolerance, which is the condition for the attenuation of the present conflicts and for the prevention of future conflicts;
- To contribute to restoring the right to education for all excluded people (soldier-children, traumatised children, children deeply affected by the crisis) by using educational alternatives (compensatory, non-formal, pre-vocational education, etc).

Implications

It is critical to take up these challenges because they contribute to the recognition of the rights of children to quality basic education. Otherwise many children, particularly in areas under control of the FN, will not attend school or could be expelled from schools because of this situation. Moreover, if these priority needs are not satisfied, one will assist to a continuation of the current scenario of a dual and uneven educational system without regard to the quality of the teaching provided. There is no doubt that this will constitute a factor of regress in a country where the net schooling rate barely exceeds 56%, with 10 points lower when it comes to the education of girls.

Participating organisations

The organisations that are active in the education sector include agencies of appeal and operational partners for the projects submitted.

UNESCO/UNDP/WLO Ministry of Education & Ministry for Technical and Vocational Training/Competent Bodies, BM, UNICEF, WFP, CF, NGO (ROCARE)
UNICEF Ministry of Education /Regional Department of Education/Office of Primary School Inspection, WFP, UNFPA, UNESCO, WHO, IRC, HCR, NGO (WANEP, IFS, MIDJ, F/ONG)
UNICEF MEN/DREN/IEP, WFP, UNFPA, UNESCO, HCR, NGO (WANEP, IFS, MIDJ, F/ONG)
WFP Ministry of Education /Regional Department of Education/Office of Primary School Inspection, DNC, UNICEF
UNHCR Ministry of Education /Regional Department of Education/Office of Primary School Inspection, UNFPA, UNICEF, NGO

Their actions will be carried out complementarily to achieve the objectives. In this way, the activities of UNESCO/UNDP for the rehabilitation of infrastructures and equipment will encourage the return/redeployment of education personnel, which is the indispensable condition for the effective provision of education in FN-controlled areas. The problem of poverty is another determining factor influencing the return of children to school. The activities planned by UNICEF and WFP should contribute to reducing the tuition fees paid by families for their children. In fact, the distribution of school and teaching kits by UNICEF, and of food rations (including food for work rations for volunteer teachers) by WFP contribute to this quest. UNICEF in partnership with the Ministry of Education will develop a peace and tolerance curriculum, which will prepare children and adolescents to participate and contribute towards national reconciliation.

Objectives:

- To contribute to the restoration/rehabilitation of the school infrastructures damaged during the conflict;
- To provide teaching materials to five (5) professional colleges, to five (5) vocational training centres and to ten (10) secondary establishments reopened;
- To facilitate the return of 700,000 children to school, with approximately 300,000 in the area under governmental control, 100,000 in the confidence area, and 300,000 in the formerly besieged area through supplying school supplies to pupils and pedagogical materials to 14,000 teachers;
- Provide 11,788 MTs of food to feed 465,000 students, 200,000 in the North and 265,000 in the South;
- To mobilise 14,000 teachers and to supply the pupils with school supplies;

- To train 500 trainers who would be able to understand and react to the problems related to sexual discrimination at school;
- To ensure that HIV/AIDS prevention and awareness are covered in the curriculum of schools;
- To organise public awareness campaigns on children's education for parents and communities. A total of 5 information/sensitisation campaigns, some of which will be carried out during the distribution of school material;
- To ensure that peace and tolerance values are developed among children in schools and communities.

Indicators

The following indicators will show the progress achieved through the implementation of the projects:

- Number of infrastructures rehabilitated, number of students benefiting from the public education system;
- Number of teachers and number of posts created and occupied by qualified personnel;
- Attendance and desertion rate per sex and per target area;
- Number of beneficiaries of canteen rations, Girls/Boys;
- Quantity of food distributed for school canteens;
- Number of sensitisation campaigns carried out for the return to school.

The representatives of the decentralised Administration of National Education (DREN) will conduct the follow-up of these indicators on the regional level, which is already operational in the field.

Monitoring

The appeal agencies will ensure the follow-up of the project activities, each of them operating in its sector of competency and in partnership with the services of national education. The work of the Education sector group will serve as the framework for the follow-up and the supervision of the project activities.

In February 2005, WFP will conduct a school feeding baseline data study including enrolment and attendance rates.

3.4.d Health and Nutrition

The priority of the health/nutrition sector is the return of the qualified health personnel to their original workplace in order to improve the quality of the care offered to the populations of the Northern and Western areas of Côte d'Ivoire. Accordingly, the actions in the health sector will aim at increasing healthcares, by encouraging the rehabilitation and the re-equipment of health centres. At the time of reporting only 110 of the 350 health centres were functional.

Through European Union funding, and in close collaboration with the government, UNICEF is undertaking a project that covers 26 health districts, located primarily in the FN-controlled zones. This project will provide all 26 districts with a supply of medications and basic equipment, including mosquito nets, to cover district needs for a period of a minimum of 15 months. This project also puts at the disposition of district health teams 4x4 vehicles, motorcycles and mopeds for health staff to provide care to patients in remote areas, and to properly supervise and coordinate the activities of district health care centres.

Further support within the framework of this project will provide district health teams with the financial means to make use of the vehicles, as well as computers for the collection and treatment data. An important part of the overall strategy is to progressively reintroduce cost recovery, in a transparent and orderly manner, so that the health districts can sustain their recovery and re-supply medical supplies through the *Pharmacie de Santé Publique* - Public Health Pharmacy (PSP). This element is vital in



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putting the national health system back on the track of sustainable development, and strategies for ensuring health care to the most financially vulnerable will be integrated as necessary.

As of 30 September 2004, 15 cases of polio had been identified and confirmed in Côte d'Ivoire, while zero cases were reported in 2001. The crisis has left populations in FN-controlled zones without access to routine vaccinations, and routine vaccination rates nationwide have steadily dropped to under 50%. A total of 6 rounds of NIDs are/were scheduled for 2004 [February, March, June, October, November December], with the December 2004 round being coupled with a nationwide measles campaign. It is foreseen that in 2005, further NIDs will be necessary to definitively eradicate polio in Côte d'Ivoire, in West Africa and worldwide; this regional and national challenge within a volatile political atmosphere requires the sustained support and positive attention of donors to avoid that Côte d'Ivoire becomes a reservoir for the wild poliovirus.

For nutrition, the situation remains extremely precarious, particularly in the most crisis-affected zones: the North, Northeast, and West. The health and nutritional status of populations in these areas is still largely dependent on humanitarian health and food aid, and will likely deteriorate if the country remains partitioned, or if insecurity increases. For these reasons, it is necessary to ensure continued training and capacity building for the identification, management, and prevention of malnutrition at the community, district and national level, as well as the targeted provision of therapeutic food, drugs and other related treatments.

Strategies

The priority actions of the health/nutrition sector are:

- To provide access to basic health care for vulnerable populations;
- To re-equip the health centres, and promote structural rehabilitation;
- To supply healthcare structures with drugs and medical material;
- To reinforce epidemiological and nutritional surveillance;
- To improve the centres providing care for people living with HIV/AIDS;
- To supply laboratories with HIV/AIDS testing material;
- Support nutritional status of people living with HIV/AIDS;
- To train and retrain healthcare personnel;
- To support the nutritional status of vulnerable populations including malnourished children, pregnant and nursing mothers and people living with HIV/AIDS;
- To promote the definitive return of medical staff to their original posts through the above support, including a policy of progressive reintroduction of cost recovery.

The implementation of these strategies, which are all interdependent, will help improve the health condition of the populations of the Northern and Western areas, by providing quality care and by monitoring the possible measles and meningitis epidemics.

Consequences of the non-implementation of the plan

- Deterioration of the health condition of the populations of the Western and Northern areas of Côte d'Ivoire;
- Renewed outbreak of endemic diseases, particularly Malaria, Tuberculosis, HIV/AIDS, meningitis, measles and poliomyelitis;
- Increase in maternal and infantile mortality;
- Lack of adequate medicines in health centres;
- Possibility that Côte d'Ivoire will become a reservoir of wild poliovirus.

List of the Organisations that operate in the health/nutrition sector		
Organisation	Mandate	Priorities
WHO	Ensure the coordination and the normalisation of healthcare actions	To reinforce government capacities to provide the population with better health services; To coordinate sanitary actions during the crisis
UNICEF	Ensure the protection of children's rights, particularly the right to healthcare	To support all actions related to the protection of children's health condition
UNFPA	Provide support to meet the reproductive health needs of populations affected by emergencies.	To reinforce government and private capacities in providing reproductive health (RH) services in emergency situation; to secure RH supplies and equipment
ICRC	Assist people in times of conflict	To provide support to public health structures. Collaborate with the Ivorian Red Cross to provide emergency aid and evacuation of wounded due to conflict or trouble in Côte d'Ivoire
WFP	Emergency response through selective feeding: therapeutic feeding, supplementary feeding, mother and child health and people living with HIV/AIDS	Provide therapeutic and supplementary feeding rations for malnourished children and support the nutritional status of pregnant and nursing mothers as well as people living with HIV/AIDS
EMSF	Assist helpless children	Assists orphans due to the crisis living in Bouaké
MSF	Provide medical care to vulnerable populations and to refugees, particularly in times of conflict	Ensure hospitals in Bouaké, Man and Danané are operational
Merlin	Provide health care to vulnerable populations	Rehabilitation of hospitals and health centres in the West
MDM	Provide Medical assistance to vulnerable populations	Support to Health structures in Seguela in the FN-controlled zone
ACF	Nutritional assistance to children suffering from malnutrition	Support to a Nutritional centre in Zouan Hounien
MAP-int.	Support the health sector particularly through the supply of medicines and care for people living with HIV/AIDS	Proved medicines to health centres and other institutions caring for vulnerable populations in need of medical assistance.

Objectives

- To improve the access to quality healthcare for the Northern and Western populations by supplying equipment and light material including drugs and medical material to 100% of the functional health centres;
- To assist and attend 80% of the HIV/AIDS Positive Tested;
- To create three epidemiological surveillance stations (Man, Bouaké, Korhogo);
- To reinforce nutritional surveillance by carrying out a nutritional investigation in the North and the West;
- To reinforce the routine vaccination program in 80% of the functional health centres.

Indicators

The follow-up will be performed through the following indicators:

- Number of functional health centres;
- Vaccination coverage rate for Diphtheria-Tetanus-Whooping cough-Polio (DTC3 Polio3) among children from 0 to 11 months;
- Vaccination coverage rate for measles, among children from 0 to 11 months;
- Rate of acute malnutrition among children below 5 years;
- Percentage of detected HIV-positive individuals receiving care;
- Number of rations distributed and number of people living with HIV/AIDS assisted with food aid in zones affected by the crisis.

Follow-up/Evaluation

The coordination of the actions will be made by WHO in collaboration with the other United Nations Agencies and under the supervision of the Ministry of Health and Population. UNFPA in particular, will coordinate all the initiatives related to maternal health, UNICEF will follow-up the initiatives on children's health, UNAIDS will coordinate AIDS-control activities. The nutritional aspects will be dealt

with according to priority by WFP. This coordination will be performed through the weekly sectorial meetings chaired and hosted by WHO.

3.4.e Multi-sector (refugees)

Background and priority needs



Safari Diumapili / OCHA / Guiglo 2003

Due to security conditions in 2004, access to some 20,000 Liberian refugees and 25,000 Ivorian returnees residing in the Guiglo region was difficult. From a regional point of view, the deployment of UNOCI troops in the Western Côte d'Ivoire and the concomitant deployment of UNMIL troops in the Eastern Liberia are expected to improve the security situation in 2005 in the areas hosting refugees,

and ease access to Ivorian refugees in Liberia, as well as to Ivorian returnees and Liberian refugees in Côte d'Ivoire, especially in Guiglo region.

After having experienced several unsuccessful repatriation attempts, it is anticipated that an important number of Liberians refugees will chose to remain in Côte d'Ivoire until the presidential elections take place in Liberia in 2005. Meanwhile, with the improvement of the security situation in Liberia some Liberian refugees may decide to return home. UNHCR estimates that in 2004 and 2005, 25,000 and 36,000 Liberian refugees living in Côte d'Ivoire would return to Liberia respectively.

In 2003 it was estimated that some 50,000 Ivorian refugees fled their country mainly for Liberia, Guinea and Mali. It is believed that over 15,000 have returned home spontaneously. Due to security conditions in the areas of return, UNHCR limited its reintegration assistance to Ivorian returnees in the sectors of water and sanitation around Bolequin town.

In 2005, UNHCR will pursue the reinforcement of the legal framework to protect refugees by further strengthening the capacity of the National Eligibility Commission and supporting the government in the implementation of the national refugee law, upon its adoption by Parliament. Furthermore, UNHCR will assist in the issuance of individual documentation to refugees once all administrative obstacles are removed. In collaboration with UNOCI, the government and other humanitarian bodies, UNHCR will continue to monitor the security situation in the North and the West. Should conditions allow, it will expand its assistance to Liberian refugees and Ivorian returnees in areas so far not accessible.

In close co-operation with UNHCR's offices in Guinea, Liberia and in other countries hosting Ivorian refugees, a mass information programme including go and see visits will be organised to assist Ivorian refugees make an informed decision regarding their voluntary repatriation. UNHCR will train government bodies and NGOs involved in the repatriation activities. Together with these partners, UNHCR will monitor the return movements of Ivorians to Côte d'Ivoire and of Liberians to their country. In this regard, emphasis will be put on the cross-border movement of vulnerable groups especially women, children, the elderly and the sick. UNHCR will also encourage and facilitate the voluntary repatriation of urban refugees when conditions in their countries of origin permit.

In all locations hosting refugees, a proactive search of vulnerable cases will be systematically undertaken and they will be adequately assisted. The option of resettlement to a third country will be pursued for vulnerable refugees who meet resettlement criteria. In collaboration with the government, United Nations concerned bodies and NGOs, UNHCR will continue its efforts to promote and ensure

the civilian character nature of asylum, particularly in Nicla camp, Tabou transit centre and in other refugee locations.

Liberian refugees

Assistance to Liberian refugees will be concentrated in the Western part of Côte d'Ivoire where the majority of this group resides. It will aim at assisting them to reduce their dependency to the aid and prepare them to the voluntary repatriation. In order to promote good relations between refugees and the local populations in the West, UNHCR will continue to work with other development actors to also support these populations. As a matter of policy, UNHCR assistance will be extended to local populations and IDPs when they live in the same areas as refugees and returnees. The assistance will include distribution of domestic household items, agricultural inputs, shelter construction materials, vocational training, sanitary kits for women aged above 12 years and community based assistance aimed at increasing access to social services and reinforcing their capacity to help and protect themselves. UNHCR will also continue to support grassroots organisations and local NGOs involved in child and women protection against exploitation and sexual violence.

As outlined by the regional UNHCR repatriation strategy plan, some 36,000 Liberian refugees are expected to return home in 2005 (16,000 spontaneously and 20,000 assisted). Should conditions in Liberia allow, UNHCR will move to the promotion phase of the voluntary repatriation.

Urban refugees

The office will continue to ensure international protection for some 3,800 urban refugees and asylum seekers of various nationalities (Democratic Republic of Congo, Republic of Congo, Rwanda, Burundi, Sierra Leone etc.) residing mainly in Abidjan. Assistance to this group will focus on primary and secondary education, vocational training and self-reliance activities. The office will also encourage and facilitate the voluntary repatriation of urban refugees when conditions in their countries of origin permit.

Ivorian returnees

Should access and security conditions in the return areas improve, UNHCR will facilitate the return and will support the reintegration of Ivorian returnees. In the context of the Repatriation, Reintegration, Rehabilitation, and Reconstruction (4Rs) approach and where security conditions are favourable, the office will work closely with the government and development actors to implement, in the areas of return, quick impact community based reintegration activities aiming at empowering communities and consolidating the peace process. Rehabilitation and construction works (socio-economic infrastructures and services) will be undertaken to increase the reception capacities in the areas of return. A range of social services will be made available to assist victims of violence and other vulnerable groups upon return.

Through its 2005 programmes, UNHCR aims to ensure that Liberian refugees return to their country of origin voluntarily, safely, and in dignity and that the reintegration of Ivorian returnees is sustainable. With regards to refugees who will choose to remain in Côte d'Ivoire in 2005, particularly urban refugees, UNHCR, in close co-operation with its partners, aims to ensure that they continue to enjoy international protection and are able to engage in self-reliance activities.

The major assumption for these two desired impacts is that peace prevails during 2005 in the sub-region, particularly in Liberia and Côte d'Ivoire.

The implications if this response plan is not implemented:

- Repatriation of Liberian and Ivorian refugees will happen in insecurity and the principle of dignity will not be respected;
- Human rights violations in a large scale;
- Deteriorated security and living conditions for Liberian refugees;
- Vulnerable groups will be at risks; spread of sexual exploitation and abuse, military recruitment of children, spread of HIV/AIDS;
- Continued violation of the right of free movement.

List of the organisations participating in the Multi-sector refugee assistance	
Agency	Area/sector of action
UNHCR's governmental counterpart - Service d'Aide et d'Assistance aux réfugiés et Apatrides (SAARA).	Protection and registration and co-ordination
Association de soutien à l'autopromotion sanitaire et urbaine (ASAPSU)	Provide basic assistance to refugees
WFP	Provide general rations to refugees in camps
UNFPA	Provision of basic emergency reproductive health kits
CARITAS (Côte d'Ivoire)	Provide basic assistance to refugees
International Rescue Committee (IRC)	Provide protection and basic assistance to refugees
Oxfam-UK	Provide basic assistance to refugees
Save the Children-UK (SC-UK)	Protection and promotion of children's rights
Solidarités –France	Support the reintegration of returnees
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)	Logistics and repatriation assistance
IOM	Repatriation and resettlement

Objectives

- Continue to provide international protection and appropriate assistance to urban refugees in Abidjan;
- Continue to provide international protection and basic assistance to Liberian refugees settled in the Western part of Côte d'Ivoire in transit centres (Niela, Tabou) and among local populations in villages;
- Continue to support the supplementary feeding centre in the transit centres (Tabou, Guiglo);
- Facilitate and, should conditions permit, promote the voluntary repatriation of Liberians refugees providing transport and logistical assistance;
- Facilitate the voluntary return and reintegration of Ivorian refugees.

Indicators

- 3,800 urban refugees and asylum seekers have been protected and supported to become self-sufficient;
- 45,000 Liberian refugees living in transit centres and with host communities received basic assistance and enjoyed international protection;
- 36,000 Liberian refugees have been repatriated to Liberia in safety and dignity;
- 13,700 Ivorian refugees have been repatriated in safety and dignity and their reintegration facilitated along with the reintegration of the 15,000 who have returned to Côte d'Ivoire before 2005

Monitoring and Co-ordination

UNHCR will monitor the implementation of its programme through its main office in Abidjan and its two field offices (Tabou and Guiglo). UNHCR will continue to work in close co-operation with the government and UNHCR offices in neighbouring countries in the framework of Liberians repatriation. It will work closely with the government and UNOCI deployed in the FN-controlled zone, in order to monitor the security and the protection conditions in the areas hosting refugees, as well as in the areas of return for Ivorian refugees. It will also co-ordinate reintegration and monitoring activities in the areas of return for Ivorian returnees.

3.4.f Protection/Human Rights/Rule of Law

Background and priority needs:

During 2004, the overall security of the civilian population in Côte d'Ivoire did not experience significant improvement. There remain great difficulties in recording and monitoring various cases of human rights violations. The main vulnerable groups in terms of protection mostly affected by the crisis; include – women, children, IDPs and minorities. Women and children are particularly at risk because they are the most immediate victims of both sexual abuse and sexual exploitation as a last resort coping mechanism to escape from poverty; as a result, they are also the most exposed group to HIV/AIDS.

The protection response plan aims to provide both a normative and a reality-oriented protection framework for vulnerable groups. Protection issues in Côte d'Ivoire are widespread and diverse; it is difficult to distinguish between the various zones, as they are all faced with a mix of disrespect for international humanitarian law, lack of authority, lack of social cohesion, impunity and the violation of human rights. This focus will attempt to address these widespread issues.

Intra and inter-community tensions, among various Ivorian ethnic groups, refugees and West African migrants, has led and continues to lead to the displacement and separation of families, while also hindering the return process of displaced populations to their areas of origin. This is particularly problematic in the West, where thousands of IDPs and refugees still reside and compound these tensions.

Another concern is the continued lack of attention, protection and humanitarian response to the displaced of foreign and native communities, including the expulsion of certain minority groups in the poorer urban districts of Abidjan, coupled by forced dispossession of land and looting of property.

The lack of access to vulnerable populations is another major concern. Humanitarian actors have been refused access to certain areas in the West for several months at a time. On 25 March 2004, Red Cross experienced great difficulty in gaining access to those wounded during the violent demonstrations.

Sexual abuse and exploitation of women, girls and children displaced or on the move continues to be prevalent especially in areas controlled by various opposing armed forces and local communities. Evidence of conflict among opposing armed forces, was the discovery of mass graves in Korhogo in July 2004. The fact that there is a lack of local administrative authorities in the North makes it very difficult to address these concerns. The absence of such assistance exacerbates the non-respect and serious violations of international humanitarian law and human rights, also common in the North.

An important issue that has not received enough attention is child soldiers. Although, there are fewer reports of recruitment of child soldiers, the challenge remains to reintegrate those child soldiers back into their community of origin and ensure that their situation is considered and addressed as part of the DDR process.

Given the current political climate, the following priority needs remain paramount. It is essential to actively redeploy judicial administration to their posts North of the security zone. Pending success of this action, authorities will devise an alternative solution to make proper documentation available for relevant persons until sufficient administration is in place. Parallel efforts need to be initiated to monitor and advocate for the protection of human rights and safeguard against impunity with a special focus on vulnerable groups, particularly female victims of sexual abuse and exploitation. In order to assist reporting on the violation of human rights, it will be vital to strengthen the network of agencies or stakeholders, involved in protection, especially in the West. Another important consideration is to improve the protection of relevant activities, which will draw attention to the perspective and conditions of safe and sustainable return. The final priority is to advocate on behalf of vulnerable groups for better access to schools, health care and administrative services, such as birth registration. The best method to achieve this priority is through the dissemination and awareness of human rights.

The implications if this response plan is not implemented:

- Complacency of human rights violations.
- Pervasiveness of the feeling of impunity;
- Deteriorated conditions for return of IDPs and deterioration of their living conditions;
- In the long term, a whole generation will bring the issue of citizenship to the forefront, which will increase inter-community tensions and threaten social cohesion;
- Continuation of extortion of money thereby impeding economic recovery and freedom of movement;
- Continued harassment of IDP and refugee populations.

List of the organisations participating protection/human rights/rule of law:		
Agency	Mandate	Priority
UNOCI (Human Rights Division)	Contribute to the promotion and protection of Human Rights, paying particular attention to acts of violence committed towards women, and young girls, and investigate violations of human rights in the fight against impunity	Support activities preventing human rights violations. Ensure respect of human rights. Protect vulnerable populations and civilians in danger. Act against all forms of violence.
UNICEF	Provide active protection for children and in particular children at risk, especially during armed conflict	Supports DDR process for child soldiers and other similar initiatives; Reinforce the environmental context for children, such as strengthening local capacities and support for school and for families
UNFPA	Provide support to the victims of gender based violence	Act for the protection of victims of sexual violence, support sensitisation and advocacy activities and provide medical, psychological and legal support to the victims
ICRC	Act for the protection and give assistance to the victims of conflict and promotes International Humanitarian Law (IHL)	Act for the protection of persons deprived of freedom. Promote rules of IHL, re-establishes links between ES and their family in West Africa as well as in Côte d'Ivoire
Save the Children, Sweden	Protection and promotion of children's rights, especially for children affected by armed conflict and displacement	Coordinate information exchange between different actors working to protect children; Ascertain the depth of the problem; Form local partners to ensure protection for children; Special attention is paid to girls who are influenced by armed forces
Save the Children, UK	Fight for children's rights and deliver immediate and lasting improvement to children's lives worldwide	Child protection from abuse, neglect, exploitation and violence in emergencies and armed conflict; promotion of citizenship through involvement in decision making; and promotion of well being through access to basic services
IRC	Provide urgent assistance to refugee and displaced populations	Ensure formal primary education; Increasing skills, literacy and professional training for the youth
OCHA	Mobilise and coordinate effective support for humanitarian action to advocate for the rights of people in need	Map out transit and orientation centres; Constitute a network of local partners

Objectives

Overall Objective: Encourage the re-establishment of a legal framework and promote its application and its compliance by all the opposing actors in favour of all civilian populations living in Côte d'Ivoire.

- Civilian populations, especially the most vulnerable groups, protected by national authorities in place as guarantors of the respect and application of international humanitarian law and human rights;
- Rights of civilian populations respected by involving and making all the opposing actors responsible for their dissemination, promotion and application;
- Moral and physical rehabilitation and reintegration of the most vulnerable groups, victims of acts of violence and violations;
- Annexes to the Linas-Marcoussis Accords concerning individual rights and their protection implemented through activities and programmes of the actors in charge of protection;
- Proper identification of vulnerable groups and increased efforts to achieve this objective.

Indicators

- Number of legal administration staff redeployed;
- Number and types of cases of violations identified, registered and monitored;
- Number of persons arrested and tried within the legal system;
- Number of victims of violent acts offered medical, psychosocial care and legal support;
- Rehabilitation centres established for child soldiers;
- Number of children disarmed, demobilised and effectively assisted to ensure their safe and sustainable reintegration;
- Rehabilitation centres established for victims conflict in general;
- IDPs returning to their place of origin;
- Increase in the number of people registered;
- Effectiveness and timeliness of follow up to protection cases;
- Number of government workers who returned to the North;
- Return of children to school;
- Frequency of harassment of money extortions on the road.

Monitoring objectives

- Strengthen and rationalise the network of existing agencies involving protection activities;
- Identify and record the national organisations and local relays involving protection;
- Establish coordination mechanism among agencies operating on the field so that their presence can be used to report on human rights violations witnessed during operations (i.e. WFP is not a protection agency, but if they witness something, they can report it).

Central Level: with a monitoring committee comprising involved actors, analysis of implementation and results of activities, or pre- and post-campaign public opinion survey(s) in the area(s) of support.

Regional Level: Centralisation of the results of a zone by community, NGOs and community representatives; submission of periodic reports to central level.

Local Level: Submission of periodic reports from committees and contact groups in the field; Support and follow-up of the coordination teams of humanitarian agencies, missions and follow-up visits to the field; Media monitoring of dissemination of messages.

3.4.g Water and Sanitation

In spite of the results achieved by humanitarian institutions, significant efforts are still to be made to meet the fundamental water, hygiene and sanitation needs of the populations that have become vulnerable because of the persistence of the crisis, particularly children and women living in the South (Abidjan, Aboisso), the West (Duékoué, Guiglo, Toulepleu, Bangolo, Man, Danané), the South-West (San Pedro, Tabou, Grabo), and in the formerly-besieged areas of the Far North (Korhogo, Odienné) including the areas known as Confidence Areas. The humanitarian actions will aim at restoring the operational condition of water and sanitary infrastructures. More specifically, it will consist of rehabilitating the existing pumps, making spare parts available on the national level and bringing them closer to the users by supplying local retailers, by reinforcing the capacities of local plumbers and by improving water-point management committees in villages. In urban areas, there will be a systematic chlorination of drinking water in partnership with the Department for Clean Water Management (Direction de l'Hydraulique Humaine), National Institute for Public Hygiene (*Institute Nationale pour l'Hygiène Publique*) (INHP), Population Services International (PSI) and Centre for Disease Control (CDC) in order to prevent diarrhoea, cholera and typhoid fever.

Concerning adequate elimination of excrement, the emphasis will be put on promoting the use of latrines by reinforcing the capacities of local masons to enable them to meet the needs of the populations, and by building pilot latrines in host communities and in IDP and refugee centres.

Regarding hygiene, the task will consist of promoting best practices among communities, with a particular emphasis on water, hand, environment and food hygiene in a way as to greatly reduce the incidence of diarrheic diseases among affected populations, particularly among younger children and people living with HIV/AIDS. Concerning environmental hygiene, local committees will be established and appointed for the management of solid and liquid wastes in IDP and refugee centres, as well as in

host communities. The information, Education and Communication/*Communication pour le Changement de Comportement* (IEC/CCC) media related to water hygiene, personal hygiene, environmental hygiene and food hygiene, being currently developed by UNICEF and its partners, will be reproduced and vastly circulated.

Lastly, as for the Water & Sanitation Sector Group, the humanitarian actors will be given technical assistance with the provision of common standards and indicators (WHO, Humanitarian Charter and Minimum Standard in Disaster Response (SPHERE)) regarding the supply of drinking water, sanitation and hygiene, in partnership with the technical departments of the Government.

The action strategies of this consolidated appeal aim at preparing the field for the vast poverty reduction programs (DRSP) and rebuilding programs of the government, which include the drilling of 510 new boreholes in the regions of Moyen Comoé and Zanzan and the rehabilitation of 8,270 village pumps, 70 of which will be rehabilitated by the National Committee for the Redeployment of Administration (CNPRA). They also come in addition to the water-supply and sanitation programs carried out by OXFAM, IRC and UNICEF in favour of refugees and host communities of the region of Tabou, to the ICRC program aiming at the rehabilitation of potable water supply equipment in towns under control of the FN, and to the IRC/UNICEF program being developed in the region of the Eighteen (18) Mountains.

Strategies

The actions will consist of:

- Providing services and basic materials for the rehabilitation of hydraulic and sanitation structures;
- Reinforcing the capacities of the actors (government, NGOs, Basic Community Organizations);
- Enabling the communities and making them responsible;
- Performing an advocacy and mobilising the society.

Consequences of a non-implementation of the plan

If nothing is done to improve access to water and adequate sanitary facilities and to bring about a change in behaviours related to hygiene, the populations will remain exposed to the risk of epidemics of diarrhoea, cholera, typhoid fever and malaria. Even before the crisis, Côte d'Ivoire was a cholera and malaria endemic area because of its weak epidemiological system and of its geographical location in the subequatorial area. Since the beginning of the crisis in September 2002 until 2003, 5,468 cases of cholera were recorded in Côte d'Ivoire with 209 death cases, which represents a total mortality rate of 3.82%. During this period the city of Abidjan reported 3,800 cases, which represent 69.49% of the total number, with 90 death cases. Contamination sources are primarily in connection with soiled drinking water, non-protected food and the unhealthy state of all the cities of the country, particularly the economic capital.

Limited access to drinking water tends to become a humanitarian problem against which the government of Côte d'Ivoire remains impotent because of the lack of financial resources to help face it. Moreover, the shortage of drinking water generates social tensions in peripheral urban districts and in rural areas with a high concentration of displaced populations.

List of the Organisations that are part of the Water/Sanitation sector group		
Organizations	Mandate	Priorities
UNICEF	To guarantee access to clean drinking water and hygiene and sanitation facilities for children and women	Protection of children and women, education, Immunisation, primary healthcare Empowerment of communities Reinforcement of local capacities Coordination of the initiatives in the sector
WHO	To ensure that the standards and directives related to clean-water quality and hygiene are monitored and observed	Prevention and surveillance of diseases
Prime Minister's Office	To define government Policies regarding the supply of clean drinking-water and sanitation	Policy definition and follow-up of the implementation
Human Hydraulics Department	To implement government policies on the supply of clean drinking-water	Supply of drinking water to populations
Department of Sanitation	To implement the government policies regarding sanitation	Sanitation and disposal of urban waste
National Program for the Eradication of Guinea-Worm Water & Sanitation (PNEVG)	To eradicate Guinea-worm and prevent diseases related to water and sanitation	Epidemiological surveillance of Guinea-worm and of diseases related to water and sanitation
National Institute for Public Hygiene (INHP)	To ensure the epidemiological surveillance of diseases targeted by the <i>Programme Elargi de Vaccination</i> (PEV) and those related to water and hygiene	Prevention of the PEV diseases and promotion of hygiene; Support to those suffering from diarrhoea and cholera
SODECI (National Water-Supply Company)	To ensure the distribution of drinking water in urban areas	Drinking water supply in urban areas
IRC	To provide humanitarian assistance to displaced populations and refugees	Humanitarian assistance (rehabilitation of the hydraulic and sanitary facilities, promotion of hygiene)
Oxfam-GB	To ensure access to drinking water and sanitation	Humanitarian assistance (rehabilitation of the hydraulic and sanitary facilities, promotion of hygiene)
IRCC	To provide logistic support to the drinking-water supply company (SODECI) for the transfer of equipment and water-treatment products to the cities under control of the FN	Humanitarian assistance for victims of conflicts
SOLIDARITES	To ensure access to drinking water and to sanitation	Promotion of sanitation and hygiene
MAP International	To ensure access to drinking water and to healthcare; To prevent Buruli ulcer and to assist people suffering from it	Access to drinking water and to healthcare; Prevention of Buruli ulcer and assistance to people suffering from it
LIEPSEC	To promote hygiene and sanitation among communities	Promotion of hygiene and sanitation among communities
APE	To promote hygiene and sanitation among communities	Promotion of hygiene and sanitation among communities
ONEF	To promote hygiene and sanitation among communities	Promotion of hygiene and sanitation among communities
LIAAI (International League for Assistance and Aid to Immigrants)	To promote hygiene, sanitation and health among communities	Promotion of hygiene and sanitation among communities

General objective

The general objective of the involvements in the sector is to reduce the incidence of diseases linked to water sources and bad hygiene among the populations affected by the persistence of the crisis and among host communities.

Specific Objectives

More specifically, the humanitarian assistance aims at:

1. Ensuring access to a sufficient quantity of drinking water to 80% the populations affected by the crisis (400,000) and among host communities, particularly to women and children living in the South (Abidjan, Aboisso), in the West (Duékoué, Guiglo, Toulepleu, Bangolo, Man, Danané), in the South-West (San Pedro, Tabou, Grabo), in the FN- controlled areas of the Far North (Bouna, Korhogo, Seguella, Odienné) including the areas within the Confidence zone (Bondoukou to Danané through the central area);
2. Ensuring access to adequate sanitary facilities to 60% of the populations affected by the crisis including host communities and particularly women and children living in the South (Abidjan, Aboisso), in the West (Duékoué, Guiglo, Toulepleu, Bangolo, Man, Danané), in the South-West (San Pedro, Tabou, Grabo), in the FN- controlled areas of the Far North (Bouna, Korhogo, Seguella, Odienné) including the areas within the Confidence zone (Bondoukou to Danané through the central area);
3. Promoting best hygiene practices among 80% of the populations affected by the crisis and among host communities, particularly the women and the children living in the South (Abidjan, Aboisso), in the West (Duékoué, Guiglo, Toulepleu, Bangolo, Man, Danané), in the South-West (San Pedro, Tabou, Grabo), in the FN- controlled areas of the Far North (Bouna, Korhogo, Seguella, Odienné) including the areas within the Confidence zone (Bondoukou to Danané through the central area);
4. Raising enrolment rates of primary schools.

Indicators

- Water supply: Percentage of pumps operating at any hour; Number of water-point management committees; Number of local repairers trained; Number of local retailers installed and equipped with pump spare parts; Prevalence rate of diarrheic diseases;
- Sanitation: Number of latrines built; Number of local hygiene promotion committees; percentage of people with access to latrines and hand washing facilities;
- Hygiene: Prevalence rate of diarrheic and parasitic diseases; percentage of people who wash their hands at critical times (before taking their meal and after having motions).

Follow-up/evaluation

The coordination of the actions will be made by the Water & Sanitation Sector Group chaired by UNICEF, including the Agencies of the United Nations System (WHO, UNDP, OCHA, etc), the technical departments of the concerned Ministries (Prime minister's office, Department of Hydraulics, Department of Sanitation, INHP, PNEVG, Ministry of National Education, etc), SODECI, national NGOs (*organisation National pour l'Enfant, la Femme et la Famille* (ONEF)), and international NGOs (IRC, OXFAM, etc). In addition to the follow-up and the evaluations that will be made by the actors in the field, the Sector Group may also carry out joint evaluations of some activities.

NB: While the needs in the sector are great, UNICEF will limit its request for funds through the CAP water and sanitation sector to activities in favour of populations in the West, as donors have indicated that funding would not be forthcoming to respond to the bulk of needs identified in the above plan. UNICEF may use a portion of its regular resources during 2005 to undertake certain activities outlined in the plan.

3.4.h Transition, Peace Consolidation and Conflict Prevention

Côte d'Ivoire appears to be emerging from a crisis, which means that it is in a particular phase where reversals of situations may happen. As a consequence, all the efforts made during this phase should aim at the consolidation of peace. Serving as a bridge between a crisis situation and consolidated peace, as well as between humanitarian actions and durable development, transition includes three main themes: security, Reintegration, Resettlement, Rebuilding and Rehabilitation (4Rs) and national reconciliation/social cohesion.

While facilitating the comprehension of the specific stakes of transition, this thematic variation allows the UNDP to define its strategic action axes through its Post-crisis unit. However, it is important to note that other aspects such as access to basic social services, food security, and the protection of vulnerable people are an integral part of the transition process.

Strategies

The main goal of all the activities of the Post-Crisis Unit is to support the creation of an environment that is favourable to peace and to a durable development. In that respect, the Post-Crisis Unit works in total compliance with the objective presented by the Country Program for the Republic of Côte d'Ivoire.

Thus, the strategic priorities of the Post-Crisis Unit are the reduction of poverty and the promotion of peace and security.

General objective

The general purpose of Transition, Peace Consolidation and Conflict Prevention is to consolidate the achievements that favour the construction of a lasting peace and to prevent the risks of conflict renewal.

- To advise the Government of National Reconciliation in its efforts to create a bridge between a situation of crisis and humanitarian action, and a situation of development and lasting peace;
- To follow-up and to coordinate the activities of the different humanitarian and development actors working in domains related to transition, peace consolidation and conflict prevention.

Specific and priority objectives

- The re-establishment of security;
- The "4 R" Process, Reintegration, Resettlement, Rebuilding, Rehabilitation;
- National reconciliation and social cohesion.

Security

The re-establishment of security throughout the territory includes all the projects relative to the DD aspects (Disarmament, Demobilization) of the DDR process (Disarmament, Demobilization and Reintegration of ex-combatants). It also includes the fight against the proliferation of light weapons in Côte d'Ivoire and, to a greater extent, in the whole sub-region. The re-establishment of stability and security is all the more significant as it constitutes the prerequisite to the continuation of the normalisation process, namely the return and the reintegration of displaced people, the redeployment of the administration, the renewal of social and economic activities at community level, national reconciliation and the organisation of the elections planned for the end of 2005.

Reintegration, Resettlement, Rebuilding and Rehabilitation

The 4R process, namely Reintegration of ex-combatants (Point "R" of the DDR program), Resettlement/ Return, Rebuilding and Rehabilitation includes all the activities planned to correct the effects of war which are the militarisation of a fringe of the civil population, the displacements of populations, the degradations of the living conditions of the populations and the impacts on the economic and social activities. So the 4 R process perfectly fits the goal of transition, which is to work for the success of the process of normalisation and construction of durable peace and development.

National reconciliation and social cohesion

Côte d'Ivoire is facing an unprecedented crisis, which has left long-lasting marks in the life and the spirit of the population. The armed crisis that occurred in September 2002 is thus a social and moral crisis, which raises doubt on the values that represent the foundation of modern Côte d'Ivoire. The conflict was a confrontation not only between armed combatants but also between civil populations, most often members of communities that have so far lived together peacefully. The insecurity that prevailed for many months in most of the regions of Côte d'Ivoire gave way to a climate of mistrust among the population and deeply affected the social bond and the intercommunity dialogue. The stopping of combats, which stands as the first element that led to the establishment of a relatively quiet atmosphere and to political dialogue, remains necessary but insufficient to permit a complete reorganisation of social life and real national reconciliation among the population. The persistence of the crisis and the aggravation of poverty have created new causes for intercommunity resentment and tensions, which deeply threaten the peace and reconciliation process. In a time of resurgence of tensions and violence, the transitional period must include the promotion of peace and national reconciliation in order to allow for the return to a lasting peace and to avoid the renewal of the conflict.

4. STRATEGIC MONITORING PLAN

The strategic priorities for the humanitarian response will be monitored and evaluated on a regular basis by the IAHCC. The IAHCC is presided by the HC and includes representatives of the humanitarian community in Côte d'Ivoire including UN organisations, International NGOs, IFRC, IOM and ICRC with an observatory status. The IAHCC convenes twice a month to review main humanitarian issues of concern and set policy.

The IAHCC will monitor the context of the humanitarian situation and progress in addressing priority needs through the various evaluation reports provided by sectorial groups and operating agencies, and information from the various field offices centralized by OCHA. In zones where the humanitarian situation remains uncertain the IAHCC will organise inter-agency assessment missions to assess the situation and respond adequately.

The sector response strategies will be monitored by the IAHCC through regular feedback and trimestral reports provided by the sectorial and thematic groups. Sectorial groups exist for the principle sectors listed in the CHAP. Specific thematic groups have been established to develop common response strategies for of HIV/AIDS, Communication and Advocacy as well as a certain protection issues. Depending on their analysis of the humanitarian context the IAHCC will determine changes to be made to the strategic priorities or response plans.

The various scenarios for Côte d'Ivoire in 2005 will be revised by the Taskforce for Contingency Planning, which will draft and submit their analysis of the various scenarios for the approval of the IAHCC. The Contingency Plan documents will be revised in accordance with changes to the political and security situation or the humanitarian context.

5. CRITERIA FOR PRIORITISATION OF PROJECTS

The following criteria have been used to determine the inclusion of projects in the 2005 Consolidated Appeal:

- Projects must be in line with the strategic objectives, the sector objectives and the corresponding response plans;
- Projects must be based on the logical framework and Sphere criteria, supported by baseline statistics/data from qualitative and quantitative evaluations;
- The projects must be consistent/coherent with the needs assessments and have specified operational areas;
- Projects must include at least one activity that implies the participation of the beneficiaries.
- Submitting agencies must have the expertise, the capacity and the mandate to implement the proposed projects;
- Project objectives must respect the specific, measurable, achievable, realistic and time-bound (SMART) criteria and include measurable indicators;
- Project budgets must be realistic and reflect thorough financial analysis.

6. STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE

Strategic Priority	Corresponding Response Plan Objectives		Associated Projects
1. Address immediate nutritional and life saving needs of populations affected by the crisis, including those affected by the HIV/AIDS burden, based on objective criteria of vulnerability.	Food	Save lives of crisis-affected people who are critically food insecure	WFP FSMS
	Food	Protect livelihood and support rehabilitation	WFP Côte d'Ivoire crisis and regional impact project
	Agriculture	Support adequate level of animal production by promoting backyard poultry	FAO emergency support to backyard poultry project
	Agriculture	Rehabilitate productive assets and enhance resilience to shocks	FAO emergency rehabilitation project
	Health	Assist and attend to HIV/AIDS	UNICEF prevention of HIV/AIDS project
2. Address the needs of the communities regarding safe water storage, inadequate sanitation and unhygienic behaviours.	Wat/San	Ensuring access to adequate sanitary facilities and promoting best hygiene practices	UNICEF potable drinking water project
3. Protect the most vulnerable and least visible populations, particularly children, women, IDPs and refugees, by identifying them, by supporting their self-organisation, by involving them in services they identify as most important and by advocating for them where their voices cannot otherwise be heard.	Coord. & Support Services	Coordinate humanitarian response and identification of urgent humanitarian needs	OCHA coordination project
	Education	Facilitate the return of children to school	EMSF project
	Multi-Sector	Care & Maintenance and repatriation of Liberians, Reintegration of Ivorians and urban refugees of different nationalities	UNHCR project
	Protection	Most vulnerable groups projected by authorities	UNICEF prevention of abuse project
	Protection	Moral and physical rehabilitation and reintegration of the most vulnerable groups	UNFPA assistance for and reintegration project
	Protection	Most vulnerable groups protected by authorities	SFP project
	Protection	Rights of civilian populations respected by involving and making all the opposing actors responsible	WANEP/APDH project
4. Contribute to the recovery efforts and functioning of basic social services, including basic health care and a functional educational system, in particular in the North and West while promoting the return of civil servants.	Education	Mobilize teachers and supply pupils with didactic material	UNESCO improvement of training conditions project
	Education	Facilitate the return of children to school	UNICEF back to school project
	Health	Create three epidemiological surveillance stations	WHO project
	Health	Reinforce the vaccination program	UNICEF national immunization project
	Health	Improve the access to quality healthcare for the Northern and Western populations	UNFPA advanced strategy project
	Health	Reinforce nutritional surveillance by carrying out a nutritional investigation	UNICEF emergency nutrition project UNICEF promoting improved community nutrition project
5. Contribute to the recovery of social and economic conditions, through rebuilding social cohesion among and within communities, while safeguarding household food security to reinforce agricultural production and preserve essential assets of the affected population.	Agriculture	Address agricultural needs by enhancing the capacity of local counterparts and institutions	FAO emergency provision of agricultural inputs project
	Agriculture	Improve household food security	FAO support to the coordination project
	Education	Facilitate the return of children to school	UNICEF peace and tolerance project
	Education	Organize awareness campaigns on children's education	UNESCO strengthening social cohesion project
	Protection	Moral and physical rehabilitation and reintegration of the most vulnerable groups	IRIN project
	Protection	Most vulnerable groups protected by authorities	UNICEF protection of family project
	Protection	Reintegration of the most vulnerable groups	COMED project
	Transition	Start return, reinstallation and reintegration as soon as possible	IOM assistance to West African migrants project
	Transition	To assess the needs of the of displaced populations and their living conditions in the host families & establish a database.	UNFPA IDP needs assessment and database project

**Table II : Consolidated Appeal for
Cote d'Ivoire 2005**
List of Projects - By Appealing Organisation
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Sector Name	Sector/Activity	Original Requirements
EMSF			
CIV-05/E01	EDUCATION	Schooling of orphans displaced by the war from Bouaké and residing in Abobo (precarious neighbourhood in Abidjan)	177,420
Sub total for EMSF			177,420
FAO			
CIV-05/A01	AGRICULTURE	Emergency provision of agricultural inputs to vulnerable rural households in Côte d'Ivoire	1,100,000
CIV-05/A04	AGRICULTURE	Emergency rehabilitation of artisan fresh water fisheries in central Côte d'Ivoire	379,000
CIV-05/A03	AGRICULTURE	Emergency support to backyard poultry breeding in western Côte d'Ivoire	450,000
CIV-05/A05	AGRICULTURE	Livelihood support to vulnerable population in war affected areas of Côte d'Ivoire	326,000
CIV-05/A02	AGRICULTURE	Support to the coordination of agricultural emergency activities in Côte d'Ivoire	400,000
Sub total for FAO			2,655,000
IOM			
CIV-05/MS02	MULTI-SECTOR	Assistance to West African migrants and displaced Ivorians within Côte d'Ivoire	1,900,000
Sub total for IOM			1,900,000
IRIN			
CIV-05/P/HR/RL01	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Pilot project for participative children's radio productions on issues relating to children's rights and HIV/AIDS	75,000
Sub total for IRIN			75,000
OCHA			
CIV-05/CSS01	COORDINATION AND SUPPORT SERVICES	Coordination of the humanitarian response to the crisis in Côte d'Ivoire	2,958,476
Sub total for OCHA			2,958,476

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Project Code	Sector Name	Sector/Activity	Original Requirements
SFP			
CIV-05/P/HR/RL05	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Protection of young displaced woman in Abidjan	40,000
Sub total for SFP			40,000
UNESCO			
CIV-05/E02	EDUCATION	Improvement of educational environment of primary schools in rural areas affected by the crisis	451,300
CIV-05/E05	EDUCATION	Strengthening social cohesion	195,344
Sub total for UNESCO			646,644
UNFPA			
CIV-05/CSS02	COORDINATION AND SUPPORT SERVICES	Database on internally displaced persons (IDPs) and assessment of their needs in Côte d'Ivoire	168,816
CIV-05/H04	HEALTH	Advanced strategy in reproductive health services in the Forces Nouvelles (FN) controlled areas of Côte d'Ivoire	865,875
CIV-05/P/HR/RL04	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Assistance and reintegration of victims of violence—namely women and children—in conflict situation in the West of Côte d'Ivoire	392,724
Sub total for UNFPA			1,427,415
UNHCR			
CIV-05/MS01	MULTI-SECTOR	Care & Maintenance and repatriation of Liberians, Reintegration of Ivorians and urban refugees of different nationalities	10,915,922
Sub total for UNHCR			10,915,922

**Table II : Consolidated Appeal for
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Project Code	Sector Name	Sector/Activity	Original Requirements
UNICEF			
CIV-05/E03	EDUCATION	Back to school	2,090,909
CIV-05/E04	EDUCATION	Peace, tolerance and life skills	647,727
CIV-05/H05	HEALTH	Emergency nutrition and capacity-building in Côte d'Ivoire	750,000
CIV-05/H02	HEALTH	National immunisation campaign against poliomyelitis in Côte d'Ivoire	3,025,000
CIV-05/H03	HEALTH	Prevention of HIV/AIDS among youth and former child soldiers in West and Centre Côte d'Ivoire	420,455
CIV-05/H06	HEALTH	Promoting improved community nutrition practices in Côte d'Ivoire	488,636
CIV-05/P/HR/RL03	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Prevention of abuse, violence and sexual exploitation of children and youths in the west and in the centre of Cote d'Ivoire	409,090
CIV-05/P/HR/RL02	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Protection and family/social reinsertion of children affected by the conflict	1,460,000
CIV-05/WS01	WATER AND SANITATION	Potable water, hygiene education and sanitation for populations and in schools affected by the crisis in western Côte d'Ivoire	3,119,318
Sub total for UNICEF			12,411,135
WANEP/APDH			
CIV-05/P/HR/RL06	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Fight against extortion/harassment carried out by security forces on vulnerable groups	201,934
Sub total for WANEP/APDH			201,934
WFP			
CIV-05/F01	FOOD	Food Security Monitoring System for Côte d'Ivoire (part of WFP PRRO 10372)	365,906
Sub total for WFP			365,906

**Table II : Consolidated Appeal for
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Project Code	Sector Name	Sector/Activity	Original Requirements
WHO			
CIV-05/H01	HEALTH	Early warning system for the surveillance of epidemic diseases, notably poliomyelitis	471,064
Sub total for WHO			471,064
Grand Total:			34,245,916

**Table III : Consolidated Appeal for
Cote d'Ivoire 2005**

List of Projects - By Sector
as of 18 October 2004
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
AGRICULTURE			
CIV-05/A01	FAO	Emergency provision of agricultural inputs to vulnerable rural households in Côte d'Ivoire	1,100,000
CIV-05/A04	FAO	Emergency rehabilitation of artisan fresh water fisheries in central Côte d'Ivoire	379,000
CIV-05/A03	FAO	Emergency support to backyard poultry breeding in western Côte d'Ivoire	450,000
CIV-05/A05	FAO	Livelihood support to vulnerable population in war affected areas of Côte d'Ivoire	326,000
CIV-05/A02	FAO	Support to the coordination of agricultural emergency activities in Côte d'Ivoire	400,000
Sub total for AGRICULTURE			2,655,000
COORDINATION AND SUPPORT SERVICES			
CIV-05/CSS01	OCHA	Coordination of the humanitarian response to the crisis in Côte d'Ivoire	2,958,476
CIV-05/CSS02	UNFPA	Database on internally displaced persons (IDPs) and assessment of their needs in Côte d'Ivoire	168,816
Sub total for COORDINATION AND SUPPORT SERVICES			3,127,292
EDUCATION			
CIV-05/E03	UNICEF	Back to school	2,090,909
CIV-05/E02	UNESCO	Improvement of educational environment of primary schools in rural areas affected by the crisis	451,300
CIV-05/E04	UNICEF	Peace, tolerance and life skills	647,727
CIV-05/E01	EMSF	Schooling of orphans displaced by the war from Bouaké and residing in Abobo (precarious neighbourhood in Abidjan)	177,420
CIV-05/E05	UNESCO	Strengthening social cohesion	195,344
Sub total for EDUCATION			3,562,700
FOOD			
CIV-05/F01	WFP	Food Security Monitoring System for Côte d'Ivoire (part of WFP PRRO 10372)	365,906
Sub total for FOOD			365,906

**Table III : Consolidated Appeal for
Cote d'Ivoire 2005**

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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
HEALTH			
CIV-05/H04	UNFPA	Advanced strategy in reproductive health services in the Forces Nouvelles (FN) controlled areas of Côte d'Ivoire	865,875
CIV-05/H01	WHO	Early warning system for the surveillance of epidemic diseases, notably poliomyelitis	471,064
CIV-05/H05	UNICEF	Emergency nutrition and capacity-building in Côte d'Ivoire	750,000
CIV-05/H02	UNICEF	National immunisation campaign against poliomyelitis in Côte d'Ivoire	3,025,000
CIV-05/H03	UNICEF	Prevention of HIV/AIDS among youth and former child soldiers in West and Centre Côte d'Ivoire	420,455
CIV-05/H06	UNICEF	Promoting improved community nutrition practices in Côte d'Ivoire	488,636
Sub total for HEALTH			6,021,030
MULTI-SECTOR			
CIV-05/MS02	IOM	Assistance to West African migrants and displaced Ivoirians within Côte d'Ivoire	1,900,000
CIV-05/MS01	UNHCR	Care & Maintenance and repatriation of Liberians, Reintegration of Ivoirians and urban refugees of different nationalities	10,915,922
Sub total for MULTI-SECTOR			12,815,922
PROTECTION/HUMAN RIGHTS/RULE OF LAW			
CIV-05/P/HR/RL04	UNFPA	Assistance and reintegration of victims of violence—namely women and children—in conflict situation in the West of Côte d'Ivoire	392,724
CIV-05/P/HR/RL06	WANEP/APDH	Fight against extortion/harassment carried out by security forces on vulnerable groups	201,934
CIV-05/P/HR/RL01	IRIN	Pilot project for participative children's radio productions on issues relating to children's rights and HIV/AIDS	75,000
CIV-05/P/HR/RL03	UNICEF	Prevention of abuse, violence and sexual exploitation of children and youths in the west and in the centre of Cote d'Ivoire	409,090
CIV-05/P/HR/RL02	UNICEF	Protection and family/social reinsertion of children affected by the conflict	1,460,000
CIV-05/P/HR/RL05	SFP	Protection of young displaced woman in Abidjan	40,000
Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW			2,578,748

**Table III : Consolidated Appeal for
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List of Projects - By Sector
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Compiled by OCHA on the basis of information provided by the respective appealing organisations.

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
WATER AND SANITATION			
CIV-05/WS01	UNICEF	Potable water, hygiene education and sanitation for populations and in schools affected by the crisis in western Côte d'Ivoire	3,119,318
Sub total for WATER AND SANITATION			3,119,318
Grand Total			34,245,916

ANNEX I.

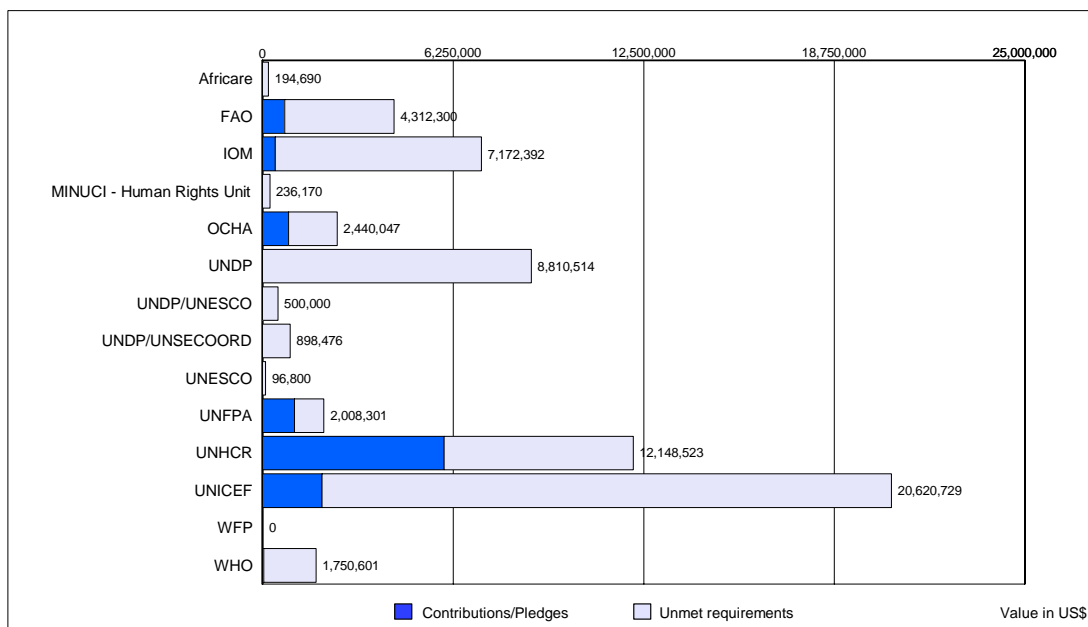
DONOR RESPONSE TO THE 2004 APPEAL

**Table I : Consolidated Appeal for
Cote d'Ivoire + 3 2004**

Requirements and Contributions per Appealing Organisation
as of 18 October 2004
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and the respective appealing organisation

Appealing Organisation	Original Requirements	Revised Requirements	Contributions	Pledges	Carryover	Total Resources Available	Unmet Requirements	% Covered
Africare	-	194,690	-	-	-	-	194,690	0.0%
FAO	4,312,300	4,312,300	721,286	-	-	721,286	3,591,014	16.7%
IOM	8,342,392	7,172,392	408,240	-	-	408,240	6,764,152	5.7%
MINUCI - Human Rights Unit	236,170	236,170	-	-	-	-	236,170	0.0%
OCHA	2,440,047	2,440,047	587,367	263,505	-	850,872	1,589,175	34.9%
UNDP	8,810,514	8,810,514	-	-	-	-	8,810,514	0.0%
UNDP/UNESCO	500,000	500,000	-	-	-	-	500,000	0.0%
UNDP/UNSECOORD	898,476	898,476	-	-	-	-	898,476	0.0%
UNESCO	-	96,800	-	-	-	-	96,800	0.0%
UNFPA	1,744,000	2,008,301	1,045,000	-	-	1,045,000	963,301	52.0%
UNHCR	12,219,782	12,219,782	5,949,495	-	71,259	6,020,754	6,199,028	49.3%
UNICEF	18,558,342	20,620,729	-	1,947,293	-	1,947,293	18,673,436	9.4%
WFP	-	-	-	-	-	-	-	0.0%
WHO	1,750,601	1,750,601	-	36,784	-	36,784	1,713,817	2.1%
GRAND TOTAL	59,812,624	61,260,802	8,711,388	2,247,582	71,259	11,030,229	50,230,573	18.0%



**Table II : Consolidated Appeal for
Cote d'Ivoire + 3 2004**
List of Contributions
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Compiled by OCHA on the basis of information provided by donors and the respective appealing organisation

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Part A - Non food

Donor	Channel	Project Code	Sector/activity	Amount US\$
Allocations of unearmarked funds by UN agencies	UNFPA	CIV-04/H04	STI/HIV/AIDS prevention and care among armed forces personnel	90,000
Allocations of unearmarked funds by UN agencies	UNHCR	CIV-04/MS01; MS02; MS03	Care and maintenance for Liberian refugees; local integration of urban refugees; reintegration of Ivorian returnees	2,017,333
Carry Over	UNHCR	CIV-04/MS01; MS02; MS03	Care and maintenance for Liberian refugees; local integration of urban refugees; reintegration of Ivorian returnees	71,259
Belgium	FAO	CIV-04/A01	Emergency supply of agricultural inputs to IDPs and returnees in the most crisis-affected areas	721,286
Canada	OCHA	CIV-04/CSS01	Coordination of the humanitarian response to the crisis in CIV	37,828
Canada	UNICEF	CIV-04/H07	Emergency vaccination campaign to prevent epidemics of measles in CIV	820,896
European Commission	IOM	CIV-04/MS04	Support for the return or resettlement of internally displaced TCNs and Ivorian nationals in CIV	408,240
European Commission	OCHA	CIV-04/CSS01	Coordination of the humanitarian response to the crisis in CIV	243,615
European Commission	OCHA	CIV-04/CSS01	Coordination of the humanitarian response to the crisis in CIV	50,611
European Commission	UNFPA	CIV-04/H04	STI/HIV/AIDS prevention and care among armed forces personnel	880,000
Germany	WHO	BUF-04/H10A	Financing of yellow fever vaccine	36,784
Japan	UNHCR	CIV-04/MS01; MS02; MS03	Care and maintenance for Liberian refugees; local integration of urban refugees; reintegration of Ivorian returnees	1,500,000
Netherlands	OCHA	CIV-04/CSS01	Coordination of the humanitarian response	110,000
Netherlands	UNHCR	CIV-04/MS01; MS02; MS03	International protection and rehabilitation of refugees, IDPs	167,000
Netherlands	UNICEF	CIV-04/UNICEF	Child protection, health care, education, watsan activities for war affected populations	186,940
Norway	OCHA	CIV-04/CSS01	Coordination of humanitarian assistance	145,313
Norway	UNICEF	CIV-04/UNICEF	Awaiting confirmation	290,000
Sweden	OCHA	CIV-04/CSS01	Coordination of the humanitarian response to the crisis in CIV	263,505
Sweden	UNICEF	CIV-04/UNICEF	Awaiting confirmation	649,457

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United States	UNHCR	CIV-04/MS01; MS02; MS03	Care and maintenance for Liberian refugees; local integration of urban refugees; reintegration of Ivorian returnees	2,265,162
Total non food				10,955,229

Part B - Food aid

Donor	Food type	Food (MTs)	Amount US\$
Allocations of unearmarked funds by UN agencies			75,000
Total food aid			75,000

Grand total **11,030,229**

**Table III : Consolidated Appeal for
Cote d'Ivoire + 3 2004**

List of Projects (grouped by sector), with funding status of each
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Compiled by OCHA on the basis of information provided by donors and the respective appealing organisation

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Project Code	Sector/Activity	Appealing Organisation	Original Requirements	Revised Requirements	Contributions/ Pledges/ Carryover	Unmet Requirements
AGRICULTURE						
BUF-04/A06	Social and economic reintegration of war-affected people repatriated from CIV into agricultural activities in Burkina Faso	FAO	643,000	643,000	-	643,000
CIV-04/A01	Emergency supply of agricultural inputs to IDPs and returnees in the most crisis-affected areas	FAO	1,745,000	1,745,000	721,286	1,023,714
CIV-04/A02	Promotion of a school gardening initiatives in favour of war-affected children in CIV	FAO	194,300	194,300	-	194,300
CIV-04/A03	Emergency assistance to Liberian refugees, Ivoria, repatriated and their host communities through a provision of agricultural inputs	FAO	845,000	845,000	-	845,000
GHA-04/A04	Emergency supply of agricultural inputs to Ghanaian returnees from CIV and Liberia and their host families in the central, upper-east and upper-west regions of Ghana	FAO	404,000	404,000	-	404,000
MLI-04/A05	Social and economic reintegration of war-affected people repatriated fro CIV into agricultural activities in Mali through input distribution and training	FAO	481,000	481,000	-	481,000
Sub total for AGRICULTURE			4,312,300	4,312,300	721,286	3,591,014
COORDINATION AND SUPPORT SERVICES						
CIV-04/CSS01	Coordination of the humanitarian response to the crisis in CIV	OCHA	1,947,216	1,947,216	850,872	1,096,344
CIV-04/CSS02	Common humanitarian documentation and information centre	OCHA	300,558	300,558	-	300,558
CIV-04/CSS03	Database on internally displaced persons (IDPs) and their needs in Cote d'Ivoire	UNFPA	-	264,301	-	264,301
Sub total for COORDINATION AND SUPPORT SERVICES			2,247,774	2,512,075	850,872	1,661,203
ECONOMIC RECOVERY AND INFRASTRUCTURE						
BUF-04/ER/I04	Assistance in the reinsertion of the Burkina Nationals from CIV	IOM	2,568,604	2,568,604	-	2,568,604
CIV-04/ER/I01	Rehabilitation of social and educational infrastructures	UNDP	1,575,000	1,575,000	-	1,575,000
CIV-04/ER/I02	Strengthening the capacities of NGOs and associations	UNDP	750,000	750,000	-	750,000
MLI-04/ER/I03	Assistance in the reinsertion of the Malians from CIV	IOM	2,703,788	2,703,788	-	2,703,788
Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE			7,597,392	7,597,392	-	7,597,392
EDUCATION						
BUF-04/E04	Restoring access to basic education and IECD	UNICEF	534,091	534,091	-	534,091
CIV-04/E01	Back to school	UNICEF	2,090,909	2,190,909	-	2,190,909
CIV-04/E02	Education to peace and tolerance and life skills	UNICEF	648,409	704,545	-	704,545
CIV-04/E03	Training of children and adolescents at risk	UNESCO	-	96,800	-	96,800
MLI-04/E03	Education for Ivorian refugees children and Malian evacuee children in the Sikasso Region	UNICEF	170,455	170,455	-	170,455
Sub total for EDUCATION			3,443,864	3,696,800	-	3,696,800
FOOD						
CIV-04/F01	Emergency food assistance to war-affected people WFP and vulnerable groups in CIV (incorporated in the West Africa Sub-Regional Appeal)		-	-	-	-
CIV-04/F02	Risk and food security monitoring system for CIV (project incorporated in the West Africa Sub-Regional Appeal)	WFP	-	-	-	-

**Table III : Consolidated Appeal for
Cote d'Ivoire + 3 2004**

List of Projects (grouped by sector), with funding status of each
as of 18 October 2004
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and the respective appealing organisation

Page 2 of 3

Project Code	Sector/Activity	Appealing Organisation	Original Requirements	Revised Requirements	Contributions/ Pledges/ Carryover	Unmet Requirements
CIV-04/F03	Emergency school feeding to primary school students in CIV (project incorporated in the West Africa Sub-Regional Appeal)	WFP	-	-	-	-
Sub total for FOOD			-	-	-	-
HEALTH						
BUF-04/H10A	Emergency health assistance to Burkinabé returnees at reception sites and transit centres settlement areas	WHO	200,000	200,000	36,784	163,216
BUF-04/H10B	Emergency health assistance to Burkinabé returnees at reception sites and transit centres settlement areas	UNICEF	161,363	161,363	-	161,363
BUF-04/H10C	Emergency health assistance to Burkinabé returnees at reception sites and transit centres settlement areas	UNFPA	106,000	106,000	-	106,000
CIV-04/H01	Emergency nutrition and control of micronutrient deficiency disorders	UNICEF	1,075,200	1,075,200	-	1,075,200
CIV-04/H02	Early warning health information system for epidemic diseases surveillance and monitoring of health status of populations in the affected areas	WHO	136,841	136,841	-	136,841
CIV-04/H03	Supporting referral health facilities in the most affected areas	WHO	890,400	890,400	-	890,400
CIV-04/H04	STI/HIV/AIDS prevention and care among armed forces personnel	UNFPA	400,000	400,000	970,000	(570,000)
CIV-04/H05	STI/HIV/AIDS prevention	WHO	436,560	436,560	-	436,560
CIV-04/H06	Support to emergency primary health care in conflict affected areas	UNICEF	3,329,545	3,329,545	-	3,329,545
CIV-04/H07	Emergency vaccination campaign to prevent epidemics of measles in CIV	UNICEF	6,895,758	6,895,758	820,896	6,074,862
CIV-04/H08	Prevention of HIV/AIDS among youth and former child soldiers in Côte d'Ivoire	UNICEF	-	420,455	-	420,455
GHA-04/H08	Strengthening health response in Ghana	WHO	86,800	86,800	-	86,800
MLI/BUF/GHA-04/H11	Reproductive health care services for vulnerable populations (returnees, TCN, etc.) in Mali, Burkina Faso and Ghana	UNFPA	880,000	880,000	75,000	805,000
MLI-04/H09	Emergency maternal and child health and nutrition services	UNICEF	208,295	208,295	-	208,295
Sub total for HEALTH			14,806,762	15,227,217	1,902,680	13,324,537
MULTI-SECTOR						
CIV-04/MS01; MS02; MS03	Reintegration of 7,000 Ivorian returnees in CIV; care and maintenance to Liberian refugees in CIV; local integration of 1,350 urban refugees in CIV	UNHCR	12,219,782	12,219,782	6,020,754	6,199,028
CIV-04/MS04	Support for the return or resettlement of internally displaced TCNs and Ivorian nationals in CIV	IOM	3,070,000	1,900,000	408,240	1,491,760
CIV-04/MS05	Social and economic support to IDPs and their host communities	Africare	-	194,690	-	194,690
Sub total for MULTI-SECTOR			15,289,782	14,314,472	6,428,994	7,885,478
PROTECTION/HUMAN RIGHTS/RULE OF LAW						
BUF-04/P/HR/RL14	Protection of vulnerable groups among returnees; pop transit and refugees	UNICEF	454,545	454,545	-	454,545
CIV-04/P/HR/RL01	Human rights protection and capacity building in CIV	MINUCI - Human Rights Unit	236,170	236,170	-	236,170
CIV-04/P/HR/RL02	Prevention and response to sexual violence	UNFPA	358,000	358,000	-	358,000
CIV-04/P/HR/RL03	Protection and social and family reinsertion of children	UNICEF	1,022,727	1,022,727	-	1,022,727
CIV-04/P/HR/RL04	Protection and IDP Advisor	OCHA	192,273	192,273	-	192,273
CIV-04/P/HR/RL05	Peace building and conflicts resolution through tradition, intercultural values and intercommunity alliances in transition situation	UNDP/UNESCO	500,000	500,000	-	500,000

Table III : Consolidated Appeal for**Cote d'Ivoire + 3 2004**

List of Projects (grouped by sector), with funding status of each

as of 18 October 2004

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and the respective appealing organisation

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Project Code	Sector/Activity	Appealing Organisation	Original Requirements	Revised Requirements	Contributions/ Pledges/ Carryover	Unmet Requirements
CIV-04/P/HR/RL06	Culture of peace communication campaign and support to positive media involvement in national reconciliation	UNDP	421,665	421,665	-	421,665
CIV-04/P/HR/RL07	Education and training in culture of peace and conflict resolution	UNDP	634,099	634,099	-	634,099
CIV-04/P/HR/RL08	Support to the Civil Society Collective for Peace (Phase II)	UNDP	300,000	300,000	-	300,000
CIV-04/P/HR/RL09	Addressing small arms proliferation in CIV	UNDP	1,829,750	1,829,750	-	1,829,750
CIV-04/P/HR/RL10	Redeployment of the administration and public services	UNDP	850,000	850,000	-	850,000
CIV-04/P/HR/RL11	Strengthening the peace process through the socio-economic rehabilitation of former combatants and the child soldiers	UNDP	2,450,000	2,450,000	-	2,450,000
CIV-04/P/HR/RL12	Prevention of abuse, violence and sexual exploitation of children and youth	UNICEF	-	409,091	-	409,091
GHA-04/P/HR/RL12	Support for children and women seeking refuge in or transiting through Ghana	UNICEF	65,909	65,909	-	65,909
MLI-04/P/HR/RL13	Special protection for children and women in Sikasso and Bamako	UNICEF	85,227	85,227	-	85,227
Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW			9,400,365	9,809,456	-	9,809,456
SECTOR NOT YET SPECIFIED						
CIV-04/UNICEF	Awaiting confirmation	UNICEF	-	-	1,126,397	(1,126,397)
Sub total for SECTOR NOT YET SPECIFIED			-	-	1,126,397	(1,126,397)
SECURITY						
CIV-04/S01	Addressing security and safety of UN staff and operations in CIV	UNDP/UNSECO ORD	898,476	898,476	-	898,476
Sub total for SECURITY			898,476	898,476	-	898,476
WATER AND SANITATION						
BUF-04/WS04	Water supply and sanitation for returned population from Cote d'Ivoire	UNICEF	212,500	212,500	-	212,500
CIV-04/WS01	Provision of safe water, sanitation and hygiene promotion	UNICEF	1,250,000	2,326,705	-	2,326,705
GHA-04/WS02	Water and environmental sanitation support to asylum seekers	UNICEF	126,136	126,136	-	126,136
MLI-04/WS03	Emergency water supply and sanitation for displaced, women and children and other vulnerable groups	UNICEF	227,273	227,273	-	227,273
Sub total for WATER AND SANITATION			1,815,909	2,892,614	-	2,892,614
Grand Total			59,812,624	61,260,802	11,030,229	50,230,573

Table IV : Consolidated Appeal for**Cote d'Ivoire + 3 2004**

List of Contributions (grouped by sector)

as of 18 October 2004

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and the respective appealing Agency.

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Donor	Channel	Project code	Amount US\$
AGRICULTURE			
Belgium	FAO	CIV-04/A01	721,286
Subtotal for AGRICULTURE			721,286
COORDINATION AND SUPPORT SERVICES			
Canada	OCHA	CIV-04/CSS01	37,828
European Commission	OCHA	CIV-04/CSS01	243,615
European Commission	OCHA	CIV-04/CSS01	50,611
Netherlands	OCHA	CIV-04/CSS01	110,000
Norway	OCHA	CIV-04/CSS01	145,313
Sweden	OCHA	CIV-04/CSS01	263,505
Subtotal for COORDINATION AND SUPPORT SERVICES			850,872
HEALTH			
Allocations of unearmarked funds by UN agencies	UNFPA	CIV-04/H04	90,000
Allocations of unearmarked funds by UN agencies	UNFPA	MLI/BUF/GHA-04/H11	75,000
Canada	UNICEF	CIV-04/H07	820,896
European Commission	UNFPA	CIV-04/H04	880,000
Germany	WHO	BUF-04/H10A	36,784
Subtotal for HEALTH			1,902,680
MULTI-SECTOR			
Allocations of unearmarked funds by UN agencies	UNHCR	CIV-04/MS01; MS02; MS03	2,017,333
Allocations of unearmarked funds by UN agencies	UNHCR	CIV-04/MS01; MS02; MS03	71,259
European Commission	IOM	CIV-04/MS04	408,240
Japan	UNHCR	CIV-04/MS01; MS02; MS03	1,500,000
Netherlands	UNHCR	CIV-04/MS01; MS02; MS03	167,000
United States	UNHCR	CIV-04/MS01; MS02; MS03	2,265,162
Subtotal for MULTI-SECTOR			6,428,994
SECTOR NOT YET SPECIFIED			
Netherlands	UNICEF	CIV-04/UNICEF	186,940
Norway	UNICEF	CIV-04/UNICEF	290,000
Sweden	UNICEF	CIV-04/UNICEF	649,457
Subtotal for SECTOR NOT YET SPECIFIED			1,126,397
Grand Total:			11,030,229

**Table V & VI : Total Contributions per Donor: Consolidated Appeal and Total Humanitarian Assistance
Cote d'Ivoire + 3 2004**

18 October 2004

Table V: Consolidated Appeal

Total Contributions per Donor (to projects listed in the Consolidated Appeal) [carry over not included]

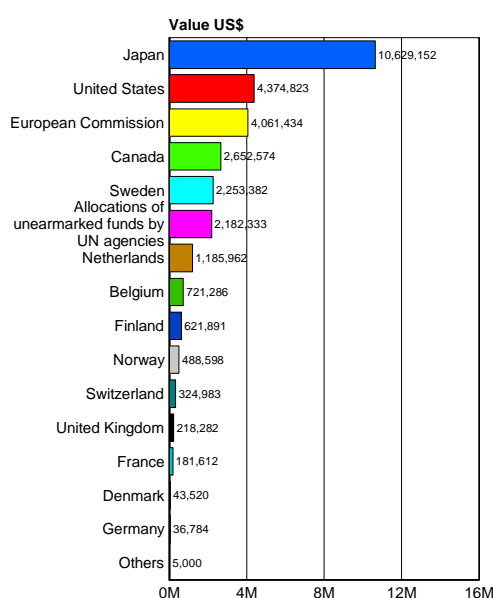
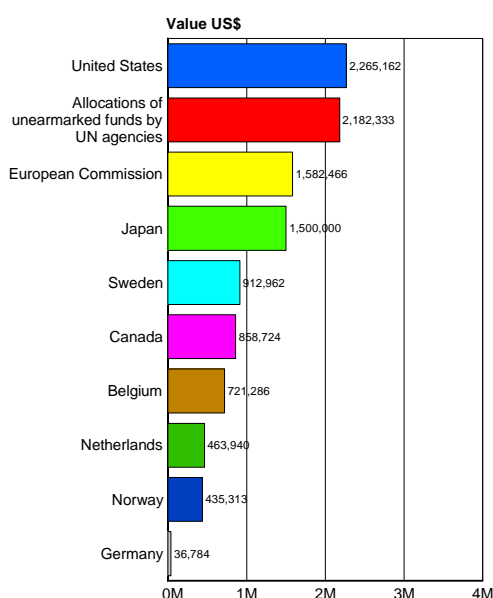
Donor	Value US\$	% of funding
United States	2,265,162	20.7%
Allocations of unearmarked funds by UN agencies	2,182,333	19.9%
European Commission	1,582,466	14.4%
Japan	1,500,000	13.7%
Sweden	912,962	8.3%
Canada	858,724	7.8%
Belgium	721,286	6.6%
Netherlands	463,940	4.2%
Norway	435,313	4.0%
Germany	36,784	0.3%
Grand Total:	10,958,970	100.0%

Table VI: Total Humanitarian Assistance

Total Humanitarian Assistance per Donor *
(carry over not included)

Donor	Value US\$	% of funding
Japan	10,629,152	35.5%
United States	4,374,823	14.6%
European Commission	4,061,434	13.5%
Canada	2,652,574	8.8%
Sweden	2,253,382	7.5%
Allocations of unearmarked funds by UN agencies	2,182,333	7.3%
Netherlands	1,185,962	4.0%
Belgium	721,286	2.4%
Finland	621,891	2.1%
Norway	488,598	1.6%
Switzerland	324,983	1.1%
United Kingdom	218,282	0.7%
France	181,612	0.6%
Denmark	43,520	0.1%
Germany	36,784	0.1%
Others	5,000	0.0%
Grand Total:	29,981,616	100%

*) Includes contributions to the Consolidated Appeal and additional contribution outside of the Consolidated Appeal Process (bilateral, Red Cross, etc...)



**Table VII: Consolidated Appeal for
Cote d'Ivoire + 3 2004**
Other Contributions (to humanitarian projects not listed in the Consolidated Appeal)
as of 18 October 2004
<http://www.reliefweb.int/fts>

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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Date	Donor	Channel	Description	Value US\$
Canada				
5 Feb 04	Canada	ICRC	Humanitarian assistance	375,940
1 Mar 04	Canada	UNICEF	Bundled measles vaccine	1,417,910
Subtotal for Canada				1,793,850
Denmark				
29 Jan 04	Denmark	IFRC	In kind - delegates	43,520
Subtotal for Denmark				43,520
European Commission				
24 Jun 04	European Commission	MDM	Health activities	811,800
24 Jun 04	European Commission	MSF/Belgium	Health activities	820,410
2 Feb 04	European Commission	UN Agencies, NGOs and Red Cross	Humanitarian aid in favor of populations affected by epidemics in West Africa (ECHO-WF/BUD/2004/02000)	73,164
11 Aug 04	European Commission	WFP	Support to strengthening competencies and capacities in assessing emergency needs in food security crises	773,594
Subtotal for European Commission				2,478,968
Finland				
19 Feb 04	Finland	ICRC	Protection of the civilians, emergency aid	621,891
Subtotal for Finland				621,891
France				
4 Jun 04	France		Yellow fever epidemic	61,275
3 Aug 04	France	FAO	Purchase of pesticides and equipment	120,337
Subtotal for France				181,612
Japan				
24 Jun 04	Japan	MEN	Education programme	4,374,587
24 Jun 04	Japan	UNDP	Education programme	1,763,205
24 Jun 04	Japan	UNDP	Disarmament, demobilisation and reintegration	2,991,360
Subtotal for Japan				9,129,152
Netherlands				

**Table VII: Consolidated Appeal for
Cote d'Ivoire + 3 2004**
Other Contributions (to humanitarian projects not listed in the Consolidated Appeal)
as of 18 October 2004
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Date	Donor	Channel	Description	Value US\$
13 Aug 04	Netherlands	ACF	Support to immediate food security and agricultural recovery in conflict affected areas	120,337
5 Aug 04	Netherlands	MSF, Netherlands	To reduce sickness and death rates by providing primary and secondary health care	601,685
Subtotal for Netherlands				722,022
Norway				
30 Jul 04	Norway	CARE	Logistical support to rapid response to locust infestation	53,285
Subtotal for Norway				53,285
Saudi Arabia				
31 Aug 04	Saudi Arabia	Bilateral	In kind - 250 potions of cerebrospinal	0
Subtotal for Saudi Arabia				0
Sweden				
24 Jun 04	Sweden	ICRC	Humanitarian assistance	400,986
24 Jun 04	Sweden	MSF/Belgium	Health activities	334,155
24 Jun 04	Sweden	MSF/Belgium	Health activities	337,954
24 Jun 04	Sweden	SC UK	Protection activities	267,325
Subtotal for Sweden				1,340,420
Switzerland				
9 Apr 04	Switzerland	SHA	Funds for small humanitarian actions	39,683
23 Apr 04	Switzerland	WFP	Regional coordination WA	112,500
2 Jul 04	Switzerland	WFP	Regional coordination	172,800
Subtotal for Switzerland				324,983
United Arab Emirates				
13 Feb 04	United Arab Emirates	RC/Burkina	Relief aid	5,000
Subtotal for United Arab Emirates				5,000
United Kingdom				
29 Jan 04	United Kingdom	IFRC	Organisational development	4,000
29 Jan 04	United Kingdom	IFRC	Health and organisational development	50,282
29 Jan 04	United Kingdom	IFRC	CIV organisational development	72,000

**Table VII: Consolidated Appeal for
Cote d'Ivoire + 3 2004**
Other Contributions (to humanitarian projects not listed in the Consolidated Appeal)
as of 18 October 2004
<http://www.reliefweb.int/fts>

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

Page 3 of 3

Date	Donor	Channel	Description	Value US\$
29 Jan 04	United Kingdom	IFRC	Health and care; organisational development	92,000
Subtotal for United Kingdom				218,282
United States				
26 Mar 04	United States	IFRC	Humanitarian assistance	60,000
24 Jun 04	United States	IRC	Health activities	853,602
24 Jun 04	United States	SC UK	Health activities	502,000
24 Jun 04	United States	SC UK	Health activities	694,059
Subtotal for United States				2,109,661
Grand Total:				19,022,646

ANNEX II.

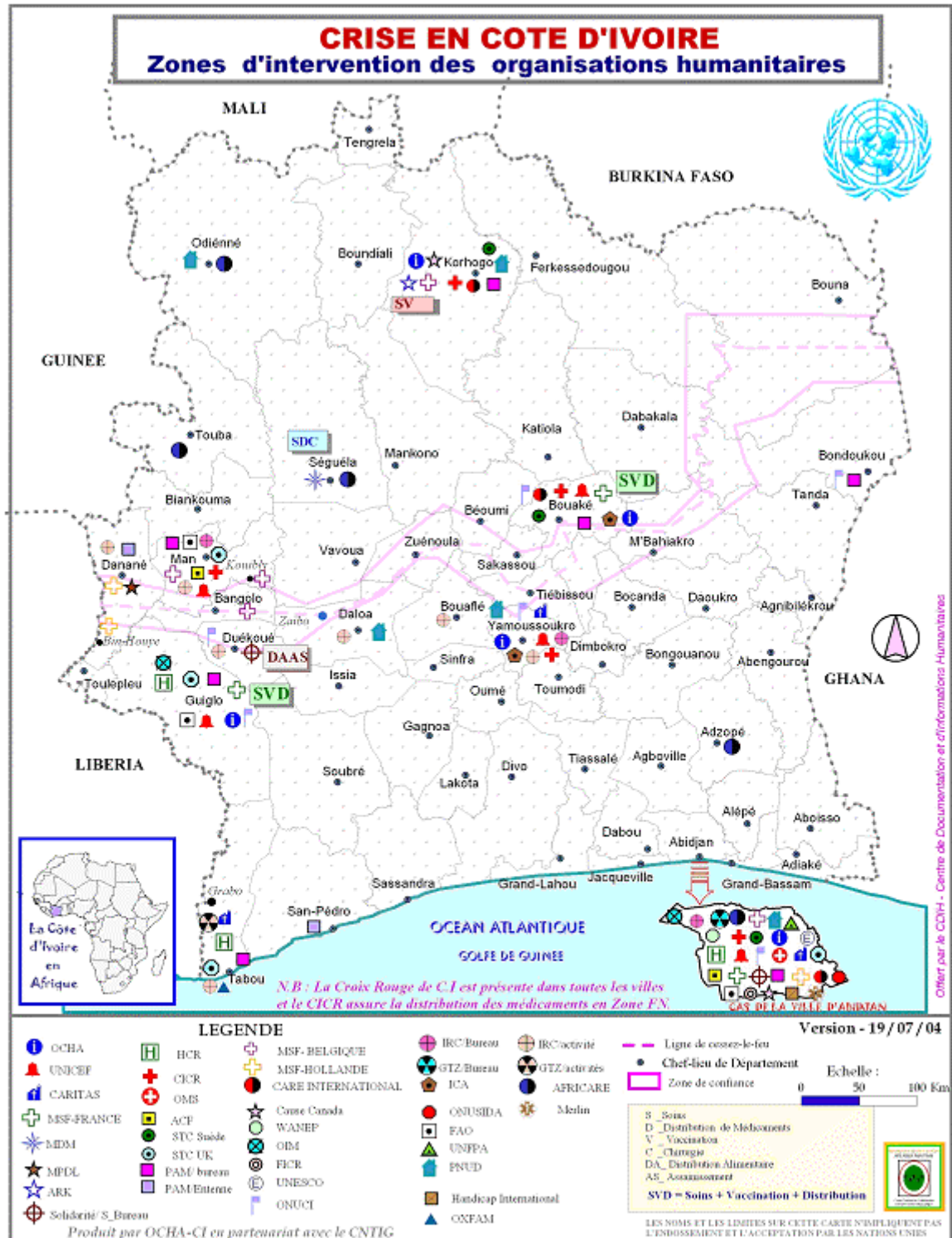
ORGANISATIONS PRESENT IN THE FIELD

	Abidjan	Yamoussoukro	Bouaké	Man/Danané/Bin-Houye	Guiglo	Duekoue/Bangalo	Tabou/Grabo/San Pedro	Korhogo	Daloa	Seguela	Odienné/Touba	Bouna	Boudoukou
UNICEF	X	X	X	X	X								
UNDP	X	X						X	X		X		
UNHCR	X				X		X						
OCHA	X	X	X		X			X					
UNFPA	X												
WHO	X												
FAO	X			X	X								
WFP	X	X	X	X	X		X	X					X
UNAIDS	X												
UNESCO	X												
UNOCI	X	X	X		X	X							X
FICR	X												
ICRC	X		X	X				X					
IOM	X				X								
Handicap Int'l	X												
Oxfam							X						
IRC	X	X		X			X						
Save-UK	X			X	X		X						
Save-Suède	X		X					X					
CARITAS	X	X					X						
SAARA				X	X		X						
MSF-France	X		X		X								
MSF-Belgium	X			X		X		X					
MSF-Holland	X			X									
ACF	X			X	X								
Solidarités	X					X							
CARE	X		X					X					
MPDL				X									
GTZ	X				X		X						
BICE	X												
WANEP-Abidjan	X												
Cause Canada	X							X					
MDM										X			
Merlin	X				X								

Source: Contingency Plan 2004, OCHA CI

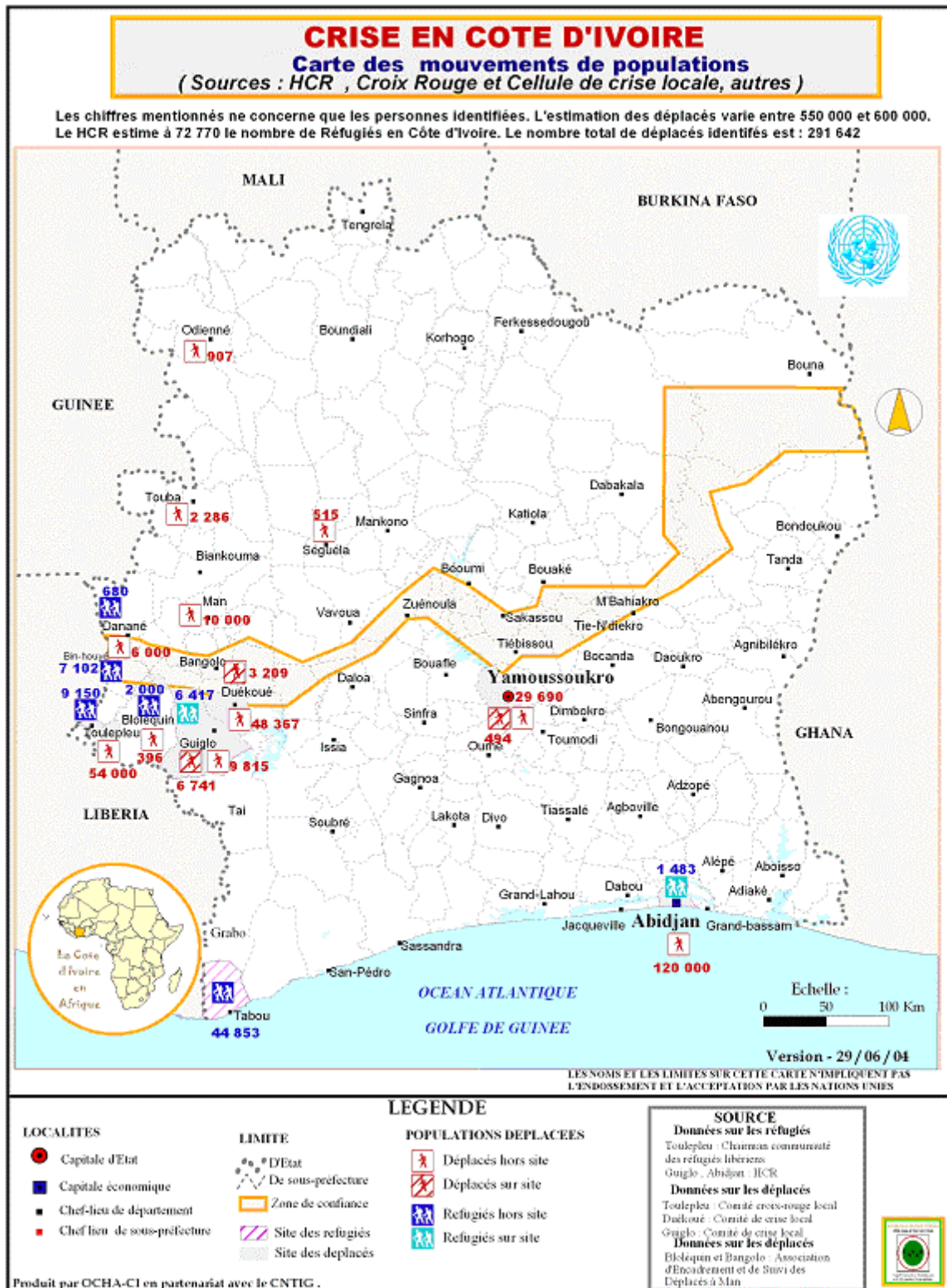
ANNEX III.

HUMANITARIAN ORGANISATIONS IN THE FIELD



ANNEX IV.

POPULATION MOVEMENTS



ANNEX V.

CODE OF CONDUCT FOR HUMANITARIAN ACTION IN CÔTE D'IVOIRE

Introduction

The political and military crisis facing Côte d'Ivoire since 19 September 2002 has resulted in a serious humanitarian situation, requiring for an urgent humanitarian response on the part of the national and local authorities, United Nations system agencies, other international and /or inter-governmental organisations, national and international non-governmental organisations and civil society organisations.

The aim of humanitarian action is to promote the dignity of human beings by guaranteeing the enjoyment and full exercise of their human rights. Humanitarian assistance is aimed at saving human lives, reducing human suffering and promoting self sufficiency and maintenance of the livelihoods of populations affected by or exposed to the conflict. In so doing, efforts should be made to minimise the potentially negative impact of humanitarian actions.

To consolidate the credibility and enhance the effectiveness of humanitarian action, Governmental and non-governmental as well as public and private humanitarian agencies have agreed to comply with the provisions of this Code of Conduct for humanitarian action with a view to enhancing humanitarian logic and professionalism.

Humanitarian Principles

Humanitarian assistance will be based on international human rights law, refugee law, international humanitarian law, the Guiding Principles on Internal Displacement, and all applicable international standards. The basic humanitarian principles are: non-discrimination, humanity, impartiality, neutrality, and independence.

Non-discrimination

- The principle of non-discrimination as prescribed in major international human rights instruments, underlies the enjoyment and exercise of all human rights. Efficient measures should be taken to ensure the full participation of women in the implementation of the humanitarian action.
- It is the responsibility of the State to ensure that in every circumstance serious and massive violations of human rights, especially those based on discrimination are avoided.

Humanity

- Human suffering should be addressed wherever it is found. The dignity and rights of all victims must be respected and protected.
- All parties concerned must grant free and unimpeded access for humanitarian assistance activities and for the staff of humanitarian organisations.

Impartiality

- Humanitarian assistance should be provided without discrimination as to ethnic origin, gender, nationality, political opinion, race or religion.
- Efforts should be made to relieve the suffering of individuals and activities should be guided solely by need.

Neutrality

- Neutrality is maintained by avoiding taking the side of any of the parties to the hostilities or supporting any aspect of the conflict.
- Consistent with international law, humanitarian assistance should be provided without engaging in hostilities or taking sides in controversies of a political, racial, religious or ideological nature.
- Humanitarian action is not a partisan or political act. In carrying out their activities, humanitarian agencies should avoid that they are perceived as such by one of the parties in conflict.

Independence

- The humanitarian community should have the freedom to act on humanitarian considerations independent of military, political or economic interests or interferences.

Humanitarian Policies

The humanitarian action will be carried out in accordance with policy orientations, namely respect of human dignity, sustainability, targeted assistance, responsibility and transparency:

Respect of human dignity

- Protection of human rights is a fundamental aspect of the humanitarian action. Hence, any active or passive complicity with violations of human rights and international humanitarian law must be avoided.
- Obligation to note all violations observed or brought to the knowledge of humanitarian staff or/and competent public authorities, particularly cases of sexual abuse perpetrated on crisis-affected populations.
- Obligation to report all cases of violations observed to the competent Government authorities according to a procedure to be agreed upon.
- Identifying and addressing all acts or measures of discrimination against certain national and/or foreign minority groups in the offer of humanitarian assistance.
- Collect and establish a database of all cases of allegations of human rights violations, particularly cases of violence and sexual abuse.

Sustainability

- All humanitarian actions should be tailored to local circumstances and aim to enhance, not supplant, locally available resources and mechanisms.
- Strengthening local capacities to prevent future crises and emergencies is an integral part of the humanitarian mandate.

Targeted assistance

- Initiating transparent and efficient operations based on previously estimated needs, on due account of the specificity of the beneficiaries considered.

- The *modus operandi* of humanitarian actions should be flexible because of the chaotic nature of the situation often caused by the state of war; however, the intervention cannot do without the basic principles of humanitarian action.

Accountability

- Humanitarian actors hold themselves accountable to those they seek to assist by monitoring humanitarian actions to ensure their appropriate impact.
- Humanitarian actors hold themselves accountable for their financial management to their management organs, where they exist, and donor agencies that support their action.

Transparency

- Humanitarian action should be undertaken in the respect of the rules of good governance. In this regard, it should contribute to the fight against corruption, collusion and other apparent illegal practices. Humanitarian actors should oppose corruption and denounce all presumed or confirmed cases of corruption.
- The humanitarian community should cultivate and promote the free access of services to legitimate beneficiaries to humanitarian assistance.

Sexual exploitation

Sexual exploitation and abuse are violations of international norms and universally recognized standards. They constitute unacceptable behaviour which is prohibited for humanitarian actors.

- (a) Sexual exploitation and abuse constitute indecent behaviour and give rise to disciplinary measures including dismissal.
- (b) Sexual activity with children (any person under 18 years of age) is strictly prohibited, regardless of the age of majority or age of consent in Côte d'Ivoire. Unawareness of the child's age does not constitute an alibi.
- (c) Devices such as offering money, employment or material assistance in return for sexual favours or any form of humiliating or degrading behaviour or exploitation are prohibited. This includes the exchange of sexual favours in return for humanitarian assistance intended for the beneficiaries.
- (d) Sexual relations between staff of humanitarian agencies and beneficiaries of humanitarian assistance are strongly discouraged because they are based on unequal power relations and damage the credibility and integrity of the work of these agencies.
- (e) In the event that a member of the staff of humanitarian agencies is suspected by a colleague of engaging in sexual exploitation or abuse, whether or not he/she is working in the same humanitarian agency, he/she must file a report on the facts observed.
- (f) The staff of humanitarian agencies must create and maintain an environment which does not condone either sexual exploitation or abuse. Managers at all levels have a particular responsibility to support and develop systems which protect such an environment.

Operational Guidelines

To ensure optimal application of laid down humanitarian principles and policies, all humanitarian agencies agree to abide by the operational guidelines, including: coordination, freedom of access, security and exceptional use of military resources:

Coordination

- United Nations agencies and other humanitarian agencies, including the Government, agree to act within the framework of the coordination, whose terms of reference are defined by mutual agreement.
- Humanitarian actions are preceded by appropriate consultations within the coordination mechanisms, particularly, the National Committee for Coordination of Humanitarian Assistance to refugees and internally-displaced people, the Inter-Agency Humanitarian Coordination Committee or the Humanitarian Coordination Meeting, Sectoral Coordination Groups and any other coordination organs that could be put in place.
- Information sharing especially regarding security incidents, such as harassment of staff and/or theft of assets is essential in the planning of interventions of the competent organs.
- Employment policy and operational practices applicable within humanitarian agencies, particularly in the framework of the United Nations, should be in keeping with the etiquette in force.

Freedom of access

- The effectiveness and sustainability of humanitarian actions are highly conditioned by the full exercise of the right of free access to humanitarian assistance by legitimate beneficiaries and access of humanitarian staff to the needy populations.
- The warring factions must respect existing humanitarian corridors and those that will be created depending on the improvement of security conditions.

Security

- Humanitarian operations must be carried out in an arms-free environment, particularly in relation to assistance distribution sites (e.g. IDP or refugee camps, etc.). Humanitarian actors should resist any pressure to extort resources by local authorities or armed groups, particularly at crossing or check points.
- Physical protection measures should be envisaged when humanitarian personnel are threatened in the accomplishment of their mission.

Exceptional use of military resources

- The use of military resources is governed by the Inter Agency Standing Committee "Guidelines on the use of Military and Civil Defence Assets in Complex Emergencies".
- Access to vulnerable populations should in principle be done through negotiations with the authority exercising effective power on the territory considered.
- It is formally forbidden for armed actors to accompany humanitarian convoys or to protect sites of humanitarian action
- However, as set out in the "Guidelines on the Use of Military or Armed Escorts for Humanitarian Convoys", the use of armed escorts to accompany humanitarian action may be envisaged in exceptional circumstances, particularly in conditions of persistent insecurity.

- Military units in charge of opening humanitarian corridors shall remain under the command of the accompanying force, while military escorts shall be the responsibility of the supplier of the said resources during the entire duration of the mission. Their action should in all circumstances be in keeping with the humanitarian nature of the intervention.
- In all case, the authority exercising effective civilian and/or military power on the territory crossed by the convoy should issue all the authorisations required in terms of the principle and modalities of the escort.

Monitoring Application of the Code of Conduct

To ensure the effective application of the provisions of the present Code of conduct, the organ in charge of humanitarian coordination in consultation with (IAHCC), will monitor compliance of the action of humanitarian agents with the commitments made, especially through:

- A wide dissemination of the Code of Conduct among all the humanitarian agencies.
- The presentation of periodic reports on its application according to a frequency to be determined.
- Advocacy for acceptance of the Code of Conduct by all humanitarian actors operating on the entire national territory of Côte d'Ivoire.
- Participation in the resolution of any dispute arising from the application of the present Code of Conduct.

November 2004

ANNEX VI.

ACRONYMS AND ABBREVIATIONS

4Rs (transition)	Reintegration, Resettlement, Rebuilding and Rehabilitation
4Rs (refugees)	Repatriation, Reintegration, Rehabilitation and Reconstruction
ACD	Africa Culture Development
ACF	Action Contre la Faim
ACM	Action Civil-Militaire (Licorne)
ACOPCI	Association Contre la Pauvreté en Côte d'Ivoire
AEP	Adduction d'Eau Potable
AID-CI	Agence Ivoirienne de Marketing Social
AIDS	Acquired Immune Deficiency Syndrome
AIMAS	Agence Ivoirienne de Marketing Social
ANADER	Agence Nationale Pour le Développement Rural
APDH	Action pour la Protection de Droits de l'Homme
ARK	Animation Rurale de Korhogo
ASAPSU	Association de Soutien et d'Auto- promotion de la Santé Urbaine
BEPC	Brevet d'Etude du Premier Cycle
BDPH	Bureau Diocésain de Développement
BM	Banque Mondiale
CAP	Consolidated Appeals Process
Caritas/CARITAS	International Conference of Catholic Churches
CATD	Centre d'Accueil Transit des Déplacés
CBO	Community Based Organisation
CCC	Communication pour le Changement de Comportement
CDC	Centre for Disease Control
CEPE	Certificat d'étude primaire élémentaire
CF	Coopération française
CHAP	Common Humanitarian Action Plan
CIMCOORD	Civil-Military Coordination (UNOCI)
CNPRA	Comité Nationale Pour le Redéploiement de l'Administration
COGES	Comités de gestion
COIA	Operational Military Committee
COMED	Comité de Médiation pour la Restauration et la Consolidation de la Paix
DDR	Demobilisation, Disarmament and Reintegration
DNC	Direction Nationale des Cantines
DREN	Direction Régionale de la Education Nationale
DRSP	Document Stratégique de Réduction de la Pauvreté
DTC3 Polio3	Diphtheria- Tetanus- Whooping cough- Polio
ECOWAS	Economic Community of West African States
EFA	Education for All
EMSF	Enfance Meurtrie Sans Frontières
EPI	Expanded Programme of Immunisation
FAFN	Forces Armées des Forces Nouvelles
FANCI	Forces Armées Nationale de Côte d'Ivoire
FAO	Food and Agriculture Organisation
FCFA	Franc de la Communauté Financière Africaine
FN	Forces Nouvelles
FSMS	Food Security Monitoring System
FTS	Financial Tracking Service
G7	Groupe des 7 (Coalition of Opposition Parties)
GNR	Gouvernement Nationale de Réconciliation
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HC	Humanitarian Coordinator
HIV	Human Immune-deficiency Virus
HKI	Helen Keller International
IAHCC	Inter-Agency Humanitarian Coordination Committee
IB	Ibrahim Coulibaly
ICRC	International Committee of the Red Cross

CÔTE D'IVOIRE

IDD	Iodine Deficiency Disorders
IDP	Internally Displaced Person
IEC	Information, Education et Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IFS	International Friendship Service
IHL	International Humanitarian Law
ILO	International Labour Organisation
INHP	Institut Nationale pour l'Hygiène Publique
INS	Institut Nationale des Statistiques
IOM	International Organisation for Migration
IRC	International Rescue Committee
LIAAI	International League for Assistance and Aid to Immigrants
LIDHO	Ligue Ivoirienne des Droits de l'Homme
LIEPSEC	Ligue Ivoirienne
MAP international	Médical Assistance Programmes International
MDM	Médecins Du Monde
ME	Ministry of Education
MERLIN	Medical Emergency Relief International
MFFE	Ministry of Family, Woman and Child
MIDJ	Mouvement Ivoirienne pour la Démocratie et la Justice
MJP	Mouvement pour la Justice et la Paix
MOE	Ministry of Education
MPCI	Mouvement Populaire pour la Côte d'Ivoire
MPIGO	Mouvement Populaire Ivoirienne du Grand Ouest
MSF	Médecins Sans Frontières
MSP	Ministère de la Santé et de la Population
MT	Metric Tonne
NGO	Non-Governmental Organisation
NID	National Immunisation Days
OCHA	Office for the Coordination of Humanitarian Affaires
ODAFEM	Organisation pour le développement des activités des femmes
ONEF	Organisation National pour l'Enfant, la Femme et la Famille
OXFAM	Oxford Committee for Famine Relief
PEV	Programme Elargi de Vaccination
PNEVG	Programme National d'Eradication du Ver de Guinée
PNDDR	National programme of DDR
PPCB	Péri pneumonie Contagieuse Bovine
PPR	Pestes des Petites Ruminants
PRRO	Protracted Relief and Recovery Operation
PSI	Population Services International
PSP	Pharmacie Santé Publique
PTA	Parent Teacher Association
PTF	Partenaire Technique et Financières
QUIP	Quick Impact Projects
ROCARE	Réseau Ouest et Centre Africain de Recherche en Education-CI
SAARA	Service d'Aide et d'Assistance aux réfugiés et Apatrides
SCK-UK	Save the Children -United Kingdom
SFP	Service for Peace
SMART	Specific, Measurable, Achievable, Realistic and Time bound
SODECI	Société d'Eau en Côte d'Ivoire
SPHERE	Humanitarian Charter and Minimum Standard in Disaster Response
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	United Nations AIDS Programme
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Culture Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

UNMIL	United Nations Mission in Liberia
UNOCI	United Nations Operation in Côte d'Ivoire
UNSECOORD	United Nations Security Coordinator
USA	United States of America
VAD	Vitamin A Deficiency
WANEP	West African Network of Peace Building
WFP	World Food Programme
WHO	World Health Organisation
WPV	Wild poliovirus

Consolidated Appeal Feedback Sheet

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: CAP@ReliefWeb.int
Comments reaching us before 28 February 2005 will help us improve the CAP in time for 2006. Thank you very much for your time.

Consolidated Appeals Process (CAP) Section, OCHA

Please write the name of the Consolidated Appeal on which you are commenting:

1. **What did you think of the review of 2004?
How could it be improved?**

2. **Is the context and prioritised humanitarian need clearly presented?
How could it be improved?**

3. **To what extent do response plans address humanitarian needs?
How could it be improved?**

4. **To what extent are roles and coordination mechanisms clearly presented?
How could it be improved?**

5. **To what extent are budgets realistic and in line with the proposed actions?
How could it be improved?**

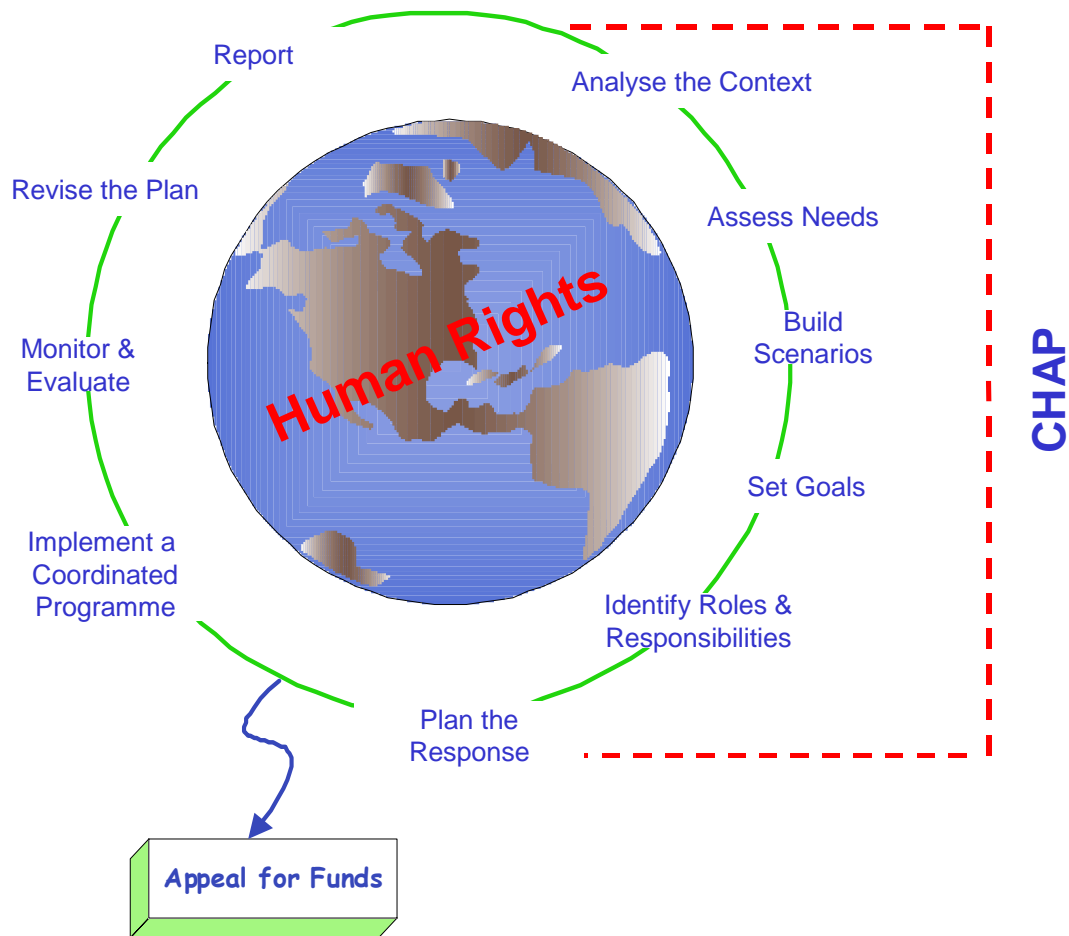
6. **Is the presentation of the document lay-out and format clear and well written?
How could it be improved?**

Please make any additional comments on another sheet or by email.

Name:
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The Consolidated Appeals Process:

an inclusive, coordinated programme cycle in emergencies to:



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