

# Côte d'Ivoire

## Consolidated Appeal



Agriculture/Food/  
Nutrition Security

Coordination  
and Support Services

Education

Health

Multi-Sectoral

Protection/  
Human Rights/  
IDPs

Social Cohesion

Water, Sanitation  
and Hygiene

Pierre Ngore/OCHA/Côte d'Ivoire/2007

## Mid-Year Review

# 2008



## Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

### **SAMPLE OF ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS**

AARREC	CRS	HT	MDM	TGH
ACF	CWS	Humedica	MEDAIR	UMCOR
ACTED	Danchurchaid	IA	MENTOR	UNAIDS
ADRA	DDG	ILO	MERLIN	UNDP
Africare	Diakonie Emergency Aid	IMC	NCA	UNDSS
AMI-France	DRC	INTERMON	NPA	UNEP
ARC	EM-DH	Internews	NRC	UNESCO
ASB	FAO	INTERMOS	OCHA	UNFPA
ASI	FAR	IOM	OHCHR	UN-HABITAT
AVSI	FHI	IPHD	OXFAM	UNHCR
CARE	Finnchurchaid	IR	PA (formerly ITDG)	UNICEF
CARITAS	French RC	IRC	PACT	UNIFEM
CEMIR INTERNATIONAL	FSD	IRD	PAI	UNJLC
CESVI	GAA	IRIN	Plan	UNMAS
CFA	GOAL	IRW	PMU-I	UNOPS
CHF	GTZ	Islamic RW	PU	UNRWA
CHFI	GVC	JOIN	RC/Germany	VIS
CISV	Handicap International	JRS	RCO	WFP
CMA	HealthNet TPO	LWF	Samaritan's Purse	WHO
CONCERN	HELP	Malaria Consortium	SECADEV	World Concern
Concern Universal	HelpAge International	Malteser	Solidarités	World Relief
COOPI	HKI	Mercy Corps	SUDO	WV
CORDAID	Horn Relief	MDA	TEARFUND	ZOA
COSV				

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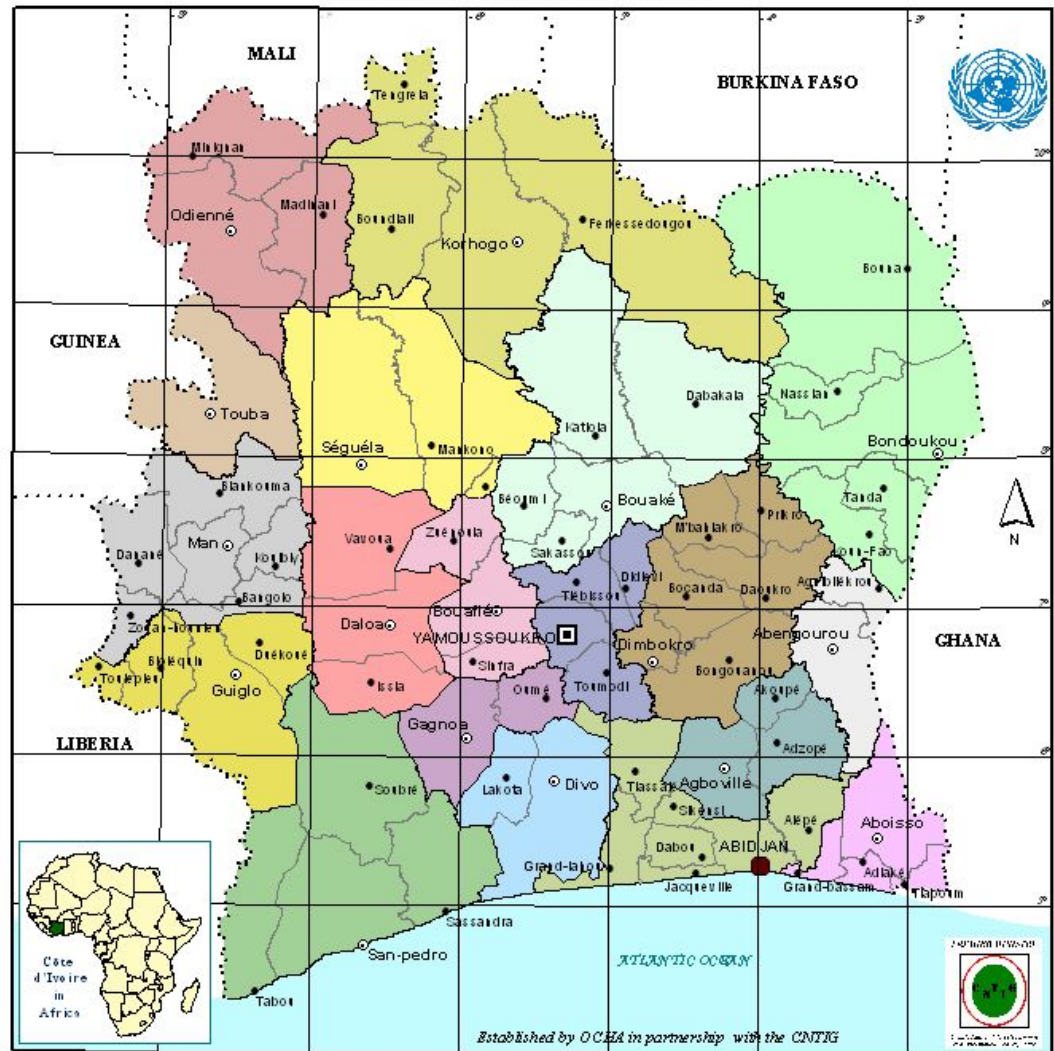
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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>

# REPUBLIC OF COTE D'IVOIRE

## Administrative boundaries



### LEGEND

Boundaries  
 - - - Of State  
 - - - Of Region  
 - - - Of Department

#### LOCALITIES

- Political capital
- Economic capital
- Region centre
- Department site

Scale :  
 40 0 40 80 Km

#### REGIONS

- 18 MONTAGNES
- AGNÉSY
- BAFING
- BAS SASSANDRA
- DENGUELE
- FRO MAGER
- HAUT SASSANDRA
- LACS
- LAG UNES
- MARAHUE
- MOYEN CAVALLY
- MOYEN COMOÉ
- NZI COMOÉ
- SAVANES
- SUD BANDAMA
- SUD COMOÉ
- VALLEE DU BANDAMA
- WORO DUGOU
- ZANZAN

THE BOUNDARIES AND NAMES SHOWN ON THE MAP DO NOT IMPLY OFFICIAL ENDORSEMENT OR ACCEPTANCE BY THE UNITED NATIONS

## 1. EXECUTIVE SUMMARY

The political context in Côte d'Ivoire has evolved significantly since the signing of the Ouagadougou Peace Agreement (OPA) between the Ivorian Government and the *Forces Nouvelles* (former rebel movement-FN) on 4 March 2007. The security environment has improved, as have the Government's relations with the international community in general and the Bretton Woods institutions in particular. Many of the persons displaced during the conflict have now returned to their areas of origin, but the social and economic infrastructure remains fragile, and land and nationality disputes continue to pose serious threats to social cohesion, stability and the still fragile peace process. Since the signing of the OPA, 61,432 internally displaced persons (IDPs) have returned to the Western regions of Moyen Cavally and 18 Montagnes.

Despite the remarkable progress on a range of sensitive issues, much remains to be done. The identification process has been completed, but the reintegration of FN soldiers into the regular army has not been carried out as fast as anticipated. Moreover, the redeployment of local state authorities (notably Prefects and Sub-Prefects) to the zones formerly controlled by the FN has faced considerable obstacles over the last six months due to lack of logistical support as well as power struggles between the newly deployed and previously established authorities. This has affected the resumption of basic social services and hence the overall humanitarian situation in the country.

Food security for large segments of the population, already compromised by insufficient financial resources, particularly for the most vulnerable households, is being exacerbated by the global rise in the prices of food and fuel. This has led to increased general child malnutrition and pockets of high prevalence of acute malnutrition, particularly in the north. The health system, devastated by the impact of the prolonged crisis and the loss of qualified staff, suffered an additional shock following recent outbreaks of meningitis and yellow fever.

Given the current humanitarian needs and the emerging requirements for recovery and development, which are being addressed through relevant mechanisms, humanitarian actors have readjusted their planning and programming processes. Strong emphasis is being placed on support to the return of IDPs to their areas of origin, particularly in the western parts of the country, as well as assistance to other vulnerable communities including refugees, returnees, and host communities, and responding to malnutrition needs emanating from structural problems in the north. This focus, outlined in the Common Humanitarian Action Plan, was initially elaborated during the Mid-Year Review of the 2007 CAP for Côte d'Ivoire and remains valid for the 2008 CAP.

Most of the projects in the health, water and sanitation, protection, education and food security and nutrition sectors were therefore designed to reflect current humanitarian needs of IDPs and host families in return areas. With the exception of the food security sector, project proposals in the other sectors did not undergo any modification in terms of increase in funding requirements. The total amount of funding sought through the **revised 2008 CAP** stands at **US\$<sup>1</sup> 54,801,294**.

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<sup>1</sup> All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, [fts@reliefweb.int](mailto:fts@reliefweb.int)), which will display its requirements and funding on the CAP 2008 page.

**Some basic facts about Côte d'Ivoire**

➤	Population	15,366,000 people (UNFPA 2007)
➤	Under 5 mortality	195 p/1,000 (UNICEF 2005)
➤	Life expectancy	45.9 years (UNDP HDR 2007)
➤	Prevalence of undernourishment in total population	13 % (FAO Statistical Division 2004 estimate)
➤	Gross national income per capita	USD 870 (World Bank Key Development Data & Statistics 2005)
➤	Percentage of population living on less than \$1 per day	14.8 % (UNDP HDR 2007)
➤	Proportion of population without sustainable access to an improved drinking water source	16% (UNDP HDR 2007)
➤	IDPs (number and percent of population)	709,380 (4.6%) (CAP 2008)
➤	Refugees	24,155 Liberians and 453 others (CAP 2008)*
	➤ In-country	
	➤ Abroad	15,000 (CAP 2008)
➤	ECHO Vulnerability and Crisis Index score (V/C)	3/3: most severe rank
➤	2007 UNDP Human Development Index score	0.432: 166 <sup>th</sup> of 177 (low Human Development)
<b>Also</b>	➤ Food price rises: compared with the first quarter of 2007, the price increase has been felt on imported rice (+25% on average), local rice (+12%), maize (+30%), refined oil (+28%), and soap among other basic items)	

\* These new figures result from the joint (UNHCR-Government of Côte d'Ivoire) verification exercise conducted in August 2007 following the end of the organised voluntary repatriation of Liberian refugees in June 2007

**Table I: Consolidated Appeal for Côte d'Ivoire 2008**  
Requirements, Commitments/Contributions and Pledges - by Sector  
as of 25 June 2008  
<http://www.reliefweb.int/fts>

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

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE / FOOD SECURITY AND NUTRITION	21,350,890	33,074,633	7,462,386	23%	25,612,247	190,260
COORDINATION AND SUPPORT SERVICES	4,956,417	4,713,262	617,294	13%	4,095,968	-
EDUCATION	1,213,190	1,121,699	169,060	15%	952,639	-
HEALTH	3,341,430	2,119,580	623,810	29%	1,495,770	-
MULTI-SECTOR	7,171,611	6,006,611	750,000	12%	5,256,611	-
SECTOR NOT YET SPECIFIED	-	613,935	4,704,453	766%	(4,090,518)	-
PROTECTION / HUMAN RIGHTS / RULE OF LAW	7,631,258	6,673,574	2,913,369	44%	3,760,205	-
WATER, SANITATION AND HYGIENE	977,400	478,000	222,560	47%	255,440	-
<b>Grand Total</b>	<b>46,642,196</b>	<b>54,801,294</b>	<b>17,462,932</b>	<b>32%</b>	<b>37,338,362</b>	<b>190,260</b>

**Table II: Consolidated Appeal for Côte d'Ivoire**  
Requirements, Commitments/Contributions and Pledges – by Priority  
as of 25 June 2008  
<http://www.reliefweb.int/fts>

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

Priority	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
A - IMMEDIATE	29,991,129	40,721,057	8,916,473	22%	31,804,584	190,260
B - HIGH	8,420,170	10,670,262	3,527,846	33%	7,142,416	-
C - MEDIUM	4,667,470	2,664,790	169,060	6%	2,495,730	-

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 25 June 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table III: Consolidated Appeal for Côte d'Ivoire 2008**Requirements, Commitments/Contributions and Pledges - by Appealing Organisation  
as of 25 June 2008<http://www.reliefweb.int/fts>

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

Appealing Organisation	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
CARE	100,000	50,000	-	0%	50,000	-
DRC	317,332	-	-	0%	-	-
FAO	3,569,390	5,095,153	2,318,310	46%	2,776,843	-
IOM	752,852	752,852	216,675	29%	536,177	-
IRC	502,900	251,450	-	0%	251,450	-
NRC	1,299,424	1,195,438	292,682	24%	902,756	-
OCHA	4,732,115	4,601,111	617,294	13%	3,983,817	-
OHCHR	131,250	131,250	145,100	100%	(13,850)	-
SC - UK	863,292	431,643	-	0%	431,643	-
UNDP	623,270	925,570	613,935	66%	311,635	-
UNFPA	3,391,365	1,973,883	383,060	19%	1,590,823	-
UNHCR	8,241,611	8,826,454	2,874,092	33%	5,952,362	-
UNICEF	3,940,395	3,888,130	5,328,508	100%	(1,440,378)	-
WFP	17,000,000	26,089,860	4,673,276	18%	21,416,584	190,260
WHO	1,177,000	588,500	-	0%	588,500	-
<b>GRAND TOTAL</b>	<b>46,642,196</b>	<b>54,801,294</b>	<b>17,462,932</b>	<b>32%</b>	<b>37,338,362</b>	<b>190,260</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.The list of projects and the figures for their funding requirements in this document are a snapshot as of 25 June 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).



## 2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

The political context in Côte d'Ivoire has continued to evolve positively over the last six months, despite delays in the overall implementation of the OPA. The identification process for citizens was completed on 12 May 2008. The regrouping of soldiers in government controlled areas as well as in areas under FN control started on 2 May 2008. In addition, presidential elections have been planned for 30 November 2008. However, more progress on the disarmament of former rebels and militias, and their reinsertion or reintegration into civilian life or the military, is required.

However, counterbalancing this progress, the lack of logistical support has hindered the effective deployment of the state administration to some areas previously controlled by the FN. This has affected the resumption of basic social services particularly in the western and northern parts of the country. Notwithstanding the overall improvement in the security environment in the country, the increase of armed robberies, violence and rape over the last six months, particularly in the western and northern parts of the country has raised concerns among aid workers. Moreover, increasing informal taxation observed over the past couple of years has hindered the free circulation of goods and persons. Racketeering and bad road conditions have increased transportation costs as well. Unemployment levels, particularly amongst the youth, remain high, posing a real threat to security.

The above-mentioned changes in the political context in Côte d'Ivoire placed the country for the first time since the beginning of the crisis in 2002 in a post crisis context. As a result, members of the humanitarian community modified their programming and planning processes in line with the emerging realities. Wherever possible, operational agencies gradually shifted from an exclusively humanitarian crisis management orientation to early recovery programmes and activities, while limiting the humanitarian approach in terms of programming, planning and funding to the most crisis affected areas.

Since the 2007 Mid Year Review (MYR) relief assistance to, and protection needs of, IDPs has remained a strategic priority, which the 2008 Common Humanitarian Action Plan (CHAP) further emphasised. As a result, humanitarian actors continued to provide effective and coordinated support (balanced and inclusive between intervention sectors) to ongoing return movements, especially in the western part of the country, thanks to the funds received from the under-funded window of the Central Emergency Response Fund (CERF). On 1 February 2008, the Emergency Relief Coordinator allocated an amount of \$6.4 million in support of humanitarian operations in Côte d'Ivoire from the under-funded emergencies window of the CERF.

Under the leadership of the Humanitarian Coordinator, humanitarian actors decided to use the grant to strengthen humanitarian response in support of return dynamics in the western parts of the country, in line with the strategy of the 2008 Consolidated Appeal Process for Côte d'Ivoire. As a direct consequence of the reinforced collaboration and efforts to provide effective assistance and protection to IDPs, both humanitarian actors and the government have registered an increasing number of returnees. Since March 2007, 61,432 IDPs have returned to the Western regions of Moyen Cavally and 18 Montagnes, and more returns are expected.

As more political progress is achieved through continuing dialogue, the prospects of the upcoming elections, improvement in security, and gradual deployment of local administration, it is expected that a greater number of IDPs will return or resettle. However, IDPs continue to face reintegration and protection-related problems including land ownership, nationality and citizenship issues, and lack of security. In the West, the difficulty for returned IDPs to access their lands has resulted in a reflux towards the temporary IDP centre in Guiglo (*Centre d'Accueil Temporaire des Déplacés* [CATD]) which is currently in the process of closing down. While this situation concerns some 467 IDPs, the trend is particularly worrisome as it shows that one of the root causes of the Ivorian crisis – land tenure – has yet to be effectively addressed by the government.

Furthermore, in order to guarantee sustainable return/resettlement and reintegration of IDPs, the international community and the Ivorian government need to focus on ensuring a successful transition from humanitarian relief to early recovery and sustainable development. In this perspective, the current elaboration process of the UN Development Assistance Framework (UNDAF) and the Poverty Reduction Strategy Paper should provide a good opportunity for pursuing and reinforcing assistance and protection efforts towards IDPs, host communities in return areas, and other vulnerable groups.

As humanitarian interventions focus on providing response to existing relief and protection needs of IDPs, returnees, refugees and other vulnerable groups in host communities, needs related to early recovery and sustainable development are being addressed by the appropriate actors through the relevant programming and funding mechanisms including the Government led '*Programme de Sortie de crise*' (PSC) and two United Nations Development Programme (UNDP) administered Trust Funds (one for the PSC and one for Elections) established to facilitate and accelerate reception and disbursement of external funding.

The transition from emergency relief to early recovery and development is also taking place through the current elaboration of the 2009 - 2013 UNDAF. The UNDAF process provides UN agencies and their national and international partners with an opportunity to ensure that the outcomes of the emergency relief phase are sustained and that residual humanitarian needs are taken into account by early recovery and development programming.

Despite the changes in the context and the shift towards recovery and development in many parts of the country, humanitarian challenges remain very present in the West and some parts of the North. These challenges could again become more serious if the fragile peace process collapses. It is clear that although the humanitarian response to date has made a significant effort to ensure the survival of the most vulnerable, the challenges faced by these vulnerable groups including IDPs in the areas of return and resettlement still persist. Efforts to enhance social cohesion remain fundamental to ensure the sustainable return and resettlement of IDPs. In this regard, particular attention will be paid to improving conditions in terms of basic social services in return/resettlement zones, mainly in the western parts of the country.

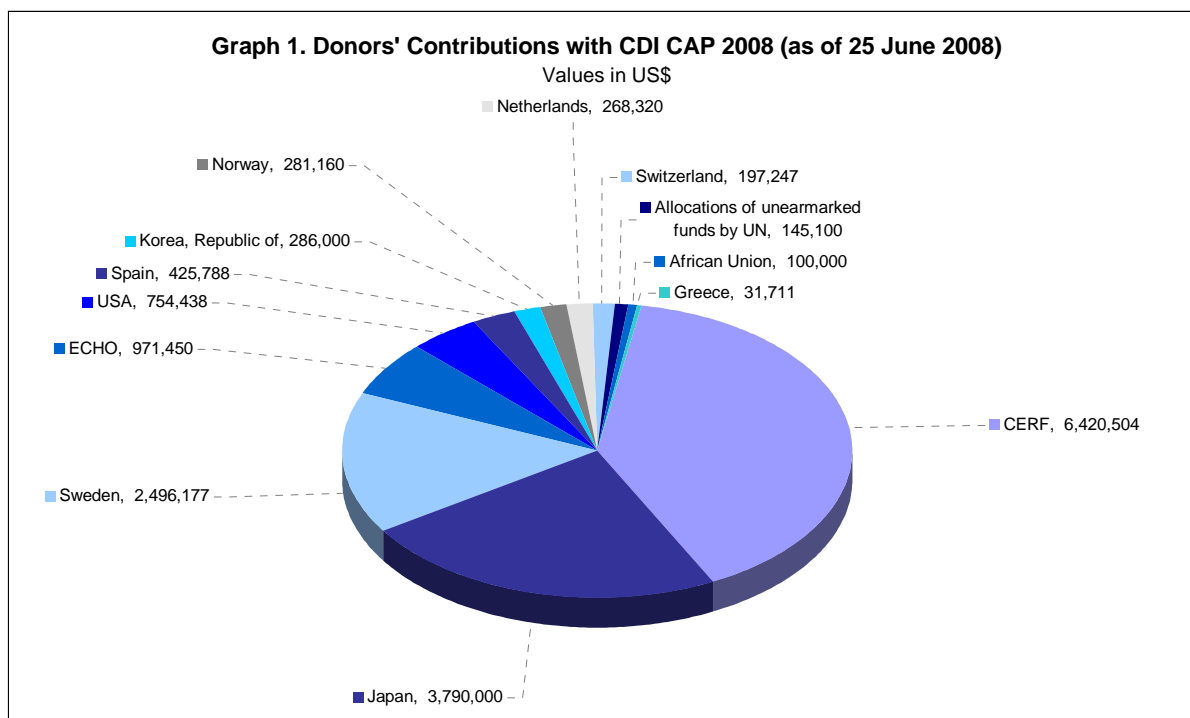
It is important to note that, in addition to the problems of the ongoing peace process, the sudden increase over the past six months in the prices of essential commodities has also contributed to a sharp deterioration in the social and economic context with serious repercussions for stability including demonstrations in Abidjan. Moreover, frequent strikes by teachers and medical personnel have disrupted educational and health services in the Government-controlled areas as well as in Central, Northern and Western zones. As a way of remedying the situation, the government's emergency measures include the suspension of import duties and VAT. These factors have compounded to increase the vulnerabilities of households, exacerbated by poor access to basic social services due to inflation, and the rising prices of staple food items and basic commodities.

### 3. RESPONSE TO DATE, AND UPDATED STRATEGIC AND SECTORAL RESPONSE PLANS

#### 3.A Response to date

Humanitarian partners have multiplied their efforts since the beginning of the year to improve conditions in return areas in the west and centre, in line with the strategic priorities of the CHAP of the Consolidated Appeal for 2008, and on the basis of the Guiding Principles on Internal Displacement.

#### *Funding status for the 2008 CAP*



It is worth noting that the funding of the Consolidated Appeal Process for Côte d'Ivoire has constantly improved since the 2007 CAP MYR going from 27% of funding as of June 2007 to 57% of the revised requirements by 31 December 2007. By MYR time, the CAP 2008 has gathered 32% of the \$54,801,294 now required. Taking this positive step into account, the overall funding requirements for the revised 2008 CAP were lowered to meet the remaining time frame, despite considerable increases in the food security sector resulting from the global food crisis.

#### 3.B. Updated Strategic Priorities

The humanitarian community will, in line with the strategic priorities of the 2008 CAP, pursue a collaborative and coordinated approach in the sectors of HIV/AIDS, gender issues and social cohesion while focusing its interventions in support of return dynamics in the west and malnutrition problems in the north. They will also have to take into consideration the humanitarian consequences of the current increase in food and oil prices.

The 2008 CAP's most likely scenario of "a progressive return to peace and rule of law, with locally and substantially circumscribed humanitarian needs" requiring humanitarian action remains relevant in the current context of progressive return to peace and the rule of law.

The best case scenario "return to peace and the rule of law", based on the hypothesis of a full implementation of the OPA and the worst scenario of a general resumption of hostilities also remain valid. A key benchmark is the elections presently scheduled for November 2008. The planning assumptions in the Contingency Plan will be updated accordingly

### 3.C. Response to date per cluster and updated sector response plans

- **Food Security and Nutrition sector**

In terms of significant developments over the last six months, the increase in prices of agricultural raw materials and fuel globally remain the most important changes with serious humanitarian implications. At the global level, in 2007, the Food and Agriculture Organization (FAO) price index of food products averaged 23% higher than in 2006. In Côte d'Ivoire, compared with the first quarter of 2007, the price increase has been felt on imported rice (+25% on average), local rice (+12%), maize (+30%), refined oil (+28%), and soap among other basic items. At some regional markets, the increase is more important because of the cost of transportation and illegal taxation. There is thus an increase of +60% on corn in Korhogo, +43% on imported rice in Odiénné and +38% on imported rice in Man.

It is likely that, despite Government measures to suspend import duties and VAT, these increases will continue. Côte d'Ivoire imports more than 800,000 tonnes of rice annually, which represents more than half of its consumption. As the biggest export countries have suspended or reduced their exports, it is possible that a deficit of imported rice will be felt in Côte d'Ivoire in the coming months. This situation, coupled with poor harvests of corn and the below average rice harvests in 2007 is extremely worrying for vulnerable households who face a significant erosion of their livelihoods since the crisis began in 2002. In rural areas, the most vulnerable households are farmers who have limited access to land, day labourers and small farmers who buy most of their food from the market. In addition, in 2007, the maize harvest was bad, whereas it constitutes the bulk of food in the north (regions of Denguelé, Worodougou and Savannah) where price increases are highest.

The adaptation mechanisms which are likely to be used by these households include buying more on credit, limiting the quantity and quality of daily meals and mortgaging their nutritional status by consuming cassava and yam, which are less nutritious than cereals. Another likely consequence is an increase in acute malnutrition already above the emergency threshold (10% of children under five years) in the northern regions. Spending on health and other social services may be affected, thereby increasing morbidity. Finally, de-capitalisation might be implemented especially by farmers. In contrast, the increase in the sale prices of coffee, cocoa, rubber and palm since 2007 will strengthen the livelihoods of households in the south of Ivory Coast who exploit these cash crops, and limit the impact of higher purchase prices.

The food security assessment of 2006 which covered ten of Côte d'Ivoire's 19 regions identified a total of 1,100,000 persons as being at risk of food insecurity in the event of a clash. Because of soaring prices, the erosion of livelihoods and bad harvests, 20% to 30% of these households are actually food insecure and require emergency food assistance during the lean season (April - September). The profile of vulnerable households could change because higher prices will also affect small farmers who bought the bulk of their food from markets.

Given the progress of the agricultural calendar and logistical constraints, increased assistance through agricultural seeds and agricultural inputs is no longer relevant due to the advanced rainy season. The priority is to address the food needs of the vulnerable populations referred to in the 2008 CHAP.

#### **Response to date**

The 2007 crop assessment mission (implemented by the Ministry of Agriculture (MINAGRI), the Ministry of Animal Production and Water Resources (MIPARH), the World Food Programme (WFP) and FAO) which took place in December 2007 and January 2008 highlights that food security improved in the southern part of the country due to the good production of tubers and grains and the higher prices of cash crop productions. The mission, however, also noted that late rains and flooding have negatively affected crop yields in the west and north, including the cotton and cashew nut sectors which have collapsed.

During the rainy season of 2008, a total of 13,025 vulnerable households were assisted by FAO in seven regions. Some 44% of the households assisted were new returnees, 2% were IDPs, 50% were "very poor" and 2% HIV affected. Beneficiaries received technical training and expertise courses and were supervised by local NGOs and the National Rural Development Agency (ANADER). In total, 620 tonnes of cereal seeds, 15 tonnes of varied vegetables seeds; 469 tonnes of fertilizer (Nitrogen, Phosphorous, Potassium fertiliser mixture (NPK) and Urea), 22,110 hoes (industrial and local); and 2,425 pairs of boots have been distributed. This will enable some 78,000 people to have access to food for a period of six months by the end of the 2008 agricultural season.

FAO is also working to help enhance the nutritional knowledge of 2,000 malnourished households registered by national and international NGOs at six nutrition centres in the West and north of the country. In these centres, nutritional education, cooking and gardening sessions are organised and 2,000 vegetable kits have been distributed to the beneficiaries. FAO has also continued to develop the integrated humanitarian and food security phase classification (IPC) analysis through the management of the IPC working group. Three workshops and meetings have been organised to achieve one round of analysis and the second round is in process and should be finalised in the coming weeks.

To date, WFP has provided food rations to 17,000 IDPs in-transit (returning to their villages), IDPs in the CATD camp in the Guiglo area, and targeted vulnerable groups. Hot meals are served to 315,000 school children in the North during their lunch break every school day. WFP has also delivered a package of HIV prevention and nutrition rehabilitation assistance to HIV-affected beneficiaries and mother and child health (MCH) programmes in partnership with the Ministry of Health, UN agencies as well as local and international NGOs.

WFP is also working with partners – in particular UNICEF, the *Plan National Nutrition* (National Nutrition Plan - PNN) and NGOs – to support supplementary feeding programmes in areas with high malnutrition rates to improve the nutritional status of acutely malnourished children under five years of age as well as pregnant and lactating women. Each month, when cases of moderate acute malnutrition are diagnosed by nutritional/medical implementing partners, WFP provides take-home rations composed of corn soya blend, vegetable oil and sugar in the health/nutrition centres for an average of 2,670 malnourished children. Around 1,830 pregnant and lactating women receive a take-home ration of fortified blended foods at health centres from the seventh month of pregnancy until six months after delivery to enhance their nutritional status, increase birth weights and provide an incentive to use MCH services more regularly. Support is also given to five hundred care givers of severely acute malnourished children in mobile clinics.

WFP continues to assist some 4,400 vulnerable people living with HIV/AIDS, selected on medical and food insecurity criteria, with a family ration for nine months, as well as host families of 3,000 HIV orphans for a period of ten months. Take-home family rations contribute to adequate dietary intake and serve as an income transfer that allows household budgets to include non-food expenditures, in turn contributing to an increase in their care-giving capacity. WFP also assist 1,000 pregnant and nursing HIV-positive mothers living in food insecure areas through prevention of mother to child transmission (PMTCT) programmes. Beneficiaries receive WFP food as take-home family rations for 21 months, from the seventh month of pregnancy to 18 months of the life of the infant, as well as hygiene, and nutrition and mother-to-child transmission awareness. Overall, from January up to May 2008, 7,900MTs of food commodities have been distributed.

Despite significant efforts, the WFP operation PRRO 10672.0 has been facing serious pipeline breaks which have led to the suspension of recovery activities since January 2008. This includes the planned take-home ration for 60,000 girls in Grades Four, Five and Six to help maintain or improve the enrolment and retention of female students which was not distributed thus reducing the WFP CAP caseload from 439,000 to 379,000 beneficiaries. Since April, rations were reduced for children in school canteens.

The suspension of recovery activities will contribute to a worsening of the situation of vulnerable mothers and children under-five, as well as HIV-affected people. The impact is expected to affect food security at the household level (food access), especially during the lean season. Commodity shortfalls are being amplified by the rise in food and fuel prices with a direct impact on the quantity of food aid procured with cash contributions which has significantly reduced the amount of food available for distribution to beneficiaries.

In response to the under funding and soaring food prices, WFP has completed a downsizing operation and is operating now through four sub-offices instead of six and a budget revision of an additional 10,000MT of mixed food commodities is being contemplated to include additional needs: General Food Distributions for the lean season (137,000 beneficiaries) and augmented supplementary Feeding programmes for 80,000 malnourished mothers and children under five years. A WFP Food Security Monitoring survey is currently underway (May 20 to June 17, 2008), to assess and monitor over time the impact of the current food crisis and the coping strategies adopted by a sample of 400 households in the most vulnerable regions in the country, the Savanes and Moyen Cavally Regions. A complete, in-depth Emergency Food Security Assessment has also been scheduled for September-October this

year, in collaboration with FAO and UNICEF. A nutritional survey in the Savanes region will be carried out in July 2008 in collaboration with UNICEF, which will undertake the same survey in the Moyen Cavally and in the peri-urban areas of the capital Abidjan.

During 2008, UNICEF worked closely with the Ivorian authorities and humanitarian NGOs to provide treatment for severely malnourished children among IDPs in the western and northern parts of the country, where global acute malnutrition is above 10%. UNICEF also contributed to the training of health care providers for the management of severe acute malnutrition in Nutritional Therapeutics Care Centres (NTCC) and developed training material and pedagogical documents to manage severe acute malnutrition in accordance with existing national protocol. 90 health care providers were trained in six Health Districts, including Guiglo and Man in the west and Odienne, Boundiali, Behoumi, Bouake in the north.

Therapeutic foods, essential drugs and anthropometric materials were provided to seven NTCCs, in the Western (five) and Northern (two) districts. A certain number of NTCCs are managed by international NGOs such as MSF Belgium in Bangolo and CAP ANAMUR, a German NGO, in Boundiali and Duekoue while others are managed by the Ivorian Government through health district teams. Outpatient care (ambulatory treatment) from the NTCCs is also managed by NGOs.

According to the national protocol of acute malnutrition management, some NTCCs have attached supplementary feeding centres (SFC) to manage moderate acute malnutrition including: Danane health district (11 SFC), Zouan Heouan health district (one SFC), Duekoue health district (two SFC), Boundiali (two SFC), Man health district (two SFC) and Odienne health district (one SFC). Therapeutic foods provided by UNICEF in 2008 included: Therapeutic milk F75 and F100, ready to use therapeutic food Plumpy Nut and BP100, BP5 for moderate malnutrition management and ReSomal diet for diarrhoea management. Essential drugs included anti-malarial drugs, ferrous salt and folic acid for anaemia and antibiotics for acute respiratory infection (ARI).

Performance data from the NTCC is encouraging. Approximately 1,500 severely malnourished children were admitted to NTCCs with the following results: (i) cure rate; 75% (ii) default; 10%, death; 7%; length stay in NTCC; three to four weeks, weight gain in NTCC; six to nine g/kg/day. A nutritional survey will be carried out in July in collaboration with WFP in the north and in peri-urban areas of Abidjan to establish a clearer picture of the nutritional state of children under five and measure the impact of current food crisis on malnutrition.

**Food Security and Nutrition sector**

<b>Output</b>	<b>Planned in CAP</b>	<b>Achieved as of mid-year</b>
Number of traps for TseTse flies set up to reduce the incidence of animal trypanosomiasis on livestock	10,000	0 (project not yet started, and should start in July 08)
Number of vulnerable households, including IDPs, returnees, malnutrition affected households, vulnerable population, households with limited harvest are supported with agricultural kits	43,000 households (initially : 25,500)	<p>13,025 households</p> <ul style="list-style-type: none"> <li>• Region des Montagnes: 4,980</li> <li>• Moyen Cavally: 3,100</li> <li>• Haut Sassandra: 600</li> <li>• Worodougou : 95</li> <li>• Denguélé : 650</li> <li>• Savanes: 2,600</li> <li>• Vallée du Bandama: 500</li> <li>• Zanzan: 500</li> </ul> <p><i>Beneficiary breakdown</i></p> <ul style="list-style-type: none"> <li>• 44% new returnees</li> <li>• 2% IDPs,</li> <li>• 50% "very poor"</li> <li>• 2% HIV affected</li> </ul> <p><i>Articles distributed</i></p> <ul style="list-style-type: none"> <li>• 620 MTs cereal seeds</li> <li>• 15 MTs varied vegetables seeds</li> <li>• 469 MTs fertilizer (NPK and Urea)</li> <li>• 22,110 hoes (industrial and local)</li> <li>• 2,425 pairs of boots</li> </ul>
Number of vulnerable households supported with income generating activities (IGA) for a through diversification of livelihood	4,000	<p>600</p> <ul style="list-style-type: none"> <li>• Regions covered: Region des Montagnes; Moyen Cavally; Denguélé; Savanes; Vallée du Bandama</li> <li>• IGAs mainly concerned poultry, pig breeding, small food transformation units (dairy products, juice, manioc, fonio, groundnut and rice)</li> </ul>
Number of families supported with integrated nutritional programme (nutrition information and training combined with the necessary support to food production (quantity, diversity and seasonality))	8,000	2,000
Number of vulnerable beneficiaries assisted through the general distributions	5,800	5,800
Number of IDPs and returnees assisted through the general distributions	11,200	11,200
Number of households and/or persons assisted who are affected by HIV	8,400	<p>8,400</p> <p>7,900 MTs food/food aid delivered to:</p> <ul style="list-style-type: none"> <li>• 4,400 HIV infected persons (nine-month family ration)</li> <li>• 3,000 HIV orphans (in host families: ten-month family ration)</li> <li>• 1,000 pregnant/nursing HIV infected mothers (WFP food + 21 months take-home family rations)</li> </ul>
Number of children assisted in nutritional programme	3,170	3,170
Number of pregnant and lactating women assisted in MCH programme	1,830	1,830
Number of children assisted in emergency school feeding programme	315,000	315,000
Number of girls who have received take home rations	60,000	0
Training health staff	50	Planned for June and July
Essential drugs and anthropometric materials and therapeutic drugs	As planned	Achieved

- **Water and sanitation sector**

Water and sanitation interventions have focused on the Western region where the largest numbers of former IDPs have returned. A project aiming at constructing new hand-dug wells and promoting hygienic behaviour has been launched by UNICEF in collaboration with two Ivorian NGOs in Bangolo and surrounding areas. In addition, the International Federation of Red Cross and Red Crescent Society through the support of Nestle International is carrying out WatSan activities in Côte d'Ivoire. These activities are being implemented by the Côte d'Ivoire Red Cross Society and include the drilling of 50 boreholes and the construction of latrines, as well as the promotion of education on hygiene (PHAST).

#### Water and Sanitation

Output	Planned in CAP	Achieved as of mid-year
Number of vulnerable population with adequate access to safe water	200,000	50,000 (identified, activities ongoing)
Number of vulnerable population with adequate access to sanitation facilities	200,000	50,000 (identified, activities ongoing)
Number of families made aware of key hygiene practices	200,000	50,000 (identified, activities ongoing)
Number of communities reached	100	50

- **Health sector**

The dysfunctional epidemiological surveillance system has led to a resurgence of epidemics of yellow fever and meningitis over the last six months. As a result, there is a need to strengthen disease surveillance in the northern, central and western parts of the country. Support for groups at risk should also be reinforced. As the world food crisis will have an impact on the most vulnerable households and may lead to a nutritional crisis of great magnitude, nutritional surveillance undertaken jointly by the health, food security and nutrition sectoral groups should be considered.

In addition, rains and floods, which it is feared climate change will render more intense, will also increase the risk of water and vector-borne diseases. Finally the persistence of cases of sexual violence, especially in the West, requires the establishment of a coherent system of medical and psychological care.

In view of the above the sectoral group has therefore decided to revise the terms of reference based on the National Plan for Medical Development (PNDS) 2008-2012. The projects will be reviewed to ensure consistency with the new socio-political context and to guide the actions of the sector in order to achieve its objectives in terms of facilitating the return of IDPs, the rehabilitation of health infrastructures and development.

Results	Indicators
1. At least 80% of affected populations have access to quality health care.	<ul style="list-style-type: none"> <li>• Access rate to quality health care;</li> <li>• Coverage rate of prenatal care;</li> <li>• Rate of births attended by qualified health personnel;</li> <li>• Proportion of people with malaria treated with ACT artemis in-based combination therapy;</li> <li>• in health structures, PEP kits in testing centres and health structures;</li> <li>• Number of health personnel trained on HIV post exposure Prophylaxis.</li> </ul>
2. 80% of pregnant women and under-five children use evidence based methods to protect against malaria preventive me	<ul style="list-style-type: none"> <li>• Percentage of under-five children sleeping under insecticide treated net;</li> <li>• Percentage of pregnant women receiving intermittent treatment prophylaxis.</li> </ul>
3. 100% of malnutrition cases in under-five children consulting a health centre are treated	<ul style="list-style-type: none"> <li>• Proportion of malnutrition cases in under-five children consulting a health centres, treated.</li> </ul>
4. 100% of outbreaks are detected and under control	<ul style="list-style-type: none"> <li>• Disease surveillance reports timeliness rate;</li> <li>• Disease surveillance reports completeness rate;</li> <li>• Number of outbreaks timely detected;</li> <li>• Number of outbreaks timely responded to</li> </ul>



**Consequences of not implementing the plan**

If above strategies and activities are not implemented possible major fallouts would include:

- Increase in mortality and morbidity rates among the affected people;
- Increase of acute malnutrition in under-five children;
- Increase in number and severity of outbreaks of diseases such as measles, yellow fever, cholera and meningitis;
- Increase and acceleration of HIV transmission.

***Response to date***

Côte d'Ivoire is the country most affected by HIV/AIDS in West Africa and one of the 15 most affected countries in the world. In fact, the country continues to register the highest rates of HIV/AIDS prevalence in the sub-region since the outbreak of the pandemic, at 4.7%<sup>2</sup>. Given poor health infrastructure, increased gender based violence and lack of skilled staff and resources, maternal and neonatal morbidity and mortality in these settings can also increase significantly thereby placing women and young girls at increased risk.

The resurgence of diseases like yellow fever, cholera and meningitis further increased the vulnerability of populations. Following the notification of 28 cases with seven deaths during the first two weeks of February 2008 in the health district of Tengréla, the Ministry of Health and Public Hygiene declared a meningitis epidemic on 18 February 2008. Earlier in February, a total of 22 out of 72 health districts notified 132 cases with 31 deaths. WHO also indicated that 18 health districts with more than one million persons at risk have been set on alert and the required equipment and teams were deployed to collect samples for analyses. UNICEF provided technical support and supplies in order to respond to this epidemic.

The Minister of Health and Public Hygiene declared on 9 May 2008 an outbreak of yellow fever in Abidjan. To date, two cases have been confirmed by laboratory probe among 86 blood samples collected. The World Health Organization (WHO) indicated that the risk of transmission is high and populations were advised to update their immunisation status accordingly. Some 120,000 vaccine doses were reportedly made available from UNICEF and National Institute of Public Hygiene (INHP) stocks to support the ongoing vaccination campaign. WHO ordered 500,000 vaccine doses from International Coordinating Group on Vaccine provision (ICG). The latest yellow fever vaccination campaign in Côte d'Ivoire was undertaken in 2001 – valid for a ten years period – with a coverage rate of 91%. WHO estimates current immunisation coverage at 60%. UNICEF is currently mobilising resources for the immunisation of some 2.5 million inhabitants of Abidjan who are at present unprotected against this lethal disease.

The International Federation of Red Cross and Red Crescent Societies (IFRC) has also been strengthening the capacity of Red Cross volunteers to respond to Public Health in Emergencies. The three year project which started in 2007 is now in its second year of implementation. Furthermore, the recent threat of avian influenza and a possible human influenza pandemic adds to the need for increased preparedness and response capacities. The Côte d'Ivoire Red Cross Society and the IFRC have agreed to put their efforts together in order to reinforce the National Society's capacities in conformity to its commitment to gear towards a Well Prepared National Society for these eventual health crises. The areas of intervention in Côte d'Ivoire are Tai, Grabo and Duékoué towns. Through the network of Red Cross volunteers around the country, the Côte d'Ivoire Red Cross Society is constantly carrying out health-related activities in the communities. These include health and hygiene promotions, early medical referrals to health centres, and social mobilization during campaigns.

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<sup>2</sup> AIDS Indicator Survey 2005

**Health**

Output	Planned in CAP	Achieved as of mid-year
Number of under-five children and pregnant women with access to malaria treatment according to the new national malaria treatment guidelines	184,262 children under-five and 53,416 pregnant women have access to malaria treatment according to new treatment standards;  55,000 children under five are treated for malaria with ACT combination therapy.	<ul style="list-style-type: none"> <li>• 114,000 tablets of sulfadoxine and pyrimethamine (SP) and 264,125 tablets of Artemisin-based Combination Therapy (ACT) ordered;</li> <li>• Produced 6,000 booklets on the new malaria treatment guidelines produced;</li> <li>• Developed and produced 2,098 posters on malaria prevention;</li> <li>• Recruitment of a professional for technical support (ongoing).</li> </ul>
Number of pregnant women with access to intermittent preventive treatment against malaria	53,416 of pregnant women received their intermittent preventive treatment against malaria with the SP	<ul style="list-style-type: none"> <li>• To be completed in third quarter</li> </ul>

- **Education sector**

The conflict has severely degraded the level of education for children, which was already poor in 2001/2002 with a school attendance level reaching only 56.3% (girls 45.4%). In 2006, despite the combined efforts of Government, local communities, humanitarian actors and other partners to provide education in the most affected zones (Centre, North and the West, and zones hosting refugees), the level of participation in classes had still not reached pre-crisis levels (estimated at 55%, with girls' attendance attaining 51%). The 2006 MICS indicates a precarious situation in rural areas, with school attendance reaching only 48.2% against 66.6% in urban areas.

As a result of the crisis, education has in many instances become a secondary concern given the level of poverty and the emergence of other priorities for families. This situation hinders the achievement of the "Education for All" and Millennium Development Goal objectives, and undermines the fundamental right of children to education. While 588,976 children attended classes at the beginning of the 2002/2003 school year in the Central, Northern and Western zones of the country, only 384,116 received education in 2005/2006, after a campaign directed at advocating for the return of children to schools. By 2006-2007 this number had increased to 686,071, 41% of which were girls.

Weak attendance rates are noted in rural areas where unfortunately schools remain closed, mainly due to a lack of teachers. Moreover, numerous children of school-going age do not have access to school or dropped out as a result of the crisis. Their return or reintegration into the school system constitutes an important challenge. Efforts carried out over the last two years, which included the organisation of exams in the Central, Northern and Western zones, and a single starting date for the school year on 16 October 2006 throughout the country allowed for the progressive return to a unitary national school system.

**Response to date**

The OPA, which foresees in the redeployment of the national administration in the Central, Northern and Western zones, also anticipates the return of displaced persons and the regular functioning of schools. 17 September 2007 was fixed as the start of the new academic year. However, one of the main constraints in the zones of return remains the lack of teachers. According to available estimates, only 30% of the teachers that have been redeployed in the zones mentioned above have proper qualifications.

Additionally, the poor state of the education infrastructure constitutes a hindrance to the education of children. Noting infrastructural and maintenance problems, the Ministry of Education has formulated a plan intended to restore the school to its rightful place in society by rehabilitating school buildings and equipment, reinforcing teachers' capacities and highlighting the need for them to return to their original

schools. This plan is still to be implemented. Failure to implement it could mean that a large number of children will not have the opportunity to get a proper education because of lack of rehabilitated schools, equipment and furniture. Additionally, this increases the vulnerability for girls and supports the spreading of HIV.

### Education

Output	Planned in CAP	Achieved as of mid-year
Schools in the zones of return are rehabilitated and equipped.	33 schools	Provision of school furniture ongoing,
Number of children equipped with school stationary and/or receiving meals (girls/boys in the targeted zones); Number of children going to school (girls/boys).	10,000 children, in particular girls	None
Number of children registered in conversion courses; Number of bridging classes established.	5,000 children 100 bridging classes	None

Appealing Agencies/NGOs	Mandate	Priorities
UNICEF	Children and Women	<ul style="list-style-type: none"> <li>Rehabilitation of schools;</li> <li>Life skills and bridging classes.</li> </ul>
UNDP		<ul style="list-style-type: none"> <li>Reinforcement of teachers' and supervisors' capacities.</li> </ul>
WFP		<ul style="list-style-type: none"> <li>School feeding.</li> </ul>
Solidarités		<ul style="list-style-type: none"> <li>Rehabilitation of schools.</li> </ul>
IRC		<ul style="list-style-type: none"> <li>Rehabilitation of schools.</li> </ul>
Norwegian Refugee Council (NRC)		<ul style="list-style-type: none"> <li>Rehabilitation of schools, bridging classes.</li> </ul>

### • Protection/Human rights/Rule of law sector

In February 2008, the members of the protection cluster elaborated and adopted a common strategy and an action plan, which prioritises five protection issues - insecurity and human rights violations; identification and nationality; conflicts over property; child exploitation and abuse; and gender based violence – all of which remain valid.

### Response to date

In the west, following persistent reports of land disputes, it was revealed that some 1,200 returnees in the Zéaglo area and Zarabahon canton along the Bloléquin – Guiglo axis have been banned from accessing their farms since the International Organization for Migration (IOM) facilitated their voluntary return in September 2007. Food reserves were non-existent and the coping mechanisms of the returnees became limited. Rising tensions between the youth and the former IDP community forced some 500 people (mostly women and children) on 8 February 2008, to depart anew towards their former displacement transit centre (CATD) in Guiglo.

Intensive advocacy by the Humanitarian Coordinator at the Abidjan level and by relief actors at the field level with the involvement of the Prefect of Bloléquin resulted in lifting the ban and granted access to farms by returnees. Last reports indicated ongoing reverse movements from CATD to Zéaglo. The Humanitarian Coordinator requested that IOM starts phasing out of CATD with an effective closure of the camp on 31 July 2008. The number of IDPs who continued to return spontaneously in the Zou area was reported to have reached around 14,000, with the cumulative number of returnees in the west estimated at around 55,000 persons.

The Ministry of Solidarity and War Victims organised on 25 February 2008 a Round Table on the return situation in Zou, in the centre west of Côte d'Ivoire, attended by the Humanitarian Coordinator and the wider humanitarian community. Participants recommended effective coordination of activities to support the ongoing voluntary return process and sustainable social cohesion. In Bouaké, the cluster protection provided, through OCHA, support to the local branch of the Ministry of Solidarity of War Victims to establish a database of returnees and other vulnerable displaced people. The database allowed the ministry to publish reliable data on returnees and to carry out a vulnerability analysis of returnees. Due consideration is given to replicating this exercise in the Korhogo area.

OCHA facilitated on 9 May a workshop to share best practices and tools of social cohesion for peace and reconciliation in Côte d'Ivoire, developed by local committees. Government departments' representatives, the civil society, the media, local and international NGOs attended the workshop. In

addition, the Humanitarian Coordinator and some members of the humanitarian community attended a workshop, organised in Bloléquin on 22 and 23 May 2008 by the Ministry of National Reconciliation in collaboration with the Ministries of Solidarity and War Victims, and of Rehabilitation and Reconstruction, which resulted in an agreement between the host communities and returning IDPs on matters related to IDP access to their plantations in the classified forests. The agreements reached included:

1. The host community reconfirmed commitment to facilitating the return of IDPs and their reintegration in villages of origin and granting them access to their previous plantations;
2. The government together with its international partners would endeavour to respond to the needs of the area in terms of rehabilitation of basic social infrastructure, and reinsertion of youth through the creation of income generating activities;
3. The contentious issue of access to farms situated in the classified forests was resolved on a temporary basis. The solutions consisted of co exploitation of the plantations by the host communities and returning IDPs.

In order to respond to the increasing trend of gender based violence, UNICEF, in collaboration with the Ministry of Family and Social Affairs, international and national NGOs, supports awareness raising activities at community level, strengthening of protection committees and networks, the provision of training on both prevention and response, and the provision of medical, psychological and legal assistance to victims.

- **Coordination and Support Services**

The transition from emergency relief to early recovery and development prompted the elaboration of the UNDAF for 2009-2013. The UNDAF process provides UN agencies and their national and international partners with a good opportunity to ensure that the outcomes of the emergency relief phase will be sustained and that remaining humanitarian needs are taken into account by early recovery and development programming.

The changes in the operational context also required a strengthened field presence of early recovery and development actors. Consequently, agencies such as UNDP, United Nations Industrial Development Organization (UNIDO), and FAO have proceeded to increasing their presence in the field, in collaboration with humanitarian actors and with the overall objective to ensure synergy between their activities. To this end, joint UN offices are being established in Korhogo in the North and in Guiglo in the western part of the country.

- **Multi-sector response**

Despite the progress made in the application of the OPA, the expected significant spontaneous return of Ivorian refugees from Guinea or Liberia has not materialised as yet nor has any organised repatriation movement been started. It is now thought that the return movement is likely to start after the end of the effective redeployment of the administration and probably after the elections, whose outcome is accepted by the key actors.

Urban refugees from nationalities other than Liberian are being assisted in Abidjan in terms of income generating activities, health care, education for children, family support and social counselling.

**Liberian refugees**

The local integration programme for Liberian refugees opting to remain in Côte d'Ivoire has been the major activity under the sector. As planned, the programme addresses legal and socio-economic aspects of local integration. The actual population concerned by the programme is 24,155 refugees. The vast majority of the concerned population resides in the western and south-western parts of the country, which remains calm, but volatile. Refugees were informed of possible options, including the legal provisions on citizenship, should they consider applying for Ivorian nationality.

UNHCR has finalised arrangements with Ivorian authorities and other stakeholders to facilitate their integration entailing support to local structures, host communities and refugees through community-based programmes. Agreements were signed with:

- COOPEC for income-generating activities (IGA): seven persons trained on IGA management, including two refugees, two government workers and three from UNHCR implementing partner;

- ANADER for agricultural activities: 73 agriculture kits distributed to five communities; rice seeds (4,000kg for 233 beneficiaries) and corn seeds (1,200kg for 210 beneficiaries) distributed (and already planted) to 30 communities;
- *Inspection de l'enseignement primaire* (Primary Education Inspection) for education: two primary schools earmarked for rehabilitation;
- *Direction territoriale de l'Hydraulique* (Territorial Directorate of Water) for water-pump maintenance: a total of 25 water pumps were identified for rehabilitation during the second half of the year;
- *District Sanitaire* (Sanitary District) for health: staff of 17 health centres received training while 17 medical kits were ordered to strengthen the health centres.

However, the refugee population in Zaaglo village (ex. Nicla Liberian refugee camp) is still resistant to the idea of engaging in local integration activities. In this settlement, refugees are expecting third country resettlement on the grounds that they can neither go back to Liberia nor can they locally integrate in Côte d'Ivoire.

### Urban refugees

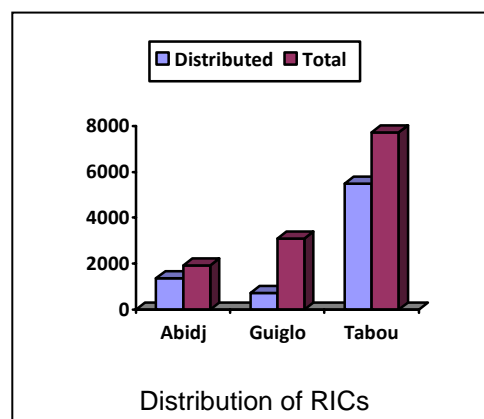
Protection and assistance continue for urban refugees. The deteriorating economic environment, in which employment opportunities are scarce and income-generating activities lack adequate markets, has an adverse effect on refugees' capability to attain self-reliance. Only eight new income generating projects were funded in Abidjan during the period. The national refugee status determination body (CNE) held 18 working sessions with only 3% of cases being accepted.

### Ivorian refugees/returnees

As already stated, no significant return movement of Ivorian refugees has been observed. The vast majority of the estimated 15,000 Ivorian refugees in neighbouring countries have not yet chosen to repatriate.

### Refugee identification cards

Following an important information campaign that involved SAARA, the *Office National d'Identification* (National Identification Office - ONI), the Ministry of African Integration and the Ministry of Justice, the distribution of refugee identification cards (RICs) started on 21 February 2008. By the end of May, 7,583 RICs were distributed out of a total of 12,716. The beneficiaries are refugees of 14 years old and above.



## 4. CONCLUSION

The Côte d'Ivoire 2008 CAP has offered a unique opportunity to humanitarian stakeholders to focus on humanitarian and protection needs of IDPs, who have already started to return to their communities or former places of living, especially in the West. It has also allowed the humanitarian community to contribute to strengthening social cohesion in the return areas through interventions aimed at improving conditions in the return areas, which benefit both returning IDPs and the local communities.

Although significant progress had been made on a number of issues, key sectors such as food, health, protection/human rights, and water and sanitation still require substantive improvements to facilitate the reintegration of IDPs in a sustainable manner.

Taking into account the agreed upon complementarity between humanitarian actors and developments partners which aims at linking relief to sustainable recovery and development, joint UN offices have been established in the field in Korhogo and Guiglo. This establishment and the redeployment of state administration in the Centre-North-West (CNW) zone are expected to further facilitate the rehabilitation of basic social services and improve the overall humanitarian situation.

In light of the above, the primary goals of humanitarian action will continue to be the provision of assistance and protection to IDPs, the reestablishment and reinforcement of access to basic social services as well as the reinforcement of food security in the CNW zone.

# CÔTE D'IVOIRE

**Table IV: Consolidated Appeal for Côte d'Ivoire 2008**

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

as of 25 June 2008

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

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

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Sector Project Code	Appealing Organisation	Project Title	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges	Priority
Value in US\$			A	B	C	C/B	B-C	D	
<b>AGRICULTURE / FOOD SECURITY AND NUTRITION</b>									
CIV-08/A01	FAO	Technical assistance to animal trypanosomiasis control in Côte d'Ivoire	453,200	453,200	-	0%	453,200	-	B-HIGH
CIV-08/A02	FAO	Support to the coordination of emergency agricultural operations and food security information collection and analysis	384,534	384,534	325,201	85%	59,333	-	B-HIGH
CIV-08/A03	FAO	Provision of agricultural inputs to assist vulnerable rural households affected by the conflict in Côte d'Ivoire.	1,730,707	3,500,000	1,658,053	47%	1,841,947	-	A-IMMEDIATE
CIV-08/A04	FAO	Livelihood support to vulnerable population in war affected regions of Côte d'Ivoire	513,888	513,888	335,056	65%	178,832	-	A-IMMEDIATE
CIV-08/A05	FAO	Support to nutrition and livelihoods of vulnerable households and communities	487,061	243,531	-	0%	243,531	-	A-IMMEDIATE
CIV-08/F01	WFP	Assistance to populations affected by the Côte d'Ivoire protracted crisis -PRRO 10672.0	17,000,000	26,089,860	4,673,276	18%	21,416,584	190,260	A-IMMEDIATE
CIV-08/H01	UNICEF	Improve nutritional status of children through treatment of malnutrition in health facilities and within communities in the northern part of Côte d'Ivoire.	420,900	1,341,780	279,270	21%	1,062,510	-	A-IMMEDIATE
CIV-08/H02	UNICEF	Providing care for children with acute under nutrition in western Côte-d'Ivoire	360,600	547,840	191,530	35%	356,310	-	A-IMMEDIATE
<b>Subtotal for AGRICULTURE / FOOD SECURITY AND NUTRITION</b>			<b>21,350,890</b>	<b>33,074,633</b>	<b>7,462,386</b>	<b>23 %</b>	<b>25,612,247</b>	<b>190,260</b>	
<b>COORDINATION AND SUPPORT SERVICES</b>									
CIV-08/CSS01	OCHA	Coordination of the humanitarian response to the crisis in Côte d'Ivoire	4,470,107	4,470,107	617,294	14%	3,852,813	-	A-IMMEDIATE
CIV-08/CSS02	UNDP	Security Information Network (RECIS)	486,310	243,155	-	0%	243,155	-	C-MEDIUM
<b>Subtotal for COORDINATION AND SUPPORT SERVICES</b>			<b>4,956,417</b>	<b>4,713,262</b>	<b>617,294</b>	<b>13 %</b>	<b>4,095,968</b>	<b>-</b>	

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# CÔTE D'IVOIRE

**Table IV: Consolidated Appeal for Côte d'Ivoire 2008**  
List of Appeal Projects (grouped by sector), with funding status of each  
as of 25 June 2008  
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Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Sector Project Code	Appealing Organisation	Project Title	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges	Priority
Value in US\$			A	B	C	C/B	B-C	D	
<b>EDUCATION</b>									
CIV-08/E01	UNICEF	Establishment of reorientation classes	351,080	175,540	-	0%	175,540	-	A-IMMEDIATE
CIV-08/E02	UNICEF	Rehabilitation and equipment of school infrastructures with latrines, water points	662,110	662,110	169,060	26%	493,050	-	C-MEDIUM
CIV-08/E03	NRC	Reorientating classes	200,000	284,049	-	0%	284,049	-	A-IMMEDIATE
<b>Subtotal for EDUCATION</b>			<b>1,213,190</b>	<b>1,121,699</b>	<b>169,060</b>	<b>15 %</b>	<b>952,639</b>	<b>-</b>	
<b>HEALTH</b>									
CIV-08/H03	WHO	Reinforce, a Coordinated Minimum Health Care package delivery, disease trends monitoring and outbreak control among IDPs and host communities in North and Western Côte d'Ivoire	1,177,000	588,500	-	0%	588,500	-	A-IMMEDIATE
CIV-08/H04	UNFPA	Support for community involvement to increase women's increasing access to, and use of high quality of Emergency Obstetric and Neonatal Care (EONC) with appropriate community involvement in the west, Sub west, Centre and North of Côte d'Ivoire	556,400	556,400	383,060	69%	173,340	-	A-IMMEDIATE
CIV-08/H05	UNFPA	Support to the creation of a regional center of fistula prevention and care at Man in the West of Cote d'Ivoire	866,700	433,350	-	0%	433,350	-	C-MEDIUM
CIV-08/H06	UNICEF	Improve malaria management in 4 health districts Bangolo, Duékoué, Guiglo and Toulepleu	341,330	341,330	240,750	71%	100,580	-	B-HIGH
CIV-08/H07	UNICEF	Improve hygienic deliveries to reduce maternal and neonatal tetanus in 4 health districts Bangolo, Duékoué, Guiglo and Toulepleu	400,000	200,000	-	0%	200,000	-	C-MEDIUM
<b>Subtotal for HEALTH</b>			<b>3,341,430</b>	<b>2,119,580</b>	<b>623,810</b>	<b>29 %</b>	<b>1,495,770</b>	<b>-</b>	
<b>MULTI-SECTOR</b>									
CIV-08/MS01; MS02	UNHCR	Providing Care and Maintenance to Urban Refugees in Côte d'Ivoire; Repatriation and reintegration of Ivorian refugees and returnees in Guinea, Liberia and Côte d'Ivoire (AB).	4,841,611	6,006,611	750,000	12%	5,256,611	-	B-HIGH
CIV-08/MS02 (see CIV-08/MS01)	UNHCR	Repatriation and Reintegration of Ivorian Refugees and Returnees in Guinea, Liberia and Côte d'Ivoire	2,330,000	-	-	0%	-	-	n/a
<b>Subtotal for MULTI-SECTOR</b>			<b>7,171,611</b>	<b>6,006,611</b>	<b>750,000</b>	<b>12 %</b>	<b>5,256,611</b>	<b>-</b>	

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Value in US\$			A	B	C	C/B	B-C	D	
<b>SECTOR NOT YET SPECIFIED</b>									
CIV-08/MS03	UNDP	Providing emergency relief and reliable information for IDPs in Western Cote d'Ivoire	-	613,935	613,935	100%	-	-	n/a
CIV-08/UNICEF	UNICEF	To be allocated to specific project/sector	-	-	4,090,518	0%	(4,090,518)	-	n/a
<b>Subtotal for SECTOR NOT YET SPECIFIED</b>			-	<b>613,935</b>	<b>4,704,453</b>	<b>766 %</b>	<b>(4,090,518)</b>	-	

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# CÔTE D'IVOIRE

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as of 25 June 2008

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Sector Project Code	Appealing Organisation	Project Title	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges	Priority
Value in US\$			A	B	C	C/B	B-C	D	
<b>PROTECTION / HUMAN RIGHTS / RULE OF LAW</b>									
CIV-08/P/HR/RL01	UNICEF	Protection, reintegration of children affected by the conflict	335,445	-	-	0%	-	-	n/a
CIV-08/P/HR/RL02A	UNFPA	Protection from gender based violence and support to girls' and women's rights during the peace and reconciliation phase in Côte d'Ivoire	218,815	109,408	-	0%	109,408	-	A-IMMEDIATE
CIV-08/P/HR/RL02B	UNICEF	Protection from gender based violence and support to girls' and women's rights during the peace and reconciliation phase in Côte d'Ivoire	191,530	191,530	134,820	70%	56,710	-	A-IMMEDIATE
CIV-08/P/HR/RL02C	UNDP	Protection from gender based violence and support to girls' and women's rights during the peace and reconciliation phase in Côte d'Ivoire	136,960	68,480	-	0%	68,480	-	A-IMMEDIATE
CIV-08/P/HR/RL03; P/HR/RL04	UNHCR	Protection and Assistance to IDPs	1,070,000	2,819,843	2,124,092	75%	695,751	-	B-HIGH
CIV-08/P/HR/RL04 (see CIV- 08/P/HR/RL03)	DRC	Protection, peace, and security in western Côte d'Ivoire	317,332	-	-	0%	-	-	n/a
CIV-08/P/HR/RL05	NRC	Information, Counselling and Legal Assistance (ICLA)	310,000	155,000	87,803	57%	67,197	-	B-HIGH
CIV-08/P/HR/RL06	NRC	Dissemination of the Guiding Principles on Internal Displacement	66,070	33,035	-	0%	33,035	-	B-HIGH
CIV-08/P/HR/RL07	OHCHR	Contribution to the protection of Human rights of IDPs in the context of return.	131,250	131,250	145,100	111%	(13,850)	-	n/a
CIV-08/P/HR/RL08	SC - UK	Finding solutions to child labour in Cote d'Ivoire	691,417	345,705	-	0%	345,705	-	B-HIGH
CIV-08/P/HR/RL09	SC - UK	Mobilising Community Resources to prevent sexual exploitation and abuse of children in western Cote d'Ivoire	171,875	85,938	-	0%	85,938	-	A-IMMEDIATE
CIV-08/P/HR/RL10	IRC	Strengthening Civil Society in Côte d'Ivoire to Support the Most Vulnerable	502,900	251,450	-	0%	251,450	-	C-MEDIUM
CIV-08/P/HR/RL11	UNFPA	Assistance to and reintegration of women and children survivors of violence in conflict situation in the west, Sub west, Centre and North of Côte d'Ivoire	979,050	489,525	-	0%	489,525	-	C-MEDIUM
CIV-08/P/HR/RL12	UNFPA	Reducing extortion/harassment carried out by security forces on vulnerable groups in Côte d'Ivoire	770,400	385,200	-	0%	385,200	-	C-MEDIUM
CIV-08/P/HR/RL13	NRC	Protection – Monitoring	723,354	723,354	204,879	28%	518,475	-	A-IMMEDIATE
CIV-08/P/HR/RL14	OCHA	Advocacy for the respect of human rights and social cohesion	262,008	131,004	-	0%	131,004	-	B-HIGH

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Value in US\$			A	B	C	C/B	B-C	D	
<b>PROTECTION / HUMAN RIGHTS / RULE OF LAW (Continued)</b>									
CIV-08/P/HR/RL15	IOM	Assistance to the return & protection of IDPs within the CATD and populations living in Guiglo-Bloléquin-Toulepleu areas of return	752,852	752,852	216,675	29%	536,177	-	A-IMMEDIATE
<b>Subtotal for PROTECTION / HUMAN RIGHTS / RULE OF LAW</b>			<b>7,631,258</b>	<b>6,673,574</b>	<b>2,913,369</b>	<b>44 %</b>	<b>3,760,205</b>	<b>-</b>	
<b>WATER, SANITATION AND HYGIENE</b>									
CIV-08/WS01	UNICEF	Supporting rural water supply and basic sanitation in the western region of Côte d'Ivoire, especially in areas of resettlement	428,000	428,000	222,560	52%	205,440	-	A-IMMEDIATE
CIV-08/WS02	CARE	Promoting safe water consumption and good hygiene practices in Western Cote d'Ivoire	100,000	50,000	-	0%	50,000	-	A-IMMEDIATE
CIV-08/WS03	UNICEF	Improving water and sanitation facilities in 30 rural health centres of western areas of Côte d'Ivoire	449,400	-	-	0%	-	-	n/a
<b>Subtotal for WATER, SANITATION AND HYGIENE</b>			<b>977,400</b>	<b>478,000</b>	<b>222,560</b>	<b>47 %</b>	<b>255,440</b>	<b>-</b>	
<b>Grand Total</b>			<b>46,642,196</b>	<b>54,801,294</b>	<b>17,462,932</b>	<b>32 %</b>	<b>37,338,362</b>	<b>190,260</b>	

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).  
**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.  
**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

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## 5. PROJECTS (project table, and sheets for new/revised projects)

### Prioritisation of projects

All projects were classified into one of three priority groups: 'medium' if they fulfilled up to three of the priority criteria, 'high' for four criteria, and 'immediate' for those projects that fulfil five or all of the criteria.

Sector	Appealing Agency	Project title (abbreviated)	Amount Requested (\$)	Priority sector	National/ local capacities	Conflict area	Crucial support	Gender GBV	Sum	Ranking
Agric/ Food Sec & Nutri	FAO	CIV-08/A01	453,200	X	X	X	X		4	high
Agric/ Food Sec & Nutri	FAO	CIV-08/A02	384,534	X	X		X	X	4	high
Agric/ Food Sec & Nutri	FAO	CIV-08/A03	3,500,000	X	X	X	X	X	5	immediate
Agric/ Food Sec & Nutri	FAO	CIV-08/A04	513,888	X	X	X	X	X	5	immediate
Agric/ Food Sec & Nutri	FAO	CIV-08/A05	243,531	X	X	X	X	X	5	immediate
Agric/ Food Sec & Nutri	WFP	CIV-08/F01	26,089,860	X	X	X	X	X	5	immediate
Agric/ Food Sec & Nutri	UNICEF	CIV-08/H01	1,341,780	X	X	X	X	X	5	immediate
Agric/ Food Sec & Nutri	UNICEF	CIV-08/H02	547,840	X	X	X	X	X	5	immediate
Coord & Sup Serv	OCHA	CIV-08/CSS01	4,470,107	X	X	X	X	X	5	Immediate
Coord & Sup Serv	UNDP	CIV-08/CSS02	243,155	X		X	X		3	Medium
Education	UNICEF	CIV-08/E01	175,540	X	X	X	X	X	5	Immediate
Education	UNICEF	CIV-08/E02	662,110	X		X		X	3	medium
Education	NRC	CIV-08/E03	284,049	X	X	X	X	X	5	Immediate
Health	WHO	CIV-08/H03	588,500	X	X	X	X	X	5	immediate
Health	UNFPA	CIV-08/H04	556,400	X	X	X	X	X	5	Immediate
Health	UNFPA	CIV-08/H05	433,350		X	X		X	3	Medium
Health	UNICEF	CIV-08/H06	341,330	X	X	X	X		4	High
Health	UNICEF	CIV-08/H07	200,000		X	X		X	3	Medium
Protection	UNICEF	CIV-08/P/HR/RL01	0							Cancelled
Protection	UNFPA	CIV-08/P/HR/RL02A	109,408	X	X	X	X	X	5	immediate
Protection	UNICEF	CIV-08/P/HR/RL02B	191,530	X	X	X	X	X	5	immediate
Protection	UNDP	CIV-08/P/HR/RL02C	68,480	X	X	X	X	X	5	immediate
Protection	UNHCR	CIV-08/P/HR/RL03	2,819,843	X	X	X		X	4	High

**CÔTE D'IVOIRE**

Sector	Appealing Agency	Project title (abbreviated)	Amount Requested (\$)	Priority sector	National/ local capacities	Conflict area	Crucial support	Gender GBV	Sum	Ranking
Protection	DRC	CIV-08/P/HR/RL04	0	X	X		X	X	4	Merged to CIV-08/P/HR/RL03
Protection	NRC	CIV-08/P/HR/RL05	155,000		X	X	X	X	4	High
Protection	NRC	CIV-08/P/HR/RL06	33,035		X	X	X	X	4	High
Multi-Sector	UNHCR	CIV-08/MS01	4,841,611		X	X	X	X	4	High
Multi-Sector	UNHCR	CIV-08/MS02	1,165,000		X	X	X		3	Medium
Multi-Sector	UNDP	CIV-08/MS03	613,935							Fully funded
Protection	OHCHR	CIV-08/P/HR/RL07	131,250							Fully funded
Protection	SCUK	CIV-08/P/HR/RL08	345,705		X	X	X	X	4	High
Protection	SCUK	CIV-08/P/HR/RL09	85,938	X	X	X	X	X	5	Immediate
Protection	IRC	CIV-08/P/HR/RL10	251,450		X	X		X	3	Medium
Protection	UNFPA	CIV-08/P/HR/RL11	489,525		X	X		X	3	Medium
Protection	UNFPA	CIV-08/P/HR/RL12	385,200		X	X		X	3	Medium
Protection	NRC	CIV-08/P/HR/RL13	723,354	X	X	X	X	X	5	Immediate
Protection	OCHA	CIV-08/P/HR/RL14	131,004	X	X	X		X	4	High
Protection	IOM	CIV-08/P/HR/RL15	752,852	X	X	X	X	X	5	immediate
Wash	UNICEF	CIV-08/WS01	428,000	X	X	X	X	X	5	Immediate
Wash	CARE	CIV-08/WS02	50,000	X	X	X	X	X	5	Immediate
Wash	UNICEF	CIV-08/WS03	0							Cancelled

REVISED PROJECTS<sup>3</sup>

<b>Appealing Agency</b>	<b>FOOD AND AGRICULTURE ORGANIZATION (FAO)</b>
<b>Project Title</b>	Provision of agricultural inputs to assist vulnerable rural households affected by the conflict and the soaring prices in Côte d'Ivoire.
<b>Project Code</b>	CIV-08/A03 ( <i>Revised</i> )
<b>Sector</b>	Agriculture/Food security
<b>Objective</b>	To reinforce the production capacity of vulnerable farmers and promote exchange of local seeds through the provision of essential agricultural inputs and organisation of seed fairs.
<b>Beneficiaries</b>	43,000 vulnerable farmers, including IDPs, returnees, malnutrition or HIV-AIDS affected households, households with limited harvest.
<b>Implementing Partners</b>	WFP, NGOs, Ministry of Agriculture (MINAGRI), Ministry of Animal Production and Water Resources (MIPARH).
<b>Project Duration</b>	January – December 2008
<b>Funds Requested</b>	<b>\$3,500,000</b>
<b>Contact</b>	Patrick.berner@fao.org

**Summary**

Since June 2003, the relative calm prevailing in the country has enabled a substantial number of households to resume farming activities. However, the improved security situation in the western region has also led to the return of vulnerable IDPs with extremely fragile livelihoods. According to the in-depth WFP/FAO food security evaluation, 29% of rural households are food insecure owing to difficulties in accessing a sufficient and diversified diet. In order to mitigate the impact of the ongoing crisis on vulnerable populations, FAO, together with its humanitarian partners, has carried out two complementary interventions: i) distribution of seeds and agricultural inputs to 40,000 vulnerable households in the west and north of Côte d'Ivoire; and ii) support to seed multiplication programmes.

However, the latter intervention is still limited countrywide and must be strengthened. Moreover, the expected return of thousands of households in 2008 is a key issue that still needs to be addressed in western and northern parts of the country. This is coupled with a continued cotton crisis and a drop in prices for cashew nuts, which have affected the two main income sources. Climatic hazards and poor yields continue to jeopardise farmers' livelihoods, while national extension services are not sufficiently operational to support affected households. As a result, access to quality seeds, tools and fertilizers is limited and sometimes impossible. The food production capacities of vulnerable populations must be supported. The project's objectives are to facilitate the resettlement of returning population and boost crop production by vulnerable households, particularly in areas in which low production is expected.

**Activities**

- The identified beneficiaries will receive cereal (either upland, lowland rice or maize), vegetable and pulse (bean or groundnuts) seeds, together with tools and fertilizers;
- Voucher distributions where seeds multiplication projects are available; and
- Agriculture training will be provided to beneficiaries.

Special attention will be given to collaborating with agencies that are implementing programmes focusing on conflict prevention/resolution. The increase in staple food prices is affecting a considerable number of households who risk becoming food insecure. FAO plans to upscale its activities during the dry season planting and is seeking to reach approximately 30,000 vulnerable households with vegetables seeds and tools kits, with an emphasis on lowland rice production.

<b>FINANCIAL SUMMARY</b>	
<b>Budget items</b>	<b>\$</b>
Agricultural inputs (seeds, tools, fertilizers)	2,206,361
Staff (four national consultants), admin. support & travel	306,000
Equipment	50,500
Training	20,000
Contracts with implementing partners	452,000
General operating cost (including transport, loading and unloading, )	146,957
Direct operating cost (10%)	318,182
<b>Total</b>	<b>3,500,000</b>

<sup>3</sup> Project sheets already printed in the original CAP 2008 and with only minor budget revisions are not re-produced here. See FTS ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)) for a continuously updated list of projects and funding requirements.

**CÔTE D'IVOIRE**

<b>Appealing Agency</b>	<b>UNITED NATIONS WORLD FOOD PROGRAMME (WFP)</b>
<b>Project Title</b>	Assistance to populations affected by the Côte d'Ivoire protracted crisis
<b>Project Code</b>	CIV-08/F01 <i>(Revised)</i>
<b>Sector</b>	Food Security
<b>Objective</b>	Contribute to return, stability and household food security through food aid interventions that preserve human and productive assets while promoting recovery and self-reliance of vulnerable people.
<b>Targeted beneficiaries</b>	574,000 beneficiaries (17,000 IDPs, 120,000 vulnerable people, 315,000 primary school children, 42,000 people infected and/or affected by HIV/AIDS, 80,000 nutrition beneficiaries).
<b>Partners</b>	FAO, UNHCR, UNICEF, IOM, <i>Direction Nationale des Cantines</i> (National Directorate of Canteens) (DNC)), Ministry of Health and Hygiene (MSHP), MSF, CARE international, IRC, CARITAS other international and local NGOs.
<b>Project Duration</b>	January - December 2008
<b>Funds Requested</b>	<b>\$26,089,860</b>
<b>Contact</b>	Wagdi.othman@wfp.org

### Summary

WFP will continue to mitigate the long-term effects of the protracted crisis and the food price increases, while fostering the recovery process. Geographic and socio-economic targeting will be based on a range of secondary data analysis and primary data collection including the in-depth Emergency Food Security Assessment conducted in September/October 2006. The latter, carried out in 10 of the country's 19 regions concluded that 9% of the population is food insecure and an additional 20% at risk. A Food Security Monitoring survey has started to document the impact of the current food crisis and an in-depth Emergency Food Security Assessment is scheduled for September-October this year.

### Activities

Programme		Beneficiaries	Planned food distributions (MT)	% of Total
GFD Beneficiaries		137,000 <sup>4</sup>	7,692	31%
Nutrition Beneficiaries		80,000 <sup>5</sup>	4,546	18%
HIV/AIDS Beneficiaries		42,000	5,115	21%
Emergency School Feeding	Hot Meals	315,000	7,371	30%
	Girls Take Home Ration	60,000	0 <sup>6</sup>	0%
<b>Grand Total Beneficiaries</b>		<b>634,000</b>	<b>24,724</b>	<b>100%</b>

### Outcomes

- The nutritional status among IDPs and returnee refugee beneficiaries is maintained;
- Improved access to food for resettled IDPs and returnee refugees;
- Increased ability of targeted Ivorian households vulnerable to shocks to maintain or increase their productive and physical assets;
- Reduced level of malnutrition among targeted children under-five and pregnant/lactating women in targeted area;
- Improved nutrition and health status of beneficiaries under Antiretroviral (ARV)/ Tuberculosis (TB) treatment and of beneficiaries in PMTCT programmes;
- Increased enrolment and attendance rate of boys and girls in WFP assisted primary schools including orphans and vulnerable children.

FINANCIAL SUMMARY	
Budget Items	\$
Operational cost (commodities plus landside transport storage and handling)	17,176,997
Direct support costs <sup>7</sup>	5,713,716
Other Direct Operational Costs <sup>8</sup>	1,492,341
Indirect support costs (7%)	1,706,806
<b>Total</b>	<b>26,089,860</b>

<sup>4</sup> Initially 17,000; due to the impact of price rises and nutritional crisis, additional 120,000 vulnerable people are considered for assistance

<sup>5</sup> Initially 5,000, the caseload has been reviewed for the same reasons as above (2)

<sup>6</sup> This activity could not be implemented due to shortfalls.

<sup>7</sup> Includes staff and staff-related costs, recurring expenses and equipment and capital cost

<sup>8</sup> Support to cooperating partners.

**CÔTE D'IVOIRE**

<b>Appealing Agency</b>	<b>UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>
<b>Project Title</b>	Improve nutrition of children through treatment of malnutrition in health facilities and within communities in northern Côte d'Ivoire.
<b>Project Code</b>	CIV-08/H01 ( <i>Revised</i> )
<b>Sector</b>	Nutrition
<b>Objective</b>	To provide care and support for children under-five suffering from acute malnutrition in northern Côte d'Ivoire.
<b>Beneficiaries</b>	15,000 children, 28,000 pregnant and lactating women and 1,100 people living with HIV/AIDS
<b>Implementing Partners</b>	MSHP and INGOs
<b>Project Duration</b>	June – December 2008
<b>Funds Requested for 2008</b>	<b>\$1,341,780</b>

**Summary**

The nutritional status of vulnerable populations in Côte d'Ivoire, especially children under five, has worsened during the socio-political crisis. In the north-western, northern and north-eastern parts of the country in particular, 11.6%, 12.2% and 11.7% of children under five suffer from acute malnutrition (MICS 2006). This situation is worsened by the rise in prices of high-consumption food products like rice, maize whose prices increased, between March 2007 and March 2008, by 78% and 92% respectively. Increasing food prices will affect the already precarious nutritional status of the most vulnerable and actually emphasises the need to reinforce emergency preparedness and to rapidly scale up the management of acute malnutrition.

**Activities**

- Increase response capacity in active case finding and referral of children with severe acute malnutrition and medical complications;
- Increase response capacity in inpatient treatment of severe acute malnutrition with medical complications; and in community-based management of children with severe acute malnutrition without medical complications;
- Ensure an essential pipeline of therapeutic foods (including ready-to-use therapeutic foods), micronutrient supplements, de-worming tablets, essential drugs, anthropometrics material, and monitoring and counselling tools;
- Increase capacity in scaling up improved services and practices for infant and young child feeding and nutrition;
- Strengthen information and early warning mechanisms, improve programme monitoring and surveillance systems and support national capacity to undertake nutrition surveys (SMART) and analyse data; disseminate findings and information about the nutrition situation of children and their mothers.

**Outcomes**

- 10,600 children moderately malnourished, and 4,400 children severely malnourished, are treated;
- 28,000 pregnant and lactating women moderately malnourished are treated in the community;
- 1,100 HIV positive persons receive supplementary feeding.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>\$</b>
Implementing costs	1,254,000
Nutritional surveillance system (including surveys)	190,000
Capacity building	50,000
Essential drugs and therapeutic feeding	670,000
Social mobilisation/communication tools	100,000
Supervision and monitoring	30,000
Technical assistance	100,000
Management, follow-up, transportation	114,000
Indirect costs 7%	87,780
<b>Total</b>	<b>1,341,780</b>

**CÔTE D'IVOIRE**

<b>Appealing Agency</b>	<b>UNITED NATIONS CHILDREN'S FUND (UNICEF)</b>
<b>Project Title</b>	Providing care for children with acute malnutrition in Western Côte d'Ivoire
<b>Project Code</b>	CIV-08/H02 ( <i>Revised</i> )
<b>Sector</b>	Nutrition
<b>Objective</b>	To provide care and support for children under-five suffering from acute malnutrition in Western Côte d'Ivoire
<b>Beneficiaries</b>	20,800 children and 12,000 pregnant and lactating women
<b>Implementing Partner</b>	MSHP
<b>Project Duration</b>	July - December 2008
<b>Funds Requested</b>	<b>\$547,840</b>

### Summary

In Côte d'Ivoire, the nutrition situation of children under-five has worsened as a consequence of the current socio-political crisis, notably in the Western part of the country. According to MICS 2006, the prevalence of acute malnutrition among children under-five approaches the 10% critical threshold. This situation is worsened by the rise in prices of high-consumption food products like rice, maize whose prices increased, between March 2007 and March 2008, by 78% and 92% respectively. Increasing food prices will affect the already precarious nutritional status of the most vulnerable and actually emphasises the need to reinforce emergency preparedness and to rapidly scale up the management of acute malnutrition. During the crisis, some INGOs have supported Therapeutic feeding centres for children with severe acute malnutrition in Danané, Duékoué, Guiglo, Man, and Bangolo. These NGOs left since December 2007. This project aims to extend UNICEF's support for children and families affected by acute malnutrition in the above mentioned health districts in Western Côte d'Ivoire.

### Activities

- Increase response capacity in active case finding and referral of children with severe acute malnutrition and medical complications;
- Increase response capacity in inpatient treatment of severe acute malnutrition with medical complications; and in community-based management of children with severe acute malnutrition without medical complications;
- Ensure an essential pipeline of therapeutic foods (including ready-to-use therapeutic foods), micronutrient supplements, de-worming tablets, essential drugs, anthropometrics material, and monitoring and counselling tools;
- Increase capacity in scaling up improved services and practices for infant and young child feeding and nutrition;
- Strengthen information and early warning mechanisms, improve programme monitoring and surveillance systems and support national capacity to undertake nutrition surveys and analyse data; disseminate findings and information about the nutrition situation of children and their mothers.

### Outcomes

- 4,800 children with severe acute malnutrition are treated as in-patient and out-patients;
- 16,000 infants and young children benefit from improved feeding and care practices and services and 12,000 pregnant and lactating women benefit from supplementary feeding schemes.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>\$</b>
Implementing costs	512,000
Training	30,000
Therapeutic foods, essential drugs and anthropometrics materials	210,000
Active case finding and referral including social mobilisation	60,000
Financial support towards extra non health personnel	112,000
Technical support, supervision, monitoring, and transportation	100,000
Indirect Costs (7%)	35,840
<b>Total</b>	<b>547,840</b>

\*Actual recovery rate on contributions will be calculated in accordance with the UNICEF Executive Board decision 2006/7 of 9 June 2006.



<b>Appealing Agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)</b>
<b>Project Title</b>	Protection and Assistance to IDPs in Côte d'Ivoire
<b>Project Code</b>	CIV-08/P/HR/RL03 ( <i>revised, includes now CIV-08/P/HR/RL04</i> )
<b>Sector</b>	Protection/Human Rights/Rule of Law
<b>Objective</b>	To build protection capacity of partners and improve coordinated responses to priority protection problems, focusing on return.
<b>Beneficiaries</b>	709,000 IDPs and returnees
<b>Implementing Partners</b>	DRC, NRC, ASA, Ministry of Solidarity VG, Ministry of Reconciliation, UNDP/UNV, OIC
<b>Project Duration</b>	January – December 2008
<b>Total Project Budget</b>	\$2,819,843 <sup>9</sup>
<b>Funds Available</b>	\$2,124,092
<b>Funds Requested</b>	<b>\$695,751</b>

### Summary

The Protection Cluster covering the civilian population, including IDPs, was formally established to coordinate responses to priority protection problems. Following the signing of the Ouagadougou Accord in March 2007, the cluster has implemented activities including: providing assistance to IDPs to return, relocate and reintegrate within the country (based on the Guiding Principles on Internal Displacement), monitoring these processes, providing identification documents, providing housing assistance, support on land and property issues, and other cross-cutting themes such as women's and children's rights and HIV and AIDS. Regional protection clusters have been established in Bouaké, Tabou/San Pedro and Guiglo. In areas where UNHCR does not have a field presence but where the need for a cluster exists, the coordination of protection activities will be carried out by OCHA or another partner if OCHA is not present. The protection cluster will continue to work closely with national authorities, NGOs, donors and UNOCI to ensure that protection issues are addressed in a timely manner.

### Activities

- Coordinate programme and advocate responses to priority protection problems;
- Strengthen the protection capacity of partners through training and information sessions;
- Monitor and analyse priority protection problems and prepare reports for advocacy purposes, as well as responses;
- Develop common approaches to priority protection problems based on agreed standards and tools;
- Monitor the identification hearings (*Audiences Foraines*) with a view to preventing and possibly addressing situations of statelessness, particularly as far as IDPs are concerned;
- Strengthen communities through practical protection projects, training on peace building activities, skills training and crop production.

### Outcomes

- Coordinated responses in terms of programmes and advocacy to identified priority protection problems and responses thereto;
- Improved capacity for partners, particularly, government regarding response to IDP issues;
- Safe and dignified voluntary return of up to 300,000 IDPs to their areas of origin or relocation within the country;
- Situations of statelessness arising with regard to IDPs are solved.

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>\$</b>
Programme	2,635,368
Programme support cost	0
7% support cost <sup>10</sup>	184,475
<b>Total Project Budget</b>	<b>2,819,843</b>
Minus available resources	2,124,092
<b>Total funds requested</b>	<b>695,751</b>

<sup>9</sup> Subject to the approval of the UNHCR Budget Committee

<sup>10</sup> A 7% support cost has been added to the total operational requirements and will be recovered from each contribution to meet indirect support costs in UNHCR (field and HQ)

## ANNEX I. ADDITIONAL FUNDING TABLES

**Table V: Consolidated Appeal for Côte d'Ivoire 2008**

Total Funding per Donor (to projects listed in the Appeal)

as of 25 June 2008

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

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

Donor	Funding	% of Grand Total	Uncommitted Pledges
Values in US\$			
Central Emergency Response Fund (CERF)	6,420,504	36.8 %	-
Japan	3,790,000	21.7 %	-
Sweden	2,496,177	14.3 %	-
Carry-over (donors not specified)	1,295,037	7.4 %	-
European Commission	971,450	5.6 %	-
United States	754,438	4.3 %	190,260
Spain	425,788	2.4 %	-
Korea, Republic of	286,000	1.6 %	-
Norway	281,160	1.6 %	-
Netherlands	268,320	1.5 %	-
Switzerland	197,247	1.1 %	-
Allocations of unearmarked funds by UN agencies	145,100	0.8 %	-
African Union	100,000	0.6 %	-
Greece	31,711	0.2 %	-
<b>Grand Total</b>	<b>17,462,932</b>	<b>100.0 %</b>	<b>190,260</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 25 June 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table VI: Côte d'Ivoire 2008**  
 Total Humanitarian Assistance per Donor (Appeal plus other\*)  
 as of 25 June 2008  
<http://www.reliefweb.int/fts>

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

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Central Emergency Response Fund (CERF)	6,420,504	36.8 %	-
Japan	3,790,000	21.7 %	-
Sweden	2,496,177	14.3 %	-
Carry-over (donors not specified)	1,295,037	7.4 %	-
European Commission	971,450	5.6 %	-
United States	754,438	4.3 %	190,260
Spain	425,788	2.4 %	-
Korea, Republic of	286,000	1.6 %	-
Norway	281,160	1.6 %	-
Netherlands	268,320	1.5 %	-
Switzerland	197,247	1.1 %	-
Allocations of unearmarked funds by UN agencies	145,100	0.8 %	-
African Union	100,000	0.6 %	-
Greece	31,711	0.2 %	-
European Commission (ECHO)	0	0.0 %	788,644
<b>Grand Total</b>	<b>17,462,932</b>	<b>100.0 %</b>	<b>978,904</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

- Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).
- Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
- Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 25 June 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table VII: Other Humanitarian Funding to Côte d'Ivoire 2008**

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal  
as of 25 June 2008  
<http://www.reliefweb.int/fts>

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

Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
<b>European Commission Humanitarian Aid Office</b>			
UN Agencies, NGOs and Red Cross	Humanitarian aid for vulnerable populations at risk in the Sahel region of West Africa [ECHO/-WF/BUD/2008/02000]	-	788,644
<b>Subtotal for European Commission Humanitarian Aid Office</b>		-	<b>788,644</b>
<b>Grand Total</b>		-	<b>788,644</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 25 June 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table VIII: Consolidated Appeal for Côte d'Ivoire 2008**  
 Requirements, Commitments/Contributions and Pledges - by IASC Standard Sector  
 as of 25 June 2008  
<http://www.reliefweb.int/fts>

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

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	3,569,390	5,095,153	2,318,310	46%	2,776,843	-
COORDINATION AND SUPPORT SERVICES	4,956,417	4,713,262	617,294	13%	4,095,968	-
EDUCATION	1,213,190	1,121,699	169,060	15%	952,639	-
FOOD	17,000,000	26,089,860	4,673,276	18%	21,416,584	190,260
HEALTH	4,122,930	4,009,200	1,094,610	27%	2,914,590	-
MULTI-SECTOR	7,171,611	6,620,546	1,363,935	21%	5,256,611	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	7,631,258	6,673,574	2,913,369	44%	3,760,205	-
SECTOR NOT YET SPECIFIED	-	-	4,090,518	0%	(4,090,518)	-
WATER AND SANITATION	977,400	478,000	222,560	47%	255,440	-
<b>GRAND TOTAL</b>	<b>46,642,196</b>	<b>54,801,294</b>	<b>17,462,932</b>	<b>32%</b>	<b>37,338,362</b>	<b>190,260</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

**Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 25 June 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## ANNEX II. ACRONYMS AND ABBREVIATIONS

ACT	Artemisin-based Combination Therapy
AIDS	Acquired Immunodeficiency Syndrome
ANADER	National Rural Development Agency
ARI	Acute respiratory infection
ARV	Antiretroviral
ASA	Afrique Secours Assistance
CAP	Consolidated Appeal Process
CATD	Centre d'Accueil Temporaire des Déplacés
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CNE	National refugee status determination body
CNW	Centre-North-West
COOPEC	Coopérative d'Epargne et de Crédit de Côte d'Ivoire
DNC	Direction National des Cantines (National Directorate of Canteens)
FAO	Food and Agriculture Organization
FN	Forces Nouvelles (former rebel movement)
HIV	Human Immunodeficiency Virus
ICG	International coordinating Group on Vaccine provision
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IGA	Income-generating activities
IOM	International Organization for Migration
IPC	Integrated humanitarian and food security phase classification
IRC	International Rescue Committee
MCH	Mother and child health
MICS	Multiple Indicator Cluster Survey
MINAGRI	Ministry of Agriculture
MIPARH	Ministry of Animal Production and Water Resources
MSF	Médecins sans Frontières
MSHP	Ministry of Health and Hygiene
MT	Metric tonnes
MYR	Mid-Year Review
NGO	Non-governmental organisation
NPK	Nitrogen, Phosphorous, Potassium fertiliser mixture
NRC	Norwegian Refugee Council
NTCC	Nutritional Therapeutics Care Centres
ONI	National Identification Office
OPA	Ouagadougou Peace Agreement
PEP	Post-Exposure Prevention
PHAST	Promotion of education on hygiene
PMTCT	Prevention of mother to child transmission
PNDS	National Plan for Medical Development
PNN	Plan National Nutrition
PSC	Programme de Sortie de crise
RICs	Refugee identification cards
SAARA	Service d'aide et d'assistance aux réfugiés et apatrides
SFC	Supplementary feeding centres
SMART	Specific, measurable, achievable, relevant and time-bound
SP	sulfadoxine and pyrimethamine
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNOCI	United Nations Mission in Côte d'Ivoire

VAT	Value added tax
WFP	World Food Programme
WHO	World Health Organization

## Consolidated Appeal Process (CAP)

The CAP is a tool for aid organisations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organisations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and 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;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including 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;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organisation for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilisation. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts).

***In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.***





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