

Côte d'Ivoire



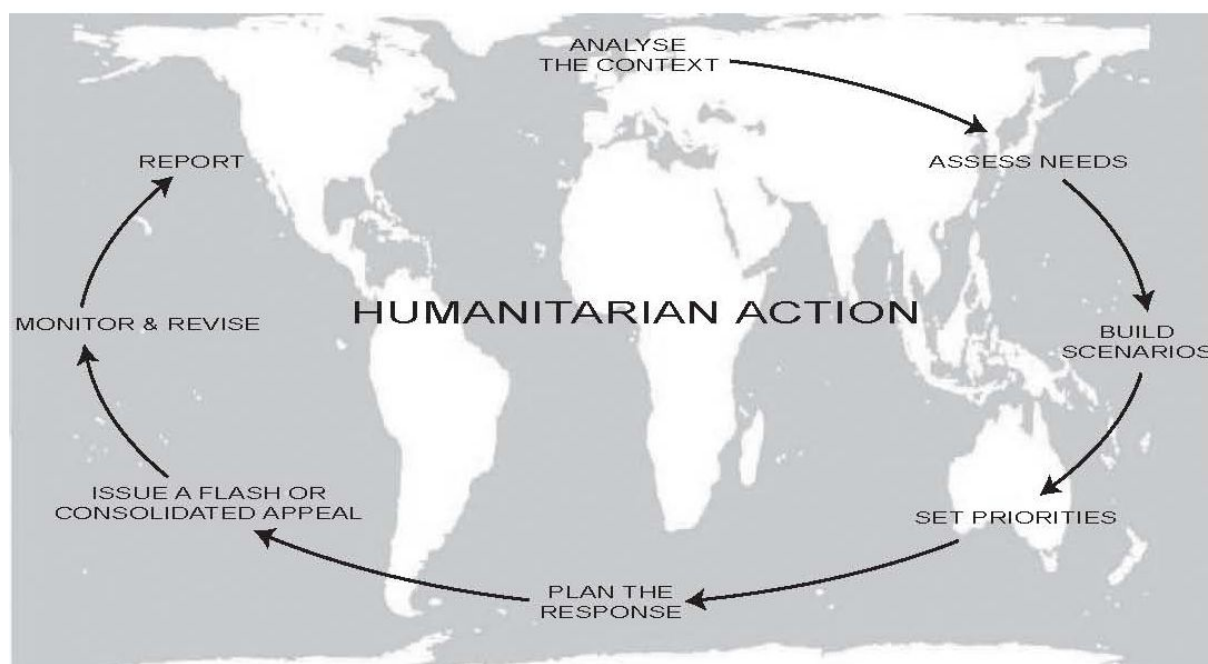
Mid-Year Review

2009

Critical Humanitarian Needs



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



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	COSV	HT	MDM	TGH
ACF	CRS	Humedica	MEDAIR	UMCOR
ACTED	CWS	IA	MENTOR	UNAIDS
ADRA	Danchurchaid	ILO	MERLIN	UNDP
Africare	DDG	IMC	NCA	UNDSS
AMI-France	Diakonie Emergency Aid	INTERMON	NPA	UNEP
ARC	DRC	Internews	NRC	UNESCO
ASB	EM-DH	INTERSOS	OCHA	UNFPA
ASI	FAO	IOM	OHCHR	UN-HABITAT
AVSI	FAR	IPHD	OXFAM	UNHCR
CARE	FHI	IR	PA (formerly ITDG)	UNICEF
CARITAS	Finnchurchaid	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

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

Full project details can be viewed, downloaded and printed from www.reliefweb.int/fts.



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1. EXECUTIVE SUMMARY

Côte d'Ivoire has seen important achievements and some positive changes in the socio-economic sector during the political transition period, which started with the signing of the Ouagadougou Political Agreement in 2007. Delayed twice before, a presidential election is now announced for 29 November 2009. As a sign of transition, financial institutions have made new commitments towards the country. The World Bank and the International Monetary Fund approved Côte d'Ivoire in the Highly Indebted Poor Countries initiative and committed to support its post-crisis programmes. However, these positive developments have not completely halted the degradation of social conditions resulting from five years of crisis and its impact on all aspects of Ivoirians' daily life.

Out of approximately 120,000 persons internally displaced during the 2006-2007 inter-community clashes, an estimated 78,000 have voluntarily returned to their areas of origin in the western part of the country as of 31 May 2009. United Nations Central Emergency Response Fund (CERF) allocations and other funding have allowed for UNHCR protection monitoring teams to provide valuable information to partners in the field on humanitarian needs identified amongst returnees and host communities as well as for the continuation of social cohesion activities in sensitive areas. However, land disputes and an overall weak social fabric still pose a threat to the sustained pace of return of the remaining internally displaced, and hinder the provision of durable solutions for returnees and host communities.

It is also feared that upcoming elections might trigger increased tensions and possibly movements of populations in some return areas. Protection, social cohesion, as well as emergency preparedness thus remain priority sectors of intervention for the remainder of 2009. In view of transition trends, the United Nations agencies and NGOs have also planned for more medium- and longer-term initiatives aimed at providing access to basic social services and support to economic recovery of crisis-affected households through more sustainable approaches in line with national development priorities.

Response to high malnutrition rates continues to be a critical need in the north of the country. Assistance has so far reached 10,000 malnourished children under five years of age and mothers. Collecting new data on malnutrition has been clearly identified as a priority and a new SMART survey will be conducted in July with the participation of all stakeholders. If possible, this should also be done in the western part of the country where malnutrition cases have been reported. This will allow for better-targeted actions in the second half of 2009.

A number of factors contribute to the problem of malnutrition in Côte d'Ivoire (food insecurity, limited access to quality health and social services, reduced access to quality food due to high food prices, lack of nutritional knowledge, and morbidity). Addressing those factors goes beyond emergency relief alone, but a quick eradication of malnutrition in Côte d'Ivoire is possible if resources are allocated in an integrated response in support of national response capacities. It is therefore this recovery approach that should prevail as of 2010 through the appropriate planning mechanisms such as the National Response Plan (*Plan de Riposte National*) and the relevant sectors of the National Poverty Reduction Strategy Paper.

Over the next six months, the operational environment should be focused on the implementation of prerequisites for the elections to successfully take place. For humanitarian actors this means also giving priority to activities supporting the consolidation of peace. At the same time, it is equally important that emergency preparedness and risk mitigation be reinforced.

Humanitarian partners in Côte d'Ivoire have agreed that the current transitional context requires responses that are more anchored in recovery and development objectives, and coordination frameworks have been adapted to meet this new reality. Unless the situation changes dramatically, it is foreseen that no Critical Humanitarian Needs strategy or Consolidated Appeal will be prepared for 2010 and that the humanitarian strategy will give way to medium- and longer-term planning. A local transition fund has been set up within the UNDP-administered Crisis Exit (*Sortie de Crise*) Basket Fund. The transition fund will as a priority ensure funding for humanitarian activities that are still ongoing in 2010.

Critical Humanitarian Needs 2009 projects have so far received US\$14,890,666¹ (41%) of their total original financial requirements, including a \$2 million allocation from the Under-Funded Emergency

¹ 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), which will display its requirements and funding on the CAP 2009 page.

CERF window. The level of needs estimated in late 2008 for the year 2009 has not changed as an effort was made then to identify only critical necessities, but it is important to mention that funding has been scarce especially for protection-related programmes. Members of the Inter-Agency Humanitarian Coordination Committee have now slightly readjusted their funding requirements, and the revised requirements now total \$36,685,921, leaving unmet requirements of \$21,795,255 to meet the remaining critical needs.

Basic humanitarian indicators for Côte d'Ivoire

• Population	20.8 million persons (of which 26% immigrants) <i>[DSRP 2009]</i>
• Under-five mortality	125 p/1,000 <i>[DSRP 2009]</i>
• Maternal mortality	543/100,000
• HIV/AIDS estimates	Adults aged 15 to 49 prevalence rate: 3.9% 480,000 people living with HIV 38,000 deaths due to AIDS 420,000 orphans due to AIDS aged 0 to 17 <i>[UNAIDS 2008]</i>
• Life expectancy at birth	48 years <i>[World Bank 2007]</i>
• Prevalence of under-nourishment in total population	17.5% global acute malnutrition in the North <i>[SMART survey July 2008]</i>
• Gross national income per capita (Atlas method)	\$910 <i>[World Bank 2007]</i>
• Inflation, GDP deflator (annual %)	2.7% <i>[World Bank]</i>
• Percentage of population living with less than 1 Euro per day	48.9.8% <i>[ENV 2008]</i>
• Proportion of population with sustainable access to an improved drinking water source	61% <i>[ENV 2008 & DSRP 2009]</i>
• IDPs (number and percentage of total population) in west Côte D'Ivoire	Approximately 42,000 persons <i>[OCHA 2009]</i>
• Refugees	In-country: 24,811 refugees of which 98% Liberian 297 others <i>[UNHCR December 2008]</i>
• 2007/2008 UNDP Human Development Index score	0.432: 166th of 177 – low <i>[UNDP HDR 2007/2008]</i>

Table I: Summary of requirements, commitments/contributions and pledges (grouped by cluster)

Consolidated Appeal for Côte d'Ivoire 2009

as of 25 June 2009

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

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

Cluster	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
COORDINATION AND SUPPORT SERVICES	4,005,859	3,361,429	-	0%	3,361,429	-
FOOD SECURITY AND NUTRITION	25,763,377	26,063,377	13,890,663	53%	12,172,714	-
HEALTH	2,411,853	2,411,853	-	0%	2,411,853	-
PROTECTION	4,116,906	4,067,262	1,000,003	25%	3,067,259	-
WATER, SANITATION AND HYGIENE	782,000	782,000	-	0%	782,000	-
Grand Total	37,079,995	36,685,921	14,890,666	41%	21,795,255	-

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.

Table II: Summary of requirements, commitments/contributions and pledges (grouped by priority)

Consolidated Appeal for Côte d'Ivoire 2009

as of 25 June 2009

<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
IMMEDIATE	34,616,383	34,500,509	14,890,666	43%	19,609,843	-
HIGH	502,900	224,700	-	0%	224,700	-
MEDIUM	1,960,712	1,960,712	-	0%	1,960,712	-
NOT SPECIFIED	-	-	-	0%	-	-
GRAND TOTAL	37,079,995	36,685,921	14,890,666	41%	21,795,255	-

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 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Summary of requirements, commitments/contributions and pledges (grouped by appealing organisation)

Consolidated Appeal for Côte d'Ivoire 2009

as of 24 June 2009

<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
ACF	1,200,000	1,500,000	769,231	51%	730,769	-
DRC	1,079,000	1,079,000	175,000	16%	904,000	-
EMSF	784,006	784,006	-	0%	784,006	-
FAO	3,060,394	3,060,394	515,000	17%	2,545,394	-
IOM	-	500,000	200,000	40%	300,000	-
IRC	1,000,000	1,000,000	200,000	20%	800,000	-
OCHA	3,891,797	3,247,367	-	0%	3,247,367	-
UNDP	114,062	114,062	-	0%	114,062	-
UNFPA	315,650	315,650	-	0%	315,650	-
UNHCR	1,500,000	1,228,556	425,003	35%	803,553	-
UNICEF	3,806,420	3,528,220	714,962	20%	2,813,258	-
WFP	19,202,983	19,202,983	11,891,470	62%	7,311,513	-
WHO	1,125,683	1,125,683	-	0%	1,125,683	-
GRAND TOTAL	37,079,995	36,685,921	14,890,666	41%	21,795,255	

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 24 June 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

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

Context

The 2008 Côte d'Ivoire CAP Mid-Year Review highlighted the announcement of an election date for 30 November 2008. Subsequently deemed unfeasible, the elections were postponed and a new date has been set for 29 November 2009. The 4th additional protocol to the Ouagadougou Peace Agreement (OPA) has since added pre-conditions for the elections to take place. Those include disarmament and compensation of all ex-combatants and dismantlement of militias to occur two months before the election date, and non-contentious electoral voters list. The schedule is thus extremely tight and strewn with obstacles. Nevertheless, noticeable advances have been reported in the overall peace process and mostly imply the improvement of the humanitarian situation and normalisation of life on many levels.

Needs

Six months after the development of its critical humanitarian needs strategy, the Inter-Agency Humanitarian Coordination Committee (IAHCC) considers that the evaluation of humanitarian needs and appropriate response that was done in late 2008 is still valid. Two areas were identified then that needed resource mobilisation in order to fill identified critical gaps, and that were considered critical to consolidate before engaging in transition and recovery: (1) resettlement and protection of internally displaced persons (IDPs) in the west, and (2) nutrition and food security in the north.

The 2009 Critical Humanitarian Needs (CHN) document did not include scenarios. At this stage most stakeholders would agree that the status quo is the most likely scenario for the next six months with nevertheless a strong potential for increased inter-community tensions in the west and potential conflict within the *Forces Nouvelles* leadership which could lead to further destabilisation of the country. With this in mind, the IAHCC members remain strongly engaged in meeting the objectives set for 2009 in order to avoid potential chronic vulnerability and to also strengthen their early warning and preparedness frameworks.

Response coordination

The current transitional context required readjusting coordination mechanisms to include new planning frameworks in order to have a more coherent impact on the ground. This was formalised during a workshop held on 30 April 2009 with partners from all sectors (UN system and international NGOs). A number of recommendations aimed at adapting existing coordination mechanisms to the changing context and improving technical coordination (better understanding of programmatic instruments, roles and responsibilities of sector coordination groups and information management functions) were agreed on.

As a result of this process, the following has been recommended:

- The IAHCC structure will remain until the end of 2009 to follow up on the humanitarian strategy outlined in "Critical Humanitarian Needs in 2009" document.
- The sector coordination groups will aim for greater engagement with national counterparts as soon as possible to facilitate the CHN's strategy being anchored with the Poverty Reduction Strategy Paper's (PRSP) national coordination structures.
- Sector groups (health, protection, water, hygiene and sanitation [WASH], education, food security and nutrition, governance and economic recovery) and cross-cutting thematic groups (gender, human rights and HIV/AIDS) will cover the different programmatic tools and needs (CHN, Crisis Exit Programme (*Programme de Sortie de Crise*) and PRSP/United Nations Development Assistance Framework [UNDAF]) through a unique coordination framework.
- Sector groups are led or co-led by agencies as follows: Health (WHO), Protection (UNHCR), WASH (UNICEF), Education (UNICEF), Food Security and Nutrition (FAO and UNICEF), Governance and Economic Recovery (UNDP).

In parallel to this process, the Office for the Coordination of Humanitarian Affairs (OCHA) has been formulating its transition plan in collaboration with partners in the field. Workshops were organised in Bouaké, Guiglo, Man and Korhogo to assess the situation and coordination needs as well as discuss benchmarks and scenarios for the next six to twelve months. Discussions with relevant stakeholders (including UNDP, United Nations Development Operations Coordination Office [DOCO] and the United Nations Operation in Côte d'Ivoire (UNOCI) have also taken place in Abidjan. As a result, a drawdown of OCHA's presence is expected to begin at the end of 2009.

3. RESPONSE TO DATE, UPDATED PRIORITY AREAS AND RESPONSE PLANS

Although projects in Health and WASH were included in the 2009 CHN in addition to Protection, Food Security and Nutrition, this Mid-Year Review was led by UNHCR as Protection Cluster lead for support to the return and protection of IDPs in the west, and by FAO as Food Security and Nutrition co-lead for the response to malnutrition in the north.

As mentioned above, the IAHCC members have evaluated the situation six months into their strategy implementation and consider the strategic priorities identified at the end of 2008 to be valid for the remaining part of the year. However, since the 2009 CHN focused on two specific dynamics (return and protection in the west, and malnutrition in the north), it seemed appropriate to provide somewhat separate mid-year reviews which include the situation to date, the response so far and the updated response plan for each priority area.

Funding analysis of original requirements

The CHN's original requirements were \$37,079,995. As of 1 July, a total of \$14,890,666 had been received, including a CERF grant of \$2 million, leaving the Appeal financed at 40% of original requirements. In terms of the spread of funding, Food Security and Nutrition is the best-funded cluster, with 54% of requirements as of the MYR received. Thereafter, there is a significant and worrying drop in funding to the next best-funded cluster, which is Protection (24%). Coordination, Health and WASH report receiving no funding at all.

Funding to 2009 CHN by cluster in terms of original requirements

Cluster	Original requirements (\$)	Funding received (\$)	% Funded	Unmet requirements (\$)
Coordination and Support Services	4,005,859	0	0%	4,005,859
Food Security and Nutrition	25,763,377	13,890,663	54%	11,872,714
Health	2,411,853	0	0%	2,411,853
Protection	4,116,906	1,000,003	24%	3,116,906
WASH	782,000	0	0%	782,000
Grand total	37,079,995	14,890,666	40%	22,189,329

Source: Financial Tracking Service as of 1 July

Funding to 2009 CHN by priority in terms of original requirements

Priority	No. projects	Original requirements (\$)	Priority funding requested as% of original requirements (\$)	Funding received (\$)	Unmet requirements	% funded	% funded as% of original requirements	% funded as% of funding received
Immediate	14	34,616,383	94%	14,890,666	19,609,843	43%	40%	100%
High	1	502,900	1%	0	224,700	0%	0%	0%
Medium	4	1,960,712	5%	0	1,960,712	0%	0%	0%
Grand Total	19	37,079,995	40%	14,890,666	22,189,329			

Source: Financial Tracking Service as of 1 July

The funding by priority shows that, overall, the attempt to prioritise projects and activities in order to attract the necessary donor interest to the most urgent needs has worked, with 100% of funding received to date to projects prioritised as Immediate. The overwhelming majority of the funding (94%) has gone to support food security and nutrition, most of it going to WFP's project to assist some 493,000 persons, including 154,000 children, through food assistance interventions promoting recovery and self-sufficiency. Key nutrition-related projects have also received funding, with those projects being on average 46% funded. The remainder of the funding to the immediate priority has gone to protection-related projects.

Recalling that the CHN identified two strategic priorities in two distinct locations – the protection and durable reintegration of IDPs through access to basic social services and means of subsistence in the

west, and the improvement of the nutritional status of vulnerable populations living in food-insecure areas in the north – this funding pattern indicates that donors have generally followed the prioritisation. However, a significant number of Immediate projects have received no or very little reported funding, and nothing at all as been reported for projects prioritised as High or Medium, both containing health and WASH-related projects.

Bearing in mind that the CHN is designed to assist in a transition to development and recovery activities, the projects in these clusters have a clear role to play in addressing key remaining humanitarian needs, and in promoting self-sufficiency, and in assisting with durable solutions. Without remedial action, this funding pattern constitutes a worrying gap in what is a generous donor response, and it is to be hoped that the funding for the rest of the year will address it.

3.1 SUPPORT TO SOCIAL COHESION, RESETTLEMENT AND PROTECTION OF INTERNALLY DISPLACED PERSONS IN THE WEST

a) Situation

As of 30 May, approximately 78,000 IDPs have returned to their villages of origin in the western part of Côte D'Ivoire. The returnees (a majority of them being *allochtones*, defined as Ivorians living in areas of the country from which they do not originate, or *allogènes*, defined as migrants of foreign descent, who came back to communities with a majority of natives – although some villages had reversed demographics and displacement profiles) have largely been able to reintegrate their former life, although years of conflict have largely caused living conditions in those areas to deteriorate.

Some areas, however, remain problematic for returnees. Access to cocoa and coffee fields is one of the fundamental problems creating ongoing inter-community tensions and sometimes even violence which has historical ramifications on fluid land ownership arrangements. In addition, the slow re-deployment of the administration in accordance with the OPA has created rampant criminality, human rights abuses, and a climate of impunity which impede efforts to create durable return conditions.

Social cohesion: serious concerns pertaining to social cohesion are largely linked to access to land or conflicts over access to it, with some examples being:

- illegal sale of land by unknown parties to new immigrants (Duekoué, Bangolo, Zou, Kouibly);
- sale of occupied land to third parties without the consent of the user/owner in Duekoué (Pinhou area);
- the will to recover land from communities that are not originating from the area in Bolequin because it is considered an inheritance from ancestors and not property of the State (Government);
- the denial of “regional natives” right to what they consider their lands by other migrant communities in Duekoué, Bangolo, and Zou.

A strong wave of hostility to the return process emerged in the beginning of 2009 in some villages of Boo Canton, Bolequin, as a result of provocative speeches and leaflets being spread by some high-ranking officials native to the area (Diboke village), prompting local communities to oppose the occupation of their “ancestors’ lands” by “foreigners.” In February 2009, return of IDPs to the plantations, which had been gaining momentum, was officially stopped. The population of Keibly drove away villagers that are not considered natives of the area from settlements next to their villages in March, and that situation has still not stabilised.

Right to return: whilst scores of people did return to their areas of origin/habitual residence, the lack of minimal conditions in areas of return explains, at least partly, the presence of a residual caseload in the Guiglo IDP Transit Centre. The centre was officially closed at the end of July 2008. Moreover, the number of those currently occupying the Centre is yet to be clarified and efforts aiming at finding the best durable solution for those still living there need to be pursued. Return will not be durable as long as a set of issues related to land, self-reliance, and social infrastructures is not settled through a strong and effective involvement of the Government.

Presence of weapons and right to physical integrity: the presence of armed newly arrived immigrants in state-owned protected forests constitutes a permanent threat to the populations living in neighbouring areas. This is particularly the case in the Mont Peko (Bangolo) and Mont Tia (Kouibly) areas, among others. Elements of the joint command (*Commandement Intégré*) have not been able to disarm these groups. Some local populations have, due to the increase in the circulation of arms, enlisted the protection of traditional hunters. Such is the case in Phing Beoua, in the Zou area.

Sexual violence against children and women: in addition to displacement, the socio-political crisis has led to significant increases in the number of cases of sexual and gender-based violence (SGBV) against children and women. The Resolution 1612 Monitoring Reports highlights 34 reported cases of children being raped between January and April 2009 (50% of these rape cases were located in the western region of the country).

Those responsible for these egregious violations are rarely brought to justice. The situation is further compounded by the continuance of harmful traditional practices. Incidence rates of SGBV against women and girls even rise up to 41% (in Man) and 35% (in Duekoue). Among the victims, 21% were able to access adequate psycho-social and medical care during their life, compared to only 7% in 2007. Because of the taboo issue around sexual violence, and lack of community and professional awareness concerning protection and rehabilitation needs of the victims, access and quality response are unequal. Efforts to have perpetrators prosecuted and sentenced by a court are limited by out-of-court settlements reached between families of victims and perpetrators, while fees for medical certificates prevent victims from presenting legal evidence. Furthermore, the judiciary is not fully functional in all areas of the country as the redeployment of the administrative apparatus is still underway. Physical insecurity, SGBV and the few cases of prosecution are the main obstacles to safe and durable return of internally displaced populations.

b) Response to date

The UNHCR-led Protection Cluster has intensified its role in joint planning and coordination activities for IDPs, returnees and other affected populations in the west. The Cluster meets both at national and regional level and comprises the vast majority of partners in the area. Protection monitoring has been strengthened thanks to a CERF contribution to UNHCR which allows different actors on the ground to receive situation reports and take action in their respective areas of intervention.

The social cohesion working group, operating under the umbrella of the Protection Cluster, has also been revitalised and is chaired by OCHA both at the national and regional levels. It monitors high-risk areas and aims at developing rapid response strategies when cases of tensions or clashes are reported. It will also support the implementation of the National Reconciliation Plan, which includes a strong social cohesion component. Since the beginning of 2009, the Cluster has also collected and provided inputs to several reports of the Secretary General of the United Nations on the protection of civilians, UNOCI's mandate, and sexual exploitation and abuse.

Funding has been limited for protection-related humanitarian activities in Côte D'Ivoire. Earlier this year, \$1 million was allocated through the CERF under-funded emergency window for activities in the west. This prevented IOM from having to close their reintegration assistance programme in the sensitive area of Bolequin and allowed for the maintenance of targeted social cohesion interventions implemented by CARE, Danish Refugee Council (DRC) and International Rescue Committee (IRC) under the UNHCR umbrella. Many agencies rely on core funds to run their current activities. The World Bank has recently allocated funds to organisations working in social cohesion through their Emergency Post-Conflict Assistance Project, facilitating the efforts of partners in these areas.

Protection and social cohesion

Agencies such as UNHCR, UNOCI'S Human Rights Division (HRD)/Office of the High Commissioner for Human Rights (OHCHR), IRC, CARE, etc, have established mechanisms in conflict-ridden areas to monitor, prevent and resolve conflicts between communities. UNHCR's monitoring teams collected information in more than 275 villages in the west since the beginning of the year and shared this information with relevant partners through the Protection Cluster.

Recent inter-community clashes (end of April and May 2009) over land ownership are a matter of grave concern. IRC's field agents based in Zou who immediately became aware of these clashes informed their supervisors in Man who in turn informed OCHA. This early warning mechanism and humanitarian coordination, developed through a network linking all partners, including UNOCI, allowed for mediation, preventing a further development of the conflict between the communities. This demonstrates the importance of a continued humanitarian presence in the field as well as the need of continued support for protection and social cohesion actions.

In particular, UNOCI's HRD/OHCHR through its nine regional offices has conducted several activities to boost social cohesion and assist communities in finding peaceful solutions to conflicts. Protection mechanisms have been put in place to prevent and protect victims of human rights abuses in general and in particular for women and child victims of SGBV, human trafficking and sexual and economic exploitation of women and children. Human Rights Clubs have been established in primary and

secondary schools to sensitise students and teachers on human rights issues; students and teachers implemented outreach activities, poems, plays, songs, and drawings to diffuse a human rights culture among communities.

IRC continued to implement its return and reintegration programme in Zou and Diéouzon sub-prefectures, which have seen the return of about 29,200 returnees between March 2007 and 30 April 2009. The returnees have been registered by IRC-established peace committees who are currently taking a more important role in conflict resolution and fostering intra- and inter-community dialogue. In January 2009, IRC held a workshop on this topic involving all peace committees, Government representatives, and other humanitarian actors. Among other decisions taken, the Ministry of Reconciliation and Relations with Institutions (MoR) and other institutions present supported the idea of turning peace committees into legally established entities thereby reinforcing their status within the villages as a conflict resolution mechanism and adding weight to their community involvement and advocacy activities. Continued support to the peace committees is crucial to ensure a sustainable reintegration of returnees.

In the same vein of social cohesion initiatives, IRC has developed and disseminated radio spots with local stations aimed at promoting peaceful coexistence of communities through sensitisation campaigns targeting those not easily reachable for peace committees. IRC also enhanced social cohesion through activities such as the support to youth groups and vulnerable women with income-generating activities (IGA), as well as skills training and apprenticeships. Furthermore, IRC has continued supporting youth associations in carrying out cultural and recreational activities in 2009.

Since January 2009, the Norwegian Refugee Council (NRC) has assisted 2,619 people in obtaining their identity papers, among which 1,277 were birth certificates or auxiliary judgments, 162 identification certificates, and 1,180 nationality certificates. Furthermore, 1,231 foreigners have been assisted in obtaining their consular cards. There are still 872 cases under processing and the number of people requesting legal assistance keeps trickling in to NRC's Information, Counselling and Legal Assistance (ICLA) centre.

In July 2009, NRC will roll out its conflict resolution project on land disputes which was initiated by a study conducted in collaboration with the Geneva-based Internal Displacement Monitoring Centre (IDMC) on the 1998 Rural Property Law. This project is mostly aimed at providing access to land for communities by providing support in resolving land disputes thus contributing in creating necessary conditions for stability and sustainable return.

Other programmes to support and consolidate social cohesion through peace committees are implemented by different partners such as CARE (in Blotile, Tionle, and Yrozon, Blody), and DRC (in Zéaglo and the sub-prefecture of Péhé).

Resettlement and durable solutions

In May 2009, IRC together with CARE International carried out a workshop to evaluate the return and reintegration programme activities carried out to date. It consisted of a combination of internal and external evaluations. The latter was carried out by Ivorian academics from the University of Bouaké. Other participants to this evaluation included the sub-prefects of Duékoué and Bangolo Departments, MoR, Ministry of Solidarity and Victims of War (MoS), the mayor and prefect of Yamoussoukro, and OCHA. The overall evaluation of the programme has been very positive. It became even more obvious that the return process has entered a new phase where reintegration and social cohesion activities are essential to ensure the sustainability of the return. The initial key conclusions of the workshop pointed out the need to:

- i) review and support the work of peace committees;
- ii) enhance sensitisation activities in plantations and settlements (encampments); and
- iii) review the social engineering through the development and application of the concept of "communities of interest" to enhance social cohesion.

Currently 4,975 pupils are attending bridging classes with 161 teachers, and 2,232 pupils are attending classes at NRC-supported community schools with 71 voluntary teachers. It is expected as well that by the end of 2009 about 120 classrooms will have been rehabilitated along with 21 school directors' offices, 20 canteens, as well as the construction of 20 latrine blocs.

FAO and the World Food Programme (WFP), in Zou and many villages of the Moyen Cavally region, are assisting returnees and host communities with IGAs and micro-projects such as building markets, wells, classrooms, small bridges, warehouses, and small agriculture product transformation units.

Health

United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), IRC, and UNHCR have provided support for health care service delivery to returnees and host communities in Duekoué, Man and Bangolo health districts.

IRC

- 13 primary health care facilities renovated, provided with drugs, equipment and other supplies;
- functioning referral system put in place in the Duekoué, Man and Bangolo health districts;
- 12,000 treated mosquito bed nets distributed to pregnant women and children under five;
- 1,000 birth delivery kits distributed to health facilities and traditional birth attendants (TBAs);
- 90 community health workers and midwives trained in home-based care and birth attendance;
- 13 community solidarity funds to support medical expenses established.

UNFPA

- 100 health workers trained in medical and psycho-social care of victims of sexual violence and emergency obstetrical care;
- 50 health personnel trained in the syndrome approach to case management of sexually transmitted infections (STIs);
- 200 community health workers and traditional birth attendants trained in the recognition of danger signs in pregnancy and promotion of delivery in health care facilities;
- Five maternities and a surgery room rehabilitated;
- Medical equipment, commodities and other supplies provided to 56 health centres.

UNHCR

- 71 health community health workers trained in malaria case management and prevention;
- 42 health workers (nurses, midwives, doctors) trained in malaria case management as per the new national guideline;
- 15,000 treated mosquito bed nets distributed to pregnant women, children under five and people living with HIV/AIDS;
- equipment provided to local partners and health facilities for community sensitisation;
- 30 bicycles provided to community health workers in Tabou and Guiglo health districts;
- Microscopes and laboratory reagents provided to five health facilities (Grabo, Olodio, Djouroutou, Guiglo MCH centre and Bolequin General Hospital) to support malaria and tuberculosis diagnosis;
- 234,000 condoms distributed to operational partners for HIV Prevention in Abidjan and Guiglo.

Gender-Based Violence (GBV)

UNICEF supported rehabilitation (reconstruction and/or provision of equipment) of four social centres in Man, Bangolo, Duékoué and Guiglo to ensure that victims of GBV received adequate psycho-social assistance in these localities.

UNICEF has pursued efforts to strengthen mechanisms for preventing GBV and care for victims of sexual violence, including:

- i) training 437 community, health, social, and judiciary workers as well as 120 security forces to prevent GBV and to improve care for victims of sexual violence;
- ii) sensitising more than 44,000 people; and
- iii) providing psycho-social assistance, medical and legal advice to 120 girls/women victims of sexual violence (rape, attempted rape) through training, supply of kits.

So far in 2009, UNICEF has supported efforts in community sensitisation and awareness campaigns in the west, and strengthening local mechanisms for assistance to victims through the reinforcement of local communities for better child protection. UNICEF extended its initiatives to school environments, to prevent sexual and other forms of violence against children and strengthen care mechanisms for victims in school environments.

UNOCI's HRD/OHCHR has conducted several activities to raise human rights awareness among communities and sensitise opinion leaders and traditional chiefs on the rights of women and children and fostering a sense of community and protection towards victims of SGBV. Significant advocacy has been carried out with the national authorities, prefects, and the gendarmerie and police to prosecute perpetrators of human rights violations and fight against impunity.

IRC's GBV Programme continued to support community committees, local NGOs and social centres of the Ministry of Family and Social Affairs (MoFSA) to prevent and respond in an effective manner to violence against women and girls in Man, Danané, Biankouma, Zou, Bangolo, Diéouzon, Duékoué, Daloa, Bouaflé, Yamoussoukro, Tabou, San Pedro and surrounding villages. Between January and April 2009, IRC and partners facilitated 85 awareness-raising sessions which reached approximately 11,000 beneficiaries. The topics were selected in consultation with community committee members and included discussion on women's rights to health care during pregnancy, HIV care, household task sharing, access to education for girls, and protection from female genital mutilation.

IRC and its partners identified and assisted 225 women and girls who were subjected to various forms of GBV (physical, sexual, psychological and socio-economical). Amongst those were 59 survivors of sexual violence who all had been provided with psycho-social support and referral for medical and legal assistance. All rape survivors who reported to the hospital within 72 hours are provided with Post-Exposure Prophylaxis (PEP) kits. IRC in collaboration with the National Care Programme (*Programme National de Prise en Charge* [PN-PEC]) is organising a training session on administration of Post-Exposure Prophylaxis (PEP) kits for medical staff of rural health centres, which will allow more rape survivors receive PEP treatment in time.

Recognising that legal assistance is still not used by survivors, and knowing about the many cases where victims of sexual violence have never sought help, IRC has organised training sessions for local leaders in Duékoué on the legal procedures in cases of rape. At a national level, IRC and the MoFSA are organising a series of training sessions for students in the Police Academy in Abidjan. The trainings inform newly trained police staff on procedures to follow in case of report of GBV as well as the referral network with medical and social care providers.

A formal memorandum of understanding had been signed between IRC and the MoFSA providing IRC with the framework to give support to 11 social centres of the ministry and build capacity of holistic assistance to GBV survivors, coordination and referral networks. The social centres in Tabou, San Pedro, Yamoussoukro, Bouaflé, Daloa, Duékoué and Man have been already supported and provide basic services to GBV victims. Four more centres run by the national committee against violence on women and children will be supported in Abidjan.

Constraints

- Funding for programmes in the west remained very low despite concerted efforts by actors to prioritise the needs of the beneficiaries. CERF funds were made available at the end of March but, due to financial constraints, most recipients of these funds could not pre-finance their activities.
- Access to some of the trouble spots became a challenge for humanitarian actors. In one instance, the prefect urged humanitarian actors to stay away from remote villages (encampments), because of violent confrontations between different communities.
- Some of the challenges related to social cohesion are merely symptoms of structural causes of the Ivorian crisis, particularly the land issue, and there has been no political will on the part of the Government, at all levels, to find lasting solutions. These sensitive questions seem to have been put aside, with the hope that the Government emerging from the upcoming elections will tackle them. The incomplete redeployment of different branches of the Government, particularly the judiciary, has not contributed to the creation of a favourable protection environment, slowing the return of IDPs and refugees.

c) Updated strategy and response plan

The priorities outlined by the partners assisting the return process in the west have not changed. The overall objective is to ensure a durable and dignified return of IDPs in the conflict-affected areas of the west. To reach this objective, humanitarian partners in Côte d'Ivoire will continue to work on the following priority areas:

- social cohesion (especially strengthening the work of peace committees in high-risk communities);
- protection (including child protection, documentation, GBV, physical safety, etc);
- access to social services (especially access to primary health care, immunisation coverage and education);
- food security.

To consolidate the remaining humanitarian needs of IDPs, returnees and host communities, effective coordination is a key priority. More efforts are needed to enhance the sharing of information among

agencies, partners and Government counterparts. Advocacy is also important for the promotion of humanitarian principles, including the returns process in accordance with the Guiding Principles on Internal Displacement. The Protection Cluster is playing a pivotal role in the overall support to IDPs, returnees and other vulnerable populations in the west and will continue to provide a strategic planning platform both at the national and regional levels for partners to reach the maximum impact.

There will also be a continued effort on the part of the humanitarian community to advocate that the Government assert its leadership and take on its responsibilities vis-à-vis IDPs and other populations affected by the conflict, and thus ensure a smooth transition of these communities into a recovery mode.

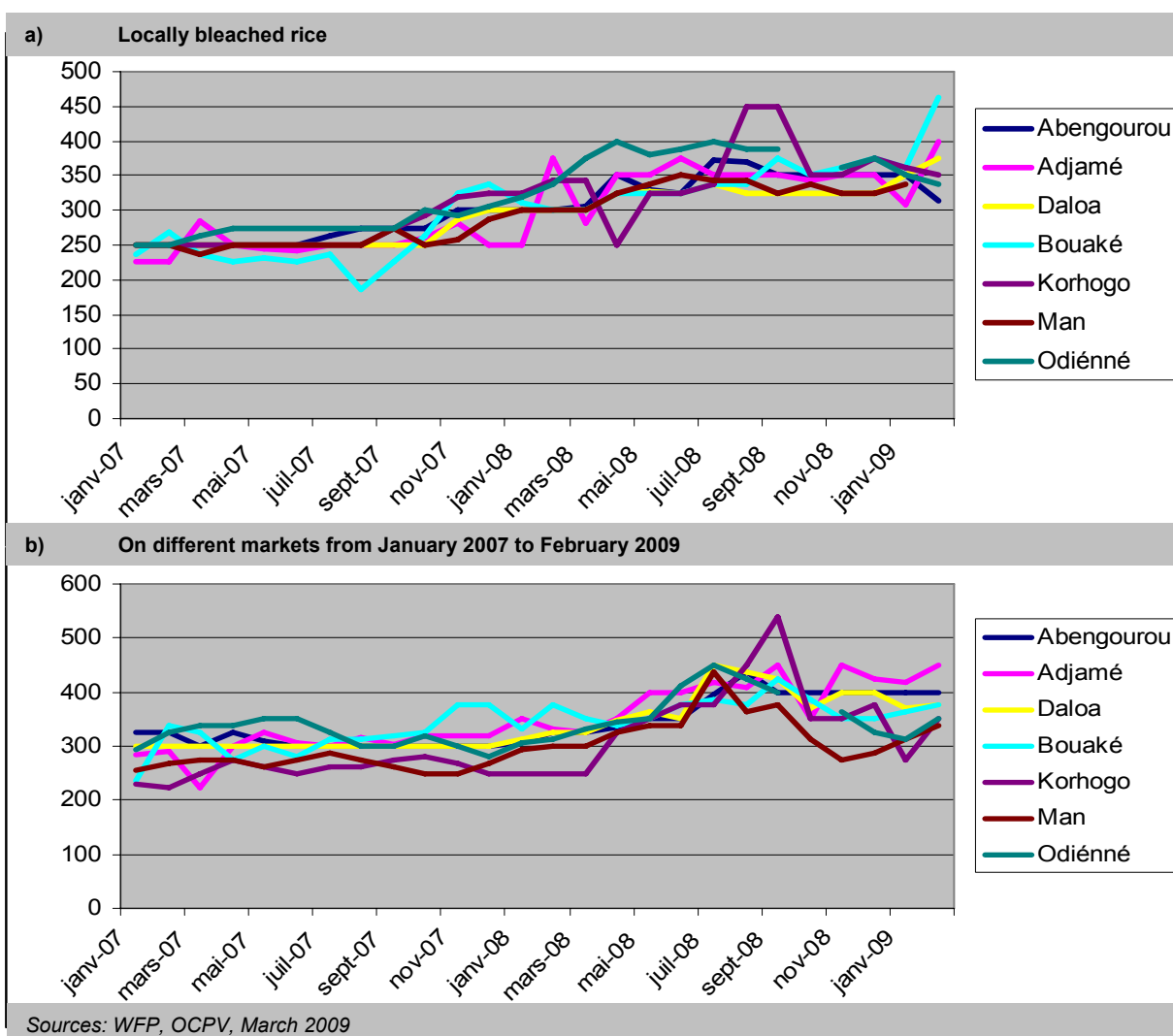
3.2 RESPONSE TO MALNUTRITION AND FOOD INSECURITY IN THE NORTH

a) Situation

The increase in prices of basic commodities and materials such as food, agricultural inputs and fuel, and its consequences on vulnerable populations was one of the most important factors leading to malnutrition and food insecurity in Côte d'Ivoire in 2008.

Despite a good rice harvest at the global level and the decrease in prices of fuel and raw materials on the international market at the end of 2008 and during the first quarter of 2009, prices of basic commodities remain high in Côte d'Ivoire, sometimes increasing against current international trends (*Figure 1*). According to the Integrated Food Security and Humanitarian Phase Classification (IPC) Task Force, the prevailing situation may persist in the coming months and affect small farmers' food security and nutritional status throughout the country.

Figure 1: Wide consumption rice price evolution.



Moreover, the soaring prices of food commodities did not directly benefit small farmers due to lack of organisation, poor negotiating power, lack of storage capacity, high numbers of intermediaries, difficulties of selling their products, and bad road infrastructure, among other factors. The persistence of these phenomena and the high food prices at the national level contributed to the numbers of vulnerable populations in some localities staying the same, or even increasing. With dysfunctional income channels slowing down the diversification and durable increase of household incomes (low yields and falling prices of cotton and cashew nuts), chronic food insecurity is feared while the hunger gap is likely to extend, particularly in the north of the country. This is despite a slight increase in cotton crops and availability of fertiliser (subsidised by the Government) reported in 2008, specifically in the Savanes region where the rains have been favourable.

A Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted in July 2008 showed an alarming nutritional situation in the north with up to 17.5% global acute malnutrition (GAM) rate amongst the populations and a rate of 4% severe acute malnutrition (SAM). In response to this survey, the National Nutrition Programme (*Programme de Nutrition National* [PNN]) initiated a response plan in collaboration with humanitarian and recovery actors to support children under five years who are malnourished or at risk of becoming malnourished in the northern regions of Côte d'Ivoire. In December 2008 and January 2009, FAO, WFP, the Ministry of Agriculture (MoA), and the Ministry of Livelihoods and Fisheries (MoLF) conducted a follow-up mission to the 2008 agricultural campaign, finding that the situation in some parts of the country is still alarming in terms of food security.

To this effect, another SMART survey will be conducted in July 2009 to update data on the situation of malnutrition in Côte d'Ivoire, particularly in the west, where new cases of malnourished children have been registered, and in the north to evaluate progress made since the last survey. Updated figures on food security in Côte d'Ivoire will also soon be available from the 2009 Emergency Food Security Assessment for 2009 which has just started.

In April 2009, the IPC subdivided Côte d'Ivoire into two phases: phase 1 (global food security) and phase 2 (moderate food insecurity), plus eight zones where the food security situation is under "watch / risk of degradation of food security phase" (see map page 14).

b) Response to date

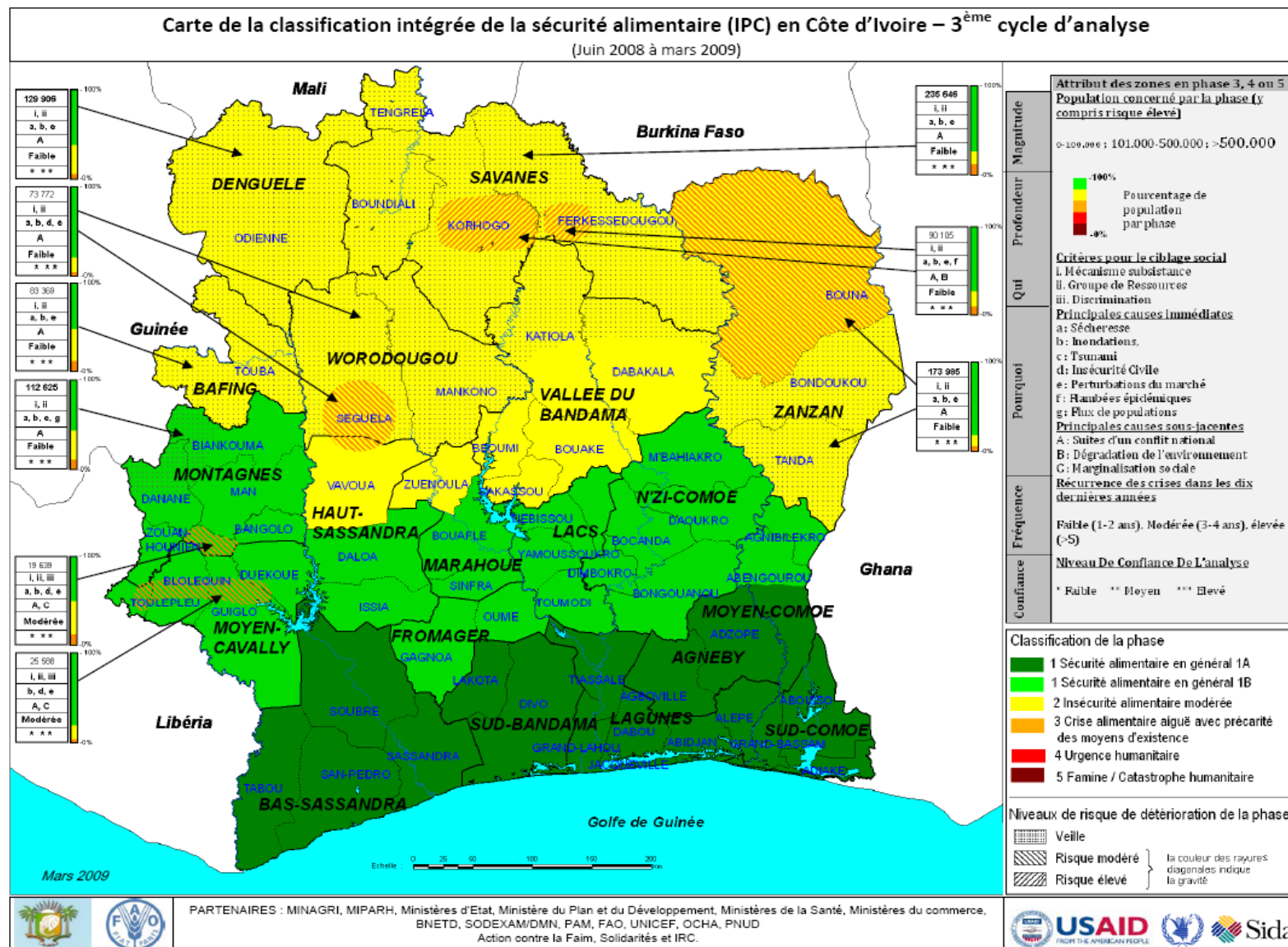
Agriculture

In the area of agricultural support, about 18,300 rural households (164,700 persons) were assisted during the lean season (November 2008 – March 2009) by various humanitarian agencies (FAO, International Committee of the Red Cross [ICRC], DRC, CARITAS, and others).

For the 2009 rainy season (April – October), agricultural assistance is being provided to about 9,428 households (85,000 persons) in the west (mainly new returnees) and in the north of the country (food-insecure and malnutrition-affected households), out of which 800 households will be assisted through CERF funds in areas of high malnutrition in the Savanes region (North). Other humanitarian actors are carrying out additional agricultural assistance outside the framework of the 2009 CHN. For example, ICRC assisted 9,441 households with seeds, fertilisers and tools in April and May 2009 (west and north of the country) and distributed 1,188 non-food item kits for returnees in the region of Danane (west) in January 2009; and the National Programme for Rehabilitation rehabilitated about 8,000 ha of land.

Food assistance

The initial response planned in the 2009 CHN was to assist 493,625 beneficiaries with 19,490 metric tonnes (MT) of food. From January to March 2009, WFP assisted 225,251 beneficiaries with 2,862 MT of food.

Côte d'Ivoire: IPC food security classification map (3rd analytical cycle [June 2008 – March 2009])

- **zones of high risk to reach phase 3** (severe food insecurity with precarious livelihoods): density zone of Korhogo (Savanes region); zones of high animal mortality in the department of Ferkessedougou (Savanes region);
- **zones of moderate risk to reach phase 3** (severe food insecurity with precarious livelihood): department of Boua (Zanzan region); around Séguéla locality in the Worodougou region (security situation is precarious); Zou in the Montagnes region (inter-community tensions); the Duékoué – Péhé axis in the Moyen Cavally region (inter-community tensions);
- **under surveillance (simple alert):** Denguélé and other zones of Worodougou and the Savannah regions should be monitored closely, as well as the 30 kilometre radius to the Guinea borders (Denguélé, Bafing and the Montagnes regions).

Nutrition

A campaign was organised in March 2009 to encourage the intake of vitamin A supplements, coupled with de-worming of children aged 0-59 months. 4,830,012 children (90.1% of the target population) received Vitamin A supplements, whilst 3,699,701 (76%) were de-wormed.

Following the July 2008 SMART survey, a response plan was elaborated by the PNN with support from UNICEF, Action Against Hunger (*Action contre la Faim* [ACF]) and WFP. The plan consists of the following:

- (i) awareness raising activities with local authorities;
- (ii) training of field actors (health agents, voluntary community health workers);
- (iii) equipment and rehabilitation of therapeutic feeding centres;
- (iv) provision of therapeutic feeding products, essential drugs and anthropometric materials.

ACTIVITES	PARTICIPANTS / EXECUTING PERSONS
Raising awareness of local authorities in the north	40 people: prefects, mayors, presidents of general council, directors of regions and departments (10 departments in the north).
Training for regional trainers	52 participants, of which 37 regional trainers
Training of teams in six districts	148 health agents trained
Training of community health workers on detecting malnutrition	5,120 community health workers
Therapeutic Feeding Centres (TFCs) operational	31 by various actors, i.e. about 167 malnourished children treated in these TFCs
Detection and referral of malnourished children aged 0 to 59 months in the districts of Tengréla	387 children detected with 16 cases of SAM and 49 cases of moderate acute malnourishment (MAM)

Constraints

The difficulties encountered in the implementation of some of these activities are related to:

- the delay in the availability of funds;
- little involvement of certain health agents;
- non-respect of defined timetable;
- the chosen approach required a lot of time and means to treat malnourished. (Nevertheless, it is the only way to guarantee the sustainability of current actions by the Government.)

As the agricultural calendar is now well advanced, and due to logistics constraints, additional assistance in seeds and agricultural inputs will not be possible for the main 2009 harvesting season (assistance has been provided as outlined above), but efforts will be pursued during the counter season 2009/2010.

It is necessary to limit the impact of high commodity prices (food, agricultural inputs and fuel) in Côte d'Ivoire, prevent and take charge of cases of severe and moderate acute malnutrition in both the north and west, and ensure the durable reintegration of rural households returning to their villages of origin in the west. For this, support to vulnerable households must continue, by consolidating their means of living, and therefore their purchasing power, by allowing access to food through different means including IGAs.

c) Updated strategy and response plan

Strategic priority

The critical priorities for 2009 remain improving the nutritional state of vulnerable populations living in food-insecure areas in the northern part of the country, and providing therapeutic feeding assistance to children suffering from acute malnutrition in communities and health centres.

Objectives

Within the CHN 2009 framework, sector objectives for food security and nutrition remain the same. In view of the current situation, during the next six months, humanitarian partners will aim at:

- reinforcing off-season and rice crops (through food availability, diversity of diet and sources of income) for vulnerable households with access to land;
- improving access to food by developing and reinforcing income-generating, rehabilitation of lowland areas, and conducting more trainings on agricultural techniques, management and

- marketing in order to increase productivity, improve selling of goods on markets and raise revenues and purchasing power of rural populations;
- ensuring the prevention of malnutrition in Côte D'Ivoire in identified alert zones through the implementation of community-based nutrition programmes, the monitoring and promotion of growth, active malnutrition screening, vitamin A supplementation and systematic de-worming for children aged 6 – 59 months, the creation of sentinel sites for iodized salt consumption by households, setting up support groups and promotion of breast feeding as well as the implementation of integrated education programmes on nutrition;
- ensuring assistance to malnutrition cases by reinforcing care facilities (therapeutic feeding units) and their decentralisation (creation of ambulatory feeding centres and community based feeding promotion centres) and ensuring that those structures receive adequate inputs.

Expected outcomes:

- At least 8,000 vulnerable households (67,500 persons), mainly recently returned households, households living in food-insecure areas or affected by malnutrition in the northern and western part of Côte d'Ivoire, should be assisted with gardening and irrigation and/or upland rice programmes for the off-season 2009-2010 (August 2009 to March 2010). These households will receive agricultural inputs and training on cultivating techniques (with a component on nutrition to improve the households' diet) and management.
- The provision of IGAs, small-scale reclamation and/or rehabilitation of lowland or rice fields for rural communities must be reinforced.
- At least 120,000 people should benefit from general food distribution during the hungry season.
- The Integrated Nutrition Education programme will be expanded to a larger number of beneficiaries (at least 1,200 mothers) in eight nutritional health centres.
- At least 2,500 children affected by acute malnutrition with complications will be taken charge of by health structures.
- At least 7,500 children affected by acute malnutrition without complications will receive ambulatory assistance through TFCs.
- At least 15,000 children suffering from moderate malnutrition will receive food assistance.
- At least 104,000 children will receive regular check-ups by community health workers.
- Coordination of agricultural activities must continue in close collaboration with the Government (more specifically the MoA through the sector coordination group).

4. CONCLUSION

Strategic priorities for 2009 in Côte d'Ivoire were identified as, firstly, the protection and durable reintegration of IDPs through access to basic social services and means of subsistence in the west, and secondly, the improvement of the nutritional status of vulnerable populations living in food-insecure areas in the north. During the second half of 2009, special attention will be given to consolidating existing humanitarian action towards those two areas with the objective of ensuring a seamless transition from the humanitarian to the recovery phase.

Humanitarian actors have oriented their activities towards providing effective and coordinated support (balanced and inclusive between sectors of intervention) to ongoing return movements, especially in the west. They have also extended coverage and access to essential therapeutic care for children suffering from severe acute malnutrition within communities and health facilities in the north and are planning another round of needs assessment to get a better sense of the impact of assistance so far.

If indeed the political environment is conducive, humanitarian needs should decrease by the end of 2009 to a point where only limited and bounded assistance will be necessary, giving way to recovery and development efforts. In such a scenario, the IAHCC will integrate a new coordination framework refocused on recovery and development planning by the end of this year and no common humanitarian strategy will be developed for 2010. OCHA will support this transition while downsizing accordingly and handing over critical coordination functions to appropriate bodies.

Despite this positive direction, IAHCC members, with support from OCHA, are regularly updating their inter-agency contingency plan and stand ready to respond should the situation deteriorate before or after the elections and create new humanitarian needs.

ANNEX I. FULL PROJECT LIST AND FUNDING TABLES

Table IV. Appeal Projects grouped by cluster (with [hyperlinks](#) to open full project details)

Project Code	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Priority
COORDINATION AND SUPPORT SERVICES									
CIV-09/CSS/21994/R/119	OCHA	Coordination of humanitarian response to the crisis in Côte d'Ivoire	3,891,797	3,247,367	-	0%	3,247,367	-	IMMEDIATE
CIV-09/CSS/22016/776	UNDP	Réseau d'Echange et de Communication d'Informations Sécuritaires (RECIS)	114,062	114,062	-	0%	114,062	-	MEDIUM
Sub total for COORDINATION AND SUPPORT SERVICES			4,005,859	3,361,429	-	0%	3,361,429	-	
FOOD SECURITY AND NUTRITION									
CIV-09/A/22006/R/123	FAO	Support to the Coordination of Emergency Agricultural Operations in Côte d'Ivoire	303,134	303,134	189,000	62%	114,134	-	IMMEDIATE
CIV-09/A/22008/R/123	FAO	Provision of agricultural inputs and establishment of income-generating activities for returnees and host communities in the west and poor households affected by soaring food prices in the north of Côte d'Ivoire	2,461,360	2,461,360	200,000	8%	2,261,360	-	IMMEDIATE
CIV-09/A/22014/R/5181	DRC	Relief support to vulnerable households and farmers in the Moyen Cavally region (West)	749,000	749,000	-	0%	749,000	-	MEDIUM
CIV-09/F/22012/R/561	WFP	Assistance to populations affected by the Côte d'Ivoire protracted crisis	19,202,983	19,202,983	11,891,470	62%	7,311,513	-	IMMEDIATE
CIV-09/H/22001/R/5186	ACF	Program of treatment of the malnutrition in Savanes Region in Ivory Coast	1,200,000	1,500,000	769,231	51%	730,769	-	IMMEDIATE
CIV-09/H/22011/123	FAO	Improving the nutritional status of children under five in northern and western Côte d'Ivoire through nutrition knowledge and improved feeding practices	295,900	295,900	126,000	43%	169,900	-	IMMEDIATE
CIV-09/H/22028/R/124	UNICEF	Emergency nutrition for child survival in Northern Côte d'Ivoire	1,551,000	1,551,000	714,962	46%	836,038	-	IMMEDIATE
Sub total for FOOD SECURITY AND NUTRITION			25,763,377	26,063,377	13,890,663	53%	12,172,714	-	

C Ô T E D ' I V O I R E

Project Code	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Priority
HEALTH									
CIV-09/H/22017/124	UNICEF	Strengthen capacity of health system to manage acute malnutrition in Denguélé, Bafing , Savanes and Worodougou Regions (North)	970,520	970,520	-	0%	970,520	-	IMMEDIATE
CIV-09/H/22018/122	WHO	Integrated Nutrition Surveillance for under-five children in Western and Northern most affected health districts of Côte d'Ivoire: Bangolo, Biankouma, Danane, Man ("Montagnes"); Duekoué, Guiglo, Toulepleu ("Moyen Cavally"); Boundiali, Ferkessiédougou, Korhogo, Tengrela ("Savanes")	1,125,683	1,125,683	-	0%	1,125,683	-	IMMEDIATE
CIV-09/H/22084/1171	UNFPA	Support for integration of reproductive health components in the Minimum Package of Activities of functional health structures in the western zones (Danané, Man and Bangolo).	315,650	315,650	-	0%	315,650	-	MEDIUM
Sub total for HEALTH			2,411,853	2,411,853	-	0%	2,411,853	-	
PROTECTION									
CIV-09/P-HR-RL/22019/7017	EMSF	Making IDPs /Vulnerable persons auto-sufficient in the Western region	784,006	784,006	-	0%	784,006	-	IMMEDIATE
CIV-09/P-HR-RL/22022/R/124	UNICEF	Protection from sexual violence and support to girls' and women's rights during the peace and reconciliation phase in Western Côte d'Ivoire (Man, Kouibly, Bangolo, Duékoué, Guiglo, Bloléquin and Toulepleu localities)	502,900	224,700	-	0%	224,700	-	HIGH
CIV-09/P-HR-RL/22023/R/5179	IRC	To ensure a continued dignified and sustainable return of IDPs in Western Côte d'Ivoire	1,000,000	1,000,000	200,000	20%	800,000	-	IMMEDIATE
CIV-09/P-HR-RL/22025/5181	DRC	Support to IDPs return and reintegration in Toulepleu and Duekoué Departments (Western region)	330,000	330,000	175,000	53%	155,000	-	IMMEDIATE
CIV-09/P-HR-RL/23891/R/120	UNHCR	Protection and Assistance to IDPs and Other Vulnerable Persons in Western Côte d'Ivoire	1,500,000	1,228,556	425,003	35%	803,553	-	IMMEDIATE

C Ô T E D ' I V O I R E

Project Code	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Priority
CIV-09/P-HR-RL/24173/R/298	IOM	Restore peaceful cohabitation and social cohesion amongst communities hosting returnees in Western Côte d'Ivoire (Guiglo-Blolequin-Toulepleu axis)	-	500,000	200,000	40%	300,000	-	IMMEDIATE
CIV-09/P-HR-RL/24648/R/120	UNHCR	CERF under funded grant to UNHCR to be allocated to specific NGO projects	-	-	-	0%	-	-	Not specified
Sub total for PROTECTION			4,116,906	4,067,262	1,000,003	25%	3,067,259	-	
WATER, SANITATION AND HYGIENE									
CIV-09/WS/21996/124	UNICEF	Prevention of malnutrition linked to access to safe drinking water in Northern regions of Côte d'Ivoire (Denguélé, des Savanes et du Zanzan)	782,000	782,000	-	0%	782,000	-	MEDIUM
Sub total for WATER, SANITATION AND HYGIENE			782,000	782,000	-	0%	782,000	-	
Grand Total			37,079,995	36,685,921	14,890,666	41%	21,795,255	-	

Table V: Total humanitarian assistance per donor (Appeal plus other*)

Côte d'Ivoire 2009
as of 24 June 2009
<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\$			
United States	6,062,900	40.7 %	-
Carry-over (donors not specified)	3,309,060	22.2 %	-
Central Emergency Response Fund (CERF)	2,000,003	13.4 %	-
Japan	1,500,000	10.1 %	-
European Commission (ECHO)	1,084,193	7.3 %	-
Allocations of unearmarked funds by UN agencies	504,568	3.4 %	-
Switzerland	215,332	1.4 %	-
Korea, Republic of	200,000	1.3 %	-
Czech Republic	14,610	0.1 %	-
Grand Total	14,890,666	100.0 %	-

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.

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 24 June 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VI: Summary of requirements, commitments/contributions and pledges (grouped by IASC standard sector)

Consolidated Appeal for Côte d'Ivoire 2009

as of 24 June 2009

<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	3,513,494	3,513,494	389,000	11%	3,124,494	-
COORDINATION AND SUPPORT SERVICES	4,005,859	3,361,429	-	0%	3,361,429	-
FOOD	19,202,983	19,202,983	11,891,470	62%	7,311,513	-
HEALTH	5,458,753	5,758,753	1,610,193	28%	4,148,560	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	4,116,906	4,067,262	1,000,003	25%	3,067,259	-
WATER AND SANITATION	782,000	782,000	-	0%	782,000	-
GRAND TOTAL	37,079,995	36,685,921	14,890,666	41%	21,795,255	-

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 24 June 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX II. ACRONYMS AND ABBREVIATIONS

ACF	<i>Action Contre la Faim</i>
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CHN	Critical Humanitarian Needs
DOCO	United Nations Development Operations Coordination Office
DRC	Danish Refugee Council
EMSF	<i>Enfance Meurtrie sans Frontières</i>
FAO	Food and Agriculture Organization
FGM	female genital mutilation
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
HIV	human immunodeficiency virus
IAHCC	Inter-Agency Humanitarian Coordination Committee
IASC	Inter-Agency Standing Committee
ICLA	information, counselling and legal assistance
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDP	internally displaced person
IGA	income-generating activity
INGO	international NGO
IOM	International Organization for Migration
IPC	Integrated Food Security and Humanitarian Phase Classification
IRC	International Rescue Committee
MAM	moderate-acute malnourishment
MoA	Ministry of Agriculture
MoFSA	Ministry of Family and Social Affairs
MoLF	Ministry of Livelihoods and Fisheries
MoR	Ministry of Reconciliation and Relations with Institutions
MoS	Ministry of Solidarity and Victims of War
NGO	non-governmental organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OPA	Ouagadougou Peace Agreement
PEP	post-exposure prophylaxis
PN-PEC	<i>Programme National de Prise en Charge</i>
PNN	<i>Programme de Nutrition National</i>
PRSP	Poverty Reduction Strategy Paper
SAM	severe acute malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
STI	sexually transmitted infection
TBA	traditional birth attendant
TFC	therapeutic feeding centre
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCI	United Nations Operation in Côte d'Ivoire
WASH	water, sanitation and hygiene
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 Organization 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.

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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