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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Côte d'Ivoire

Proposed indicative UNFPA assistance:	\$75 million: \$16.4 million from regular resources and \$58.6 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

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I. Programme rationale

1. Côte d'Ivoire has experienced rapid demographic growth, with its population rising from around 3 million in 1960 to 29.4 million in 2021; 47.8 per cent are female. The population is predominantly young: 75.6 per cent is aged under 35 years, and 38.3 per cent under age 15. This situation results from a high fertility rate, despite a relative drop from 5 to 4.3 children per woman between 2012 and 2021. People with disabilities represent 1.6 per cent of the population, with a high concentration in the city of Abidjan (18.8 per cent) (Census 2021).

2. The country is the ninth largest economy in Africa, the third largest in French-speaking Africa, and ranks second in the Economic Community of West African States (IMF, 2024). With sustained economic growth of around 6.7 per cent over 2013-2023 and a gross domestic product per capita of \$2,500 (World Bank 2022), the country is classified as a lower-middle-income economy.

3. With a human development index of 0.534, Côte d'Ivoire is ranked 166th out of 193 countries (UNDP 2023-2024) and has a life expectancy at birth of 61.2 years (Census 2021). This situation is worsened by persistent poverty, which affected 37.5 per cent of the population in 2021, despite a relative decline over the past decade (46.3 per cent in 2015 and 39.4 per cent in 2018). The phenomenon remains essentially rural, with an incidence of 54.4 per cent, compared with 22.2 per cent in urban areas. Poverty affects male-headed households (38.5 per cent) more than female-headed households (32.4 per cent). The Gini index declined from 0.351 in 2018 to 0.334 in 2021 (Poverty Survey). Illiteracy remains high, affecting almost 51.1 per cent of the population aged 15 years and over (Census 2021), with a higher incidence in rural areas (67.3 per cent) and a predominance among women (73.7 per cent), compared to men (61.7 per cent). Youth unemployment and inadequate professional training remain a crucial problem, with almost 89.2 per cent of jobs in the informal sector; and 27.9 per cent of those aged 15-24 years are neither in employment, education or training, with the rate for men (38.4 per cent) twice that for women (16.7 per cent) (National Employment Survey 2019).

4. Since 2011, Côte d'Ivoire has made significant strides in consolidating political stability, creating a strong foundation for economic growth. However, the country remains attentive to regional dynamics, as the evolving security and socio-political situation in the central Sahel has led to the arrival of approximately 70,000 asylum seekers in the northern regions.

5. Significant progress has been made in reducing maternal mortality by 37 per cent, from 614 deaths per 100,000 live births in 2011 to 385 per 100,000 live births in 2021. Skilled birth attendance has risen, from 59 per cent in 2011 to 84 per cent in 2021, and coverage of a fourth antenatal consultation has improved, from 44 per cent to 57 per cent, over the same period (DHS 2011 and 2021). In order to achieve universal health coverage, Côte d'Ivoire launched in 2014 the universal disease coverage programme, with the coverage rate rising from 1.3 per cent in 2015 to 23.8 per cent in 2023. However, the maternal mortality ratio remains high, with a significant contribution from adolescents and young people, estimated at 23.5 per cent. The high mortality rate is mainly due to the low quality of available services, with only 6 per cent basic emergency obstetric and neonatal care and 25 per cent comprehensive emergency obstetric and neonatal care, insufficient access to caesarean sections, particularly in rural areas (4 per cent, according to the DHS 2021), a shortage of qualified healthcare personnel who are unevenly distributed across the country, and socio-cultural and economic barriers hindering the decision to seek appropriate care.

6. Government efforts have increased the prevalence of modern contraception from 13 per cent in 2011 to 18 per cent in 2021 and reduced the unmet need for family planning from 27 per cent to 22 per cent within the same period. Adolescent fertility has fallen from 129 to 96 per 1,000, although unmet need for contraception remains high (25.5 per cent for those aged 15-19 years). Significant challenges remain in achieving the national modern contraceptive prevalence target –50 per cent (ICPD+25), revised to 30 per cent (FP2030 Commitment) by 2030 – notably insufficient access to voluntary family planning services; inadequate continuous availability of contraceptive products at the 'last mile'; and persistent socio-cultural barriers.

7. In 2023, new HIV infections among adolescents and young people aged 15-24 years totalled 2,529, representing 24 per cent of all new infections. Young women accounted for 94 per cent of new infections among those aged 15-19 years and 81 per cent among those aged 20-24 years (Spectrum 2024). Access to care remains a challenge, particularly in terms of HIV screening, with significant variations by age and gender, especially among adolescents, young people, women and persons in vulnerable situations.

8. Gender inequality persists in Côte d'Ivoire, as shown by the country's ranking of 156th out of 166 countries in the UNDP Gender Inequality Index (0.612 in 2022). The country has adopted policies and laws to promote gender equality and to address gender-based violence (GBV) and harmful practices, such as female genital mutilation (FGM) and child marriage. Despite these efforts, GBV and harmful practices persist. Violence perpetrated by an intimate partner affects one in three women in their lifetime (29.5 per cent, DHS 2021). Early marriage and FGM have declined moderately, respectively, from 35.6 per cent in 2011 to 29.4 per cent in 2021 (early marriage), and from 38.2 per cent in 2011 to 36.7 per cent in 2016 (FGM). Key challenges include the need for enhanced coordination among stakeholders, strengthened enforcement of existing laws, addressing deeply rooted social norms that impact gender equality, and expanding support systems for survivors to strengthen protection and empowerment.

9. The impact of the population dynamics is perceptible on urbanization, migration and environment. Indeed, urbanization risen to more than 50 per cent in less than 20 years (52.5 per cent in 2021) and the migration rate remains high (22 per cent). The country's ecosystem has also been impacted, with a loss of almost 90 per cent of forest cover over the past 60 years (IFFN 2021). Côte d'Ivoire remains particularly affected by climate change and biodiversity loss. The Global Climate Risk Index (GCRI), 2019, ranks Côte d'Ivoire 129th out of 180 countries and 49th most vulnerable to the impacts of climate change.

10. The country lacks sufficient evidence and in-depth analysis of key development issues and megatrends, such as climate change, migration urbanization. This situation is due to the weak application of the statistical law and the failure to implement the national strategy for the development of statistics. An evaluation conducted in 2022 by the Civil Society Initiative for the SDGs in Côte d'Ivoire (CSISDG-CI) showed that only 52.5 per cent of the 232 selected indicators have been informed.

11. During the previous country programme, significant progress was made in accelerating the achievement of the three transformative results of UNFPA. To eliminate maternal and neonatal mortality and morbidity, a national network of health facilities offering emergency obstetric and neonatal care was established, with the technical and material capacities of 207 emergency facilities strengthened. In addition, 512 health facilities have been strengthened to provide integrated, high-quality sexual and reproductive health services. 25 general practitioners were trained in essential surgery and deployed to comprehensive emergency facilities. Over 1,600 women suffering from obstetric fistulas received psychosocial and surgical care, including 1,505 women who were cured and benefited from economic support. The programme helped provide contraceptive methods to 290,000 additional users of modern methods of contraception during 2021-2023, marking a 20.4 per cent increase over the period, and prevented 110,000 unwanted pregnancies, 39,000 unsafe abortions and 300 maternal deaths. Comprehensive sexuality education in schools has been strengthened by integrating modules into the curricula of 68 per cent of schools, and more than 555,436 adolescents and young people have had access to sexual and reproductive health services. As part of the GBV response, 95 local bodies for GBV multisectoral coordination (platforms) have been operationalized and the community engagement strengthened, with 476 communities committed to abandoning harmful practices, in particular FGM and child marriage. UNFPA also supported the 2021 General Population and Housing Census and the 2021 Demographic and Health Survey, to make updated data available. Similarly, an investment case on the three transformative results was submitted to the country's highest authorities, who expressed commitment to undertaking reforms and devoting substantial budgets to the three transformative results.

12. The humanitarian response in northern Côte d'Ivoire has provided asylum seekers and host populations with 1,207 dignity kits and 185 inter-agency reproductive health kits, covering the needs of 1,115,500 people over 12 months. A total of 40,576 women and girls benefited from sexual and reproductive health services through mobile clinics. In addition, the capacities of 140 professionals, including midwives, nurses, doctors, social workers, public administrators and police officers, were strengthened for the effective deployment of the Minimum Initial Service Package for sexual and reproductive health.

13. According to evaluation findings and recommendations – country and regional evaluations such the final evaluation of the UNSDCF, 2021-2025; the independent evaluation of the seventh UNFPA country programme of Côte d'Ivoire (2017-2020), the UNFPA West and Central Africa regional programme evaluation; and centralized evaluations, such as the midterm evaluation of the Maternal and Newborn Health Thematic Fund Phase III (2018-2022); the midterm evaluation of the UNFPA Supplies Programme (2013-2020); the evaluation of UNFPA support to gender equality and women's empowerment (2012-2020); and the evaluation of UNFPA support to population dynamics and data – the key lessons learned from the implementation of the previous country programme are as follows: (a) local initiatives using innovative solutions, in line with the national community development strategy, are an effective way of reaching larger populations, particularly young people, and driving change in socio-cultural norms that hinder the use of sexual and reproductive health services and the response to GBV and harmful practices; (b) the challenge of 'last-mile' availability of modern contraceptive methods and the inadequate quality of emergency obstetric and neonatal care services can be addressed through combined high-impact reproductive health and family planning strategies that emphasize community involvement and digitalization; (c) community involvement and capacity-building are essential to improving the prevention, reporting and holistic management of GBV cases; and (d) additional efforts are needed to mobilize more domestic resources to invest in social services.

II. Programme priorities and partnerships

14. The new country programme (for 2026-2030) was developed in collaboration with the Government, United Nations system entities, civil society organizations, including those led by youth and women, organizations representing people with disabilities, religious leaders, international non-governmental organizations, socio-professional associations, scientific societies, academic institutions and the private sector.

15. The country programme is aligned with national priorities outlined in the National Development Plan, 2026-2030, particularly in the following pillars: (a) accelerating the structural transformation of the economy through enhanced overall productivity, innovation, and private-sector development; (b) developing human capital and skills and creating decent jobs; (c) promoting equity and gender equality and strengthening inclusivity and growth. Grounded in the common country analysis, the programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030 in the following strategic areas: (i) structural transformation of the economy; (ii) human capital development, including social inclusion; and (iii) strengthening resilience to climate change and enhancing the sustainable management of natural resources.

16. The programme is aligned with the ICPD action plan, the UNFPA Strategic Plan, 2022-2025, as well as the UNFPA Family Planning Strategy, 2022-2030. The African Union Agenda 2063 and the United Nations Secretary-General's Agenda 2.0 are among its key references. The programme directly contributes to the Sustainable Development Goals (SDGs) 3, 4, 5 and 17 and indirectly to SDGs 1, 2, 6, 8, 10, 11, 13 and 16. Furthermore, the programme incorporates the six priority transitions of the United Nations system for sustainable development and the Pact for the Future.

17. The new country programme vision is: "A Côte d'Ivoire where the potential of women, girls and young people, especially the most vulnerable, is fully realized through an inclusive and supportive environment that ensures the exercise of their rights and the protection of

mothers' lives." The programme aims to strengthen equitable access for women, newborns, adolescents and young people to integrated, high-quality maternal and neonatal health and family planning services, as well as GBV and harmful practices prevention. It will work to strengthen the capacities of national institutions for the production, dissemination and use of high-quality socio-demographic disaggregated data. The programme will pay particular attention to the needs of populations in vulnerable situations, drawing on the comparative advantages of the various stakeholders to develop coordinated and complementary interventions to achieve the set objectives.

18. The programme is based on four interconnected outputs that will be implemented through active partnership with the Government, civil society organizations, international NGOs, bilateral and multilateral partners, the private sector, research institutes and local communities.

19. UNFPA is recognized in Côte d'Ivoire by all technical and financial partners as well as the Government as: (a) the reference organization for sexual and reproductive health and rights, as well as data issues, in particular censuses; (b) the leading provider of family planning commodities in the country; (c) the lead agency to engage young people and women's movements; (d) an excellent partner, in terms of policy dialogue and good relationship with national authorities. UNFPA is the lead United Nations agency for two joint programmes on data and GBV.

20. Programme interventions are defined through a human rights-based and gender-transformative approach, promoting gender equality, equity and inclusion. The programme will intensify efforts to eliminate discrimination and inequalities in all forms. It will specifically target groups identified as furthest left behind or at risk. These include: (a) women, girls and households living in extreme poverty in urban, peri-urban and rural areas; (b) women at high risk of maternal morbidity and mortality and morbidity, including those affected by obstetric fistula; (c) individuals at risk of, or who have survived, GBV and harmful practices, particularly child marriage and FGM; (d) persons with disabilities, youth and people living with HIV; (e) unemployed youth at risk of migration or human trafficking; and (f) migrants, internally displaced populations due to natural disasters, asylum seekers or stateless persons. In addition, the programme will strengthen coordination with all stakeholders to reach those furthest left behind, including women in rural areas, women migrants, women with disabilities and the nonorganized sector labour force. By offering a robust collaboration framework and tailored solutions to the needs of groups in vulnerable situations, the country programme presents a strategic opportunity for public authorities, development actors and donors to invest in high-impact initiatives aligned with national priorities and commitments, including the ICPD agenda and universal periodic review recommendations, in line with the Sustainable Development Goals.

21. The programme will be implemented through the following modes of engagement: advocacy and policy dialogue; capacity building; service delivery; and knowledge sharing. Particular emphasis will also be placed on South-South and triangular cooperation.

22. The programme will prioritize regions with significant disparities, where gender, maternal health and family planning indicators are the weakest, as well as border areas facing security challenges. It will also aim to preserve the achievements of previous programmes. Consequently, programme interventions will primarily be implemented in the western, northern, north-central, north-eastern and south-western regions, as well as the Abidjan district, as these have the highest levels of maternal health needs.

23. The following interventions will be implemented nationwide: supplying reproductive health commodities; monitoring maternal and neonatal deaths; strengthening the emergency obstetric and neonatal care network; fighting obstetric fistula; promoting the sexual and reproductive health and rights of young people, including comprehensive sexuality education; strengthening the leadership and participation of youth and women in peace and social cohesion; preventing and responding to GBV and ending harmful practices; and generating and sharing data.

24. UNFPA will work with the Government to implement an integrated resource mobilization strategy for the programme, targeting, in addition to domestic funds, contributions from traditional and non-traditional donors, decentralized authorities, bilateral and multilateral partners, United Nations agencies, international financial institutions and the private sector. Advocacy will be initiated to leverage more resources and engage the Government in financing the three transformative results, based on investment case recommendations. The programme will also leverage community networks, parliamentarians, civil society organizations (such as the Reproductive Health and Family Planning Coalition Network), research institutions (such as the National School of Statistics and the National Statistics Agency), foundations and donations from individual. Additionally, it will emphasize South-South and triangular cooperation to benefit from the experience of countries with proven expertise in innovation and medical expertise relevant to the programme priorities.

A. Output 1. By 2030, national capacities, including those of communities, are strengthened to provide integrated, high-quality, inclusive, continuous and rights-based maternal and neonatal health information and services to women, adolescents and young people, particularly the most vulnerable, especially in underserved and humanitarian contexts.

25. This output will be implemented through the following interventions: (a) strengthening the political, legal and regulatory frameworks to create an enabling environment for the comprehensive provision and utilization of high-quality maternal and neonatal health services, ensuring respect for rights, including those of young people; (b) enhancing midwifery programmes through tutoring, mentoring, online training applications, recertification of health professionals and task delegation; (c) strengthening the technical platforms of health facilities with medical equipment, including innovative ones such as calibrated sheets, emergency carts, newborn care units and kangaroo mother care units, and support the free targeted maternal health services for women and girls, including people with disabilities; (d) operationalizing the network and strengthening the monitoring of emergency obstetric and neonatal care as well as maternal perinatal death and response; (e) improving the availability of essential maternal health products; (f) strengthening the prevention and management of obstetric fistula ; (g) developing innovative and digital solutions to improve the quality of and access to maternal and neonatal health services, through telemedicine, artificial intelligence (AI)-powered ultrasound, drones, the “M-mama” initiative, and strengthening advanced and mobile integrated service delivery strategies; (h) intensifying communication for social and behavioural change, using appropriate and innovative communication channels that promote essential family practices (family planning, breast feeding, pregnancy monitoring, skilled birth attendance, antenatal and postnatal care, nutrition) and positive social norms; (i) amplifying the campaign for zero unwanted pregnancies in schools; (j) strengthening partnerships for mobilizing domestic resources from both the central Government and local authorities as well as the private sector; (k) strengthening coordination among maternal and neonatal health actors; (l) supporting the enrolment of women cured of fistula into universal health coverage; (m) strengthening service delivery in humanitarian settings and in response to the effects of climate change, such as floods and displacement; (n) supporting the deployment of trained midwives in emergency situations, including cross-border influxes; (o) building the capacity of community health workers in humanitarian settings on the Minimum Initial Service Package and referral pathways for displaced women and girls; and (p) supporting coordination mechanisms in the northern regions on leading maternal and neonatal health responses during emergencies, including influxes of asylum seekers.

B. Output 2. By 2030, national capacities are enhanced to ensure equitable and universal access to a comprehensive range of modern contraceptives and high-quality family planning services, tailored to the needs of the population, particularly women, men, adolescents, youth and marginalized people.

26. This output will be achieved through the following interventions: (a) intensifying advocacy for creating an enabling environment, particularly by adopting sexual and reproductive health

law, to respect country commitments and mobilize sustainable domestic resources for family planning; (b) strengthening the capacity of structures and service providers to ensure the provision of integrated, accessible, affordable and human rights-based family planning and support the advocacy for free targeted services for women and girls, including people with disabilities; (c) strengthening supply chains to ensure the availability and accessibility of a full range of high-quality modern contraceptives, including self-administered care, to the ‘last mile’; (d) expanding community-based initiatives (husband schools, safe spaces, community-based distribution, youth-tailored services) to improve access to and use of family planning services in rural, remote, peri-urban and humanitarian settings; (e) intensifying comprehensive sexuality education strategies in schools, communities and digital platforms to engage adolescents and youth as change agents in reducing early pregnancies and new HIV infections; (f) accelerating the scale-up of high-impact practices, such as integrated mobile strategies and advanced family planning, including in humanitarian settings, postpartum family planning, social marketing and national family planning weeks; (g) enhancing synergies with other partners to integrate family planning into other health and non-health services (education, nutrition, vaccination); (h) promoting innovation and digitization to generate demand (mSupply, eHealth) and to deliver family planning services (drones); (i) intensifying community-based initiatives involving religious leaders, customary chiefs, women’s groups, youth leaders, community health workers and traditional communicators to address social norms that hinder family planning, with a particular focus on preventing both teenage pregnancies and repeat pregnancies among teenage mothers; (j) revitalizing the coordination bodies of the national family planning programme to ensure a better synergy among partner actions; (k) promoting South-South and triangular cooperation initiatives, partnerships and exchange of experiences and expertise in family planning, especially in task delegation and community-based distribution; and (l) strengthening the information and logistics management system for sexual and reproductive commodities; (m) prepositioning inter-agency reproductive health kits in high-risk areas to ensure an uninterrupted access to reproductive health and family planning services during climate-related shocks and displacement; and (n) strengthening the provision of family planning services to asylum seekers and transit health facilities while ensuring access for women, adolescents and youth.

C. Output 3. By 2030, capacities of national structures and communities are enhanced to improve the prevention and quality management of gender-based violence, including female genital mutilation and child marriage, and supporting the socio-economic empowerment of women and girls and their resilience, including in humanitarian settings.

27. This output will be achieved through the following strategies: (a) strengthening institutional and community mechanisms and digital platforms for the prevention and reporting of GBV and harmful practices, as well as access to services, while considering humanitarian context specificities; (b) supporting national efforts to enhance the legal and operational protection framework against GBV, including improving access to justice, raising awareness of existing laws and policies and strengthening enforcement mechanisms; (c) strengthening service providers capacities (medical, psychosocial, legal and judicial and community) for a holistic response to all survivors, including people with disabilities; (d) developing joint initiatives with other United Nations agencies and local partnerships for the socio-economic empowerment of women and girls (access to reproductive health and family planning services, school enrolment and retention, vocational training, decision-making bodies, land, financing, and literacy programmes, including digital training); (e) strengthening data collection systems and the coordination skills of actors to prevent and respond to GBV and harmful practices; (f) enhancing community-based initiatives (safe spaces, husband schools, local communication cells, women-friendly spaces) involving men and youth, aimed at fostering positive social and behavioural change while contributing to humanitarian preparedness; (g) promoting gender norm change through community and intergenerational dialogues to strengthen the contributions of women and youth to peace building and social cohesion activities; (h) developing innovative digital solutions to improve anonymous and confidential reporting, as well as the prevention

and care of GBV survivors; and (i) supporting the Government in implementing the 2025 Universal Periodic Review recommendations; and (j) establishing cash and voucher assistance programmes to meet the needs of women and girls related to sexual and reproductive health and gender-based violence in emergency situations.

D. Output 4. By 2030, the capacities of national institutions are strengthened to enhance the production, archiving, dissemination and use of high-quality disaggregated data for planning, monitoring and evaluating national policies and international commitments, including the Sustainable Development Goals, the International Conference on Population and Development and the three transformative results, as well as assessing the influence of megatrends.

28. To achieve this output, the following strategies will be implemented: (a) supporting the operationalization of the institutional coordination mechanism for the implementation of the National Strategy for the Development of Statistics; (b) strengthening the capacity of national actors to produce high-quality, disaggregated and up-to-date data, including from administrative sources and civil registration records, to monitor the SDGs, the ICPD25 voluntary commitments, and the three transformative results; (c) contributing to national data collection operations (population and housing census, demographic health survey, multiple indicator cluster survey, household living standards survey, national employment survey) and sectoral data collection systems; (d) strengthening the capacities of national structures for the development of innovative mechanisms for data archiving, dissemination and valorisation; (e) developing partnerships with national structures and research institutions to carry out and disseminate in-depth studies and analyses on population and development issues and megatrends, including specific studies on people with disabilities; (f) supporting the updating and operationalization of the National Population Policy; (g) strengthening advocacy and supporting national initiatives and mechanisms for harnessing the demographic dividend, with an emphasis on gender and youth contribution; and (h) promoting communication to advance the culture of statistics within national administrations and institutions; and (i) institutionalizing biannual needs assessments in the high-risk northern regions, collecting data disaggregated by age, gender, disability, displacement and asylum seeker status.

III. Programme and risk management

29. The Ministry of Economy, Planning and Development will ensure the overall coordination of the programme. It will oversee the programme in collaboration with sectoral ministries and national and international non-governmental organizations (NGOs) as implementing partners. Implementing partners will be selected based on their comparative advantage in relation to the transformative results of UNFPA and national priorities, particularly considering the needs of youth, women and marginalized individuals. The ministries in charge of economy, planning and development; health; women; youth; national education; technical education and vocational training; environment; higher education; social protection and national cohesion will coordinate interventions at the sectoral level. Furthermore, local authorities will be involved in the execution of the programme at the local level.

30. The programme will ensure strong national ownership through the strengthening of traditional partnerships and the development of non-traditional partnerships, including with the private sector and target populations, especially youth-led and women-led groups. Collaboration will be strengthened with United Nations agencies through joint initiatives under the One United Nations approach, and the achievement of collective results for the UNSDCF.

31. Human resources in the country office will be aligned with the technical requirements of the programme to ensure the availability of the necessary expertise for the effective delivery of programme results. The programme will leverage national expertise from academic institutions, training and research institutions, learned societies and socio-professional associations. It will benefit from technical, operational and programmatic support from the regional office and UNFPA headquarters, including on: (a) financial resource mobilization in a middle-income

country; (b) new approaches for in-depth analysis of megatrends and foresight; and (c) integration of new concepts and the UNFPA strategic plan vision for 2026-2030.

32. In addition to regular resources, additional resources will be mobilized from the Government, traditional and non-traditional partners, including international financial institutions and the private sector, to ensure effective programme implementation. Advocacy will be conducted for increased and diversified domestic resources, involving sectoral ministries and local authorities, to ensure sustainability beyond external financing cycles. Collaboration will be strengthened with United Nations agencies for joint project proposals and access to United Nations common funds and for cost sharing. The country office will support the country in strengthening South-South and triangular cooperation, particularly in telemedicine, obstetric fistula repair, and FGM. To ensure optimal management of allocated funds, the country office will enhance the capacity of implementing partners on the harmonized approach to cash transfers and UNFPA management platforms.

33. According to the common country analysis and the enterprise risk management assessment, programme implementation could be hindered by the following risks: socio-political crises; security risks; health crises; reductions in funding; and the effects of climate change (floods, droughts, heat waves). The enduring terrorist threat in the central Sahel poses a considerable regional security challenge, with northern Côte d'Ivoire experiencing repeated attacks in recent years. The increase of asylum seekers from neighbouring nations may exacerbate tensions between the displaced individuals and host communities. While the recent legislative elections were conducted in a calm environment amid ongoing efforts to achieving lasting political stability, there might be potential risks of unrest associated with the 2025 presidential election. Health risks, including epidemics such as the recent Mpox outbreak, necessitate continuous vigilance. In recent years, flooding in the southern regions, has resulted in infrastructural and residential damage, and, at times, loss of life. Potential funding reductions, particularly from external funding sources, present a substantial challenge to the programme.

34. To mitigate these risks, the programme will: (a) ensure that interventions contribute to peace, security and environmental preservation, while addressing the specific needs and human rights of youth, girls and women; (b) identify innovative and diverse resource mobilization opportunities to support programme financing; (c) prioritize strengthening the resilience of institutions, national systems and communities, as well as improving preparedness and response to crises; (d) leverage the dynamism and local grounding of youth-led and women-led civil society organizations, including through coalitions and networks for movement building, to ensure the continuity and success of the programme in hard-to-reach areas or those affected by humanitarian situations.

35. This country programme description outlines the key contributions of UNFPA to national results and serves as the primary basis for accountability to the Executive Board for aligning results and resources allocated to the programme at the country level. The responsibilities of country, regional and headquarters programme directors regarding country programmes are defined in the programmes, policies and procedures governing operations, as well as in the internal control framework.

IV. Monitoring and evaluation

36. The programme's monitoring and evaluation mechanism will be established in accordance with the principles of results-based management, in alignment with the UNSDCF, 2026-2030. A monitoring, evaluation and learning plan will be developed to ensure rigorous tracking of achievements toward programme results. It will include sectoral coordination meetings, quarterly and annual reviews with stakeholders, joint field monitoring visits and the production of quarterly and annual reports on results achieved. The programme will support the documentation of good practices and lessons learned to ensure adaptive management.

37. An independent final evaluation of the programme will be conducted, and the country office will also support the UNSDCF evaluation. The programme monitoring and evaluation system will be supported through innovative data collection and analysis approaches to provide real-time information for quarterly, annual and midterm reviews, as well as voluntary national

reviews on the SDGs. As Côte d'Ivoire was subject to the universal periodic review in 2025, the country office will support the Government in the implementation and monitoring of human rights recommendations related to the UNFPA mandate.

38. UNFPA will engage in joint inter-agency interventions by contributing to UN-Info to facilitate national planning, implementation and reporting. The office will actively participate in the United Nations system monitoring and evaluation technical group and provide substantial contributions to midterm reviews and final evaluations of the UNSDCF and joint initiatives.

39. Based on a training plan, UNFPA will contribute to strengthening national capacities for monitoring, evaluation and disaggregated data collection, to promote a culture of results and accountability. The support will include training and optimize the use of monitoring tools outlined in the National Development Plan. UNFPA will provide technical assistance to the Government to establish a digital platform for monitoring the National Development Plan and for producing and analysing data to improve the monitoring of national and sectoral policies, as well as national and international commitments.

RESULTS AND RESOURCES FRAMEWORK FOR CÔTE D'IVOIRE (2026-2030)

NATIONAL PRIORITY: 1. Accelerate the structural transformation of the economy through enhanced overall productivity, innovation, and private sector development; 2. Develop human capital, skills, and create decent jobs; 3. Promote equity, gender equality, and strengthen inclusivity and growth				
UNSDCF OUTCOMES: 1. By 2030, actors in agricultural, industrial and service value chains use integrated, competitive, resilient and innovative production systems and methods, supported by enhanced coordination mechanisms between sectoral strategies and policies. 2. By 2030, women, children, adolescents, youth and vulnerable groups, particularly in rural and peri-urban areas, have better access to quality basic social services, economic, political and cultural opportunities, and benefit from better social protection, including in emergency contexts. 3. By 2030, communities adopt new practices and benefit from an inclusive and sustainable development model that restores and preserves natural resources, combats climate change and fosters innovation, scientific research and equitable and environmentally friendly economic growth.				
RELATED UNFPA STRATEGIC PLAN OUTCOMES: 1. By 2025, the reduction in unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Annual rate of reduction of maternal mortality <i>Baseline: 4.6% (2021); Target: 10% (2030)</i> Proportion of births attended by skilled health personnel <i>Baseline: 84% (2021); Target: 90% (2030)</i> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 49.2% (2021); Target: 60% (2030)</i> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 19% (2021); Target: 29% (2030)</i> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months 	Output 1: By 2030, national capacities, including those of communities, are strengthened to provide integrated, high-quality, inclusive, continuous and rights-based maternal and neonatal health information and services to women, adolescents and young people, particularly the most vulnerable, especially in underserved and humanitarian contexts.	<ul style="list-style-type: none"> Proportion of emergency obstetric and newborn care (EmONC) network health facilities offering basic or comprehensive services <i>Baseline (a) BEmONC: 21% (2024); Target: 50% (2030)</i> <i>Baseline (b) CEmONC: 37% (2024); Target: 70% (2030)</i> Number of women with obstetric fistula receiving surgical care; disaggregated by (a) age and (b) residence (<i>percentage</i>) <i>Baseline: 1,601 (2024); Target: 2,601 (2030)</i> <i>(a) under age 25 years: 20%; age 25 years and above: 80%; (b) rural: 70%; urban: 30%</i> Proportion of pregnant adolescents and young girls in schools receiving essential obstetric care (pregnancy diagnosis, antenatal and postnatal care, assisted delivery, caesarean section, post-partum family planning and care) disaggregated by age and residence <i>Baseline: 0% (2021); Target: 25% (2026)</i> Number of internship sites (health care facilities) that meet national standard for high-quality training of midwifery students <i>Baseline: 0 (2024); Target: 80 (2030)</i> Number of women and girls benefiting from sexual and reproductive health services in emergency contexts <i>Baseline: 40,576 (2024); Target: 100,000 (2030)</i> 	Ministries of: Health; Youth; Women; National Health; of Technical Education and Vocational Training; the Environment; Social Protection; national and international non-governmental organizations (NGOs)	\$33.8 million (\$6.7 million from regular resources and \$27.1 million from other resources)
	Output 2: By 2030, national capacities are enhanced to ensure equitable and universal access to a comprehensive range of modern contraceptives and high-quality family planning services, tailored to the needs of the population,	<ul style="list-style-type: none"> Number of service delivery points whose capacity is strengthened to offer a comprehensive range of modern methods of contraception <i>Baseline: 12 (2021); Target: 16 (2026)</i> Proportion of service delivery points that have not experienced a stockout of at least three tracer contraceptive products in the past three months <i>Baseline: 70.1% (2023); Target: 80% (2030)</i> 	Ministries of: Health; Youth; Women; National Education; Technical Education and Vocational Training; the Environment; Social Protection; national	\$25.5 million (\$4.1 million from regular resources and \$21.4 million from other resources)

<p><i>Baseline: 25% (2021); Target: 15% (2030)</i></p>	<p>particularly women, men, adolescents, youth and marginalized people.</p>	<ul style="list-style-type: none"> Number of adolescents and young people who have benefited from comprehensive sexuality education programmes <i>(a) in-school, (b) out-of-school (community/digital)</i> <i>Baseline: (a): 5.4 million (2024); Target: 9 million (2030); Baseline: (b): 0.6 million (2024); Target: 1 million (2030)</i> Number of community organizations that develop and implement an action plan to engage both men and women to stimulate demand for reproductive health and family planning services <i>Baseline: 300 (2024); Target: 400 (2030)</i> 	<p>and international NGOs.</p>	
	<p>Output 3: By 2030, capacities of national structures and communities are enhanced to improve the prevention and quality management of gender-based violence, including female genital mutilation and child marriage, and supporting the socio-economic empowerment of women and girls and their resilience, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of communities that have publicly declared the abandonment of female genital mutilation and child marriage <i>Baseline: 536 (2024); Target: 1,036 (2030)</i> Proportion of social centres and social-educational complexes that have a multisectoral body to address gender-based violence (GBV) (multisectoral platform) <i>Baseline: 46.3% (2024); Target: 60% (2030)</i> Proportion of regions covered by the programme with a functional initiative to engage men's and boys' organizations/networks/coalitions, promoting positive masculinities <i>Baseline: 0% (2024); Target: 80% (2030)</i> 	<p>Ministry of Women; Ministry of Youth; Ministry of Social Protection; Ministry of Justice; Ministry of National Education; Ministry of Health; Ministry of the Environment; Ministry of the Civil Service; national and international NGOs.</p>	<p>\$9.8 million (\$3.2 million from regular resources and \$6.6 million from other resources)</p>
	<p>Output 4: By 2030, the capacities of national institutions are strengthened to enhance the production, archiving, dissemination and use of high-quality disaggregated data for planning, monitoring and evaluating national policies and international commitments, including the Sustainable Development Goals, the International Conference on Population and Development, the three transformative results, as well as assessing the influence of megatrends.</p>	<ul style="list-style-type: none"> Number of national institutions that produce and disseminate disaggregated data, including georeferenced data, on population issues, humanitarian data and civil registration records, to monitor international agendas <i>Baseline: 0 (2024); Target: 3 (2030)</i> Number of in-depth analyses, studies and research produced and disseminated on issues related to sexual and reproductive health, gender-based violence, the demographic dividend and megatrends to inform national development policies and programmes <i>Baseline: 6 (2024); Target: 15 (2030)</i> Population situation analysis on population changes and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action, conducted by the country <i>Baseline: No (2024); Target: Yes (2030)</i> 	<p>Ministries of: Economy and Planning; Health; Women Youth; National Education; Technical Education and Vocational Training; the Environment; Higher Education.</p>	<p>\$5.9 million (\$2.4 million from regular resources and \$3.5 million from other resources)</p>