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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Côte d'Ivoire

Proposed indicative UNFPA assistance: \$72.7 million: \$26.7 million from regular resources and \$46 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2009-2013)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	11.9	26.1	38.0
Population and development	7.8	13.3	21.1
Gender equality	4.5	6.6	11.1
Programme coordination and assistance	2.5	-	2.5
Total	26.7	46.0	72.7



I. Situation analysis

1. Since 2002, Côte d'Ivoire has experienced a political and military crisis that has displaced more than 1.7 million people. Poverty increased from 36.8 to 45 per cent from 1995-2005. The population, which is growing at an annual rate of 2.85 per cent, is expected to reach 20.8 million in 2008. Sixty per cent of the population is younger than 25, 51 per cent is female, and 48 per cent live in urban areas.

2. The maternal mortality ratio is high, at 543 deaths per 100,000 live births in 2005. Contributing factors include: (a) the low level of births occurring in health facilities (56 per cent); (b) the low usage rate for modern contraceptives (10 per cent); (c) the damage or destruction of 46 per cent of the health-care infrastructure; and (d) shortages of reproductive health commodities. Shortcomings in the monitoring of pregnancies and in delivery care have given rise to numerous cases of obstetric fistula. In 2004, the rate of cancer in women was 98.8 per 100,000, or approximately 20,000 new cases per year.

3. The overall HIV/AIDS prevalence rate was 4.7 per cent in 2005, with rates higher among women (6.9 per cent) than among men (2.4 per cent). Rates were also higher among urban residents; sex workers and their partners; uniformed personnel; and cross-border populations. In terms of education, the parity index in 2006 was 88 girls per 100 boys in primary school, and 77 girls per 100 boys in secondary school. The crisis has contributed to an upsurge in gender-based violence, particularly sexual violence. Displaced women are three times more likely to be victims of sexual violence than are women who have not been displaced.

4. The conflict has contributed to the lack of reliable statistical data. Offices for vital registration records have been destroyed in some regions. Thirty-five per cent of birth records

have been lost in Bouaké, for example, while 76 per cent have been lost in Vavoua.

5. At the institutional level, existing policy and programme documents are often obsolete, and require updating to address humanitarian concerns. Following the Ouagadougou Political Agreement of March 2007, the country began to emerge from the political and military crisis, a development marked by the end of hostilities, reunification, and the redeployment of the administration. Within this context, the Government launched, in 2007, the process of reviewing the poverty reduction strategy paper. The Government is currently drafting a second national population policy, a national policy on gender equality, a national monitoring and evaluation plan, a national reproductive health commodity security system, and a national health development plan. The Government has also taken measures to implement agreements adopted at international conferences, including the Paris Declaration on Aid Effectiveness and the Maputo Plan of Action.

II. Past cooperation and lessons learned

6. The fifth UNFPA-supported country programme for Côte d'Ivoire (2003-2007) was adopted in January 2003. During the first phase of implementation, 2003-2005, UNFPA and the Government reviewed and transformed the programme into a framework for humanitarian interventions. During this period, the programme focused on reproductive health interventions that addressed the prevailing crisis in the country. Beginning in 2006, UNFPA and the Government expanded the programme to include data collection and analysis; advocacy; resource mobilization; the decentralization of income-generating activities; and partnerships with the private sector, civil society, universities, the United Nations system and bilateral organizations. During the third phase of the programme, in 2008, UNFPA and the Government developed a transition programme that enabled UNFPA to harmonize its programming cycle with that of the Government

and to respond effectively to the needs of the population within the framework of post-crisis reconstruction efforts.

7. A 2007 programme evaluation indicated satisfactory results, with more than 70 per cent of activities executed successfully. This outcome was primarily a result of the decentralization of activities through sub-offices and field units, and the increased mobilization of resources. Programme constraints included: (a) the departure of 63 per cent of the technical and administrative staff, particularly health-care providers in areas affected by the crisis; (b) the destruction of the administrative and health infrastructure; (c) the prevailing insecurity in the country until March 2008; and (d) the withdrawal of bilateral and multilateral partners.

III. Proposed programme

8. The country programme for 2009-2013 builds on lessons learned from previous programmes. It is based on the United Nations Development Assistance Framework (UNDAF), 2009-2013, which takes into account the national priorities contained in the interim poverty reduction document and the Programme of Action of the Ouagadougou Peace Agreement. It is aligned with the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, and the UNFPA strategic plan, 2008-2011. It represents the UNFPA contribution to national post-crisis reconstruction initiatives.

9. The goal of the programme is to support government efforts to reduce poverty, with a view towards attaining equitable improvements in living conditions. The programme contributes to the achievement of five UNDAF outcomes. It has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. The programme is founded on a human rights-based approach, results-based management,

partnerships, advocacy, political dialogue and communication.

Reproductive health and rights component

10. This component will contribute to two outcomes: (a) improved health status of vulnerable populations and reduced maternal and child mortality; and (b) improved provision of HIV/AIDS prevention and treatment services. There are three outputs within this component.

11. Output 1: Sexual and reproductive health and rights, and the institutional framework for implementing the national reproductive health programme, are strengthened. UNFPA will support government efforts to: (a) develop, disseminate and implement the Maputo Plan of Action, the road map for reducing maternal and neonatal mortality, and the national reproductive health programme; (b) revise training curricula, develop a continuous training plan for reproductive health providers, and carry out advocacy efforts; and (c) ensure reproductive health commodity security, as well as an increase in the national budget allocation for such commodities.

12. Output 2: Integrated, high-quality and comprehensive sexual and reproductive health services are available and accessible for the poorest populations. UNFPA interventions will focus on: (a) scaling up the availability and accessibility of family planning services; (b) rehabilitating and refurbishing maternity units and operating theatres to ensure high-quality, comprehensive emergency obstetric care; (c) establishing prevention and treatment centres for obstetric fistula and for the victims of sexual violence; (d) preventing cervical and breast cancer; (e) strengthening the provision of user-friendly sexual and reproductive health services for adolescents and young people; and (f) integrating, into family planning centres, voluntary counselling and testing services for HIV and for the prevention of mother-to-children transmission of HIV.

13. Output 3: The demand for high-quality services to prevent sexually transmitted infections and HIV is increased, particularly among women, young people, and vulnerable and at-risk groups. UNFPA will lead United Nations system efforts to achieve this output by emphasizing: (a) the promotion of voluntary counselling and testing for HIV among at-risk groups; (b) the development of life skills among adolescents and young people; and (c) the development and implementation of a behaviour change communication programme aimed at increasing the use of reproductive health services.

Population and development component

14. The population and development component contributes to two outcomes: (a) the capacity of the Government and of decentralized entities in economic governance and in policy and strategy development is strengthened, and people residing in the national territory enjoy full legal rights; and (b) equitable access for preschool and school-age children to basic education is improved. There are two outputs within this component.

15. Output 1: The national statistics system is strengthened, particularly regarding the collection, analysis and dissemination of data; the establishment of databases that include gender; and the capacity for monitoring and evaluation. The main strategies involve support for: (a) government efforts to carry out the 2008 general population and housing census, analyse the results, and evaluate the impact of the crisis on various development sectors; (b) implementation of the national statistics development strategy by establishing national and regional integrated databases, and efforts to increase the capacity of the statistics offices of sectoral ministries and of the National Statistics Institute; (c) implementation of the national monitoring and evaluation strategy, and in particular for the development of monitoring and evaluation plans for decentralized entities and the monitoring of internationally agreed

conferences and resolutions; and (d) implementation of the national plan to computerize data and protect the family.

16. Output 2: Strengthened national capacity to improve understanding of demographic issues and to integrate population data into development plans and strategies. This output will support: (a) the development of research and training in population sciences; (b) the dissemination of knowledge on the interrelationships between population, economics, health, and the environment in order to target audiences and encourage political dialogue on these issues; (c) the integration of population data into development plans and programmes; (d) the integration of family life skills and population issues into various disciplines; and (e) the development of partnerships with central and decentralized national institutions, the private sector, and civil society.

Gender equality component

17. This component will contribute to two outcomes: (a) gender equality and the fundamental rights of women are considered in national and local policies and programmes; and (b) job-creation mechanisms are implemented, particularly for young people, women, and communities of internally displaced people. There are two outputs within this component.

18. Output 1: National institutional and political frameworks better address the needs of men and women, at both central and decentralized levels. The programme will focus on: (a) strengthening the institutional framework for gender promotion (including the gender policy, the code of individual and family rights, and the gender programme); (b) integrating gender issues into development programmes and policies at central and decentralized levels; and (c) strengthening the technical capacity of decision makers and gender units in sectoral ministries.

19. Output 2: National responses to gender-based violence, particularly sexual violence, are improved. Strategies will include: (a) supporting the development of the national strategy on gender-based violence and female genital mutilation/cutting; (b) developing and implementing a behaviour change communication programme to prevent gender-based violence and female genital mutilation/cutting; (c) strengthening social and support centres in treating victims of gender-based violence; (d) developing and implementing a training programme for stakeholders and communities on gender-based violence, particularly sexual violence and female genital mutilation/cutting; (e) strengthening partnerships for income-generating activities; and (f) supporting the promotion of positive traditions and culture and the fight against gender disparities.

IV. Programme management, monitoring and evaluation

20. UNFPA and the Government will develop joint programmes with other United Nations organizations at national and decentralized levels to maximize the use of available resources. UNFPA will develop a country programme action plan that will define the various levels of collaboration and intervention. UNFPA has established offices and field units in eight of the 19 regions of the country.

21. The Ministry of State for Planning and Development will ensure overall coordination between Côte d'Ivoire and UNFPA. The Ministry of State and two other technical ministries (the Ministry of Health and Public Sanitation and the Ministry of the Family, Women and Social Affairs) will ensure technical coordination of the three programme components in their respective programme sectors.

22. UNFPA and the Government will develop a strategic monitoring and evaluation plan for 2009-2013, which will be aligned with the

monitoring and evaluation system of the Government and the UNDAF. They will also develop and implement resource mobilization and communication plans to support the country programme, and will develop partnerships with civil society.

23. The country office in Côte d'Ivoire includes a representative, an operations manager, an assistant representative, eight programme officers, four programme assistants and several administrative support staff. The country office will enlist the support of national and international experts, the UNFPA regional office for Africa, the subregional office in Dakar, Senegal, the UNFPA Humanitarian Response Unit, and other headquarters technical units. The programme will also make use of South-South cooperation.

RESULTS AND RESOURCES FRAMEWORK FOR COTE D'IVOIRE

National priority: improved accessibility and quality of basic health services and social security UNDAF outcomes: by 2013, (a) equitable access for all to high-quality basic health services is improved; and (b) protection and assistance for vulnerable groups is ensured				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Improved health status of vulnerable populations and reduced maternal and child mortality</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • % of pregnant women with at least four prenatal visits increased from 45% in 2006 to 60% in 2013 • % of births attended by qualified personnel increased from 57% in 2006 to 70% in 2013 • Contraceptive prevalence rate for modern methods increased from 8% in 2006 to 15% in 2013 <p>Outcome: Improved provision of HIV/AIDS prevention and treatment services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • % of young people (15-24) using condoms for occasional sexual relations increased from 39% in 2006 to 50% in 2013 • % of HIV/AIDS screenings increased from 7% in 2006 to 15% in 2013 	<p>Output 1: Sexual and reproductive health and rights, and the institutional framework for implementing the national reproductive health programme, are strengthened</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Road map for reducing maternal and neonatal mortality is adopted • The Maputo Plan of Action is adopted • National strategy for reproductive health commodity security system is adopted <p>Output 2: Integrated, high-quality and comprehensive sexual and reproductive health services are available and accessible for the poorest populations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % of health-care facilities offering at least three reproductive health services, including family planning, increased from 25% in 2008 to 75% in 2013 • Number of rehabilitated reproductive health centres increased from 50 in 2008 to 190 in 2013 • % of births attended by qualified health-care personnel increased from 43.2% in 2008 to 52% in 2013 • Number of women with obstetric fistula under medical treatment increased from 128 in 2008 to 640 in 2013 • Number of cervical and breast cancer prevention and treatment centres increased from 0 in 2008 to 8 in 2013 <p>Output 3: The demand for high-quality services to prevent sexually transmitted infections and HIV is increased, particularly among women, young people, and vulnerable and at-risk groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • % of adolescents and young people of both sexes in the intervention area using condoms for occasional sexual relations increased from 57.2% in 2008 to 65% in 2013 • Number of people trained to provide reproductive health minimum initial service package for post-crisis and humanitarian situations increased from 0 in 2008 to 100 in 2013 	<p>Ministries of: Health and Public Sanitation; Planning and Development; the Family, Women and Social Affairs; the Fight against AIDS; Youth and Sports</p> <p>UNICEF; WHO</p> <p>Civil society; decentralized entities (general councils, city halls); non-governmental organizations; radio and television operators</p>	\$38 million (\$11.9 million from regular resources and \$26.1 million from other resources)
National priorities: (a) reviving the economy; (b) promoting the private sector as an engine for growth and for supporting rural development, wealth creation and employment; and (c) decentralization and reduction of regional disparities UNDAF outcomes: by 2013, (a) the capacity of the Government and the private sector to create jobs and wealth, particularly for the most vulnerable populations, and to ensure food security, is strengthened; and (b) peace is consolidated by strengthening security for individuals and property, and by encouraging reconciliation, community reintegration, and respect for human rights				
Population and development	<p>Outcome: The capacity of the Government and of decentralized entities in economic governance and in policy and strategy development is strengthened, and people residing in the national territory enjoy full legal rights</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Number of evaluation reports produced on government development actions increased from 0 in 2008 to 5 in 2013 	<p>Output 1: The national statistics system is strengthened, particularly regarding the collection, analysis, and dissemination of data; the establishment of databases that include gender; and the capacity for monitoring and evaluation</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Existence of census reports with data disaggregated by gender • Existence of a national monitoring and evaluation strategy • Number of national integrated management information systems and regional databases increased from 0 in 2008 to 11 in 2013 	<p>Ministries of: Education; the Family, Women and Social Affairs; the Fight against AIDS; Planning and Development</p> <p>United Nations system</p>	\$21.1 million (\$7.8 million from regular resources and \$13.3 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (continued)	<p><u>Outcome:</u> Equitable access for preschool and school-age children to basic education is improved</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Parity index between the sexes 	<p><u>Output 2:</u> Strengthened national capacity to improve understanding of demographic issues and to integrate population data into development plans and strategies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Existence of a research centre on population sciences • Existence of new training curricula integrating population and development, gender, and reproductive health issues • Number of decision makers and planners in decentralized entities trained to consider demographic variables and the gender dimension in local development plans increased from 0 in 2008 to 500 in 2013 	Civil society; decentralized entities; training and research institutes; universities	
<p>National priorities: (a) reviving the economy; (b) promoting the private sector as an engine for growth and for supporting rural development, wealth creation and employment; and (c) decentralization and reduction of regional disparities</p> <p>UNDAF outcomes: by 2003, (a) national and local institutions and civil society are restored and the capacity for good governance is strengthened; and (b) the capacity of the Government and the private sector to create jobs and wealth, particularly for the most vulnerable populations, and to ensure food security, is strengthened</p>				
Gender equality	<p><u>Outcome:</u> Gender equality and the fundamental rights of women are considered in national and local policies and programmes</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of policy documents taking gender into account increased from 1 in 2008 to 4 in 2013 • Existence of a civil code • % of new local development plans incorporating gender increased to 100% by 2013 • % of women in decision-making positions increased from 11% in 2008 to 30% in 2013 <p><u>Outcome:</u> Job-creation mechanisms are implemented, particularly for young people, women and communities of internally displaced people</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of jobs created for young people, women, and the internally displaced • % of the population affected by the crisis benefiting from reintegration programmes increased to 35% by 2013 	<p><u>Output 1:</u> National institutional and political frameworks better address the needs of men and women, at both central and decentralized levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Existence of national gender policy and code of individual rights and the family • % of local development plans integrating gender in intervention areas increased to 100% by 2013 • Number of field units increased from 2 in 2008 to 15 in 2013 <p><u>Output 2:</u> National responses to gender-based violence, particularly sexual violence, are improved</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Existence of a national strategy on gender-based violence and female genital mutilation/cutting • Number of centres of excellence created to treat gender-based violence increased from 0 in 2008 to 8 in 2013 • Number of women and their families benefiting from support for the creation of income-generating activities increased from 2,000 in 2008 to 100,000 in 2013 • Number of female genital mutilation/cutting practitioners provided with new employment increased from 300 in 2008 to 1,000 in 2013 • Number of art and cultural study centres increased from 0 in 2008 to 3 in 2013 	<p>Ministry of the Family, Women, and Social Affairs; technical ministries</p> <p>United Nations Development Fund for Women; UNDP; UNICEF</p> <p>Civil society; decentralized entities; NGOs; radio and television stations; training and research institutes; universities</p>	<p>\$11.1 million (\$4.5 million from regular resources and \$6.6 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$2.5 million from regular resources</p>