



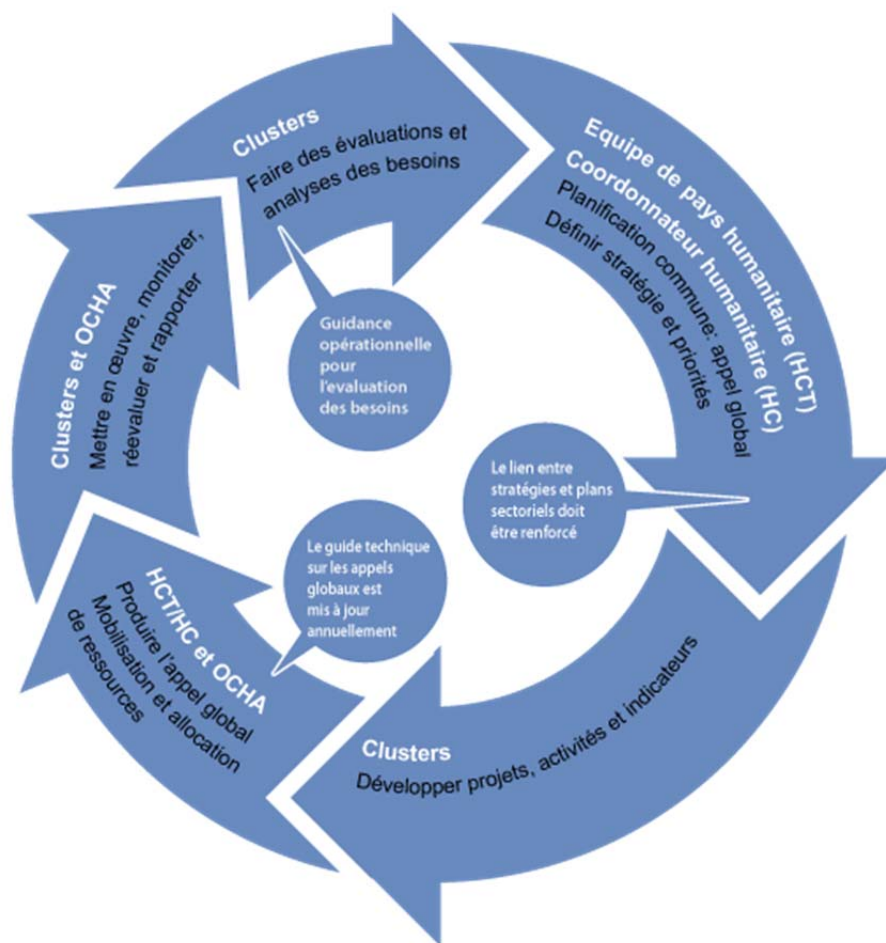
UNICEF, 2011

Côte d'Ivoire

2012

Consolidated Appeal





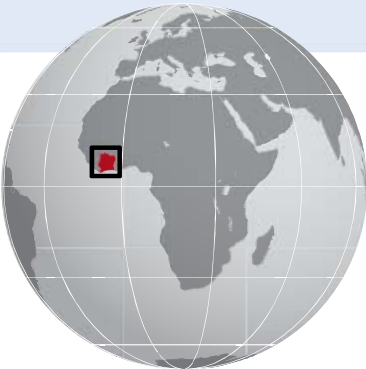
SOME OF THE ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	CRS	Humedica	MEDAIR
ACF	CWS	IA	MENTOR
ACTED	DanChurchAid	IEDA	MERLIN
ADRA	DDG	ILO	Muslim Aid
Africare	Diakonie Emerg. Aid	IMC	NCA
AMI-France	DRC	INTERMON	NPA
ARC	EM-DH	Internews	NRC
ARS	FAO	INTERMOS	OCHA
ASB	FAR	IOM	OHCHR
ASI	FHI	IPHD	OXFAM
AVSI	FinnChurchAid	IR	PA
CARE	FSD	IRC	PACT
CARITAS	GAA	IRD	PAI
CEMIR International	GOAL	IRIN	Plan
CESVI	GTZ	IRW	PMU-I
CFA	GVC	Islamic Relief	Première Urgence
CHF	Handicap International	JOIN	RC/Germany
CHFI	HCSO	JRS	RCO
CISV	HealthNet TPO	LWF	Samaritan's Purse
CMA	HELP	Malaria Consortium	Save the Children
CONCERN	HelpAge International	Malteser	SECADEV
COOPI	HKI	Mercy Corps	Solidarités
CORDAID	Horn Relief	MDA	SUDO
COSV	HT	MDM	TEARFUND

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Please note that appeals are revised regularly. The latest version of this document is available on <http://unocha.org/cap>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



- ★ National capital
- ⊙ Regional capital
- Populated place
- International boundary
- - - Regional boundary

Disclaimers: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, FAO, UN OCHA.

1. Executive Summary

Six months after the post-election crisis, the security and socio-political situation has gradually improved in most parts of Côte d'Ivoire. This has enabled hundreds of thousands of internally displaced people (IDPs) and Ivorian refugees in countries of the region to return to their places of origin. However, security issues persist. They include armed attacks and abuse against civilians, as well as communal tensions particularly in the west and south-west. Côte d'Ivoire remains in a fragile recovery phase, strongly affected by the legacy of several crises that have taken place over the past decade or more. The latest crisis has severely exacerbated the situation. The process of reconstruction, peace-building and reconciliation will likely be long and difficult, as numerous challenges face President Ouattara's Government. They include restoring a secure environment throughout the territory and along the borders; restoring the rule of law and justice; consolidating State services; reconciling and strengthening social cohesion; economic recovery; and the fight against poverty.

In this context of transition, humanitarian aid to vulnerable populations remains a top priority. This includes the protection of civilians, the restoration of livelihoods, and the voluntary return and reintegration of IDPs and refugees. Hundreds of thousands of people are still in profound vulnerability—mainly in the west and south-west. This is because they are still internally displaced (more than 186,000 according to humanitarian actors), or because they have not recovered their livelihoods or are exposed to abuses committed by armed men. Important needs persist in all areas: protection, health, access to water, shelter, education, food security, nutrition and early recovery. In addition, according to UNHCR almost 182,000 Ivorians are still refugees in countries of the region, including over 156,000 in Liberia.

In 2012, humanitarian action will prioritize the most problematic regions in the west and south-west, where significant efforts must still be made. Interventions in areas such as food security, health and nutrition will also be pursued in other regions in the centre and north.

Humanitarian partners have identified the following strategic objectives: 1) improve the living conditions and protection of affected populations, including IDPs, host families, host communities and other vulnerable people, by ensuring the access to basic services according to SPHERE standards; 2) facilitate voluntary return to secure areas by identifying and supporting sustainable solutions; 3) reduce risk and mitigate the effects of possible future crises.

The objectives defined at the sectoral level are closely linked to the strategic objectives. A reinforced monitoring mechanism will be set up to measure, based on defined quantifiable indicators, progress vis-à-vis these objectives and, by extension, the implementation of the overall humanitarian strategy.

Côte d'Ivoire Consolidated Appeal 2012: Key Parameters	
Duration	1 January 2012 – 31 December 2012
2011-2012 milestones	Elections in Liberia Legislative elections in CDI Local elections in CDI Trial of Former President Gbagbo
Target beneficiaries*	
Internally displaced population	186,000
Returnees (IDPs who have returned home)	420,000
Repatriated refugees (including 96.000 recorded by UNHCR)	130,000
IDP host families	26,000
Host communities (host households for repatriates and returnees)	90,000
Vulnerable populations	1,560,000
Refugees	54,000
TOTAL	2,466,000 **
Total requested funding	Requested funding per beneficiary
US ¹ \$173 089,333	\$70
<i>*Planning figures harmonized as at 20 October 2011 by the humanitarian community.</i>	
<i>** Total beneficiaries based on an average of five people per household.</i>	

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@un.org), which will display its requirements and funding on the current appeals page.

The projects will seek the active participation of local communities and authorities concerned. This will help to ensure the sustainability of actions undertaken to allow a gradual withdrawal of humanitarian actors, and to facilitate a smooth transition with development programmes. In the same spirit, coordination with the authorities will be strengthened and the CAP with its humanitarian action plan will be integrated into the Government's National Development Plan, which is being prepared.

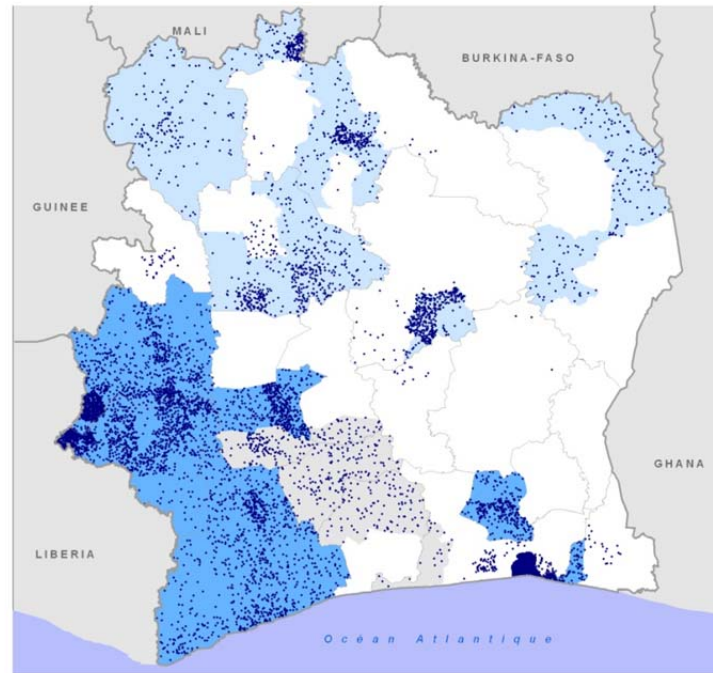
This humanitarian aid will likely continue beyond 2012 in some areas. A premature withdrawal of humanitarian agencies could cause the humanitarian situation to deteriorate, or even be an indirect cause of tensions. Therefore, it is essential that financial resources be available to carry out the strategic actions planned in this appeal.

HUMANITARIAN DASHBOARD – Côte d'Ivoire November 2011

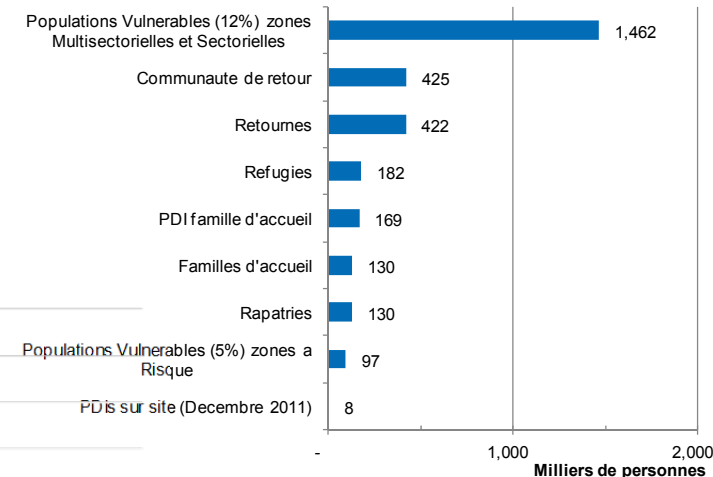
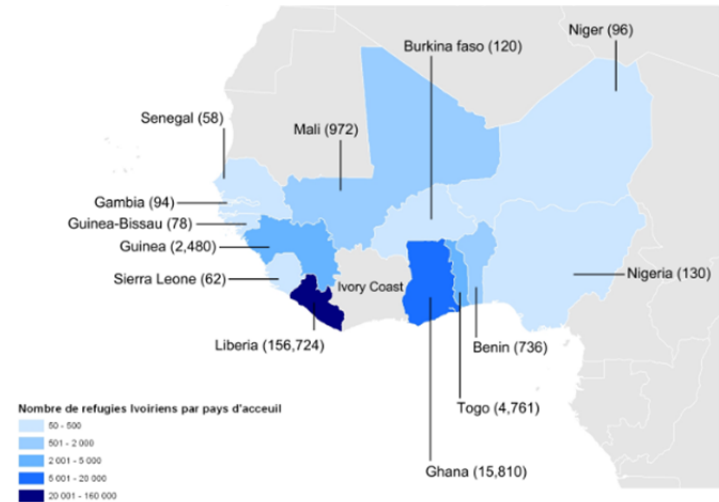
SITUATION OVERVIEW

- Main features of the emergency: (i) massive population displacement inside and outside the country and gradual return; (ii) protection and insecurity; (iii) loss of property and livelihood by a significant part of the population of Côte d'Ivoire; (iv) dysfunction of basic social services
- Most-affected groups: IDPs and refugees; repatriates and returnees; IDPs who have returned home; host families; host communities; and vulnerable people.
- Most-affected regions: a) priority areas requiring a multi-sectoral approach; b) priority areas requiring a sectoral approach; c) risk areas (cf.map).
- Key drivers of the crisis: the post-electoral crisis from December 2010 to April 2011. This plunged the country into a situation of armed violence that resulted in a humanitarian crisis.

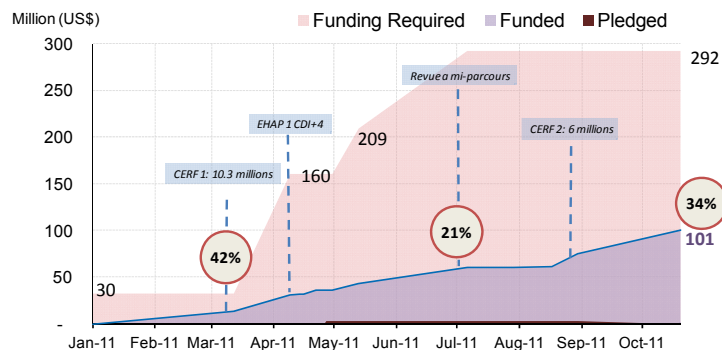
VULNERABLE POPULATIONS AND PRIORITY HUMANITARIAN AREAS



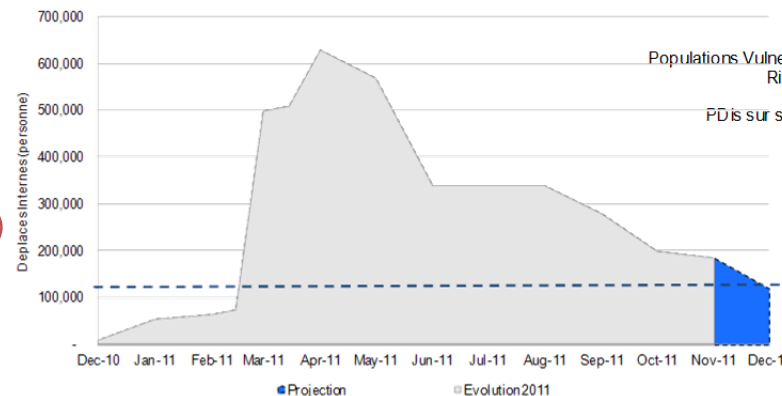
Ivorian refugees in neighbouring countries



Ivory Coast - Humanitarian Funding - CDI + 4 EHAP 2011 (Source: FTS)



Evolution of number of IDPs in CDI and projection for December 2011 (Source: CCCM Cluster)



HUMANITARIAN DASHBOARD – Côte d'Ivoire November 2011

INFORMATION GAPS AND ASSESSMENT PLANNING

- Estimate of IDPs in host families.
- Update of the total population (**new population census planned for 2012**).
- Mapping of functional public institutions in priority areas.
- Thorough assessments in areas where information gaps have been identified (Bas Sassandra, Haut Sassandra, Wouroudougo).
- Thorough food security assessment planned for December 2011 by WFP/FAO, Minagri and INS.

OPERATING CONSTRAINTS

Access to vulnerable populations practically impossible for several months.

Limited funding in 2011 affecting the humanitarian response plan.

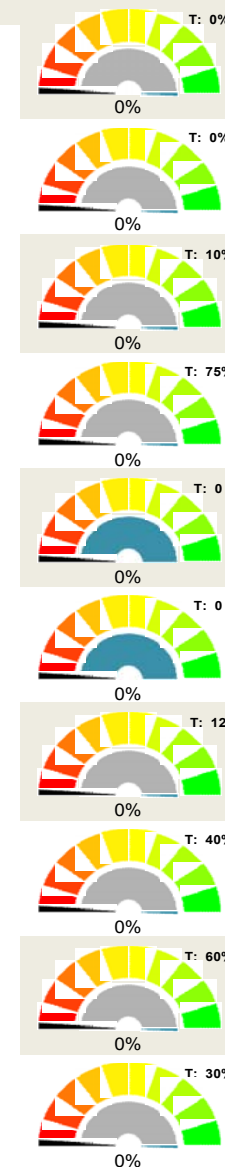
Prolonged closure of schools, absence of police and judicial services, and absence of interlocutors in public administration.

Top-level outcome/humanitarian indicators

Crude mortality rate	10.16/1,000) 2011 (statistiques-mondiale.com/cote_divoire.htm)
Mortality rate <5 years	114/1,000 live births (Child Info Côte d'Ivoire Country Profile 2010)
Global acute malnutrition <5	5.4% (Côte d'Ivoire SMART Survey 2011)
Severe acute malnutrition <5	1.0% (Côte d'Ivoire SMART Survey 2011)
% of the population living below the poverty line (241,145 F CFA/y)	48.9% (National Survey into the Standard of Living of Households in Côte d'Ivoire 2008)

Reference indicators (pre-crisis reference)

Population	21,570,700 (UNDP, 2009)
Population growth	2.08% (2011, statistiques-mondiale.com/cote_divoire.htm)
Life expectancy (F)	54.4 years (INS 2010 forecasts)
Life expectancy (M)	51 years (INS 2010 forecasts)
Literacy rate in %	66.6% (http:mdgs.un.org/unsd/mdg/Data.asp?)
HDI Rank	0.4 rank, 170 th country out of 187 (2011)
Urban population	49.0% (2008)statistiques-mondiale.com/cote_divoire.htm



Additional humanitarian and development indicators for Côte d'Ivoire

		Latest data	Previous data or pre-crisis reference level	Trend ²
Economic status	Gross national income per capita (\$ PPP)	\$1,387 (HDR 2011, PPP 2005)	\$1,625 (PPP value, 2008)	↓
	% of the population living below poverty line (241,145 FCFA ³ /y)	48.9% (National Survey on the Standard of Living of Households in Côte d'Ivoire 2008)	38.4% (CIA World Factbook, 2002)	↓
Health	Maternal mortality rate	543/100,000 births, DIPE 2010	470/100,000 live births (CIA World Factbook, 2008)	↓
	Number of medical staff (MD + nurses + midwives) per 10,000 people	1.2 MD/10,000, 4.8 MW/10,000 deliveries, 6 nurses/10,000 inhabitants (WHO, 2010)		
	Rate of measles vaccines (6 months-15 years)	43% in 2011, PPC EIP		
	Number of cases or frequency rates of diseases	Malaria: 1,913,970 cases in 2009 (source: DIPE) Acute respiratory infectoin (0-4 years): 280,196 cases in 2009 (DIPE) Diarrhoea (0-4 years): 143,058, in 2009	1,549,005 203,846 52,645	↑
Food security	% of households by food consumption score (<21, 21-34, 35+)	<21: 6.9% 21-34: 22.4% +35: 70.7% ESASU, June 2009	<21: 2.5% 21-34: 10.1% +35: 87.4% ESASU, June 2011	↑
	% of households in global and severe food insecurity (FI)	29.3% in global FI including 6.9% in severe FI (ESASU 2011, data not statistically representative at the national level)	12.6% in global FI including 2.5 in severe FI (In-Depth Food Security Survey 2009)	↓
WASH	Proportion of population without sustainable access to an improved source of drinking water	24% (MICS, 2006)		
	Access to improved sanitation	77% (2008, UNICEF)		

² Meaning of symbols: ↓ deterioration of the situation, ↑ improvement of the situation.

³ CFA = *Communauté financière d'Afrique*; \$1 = 450 francs CFA (FCFA).

Table I. Requirements per cluster

Côte d'Ivoire Consolidated Appeal 2012 15 November 2011 http://fts.unocha.org	
Compiled by OCHA on the basis of information provided by appealing organizations.	
Cluster	Requirements(\$)
CAMP COORDINATION AND CAMP MANAGEMENT	4,018,833
COORDINATION, INFORMATION MANAGEMENT AND SUPPORT SERVICES	4,425,413
EARLY RECOVERY	9,837,519
EDUCATION	11,770,536
EMERGENCY SHELTER, NON-FOOD ITEMS	9,298,470
FOOD SECURITY	46,807,431
HEALTH	18,822,233
LOGISTICS	2,129,985
MULTI-SECTOR	18,336,975
NUTRITION	15,797,322
PROTECTION	18,493,062
WATER, HYGIENE AND SANITATION (WASH)	13,351,554
Grand Total	173,089,333

Table II. Requirements per priority level

Côte d'Ivoire Consolidated Appeal 2012 15 November 2011 http://fts.unocha.org	
Compiled by OCHA on the basis of information provided by appealing organizations.	
Priority level	Required funds (\$)
Category A	98,487,377
Category B	62,487,419
Category C	12,114,537
Grand Total	173,089,333

Table III. Requirements per organization

Côte d'Ivoire Consolidated Appeal 2012 15 November 2011 http://fts.unocha.org	
Compiled by OCHA on the basis of information provided by appealing organizations.	
Agency	Required funds (\$)
ACF	8,891,054
ACTED	3,250,000
ADRA	2,349,000
ASA	300,670
ASAPSU	750,010
CARE International	1,874,910
CARITAS	604,538
COOPI	3,080,170
DRC	2,092,619
FAO	6,617,321
France RC	200,000
Geneva Global	1,014,000
HAC-SEA	250,000
HI	1,000,000
HKI	2,018,842
IOM	3,001,170
IRC	1,815,547
JRS	1,065,440
MESAD	200,090
NRC	729,720
OCHA	4,425,413
PAH	309,000
PU-AMI	1,456,056
SC	6,918,620
SCG	1,716,996
Solidarités-France	2,281,349
UN Women	434,720
UNAIDS	1,914,280
UNDP	4,595,940
UNFPA	6,903,446
UN-HABITAT	1,669,200
UNHCR	31,342,307
UNICEF	17,277,000
WANEP-CI	216,264
WFP	43,148,166
WHO	7,375,475
Grand Total	173,089,333

2. 2011 in review

2.1 Changes in the context

The presidential elections of November 2010 in Côte d'Ivoire were the result of a long peace-seeking process that began in January 2003. It followed an attempted coup that had divided the country since September 2002. None of the agreements signed led to the expected peace until March 2007, when the Ouagadougou Political Agreement (OPA) was signed. This agreement allowed for the removal of confrontation lines, and the restoration of the state's authority throughout the country through the redeployment of public and judicial administration and state technical services.

In this context, the OPA stakeholders agreed on the organization of the 2010 presidential elections, whose results became contested. This resulted in an armed conflict between the *Forces Républicaine de Côte d'Ivoire* (Republican Forces of Côte d'Ivoire - FRCI) and the *Forces de Défense et de Sécurité* (Defence and Security Forces - FDS), leading to widespread fighting and insecurity and a major humanitarian crisis. Thus, the foundations of social cohesion and peace have been challenged by the post-electoral crisis which has intensified the social divide.

Following the installation of President Alassane Ouattara and his Government in power, the security and socio-political situation has gradually improved. This has enabled hundreds of thousands of civilians who had fled the violence to return to their places of origin.

On the political front, the next important step for the Government will be holding legislative elections scheduled for 11 December 2011. These could take place without the participation of the *Front Populaire Ivoirien* (Ivorian Popular Front or FPI), the political party of former President Laurent Gbagbo.

To ensure community reconciliation, the Government set up a Dialogue, Truth and Reconciliation Commission on 29 September, composed of religious and community leaders, and members of civil society who may have an influence on the population. The commission's purpose is to bring people together on the basis of dialogue and truth.

Security situation

On 17 March 2011, the President of the Republic, Mr. Alassane Ouattara, created the FRCI while he was confined to the Hotel du Golf. It was a merger of the national army (FDS) and the armed forces of the *Forces Nouvelles* movement (*Forces Armées des Forces Nouvelles* - FAFN). However, despite an overall improvement, the situation remains unpredictable, particularly in Abidjan and in the west. This is partly due to difficulties in the reunification of the two armies, incomplete disarmament of ex-combatants and militiamen, and the circulation of light weapons among the population. The disarmament, demobilization and reintegration (DDR) programme is currently not operational. However, priority actions implemented by the United Nations Operation in Côte d'Ivoire (*Opération des Nations Unies en Côte d'Ivoire* - UNOCI) are underway.

In addition, between 28 September and 3 October 2011, FRCI units (police, gendarmerie, water/forestry and customs) were reinstalled in the central, northern and western regions, previously under the control of the FAFN, which they had left on 19 September 2002. The Government has also started to dismantle unofficial roadblocks throughout the country to prevent abuse, racketeering and harassment of travellers. A police squad to fight against racketeering and road harassment was also established on 5 October 2011.

UNOCI has been redeployed in the west, with new detachments in Bolequin and Zouan Hounien, which are areas with significant returns of people.

Humanitarian situation

The humanitarian consequences of the post-electoral crisis are still visible. People are still internally displaced, and refugees, host families and host communities are economically vulnerable. Protection problems persist, basic social services are slowly resuming, and rural land issues have not been resolved.

Population movements

Spontaneous returns of IDPs and Ivorian refugees from neighbouring countries have been noted, particularly in the west. To facilitate and better organize these returns, the Governments of Côte d'Ivoire and Liberia signed a tripartite agreement with UNHCR. A similar agreement was signed with Ghana, and others should follow. To this end, delegations of the Governments of Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, and Togo held a meeting on 26 and 27 September 2011 in Abidjan. UNHCR also attended the meeting in relation to voluntary repatriation requirements and the cessation of Liberian citizens' refugee status starting from 30 June 2012, as decided by the participants.

In addition, humanitarian actors noted a significant decrease in the number of IDPs in sites (from 70,000 in June to nearly 16,000 in October 2011, i.e. a 77% decrease). However, in some sites, IDPs are under threat of eviction, as the owners (individuals, associations or religious communities) want their spaces back to continue their usual activities. Parallel to displaced people in sites, the Protection Cluster estimates that IDPs in host families number around 170,000 people.

In general, IDPs and refugees refuse to return for security, economic and property-access reasons. In fact, the issue of land access is a major concern in the context of the return of IDPs and refugees. Exacerbated by ethnic and political considerations, it hampers social cohesion and reconciliation between communities and hinders the return of populations, especially those from communities affected by land issues in the west.

Coordination with the Government

The Government has appointed the Minister of State, Minister for Employment, Social Affairs and Solidarity to ensure coordination with humanitarian actors. By decree on 5 October 2011, this ministry created the *Comité National de Coordination de l'Action Humanitaire* (National Committee for Coordination of Humanitarian Action - CNCAH) to reinforce coordination.

As part of the CNCAH, humanitarian actors have developed a strategy for the voluntary and sustainable return of IDPs in sites. This has been submitted to the Government to find a joint response to these people's needs.

2.2 Summary of cluster achievements in 2011

Côte d'Ivoire's post-electoral crisis led to the development of a regional Emergency Humanitarian Action Plan in January 2011. It involved Côte d'Ivoire and the four neighbouring countries of Burkina Faso, Ghana, Guinea and Mali (EHAP CDI+4). By December 2010, more than 100,000 people had fled Côte d'Ivoire to neighbouring countries. Subsequently, facing the deterioration of the political climate, the number of IDPs was estimated at over 800,000, including 100,000 in the west and about 700,000 people who fled the fighting in Abidjan to seek refuge in sites or with host families.

Following the conclusion of the FRCI's offensive in April 2011, the cluster leads in Côte d'Ivoire revised the EHAP under the Humanitarian Coordinator's leadership, and in collaboration with the clusters' regional focal points under the direction of the UNHCR Regional Office. Despite the difficulty in accurately assessing the effects of the fighting in Abidjan and given the fluctuation of security and humanitarian needs, the urgent need for funds made the publication of the revised EHAP urgent in order to meet the population's priority needs.

In the mid-year review conducted in July 2011, clusters and the Humanitarian Country Team (HCT) recognized the need to review the sectoral plans and strategy based on new developments, and agreed to regularly update the EHAP.

Considering the EHAP objective of reinforcing logistical capacity, the Logistics and Emergency Telecommunications Clusters added response plans. Within the regional EHAP, the response plan for Côte d'Ivoire reflected the most urgent needs and focused on the following four strategic objectives:

- Reduce excessive mortality and morbidity in crisis situations.
- Reinforce the livelihoods of the most vulnerable people affected by the crisis.
- Ensure humanitarian access and improve the protection of vulnerable people.
- Strengthen coordination and emergency preparedness at national and regional levels.

Cluster achievements in 2011

Shelter/ NFIs	<p>EHAP objectives Ensure IDPs in camps or spontaneous sites are provided with emergency shelter. Ensure the basic needs of IDPs are covered, such as basic domestic items. Enhance the coordination and effectiveness of emergency shelter assistance to vulnerable people and people with special needs.</p> <p>Response 37,865 households (about 190,000 people) received NFI support kits from May to September 2011</p>
Camp Coordination and Camp Management (CCCM)	<p>EHAP objectives Manage IDP camps, with all infrastructure functional. Involve IDPs in the management of camps and services and coordination of protection.</p> <p>Response CCCM partners were able to cover 60% of camps in the management and effective coordination of IDP assistance and protection. This coverage gradually increased to 100% in early July 2011, thanks to management and coordination mechanisms established by all cluster members. The coverage was achieved in three ways: 1) agencies working on a permanent basis or in mobile teams dedicated to camp management; 2) Camp Management focal points (agencies that provide water, sanitation and hygiene (WASH) in camps where there is no camp manager); 3) urgent municipal coverage for all camps.</p>
Education	<p>EHAP objectives Ensuring access to quality education, including psycho-social support for IDP children in sites and host families. Facilitate the reopening of schools closed for several months and the return to school of students and teachers.</p> <p>Response Establishment of temporary child-friendly learning spaces in more than 20 IDP sites in the west (Man, Danané, Duékoué, Guiglo) and Abidjan (Yopougon, Bingerville, other sites). Training of 200 teachers and coaches for academic support, psycho-social support, recreational activities, and life skills in sites for displaced children in preschool, primary and post-primary. Advocacy and material support that facilitated the integration of 40,000 displaced students in functional formal schools of their host area. Advocacy for the reopening of schools in the central, northern and western area, successfully achieved on 28 March 2011. National assessment of the effective reopening of schools in 9,907 schools out of 11,140 in the country (90%) in May 2011. Launching the national "Back to School" campaign aimed at ensuring the effective return of more than 1 million children and the effectiveness of the 2011/2012 school year.</p>

Logistics	<p>EHAP objectives Provide free logistics coordination, information management and dissemination, and logistics services in 2011. Facilitate coordination meetings of the Logistics Cluster for cluster participants to ensure a comprehensive and effective response within the humanitarian community.</p>
	<p>Response The provision of a transit zone for humanitarian freight in Accra (United Nations Humanitarian Response Depot), including the temporary storage and cross-border transportation of freight to bases established by the Logistics Cluster in CDI. Setting up of an information-sharing platform (www.logcluster.org/ops/civ11a) to allow the consolidation and dissemination of logistics information. Provision of temporary storage facilities for the humanitarian community in Abidjan, Bouaké and Man. Facilitation of the transportation and escort of humanitarian-goods convoys and the air transportation of NFIs. Establishment of passenger air transport service operated by the United Nations Humanitarian Air Service (UNHAS).</p>
Nutrition	<p>EHAP objectives Reinforce the capacity of the Government and partners to assess and monitor the nutritional status of women and children under age 5. Support the Government and partners in implementing an appropriate emergency response that includes preventive and therapeutic interventions. Ensure and enhance coordination within the Nutrition Cluster and with other clusters.</p>
	<p>Response Implementation of a national nutrition survey using the Standardized Monitoring and Evaluation in Relief and Transitions (SMART) methodology, which was used to assess the nutritional status of children aged 6-59 months. Implementation of active testing activities in the communities that benefited 385,513 children aged 6-59 months. Among the tested children, 22,360 cases of moderate acute malnutrition (MAM - 5.8%) and 6,054 cases of severe acute malnutrition (SAM - 1.6%) were identified. Support for the introduction of a ready-to-use supplementation product for primary environmental care (PEC) of MAM cases. Implementation of blanket feeding activities in the Montagnes and the Moyen-Cavally regions to prevent the deterioration of the nutritional status of more than 6,000 children under age 5, pregnant and nursing women, and vulnerable people every month for five months. Ensure the functionality of severe and moderate malnutrition care and treatment centres (20 therapeutic feeding units / TFUs; 155 outpatient nutrition units / ONUs; and over 200 supplementary feeding centres - SFCs) in high-prevalence areas, such as the west, north, central-north, north-west, and north-east.</p>
Protection	<p>EHAP objectives Contribute to reducing mortality and improving access to services through organized reinforcement of coordination, monitoring and advocacy systems. Reinforce service offers and the capacity of state and community institutions for the collection of information and referral and care for victims of violence, and social cohesion activities in the host communities of IDPs and returnees.</p>
	<p>Response The Protection Cluster and the Child Protection and Gender-Based Violence (GBV), and Social Cohesion and Advocacy Taskforces facilitated the provision of care and treatment to 441 identified survivors of sexual violence. Identification of young children needing food supplements, in coordination with the Nutrition Cluster. Together with Government counterparts, GBV actors set up a national system for identification and multi-sectoral management of individual cases of rights violations. Child Protection actors supported the identification, documentation, tracing and reunification (IDTR) for 380 separated/unaccompanied children and provided psycho-social care and treatment to over 10,000 children. More than 1,100 cases of rights violations against children and women have been reported and referred. Cluster members have conducted sensitization or community work sessions on social cohesion.</p>

Early Recovery	<p>EHAP objectives Support conflict-mitigation organizations and reinforce social cohesion. Provide livelihoods and means of protection to most vulnerable groups by supporting basic infrastructure and income-generating activities. Ensure information-sharing among stakeholders in affected communities.</p>
	<p>Response The Cluster has been working to identify reconciliation and livelihood opportunities for IDPs, host communities and other vulnerable groups in areas affected by the conflict. In recent months, eight projects were submitted and are still pending funding. Planning strategies and tools have been developed and implemented, including participation in rapid inter-agency assessment of humanitarian needs. Between 14 June and 15 July 2011, the Cluster conducted a joint rapid needs assessment in the most affected regions to identify needs in terms of recovery and social cohesion in a context of integrated action.</p>
Health	<p>EHAP objectives Support access to care services for populations affected by the crisis and ensure the control of epidemic diseases.</p>
	<p>Response The Health Cluster has set up an early warning system for control of five epidemic diseases (polio, measles, cholera, meningitis, yellow fever), and for malnutrition and sexual violence. Alternative mobile clinics were organized in the Moyen-Cavally (Zouan-Hounien) and Bas Sassandra regions, in areas where health facilities were closed or destroyed, in collaboration with non-governmental organizations (NGOs) such as Save the Children, Caritas, <i>Cooperazione Internazionale</i> (COOPI) and the International Rescue Committee (IRC). Health facilities that have opened were supported with drugs and staff training. The World Health Organization (WHO) donated 30 tons of drugs in the west. Six polio vaccination campaigns were conducted throughout the country, covering 7 million children. Local measles and yellow fever vaccination campaigns were carried out. Rehabilitation activities were conducted in the health districts of Danané (8 health facilities), Bangolo (16 health facilities), and at the hospitals in Bloléquin and Toulepleu. Joint assessments were organized by the Cluster in the west and in Abidjan.</p>
Food Security	<p>EHAP objectives Assess food security needs and plan adequate and effective interventions to support vulnerable populations, while integrating issues relative to early recovery, gender and risk reduction during needs assessment and formulation of the response. Coordinate the sharing of information, emergency food assistance, agricultural-assistance activities and programmes and financial-type interventions.</p>
	<p>Response Food distribution (January-August 2011): 12,685 tons of food were distributed to 738,156 vulnerable people. Agricultural interventions: 34,951 households (209,706 people) have sown their fields using the agricultural kits (consisting of seeds, grains, fertilizers and tools and/or protective equipment) during the main rainy season (May/June) and complementary interventions (August/September). Distribution of gardening kits to 17,000 households is underway. Cash transfer and food coupons: about 20,469 vulnerable households received cash or food coupons in Abidjan (including outskirts) and in the west. Surveys and assessments: a large number of needs assessments were conducted at the local level, as well as a rapid assessment of food security at the national level. The various data were analysed and compiled during the Integrated Food Security Phase Classification (IPC) analysis cycle.</p>
WASH	<p>EHAP objectives Improving access to drinking water, sanitation and hygiene for IDPs, rural and urban returnees and host communities. Improving access to drinking water, sanitation and hygiene for the population</p>

	<p>affected by malnutrition and made more vulnerable by the crisis. Reinforce support to the authorities to prevent and stop the spread of the cholera epidemic in the District of Abidjan and in the areas of propagation.</p>
	<p>Response Drinking water supply: water trucking or repair/disinfection, servicing, maintaining existing water-supply systems, monitoring drinking water quality. Promotion of domestic water treatment (aquatabs, bleach, filters, etc.). Activating water-management committees with more involvement of women. Excreta sanitation through constructing temporary latrines separated by gender or rehabilitation of existing infrastructures; construction/rehabilitation of latrines with hand-washing facilities in schools, health centres and malnutrition care and treatment centres. Promotion of household latrines and hand-washing facilities made of local materials. Establishment of hygiene and sanitation committees. Hygiene promotion and organization of hygiene and sanitation committees, distribution of soap. Cholera prevention: package at the community level and at cholera treatment centres/cholera care and treatment facilities.</p>

2.3 Lessons learned

Since the crisis began, despite the constraints encountered, humanitarian actors have made considerable efforts to optimize the preparedness of responses in Côte d'Ivoire and neighbouring countries according to new developments. Based on strategic objectives, the HCT in Côte d'Ivoire has conducted a number of actions according to areas considered as priority since the mid-term review of the EHAP.

Lessons learned	Actions
Better identify and target the most vulnerable people. Ensure balanced assistance throughout the country and among all vulnerable groups including IDPs, returnees, repatriates and host communities.	Following the review of the EHAP, humanitarian intervention strategies have been redirected to emergency, particularly by defining the priorities of the assistance to IDPs, returnees and other vulnerable people affected by the post-electoral crisis.
Need for improving coordination between humanitarian organizations, the Government and other international actors, including UNOCI.	<p>Improve coordination with the Government. Following the Decree No. 2011-118 of 22 June, the Minister of State, Minister for Employment, Social Affairs and Solidarity is now responsible for coordinating the activities of national and international humanitarian organizations. A National Committee for Coordination of Humanitarian Action (CNCAH) was established in pursuance with Order No. 021 of 5 October 2011. First meeting held on 14 October 2011, chaired by the Minister in charge of Humanitarian Affairs and co-chaired by the Special Representative of the Secretary General /Resident Coordinator/Humanitarian Coordinator. Participation of representatives of relevant ministries and representatives of the humanitarian community (UN and NGOs). Presentation of the strategy paper on assistance for the return of IDPs living in sites in Côte d'Ivoire.</p>

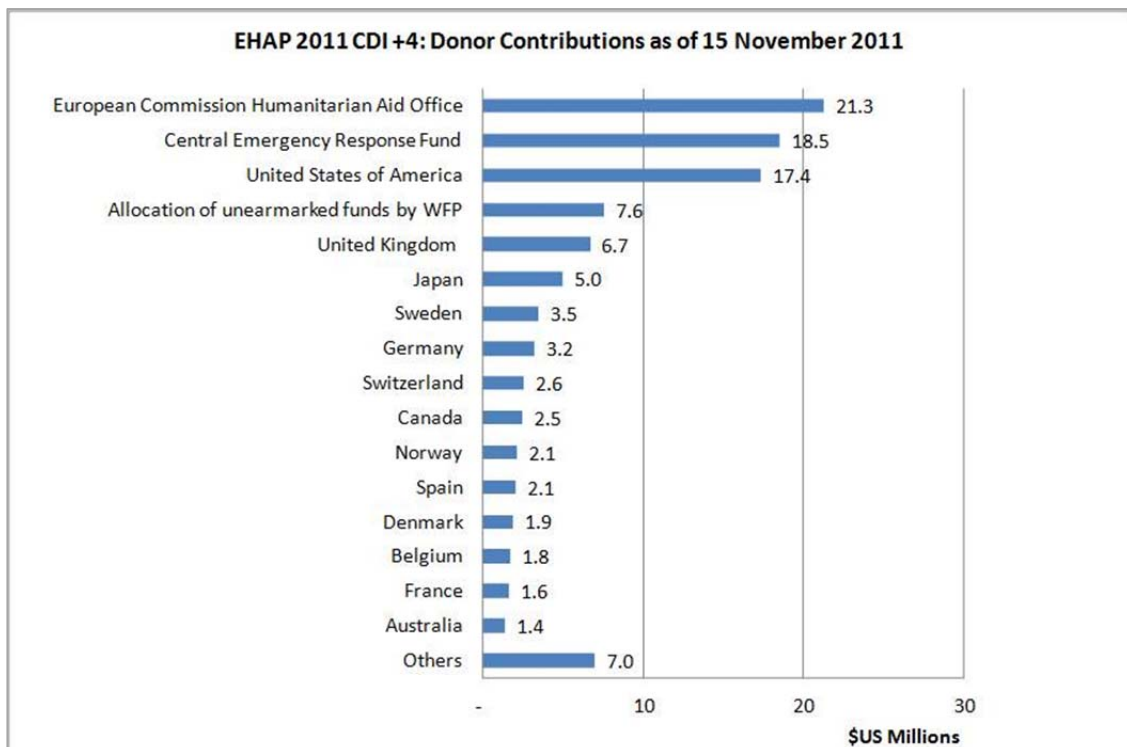
Lessons learned	Actions
Need for defining a strategic framework clarifying the relations/consultation between the CAP and development strategies, such as the Development and Poverty Reduction Document (DSCR) and the sectors involved in the Governmental Work Programme.	At the Government's invitation, humanitarian actors took part in the updating of the DSCR. The humanitarian component has been included in the discussions and the forecasts of the Government for years to come.
Reinforce early recovery elements in the clusters' strategies by ensuring continuous transition between emergency assistance and development support.	In addition to the Early Recovery Cluster that is activated, a cross-cutting dimension relative to early recovery has now been developed to ensure the transition.
Recognize and address issues relative to the interdependence of the security situation, protection and provision of emergency assistance in Côte d'Ivoire, Liberia and other countries to avoid further movements of populations outside the country, or the premature return of refugees from neighbouring countries.	Coordination between agencies in Liberia and those in Côte d'Ivoire, including UNHCR, has been reinforced. Contact was established between the members of the humanitarian team in Côte d'Ivoire and those in Liberia in September 2011 to enhance synergies. A tripartite agreement was signed between the Government of Liberia, the Government of Côte d'Ivoire and UNHCR for the voluntary repatriation of Ivorian refugees.
Reinforce the implementation of the inter-sectoral approach, especially through optimum integration of protection programmes (e.g. GBV programmes), and ensure the inclusion of cross-cutting topics such as gender and HIV/AIDS.	Improvement of synergy between clusters, sub-clusters and cross-cutting components. From a bi-monthly frequency, weekly inter-cluster meetings are now being held to reinforce inter-cluster coordination and to improve information management.
Need for advocating to the authorities and military forces, including UNOCI, to establish security conditions conducive to the return of refugees and IDPs.	Advocacy by the HC and the humanitarian community to UNOCI during the SMTs and other exchange frameworks to improve security. This has resulted in a number of actions including the increased presence of UNOCI in the west with an increase of the number of deployments, security around IDP sites, security of areas considered as dangerous, and the removal of explosive remnants of war in Abidjan.
Advocacy for enhanced humanitarian support, including early recovery in Côte d'Ivoire within a competitive global environment.	On the HCT's initiative, a fund-raising trip was organized in October 2011 in Europe. The HC, the Minister in charge of Humanitarian Affairs and the OCHA Head of Office joined the trip.

2.4 Review of humanitarian funding

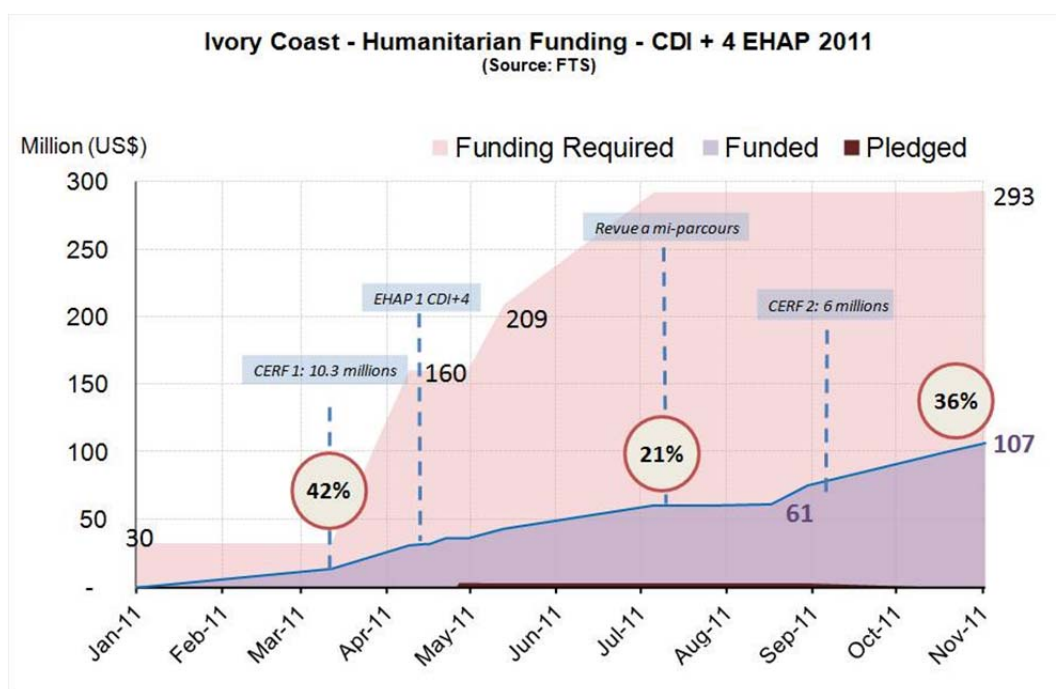
The EHAP for Côte d'Ivoire and neighbouring countries (Burkina Faso, Guinea, Mali and Ghana) was revised in July 2011. Financial requirements were estimated at \$293,280,175 to support humanitarian response and emergency preparedness efforts.



The Emergency Relief Coordinator (ERC) granted Côte d'Ivoire \$16.3 million from the "Rapid Response" window of the United Nations Central Emergency Response Fund (CERF)—\$10.3 million in March and \$6 million in August—to support the humanitarian response in Côte d'Ivoire.

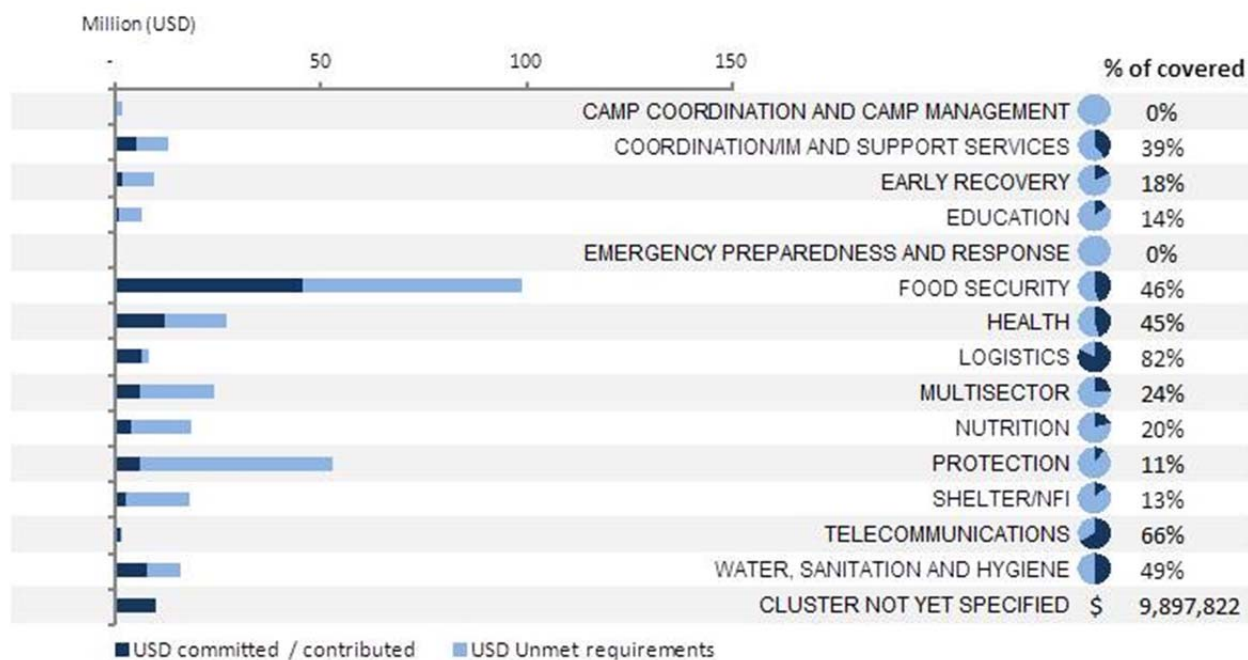


Regrettably, despite donors' rapid provision of funds at the beginning of the humanitarian crisis, EHAP funding is insufficient to date. As of 15 November 2011, only 36% of required funds have been made available to humanitarian partners, i.e. \$106,778,323.



Lack of funding has been a serious constraint in almost all sectors of intervention, although at varying extents.

Requirements and Funding by Cluster - as of 15-Nov-2011



The lack of resources has particularly affected the humanitarian response in the Moyen-Cavally region, where the area between Guiglo and the Liberian border towards Toulepleu and Zouan-Hounien were declared an emergency zone in April.

To date, as thousands of IDPs and refugees are returning to the same areas, humanitarian coverage remains too limited to support these returns, assist and protect the most vulnerable, contribute to the

rehabilitation of thousands of destroyed homes, and restore basic social services such as health, education and drinking water supply.

Access to land and resources in this region has generated serious problems between communities for several decades. Therefore, an inadequate humanitarian response could worsen the humanitarian situation and indirectly revive new tensions.

2.5 Review of humanitarian coordination

Since January 2011, the entire humanitarian coordination structure (clusters, inter-cluster, HCT, Humanitarian Information Forum) has been gradually reactivated in Côte d'Ivoire at national and regional levels. This has taken place mainly in the west of the country, which remains the area most affected by the post-electoral crisis.⁴

Ten clusters were set up at national level: Shelter/NFI, WASH, Education, Logistics, Nutrition, Protection (with child protection, GBV, social cohesion sub-clusters), Health, Food Security, Early Recovery and CCCM. In terms of working tools, most clusters have developed specific terms of reference applicable to the context. They have also developed strategic documents and monitoring and evaluation tools to better direct members.

Initially, cluster meetings were held weekly, as with most other coordination mechanisms, to ensure proper coordination and information flow. As from July, the meetings have become bi-weekly at national and regional levels. Cluster members' attendance, including NGOs and Government focal points, has generally been good. This is a sign of better collaboration between the authorities, members of the United Nations system and other partners.

In the west, which is a priority area for humanitarian interventions, cluster meetings are held in all sectors, as in Abidjan. A "Return" group is working to improve data collection, processing and analysis, information flow and monitoring of response actions by sector. Coordination meetings of humanitarian actors and the regional authority are held once a month in Man, Guiglo, Duékoué, Danané and Toulepleu.

However, the clusters face difficulties in their operations. These particularly relate to frequent changes of the cluster coordinators; lack of dedicated people (only 50% of clusters have a co-facilitator and an information manager); and poor levels of communication and information-sharing between clusters, and between the national and regional levels. Therefore, it appears necessary to reinforce the clusters so that they can fully play their strategic role of data collection, analysis, monitoring and evaluation.

OCHA regularly maintains a meetings schedule and a list of contacts in the humanitarian community. Situation reports, maps, briefings, monitoring matrices, meeting minutes, evaluation reports and the Who does What Where (3W) database are also shared on the website: <http://ivorycoast.humanitarianresponse.info>.

Coordination with the authorities was formally established by the creation of CNCAH by the Ministerial Decree No. 021 of 5 October 2011. It is chaired by the Minister of State, Minister for Employment, Social Affairs and National Solidarity. It includes representatives of the ministries involved in humanitarian issues, plus members the HCT.

In this transition period, coordination with the authorities will be reinforced in 2012 to better integrate the Consolidated Appeal with the Government's development plan and development actors' programmes. Ultimately, the responsibility for coordination will be transferred to the Government.

⁴ International Committee of the Red Cross (ICRC) and *Médecins Sans Frontières* (MSF) take part in the mechanisms as observers.

In 2012, 10 clusters will be maintained (Shelter/NFI, CCCM, Education, Logistics, Nutrition, Protection, Health, Food Security, Early Recovery and WASH).

Diagram of existing coordination mechanisms in Côte d'Ivoire (National)

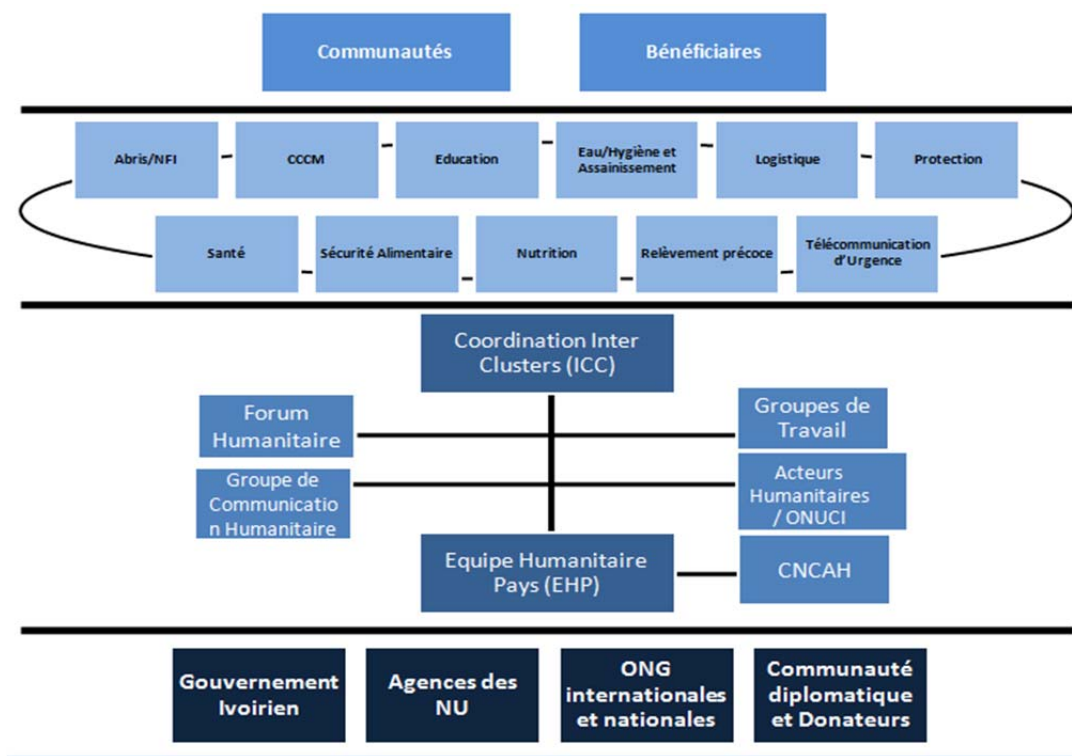
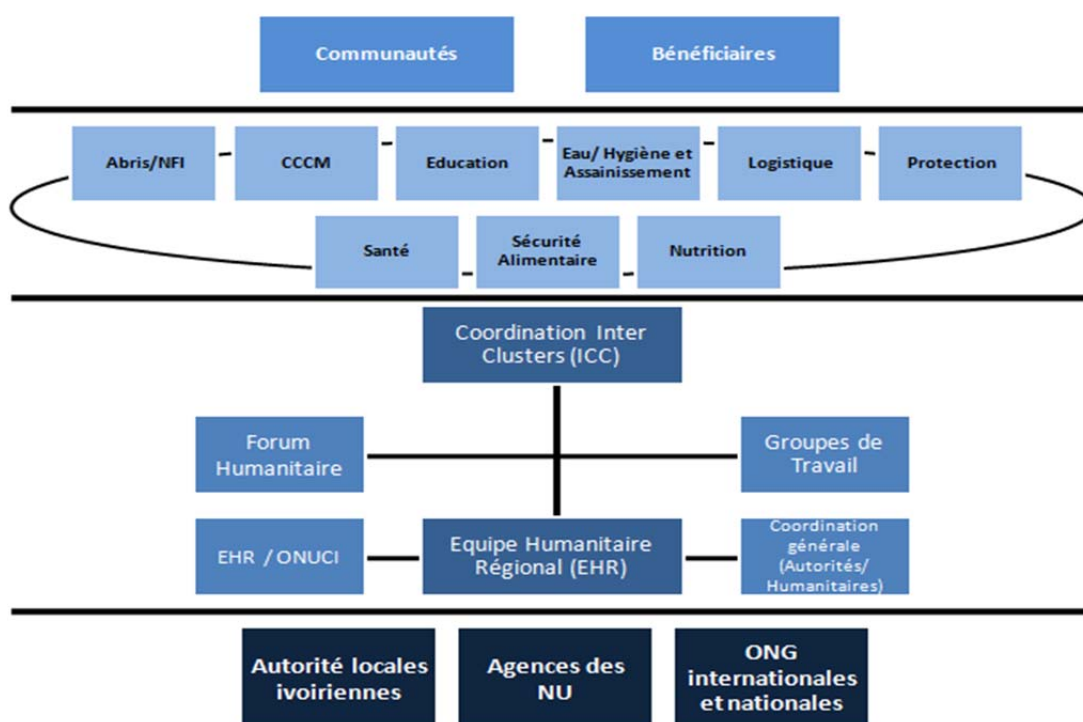


Diagram of existing coordination mechanisms in Côte d'Ivoire (Regional)



3. Needs analysis

The post-electoral crisis experienced by Côte d'Ivoire from December 2010 to April 2011 has plunged the country into a situation of armed violence. It generated a humanitarian crisis characterized by (i) massive displacements of populations from conflict areas to more stable areas inside and outside the country; (ii) protection and insecurity issues; (iii) loss of property and livelihoods by a large part of the Ivorian population; (iv) dysfunction of basic social services.

The post-electoral violence also entailed (i) disintegration of families; (ii) killings (about 4,000 deaths according to UNOCI), murders, sexual violence (according to the Protection Cluster, 658 GBV cases, including 325 rape cases, were recorded from January to May 2011); (iii) loss of production tools by households and small and medium-sized enterprises or industries;⁵ (iv) destruction and looting of public and private buildings (about 12,600 homes);⁶ (v) pollution by explosive remnants of war in several areas of Abidjan.

Since President Alassane Ouattara's accession to power, the security and socio-political situation has gradually improved. Despite this, Côte d'Ivoire remains fragile because of the many consequences of previous crises. In the largest part of the country, there are still reports of sporadic attacks, atrocities, abuses perpetrated by armed men against civilians, and reprisals fuelled by unsettled land disputes and ethnic tensions, particularly in the west and south of the country.

Along with security aspects, issues such as access to food, health care, education, drinking water and basic services in many regions of the country remain a major concern.

Education

The stagnation caused by the crisis in the most-affected areas (particularly the west and the south) has exacerbated the breakdown of institutions and public services: at the height of the crisis, at least 1 million children were deprived of school and 150 schools needed to be rehabilitated and re-equipped. According to the Education Cluster, 67,000 children are currently deprived of quality education because of attacks and movements of people, with long-term consequences on the education system.

Health

According to the Health Cluster, disruptions of the drug supply and partial interruptions of service delivery caused by the departure of some health workers were observed mainly in the west and in Abidjan. The free health-care initiative, without any effective supporting measures, has contributed to the malfunctioning of the health-care system.

Water/Hygiene/Sanitation

At least 50% of community water points need rehabilitation or repair, and maintenance committees or services need to be revived. Significant pump destruction and contamination of wells have occurred in Guiglo, Bolequin and Toulepleu Departments. Sanitation in these areas is also a challenge because populations perceive shelter reconstruction as a priority over latrines. The WASH Cluster estimates that about 35% of affected people have unmet needs for 2012.

Protection

Protection needs remain high due to incidents involving armed men, which continue to affect civilians. Civilians are also affected by the presence of explosive remnants of war in some areas, including unsecured and highly deteriorated stocks of ammunitions. Other protection issues faced by vulnerable people include practices of prostitution for survival, which highlight HIV/AIDS issues; recruitment of children associated with armed groups; cases of unaccompanied/separated children; and rape and

⁵ Data obtained from the rapid needs assessment report prepared by the Early Recovery Cluster, June-July 2011

⁶ Data obtained from the Shelter/NFI cluster.

violence against women.⁷ In addition, most people have lost their identity documents and therefore do not have access to property restitution and loss-compensation mechanisms.

Livelihoods

Regarding livelihoods, local economies have been disintegrated by the loss of production methods due to massive violence and destruction. The majority of the population suffers from the disintegration of the national and local economy, and is sinking into poverty every day (total or partial loss of livelihoods). Procurements, the banking system and commercial activities have been severely disrupted. Banks and other credit institutions have not yet resumed their activities in Blolequin and Toulepleu. Despite the progress achieved, market activity has not yet returned to normal (Oxfam, CARE and Danish Refugee Council report).

Food security

Although the period is marked by a gradual recovery of income-generating activities and improvement of purchase prices, the food security situation remains critical. There is an acute food crisis, a crisis of livelihoods in some western areas, and risks of a deteriorating food situation for households affected by the post-electoral crisis in the west, central-west and some northern parts of the country. More specifically, displacements and limited access to seeds and agricultural inputs have resulted in a reduction of acreages in the west and south-west. The lean season started earlier than usual and the prices of basic commodities have increased (in August 2011, the overall index had risen by 8% compared with the average figure for the same month of the 2006 - 2010 period⁸).

Nutrition

The results of the Emergency Food Security Assessment (EFSA)⁹ confirmed that the 2010 post-electoral crisis has worsened the nutritional situation. In June 2011, 70% of the households surveyed consumed less preferred food; 66% reduced the amount of food; 59% reduced the number of meals per day; and 14% of households spend one to several days without food. This trend was confirmed by the SMART 2011 survey,¹⁰ which reveals a level of severe acute malnutrition reaching critical levels of over 2% in some areas located in the north, north-east, west and north-west.

Shelter

Shelter is a major concern for IDPs and returnees. According to Oxfam, DRC and CARE, 7,800 houses out of the 12,600 houses destroyed in the west belong to vulnerable households. They require full or partial rehabilitation.

Gender

In general, gender indicators in Côte d'Ivoire are low, as shown in the table overleaf. The SNU, the clusters and the Gender Thematic Group must unite in action for gender mainstreaming.

Please refer also to section 4.7 specific to gender, HIV/AIDS and early recovery as cross-cutting issues.

⁷ Data obtained from the report: Impact of the Post-Election Crisis on Gender-Based Violence among Women and Girls in Côte d'Ivoire - Situation Analysis, IRC, June 2011.

⁸ *Monthly memo on the evolution of market prices in Côte d'Ivoire*, World Food Programme – WFP, *Office pour la Commercialisation des Produits Vivriers* – OCPV, August 2011.

⁹ Survey conducted in June 2011

¹⁰ National nutrition survey based on the SMART methodology, June-July 2011

3. Needs analysis

Employment	44.6% women (workforce)	88.4% men (workforce)
Education	38.6% women literacy rate	60.8% men literacy rate
Gender equality	Rank 146 out of 157 on the Gender Development Index	
Child Health	5.8% girl infant mortality	540,000 HIV/AIDS orphan children
Maternal mortality	690/100,000 births	
HIV/AIDS	6.4% prevalence for women aged 15-24 yrs	2.9% prevalence for men
	Côte d'Ivoire is among the countries most affected by HIV/AIDS in West Africa.	

Sources: Gender Development Index, United Nations Development Programme (UNDP), United Nations International Children's Emergency Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank 2010.

Target populations

As of 20 October 2011, the following populations were identified by the humanitarian community as target beneficiaries for the 2012 CAP: IDPs returned to their place of origin (returnees), IDPs, refugees, host families and host communities.

Target populations	Numbers	Description/Features
IDPs	186,000 people	These are the people who left their usual place of residence to seek refuge in more secure areas, in host families or in sites, mainly in the Moyen-Cavally, Montagnes, Haut Sassandra, Lagunes and SudComoé regions (areas known as multi-sectoral priority). They have been weakened by the displacement and are supported by humanitarian actors or host families that received them. Security, economic and financial resources, and access to their property (houses, land and plantations) are their concerns in terms of return.
Returnees (IDPs returning to their place of origin)	420,000 people	Generally from southern, western and central-western regions, these former IDPs have returned to their usual place of residence. They are in a situation of particular vulnerability, especially as they need consistent means/conditions to recover their property, re-establish themselves and resume normal social and economic life.
Repatriates	130,000 people	These people, who initially took refuge in neighbouring countries, have returned to Côte d'Ivoire to their usual place of residence. They are in the same conditions as returnees and face the same assistance needs.
Refugees	54,000 people	These people are potential returnees. These Ivorians are still living in neighbouring countries and could return at any time during 2012. In such case, they must receive the same assistance as returnees. Their concerns are identical to those of displaced people.
Host families	26,000 households	These are families that have hosted IDPs. The presence and support for displaced families have made these families vulnerable. Their economic conditions have consequently deteriorated. They need to be assisted.
Host communities	90,000 households	These are households that have hosted returnees and repatriates until they achieve acceptable living conditions. It is necessary to implement community programmes and basic social services to facilitate the socio-economic reintegration of returnees /repatriates and social cohesion in host communities.

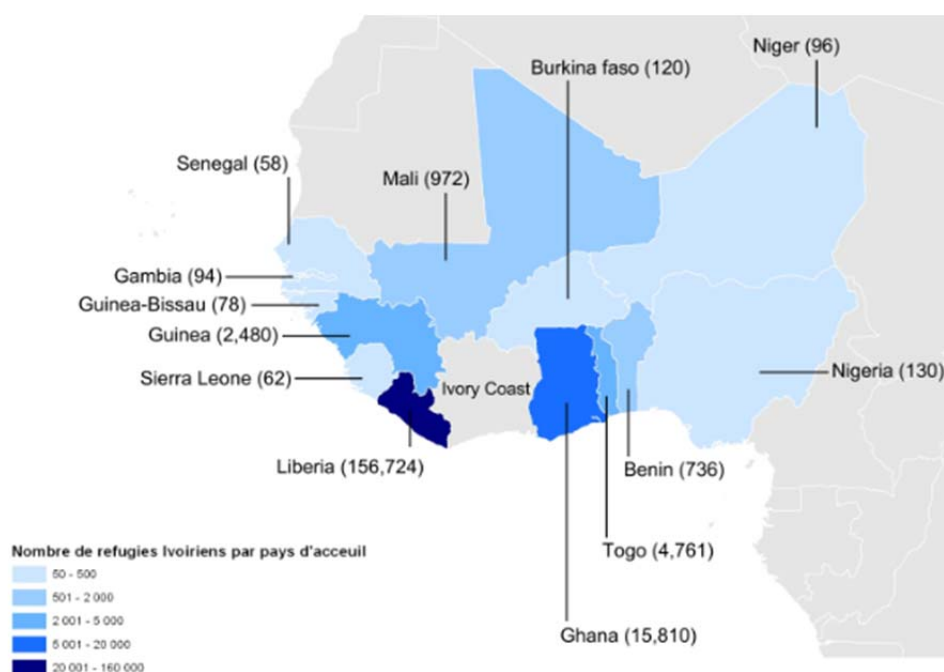
Target populations	Numbers	Description/Features
Vulnerable populations	1.56 million people	These populations are defined differently according to the clusters, which have their own vulnerability criteria to identify their targets. They include children, single women heads of households, the elderly, and people living with HIV, affected by post-electoral crisis.

Population movements

According to the scenario developed in the return strategy, the humanitarian community expects two major movements of returnees: during the harvest season (October and November 2011) and at the beginning of the 2012 agricultural campaign (February to March). The large number of expected returnees will require special mobilization of accompanying supporting actions for resettlement and livelihoods recovery.

The latest estimates provided by the Information Management Taskforce (IMT) indicate that as of 20 October 2011, 186,000 people were still displaced within the country (mainly in the west and south), with more than 16,000 living in sites. UNHCR estimates that 182,000 Ivorian refugees are living in neighbouring countries (mainly Liberia, which hosts more than 156,000 people).

Ivorian refugees in neighbouring countries



From June to October 2011, the number of IDPs in sites decreased from 70,000 to 16,000. These people, who mostly returned spontaneously, are living in their places of origin, in the Moyen-Cavally and Montagnes regions. According to the latest surveys of Oxfam, CARE and DRC (report of 11 October 2011), there are significant geographical differences between areas where more than 90% of the population has returned, and others where entire villages are still empty due to the scope of destruction and fear of reprisals.

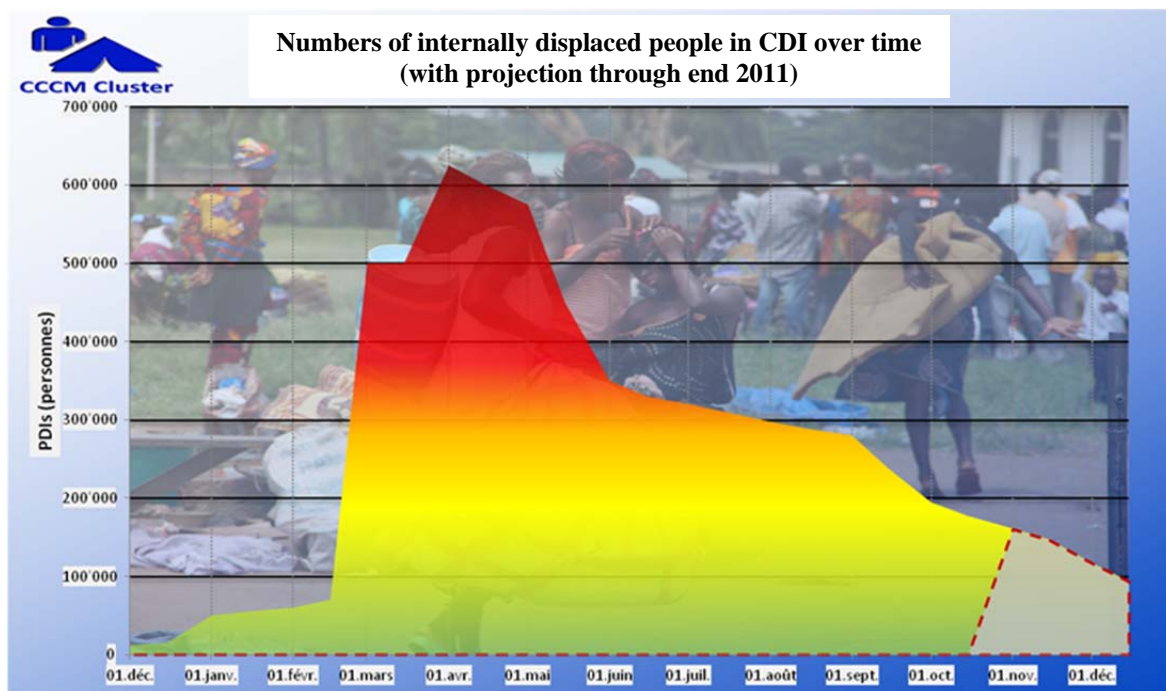
The violence in December 2010 led to the first waves of displacement, especially in the west (Montagnes, Moyen-Cavally, and Bas Sassandra) and the south (mainly Abidjan). Movements of return, firstly timid and then increasingly significant, have led the populations to return to their towns or villages of origin. The IMT estimates that at least 420,000 IDPs and 130,000 refugees have returned as of 20 October 2011. This movement of return could increase among IDPs while, according to surveys conducted by UNHCR among Ivorian refugees, the “intents to return” during the

3. Needs analysis

next months do not exceed 20,000 people. Most spontaneous returns occur in areas where security conditions, basic social services and livelihoods are acceptable.

However, further returns could occur even if the conditions are not met, for fear of losing ownership of property due to the absence of the actual owners, or for fear of missing the upcoming harvest. Oxfam, DRC and CARE believe that recent returns have been motivated by the general improvement of the security situation, and prompted by the lack of access to food, land and income-generating activities in the displacement areas. However, they have returned in precarious conditions, without the required support and, like those who have remained in the displacement areas, they remain highly dependent on humanitarian assistance to restore their livelihoods.

Returns will not be homogeneous. Indeed, some regions (central-north, east and south) will add to a substantial decrease in the number of IDPs. For the western region, various factors such as insecurity, existence of livelihoods (even minor), access to basic social services, protection of people and social cohesion will significantly influence the decision of IDPs and refugees regarding their return. In early October 2011, the elections in Liberia led to the return of several thousand Ivorian refugees in Toulepleu, Zouan-Hounien and Bin-Houyé.



4. The Common Humanitarian Action Plan for 2012

4.1 Scenarios

Following the installation of President Alassane Ouattara in power, the security situation has gradually improved. Despite this relative stability, Côte d'Ivoire remains a fragile country in a phase of recovery, still suffering from the significant consequences of the numerous crises that have affected the country over the past decade.

Despite possible political tensions associated with the organization of the upcoming legislative elections, and despite the worrying security situation in the west, stabilization and gradual return to normality are noted throughout the country. In this regard, the legislative elections of December 2011 inevitably stand as a milestone.

In this context, the most likely scenario retained by the humanitarian community is as follows: "Legislative and local elections held in a stabilized security environment, with possible sporadic clashes, especially in the west; gradual return to normality in the next five years."

However, many challenges remain. They are sometimes associated with root causes dating to the years before the post-election crisis, such as land-access issues and inter-community clashes. Such challenges include the restoration of security throughout the country and across borders; the restoration of the rule of law and justice; reconciliation and consolidation of social cohesion; the restoration of State services; economic recovery; the fight against poverty; and the protection/return/dignified reintegration of IDPs and refugees.

Therefore, further deterioration of the humanitarian situation is not totally excluded. If it occurs, the Contingency Plan and the 2012 CAP will have to be revised to mobilize additional resources. The triggers could include the following:

- Deterioration of the security situation, particularly in the west and the Abidjan region, marked by the resumption of armed violence.
- Sudden and massive return of refugees due to deterioration of the situation in Liberia, coupled with cross-border tensions.
- Sudden aggravation of the humanitarian situation due to the appearance of an epidemic such as cholera, beyond the humanitarian community's response capacity.
- Tension and violence due to the deterioration of the socio-economic situation (increase in poverty and unemployment).
- Increase in violence resulting from the lack of response to land issues, and reconciliation and social-cohesion issues.
- Instability due to problems generated by ex-militias who might not have disarmed.
- Natural disasters (e.g. floods or droughts), which could increase humanitarian needs.
- Unexpected explosions of ammunition stocks in populated areas, which could increase humanitarian needs and require the intervention of explosive ordnance disposal (EOD) teams.

4.2 The humanitarian strategy

Partners to the consolidated appeal process have agreed on the following humanitarian strategy based on two main actions:

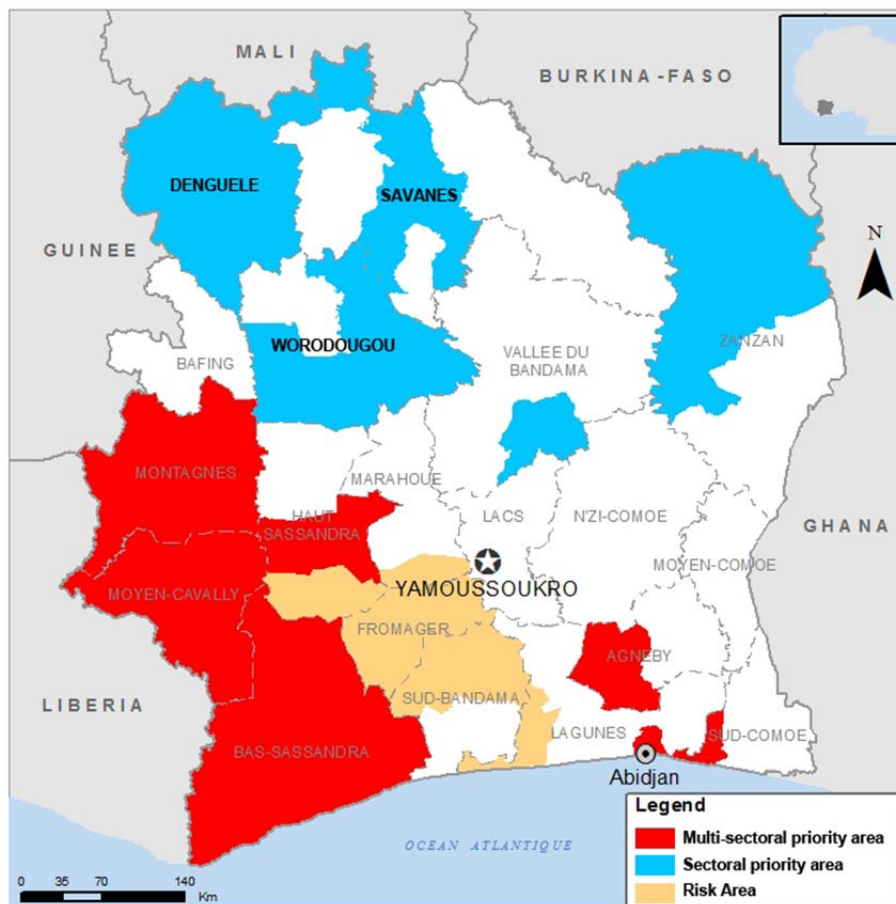
- Support the voluntary and dignified return of IDPs and refugees in a safe context.
- Assist vulnerable people in priority areas.

4. The Common Humanitarian Action Plan for 2012

The sectoral response plans developed by the clusters will revolve around the following strategic directions:

- Protection and security in return areas and risk areas.
- Access to basic social services.
- Assistance by the provision of food and non-food items to crisis-affected people.
- Early recovery (livelihoods, local governance, social cohesion, conflict prevention).
- Consolidation of social cohesion and reconciliation.

The needs analysis conducted in various parts of the country has identified the geographical priorities retained by the humanitarian community for 2012. This analysis combined the estimated number of people affected in each area and the characteristics of the area, which could include one or more of the following: return areas (current and potential), community-tension areas, food insecurity areas, areas with malnutrition and lack of basic social services, areas with high destruction of basic social facilities and livelihoods, and areas with low protection and security risk. On this basis, humanitarian actors have defined priority intervention areas breaking up into three categories: a) multi-sectoral priority areas, b) sectoral priority areas, c) risk areas (see map below).



The return strategy was developed in 2011 through a consensual approach supported by the Government and its national and international partners. The strategy is an integral part of the humanitarian strategy for 2012. It is intended to support the Government's efforts to promote the sustainable return of internally displaced populations and refugees, and to seek transitional solutions for IDPs who cannot return to their place of origin for the moment. It is also intended to maximize the use of resources by reinforcing the strategic and operational coordination of humanitarian action, and the sharing of information likely to respond to humanitarian needs specific to each group of internally

displaced populations, while supporting actions relative to peace, security, economic reconstruction and restoration of public services.

As the main focus of humanitarian action in 2012, early recovery will be integrated in the humanitarian strategy to provide opportunities for reducing vulnerability and dependence on aid, and to find sustainable solutions for the return of IDPs/refugees and other crisis-affected people. This also applies to the gender aspect, which is a cross-cutting and priority issue that the clusters need to reflect in their response plan. Early recovery and gender could sustainably facilitate the social and economic integration of the populations targeted by the Humanitarian Action Plan in 2012.

Despite efforts to improve the return conditions, a number of IDPs will decide to stay in the areas of displacement in 2012 for reasons other than the living conditions in return areas. Such reasons may relate to security, community, socio-economic or other issues. All these people probably will not be taken into account by the humanitarian community. However, they will have to be identified and their needs assessed so that assistance can be offered to the most vulnerable by taking account of the actions already envisaged by the Government.

Moreover, repeated incursions of armed men in villages along the Liberian border is a major concern for the humanitarian community, especially as this aggravates the feeling of insecurity in the west of the country, often results in population movements and prevents access to vulnerable populations. This concern will hold a special place in the coordination with Government officials and security forces, as well as UNOCI, in order to further ensure the security of people living in these areas, which is a requisite for the sustainable return of populations.

In 2012, existing coordination mechanisms will be reinforced and improved. Special emphasis will be placed on information management and communication, coordination with neighbouring countries hosting refugees, and coordination with donors, recovery/development partners and UNOCI. The link between the clusters and between the different coordination mechanisms (national and field) will have to be strengthened in order to support strategic decision-making within the HCT to provide suitable and timely response to the needs of target populations. Much more emphasis will also be placed on coordination with the Government and integration of the humanitarian strategy in the National Development Plan.

4.3 Strategic objectives and humanitarian indicators for 2012

The humanitarian community has retained three strategic objectives. They are in line with the humanitarian strategy defined to jointly and successfully carry out humanitarian action in 2012. These objectives have enabled the clusters to define the specific objectives that will guide their activities in 2012 based on clearly defined and SMART¹¹ indicators.

4.3.1 Strategic objectives

1. Improve the living conditions and the protection of target populations, including the most vulnerable people, IDPs, host families and host communities, by ensuring access to basic services according to SPHERE standards.
2. Identify and support sustainable solutions for the voluntary return and socio-economic integration of at least 75% of the people who have returned to safe areas.
3. Reduce the risk and mitigate the effects of a new crisis.

¹¹ Specific, measurable, achievable, relevant and time bound

4.3.2 Strategic indicators

- By end of 2012, in multi-sectoral humanitarian intervention areas, 50% reduction in morbidity from diarrhoeal or faecal-oral diseases as from January 2012. (strategic objective 1)
- By end of 2012, in multi-sectoral and sectoral humanitarian intervention areas, 10% increase in the number of households whose food consumption score is 35 +. (S.O. 1)
- By end of 2012 in areas of return, 75% of basic health facilities to be operational. (S.O. 2)
- By end of 2012 in areas of return, the enrolment rate in primary school to reach the national average. (2)
- In 2012, regular and gradual increase (+ x% monthly) of the rate of return of IDPs and refugees. (2)
- By end of 2012, in food-security intervention regions, decrease by 12 points of the household survival strategy index. (2)
- By end of 2012, in food security intervention regions, 40% reduction in the number of households in moderate food insecurity. (3)
- By end of 2012, in food security intervention areas, 60% reduction in the number of households in acute food insecurity. (3)
- By end of 2012, in the Montagnes and Moyen-Cavally regions, the percentage of acute respiratory infections among five-year-old children in displaced populations to be similar to the national average. (3)

Though ambitious, these goals clearly reflect the humanitarian community's determination to combine efforts to support the process of transition and stabilization in Côte d'Ivoire.

Each cluster has identified the activities to be implemented to achieve these objectives in its logical framework. The objectives will be achieved through the following activities:

- Reinforcing protection and security in return areas and risk areas.
- Facilitating access to basic social services by reinforcing the capacities of State technical services.
- Humanitarian assistance in food and non-food items to vulnerable people in areas considered as priority.
- Promotion of reintegration and early recovery activities (community participation, reinforcement of livelihoods, promotion of local governance, consolidation of social cohesion, intra-community conflict prevention).
- Contribution to social cohesion and to the national reconciliation process.

The humanitarian dashboard will regularly show the progress of strategic indicators. It will (i) confirm that the objectives can be achieved and (ii) support the HCT to take, as early as possible, the most appropriate measures to achieve the objectives. The pre-crisis or January 2012 level of the data from these indicators will be compiled by the respective clusters to measure the achievement of strategic objectives and progress achieved.

4.4 Project selection and prioritization criteria

The analysis of the needs examined in the previous paragraphs, and of the geographical areas identified as priority for this CAP, demonstrates the significance and the extent of vulnerabilities. It consequently also demonstrates the need to rationalize and prioritize the activities to target the needs of the most vulnerable populations based on specific criteria. The HCT has validated the following selection criteria:

- Location of the project with regard to the priority areas.

- Significance of the activities for the cluster.
- Relevance of the project according to the target (vulnerability and number of beneficiaries).
- Integration of an exit strategy in the project (sustainability).
- Field presence of the NGO initiating the project.
- Interactions with other clusters.
- Implementation within a critical timeline.

Each cluster must classify the priorities in the project-selection phase. Normally, this process is to identify the most urgent projects that require priority funding. However, projects in Côte d'Ivoire are classified according to the type of project and not by the order of urgency of implementation.

The categories retained for the classification of projects and activities are as follows:

Category A: Direct assistance to vulnerable people in priority areas (e.g. distributions of NFIs, food and shelter).

Category B: Support for the revival of livelihoods, peaceful and sustainable coexistence (e.g. rehabilitation, restoration, reinforcement, improvement of living conditions, environment).

Category C: Operational support (e.g. coordination, logistics, common services, implementation).

4.5 Cluster Response Plans

4.5.1 Shelters/NFI Cluster

Cluster Leading Agency	United Nations High Commissioner for Refugees (UNHCR)
Implementing Agencies	ADRA, ASA, CARITAS, IRC, NRC, SAARA, Solidarité
Number of projects	5
Cluster Objectives	Basic needs in the area of shelters and emergency goods (NFIs) are covered for returnees and repatriates, particularly for highly vulnerable people who cannot afford to rebuild their houses on their own. The distribution programme primarily targets the 40% most vulnerable people who have currently returned and potential returnees who do not receive any assistance (92,000 households), i.e. 41,000 households (205,000 people).
Beneficiaries	Shelters: Returnees and repatriates whose houses have been destroyed or damaged, including 6,000 households among the most vulnerable (especially in the country's highly affected western region). NFI: About 41,000 households (returnees).
Intervention Areas	West, Montagnes, Moyen-Cavally, Bas Sassandra regions, Abidjan and Tabou areas
Requested Funds	\$9,298,470
Requested funds by level of priority	Category A: \$9,298,470
Contacts	Bamba Boubacar, Cluster Coordinator, bamba@unhcr.org

Category	Affected populations			Beneficiaries		
	Women	Men	Total	Women	Men	Total
Shelter	-	-	-	15,900	14,100	30,000
NFIs	-	-	-	108,650	96,350	205,000
Total	243,800	216,200	460,000	124,550	110,450	235,000

1. Summary

Returns of IDPs and refugees are increasing steadily. However, potential returnees (refugees or IDPs) mentioned major obstacles to return, including security issues, lack of food and housing. Those returning, despite the situation, overcrowd the few existing houses occupied by host families. As security is gradually improving and food is available, the lack of houses has become a major concern and an obstacle to the return of refugees and IDPs.

Considerable looting has occurred in the west and in the Abidjan region. Most of the IDPs and displaced people who have returned to their place of origin have lost all their property, which makes them extremely vulnerable. Important NFI needs were revealed during monitoring by humanitarian organizations in the areas of return.

2. Analysis of the situation and needs in 2012 based on the retained scenario

Emergency shelters

According to available estimates, approximately 12,000 habitats have been destroyed or damaged in the west of Côte d'Ivoire, an area particularly affected during the crisis: 185 in the 18 Montagnes region, about 11,000 in the Moyen-Cavally region and 1,450 in the Haut Sassandra region. The most

affected area in terms of habitat destruction is Moyen-Cavally, especially the area of ZouanHounien, Toulepleu, Guiglo and Duekoué.

Non-food items

As of 20 October 2011, the number of IDPs who have returned to their homes in the west and south of Côte d'Ivoire is estimated as follows: 18,455 on-site displaced people and 169,486 off-site displaced people. The number of displaced people who have returned to their homes is estimated at about 420,000 for the western and southern regions.

According to data obtained from humanitarian organizations, 37,865 households (about 190,000 people) have received NFI kits from May to September 2011. The NFI items available in stock as of late September 2011 will cover approximately 4,000 households (20,000 returnees)¹² on average, according to forecasts. The gap or deficit in terms of assistance to returnees (existing or potential) can be estimated at about 92,000 households (nearly 460,000 people).

3. Response Plan

Emergency shelters

The main activity is to provide material and tools to rehabilitate or reconstruct houses.

Two models of tool kits and building materials (individual and community based) have been developed with the members of the Shelter and NFI Clusters. These include a list of tools and materials for the reconstruction/rehabilitation of mud houses, and the equivalent of a clay-brick house. These two categories were chosen because they are the type of houses commonly used by the most vulnerable populations. In addition, most of the houses destroyed belong to both categories (about 55% of the total number).

Non-food items

Main activities will include:

- Continuous assessment of NFI needs by UNHCR and Caritas protection officers among the different populations involved (returnees, host families).
- Organize the supply of NFI stocks as regularly as possible at the national and local levels.
- Organize, assess and improve the relevance of goods distributions by taking into account vulnerability criteria and gender-specific needs.
- Take into account vulnerable host families.

Inter-cluster approach and synergy

To reinforce social cohesion in village communities, support for the reconstruction and rehabilitation of individual houses will be supplemented by projects covering the whole community (reconstruction of community infrastructure, schools and wells, and distribution of seeds and agricultural tools).

Community-based approach

In areas covered by rehabilitation projects, the community's contribution will be in the form of actual reconstruction work (brick- and straw-roof making and assembly) by masons, carpenters and craftsmen available locally. They will be involved in the rehabilitation projects from the design phase and during actual implementation.

¹² Not including cooking kits, significantly requested by returnees and displaced people, and whose stocks were limited at the end of September (3,000 kits).

4. Target beneficiaries and areas of intervention

Emergency shelters

Approximately 1,570 destroyed or damaged houses will be rehabilitated and reconstructed during the coming months.¹³ Reports indicate that out of the 11,000 remaining houses, about 45% of the households (owners of stabilized clay and concrete houses) can rebuild or rehabilitate their house by their own means. Six thousand households should be assisted in 2012 because of their vulnerability (e.g. female heads of families, the elderly, other people having lost all their property).

Non-food items

Given the high number of internally displaced populations and returnees, the most vulnerable categories (spontaneous repatriates and host families) are targeted as a priority in return areas through Protection Cluster officers and Caritas staff, and in consultation with the village communities and the authorities (Social Affairs). The needs of all groups affected by emergencies, such as vulnerable host families and spontaneous repatriates, will be taken into account. Women's specific needs (including female heads of households) will be addressed as a priority.

5. Constraints

The unavailability of funds from the Ivorian authorities and the international community hinders the implementation of emergency rehabilitation programmes and considerably hampers return movements. The widespread damage and the lack of logistics resources make it difficult to obtain accurate data about the destructions. Moreover, the financial gap may also result in a risk of repetitive displacements, which could have a negative impact on the level of NFI stocks.

6. Monitoring and coordination mechanisms

Emergency Shelters

Two officers specialized in construction and about 30 UNCHR protection officers are deployed in the field in the western regions. They will monitor the interventions. The activities will also be coordinated through the member organizations of the Shelter Cluster, inter-cluster meetings and coordination meetings organized by the authorities in the prefectures.

Non-food items

The NFI assistance programme will be supported by UNHCR protection and logistics officers, and other actors of the Shelters/NFI Cluster who will regularly take stock of the situation during coordination meetings. Inter-cluster meetings and the meetings organized by the authorities at the prefecture level also facilitate the synergy of interventions.

¹³Four rehabilitation projects are planned to be launched in November 2011 by the following organizations: ADRA, ICRC, Norwegian Refugee Council (NRC), Solidarité (CERF-funded via the International Organization for Migration - IOM).

7. Logical framework

Strategic Objective	1. Improve the living conditions and the protection of target populations including the most vulnerable people, IDPs, host families and host communities by ensuring access to basic services.
Specific Objective	1.1. Ensure access to adequate shelter for IDP families living in camps/sites under the responsibility of CCCM.
Indicator	1.1.1. In 2012, 100% of IDPs (men, women and children) living in camps have a shelter that meets international norms and standards.
Activities	1.1.1.1. Distribute or install shelters at the sites in response to identified needs. 1.1.1.2. Assess the condition of shelters in sites and identify beneficiaries by prioritizing single-parent households and people with special needs (unaccompanied children, disabled, elderly, people affected by chronic diseases). 1.1.1.3. Sensitize IDPs on the maintenance and repair of their shelters.
Strategic Objective	2. Identify and support sustainable solutions for the voluntary return and socio-economic integration of at least 75% of returnees to safe areas of return.
Specific Objective	2.1. Support the reconstruction of houses for the most vulnerable families of returnees and repatriates in the devastated region of western Côte d'Ivoire and in the sub-prefecture of Sago (Bas Sassandra).
Indicator	2.1.1. 6,000 vulnerable households that have returned to their areas of origin, or are about to do so, have their house reconstructed in 2012 (priority to women heads of households, the elderly and sick people).
Activities	2.1.1.1. Ensure synergy and coordination among the various stakeholders (NGOs, Government, Red Cross, UN agencies, IOM). 2.1.1.2. Conduct community mobilization (village communities, mutual support groups) to get the communities and authorities involved in the activities. 2.1.1.3. Provision of tools and building materials to the most vulnerable repatriates and returnees.
Specific Objective	2.2. Meet the NFI needs of 41,400 poor households, IDPs, displaced people having returned to their home, and host families.
Indicator	2.2.1. 41,400 households of IDPs, returnees and host families in need have each received an NFI kit.
Activities	2.2.1.1. Assessment/updating of NFI beneficiaries and requirements, NFI purchase and storage. 2.2.1.2. Organization/distribution of NFI kits by involving the beneficiaries while taking into account women's specific needs (including heads of households).

4.5.2 CCCM Cluster

Cluster leading agencies	International Organization for Migration (IOM) and United Nations High Commissioner for Refugees (UNHCR)
Implementing Agencies	OIM, HCR, ASA, ASAPSU, CARITAS, VIF and MESAD
Number of projects	7
Cluster Objectives	Maintain essential services in camps for cases where solutions for voluntary return, reintegration and resettlement have not yet been identified or are still pending. Support activities enabling voluntary return, reintegration and resettlement in order to gradually close the camps. Contribute to prevention of risks and/or potential threats, and respond to emergencies in the event of massive movements of populations.
Beneficiaries	7,500 IDPs in camps
Requested funds	\$4,018,833
Requested funds by level of priority	Category C: \$4,018,833
Contacts	IOM: Michel Tia, CCCM Cluster Sites Co-coordinator UNHCR: Hippolyte Togogo, CCCM Cluster Co-coordinator Website: www.cccmivoire.com E-mail: cccmivoire@gmail.com

Category	Affected populations as at 25 October 2011			Beneficiaries		
	Women	Men	Total	Women	Men	Total
Internally displaced	8,860	7,807	16,667	3,975	3,525	7,500
Host communities that can use the sites	-	-	3,616	-	-	-
Total	-	-	20,283	-	-	7,500

1. Summary

Between March and September 2011, at the height of the crisis, the CCCM Cluster had recorded 118 camps with about 80,000 IDPs living in sites. Over the last four months, following the gradual restoration of security in certain areas, there have been significant spontaneous return movements. The number of IDPs living in sites has dropped from 70,000 in June to 16,000 in October, i.e. a 77% decrease. The same trend is observed in the number of camps, which has decreased by 45%, with 65 camps in June and 35 in October. As part of the strategy set up with the Government for voluntary and sustainable return of IDPs living in sites, the cluster estimates that by the end of 2011 a new wave of voluntary returns of about 7,000 people could occur. This would reduce the number of IDPs in sites and the number of sites to nine. In this regard, the funds requested in the CCCM 2012 will tend to provide basic services in still-active camps and support the search for alternative and sustainable solutions for IDPs remaining in camps. However, to date, despite a relative improvement of the situation in return areas, there are movements of people returning home and returning to the sites due to localized insecurity and/or poor living conditions. To address these needs, activities in other sectors will have to be put in place to sustain the efforts for the return of IDPs and to limit these commuting movements.

2. Analysis of the situation and humanitarian needs in 2012 based on the retained scenario

The CCCM Cluster estimates that the displaced population living in camps as of 25 October 2011 is about 16,667 people, including 8,860 women and 7,807 men (source: CCCM/Regional and National). It is estimated that by the end of 2011, 5,000 to 10,000 people would still be in camps due to the persistence of certain constraints. They include the lack of security in some areas, destroyed shelters, low social cohesion and the absence of basic social services in areas of return (trend observed by the CCCM Cluster). The latest figures of 25 October indicate that nearly 5,500 IDPs are under threats of

eviction. The CCCM has conducted several mediation/negotiation actions with the owners and advocacy to the authorities (in agreement with the Protection Cluster) to provide responses/solutions to eviction issues.

3. Response Plan

The CCCM Cluster's objectives are as follows:

- Maintain essential services in camps for cases where solutions for voluntary return, reintegration and resettlement have not yet been identified or are still pending.
- Support activities enabling voluntary return, reintegration and resettlement in order to gradually close the camps.
- Contribute to prevention of risks and/or potential threats and respond to emergencies in the event of major population movements.

Community involvement will be strongly encouraged, gender equality, diversity, environmental effects will be taken into account throughout the implementation of the projects. The recruitment of national staff in direct implementation will be strongly encouraged and the involvement of women will be particularly taken into account. Access to basic services (health care, water, hygiene, sanitation) will be ensured for men, women and children residents without any form of discrimination.

The teams involved in the implementation of activities in the camps will permanently conduct sensitization on HIV/AIDS, social cohesion and peaceful coexistence during formal or informal meetings with the different categories of IDPs. Special attention will be paid to people between 12 and 35 years of age. Similarly, sensitization actions will be undertaken for the prevention of violence against women and children.

On this basis, the CCCM Cluster establishes the needs of the IDPs who will remain in camps as follows:

A. Provide essential services in the camps until sustainable solutions are available for IDPs.

The necessary services provided by CCCM partners will include:

- Minimum daily camp management: maintain a decent standard of living by providing services meeting SPHERE standards and indicators to 7,500 people (3,975 women and 3,525 men with an estimated 73% of children between 0-18 years), in coordination with sectoral clusters (WASH, Health, Protection, Education, etc.).
- Population monitoring and facilitation of the issuance of documentation to children (boys and girls) born in the sites.
- Emergency response during the creation or identification of new sites, or following isolated events (risk of eviction, security threat, non-compliance with SPHERE standards and indicators, disasters).
- Protection services, especially for victims of sexual abuse in coordination with the GBV sub-cluster.
- Reduction of exposure to risks (epidemics, floods, security, etc.).
- Maintenance of shelters and targeted distribution of NFIs to people living in sites (priority to most vulnerable people and families, or to people who did not receive any items during previous distributions).
- Maintenance and improvement of WASH (showers, latrines and drinking water), health (including psycho-social activities), food- and nutrition-assistance services in the sites.
- Maintenance of sensitization, social cohesion and communication activities to make sure that IDPs still living in the sites are informed, involved and take part in decision-making processes.

B. Assistance for return, rehabilitation and relocation through the funding of programmes incorporating return kits and income-generating activities (IGA) in the communities of return.

- **Data:** maintenance and updating of information on living conditions in IDP sites (data disaggregated by gender and age groups, demography of displaced people, as well as information on the intents of return or resettlement of IDPs) and in areas of return.
- **Return kits:** in line with the voluntary and sustainable return strategy, the Shelter and CCCM Clusters have established the need for providing return packages (non-food) and packages for rehabilitation or reconstruction of houses. The provision of these items contributes to social cohesion and reintegration.
- **Communications:** to maximize return, reintegration and resettlement, the CCCM Cluster will place a special emphasis on communication with IDPs in sites and in their communities of origin.

4. Monitoring and evaluation mechanism and strategies

Member agencies and NGOs of the CCCM Cluster will ensure the implementation, monitoring and evaluation of the projects submitted through permanent or regular presence in IDP camps and host centres. Harmonized basic information-collection tools will be developed; quarterly, monthly, weekly or daily reports will be prepared and distributed to partners in other clusters and to governmental authorities.

Field visits by cluster coordinators will help assess the performance level and the coverage of services in reference to international norms and standards, and the challenges faced by camp managers and IDPs.

Donor funds allocated to the projects will be exclusively used to achieve established objectives. Mid-term and final evaluations of the level of achievement of ongoing projects will be conducted by the clusters' co-facilitators. They will relate to the results achieved, and the administrative and financial management of projects.

Financial and technical reports will be prepared and shared with donors in reference to the terms and conditions of funding agreements.

5. Logical framework

Strategic Objective	1. Improve by 100% the living conditions and the protection of target populations, including the most vulnerable, IDPs, host families and host communities, by ensuring access to basic services according to SPHERE standards.
Specific Objective	1.1. Maintain essential services (including HIV/AIDS prevention and care and treatment services) in camps for cases where solutions for voluntary return, reintegration and relocation have not yet been identified or are still pending.
Indicator	1.1.1. In 2012, 100% of IDP camps have an efficient coordination and management system.
Activities	1.1.1.1. Ensure efficient coordination of actors (including local authorities) in camps to provide the populations (gender and age) with access to essential assistance and protection services (including HIV/AIDS), to identify and provide solutions.
	1.1.1.2. Conduct advocacy among the partners (government and humanitarian) for integration of cross-cutting issues (HIV/AIDS, gender, age) in the programmes developed and implemented in camps.
	1.1.1.3. Ensure the maintenance of facilities and infrastructures in camps for residents' well-being (by gender and age).
Indicator	1.1.2. In 2012, 100% of camps under threat of eviction have found a satisfactory solution following the intervention of cluster members.
Activities	1.1.2.1. Monitor all camps and identify as fast as possible those under threat so as to prevent risks of forced eviction.
	1.1.2.2. Negotiate short- and medium-term solutions with the owners and/or resident populations.

	1.1.2.3. Conduct advocacy among local and national authorities to solve and anticipate issues of eviction or other annoyances that could restrict IDPs' rights and access to basic services.
Indicator	1.1.3. In 2012, in 100% of the camps, committees for sensitization on gender-related issues are put in place and they participate in camp-management meetings.
Activities	1.1.3.1. Revive and train the various committees (men, women and youths) on proximity and extended HIV and GBV sensitization techniques. 1.1.3.2. Identify and refer possible cases of sexual and gender-based violence (SGBV) for appropriate care and treatment.
Strategic Objective	2. Identify and support sustainable solutions for the voluntary return and socio-economic integration of at least 75% of returnees to safe areas of return.
Specific Objective	2.1. Support activities enabling voluntary return, reintegration and relocation in order to gradually close the camps.
Indicator	2.1.1. In June 2012, 75% of heads of household, especially single-parent households in camps, are informed and sensitized on the opportunities available to them, and on their voluntary-return rights.
Activities	2.1.1.1. Collect and analyse intents of return, and prepare detailed reports (mapping, profiling, etc.) enabling to forecast activities relative to the return, relocation and reintegration of displaced people. 2.1.1.1. Mobilize, inform, sensitize and involve IDP communities in decisions affecting them.
Indicator	2.1.2. In 2012, 100% of on-site IDPs are relocated with dignity in view of a regrouping of all camps for better management until a sustainable solution is found.
Activities	2.1.2.1. Inform, sensitize and involve communities in the preparation of site-regrouping operations. 2.1.2.2. Plan and organize the transportation of identified households towards regrouping sites in dignified conditions. 2.1.2.3. Ensure the reception and installation in regrouping sites of newly relocated people by taking into account their vulnerability (women heads of household, elderly, disabled people, etc.)
Indicator	2.1.3. In 2012, 100% of closed camps are rehabilitated.
Activities	2.1.3.1. Rehabilitate the environment (land, building, etc.) occupied by displaced people before their departure, or planned relocation and/or eviction. 2.1.3.2. Officially return rehabilitated sites to their owners.
Strategic Objective	3. Reduce the risk and mitigate the effects of a new crisis.
Specific Objective	3.1. Contribute to prevention of risks and/or possible threats and respond to emergencies in the event of massive movements of populations.
Indicator	3.1.1. In 2012, 50% of people newly displaced on (new) sites have access to all basic services within two weeks; 70% within four weeks and 90% within six weeks.
Activities	3.1.1.1. Identify new sites and register newly displaced people by disaggregating data per age and gender to provide emergency response. 3.1.1.2. Mobilize resources required to ensure the coordination of basic services in order to address the first strategic objective of the logical framework. 3.1.1.3. Maintain a minimum emergency stock for 10,000 people for 1 month to meet immediate needs in terms of emergency shelters, health, water, sanitation and food.
Indicator	3.1.2. In 2012, 100% of people with specific needs newly arriving in camps (orphaned, separated, accompanied or unaccompanied children, disabled people, pregnant women, etc are registered and referred to relevant organizations for adequate care and treatment.
Activities	3.1.2.1. Identifier, register and refer possible cases to care and treatment partners. 3.1.2.2. Ensure systematic monitoring of referred cases.

4.5.3 Coordination

Leading Agency	Office for the Coordination of Humanitarian Affairs (OCHA)
Implementing agencies	OCHA
Number of projects	1
Objectives	From January 2012, coordination mechanisms are strengthened in order to develop coordinated and integrated activities for humanitarian action. In 2012, ensure regular advocacy for the populations in the humanitarian context through accessible, quality and timely information products. Coordinate effective monitoring of needs, implementation of the response, gaps and humanitarian context. Ensure a timely, effective and coordinated response of the humanitarian community and reinforce the capacity of the humanitarian community and the national authorities to anticipate and respond to a crisis.
Beneficiaries	At least 120 organizations including UN agencies, donors, national and international organizations, authorities and technical departments
Requested funds	\$4,425,413
Requested funds by level of priority	Category C: \$4,425,413
Contacts	Carlos Geha: geha@un.org Barbara Batista: bbatista@un.org

1. Summary

Despite relative stability and a gradual return of populations, the complex and urgent nature of the humanitarian situation remains unchanged. The number of humanitarian actors and the needs of affected populations remain high. More sensitive areas requiring further efforts in terms of activities and coordination have been identified.

Despite a recent redeployment of coordination mechanisms, such as clusters, additional efforts must be undertaken to strengthen humanitarian response that is coordinated and targeted according to specific criteria and priorities. Gradual redeployment of the authorities in some regions and the recent reconfiguration of security forces require the restoration or consolidation of interactions and coordination.

The HCT continues to provide strategic direction to the humanitarian community in response and emergency preparedness. OCHA continues to support the humanitarian community through support dedicated to inter-cluster coordination, information management and analysis, mapping and advocacy.

2. Analysis of the situation and humanitarian needs for 2012 based on the retained scenario

As part of the inter-governmental coordination, the appointment of the Ministry of Employment, Solidarity and Social Affairs as the Ministry in charge of humanitarian affairs has given permission to create a framework for consultation, known as CNCAH (*Comité National de Coordination de l'Action Humanitaire* / National Committee for Coordination of Humanitarian Action), gathering relevant governmental departments and HCT members. This governmental initiative, along with direct interactions with relevant departments, will be strengthened to facilitate the implementation of field activities and encourage their transfer to the authorities in some sectors and regions. OCHA will conduct a mapping of existing coordination mechanisms at national and regional levels so as to identify the Government's needs and capacities and to reinforce them accordingly. In these frameworks for consultation, and with the support of the United Nations Country Team (UNCT), OCHA will facilitate the design of new action plans focusing on a multi-risk approach. There will be clearly defined roles and responsibilities for the Government, humanitarian actors and UNOCI, while adequately linking humanitarian actions to transition and development programmes.

The post-electoral crisis has changed the configuration of the Ivorian security forces. New entities have been created and some units deployed to new areas. This change requires humanitarian actors to create and maintain relationships with these new actors. At the same time, UNOCI continues to play

an important role in the field and can, in certain situations, facilitate humanitarian access, strengthen the protection of civilians and thus contribute to the humanitarian community's efforts. In this sense, relations with the security forces, including UNOCI, will be strengthened and platforms for interaction, if non-existent, will be established at national and local levels to facilitate information-sharing and coordination. OCHA will also provide technical support through the Deputy Special Representative of the Secretary General (DSRSG)/HC to ensure that humanitarian issues and principles are reflected in the planning and monitoring of UNOCI's action, also allowing easier access to the most vulnerable populations. As indicated earlier, action and contingency plans to respond to crises will be developed with UNOCI in coordination with the Ivorian security forces at the national level and in the field.

With humanitarian needs identified according to priority areas, existing coordination mechanisms will be strengthened in these areas to enhance the effectiveness of humanitarian response and to ensure regular monitoring of activities. The west and south-west will be primarily targeted. Alongside this initiative, OCHA will make further efforts regarding coordination between the capital city and the regions to improve the collection, sharing and needs analysis, and to streamline the strategic approach—all areas that were previously identified as weaknesses. These two actions will offer a more operational and extended geographical coverage.

OCHA will continue to support the Office of the DSRSG/HC in establishing and operating coordination structures at national and regional levels. It will reinforce the HCT to allow more strategic decision-making. The forum will be informed of the follow-up of CNCAH and cluster and inter-cluster discussions, and of the needs expressed by the affected communities and through improved communication with OCHA field offices. OCHA will further monitor the clusters' activities and will support the measures required to strengthen them. In this sense, OCHA will provide information management products to support decision-making and to serve as a basis to improve analysis, prioritize the humanitarian response based on needs and criteria, and to create centres across clusters thanks to improved inter-cluster coordination.

To improve the quality of services rendered and the strategic approach, OCHA will ensure better integration of cross-cutting issues such as development, early recovery, gender and protection in every step of the coordination.

3. Response Plan

Intervention Strategy

OCHA intends to set up a response plan in which the architecture of humanitarian coordination will strengthen the Government's role and responsibilities, and increase the accountability of development and early recovery actors. At the same time, OCHA will strengthen coordination mechanisms in all multi-sectoral priority areas, particularly in the western region and possibly in the centre/north where humanitarian action is a priority.

OCHA is committed to ensuring regular advocacy on behalf of the populations in the humanitarian context through accessible, quality and timely information products that are developed in collaboration with partners. The situation requires multi-sectoral needs assessments, systematic monitoring and effective management of relevant information (as part of the humanitarian action cycle).

Coordination will be focused, with partners' involvement, on more effective and regular monitoring of needs, implementation of the response, and the humanitarian needs and context. These tools will be made available to partners and training sessions will be organized to harmonize the use of the system.

Targeting of beneficiaries

The entire humanitarian community and governmental partners will benefit from these activities.

Major constraints to the implementation of the response

The major constraint to the implementation of the Cluster Response Plan is the lack or inadequacy of the funding. Such a situation would reduce the coordination efforts made so far, thus significantly reducing the impact of humanitarian activities. The humanitarian action would be uncoordinated, the priorities and vulnerabilities of populations would be unconsidered, and the emergency situation could persist in some areas. The populations could be exposed to additional risks.

4. Activity and humanitarian situation monitoring mechanisms

The dashboard, updated regularly throughout the monitoring system in place, will periodically measure the level of performance of the CAP's strategic and specific indicators.

The Evaluation and Information Management taskforce will be activated to conduct periodic assessments in the field. The results will enable the collection of information on the humanitarian situation and the implementation of activities.

5. Logical framework

Strategic objective	Improve living conditions and the protection of 100% of targeted populations including the most vulnerable, IDPs, host families and host communities by ensuring access to basic services according to Sphere standards. Identify and support sustainable solutions for the voluntary return and socio-economic integration for at least 75% of the people who have returned to safe areas.
Specific objective	1.1. From January 2012, coordination mechanisms to develop coordinated and integrated activities for humanitarian action are reinforced.
Indicator	1.1.1. From January 2012, 100% of multi-sectoral priority areas have reinforced coordination mechanisms.
Activities	1.1.1.1. Regular meetings of the inter-cluster body. 1.1.1.2. Regular meetings of the other existing coordination bodies.
Indicator	1.1.2. In 2012, 60% of the HCT's strategic decisions are implemented by the clusters in a timely manner.
Activities	1.1.2.1. Monitor and share the HCT's decisions and coordinate their effective operability with members of the inter-cluster body. 1.1.2.2. Regularly inform HCT members of the context and monitoring of humanitarian operations and the level of implementation of strategic decisions.
Activities	1.1.4.1. Build humanitarian actors' capacity on gender aspects (training, resources, etc.).
Specific objective	1.2. In 2012, ensure regular advocacy on behalf of the populations in the humanitarian context through accessible, quality and timely information products.
Indicator	1.2.1. In 2012, there has been a significant increase in the number of information products developed by humanitarian actors and posted on the website humanitarianresponse.info.
Activities	1.2.1.2. Keep the website humanitarianresponse.info updated and popularized. 1.2.1.3. Regularly produce specific information products to particularly ensure the dissemination of key messages (situation reports, evaluations, press releases, maps, etc).
Specific objective	1.3. Coordinate effective monitoring of needs, implementation of the response, gaps and humanitarian context.
Indicator	1.3.1. In 2012, a humanitarian dashboard for Côte d'Ivoire is produced fortnightly.
Activities	1.3.1.2. Monitoring of strategic and specific indicators for the CAP. 1.3.1.3. Monitoring of humanitarian funding and advocacy to donors.
Indicator	1.3.2. In 2012, 100% of the clusters use a harmonized monitoring system, and data collection are disaggregated by age and gender.
Activities	1.3.2.1. Regular collection of data on humanitarian activities in accordance with the action plan. 1.3.2.2. Reinforce partners' capacities to facilitate the use of the harmonized system.

	1.3.2.3. Improve and keep the monitoring of assessments updated.
	1.3.2.4. Reinforce humanitarian actors' capacities on gender aspects (training, resources, etc.).
Strategic objective	Reduce the risks and mitigate their effects of a new crisis.
Specific objective	3.1. Ensure a prompt, effective and coordinated response by the humanitarian community. Improve the capacity of the humanitarian community and the national authorities to anticipate and respond to a crisis.
Indicator	3.1.1. Within 72 hours of the outbreak of a crisis, the humanitarian community is mobilized and implements an emergency response plan.
Activities	3.1.1.1. Develop and regularly update an integrated contingency plan.
	3.1.1.2. Implement and improve a simple, fast and efficient data-collection system.

4.5.4 Education Cluster

Leading agency	United Nations Children’s Fund (UNICEF) and Save the Children
Implementing agencies	IRC, NRC, Save the Children and UNICEF
Number of projects	7
Objectives	Support access to quality education for displaced children living in sites and in host families, including 50% of girls, by December 2012. Support access to quality education for children returned and repatriated to safe areas, including 50% of girls, by December 2012. Support access and retention to education for students in school in priority humanitarian areas and in areas with low enrolment rate, including 50% of girls, by June 2012. Contribute to the prevention of conflict risks through the development of quality education programmes.
Beneficiaries	517, 676
Requested funds	\$11,770,536
Requested funds by level of priority	Category A: \$3,636,020 Category B: \$8,134,516
Contacts	Education Cluster Coordinator, Jennifer Hofmann (UNICEF) jhofmann@unicef.org

Category	Affected populations			Beneficiaries		
	Women	Men	Total	Women	Men	Total
IDPs	23,375	23,375	46,750	77,651	77,651	155,302
Host communities	250,000	250,000	500,000	181,187	181,187	362,374
Total	283,275	283,375	546,750	258,838	258,838	517,676

1. Summary

The post-electoral crisis has led to the departure of students, teachers and educational authorities to some parts of the country; the closure of schools for several months in most parts of the country; over 200 cases of looting and destruction of schools; and the need to redesign the 2010/2011 and 2011/2012 school years. The 2011/2012 school year, which began on 24 October 2011, appears to be very “timid” as many schools remain closed and the students have not yet returned to school. This puts them at risk of exploitation and violence.

2. Analysis of the situation and humanitarian needs in 2012 based on the retained scenario

Besides the regular missions conducted by the Education Cluster members in the field, the cluster also took part in all rapid inter-agency assessments organized by OCHA in the west and east of the country. Rapid education assessments were also conducted at IDP sites in the west (Man, Danané, Guiglo and Duekoué) and south (Yopougon, Abobo, Bingerville). In addition, the Education Cluster conducted a national assessment of the effective reopening of schools (May 2011). The evaluation revealed that 97% of schools had reopened, although in the west (Guiglo, Man, Odienné and Seguela) the reopening rate is well below the national average, 86% of students enrolled at the beginning of year had returned to school (45% of girls/55% of boys), and 90% of teachers had returned to their posts even though the rate is below the national average in Guiglo, Man and Odienné. It has also been evidenced that 40,000 displaced children had been integrated at the primary schools in their host communities, mostly in the Regional Directorates of National Education (DREN) of Adzopé, Aboisso, Agboville, Dabou, Man, Bondoukou and Abidjan.

The Education Cluster has conducted a national assessment of the participation of pupils in the last grade of primary education (CM2) in primary education examinations (September 2011). The total number of students enrolled in CM2 reduced by 3% between the beginning of the school year (November 2010) and the reopening of schools (April 2011) for the 10 DRENs that provided comparable information on these two indicators. Seven of the 10 DREN evaluated have experienced a decline in CM2 attendance from the beginning of the school year and the reopening of schools. This gives credence to the assessment of the effectiveness of school reopening conducted by the Education

Cluster (June 2011), particularly in Touba, Man and Daloa. In three of 10 DRENs evaluated, namely San Pedro, Abengourou and Korhogo, CM2 attendance has increased after the reopening of schools. Furthermore, the total number of students who took part in the examinations on 6 September has decreased by 13% compared with the total number of CM2 students before the crisis for the 12 DRENs that provided usable data on this issue. Therefore, 17,754 students (5%) registered for the examinations could not take the examinations on 6 September 2011 in the 24 DRENs and 156 IEPs that provided usable data on these indicators. More precisely, this includes 5% in the east, 4% in the west and 6% in the south.

The cluster has monitored and documented the attacks against the educational system in the crisis and post-crisis (June 2011) context. In total, 224 cases of attacks against the educational system have been recorded. They include 180 schools looted, 173 schools destroyed or damaged, 20 schools hit by shells, 25 schools occupied by armed groups and forces, and 30 attacks against school administration buildings.

3. Response Plan

In 2012, the Education Cluster will work towards achieving its overall objective: support the access and retention in school of at least 1 million children, boys and girls in preschool, primary and post-primary age in priority humanitarian areas and in areas with low enrolment by June 2012.

Based on the evaluations, the Education Cluster has identified the following priority geographical areas:

- DRENs directly affected by the crisis and return areas in the west (Montagnes, Moyen-Cavally, Bas-Sassandra): Material support to ensure access to education for displaced and returned children, material support for teachers, rehabilitation and re-equipping of schools and school administrations, remedial courses for out-of-school children.
- DRENs directly affected by the crisis and return areas in the south (Yopougon and Abobo): Material support to ensure access to education for displaced and returned children, rehabilitation and re-equipping of schools and school administrations.
- DRENs hosting a large number of displaced students beyond the capacity of schools (Abidjan, Bouake, Man): Material support to ensure access to education for displaced children and to host schools.
- DRENs in traditional low-enrolment areas whose situation has been exacerbated by the post-electoral crisis (Denguélé, Savanes, Zanzan): Material support to ensure access to education for vulnerable children, alternative education offers.

To implement this plan, the Education Cluster will continue to work closely with other clusters. This includes the Child Protection Sub-Cluster on the issue of attacks against the educational system and protection in schools; the WASH Cluster on water and sanitation infrastructures in schools; the CCCM Cluster on education activities in IDP sites; and the Early Recovery Cluster.

In addition, the Education Cluster will also work directly with the Education Sectoral Group on structural issues in the educational sector that were affected by the post-electoral crisis, such as the operation of school canteens or advocacy on behalf of pupils who do not have birth certificates.

Special emphasis will be placed on cross-cutting issues in the development of the response plan and the implementation of field activities. In line with the minimum standards of the Inter-Agency Network for Education in Emergencies (INEE) and the INEE guide for integration of gender in education in emergencies, the Education Cluster will conduct gender-sensitive activities. This is because the post-electoral crisis has differently affected the ability of girls and boys to attend school and to maintain themselves in school. Indeed, it was already noted in 2011 that the impoverishment of families due to the post-electoral crisis has led to a slightly lower return of boys to school, as they are required to assist their families in economic-survival activities. However, girls are more exposed to

risks of abuse and exploitation on their way to school or in the school yard. Early recovery will also be addressed through rehabilitating and re-equipping schools and school administrations.

3.1 Targeting of beneficiaries

The Education Cluster’s activities primarily target 1 million school children who are prevented from access to quality education because of the consequences of the post-electoral crisis. These children include:

- Formal pre-school, primary and post-primary pupils (such as displaced and returned pupils, pupils repatriated from neighbouring countries, pupils from families whose living standards have significantly declined, students in situations of particular vulnerability, such as disability, HIV, or children heads of households).
- Informal pre-school, primary and post-primary pupils (see above).
- School-age children who are out of school or not enrolled (e.g. the 140,000 children who did not re-enrol in school after the reopening in April 2011, the 20,000 CM2 children who did not take the exams in September 2011, and all children supposed to register at CP1 (first primary grade), or to continue their education in October 2011, and who will not due to a lack of economic resources).
- Special emphasis will be placed on the education of girls, who are still marginalized in terms of access to education, particularly in rural areas. Initial assessments and monitoring of the humanitarian response in 2012 will include data disaggregated by age and gender to inform the Education Cluster.

Secondary beneficiaries are teachers, educational authorities and the communities managing these children.

4. Activity and humanitarian situation monitoring mechanisms

The Education Cluster will develop response indicators that will be monitored by the coordination of the cluster on a monthly basis and linked with the "Who Does What Where" intervention matrix. The sub-clusters will continue to prepare activity reports in order to feed the report of the national cluster. The Cluster is also planning a mid-term review of the 2012 CAP strategy.

5. Logical framework

Strategic objective	1. Improve the living conditions and the protection of 100% of targeted populations including the most vulnerable people, IDPs, host families and host communities by ensuring access to basic services according to Sphere standards.
Specific objective	1.1. Support access to quality education for displaced children, including 50% of girls, living in sites and in host families by December 2012.
Indicator	1.1.1. Percentage of displaced children with access to a relevant educational offer.
Activities	1.1.1.1. Establish or maintain temporary learning spaces at IDP sites.
	1.1.1.2. Organize the training of teachers and child supervisors at IDP sites.
	1.1.1.3. Conduct advocacy for the effective integration of displaced pupils (boys and girls) in the formal schools of their host communities.
	1.1.1.4. Provide material support to formal schools hosting displaced pupils (boys and girls) beyond their capacities.
Specific objective	1.2. As part of the "Back to School" campaign, support the access and retention in school of 500,000 students, 50% of girls, in priority humanitarian areas and in low-enrolment areas by June 2012.

Indicator	1.2.1. Percentage of variation of the enrolment rate at national level between May 2011, October 2011 and June 2012 disaggregated by gender.
Activities	<p>1.2.1.1. Distribute school manuals, school kits, recreational kits, educational kits and early childhood development kits (ECD).</p> <p>1.2.1.10. Support the access and retention in school of most vulnerable children, e.g. separated/unaccompanied children, children heads of household, children victims of GBV, working children and disabled children.</p> <p>1.2.1.2. Produce and distribute school furniture for students and teachers.</p> <p>1.2.1.3. Conduct social and community mobilization for the return in school of all children, girls and boys.</p> <p>1.2.1.4. Organize the training of teachers on psycho-social support and other teaching skills.</p> <p>1.2.1.5. Conduct advocacy among decision makers for effectively free education, including the wearing of school uniforms.</p> <p>1.2.1.6. Carry out a study on access to education for pupils in post-crisis context, including barriers relative to security, discrimination and school fees.</p> <p>1.2.1.7. Ensure the reopening and supply of school canteens.</p> <p>1.2.1.8. Rehabilitate and re-equip damaged and looted school administrations.</p> <p>1.2.1.9. Conduct advocacy for the liberation of still-occupied schools and teacher residences and the removal of checkpoints near schools. Conduct advocacy among the communities to make them conscious of their responsibilities in the development and maintenance of infrastructures and the organization of educational activities.</p>
Indicator	1.2.2. Number of children attending remedial classes and receiving alternative educational offers at primary and post-primary levels disaggregated by gender.
Activities	<p>1.2.2.1. Develop and implement a remedial class programme for primary school children, girls and boys, having missed several weeks of class.</p> <p>1.2.2.2. Build, rehabilitate and equip informal education centres and community schools.</p> <p>1.2.2.3. Organize the training of teachers in alternative educational offers.</p> <p>1.2.2.4. Support engineering and vocational training institutions for disadvantaged young girls and boys.</p>
Strategic objective	2. Identify and support sustainable solutions for the voluntary return and socio-economic integration of at least 75% of the people who have returned to safe areas.
Specific objective	Support access to quality education for children, girls and boys returned and repatriated to areas of return by December 2012. Stimulate social demand for education to prevent the gradual exclusion of children from their right to education.
Indicator	2.1.1. Evolution of the enrolment rate in return areas disaggregated by gender between May 2011, October 2011, June 2012 and December 2012.
Activities	<p>Rehabilitate damaged or destroyed schools, including WASH infrastructures, in a gender-sensitive manner. Build classrooms with provisional materials in areas where education offer is lower than the social demand.</p> <p>2.1.1.2. Re-equip looted schools with school furniture and learning and teaching materials.</p> <p>2.1.1.3. Distribute school kits to returned and repatriated pupils, both girls and boys.</p> <p>2.1.1.4. Provide material support to returned and repatriated teachers, both men and women.</p> <p>2.1.1.5. Conduct advocacy among decision makers to facilitate the reintegration of repatriated pupils and teachers in the educational system.</p> <p>2.1.1.6. Support the training of volunteer teachers giving classes to refugee children in Liberia</p>
Strategic objective	3. Reduce the risk and mitigate the effects of a new crisis.
Specific objective	Contribute to risk prevention through quality education. Improving the quality of education implies building the capacity of teachers and their basic knowledge on gender, HIV/AIDS and basic life skills, and especially on the prevention of violence against girls, and the psychological care and support for children affected by the crisis. It is also necessary to provide teachers with basic materials to ensure the effectiveness of their mission.
Indicator	3.1.1. Percentage of schools implementing activities relative to protection and peace education.
Activities	3.1.1.1. Set up school clubs on life skills and peace education.

4. The Common Humanitarian Action Plan for 2012

	3.1.1.2. Support the development and management of the Human Rights and Citizenship education programme by the Ministry of Education.
	3.1.1.3. Conduct a nationwide campaign to fight against violence in schools.
Specific objective	3.2. Support the coordination of educational activities while ensuring gradual transfer to the Ministry of Education.
Indicator	3.1.2. 75% of functional educational sectoral groups are coordinated under the supervision of the Ministry of Education by December 2012.
Activities	3.1.2.1. Organize training sessions for Education Cluster members at national and regional levels, including the Ministry of Education, on education in emergencies, INEE Minimum Standards, the cluster approach and rapid data collection (including gender).
	3.1.2.2. Ensure effective coordination of the Education Cluster to achieve its strategy.
	3.1.2.3. Maintain a minimum emergency stock pre-positioned in the field to meet immediate educational needs.
	3.1.2.4. Develop a preparedness-and-response plan for the Education Cluster.
	3.1.2.5. Organize the collection and management of data on education in emergencies and post-crisis situations in order to identify priorities while reinforcing the Ministry of Education's Education Management Information System (SIGE).

4.5.5 Logistics Cluster

Leading agency	World Food Programme (WFP)
Implementing agencies	WFP
Number of projects	2
Objectives	Provide the humanitarian community with required solutions and/or means of communication to ensure data transfer via the Internet of UN agencies and NGOs operating in priority areas in 2012. Provide the humanitarian community with appropriate resources, services and coordination mechanisms to facilitate the delivery of humanitarian aid to the populations of Côte d'Ivoire. Provide the humanitarian community with the tools and means of telecommunication necessary to ensure the security of UN and NGO staff operating in priority areas in 2012.
Beneficiaries	Humanitarian actors in Côte d'Ivoire 10 UN agencies (FAO, OCHA, UNOCI, UNAIDS, UNDP, UNFPA, HCR, UNICEF, WFP, WHO); 11 NGOs (AIBEF, ACF, ARF, COOPI, DRC, IRC, MAPINTER, MSF, OXFAM, Save the Children, <i>Solidarités</i>); 4 international organizations (ICRC, IOM, USAID, World Bank)
Requested funds	\$2,129,985
Requested funds by level of priority	Category C: \$2,129,985
Contacts	Yann.llboudo@wfp.org Tel: 05 40 49 90

1. Summary

The crisis has generated widespread insecurity and a slowdown of business activities that have also hindered commercial carriers' activities. Although activities are resuming, no alternative means of commercial road transport are available in the priority area of the Moyen-Cavally and Montagnes regions—only four-wheel-drive vehicles.

The Emergency Telecommunications Cluster will not be active as a cluster in 2012, but as an ad-hoc group following the HCT's decision. However, it should be noted that it is critical that the communication sector be included in the 2012 CAP. This is in order to help provide our colleagues and partners in the western sector and other priority areas with the means of communication necessary to execute their humanitarian activities. This will also increase their security in the field. For this reason, it has been decided to include this requirement in this group under the "Coordination" grouping.

2. Analysis of the situation and humanitarian needs in 2012 based on the retained scenario

The disputed presidential election in Côte d'Ivoire in November 2010 led to many acts of violence. Up until April 2011, they developed into an armed conflict, with heavy fighting in several regions of the country. Since the beginning of the crisis, hundreds of thousands of people have been forced to flee their homes. On 25 July 2011, Liberia reported more than 153,000 Ivorian refugees, while more than 520,000 people remained displaced within Côte d'Ivoire.

The widespread insecurity and the slowdown in business activities have also seriously affected commercial carriers. Humanitarian activities are mainly conducted in western Côte d'Ivoire, a region with difficult access for commercial carriers due to numerous checkpoints on the roads. While the activities have resumed, commercial carriers are not yet available in the priority area of the Moyen-Cavally and Montagnes regions, as this requires off-road vehicles.

The logistics infrastructure and the current storage capacity in the western part of the country are too limited to cope with the delivery of food aid and humanitarian relief items to the area.

In addition, long distances and banditry along the roads involves risks for the road transport of humanitarian staff and relief cargoes.

4. The Common Humanitarian Action Plan for 2012

The Ivorian road system is in poor condition and has not been properly maintained over the last decade.

Communication needs have been included in the 2012 CAP, specifically to help provide our colleagues and partners deployed in the western sector and other priority areas with the means of communication necessary to execute their humanitarian activities.

This will also increase their security in the field.

3. Response Plan

The Logistics Cluster is mandated to provide the humanitarian community with appropriate means, services and coordination mechanisms to facilitate the delivery of humanitarian aid to the populations of Cote d'Ivoire. Considering the identified gaps, the Cluster's activities in 2012 will include:

Logistics coordination

- A Logistics Cluster coordination unit is maintained, including a coordinator in Abidjan.
- The coordination unit will work closely with the humanitarian community to identify existing gaps and requirements in the logistics response to ensure an uninterrupted delivery of humanitarian aid to the populations of Côte d'Ivoire.
- The coordinator will facilitate the organization of regular meetings, and ensure the dissemination of minutes and decisions.
- The logistics coordination unit will better maximize the logistics resources available locally and regionally, and facilitate consolidated funding requests.

Information management and dissemination

The Logistics Cluster provides information management and dissemination services with a view to facilitating operational decisions and improving the effectiveness of the logistics response. Such services include:

- Disseminating information and updating operational data, such as the road system, points of entry and customs procedures, by publishing documents, reports and information bulletins.
- Producing tools and products specific to the geographical information system (GIS), such as the mapping of logistics infrastructure.
- Maintaining an Internet platform for sharing and disseminating logistics information: www.logcluster.org/ops/civ11a.
- Consolidating information on the overall logistics situation (regarding the humanitarian community and local authorities) and the existence of possible gaps and/or bottlenecks in the supply chain.

Common logistics services

The logistics services listed below will be provided free of charge:

- Provision of temporary storage space in the logistics bases of Abidjan, Man, Toulepleu, Duekoué and Bouaké.
- Provision of road transport will be effective only from Man and to the priority area of the Moyen-Cavally and the Montagnes regions (Toulepleu, Guiglo, ZouanHounien, etc). Such transport will be maintained free of charge until the end of January 2012. From 1 February, the service will be based on cost recovery by the user.
- Provision of road transport (trucks) from Abidjan, Man and Bouaké.
- An air transport service for passengers from or to Abidjan, Bouaké, Toulepleu, Guiglo, Man and Monrovia. This service will be provided free of charge until the end of February 2012.

- Humanitarian freights stored and transported by the Logistics Cluster will be processed on a priority basis.

Communications support

The integration of communications support will provide the humanitarian community with the tools and means of telecommunication necessary to ensure the security of UN and NGO staff operating in priority areas. This will also provide the humanitarian community with the solutions and/or means of communication required to ensure the Internet transfer of the data of UN agencies and NGOs operating in priority areas.

The response to the identified needs consists of:

- Preparing spaces for the installation of Internet cafés at the agencies equipped with telecommunications facilities that can accommodate such solutions.
- The equipment required for the installation of Internet links in priority areas.
- Technicians for the engineering and development of Internet facilities.
- Updating and hiring bandwidths for smooth Internet connections.
- Installing backup Internet links to help other agencies working in humanitarian areas in case of extended interruption of their Internet links.
- Purchase/hiring frequencies.
- Software and physical security of facilities in priority areas in 2012.
- Maintaining and optimizing existing facilities.

Targeting beneficiaries

The Logistics Cluster is a support cluster for UN agencies and NGOs. The beneficiaries of the Logistics Cluster include 10 UN agencies (FAO, OCHA, UNOCI, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO), 11 NGOs (ACF, AIBEF, ARF, COOPI, DRC, IRC, OXFAM, Save the Children, Mapinter, MSF, Solidarités) and three international organizations (IOM, USAID, World Bank).

4. Activity and humanitarian situation monitoring mechanisms

The Logistics Cluster’s activities are monitored through a matrix of activities that includes all transport and storage services carried out on behalf of its members.

5. Logical framework

Strategic objective	1. Improve the living conditions and the protection of 100% of target populations including most vulnerable people, IDPs, host families and host communities by ensuring access to basic services according to SPHERE standards.
Specific objective	1.1. Provide the humanitarian community with appropriate coordination mechanisms to facilitate the delivery of humanitarian aid to women and men in priority areas in 2012.
Indicator	1.1.1. In 2012, 100% of requesting organizations (NGOs and UN agencies in priority areas) benefit from the Logistics Cluster’s services according to defined Standard Operating Procedures (SOPs).
Activities	1.1.1.1. Organize logistics coordination meetings between the various actors to limit the duplication of efforts already in place, and to maximize the use of the infrastructures and logistics services available in priority areas in 2012.
Specific objective	1.2. Provide the humanitarian community with the logistics assistance required to facilitate the delivery of humanitarian aid to women and men in priority areas in 2012.

4. The Common Humanitarian Action Plan for 2012

Indicator	1.2.1. In 2012, 100% of the Cluster's humanitarian partners have access to warehouses put at their disposal by the Logistics Cluster to store relief supplies in priority areas.
Activities	1.2.1.1. Maintain and provide a temporary storage space in the logistics bases of Abidjan, Man, Toulepleu, Duékoué and Bouaké in 2012.
Indicator	1.2.3. In 2012, 100% of the Cluster's humanitarian partners have access to means of transport put at their disposal by the Logistics Cluster to transport relief supplies to priority areas.
Activities	1.2.1.2. Maintain the road transport service (trucks) from Man to the priority areas of the Moyen-Cavally and Montagnes region according to established SOPs (the service from Abidjan is not maintained).
Indicator	1.2.4. In 2012, 100% of humanitarian community members (women and men) requesting to travel to priority areas in 2012 use UNHAS services.
Activities	1.2.1.3. Maintain an air transport service for passengers from or to Abidjan, Bouaké, Guiglo, Man, Toulepleu and Monrovia in 2012.
Indicator	1.2.5. In 2012 humanitarian actors have access to vulnerable populations through the rehabilitation of the "number" of kilometres of roads in priority areas.
Activities	1.2.1.4. Open an air transport service for passengers from or to Monrovia.
Activities	1.2.1.5. Identify the type and number of infrastructures to be rehabilitated.
Specific objective	1.4. Provide the humanitarian community with the tools and means of telecommunication necessary to ensure the security of UN and NGO staff operating in the priority areas in 2012.
Indicator	1.4.1. Increase in the number of organizations (NGOs and UN agencies in priority areas) and diversification of projects requiring the Telecommunications Cluster's support in 2012.
Activities	1.4.1.1. Through the Inter-Agency Telecommunications Working Group, identify the needs of agencies and NGOs regarding emergency telecommunications systems (HF/VHF radio, satellite system) in priority areas in 2012.
	1.4.1.2. Provide assistance for the programming and installation of HF and VHF radios for vehicles, and the base and handheld radios of UN agencies and NGOs.
	1.4.1.3. Standardize and harmonize the frequencies, Callsign and SelCall radios of UN agencies and NGOs.
	1.4.1.4. Collaborate with partners involved in the security of goods and people (NGOs and UN agencies) for effective coordination of the monitoring and movements of the staffs and vehicles of the UN system and NGOs in 2012.
	1.4.1.5. Train the different actors (radio operators, focal points) involved in the management of emergency telecommunications facilities.
	1.4.1.6. Extend and supplement the installation of emergency telecommunications facilities in priority areas of the west where the humanitarian community is operating, such as Duékoué, Guiglo, Toulepleu.
Specific objective	1.5. Provide the humanitarian community with solutions and/or means of communication to ensure the Internet transfer of the data of UN agencies and NGOs operating in priority areas in 2012.
Indicator	1.5.1. In 2012, the Cluster's local and international humanitarian partners have access to Internet connectivity within UN agencies and NGOs.
Activities	1.5.1.1. In 2012, monitor the needs of agencies and partners involved and united around the Inter-agency Telecommunications Working Group.
	1.5.1.2. Maintain and optimize the Internet café system established in WFP, OXFAM and OCHA offices to facilitate Internet access for local and international NGOs operating in Man.
	1.5.1.3. In 2012, 100% of humanitarian clusters in multi-sectoral priority areas offer Internet access to humanitarian partners.

4.5.6 Nutrition Cluster

Leading agency	United Nations Children's Fund (UNICEF)
Implementing agencies	ACF, HKI, MSLS, international and national NGOs, Save the Children, SNU, WFP
Number of projects	8
Objectives	Ensure the provision of quality care and treatment to children (girls and boys) affected by acute malnutrition in operational health facilities in the intervention areas by the end of 2012. By the end of 2012, 50% of households in the intervention areas have adopted good nutritional practices. Prevent micronutrient deficiencies in children between 6-59 months (boys and girls) and school-age children by the end of 2012. Prevent micronutrient deficiencies in children between 6-36 months, and pregnant and nursing women and vulnerable people in immediate areas of return by 2012. Build the technical and organizational capacities of national and local actors to prevent and/or manage nutritional emergencies.
Beneficiaries	84,700 children between 6-59 months. 159,293 pregnant and nursing women. 354,150 women (mothers, grandmothers, community health workers, midwives and health care staff). 250,150 men (fathers, grandfathers, community health workers and health care staff). 12,100 men and women (malnourished PLWHIVs, caretakers of children at therapeutic nutrition units).
Requested Funds	\$15,797,322
Requested funds by level of priority	Category A: \$14,580,893 Category B: \$1,216,429
Contacts	Nutrition Cluster Coordinator, Angeline Grant - agrant@unicef.org

Total	Affected Populations			Beneficiaries ¹⁴		
	Women	Men	Total	Women	Men	Total
	630,030	49,586	679,616	207,693	48,400	256,093

1. Summary

The results of the ESASU survey confirm that the post-electoral crisis of 2010 has worsened the already alarming nutritional situation. Indeed, in June 2011, 70% of the households surveyed consumed less preferred food, 66% reduced their amount of food, 59% reduced their number of meals per day and 14% spent one or several days without food.

2. Situation and humanitarian needs analysis for 2012 based on the validated predictions

The nutritional status of vulnerable populations in Côte d'Ivoire, particularly among children under age 5 (girls and boys), has deteriorated over the decade of socio-political crisis experienced by the country. In 2006, the multiple indicator cluster survey (MICS) III revealed a worrying nutritional situation: an overall acute malnutrition rate of 7%, a chronic malnutrition rate of 34%, an underweight rate of 20%, a low exclusive breastfeeding rate of 4% and a low birth-weight rate of 17.5%.

The main factors behind these results include inadequate food intakes (quality and/or quantity), inappropriate hygiene and care practices, and lack of access to basic health services. This trend has been confirmed by the SMART 2011 survey, which reveals a level of acute malnutrition reaching critical levels of over 2% in certain census areas located in the northern, north-eastern, west and north-western areas.

¹⁴This includes the direct beneficiaries of programmes, i.e., malnourished children between 6-59 months, pregnant and nursing women, malnourished PLWHIVs, caretakers of children at therapeutic nutrition units.

4. The Common Humanitarian Action Plan for 2012

In the south-west, nutritional issues remain a concern due to the prevalence of over 1.5% with lack of care and treatment (see National Nutrition Program/UNICEF assessment report).

Similarly, the fighting that took place in the west in 2011 has had two major consequences:

- Massive displacements of population.
- Loss of a large part of harvests and food reserves.

Therefore, women, men, girls and children in the western region are vulnerable individuals, particularly at high risk of malnutrition.

3. Response Plan

Major challenges are to find ways and means to: i) Develop and extend community-based nutrition activities to reinforce the capacities of mothers and parents to improve feeding practices and care at the household level; ii) Integrate nutrition activities at all levels of the health system; iii) Intensify the fight against micronutrient deficiencies (iron, iodine, vitamin A, zinc); iv) Ensure adequate feeding of infants in a context of high prevalence of HIV/AIDS; v) Ensure sustained food security at national and household levels.

The following strategies have been retained:

- Reinforcement of integrated nutrition interventions at all levels of the health system (health centres, departments, regions, central system)
- Community-based approach
- Advocacy
- Behavioural change communication.

Targeting beneficiaries

The targeting of beneficiaries for care and treatment activities will be done according to the following national directives:

- National protocol for care and treatment of acute malnutrition
- National protocol for nutritional care and treatment of people infected or affected by HIV and/or TB patients.

The targeting of health facilities and health-care staff for capacity-building activities will be based on the training plans/training needs submitted and expressed by the health districts and the National Nutrition Programme.

Major constraints to the implementation of the response, and humanitarian consequences if unfunded

Limited project funding may impede the smooth implementation of planned interventions.

Considering that malnutrition is associated with 50% of child deaths, non-performance or partial performance of the activities will further increase the already alarming mortality rate (125 for 1,000). Malnutrition is also the cause of delayed development (physical and intellectual), which can be irreversible.

In pregnant women, malnutrition contributes to: (i) low birth weight of <2.5 kg (in Côte d'Ivoire, 17.5% of children are born with a weight below 2.5 kg); (ii) pregnancy termination, (iii) foetal malformations; (iv) in-utero deaths; (v) risk of maternal mortality.

For PLWHIVs, malnutrition causes a decrease in treatment adherence and increases mortality.

4. Mechanism and strategies for monitoring and assessment

The Cluster's strategy is based on the coordination of interventions. In this regard, Cluster meetings will be held regularly at national and regional levels, the Who does What Where and How? will be regularly updated, monthly activity reports (testing, care and treatment and evaluation) will be shared between all cluster actors, and comparative studies will be conducted based on the results of the reports.

Inter-cluster activities will be developed (food security, logistics, health, WASH, protection and education) to ensure the integration of nutrition in interventions developed by other sectors.

Joint field visits will be organized quarterly and reports will be prepared after such visits.

Projects will be evaluated at mid-term.

The SMART survey, conducted annually at the same period and with the same methodology, will measure the trends of the nutritional status.

The operation of the early warning system allows continuous assessment of the nutritional status and provides the information required for rapid decision-making.

5. Logical framework

Strategic objective	1. Improve the living conditions and the protection of 100% of target populations including the most vulnerable people, IDPs, host families and host communities by ensuring access to basic services according to SPHERE standards.
Specific objective	1.1. Ensure quality care and treatment for children (girls and boys) diagnosed with acute malnutrition at functional health facilities in areas of interventions by the end of 2012.
Indicator	1.1.1. 70% of functional health facilities in the areas of intervention offer quality care and treatment (SPHERE indicators).
Activities	1.1.1.1. Train health workers in the areas of intervention (women and men) to provide care and treatment for severe acute malnutrition according to the national protocol. 1.1.1.2. Rehabilitate and equip malnutrition care and treatment facilities. 1.1.1.3. Supply malnutrition care and treatment facilities with inputs and essential drugs for the systematic treatment.
Indicator	1.1.2. 75% of children (girls or boys) diagnosed with acute malnutrition receive care and treatment.
Activities	1.1.2.1. Support the implementation of community-based nutrition at X locations for testing, case referral and monitoring. 1.1.2.2. Support the monitoring/evaluation of the implementation of interventions to ensure the quality of the primary environmental care. 1.1.2.3. Support the implementation of care practice activities at care and treatment facilities: therapeutic nutrition unit/mobile therapeutic nutrition unit.
Specific objective	1.2. By the end of 2012, households in the intervention areas have adopted good nutritional practices.
Indicator	1.2.1. 50% of the households have adopted good nutritional practices.
Activities	1.2.1.1. Support the development and dissemination of communication products already developed for the promotion of essential nutrition actions. 1.2.1.2. Support the training of health workers to promote essential nutrition actions. 1.2.1.3. Support the training of community relays (men and women) on the use of communication material. 1.2.1.4. Set up integrated nutritional education programmes in nutritional centres and villages. 1.2.1.5. Conduct two knowledge, aptitude and practice (KAP) surveys in intervention areas.
Specific objective	1.3. Prevent micronutrient deficiencies among children between 6-36 months, pregnant and nursing women, and vulnerable people in immediate areas of return by 2012.
Indicator	1.3.1. 60% of children, pregnant and nursing women, and vulnerable people including PLWHIVs have benefited from blanket feeding.

4. The Common Humanitarian Action Plan for 2012

Activities	1.3.1.1. Develop blanket-feeding activities to prevent the deterioration of the nutritional status of children under age 5, pregnant and nursing women and vulnerable people.
	1.3.1.2. Support nutritional intake for PLWHIVs under ARV treatment.
Specific objective	1.4. Prevent micronutrient deficiencies among children between 6-59 months (boys and girls) and school-age children by the end of 2012.
Indicator	1.4.1. 30% of school-age children have received micronutrient supplementation.
Activities	1.4.1.1. Provide school-age children with micronutrient supplements in X canteens.
	1.4.2. 95% of children (girls and boys) between 6-59 months have received two doses of vitamin A, and 95% of children (boys and girls) between 12 -9 months have received two doses of de-worming drugs.
	1.4.2.1. Supply X health centres with vitamin A and de-worming drugs.
	1.4.2.2. Develop the community-based approach for the distribution of vitamin A and de-worming drugs.
Strategic objective	2. Reduce the risk and mitigate the effects of a new crisis.
Specific objective	2.1. Build the technical and organizational capacities of national and local actors to prevent and/or manage nutritional emergencies.
Indicator	2.1.1. Existence of a contingency plan at national, regional and departmental levels.
Activities	2.1.1.1. Support the updating of the national emergency nutrition management plan (contingency plan).
	2.1.1.2. Set up buffer stocks of inputs and essential drugs for systematic treatment of malnutrition at the district pharmacies of intervention areas.
Indicator	2.1.2. Existence of the early warning system.
Activities	2.1.2.1. Set up an early warning system.

4.5.7 Multi-sector/UNHCR Programme

Leader	United Nations High Commissioner for Refugees (UNHCR)
Participating organizations	ASA, ASAPSU, AWECO, CARITAS, MDHLP, SAARA and other potential organizations to be identified
Objectives	Provide multi-sectoral assistance to refugees, returnees and people at risk of statelessness in order to find a sustainable solution.
Beneficiaries	169,946
Areas of intervention	Western area: Montagnes, Moyen-Cavally, Haut Sassandra regions, Abidjan area (Lagunes region) and Tabou (Bas-Sassandra region)
Requested funds	\$18,336,975
Requested funds by priority level	Category A: \$18,336,975
Contact person	Boubacar Bamba - Bamba@unhcr.org

Categories of affected people	Population in need			Targets		
	Female	Male	Total	Female	Male	Total
Repatriates	63,700	66,300	130,000	27,948	26,852	54,800
Refugees	-	-	25,146	-	-	25,146
Stateless (risk)	-	-	90,000	-	-	90,000
Total	-	-	1,115,146	-	-	169,946

1. Summary

The post-electoral crisis that broke out at the end of 2010 has led to armed clashes that caused massive displacement of populations inside and outside the country.

At the end of September 2011, the humanitarian community's attention rapidly began to focus on areas of return. This was due to the significant return movements recorded despite security incidents, such as the deadly attacks against civilians in the area of Taï in mid-September 2011.

2. Analysis of the situation and humanitarian needs in 2012 according to the retained scenario

Ivorian repatriates

On the legal plan, the Liberia and Côte d'Ivoire governments and UNHCR signed a tripartite agreement on 11 August 2011 for the repatriation of Ivorian refugees. As of 10 October 2011, Liberia still hosts the majority of the 187,045 Ivorian refugees living in neighbouring countries, i.e. 85.3% (159,489 people). The monitoring of borders and areas of return carried out by the UNHCR monitoring teams has recorded some 130,000 spontaneous returns as of mid-October 2011, from camps and border areas.

A regional meeting was held in Abidjan from 22 to 26 September 2011 between the neighbouring countries of Cote d'Ivoire that host Ivorian refugees. They included Liberia, Ghana, Benin, Togo, Mali, Senegal and Nigeria. During the meeting it was decided to organize the repatriation of 54,800 Ivorian refugees in 2012. The priority needs identified are those relative to the movement of return and the reintegration in areas of return.

Refugees

There are currently 25,146 refugees in the country, most of whom are Liberian refugees. This population has been particularly affected by the post-electoral crisis and has also been displaced, thus weakening livelihoods.

Following the crisis, 372 people were transferred to San Pedro, while 456 were flown back to Liberia. Multi-sectoral assistance (health, income-generating activities, protection, etc.) continues for the remaining refugees in the country.

The priority needs of the 25,000 refugees in Côte d'Ivoire remain protection, documentation and the search for a sustainable solution (repatriation, local integration and resettlement).

Stateless people

Assistance to people at risk of statelessness has been marked by the acquisition and digitization of the entire collection of official newspapers from 1959 to 2010. This is in order to create a digital database of decrees of naturalization published in the official newspapers of the Republic of Côte d'Ivoire from 1962 to 2010. The year 2011 also marked the commemoration of the fiftieth anniversary of the Convention on the Reduction of Statelessness, which provided a framework to advocate the ratification of the 1954 and 1961 Conventions on the Reduction of Statelessness.

In Côte d'Ivoire, there are still nearly 1 million people at risk of statelessness. The main root causes of statelessness are the succession of state (transfer of sovereignty/independence), the issue of civil status, administrative, legal or technical barriers and deficiencies in regulations (right of blood, cases not considered: abandoned children born from unknown parents). People at risk of statelessness break down as follows:

- *De jure* stateless people (children born with disabilities, children abandoned and born from unknown parents): 348,000 people.
- Groups of populations at risk of *de facto* statelessness: 1. Naturalized (major candidates) by the collective naturalization decree of 1995, facing difficulties to obtain a certificate of nationality and/or other identity documents (national identity card, passport, etc.) 2. Children and grandchildren of naturalized citizens not included in the collective decree of 1995, but benefiting from the provisions of article 45 facing the same difficulties as their parents): 100,000 people.
- Groups of people suspected to be *de jure* stateless people: 1. Immigrants who arrived in Côte d'Ivoire before independence, permanently established since then and who have not taken any steps to acquire the Ivorian nationality by naturalization or marriage. 2. Descendants of immigrants born in Côte d'Ivoire before and after independence who have not acquired the Ivorian nationality by marriage or declaration: 500,000 people.

3. Response plan

Ivorian repatriates

Transporting refugees in a secure and dignified manner will be essential to support their return to their main town or to major urban centres: the refugees will receive a financial allowance to cover the cost of secondary transport to their village or their final destination. A return package will be distributed to each repatriated family to provide them with essential means to restart their lives in return areas. Repatriates will also receive three months' of food supplies distributed by WFP. Return kits will take into account the need for hygiene kits for women of childbearing age.

Upon arrival at transit centres, repatriates will have access to adequate housing preserving the family unit and special attention to single women or female heads of households.

Repatriates will receive medical screening and care as required. Particular attention will be devoted to unaccompanied children, who will be identified and monitored.

In return areas, reintegration programmes will be developed with an emphasis on access to shelter and community infrastructure, as well as on the reinforcement of peaceful coexistence between different communities.

Refugees

The cessation clause, determining the end of the refugee status for Liberians, will take effect at the end of the first half of 2012. Voluntary repatriation for this group of refugees will continue until 31 March 2012 to allow people to benefit from UNHCR repatriation assistance if they so wish. Requests for exemption will be reviewed gradually with relevant State institutions. This process will require an important mechanism to deal with all cases within reasonable time periods. Liberian refugees account for 97.35% of the refugee population. After the enforcement of the cessation clause, multi-sectoral

assistance to Liberian refugees will end, while other nationalities will continue to receive the assistance (education, health, IGAs and welfare). The implementation of these activities will take into account the specific needs of women and vulnerable people.

Stateless people

In 2012, UNHCR plans to provide assistance to at least 90,000 of people in partnership with the authorities, mainly the Ministry of Human Rights and Civil Liberties, the Ministry of the Interior and governmental institutions in charge of humanitarian affairs, such as the Service for Aid and Assistance to Refugees and Stateless People (SAAR). The priority will be on advocacy for the ratification of the 1954 and 1961 conventions on the prevention of statelessness, the proposed amendment of the nationality code and assistance in obtaining duplicate birth certificates for children.

Targeting of beneficiaries and intervention areas

Ivorian repatriates

The documents to be prepared for repatriation will show details of the repatriates. Thus, the countries of asylum will share their databases on the involved population or manifests during convoys. This information will be used in the detailed planning of interventions, which will help obtain the profile of potential repatriates. Single women heads of households, unaccompanied children, the elderly and disabled people will have a treatment adapted to their individual situations during transport, accommodation in transit centres and catering.

The intervention areas mainly cover the west and the Lagunes region for repatriates. As repatriation is voluntary, repatriates willing to go to other parts of the country will receive assistance for this purpose.

Statistics on Ivorian refugees living in Grand Gedeh, Liberia, indicate that the main areas of origin of the 71,146 refugees living in this county are Bolequin (53%), Toulepleu (11%), Tai (8%), Pehe (6%), and Bakoubly Tiobly and Guiglo (5% each). Grand Gedeh county hosts about 45% of the Ivorian refugees in Liberia.

The analysis of spontaneous returns recorded between 11 September and 13 October 2011 shows that out of 2,278 spontaneous repatriates registered at the points of entry, 48.2% returned to Toulepleu, 39.4%, to Bloléquin, 9.7% to Guiglo and 1.7% to Duekoué.

Given the acceleration in return movements, organized repatriation began in mid-October 2011, despite the fact that it was not initially planned.

Refugees

The forecasted population of refugees in Côte d'Ivoire in early 2012 is 25,146. The refugees' different needs have been collected through evaluation sessions taking into account age, gender and diversity mainstreaming (AGDM).

Stateless people

An assessment of populations (groups) at risk of statelessness has been made by the Ministry of Human Rights and Civil Liberties, and will guide priority actions.

Intervention areas cover the west and the Lagunes region for refugees, while the area of intervention for the prevention of statelessness practically covers the whole country.

Refugees in Grand Gedeh, Liberia (04/10/11)		
Origin	Number	%
Bolequin	37,550	52.78
Toulepleu	8,129	11.43
Tai	5,705	8.02
Pehe	4,207	5.91
Bakoubli	3,865	5.43
Tiobly	3,792	5.33
Guiglo	3,252	4.57
Duekoue	531	0.75
Zeo	346	0.49
Grabo	316	0.44
Others	3 453	4.85
Total	71,146	100.00

Constraints/Risk Analysis

The main constraints are summarized as follows:

- High needs in terms of rehabilitation in the return areas of repatriates.
- Damage to access roads in return areas makes it difficult to organize convoys in the absence of road maintenance.
- Presence of armed elements and sporadic security incidents.
- The outcome of the elections in Liberia and the legislative elections late in 2011 in Côte d'Ivoire is still unknown.
- Liberian refugees' low willingness for voluntary repatriation or local integration.
- High number of people at risk of statelessness and their distribution over almost all the country.
- Sensitizing the population on statelessness and naturalization remain important tasks affected by political debates.
- Low financial contribution for the activities.

Relation to cluster activities

The return of repatriates from neighbouring countries will be managed in close collaboration with the various clusters, especially the Protection Cluster which is monitoring security conditions in return or residence areas common to IDPs and repatriates.

While UNHCR will organize the return, the reintegration phase will be done in synergy with other actors to ensure that repatriates have access to the assistance planned in the return areas. This will facilitate their reintegration and reduce the risks of conflicts in the areas.

Statistics on the number of repatriates, the return areas, vulnerable people or people with special needs will be made available to other actors through OCHA.

Information about the achievements for these two groups (refugees in Côte d'Ivoire and those at risk of statelessness) will be made available to the humanitarian community through UNCT and HTC meetings.

4. Monitoring mechanisms

Repatriation activities will be monitored on the basis of repatriation plans established by mutual agreement with the countries of asylum of Ivorian refugees.

In field offices (Man and Tabou), weekly meetings will take stock of the activities on the basis of field visits and monitoring results.

Programmes for assistance to refugees and people at risk of statelessness will be monitored according to the UNHCR project management mechanism. Each operational partner will develop a detailed workplan that will guide the evaluation.

5. Logical framework

Strategic Objective	1. Improve the living conditions and protection of target populations including the most vulnerable people, IDPs, host families and host communities by ensuring access to basic services according to standards.
Specific Objective	1.1. Promote access to international protection and provide multi-sectoral assistance to refugees and asylum-seekers in Côte d'Ivoire.
Indicator	1.1.1. 100% of refugees and asylum-seekers in Côte d'Ivoire have access to international protection.
Activities	1.1.1.1. Support and reinforce the administrative institutions and the capacities of government officials through training and equipment support. 1.1.1.2. Conduct advocacy for the ratification or the reinforcement of international and regional regulations. 1.1.1.3. A workshop on protection instruments organized for 50 government officials. 1.1.1.4. Undertake mass information campaigns for positive change of public attitude towards the concerned people. 1.1.1.5. Assist refugees in obtaining proper documentation for their protection. 1.1.1.6. Implement necessary measures as part of the enforcement of the cessation clause (mass information, determination of refugee status, exemption, local integration) for Liberian refugees.
Indicator	1.1.2. 100% of entitled refugees have access to a multi-sectoral assistance and appropriate sustainable solutions.
Activities	1.1.2.1. Organize the provision of medical care and treatment to refugees on a cost-sharing basis. 1.1.2.2. Organize the voluntary repatriation of candidates for voluntary return (at least 1,550 Liberian refugees in the first quarter of 2012). 1.1.2.3. Support the education of at least 3,500 refugee children (formal education/vocational training) and rehabilitate/equip at least eight schools in refugee host areas. 1.1.2.4. Organize and provide the refugees with income-generating activities.
Specific Objective	1.2. Contribute to the prevention and reduction of statelessness in collaboration with/support to the authorities.
Indicator	1.2.1. Indicator 1: 90,000 people at risk of statelessness have access to appropriate legal assistance and procedures.
Activities	1.2.1.1. Capacity-building/training of government officials and partners (about 1,000). 1.2.1.2. Conduct advocacy to improve access to legal assistance for people at risk of statelessness. 1.2.1.3. Conduct advocacy for ratification or reinforcement of international and regional regulations.
Indicator	1.2.2. 90,000 people at risk of statelessness receive support for their documentation.
Activities	1.2.2.1. Provide support (expertise, equipment) to governmental institutions to help people at risk of statelessness establish their identity and nationality. 1.2.2.2. Support the issuance of birth certificates or duplicate birth certificates to 1,000 children (public hearings, etc.). 1.2.2.3. Sensitize about 604,000 people at risk of statelessness on the issue of documentation.
Strategic Objective	2. Identify and support sustainable solutions for the voluntary return and socio-economic integration of returnees in safe return areas.
Specific Objective	2.1. Facilitate the secure and dignified return of 54,800 Ivorian refugees.
Indicator	2.1.1. 54,800 Ivorian refugees repatriated in a secure and dignified manner.
Activities	2.1.1.1. Organize the signing of tripartite agreements with countries of asylum. 2.1.1.2. Register and provide mass information (mass-info, cross-border visits, etc.) to repatriation candidates. 2.1.1.3. Prepare reception and transit facilities. 2.1.1.4. Organize repatriation convoys (movement of convoys, organization of convoys to return areas, maintenance of vehicle fleet, etc.).
Indicator	2.1.2. 100% of the repatriates in organized convoys have access to services at transit centres.

4. The Common Humanitarian Action Plan for 2012

Activities	2.1.2.1. Provide essential documentation (repatriation form), ensure the immigration service and provide any necessary protection assistance.
	2.1.2.2. Identify unaccompanied children and vulnerable people and direct them to appropriate facilities.
	2.1.2.3. Conduct medical examination for the repatriates and provide care and treatment to patients in need.
	2.1.2.4. Provide hot meals and allocate housing by taking into account the special needs of infants, women and vulnerable people.
Indicator	2.1.3. 54,800 Ivorian returnees receive repatriation packages.
Activities	2.1.3.1. Distribute repatriation packages to 10,960 households (54,800 Ivorian repatriates).
	2.1.3.2. Provision of the allocation for secondary transport covering the road section from the end points of convoys to the villages/towns of destination.
	2.1.3.3. Distribution of hygiene kits to women of childbearing age
Specific Objectives	2.2. Assist the 54,800 Ivorian repatriates with reintegration support in the return areas
Indicator	2.2.1. 100% of repatriates in key return areas are monitored and supported for their reintegration.
Activities	2.2.1.1. Organization of the programme for construction of shelters for the most vulnerable repatriates while ensuring coordination with the shelter programme is set up for IDPs.
	2.2.1.2. Regular monitoring of the situation in return areas through protection monitoring.
	2.2.1.3. Advocacy to governmental and non-governmental actors to improve conditions in return areas, particularly in terms of access to basic services.
	2.2.1.3. Promote social cohesion and measures intended to improve the livelihoods of the repatriates.

4.5.8 Protection Cluster

Lead agency	United Nations High Commissioner for Refugees (UNHCR)
Implementing agencies	CARE, COOPI, DRC, HI, IRC, national and international NGOs, Save the Children, SCG, UN System.
Number of projects	19
Objectives	Support the coordination of protection activities while ensuring gradual transfer to governmental authorities. Ensure the availability of data on protection situations at the national level that support advocacy and programming actions. Facilitate equitable access by vulnerable people to quality protection services (security, legal, medical and psycho-social). Support the return, resettlement and local integration of at least 75% of IDPs choosing a sustainable solution in dignity and security by the end of 2012. Strengthen community mechanisms for protection of vulnerable populations, resilience and social cohesion in the target areas. Contribute to the prevention of the violation of the human rights of vulnerable populations.
Beneficiaries	Communities with the most serious issues of social cohesion, discrimination, impact of protection, high numbers of IDPs or displaced people who have returned home. People with special needs (women, children, disabled people, people living with HIV/AIDS, victims of violence, displaced people without any host community or with the intent to return).
Requested funds	\$18,493,062
Requested funds by priority level	Category A: \$13,491,097 Category B: \$4,024,660 Category C: \$977,305
Contacts	Jackie Keegan, Cluster Coordinator - keegan@unhcr.org

Category	Affected Populations			Beneficiaries		
	Female	Male	Total	Female	Male	Total
Population	3,569,866	3,706,383	7,276,249	2,244,943	2,973,176	5,218,119
IDP	-	-	448,486	-	-	448,486
Total	-	-	7,724,735	-	-	5,766,605

1. Summary

The post-electoral violence, which started in December 2010, intensified in March 2011, leaving deep scars in the Ivorian society. Serious violations of human rights have been recorded all over the country. Despite a clear improvement in security, areas most affected by the crisis still require humanitarian interventions. The Protection Cluster will continue to work in favour of the civilian population to ensure better coordination of protection activities, as well as to seek possible solutions to protection issues in consultation with all involved stakeholders.

2. Analysis of the situation and humanitarian needs in 2012 according to scenario

Nearly 10 months after the crisis, and following assessments conducted by the various protection actors, certain abuses are still major concerns in Côte d'Ivoire. They include violations of the right to life, physical integrity, the right of ownership, the right of access to basic services and to psycho-social assistance. The protection situation, the needs of vulnerable people in the country and the Cluster's concerns also relate to:

- the need for FRCI to return to barracks to restore confidence among the populations willing to return to their usual areas of residence;
- the launch of the DDR process to disarm militia men, and train and supervise new FRCI elements;

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- return of the police and the gendarmerie equipped with the necessary resources to ensure the security of the populations;
- rehabilitation of State social and justice institutions and restoration of the rule of law, with civil organizations capable of ensuring the protection of civilians in areas affected by the crisis.

It is urgent to restore the operation of social structures that provide support for people with special needs. Rapid actions and measures to be taken at the highest level to resolve land conflicts in the west are needed. The establishment and progress of the National Reconciliation Commission's activities in the field and in neighbourhoods most affected by the crisis would be an important contribution to social cohesion and peace in the country. Clear and concrete actions by the State in dealing with cases of retaliation and settling of scores are urgent and necessary to protect the populations. A better governmental approach that promotes the voluntary return of candidate returnees in a secure and dignified manner would promote confidence among the populations. To encourage massive returns of populations to their usual places of residence, there is a need for high and increased capacity in the provision of post-trauma psycho-social care and treatment for people and communities affected by the crisis, and the provision of resources to support returnees and their reintegration.

There are several factors that still worsen the protection situation in the selected areas: cultural, social and traditional factors, the education level, land disputes and the general issue of access to land; political factors (change of power relationships and low institutional capacity of state institutions); the low level of social cohesion and national reconciliation; movements/displacements of populations during the violence and in search of employment; the absence (of the civil-status records) or weaknesses and uncertainties of the legislative framework (such as the impunity of the perpetrators of human rights violations); the fact that the State has not yet ensured the protection of civilians; the proliferation and free movement of weapons; the existence of many insecure stocks of ammunition; delays in the launch of DDR activities; and the reduction of livelihoods.

3. Response plan

To successfully carry out their mission to protect and assist civilians displaced during 2012, humanitarian organizations have set six key objectives (see above) to solve the issues. Protection activities planned for 2012, humanitarian activities and early recovery have been selected to contribute to meeting the above-mentioned needs.

The Protection Cluster, with the child protection, GBV, and social cohesion and peaceful conflict resolution (including land conflicts) sectors, has identified 10 activities tailored to sectoral requirements and approaches. They will enable cluster members to target their assigned objectives. The activities include coordination; supervision, outreach and mass sensitization; training, identification and referral of needs and individual cases; individual and community-based care and treatment; protection monitoring; local, individual and cluster advocacy; and establishment and reinforcement of community and State organizations.

The objectives and activities planned by the Protection Cluster aim to include State and community organizations and the possible transfer of responsibility from humanitarian organizations to Ivorian organizations. The targets and activities, with the criteria for selection of submitted projects, require the cluster members to consider people with special needs and to work closely with other clusters to ensure the cross-cutting nature of protection.

Activities will be mainly conducted in the Moyen-Cavally, Montagnes, Bas Sassandra, Haut Sassandra and Lagunes regions, with other activities among displaced people in the Vallée du Bandama region where there are still some host communities in need of protection monitoring. Early warning and conflict-prevention activities will also be implemented in areas with potential risk of conflict. Monitoring activities will be conducted in compliance with Security Council resolutions on the collection of data on sexual violence and child protection in all the country's departments.

Intervention areas have been selected on the basis of surveys on the protection status, the level of impact of the crisis on the current situation, and the presence of displaced people and returned

communities in the area. The extent of land conflicts and events during the crisis in 2010 and 2011 has determined the inclusion of risk areas and will guide the activities planned in such areas.

Targeting beneficiaries

For some activities, the Protection Cluster is working with the communities by selecting communities with the most serious issues of social cohesion, discrimination and incidence of protection, as well as high numbers of IDPs or returnees. When the activities, as well as their planning and monitoring, target individuals, the Cluster prioritizes people with special needs (women, children, disabled people, people living with HIV/AIDS, victims of violence, displaced people without any community or perspective for return), and other groups and individuals whose needs would not be covered by the standard planning.

In 2011, 441 cases of sexual violence were identified in Côte d'Ivoire until late August. The end of the fighting should have limited the number of identified cases, but as data collection and monitoring systems are improving, it is possible that the figure continues to rise in the short term. As with the GBV Working Group, the improvement in the data-collection system could increase the numbers of beneficiaries identified in 2012, even if the situation improves. In addition, the start-up of DDR activities will also help identify other children who need individual interventions. Similarly, the information collected on individual protection cases indicates that there are already unidentified cases following the crisis and, as the judiciary systems are not yet functional, the number of cases expected in 2012 cannot be estimated.

Constraints

Various constraints have been identified as possible barriers to the implementation of the activities. Security continues to affect access to priority working areas, and it is still necessary to work on a social cohesion and reconciliation basis before being able to launch other initiatives in the target communities. The involvement of other clusters (especially Early Recovery, Health and Education) in multi-sectoral activities can make the planning heavier, such as limited resources that could prevent the execution of planned activities. Prior sensitization and training is required for several activities. This is due to certain cultural factors that fuel inter-community tensions, and which discourage the denunciation of violence incidents, especially sexual violence, and because of delays in the effective redeployment of territorial administration and the involvement of the State, civil society and community leaders in humanitarian activities. Finally, the dynamic nature of the situation, with ongoing returns and the phenomenon of back-and-forth movements observed in the west and in Abidjan, will require a flexible approach to enable the activities to better serve the target populations.

4. Activity and humanitarian-situation monitoring mechanisms

Each project approved by the Protection Cluster commits the organization to contributing to the collection of information through standard tools, the mid-term evaluation and the Cluster's monthly activity reports. Each standard activity will have an indicator and the members will also contribute during the year to surveys on the implementation of inclusion strategies as for gender, HIV/AIDS and other specific needs. The Cluster will conduct joint missions, organized in accordance with the project implementation schedule, and the Cluster's governmental members will appoint focal points to take part in evaluation missions and performance-evaluation activities.

5. Logical framework

Strategic Objective	1. Improve the living and protection conditions of 100% of target populations including the most vulnerable people, IDPs, host families and host communities by ensuring access to basic services according to SPHERE standards.
Specific Objective	1.1. Ensure the availability of data on protection situations at the national level that supports advocacy and programming actions.
Indicator	1.1.1. 100% of protection organizations identified use the same tools by March 2012 and update them monthly.

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Activities	1.1.1.1. Establish and reinforce state organizations: training, provision of equipment, operation of monitoring, information collection, management and sharing mechanisms.
Indicator	1.1.2. Data on protection situations in the country is available and updated monthly in 2012.
Activities	1.1.2.1. Protection monitoring: collection, storage, analysis and sharing of protection data on the profiles of areas affected by the crisis and reporting of individual cases. 1.1.2.2. Establish and reinforce community organizations: establishment of committees for issues such as monitoring and early warning.
Specific Objective	1.2. Facilitate equitable access by vulnerable people and survivors of violence (including GBV) to quality protection services (security, legal, medical and psycho-social) (associated with Health, Education and WASH clusters).
Indicator	1.2.1. 75% of functional facilities are freely available by the end of 2012 in the target areas, and 75% of non-functional protection facilities become functional by the end of 2012 in the target areas.
Activities	1.2.1.1. Identification and referral: identifying cases of abuse, refer reported cases, case monitoring and service delivery, reinforce service providers' capacity. 1.2.1.2. Proximity and mass sensitization: sensitization on the issues of protection and availability of services within the community (public areas, religious places, hospitals, schools). 1.2.1.3. Advocacy to security actors (State and UN) to secure the involved areas and road sections. 1.2.1.4. Establish and reinforce community organizations: reinforce the technical, material and human capacities of local organizations (community and State). 1.2.1.5. Specialized technical training for service providers. 1.2.1.6. Reinforcement of state organizations' capacities: technical and material support.
Indicator	1.2.2. 75% of identified victims/survivors have access to quality care and treatment in the target areas by the end of 2012; 100% of women, youths and children identified as survivors of violence, or associated with armed forces and groups and female ex-combatants, benefit from medical and psycho-social care and treatment; and reintegration of female ex-combatants, including access to justice and economic reintegration.
Activities	1.2.2.1. Identification and referral: identification of cases of abuse, referral of reported cases, monitoring of cases and service delivery, reinforcement of service providers' capacity. 1.2.2.2. Psycho-social care and treatment/assistance: monitoring of individual cases and community initiatives (counselling centres, CFS / HS). Legal care and treatment: monitoring and supervision of individual cases (legal assistance). Medical care and treatment: referral, monitoring and support; special case IDTR/associated children: temporary care and treatment as needed; State civil registration. 1.2.2.3. Individual psycho-social activities: IGA and other forms of targeted reintegration. Community mass sensitization to ensure good reception and to limit discrimination. Supervision to ensure monitoring.
Strategic Objective	2. Identify and support sustainable solutions for the voluntary return and socioeconomic integration of at least 75% of people who have returned to safe areas.
Specific Objective	2.1. Support the return, resettlement and local integration of at least 75% of IDPs willing to return (or other solution) in dignity and security by the end of 2012 (in liaison with the CCCM and Early Recovery Clusters).
Indicator	2.1.1. 75% of IDPs identified for voluntary return are supervised and relocated by the end of 2012 in dignity and security, and 75% of identified IDPs not willing to return are assisted in the search for sustainable alternative solutions.
Activities	2.1.1.1. Care and treatment/assistance in collaboration with the Government and the Logistics Cluster. Attention granted to access road issues. Organization of transportation in a secure and dignified manner. Establishment of community IGAs. Birth registration. Psycho-social assistance. 2.1.1.2. Establish and reinforce community organizations: implementation of multi-sectoral rehabilitation/reintegration programmes. Survey on obstacles to return. 2.1.1.3. Establish and reinforce State organizations in collaboration with the Government, housing, social cohesion, restitution of property/land.

	2.1.1.4. Outreach and mass sensitization, both upstream and downstream: at the moment of return. Sensitization of host communities.
	2.1.1.5. Support returned individuals and communities to facilitate their reintegration in host areas.
Strategic Objective	3. Reduce the risk and mitigate the effects of a new crisis.
Specific Objective	3.1. Contribute to the prevention of the violation of the human rights of vulnerable populations.
Indicator	3.1.1. 60% of localities conduct outreach prevention activities in the target areas by the end of 2012.
Activities	3.1.1.1. Training and sensitization of defence and security forces. 3.1.1.2. Advocacy among civil and military security actors on the priorities identified by the communities.
Indicator	3.1.2. 75% of localities have increased their knowledge on human rights in the target areas by the end of 2012.
Activities	3.1.2.1. Outreach sensitization: sensitization on human rights for vulnerable populations: same communication tools/channels. 3.1.2.2. Mass sensitization: sensitization on human rights for vulnerable populations: same communication tools/channels.
Specific Objective	3.2. Reinforce community mechanisms for protection of vulnerable populations, resilience and social cohesion in the target areas (in collaboration with early recovery).
Indicator	3.2.1. 65% of localities having at least one community-based social cohesion mechanism, a community-based protection mechanism and a community-based mechanism involving women in decision-making in target areas by the end of 2012.
Activities	3.2.1.1. Training on community-based monitoring and advocacy of populations at risk of conflict and/or affected by the crisis. 3.2.1.2. Outreach sensitization: community dialogue, group discussion, sensitization session, community mobilization, reconciliation and forgiveness ceremonies, popularization of social rights 3.2.1.3. Mass sensitization: sensitize local authorities and community leaders on protection issues, their roles and responsibilities and the provision of care and treatment to vulnerable people; identify protection of community care and treatment mechanisms; radio broadcasts, press articles, public events, posters and leaflets.
Indicator	3.2.2. 65% of localities developing activities to reinforce resilience in the target areas by the end of 2012
Activities	3.2.2.1. Support the establishment and reinforcement of institutional and community organizations: training and provision of resources to judiciary, administrative and traditional authorities; peace instruments in conflict prevention and resolution; psycho-social support; training and provision of resources to basic services; establish/support local protection initiatives (with female leadership).
Specific Objective	3.3. Support the coordination of protection activities while ensuring gradual transfer to State authorities.
Indicator	3.3.3. 75% of sub-prefectures where State structures have taken over the responsibility for protection coordination by the end of 2012 in target areas.
Activities	3.3.3.1. Coordination: greater involvement of all stakeholders; use of tools and sharing the analysis of collected information; information-sharing and case-management meetings; joint evaluation missions; segregation of roles and responsibilities; liaison between humanitarian actors, State actors and members of civil society and international partners. 3.3.3.2. Advocacy: Develop an advocacy strategy, advocacy notes, sensitize relevant authorities, public awareness campaign, monitoring followed by advocacy recommendations. 3.3.3.3. Training: Reinforcement of the technical and material capacities of State, customary and military institutions in collaboration with the Government.

4.5.9 Early Recovery Cluster

Lead agency	United Nations Development Programme (UNDP)
Implementing agencies	ANADER, ASA, ASAPSU, CARE, CARITAS, DRC, FAO, IEDA-Relief, INITIATIVE CITOYENNE, IRC, ODAHROM, OIM, UNOCI/SOCIAL AFFAIRS, UNIDO, UN-WOMEN, UNAIDS, UNDP, SFCG, UNFPA, UN-HABITAT, UNOPS, WANEP.
Objectives	Reinforce communities' capacity to achieve tangible results through rapid assistance to the reduction of conflicts and restoration of sustainable livelihoods focused on communities, promoting their autonomy and a safe environment, in coordination and in partnership with NGOs and local authorities. The RPCS Cluster covers the vertical sectors not taken into account by other clusters by contributing: <ul style="list-style-type: none"> - to the restoration of economic livelihoods, with special emphasis on non-agricultural activities. - to the rehabilitation of economic infrastructure at small scale. - to the restoration of State authority, security and the rule of law - to the reconciliation and social-cohesion processes.
Beneficiaries	112,707 people
Requested funds	\$9,837,519
Requested funds by priority level	Category B: \$ 9,837,519
Contact person	Martin Mbanda, Cluster Coordinator - martin.mbanda@undp.org

Category of the affected population	Number of people affected	Target beneficiaries		
		Female	Male	Total
Displaced people who have returned home	389,479	26,965	46,057	73,022
Host communities	79,959	4,700	8,510	13,210
Vulnerable populations	968,081	9,980	15,720	25,700
Local authorities	300	10	265	275
Police officers and gendarmes	500	50	350	400
Judiciary staff	100	10	90	100
Total	1,438,419	41,715	70,992	112,707

1. Summary

The scope of the interventions expected from humanitarian and development actors in 2012 is driven by the significance of the expected return movement of IDPs and repatriates from exile, and post-conflict reconstruction challenges faced by Côte d'Ivoire. Return areas, which are mostly located in rural areas and with difficult access, are characterized by the deterioration of educational and health infrastructures; the weakness of decentralized governmental institutions; the weakness or absence of basic social services; social tensions between populations; unemployment; malnutrition; and the precariousness of agricultural, fishing and breeding activities. Administrative authorities as well as police and justice services, which are the expression of State authority and the guarantors of fundamental freedoms, are not yet operational.

2. Analysis of the situation and needs in 2012 according to the retained scenario

While acknowledging the persistence of humanitarian needs in some areas, the humanitarian community's strategy in 2012 intends to increasingly place early recovery at the forefront of action, and consistently within the framework plans of the UN system and the Government in terms of reconstruction and peace consolidation. Therefore, it recognizes that a priority is to reinforce populations' capacities to protect their families, and to improve the livelihoods of the most vulnerable households and communities under the constant threat of recurring conflicts and crises.

Indeed, following the post-electoral violence, nearly 186,000 people are still displaced, with 4% living in sites. Women and children account for 70% of the total displaced population. Approximately 60% are in the west and 27% in the south. Nearly 182,000 Ivoirians have fled to neighbouring countries, although these figures might have been slightly underestimated. The number of returnees is estimated at 550,000 (including 25% of repatriates). The return rate is accelerating. It should increase over the next months with the harvest period of September/October 2011 (OCHA).

The rapid needs assessment (RNA) conducted in the main crisis-affected areas in July 2011 showed that the post-electoral crisis has seriously affected the level of the populations' economic activities, inevitably exacerbating the already alarming poverty rate. In 2008, it was already as high as 63.2% in Moyen-Cavally and Montagnes regions, and 45.5% in the Bas-Sassandra region (ENV 2008). Access to basic food products has become difficult due to soaring prices. Prices have varied between 4% and 25%, depending on the food product.

In addition, land disputes, conflicts between farmers and breeders, and intercommunal clashes exacerbated by socio-political events have contributed to weakening the social ties between groups and communities of different sensitivities.

The evaluations conducted by the RPCS Cluster and WFP in June and July 2011 show that the crisis has caused a severe decline in employment and income levels, as well as the departure of small and medium-sized enterprises or industries and traders from many areas in the west and south-west of the country. The case of two communes of Abidjan (Abobo and Yopougon) is a typical example, with a reduction of the number of traders by approximately 42% for retailers and 50% for wholesalers compared with 2010 (WFP).

Overall, many police stations and gendarmerie brigades of the country's interior have been damaged due to clashes associated with the post-electoral crisis. Regarding justice, the 22 prisons in the southern part of Côte d'Ivoire have been looted, leading to the escape of nearly 12,000 prisoners, many of whom are now in possession of weapons, thus exacerbating the insecurity situation throughout the country. Few prisons are currently functional, which has led to the creation of several illegal places of detention. Moreover, 17 of the 26 jurisdictions in the southern part of Côte d'Ivoire have been looted and damaged and have not reopened since then, thus preventing the return of the rule of law in such areas. In addition, prefecture offices in the Moyen-Cavally and Montagnes regions have been damaged and/or looted; few prefects are present in these regions, which are facing the absence of State authority coupled with a humanitarian situation aggravated by a severe deficit of public services.

The dysfunctions observed at police stations, gendarmerie brigades, prefectures, courts and prisons contribute to reinforcing the insecurity of the populations and economic operators already seriously affected by military confrontations. This situation remain significantly exacerbated by the presence of uncontrolled armed men, including militia men, Liberian mercenaries, Dozos, ex-FDS, FRCI and escaped prisoners. This accentuates the resurgence of insecurity, and the proliferation of weapons and violence against populations already weakened by a decade of recurrent crises.

In this context, to stabilize the security and humanitarian situation, a number of actions are undertaken to create an environment likely to promote the voluntary and sustainable return of populations to their communities in order to recover living and security conditions conducive resuming activities necessary for the country's recovery.

3. Response plan

The overall strategic objective will consist in providing an integrated, sustainable and appropriate response to the return and reintegration needs of IDPs and repatriates based on a community-based approach. It will consider the specific needs of the most vulnerable groups (female heads household heads and/or GBV victims, youths, IDPs and elderly people). This will be achieved by pursuing three specific objectives that are attached to the main activities.

The response takes into account the particularities related to the spontaneity of IDPs' movements, their vulnerability and dispersion. While interventions associated with IDP return involve the preparation for return and assistance to individuals and groups, the reintegration process will encourage and facilitate integrated community-based interventions in host or return areas. This is in order to reduce discrepancies in the assistance to returnees and host communities, stimulate social cohesion, strengthen security and the restoration of State authority, while enhancing the appropriation of the reintegration process by the communities, local authorities and other local actors. As reintegration needs are multi-sectoral, all clusters have a key role at a certain stage of the reintegration process in accordance with their humanitarian responsibilities, as defined by the IASC. The activities will include short- and medium-term actions:

Short-term actions: Regarding the restoration of State authority (security, public administration, justice), the first actions will involve rehabilitating and quickly equipping public buildings to allow minimum operation of the newly redeployed administration. Employment programmes will aim to encourage income generation and training opportunities, and to promote exceptional measures of support for employment to consolidate security and stability. Projects will target specific crisis-affected groups, and will focus on measures seeking to rapidly restore peace among the target groups, e.g. youths (ex-combatants, youths exposed to high risk), repatriates, IDPs and other groups in need of urgent relief or exposed to high risk of exploitation or abuse, especially women. These activities will contribute to relief efforts while providing initial useful support for the reconstruction and rehabilitation processes. This will also apply to conflict prevention, and management organizations and mechanisms that will be mapped and evaluated before receiving any further structured support.

Medium-term actions: These involve reinforcing the capacities of State authorities (public administration, security forces, justice) to improve service delivery to the populations. Regarding local economic recovery, steps will be taken to increase sustainable employment opportunities and to ensure the reintegration of target groups. Reconstructing communities creates the opportunity to address the root causes of the conflict and to facilitate long-term reconciliation. To this end, particular attention will be granted to the orientations that will be proposed by the Dialogue, Truth and Reconciliation Commission (CDVR) to consolidate the social cohesion and national reconciliation process. As social and economic actors are getting increasingly involved, it becomes essential to build capacities and strengthen the institutions. Community participation and community-based planning are regarded as crucial to the success of all the initiatives intended for economic recovery, social cohesion and restoration of State authority. To reinforce the crucial role of local authorities and civil-society actors in the planning, implementation and coordination of recovery activities, special emphasis will be placed on building their capacity to reduce the risk of the resurgence of crises, while ensuring they can handle recovery initiatives in an inclusive, democratic and efficient manner in accordance with gender equality and the fundamental principles of human rights.

Targeting beneficiaries

The Cluster's various interventions will primarily include: (i) the returned and repatriated populations, host communities and other specific groups made more vulnerable by the crisis, i.e. ex-combatants, former militiamen, unemployed youths, female heads of household and/or victims of sexual violence; (ii) peace committees, local development committees and NGOs, associations and economic-interest groups; (iii) administrative authorities, traditional leaders and local elected representatives. Judicial staff and security forces in the intervention areas will also benefit from the cluster's support.

The results of the rapid needs assessment conducted in June and July 2011 by the RPCS Cluster show that the following regions are priority areas for early recovery: Moyen-Cavally: Duékoué (Guéhéby, Bago Houo), Guiglo (Goumblaon and Zaon Townships), Bloléquin (Zéaglo, Boo Township, Zéabaon, Northern and Southern Néao), Toulepleu (Péhé) Mountains: Bangolo (Zou, Zeo Township), Danané, Zouan-Hounien (Téapleu and Bin-Houyé) Bas-Sassandra: Tabou (Grabo, Djouroutou), San Pedro (Doba, Grand Bereby) Soubré (Oupoyo, Okrouyo, Méagui) Sassandra (Sago) Sud-Bandama (Lakota, Divo) Savanes: Korhogo (Napie, Sinématiali, Koumbala) Boundiali, Ferké and Lagunes (Abidjan and surroundings).

Synergies with other clusters

As specified in the Cluster's response strategy, attention will be given to developing synergies with other clusters to provide coherent responses to the various needs identified in an integrated manner.

As social cohesion is a cross-cutting issue, it is each cluster's responsibility to: (i) identify the potential impacts of their interventions on conflicts; (ii) enhance the awareness of inter-group relations in intervention areas; (iii) enable the actors to play a conscious role in helping communities to resume dialogue and to rebuild trust between them.

The RPCS and Food Security clusters will work closely on restoring economic livelihoods by unifying initiatives that strengthen social bonds. The same will apply to the Shelter/NFI Cluster as part of the rehabilitation of destroyed houses. The RPCS Cluster intends to provide support to local technicians and the most vulnerable households. This will include training, tools, production of construction materials and access to funding systems. Mixed teams of technicians (different specialties) could be set up for this purpose. The Protection and RPCS clusters will work interdependently in conflict prevention and management; the fight against armed violence; access to justice; and support for victims of all types of abuse among vulnerable groups.

4. Mechanism for monitoring activities and the humanitarian situation by the Cluster

The RPCS Cluster will have an expert in charge of managing a database that is as consolidated as possible and coordinating information management at the local level. His/her mission will consist of providing cluster members with statistics. Periodic joint missions for monitoring and evaluation of the assistance will be conducted on the ground. Evaluation results (measurement of the outcomes and lessons learned) will be widely shared. The "Who does What Where?" matrix will be regularly updated and disseminated. The regional clusters established in the regions will work closely with local authorities and communities to monitor local activities.

5. Logical framework

Strategic Objective	2. Identify and support sustainable solutions for voluntary return and socio-economic integration of at least 75% of people who have returned to safe areas.
Specific Objective	2.1. Improve economic livelihoods and promote community recovery in priority areas by the end of 2012.
Indicator	2.1.1. By the end of 2012, at least 40% of the target populations have access to income and employment opportunities, and 75% have access to the basic social and economic infrastructures rehabilitated in priority areas.
Activities	2.1.1.1. Facilitate and improve the populations' access to information on local economic opportunities and the actual capacities of institutions providing economic services in target areas.
	2.1.1.2. Support the opportunities for job creation, training, diversification and improvement of the income levels of young people and women, including activities related to the rehabilitation of basic socio-economic infrastructures and the production of construction materials.
	2.1.1.3. Initiate microfinance activities to improve access to financial resources, techniques, assets and production tools for small businesses and other units producing goods and services.
	2.1.1.4. Provide material, technical and institutional support to institutions providing economic services to basic community organizations, including associations and women's groups.
Specific Objective	2.2. Build the capacity and the frameworks for consultation and coordination of local actors so that they can fully and sustainably participate in recovery efforts by the end of 2012.
Indicator	2.2.1. By the end of 2012, at least one framework for consultation and coordination of recovery activities including a gender-based analysis system is established and is operational in target areas and the administrative authorities appropriate at least 75% of the frameworks.

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Activities	2.2.1.1. Build local authorities' capacity and role in coordination and monitoring.
	2.2.1.2. Mobilize and involve community and civil-society actors in the consultation, coordination and monitoring mechanisms.
	2.2.1.3. Train local authorities on the inclusion of gender in planning coordination activities.
Strategic Objective	3. Reduce the risk and mitigate the effects of a new crisis.
Specific Objective	3.1. Contribute to restoring security and the rule of law, and consolidate reconciliation and social cohesion initiatives by the end of 2012.
Indicator	3.1.1. Reduction by at least 50% of inter-community and intra-community incidents and conflicts, and 50% decrease in the populations' actual and perceived feeling of insecurity caused by the proliferation of small arms and light weapons (SALW) in target areas.
Activities	3.1.1.1. Initiate community-based activities to restore confidence and strengthen dialogue between communities and groups in areas affected by recurring conflicts, especially land conflicts.
	3.1.1.2. Assess and build the institutional, technical and operational capacities of conflict prevention and management organizations and mechanisms, by promoting full participation and representation of women and youths.
	3.1.1.3. Initiate activities for disarmament of civilians, fight against armed violence and the proliferation of light weapons and small arms, as well as the social and economic reintegration of young people (associated with conflicts, ex-combatants and ex-militiamen) to improve the security environment.
Indicator	3.1.2. Increase (30%) in the number of cases handled appropriately by courts and the paralegals network, including for women and children.
Activities	3.1.2.1. Contribute to the recovery of administrative, security and judicial services, so that they can provide quality public services to communities and can prevent and respond to cases of violence against women, children and other vulnerable people.
	3.1.2.2. Establish legal support and judicial-assistance services in priority areas for the most vulnerable people exposed to human rights violations in order to improve access to justice.

4.5.10 Health Cluster

Leading agency	World Health Organization (WHO)
Implementing agencies/NGOs	ACF, ADRA, AIBEF, Alliance Côte d'Ivoire, ASA, ASAPSU, CARITAS, COOPI, HAC, HKI, IDE Afrique, IRC, MDM, MESAD, IOM, UNAIDS, PAH, WFP, PU-AMI, Save The Children, Terre des Hommes, UNFPA, HCR, UNICEF.
Number of projects	12
Cluster's objectives	Ensure the recovery, maintenance and/or extension of access to a minimum package of activities (MPA) of quality primary health care (PHC) for boys, girls, men and women, especially the most vulnerable displaced/returnees/repatriates/relocated people. Improve the functionality of basic health-care facilities in priority areas for returnees, repatriates, relocated people and host communities, regardless of gender and age group. Ensure proper integration between humanitarian actions and health-development actions. Reduce morbidity and mortality due to potentially epidemic diseases (polio, measles, yellow fever, cholera, meningitis) and/or natural or man-made disasters.
Beneficiaries	422,055 returnees, 130,257 repatriates, 7,500 IDPs in sites, 169,486 IDPs in families, 2,114,262 host and vulnerable populations.
Requested funds	\$18,822,233
Requested funds by level of priority	Category A: \$2,740,000 Category B: \$16,082,233
Contacts	Dr. KARIBURYO Juma Representative Phone: 00 225 (0)8397817 kariburyoj@ci.afro.who.int Dr. RUHANA MIRINDI Bisimwa, HCC Phone 00 225 46971717 ruhanam@ci.afro.who.int

Health Districts	Returnees	Repatriates	IDPs	Host Population
Montagnes	69,229	77,475	22,833	1,353,379
Moyen-Cavally	137,229	52,776	32,703	722,527
Haut Sassandra	44,975	-	269	739,281
Bas Sassandra	1,000	-	12,120	1,859,879
Lagunes	273,686	-	25,891	-

Our interventions will be located in priority areas, namely the Montagnes, Moyen-Cavally Haut-Sassandra regions (Daloa and Zoukougbeu Health District), Bas Sassandra and Lagunes (Eastern/Western Yopougon District, Northern/Southern Abobo, Cocody Bingerville, Anyama, Grand Bassam). Target populations will include the people in these areas, regardless of age and gender, i.e. returnees, repatriates, IDPs and the host population.

1. Summary

The post-election crisis has created great insecurity in the country, pushing health workers outside combat zones to more secure areas or outside the country. Most health-care facilities have been destroyed or looted, especially in the west. In April, during the joint assessment led by WHO, only 45% of health-care facilities were open. Immunization and epidemiological surveillance activities were interrupted and over 50% of doctors were absent. After six months of humanitarian presence, 73% of health-care facilities are open, but drugs and equipment are lacking in 19% of the health-care facilities and 10% are closed. The early warning system set up by WHO is still operational with the support of two epidemiologists. Six polio-vaccination campaigns have been organized and have covered 42 million children. Vaccination coverage is still below 40% for measles, yellow fever and polio.

2. Analysis of the situation and humanitarian needs in 2012 based on the retained scenario

This crisis has not spared the basic socio-sanitary infrastructures, as they were looted, ransacked, vandalized or simply destroyed. The post-election crisis has worsened a health situation that was already precarious, especially because of the embargo on imports (including pharmaceutical products,

medical equipment and materials) and exports from Côte d'Ivoire, which was declared by the international community following the refusal of the former Head of State to recognize the outcome of the election.

In the Republic of Côte d'Ivoire, epidemiology is dominated by diseases such as malaria, diarrhoeal diseases (including cholera), acute respiratory infections (ARI), HIV infection and TB, and potentially epidemic and/or preventable diseases such as polio, measles, yellow fever and meningitis. The country is also facing other endemic diseases such as Buruli ulcer, the African trypanosomiasis and onchocerciasis.

Malaria is the primary cause of morbidity and mortality. It is the first reason of medical consultations in the country's health-care facilities. It accounts for 57% of morbidity, 62% of hospitalization causes for children under age 5 and 36% for pregnant women (NSDP 2009-2013).

In 2011, the control of epidemics remains a major concern in Côte d'Ivoire since the country is facing an upsurge or resurgence of formerly controlled potentially epidemic diseases. They include poliomyelitis (56 cases reported on 31 August 2011); measles (346 cases in four months from May to August with 0 deaths); cholera (1,079 cases with six deaths); yellow fever (79 cases with 35 deaths, i.e. a 44.3%¹⁵ lethality); and cerebrospinal meningitis in the north of the country (75 cases and four deaths) in the sub-Saharan region of the African "meningitis belt". The resurgence of these epidemics is a "pathognomonic" indicator of the dislocation and degradation of the country's health system due to more than 10 years of political instability and conflicts.

Since the new regime took office last May, the Government declared free health care in public health-care facilities until further notice. Despite its positive impact on the populations' access to care and health services, this political measure remained a high risk strategy. It could result, in the medium term, in many frustrations and negative effects on the quality of care due to shortages of essential drugs, and the lack of motivation of the auxiliary (contractual) staff essential to the healthiness and security of health-care facilities (health coverage and hospitals), and whose salaries were not paid by the Government but with profits generated by the cost-recovery system.

3. Response plan

The Health Cluster's priority is to address health needs in areas most affected by the post-election crisis in the west (Dix-Huit Montagnes, Moyen-Cavally), south (Lagunes) and south-west (Bas Sassandra south of the Haut Sassandra). To effectively contribute to reducing morbidity and (especially) mortality, the proposed actions include:

- Functional rehabilitation of 102 first-contact health-care facilities (health centres) and 20 primary-care facilities (reference hospitals).
- Reinforcement of the technical capacities (training/retraining) of health personnel according to identified needs and qualifications (120 doctors, 350 nurses, 96 midwives, 215 nursing auxiliaries and 132,000 community health workers).
- Support 122 health-care facilities with generic essential drugs (including HIV/AIDS and other chronic diseases, family planning, mental health), medical consumables, medical materials and equipment to support and/or facilitate free health care.
- Support the operation of 102 first-contact health-care facilities (health centres), 20 primary-care health-care facilities (hospitals) and the activities of 132,000 community health workers.
- Support national blood transfusion centres (Abidjan and Daloa) to ensure the transfusion of safe blood and other blood products.
- Reinforce the referral and counter-referral system (20 ambulances, materials and equipment).

¹⁵ WHO/Geneva: Weekly epidemiological report of 4 February 2011. See: <http://www.who.int/wer/2011/wer8606.pdf>

- Support access to comprehensive basic obstetric care, to integrated care and treatment for childhood illness, to quality family planning to help reduce maternal and child (<5 years) mortality with the involvement of men.
- Support medical care and treatment for survivors of all kinds of violence, and more specifically cases of sexual violence (rape).
- Support HIV prevention, care and treatment for PLWHIVs regardless of gender and age group.
- Support care and treatment for mental health cases in emergency (coordination, referral and counter-referral).
- Support the early warning and rapid-intervention system to respond to epidemics, or natural or man-made disasters.
- Reinforce the coordination of actors and interventions as part of humanitarian actions.

4. Activity and humanitarian situation monitoring mechanisms

Cluster statutory/extraordinary coordination meetings

- Updating of "Who does What Where"
- Preliminary, midterm and final evaluations
- Inter-cluster and humanitarian coordination meetings
- Joint supervisions and assessments
- Epidemiological surveillance
- Reports sharing

5. Logical framework

Strategic Objectives	1. Improve the living conditions and the protection of target populations including the most vulnerable people, IDPs, host families and host communities by ensuring access to basic services according to SPHERE standards.
Specific Objective	1.1 Ensure the recovery, maintenance and/or extension of access to a minimum package of primary health care for boys and girls, men and women, especially the most vulnerable displaced people /returnees/repatriates/relocated people.
Indicator	1.1.1. Percentage of basic health-care facilities that offer minimum packages of primary health-care activities in 2012 > 80%.
Activities	1.1.1.1. Support basic health-care facilities with essential drugs (including HIV/AIDS and other chronic diseases and mental health), basic materials and equipment. 1.1.1.2. Support safe blood transfusion, particularly for children under age 5 (girls and boys) and pregnant women. 1.1.1.3. Train/retrain health personnel (men/women) on the minimum package of activities, care and treatment for emergencies, and the management of massive influx of wounded people. 1.1.1.4. Offer basic maternal and child care with the involvement of men. 1.1.1.5. Ensure HIV prevention (including the prevention of mother-to-child transmission and medical care and treatment for PLWHIVs (men/women, boys/girls). 1.1.1.6. Carry out service-quality monitoring activities. 1.1.1.7 Build the health workers' capacities based on qualifications and needs.
Indicator	1.1.2. Attendance rate of available services for men and women > 0.25 consultations per individual per year by 2012 in priority areas.
Activities	1.1.2.1. Train/retrain community health workers (men/women) on care and treatment for certain common diseases (including HIV/AIDS) and promotion of essential family practices. 1.1.2.2. Support community health workers (men/women) in their actions among the communities. 1.1.2.3. Inform the population through mass communication channels (radio, drama) on the availability of health services, including free health care.

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	1.1.2.4. Support referral and counter-referral from/to appropriate services.
Indicator	1.1.3. In 2012, 80% of victims of violence identified by the health personnel in priority areas are assisted according to SPHERE standards.
Activities	1.1.3.1. Sensitize the community on SGBV (health) for behavioural change.
	1.1.3.2. Supply health-care facilities with post-exposure prophylaxis (PEP) kits.
	1.1.3.3. Provide medical and psycho-social care and treatment to rape survivors (men/women, boys/girls).
	1.1.3.4. Organize referral to other facilities for other forms of appropriate care and treatment (protection, socio-economic, education).
	1.1.3.5. Train/retrain health staff on the management of SGBV cases in collaboration with the Protection Cluster.
Strategic Objective	2. Identify and support sustainable solutions for the voluntary return and socio-economic integration of at least 75% of people who have returned to safe areas.
Specific Objective	2.1. Improve the functionality of basic health-care facilities in priority areas for returnees, repatriates, relocated people and host communities regardless of gender and age group.
Indicator	2.1.1 Percentage of functional basic health-care facilities in 2012 > 80%.
Activities	2.1.1.1. Rehabilitate and equip basic health-care facilities.
	2.1.1.2. Support the operation of health-care facilities (human resources and consumables) as part of the support to the free health-care system.
	2.1.1.3. Ensure the management of biomedical waste and daily healthiness of health-care facilities.
Specific objective	2.2. Ensure proper integration between humanitarian actions and health-development actions.
Indicator	2.2.1. Existence of documents (including results) evidencing the joint work.
Activities	2.2.1.1. Support the leadership of health authorities (men/women) for the integration of activities and to ensure compliance with national standards and directives.
	2.2.1.2. Organize joint evaluations of the health situation.
	2.2.1.3. Inform the partners, on a weekly/monthly basis depending on the situation, about the activities and deficiencies.
	2.2.1.4. Update the "who does what" matrix on a monthly basis.
	2.2.1.5. Produce and update the strategic documents of the health cluster (policy document and action plan, contingency plan, CAP 2012).
	2.2.1.6. Organize statutory or extraordinary meetings with the participation of most partners.
	2.2.1.7. Participate in inter-cluster and humanitarian coordination meetings.
	2.2.1.8. Ensure the reinforcement of the technical and operational capacities of the partners.
Strategic Objective	3. Reduce the risk and mitigate the effects of a new crisis.
Specific Objective	3.1 Reduce morbidity and mortality from potentially epidemic diseases (polio, measles, yellow fever, cholera, meningitis).
Indicator	3.1.1. 90% of epidemics affecting the population regardless of gender and age group are detected within 72 hours in 2012.
Activities	3.1.1.1. Reinforce, maintain and/or extend the early warning system.
	3.1.1.2. Improve the quality of the sample collection and transport circuit.
	3.1.1.3. Train/retrain health information officers at all levels (national, regional, district).
	3.1.1.4. Support early warning systems with required material and equipment (computer, internet, communication equipment).
	3.1.1.5 Support the analysis and dissemination of information.
Indicator	3.1.2. A quick response is organized within 72 hours for 100% of epidemics in 2012.
Activities	3.1.2.1. Retrain/train the staff involved in the response regardless of gender and age group
	3.1.2.2. Organize behavioral change communication (BCC) activities on epidemics and preventive measures.
	3.1.2.3. Pre-position response inputs (vaccines, drugs and equipment).
	3.1.2.4. Organize vaccination campaigns among populations at risk regardless of gender and age group depending on the epidemic.
	3.1.2.5. Ensure proper management of cases regardless of gender and age group.

4.5.11 Food Security Cluster

Leading Agency	United Nations Food and Agriculture Organization (FAO) and World Food Program (WFP)
Implementing Agencies/NGOs	UN agencies, Government, national and international NGOs
Number of projects	10
Objectives	Ensure food security and the recovery of livelihoods for the vulnerable populations by: Helping to protect and restore the livelihoods of vulnerable households through food aid and support to agricultural production and economic recovery by the end of 2012. Reinforcing information management and coordination and building the capacity of national bodies.
Beneficiaries	Populations vulnerable to food insecurity (cumulative total of beneficiaries of 937 000 spread over 2012), including: returnees (displaced people returned to areas of origin) repatriates (people returned to CDI from neighboring countries) IDPs, host communities of displaced populations Other vulnerable households and people with specific needs
Priorities	<u>High priority</u> : Regions of Moyen-Cavally, 18 Montagnes, Bas-Sassandra (Sassandra, San Pedro, Soubré, Tabou) , and Abidjan <u>Medium priority</u> : Regions of Savanes –Tengralla, Korhogo - density zones), of Denguelé, Worodougou (Mankono, Séguéla), Zanzan (Bouna, Doropo), Vallée du Bandama (Bouaké), Haut-Sassandra (Daloa, Issia, Zoukougbeu), Lagunes (Abidjan – periphery and communes, grand Lahou), Sud-Comoé (Grand Bassam) and the Agnéby region (Agboville) <u>Low priority</u> : Marahoué (Sinfra) and Fromager (Gagnoa) regions
Requested Funds	\$46,807, 431
Requested Funds by level of priority	Category B: \$16,666,022 Category A: \$29,578,408 Category C: \$563,001
Contacts	Cluster's coordinators : FAO : Luc GENOT, Mobile : 06 66 08 90 - luc.genot@fao.org WFP : Ellen KRAMER, Mobile : 05 00 33 52 - ellen.kramer@wfp.org

Category	Affected Population			Beneficiaries		
	Women	Men	Total	Women	Men	Total
Internally Displaced	91,140	94,860	186,000	76,247	45,563	121,810
Host Communities	604,059	628,714	1,232,773	510,271	304,919	815,190
Total	695,199	723,574	1,418,773	586,518	350,482	937,000

1. Summary

Studies and surveys conducted in 2011 (i.e., EFSA, SMART and the sixth cycle of IPC analysis) revealed that the post-election crisis has caused a decline in the population's food security. This is due to the destruction/disruption of livelihoods, the high prices of basic foods, lack of access to land, seeds and agricultural inputs, and population movements.

The analysis of operational and coordination constraints has resulted in a reorientation of some important levers of the cluster's strategy. This strategic reframing will help more effectively support vulnerable households, particularly the protection and restoration of the livelihoods of people involved in the upcoming massive waves of return, especially during the harvest period (October/November 2011) and the beginning of the 2012 main rainy season (February/March).

2. Analysis of the situation and humanitarian needs in 2012 based on the retained scenario

A recent survey (June 2011 ESASU) revealed that food insecurity affects 29.3% of rural households in the affected districts of Côte d'Ivoire, compared with a national rate of 12.6% in June 2009. The most affected development areas are the west, the central-west and the south-west. The rate is 26% in the shanty towns of Abidjan, where a survey was conducted.

The income share allocated to food purchases represents 73% of household expenses in mid-2011, compared with 51% before the crisis. This indicates a reduction in purchasing power. Approximately 89% of households surveyed in June 2011 stated that their food situation had deteriorated considerably since the beginning of the crisis. The coping strategy index (CSI) was beyond "20" in June 2011, compared with "9" two years earlier.

The number of daily meals is declining, and the quantity and diversity of food are lower among adults and children under age 5. This puts them at risk of a deteriorating nutritional status, especially during the lean season. According to the ESASU, 70% of households consumed less preferred foods, 66% decreased the amount of food (71% in some districts of Abidjan), 59% reduced the number of meals per day and 14% may not eat for several days. A total of 72% resort to destructive coping strategies (prostitution, begging) to meet their basic needs and their food needs in these urban areas. This trend is confirmed by the 2011 SMART survey, which reveals a level of global acute malnutrition considered as "precarious" in some priority areas.

Short-, medium- and long-term impacts result in a decrease in the resilience of the affected households. This resilience is further weakened by the destruction/disruption of livelihoods; high prices of basic foodstuffs (+ 13%, 6% and 4% for imported rice, local rice and corn compared with 2010); lack of access to land, seeds and agricultural inputs; and population movements that affect their own food security and that of the host communities. On a national scale, food prices had increased by 25% in July 2011 compared with the same month of the average five-year period (2006-2011). In April 2011, during the post-election crisis, the food index reached its highest level (138), i.e. 41% increase.

According to a WFP study in June 2011 on the impact of the post-election crisis on markets, the crisis has caused traders to depart markets in the west, and in two communes of Abidjan (Abobo and Yopougon). The number of traders reduced by about 42% for retailers and 50% for wholesalers compared with last year. Until May 2011, the western region and the Abidjan area were still experiencing high decreases in grain-trade volumes.

Limited access to seeds and inputs is a major obstacle to resuming agricultural activities. This shock has affected farming households in the main production areas: 10.8% (north), 25.3% (north-west), 14.5% (central-north), 10.8% (centre), 12% (central-west) and 15.7% (west).

The analysis of food security phases (sixth cycle of IPC analysis) has led to the definition of the priority areas below:

- The Bafing, Zanzan, Montagnes and Moyen-Cavally regions; the departments of Gagnoa, Daloa and Sinfra; the dense area of Korhogo; southern Ferkessédougou and towns that have experienced the passage of the militias in the south-west—which are now in phase 2 due to a sharp reduction in the households' resilience and the increase in poverty following the long post-election crisis (five months) that destabilized the households' sources of income.
- The Zouan Hounien-Toulepleu-Guiglo triangle and the sub-prefecture of Duékoué and its surroundings divided into three phases, characterized by an acute and critical lack of access to food and a significant depletion of livelihoods-related assets.
- Surveillance (undetermined risk of phase degradation) in the phase 3 area and affected areas in the south-west, central-west and the Savanes region (phase 2) requires emergency interventions among vulnerable people.

The vulnerable populations who did not benefit from humanitarian assistance in 2011 could be in dire need of food-assistance programmes until the next harvest (September/October 2012). In addition, access to market remains limited due to lack of income and income-generating activities.

3. Response plan

In response to the above-mentioned needs, the Food Security Cluster's strategy will cover various interventions in the agricultural sectors in food and economic assistance. These interventions include food distribution, cash transfers, food and cash for work, and food for training. Income-generating activities, recovery in the rice sector of lowland areas and other agricultural products (distribution and seed fairs [upland rice, lowland rice, maize, vegetables], fertilizer and tools) are also provided. All these interventions will be the responsibility of cluster members and national partners.

The interventions will aim to counter the degradation of food-security indicators through occasional interventions, and to ensure the economic recovery at the local level within the framework of the early recovery. The knowledge of the agricultural calendar will be crucial in determining humanitarian programmes, particularly those related to agricultural recovery. The expected result is the reversal of the negative trend observed since the crisis, bringing the indicators to levels before the post-electoral crisis, taking into account the populations' specific needs and ensuring implementation of the "Do No Harm" principle. Capacity-building will be needed in information management and food security coordination. The intervention strategy will constantly track changes in the indicators mentioned below to allow an optimal selection of activities and targeting the most vulnerable to food insecurity.

The needs analysis clearly indicates the most affected areas on the basis of indicators such as (i) food security; (ii) the rates of global and chronic acute malnutrition above critical thresholds; (iii) the difficult access to seeds and agricultural inputs; (iv) the prevalence of intercommunity suspicion and of GBV.

Priority areas may also change in 2012 according to the situation's development. The evolution monitoring will continue to be based on the results obtained, including through market research, thorough investigations of food security, monitoring of the agricultural season, interpretation of the Integrated Food Security Phase Classification, the "Dynamic Atlas", etc.

Targeting beneficiaries

The total number of beneficiaries for all activities is 937,000 (586,518 women and 350,482 men). Particular attention will be given to the degree of food insecurity of displaced populations (in September 2011, 10,000 in the camps and 249,171 in host families spread to the north, north-west, south-east, south-west and west of the country). It was expected that in the same period, 321,058 repatriates would be back in the country.

The beneficiaries of the cluster's activities will be targeted on the basis of the vulnerability status to food insecurity, including urban areas and in the priority areas (e.g. having suffered the passage of the militiamen). Also, households are targeted for certain activities rather than individuals, such as income-generating activities or the distribution of agricultural kits. The number of members in a family may vary, but calculations are based on an average of five recipients per household, except where the number must be considered in assessing vulnerability. The activities will also target households that use negative survival strategies, victims of intercommunity tensions and those whose food security is affected by population movements. We will pay particular attention to agricultural activities during certain key periods and at the beginning of the 2012 rainy season (from February). The potential return and reception areas will be targeted if food insecurity is affected.

The targeting of all categories of beneficiaries will be achieved by paying particular attention to gender issues, in addition to the usual data. All programming, targeting and monitoring data will be disaggregated by sex to help measure the results, taking into account aspects of the gender dimension. The targeting criteria will be defined, taking into account the analysis and evaluation of food-security results, coupled with a strong sensitization involving community associations such as women's

associations and youth. In particular, the presence of women will be strongly encouraged in committees established at the village, sub-prefecture and prefecture levels if they are not represented. Priority activities targeting women and female heads of household include income-generating gardening activities, cash-transfer activities and distribution of food coupons.

Additional criteria will be considered, as the crisis has fuelled tension between the communities and affected social cohesion. An increase in domestic violence and the use of negative survival strategies was even recorded in the most affected regions since the crisis. Protection issues and the "Do No Harm" issue will be thoroughly investigated so as not to endanger the targeted populations, not only in collecting and analysing data or selecting activities and targets, but also during the planning (site selection, distribution method and security considerations).

Intervention areas

Most of the geographical distribution is based on the results of the food security phase analysis (sixth cycle of IPC analysis) and other surveys. It is impossible to specify now the targeting at the sub-prefecture level. The accuracy of the national-level information on food security depends on regional-level information. Therefore, it would be dangerous to exclude people in need at the time of planning. However, the available information already enables the identification of vulnerable areas and some sub-prefectures mentioned above in the results of IPC analysis.

Priority areas and departments, all activities according to the findings to date, and the IPC analysis results are presented in three priorities (high, medium and low). Sharper targeting will be necessary to identify not only the sub-prefectures, but also food-insecure populations and the most appropriate support activities by the Food Security Cluster members, according to the response plan's intervention strategy.

Exit strategy

Activities implemented by various stakeholders in food security and livelihood recovery for crisis-affected populations are complementary and help ensure they receive a continuous output of food aid. Income-generating activities and cash distribution will help to give the beneficiaries additional resources in order to obtain the basic necessities and to ensure the basic needs of the family. The supply of agricultural kits will revive household farming activities and rehabilitate their livelihoods, while food aid with food-for-work activities are provided to meet their food needs until the next harvest, while increasing food security. Thus, the beneficiaries will be able to sustain themselves as they would have all the necessary support to take over and continue their normal activities. Beneficiaries may also rely on other transition projects, such as seed-multiplication projects to ensure availability of seeds in the intervention areas.

4. Monitoring mechanisms and strategy

A monitoring and evaluation strategy for each proposed activity is adopted, including the active participation of key actors. In keeping with the "Do No Harm" principle, the monitoring activities will still measure positive or negative impacts of interventions on the protection of beneficiaries. National coordination, in close collaboration with regional clusters of Man and Korhogo, will enable the "Who does What Where" matrix to be regularly updated.

The leaders of the activities monitor and update coordination tools (usually in Excel files), to integrate information collected to avoid duplication of intervention. In cases where several organizations are involved in the same locality, distribution lists are split to allow other vulnerable targets to be identified. All partners share the progress made in field interventions, and lessons learned are analysed and funded by the Cluster's members.

Regular monitoring visits are organized by all the designated focal points of each organization as part of joint missions, such as the bi-annual monitoring missions of the agricultural season and food security. Efforts will be made to ensure the collection of disaggregated data to enable further analysis,

with results that may differ between men and women. The protection aspects will also be taken into account when evaluating the results in relation to possible unintended effects of our programmes on beneficiaries and target communities.

The data for food security and nutrition are capitalized in the grids' pre-prepared groups of regions. They are analysed by the IPC Multidisciplinary Working Group to conduct a dynamic classification of the food situation in Côte d'Ivoire's 10 development centres. They follow five levels, called "phases", representing different severity levels.

Thanks to the Dynamic Atlas coordination support tool, which maps the collected information, the Cluster has a sufficiently precise topography of the communities insufficiently assisted.

5. Logical framework

Strategic Objective	1. Improve the living conditions and protection of 100% of targeted populations including the most vulnerable, the IDPs, the host families and the host communities by ensuring access to basic services according to SPHERE standards.
Specific Objective	1.1. Help protect and restore livelihoods in the late 2012 of vulnerable households through food aid and support to agricultural production and economic recovery.
Indicator	1.1.1. At least 80% of the population identified in the reception areas, the potential return areas and the IDP camps receive food or food coupons for their food during the lean period until harvest in September/October 2012, to improve their consumption score and reduce the percentage of income related to food in the household budget at the end of 2012.
Activities	1.1.1.1. Emergency food distribution to people unable to meet their basic food needs due to a lack of access caused by a reduction in the purchasing power or in the deficient domestic production. 1.1.1.2. Distribution of food coupons replacing the method of food distribution in kind will be done where food availability in the markets is sufficient. 1.1.1.3. Conditional and unconditional cash transfers will be made, allowing the purchase of food and other basic necessities, after a proper contextual analysis.
Indicator	1.1.2. The priority needs of households with IGA are covered by income from activities (average 30 000 FCFA ¹⁶ /month/household including possible reinvestment) and decreased survival mechanisms at risk, especially in terms of "survival sex" after six months of implementation of the IGA.
Activities	1.1.2.1. Income-generating activities for individual and community to households and people with special needs to restart their economic activities increase their purchasing power, to move towards greater autonomy, and avoid survival mechanisms at risk.
Indicator	1.1.3. Production capacity of 68,000 targeted households is reinforced and increased and their agricultural production allows a food availability in cereals and vegetables of 5 to 7 months per household (in production or sale) at the end of 2012.
Activities	1.1.3.1. Provision of agricultural kits consisting of seeds (upland rice, lowland rice, corn, vegetables), fertilizers (urea, NPK) and tools, in the form of distribution or inputs fair, to vulnerable households (Recent returnees, host families, families which have lost their means of production, vulnerable households affected by the crisis with particular attention to women, and gardening programme PHAs) to help restart the farm activities during the main rainy season 2012.
Indicator	1.1.4. Over 60% of highly vulnerable households and without financial resources, identified following located household surveys, and benefiting from financial-type aid, have improved their livelihoods and provide basic needs at the end of the intervention.
Activities	1.1.4.1. Distribution of "food for work" and "cash for work" for the creation of productive assets for training, rehabilitation of lowlands and other collective works, to initiate the early recovery phase.
Strategic Objective	3. Reduce the risk and mitigate the effects of a new crisis.
Specific Objective	3.1. Strengthen information and coordination management and the capacities of national structures.

¹⁶ CFA = African financial community; \$1 = 450 CFA francs.

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Strategic Objective	1. Improve the living conditions and protection of 100% of targeted populations including the most vulnerable, the IDPs, the host families and the host communities by ensuring access to basic services according to SPHERE standards.
Indicator	3.1.1. 15 partners members of the Cluster and the various partners involved in food security use the analysis tools.
Activities	3.1.1.1. Training of national partners to use the data collection, analysis and dissemination of food security tools and in disaster risk management.
Indicator	3.1.2. At least five surveys and/or large-scale assessments in the field of food security, with data disaggregated by sex and age, are produced and distributed and warning messages are disseminated in case of deterioration of the situation.
Activities	3.1.2.1. Organization and coordination of in-depth surveys and assessments of food safety (EASA FSMS), collection of routine data (prices, rainfall, etc.), analysis and dissemination of information through existing mechanisms and tools (Cluster, IPC, Dynamic Atlas) and coordination of the response in terms of food security.

4.5.12. WASH Cluster

Lead agency	United Nations Children's Fund (UNICEF)
Member organizations of the cluster	ACF, ARK, ASAPSU, CARE International, CARITAS, COOPI, Red Cross Côte d'Ivoire, DRC, Guiglo, CDT-SEA, IRC, LE BEAU MONDE, MAP International, ONEF, SPIRUCI, TDH, UNICEF..
Number of projects	14
Cluster objectives	<ol style="list-style-type: none"> 1. Improving access to drinking water, sanitation and hygiene for at least 50% of the population affected by malnutrition and whose vulnerability has increased due to the crisis. 2. Improving access to drinking water, sanitation and hygiene for at least 80% of displaced populations in the sites. 3. Improving access to drinking water, sanitation and hygiene for at least 80% of these outside sites displaced and their host communities. 4. Improving access to drinking water, sanitation and hygiene for at least 80% of returnees in rural area (Montagnes, Moyen-Cavally, Haut Sassandra) and urban area (Abidjan, San Pedro, Daloa, Man, Toulepleu) – 500,000 returnees and their communities. 5. Prevent or reduce the spread of the cholera epidemic by strengthening the support to the authorities by an integrated approach "WASH and Epidemiology" with the health sector.
Number of beneficiaries	2,241,000
Requested funds	\$13351 554
Requested funds by priority level	Category A: \$6,825,514 Category B: \$6,526,040
Contact	Fiorella Polo, fpolo@unicef.org ; abidjan@unicef.org

Category of the affected population	Number of people affected	Target beneficiaries		
	Total	Female	Male	Total
IDPs in sites	7,500		-	
IDPs in host communities	170,000		-	
Returnees	500,000		400,000	
Vulnerable people in malnutrition areas	1,600,000		800,000	
Population at risk of cholera	4,000,000		1,000,000	
Total	6,337,500		2,241,000	

1. Analysis of the situation and humanitarian needs in 2012 according to the retained scenario

The response focused on IDPs living in sites immediately after the start of the crisis. Their needs were generally met. However, 7,500 displaced people who may remain in 2012 in sites in the west of the country and in the capital will continue to need access to drinking water, sanitation facilities and sanitation. Despite the humanitarian community's efforts to encourage IDPs to return to their homes, some of these camps are unlikely to be emptied in the near future. The frequent relocation of IDPs to new sites, due to predatory landlords, poses challenges in terms of restoring appropriate WASH facilities in each new site. Another major challenge is posed by the running cost of public services, such as a drinking-water supply in camps that were connected to the public system.

The large number of IDPs in host families during the acute phase of the crisis in the west, centre, south-west and north of the country has increased pressure on water-distribution systems in host communities. This has contributed to an increased rate of breakdown of hand pumps (from 35 to 40% to sometimes 80%), or premature drying of the wells.

The high flow of people has also increased the ratio of people sharing sanitation facilities where they exist, especially in urban areas. However, more often these flows have led to a greater number of people practicing open defecation, thereby increasing their vulnerability to epidemics. These groups were least served during the initial stages of the crisis. This was due to, among other things,

identification and access difficulties that resulted in a lack of data and less visibility when it came to the needs of these populations.

A total of 170,000 IDPs, the vast majority of IDPs in Côte d'Ivoire, have been officially identified as still living with host families. These people and their host communities are at increased risk of epidemics.

It is expected that at least 500,000 people would return in the coming months, particularly in the west. Villages of origin and sometimes the urban areas of origin have often suffered high levels of destruction due to many battles and looting. The destruction of hand pumps and contamination of wells have been significant in the departments of Guiglo, Bolequin and Toulepleu. The construction and use of toilets in these areas is a challenge because people see shelter reconstruction as a priority over the latrines. A hygiene-promotion programme is needed. There is also a need to rehabilitate hand-washing facilities in a large number of health facilities and schools in these areas.

The cholera epidemic, which appeared in the capital, Abidjan, is not yet fully under control. It has spread in several municipalities, even though the number of new cases is falling, with 30 new suspected cases by week. The reliability of the figures is further compromised by the breakdown of the health system's monitoring system. Therefore, it is necessary to provide a contingency plan in anticipation of a possible new outbreak of the epidemic.

2. Response plan

The response will be coordinated with the WASH Cluster's national and sub-national members. The cluster will aim to ensure the provision of sufficient quantities of drinking water, and clean and secure access to improved and clean sanitation facilities, with the provision of kits for hygiene education to reduce the potential vectors of disease transmission.

This action plan will target displaced and host communities, returnees, homeless and other vulnerable populations, particularly in areas affected by malnutrition.

Activities will include temporary solutions and/or sustainable in line with SPHERE standards.

Sensitization will focus on the key hygiene behaviours agreed by the WASH Cluster: washing hands at key moments, the hygienic management of excreta and attention to drinking clean water. Cholera-prevention campaigns will be part of hygiene promotion provided to displaced people, returnees and other vulnerable populations affected by the crisis.

The WASH response plan proposed by the WASH Cluster is coordinated with the structured intervention plans for the following:

- Rehabilitation of WASH facilities in schools (Education Cluster).
- Rehabilitation of WASH services in health facilities (Health Cluster).
- Increased access to WASH services in areas of high malnutrition in the centres of support for malnutrition (Nutrition Cluster).
- Cholera response (Health Cluster, CCCM, reintegration and community recovery - RCR, Protection).

This response plan complements the existing Government plans and other initiatives. The President's Emergency Program (PPU) has an important component: it is mainly focused on the repair of hand pumps in rural communities (2,000 hand pumps) and urban water-supply systems.

The Cocoa Federation (CGFCC) has launched an emergency rehabilitation programme. However, there is no stakeholder outside the Cluster that has planned to cover the needs for sanitation or hygiene education.

3. Monitoring mechanisms

The national WASH Cluster Coordinator, in collaboration with the WASH coordinators of Lagunes, Montagnes, Vallée du Bandama, Savanes and Zanzan, will coordinate and report the monitoring of all humanitarian actors' interventions to curb duplication and fill any gaps. Implementation, monitoring and evaluation of projects in targeted areas will be conducted by international and national NGOs, with technical support from relevant Government departments and the technical staff of UNICEF and UN agencies based in the intervention areas.

A synergy of action will be provided between all clusters, particularly Health and Nutrition, in relation to inter-sectoral interventions in nutrition and the cholera response.

4. Logical framework

Strategic Objective	1. Improve the living conditions and protection of 100% of target populations including the most vulnerable IDPs, host families and host communities by ensuring access to basic services according to SPHERE standards.
Specific Objective	1.1. Improving access to drinking water, sanitation and hygiene for 50% of the population affected by malnutrition and whose vulnerability has increased due to the crisis.
Indicator	1.1.1. 80% of the feeding centers have potable water in sufficient quantity.
Activities	1.1.1.1. Sustainable water supply in the centers of support for malnutrition.
Indicator	1.1.2. 50% of vulnerable people have access to 15 liters of drinking water per day per person.
Activities	1.1.2.1. Activation of the management committees of water points with a representation of women. 1.1.2.2. Water through the rehabilitation of water points, water supply and water treatment in villages. 1.1.2.3. Promotion of water treatment at home (aquatabs, bleach, filters etc.) targeting primarily couples mothers - identified malnourished children in feeding centers.
Indicator	1.1.3. 50% of vulnerable people have access to a hygienic latrine (1 / 10 people).
Activities	1.1.3.1. Promotion of latrines and hand-washing device with local materials, including ATPC (led total sanitation by the community).
Indicator	1.1.4. 80% of the feeding centers have a hygienic latrine.
Activities	1.1.4.1. Construction / rehabilitation of latrines with hand-washing device in the centers of support for malnutrition.
Indicator	1.1.5. The ratio number of active hygiene promoters/population is 1 to 300.
Activities	1.1.5.1. Installation of sanitation and health committees. 1.1.5.2. Hygiene promotion.
Specific objective	1.2. Improving access to drinking water, sanitation and hygiene for 80% of displaced populations in these sites.
Indicator	1.2.1. 60% of the target population used for hand-washing soap available in the home.
Activities	1.2.1.1. Distribution of soap with sensitization for hand-washing at key moments. 1.2.1.2. Hygiene promotion and organization of committees on health and sanitation.
Indicator	1.2.2. 80% of sites with drains clean and free of any garbage dump.
Activities	1.2.2.1. Environmental Sanitation: through the collection and transportation of sewage and drain maintenance. 1.2.2.2. Collection and solid-waste management.
Indicator	1.2.3. 80% of the target population has access to 15 litres of drinking water per day per person.
Activities	1.2.3.1. Water by water trucking or repair, maintenance, maintenance of existing power systems. 1.2.3.2. Monitoring the quality of water supplied.

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Indicator	1.2.4. 80% of the target population has access to a hygienic latrine (1/50 people) separated by genre, secure, accessible to women at any time with a device for feminine hygiene.
Activities	1.2.4.1 Sanitation activities through the construction of temporary latrines separated by gender or rehabilitation of existing infrastructure.
	1.2.4.2 Maintenance and emptying sanitation infrastructure.
	1.2.4.3 Neutralization, post-use repackaging (decommissioning).
Specific objective	1.3. Improving access to drinking water, sanitation and hygiene for at least 80% of these outside sites displaced and their host communities.
Indicator	1.3.1. 60% of the target population has soap available in the home.
Activities	1.3.1.1. Installation of sanitation and health committees.
	1.3.1.2. Hygiene promotion.
Indicator	1.3.2. 80% of the target population has access to 15 litres of chlorinated drinking water per day per person.
Activities	1.3.2.1. Distribution and promotion of water treatment at home (aquatabs, bleach, filters etc.).
	1.3.2.2. Repair, maintenance, maintenance of existing power systems and training committees or recovery maintenance services.
Indicator	1.3.3. 80% of the target population has access to a hygienic latrine (1/10 people).
Activities	1.3.3.1. Management of excrement (SANITATION) through the promotion of sanitation and implementation of sanitation and health committees.
	1.3.3.2. the monitoring system and data collection of the Department of Sanitation and Drainage (DAD) and institutional actors
Indicator	1.3.4. 80% WASH management committees have a woman in a key position.
Activities	1.3.4.1. Activation of the management committees of water with an active representation of women.
	1.3.4.2. Activation of management delegated to the private sector.
Strategic objective	2. Identify and support durable solutions for the voluntary return and socio-economic integration for at least 75% of people returned to areas of return secured, with community participation in the decision choices and options WASH.
Specific objective	2.1. Improving access to drinking water, sanitation and hygiene for 80% of returnees in rural areas (Montagnes, Moyen-Cavally, Haut Sassandra) and urban (Abidjan, San Pedro, Daloa, Man, Toulepleu) – 500,000 returnees and their communities.
Indicator	2.1.1. 60% of the target population use hand-washing soap available in the home.
Activities	2.1.1.1. Installation of sanitation and health committees.
	2.1.1.2. Hygiene promotion.
Indicator	2.1.2. 80% of the target population has access to 15 liters of drinking water per day per person.
Activities	2.1.2.1. Rural areas: Monitoring the water quality.
	2.1.2.2. Rural areas: Reactivation of water points (repair and disinfection) and reviving committees or maintenance services.
	2.1.2.3. Rural areas: Strengthening the monitoring and data collection of the National Office of Drinking Water (ONEP) and other institutional actors.
	2.1.2.4. Urban areas: social mobilization, advocacy and support to the authorities (ONEP and Water Distribution Company of Côte d'Ivoire - SODECI) for repair and disposal of water supply systems to contamination.
Indicator	2.1.3. 80% of the target population has access to a hygienic latrine (1/10 people).
Activities	2.1.3.1. . Sanitation promotion and family development of sanitation and health committees.
	2.1.3.2. Sanitation (latrines) in urban areas: support for institutional actors for emptying latrine pits.
	2.1.3.3. Sanitation (latrines) in urban areas: social mobilization for the use and maintenance of latrines.
	2.1.3.4. Sanitation in rural areas: rehabilitation/reconstruction of latrines in schools and health.
Indicator	2.1.4. 80% of the population lives in places with no standing water or dumps.

Activities	2.1.4.1. Environmental sanitation in urban areas: social mobilization, advocacy and support to the authorities (and SODECI ONEP) for the cleaning of drains, creation/rehabilitation of soak pits and drainage.
	2.1.4.2. Waste management in urban areas: social mobilization, advocacy and support to the authorities (municipalities) for the removal of illegal dumping.
Indicator	2.1.5. 80% of management committees have a woman in a key position.
Activities	2.1.5.1. Rural areas: activation of the management committees with representation of women.
Strategic objective	3. Reduce risk and mitigate the effects of a new crisis.
Specific objective	3.1. Strengthen support to authorities in the fight against the cholera epidemic that affects the prevention of the spread of the epidemic.
Indicator	3.1.1. 25% of the target population has a residual chlorine rate of 0.2 mg/L and 1 mg/L in drinking water (tap water or treated water at home).
Activities	3.1.1.1. Package of activities at the community level.
Indicator	3.1.2. 100% of the cholera treatment centres are standard WASH standards regarding isolation of cases and treatment of excreta have implemented the following measures: 0.2% chlorine solution footbath, 2% in pit latrine and excreta; 0.05 % in water for washing hands.
Activities	3.1.2.1. Package of activities at the cholera treatment centres/facilities management of cholera: (i) disinfection of suspected outbreaks within 12 hours after notification in the cholera treatment centre (CTC) or UTC. (ii) targeting of cases identified by WASH packages tailored to the types of community events or group of people (e.g. workshops, hand-washing demonstrations).
Indicator	3.1.3. Development of a response pattern at national level and distribution in each region.
Activities	3.1.3.1. Stockpiling of disinfection kits (households and CTC).
	3.1.3.2. Contingency Plan: establishing a clear organizational response to a cholera epidemic.

4.6 Cross-cutting issues

Humanitarian actors' intervention strategies and procedures in Côte d'Ivoire are still weak in integrating cross-cutting issues such as gender, HIV/AIDS and early recovery. Six sectors have integrated interventions on HIV/AIDS in their action plan (health protection, GBV, early recovery, education and nutrition). Of the 11 clusters considered by GenCap, the Protection Cluster and GBV and Child Protection sub-clusters are the only ones that have resource people on gender issues also involved in the Gender Thematic Group. The reintegration needs to be multi-sectoral. Each cluster has an important role in accordance with its humanitarian responsibility defined by IASC; the reintegration strategy complements the Government's national strategies.

Therefore, it is crucial to make this consideration more operational in 2012. For all clusters, it will require:

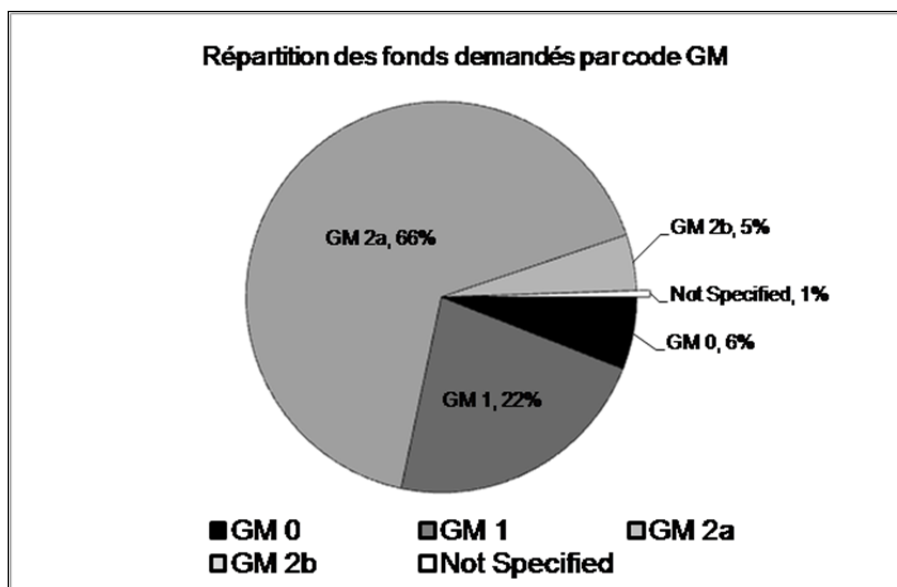
- Taking into account the HIV/AIDS prevention and care of people infected and affected by HIV/AIDS.
- Mainstreaming gender in emergency and humanitarian situations.
- Involving beneficiary communities in the implementation of activities and develop a community approach.

For the CAP 2012, 16 projects are rated GM = 0 (project not gender sensitive) for a total of about \$10,351,014 out of \$173,089,333, representing 6.53% of the total budget.

Twenty-three projects have the GM=1 code (limited contribution to gender equality) for a total of about \$38,633,343, i.e. 22.32% of total funding.

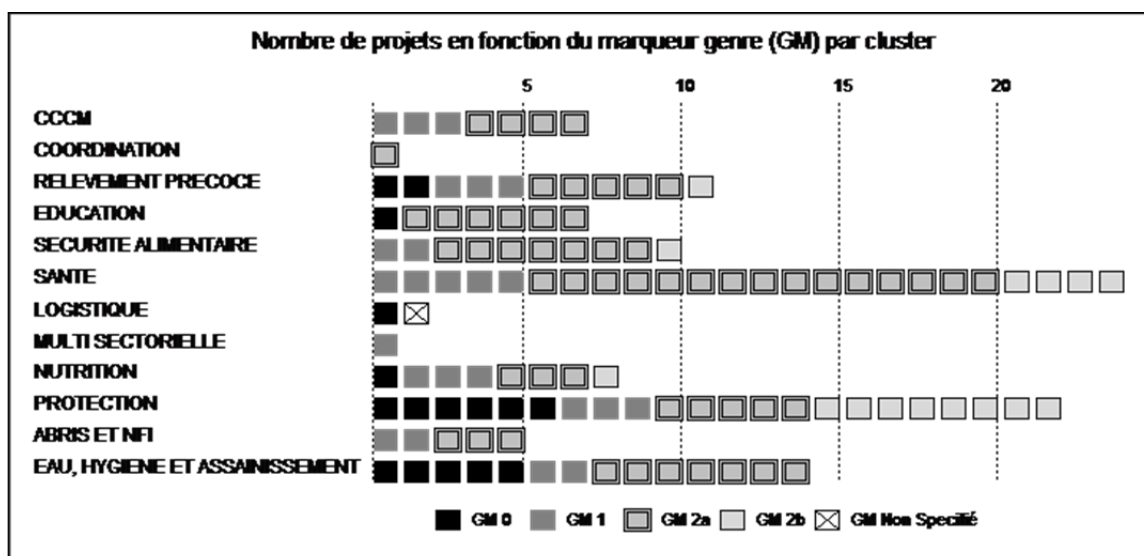
A total of 4,747 projects are rated GM=2a (project contributes significantly to gender equality), for requested funding of \$115,162,751, i.e. 66.53% of the total funds required.

The category of projects rated GM=2b (targeted action contributing to gender equality) totals nine projects worth \$8,001,010, i.e. 4.62% of the total amount requested. with 10 projects related to GBV.



Graph 1: Dollar value (requirements) of projects in 2012 CAP by GM code

It should be noted that the CCCM, Food Security, Health and Emergency Shelter Clusters have not submitted any gender-insensitive project (GM=0).



Graph 2: Number of projects per GM score, grouped by cluster

Elements for the clusters' consideration of the cross-cutting are shown in the table below for guidance:

INTEGRATION OF THE CROSS-CUTTING THEMATIC BY CLUSTER

	Gender	HIV/AIDS	Early recovery and others
NFI/Shelter	Inclusion of gender-specific needs in the distributions; emphasis on women heads of households.	Inclusion of people living with HIV in the targeting of beneficiaries.	Taking into account the contribution of communities in the rehabilitation.
Education	Consideration of guidelines for minimum standards and the INEE Guide in the implementation of field activities. Pay special attention to girls' education. Strengthening the participation of female teachers in teacher training to enhance and ensure the education of girls.	Inclusion of HIV in the targeting of schoolchildren at formal preschool, primary and post primary levels. Inclusion of HIV in targeting teacher recruitment including female teachers.	Involvement of beneficiaries in rehabilitation.
WASH	Consideration of Sphere standards on accessibility and gender separation of WASH facilities for compliance with the key principles of safety and dignity of women, girls and boys.	Integrating HIV programmes in water, sanitation and hygiene.	Training of communities in maintenance of infrastructures.

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	Gender	HIV/AIDS	Early recovery and others
Nutrition		Ensure adequate nutrition of infants in a context of high HIV/AIDS prevalence. Promote and implement appropriate care and feeding practices for people living with HIV and orphans and the people on antiretroviral treatment.	Develop and expand community nutrition activities.
Protection	Inclusion of people with special needs in targeting. Strengthening of the transversal nature of the protection.		Strengthen communities in the ownership of the reintegration process.
Health		Supply health facilities with essential generic drugs (including those of HIV/AIDS) and provide access to condoms. Support for HIV prevention and care for people living with HIV (mother to child transmission, etc.). Provide post-exposure prophylaxis in case of occupational and non-occupational exposures to HIV. Maintain antiretroviral treatment to those in need.	
Food security	Activities targeted primarily to women and women heads of households. Particular attention to gender issues in targeting. All programming, targeting and monitoring data will be disaggregated by sex.	Target and distribute food to those at risk and affected.	Ensure the economic recovery locally. Pair targeting activities to a high sensitization involving community associations.
CCCM	Consideration of gender equality throughout the implementation of projects.	HIV sensitization in the sites.	Encouraging community participation.

4.7 Roles and responsibilities

The coordination of humanitarian action in Côte d'Ivoire is based on the principle of sectoral responsibility ("cluster approach") in accordance with the humanitarian reform (see table in annex V).

The HCT is the central body for coordination and strategic orientation of humanitarian action in Côte d'Ivoire. Its responsibilities include, but are not limited to, implementing the orientations, strategic decisions and policies adopted by the members, and conducting humanitarian advocacy. It comprises the heads of humanitarian agencies, heads of international and national NGOs, donors and representatives of the Movement of the Red Cross and the Red Crescent.¹⁷ It meets twice a month under the HC's direction.

¹⁷ The representatives of the Movement of the Red Cross and the Red Crescent participate as observers.

The HCT's strategic and orientation role will have to be reinforced in 2012, as will its interaction with the Government and other actors, such as UNOCI and development organizations. In this regard, the creation of the National Committee for Coordination of Humanitarian Action on 5 October is a great opportunity. It should allow better orientation of humanitarian action and integration in the National Development Plan that the Government intends to set up during the first half of 2012.

Concerning the implementation and monitoring of the humanitarian action plan, the HCT will have to support the reinforcement of inter-cluster action to ensure better integration of cross-cutting issues (gender, early recovery, HIV/AIDS) and closer coordination between clusters to maintain a multi-sectoral orientation of the humanitarian response, while constantly avoiding duplication and overlapping of responsibilities.

A project monitoring and humanitarian situation assessment plan approved by the HCT will be set up. The dashboard will be regularly updated through this monitoring system. It will be used periodically to measure the level of achievement of the strategic and specific indicators of the humanitarian action plan.

The HC regularly informs the Government, donors and humanitarian actors on the identified priority sectors and ensures that priority humanitarian needs are covered.

The visit by the HC and the Minister of State in the west last July has enabled the Minister to better understand return issues, and to appropriately value humanitarian actors' actions in Côte d'Ivoire. This will have been an important step in the process of establishing a framework for consultation between humanitarian actors and the Government.

From 16 to 20 October 2011, the HC and the Minister of State, Minister for Employment, Solidarity and Social Affairs visited European countries to mobilize funds from donors.

5. Conclusion

Côte d'Ivoire remains a fragile country that is recovering from several successive crises. It faces many challenges on the way to reconstruction, peace consolidation and reconciliation.

In this context, humanitarian assistance to the most vulnerable populations remains an absolute priority. This includes the protection of civilians, and the voluntary return and reintegration of IDPs and refugees.

Hundreds of thousands of people are still in a highly vulnerable situation, mainly in the western and south-western regions of the country, either because they are still internally displaced or refugees, or because they have not recovered the capacity to provide for their basic needs and do not have access to services such as health and education and access to drinking water. In certain areas, the populations are still exposed to abuses committed by armed actors.

This planned humanitarian action, which comes in resolute support for the Government's actions, must continue throughout 2012 and probably beyond this date in certain regions.

Any lack of funding could result in a premature withdrawal of humanitarian actors, which would exacerbate the humanitarian situation and even lead to a resurgence of new tensions.

Therefore, it is essential that the required financial resources are made available to support the implementation of the CAP 2012. It amounts to \$173,089,333 and is primarily intended to meet the basic needs of the most affected populations, and to enable the voluntary and dignified return of IDPs and refugees.

Annex I: List of projects

Table IV. List of projects grouped by cluster

Côte d'Ivoire Consolidated Appeal 2012 15 November 2011 http://fts.unocha.org

Compiled by the BCAH based on information provided by the agencies.

Project code (click on the project code/hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priority	Location
EMERGENCY SHELTERS AND NON-FOOD ITEMS					
CIV-12/S-NF/46559/5265	Supporting the most vulnerable returned households affected by the crisis for reconstruction/rehabilitation of shelters and for recapitalization of first-need non-food items in the west of Côte d'Ivoire.	Solidarités-France	400,000	Category A	Multiple locations
CIV-12/S-NF/46936/6579	Supporting the reconstruction and repair of 2000 houses destroyed or damaged during the post-electoral crisis in five sub-prefectures of the departments of Bolequin, and Toulepleu, in the Moyen-Cavally region, Côte d'Ivoire.	ADRA	1,444,000	Category A	MOYEN-CAVALLY
CIV-12/S-NF/47019/120	Contributing to the protection of and provision of assistance to people most affected by post-electoral conflicts in Côte d'Ivoire by the reconstruction of shelters and the distribution of non-food items.	UNHCR	5,200,000	Category A	Multiple locations
CIV-12/S-NF/47122/5834	6000 vulnerable households that have returned to their area of origin or are about to do so have their homes rebuilt in 2012 (priority to women heads of households, elderly people and sick people).	NRC	729,720	Category A	MOYEN-CAVALLY
CIV-12/S-NF/47156/298	"Providing shelters the vulnerable people most affected by the crisis to sustainably consolidate their reinstallation and reintegration in areas of return".	IOM	1,524,750	Category A	MOYEN-CAVALLY
Sub-total for EMERGENCY SHELTERS AND NON-FOOD ITEMS			9,298,470		
CAMP COORDINATION AND CAMP MANAGEMENT					
CIV-12/CSS/46548/14998	Supporting the return, assistance and protection of 13,444 Displaced People still living in sites in the Lagunes, Montagnes, Moyen-Cavally and Sud Comoé regions.	ASA	300,670	Category C	Multiple locations
CIV-12/CSS/46560/7133	Supporting the voluntary return of and provision of assistance to displaced people still living in sites in Abidjan.	CARITAS	200,090	Category C	LAGUNES
CIV-12/CSS/46888/14997	Contributing to improving the living conditions of 2,605 IDPs living in eight ASAPSU sites from 1 January to 30 June 2012.	ASAPSU	96,928	Category C	LAGUNES
CIV-12/CSS/46994/14997	Contributing to the process of support for the return of 2,605 IDPs from 1 January to 30 June 2012.	ASAPSU	153,082	Category C	LAGUNES
CIV-12/CSS/47010/120	Contributing to the protection of and provision of assistance to IDPs living in camps in Côte d'Ivoire.	UNHCR	2,573,633	Category C	Multiple locations
CIV-12/CSS/47013/15005	Supporting the voluntary return, assistance and protection of IDPs living in sites in the area of Jacquenville	MESAD	200,090	Category C	LAGUNES
CIV-12/CSS/47073/298	Supporting CCCM partners through coordination, technical assistance/information management, camp management and capacity-building.	IOM	494,340	Category C	All regions
Sub-total for CAMP COORDINATION AND CAMP MANAGEMENT			4,018,833		
COORDINATION, INFORMATION MANAGEMENT AND SUPPORT SERVICES					
CIV-12/CSS/47182/119	Strengthening, Humanitarian, Coordination, and, Advocacy, in, Côte, d'Ivoire	OCHA	4,425,413	Category C	Multiple locations
Sub-total for COORDINATION, INFORMATION MANAGEMENT AND SUPPORT SERVICES			4,425,413		

Annex I: List of projects

Project code (click on the project code/hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priority	Location
WATER, HYGIENE AND SANITATION (WASH)					
CIV-12/WS/46119/5186	Water, sanitation and hygiene (WASH) support in areas covered by ACF improvement and nutritional rehabilitation activities in the Savanes region (Departments of Korhogo and Boundiali) - early recovery and sustainable solutions.	ACF	826,500	Category B	Multiple locations
CIV-12/WS/46120/5186	Continuation of the support to the authorities in the control and prevention of cholera.	ACF	748,500	Category B	LAGUNES
CIV-12/WS/46122/5186	WASH support in areas of return - early recovery and sustainable solutions.	ACF	840,000	Category A	MONTAGNES
CIV-12/WS/46471/5167	Rehabilitation of 263 water points, creation of 10 new drillings, training and construction of latrines in the Bas Sassandra and Denguelé regions.	COOPI	1,531,040	Category B	Multiple locations
CIV-12/WS/46562/124	Emergency drinking water supply, sanitation and hygiene for displaced populations living in host sites in the Lagunes region in emergency situation ----- Emergency provision of safe drinking water, sanitation and hygiene to people still displaced in sites in the Lagunes region.	UNICEF	160,000	Category A	Multiple locations
CIV-12/WS/46563/124	Improving sustainable access to drinking water, sanitation and hygiene for displaced populations living in host families in the Moyen-Cavally, Lagunes, Worodougou, Haut Sassandra, Agneby, Savanes, Vallée du Bandama regions and in host communities.	UNICEF	1,305,600	Category A	Multiple locations
CIV-12/WS/46564/124	Improving access to drinking water, sanitation and hygiene for children, mothers and populations affected by acute malnutrition and made highly vulnerable by the post-electoral crisis in the Savanes, Worodougou and Zanzan regions.	UNICEF	2,820,000	Category B	Multiple locations
CIV-12/WS/46565/124	Improving drinking water, sanitation and hygiene services for 80% of returnees and host communities in rural areas (Montagnes, Moyen-Cavally, Haut Sassandra) and in urban areas (Abidjan).	UNICEF	2,160,000	Category A	Multiple locations
CIV-12/WS/46566/124	Reinforcing the support to the authorities in the prevention and interruption of the propagation of the cholera epidemic in the District of Abidjan and in the areas of propagation.	UNICEF	600,000	Category B	Multiple locations
CIV-12/WS/46712/5645	Project to improve living conditions, access to water, hygiene and sanitation for displaced populations and their hosts in the Montagnes and Moyen-Cavally regions	CARE International	684,016	Category A	Multiple locations
CIV-12/WS/46747/5179	Emergency response to the needs for toilets, hygiene and sanitation of displaced people in the Moyen-Cavally region	IRC	270,091	Category A	MOYEN-CAVALLY
CIV-12/WS/46751/5645	Project to support the improvement of access to drinking water, sanitation and hygiene for populations affected by malnutrition in areas affected by the post-electoral crisis in Côte d'Ivoire.	CARE International	344,879	Category A	Multiple locations
CIV-12/WS/47139/14806	Supporting the improvement of the populations' living conditions.	HAC-SEA	250,000	Category A	AGNEBY
CIV-12/WS/47180/5181	Supporting the return and stabilization of populations through access to drinking water and hygiene in the departments of Touplepleu, Guiglo and Tabou.	DRC	810,928	Category A	Multiple locations
Sub-total for WATER, HYGIENE AND SANITATION (WASH)			13,351,554		
EDUCATION					
CIV-12/E/47114/5179	Humanitarian response in child education and psycho-social care in a context of post-crisis recovery in Abidjan, Man and Daloa	IRC	536,020	Category A	Multiple locations
CIV-12/E/47125/6079	Education: project for assistance to and integration of children affected by the crisis in the Denguele, Lagunes, Zanzan, Savanes, Montagnes, and Moyen-Cavally regions.	SC	819,000	Category B	Multiple locations
CIV-12/E/47145/124	Community mobilization and improvement of access to education for children and particularly girls in the six regions most affected by the post-electoral crisis (Denguele, Zanzan, Lagunes, Worodougou, Montagnes, and Moyen-Cavally).	UNICEF	2,900,000	Category A	Multiple locations

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Project code (click on the project code/ hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priorit y	Location
CIV-12/E/47160/14997	Psycho-social care and treatment for pupils traumatized by the crisis and peace education in the Moyen-Cavally region.	ASAPSU	200,000	Category A	MOYEN-CAVALLY
CIV-12/E/47181/6217	Project to support the socio-professional reinsertion of out-of-school children and particularly young girls beyond school age in Man and Toulepleu.	JRS	494,519	Category B	Multiple locations
CIV-12/E/47184/6217	Project to support the revival of the enrolment of children in schools and particularly young girls in the Dix-Huit Montagnes region in the west of Côte d'Ivoire.	JRS	570,921	Category B	MONTAGNES
CIV-12/F/47077/561	Recovery following the post-electoral crisis in Côte d'Ivoire through a school feeding programme.	WFP	6,250,076	Category B	Multiple locations
Sub-total for EDUCATION			11,770,536		
LOGISTICS					
CIV-12/CSS/46895/561	Increase logistics capacities to support the activities of the humanitarian community in Côte d'Ivoire.	WFP	1,188,770	Category C	Multiple locations
CIV-12/CSS/47052/561	Air Passenger Service in Côte d'Ivoire	WFP	941,215	Category C	Multiple locations
Sub-total for LOGISTICS			2,129,985		
MULTISECTOR					
CIV-12/MS/47050/120	Multi-sector assistance to refugees repatriates and people at risk of statelessness in Côte d'Ivoire.	UNHCR	18,336,975	Category A	Multiple locations
Sub-total for MULTISECTOR			18,336,975		
NUTRITION					
CIV-12/H/46022/124	Reduce morbidity and mortality among children under age 5 in Côte d'Ivoire (north-western, western areas and Lagunes) through care and treatment for severe acute malnutrition, and improvement of the nutritional information system and coordination of the activities.	UNICEF	1,915,300	Category A	Multiple locations
CIV-12/H/46055/561	Emergency assistance to malnourished populations in response to the political crisis in Côte d'Ivoire in western and northern parts of the country.	WFP	5,189,697	Category A	Multiple locations
CIV-12/H/46116/5186	Prevention of the deterioration of the nutritional situation of under-five children and pregnant and nursing women in the Montagnes region	ACF	632,054	Category A	MONTAGNES
CIV-12/H/46470/123	Support the prevention of malnutrition and the implementation of integrated nutritional education programs in the western and northern parts of Côte d'Ivoire	FAO	657,354	Category B	All regions
CIV-12/H/46598/6079	Project to support the provision of care and treatment for acute malnutrition in existing health facilities in the priority areas of the Moyen-Cavally and Montagnes regions in Côte d'Ivoire.	SC	1,625,000	Category A	Multiple locations
CIV-12/H/46603/7154	Emergency programme to support care and treatment for acute malnutrition in the Zanzan and Bas Sassandra regions.	HKI	2,018,842	Category A	Multiple locations
CIV-12/H/47079/122	Support medical care and treatment of severe acute malnutrition in the Moyen-Cavally and Bas Sassandra regions and reinforce the early warning system in 2012.	WHO	559,075	Category B	Multiple locations
CIV-12/H/47266/5186	Prevention, detection and quality care and treatment for acute malnutrition in the Montagnes, Moyen-Cavally and Savanes regions.	ACF	3,200,000	Category A	Multiple locations
Sub-total for NUTRITION			15,797,322		
PROTECTION					
CIV-12/P-HR-RL/45442/5349	Support for people affected by the crisis in the Moyen Calavally region through psycho-social care & revival of livelihoods.	HI	1,000,000	Category A	MOYEN-CAVALLY
CIV-12/P-HR-RL/45649/6079	Child protection - Prevention of and response to GBV and family separation in the District of Abidjan, Agboville, Lakota, Divo and Bouaké, Béoumi, Sakassou, Brobo and Katiola.	SC	974,620	Category A	Multiple locations

Annex I: List of projects

Project code (click on the project code/hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priority	Location
CIV-12/P-HR-RL/45664/7039	PROGRAMME FOR PREVENTION AND RESOLUTION OF LAND CONFLICTS FOR SOCIAL COHESION	UN-HABITAT	727,600	Category A	Multiple locations
CIV-12/P-HR-RL/46814/5645	Project to support the reinforcement of social cohesion and human rights protection in the sub-prefectures of Banglo and Guiglo.	CARE International	493,131	Category B	Multiple locations
CIV-12/P-HR-RL/46898/1171	Reinforcement of local protection platforms against violence made to women and children in priority areas	UNFPA	597,455	Category C	Multiple locations
CIV-12/P-HR-RL/46898/124	Reinforcement of local protection platforms against violence made to women and children in priority areas	UNICEF	379,850	Category C	Multiple locations
CIV-12/P-HR-RL/46922/1171	Prevention of and response to Gender Based Violence (GBV) in the Bas Sassandra region through the holistic care and treatment of GBV cases and the community-based approach	UNFPA	258,000	Category A	BAS SASSANDRA
CIV-12/P-HR-RL/46922/5167	Prevention of and response to Gender Based Violence (GBV) in the Bas Sassandra region through the holistic care and treatment of GBV cases and the community-based approach	COOPI	383,622	Category A	BAS SASSANDRA
CIV-12/P-HR-RL/46929/1171	Support the protection of the young people in schools and universities in the areas affected by the post-electoral crisis	UNFPA	560,000	Category B	Multiple locations
CIV-12/P-HR-RL/46932/5167	Multi-sectoral project for individual and community care and treatment and reintegration of the survivors of gender-based violence in rural areas through the installation of the decentralized and outreach psycho-social service in the Montagnes (Zouan-Hounien) and Moyen-Cavally (Toulepleu) regions	COOPI	840,485	Category A	Multiple locations
CIV-12/P-HR-RL/47051/5179	Contribute to the protection of the most vulnerable populations (displaced people, returnees, etc.) and reduce the risks/mitigate the effects of a new crisis in the departments of Duékoué, Bangolo and Kouibly	IRC	399,056	Category B	MOYEN-CAVALLY
CIV-12/P-HR-RL/47075/5181	Support community mechanisms for prevention and response to GBV in the Moyen-Cavally (Guiglo) and Bas Sassandra (Tabou) regions	DRC	628,868	Category A	Multiple locations
CIV-12/P-HR-RL/47111/5181	Reinforce community protection mechanisms in the sub-prefectures of Tai and Zagné to respond to issues of access to justice and State services	DRC	199,478	Category A	MOYEN-CAVALLY
CIV-12/P-HR-RL/47112/5179	Prevention and humanitarian response to GBV in the Moyen-Cavally (Except Guiglo), Haut Sassandra and Montagnes regions	IRC	610,380	Category A	Multiple locations
CIV-12/P-HR-RL/47115/5181	Prevention of and response to cases of abuse, violence and exploitation of children affected by the conflict in the department of Tabou	DRC	453,345	Category A	BAS SASSANDRA
CIV-12/P-HR-RL/47137/14997	Community-based psycho-social activities in Abidjan, Man, Kouibly, Duekoue and Guiglo	ASAPSU	300,000	Category A	Multiple locations
CIV-12/P-HR-RL/47141/120	Protection of Internally Displaced People and other people affected by the post-electoral crisis in Côte d'Ivoire	UNHCR	5,231,699	Category A	Multiple locations
CIV-12/P-HR-RL/47149/5827	Contribute to prevention of the violation of the human rights of vulnerable people and to social cohesion in the South-western parts of Côte d'Ivoire	SCG	385,050	Category B	BAS SASSANDRA
CIV-12/P-HR-RL/47168/124	Reduce children's vulnerability to the effects of the conflict and improve access of violence survivors (including GBV) to quality protection services in the West, Center and South of Côte d'Ivoire in 2012	UNICEF	1,883,000	Category A	Multiple locations
CIV-12/P-HR-RL/47183/1171	Monitor and respond to serious violations of children's rights and sexual violence in Côte d'Ivoire in accordance with Security Council resolutions on the protection of women and children in armed conflict	UNFPA	600,191	Category B	Multiple locations
CIV-12/P-HR-RL/47183/124	Monitor and respond to serious violations of children's rights and sexual violence in Côte d'Ivoire in accordance with Security Council resolutions on the protection of women and children in armed conflict	UNICEF	889,170	Category B	Multiple locations
CIV-12/P-HR-RL/47363/5827	Project to reinforce social cohesion through conflict prevention and management, revival of the socio-economic activities of vulnerable people in the Bas Sassandra, Moyen-Cavally, Sud Bandama and Montagnes regions	SCG	698,062	Category B	Multiple locations
Sub-total for PROTECTION			18,493,062		
EARLY RECOVERY					

CÔTE D'IVOIRE CONSOLIDATED APPEAL 2012

Project code (click on the project code/hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priority	Location
CIV-12/ER/46057/5265	Recapitalization of the livelihoods of populations made vulnerable by the post-electoral crisis in Abidjan (communes of Yopougon and Abobo), Côte d'Ivoire	Solidarités-France	481,349	Category B	LAGUNES
CIV-12/ER/46838/5645	Projects to support the socio-economic reintegration of returnees and displaced people affected the post-electoral crisis in Côte d'Ivoire (PARSERD)	CARE International	352,884	Category B	Multiple locations
CIV-12/ER/46869/15000	PROJECT TO REINFORCE COHESION THROUGH EARLY WARNING, DIALOG AND MEDIATION IN 4 AREAS OF CÔTE D'IVOIRE	WANEP-CI	216,264	Category B	Multiple locations
CIV-12/ER/46906/7133	Support the consolidation of social cohesion and revival of income-generating activities for people made vulnerable	CARITAS	404,448	Category B	LAGUNES
CIV-12/ER/46991/5827	Project to reinforce social cohesion through conflict prevention and management, revival of the socio-economic activities of vulnerable people	SCG	633,884	Category B	Multiple locations
CIV-12/ER/47068/7039	LAND PROGRAM FOR COMMUNITY REVIVAL AND SOCIAL COHESION	UN-HABITAT	941,600	Category B	Multiple locations
CIV-12/ER/47084/1171	Project to support the reintegration of returnees and the revival of the economic activities of host communities to restore social cohesion in Côte d'Ivoire	UNFPA	794,350	Category B	Multiple locations
CIV-12/ER/47084/776	Project to support the reintegration of returnees and the revival of the economic activities of host communities to restore social cohesion in Côte d'Ivoire	UNDP	3,005,650	Category B	Multiple locations
CIV-12/ER/47128/776	Project to establish a safety net for production and insertion support for highly vulnerable households	UNDP	1,590,290	Category B	Multiple locations
CIV-12/ER/47152/14812	Promotion of dialog and social cohesion through women's leadership in areas affected by the crisis	UN Women	434,720	Category B	Multiple locations
CIV-12/ER/47158/298	Assistance for the return and reintegration of returnees (Internally displaced people, migrant & refugee laborers) by ensuring the security of rural land.	IOM	982,080	Category B	MOYEN-CAVALLY
Sub-total for EARLY RECOVERY			9,837,519		
SANTE					
CIV-12/H/45811/13895	Medical support and pharmaceutical reinforcement of the healthcare system in the Montagnes region in 2012	PAH	309,000	Category B	MONTAGNES
CIV-12/H/45824/1171	Support the reduction of excess maternal and neonatal mortality in the priority regions of the West, South-West and South of Côte d'Ivoire in 2012	UNFPA	1,013,250	Category B	Multiple locations
CIV-12/H/45824/122	Support the reduction of excess maternal and neonatal mortality in the priority regions of the West, South-West and South of Côte d'Ivoire in 2012	WHO	856,080	Category B	Multiple locations
CIV-12/H/45824/124	Support the reduction of excess maternal and neonatal mortality in the priority regions of the West, South-West and South of Côte d'Ivoire in 2012	UNICEF	694,120	Category B	Multiple locations
CIV-12/H/46517/1171	Support the reinforcement of mental health and psychosocial services in priority areas of the West, South-West and South of Cote d'Ivoire in 2012	UNFPA	502,500	Category B	Multiple locations
CIV-12/H/46517/122	Support the reinforcement of mental health and psychosocial services in the priority areas of the West, South-West and South of Cote d'Ivoire in 2012	WHO	1,022,000	Category B	Multiple locations
CIV-12/H/47078/5465	Reinforce the healthcare system (including support for free medical care) and re-establish access to a PMA of quality primary healthcare in the health districts of Daloa and Zoukougbeu, Côte d'Ivoire.	France RC	200,000	Category B	HAUT SASSANDRA
CIV-12/H/47086/1171	Support access to safe blood and blood products to reduce morbidity and mortality among mothers and under-five girls and boys in 2012	UNFPA	492,200	Category B	Multiple locations
CIV-12/H/47086/122	Support access to safe blood and blood products to reduce morbidity and mortality among mothers and under-five girls and boys in 2012	WHO	650,000	Category B	Multiple locations
CIV-12/H/47086/5109	Support access to safe blood and blood products to reduce morbidity and mortality among mothers and under-five girls and boys in 2012	UNAIDS	500,000	Category B	Multiple locations

Annex I: List of projects

Project code (click on the project code/ hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priorit y	Location
CIV-12/H/47087/1171	Support the improvement of access to mother and child quality basic care and basic for vulnerable populations (returnees, displaced people, repatriates, relocated people and host population) in priority areas in 2012.	UNFPA	1,475,600	Catego ry B	Multiple locations
CIV-12/H/47087/122	Support the improvement of access to mother and child quality basic care and basic for vulnerable populations (returnees, displaced people, repatriates, relocated people and host population) in priority areas in 2012.	WHO	1,529,120	Catego ry B	Multiple locations
CIV-12/H/47087/124	Support the improvement of access to mother and child quality basic care and basic for vulnerable populations (returnees, displaced people, repatriates, relocated people and host population) in priority areas in 2012.	UNICEF	1,369,960	Catego ry B	Multiple locations
CIV-12/H/47087/5109	Support the improvement of access to mother and child quality basic care and basic for vulnerable populations (returnees, displaced people, repatriates, relocated people and host population) in priority areas in 2012.	UNAIDS	358,380	Catego ry B	Multiple locations
CIV-12/H/47088/1171	Support the reinforcement of medical and psychological care and treatment for cases of sexual violence in the priority areas of the West, South-west and South of Côte d'Ivoire in 2012	UNFPA	609,900	Catego ry B	Multiple locations
CIV-12/H/47088/122	Support the reinforcement of medical and psychological care and treatment for cases of sexual violence in the priority areas of the West, South-west and South of Côte d'Ivoire in 2012	WHO	355,600	Catego ry B	Multiple locations
CIV-12/H/47088/124	Support the reinforcement of medical and psychological care and treatment for cases of sexual violence in the priority areas of the West, South-west and South of Côte d'Ivoire in 2012	UNICEF	200,000	Catego ry B	Multiple locations
CIV-12/H/47088/5109	Support the reinforcement of medical and psychological care and treatment for cases of sexual violence in the priority areas of the West, South-west and South of Côte d'Ivoire in 2012	UNAIDS	395,900	Catego ry B	Multiple locations
CIV-12/H/47126/5167	Project to revive and support access to primary healthcare (including reproductive health) for the populations of the health district of San Pedro in the Bas Sassandra region in 2012	COOPI	325,023	Catego ry B	BAS SASSAND RA
CIV-12/H/47162/5109	Reinforce access to HIV/AIDS services for the populations affected by conflicts in Abidjan and in the west of Côte d'Ivoire in 2012	UNAIDS	420,000	Catego ry B	Multiple locations
CIV-12/H/47175/15007	Support the improvement of access to preventive, curative and promotional care for the populations of the districts of Yopougon (East and West), San Pedro and Bolequin.	Geneva Global	400,000	Catego ry B	Multiple locations
CIV-12/H/47187/5109	Project to support access to quality basic healthcare for vulnerable populations in the priority areas of the west of Côte d'Ivoire in 2012	UNAIDS	240,000	Catego ry A	Multiple locations
CIV-12/H/47187/6079	Project to support access to quality basic healthcare for vulnerable populations in the priority areas of the west of Côte d'Ivoire in 2012	SC	2,500,000	Catego ry A	Multiple locations
CIV-12/H/47349/122	Support the monitoring of diseases with epidemic potential, and strengthen the coordination of health sector interventions in Côte d'Ivoire	WHO	2,403,600	Catego ry B	Multiple locations
Sub-total for HEALTH			18,822,233		
FOOD SECURITY					
CIV-12/A/45719/6458	Program to support the revival of the livelihoods of vulnerable households in the districts of Abidjan highly affected by the crisis in Côte d'Ivoire	ACTED	3,250,000	Catego ry B	LAGUNES
CIV-12/A/46109/123	Reinforcement of coordination mechanisms and tools used for collection, analysis and dissemination of food security information during the post-crisis reconstruction period.	FAO	563,001	Catego ry C	All regions
CIV-12/A/46117/123	Sustainable support for food security, livelihoods and reintegration of rural households affected by the persistent effects of the post-electoral crisis in Côte d'Ivoire	FAO	5,396,966	Catego ry B	All regions
CIV-12/A/46595/6079	Revival of the livelihoods of vulnerable populations affected by the post-electoral crisis in the 18 Montagnes regions	SC	1,000,000	Catego ry B	MONTAGN ES
CIV-12/A/46646/15007	Reconstitution of the livelihoods of vulnerable people and support for economic revival.	Geneva Global	614,000	Catego ry B	Multiple locations

CÔTE D'IVOIRE CONSOLIDATED APPEAL 2012

Project code (click on the project code/hypertext link to open the details of the whole project)	Title	Agency	Require funds (\$)	Level of priority	Location
CIV-12/A/46771/5265	Assistance for revival of the livelihoods of the most vulnerable populations affected by the crisis in the west of Côte d'Ivoire and in the Lagunes region	Solidarités-France	1,400,000	Category B	Multiple locations
CIV-12/F/46110/14879	Improve the food security of people made vulnerable by the post-electoral conflict in the Moyen-Cavally region	PU-AMI	1,456,056	Category B	MOYEN-CAVALLY
CIV-12/F/46118/5186	Prevent the deterioration of the food and nutritional situation of vulnerable populations and people at risk of food insecurity in Côte d'Ivoire	ACF	2,644,000	Category B	Multiple locations
CIV-12/F/46935/6579	Support the restoration of the livelihoods of people affected by the post-electoral crisis in the district of Abidjan and in the Moyen-Cavally region	ADRA	905,000	Category B	Multiple locations
CIV-12/F/47066/561	Emergency assistance for people affected by the post-electoral crisis in Côte d'Ivoire	WFP	29,578,408	Category A	Multiple locations
Sub-total for FOOD SECURITY			46,807,431		
Grand Total			173,089,333		

Table V. Requirements per location

Côte d'Ivoire Consolidated Appeal 2012 15 November 2011 http://fts.unocha.org

Compiled by the BCAH based on information provided by the agencies.

Location	Requirements (\$)
Multiple locations	146,630,939
All regions	7,111,661
AGNEBY	250,000
BAS SASSANDRA	1,805,040
HAUT SASSANDRA	200,000
LAGUNES	5,534,487
MONTAGNES	3,351,975
MOYEN-CAVALLY	8,205,231
Grand Total	173,089,333

Table VI. Requirements per gender marker score

Côte d'Ivoire Consolidated Appeal 2012 15 November 2011 http://fts.unocha.org

Compiled by the BCAH based on information provided by the agencies.

Gender rating	Requirements (\$)
2b - The main objective of the project is to advance gender equality.	8,001,010
2a - The project is designed to significantly contribute to gender equality.	115,162,751
1 - The project contributes to gender equality in a limited manner	38,633,343
0 – There is no indication that gender issues are considered when designing the project.	10,351,014
- Unspecified	941,215
Grand Total	173,089,333

Annex II: Donor response to the 2011 EHAP

Table VII. Requirements and funding per cluster

Côte d'Ivoire Emergency Humanitarian action Plan (EHAP) 2011 15 November 2011 http://fts.unocha.org						
Compiled by the BCAH based on information provided by donors and agencies.						
Cluster	Initially required funds (\$) A	Revised required funds (\$) B	Obtained funds (\$) D	Balance outstanding (\$) B-E	Covered % E/B	Pledges (\$) F
EMERGENCY SHELTERS AND NON-FOOD ITEMS	-	17 936 426	2 263 819	15 672 607	13%	-
CLUSTER NOT YET SPECIFIED	-	-	9 897 822	n/a	n/a	-
CAMP COORDINATION AND CAMP MANAGEMENT	-	1 779 319	-	1 779 319	0%	-
COORDINATION, INFORMATION MANAGEMENT AND SUPPORT SERVICES	-	12 583 168	4 921 394	7 661 774	39%	-
WATER, HYGIENE AND SANITATION (WASH)	900 000	15 530 888	7 586 029	7 944 859	49%	-
EDUCATION	696 570	6 451 291	923 287	5 528 004	14%	-
LOGISTICS	-	7 838 578	6 446 403	1 392 175	82%	-
MULTI-SECTOR	-	24 025 639	5 681 234	18 344 405	24%	-
NUTRITION	523 684	18 264 164	3 717 019	14 547 145	20%	-
EMERGENCY PREPAREDNESS AND RESPONSE	-	280 000	-	280 000	0%	-
PROTECTION	-	52 787 360	5 678 302	47 109 058	11%	-
EARLY RECOVERY	-	9 211 169	1 658 095	7 553 074	18%	-
HEALTH	-	26 698 076	11 922 518	14 775 558	45%	-
FOOD SECURITY	-	98 453 438	45 125 097	53 328 341	46%	-
TELECOMMUNICATIONS	-	1 440 659	957 304	483 355	66%	-
Grand Total	2 120 254	293 280 175	106 778 323	186 501 852	36%	-

NOTE: "Obtained funds" correspond to the sum of contributions, commitments and carry-over

Pledge: non-binding announcement of a contribution or allowance by a donor ("Pledge not covered by a commitment". in these tables, it indicates the balance of initial pledges not yet covered by a commitment).

Commitment: creates a legal and contractual obligation enters the donor and the beneficiary entity, specifying the amount to be contributed.

Contribution: payment of funds or transfer of goods in kind by the donor to the beneficiary entity.

The list of projects and required amounts in this document are as at 15 November 2011. Updated information on the projects, financial needs and contributions are available on the FTS website (fts.unocha.org).

Table VIII. Requirements and funding per organization

Côte d'Ivoire Emergency Humanitarian action Plan (EHAP) 2011 15 November 2011 http://fts.unocha.org						
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Compiled by the BCAH based on information provided by donors and agencies.

Agency	Initially required funds (\$) A	Revised required funds (\$) B	Obtained funds (\$) D	Balance outstanding (\$) B-E	Covered % E/B	Pledges (\$) F
ACF	-	4 505 000	4 405 432	99 568	98%	-
ADRA	-	782 920	-	782 920	0%	-
CARE International	-	1 669 719	542 653	1 127 066	32%	-
Cote d'Ivoire RC	-	712 196	-	712 196	0%	-
DRC	-	680 816	-	680 816	0%	-
FAO	523 684	5 229 142	4 274 458	954 684	82%	-
HKI	-	1 204 320	-	1 204 320	0%	-
IOM	-	43 864 308	3 757 819	40 106 489	9%	-
IPPF	-	96 500	-	96 500	0%	-
IRC	-	3 416 194	1 658 095	1 758 099	49%	-
NRC	-	818 043	-	818 043	0%	-
OCHA	-	4 032 350	4 921 394	- 889 044	122%	-
OHCHR	-	91 304	-	91 304	0%	-
SC	-	18 773 541	11 493 329	7 280 212	61%	-
SCG	-	693 437	-	693 437	0%	-
Solidarités-France	-	4 853 374	1 600 000	3 253 374	33%	-
UN Women	-	556 400	-	556 400	0%	-
UNAIDS	-	1 520 000	59 704	1 460 296	4%	-
UNDP	-	2 688 375	-	2 688 375	0%	-
UNESCO	-	148 704	-	148 704	0%	-
UNFPA	-	5 477 366	1 267 959	4 209 407	23%	-
UNHCR	-	47 043 666	6 038 482	41 005 184	13%	-
UNICEF	1 596 570	36 870 279	20 765 517	16 104 762	56%	-
UNOPS	-	1 000 000	-	1 000 000	0%	-
WFP	-	101 214 961	42 786 804	58 428 157	42%	-
WHO	-	5 337 260	3 206 677	2 130 583	60%	-
Grand Total	2 120 254	293 280 175	106 778 323	186 501 852	36%	-

NOTE: "Obtained funds" correspond to the sum of contributions, commitments and carry-over

Pledge: non-binding announcement of a contribution or allowance by a donor ("Pledge not covered by a commitment". in these tables, it indicates the balance of initial pledges not yet covered by a commitment).

Commitment: creates a legal and contractual obligation enters the donor and the beneficiary entity, specifying the amount to be contributed.

Contribution: payment of funds or transfer of goods in kind by the donor to the beneficiary entity.

The list of projects and required amounts in this document are as at 15 November 2011. Updated information on the projects, financial needs and contributions are available on the FTS website (fts.unocha.org).

Table IX. Total funding per donor (for projects included in the EHAP)

Côte d'Ivoire Emergency Humanitarian action Plan (EHAP) 2011 15 November 2011 http://fts.unocha.org			
Compiled by the BCAH based on information provided by donors and agencies.			
Donor	Granted funds (\$)	% of the Grand Total	Pledges (\$)
European Commission	22 562 513	21%	-
Central Emergency Response Fund (CERF)	18 551 037	17%	-
United States	17 357 412	16%	-
Allocation of unearmarked funds by UN agencies	8 590 287	8%	-
United Kingdom	6 705 819	6%	-
Japan	5 000 000	5%	-
Sweden	3 489 979	3%	-
Private (individuals & Organizations)	3 354 823	3%	-
Germany	3 205 318	3%	-
Switzerland	2 586 944	2%	-
Canada	2 505 589	2%	-
Norway	2 113 335	2%	-
Spain	2 100 351	2%	-
Denmark	1 918 281	2%	-
Belgium	1 758 836	2%	-
France	1 648 352	2%	-
Australia	1 361 650	1%	-
Korea, Republic of	600 000	1%	-
Carry-over (donors not specified)	521 283	0.5%	-
Italy	407 068	0.4%	-
Luxembourg	187 484	0.2%	-
Various (details not yet provided)	95 842	0.1%	-
Czech Republic	90 471	0.1%	-
Estonia	77 465	0.1%	-
Grand Total	106 778 323	100%	-

NOTE: "Obtained funds" correspond to the sum of contributions, commitments and carry-over

Pledge: non-binding announcement of a contribution or allowance by a donor ("Pledge not covered by a commitment". in these tables, it indicates the balance of initial pledges not yet covered by a commitment).

Commitment: creates a legal and contractual obligation enters the donor and the beneficiary entity, specifying the amount to be contributed.

Contribution: payment of funds or transfer of goods in kind by the donor to the beneficiary entity.

The list of projects and required amounts in this document are as at 15 November 2011. Updated information on the projects, financial needs and contributions are available on the FTS website (fts.unocha.org).

Annex III: Needs assessment reference list

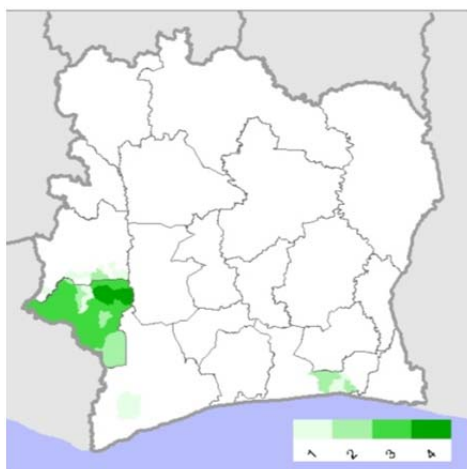
Existing needs assessments used for the CAP 2012				
Cluster	Geographical region and target group of population	Leading agency and partners	Date	Title or subject
Food security	Center, central-east, central-north, central-west, north, north-east, north-west, west, south, south-west	MINAGRI (WFP, FAO, USAID, EU)	April – June 2011	Integrated framework of the humanitarian phase and classification of food security (IPC)
Nutrition	All the regions of the country	PNN (UNICEF, WFP, ACF, HKI)	8 June – 26 July 2011	National nutritional survey based on the SMART methodology
Education	Moyen-Cavally, Montagnes	UNICEF (SC, IRC, NRC, CARITAS, UNICEF)	18 – 21 June 2011	Needs assessment for the resumption for the school year
Early recovery and social cohesion	Montagnes, Moyen-Cavally, Bas Sassandra, Sud Bandama, Fromager, Vallée du Bandama, Lacs, Savanes, Lagunes	UNDP (SNRR, IOM, UNFPA, UN-WOMEN, UNAIDS, DRC, ODARHOM)	June – July 2011	Rapid needs assessment
Protection	Moyen-Cavally, Montagnes, Haut Sassandra, Marahoué, Lagunes	IRC	June 2011	GBV Assessment

Current information gaps		
Cluster/Sector	Geographical regions and target groups of population	Title/Subject
Protection	Priority areas (multi-sectoral, sectoral and risk areas)	Estimation of displaced people in host families
Coordination / Operational support	Priority areas (multi-sectoral, sectoral and risk areas)	Mapping of functional State institutions
Multisector	Countrywide	Census and updating of the total population
Multisector	Bas Sassandra, Haut Sassandra, Worodougou	Detailed multi-sectoral needs assessment

Planned needs assessments				
Cluster	Geographical regions and target groups of population	Leading agency and partners	Planned date	Title/Subject
Food security	All regions of the country	WFP/FAO, Ministry of Agriculture, National Statistics Institute	December	Detailed food security assessment

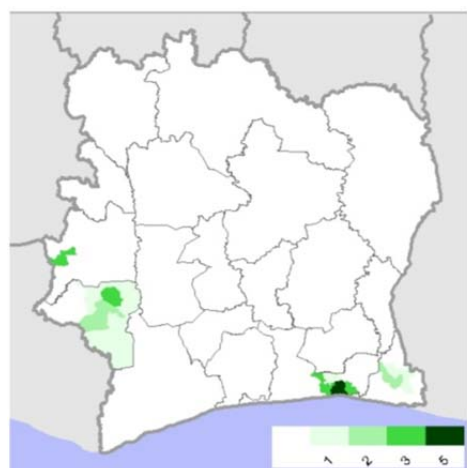
Annex IV: Number of partners and number of projects per cluster and per sub-prefecture

SHELTERS AND NON-FOOD ITEMS



Organizations	Requested amount (US\$)	Number of projects
INT. NGO	2,573,720	3
ADRA	1,444,000	1
NRC	729,720	1
Solidarités-FR	400,000	1
UN	6,724,750	2
IOM	1,524,750	1
UNHCR	5,200,000	1
Grand Total	9,298,470	5

CCCM



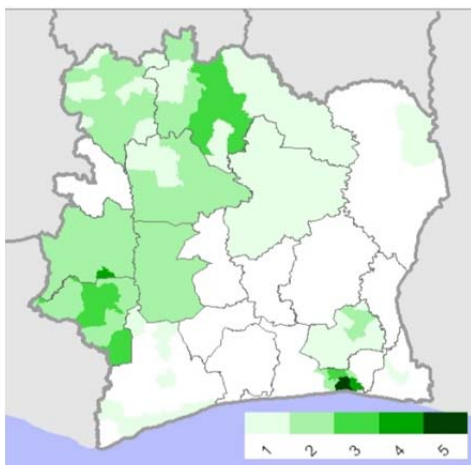
Organizations	Requested amount (US\$)	Number of projects
INT. NGO	500,760	2
ASA	300,670	1
CARITAS	200,090	1
NAT. NGO	450,100	3
ASAPSU	250,010	2
MESAD	200,090	1
UN	3,067,973	2
IOM	494,340	1
UNHCR	2,573,633	1
Grand Total	4,018,833	7

COORDINATION



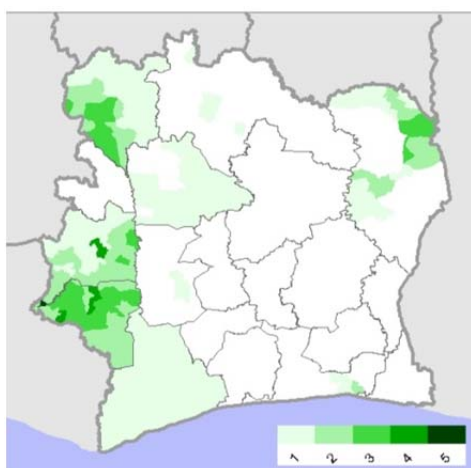
Organizations	Requested amount (US\$)	Number of projects
UN	4,425,413	1
OCHA	4,425,413	1
Grand Total	4,425,413	1

WATER, HYGIENE AND SANITATION



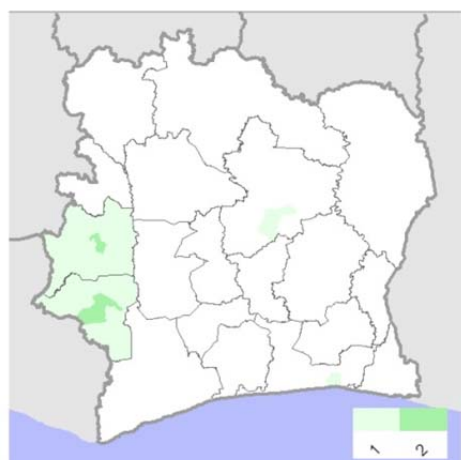
Organizations	Requested amount (US\$)	Number of projects
INT. NGO	6,305,954	9
ACF	2,415,000	3
CARE Int	1,028,895	2
COOPI	1,531,040	1
DRC	810,928	1
HAC-SEA	250,000	1
IRC	270,091	1
UN	7,045,600	5
UNICEF	7,045,600	5
Grand Total	13,351,554	14

EDUCATION



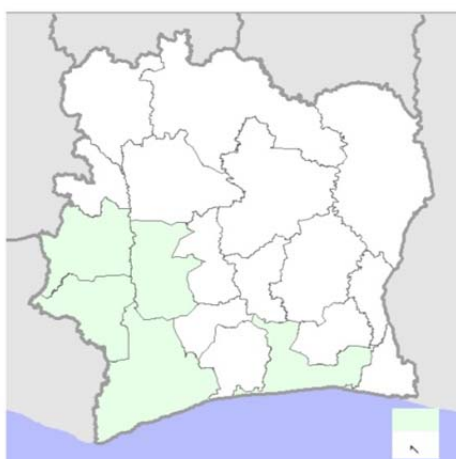
Organizations	Requested amount (US\$)	Number of projects
INT. NGO	2,420,460	4
IRC	536,020	1
JRS	1,065,440	2
SC	819,000	1
NAT. NGO	200,000	1
ASAPSU	200,000	1
UN	9,150,076	2
UNICEF	2,900,000	1
WFP	6,250,076	1
Grand Total	11,770,536	7

LOGISTICS



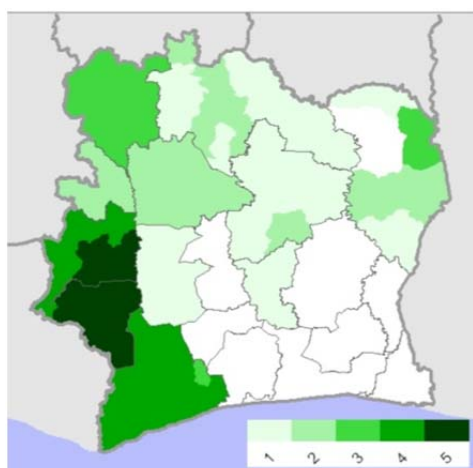
Organizations	Requested amount (US\$)	Number of projects
UN	2,129,985	2
WFP	2,129,985	2
Grand Total	2,129,985	2

MULTI-SECTORAL ASSISTANCE



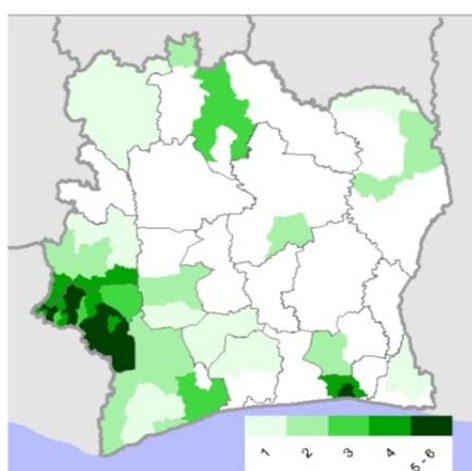
Organizations	Requested amount (US\$)	No. of projects
UN	18,336,975	1
UNHCR	18,336,975	1
Grand Total	18,336,975	1

NUTRITION



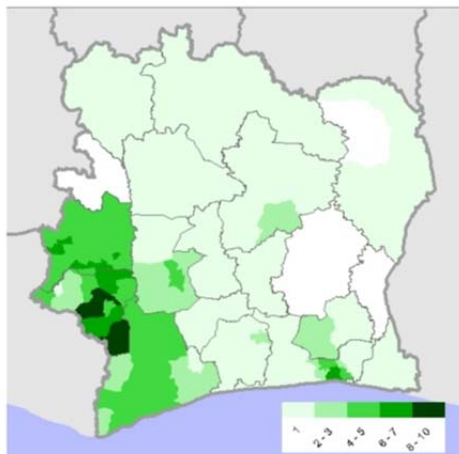
Organizations	Requested amount (US\$)	No. of projects
INT. NGO	7,475,896	4
ACF	3,832,054	2
HKI	2,018,842	1
SC	1,625,000	1
UN	8,321,426	4
FAO	657,354	1
UNICEF	1,915,300	1
WFP	5,189,697	1
WHO	559,075	1
Grand Total	15,797,322	8

FOOD SECURITY



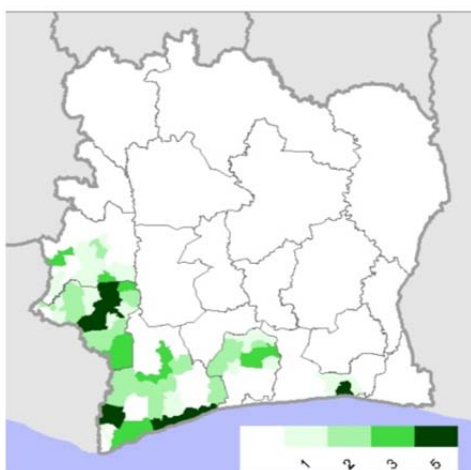
Organizations	Requested amount (US\$)	No. of projects
INT. NGO	11,269,056	7
ACF	2,644,000	1
ACTED	3,250,000	1
ADRA	905,000	1
Geneva Global	614,000	1
PU	1,456,056	1
SC	1,000,000	1
Solidarités-FR	1,400,000	1
UN	35,538,375	3
FAO	5,959,967	2
WFP	29,578,408	1
Grand Total	46,807,431	10

PROTECTION



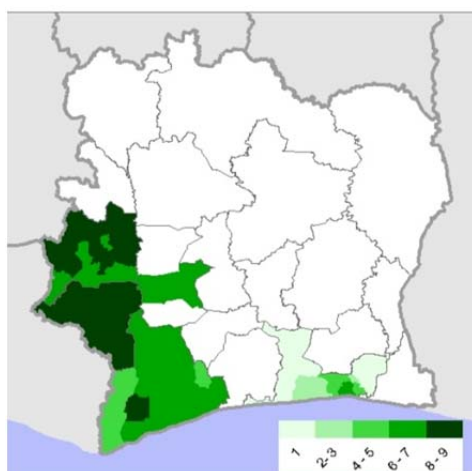
Organizations	Requested amount (US\$)	Number of projects
INT. NGO	7,066,097	12
CARE Int	493,131	1
COOPI	1,224,107	2
DRC	1,281,691	3
HI	1,000,000	1
IRC	1,009,436	2
SC	974,620	1
UNFPA	1,083,112	2
NAT. NGO	300,000	1
ASAPSU	300,000	1
UN	11,126,965	9
UNFPA	2,015,646	4
UN-HABITAT	727,600	1
UNHCR	5,231,699	1
UNICEF	3,152,020	3
Grand Total	18,493,062	22

EARLY RECOVERY



Organizations	Requested amount (US\$)	Number of projects
INT. NGO	2,088,829	5
CARE		
International	352,884	1
CARITAS	404,448	1
Solidarités-FR	481,349	1
UNFPA	633,884	1
WANEP-CI	216,264	1
UN	7,748,690	6
IOM	982,080	1
UN Women	434,720	1
UNDP	4,595,940	2
UNFPA	794,350	1
UN-HABITAT	941,600	1
Grand Total	9,837,519	11

HEALTH



Organizations	Requested amount (US\$)	Number of projects
INT. NGO	3,534,023	4
COOPI	325,023	1
Geneva Global	400,000	1
PAH	309,000	1
SC	2,500,000	1
RED CROSS	200,000	1
France RC	200,000	1
UN	15,088,210	19
UNAIDS	1,914,280	5
UNFPA	4,093,450	5
UNICEF	2,264,080	3
WHO	6,816,400	6
Grand Total	18,822,233	24

Annex V: Cluster members and other humanitarian stakeholders

Cluster name	Competent governmental institution	Cluster lead	Cluster members and other stakeholders
Shelters/NFI	Direction Régionale du Plan et du Développement (DRPP)	HCR	Red Cross Côte d'Ivoire (CRCI) International Federation of Red Cross (IFRC) International Committee of the Red Cross (ICRC) as an observer CARE International Côte d'Ivoire (CARE CI) Norwegian Refugee Council (NRC) Danish Refugee Council (DRC) Première Urgence Aide Médicale Internationale (PU AMI) Save the Children Côte d'Ivoire (SC CI) CARE International Côte d'Ivoire (CARE CI) International Rescue Committee (IRC) Oxford contre la Famine (OXFAM GB) Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU)
CCCM	Ministry of Health and the Fight against Aids. Direction de la Promotion de l'Hygiène Publique Ministry of State, Ministry for Employment, Social Affairs and Solidarity (MEMEASS)	HCR/IOM	Norwegian Refugee Council (NRC) Danish Refugee Council (DRC) Helen Keller International (HKI) International Emergency and Development Aid (IEDA Relief) Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU) Mouvement pour l'Education, la Santé et le Développement (MESAD) Afrique Secours et Assistance (ASA)
Education	Ministry of Education (MoE)	UNICEF	United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Development Program (UNDP), United Nations High Commissioner for Refugees (UNHCR), World Food Program (WFP), CARE International Côte d'Ivoire (CARE CI), International Rescue Committee (IRC), Save the Children Côte d'Ivoire (SC CI), Advantist Development and Relief Agency (ADRA), Norwegian Refugee Council (NRC), Mouvement pour l'Education, la Santé et le Développement (MESAD) Organisation Nationale pour l'Enfant, la Femme et la Famille (ONEF) Help African Children/Sauvons les Enfants Africain (HAC/SEA) Association des Enfants et Jeunes Travailleurs de Côte d'Ivoire (AEJT-CI)
Logistics		WFP	United Nations High Commissioner for Refugees (HCR) Food and Agriculture Organization of the United Nations (FAO)

Annex V: Cluster members and other humanitarian stakeholders

Cluster name	Competent governmental institution	Cluster lead	Cluster members and other stakeholders
			<p>Pharmacie Aide Humanitaire (PAH) Oxford contre la Famine (OXFAM GB) Bureau International Catholique de l'Enfance (BICE) International Emergency and DevelopmentAid (IEDA Relief) Action contre la faim (ACF) CARE International Côte d'Ivoire (CARE CI) International Rescue Committee (IRC)</p>
Nutrition	Ministry of Health and the Fight against Aids (MoH)	UNICEF	<p>International Committee of the Red Cross (ICRC) as an observer Red Cross Côte d'Ivoire (CRCI) Food and Agriculture Organization of the United Nations (FAO) World Food Program (WFP) Action contre la faim (ACF) CARE International Côte d'Ivoire (CARE CI) Handicap International (HI) Helen Keller International (HKI) International Emergency and DevelopmentAid (IEDA Relief) Médecins Sans Frontières-Holland (MSF-H) Medical Assistance Program International (MAP International) Save the Children Côte d'Ivoire (SC CI) Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU) La Spiruline en Côte d'Ivoire (SPIRUCI) International Organization for Project Development and Monitoring (OIDSP)</p>
Protection	<p>Ministry of Health and the Fight against Aids (MoH) Ministry of State, Ministry for Employment, Social Affairs and Solidarity (MEMEASS) Ministry of the Family, the Woman and the Child (MFFE)</p> <p>Ministry of Health and the Fight against Aids (MSLCS) Ministry of State, Ministry for Employment, Social Affairs and Solidarity (MEMEASS) Ministry of the Family, the Woman and the Child</p>	HCR	<p>International Committee of the Red Cross (ICRC) as an observer International Federation of Red Cross (IFRC) United Nations Population Fund (UNFPA) United Nations International Children's Emergency Fund (UNICEF) United Nations High Commissioner for Refugees (HCR) United Nations Operation in Côte d'Ivoire-Civil Affairs (UNOCI) United Nations Mine Action Service (UNMAS) United Nations Development Fund for Women (UNIFEM) World Health Organization (WHO) World Food Program (WFP) Joint United Nations Programme on HIV/AIDS (UNAIDS) Oxford contre la Famine (OXFAM GB) Bureau International Catholique de l'Enfance (BICE) CARE International Côte d'Ivoire (CARE CI) Norwegian Refugee Council (NRC) Danish Refugee Council (DRC)</p>

CÔTE D'IVOIRE CONSOLIDATED APPEAL 2012

Cluster name	Competent governmental institution	Cluster lead	Cluster members and other stakeholders
Protection	(MFFE)	HCR	Enfance Meurtrie Sans Frontière (EMSF) Handicap International (HI) International Emergency and Development Aid (IEDA Relief) International Rescue Committee (IRC) Save the Children Côte d'Ivoire (SC CI) Search For Common Ground (SFCG) Action contre la faim (ACF) Mouvement pour l'Education, la Santé et le Développement (MESAD) Organisation Nationale pour l'Enfant, la Femme et la Famille (ONEF) Association des Enfants et Jeunes Travailleurs de Côte d'Ivoire (AEJT-CI) Africa Women Welfare Committee (AWECO) Afrique Secours et Assistance (ASA)
GBV		UNFPA	Food and Agriculture Organization of the United Nations (FAO) World Food Program (WFP) Joint United Nations Programme on HIV/AIDS (UNAIDS) United Nations High Commissioner for Refugees (HCR) Pharmacie Aide Humanitaire (PAH) Agence d'aide à la Coopération Technique et au Développement (ACTED) Norwegian Refugee Council (NRC) Danish Refugee Council (DRC) International Rescue Committee (IRC) Médecins Sans Frontières-Holland (MSF-H) Première Urgence Aide Médicale Internationale (PU AMI) West Africa Network for peace-building in Côte d'Ivoire (WANEP-CI) Save the Children Côte d'Ivoire (SC CI) CARE International Côte d'Ivoire (CARE CI) Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU)
Early recovery	Ministry of State, Ministry for Employment, Social Affairs and Solidarity (MEMEASS) National Secretariat for Reconstruction and Reinsertion (SNNR) Ministry of State, Ministry for Employment, Social Affairs and Solidarity (MEMEASS) National Secretariat for Reconstruction and Reinsertion (SNNR)	UNDP	Red Cross Côte d'Ivoire (CRCI) International Federation of Red Cross (IFRC) United Nations Population Fund (UNFPA) Food and Agriculture Organization of the United Nations (FAO) Joint United Nations Programme on HIV/AIDS (UNAIDS) Bureau International Catholique de l'Enfance (BICE) Norwegian Refugee Council (NRC) Danish Refugee Council (DRC) Handicap International (HI) International Emergency and Development Aid (IEDA Relief) Save the Children Côte d'Ivoire (SC CI)

Annex V: Cluster members and other humanitarian stakeholders

Cluster name	Competent governmental institution	Cluster lead	Cluster members and other stakeholders
Early recovery		UNDP	<p>Action Contre la Faim (ACF) CARE International Côte d'Ivoire (CARE CI) International Rescue Committee (IRC) Oxford contre la Famine (OXFAM GB) Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU) Organisation Nationale pour l'Enfant, la Femme et la Famille (ONEF) Afrique Secours et Assistance (ASA)</p>
Health	Ministry of Health and the Fight against Aids	WHO	<p>United Nations International Children's Emergency Fund (UNICEF) United Nations Population Fund (UNFPA) United Nations High Commissioner for Refugees (HCR), Joint United Nations Programme on HIV/AIDS (UNAIDS), World Food Program (WFP), Action contre la faim (ACF), Save The Children, International Rescue Committee (IRC), Cooperazione Intenazionale (COOPI) Helen Keller International (HKI), Terre des hommes, Pharmacie Aide Humanitaire (PAH), AIBEF, Afrique Secours et Assistance (ASA), Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU), CARITAS, Mouvement pour l'Education, la Santé et le Développement (MESAD), Alliance Côte d'Ivoire, Adventist Development and Relief Agency (ADRA), Première Urgence Aide Médicale Internationale (PU-AMI), Médecin du Monde (MDM), IDE Afrique</p>

CÔTE D'IVOIRE CONSOLIDATED APPEAL 2012

Cluster name	Competent governmental institution	Cluster lead	Cluster members and other stakeholders
Food security	Direction des Productions Agricoles et de la Diversification (DPAD)	WFP/FAO	International Committee of the Red Cross (ICRC) as an observer Red Cross Côte d'Ivoire (CRCI) International Federation of Red Cross (IFRC) Food and Agriculture Organization of the United Nations (FAO) United Nations Population Fund (UNFPA) World Health Organization (WHO) Action contre la faim (ACF) Agence d'aide à la Coopération Technique et au Développement (ACTED) CARE International Côte d'Ivoire (CARE CI) Norwegian Refugee Council (NRC) Danish Refugee Council (DRC) Handicap International (HI) Helen Keller International (HKI) International Emergency and Development Aid (IEDA Relief) Medical Assistance Program International (MAP International) Première Urgence Aide Médicale Internationale (PU AMI) Save the Children Côte d'Ivoire (SC CI) International Rescue Committee (IRC) Oxford contre la Famine (OXFAM GB) La Spiruline en Côte d'Ivoire (SPIRUCI) Mouvement pour l'Education, la Santé et le Développement (MESAD)
WASH	Ministry of Health and the Fight against Aids. Direction de la Promotion de l'Hygiène Publique, ONEP Office National de l'eau Potable, Ministry of Economic Infrastructures Ministry of Construction and Urbanism	UNICEF	International Committee of the Red Cross (ICRC) as an observer Red Cross Côte d'Ivoire (CRCI) International Federation of Red Cross (IFRC) United Nations Population Fund (UNFPA) Action contre la faim (ACF) Agence d'aide à la Coopération Technique et au Développement (ACTED) Bureau International Catholique de l'Enfance (BICE) CARE International Côte d'Ivoire (CARE CI) Danish Refugee Council (DRC) Première Urgence Aide Médicale Internationale (PU AMI) Action contre la faim (ACF) International Rescue Committee (IRC) Oxford contre la Famine (OXFAM GB) Association de Soutien à l'Auto Promotion Sanitaire et Urbaine (ASAPSU) La Spiruline en Côte d'Ivoire (SPIRUCI) Organisation Nationale pour l'Enfant, la Femme et la Famille (ONEF) Help African Children/Sauvons les Enfants Africain (HAC/SEA)

Annex VI: Acronyms and abbreviations

ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACORD	Agency for Development, Cooperation and Research
ACTED	Agency for Technical Cooperation and Development
ADB	African Development Bank
ADRA	Adventist Development and Relief Agency
AEJT CI	<i>Association des Enfants et Jeunes Travailleurs de Côte d'Ivoire</i> (Association of Children and young workers of Côte d'Ivoire)
AFJCI	<i>Association des Femmes Juristes de Côte d'Ivoire</i> (Association of Women Lawyers of Côte d'Ivoire)
AGDM	age, gender and diversity mainstreaming
AIBEF	<i>Association Ivoirienne pour le Bien-Etre Familial</i> (Ivorian Association for Family Welfare)
AIDS	acquired immunodeficiency syndrome
ANADER	<i>Agence Nationale d'Appui au Développement Rural</i> (National Agency for Support to Rural Development)
APO	Ouagadougou Political Agreement
ARI	acute respiratory infection
ARK	<i>Animation Rurale de Korhogo</i>
ARV	anti-retroviral
ASA	<i>Afrique Secours et Assistance</i> (Africa Relief and Assistance)
ASAPSU	<i>Association de Soutien à l'Autopromotion Sanitaire Urbaine</i> (Self-promotion of Urban Sanitation Support Association)
ATPC	<i>Assainissement total piloté par la communauté</i> (community-led total sanitation)
AVSI	<i>Associazione Volontari Per il Servizio Internazionale</i> (International Service Volunteer Association)
AWECO	Africa Women Welfare Committee
BCC	behavioral change communication
BICE	<i>Bureau International Catholique de l'Enfance</i>
BRISR	<i>Bureau Régional pour l'Intégration et le Suivi des Réfugiés</i> (Regional Office for Refugee Integration and Follow-up)
CAP	consolidated appeal <i>or</i> consolidated appeal process
CCCM	camp coordination and camp management
CDI	Côte d'Ivoire
CDVR	Dialogue, Truth and Reconciliation Commission
CERF	(United Nations) Central Emergency Response Fund
CFA	African Financial Community
CGFCC	Coffee Cocoa Sector Management Committee
CHW	community health worker
CMAM	community management of acute malnutrition
CNAR	<i>Coordination nationale d'assistance aux réfugiés</i>
CNCAH	<i>Comité National de Coordination de l'Action Humanitaire</i>
COMCEN	communications centre
CONAREF	National Refugee Commission
CONASUR	<i>Conseil national de secours d'urgence et de réhabilitation du Burkina Faso</i>
COOPI	<i>Cooperazione Internazionale</i>
CP	child protection
CPS/C	Child Protection Sub-Cluster
CRCI	Red Cross of Côte d'Ivoire
CREDO	Christian Relief and Development Organization
CRS	Catholic Relief Services

CS	<i>couverture sanitaire</i>
CSB	corn-soya blend
CSI	coping strategy index
CTC	cholera treatment centre
DAD	<i>Direction de l'assainissement et de drainage</i>
DDR	disarmament, demobilization and reintegration
DIPE	<i>Direction de l'Information et de la Planification et de l'Évaluation</i>
DPAD	<i>Direction des Productions Agricoles et de la Diversification</i>
DRC	Danish Refugee Council
DREN	<i>Direction Régionale de l'Éducation Nationale</i>
DRPP	<i>Direction Régionale du Plan et du Développement</i>
DSRP	<i>Document de Développement et de Réduction de la Pauvreté</i>
DSRSG	Deputy Special Representative of the Secretary-General
EASA	detailed food security assessment
ECD Kit	early childhood development kit
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EHAP	Emergency Humanitarian Action Plan
EMS	<i>Enfance Meurtrie Sans Frontière</i>
EPI	Extended Program on Immunization
ER	early recovery
ERB	rapid needs assessment
ERC	Emergency Relief Coordinator
ESASU	Food security assessment in emergency
EU	European Union
FAFN	<i>Forces Armées des Forces Nouvelles (Armed Forces of the Forces Nouvelles)</i>
FAO	Food and Agriculture Organization of the United Nations
FCFA	currency of African Financial Community member countries (incl. Côte d'Ivoire)
FDS	Defense and Security Forces
FPI	<i>Front Populaire Ivoirien</i>
FRCI	Republican Forces of Côte d'Ivoire
FSMS	Food Security Monitoring System
FTS	Financial Tracking Service
GBV	gender-based violence
GIS	geographical information system
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HF	high-frequency
HI	Handicap International
HIV	human immunodeficiency virus
HKI	Helen Keller International
HRV	human rights violation
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDE	International Development Enterprises
IDP	internally displaced person
IDTR	identifying, documenting, tracing and reunifying
IEDA	International Emergency and Development Aid
IFRC	International Federation of Red Cross and Red Crescent Societies
IGA	income-generating activity

Annex VI: Acronyms and abbreviations

IMCI	integrated management of childhood illness
INEE	Inter-Agency Network for Education in Emergencies
INS	National Statistics Institute
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
LSW	light and small weapons
MAM	moderate acute malnutrition
MDM	<i>Médecins du Monde</i>
MEMEASS	Ministry of State, Ministry for Employment, Social Affairs and Solidarity
MESAD	Movement for Education, Health and Development
MFFE	Ministry of the Family, the Woman and the Child
MICS	multiple indicator cluster survey
MINAGRI	Ministry of Agriculture
MSF	<i>Médecins sans Frontières</i>
MSLS	Ministry of Health and the Fight against AIDS
MT	metric ton
NFI	non-food item
NGO	non-governmental organization
NPK	nitrogen, phosphorus and potassium (fertilizer components)
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OCPV	<i>Office pour la Commercialisation des Produits Vivriers</i>
ODAHROM	<i>Organisation non-gouvernementale pour le développement et l'action humanitaire des régions de l'ouest montagneux de Côte d'Ivoire</i>
OIDSP	International Organization for Project Development and Monitoring
ONEP	National Potable Water Office
ONU	outpatient nutrition unit
OPS	Online Projects System
PAH	<i>Pharmacie Aide Humanitaire</i>
PEC	primary environmental care
PEP	post-exposure prophylaxis
PLWHIV	person living with HIV
PMA	Minimum activity package
PMCT	prevention of mother-to-child transmission
PNN	National Nutrition Program
PPU	President's Emergency Program
PU AMI	<i>Première Urgence Aide Médicale Internationale</i>
RRC	community reintegration and recovery
SAARA	<i>Service d'Aide et d'Assistance aux Réfugiés et Apatrides</i>
SAM	severe acute malnutrition
SC	Save the Children
SFU	supplementary feeding unit
SGBV	sexual and gender-based sexual violence
SIGE	education management information system
SMART	standardized monitoring and assessment of relief and transition
SNRR	National Secretariat for Reconstruction and Reinsertion
SODECI	<i>Société de Distribution d'Eau de la Côte d'Ivoire</i>
SPIRUCI	<i>La Spiruline en Côte d'Ivoire</i>

TFU	therapeutic feeding unit
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHABITAT	United Nations Centre for Human Settlement
UNHAS	United Nations Humanitarian Air Services
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UNIDO	United Nations Industrial Development Organization
UNOCI	United Nations Operation in Côte d'Ivoire
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
VHF	very high frequency
VIF	<i>Vivre Informer et Fraterniser</i>
WANEP	West Africa Network for Peace Building
WFP	World Food Programme
WHO	World Health Organization
ZAR	Refugee reception area

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