

Côte d'Ivoire

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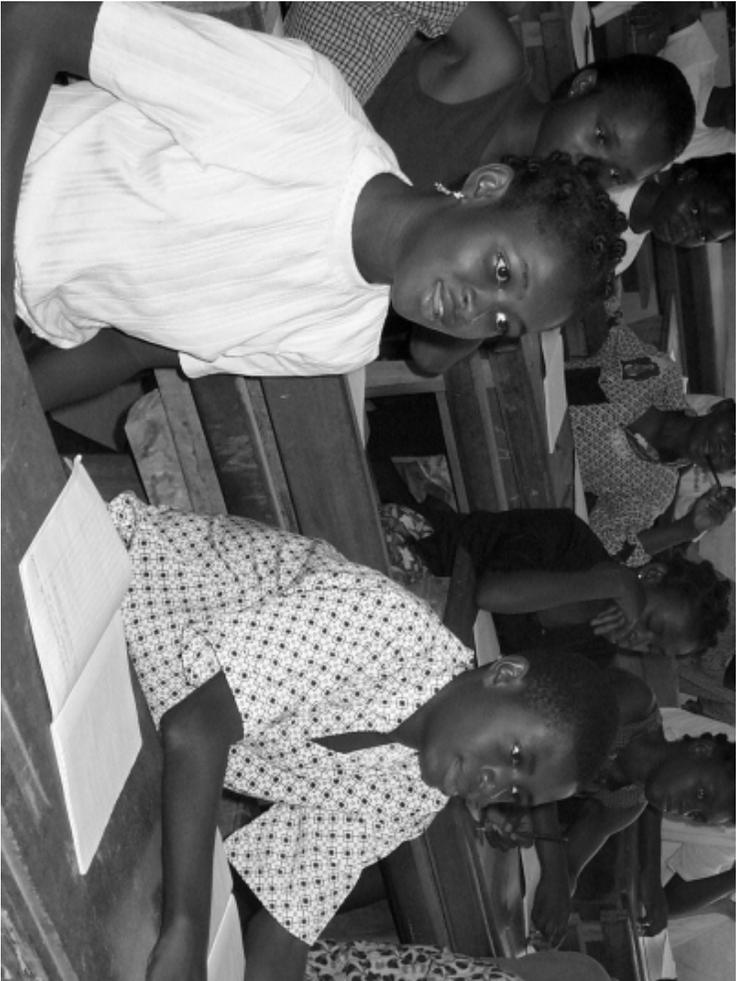
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Consolidated Appeals Process (CAP)



Côte d'Ivoire

2006



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Consolidated Appeals Process (CAP)



Consolidated Appeals Process (CAP)

The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies and standing invitees, i.e. the International Organization for Migration, the Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is to be presented to donors in July 2006.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on www.reliefweb.int/fts

In sum, the **CAP works to provide people in need the best available protection and assistance, on time.**

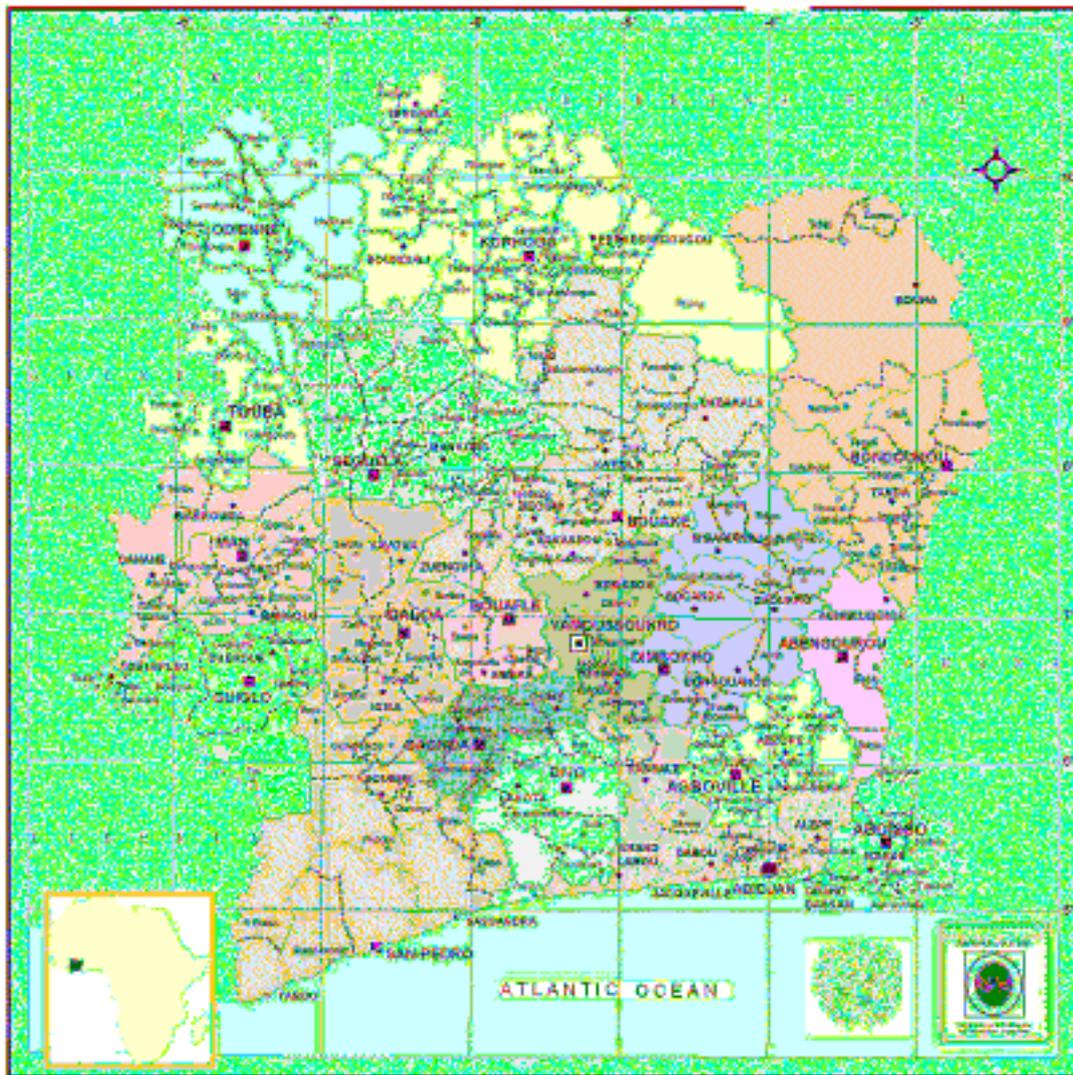
ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2006:

AARREC	CESVI	GSLG	OCHA	UNAIDS
AASAA	CHF1	HDO	OCPH	UNDP
ABS	CINS	HI	ODAG	UNDSS
Abt Associates	CIRID	HISAN - WEPA	OHCHR	UNESCO
ACF/ACH/AAH	CISV	Horn Relief	PARACOM	UNFPA
ACTED	CL	INTERSOS	PARC	UN-HABITAT
ADRA	CONCERN	IOM	PHG	UNHCR
Africare	COOPI	IRC	PMRS	UNICEF
AGROSPHERE	CORD	IRD	PRCS	UNIFEM
AHA	CPAR	IRIN	PSI	UNMAS
ANERA	CRS	JVSF	PU	UNODC
ARCI	CUAMM	MALAO	RFEP	UNRWA
ARM	CW	MCI	SADO	UPHB
AVSI	DCA	MDA	SC-UK	VETAID
CADI	DRC	MDM	SECADEV	VIA
CAM	EMSF	MENTOR	SFCG	VT
CARE	ERM	MERLIN	SNNC	WFP
CARITAS	EQUIP	NA	SOCADIDO	WHO
CCF	FAO	NNA	Solidarités	WVI
CCIJD	GAA (DWH)	NRC	SP	WR
CEMIR Int'l	GH	OA	STF	ZOARC
CENAP				

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ADMINISTRATIVE MAP



1. EXECUTIVE SUMMARY

In the last months of 2005, a series of diplomatic efforts aimed at finding a solution to the crisis in Côte d'Ivoire resulted in the endorsement of the extension of Laurent Gbagbo's mandate as Head of State. This outcome was reached through Resolution 1633 adopted by the United Nations Security Council on 13 October 2005. The Resolution focuses on the Disarmament, Demobilisation and Reinsertion (DDR) process, the redeployment of state administration in Forces Nouvelles (FN)-controlled areas, the reunification of the country and elections in October 2006.

On 4 December 2005, Mr. Charles Konan Banny was appointed Prime Minister and three weeks later he formed his new cabinet that included representatives of the Forces Nouvelles and other members of the opposition coalition. However, in spite of these and other positive developments in the first half of 2006, the political and security situation remain unstable and volatile and will be further discussed at the Seventh Ordinary Summit of Heads of State and Government of the African Union (AU) slated for 1-2 July 2006 in Banjul.

A well orchestrated attack by Young Patriots and pro-Gbagbo supporters in January 2006 against the UN Mission in Cote d'Ivoire (UNOCI) throughout the Government-controlled south and also against humanitarian organisations in the western zone of Guiglo deepened the protection crisis and raised concerns over the increasing trend of impunity. It is within this security environment characterised by poor law enforcement that ethnically driven violence -- often the expression of vested economic and/or political interests -- has flourished in the first half of the year, particularly in the west and in the Zone of Confidence (ZoC), leading to new, albeit limited, forced population displacements.

According to new findings of a baseline survey Survey conducted by Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) and UNFPA, Côte d'Ivoire, 2006. carried out in five regions and made public at the beginning of 2006, the total number of Internally Displaced Persons (IDPs) in Côte d'Ivoire is now estimated at 750,000. Less than 10% of IDPs live in transit camps, while more than 90% are hosted by families.

Access to public services and utilities (water and power supply, telecommunication systems, health and educational facilities, public sanitation services, etc.) has been severely affected as a result of this prolonged crisis, especially in FN-held areas, with ominous consequences for local populations. Lack of safe water, poor sanitation conditions and a weak epidemiological surveillance system remain serious challenges to ongoing humanitarian efforts to prevent the collapse of basic health services and contain outbreaks of diseases such as yellow fever, cholera and meningitis.

The education sector is another source of concern, particularly in light of the role of children and youth in public demonstrations. Challenges that need to be overcome include frequent strikes by teachers and professors in Government-controlled areas, the reluctance of teachers and school personnel in the south to return to FN-controlled zones and the demands of volunteer teachers in the north who replaced the certified staff to be incorporated into the civil service.

The successful redeployment of state administration nationwide is expected to help improve the access to basic services and hence contribute to reducing the vulnerability of populations exacerbated by deteriorating living conditions. This would also increase opportunities for early recovery and rehabilitation activities.

The situation in Côte d'Ivoire requires flexibility and a heightened state of preparedness to respond rapidly to the diverse needs. It is crucial that adequate resources are made available to capitalise on opportunities to save lives or rehabilitate communities for returning populations when feasible. Unfortunately donor response has not kept up with this trend. The 2006 CAP for Côte d'Ivoire originally appealed for a total of US\$¹ 40 million. The revised requirements are of \$43 million out of which 29% have been covered.

¹ All dollar figures in this document are United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2006 page.

2. CHANGES IN CONTEXT AND HUMANITARIAN CONSEQUENCES

Political context

The International Working Group (IWG) was set up in October 2005 to assist in implementing the United Nations Security Council (UNSC) resolution 1633 through the development of a road map and the monitoring of the overall peace process. Shortly thereafter, under the leadership of the Prime Minister, Charles Konan Banny, the Head of State, Laurent Gbagbo, the President of the *Parti Démocratique de Côte d'Ivoire* (PDCI, Democratic Party of Côte d'Ivoire)-*Rassemblement Démocratique Africain* (RDA), Henri Konan Bédié, the President of the *Rassemblement de Républicains* (RDR), Alassane Dramane Ouattara, and the Secretary General of the FN, Soro Kigbafori Guillaume, met together for the first time on national soil at Yamoussoukro to discuss the implementation of the road map. This meeting has been the single most significant step in recent months towards reviving a spirit of constructive dialogue and trust among opposing Ivorian leaders. Other key encouraging events include:

- The *Forces Nouvelles* leader Guillaume Soro returned to the Government on 15 March 2006, after nearly 18 months and is currently the second highest-ranking member of the new Government of National Reconciliation;
- The establishment of the Independent Electoral Commission on 8 March, 2006;
- The nomination of the President of the Parliamentary Group of the PDCI, General Gaston Ouassénan Koné to lead the national programme for disarmament (*Plan National de Désarmement, de Démobilisation et de Réinsertion/Réhabilitation Communautaire* (PNDDR-RC); – also backed by the *Forces Nouvelles* and opposition parties;
- The meeting in Yamoussoukro of the Chiefs of staff of the national armed forces (*Forces Armées Nationales de Côte d'Ivoire* (FANCI)) and the FN forces to discuss the Common Operation Plan for DDR;
- The successful organisation of the school exams for 2003-2004 and 2004-2005 academic years in zones under control of FN after intense humanitarian advocacy;
- The re-deployment of a significant number of civil servants to FN-controlled areas;
- The return of international UN humanitarian staff to the West (Toulepleu) to sustain relief activities in Guiglo after the violent destruction of premises and resources in January 2006;
- The return of UN troops to the west after their forced departure following the violent riots of January 2006.

This notwithstanding, many threats to the successful implementation of the peace process still loom ahead. Voting rights and access to crucial national identification documents were among the main factors propelling many northern-born soldiers to join the 2002 rebellion, however, with only five months to go before elections, the Government is yet to confirm the citizenship of an estimated 3.5 million Ivorians who do not have national documents, much less voting cards, and disarm tens of thousands of rebel and pro-Government fighters.

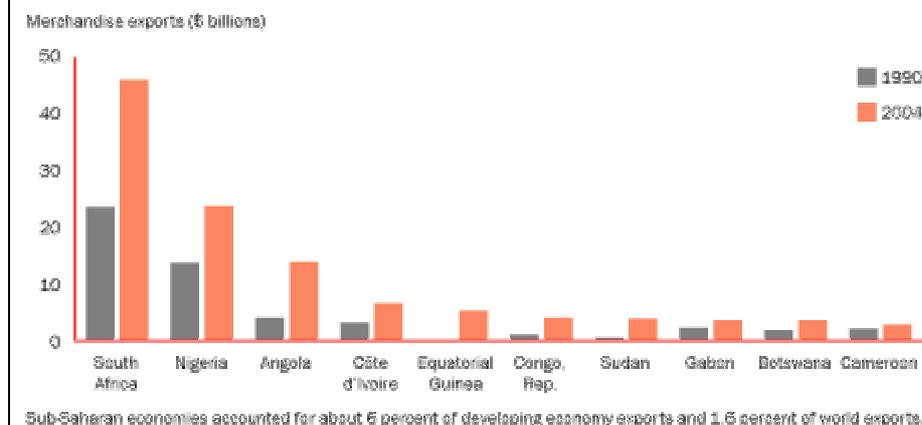
After a bitter debate, the opposing parties finally agreed on the Prime Minister's proposal to conduct the disarmament and the identification processes concomitantly. Pilot identification and disarmament exercises were undertaken concomitantly in seven locations at the end of May 2006 and while a final assessment on the outcomes has yet been made public, preliminary results are mixed. The pilot projects were carried out without major incidents but it has become clear that the completion of the identification process requires a much longer implementation timeframe that will affect the original election deadline.

Socio-economic context

Despite the crisis, Côte d'Ivoire ranks 4th among the top ten exporters in Sub-Saharan Africa, according to the World Bank.

Top 10 exporters in Sub-Saharan Africa in 2004

Merchandise exports (\$ billions)



Source: World Bank, World Development Indicators, 2006

However, agriculture - the foundation of the national economy - has declined up to 40% in the Zone of Confidence (source: World Food Programme (WFP)'s assessment on food security²) and there is a growing discontent among cocoa and cotton producers. Strikes and blockades have had a harsh impact on Côte d'Ivoire's already declining cocoa industry. Cocoa producers have gone on strike several times over non-payment of dues alleging that the Government is embezzling millions of dollars due to them. Rising global cocoa prices have masked drastic cuts in Côte d'Ivoire's output in recent years. According to the International Cocoa Organisation (ICCO), annual cocoa production fell by 10% in 2004/5 alone. In a related development, the International Labour Rights Fund (Washington, D.C.), a labour rights group, has criticized cocoa imports from Côte d'Ivoire because of documented child labour practices in the cocoa production sector.

The persistence of illegal economic activities concerning timber logging and the exploitation and commercialisation of diamonds and other natural resources in areas controlled by Forces Nouvelles also continue to be reported.

Security

Ethnically driven violence – often resulting from underlying land tenure conflicts - has continued unabated, particularly in the west and in the ZoC, leading to new, albeit limited, forced population displacements and hindering the return of those previously displaced. In many parts of the country, the number and seriousness of protection cases and human rights violations including assassinations, rapes, and other forms of violence and exploitation has not diminished.

In January 2006, protests against the decision of the IWG to confirm that the mandate of the National Assembly had expired on 16 December 2005, prompted pro-Gbagbo mobs to attack several offices and agencies of humanitarian organisations operating in Guiglo. As a result of these violent outbursts - that were openly supported by hate messages disseminated via radio and pamphlets - the offices, vehicles and installations of United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Office for the Coordination of Humanitarian Affairs (OCHA), International Organization for Migration (IOM), WFP, Food and Agriculture Organisation (FAO), Save the Children Fund (SCF), *Afrique Secours Assistance* (ASA), Caritas, *Solidarités* and *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ) were totally or partially destroyed, looted and/or burned. Significant relief stocks including healthcare supplies, food and non-food items were looted. Violent demonstrators and looters even sought out humanitarian workers in their own residences as stated in the hate messages. Following the deaths of four demonstrators while attempting to overrun the ONUCI compound, peacekeeping forces and humanitarians were evacuated. This episode

² Côte d'Ivoire: Profile des marchés pour les évaluations d'urgence de la sécurité alimentaire, WFP, janvier 2006

highlighted the serious difficulties faced by the peacekeeping mission in securing humanitarian workers and humanitarian access. In Abidjan, the entire population was hostage to the Young Patriots, who manned checkpoints and roadblocks preventing traffic for a period of four days while they maintained the *Opération des Nations Unies en Côte d'Ivoire* (ONUCI) headquarters under siege. Security remains a source of great concern for relief workers particularly in the Guiglo area and the Zone of Confidence.

Humanitarian consequences

The climate of lawlessness and inter-ethnic tensions has led to an increase of violence and human rights violations particularly in the west, where an increase of killings and missing persons have been reported since the beginning of the year. The January events stressed the limits of the mandate of the impartial forces (UNSC Resolution 1528) regarding the protection of civilians, which allows impartial forces to ensure the protection of civilians only "within their capabilities and areas of deployment". These limits remain particularly apparent in the highly volatile buffer "Zone of Confidence" which is under the direct control of the impartial forces and where in recent months a high number of inter-ethnic killings have led to new forced displacement of thousands of persons³.

Basic assistance to IDPs, refugees and vulnerable populations in Guiglo never ceased in the immediate aftermath of the January violence thanks to implementing partner organisations and national UN staff who maintained a presence in the area. This notwithstanding, resumption in the west of humanitarian assistance activities to pre-January '06 levels is still in progress. Humanitarian organisations have re-established their operational presence in Guiglo, and some have re-opened offices with international staff in Duekoué, not far from Guiglo due to security concerns. The January events have shown that if humanitarian actors depend exclusively on impartial forces for their own security, and are perceived as being too closely associated with ONUCI, it may prove eventually counterproductive to their ability to continue the provision of aid in a volatile environment. This concern has been voiced strongly by international humanitarian NGOs and has led to an ongoing debate on how best to preserve humanitarian space.

The protection of - and assistance to - IDPs and vulnerable populations is primarily a Government responsibility. During the absence of peacekeeping forces in the west, mainly National Defence and Security Forces ensured the security of about 14,000 IDPs and refugees in the camps at Guiglo. Stronger Government engagement on protection and humanitarian issues was solicited during the visit to Côte d'Ivoire of Under-Secretary-General (USG) for Humanitarian Affairs, Jan Egeland, in February 2006. In May, the Government demonstrated its engagement through activities aimed to assist and protect IDPs and vulnerable populations, restore confidence building and inter-community dialog. However, efforts aimed at enhancing Government coordination mechanisms with humanitarian actors to ensure timely response to future violations and challenges have thus far remained limited.

There is an open debate within the humanitarian and donor community on how best to address the protection needs of refugees in camps (Niela I & II), the so-called "foreign"/"allogène" displaced in transit camps (*Centre d'Accueil Temporaire des Déplacés* (CATD)) and the so-called "local"/"autochtone" displaced on the western Guiglo – Bolequin axis, and in other western areas (Guiglo, Duekoué and Bangolo). While some stakeholders advocate the closure of the camps in Guiglo, the repatriation of refugees and the relocation of IDPs, there is the need to ensure: (a) full humanitarian access in the entire west; (b) that the return process is carried out based on the Guiding Principles of Internal Displacement; (c) that adequate assistance is provided in their relocation areas; (d) that emergency assistance is combined with recovery/transition assistance measures in support of marginalized youth and pauperised hosting communities to avoid fuelling "wars among the poor" for control over limited resources; (e) that state administration is present to sustain access to basic services.

One of the main challenges in Côte d'Ivoire at present is to extend and diversify humanitarian responses to better address the needs of returning IDPs and host communities at a time when, each year, an additional 2% of the population is falling below the poverty line. According to a new baseline survey⁴ the total figure of IDPs in Côte d'Ivoire – originally believed to be close to 500,000 – is now estimated at 750,000 with less than 10% living in transit camps and more than 90% being hosted by

³ In case of a radical deterioration of security conditions in the country, the worst-case scenario jointly elaborated by humanitarian agencies and implementing partners forecasts an increased mass displacement of further 500 000 persons both within and outside the country.

⁴ Survey conducted by ENSEA and United Nations Population Fund (UNFPA), Côte d'Ivoire, 2006.

families. Each host family on average cares for about six IDPs, while about 30% of displaced children are not attending school.

The successful provision of “emergency” and “recovery” assistance led to reconciliation in Fengolo, a village in the Zone of Confidence, between the so-called “local” (Guéré) community and people considered as “foreigners” (Baoulè, Malinké, Lobi, Dioula, etc.). A series of concerted efforts were undertaken jointly by the humanitarian community and ONUCI to support the voluntary return of IDPs, the re-establishment of peaceful inter-community relationships and the resumption of normal life through the provision of security, the rehabilitation of houses, schools, water points and the implementation of activities aimed at strengthening social cohesion. This approach needs to be sustained.

The need to address the devastating “spill-over effects” of the massive presence of IDPs on vulnerable host families and on already fragile inter-ethnic relations is corroborated by a WFP needs assessment indicating that forced population displacements from conflict zones to more secure zones has led to a significant drop in the purchasing power of host families. Further, despite limited progress in some areas, the water crisis in the country remains a major problem. Côte d'Ivoire's utilities companies have supplied an estimated six million people in the north with free water and electricity resulting in the near halt of services and the collapse of infrastructure. In May 2006, Guiglo experienced power supply cuts for several days and its telephone communication network also collapsed. Concurrently, the telephone network of the entire region of Denguelé was out of service for two weeks contributing to nurture apprehension and increase social tensions. Similarly, the second biggest town in the country, Bouaké (about 600,000 inhabitants) remained without water supply for the whole month as a result of the breakdown of hydraulic pumps caused by lack of adequate maintenance. A grave humanitarian crisis was avoided thanks to the action of humanitarian agencies and organisations as well as ONUCI that supplied local health facilities, schools and public utility services with emergency water supplies and assisted in sanitising water sources. As a result also of persistent and concerted humanitarian advocacy, the hydraulic pumps were repaired at the beginning of June.

A joint Government/UNICEF and implementing partners project for the “Savanes Region” led to the rehabilitation of 68% of 700 damaged hydraulic water pumps. This notwithstanding, 65% of village water pumps (as against 35% before the crisis) are still out of service. At present, 1.5 million people in the north and west of the country have access to drinking water thanks to the action carried out by the International Committee of the Red Cross (ICRC) in support of 70 water purification plants. Sanitation is also a concern. Since the beginning of the crisis in 2002, waste in the town of Odiene has been collected only once. The situation is now a serious health hazard for the entire population of over 200,000 inhabitants.

In FN-controlled areas the absence of a great number of civil servants is seriously hindering the delivery of adequate services in key sectors (health, education, judiciary, etc.). Humanitarian action has prevented the total collapse of basic health and education services and has provided essential support to the existing epidemiological surveillance system. Thanks to the action of *Médecins Sans Frontières* (MSF)-Holland, World Health Organization (WHO), International Rescue Committee (IRC), UNICEF, health authorities and the ICRC, a cholera outbreak in Danané and Zouan Hounien in February 2006 was contained. In March a meningitis outbreak was reported in several locations in the centre, north and west of the country (Bouaké, Boundiali, Korhogo, Séguéla, Odiene and Ferkessedougou) while a meningitis epidemic officially reported in Tengrela between March and April, was controlled thanks to WHO, UNICEF and health authorities through targeted vaccinations campaigns. Further, the 11th national vaccination campaign against polio, aimed at about five million children below five years of age, was carried out during mid-May by WHO and health authorities. With the assistance of UNICEF, 517 Primary Health Centres out of 595 in 32 districts (i.e. 87%) servicing a local population of about seven million inhabitants are once again operational (in 2003 only 382 were still operating).

Between February and March 2006, a number of long overdue exams (*Certificat d'Etudes Primaires Élémentaires* (CEPE), *Brevet d'Etude du Premier Cycle* (BEPC) and *Baccalauréat*) for two academic years (2003-2004 and 2004-2005) were finally organised in the Centre, North and West of the country. The objective of this historic step was to give a chance to more than 90,000 children and adolescents to continue their studies. Only 60% of targeted pupils and students participated in the exams. Poor attendance was due to a number of factors, including the fact that in some places students were not informed in time. This successful operation was financially supported by the European Union and was

made possible as a result of vigorous humanitarian advocacy and joint efforts by authorities, UN agencies, international NGOs (IRC and SCF), and the impartial forces (ONUCI including the UN Police (UNPOL) and the French *Licorne* peacekeeping forces).

3. COMMON HUMANITARIAN ACTION PLAN

3.1 IMPACT OF THE LACK OF FUNDING ON HUMANITARIAN PROGRAMMES

As of 23 June 2006, the FTS reported that the CAP 2006 received only 31% (\$12,503,096) of the required funds (\$40,534,324), which means that projects submitted through the CAP are seriously under-funded. This low level of funding has a serious impact on humanitarian programmes and activities. Key under-funded sectors include:

Education

Of \$5,626,964 required, 7% has been funded. Five projects related to the rehabilitation of educational infrastructure and school equipment, the reintegration of children associated with Armed Forces into school, education on peace, tolerance and sensitisation campaigns on the return to school, are not being implemented. Presently, UNICEF is funded only at 8-10% (\$367,994 of \$4,347,598 requested).

Health

Only 2% of the \$10.2 million required has been allocated partly as a consequence of more accurate figures now available on IDP estimates (750,000 instead of 500,000). With the expected increase in population displacements resulting either from IDPs returning to their home villages or from new displacements following further violence, humanitarian needs are bound to increase. Reinforcing the humanitarian response during the next six months will help to improve the control of contagious diseases as well as access to quality health care. Two health projects - CIV-06/H09 and CIV-06/H10 - need financial contributions to improve the collection and dissemination of health data to enhance joint humanitarian responses.

Water and sanitation

0% funded, and as a result, two UNICEF projects are on stand by lack of funding of the partnership programme for the rapid rehabilitation of hydraulic pumps and support to village committees will negatively impact on the provision of safe water to vulnerable rural communities especially in the north and west and will also negatively impact on the well-being and health situation of vulnerable groups. UNICEF will be receiving European Union (EU) funding, outside of the CAP, to repair water pumps and address needs arising from current water shortages.

In general, according to FTS, appealing organisations have not been funded above 20%, with the exception of FAO (74%) and UNHCR (44%). Other agencies (e.g. UNFPA, United Nations Educational, Scientific and Cultural Organization (UNESCO) and *Enfance Meurtrie Sans Frontières* [EMSF]) have thus received far 0% of requested funds which is seriously threatening the ability to respond in a comprehensive fashion to identified needs.

3.2 SCENARIO

Most likely scenario

Political improvements in the first half of 2006 have not directly translated into substantive improvements in security, law enforcement and, ultimately, of the humanitarian situation. Despite progress being made in a number of areas, a real breakthrough is yet to come and the success of the implementation of the peace process is still subject to great uncertainties. Moreover, the events of January 2006 in Guiglo and Abidjan were considered of less significance if compared to the events in November 2004 that were extremely damaging. As a result, and upon agreement with partners, the most likely scenario presented in the CAP 2006 was retained for the Mid-Year Review (MYR) 2006.

The most likely scenario, "Slow implementation of the peace process, instability coupled with violence with in its wake a deepening of the humanitarian situation" takes into account the high probability that elections scheduled for October 2006 will be postponed. This fact considerably impedes the progress towards the end of the crisis and further accentuates the vulnerability of already affected populations, notably in terms of access to basic social services and human security.

Key assumptions

- Failure to hold elections in October 2006;
- Increased insecurity;
- Political instability.

Trigger events

- Non-implementation of some provisions of the prevailing peace agreements;
- Lack of transparency regarding the pre-cantonment of ex-combatants on both sides;
- Hate messages disseminated through mass media.

Affected groups

- All vulnerable groups will be affected.

Humanitarian implications

- Difficulty of reinstating state functions (security, education, health with increased risks of epidemic outbreaks) in FN-controlled areas;
- Population movements within and outside of the country;
- Sudden acute impoverishment of households;
- Difficulties of tilling, cropping and harvesting (increased food insecurity, decline in agricultural production);
- Worsening of the living conditions of the populations in general and of the vulnerable groups in particular.

3.3 STRATEGIC PRIORITIES AND PLANNING

The strategy defined in the CHAP 2006 facilitated the accomplishment of the following objectives:

- Immediate relocation of humanitarian agencies following the destruction and looting of their offices in Guiglo, avoiding interruption of assistance to the most vulnerable population in the West;
- Close collaboration with the Prime Minister's Office, establishment of a humanitarian national committee and designation of a Focal Point for humanitarian issues within the Prime Minister (PM)'s Office;
- Strengthen coordination mechanisms and advocacy strategies, through the creation of consultation and action platforms, particularly on critical issues that demand immediate responses such as on the implementation of school exams, the water shortage in Bouaké and the avian Flu outbreak in the country;
- To foster stronger accountability and commitment from relevant agencies and partners to cover the current gaps in the response, the cluster approach is being applied to the protection/IDPs and early recovery sectors with UNHCR and UNDP taking the lead for the protection/IDP and the early recovery clusters, respectively.

During the next six months, the strategic objectives will be primarily focused on

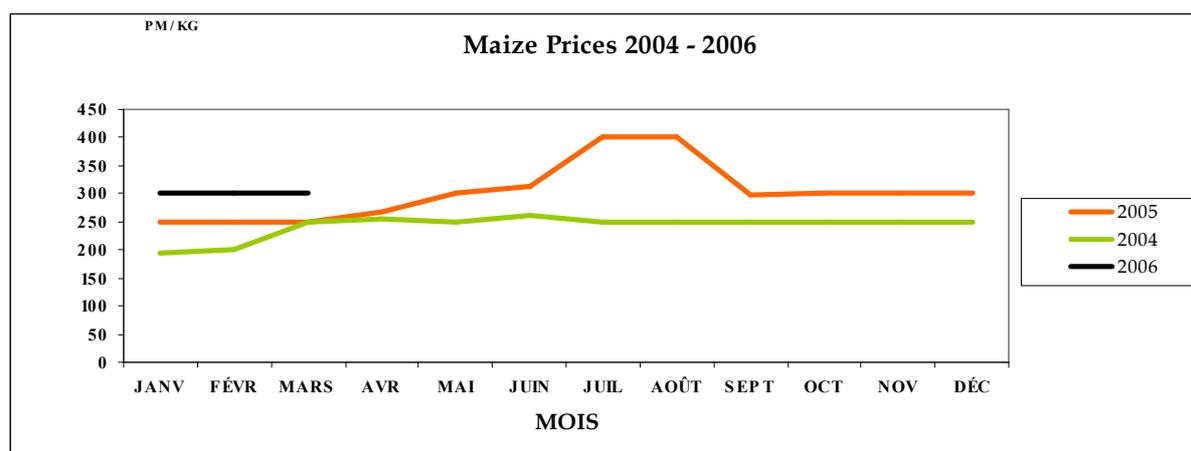
- Continued advocacy activities towards the Government, political actors and civil society for the respect of international legal standards and humanitarian law as well as respect for human rights;
- Supporting the formulation of a comprehensive national policy for the protection of and assistance to civilian populations including IDPs, host communities as well as those returning where possible;
- Continue to encourage the voluntary repatriation of Liberian refugees to their country of origin.
- Strengthen humanitarian coordination mechanisms with national and local authorities, and provide technical assistance as and if needed to consolidate the establishment of the National Humanitarian Committee;
- Reinforce operational capacities and activities of international humanitarian partners in the area of protection, including in the areas of inter- and intra-ethnic violence and impunity, sexual and gender based violence, internal displacement and child protection, with a special focus on the DDR/Child Soldiers/Children Associated With Fighting Forces (CAFF) process;
- Continue to advocate and provide humanitarian assistance to enhance access to health care, education, potable water and food security, particularly in the north and west;
- Strengthen Sexually Transmitted Infection (STI) and Human Immuno-deficiency Virus (HIV) control and promote HIV/Acquired Immuno-Deficiency Syndrome (AIDS) prevention;
- Continue to implement the Humanitarian reform by establishing clusters in other critical areas.

4. RESPONSE PLAN

4.1 AGRICULTURE

a) Context

The west has been affected by security incidents that have displaced the population particularly along the Bangolo-Dieuzon axis as well as the harassment of civilians by members of the armed forces, which has increased in the Sangouiné area and along the Danané-Sipilou axis. Insecurity is affecting the rural population living in the zone of confidence and their production levels. Even though higher cocoa and coffee prices contributed to an increase of farmer revenues in the West, the poorer strata of the rural population (subsistence farmers with reduced cash crop surfaces, and limited assets or savings) are still negatively affected by the general reduction of revenue sources. This situation is forcing vulnerable households to adopt unsustainable coping strategies, such as the sale of assets, contracting debts, selling charcoal etc.



In the West yields have been low due to poor rainfall at the beginning of the farming season and some dry spells in September. The harvest exerted only a limited downward push on peak prices reached by cereals: *Francs Communauté Financière Africaine* (CFA) 200 (\$0,36) per kg for maize and *Francs CFA* 250 (\$0,45) per kg of local rice. In December the prices of cereals were already on the rise and remained significantly higher than during the lean season of 2005. In the north and north-west, cotton farmers faced decreasing prices for cotton as well as increasing prices of agricultural inputs. The cashew nut harvest has been lower in 2006 than in 2005, thus depriving farmers of an important source of revenues. The outbreak of avian influenza in Abidjan also causes concerns as the spread of this disease could affect many households, due to the resulting weakening demand, low prices for poultry and the need to eliminate the infected animals. With more than 30 million animals and an \$80 million turnover, the poultry sector is providing an important contribution to household incomes and to the national economy.

Apart from some commodities such as oil and dry fish in the north, the markets were well supplied during the first trimester of 2006. However prices of basic cereals such as maize and rice have increased mainly due to poor harvest, high demand of cereals in the Sahelian countries and an increase of transport costs. The rising prices of basic food commodities have reduced access to food for the poorest sections of the population.

b) Progress to date

To support agricultural production, FAO and WFP have assisted 19,600 vulnerable households in the west, north-west and north of the country. In addition, the ICRC has also supported 2,500 households in Korhogo. To prevent farmers from consuming the seeds and to support them during the farming season WFP is providing three-month food rations that ensure 1,930 kcal per person per day. FAO has been assisting the national veterinary services in the prevention and control of the avian influenza outbreak, by providing technical and material support totalling some \$750,000.

During the first five months of 2006, WFP distributed 10,300 MT of mixed commodities to beneficiaries, including 538,000 children in its School Feeding Programme carried out in co-operation with the *Direction Nationale des Cantines Scolaires* (DNC). Furthermore, WFP assisted the following categories: 6,800 IDPs and 8,500 refugees in camps; 3,200 vulnerable households during the lean

season; 19,600 households in the context of the agricultural programmes; 4,700 households participating in Food-For-Work (FFW) and Food-For-Training (FFT) programmes; 42,000 beneficiaries in the vulnerable groups category, including malnourished children, HIV/AIDS affected persons, orphans and vulnerable children.

Challenges

- The definition of food aid needs and agricultural support for the lean season and post harvest periods;
- Support for families with a malnourished member;
- Support for seed producers in order to restart local production and marketing of vegetables;
- Support to income diversification of vulnerable households;
- Follow-up and assistance to the return of refugees;
- Prevention and control of avian influenza outbreaks;
- Monitoring and follow-up of household food security and vulnerability status;
- Improved co-ordination of stakeholders in the food security sector particularly with regards to the results and impact of programmes, identification of vulnerable groups.

New objectives

- In-depth analysis of the food security and vulnerability situation nationwide before the end of the year;
- Definition of needs in terms of food aid and agricultural support for the 2007/2008 *biennium*;
- WFP assistance to 730,000 beneficiaries during the second part of 2006 including 543,000 children through School Feeding; 6,800 IDPs and 1,500 refugees in camps; 11,000 vulnerable households during the lean season; 12,000 households through FFW and FFT; 49,000 beneficiaries in the vulnerable groups category;
- FAO support to some 10,000 households (50,000 beneficiaries) during the second part of 2006 as well as to efforts regarding the prevention and control of avian influenza and other animal infectious diseases;
- FAO support for the rehabilitation of small animal production in war-affected areas as well as households with malnourished children and reinforcing community based seeds production networks;
- FAO will reinforce income-generating activities of vulnerable households improving social cohesion.

4.2 COORDINATION AND SUPPORT SERVICES

a) Context

Following the outbreak of violence unleashed in January 2006 against the UNOCI, UN agencies and other humanitarian organisations in Guiglo - resulting in about \$3,000,000 worth of destruction and losses - humanitarian actors in the west have faced increased operational constraints.

b) Progress made

Joint humanitarian monitoring, coordination and response mechanisms have been strengthened. Two baseline surveys were carried out, the first, to assess and evaluate the Inter-Agency Humanitarian Coordination Committee's (IAHCC) performance and the second, to collect and review inputs from International NGOs (INGOs) on joint coordination efforts. IAHCC participation has been expanded to include representatives of all international humanitarian NGOs operating in Côte d'Ivoire and in addition to monthly meetings with donors, quarterly IAHCC meetings with non IAHCC members (the Special Representative of the UN Secretary General (SRSG), the UN Force Commander and the General of the French *Licorne* Forces) are also being held to discuss issues of common concern.

OCHA's Information Management Unit for Côte d'Ivoire was reinforced with the deployment of a manager at the beginning of 2006. In addition to already available information products, a new monthly humanitarian situation report is being circulated; in-depth thematic papers on priority humanitarian issues (the water crisis in the north and in Bouaké, the situation of schools in the *Forces Nouvelles* areas, the return of IDPs to Fengolo, the humanitarian situation in Tabou, among others) have been produced; an improved electronic system for filing/retrieving documents collected by OCHA has been established and an enhanced OCHA website is about to be launched.

A new OCHA antenna, part of an inter-agency office, has been established at Odienne, in Denguele, a poorly developed northern-western region of crucial importance for early warning and preparedness (i.e. monitoring potential risks concerning potential cross-border spill-over effects and providing operational support for the implementation of related contingency activities), while addressing emerging humanitarian needs. In the West, the Man Sub office was strengthened with one international staff in February 2006, and Guiglo staffs were temporarily deployed to Man. Following the destruction in Guiglo, a new OCHA Office was established at Duekoué, to support field coordination mechanisms for humanitarian partners in the west.

Advocacy activities have been boosted through periodic humanitarian press conferences called for by the Humanitarian Coordinator. Positive outcomes facilitated by joint humanitarian advocacy action include: the organisation of exams in rebel-held areas, the establishment by the Government of a National Emergency Water and Sanitation Coordination Committee and of a National Humanitarian Coordination Committee, the temporary freeze of a municipal plan in Abidjan to bulldoze another shanty town that would have resulted in the displacement of 450 families.

c) Challenges / new objectives

Despite the violence unleashed in January, OCHA continues to provide information and coordination assistance through its Abidjan office and its sub-offices. The constraints and delays encountered in implementing the Disarmament, Demobilisation and Reinsertion exercise and the identification of Ivorian nationals might lead to renewed violence against UN and humanitarian organisations. Should this happen, OCHA may require additional resources to sustain quality information and assistance. Strengthened joint humanitarian action will also be needed to: (a) support the Government humanitarian engagement; (b) plan and implement on a more effective and comprehensive way a strategy in support of the protection and voluntary return of IDPs; (c) start addressing the needs of vulnerable families hosting for the third year about 90% of the 700,000 IDPs in the country.

d) New indicators

The indicators remain unchanged. However, due to financial constraints and the need to restructure OCHA field presence in the west following the destruction of the Guiglo office, the original indicator concerning the opening of a new OCHA sub-office at Bouna has been scrapped.

e) Participating Organisations

In addition to the usual partners, the coordination efforts will continue to better involve Government and local counterparts.

4.3 EDUCATION

UNICEF, which has the lead in Education, describes progress and objectives within this sector as follows:

a) Context

The socio political crisis continues to negatively affect the education sector, both in Government and in non-Government controlled areas. However, the consequences on the quality and quantity of education services provided differ from one region to another. In Government zones, children progressively returned to school from mid-October 2005 onwards but a lack of revenue in the families and the parents' fear of political problems by the end of October (end of presidential mandate and possibly new elections) discouraged them from investing in school fees and contributed to delayed school enrolment. Parents of children in FN-controlled zones regained hope for an improvement of the situation following the announcement by the Ministry of National Education of the reestablishment of national exams in FN-zones and the universal commencement of the 2005-2006 school year nationwide.

From November 2005 to January 2006 UNICEF led a back to school campaign for children in the entire country, with a special emphasis on girls. An increased effort had to be made to convince parents who had been discouraged by the postponement of school exams in the non-Government zone and by the fact that most teachers in these zones are volunteers. The collaboration among national and international partners regarding the organisation of exams in the non-Government zones not only reactivated the education sector, but also created a new impulse by placing the education issues at the centre of the socio political debate in Côte d'Ivoire.

b) Progress made

With the national exams taking place and the back to school campaign being a success, the situation progressed significantly, in particular in the central and north-western part of the country: 1,904 schools were open compared to 815 before the campaign, and the enrolment numbers increased by 125%. During the first five months of 2006, WFP distributed a daily school meal to 538,000 children through its School Feeding Programme, carried out in co-operation with the DNC.

c) Challenges/new objectives

To sustain the positive effects of the campaign, specific needs have to be met in the short term: Accelerated return of teachers and school personnel to FN-controlled zones; Rehabilitation of school infrastructures; Provide access to education to marginalized children (children associated to the armed conflict, children affected and made vulnerable by the crisis) through alternative systems (compensatory education, non formal education). To meet these requirements, the thematic working group on Education will structure its activities according to three main strategies: Strengthen the coordination of activities among all partners; Define the role of the Education Working Group in supporting the school rehabilitation committee; Preparation activities for the next back to school campaign while WFP will provide a daily school meal to 543,000 children.

d) New indicators

Number of schools reopened in the central and north-west zone (with effective presence of qualified teachers); Number of children (boys, girls) enrolled or reenrolled in school; Number of schools rehabilitated

Participating Organisations

- FAO, WFP, UNFPA, UNDP, UNICEF;
- SCF, *Solidarités*;
- EU.

4.4 HEALTH

a) Context

- Health professionals affected nationwide and barely present;
- Weak performances of routine Expanded Programme of Immunisation (EPI) nationwide;
- Yellow Fever epidemic in Bouna; High incidence of Meningitis cases in Seguela, Korhogo, Bouake, Boundiali and Tengrela. Epidemic declared in Tengrela; Bird flu detected in Abidjan in May 2006. No human cases reported yet;
- Lack of services on HIV prevention and care, and safe motherhood for the most vulnerable population.

b) Progress made

Out of the \$450,000 requested from the CAP 2006, no funds have been received for the surveillance of epidemic diseases and the early warning system. Consequently, only 20% of the programme activities have been implemented with resources from WHO's regular budget. Support to routine vaccine activities has been provided to the Ministry of Health (MoH) in collaboration with other health partners and an epidemiologist has been maintained in Bouaké to collect and share health information and enhance local capacity through training and distribution of health kits. In addition, no funds (\$889,520) were received through the CAP to reduce morbidity and mortality due to communicable and epidemic prone diseases and WHO was once again compelled to limit itself to minimal activities including the provision of drugs and training of staff.

Resources are urgently required for these actions which are critical to improve the health system and provide a clear picture of the epidemiological situation which will enable partners to better target their actions. Meanwhile, WHO contributes to health sector coordination and provides guidance on key health actions and has supplied Health Emergency Kits (covering basic health needs of 10,000 people for three months), Cholera kits and Surgical Kits (providing 100 operation consumables for 10 days) to health facilities through the Ministry of Health. As part of preparedness measures, WHO has also helped the MoH to assess its capacity to respond to a potential refugee influx and has established a standby team of experts in logistics, epidemiology and public health. WHO has also collected, analysed, and disseminated available health data to partners and has maintained its sub office in Bouake to support the north and west. A new sub office will be opened in Guiglo. WHO has used its own emergency funds to initiate activities in the north and western parts of the country. WHO

received \$200,000 from the Central Emergency Response Fund (CERF) grant given to support humanitarian operations in the west. This will enable WHO to support health partners and help improve the epidemiological health surveillance and surge locally health capacity in the area.

Also during this period, 156,235 persons, i.e. 89% of the target population were vaccinated against Yellow fever in Bouna and Bondoukou with support from European Commission Humanitarian Aid office (ECHO). While similar levels of coverage were attained with regards to meningitis in municipalities in the affected districts Seguela (12,139 (95%) persons aged over two years), Korhogo (9,213 (85%) persons over two years), Bouake (4,989 school age children), Boundiali (10,451, or 52% people over two years). In addition, a round of polio NIDs was completed from 12-15 May nationwide as part of efforts to eradicate polio. While the surveillance system is improving, efforts have to be made to detect cases within the set time frame (i.e. 14 days after onset). UNICEF has led the above efforts and has supported routine EPI, integrated with the supplementation of vitamin A, malaria prevention, deworming, and iron supplementation in 38 of 79 health districts. UNICEF has also supported the training of six health district directors, three physicians, 47 nurses and 28 midwives on pre-natal care in the districts of Bouake, Beoumi, Sakassou and Korhogo. They also supported training for 170 health workers on the detection and management of malnourished children in the district of Korhogo. This will help improve the detection rates, at present UNICEF has detected 118 (5%) moderately malnourished children and 33 (1.4%) severe malnourished children out of 2316 surveyed while WFP has provided food for nutritional and livelihood support to 32,000 Persons Living With HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC) affected by HIV/AIDS and their host families. To strengthen local capacity, UNFPA has provided Reproductive Health kits and supplies to approximately 455 health facilities in 49 districts using its country programme and emergency funds. UNFPA is also going to open a sub-office in Bouake to focus on the surrounding regions. UNFPA and ENSEA have also completed an IDP survey that indicates that the new number of IDPs is 709,377.

c) Challenges/new objectives

Many health facilities continue to work are still working without qualified staff and with inappropriate equipment. Most medical staff are unable to go to work due to insecurity and/or lack of functioning public transportation systems. Public health programmes have been implemented to contain or eradicate measles, yellow fever and meningitis but essential drugs are out of stock in some locations despite the provision by UN organisations including WHO and UNFPA of drugs and basic equipment.

Limited and unsafe access to water contributed to the increased risk of communicable diseases, as well as the very weak surveillance system, which WHO is trying to improve. Suspensions in electricity in the North have endangered the cold chain essential for proper vaccine storage while cases of Cholera, Yellow Fever and meningitis have been reported in the West and North. WHO has made efforts to improve the early detection of the above-mentioned diseases but more needs to be done. Further, UNFPA urgently needs to refurbish maternity wards and health facilities with basic Reproductive Health (RH) supplies and train health care providers on Emergency Obstetric Care to reduce maternal and infant mortality in the most affected areas (especially in the North).

Core challenges include:

- Continued weak performance of health district management teams and health and nutrition services;
- Weak utilisation of health care services and poor community participation in health promotion;
- Village health workers lack transportation for community mobilisation;
- Frequent breaks in stock of vaccines, injection materials and essential drugs;
- Poor quality and accuracy of routine EPI data and their transmission;
- Poor active surveillance of EPI targeted diseases;
- Slow implementation of the new protocol for malaria treatment by health workers and communities;
- The population ignores that chloroquine is no longer effective;
- Insufficiency of long-lasting insecticide treated nets;
- Poor malnutrition management capacity of health workers and community members;
- Insufficiency in supply of materials and capacity for emergency obstetric and neonatal care.

Objectives

Within the overall goal of reducing avoidable loss of human lives, WHO will focus on reducing health risks originating from the outbreak of communicable diseases and reduced access to functional health care services? This has a subregional dimension integrating cross-border actions implemented by six

WHO country offices in Liberia, Ghana, Ivory Coast, Burkina Faso, Guinea and Mali. In light of the volatile political and security situation in Cote d'Ivoire WHO will continue to lead joint rapid health assessments; reinforce the Early Warning and Alert Response Surveillance (EWARS); collect and disseminate health data; supply and stockpile essential health items; ensure key health institutions are operational; maintain a health coordination mechanism involving MoH and partners; and, strengthen the capacity of the national health system. In addition, UNICEF will focus on improving the integrated service delivery for preventive, curative and promotional health services to increase preventive care for children and pregnant women in at least 60% of 38 districts and improve the quality of malaria and malnutrition treatment in health centres in these districts. UNICEF will also maintain technical support at district level. To complement these activities, WFP will support the nutritional status and livelihoods of 38,000 PLWHAs and OVCs affected by HIV/AIDS and their host families while UNFPA will provide emergency Reproductive Health services in FN controlled areas, including education/ awareness on HIV prevention and STI treatment, and assist in providing medical and psychosocial support to victims of violence (namely women and children), especially in the Western regions.

d) New indicators

- Vaccination coverage of children under one year of age (Diphtheria, Tetanus, Pertussis (DTP)-HepB3);
- Insecticide Treated Nets distribution rate to pregnant women and children under one;
- Percentage of health staff trained in malaria treatment;
- Percentage of health staff trained in malnutrition treatment;
- Percentage of health centres received new malaria treatment;
- Percentage of health centres received Reproductive Health services, including equipment and supplies;
- Percentage of health staff trained in Emergency Obstetric Care.

Participating Organisations

- UNICEF, WHO, UNFPA, WFP and Local NGOs.

4.5 MULTI SECTOR

a) Context

- Improved socio-political and security conditions in Liberia have prompted the voluntary repatriation of 15,000 Liberian refugees with the support of UNHCR;
- Crisis in Côte d'Ivoire still unresolved with serious socio-economic implications for refugees particularly those in urban centres;
- Volatile security environment in western Côte d'Ivoire, where most refugees reside affects the security and well-being of the population as well as the civilian and humanitarian character of the settlement sites.

b) Progress made

- Voluntary repatriation of Liberian refugees continued at a reduced pace. So far 15,196 Liberian refugees have been assisted to repatriate and close to 18,000 refugees have returned to Liberia spontaneously since September 2004;
- Protection and material assistance are being provided to some 6,000 Liberian refugees in Nicla camp and 2,600 refugees in the Tabou transit centre and 1,800 urban refugees of different nationalities;
- This assistance is gradually being phased out to promote voluntary repatriation;
- Refugee status determination is being carried out for about 2,000 asylum-seekers.

c) Challenges/new objectives

- Liberian refugees who do not opt to return home will have to be integrated into ivorian villages and urban centres. UNHCR has finalised arrangements with ivorian authorities to facilitate this integration by providing individual packages and support to local structures that will help under a community-based approach. Refugees will also be informed of the legal provisions on citizenship should they consider applying for the ivorian nationality. By the end of 2006, the Nicla refugee camp and the Tabou transit centre will have been closed;
- Continue protection and assistance to urban refugees in a declining economic environment in which employment opportunities are scarce and income-generating activities lack adequate markets;

- Accelerate voluntary repatriation of Liberian refugees in safety and dignity in line with the regional multi-year plan.
- d) **New indicators**
- Number of Liberian refugees repatriating to Liberia;
 - Number of Liberian refugees integrating in villages;
 - Number of urban refugees reaching a certain level of self-sufficiency.

4.6 PROTECTION

a) Progress Made

1. Increased awareness amongst national and international partners on key protection challenges through the Protection Network and advocacy on key protection concerns, including inter- and intra-ethnic violence and impunity, sexual and gender based violence, internal displacement and child protection, priorities include the DDR of Child Soldiers and CAFF and keeping an accurate map of the response;
2. The Creation of two protection platforms (the Child Protection Forum and the IDP Protection Cluster) in addition to the Protection Network and the Protection Sectoral Group coordinated respectively by OCHA and UNOCI Human Rights section allows a greater focus on the operational input in these two sectors;
3. *Forces Armées des FN* (FAFN) Action Plan on DDR for Child Soldiers/CAFF submitted to UNOCI and UNICEF (10/05), as well as a list of 20 FAFN Child Protection Focal Points (03/06), who were trained on child protection in Bouaké by UNICEF, Save the Children UK (SC-UK) and ONUCI (04/06);
4. Study on assistance and protection needs of IDPs and host families in five priority zones (Abidjan, Yamoussoukro, Tabou, Duékoué, Toulepleu) conducted by UNFPA and ENSEA published (05/06) and serving as a basis for response and more detailed research on individual assistance and protection needs of IDPs and return possibilities;
5. Return of IDPs facilitated to a number of locations in the west (zone of Fengolo) on the basis of the Guiding Principles on Internal Displacement, including measures on social cohesion and reconciliation;
6. Action Plan developed by UNFPA, ONUCI, Department of Peacekeeping Operations (DPKO), United Nations Programme on HIV/AIDS (UNAIDS) and partners, on HIV prevention among ex combatants during DDR;
7. Initiated process with Government on the formulation of a national IDP policy following the visit of the Representative of the Secretary-General (RSG) on IDPs to Côte d'Ivoire and the Economic Community of West African States (ECOWAS)/High Commissioner for Refugees (HCR) Conference on IDPs in Abuja (April 2006).

b) Challenges

1. Political environment not conducive for progress in protection, with root causes of conflict unresolved and increase of manipulation of aggressions directed against specific ethnic groups in climate of impunity;
2. Need to increase capacities for the collection, analysis and management of detailed information on protection needs of the population and in particular children and IDPs;
3. Insufficient operational capacities to respond to the protection needs of the population amongst international humanitarian actors.

c) Objectives and priorities

1. Continue advocacy efforts with the Government with regard to the full respect of international human rights and humanitarian law standards, including the Guiding Principles on Internal Displacement;
2. Increase capacities amongst international partners to collect information and assess the protection needs of populations, particularly children and IDPs;
3. Advocate for the increase of operational capacities of international humanitarian partners, in particular in the area of IDPs, with the participation of the RSG on IDPs as well as OCHA;
4. Implement advocacy actions aimed at strengthening the mandate of UNOCI concerning the protection of civilians, especially in the ZoC and increasing ONUCI's capacity to provide enhanced security especially in the ZoC.

d) Indicators

1. Trends and types of violations of human rights and humanitarian law;
2. State, administrative, local and *de facto* authorities act in full respect of international law standards and, where applicable, based on the rule of law;
3. Number of IDPs returned or resettled, durable solutions provided and number of newly displaced;
4. Number of Child Soldiers and CAFFs disarmed, demobilised and reintegrated and number of new Child Soldiers and CAFFs;
5. Adequate response to physical security needs of civilian population provided by UNOCI, as well as full access to civilian populations by humanitarian agencies;
6. Number of ex combatants received RH/HIV services during demobilisation and initial reinsertion phases.

Participating Organisations

- OCHA initiated the establishment of a protection network which was approved by the (IAHCC) on 21 June 2005. Members include UNICEF, UNHCR, WFP, UNFPA, FAO, IOM, SC-UK, SCF-Sweden, IRC, Care and UNOCI (Human Rights Division, Child Protection Adviser and Gender Adviser), as well as ICRC as an observer;
- In February 2006 a sub-group on child protection ("**Child Protection Forum**") was created and members include UNICEF, Save the Children Sweden, Save the Children UK, IRC and ICRC as an observer;
- In April 2006 and in accordance with the humanitarian reform process, an "**IDP Protection Cluster**" was created under the leadership of UNHCR and members include UNHCR, UNICEF, OCHA, UNOCI, IOM, IRC, SC-UK and SCF-Sweden, Search For Common Ground (SFCG) and CARE.

4.7 SECURITY

a) Context

The security situation is still very volatile. Several positive developments have had a positive impact on general security conditions but on the other hand, disturbing signs seem to indicate that, in recent months, violence against the UN has acquired a new "low intensity" - more sporadic, unpredictable yet still potentially highly devastating - nature (e.g. on 28 April 2006 a UN bus carrying UN staff was assaulted by militants close to the Young Patriot premises and burnt down).

A worrisome increase in inter-ethnic violence outbreaks often linked to land tenure (land exploitation rights/deeds, access to land, local customary law, etc.) has also been reported. In the last couple of months inter-ethnic killings have regained notoriety in the south (e.g. Tabou) as well as in the ZoC (e.g. at Diouzon near Bangolo) leaving dozens of people dead or wounded.

The pace at which the implementation of identification and disarmament policies will evolve will ultimately determine future security threat levels rather significantly. UN agencies have fielded international staff in Duekoue that "shuttle" to Guiglo to manage relief operations in response to continued security concerns.

b) Progress made

The Department of Safety and Security (DSS) has established an Integrated Security System (ISS) combining UN agencies and ONUCI security systems in Côte d'Ivoire. The former Field Security Coordination Officer (FSCO) - previously operating in support only of UN agencies and reporting to the Security Management Team (SMT) of UN agencies chaired by the Resident Coordinator (RC)/Humanitarian Coordinator (HC) - has been nominated by the SRSG as Chief Security Advisor (CSA) of the new ISS. As a result, a new integrated SMT comprising UN agencies and ONUCI senior management has been established under the chairmanship of the Designated Official (SRSG) and meets on a weekly basis to share information on security and formulate related policies. Four INGOs have subscribed an agreement under the former security system of the UN agencies to benefit from increased information sharing and assistance concerning staff evacuation.

c) Challenges/new objectives

There is still work to be done to achieve the full integration of the UN security system at operational level particularly with regards to the management of assets and the coverage of services. The ISS aims for instance at establishing joint radio communication rooms servicing both UN agencies and

ONUCI at sub-office and national level, however, the implementation pace of this process has been slow and has thus far only been implemented in some sub-offices. There is still a significant gap in security information sharing between humanitarian INGOs and the UN system. An OCHA project proposal aimed at better including the INGOs into the information loop by extending information sharing and assistance to all INGOs is being finalised and will soon be submitted to ECHO for funding.

d) New indicators

Timeframe of full integration of the UN security system at operational level; Timeframe for finalisation and approval of OCHA project proposal and related funding rate; Timeframe of implementation of OCHA project proposal

Participating Organisations: Participating organisations remain unchanged.

4.8 SOCIAL COHESION

a) Context

- The upturn of the peace process with the appointment of a new Prime Minister and the functioning of a new Transitional Government composed of all the actors and political parties concerned by crisis;
- Difficulties and hindrances to the road map implementation by the Prime Minister, especially in the simultaneous implementation of the demobilisation and identification operations;
- Permanent state of lawlessness in southern and northern zones of the country, with a real protection crisis concerning the civilian population;
- The chronic state of tensions and inter-ethnic clashes in the West has spread into the Zone of confidence;
- The unprecedented attacks on UNOCI bases in several locations nationwide between 16 and 20 January 2006 with a total destruction of offices, vehicles and equipment of humanitarian agencies and the persecution of its staff, on 18 January 2006 in Guiglo;
- The interpretation of developments by certain political actors and mass media and discriminating acts directed at communities interested in the process of identification.

b) Progress made

- Implementation of national programmes of conflict resolution and the restoration of social cohesion carried out by CARE, SFCG and the Spanish Red Cross with technical and financial support of the European Union and the World Bank;
- Commitment and mobilisation of women within the civil society to promote the protection of fundamental rights, support the search for peace, and improve consideration of gender issues within the main decision makers bodies of the country, (*Forum International des Femmes pour la paix, l'égalité et le développement* (FIFEM), West African Network of Peace Building (WANEP), *Réseau des Femmes Ministres et Parlementaires de Côte d'Ivoire* (REFAMCI), *Coalition des Femmes Leaders de Côte d'Ivoire* (CFELCI), etc);
- Strategic support to United Nations Development Programme (UNDP) and OCHA through writing and sensitisation about the National Human Development Report on "social cohesion and national rebuilding" and implementation at the local level of the recommendations of the Global Partnership of Prevention Armed Conflicts (GPPAC) (Worldwide Partnership of UN System/NGOs/Countries for the Prevention of Armed Conflicts);
- Technical support from the UN system to the 1st National meeting of the territorial constituencies organised by the UNDP Post crisis unit, created by the "Inter Agency Protection Network" and the "Social Cohesion" sector group headed by OCHA;
- Operational support through humanitarian assistance programmes which catalysed social cohesion; mobilisation of UN Agencies and partners around humanitarian priorities; and the implementation of joint plans and programmes combining emergency assistance, resettlement assistance and support to social cohesion.

c) Challenges/New objectives

- Strengthening and extension of ongoing programmes and new programmes; implementation of a national peace sensitisation programme; protection and social support for the return of displaced populations; capacity building, partnerships and coordination;
- Effective establishment of early warning and rapid pre and post conflict reaction mechanisms.

d) Indicators

- Number of latent conflicts settled with the installation of validated peace committees;

- Number of missions, plans and joint programmes implemented;
- Number of information and support products resulting from coordination; number of acts put down by the Government at legislative, juridical and social level.

Participating organisations

- International NGOs (CARE, SFCG, WANEP, IRC, etc);
- Local NGOs (*Ligue ivoirienne des droits de l'Homme* (LIDHO), *Association Internationale pour la Démocratie Côte d'Ivoire* (AID CI), Red Cross, CFELCI, CARITAS, *Club Artistique des Messagers de l'Unesco d'Abidjan* (CAMUA), *Organisation des Femmes Actives de Côte d'Ivoire* (OFACI), FIFEM, *Association de Soutien et d'Auto-promotion de la Sanitaire Urbaine* (ASAPSU), etc);
- UN Agencies and humanitarian organisations: UNDP, HCR, OCHA, UNICEF, WFP, UNFPA, IOM;
- Other humanitarian organisations: ICRC;
- UNOCI (Human Rights and Gender Sections);
- Government (Prime Minister Cabinet, Ministry of Reconciliation, Ministry of solidarity, DDR National Programme).

4.9 WATER AND SANITATION

a) Context

- Lack of qualified personnel responsible for the functioning of water production stations in areas under FN-control;
- Decrease in access to drinking water among urban and rural populations;
- Outdated drinking water production installations and equipment;
- Precarious and peripheral urban neighbourhoods insufficiently connected to drinking water networks;
- Water pump breakdown rate is over 60% in North, centre and West of the country;
- General deterioration of the quality of running water in the North, centre and West;
- Limited access to sanitary installations for the evacuation of excreta and the elimination of solid waste;
- Over consumption (wasting) of water in FN-zones due to free water supply;
- Malfunctioning of work maintenance mechanisms, exacerbated by the crisis.

b) Progress made

- Reduction of the breakdown rate to an average of 22% in the Government zones thanks to the rehabilitation of 4,300 pumps by the *Direction de l'Hydraulique Humaine* (DHH);
- Reduction of the breakdown rate from 82% to 52% in the regions of Man, Biankouma, Danané, Korhogo, Ferké, Boundiali, Tengréla, Sakassou and Bouna;
- Rehabilitation of approximately 6,200 pumps and four small-scale water supply systems by NGOs, other humanitarian actors (IRC, Medical Assistance Programmes (MAP) International, *Animation Rurale Korhogo* (ARK), *Bureau Diocésain de Développement* (BDPH), *Organisation Saint Ignace de Loyola d'études Economiques et Sociales* (ILES), International Friendship Service (IFS), *Initiative de Développement Afrique Libre* (IDEAL), *Programme de Santé Communautaire et Développement* (PSCD), *Notre Terre Nourricière* (NTN), *Action Contre la Faim* (ACF), *Solidarités*, *Centre Régional pour l'Eau Potable et l'Assainissement* (CREPA), *Associazione per la cooperazione Internazionale e l'aiuto umanitario* (ALISEI)) and the general councils of Bouna and Sakassou;
- Over 200 repair craftsmen trained;
- Provision by the ICRC of chemical products for water treatment and water quality testing to water treatment stations in the North, centre and West (Korhogo, Boundiali, Ferké, Odienné, Bouna, Tengrela, etc.).

c) Challenges/new objectives

- Improve access to drinking water in urban environments throughout the territory in accordance with the emergency programme of the Ministry of Economic Infrastructure, while giving priority to Bouaké, Korhogo, Bouna, Séguéla, Odienné, etc;
- Strengthen the means for water treatment and water quality control;

- Improve access to drinking water in rural environments, in particular in the 'forgotten zones' of the North, centre and West of the country (Odienné, Dabakala, Béoumi, Bouaké, M'Bahiakro, Mankono, Séguéla, Touba, Zuénoula, Vavoua, Nassian, Duékoué etc.);
- Further decrease the pump breakdown rate. (Despite all efforts, the breakdown rates in the Government and FN-controlled zones remain high at respectively 22% and 52%).

d) New indicators

- Drinking water access rate;
- Hydraulic pumps breakdown rate (villages);
- Proportion of water testing and analysis that are in accordance with the set standards (WHO, Humanitarian Charter and Minimum Standard in Disaster Response (SPHERE));
- Access rate to adequate excreta elimination installations.

Participating Organisations

- Government: Ministry of Economic Infrastructures;
- NGOs: SOLIDARITES; IRC; MAP; ARK; ASAPSU; Alisei; BDPH; DHH; IDEAL; IFS; ILES; NTN; *Organisation pour le Développement des Activités des Femmes* (ODAFEM); PSCD; ACF; UNICEF; IOM;
- Other humanitarian organisation: the ICRC.

5. CONCLUSION

The progress made by the new Government in the implementation of the peace process in just six months of work has been remarkable. This notwithstanding, political improvements have positively impacted on the humanitarian situation only in few areas and on a limited scale. Substantial improvements have yet to be made in key sectors, including protection of civilians including IDPs, respect of human rights, law enforcement and access to basic services. The prolonged crisis is also further compounded by the devastating impact of the protracted presence of IDPs on vulnerable host families and on already fragile inter-ethnic relations that contribute to the growing impoverishment of the population.

In this context, the primary goal of humanitarian action is to provide adequate protection of and support to IDPs as well as relief assistance to vulnerable populations including host communities. Key priority action areas remain the same as in the CAP 2006 and include access to basic health care, food security, potable water and education.

The violence outbursts of January 2006 indicate that the peace process is still very fragile and subject to great uncertainties. In June last year Côte d'Ivoire was waiting with apprehension to know the fate of the elections scheduled for October 2005 at a time when both the disarmament and identification processes had yet to start. At the time of writing, Côte d'Ivoire is once again waiting with apprehension to know the fate of the elections scheduled for October 2006. Some progress has been made this year on a number of issues regarding the implementation of the road map, yet at the time of writing, with only five more months before the elections, it seems rather unlikely that the disarmament and identification processes will be completed by October 2006. Likewise, other key pre-conditions for the successful consolidation of peace – including, among others, the integration of FN armed forces and administrative authorities within the national scheme, the full redeployment of civil servants nationwide, the national reunification of the territory – are difficult to meet within the set timeframe. As a result, the persistence of a situation characterised by high uncertainty is likely to increase political tensions over the coming months.

In light of the above, the future political situation remains hard to predict. What is clear is that this general uncertainty will not be conducive to improving the humanitarian situation on the ground in a substantial manner within this year. Therefore, it is highly likely that a new CAP will be needed for 2007 to continue to address the most urgent humanitarian concerns and challenges in Côte d'Ivoire.

6. 2006 PROJECTS

6.1 REVISED PROJECTS

Health

Project Code	Appealing Agency	Project Title	Original Requirements	Revised Requirements	Reason for Revision
CIV-06/H02	UNICEF	Emergency primary health care – Malaria management	761,600	674,100	This project will enhance the suppression of chloroquine at operational level, which is no longer effective in the country, through effective supply of Artemisin-based Combination Therapy (ACT).
CIV-06/H03	UNICEF	First round of National Immunisation Days against poliomyelitis in Côte d'Ivoire	1,251,920	0	Completed with other funding
CIV-06/H04	UNICEF	Second round of National Immunisation Days against poliomyelitis and supplementation with Vitamin A in Côte d'Ivoire	1,251,920	0	Project cancelled due to decision not to organise second round.
CIV-06/H05	UNICEF	Support to routine vaccination activities in 32 districts affected by the crisis	1,584,800	1,477,400	Number of districts slightly amended, from 32 to 38 districts affected by the crisis for a period of six months: June 06 until December 06
Total			4,850,240	2,151,500	

Protection

Project Code	Appealing Agency	Project Title	Original Requirements	Revised Requirements	Reason for Revision
CIV-06/P/HR/RL05	UNICEF	Protection, social and family care and reinsertion of children directly victims of the conflict	1,898,400	797,685	Revised Project duration of six months: June 06 until December 06
Total			1,898,400	797,685	

6.2 NEW PROJECTS

Health

Project Code	Appealing Agency	Project Title	Original Requirements	Revised Requirements	Reason for Revision
CIV-06/H11	UNICEF	Emergency Primary Health Care – Malaria prevention	-	1,891,974	New project
CIV-06/H12	UNICEF	Management of malnutrition in most affected areas in Côte d'Ivoire	-	243,800	New project
CIV-06/H13	UNICEF	Emergency obstetric care for women and newborns affected by conflict	-	561,750	New project
CIV-06/H14	UNICEF	Communication for the fight against bird flu	-	73,600	New project
CIV-06/H15	UNICEF	Implementation of Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) and acceleration of care to infected children in the region of the Valley of Bandaman and the region of the Savanes (Bouaké, Katiola, Sakassou, Beoumi, Dabakala and Korhogo)	-	533,650	New project
Total			-	3,304,774	

Protection

CIV-06/P/HR/RL06	IOM	Assistance to the voluntary return of IDPs living in Abidjan to their regions of origin in Côte d'Ivoire	-	2,988,520	New project
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Water and Sanitation

CIV-06/WS03	UNICEF	Access to adequate sanitary installations and hygiene promotion for rural populations affected by the crisis	-	1,077,500	New project
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Agencies submitted new projects in the Health, Protection and Water and Sanitation sectors. According to FTS data, these sectors are extremely under funded despite the urgency of the situation on the ground and the growing vulnerability of the population. The new projects require additional total funding, of \$7,370,794 to cover urgent needs, guarantee basic health care and access to potable water, to assist and advocate for the protection of the population and to face new challenges like the fight against Avian Flu.

Further to this appeal, Côte d'Ivoire has obtained almost \$2,000,000 from the CERF. The Secretary-General launched the new CERF in March 2006 to provide quick initial funding for life-saving assistance and rapid response in sudden onset, rapidly deteriorating, and under-funded emergencies improving upon the previous Central Emergency Revolving Fund, which was a loan-only tool with limited funds. The current CERF is being used to help redress the existing imbalance in global aid distribution, as a result of which millions of people in so-called neglected or forgotten crises remain in need. A total of \$32 million has been made allocated to the ten most under-funded emergencies in the world. Côte d'Ivoire is among the countries that have benefited from the first disbursements to implement emergency activities in Protection, Food security, Health and Water & Sanitation (WATSAN) in the west as well as to support assistance to Liberian.

NEW PROJECT SHEET

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Emergency Primary Health Care – Malaria prevention
Project Code	CIV-06/H11
Sector	Health
Objective	To reduce the mortality and morbidity of vulnerable populations affected by armed conflict, specifically children under five years of age and pregnant women, through the provision of SP and ITN at community health facilities.
Beneficiaries	5 million people affected by armed conflict, among which 1 million children under 5; 250,000 vulnerable pregnant women.
Implementing Partners	Ministry of Health, local health committees and NGO partners (ACF, ICRC, IRC, MSF, ARK, BDPH, ODAFEM, IFS, ASAPSU, <i>Initiative Développement-Afrique (IDE-Afrique)</i> , Caritas, etc.) in collaboration with WHO and WFP.
Project Duration	June – December 2006
Funds Requested	\$1,891,974 (\$0.38 per person)

Project summary

The correct management of malaria at community level cannot be guaranteed. Malaria is the first reason for consultation and one of the major causes of death among children and pregnant women. The country has received a Japanese grant to provide about 300,000 Long Lasting Insecticide Treated Nets for the prevention of malaria in children under one and pregnant women. This covers 16% of the children under five and pregnant women in 38 out of 79 health districts only. The project will improve the availability of Insecticide-Treated Nets (ITNs) in order to increase the ITN coverage among the vulnerable population. Recently, the country has adopted a new prevention protocol for malaria Sulphadoxine/Pyrimetamine (SP) for Intermittent Preventive Treatment in pregnant women. To improve effective reduction of malaria morbidity and mortality, the current project will complete the strategy. The project will provide SP and ITN and will train the health staff in the prevention of malaria in health centres and communities, and awareness on the use and benefits of ITNs will increase.

Main activities

- Provision of long lasting ITN;
- Provision of SP for Intermittent Preventive Treatment in pregnant women;
- Training of 500 qualified health staff, 900 auxiliary health personnel, 1,300 community health workers, 1,300 auxiliary midwives and 200 health committees;
- Sensitisation of communities, especially pregnant women on the use of ITN and Intermittent Preventive Treatment (IPT) with SP;
- Strengthening of the communication, supervision and monitoring components.

Expected Results

- Increase by 9% impregnated bed net use among children under five and pregnant women in 38 districts;
- 60% of pregnant women in 38 health districts benefit from Intermittent Preventive Treatment;
- 1400 health workers trained on malaria prevention;
- 1300 Community Health Workers, 1300 Traditional Birth Attendants and 200 health committees trained for the awareness and mobilisation of the population for the prevention of malaria.
- At least 130,000 pregnant women are sensitised on the importance of malaria prevention and effective methods for malaria prevention;
- 38 health districts are supervised and supported to improve performances in the field of public health.

FINANCIAL SUMMARY\$	
Budget Items	\$
Purchase Long Lasting ITNs (200,000) and SP	1,449,000
Capacity Building	60,000
Community Sensitisation and Mobilisation	75,000
Technical assistance	100,000
Management, monitoring, logistics	84,200
Recovery costs (7%)*	123,774
Total	1,891,974

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

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Management of malnutrition in most affected areas in Côte d'Ivoire
Project Code	CIV-06/H12
Sector	Nutrition
Objective	To improve the quality of the treatment of malnutrition at community level and in the health centres by supply of essential drugs, therapeutic feeding and capacity building in 19 districts in the North.
Beneficiaries	800,000
Implementing Partners	Ministry of Health, International and national NGOs
Project Duration	June – December 2006
Funds Requested	\$243,800 (\$0.30 per person)

Project summary

Malnutrition in Côte d'Ivoire has been neglected during the past decades. The western, northern and eastern parts of the country have been severely affected by the armed conflict. The nutritional status of vulnerable populations, especially children under five years of age is critical and has deteriorated during the crisis. 25% of children under five are malnourished, 8% of suffer from acute malnutrition. Deficiency of Iodine causes high prevalence of goitre, and shortage of vitamin A has been reported inducing delays in the development of the young child. The prevalence of wasting has been found to be over 10% in rural areas of northern and eastern Côte d'Ivoire and in the West of the country (border area with Liberia). Malnutrition is mainly due to shortages of proteins, carbohydrates and lack of micronutrients (vitamin A, iron, iodine).

In Côte d'Ivoire, the capacity for the treatment of severe malnutrition is weak, and is non-existing in some parts of the country. Severe malnutrition in children is often diagnosed too late because the nutrition surveillance system in the country is practically absent. UNICEF has initiated support to malnutrition prevention at community level with nutritional surveillance by community members to detect early cases. Uncomplicated malnourished children are treated in the community using proteined biscuits (*Biscuits Protéinés* (BP)) "BP100" (severe) and BP5 (moderate). Complicated cases, needing treatment for infectious diseases or oedema that cannot be treated by unqualified staff, will be referred to Therapeutic Feeding Centres. The treatment with Plumpy Nut will be initiated by this project, replacing gradually the treatment on the base of therapeutic milk and BP100. Health staff and village health workers need to be trained on sound treatment of malnutrition.

Activities

- Training of health workers and village health workers on treatment of moderately and severely malnourished children;
- Supply of community health workers with Plumpy nut, BP100 and BP5;
- Supply of essential drugs for malnutrition treatment and therapeutic feeding (Therapeutic milk, BP 100, Plumpy nut);
- Supportive supervision at regional, district, health centre and community level;

Expected Results

- 240 health workers and village health workers trained in management of malnutrition;
- 6 Therapeutic Feeding Centres reinforced to treat complicated malnutrition cases;
- 4500 malnourished children are treated in the community, using Plumpy nut, BP100 and BP5;
- 1500 malnourished children are treated in therapeutic Feeding Centres using F75, F100, plumpy nut, BP100 and essential drugs.

FINANCIAL SUMMARY\$	
Budget Items	\$
Therapeutic milk and essential drugs	90,000
Capacity building	62,000
Monitoring	15,000
Technical assistance	50,000
Management, monitoring, logistics	10,850
Cost recovery at head quarters (7%)*	15,950
Total	243,800

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

CÔTE D'IVOIRE

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Emergency obstetric care for women and newborns affected by conflict
Project Code	CIV-06/H13
Sector	Health
Objectives	<ul style="list-style-type: none"> Strengthen health system capacity to respond to emergency obstetric care needs; Improve birth preparedness and complications readiness among families in situation of crisis.
Targeted Beneficiaries	228,000 pregnant women and newborns in 38 health districts affected by the crisis
Implementing Partners	Ministry of health, UNFPA, NGOs
Project Duration	June – December 2006
Total Project Budget	\$561,750 (\$2.5 per woman/child)

Project Summary

In 2005, health districts in the zone affected by the crisis restarted their vaccination services with the support of UNICEF, through a project financed by the European Union. Results are encouraging: about 80% of the health centres functioning before the crisis has restarted their vaccination activities. However, the main constraint is the low level of return of qualified health personnel to the west and zones controlled by the *Forces Nouvelles*. Côte d'Ivoire has committed itself to buying part of the vaccines, which is an important step forward. However, difficulties have occurred in the timely delivery of the vaccines since 2004. Break in stocks have affected the coverage of vaccination campaigns. UNICEF will continue to reinforce the EPI programme, applying the Reach Every District (RED) approach. This approach incorporates the support of outreach activities to increase the number of children reached, supportive supervision to improve the quality of services as well as the links between vaccination services and the community and monitoring. In addition, a buffer stock of vaccines will be purchased to avoid stock outs in the concerned districts.

Activities

- Micro-planning for routine EPI activities;
- Vaccination of children through fixed and outreach strategies;
- Auto-evaluation with community involvement (Monitoring for action);
- Social mobilisation and Inter-personal Communication to sensitise the population;
- Supportive supervision, monitoring and evaluation;
- Production of reporting tools;
- Acquisition of a buffer stock (3 months vaccine supply (*Bacille Calmette-Guérin* (BCG), Varicella (VAR), Vaccin Anti-Amaril (VAA), Vaccin Anti-Tétanos (VAT)) in concerned districts).

Expected Results

- All health centres in 38 health districts have their micro-plan updated;
- At least 60% of children under five and pregnant women vaccinated against diseases through EPI;
- In at least eight health districts, 60% of the health centres have auto-evaluated their activities;
- At least 32 health district management teams benefit from regional support teams and all health centres are regularly supervised by district management teams;
- All health centres of 38 health districts are supplied with reporting tools for routine EPI;
- No major stock-outs for routine EPI vaccines are reported in 38 health districts.

FINANCIAL SUMMARY	
Budget Items	\$
Vaccines	410,000
Outreach strategies	130,000
Logistics	475,000
Micro planning	100,000
Technical assistance	200,000
Management, monitoring, logistics	65,750
Recovery Costs 7%	96,650
Total Project Budget	1,477,400
Funds Requested	561,750

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

CÔTE D'IVOIRE

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Communication for the fight against bird flu
Project Code	CIV-06/H14
Sector	Health
Objectives	Large scale dissemination of essential information regarding bird flu; Promote behaviour that will avoid the outbreak of an epidemic,
Beneficiaries	Political and administrative authorities at national, regional and local level; Defence and Security Forces (military and police forces) and FAFN (<i>Forces Armées des Forces Nouvelles</i> – ex-rebel military forces); religious authorities at national level; members of the health system; trade unions (restaurants/consumers); journalists. Communities; families.
Implementing Partners	Various Ministries (Animal production, Health, Interior Affairs, Superior Commercial Education, Environment, Agriculture, Defence, Economy and Finance, Communication) and the partners WHO, FAO, World Organisation for Animal Health (OIE), WFP, UNICEF, EU
Project Duration	June – December 2006
Funds Requested	\$73,600

Project summary

Recently, bird flu epizootic appeared in Côte d'Ivoire in contaminated poultry. This is a serious threat to the health of poultry and to the human population. The negative public health and economic consequences are substantial, as is the psychosis that it nourishes among populations. The existence of cases where the disease was transmitted to humans and the inexistence of an effective treatment contribute to the fear that a new type of virus might appear that might adapt more easily to humans and that can be spread in an epidemic or even pandemic manner.

To fight this threat, Côte d'Ivoire, in collaboration with development partners, (UNICEF, WHO, FAO, WFP, OIE, *Union Economique et Monétaire Ouest Africaine* (UEMOA)), has established a plan for the prevention and combat of bird flu. Communication plays a major role in this plan. The proposed strategies were taken from regions that were previously affected by bird flu and have been adapted to the Ivorian context.

Main activities

- Design and production of communication kits;
- Meetings/exchanges and handing out of communication kits to 30 press organisms, to *Radio Télévision Ivoirienne* (RTI)-TV and to four national radios (Radio Côte d'Ivoire, Radio Jam, ONUCI FM, Radio Bouaké);
- Establishment of partnerships with 28 community radios for the dissemination of the guidelines and audio spot;
- Meetings/exchanges and handing out of communication kits to administrative, political, religious and military officials;
- Extension of a partnership concluded with network of national NGOs/Community-Based Organisations (CBOs) (network of 20,000 church cells throughout the territory);
- Add a proximity campaign for bird flu prevention to the partnership agreements that have already been signed with the scouts and with local NGOs;
- Organisation of 10 information/communication meetings with national education partners at the Regional Directorate of National Education (*Direction Régionale de l'Education Nationale* [DREN]) level.

Expected Results 1. A communication/awareness plan is put in place, 2.a communication kit is established, 3. The population is informed through TV and radio about actions to take to prevent the spread of avian flu, 4. A Community based awareness campaign is organised through the scout's movement for rural communities.

FINANCIAL SUMMARY	
Budget Items	\$
Communication Kits	43,000
Information Dissemination	22,500
Management, communication, transport	3,300
Recovery costs (7%)	4,800
Total	73,600

CÔTE D'IVOIRE

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Implementation of Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) and acceleration of care to infected children and awareness raising among youth in the region of the Valley of Bandaman and the region of the Savanes.
Project Code	CIV-06/H15
Sector	Health (HIV/AIDS)
Objective	Increase the access of pregnant women to PMTCT services in the conflict area
Targeted Beneficiaries	Pregnant women and their husband, children.
Implementing Partners	Ministry of Health, Ministry of AIDS, Global Funds, NGOs (<i>Organisation Nationale pour l'Enfant, la Femme et la Famille (ONEF), Promotion de la Santé et de la Femme (PROSAF), AKWABA Centre, Elizabeth Glazer Pediatric Aids Foundation [EGPAF]</i>), WHO
Project Duration	July – December 2006
Funds Requested	\$533,650 (\$10 per mother)

Project summary

Since 1990, HIV/AIDS is the second cause of mortality for women and an important cause of mortality of children under five years of age. It is estimated that 54,000 HIV positive pregnant women have given birth in Côte d'Ivoire in 2005. In the absence of any PMTCT actions, the transmission rate of HIV to the child is estimated between 25 and 45%. Using the short course antiretroviral prophylactic regimens can reduce transmission by at least 50%. A five-year plan for national scaling up of PMTCT was adopted in 2003, aiming to introduce PMTCT services in the standard Mother and Child Health package. Global Funds and President's Emergency AIDS Relief Programme (PEPFAR) provide support. The care and support needs of HIV infected children are at the moment only catered for at five specialised centres located in Abidjan. Children's access to Anti-retroviral (ARV) is limited (1000 at the national level in July 2005) in comparison at the number of children with HIV/AIDS (40.000). A rapid assessment in the north of the country was done in the Region of the Valley of Bandaman and the Region of the Savanes where European Union and UNICEF have rehabilitated the health centres

Objectives

- Increase the access of pregnant women to PMTCT services in the conflict area;
- Increase the access to paediatric care in the conflict area;
- Involve NGOs and communities in PMTCT activities;
- Increase access to information and skills among adolescents;
- Implement the PMTCT communication plan;
- Ensure drug management in the PMTCT centres, with the *Pharmacie de la Santé Publique*.

Main activities

- Primary prevention (awareness raising) among young women and men in the community and in schools;
- Support training of care providers and the community;
- Support the provision of supplies, equipment and drugs for antenatal care and delivery services;
- Monitoring in collaboration with the National AIDS Programme.

Expected results

1. Eight sanitary districts in the conflict area provide PMTCT services, 2. Young people have access to information, 3. 90% of pregnant women tested have access to ARV prophylaxis 4. 100% of seropositive women and children have access to care and support (ARV, psychological support, nutritional support)

FINANCIAL SUMMARY	
Budget Items	\$
Primary prevention (sensitisation) for the young people	75,000
Supporting the training of care providers and the community	125,000
Support the provision of supplies, equipment and drugs for antenatal care, delivery services	200,000
Personnel	75,000
Management, Monitoring, Logistics	23,750
Recovery Costs 7%*)	34,900
Total	533,650

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

CÔTE D'IVOIRE

Appealing Agency	INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
Project title	Assistance to the voluntary return of IDPs living in Abidjan to their regions of origin in Côte d'Ivoire
Project code	CIV-06/P/HR/RL06
Sector	Protection
Objectives	To assist 5,000 most vulnerable IDPs living in Abidjan to return to their regions of origin, support income-generating activities and promote social cohesion.
Beneficiaries	5,000 most vulnerable IDPs living in Abidjan
Duration of the project	12 months renewable
Implementing agency	IOM, WHO, FAO, WFP, UNICEF, UNFPA, <i>Solidarités</i> , local NGOs and national counterparts.
Funds requested	\$2,988,520

Context

A UNFPA study requested by UN System issued last year reported that 28% of IDPs living in Abidjan (about 149,800 IDPs) most from liberal functions deeply plunged in the extreme vulnerability and expressed their desire to return immediately to their regions of origin in the Centre, Centre -West, West, South – West, North and East of Côte d'Ivoire where they would work and live in safety and dignity with their family. These people are living in precarious neighbourhoods constituting a prime target of violence at any time the city (Abidjan) experiences trouble or repeated destruction without any sign of clemency by the governmental forces.

The humanitarian situation and especially the security is very fragile in the precarious neighbourhoods of Abidjan while the international community efforts have contributed to improve the access to basic welfare services in the regions of the north, east and west of the country in providing healthcare services by the rehabilitation of health infrastructures, 80% of which were totally inoperable in the Centre and North regions because of the war. This improvement was subsequently positively supported by the redeployment of part of the administrative staff in the north, centre, west and east of the country.

Objectives

A pilot project under IOM's leadership would be implemented to cover emergency humanitarian assistance to 5,000 most vulnerable IDPs living in Abidjan to return in safety and dignity to their native villages and cities in regions of Côte d'Ivoire to work (whether their initial or other activities) and fully support themselves. This assistance is closely tied to the following actions:

Activities

- Profiling: collecting more data concerning the target populations (current habitations, initial and future activities, number of family members, villages and cities of return);
- Assistance to voluntary return of Abidjan IDPs to their native villages/cities in Côte d'Ivoire: prior medical visits to return, escort (logistics) and distribution of non-food items;
- Social economic reinsertion activities for returning to a normal life (distribution of seeds, small farm tools and artisan tools, support income-generating activities);
- HIV/AIDS Prevention (including the voluntary HIV/AIDS screening before the return), sensitisation, referring ill persons;
- Rehabilitation of basic (social) infrastructures, in particular hydraulic pumps where needed;
- Monitoring of activities/projects.

Expected results

- Database established and profiling 5,000 most vulnerable IDPs;
- Support voluntary returns and social economic reinsertion of 5,000 voluntary IDPs from Abidjan;
- 100 hydraulic pumps are rehabilitated and used as mechanism of promotion of social cohesion;
- Contribution to apprising useful lessons for the implementation in due time of the community rehabilitation programme concomitantly with DDR.

FINANCIAL SUMMARY	
Budget Items	\$
Personnel costs	460,863
Operating costs	2,377,857
Implementing costs	149,800
Total	2,988,520

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Access to adequate sanitary installations and hygiene promotion for rural populations affected by the crisis
Project Code	CIV-06/WS03
Sector	Water, Sanitation and Hygiene
Themes	Hygiene and Sanitation
Objective	Reduce the risks of epidemics linked to exposure to fecal matter for rural populations affected by the crisis in the west, southwest, north and centre, including the confidence zone
Beneficiaries	600,000 affected persons of which 420,000 women and children
Implementing Partners	Ministries in charge of Sanitation and Health, <i>Institut National d'Hygiène Publique</i> (INHP), WHO, WFP, UNHCR, IRC, Oxford Committee for Famine Relief (OXFAM), <i>Solidarités</i> , ONEF
Project Duration	June - December 2006
Funds Requested	\$1,077,500 (\$1.8 per person)

Project Summary

Access to adequate sanitary installations for the elimination of waste matter is extremely weak, according to surveys and evaluations undertaken in communities affected by the crisis in the regions of the west the southwest, the north, and the centre. Rapid evaluations in the field indicate that less than 30% of rural populations have access to adequate latrines and washing points. In order to tackle this situation, the project will endeavour to increase the capacity of community-based actors and empower rural communities to bring about behaviour changes through the installation of sanitary facilities, sensitisation to better hygiene/water use practices, water management, environmental hygiene, personal hygiene and food hygiene.

Objectives

Ensure access to adequate sanitary installations for 600,000 persons affected by the crisis in rural communities in the west, southwest, north, centre and in the confidence zone. Promote good hygiene practices among 600,000 persons affected by the crisis in rural communities in the west, southwest, north, centre and in the confidence zone. Reinforce local capacity building to support replication of actions towards post-crisis.

Activities

- Construct or rehabilitate 1,000 latrines SANPLAT, 1,000 washing/water points, 1,000 basic sanitary facilities (latrines, waste pits, sunken wells, clothes lines, etc.) 1,000 hand washing systems;
- Rehabilitate 1,000 existing latrines and washing points; Create 500 village committees for the promotion of sanitation and hygiene and train 1,000 members; Train 500 local masons in techniques for the construction of improved, drainable and SANPLAT latrines; Mobilise and sensitise target populations in environmental hygiene and sanitation (land clearing, stagnant water drainage, etc.); Provide sanitation supplies (tools -brushes, clothes lines, shovels, picks, wheelbarrows, etc.) to health committees, and working materials to local masons (trowels, hammers, levels, shovels, etc.) and materials for the construction of pilot installations; Reproduce and diffuse communication support materials in targeted communities to promote behaviour change.

Expected Results

- 600,000 persons of which 420,000 children and women have access to adequate, basic sanitary installations; 1,000 members of village committees are trained and active; 500 local masons are capable of responding to the needs of target populations regarding the construction of latrines; More than 500 villages achieve acceptable water and environmental sanitation standards, improving the health status of their inhabitants.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	30,000
Implementing costs	977,000
Recovery costs (7%*)	70,500
Total	1,077,500

* The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board decision 2003/9 of 5 June 2003.

ANNEX I.

TABLE I.

SUMMARY OF REQUIREMENTS AND CONTRIBUTIONS BY APPEALING ORGANISATIONS AND SECTOR

Consolidated Appeal for Cote d'Ivoire 2006

Requirements, Commitments/Contributions and Pledges per Sector

as of 23 June 2006

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

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

SECTORS	Original Requirements	Revised Requirements	Commitments, Contributions, Carryover	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	3,062,305	3,062,305	2,251,386	74%	810,919	594,720
COORDINATION AND SUPPORT SERVICES	3,496,429	3,496,429	1,048,369	30%	2,448,060	379,378
EDUCATION	5,626,964	5,626,964	367,994	7%	5,258,970	-
HEALTH	10,258,589	10,864,623	200,000	2%	10,664,623	-
MULTI-SECTOR	9,682,813	9,266,744	4,091,204	44%	5,175,540	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	5,853,624	7,741,429	1,344,562	17%	6,396,867	-
SECTOR NOT YET SPECIFIED	-	-	3,199,581	0%	(3,199,581)	1,000,000
SECURITY	108,000	108,000	-	0%	108,000	-
WATER AND SANITATION	2,445,600	3,523,100	-	0%	3,523,100	-
GRAND TOTAL	40,534,324	43,689,594	12,503,096	29%	31,186,498	1,974,098

Consolidated Appeal for Cote d'Ivoire 2006

Requirements, Commitments/Contributions and Pledges per Appealing Organisation

as of 23 June 2006

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

Compiled by OCHA on the basis of information provided by Donors and Appealing Organisations

APPEALING ORGANISATION	Original Requirements	Revised Requirements	Commitments, Contributions, Carryover	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
EMSF	1,300,450	1,300,450	-	0%	1,300,450	-
FAO	3,062,305	3,062,305	2,251,386	74%	810,919	594,720
IOM	3,137,500	6,126,020	496,438	8%	5,629,582	-
OCHA	4,029,429	4,029,429	1,048,369	26%	2,981,060	379,378
UN Agencies	-	-	-	0%	-	-
UNESCO	749,366	749,366	-	0%	749,366	-
UNFPA	1,068,063	1,068,063	-	0%	1,068,063	-
UNHCR	9,682,813	9,266,744	4,091,204	44%	5,175,540	1,000,000
UNICEF	16,164,878	16,747,697	4,415,699	26%	12,331,998	-
WHO	1,339,520	1,339,520	200,000	15%	1,139,520	-
GRAND TOTAL	40,534,324	43,689,594	12,503,096	29%	31,186,498	1,974,098

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

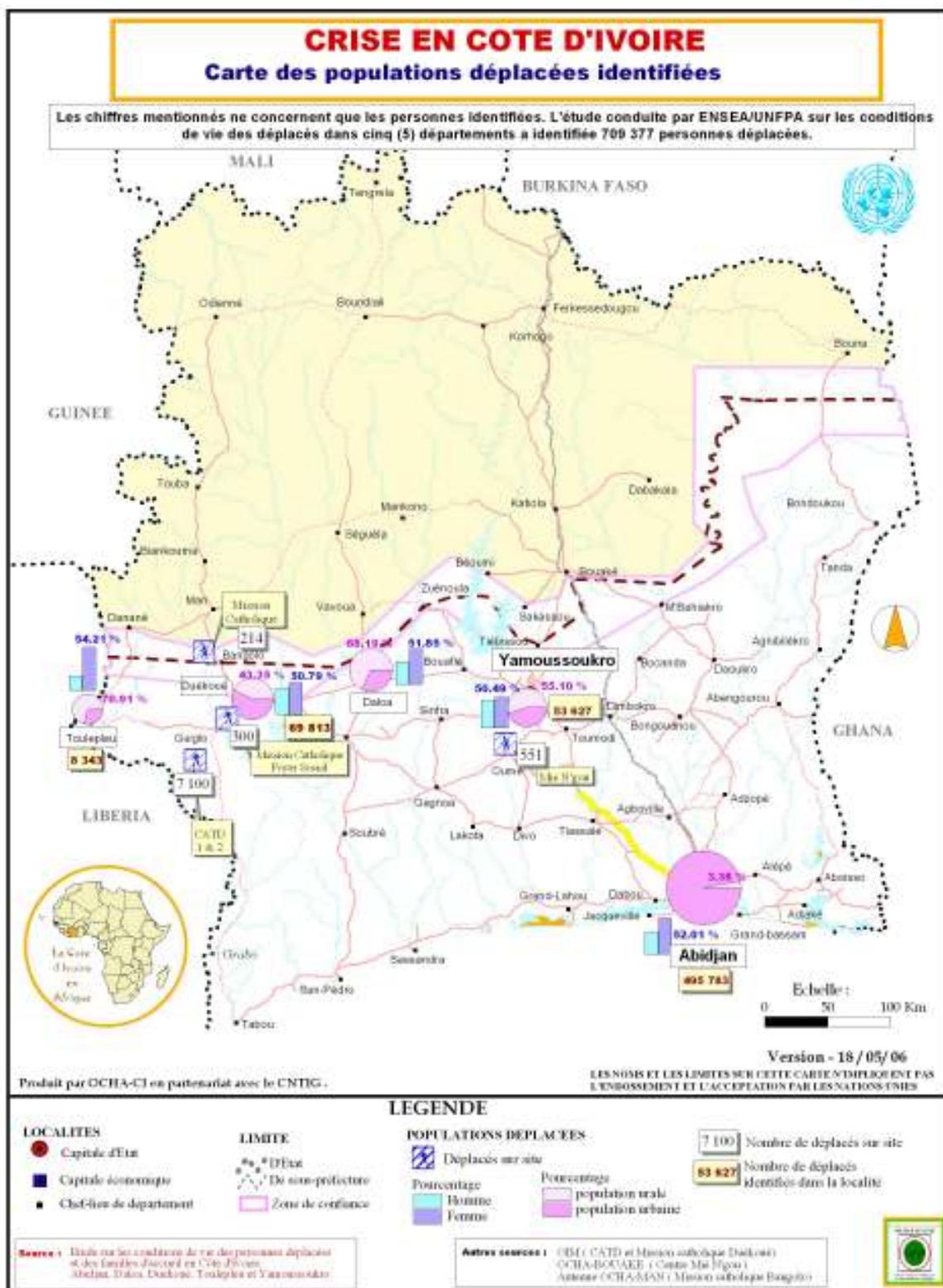
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 23 June 2006. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

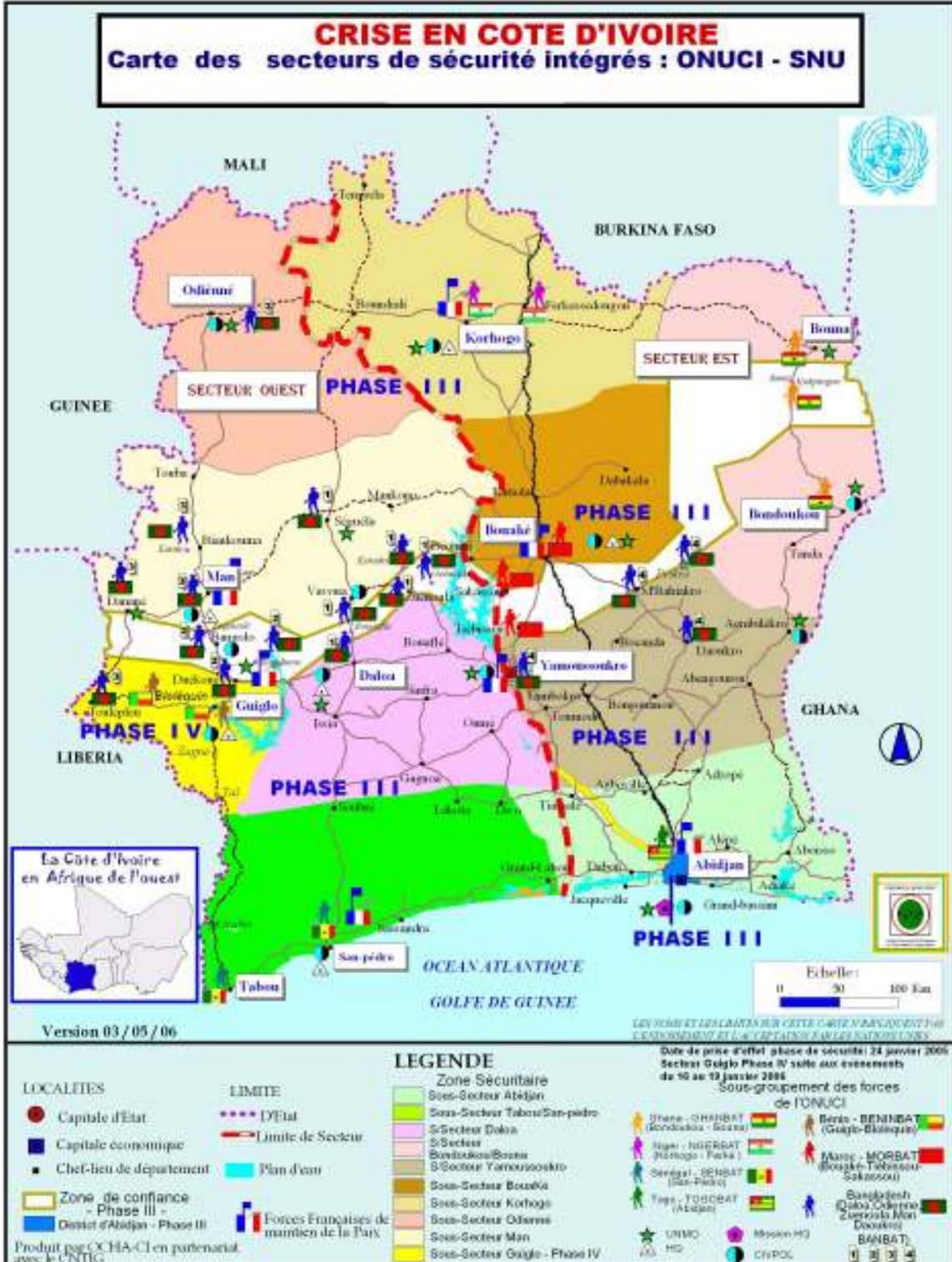
ANNEX II.

CRISIS IN CÔTE D'IVOIRE: MAP ON POPULATION MOVEMENTS



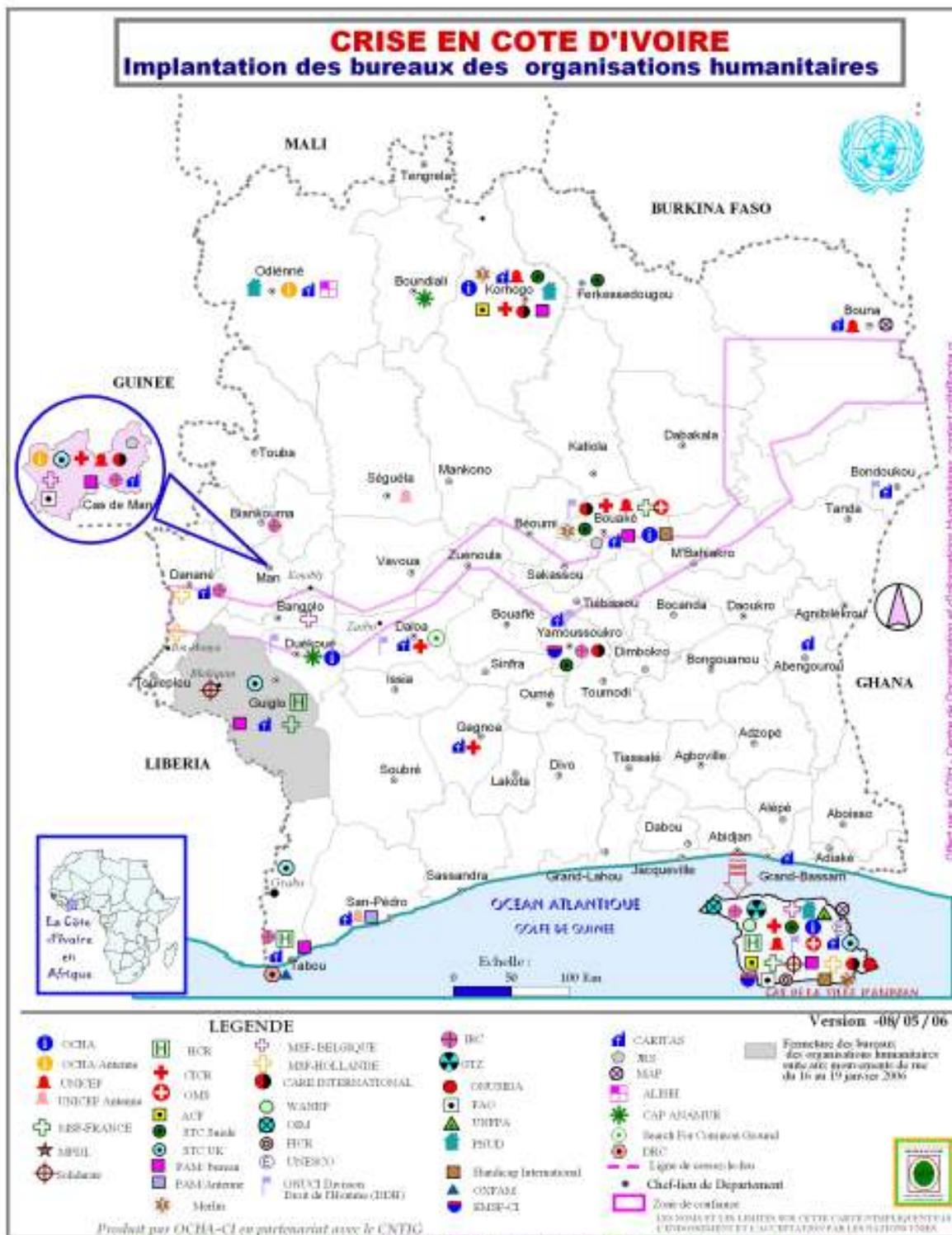
ANNEX III.

CRISIS IN CÔTE D'IVOIRE: MAP ON PRESENCE OF IMPARTIAL FORCES



ANNEX IV.

CRISIS IN CÔTE D'IVOIRE: MAP ON OFFICE LOCATION OF HUMANITARIAN ORGANISATIONS



ANNEX V.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
ACT	Artemisin-based Combination Therapy
AID CI	Association Internationale pour la Démocratie Côte d'Ivoire
AIDS	Acquired Immuno-Deficiency Syndrome
AKWABA	(means Welcome)
ALISEI	Associazione per la cooperazione Internazionale e l'aiuto umanitario
ARK	Animation Rurale Korhogo
ARV	Anti-retroviral
ASA	Afrique Secours Assistance
ASAPSU	Association de Soutien et d'Auto-promotion de la Sanitaire Urbaine
AU	African Union
AZT	Zidovudine
BCG	Bacille Calmette-Guérin
BDPH	Bureau Diocésain de Développement
BEPC	Brevet d'Etude du Premier Cycle
BP	Biscuits Protéinés
CAAC	Children Affected by Armed Conflicts
CAFF	Children Associated with Forced Fighting
CAMUA	Club Artistique des Messagers de l'Unesco d'Abidjan
CAP	Consolidated Appeals Process
Caritas/CARITAS	International Conference of Catholic Churches
CATD	Centre d'Accueil Temporaire des Déplacés
CBO	Community-Based Organisation
CDC	Centre for Disease Control
CEPE	Certificat d'Etudes Primaires Élémentaires
CERF	Central Emergency Response Fund
CFA	Communauté Financière Africaine
CFELCI	Coalition des Femmes Leaders de Côte d'Ivoire
CHAP	Common Humanitarian Action Plan
CICR	Comité International de la Croix Rouge
CREPA	Centre Régional pour l'Eau Potable et l'Assainissement
CSA	Chief Security Advisor
CT	Country Team
DDR	Disarmament, Demobilisation and Reintegration
DHH	Direction de l'Hydraulique Humaine
DNC	Direction Nationale des Cantines
DPKO	Department of Peacekeeping Operations
DREN	Direction Régionale de l'Education Nationale
DSS	Department of Safety and Security
DTP	Diphtheria, Tetanus, Pertussis
ECHO	European Commission Humanitarian Aid office
ECOWAS	Economic Community of West African States
EGPAF	Elizabeth Glazer Pediatric Aids Foundation
EMSF	Enfance Meurtrie Sans Frontières
ENSEA	Ecole Nationale supérieure de Statistique et d'Economie appliquée
EPI	Expanded Programme of Immunisation
EPT	Education Pour Tous
EU	European Union
EWARS	Early Warning and Alert Response Surveillance
FAFN	Forces Armées des FN
FANCI	Forces Armées Nationales de Côte d'Ivoire
FAO	Food and Agriculture Organisation
FFT	Food-For-Training
FFW	Food-For-Work
FIFEM	Forum International des Femmes pour la paix, l'égalité et le développement
FN	Forces Nouvelles
FSCO	Field Security Coordination Office
FTS	Financial Tracking Service
GBV	Gender-Based Violence

CÔTE D'IVOIRE

GPPAC	Global Partnership of Prevention Armed Conflicts
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HC	Humanitarian Coordinator
HCR	High Commissioner for Refugees
HIV	Human Immuno-deficiency Virus
IAHCC	Inter-Agency Humanitarian Coordination Committee
IASC	Inter-agency Standing Committee
ICCO	International Cocoa Organization
ICRC	International Committee of the Red Cross
IDE-Afrique	Initiative Développement Afrique
IDEAL	Initiative de Développement Afrique Libre
IDP	Internally Displaced Person
IFS	International Friendship Service
ILES	Organisation Saint Ignace de Loyola d'études Economiques et Sociales
INGO	International Non-Governmental Organisation
INHPI	Institut National d'Hygiène Publique
IOM	International Organization for Migration
IPT	Intermittent Preventive Treatment
IRC	International Rescue Committee
ISS	Integrated Security System
ITN	Insecticide-Treated Net
IWG	International Working Group
LIDHO	Ligue Ivoirienne des Droits de l'Homme
LIEPSEC	Ligue Ivoirienne
MAP international	Medical Assistance Programmes International
MDM	Médecins Du Monde
MERLIN	Medical Emergency Relief International
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MYR	Mid-Year Review
NGO	Non-Governmental Organisation
NTN	Notre Terre Nourricière
OC	Organisation Communautaire
OCHA	Office for the Coordination of Humanitarian Affairs
ODAFEM	Organisation pour le Développement des Activités des Femmes
OFACI	Organisation des Femmes Actives de Côte d'Ivoire
OIE	World Organisation for Animal Health
OMS	Organisation Mondiale de la Santé
ONEF	Organisation Nationale pour l'Enfant, la Femme et la Famille
ONUCI	Opération des Nations Unies en Côte d'Ivoire
OVC	Orphans and Vulnerable Children
OXFAM	Oxford Committee for Famine Relief
PDCI	Parti Démocratique de Côte d'Ivoire
PEPFAR	President's Emergency AIDS Relief Programme
PLWHA	Persons Living With HIV/AIDS
PM	Prime Minister
PMTCT	Prevention of Mother to Child Transmission
PNDDR/RC	Plan National de Désarmement, de Démobilisation et de Réinsertion/Réhabilitation Communautaire
PROSAF	Promotion de la Santé et de la Femme
PRRO	Protracted Relief and Recovery Operation
PSCD	Programme de Santé Communautaire et Développement
PSI	Population Services International
PSP	Pharmacie de la Santé Publique
RC	Resident Coordinator
RDA	Rassemblement Démocratique Africain
RDR	Rassemblement de Républicains
RED	Reach Every District
REFAMCI	Réseau des Femmes Ministres et Parlementaires de Côte d'Ivoire

RH	Reproductive Health
RSG	Representative of the Secretary-General
RTI	Radio Télévision Ivoirienne
SCF	Save the Children Fund
SC-UK	Save the Children -United Kingdom
SFCG	Search For Common Ground
SMT	Security Management Team
SP	Sulphadoxine/Pyrimethamine
SPHERE	Humanitarian Charter and Minimum Standard in Disaster Response
SRSG	Special Representative of the UN Secretary General
STI	Sexually Transmitted Infection
UEMOA	Union Economique et Monétaire Ouest Africaine
UN	United Nations
UNAIDS	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
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCI	United Nations Operation in Côte d'Ivoire
UNPOL	UN Police
UNSC	United Nations Security Council
USG	Under-Secretary-General
VAA	Vaccin Anti-Amaril
VAR	Varicella
VAT	Vaccin Anti-Tétanos
W&S	Water and Sanitation
WANEP	West African Network of Peace Building
WATSAN	Water & Sanitation
WFP	World Food Programme
WHO	World Health Organization
ZoC	Zone of Confidence

Consolidated Appeal Feedback Sheet

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: CAP@ReliefWeb.int Comments reaching us before 1 September 2006 will help us improve the CAP in time for 2007. Thank you very much for your time.

Consolidated Appeals Process (CAP) Section, OCHA

Please write the name of the Consolidated Appeal on which you are commenting:

1. What did you think of the review of 2006?
How could it be improved?

2. Is the context and prioritised humanitarian need clearly presented?
How could it be improved?

3. To what extent do response plans address humanitarian needs?
How could it be improved?

4. To what extent are roles and coordination mechanisms clearly presented?
How could it be improved?

5. To what extent are budgets realistic and in line with the proposed actions?
How could it be improved?

6. Is the presentation of the document lay-out and format clear and well written?
How could it be improved?

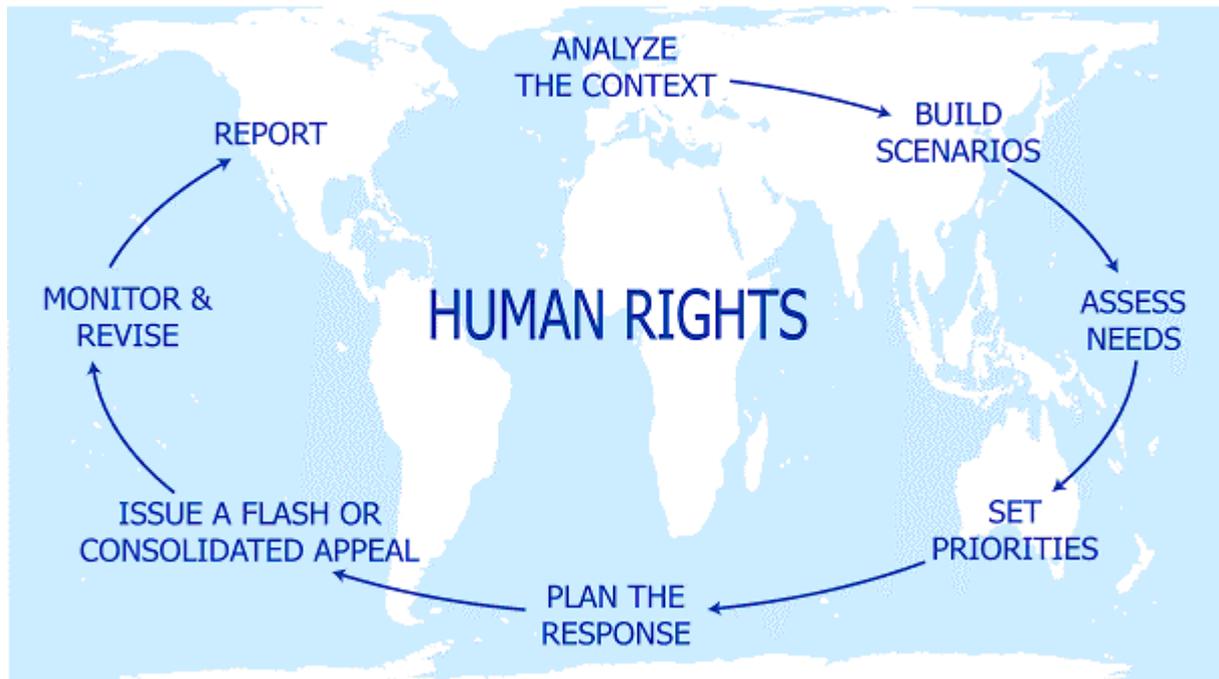
Please make any additional comments on another sheet or by email.

Name:

Title & Organisation:

Email Address:

CAP - Aid agencies working together to:



<http://www.humanitarianappeal.net>

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