

Cote d'Ivoire

Executive Summary

In 2016, Cote d'Ivoire had a new constitution and a renewed parliament and initiated constitutional changes by reaffirming its commitment to human rights and the preservation of stability and security. The Government commenced implementation of a new National Development Plan for the development of human capital, good governance and social cohesion as well as environment sustainability. The United Nations system developed a One Programme based on these strategic results and UNICEF Cote d'Ivoire developed a country programme document (CPD) and a country programme management plan (CPMP) to achieve the results of the country's National Development Plan.

In Cote d'Ivoire, maternal mortality was still high (six per 10,000) in 2016, correlating with neonatal mortality (33 per 1,000 live births). Despite a decline since 2012, child mortality remained high (96 per 1,000 in 2016). Cote d'Ivoire recorded the second highest HIV prevalence in West Africa, predominantly feminized and concentrated among adolescents, children and specific populations. Access to primary education improved with a net enrolment rate rising from 72.9 per cent in 2012 to 87.8 per cent in 2016, and the gender gap in enrolment fell. However, opportunities for children to attend preschool or pursue studies beyond primary school were still limited. Violence against children was widespread in 2016 and the national capacity to prevent and respond to violence against children remained insufficient. The child protection community outreach activities covered only four per cent of localities of the country.

The health sector developed strategic documents, the National Health Development Plan 2016-2020 and the vaccine independence initiative, with technical and financial support from the UNICEF Cote d'Ivoire Country Office. UNICEF engaged with the Government and partners to advocate for adequate financing of the health sector. UNICEF supported the Government to increase storage capacity for vaccines from 190 m³ to 630 m³. UNICEF coordinated nutrition partners in the mapping of nutrition actors and organised a national round table to mobilize resources for the implementation of the National and Multisectoral Nutrition Plan (2016-2020).

UNICEF Cote d'Ivoire worked to improve access to HIV/AIDS care of and support to children. In UNICEF's area of intervention, antenatal care centres provided services for the prevention of mother-to-child transmission (PMTCT) (77 per cent in the country) and 98 per cent provided paediatric HIV services (39 per cent in the country).

UNICEF contributed to the population's access to improved sanitation facilities, increasing from 21 per cent in 2012 to 40 per cent in 2016. In 2016, UNICEF provided access to sanitation and drinking water to additional 38,000 people who live in 119 communities that were certified open defecation free (ODF).

The community-based approach---piloted by UNICEF, integrating health, nutrition, social protection, water, hygiene and sanitation services and implemented in 48 early childhood development (ECD) centres---was endorsed by the Government and integrated in the education sector plan as a key strategy in rural areas. The Country Office supported the National Youth Policy to strengthen the education system, ensure socio-economic integration of young people, improve access to information and strengthen an adolescent-

responsive health system.

UNICEF Cote d'Ivoire advanced a roll-out of the new child protection system, enabling 4,822 child victims or those in contact with the law to benefit from improved services, and 67,000 community members to participate in the child protection community outreach programme. In addition, birth registration within the legal delay was increased by 13 per cent.

UNICEF with the Global Fund, the Directorate-General for International Cooperation (DGDI) and UNFPA strengthened national data collection and monitoring systems on child rights through the implementation of the Multiple Indicator Cluster Survey (MICS) that provided an update of almost 150 child rights indicators. The Country Office supported the implementation of an online monitoring system of the National Development Plan result matrix.

UNICEF d'Ivoire implemented planned assurance activities (103 per cent of programmatic visits, 90 per cent of spot checks and 100 per cent of planned audits). Five out of seven of the applicable procedures that streamline office practices were implemented. The enterprise risk management (ERM) was established and risk monitored and actions implemented as planned. The ERM was used in the development of the approved country programme document and country programme management plan for the period 2017-2020.

Humanitarian Assistance

This year Cote d'Ivoire was confronted with two major crises: the interethnic conflicts in the Bounkani region that shares a porous border with Burkina; and the relocation of thousands of Ivoirians and foreigners who had been living illegally in the protected forest of Mont Peko in Western Cote d'Ivoire.

These situations resulted in the population displacement, depriving children of the right to education and putting them in precarious health situations with the lack of WASH facilities. UNICEF intervened to ensure access to learning by providing 24,050 student kits and 251 teacher kits. About 500 teachers and their supervisors were trained in conflict management and peacebuilding as well as psychosocial support. UNICEF provided support to almost 33,000 internally displaced people (IDPs) with more than 2,500 of them in two sites in Bouna and 26,614 from the crisis in Mont Peko.

In partnership with the Government, MAP International, International Rescue Committee (IRC) and CARITAS, UNICEF Cote d'Ivoire ensured access to safe water and sanitation. Internally displaced persons and vulnerable populations received hygiene kits, including hand-washing facilities with soap, and were sensitized on healthy hygienic practices.

The inter-community conflict of Bouna and the eviction of the Mount Peko population did not result in clustering that would justify mass vaccinations. Instead, routine vaccination at the health centres was strengthened and helped vaccinate 7,800 children aged 6 to 59 months against measles.

The inter-sectoral response to the two humanitarian crises was implemented under the leadership of the Government, with OCHA support, through the Ministry of Solidarity, Social Cohesion and Compensation of Victims. OCHA coordinated the mobilization of the Central Emergency Response Funds (CERF) to provide a humanitarian response to the situation for the internally displaced persons of Mount Peko.

UNICEF leveraged CERF for the WASH response and co-led, with the Ministries in charge of water and sanitation, the WASH response in Bouna and Mount Peko.

To support cholera prevention, UNICEF Cote d'Ivoire organized a workshop for thirty WASH partners on the use of geographic information systems and cartographic analysis in the fight against cholera hotspots in urban and semi-urban areas.

Emerging Areas of Importance

Adolescent issues. As a flagship country, UNICEF Cote d'Ivoire focused on the second decade of a child's life. A situation analysis (SitAn) on adolescents 10 to 19 years old, conducted in 2016, revealed that adolescents and young people face hurdles to accessing health information and services, including services for protection and prevention of HIV and STIs. Poverty, gender inequality, economic status, social norms and traditions all determine adolescent access to sexual and reproductive health information and services. UNICEF identified a reference group to bring together key stakeholders around national policies and programmes and identify innovative, high-impact strategies for adolescent well-being and development. The reference group consists of ministries (for health, youth, education, social protection and family), NGO partners and UN agencies (UNFPA, UNAIDS, WHO and UNICEF). UNICEF Cote d'Ivoire was one of the countries piloting the Adolescent Country Tracker, a rights-based and intersectoral approach to develop a set of indicators particularly focused on adolescent well-being.

Urbanization and children. To address children's deprivations that result from rapid and unplanned urbanization, the Country Office promoted essential family practices in 14 slums in Abidjan reaching 33,726 households comprised of 13,267 mothers and pregnant women and 61,575 children under five.

Accelerate integrated early childhood development. ECD serves as a connector across several 2030 Sustainable Development Agenda goals that Cote d'Ivoire has signed. The Government thus had renewed interest in ECD. Under UNICEF's leadership, the education sector plan integrated components of ECD. UNICEF supported the implementation of community-based ECD centres in the most deprived areas that generated great interest by other stakeholders, especially the World Bank. In 2016, National Coordination for Early Childhood established in the Ministry of Planning in 2009, was better recognized. This coordination body, comprised of ministries in charge of ECD, led the inclusive national strategy with the UNICEF West and Central Africa Regional Office (WCARO) support.

Operationalizing the strategy, including accountabilities across sectors and secured funding, will be the challenge. UNICEF Cote d'Ivoire will pursue advocacy with the Government to anchor the ECD national coordination at higher level, given that ECD requires inter-sectoral synergies and strong political leadership.

Birth registration. The accelerated programme for the improvement of civil registration and vital statistics in Africa is an emerging area of importance in Cote d'Ivoire. The Government was engaged in the reform process for better results for birth registration and the production of statistics on births, deaths, marriages and divorce.

Strategic Plan 2018-2021

The Strategic Plan 2018 – 2021 is aligned with the Convention of the Right of the Child (CRC) and Sustainable Development Goals (SDGs) and is a solid overview of UNICEF's strategic approach to achieve results for children in the next five years. On a strategic level and to inform UNICEF planning, UNICEF might improve its consultation processes to give children and adolescents a chance to express their views and participate in decision-making on matters that affect their lives.

The UNICEF Cote d'Ivoire country programme document was developed in 2016, before the

first draft of the SP 2018-2021 was complete. However cross-sectoral issues (e.g. equity, ECD, adolescent issues and gender) had been addressed in the development of the CPD. The Strategic Plan architecture, based on sectoral outcomes, could remain a bottleneck to better cross-sectoral programming.

Summary Notes and Acronyms

AfDB	African Development Bank
ARV	Anti Retro Viraux
C4D	Communication for Development
CERF	Central Emergency Response Fund
CFS	Child Friendly School
CHW	Community Health Workers
CLTS	Community Led Total Sanitation
CMT	Country Management Team
CO	Country Office
CP	Child Protection
CPD	Country Program Document
CPMP	Country Program Management Plan
DCT	Direct Cash Transfer
DRC	Danish Refugees Council
ECD	Early Child Development
EDS	Enquête Démographique et de Santé DHS
EMIS	Education Management Information System
ERM	Enterprise Risk Management
EU	European Union
EVD	Ebola Virus Deficiency
GAP	Gender Action Plan
GAVI	Global Alliance for Vaccine and Immunization
GBV	Gender Based Violence
GIC	Global Innovation Centre
GSSC	Global Share Service Centre
HACT	Harmonize Approach for Cash Transfer
HPV	Human Papilloma Virus
HQ	Headquarters
HR	Human Resources
IDP	Internal Displaced People
ILO	International Labour Organization
IMAN	Integrated Management of Acute Malnutrition
IMS	Information Management System
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
JCC	Joint Consultative Committee
KOICA	Korea International Cooperation Agency
LTA	Long Term Agreement
MENA	Middle East and North Africa
MICS	Multiple Indicators Cluster Survey
MODA	Multiple and Overlapping Deprivation Analysis
MoE	Ministry of Education
MoU	Memorandum Of Understanding

NDP	National Development Plan
NGO	Non-Government Organization
NID	National Immunization Days
NNC	National Nutrition Council
NPSP	Nouvelle Pharmacie de la Santé Publique
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
RMS	Organizational Resilience Management System
PCA	Program Cooperation Agreement
PMTCT	Prevention of Mother to Child Transmission
PRC	Program Review Committee
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SIDA	Swedish International Development Agency
SITAN	Situation Analysis
SLA	Service Level Agreement
SMS	Short Message System
SMT	Senior Management Team
STI	Sexually Transmitted Infection
SUN	Scaling-up Nutrition
TOA	Table Of Authority
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nation Fund for Population Activities
VAC	Violence Against Children
VAS	Vitamin A Supplementation
WASH	Water Sanitation and Hygiene
WCARO	Western and Central Africa Regional Office
WHO	World Health Organization

Capacity Development

UNICEF Cote d'Ivoire supported the MoE to integrate child-friendly school standards across teacher training curriculum and to train 6,000 interns. A total of 560 teachers were trained on early detection of and response to learning disabilities. Senior MoE staff were trained to engage in education system reforms through participation in international conferences.

UNICEF Cote d'Ivoire supported a pilot project: to strengthen demand for health and nutrition services over the first 1,000 days of a child's life; to improve national health system capacity to deliver integrated services; and to increase mothers' and caregivers' demand for services. A total of 364 community health workers (CHW) were trained for this project.

National capacity for disaster risk reduction, emergency preparedness and response was strengthened through the provision of 110 computers, 100 motorcycles and 32 vehicles to the National Institute of Public Hygiene. The supply chain was strengthened and a MoU was signed with the Public Health Pharmacy to improve the management of community level medicines and therapeutic food.

A total of 68 partners were trained in participatory community-based approaches; 635 community health workers and 74 traditional healers were trained on interpersonal communication to improve the promotion of essential family practices; 95 construction

technicians and 124 marketers were trained in sanitation marketing; and three companies and three technical controllers were trained on manual drilling. A total of 250 local authorities/natural leaders and members of 474 water management committees were trained in implementing community-led total sanitation (CLTS) and sensitized on responsibilities to sustain WASH interventions.

Antiretroviral (ARV) coverage for children and for preventing mother-to-child transmission was improved with the training of 330 nurses/midwives on task-shifting and 2,691 community health workers in providing community-based HIV services.

A total of 166 social workers were trained and 12 social centres equipped with logistics to support implementation of the national child protection community outreach programme in 351 localities, reinforce community-based child protection mechanisms and improve community capacities to report violence against children (VAC) cases and refer victims to appropriate services.

Evidence Generation, Policy Dialogue and Advocacy

Following the dissemination of the education sector analysis findings on risks and vulnerabilities facing the education sector, UNICEF Cote d'Ivoire's continued advocacy, technical support and dialogue that led to the mainstreaming of conflict sensitivity, peacebuilding and disaster risk reduction in the education management information system (EMIS). The EMIS now collects, analyses and disseminates information on hazards encountered by schools and the consequences (e.g. hours lost; student enrolment drops; and the existence of mitigation mechanisms to counter the hazards).

As part of the 'All In' initiative, UNICEF supported the Ministry of Youth, Sports and Leisure's situational analysis in three priority regions where adolescents are most vulnerable. The analysis covers a range of areas such as mental health, HIV and sexual and reproductive health, gender-based violence, addictive behaviour, education, social protection and access to media. The results informed 2017-2018 strategic programming to achieve better results for adolescents.

UNICEF Cote d'Ivoire partnered through a Programme Cooperation Agreement with a local NGO (comprised of social scientists and anthropologists) and a local university to support 30 studies that generated qualitative evidence on social determinants and bottlenecks that influence child rights, and to understand social construction of rumours related to Ebola.

Under the leadership of the Government, UNICEF supported a Multiple Indicator Cluster Survey 5 (MICS5) to update almost 150 indicators on children in the strategic domains covered by UNICEF in the Cote d'Ivoire. MICS5 allowed, for the first time in the country, an assessment of water quality and a comprehensive situation overview of early child development and social cohesion. The final report will be released in 2017.

Partnerships

UNICEF Cote d'Ivoire conducted advocacy activities with the European Union and the French Development Agency that mainstreamed the issue of justice for children into 2016 and 2017 priorities. UNICEF developed a partnership with the Office of First Lady that resulted in the signing of a bilateral agreement for combatting child trafficking between Côte d'Ivoire and Ghana. The Country Office developed a constructive partnership with the International Labour Organization (ILO) to build an alliance for implementation of SDG 8.7.

UNICEF is a member of the Country Coordination Mechanism and provided support to develop the 2016-2017 extension strategic note for better accountability and efficient use of

grants from the Global Fund.

Strategic partnerships were put in place with civil society organizations including media (Union of Community Radio), religious organizations (Muslim and Christian) and with networks of traditional healers and research institutes and universities. UNICEF also partnered with the Government Information and Communication Centre.

As lead of the WASH donor group, UNICEF organized quarterly meetings with the participation of the main donors of the WASH sector: European Union, World Bank and African Development Bank (AfDB). This allowed for the updating of WASH mapping and mobilization of WASH technical and financial partners during national and international events. Joint advocacy permitted the creation of the sectoral WASH group.

UNICEF Cote d'Ivoire facilitated the coordination of nutrition partners (15 UN agencies, international NGOs and donors) that resulted in: a mapping of nutrition actors in collaboration with AfDB (co-leader); and the organization of a national round table with the World Bank, the AfDB and UN agencies. UNICEF Cote d'Ivoire carried out its duties as the lead of the UN network for SUN.

External Communication and Public Advocacy

UNICEF Cote d'Ivoire continued to align its communication and advocacy strategy within the global communication strategy three main objectives. Be the leading voice for and with children. Reach one billion people around the world. Engage 50 million people to take actions for children. To contribute to the global objectives, UNICEF Cote d'Ivoire reached out to a broad audience by reinforcing its social media activities and encouraging two-way communication.

In addition to the existing social media channels (Facebook, Twitter), UNICEF created Instagram, YouTube, Medium and Flickr accounts in 2016. While work remains to finalise visual signature and engagement, the number of followers rose in 2016. UNICEF Cote d'Ivoire launched U-Report to give a voice to children and to enable innovative real-time monitoring and information systems for improved programming, service delivery and management. It was a soft launch to gain momentum and establish a fluid process engaging youth. An official launch is planned for 2017.

Among significant events in 2016, UNICEF Cote d'Ivoire supported a UNICEF Executive Board visit, journalists' field trips, the production of eight videos featuring key programmes and events, and UNICEF's 70th Anniversary celebrations including an office 'open door' day with more than 350 children and a free concert for 4,000 children featuring local artists. All events were featured in the media and on ICON.

In 2016, the Country Office formalized collaboration with five partners under RAMEDE-CI to support the organization of media events and produce a daily press clipping. The three partnerships signed in 2016 were aimed at youth engagement and appropriation of public space: The Scouts, Children Radio Foundation and Social Change Factory. These programmes are by children, for children to voice concerns and interests.

South-South Cooperation and Triangular Cooperation

UNICEF Cote d'Ivoire promoted South-South cooperation between Cote d'Ivoire and Algeria and Morocco in the field of ECD by facilitating an information exchange between national experts of the three countries on policies and good practices for increased coverage and quality of ECD services.

UNICEF Cote d'Ivoire hosted and facilitated a regional workshop of the Directorate-General for International Cooperation/Ministry of Foreign Affairs from Netherlands (DGIS) Programme that brought together 13 countries, including delegates from West and Central Africa and UNICEF WCARO and Headquarters.

The Country Office advocated with the Government on the organization of the 7th Forum of the Rural Water Sanitation Network that took place with the participation of the Prime Minister and over 440 people from 60 countries.

National experts from Cote d'Ivoire supported Niger and Burkina Faso on the community-led total sanitation (CLTS) approach which led to the CLTS launch in these countries through the capacity building of 130 Governmental and NGO staff and the triggering of about 10 communities in each country.

UNICEF Cote d'Ivoire technically supported the organization of a study tour in Senegal on nutrition in December 2016. The tour was mainly financed by the World Bank and aimed at a better understanding of the implementation of a multisectoral nutrition strategy at decentralized and community level.

To share experience on national and regional initiatives that reduce neonatal mortality, UNICEF Cote d'Ivoire supported the participation of a national delegation and university team to a high-level meeting on neonatal health in West Africa.

Identification and Promotion of Innovation

In 2016, UNICEF Cote d'Ivoire focused innovations in two core areas:

- Youth engagement and participation to ensure youth access to information, opportunity, and choice through the deployment of U-Report. In 2016, with support from the Global Innovation Centre, UNICEF finalized the design of the U-Report Côte d'Ivoire, clarifying roles and responsibilities of the various stakeholders and operation of U-Report. UNICEF contracted with the RapidPro service provider in August 2016. The short code was attributed by telecommunications regulatory authorities. All three mobile operators agreed to open their lines to the U Reportm and the first poll was launched in December.
- Real-time monitoring (RTM) and information systems that improve programming, service delivery and management. UNICEF piloted and bring-to-scale effective RTM solutions powered by RapidPro with a focus on the education sector. Additional initiatives and investments to improve programme monitoring and management are in Phase 2 of the UNICEF innovation programme (protection, nutrition, HIV).

To improve access to drinking water in remote communities, the WASH Programme promoted low-cost WASH technologies. A manual drilling project was launched in 2014 in favourable areas to give people access to water from shallow water. Based on recommendations from the feasibility study on sanitation marketing in rural areas (conducted in 2015), pilot projects were underway in several administrative departments to create demand for sanitation and improve latrine quality. More than 500 households in five departments acquired slabs at a unit cost ranging from US\$10 to US\$30.

Support to Integration and Cross-sectoral Linkages

UNICEF Cote d'Ivoire developed a series of partnerships to promote child rights with civil society organizations including media, religious organizations, networks of traditional healers, research institutes and universities. With these partnerships, UNICEF worked to

improve the community access to information on essential family practices including birth registration, hand washing, nutrition and prevention of violence against children with a focus on girls. The CO created a framework for a coordinated utilization of agents of changes such as community media professionals, religious leaders and traditional healers by Government and civil society partners.

UNICEF Cote d'Ivoire's work on violence against children in schools is a good example of cross-sectoral collaboration. A 2016 success was the integration of indicators on violence against children into the routine data collection system of the Ministry of Education (MoE). Strategic child protection indicators were adopted by the MoE and data collection tools were redesigned for this purpose. As a result, data on violence against children in schools and data on prevention and response mechanisms will be published in the yearbooks on school statistics.

Given malnutrition's multifactorial etiology, the nutrition programme advocated to establish a multisectoral coordination approach. UNICEF worked in collaboration with the Government to push the national nutrition agenda forward. A National Nutrition Council was established in the Prime Minister's Office to strengthen cross-sector coordination and leadership for nutrition, and a multisectoral strategic plan was validated to scale-up nutrition interventions and broader nutrition-sensitive approaches through health, WASH, social protection, education and agriculture sectors. UNICEF will actively support the implementation of the plan and facilitate multi-sectorial coordination at decentralized level to tackle stunting.

Service Delivery

UNICEF Cote d'Ivoire worked to improve national capacity on collection and analysis of child protection information by integrating child protection indicators in existing sectoral information management systems (IMSs) and reinforcing IMS on child protection issues. UNICEF supported the Ministry to build an integrated IMS on gender-based violence and violence against children based on routine data from social centres. An IMS for the civil registration system was established leading to the publication of 2014 and 2015 yearbooks on civil registration statistics.

UNICEF supported the establishment of eight new ECD centres that provided integrated health, nutrition, social protection, water, hygiene and sanitation services to a total of 3,677 children in 48 ECD centres for gain in children's school readiness and gender equality. A total of 30,000 learners and 516 teachers in hard-to-reach areas were provided with education supplies easing the burden on families and improving children's attendance and retention.

Communication 4 development (C4D) interventions reached 39,323 households, 64,176 parents and 76,645 children under five, and led to community engagement in setting up promotion committees for essential family practices and essential nutrition actions. C4D also contributed to community action to prevent violence against children at community and school levels.

More than 1 million adolescents/youth benefitted from awareness raising on HIV, sexually transmitted infections (STIs) and adolescent health and well-being. A total of 1,200 STI kits were provided to school health programmes and 2,772 HIV-positive pregnant or breastfeeding women from west and southwest regions and Abidjan were initiated on ARV.

A total of 494 communities were 'triggered' through the CLTS process and 119 were certified free of open defecation (ODF). A total of 39,500 people from the ODF communities accessed drinking water through the rehabilitation of water points and the construction of

new boreholes. Water supply, sanitation and hand-washing facilities were provided to 57 schools and 10 health centres reaching 16,200 pupils and 1,570 patients.

Human Rights-Based Approach to Cooperation

A situational analysis of children in Cote d'Ivoire and a study conducted on deprivations among them that focused on regional and social disparities were used by the Government as a main diagnostic on human development for the 2016-2020 National Development Plan. The UN system did the same exercise for the 2017-2021 UN One Program.

Three of the five pillars of the Plan were related to equity in access to basic services, in human capital development and in geographical distribution of infrastructure. Also, two of the three outcomes of the UN One Program focused on equity and access to basic services by the most vulnerable groups. UNICEF Cote d'Ivoire built the architecture of the new country programme document based on problems identified through the situational analysis. The Country Office emphasized a comprehensive downstream intervention on northern region that is the most deprived region of the country. The CPMP proposes a zonal office in Korhogo (the largest town in the North) to coordinate UNICEF interventions in the region during the programme cycle.

The CO did not yet receive recommendations from the last CRC monitoring report published in 2014. However, the Government applied one of the most important recommendations: a child's compulsory education until 16 years old. The measure was included in the new constitution and a strategic plan for its implementation was drafted.

Gender Equality

UNICEF Cote d'Ivoire conducted a gender prioritization exercise that determined two gender action plan (GAP) priorities for the CO, namely: advancing girls' secondary education and gender-responsive adolescent health with the focus on girls aged nine to 16 in terms of access, retention and learning.

The Country Office supported the development of the first-ever national girls' education strategy emphasizing the vision of equity in education using equity markers on education, socio-economic status, geographic location and disability. With UNICEF Headquarters and UNICEF WCARO support, UNICEF Cote d'Ivoire organized its first girls' education gender review to ensure result-delivery for national and global targets on girls' education from primary to lower secondary education.

UNICEF advocated for gender-responsive adolescent health and supported the Ministry of Health (MoH) to improve and extend services for in- and out-of-school adolescents. Fifty health workers were trained on adolescent responsive health services. UNICEF supported national school health programme interventions among adolescents, especially girls, affected by HIV. Through interventions, 2,381 adolescents tested HIV positive (60 per cent were girls); 8,001 cases of STIs were identified; 54 per cent were treated and 3,690 pregnant adolescents benefited from antenatal care. UNICEF supported the integration of deworming and annual medical consultation within the human papillomavirus virus (HPV) prevention campaign, reaching 15,699 girls.

Gender equality was promoted at schools through the construction of separate latrines including facilities for disabled boys and girls, and for male and female teachers. A total of 162 blocks of latrines were built for 16,200 pupils and teachers. Ten blocks of latrines were built in health centres. The CO supported the establishment and training of 474 women-led water management committees along with the introduction of menstrual hygiene management in EFP promotion in ODF villages.

Environmental Sustainability

The CO developed a pilot project in productive sanitation. Using Ecosan latrines, beneficiaries recycled human urine and excreta to fertilize crops after a hygiene and mineralization process. Up to date, 1,110 households were trained and supervised to apply this innovative recycling process of sanitation products. The WASH programme will continue to communicate with Government to engage in low-cost technologies and on the efficient management of water resources by diversifying the sources of water abstraction.

A report on the environmental footprint of UNICEF Cote d'Ivoire indicated that CO2 emissions are 439.4 and 39.8 tonnes respectively. The CO vehicle emission is largest contributor to environmental pollution (40 per cent) followed by electricity (29 per cent). Measures such as combining trips and carpooling to reduce in-country and intra-city travel were introduced by the office. The CO secured funding of US\$45,000 from the Greening and Accessibility Fund to convert fluorescent bulbs to Light-Emitting Diode (LED) bulbs and to power the Information and Communication Technology (ICT) server room through solar energy. This will reduce the electricity consumption from the National Grid and CO2 tonnes emission by an average of 19.0 per cent per year. A green committee was established met on the need to "Go Green" and to reduce paper consumption.

Effective Leadership

Eleven country management team (CMT) meetings were chaired by the Representative during the year. Operations and programme management priorities were established in the annual management plan and linked to individual work plans. Risk management was a critical management priority; a one-day refresher training was conducted for all staff after the enterprise risk management (ERM) register was developed. Monitoring ERM risks and reporting on action plan implementation was a key performance indicator of the CMT, done on a quarterly basis and shared with staff.

The table of authority was updated on a quarterly basis and shared with staff. Reviews ensured no violations of segregation of duties prior to assigning roles in Vision to new staff or Officers In-charge, and monitored by the country management team.

Minutes of the community management team, security management team, the joint consultative committee and programme and operations team meetings and staff meetings were distributed to staff on the shared drive. Review of outstanding actions to ensure closure was a standing item on each committee's agenda; progress on outstanding actions shared with staff.

To foster collaboration, exchange of ideas, discussion of challenges including risk mitigation measures, operations staff participated in programme meetings and vice-versa. The CO developed the organizational resilience management system document and conducted tests of the business continuity and disaster recovery elements. The results and staff comments will update the document. The CO has no outstanding direct cash transfers (DCTs) over nine months, has improved performance in programme and HACT implementation, and only has few outstanding temporary appointments.

Financial Resources Management

Bank reconciliations are up to date, with no outstanding transactions beyond three months. The CMT monitored outstanding direct cash transfers (DCTs) and fund utilisation on a monthly basis, resulting in 3 per cent outstanding DCT within the six to nine month range. 100 per cent of RR, 67 per cent of OR and 44 per cent of ORE were utilised during the year. The remaining 33 per cent OR and 54 per cent ORE are multi-year fund and were re-phased

into 2017. CO has only US\$559 of uncommitted OR funds that expired at year-end.

Finance held a meeting with about 120 companies on the documentation to be submitted with invoices to avoid non-rejection of documentation received from vendors. This meeting served as means of finding mutually acceptable solutions to challenges faced by UNICEF Cote d'Ivoire and vendors.

The CO implemented 100 per cent of financial spot checks during the year and conducted internal HACT capacity building trainings. Feedback from UNICEF New York Headquarters indicates that the spot check reports done by internal staff were of a better quality than that conducted by contracted accountancy firms.

Briefings on new travel policy and on asset management were done to engage staff and improve awareness on the policy requirements. This resulted in significant reduction in the processing time of transactions, especially those relating to travel of Government partners. 100 per cent of PSB approved recommendations were implemented and assets reconciled in Vision. The CO submitted all schedules for the year-end closure of accounts to DFAM by the due dates.

Fundraising and Donor Relations

The overall level of funding for 2016 was US\$44.9 million. The 2016 other resources - regular (ORR) budget was US\$32.9 million. US\$8.3 million was new ORR funds mobilized in 2016 against the 2016 ORR ceiling of US\$18.8 million.

Given the resource mobilization context in Cote d'Ivoire, the CO started to develop investment cases for health, WASH, education, protection, nutrition, C4D, adolescents and HIV. These costed investment plans on sector-wide change are aligned to Government plans and used for resource mobilization/leveraging with Government and development partners, including the private sector.

UNICEF Cote d'Ivoire focused on resource leveraging and shifting toward upstream work to influence budget allocation and advocate for innovative fiscal space to cover increased funding for social sectors.

Donor relations (European Union, GAVI, KOICA, Japan, Global Fund, SIDA, UNICEF France, and UNICEF Spain) were reinforced. To diversify income sources, contact with potential donors (e.g. China, Russia, Germany, BMGF, AfDB) was initiated. The CO participated in and organized high-level donor events. UNICEF's 70's anniversary was used to revitalize donor relations.

In 2016, 35 donor reports (30 on time) and 29 proposals were submitted. A solid quality review process was in place. To build staff capacity, awareness was raised on donor priorities (results, visibility, transparency, value for money) and on positioning UNICEF Cote d'Ivoire.

Evaluation and Research

As part of DGIS funding, the Government of Cote d'Ivoire and UNICEF Cote d'Ivoire had signed a sustainability compact in 2013 that included a sustainability check (an annual formative evaluation). In line with this process, the CO hired an independent international firm to implement the evaluation, lead with Government the development of a management response and supported the Government in implementing the management response to this evaluation action plan.

UNICEF Cote d'Ivoire has been part of a multi-centre formative evaluation of the optimizing HIV treatment access for the pregnant and breastfeeding women initiative in Uganda, Malawi, Cote d'Ivoire and the Democratic Republic of Congo (DRC). This formative evaluation was part of the midterm review of the programme and was aiming to contribute to operational learning and promote accountability to the donors. CO supported a management response to the evaluation after the validation of the report; the response plan was implemented.

As part of its work on strengthening national evaluation capacities, UNICEF supported the training of six staff working with Government sector M&E offices (health, education, birth registration and planning) on the International Programme in Developing Evaluation hosting by Ecole Nationale d'Administration Publique, Quebec. UNICEF supported the participation of the national network on evaluation in the Annual African Evaluation meeting.

As part of the CPD development process, the CO planned evaluations funded at 2.2 per cent of the total cost of the Country Programme. The plan covered four evaluations of major interventions of the CPD.

Efficiency Gains and Cost Savings

The internet connectivity link was changed from V-Sat to fibre optic link provided by a local service provider in Man Field Office and about 400 per cent increase in the band-width available and annual savings of about US\$7,500. A separate mailbox for service requests was created to streamline the work flow and 90 per cent of requests were solved within the time-frame stipulated in the CO's Service Level Agreement.

Through accurate and realistic cash forecasts, the average annual monthly cash balance ratio of the CO was 20 per cent as compared to the permissible limit of 25 per cent of total replenishments. Thus, savings from cash forecasts of about US\$1 million were made available to UNICEF Cote d'Ivoire treasury.

The CO recruited for generic vacancies through the direct selection of endorsed candidates by the relevant approving authority. The measure reduced the time for recruitment for international and national officers from 65 days to 30 days and for general service staff from 65 days to seven days.

Fifteen LTAs were renewed or established in 2016 resulting in a 91 per cent savings per transaction time (from 307 to 28 hours) and monetary transaction cost of US\$6,603. The savings in staff time were used to conduct end-user monitoring and capacity-building activities for staff and partners.

Supply Management

Value of all supply input (goods and services) in USD	
Programme supplies	10,498,664
Operational supplies	336,617
Services with constructions	5,042,549
Construction (where applicable)	2,411,862
Grand Total	15,877,830
Value of supplies channelled via Procurement Services	

via Regular Procurement Services	42,649,293
via GAVI	10,583,269
Grand Total	53,232,562
Value of locally managed procurement	
Programme Supplies	4,991,908
Operational Supplies	315,167
Services	5,042,549
Grand Total	10,349,624
Total value of programme supplies in inventory recorded CO as being physically in the warehouse as of 4th of January 2017 is \$869,086 of that \$162,281 were supplies prepositioned for emergencies	
The value of programme supplies issued from local warehouses recorded by CO in VISION on 4th January 2017 is \$2,873,284	
The total value of supplies managed in the COTE D'IVOIRE CO controlled warehouse through the year is \$3,742,370	

value of construction split by programme	
SURVIE	349,525.60
PROTECTION	35,164.97
OPERATION	209,694.06
WASH	1,646,259.12
EDUCATION	171,218.42
TOTAL	2,411,862.17

With funds from GAVI, UNICEF Cote d'Ivoire constructed within nine months a vaccine cold room with a volumetric storage capacity of 440m3. This cold room increased the storage capacity of the Government by 231 per cent, from 190 m3 to 630 m3.

UNICEF is a partner of choice, evidenced by the World Bank that requested that UNICEF use the US\$4 million savings, realized from a US\$10 million-funded project for Ebola virus disease, to procure vehicles, motors and computers to strengthen Government emergency response capacity for epidemics, and for installation of water points at health centres.

An evaluation was conducted on partners' logistical capacity for nutrition and HIV/AIDs. The results were used to build capacity on logistics. Four end-user monitorings were undertaken to check supplies, boreholes, latrines and medicines and the findings were shared with partners.

UNICEF conducted a one-day session on procurement and ethics for 120 vendors. The UNICEF Representative stressed the importance of ethical conduct and the mechanisms that exist for reporting on ethical issues. This session improved co-operation, communication and explanation of UNICEF practices, including solutions on challenges.

An agreement for the management of stock and logistics was signed between UNICEF Cote d'Ivoire and MoH. The transfer of responsibility for the management of stocks and logistics to the Government will improve management of the supply and logistics chain for these products.

Security for Staff and Premises

All security recommendations were implemented and the CO ensured that residences of international staff were Minimal Operations Security Standards (MOSS) compliant. UNICEF Cote d'Ivoire facilitated support to national staff for salary advances for residential security improvements. The Representative participated in senior management team meetings and UNICEF collaborated with UNDSS on security-related matters.

The CO's communication tree, based on SMS and phone call system, was tested periodically. During the terrorist attack in Bassam in April 2016, the CO accounted for all personnel (staff and consultants) within 10 minutes.

The CO conducted, with UNDSS support, a minimum of six security briefings including questions and answer sessions on security during the year. All personnel completed their mandatory security training, monitored monthly by the CMT and in the induction package of new personnel. The CO kept a up-to-date database of staff and their dependents with contact details and location of their residence. All vehicles were equipped with UHF and VHF radios and staff on field missions were required to conduct checks (radio, preferable or telephone call) with UNDSS at pre-determined locations. Satellite phones were provided to staff where radio coverage is difficult. Satellite phones and B-GAN equipment were available in the country and to field offices for emergency communication as required.

Human Resources

The Country Office finalized a new CPMP and 98 per cent of all proposed changes were approved by the PBR. The staff association sent an official memo to the PBR indicating that the CPMP process led by management was consultative, participatory and transparent.

UNICEF Cote d'Ivoire supported the implementation of the new talent management system, record management, and transition to GSSC. One staff co-facilitated the WCAR TMS training in Abidjan and Budapest and provided regular support to human resource (HR) colleagues in WCAR and beyond. The CO was first in WCAR to commence and finalize recruitment within the new talent management system (TMS).

Training on the competency-based interview was done for UNICEF Guinea and UNICEF Niger and the CO supported the mass recruitment drive of UNICEF Cameroon. Trainings were conducted on the use of TMS, ACHIEVE, MyCase and on issues relating to work-life balance, types of appointments, performance management, sexual exploitation and abuse and results based management.

Weekly monitoring and follow-up on the status of implementation of mandatory trainings (i.e. basic/advanced security, ethics and integrity, HACT, FACE form, UN Cares/HIV in the workplace, UN human rights and responsibilities, prevention of sexual harassment and abuse of authority) resulted in an overall office completion rate of 95 per cent. All staff completed the performance planning in Achieve and were finalizing year-end evaluations. Management monitored leave plans, resulting in a leave plan implementation rate of about 96 per cent.

To attract talent, HR participated in a job recruitment fair and had bi-lateral meetings with recruitment agencies to explain the UNICEF Cote d'Ivoire recruitment process and benefits

of working in UNICEF.

Two out of three recommendations of the Global Staff Survey were completed. Implementation of the recommendation on staff career development was in progress.

Effective Use of Information and Communication Technology

To improve Internet connection, the fibre optic link was upgraded from 6 megabits per second (mbs) to 10 mbs. V-Sat was changed to fibre optic link for internet connectivity in the field office in Man. Staff could use video features of Skype for Business, and 100 per cent of staff association meetings were conducted using Skype for Business including contracts review committee meetings. Trainings were conducted on Office 365 application including one drive and the applications used more frequently in the collaboration and sharing of documents and calls, including recruitment interviews conducted using Skype. The deployment of a replica active directory server located in alternate disaster recovery site was complete. Successful ICT disaster recovery tests were conducted on the alternate site using this server.

Aligning the communication strategy with the global communication strategy, UNICEF Cote d'Ivoire reinforced its online presence by increasing activities on social media and creating an Instagram and Flickr accounts. The soft launch of U-Report platform in December was an achievement. With a population of 50 per cent under the age of 18 years old, investing in social media to reach youth and give them a voice, engage them in two-way communication was a priority for UNICEF Côte d'Ivoire.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Children and women - especially in the most vulnerable households - have access to a package of high-impact interventions for child survival.

Analytical Statement of Progress:

Despite the efforts of the Government and development partners, maternal and child mortality remain high in Cote d'Ivoire. More than six women per 1,000 live births die during pregnancy, childbirth or within the two months following delivery in Cote d'Ivoire. Maternal mortality is highly correlated with neonatal mortality at 33 deaths per 1,000 live births. Despite a decline from 125 per 1000 live births in 2005 to 96 in 2016, child mortality remains high with significant regional disparities. This situation requires urgent action at all levels to scale-up high-impact interventions.

To strengthen governance in the health sector, UNICEF in collaboration with WHO, UNFPA and other partners, provided technical and financial support to the Government in the development of major strategic documents for maternal and child health: i) National Health Development Plan 2016-2020, ii) National Strategic Plan for Mother and Child Health 2016-2020, iii) Comprehensive Multi-Year Plan for the Expanded Program on Immunization 2016-2020 and the Operational Action Plan 2016, iv) Analysis of the situation of the Newborn for the development of Every Newborn Action Plan) Adoption and signature of the Vaccine Independence Initiative.

In addition to the strategic documents, UNICEF initiated sector-wide advocacy for adequate funding of the health sector, including primary health care with the Government and various partners to establish the basis for an efficient health system to achieve the SDGs by 2030. After analysis of the main bottlenecks to effectively address the problem of reducing maternal and infant mortality, there is a chronic underfunding of the MoH (below 6.6 per cent

of the national budget against 15 per cent recommended by Abuja Declaration). Moreover, around 70 per cent of the budget is directed towards the tertiary sector to the detriment of primary health care. An innovative approach to health sector financing is being developed with a view to accelerating the achievement of Objective 3, in particular, targets 3.1, 3.2 and 3.3 of the SDG.

UNICEF took action to strengthen the health system through:

- Strengthening national cold chain capacities to deliver quality services with a central store of 11 cold rooms covering the national needs in terms of vaccine storage, four refrigerated trucks to transport vaccines and 916 refrigerators and 390 solar refrigerators.
- Strengthening capacities of the INHP for surveillance and response to epidemic and other emergencies with 110 computers, 100 motorcycles and 32 vehicles,
- Strengthening supply chain management of medicines at community level with the signing of a MoU with NPSP.

UNICEF contributed to the delivery of essential health interventions with a focus on community-based interventions in areas with highest rates of maternal and child mortality. As a result, the promotion of Key Families Practices (KFP) and the implementation of Integrated Community Case Management (iCCM) are gradually being scaled up. All health districts (82) now have a pool of regional trainers for iCCM and KFP. UNICEF supported the implementation of iCCM in 72 per cent of districts (59/82) during 2016 to provide care to more than 1.1 million children under five living in disadvantaged areas. 4,022 CHWs were equipped with bicycles and 77 health workers supervising CHWs received motorcycles. In collaboration with partners, advocacy is underway and will be continued in 2017 to remove this bottleneck and the lack of funding for pneumonia and diarrhoea commodities must be addressed.

Regarding maternal health, maternal death surveillance was set up in all health districts. The riposte to prevent further women's deaths by the same causes is still weak with only 26 health districts out of 82. According to Basic Emergency Obstetric Neonatal Care (BEmONC), progress still needs to be made as only one per cent of health centres are operational on a 24/7 basis to provide functions of BEmONC. Qualified HR distributed in first-contact health centres, as well as necessary equipment, are to be addressed to ensure the effective delivery of BEmONC for impact on the reduction of maternal and neonatal mortality.

Over seven million children under-five were protected against polio during national immunization campaigns. Cote d'Ivoire was declared Polio-free on December 2015, and first HPV vaccination campaign was conducted in Abengourou and Korhogo with a coverage of 98 per cent of expected targets.

To deliver the above-mentioned results, UNICEF worked in close in collaboration with GAVI, Global Fund, World Bank, Muskoka (France) and H4+ (Sweden).

2017 will be the first year of the new CPD. The aim is to provide a solid basis to reform the optimal financing of the health system with a focus on access for the entire population to primary health care. Further, work will improve the quality of care and services, especially for new-borns, by providing essential neonatal care and for pregnant women during pregnancy until delivery. The management of postpartum haemorrhage, especially by atonic uterus, the highest cause of maternal mortality in Cote d'Ivoire, will be improved with new technologies. The same actions will apply to strengthen care for new-borns. These new interventions will complement the achievements of the preceding cycle including the continued scaling of

iCCM and strengthening immunization and supply chain strategic products, including vaccines.

OUTPUT 1 By the end of 2015, communities in areas with high maternal, neonatal and child mortality rates, have the capacity to implement health promotion, disease prevention activities and fight against HIV.

Analytical Statement of Progress:

In Cote d'Ivoire, availability of and access to health services is limited, especially in rural and remote regions such as the north. Demand for health services is limited, resulting in high maternal and child morbidity and mortality rates.

To address this situation, UNICEF prioritizes the delivery of high-quality health services at facility level while enhancing community-based approaches and communication for development activities. In this regard, UNICEF, in collaboration with the Global Fund and other health partners, supported the MoH in the implementation of a package of high-impact interventions at community-level, focusing on the promotion of KFP, prevention of child illness and HIV-prevention. UNICEF supported the implementation of community-based activities in 59 health districts and 3,612 CHWs from 51 districts were trained in 2016 and involved in iCCM, in addition to the 410 CHW trained before 2016. To date 4,022 CHWs and their supervisors in 59 districts were trained and received the necessary tools and equipment (bikes) for the treatment of child illnesses and promotion of KFP. More than 1.1 million children under five were targeted to receive treatment of child illness (malaria, diarrhoea, and pneumonia) in disadvantages areas. But lack of funding for pneumonia and diarrhoea commodities must be addressed for the next years.

In peri-urban areas, promotion of KFP in 14 precarious wards of the health districts of Port-Bouet Vridi and West Abobo in Abidjan was reinforced. These interventions covered 33,726 households out of 62,993 eligible households for KFP, the focus was on exclusive breastfeeding, use of LLINs, the birth declaration and supplementation of vitamin A. A total of 13,267 mothers of children aged 0-5 years and 61,575 children aged 0-5 years were reached. In addition to that, 5,152 pregnant women were sensitized to respect prenatal consultations.

For immunization services, the report of the EPI external review (2015) revealed that 92 per cent of parents said vaccination is a safe way to protect children against diseases. In addition, health-seeking behaviour in the case of childhood illness improved with 95.2 per cent who declared knowing it in the report on equity in access to health services, published in 2015. All these interventions improved ability of the communities/households in terms of disease prevention.

In 2017, the focus will be on partnership with civil society, including media professionals, religious organizations, traditional leaders to strengthen the promotion of maternal, newborn and child health.

OUTPUT 2 By the end of 2015, in areas of high maternal and child mortality, the health technical platform is reinforced according to national norms (including cold chain equipment) to ensure that at least 80 per cent of the population have access to an appropriate continuum of care

Analytical Statement of Progress:

The disastrous consequences of a decade of political conflict on the health system (destruction of health infrastructure, shortage of qualified personnel in areas severely be affected by the crisis) persist and the health sector is under-funded. Despite obvious needs, adequate resources are not allocated to the health sector for the renewal of the

infrastructures and technical platforms. As a consequence, the infrastructure required to ensure the continuum of care for children under-five and their mothers is not in place. At the same time, the essential drugs (Injectable Antibiotics, Antenatal Corticosteroids, Oxytocin, Misoprostol, Magnesium Sulfate, Chlorhexidine, Resuscitation Equipment, Amoxicillin, ORS, Zinc, contraceptive implants, female condoms, emergency contraception) are not available. An important gap of 451 health centres at national level was identified by a 2015 health map of Cote d'Ivoire. The health map is a management and planning tool that provides a vision of the health care needs of the population of a country. Donor and health partners continue to strengthen health facilities and provide essential drugs and equipment in the most vulnerable regions.

In 2016, UNICEF contributed to the following results to improve access to health services for 300,000 pregnant women and two million children under-five:

- 147 health centres in 12 health districts out of 82 equipped with basic delivery kits in eastern, northern and western regions,
- 141 health centres in 12 health districts out of 82 equipped with basic newborn resuscitation kit in north, north-west and northeast regions,
- Three districts in north, north-west and north-east regions equipped with anatomical models for training of health workers according to the approach helping mother and baby survive,
- 226,000 doses of chlorhexidine, equivalent to a quarter of national need, was acquired for new born umbilical cord care in public health facilities at national level.
- 25 health centres in 12 districts equipped for BEmONC,
- 129,000 ORS/Zinc kit/PAC, 10,500 Tab/PAC-100 Amoxicillin 250mg disp. and 15 200 Tabs/PAC-100 Paracetamol 100 mg disp. acquired for the correct management of infantile diseases,
- Vaccines cold chain strengthened with the procurement of 11 cold rooms, 916 refrigerators, 390 solar refrigerators and one generator 500kVA of cold chain equipment at central levels.

The complementarity and flexibility of Muskoka, H4 + and Thematic Funds allow to increase coverage of high impact interventions for maternal and child health through the acquisition of essential drugs and equipment.

In 2017, priority will be on strengthening the technical equipment of health facilities in priority areas to make available BEmONC. Similarly, advocacy will be reinforced to mobilize resources for financing drugs for diarrhoea and pneumonia at the community level.

OUTPUT 3 By the end of 2015, coordination, monitoring and supervision of health interventions are reinforced at central and local level

Analytical Statement of Progress:

In 2016, UNICEF supported the development of the NHDP monitoring and evaluation plan 2016-2020 as well as National Strategic Plan for Mother and Child Health 2016-2020. At the community level, the mapping of CHW was conducted; 6,500 CHWs at the national level were listed with an uneven distribution across the country. According to the national standards of one CHW for 500 people, this number of CHWs does not cover national needs.

The District Health Information System 2 (DHIS2) and the Electronic Logistic Management Information System (eLMIS), established in 2015 with the support of UNICEF, Global Fund, MEASURE and World Bank, became operational in 2016 in all 82 health districts. By 2017, these two systems will be interconnected allowing a detailed analysis of health information for decision-making. Today the strategic information needs is related to the linking of epidemiological data and logistic data in order to better follow-up the evolution of drugs

stocks at the national level. Regarding the coordination of health sector interventions at the national level, UNICEF actively participated in the health sector cluster meetings that were an institutional framework for coordination.

Regarding the monitoring at decentralized level, there is no overall formal monitoring and supervision system in place. As a result, supervision and monitoring activities are not regularly conducted and data collection tools are not harmonized or systematically designed to obtain disaggregated data needed for more effective planning and decision-making. The monitoring of the minimum package of interventions (EPI, Antenatal Care Curative Care, delivery by qualified personnel, PMTCT, post-natal care and family planning) was continued in the 27 health districts supported in 2015 without financial support.

Maternal death reviews were conducted in 26 health districts with high maternal mortality rates. The review covered from 24 August 2014 to 20 June 2016. The database was fed by case-by-case notifications of maternal deaths. Reported cases came from public health establishments and the completeness of the data was low due to the under reporting of the cases (four regions out of 20). Private sector is not yet contributing to Maternal Death Surveillance and Response; 1,570 registered cases were analysed; 38 per cent of the total deaths were reported by four health regions: Abidjan 2, Abidjan 1 Grands Ponts, Gbê,kê, and Hautassandra. Postpartum haemorrhage is the leading cause of maternal deaths (42.17 per cent) in Côte d'Ivoire.

UNICEF's challenge for 2017 will be to ensure neonatal death reviews will be integrated with maternal death reviews. The neonatal deaths review is used to count i) the number of new-borns who die, ii) the exact time of their death (during delivery, one week after childbirth or days after birth up to 24 days) iii) determine the cause of death and to take actions to ensure that furthers new-borns will not die for the same causes.

OUTPUT 4 By the end of 2015, emergency preparedness and response capacity exists at national level and the programme is able to provide an adequate response to emergencies in accordance with CCC standards.

Analytical Statement of Progress:

In 2016, Cote d'Ivoire registered two humanitarian situations: the inter-community conflict in Bouna, and the eviction of the population of Mount Peko and displacement.

There was no specific clustering that demanded mass vaccination. However, routine vaccination at the health centres was strengthened and helped vaccinate 7,800 children aged 6 to 59 months against measles. Other health interventions such as deworming and the management of disease cases was supported through the routine activities at health facility level.

To support capacity development for disaster risk reduction, emergency preparedness and emergency response, UNICEF support in collaboration with the Word Bank, strengthened capacities for the National Institute of Public Hygiene for surveillance and response to epidemic and other emergencies. In this context, national capacities were strengthened with the rehabilitation of a large warehouse at Daloa in the Ouest of Cote d'Ivoire to allow the building of a strategic stock that will be easily to mobilize for a response. The warehouse will store equipment and other accessories for the strengthening of national capacities in the face of emergencies.

In 2016, the following materials and equipment were acquired to strengthen INHP capacities: 55 desktop computers with inverter, 55 printers, 55 laptops, 32 pick-up vehicles and 100 motorcycles. The materials were provided in addition to the equipment and materials provided in 2015 that included 126,000 Personal Protective Equipment for health

workers, vehicles/motorcycles (16 pick-ups, 4 Prado vehicles, 100 motorcycles and 26 ambulances), drugs for the management of epidemic emergencies, medical equipment/accessories for the management of epidemic emergencies.

The interventions strengthened national capacity to respond effectively to emergencies.

In 2017, national capacity to respond to emergencies will be strengthened to reinforce the health system (focus on primary health care) and emergency preparedness. The Ebola outbreak showed that the basic health infrastructure in Sierra Leone and Liberia was so weak that the epidemic could not be responded to properly.

OUTPUT 5 By the end of 2015, polio eradication certification criteria, pre-measles elimination, elimination of Neonatal Tetanus and control of yellow fever's objectives are reached

Analytical Statement of Progress:

Since July 2011, Cote d'Ivoire has stopped the circulation of Wild Polio Virus and was certified polio free in December 2015. No measles or yellow fever epidemic was reported and the neonatal tetanus elimination status was maintained.

At national level, the polio campaign was organized in February and April 2016: 8,257,486 and 8,382,281 children aged 0 to 59 months were vaccinated against polio.

Reported routine immunization coverage were BCG (95 per cent), OPV3 (80 per cent), Pentavalent 3 (95 per cent), VAR (84 per cent), VAA (75 per cent) and the TT2 + (82 per cent) from January to September 2016.

According to the notification system for vaccine-preventable diseases, most health districts reported at least one suspected case of vaccine preventable diseases: i) AFP: 78/82, ii) measles: 79/82, iii) yellow fever: 79/82 and iv) neonatal tetanus: 4/82.

In 2017, to address the stock-outs, UNICEF and Government agreed to utilize the Vaccine Independence Initiative in Cote d'Ivoire. The Vaccine Independence Initiative (established by UNICEF and WHO in 1991) supports lower-middle income countries working to become self-reliant in vaccine procurement. It offers four advantages: participation in a pooled procurement mechanism through UNICEF; benefitting from economies of scale; payment after delivery instead of in advance; and payment in local currency as permitted by UNICEF treasurer. In current vaccine market dynamics, access to a pooled procurement system supporting a vaccine security strategy is of significant value.

Better advocacy will target Government actors ensure sustainable funding for immunization. In addition, major bottlenecks in immunization such as supply chain management, procurement and data management will be addressed. Focus will be on data quality, management of cold chain progress made in 2016, and monitoring programme performance.

OUTCOME 2 By the end of 2015, children are better protected against exclusion, violence, abuse, and exploitation through a strengthened child protection system.

Analytical Statement of Progress:

With UNICEF advocacy, a Child Protection Community Outreach Program was adopted in May 2016 by the Government. An initial period of 36 months was planned to carry out interventions to raise awareness and change behaviours on key child protection issues affecting vulnerable children and families. UNICEF provided assistance to implement a programme in six targeted regions. During the first eight months of implementation (from May to December 2016), the programme reached 351 localities representing 23 per cent of

the final target. Community awareness raising and mobilization activities reached around 67,000 persons including 27,000 children. This work was implemented in partnership with the NGOs CARE and Fondation Djigui.

UNICEF continued to support Government efforts in building services and capacities to better protect children at operational level through implementation of national standards on specialized child protection services (Welfare and Justice) in pilot regions. This will produce evidence of models of performance and cost efficiency to support advocacy for extension at national level with direct financing from the state budget.

Child justice services were set up in four courts with coordinated support from the French Development Agency (that provided supply and logistic support for deployment of services) and UNICEF (that supported training personnel of targeted courts on national standards on child justice services). UNICEF worked in close coordination with UNDP for effective integration of child protection in the implementation of the security sector reform policy that allowed on-the-job training for 124 members of the security forces on child protection. As a result, 3,693 children (including 3,034 children in contact with security forces units, 244 children victims of violence or other right violations, 73 children witness and 342 children in conflict with law) had access to better child justice assistance.

In birth registration, UNICEF played an active role in supporting the Government and civil society for strengthening civil registry services, birth registration promotion in targeted areas, and in advocating for civil registry reform in the long term. UNICEF action to strengthen capacities of civil registry services contributed to the increase in new-born birth registration from 47 per cent in 2015 to 60 per cent in 2016. Monitoring civil registry services was improved with 97 per cent of civil registry services participating in the Information Management System of the Ministry of Interior. The reform process of the civil registration system was effectively launched with coordinated support of UNICEF and the AfDB.

In child labour and child trafficking, joint support from UNICEF and ILO to the Office of the First Lady permitted the signing of a cooperation agreement to fight child trafficking between Côte d'Ivoire and Ghana. With funds from the Dutch National Committee, 250 children were supported to leave the WFCL and return to education or vocational training in partnership with the local government agency ANADER. UNICEF hired a consultant to undertake a Child Rights Impact Assessment for the Cocoa Supply Chain. This will be completed in 2017 providing a new platform for engagement with the private sector.

Despite progress, violence against children, particularly sexual violence, is widespread and national capacities to prevent and respond to violence against children remain insufficient. Child protection community outreach activities covered less than 4 per cent of localities in the country and child friendly justice services are only offered in four out of 36 courts. In 2016, more than 1,370 children in contact with the justice system did not receive adequate assistance with regards to the Beijing Rules and this number will increase every year in the absence of adequate measures. Coverage of specialized child protection services remains insufficient (only six regions out of 31 are covered).

Assistance to children in need of alternative care remains a concern with more than 500 children living in residential care (without clear standards) and an unknown number of children living in informal foster families. The current child protection system is still facing challenges in terms of coordination, identification of child victims, appropriateness and sustainability of protection services, and routine information management. A greater focus needs to be given to working with communities, developing services adapted to the context, and ensuring that we have hard evidence of what works before going to scale.

For the coming years, renewed efforts will be made on: (i) improvement of prevention activities on violence, abuse and exploitation against children for at least 1,149 new localities, ii) improvement of national response capacities on violence, abuse and exploitation against children through enhancement of the child justice system through establishment and support to the functioning of child justice services in at least 50 per cent of courts of the country (14 additional courts), support for the upgrading of child welfare services in line with national standards finalized in 2015, enhancement of more formal child protection alternative care facilities through establishment of a formal network of foster families and to adoption and implementation of national guidelines on alternative care, v) improvement of birth registration in the country through awareness raising activities, supporting interoperability between health and civil registration systems for systematic registration of new-borns, and support to civil registry sector reform.

OUTPUT 1 By the end of 2015, the number of child victims detected and referred increases 20 per cent through case detection & referral systems strengthening.

Analytical Statement of Progress:

Early detection and referral of children at risk or victims of violence to formal Government and NGO child protection services is still a key challenge in Cote d'Ivoire, as social norms and weak understanding of the impact of violence on children's survival and development, taboos and the silence of victims limit the chances of detection or self-reporting. There are no data available this year on the incidence of violence, abuse and exploitation on children. Data was collected in 2016 on the issues for the MICS and the National Employment Survey (ENSECI 2016), but the reports will be published in 2017.

To respond to violence and abuse in communities, the ministry in charge of child protection established with UNICEF support the community-based system to detect and refer child victims in 214 areas. It was designed so cases reported to community leaders, teachers or local child protection committees are referred onto the Government and NGO services. This year, 1,129 child victims of violence and abuse were identified and responded to through coordinated efforts of the local child protection platforms (a coordination mechanism for child protection actors at local level). The actors in the local platforms work together to ensure that cases once identified can be referred between different services---health, justice, social support for reintegration etc. It should be noted that the number of child victims identified and referred for services is not yet increasing on an annual basis and more needs to be done to truly link the informal (community leaders and groups) and the more formal (Government and NGO services) actors in the child protection system.

In 2016, the routine administrative data collection systems and publications on violence, exploitation and abuse of children were reinforced. The MoE integrated the indicators on violence in school including physical violence and sexual violence in the statistical campaign. To prevent violence in school, the MoE strengthened the capacity of 560 teachers in detection and response to violence.

The Ministry of the Promotion of Woman, Family and Child Protection collected data through the GBV IMS. However, to improve the database, UNICEF will support the integration of child protection indicators into the GBV IMS in cooperation with UNFPA. An integrated and comprehensive routine data collection and management system for the social welfare sector that includes cases managed by more informal actors and community actors - would better reflect protection results and needs expressed at field level.

The process of establishing the database on justice for children is ongoing.

Finally, the routine administrative data collection systems and publications on violence, exploitation and abuse of children including violent deaths and injuries are ongoing.

OUTPUT 2 By the end of 2015, the institutional framework for implementing and monitoring child protection measures is strengthened.

Analytical Statement of Progress:

Following the finalization in 2015 of the National Child Justice Policy document, the National Standards for Specialized Child Protection Services and the National Standards for Child Justice Services, the country focused its efforts in 2016 on support to establishing coordination mechanisms planned within these documents at central, sub-national and local levels. UNICEF advocated with key ministries in charge of child protection and justice for the official establishment of policy implementation mechanisms.

UNICEF provided technical assistance to the ministry in charge of child protection for the elaboration of an official decree establishing national standards on alternative care with clear guidelines on the establishment of foster care families and the creation and functioning of residential care structures.

At sub national level, six regional child protection coordination mechanisms, including all the regional child protection services, were officially established in 2015. In 2016, UNICEF provided material and technical support to the mechanisms.

The process of establishing a steering committee for implementation of the child protection policy was constrained by the lack of a cross-sectoral platform of discussion between ministries with mandates on child protection (Ministry of Women, the Family and Child Protection, Ministry of Employment and Social Protection, Ministry of Justice, Ministry of Education, Ministry of Health). A draft decree was submitted for adoption by the minister in charge of child protection and is awaiting official adoption.

In 2017, UNICEF will work with Government on the setting up of coordination mechanisms planned in policy documents, but on the establishment of an operational cross-sectoral framework between ministries and technical departments with mandates on child protection in order to improve cross-sectoral dialogue and coordination on child protection issues. The focus will be on implementation and on the measuring of results over time. UNICEF will carry out a baseline survey in the target regions and set up an information management system for child protection more broadly in the country.

OUTPUT 3 By the end of 2015, 80 per cent of detected children victims of violations access to services adapted to their special needs (PSS, medical, legal).

Analytical Statement of Progress:

Support was provided to improve access to adequate services for children in contact with the justice system through training of 75 personnel in four pilot courts that allow them to provide assistance in line with national standards on justice for children. With support of UNICEF and French Development Agency, child justice services in targeted courts provided services to 3,693 children including 3,034 children in contact with security forces, 244 children victims, 73 child witnesses and 342 children in conflict with law. Children in contact with the justice system in target areas received better treatment characterized by: i) a reduction of the delay of judicial procedures (82 per cent of child cases were fully treated and closed within a 72 hours delay during the police investigation step of the procedure) and ii) increase in decisions in favour of alternatives to child detention (51 per cent of decisions in the four pilot courts in 2016 were oriented on alternatives to detention compared to 18 per

cent in the other courts of country and in all courts in 2012-2013).

UNICEF supported 12 social centres to better assist child victims, enabling 1,129 child victims of violence, abuse and exploitation to receive adequate assistance. Support to enhancement of coordination of local services for child victims was provided in 10 districts through technical assistance and guidance for functional integration between existing platforms (coordination mechanisms for local service providers) with direct links with child protection (OVC, GBV, child protection).

At present, it is not possible to report on the percentage of child victims identified who received adequate services. This will only be possible when routine data collection systems are functioning.

A partnership between UNICEF and UNDP contributed to strengthen capacities of 124 members of national security forces on child protection and allow them to better understand child rights and take them into consideration in their routine tasks.

Many gaps persist in access of child victims to adequate services. Only 12 out of more than 120 social structures and four courts out of 36 are deploying child protection services in line with national standards. VAC in schools remains a concern, but mechanisms for early detection and referral of student victims to services are only available in 544 schools, out of more than 17,000 schools in the country.

In the coming years, UNICEF and Government will focus on building capacities of social centres and courts to provide assistance in line with national standards, ensuring that national standards are appropriate and sustainable, enhance mechanisms for prevention of violence against children at school and early detection and referral of victims in schools of eight targeted districts, enhance work with community leaders and the health sector to improve care for vulnerable children and families.

OUTPUT 4 By the end of 2015, the birth registration rate in six targeted district (Bouaké, Korhogo, Bondoukou, Man, San Pedro et Odienné) increases 5 per cent.

Analytical Statement of Progress:

In 2016, UNICEF continued to play an active part in promoting the process of civil registry reform. The national rate of birth registration is 60.5 per cent according to the statistical yearbook. In the target areas, the rate of birth registration increased from 51 per cent (2014) to 67 per cent (2016). The rate increased by 16 per cent due to actions to raise awareness and strengthen the quality of services.

UNICEF provided support to the Ministry of Interior to engage the process of the evaluation on birth registration. UNICEF initiated the establishment of a working group of technical and financial partners to coordinate their activities and their support.

At the community level, UNICEF supported the National Identification Office to implement the new mechanism of birth registration in 561 localities in the south-west.

UNICEF continued to support the legal aid clinics in six districts of the country. A joint support from UNICEF child protection and education sections to the Ministry of Interior permitted to provide a birth certificate to 18,840 unregistered students. This year a total of 26,126 children not registered in the legal delay were provided with birth certificates due to joint support from UNICEF and UNHCR for mobile legal clinics. To improve the knowledge of the population on birth registration, UNICEF signed an agreement with local radios and religious guides. Awareness raising was carried out by legal aid clinics in the target areas.

To avoid disruption of essential stationary, UNICEF provided the Ministry of Interior with birth records to register over 500,000 children and to improve the quality of services. UNICEF provided computer equipment to more than 120 civil registry centres.

The Ministry of Interior collected vital statistics and published it through the statistical yearbooks on civil status. The routine administrative data of the Ministry of Interior provide the data on the rate of registration and the number of children registered by the civil registry centres, 97 per cent of the civil registry centres provided the data to the central service. UNICEF supports the Ministry of Justice to strengthen the capacity of the civil registration staff and Magistrate covers 78 per cent of the civil registration centres. With direct support of UNICEF Child Survival and Development section, the MoH trained 408 health workers to support the work on birth registration. Health workers play a key role in ensuring that births are registered by working with mothers during pre-natal visits to include this in their birth plan and by registering the birth itself and transferring information to the civil registry services.

In 2017, UNICEF will play a lead role in the reform of the civil registration and vital statistics system, in line with the accelerated programme led by the AU. UNICEF will work on behaviour change of parents and on dealing with the backlog of children who do not have a birth certificate.

OUTPUT 5 By the end of 2015, in targeted priority areas of intervention, communities and child protection actors develop competencies for a public opinion and community/family practices favourable to child protection.

Analytical Statement of Progress:

To enhance national capacity on community-based child protection and awareness on prevention of violence, abuse and exploitation against children, UNICEF focused its efforts on advocacy for the adoption of a national Child Protection Community Outreach programme and its implementation in six target areas. The programme document was finalized with joint support from UNICEF Child Protection and C4D sections to the Department of Child Protection of the Ministry of Promotion of Women, Family and Child Protection and was adopted in May 2016. The programme aims to strengthen community-based child protection mechanisms in 1,500 localities by 2019 through awareness raising activities and the setting up of children's forums.

UNICEF and the International Cocoa Initiative provided joint support to the Ministry in charge of Child Protection to train 166 government social workers on the new Community Outreach Program. Logistical equipment was provided for the 12 social centres in target regions and enabled them to reach 351 localities. Community awareness activities implemented through the national child protection community outreach programme reached around 67,000 persons. They were informed about key child protection issues and the importance to set up community-based mechanisms led by communities themselves to prevent violence, abuse and exploitation against children living in the targeted communities.

In parallel to its support for implementation of the Child Protection Community Outreach programme, UNICEF supported a media communication campaign for the prevention of violence, abuse and exploitation against children through a strategic partnership with the community radio network. An estimated number of 6,198,000 persons were reached by the media campaign including 1,994,000 women/girls.

UNICEF worked on reinforcement of mechanisms of prevention of violence against children at school and gave support to the MoE for awareness activities on violence against children that covered 544 primary schools; 544 staff of targeted schools were trained as child

protection focal points in their respective schools.

Major challenges in 2016 for this output were on measuring the changes that the awareness raising and communication were having on the lives of families and children.

A focus for 2017 will be on setting baselines and measuring shifts in social norms and behaviour over time.

OUTCOME 3 Children, adolescents and young people vulnerable to HIV and AIDS have access to information, life skills education and services to ensure their rights are promoted and respected.

Analytical Statement of Progress:

Cote d'Ivoire records the second highest HIV prevalence in West Africa (3.7 per cent), predominantly feminized (4.6 per cent female vs 2.7 per cent male). ARV coverage was about 35 per cent for adults (15 years and above) and 24 per cent for children (0-14) in 2015.

In 2016, significant progress was made in PMTCT. Nationally 87 per cent of HIV-positive pregnant and breastfeeding women have access to ARV (against 70 per cent in 2014), 78 per cent of first contact health centres have integrated PMTCT and 39 per cent have integrated HIV paediatric care. 97 per cent (1,493 / 1,553) PMTCT sites switched to Option B+ protocol for PMTCT. The policy on task shifting was adopted end of 2015 and implemented in 2016.

As of September 2016, the PMTCT cascaded in the 30 UNICEF supported districts is featured as follows: 78,406 (88 per cent) pregnant women seen for ANC1, 2,867 (3.66 per cent) were HIV-positive, 2,772 (97 per cent) initiated on ARV (Option B+). As for the paediatric HIV component, 1,179 (30 per cent) of exposed infants were tested for PCR within 2 months, 100 per cent of those tested positive for HIV, were initiated on ARV. UNICEF supported the MoH to implement and extend the new recommendations on Option B+ and task shifting by training 300 health workers.

UNICEF supported community interventions to promote ANC, retention and adherence to ARV treatment. Engaging CHWs on the ground to systematically follow up on pregnant women and exposed children led to significant improvement on maternal and child health indicators in the four districts of UNICEF pilot intervention: ANC1 at 99.6 per cent against 86.5 per cent nationally, ANC4 at 77.8 per cent against 44 per cent nationally and EID at 65 per cent against 23 per cent nationally. UNICEF will continue advocacy to integrate HIV intervention as part of the CHW package. Over 1,200 CHWs were supported by UNICEF in 2016.

According to preliminary MICS 2016 results some key markers of the HIV response in PMTCT increased significantly:

Proportion of women 15-49 who received counselling on HIV during an antenatal visit increased by 43 per cent from 37.6 per cent in 2011 to 53.8 per cent in 2016.

Proportion of pregnant women who were proposed and accepted an HIV test during prenatal visits and know the results increased by 91 per cent from 31.7 per cent in 2011 to 60.7 per cent in 2016.

UNICEF-supported HIV-prevention interventions reached about 1,020,208 adolescents and young people on HIV and STI prevention, testing and counselling, condom use, and healthy behaviour; 163,532 of them had access to voluntary counselling and testing (16.03 per cent). 2,381 were found HIV positive. 67 per cent of them reached care and treatment

services including access to ARVs.

According to the preliminary MICS 2016 results, 22.4 per cent young female and 11.7 per cent of male 15-24 had an HIV test during the last 12 months and obtained their results (against 13.7 and 7.5 per cent respectively in 2011), that represents a 61 per cent increase between 2011 and 2016. Comprehensive knowledge on HIV increased among female 15-24 from 15.7 per cent in 2011 to 24.6 per cent in 2016.

UNICEF lead the 'All In' regional bottleneck analysis in the regions identified as high priority to address adolescent and youth vulnerability to HIV and STIs (Man, San Pedro and Abidjan). The analysis highlighted low coverage of health services for adolescent (one school health centre for 17,581 students), lack of commodity, distancing health care providers and unsuited spaces as key bottlenecks for adolescents.

In the area of OVCs, with support from The Global Fund, care and support services reached 9,862 OVCs including distribution of school kits and nutritional assistance and access to health services, birth certificates and PSS.

To strengthen national coordination, UNICEF is an active member of the PMTCT and paediatric care technical team, and has a strong leadership on adolescent and youth health coordination group. UNICEF supported the elaboration and implementation of key national strategies including the National HIV Strategic Plan 2016-2020, the national policy on community health intervention and the National Adolescent Health policy.

To achieve its performance UNICEF partnered with key strategic partners in the areas of PMTCT and paediatric HIV namely the CDC / PEPFAR, the Global Fund and UN sister agencies (UNAIDS, UNFPA, WHO) that provided financial and technical support to basic clinical services including ARV and other basic strategic inputs procurements and policy development.

Relevant issues are still to be addressed in the next CP to consolidate and sustain the key achievements. UNICEF priority for 2017-2018 is to support the Government engagement to eliminating mother-to-child HIV transmission and universal access to ARV for children and adolescent living with HIV. A more integrated programming between child protection and HIV will be prioritized to improve risk assessment and access to high impact preventive interventions among at-risk-adolescents in phase 3 of All In. Last, UNICEF will continue its support and advocacy for an integrated community health worker policy and strategy.

OUTPUT 1 40 per cent of OVC identified in the areas of intervention receive care and support by family centred approach.

Analytical Statement of Progress:

The HIV prevalence in Côte d'Ivoire is an estimated 3.4 per cent, with an OVC population estimated around to 476,450.

UNICEF support to OVCs was through the PNOEV and NGOs. This reached 9,862 OVC
9862 OVCs received psychosocial support
2586 OVCs benefited from vocational training
3420 OVCs received care protection and birth certificate
4524 OVCs benefited from health support

Constraints

Low level of ownership by social workers and NGOs of quality assurance and family approach limited the results. The sustainability the OVC care and support is limited based on

external funding.

Priorities

Development of sustainability approach with community ownership based on child protection programme and strategies.

OUTPUT 2 TREATMENT, CARE AND SUPPORT FOR ADOLESCENTS AND YOUNG PEOPLE 50 per cent of adolescents and young people living with HIV/AIDS identified receive treatment and care and 100 per cent of adolescents and young people identified receive treatment and care for IST and SGBV.

Analytical Statement of Progress:

In 2016, 163,453 adolescent and youth 15-24 benefited from voluntary counselling and testing (53.06 per cent male and 46.94 per cent female) in UNICEF area of intervention. 2,381 (1.46 per cent) were found HIV positive. Among them 60 per cent are female. Prevalence is 1.86 per cent among female tested and 1.10 per cent among male; 67 per cent of those found positive were put on treatment ARV.

A total of 1,475 peer educators were deployed in 11 districts to organize outreach sessions of information and sensitization for adolescents and young girls and boys aged 10 to 24.

UNICEF contributions focused on the reduction of teenage pregnancy in school for that we observed a decrease of 27 per cent since 2013. Strategies included: sensitization of school teachers on sexual education, peer education and reinforcement of adolescent's health centres.

UNICEF donated 2,000 STI kits to the school health programme to improve access to quality care and treatment for adolescent and youth. Out of 8,001 identified STIs cases, 4,353 were treated by school health centres (2,225 girls, 2,128 boys). Antenatal care services were provided to 3,690 pregnant adolescents.

Phase two of the anti HPV vaccination campaign was coupled with routine medical examination and deworming: 15,542 girls were vaccinated and benefited from the systematic medical consultation in two districts Abengourou and Korhogo. The medical consultation included anthropometric constants, visual acuity, urine tests, health behaviour and practices.

Lessons learnt from the intervention were:

- A strategy involving peer educators increases opportunities to reach adolescent and youth and provide them with correct information on HIV, STIs and sexual reproductive health,
- Adolescents and youth-friendly centres are important to provide a continuum of services to adolescents and young people.

Despite these achievements, efforts still need to be done:

- Gender responsive programming and implementation to reach every young woman and every young man.
- A better follow up system implemented to make sure all adolescent in need of ARV will be put on treatment. Advocacy to the national AIDS programme to include adolescent and youth as priority targets for the Test and Treat strategy that will reduce lost to follow up and risk of transmission.

Increase adolescent responsive services through capacity building of health staff and social workers.

These results were achieved in support of the Government in partnership with CDC, UNFPA and UNAIDS.

For the upcoming two years, UNICEF will put an emphasis on key priorities: strengthen adolescents and young people's capacities on life skills, including comprehensive sexual education. Provide support to associations and networks to engage adolescents. Support for the annual medical visit for children and adolescents. Strengthen healthcare providers' capacities on integrated health service that respect and protect the right of adolescents to information, confidentiality, and non-discrimination. Support the social, civic and professional reinsertion of the most vulnerable young people.

OUTPUT 3 Policy Development, community and Health System Strengthening and Capacity Building Relevant policies are developed, community and health systems and interventions of HIV/AIDS are coordinated for the optimal utilization of resources and to ensure equity in services provision

Analytical Statement of Progress:

In 2016 UNICEF supported the development and implementation of key strategic documents:

- The National HIV Strategic Plan 2016-2020 to coordinate the HIV response in Cote d'Ivoire and set targets for the next five years
- The national policy on community health intervention
- The National Adolescent Health policy
- The new M&E framework on option B+ to allow a longitudinal analysis and follow up of the pre- and post-natal mother infant pair with 12 months retention routine monitoring
- The National Youth Policy: a new vision for youth in Cote d'Ivoire with the objective to strengthen the education system, ensure socio-economic integration of young people, improve access to information and strengthen adolescent responsive health system.

As part of the 'All In' initiative to strengthen national coordination on adolescent health and wellbeing, UNICEF supported the organization of eight coordination meetings at national and regional level. These meetings included participants from Ministries (Health, Education, Protection, and Youth), UN agencies and NGOs. The adolescent working group analysed data on adolescent vulnerabilities in three regions set as high priority (Man, San Pedro, Abidjan) for the development of high impact interventions in 2017.

Strategic support was provided to the Country Coordination Mechanism management for a better accountability and better support to the efficient use of the Global fund grants.

With support from the Global Innovation Centre, UNICEF CO finalized the design of the U-Report Cote d'Ivoire, clarifying roles and responsibilities of the various stakeholders and operation of U-Report. This initiative was led by the Government who was fully committed to the development of U Report. The CO constituted an innovation working group, identifying the constituent members and defining the terms of reference of the committee. UNICEF contracted with the RapidPro service provider in August 2016. The short code was attributed by telecommunications regulatory authorities. All three mobile operators agreed to open their line to the U Report.

To reach results, keys partnerships were developed with the main technical ministries (education, health, youth and protection) and with UNAIDS, UNFPA, PEPFAR.

However it is important to underline some constraints:

- Insufficient resources allocated to district and regional level to coordinate activities,
- Lack of coordination, supervision and ownership at regional and district level,
- The sustainability of funding for community-based interventions
- The dependence of the MoH budget on external financing, including PEPFAR and the Global Fund.

For the next two years, UNICEF will focus its interventions on: Strengthen and support HIV and adolescent coordination mechanisms at national, regional and local levels; Set up an integrated strategic information framework on adolescents and young people (health, education, participation, employment, etc.); Support the development and review of national HIV and adolescent policies and strategies; Strengthen the system for monitoring, evaluation and management of disaggregated data on HIV (paediatric and PMTCT) and adolescents and young people.

OUTPUT 4 TREATMENT, CARE AND SUPPORT FOR WOMEN AND CHILDREN 90 per cent pregnant women living with HIV have commodities and services to protect their babies from HIV transmission 80 per cent of babies infected by HIV have access to ART.

Analytical Statement of Progress:

UNICEF intervention in PMTCT covers 23 districts among 82 nationally. In terms of key outcomes on the PMTCT cascade, the following figures were obtained for 2016:

- 78,406 pregnant women (88 per cent) seen for a first antenatal care (ANC1),
- 34,340 (66 per cent) seen for at least four ANC
- 2,867 (3.66 per cent) were HIV positive,
- 2,772 (97 per cent), HIV-positive pregnant /breastfeeding women initiated on ARV
- 1,179 (30 per cent) of exposed infants benefited from early infant HIV diagnosis against 28 per cent in 2015
- 24 (100 per cent), one year ARV coverage

In UNICEF area of intervention, 100 per cent of ANC centres are providing PMTCT services (overall 77.67 per cent) and 98 per cent are providing paediatric HIV services (overall 39 per cent).

In 2016, 330 health care workers were trained on PMTCT Option B+ and task shifting. A total of 1,216 UNICEF supported CHW were on the ground providing services to the population.

UNICEF is complementing and partnering with CDC/ PEPFAR and the Global Fund to reach a greater geographical coverage and to develop innovative strategies and documenting good practices for optimizing demand and services utilization of HIV services.

The key lessons learnt from this programmatic achievement is that community involvement and engagement is key to addressing gaps in demand creation, strengthening linkages between health facilities and communities, as well as boosting service uptake/ utilization and loss to follow up reduction. On the other hand, health district management teams' leadership and engagement is key to ensuring quality of services, effective operational health indicators monitoring and better management of health professionals and community health workers.

Despite good results, difficulties remain i.e. relative weaknesses of early antenatal consultation attendance and ANC 4 rates, the slow deployment of task shifting trainings

nationwide, the lack of point of care devices to speed up early infant HIV diagnosis and viral load monitoring. PMTCT-MNCA platforms are not properly integrated in terms of service delivery and data used for real-time decisions making both at central and decentralized levels.

For the upcoming years, UNICEF will push for the acceleration of paediatric ARV coverage in the three highest prevalence regions through streamlined technical and financial support toward community- and facility-based interventions around PMTCT and paediatric HIV. UNICEF will support the geographical scoping of viral load and PCR POC technologies introduction, along with the national laboratory system plan, to boost service demand, service use, and retention in care for mothers, children and adolescents.

UNICEF plans to document programmatic best practices to inform national policy (male partner involvement - community involvement in optimizing PMTCT uptake) and to conduct operational research (adolescent pregnancy and adolescent responsive PMCT services and the family-centred approach in paediatric HIV case finding and management) to inform national policies.

OUTPUT 5 PREVENTION AND COMMUNICATION FOR BEHAVIOUR CHANGE 70 per cent of the most vulnerable adolescents, young people and families have access to correct information and skills on HIV and HIV and IST prevention.

Analytical Statement of Progress:

In 2016, in UNICEF areas, 77.16 per cent of the population 10-24 years were reached by behaviour change communication interventions representing over 1,000,000 adolescent and young people. Among them 58 per cent were boys while 42 per cent were girls.

Strategies included national campaign around school holidays, peer-to-peer sensitization, and sexual and reproductive health education in and out of school. To increase the proportion of girls 10-24 reached, girls were targeted in informal workplaces such as street vendors, markets or bus stations.

In 2016 as part of the HPV pilot project in Cote d'Ivoire and in collaboration with the Child Survival and Development section, UNICEF supported the integration of two adolescent health interventions within the HPV campaign, namely the deworming and annual medical consultation.

A total of 15,699 girls were reached as Round 1 of Phase 2 campaign in November 2016. The pilot is part of broader support to the national health school programme. In 2016 UNICEF supported the training of 50 HCWs to provide adolescent responsive health services.

UNICEF supported the Ministry of Youth to develop new communication tools and messages for adolescent and youth to promote low risk behaviour and best practices in terms of HIV prevention.

UNICEF contributed to help the MoE to develop a comprehensive sexual education for adolescents. The strategy document aims to advise the education authorities on how to strengthen support for sexual education in the community and in school.

These results were made possible with the partnership of the Government commitment to the right of adolescents and young people, through the main technical ministries (education, health, youth and protection) and collaboration with CDC/PEPFAR, UNAIDS and UNFPA.

Lessons learnt:

- "Healthy youth" campaigns, with the support of peer educators, community leaders and local health providers, have a greater impact on adolescents and young people
- The strategy combining sexual reproductive health activities including family planning, voluntary counselling and testing in advanced strategies, and awareness on the key determinants of HIV is effective and yielding meaningful results.
- However, some challenges remain on Incidence of new infections among youth, Low condom use in adolescents, Poor access to health services for adolescents and youth, Non-existent of counselling and testing services outside the health system and Inadequate access to fair and quality information for young people.

For the next two years, UNICEF will focus its interventions on capacity building for adolescent health service providers, gender responsive adolescent health services, acquisition of knowledge and competencies by adolescents to improve their well-being and increase their social and professional insertion.

OUTCOME 4 The rights of children and women, in particular the vulnerable groups, are better monitored and included in national policies.

Analytical Statement of Progress:

Government monitored the quality of public services and public expenditures in education and health and started to integrate findings from these studies in the public services reform. Government launched the first public cash transfer programme targeting 35,000 households of children under 15 years in the northern and western regions of the country.

UNICEF worked with UNDP, World Bank and African Union to promote tools for public expenditure review in education and health and performance of public services monitoring in the above domain through the implementation of two Public Expenditure Reviews in education and health and a SOPSA survey.

UNICEF worked with the World Bank to strengthen national capacities for implementation of cash transfer programmes through south-south cooperation in the Francophone community of practice in social protection. UNICEF supported the update of the action plan of the National Strategy of Social Protection.

UNICEF strengthened national data collection and monitoring systems on child rights, through the implementation of MICS5. Through this survey, the baseline of child rights indicators is available to monitor the performance of National Development Plan and national strategies related to SDGs. The baseline of UNICEF Program in Cote d'Ivoire and the indicators for the United Nations Delivering as One programme for 2017-2020 are available and these plans are made evaluable. The MICS survey was implemented by the National Institute of Statistics and supported by UNICEF, the Global Fund, DGIS and UNFPA.

UNICEF programme in social policy was constraint by the lack of qualified national consultant to implement survey and research in social policy. Remaining challenges are related to the work on public finance for children to enhance public investment in social services, strengthening national capacities for the SDG monitoring and implementation of programmes to accompany cash transfer programmes.

OUTPUT 1 The analyses and evidence produced are effectively used as advocacy tools to promote and influence policy dialogue and interventions in the key sectors related to the realization of children's rights

Analytical Statement of Progress:

UNICEF in partnership with the World Bank supported the Government to conduct a public expenditure review on health and education to reinforce upstream advocacy on increased fiscal space, quality, and equity of social spending. Reports were finalized and sent to World Bank for second edition.

UNICEF built a partnership with UNDP, African Union and National Administration School to monitor civil service performance in Cote d'Ivoire. A study was conducted to provide key advocacy messages on the quality of public civil services. The ministry of public services supported the implementation of the study and committed to use the findings and of the study in its strategy to improve the quality of public services.

UNICEF worked with the World Bank to strengthen national capacities for implementation of cash transfer programmes through south-south cooperation in the Francophone community of practice in social protection. UNICEF supported the update of the action plan of the National Strategy of Social Protection.

OUTCOME 5 Women and children have access to essential nutrition interventions (including the management of acute malnutrition)

Analytical Statement of Progress:

Recognizing the importance of nutrition for survival and development, the Government of Cote d'Ivoire joined SUN in 2013 that proved a turning point in the fight against stunting and malnutrition. Cote d'Ivoire is making policy to address the range of nutritional deficiencies causing havoc on children's growth and development. UNICEF, as the lead of the nutrition group of technical and financial partners, supported high-level national processes to make nutrition a national priority.

In 2014, a National Nutrition Council (CNN) was established in the Prime Minister's Office to strengthen cross-sector coordination and leadership for nutrition. In 2014 and 2015, the Government of Cote d'Ivoire through the CNN embarked on the development of a National Nutrition Policy and a Strategic Plan for Nutrition, as well as tools to raise the investments in nutrition action. UNICEF provided technical support for the development of the Strategic Plan and its costing that was integrated in the National Development Plan 2016-2020. The plan defines how the Government will work across sectors to ensure the scaling up of specific and sensitive nutrition interventions. The Government organized a round table of technical and financial partners in September 2016 with the support of UNICEF and partners such as the AfDB and World Bank to mobilize the necessary resources to implement this promising plan.

In addition to the technical support provided to the CNN, UNICEF worked in close collaboration with the MoH to develop technical tools and improve the coverage of essential nutrition interventions at decentralized levels with a focus on the most deprived areas (Northern and Western regions and Abidjan). UNICEF was actively involved in the capacity building of health workers and community agents, the promotion of adequate IYCF practices, nationwide Vitamin A supplementation and de-worming as well as the management of SAM. In 2016, UNICEF Cote d'Ivoire benefited from generous funding from the Government of Canada and UNICEF Italy to deliver interventions.

Because of national efforts, since 2012, the prevalence of stunting and wasting in children under five decreased from 29.8 per cent and 7.5 per cent in 2012 to 26.1 per cent and 6 per cent respectively in 2016. Exclusively breastfeeding in the first six months of life increased from 12 per cent in 2012 to 23.5 per cent. Despite the positive trends, however, more than one out of four children under-five is stunted---a marker of persistent inequities and lack of

access and utilization of essential nutrition services. There is still need to enhance the coverage and quality of nutrition service delivery in the first 1,000 days of a child's life while amplifying community demand for nutrition. Challenges remain in terms of leadership for nutrition at all levels, planning, supervision, monitoring and supply management.

In this regard, nutrition is a priority in the 2017-2020 CP. In 2017, UNICEF will continue to ensure that adolescent girls, pregnant and lactating women and children under five years of age utilize nutrition services offering high-impact interventions and promoting optimal nutrition behaviours. UNICEF will provide necessary evidence, build a robust nutrition information system, leverage partnerships and resources to initiate the implementation of the multisectoral nutrition strategic plan at decentralized level. UNICEF will advocate for a regulatory nutrition framework, especially on marketing of breast-milk substitutes and food fortification. At the operational level, UNICEF will build capacities to improve delivery of high-impact nutrition interventions in the deprived regions of the north, north-west, west and south-west and in poor neighbourhoods of Abidjan. Knowledge of caregivers on essential nutrition practices will be reinforced.

OUTPUT 1 60 per cent of mothers, in areas with the highest stunting prevalence, are counselled on optimal infant and young child feeding practices

Analytical Statement of Progress:

At national level, UNICEF continued to play a lead role for the promotion, protection and support of breastfeeding.

A national breastfeeding campaign was launched in June 2015 by the Prime Minister and continued throughout 2016: UNICEF's support contributed to develop communication tools and initiate an innovative partnership with traditional and religious leaders to promote optimal breastfeeding practices in the most deprived regions. 90 traditional healers and 27 religious leaders were involved and were sensitized to become agent of change in their communities.

At facility-level, UNICEF supported the revitalization of the Baby Friendly Hospital Initiative (BFHI) in Cote d'Ivoire in collaboration with WHO by providing technical and financial support to the MoH. The initiative ensured that 20 additional maternities supported by UNICEF effectively initiated the process and 18 managed to be certified as breastfeeding support centres, covering about 4 per cent of live births at national level. As a result of this small-scale experience, the BFHI that was introduced in the 2016-2020 national nutrition strategy and a scale-up plan will be developed in 2017.

At community-level, 164 CHWs ensure the promotion of KFP, including the promotion of IYCF practices. In 2015, partnerships with two local NGOs and the International Baby Food Action network (IBFAN-CI) were established to strengthen nutrition activities, including the promotion of adequate infant and young child feeding practices at community-level in remote rural areas and in Abidjan. As a result, 126 sites providing nutrition services were set up with more than 700 community volunteers working in those sites, this benefited at least 11,000 women and 13,500 children in Abidjan, and in rural areas in San Pedro and Boukani.

UNICEF supported a promising routine pilot in collaboration with Helen Keller International in Korhogo Health district (northern Cote d'Ivoire). The experience strengthened demand for health and nutrition services over the 1000 day period using SMS reminders. 364 CHWs were trained in the health district and results will be available early 2017. This innovative experience will provide evidence to the MoH on the benefits of the utilisation of new technologies to improve demand for health and nutrition interventions and may be replicated in other health districts in 2017.

In 2017 and beyond, there is a need to build on these small-scale initiatives to scale-up a comprehensive IYCF programme. While exclusively breastfeeding in the first 6 months of life increased from 12 per cent in 2012 to 23.5 per cent there is a need to consolidate progress to date, harmonize C4D approaches. Noteworthy, in spite of the 2013 revision of the Code of Marketing of Breast-milk Substitutes, inter-ministerial orders for its implementation were not signed, and the inter-ministerial committee overseeing enforcement is not yet operational. Mechanisms to boost the Code's implementation and enforcement will be a priority for UNICEF in the new CP.

OUTPUT 2 At national level, all targeted children benefit from an adequate micronutrient supplementation (campaign or routine) to control micronutrient deficiencies.

Analytical Statement of Progress:

About 3.7 million children aged 6 to 59 months received a high dose of Vitamin A and about 3.2 million children aged 12 to 59 months (101 per cent and 99 per cent administrative coverage at national level respectively) received deworming tablets during the National Nutrition Days (SIAN) held in October and November 2016. The national coverage for vitamin A supplementation is partial as only one round of supplementation was organized in 2016 because of institutional challenges that must be addressed to ensure sustainable biannual vitamin A supplementation.

Over previous years, the country demonstrated success in the organization of integrated events (immunization, vitamin A supplementation and deworming) such as NIDs (particularly polio events). NIDs are likely to be phased out soon, given the epidemiological situation. Vitamin A mass distribution and availability at routine services are enshrined in Cote d'Ivoire's health policy. However actual inclusion of vitamin A in appropriate events (either vaccination campaigns or ad-hoc campaigns) or routine services remains challenging and still requires advocacy and technical support. Given that VAS is not systematically integrated in health routine services at district level, NIDs were the main delivery mechanism for VAS for children under-five. UNICEF initiated a strategic thinking process at national level to determine innovative approaches for vitamin A supplementation and to initiate Child Health Days in Cote d'Ivoire by strengthening the collaboration between the Nutrition and Immunization Programmes of the MoH.

UNICEF supported the MoH in collaboration with Helen Keller International in the revision of national food-fortification regulations in Cote d'Ivoire.

In 2017, UNICEF will support the MoH in the introduction of multiple micronutrient powders and will contribute to improve the capacity of national health system to deliver integrated child health, immunization and nutrition services towards sustainable bi-annual vitamin A supplementation and deworming for children under-five as well as support to large-scale food fortification.

OUTPUT 3 50 per cent of children with severe acute malnutrition, in areas with the highest acute malnutrition prevalence, benefit from an adequate management of acute malnutrition

Analytical Statement of Progress:

Since 2015, UNICEF reiterated its support to the Nutrition Department of the MoH to strengthen the Integrated Management of Acute Malnutrition programme (IMAM). The national protocol for the management of acute malnutrition was updated and data collection tools developed. IMAM was integrated in the national multi-sectorial nutrition strategy.

In 2016, UNICEF contributed to refocus the delivery of the management of SAM in specific geographic areas with high prevalence of acute malnutrition (15 districts in Northern and Western regions and in Abidjan out of 82 health districts nationwide). In 2016, 204 health

workers were trained in priority health districts and essential supplies were made available. As a result, from January to November, 9,218 children with SAM were treated with a cured rate of 78.4 per cent (sphere Standards>75 per cent) out of a SAM annual target of 15,000 new admissions. The programme is gradually being extended to Abidjan peri-urban area. Significant efforts were made to improve evidence generation and management as far as IMAM was concerned. UNICEF contributed to initiate annual review meetings with health districts to discuss results, identify bottlenecks and priorities for 2017.

UNICEF improved the supply chain management of nutrition products including therapeutic foods. Therapeutic foods were integrated in the list of essential medical supplies and UNICEF signed an agreement in November 2016 with National Public Health Pharmacy (N-PSP) to integrate UNICEF nutrition supply chain within the national health system. The agreement is a significant progress for nutrition.

Despite progress, the National Health Information System does not yet integrate all key SAM indicators. The integration of nutrition indicators in DHIS2 remains a priority for 2017. UNICEF remains the unique provider of ready-to-use therapeutic foods and the main provider of essential nutrition products at national level.

In 2017, UNICEF will continue to support the MoH towards an effective and systematic integration of the management of SAM at both facility and community levels in order to improve programme coverage and performance indicators in priority areas. Innovations supported by UNICEF-Cote d'Ivoire in collaboration with the Government (such as U report and Rapid Pro) are expected to improve monitoring mechanisms.

OUTPUT 4 The nutrition sector has an adequate policy framework to scale up nutrition.

Analytical Statement of Progress:

Following the country's joining SUN in 2013, a NNC was established under the leadership of the Prime Minister. In 2014 UNICEF, as the lead of nutrition partners, started to support the NNC in the elaboration of an analysis of the nutrition situation, the National Nutrition Policy and a cross-sectoral Nutrition Strategy. In 2015, the five-year Nutrition Strategy aiming at the scaling-up of direct and sensitive nutrition interventions was finalized, costed with the World Bank's support, declined in programmes and projects and integrated in the 2016-2020 National Development Plan. The national nutrition strategy was adopted in May 2016.

UNICEF facilitated the coordination of nutrition partners (UN agencies, international NGOs and donors) since mid-2014 and successfully led the four quarterly meetings of the nutrition platform each year. Coordination efforts resulted in a mapping of nutrition actors, developed in close collaboration with the Afdb (co-lead of the platform since April 2015) and the organization of a national Round Table in 2016. UNICEF was designated as the lead of the UN network for SUN in Cote d'Ivoire in December 2015.

On 15-16 September 2016, a donor round table was held in Abidjan, Cote d'Ivoire, to mobilize resources for the implementation of the Cote d'Ivoire National and Multisectoral Nutrition Plan (2016-2020). The event was organized with UNICEF and partner support (World Bank, Afdb and United Nations agencies). The Prime Minister and Minister of Economy, Finance and Budget, opened the event and welcomed over 300 participants, including the SUN Movement Coordinator. Eighteen ministers of the Ivorian Government signed a declaration to reduce malnutrition in all its forms to threshold levels and promote multisector collaboration of involved parties and the convergence of actions as relevant approaches to speed up the improvement of the population's nutritional.

UNICEF will continue to play a key role in the nutrition sector in 2017 by supporting the implementation of the national nutrition strategy at decentralized level (capacity building,

evidence generation, knowledge management, mapping of partners, interventions and resources and development of state-of-the art multisectoral information system). In 2016, a national MICS survey with a nutrition component was conducted and results are expected to be available early 2017. These results will contribute to update the analysis of the nutrition situation towards an optimal and equity-focused implementation of the national nutrition strategy.

OUTCOME 6 Women and children have access to drinking water, to improved sanitation, and they adopt good hygiene practices.

Analytical Statement of Progress:

Cote d'Ivoire has not reached MDG 7 related to water and sanitation. According to Joint Monitoring Programme 2015 estimation, the access to sanitation rates were not significantly improved over the previous 25 years (from 15 to 22 per cent in 25 years) and 51 per cent of the rural population practice open defecation. Regarding access to water, 69 per cent of the population in rural areas have access to an improved water source.

In 2016, UNICEF supported access to sanitation to at least 38,000 new users who adopted hand washing with soap practices. Thus, since 2014 and through UNICEF direct contribution, about 1,400,000 people living in rural areas were triggered in 4,150 communities. More than 738,000 (represented 92 per cent of targeted population) of those population gained access to sanitation facilities and are living in 2,151 new ODF communities and CLTS is on a steady path of scaling up.

UNICEF contribution accounts for: (i) a decline of more than seven per cent of rural population practicing open defecation, (ii) an increase of about seven per cent of rural households with hand washing facilities and practicing hand washing at key moments in the rural areas and (iii) an increase of about seven per cent of population with access to improved sanitation facilities in rural areas. These figures and trends are confirmed and even strengthened in the latest MICS 2016 report (provisional), that shows that between 2002 and 2016, the percentage of the population practicing open defecation decreased by 17 per cent (56 per cent in 2012 and 39 per cent in 2016) and the percentage of rural populations with improved latrines increased by 15 per cent (7 per cent in 2012 and 22 per cent in 2016). In addition, progress in improving sanitation indicators in rural areas is at least four times higher than in urban areas.

The coupled analysis of the open defecation rate provided by MICS 2012 and 2016 surveys, and the results of CLTS implementation, shows a correlation between the percentage of population living in triggered communities, the percentage of reduction of open defecation and the rate of maintain of ODF status. The percentage of reduction of defecation rate represents between one to twice the percentage of triggered population when the ODF status is maintained at least at 80 per cent.

Hygiene promotion interventions were coupled with the CLTS and allowed 738,000 persons (represented 92 per cent of targeted population) to adopt hand washing with soap or ash at the keys moments.

As regards the access to drinking water, at least 50,670 persons gained access to an improved water source as a result of UNICEF's work in Cote d'Ivoire in 2016, achieved through the replacement of broken hand pumps and the construction of new boreholes in rural areas (communities, schools and health centre). Thus, since 2014, more than 173,000 persons living in rural areas gained access to improved water source.

With support from Government of the Netherlands, UNICEF continued to support the

introduction of low-cost manual drilling technology in the country with capacity-building of with three local companies. Real Time Monitoring (using FLOW) of water point functionality and sanitation-related indicators were implemented with the technical support of Akvo Foundation (international NGO) in five pilot departments.

To build on these achievements and to scale up critical WASH interventions, sustainability and sector coordination remained main challenges in the WASH sector. UNICEF increased advocacy and technical support to the Government. With technical and financial support of EU and UNICEF, several policy and strategy papers are now available: (i) The Sectoral policy on drinking water, (ii) the Letter of Sanitation and Drainage Policy, (iii) the National Strategy of Hygiene Promotion and the (iv) the national strategy for the management and maintenance of water points in rural areas. UNICEF was a lead WASH donor group and advocate for WASH sector coordination. The inter-ministerial decree establishing the WASH Sector Group, a platform coordination, was signed in 2016.

Other key activities such as Country Led Monitoring in WASH sector, Water Safety Planning, were ongoing in order to address respectively the lack of a monitoring system in the ministries in charge of water and sanitation, and to push Household Water Treatment and Safe Storage interventions. The water quality module was introduced in MICS 5 for the first time and the results are expected by February 2017.

In 2016, UNICEF with the support of the CERF, addressed the situation of vulnerable families and children before and during humanitarian crisis including cholera prevention and IDPs.

In the coming years, UNICEF will support the effective and efficient implementation of the Inter-ministerial decree signed in 2016 and the implementation of the sustainability strategies and action plan (national strategy for the management and maintenance of water points in rural areas, CLTS sustainability strategic paper, sustainability check of WASH programme and response plans). UNICEF will support and advocate for the allocation of national resources, donor investments, civil society and private sector involvement in the development of the WASH sector with a particular attention on rural sanitation.

OUTPUT 1 Sector actors benefit from a political environment that is favourable to the population's access to water, sanitation and hygiene.

Analytical Statement of Progress:

UNICEF increased advocacy and communication to create an enabling environment for the WASH sector. Several policy and strategy papers are now available: The sectoral policy on drinking water, the Letter of Sanitation and Drainage Policy and the National Strategy of Hygiene Promotion. These present the strategic direction to reach the SDGs and allow universal access in water, sanitation and hygiene. The action plans for some of these documents have been developed. UNICEF provided technical and financial support for the development of the national strategy of hygiene promotion and its investment plan that included community-based hand-washing behaviour change communication programme.

National strategy for the management and maintenance of water points in rural areas: The development of this document is a major step for the sustainable access to water in rural areas. Its implementation will ensure the continuity of water services to rural population and remove one of the important bottleneck in the sector.

Inter-ministerial decree establishing the WASH Sector Group that is a platform (donors, government) to coordinate actions and actors in the sector.

As lead of the WASH partners group, UNICEF organized regular donor meetings on

information sharing in the sector. The better preparation and coordination of global events such as the 7th Forum of Rural Water Supply Network was opportunity for UNICEF to advocate with the Prime Minister for equity in access to water in rural areas. UNICEF continued to advocate and support Government to set up the WASH sectoral group and to conduct preliminary meetings.

UNICEF hosted the regional workshop of the DGIS that brought together nine West and Central African countries. The experiences shared during this workshop addressed themes such as the household water treatment, knowledge management and sectoral learning in WASH.

Regarding monitoring and evaluation, the water quality module was introduced in MICS 5 for the first time and the results are expected by February 2017.

Further, as part of WASH programme funded by DGIS, the Government and UNICEF signed a sustainability compact in 2013 that was subject to annual monitoring (sustainability check) in 2015. In line with this process and following the sustainability check of the DGIS carried out in the first quarter 2016, UNICEF supported the Government in developing a management response plan that is being implemented.

Government and UNICEF conducted a WASH survey in 109 health structures that recommended to develop WASH standards in health facilities, to monitor healthy hygiene and to strength the management mechanisms of management WASH infrastructures in health facilities. In partnership with MoH and World Bank, UNICEF is involved in WASH in health interventions and will support the development of standard criteria for wash in health facilities in 2017.

OUTPUT 2 Communities end open defecation and households improve their latrines, practice household water treatment and adopt hand washing with soap.

Analytical Statement of Progress:

Because of UNICEF work regarding CLTS approach in 2016, 494 new communities were triggered in 2016 and 38,000 persons are living in 119 new ODF communities. Thus, since 2014, 738 000 persons, representing 92 per cent of targeted population and more than 100.000 household were living in 2,151 new ODF communities. Hygiene promotion interventions were coupled with CLTS and allowed those 738,000 persons to adopt hand washing with soap or ash.

In 2016, more than 250 local authorities and natural leaders were trained in CLTS implementation and were sensitized about their roles and responsibilities, especially to ensure that the communities are maintaining ODF.

At least 6,000 members of water point management committees of 859 villages were trained on maintenance and hygiene around water points and on the security of the money collected (use of bank or mobile money system) from users of the water point to set up a maintenance fund. Household water treatment activities were launched through trainings of management committee members in basic water treatment techniques (boiling, ceramic filter, SODIS).

To achieve these results, UNICEF established partnerships with local and international NGOs and involved the Government authorities around the issue of ending open defecation.

Despite those results, limited progress was made in term of Household Water Treatment and Safe Storage. The strategy adopted by UNICEF and the Government regarding use of chlorine solution was not on track. Indeed, the process of approval by the Government of the introduction of a water treatment product into the local market and the involvement of private

sector was longer and more complex than planned. To push these activities, UNICEF and the Government carries out the following actions simultaneously: Acquisition of the first stocks of chlorine solution 'Sur Eau' with the support of UNICEF Guinea or UNICEF Liberia; Recruitment a communication and social marketing company for the promotion of the chlorine solution; Support the local production of a chlorine solution.

It should be noted that success registered in rural sanitation and hygiene areas still need to be maintained. Indeed, 1,100 households in 109 certified ODF communities were visited by the joint mission (UNICEF, Government, NGOs) in November 2016 to monitor the sustainability of programme results. The results of that mission show that 97 per cent of households have good knowledge on hand washing with soap, especially the key moments of hand washing. But only 55 per cent of them have hand washing facilities near of their latrines. In 17 per cent of targeted communities, some people are practicing open defecation

To address these issues, the internal monitoring for sustainability of the WASH programme results will be continued as well as the sustainability check, the development and implementation the management response plan and the advocacy for the implementation of new sanitation policy document and hygiene promotion strategic document.

OUTPUT 3 WASH infrastructure, products and services are available in communities, schools and health centres.

Analytical Statement of Progress:

Thirty water points (replacing obsolete with new hand pumps) were rehabilitated and 91 new water boreholes including 32 in schools and 10 new boreholes in health centres were drilled. As a result, at least 50,670 people at community level had access to clean water. This represented 33 per cent of targeted population and water supply activities are still ongoing. At the same time 9,600 pupils and 1,570 patients gained access to improved latrines in 54 schools and 10 health centres to offer WASH package services in these institutions.

UNICEF developed a pilot project in productive sanitation. Through specific Ecosan latrines, beneficiaries collected human urines and excreta to fertilize crops after a hygiene and mineralization process. Up to date, 1,110 households are trained and supervised to apply this innovative recycling process of sanitation products and 267 hectares of various crops (cocoa, tomato, eggplant, okra, yam, courgette, rice, maize) were fertilized with urine or faecal compost. The monitoring of production shows the fields fertilized with urine or faecal compost are two to four times higher than the yields of the control fields (not fertilized).

Regarding the promotion of sanitation marketing: since the beginning of 2016, the sanitation marketing strategy was effective with presentation to local authorities and actors, the identification of local stakeholders (private companies involve in sanitation products, masons, and markets), capacity-building of local stakeholders, production of communication tools and messages and launching of communication campaigns. During the last four months, more than 500 households in five departments acquired these slabs at a unit cost ranging from US\$10 to US\$30 (depending on the size and materials used) for use. The development of a rural sanitation marketing responds to the creation of demand for sanitation and the needs to improve the quality of latrines.

To face difficulties of access to drinking water for the remote communities, the UNICEF promoted low-cost WASH technologies. The manual drilling project was launched in 2014 and is ongoing.

Some innovations (manual drilling, productive sanitation and sanitation marketing) introduced in the WASH sector with technical support of Practica, Water and Sanitation for Africa and ECOPSIS are still ongoing in a "learning by doing" process. The continuous

documentation of these innovations permits to gradually remove some bottlenecks, to build national capacities for the scale up of these technologies.

OUTPUT 4 In humanitarian emergencies, people access a basic WASH package based on the CCC standards.

Analytical Statement of Progress:

In 2016, UNICEF supported the humanitarian response to IDPs during the conflict in Bouna, north-eastern Cote d'Ivoire and during the eviction of people in Mont Peko, western Cote d'Ivoire.

At least 33,448 IDPs and hosted population gained access to drinking water and adequate sanitation. They were provided with hygiene kits (hand washing devices, soaps, chlorine, posters) and were informed and sensitized on how to avoid diseases related to WASH. The management and the coordination of WASH response was ensured by UNICEF and the Government.

During the intercommunity conflict in Bouna 1,847 IDPs were in two main sites. In partnership with the Government and a NGO (MAP International), UNICEF ensured daily access of safe water on the site through water-tracking and provision of water containers (jerry cans, buckets).

The evicted people in Mont Peko joined hosted populations in communities of Duekoue and Bangolo departments in the Guemon Region. To mitigate the risk of WASH-related diseases among IDPs and host and neighbouring populations, especially for children and women, UNICEF mobilized CERF funds and established a partnership agreement with two NGOs (IRC and CARITAS) to provide safe drinking water, sanitation facilities and hygiene kits to IDPs and host population. Up to date, 30,340 people (IDPs, and host and neighbouring populations) gained access to at least 15 litres of drinking water through the rehabilitation of 22 manual pumps, the replacement of 19 manual pumps, the weekly chlorination of 60 wells and the distribution of aquatabs to households. Fifty vulnerable households have built their latrines with sanplat slabs.

Regarding the prevention of cholera that is recurrent in the country, thirty WASH partners attended a workshop on the use of geolocation and cartographic analysis in the fight against cholera-hosted spots in urban and semi-urban areas. This workshop was under the technical leadership of UNICEF WCARO.

Since 2014, UNICEF supported more than 350,000 vulnerable people including 272,000 pupils before and during humanitarian crisis (IDPs in 2014 and 2016, cholera prevention and response in 2014, 2015 and 2016, EVD prevention in 2014 and 2015). UNICEF co-lead (with Government) the WASH group or WASH cluster during those crises.

In 2017, as WASH cluster lead, UNICEF will continue to strengthen the capacities of national actors (Government, civil society, NGOs) in order to improve WASH preparedness and response in humanitarian crisis.

OUTCOME 7 By 2015, in the zones that registered low enrolment and a number of return refugees, at least 200,000 children, including girls and other vulnerable children school year old access to quality basic education.

Analytical Statement of Progress:

2016 witnessed important progress in primary school's net enrolment rate compared to the previous school year (87.8 per cent against 78.9 per cent). However, opportunities for

children to attend preschool or pursue their studies beyond primary school are still limited: the gross enrolment ratio in pre-primary is only 8.2 per cent. Although this figure represents an 11 per cent increase compared to 2015 (7.4 per cent) and shows that Cote d'Ivoire surpassed parity (1.07), 91.8 per cent of children aged 3 to 5 are still missing the opportunity to build essential skills for future learning and development.

To provide more pre-primary education opportunities to children in Cote d'Ivoire, especially those living in remote rural areas, UNICEF established seven new community-based ECD centres, bringing the total number of ECD centres to 48. UNICEF provided 3,677 children (including 1,906 girls) with integrated services (health, nutrition, social protection, water, hygiene and sanitation) in 48 ECD centres altogether.

This community-based approach piloted by UNICEF was endorsed by the Government and integrated in the national education sector plan as a key strategy for expanding early learning provision in rural areas. UNICEF continued its advocacy work with the aim of mobilizing additional resources for early learning and worked closely with the World Bank to develop a joint pilot project on in-service teacher training to improve the knowledge and teaching behaviours of community preschool teachers in Cote d'Ivoire.

Regarding primary education, Cote d'Ivoire experienced increased enrolments in 2016 so 87.8 per cent of children are reported to be in school. However, the number of out of school children remains high, especially in the north, the north-west and the west.

More than one year after the adoption of the compulsory education policy for children aged six to 16, Cote d'Ivoire has yet to develop a comprehensive and coordinated action plan to reduce the number of those who are out or at risk of dropping out of school. To fill this policy gap, UNICEF supported the MoE to organize regional as well as high level inter-ministerial consultations for a harmonized response to the issue of out of school children.

Key recommendations from these consultations were integrated in the national education sector plan.

As the situation of children with disabilities in Cote d'Ivoire remains largely undocumented, UNICEF supported the MoE to undertake a study on children with disabilities to inform the inclusive education national strategy. The education sector plan under finalization is an opportunity to mobilize key partners (French Cooperation Agency, World Bank, African Development Bank) to invest more in the education for addressing challenges faced by the education system.

Another challenge is gender disparity in education. In terms of primary education, where girls lagged boys by 3.1 points (86.2 per cent against 89.3 per cent) and the gender gap becomes significantly wider in lower secondary education (14.3 points). Although the MoE developed its national girls' education strategy to address challenges that girls face to enroll and stay in school, synergies and cooperative work with other stakeholders especially with the Ministry of Family, Child Protection and Solidarity, need to be strengthened.

The quality of education is still poor and the level of learning achievement is low with pronounced disparities. Indeed, the results of the international assessment (PASEC) organized in 2014 in ten French speaking countries in the region reveal that in Cote d'Ivoire, 82.7 per cent of pupils in early primary (second grade) do not reach the 'sufficient' threshold in French and 66.2 per cent of pupils do not reach it in mathematics. Students performed worst in the north as 94.5 per cent and 76.3 per cent of them master none of the competencies measured by the PASEC tests. Although the pupils' level of competency in language improves in late primary (76.1 in the fifth grade against 94.5 per cent in the second

grade), the situation get worse in mathematics as 89.9 never reach the minimum expected levels (below national average).

The PASEC findings highlight that the education system in Cote d'Ivoire maintains inequalities between girls and boys in mathematics, both at the beginning and at the end of schooling.

For the next CP, UNICEF will reinforce the support to teacher training colleagues. This entails the introduction of learner-centred and gender sensitive methodologies through teachers' initial/ in service training sessions and mentoring to promote joyful learning.

OUTPUT 1 The capacity of 40 local communities are reinforced for ensuring the access to ECD centres for 24000 young children from 3 to 5 years old.

Analytical Statement of Progress:

Although ECD serves as an essential opportunity that facilitates the transition and higher enrolment in primary schools, the offer in Cote d'Ivoire is still low and concentrated in urban areas, except few rural areas where services are provided by communities with (or without) external support. During the school-year 2015-2016, UNICEF supported the establishment and equipment of seven new ECD centres in the most disadvantaged areas of Bouna (north east) and Man (west), thus bringing the total number of supported ECD centres to 48 (3,677 children). UNICEF provided basic education, recreation and hygiene materials to the new centres that enrolled 1,062 children (510 of whom are girls) and trained all 27 community teachers (25 of whom are women) to ensure quality services

To help sustain the ECD centres, seven mothers' clubs were established. All members (about 140 mothers) were trained through parent education programmes, including ECD good practices to ensure that their children receive adequate daily care, thus reducing the risk of their exposure to abuse and neglect. This integrated approach piloted with UNICEF's support generated great interest by other stakeholders, especially the World Bank and the MoE. Under UNICEF leadership, this interest was further demonstrated when key components of ECD (community-led early learning and parenting programmes) were integrated in the education sector plan.

As for early learning, the rate of progress in preschool enrolment is at a low rate at 8.2 per cent (representing 161,696 children aged three to five) with only 0.80 point of increase as compared to the previous school year. However, despite this small progress, preschool is the only level of education where the number of girls and boys enrolled is almost the same. Since the MoE is not the only Government body providing early learning services, UNICEF is advocating for a multisectoral approach and synergy with the Ministry of Women, Family and Child Protection on early learning, especially in terms of preschool curriculum and teacher training.

OUTPUT 2 In zones that registered a low enrolment for girls, the capacity of local communities are reinforced for facilitating the access to basic education.

Analytical Statement of Progress:

Recognizing that women are key agents in changing social norms and can act as positive role models for their girls, about 800 members of 48 mothers' clubs received literacy classes, were trained in the management of income-generating activities and sensitized on early childhood development and social cohesion in partnership with Caritas in Bouna (north east), Odienné (north-west), San Pedro (south-west) and Man (western Cote d'Ivoire). This helped reinforce understanding of their role in promoting their child's education and protection with specific attention given to girls. The activities promoted the place of the

women in the communities and enforced their capacity to promote the wellbeing of their children.

UNICEF approach to empower mothers for girls' and young child's education and protection was endorsed by the MoE as a key strategy to accelerate the compulsory education policy. UNICEF will continue to advocate towards the MoE for the progressive integration of mothers' clubs in all preschool and primary schools in Cote d'Ivoire.

OUTPUT 3 In zones with low enrolment rate, capacities of 40 local community reinforced for creating 40 ECD centres in their localities.

Analytical Statement of Progress:

Recognizing that women are key agents in changing social norms and can act as positive role models for their girls, about 800 members of 48 mothers' clubs received literacy classes, were trained in the management of income-generating activities and sensitized on ECD and social cohesion in partnership with Caritas in Bouna (north east), Odienne (north west), San Pedro (south west) and Man (western Cote d'Ivoire). This helped to reinforce understanding of their role in promoting their child's education and protection with specific attention given to girls. These activities promoted the place of the women in the communities and thereby enforced their capacity to promote the wellbeing of their children.

UNICEF's approach to empower mothers for girls' as well as young child's education and protection was endorsed by the MoE as a key strategy to accelerate the compulsory education policy. UNICEF will advocate towards the MoE for the progressive integration of mothers' clubs in all preschool and primary schools in Cote d'Ivoire.

OUTPUT 4 In the zone with low enrolment rate, the access to basic education of children, in particular girls, is increased.

Analytical Statement of Progress:

The enrolment rates for boys and girls increased in 2016, with the gender gap between boys and girls slightly reduced. UNICEF supported the MoE to organize a back to school campaign on the importance of education, stressing the need to provide girls with equal opportunity not only to enrol but to stay in school.

The primary completion rate is 73.1 per cent for boys and 64.7 per cent for girls but the gender gap is even more critical in lower secondary. This shows that significant efforts are still needed to enable girls entering primary school to complete the full course of this cycle and beyond. That is why UNICEF mobilized other UN agencies and civil society partners to support the development of the girls', education national strategy aimed at ensuring that boys and girls have equal opportunities to learn. As part of this national strategy, the MoE organized awareness-raising campaigns to increase and maintain the demand for girl's education and fight against school-related gender violence including sexual harassment and early pregnancies that causes girls to drop out of school.

The country participated in an action research on school-related gender-based violence in four countries (Cote d'Ivoire, Ethiopia, Togo and Zambia) with the support of UNICEF and the UCL Institute of Education. Key findings from the study will inform the national action plan related to the End Gender Violence in Schools Initiative. UNICEF's advocacy work will be pursued towards the Government to increase budget allocation in favour of girls' education, within the framework of the compulsory education policy and the national Education Sector Plan.

OUTPUT 5 Children registered in Non-formal education structures have good conditions of learning.

Analytical Statement of Progress:

The issue of out-of-school children is a major challenge for the education system and the long-term socio-economic development in Cote d'Ivoire, with two million children deprived of education. Since 2015, the country launched the compulsory education policy 2015 and has shown a strong political will to integrate non-formal schools into the national education system. However, despite the political will, many Koranic and community schools, considered as non-formal schools, operate beyond Government oversight.

To address the situation, UNICEF supported the MoE to organize regional and inter-ministerial consultations aimed at creating bridges between formal and non-formal education for children who are out or at risk dropping out of school. Although discussions are ongoing about quality standards for valuing non-formal education, a national operational plan, aligned to the compulsory education policy is yet to be developed. In 2017, UNICEF will reinforce its support to the MoE to generate evidence on non-formal schools, especially Koranic schools whose number and content of learning is largely unknown

OUTPUT 6 A decade education plan is developed to ensure quality education, equitable and inclusive for all children.

Analytical Statement of Progress:

UNICEF was designated within the Local Group of Education to provide technical assistance for the development of the Education Sector Plan, and ensure that its risk informed, gender sensitive and inclusive of all children. With the Global Partnership for Education (GPE) funding, the national education sector plan for the next decade (2017-2026) is in its finalization phase and aligned to the findings of the comprehensive education sector analysis (RESEN in French).

Despite the achievements, the budget accompanying the national education sector plan is yet to be fully funded by national resources, thus requiring external assistance, including the GPE, the French Cooperation Agency and the World Bank. UNICEF will continue to support the ministries in charge of education to get the document endorsed by technical and financial partners while promoting synergies of actions to fill the funding gap.

As accountability, coordination and governance mechanisms are weak, UNICEF supported the three ministries in charge of education to develop the national education sector plan results matrix as well as the monitoring and evaluation framework in line with results based management (RBM) principles. These strategic documents integrated UNICEF's standard indicators at output and outcome levels as well as those related to SGD 4 and 5. The 2012-2014 Mid Term Education Plan's review planned for 2017, involving all education stakeholders, will enrich the strategic document and ensured a better fit with the compulsory education policy.

OUTPUT 7 An education emergency plan is developed and implemented in emergency situation.

Analytical Statement of Progress:

Cote d'Ivoire was confronted with two major crises: (i) the interethnic conflicts in the Bounkani region that shares a porous border with Burkina, (ii) the forced eviction by the Government of thousands of people who had illegally occupied for several years the protected forest of Mont Peko in western Cote d'Ivoire. This resulted in the displacement of people including children who were deprived of their right to education.

OUTPUT 8 ECD centres contribute to consolidate peace and social cohesion in targeted zones.

Analytical Statement of Progress:

Within the framework of the learning for peace, UNICEF in Cote d'Ivoire in partnership with Caritas, leveraged ECD as an entry point for building social cohesion in conflict affected areas. With UNICEF support, twenty mothers' clubs (about 800 mothers) were established in community-based ECD centres in western Cote d'Ivoire. These community structures were revised and made inclusive to mirror the community diversity. The approach helped uncover women's peace capacities in harmonizing rival ethnic groups through simple day-to-day interactions around children's well-being. To that end, the women received literacy classes combined with income-generating activities and conflict-prevention training. This approach provided a bonding opportunity for women from different ethnic backgrounds and increased their overall status in the eyes of the community. This gave women the opportunity to speak out more in public, and in front of men, thus creating an enabling environment for changing gender roles and overcoming stereotypes.

In 2017, UNICEF will scale up this approach in other regions including the north and the south-west. UNICEF will work closely with UN Women to mainstream this approach across the peacebuilding programming in Cote d'Ivoire.

OUTPUT 9 Peace-building education programme contributes to reinforce the consolidation of peace in school and to reduce conflicts at school and community level.

Analytical Statement of Progress:

In 2015, 162,000 children including girls were trained on conflict prevention in seven regions affected by the crisis and to take initiatives to create peaceful learning environments. This helps reinforce conflict prevention at schools while empowering young people to be voice of peace in their communities.

With the support of NGOs and local media, a culture of peace was promoted through media channels facilitating reflections about the past conflict as well as about the role and responsibilities of young people in shaping the country's future.

At national level, through the PBEA programme, UNICEF advocated for the integration of conflict sensitivity and peace-building concepts across education system, from the education sector analysis to the EMIS, including curriculum and extracurricular activities.

Document Centre

Evaluation and research

Title	Sequence Number	Type of Report
Optimizing HIV Treatment Access for pregnant & breastfeeding Women	2016/007	Evaluation
Controle de la Durabilité du PADEHA 2013- 2015	2016/001	Review

Other publications

Title
Spots and micro broadcast programmes on Mother and child health
Integrated Image Box on Maternal Health and Child Development and Survival Health Nutrition
Production of a cartoon on maternal and infant health