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Country programme outline for Côte d'Ivoire *

Proposed UNFPA assistance: \$9.5 million, \$6.5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2003-2007)

Cycle of assistance Fifth

Category per decision 2000/19: A

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

	Regular resources	Other	Total
Reproductive health	3.5	1.5	5.0
Population and development strategies	2.5	1.5	4.0
Programme coordination and assistance	0.5	-	0.5
Total	6.5	3.0	9.5

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. After two decades of economic growth, Côte d'Ivoire is experiencing economic recession. The gross domestic product fell from 6 per cent in 1998 to -2.3 per cent in 2000. The result has been a severe degradation in living conditions.

2. The population of roughly 15.4 million people is growing at an average rate of 3.3 per cent. Persons under the age of 25 represent 64.2 per cent of the total population. The total fertility rate fell from 6.3 children per woman in 1988 to 5.4 in 1998, but remains high. An increase in overall mortality as well as in infant mortality has resulted in a reduction of life expectancy at birth to 50.9 years in 1998, down four years from a decade earlier. Although the contraceptive prevalence rate for modern methods increased from 4 per cent in 1994 to 10 per cent in 1998, it remains low. Family planning services are available in only 30 per cent of the country's health facilities. Unmet family planning needs are estimated at 60 per cent.

3. Maternal mortality is estimated at 597 deaths per 100,000 live births. One out of three women between the ages of 25 and 34 dies from obstetric complications. Fifty-five per cent of women continue to give birth without assistance from qualified health personnel and only 42 per cent of emergency obstetric needs are met. Unsafe abortion is becoming widespread: according to a 1998 study, abortion affects one woman out of four between the ages of 15 and 49 and is responsible for 22 per cent of maternal deaths.

4. HIV infection is a major problem, particularly among women and young people. National HIV prevalence rates, estimated at 12 per cent among women and 11 per cent among young people aged 15 to 29, are the highest in the subregion. According to the Joint United Nations Programme on HIV/AIDS, 50 per cent of HIV infections affect youth between the ages of 15 and 24. Sexual relations begin early, with 50 per cent of adolescents sexually active from the age of 15. Free screening and counselling for HIV is offered in less than 10 health facilities.

5. Harmful traditional practices such as female genital cutting persist and affect 43 per cent of women, including 35 per cent of young women between the ages of 15 and 19. Poor reproductive health is due to insufficient provision and quality of services, inadequate interventions for target groups, especially adolescents and young people, and unmet demand for services. Although there is a national population action plan to implement the national population policy, national capacities for the design and implementation of sectoral population policies and programmes are weak.

II. Past cooperation and lessons learned

6. The previous country programme (1997-2001) received a total of \$12.5 million, of which \$10 million were from regular resources. The programme was extended by one year to harmonize it with the programme cycles of the United Nations Development Group agencies. In the area of population and development strategies, the programme aided the adoption of the national population policy; established the

institutional structure for the population policy, including the national commission on population and the national population office; carried out the third population and housing census; and formulated an action plan for women.

7. In the area of reproductive health, the previous programme achieved considerable success. The national reproductive health policy and service norms and standards were adopted. In addition, reproductive health was integrated on a pilot basis into the minimum package of reproductive health services in 12 renovated health centres. Over 100 health-care providers and community workers were trained in reproductive health, and contraceptives were made available nationwide through a partnership among UNFPA, the Government and the World Bank. Family planning was integrated into 158 public health facilities, 16 urban health facilities and 11 army health facilities, and 65 condom outlets were established in four military districts.

8. In the area of advocacy and gender, programme achievements included the adoption of laws against forced marriages, sexual harassment and the abuse of women, and the training of teachers in family life education and its integration into secondary school curricula. The main lessons learned included the realization that a large number of projects and their wide geographical distribution did not generate the synergies expected. Hence, a more targeted focus was needed in intervention areas, in conjunction with other development partners. Moreover, the limited expertise available in population and development issues, despite efforts in human resources development, called for new strategies, including

monitoring mechanisms and trainee networks. Finally, the inadequate integration of gender issues into population policies and programmes required intensified capacity-building efforts.

III. Proposed programme

9. In 2001, the Government adopted a cultural, economic and social policy; a national population action plan; and an interim poverty reduction strategy paper with HIV/AIDS as a top national priority. The goal of the proposed country programme is to support government efforts to reduce poverty in order to improve the quality of life and well-being of the people. This goal will be achieved by: (a) increasing the use of integrated, high-quality reproductive health services; (b) building national capacity for the operationalization of population policies and programmes; and c) reducing inequalities between the sexes.

10. The common country assessment identified five major challenges which will constitute the strategic objectives of the United Nations Development Assistance Framework when it is completed. These are poverty reduction; governance and human rights; HIV/AIDS prevention and treatment; globalization and subregional integration; and peace and security. The proposed country programme will address poverty reduction and the prevention of HIV/AIDS. It will continue to cover the regions targeted under the previous programme and will expand coverage to other health districts and subdistricts within those regions.

Reproductive health subprogramme

11. The outcome of this subprogramme is to contribute to increased utilization of integrated, high-quality reproductive health services. The first output – providing integrated, high-quality reproductive health services in programme areas – will be achieved by implementing the following strategies: (a) integrating reproductive health components, including voluntary counselling and testing for HIV, into the minimum package of services; (b) strengthening management capacities in reproductive health programmes at the central and decentralized levels; (c) supplying reproductive health commodities and strengthening the logistical system; and (d) strengthening reproductive health behavior change communication for target groups.

12. The second output – strengthened emergency obstetric care in programme areas, including the management of complications from abortions – will be achieved by the following strategies: (a) formulating and implementing a national plan of action on preventing maternal mortality; (b) improving emergency obstetric care services in health structures; (c) strengthening the referral system, including transportation and communication; and (d) integrating the management of complications from abortions into referral centres.

13. The third output – increased access to information and reproductive health services for adolescents and young people – will be achieved by: (a) supporting schools to develop health and family-life education clubs; (b) integrating services into multi-purpose youth and leisure centres, such as

youth hostels or counselling centers; and (c) promoting innovative methods of access to reproductive health services, such as the automated distribution of condoms at the community level.

Population and development strategies subprogramme

14. The outcome of this subprogramme is to contribute to strengthening national capacities to operationalize population policies and programmes. The first output – increased availability of population and development data – will be achieved by the following strategies: (a) developing a programme of study and research on population, gender and development; (b) developing an information system to monitor the implementation of the national population action plan; (c) promoting access to information on population and development by using new technologies; and (d) improving national and regional collection and analysis of sociodemographic data by sex.

15. The second output – strengthened institutional, technical and managerial capacities to implement population policies and programmes – will be achieved through the following strategies: (a) strengthening coordination mechanisms as well as monitoring and evaluation tools at the central and decentralized levels; (b) decentralizing the design and implementation of population programmes and projects; and (c) strengthening population and development training, including training on gender.

16. The third output – an improved social and legal environment for gender equality and equity – will be achieved by:

(a) integrating gender dimensions into sectoral policies, plans and programmes; (b) developing information, education and communication (IEC) and advocacy activities on girls' education, gender stereotypes, male and female partnerships, and reproductive and sexual rights; and (c) developing community participation programmes to reduce the incidence of female genital cutting.

IV. Programme management, monitoring and evaluation

17. Most of the programme will be nationally executed. Technical ministries and other national institutions, including civil society, non-governmental organizations and community associations, will implement the programme. The Ministry of Planning and Development will coordinate overall programme implementation through the national population office (Bureau national de population). The Ministries of Health and Planning will coordinate the reproductive health and the population and development strategies subprogrammes, respectively. Results-based management will guide the design, funding and implementation of the programme. Monitoring and evaluation will be conducted jointly with the Government according to UNFPA procedures and guidelines. A midterm review will also be conducted.

18. Partnerships will be established with United Nations agencies including UNICEF, UNDP, the World Food Programme and the World Health Organization. These partnerships will focus on maternal mortality, gender inequalities, girls' education, female genital cutting, HIV/AIDS and adolescent reproductive

health. Efforts will be made to renew the partnership with the World Bank in reproductive health commodity security. UNFPA will collaborate with the African Development Bank to reduce maternal mortality. Resource mobilization efforts will be intensified, building on the positive experience with French Cooperation. Initiatives in adolescent reproductive health have already been launched with Belgian Cooperation.

19. The UNFPA office consists of a Representative, an Assistant Representative, a national programme officer and support staff. National project personnel will assist in implementing and monitoring the programme. National experts as well as the UNFPA Country Technical Services Team in Dakar, Senegal, will provide technical assistance and support.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR COTE D'IVOIRE

National Objective: To reduce poverty by reducing maternal mortality; maintaining current levels of HIV prevalence among youth and women; increasing school enrolment for girls; and reducing infant mortality (UNDAF not yet completed)				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to the Government's goal of reducing poverty and improving the quality of life	To contribute to increased use of integrated, high-quality reproductive health services	<ul style="list-style-type: none"> • Contraceptive prevalence rate for modern methods to increase from 10% in 1998 to 20% in 2007 • Use of reproductive health services to increase from 30% to 50% by 2007 • Rate of deliveries assisted by health providers to increase from 45% in 2001 to 65% in 2007 • Percentage of women having delivered and had at least 3 antenatal care visits to increase from 36% in 1998 to 60% in 2007 • Percentage of health facilities providing reproductive health and family planning services to increase from 30% in 2001 to 50% in 2007 	<p>Output 1: Integrated, high-quality reproductive health services established in intervention areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • At least 80% of health facilities provide at least three of the following reproductive health services: family planning; basic obstetric care; management of abortion complications; information, education and counselling in reproductive and sexual health; HIV/AIDS counselling; voluntary counselling and testing for HIV; and 7 post-partum consultations • 50% of the health facilities provide high-quality service based on norms and standards 	\$1.5 million
			<p>Output 2: Emergency obstetric care, including management of abortion complications, strengthened in intervention areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Medical audit performed by 2007 for all health facilities that provide emergency obstetric care • All basic and referral facilities offer emergency obstetric care • 75% of need for emergency obstetric care met by 2007 (up from 42% in 2001) • Case fatality rate decreases from 2.7% to 2% by 2007 	\$1.1 million
			<p>Output 3: Increased access to information and reproductive health services for adolescents and youth in intervention areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 50% of the health facilities in intervention areas provide counselling services to youth on sexuality, modern contraceptive methods and STIs/HIV/AIDS • 75% of adolescents in intervention areas know where to obtain such information and counselling • 100% of the facilities in intervention areas provide counselling services to adolescents of both sexes on reproductive health and safe sex (through family-life education clubs, youth health clubs, counselling centres and student health facilities) 	\$1.1 million
			<p>Output 4: Increased access to information and improved reproductive health services in intervention areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • At least 50% of reproductive health and family planning centres in intervention areas have integrated voluntary counselling and testing for HIV <p>All reproductive health facilities provide HIV/AIDS counselling</p>	1.3 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
	To contribute to strengthening national capacities to operationalize population policies and programme	<ul style="list-style-type: none"> • HIV prevalence among youth and women curtailed at current levels • Regional structures of coordination and implementation of population programmes manage the national population action plan according to standards • Availability of a training scheme to build the implementation capacities of the national population action plan • Sectoral development plans include gender dimension 	<p>Output 5: Increased availability of population and development data</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Sociodemographic data disaggregated by sex, region and locality available • Attitudes and practices data of large cultural groups on equality and equity issues available • Results of study and research programme on population, gender and development disseminated • Documentation reference centre on population and development available and accessible <p>Output 6: Strengthened institutional, technical and managerial capacities of population policies and programmes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Managers of regional population programme coordination structures trained in programme management • At least one health worker per health district trained in the information management system for reproductive health • 500 persons trained in the integration of demographic variables and gender issues into local development plans • Population and development training programmes provided in higher education <p>Output 7: Improved social and legal environment for gender equality and equity</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 100% of component projects integrate gender dimensions • Laws against forced marriage, sexual harassment and abuse of women are popularized • All practitioners of female genital cutting in intervention areas are provided with income-generating activities 	<p>\$1.6 million</p> <p>\$1.3 million</p> <p>\$1.1 million</p> <p>Programme coordination and assistance: \$0.5 million</p>

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