



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
16 December 2020

Original: English

First regular session 2021

1 to 4 February 2021, New York

Item 8 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Côte d'Ivoire

Proposed indicative UNFPA assistance: \$100.3 million: \$13.7 million from regular resources and \$86.6 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Eighth

Category per decision 2017/23: Red

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	6.3	64.0	70.3
Outcome 2	Adolescents and youth	2.5	12.1	14.6
Outcome 3	Gender equality and empowerment of women	3.4	10.5	13.9
Programme coordination and assistance		1.5	0.0	1.5
Total		13.7	86.6	100.3

Note: The present document was processed in its entirety by UNFPA.

21-00615X (E) 190121



Please recycle



I. Programme rationale

1. The population of Côte d'Ivoire is estimated at around 26 million, 60 per cent of whom are under the age of 24. Poverty levels have slightly declined from 2008 (48.9 per cent) to 2018 (39.4 per cent with 54.7 per cent in rural areas), which belies the sustained moderate economic growth rates that placed Côte d'Ivoire on a path to becoming a middle-income country until the outbreak of COVID-19 pandemic, which, according to the Government estimates, is expected to halve growth rates for 2020, down from 7.2 per cent to 3.6 per cent. Paradoxically, the country ranks in the low human development category, positioned at 165 out of 189 countries, and below the sub-Saharan average. A continued rapid population growth rate of 2.6 per cent puts the country on a course to double its population size by 2047. The fertility rate is 4.6 children per woman (multiple indicator cluster survey [MICS] 2016), with marked differences between rural (6.0) and urban (3.4) rates. Although the economic dependency ratio is 79.8 per cent (census 2014), the demographic dividend is within reach of Côte d'Ivoire if acted on now.

2. The maternal mortality ratio (MMR) remains stubbornly high: according to the 2012 demographic and health survey (DHS), it was estimated at 614 maternal deaths per 100,000 live births then, and the 2019 inter-agency group estimates the MMR at 617 per 100,000 live births, indicating that the indicator has barely changed over a seven-year period. This situation is mostly due to the low use of prenatal care services (51.3 per cent, MICS 2016) and access to quality services, particularly emergency obstetric and neonatal care (EmONC): only 11 per cent of comprehensive EmONC and 4 per cent of basic EmONC were offering quality services according to a 2017 rapid assessment of EmONC availability.

3. Contraceptive prevalence remains low, at 21 per cent (Family Planning 2020, 2019 annual report) of all women aged 15-49 years in a stable union. For the latter sub-population, the unmet need for family planning (FP) is estimated at 30.5 per cent (MICS, 2016). These rates are explained by a mix of social, cultural, financial and geographic barriers. Only 10 per cent of women are estimated to have the final say in decisions relating to their health concerns. Undergirding these is the low social pressure towards contraceptive use, as well as frequent stock-outs at service delivery points. The common country assessment (CCA, 2020) has noted that poor women and girls have limited access to basic health services: MICS 2016 stated that 38.7 per cent of rural women gave birth with no skilled birth attendance compared to 8.7 per cent of urban women.

4. According to MICS2016, 30 per cent of all girls aged 15-19 years have been pregnant at least once. Twenty-one per cent of new HIV infections occurred among adolescents in 2018 (Côte d'Ivoire population-based HIV impact assessment 2017-2018), and from 2014 to 2019, sexually transmitted infections among a representative sample of secondary and university-attending young people has increased by 49 per cent (2019 routine data from school health services). Although comprehensive sexuality education is provided in 71 per cent of primary and secondary schools, challenges remain to reach out to youth who are out of school. In 2016, 67.9 per cent of young people aged 14-24 years were unemployed (national survey on employment situation and informal sector, 2016); 99.5 per cent of those who are employed, work in the informal sector, particularly in rural areas and are therefore at high risk of social exclusion. Young people have limited access to decent employment, have poorly-developed entrepreneurial skills, and rarely participate in decision-making on youth issues.

5. Côte d'Ivoire has made significant efforts in terms of laws, policies, strategies and programmes to reduce gender inequalities. However, gender-based violence (GBV), including harmful practices, persists, constituting a serious violation of the human rights of women and girls. The CCA has highlighted that unfavourable social norms and prevailing patriarchal stereotypes continue to rule Ivorian society, maintaining women and girls in a chronic state of vulnerability, dependence, discrimination and exploitation. Illiteracy affects 63 per cent of women versus 47 per cent of men, and female school completion rates have barely inched up, from 74 per cent in 2012 (DHS) to 78 per cent in 2016 (MICS). This has significant consequences for women's access to labour markets, the justice system, and

political representation, resulting in severe brakes on women advancing towards gender equality. Indeed, teenage pregnancy, child marriage, and female genital mutilation (FGM), are challenges faced by women and girls that clearly related to a lack of agency: 36.7 per cent of women aged 15-49 years have undergone FGM with significant regional disparities (70% in the north and the north-west and 62% in the west), while child marriage is estimated at 32.1 per cent (MICS 2016). Physical violence represented 46.4 per cent of all reported cases of GBV in 2018. In addition, the prevalence of HIV in adults aged 15-64 years was 2.9 per cent in 2018, with significant disparities by sex (4.1 per cent in women and 1.7 per cent in men) (Côte d'Ivoire population-based HIV impact assessment, 2018). Data on disabilities disaggregated by sex and age are still scarce, yet would be essential to understand the situation of women with disabilities and to formulate informed policies.

6. Côte d'Ivoire has pledged to work on many of these imbalances in the run-up to the international conference on population and development (ICPD) Nairobi summit held in November 2019. At this occasion the country pledged to reduce, by 2030, the MMR from 614 to 149 per 100,000 live births and increase modern contraceptive prevalence from 21.1 per cent to 50 per cent, to reduce both FGM and child marriage from 36.7 per cent and 32.1 per cent respectively to 15 per cent. The country programme will support the achievement of these commitments, in line with the three transformative results of the UNFPA strategic plan. It is expected that the programme will contribute significantly to the strengthening of human capital, access to quality basic social services in health and education and the empowerment of women and girls, with subsequent expected contributions to reap the demographic dividend, resulting in sustainable development, and thus to the attainment of results of the national development plan 2021-2025.

7. The evaluation of the seventh country programme has highlighted the slow progress made in matters of SRHR and gender equality. However, it has also identified encouraging signs, such as the creation of a national budget line for contraceptive procurement, and the institutionalization of midwifery as an area of academic specialization, as well as a number of legislative initiatives advancing gender equality. It has also highlighted the significant advance made towards providing all young people in the formal school system with quality comprehensive sexuality education, as well as the creation of 65 platforms, installed nationwide, in charge of monitoring and intervening in cases of GBV in all its forms. The concept of "DD" is now firmly embedded in the national development plan, although the national observatory for the demographic dividend still has limited reach and influence on economic, social and environmental policies and programmes. The evaluation also noted the absence of reliable census data, adding to a policy environment that lacks accurate demographic data, which in turn limits the capacity to monitor the sustainable development goals (SDGs) – the 2021 population census is expected to remedy some of these data gaps. The evaluation found that the programme was overstretched due to the number of issues covered; it also found a low degree of integration with other United Nations entities, and the low use of communications as a programmatic tool.

8. Challenges to be addressed in this country programme include unavailability of and inaccessibility to a sustainable and full range of affordable contraceptive methods, low coverage of emergency obstetric care delivery points, and variations in the quality of SRHR services offered to both adults and young people. Engrained social and cultural factors continue to limit the access of women and girls to the educational and health systems, perpetuating their limited exercise of economic, social and political rights. The incipient administrative and economic decentralization of Côte d'Ivoire holds much promise for increased decision-making on health, education and protection issues by local administrators and professionals. Related to this, there is a need to improve national systems and capacities for collecting reliable data, and fully using such data in decision-making and policy-setting by public servants at national and subnational levels.

9. Recent initiatives by the Government of Côte d'Ivoire, such as its social programme 2019-2020, as well as the demonstrated interest of bilateral and multilateral partners in SRHR, girls education, reduction of harmful practices and women empowerment in general,

indicate that the environment is ready to make the significant investments that will be needed to reach the three transformative results, SDGs, as well as the country vision of becoming a middle-income country that is also a middle-class society.

10. The country programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 and responds to the national priorities defined in the National Development Plan 2021-2025. Based on the challenges identified in the CCA, the UNSDCF has identified five priority areas for the United Nations system. Based on its mandate, the programme will contribute to achieve common framework results specifically in three priority areas: (a) strengthening inclusiveness with support for the empowerment of women, youth, girls and boys, including the elimination GBV and harmful practices; (b) improving human capital development through increased access by the population, in particular those most vulnerable, to quality, integrated, SRHR services; (c) promoting even more efficient, transparent and participatory governance by continued support to improve the national statistical system to generate high-quality data to monitor the SDGs and their use for evidence-based population policies.

II. Programme priorities and partnerships

11. The country programme is fully aligned with the national priorities as laid down in the National Development Plan 2021-2025, including the national engagements for 2030 related to the Nairobi Summit in 2019, as well as the African Union Agenda 2063. It is furthermore aligned with outcomes 1, 2 and 3 of the UNFPA strategic plan, and with the results framework developed for the UNSDCF, under which it is expected to contribute to the attainment of SDGs 3, 5, 10, 16 and 17. Beyond these, the programme will support other goals seeking to reduce risk and mitigate adverse developments related to disasters, according to its comparative advantage.

12. The programme applies an explicit disaster-risk reduction focus, assuming that natural disasters, epidemics and conflict are not to be discarded for the next five years, and might have potentially disastrous consequences for the priorities set forth in this programme. As such, the programme aims to support investments in preparedness for disasters, including through the promotion of the MISP, and support for the involvement of women and young people in programmes geared towards conflict prevention and social cohesion. As such, the programme seeks to avoid centrally-driven, top-heavy and slow-to-start initiatives, and instead will focus on nimble, decentralized and people-driven initiatives powered by technology, social capital and diverse partnerships. Innovation, knowledge sharing, catalytic research, South-South cooperation and public-private partnerships will be established in order to create a system that will enable quick re-routing and re-locating funding, people and other assets when disaster strikes. This calls for a flexible approach that will allow modifications in delivery modes on short notice. The programme will increase its reliance on implementing partners with proven track records of reaching hard-to-reach populations as well as capacity for rapidly scaling up and expanding their reach. The programme will also strengthen national supply-chain capacity: forecasting, procurement, warehousing and distribution up to the last mile.

13. The programme integrates relevant priorities of the National Development Plan 2021-2025, as well as pertinent elements of the national COVID-19 response plan. As laid out in the CCA, the work of the United Nations is guided by human rights, a pro-poor focus, leaving no one behind, and gender equality. In line with recommendations in the CCA, the UNSDCF will address specific categories of people left behind or at risk of being so. Among these, the country programme will focus on: (a) women, girls and households living in extreme poverty in urban and rural areas with low access to health, education and protection; (b) women most at risk of maternal death and morbidity, including obstetric fistula; (c) survivors of GBV and those exposed to GBV, particularly girls at risk of forced marriage and FGM; (d) people with disabilities and young people, irrespective of their gender identity and sexual orientation, seeking to access information and services related to SRHR, including people living with HIV; (e) unemployed young people susceptible to become migrants, including falling prey

to human trafficking; and (f) internally displaced populations due to natural disasters as well as communal conflicts.

14. The programme seeks to help enable universal access to SRHR services as well as comprehensive sexuality education, through the three transformative results UNFPA has set as its over-arching contributions to the SDGs by 2030. It seeks to support the country in attaining the goals of the National Development Plan, specifically by contributing to: (a) lowering of the MMR; (b) lowering of adolescent pregnancy rates; (c) reducing the unmet needs for family planning; (d) increasing the life skills of young people by involving them in the design and implementation of SRHR, leadership, participation, entrepreneurship and peace keeping programmes; (e) empowering women and girls, and institutionalizing the multisectoral response to GBV, in particular FGM and forced marriages; and (f) increasing use of the demographic dividend as a key engine for national development.

15. The programme encourages the continued development of innovative solutions to increase access to information and services for SRHR and GBV. This will be achieved through user-friendly mobile applications, including those adapted for use by illiterate and rural populations; strengthening distance-learning platforms for health personnel. Other digital innovations seek, among others, to facilitate the referral process of women to health facilities, and to mobilize young people for community development. Digital tools will be developed to help with rapid risk assessment, anonymous reporting of incidents, and seeking information and assistance, including referrals to service centres for GBV survivors.

16. Programme interventions will focus on regions with the greatest disparities and worst socio-demographic indicators related to gender equality, maternal health and family planning. Inter-community conflicts zones exposed to subregional armed conflict will also be considered, building on achievements under the previous country programme. Therefore, the programme will primarily focus on five administrative districts (Montagnes, Vallée du Bandama, Savanes, Zanzan and Bas Sassandra), covering the northern and western parts of the country, as well as the city of Abidjan in the south. These areas combined currently account for the bulk of maternal deaths (61.4 per cent), FGM (between 62 per cent and 75 per cent), child marriage and low contraceptive prevalence (below 14 per cent). In addition, at national level, UNFPA will continue supporting the supply SRHR products and commodities; the development of a network for EmONC; the development of protocols for clinical care; the provision of comprehensive sexuality education; the strengthening of capacities of health care providers; and the promotion of research on the drivers of social and behavioural change for family planning.

17. In line with the UNSDCF, the programme will collaborate with other United Nations agencies to reinforce access to justice for women and girls, including protection mechanisms with UNDP and UNICEF, build on ongoing efforts to strengthen the health system with the World Health Organization (WHO), and advocate for advancing gender mainstreaming in partnership with UN-Women. Multisectoral collaboration will be sought to provide vulnerable populations with integrated support, building on the comparative advantages of other United Nations organizations. The programme will seek to collaborate with the International Labour Organization (ILO), UNAIDS and UNESCO to integrate HIV prevention and life skills curricula in vocational training programmes, and collaboration will be reinforced with agencies such as UNHCR, WFP and the International Organization for Migration (IOM) to address the protection and SRHR needs of displaced people. Existing partnerships with the local affiliate of the International Planned Parenthood Federation (IPPF) will be reinforced to build the capacity of youth associations. UNFPA co-leads the national working group on GBV as well as the United Nations coalition on maternal health.

A. Sexual and reproductive health

18. UNSDCF Outcome 4: By 2025, people, particularly the most vulnerable, have equitable access to a minimum social protection floor and use health services (maternal, newborn and child, reproductive health, HIV/AIDS, non-communicable diseases), nutrition, protection

(child labor, violence), quality water, hygiene and sanitation, including in emergency situations.

19. Output 1: Strengthened national capacities to ensure continuous inclusive high-quality integrated services on SRHR to women, adolescents and youth, especially the most vulnerable.

20. The key strategies are: (a) advocating for evidence-based investments in SRHR as a driver of national development; (b) establishing a network of accredited midwifery schools with additional investments in midwifery skills, integrating the minimum initial service package, including distance learning; (c) supporting the Government in establishing a nationwide network of 235 service delivery points offering emergency obstetric and newborn care, including systematic quality control; (d) supporting high-quality maternal death reviews at national and subnational levels; (e) integrating prevention of obstetric fistula, and increased capacity for fistula repairs; (f) prepositioning commodities and health facilities for disaster preparedness; (g) strengthening the national supply-chain management system to ensure the availability of modern contraceptives until the last mile and improving health facilities' capacities to provide high-quality continuous family planning services; (h) improving community-based high-quality family planning services, including distribution of SRHR commodities; (i) establishing real-time data generation and mechanisms on maternal and perinatal mortality in collaboration with UNICEF and WHO; (j) promoting research to inform interventions and investments in service provision, community outreach, and health systems development; (k) integrating the MISP through the supply of emergency SRHR and post-rape kits; and (l) strengthening the involvement of youth, women and community actors in the response to potential crises that might adversely affect programme outcomes.

21. Output 2: Strengthened capacity of communities and civil society organizations to demand high-quality SRHR services.

22. Strategies to be used include: (a) promoting wider societal involvement in the design, implementation and appraisal of family planning programmes; (b) encouraging mass media interventions in local languages that seek to strengthen positive knowledge, attitudes, intentions and behaviours towards SRHR, including family planning; (c) promoting community clubs for health-seeking behaviour and utilization of SRHR services; (d) ensuring bi-directional mobile technology for follow-up and feedback between health workers and clients on SRHR needs; (e) engaging and training religious and community leaders to become family planning champions; (f) improving community mobilization initiatives that seek to engage women in matters related to SRHR decision-making; (g) investing in data and research to inform interventions in demand creation and community mobilization for improved SRHR outcomes; and (h) supporting civil society organizations to help women with disabilities exercise their SRHR.

B. Adolescents and youth

23. UNSDCF Outcome 3: By 2025, children, adolescents, youth (girls and boys) and adults, especially those from vulnerable households, have access to better opportunities to quality and inclusive education, functional literacy and vocational training.

24. UNSDCF Outcome 5: By 2025, young people -girls and boys - especially those in vulnerable situations, have greater access to socio-economic opportunities and develop to their full potential.

25. Output 3: Strengthened skills and capabilities of adolescents and young people to exercise their human rights, particularly those related to SRHR, gender equality, resilience to shocks and leadership skills.

26. Strategies to be implemented include: (a) enabling adolescents and youth to conduct evidence-based advocacy towards the development of policies and programmes advancing their SRHR; (b) scaling up comprehensive sexuality education programmes and improving the knowledge and skills of adolescents and youth on matters related to sexual and SRHR, including respect for the SRHR autonomy of women and girls; (c) improving access to high-

quality, integrated, non-judgmental, adolescent and youth-friendly SRHR services; (d) strengthening the capacity of NGOs working to promote sexual and reproductive health and rights; (e) increasing the participation of young people, particularly young women and girls, in the design and delivery of programmes intended to maintain and strengthen social cohesion and peacekeeping, especially in emergencies; (f) promoting the use of data and research to support advocacy towards increased investments in youth programmes as a way to harness the demographic dividend; (g) supporting youth as part of peace building initiatives in accordance of United Nations Security Council resolution 2250; and (h) improving the access of young people to professional and entrepreneurial capacity building.

C. Gender equality and women empowerment

27. UNSDCF Outcome 6: By 2025, women and girls have greater access to socio-economic and technological opportunities for their empowerment, and for prevention and care of all forms of violence, including harmful practices.

28. *Output 4: Strengthened capacities of women, girls, communities and key actors to address gender inequalities, gender-based violence and harmful practices.*

29. The following strategies will be implemented: (a) strengthening the institutional arrangements between government entities, GBV platforms and civil society organizations for the planning and implementation of the GBV essential services package; (b) supporting the Government in operationalizing institutional reforms as well as the mobilization of resources necessary for fulfilling their commitments to women's rights and gender equality; (c) improving the knowledge of women and girls related to life skills, income generation, human rights and gender equality, and capacity to adequate access GBV services; (d) strengthening the capacities of communities, especially boys and men, to ensure gender equality and agency of women and girls; (e) strengthening community-based mechanisms for the prevention and management of gender-based violence; (f) supporting the reinforcement of judicial and institutional protection mechanisms; (g) supporting government institutions and communities to reduce tensions for conflict prevention, and improve a climate of trust, peace and social cohesion; (h) strengthening the operational coordination of GBV response mechanisms, including disaggregated data management; (i) conducting continued advocacy towards relevant stakeholders based on evidence from data and research on the social, economic and cultural drivers behind GBV; (j) extending women-friendly spaces for peace towards empowerment and full participation of girls and vulnerable communities in development; and (k) supporting the development of a national programme to reduce FGM, including community dialogue with religious and community leaders, networks and associations of women, youth, men, and traditional excisors.

III. Programme and risk management

30. The programme will be nationally executed. If necessary, national execution may be replaced by direct execution for part or the programme to enable response in case of force majeure. The harmonized approach to cash transfers (HACT) will be used in a coordinated fashion with other United Nations agencies to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to the concerned projects. The National Population Office, under the Ministry of Planning and Development, will provide general direction and oversight to ensure compliance with the principles of results-based management, transparency and accountability towards all stakeholders. The programme will increase the use of South-South cooperation modalities for technical assistance and seek out innovative solutions, in order to scale up results.

31. A partnership and resource mobilization plan has been drawn up to guide UNFPA and the Government towards mobilizing the necessary resources, in kind and in cash. The plan has been built on the need to marshal funding mechanisms, technology, social and human capital into user-friendly solutions that may be scaled up at little marginal cost. These will require a wide range of potential partners including the private sector, academic institutions,

multilateral and bilateral funding sources, think tanks and social entrepreneurs, as well as individuals and groups with wide social reach. The technological innovations designed by the office in response to the COVID-19 pandemic, including remote learning and remote diagnostics, have created a basis for anchoring innovation throughout the programme. Investing in gender and SRHR, in order to capitalize on the demographic dividend, has been identified as a high priority for the Government as well as a number of multilateral and bilateral donors.

32. In order to optimize effectiveness and efficiency, the programme will be delivered using a matrix management structure. Apart from the existing operations and technical staff in the three core programmatic areas, dedicated staff will support developing partnerships, resource mobilization and knowledge management, including through programmatic innovation and South-South cooperation. Apart from the central office in Abidjan to reach the southern part of the country, UNFPA will continue to work from three sub-offices located in Bouake (Vallée du Bandama District), Guiglo (Montagnes District) and Bondoukou (Zanzan District). The presence of other United Nations entities outside of Abidjan offers potential cost-saving options for expanding the UNFPA programmatic footprint.

33. The eighth country programme will start in a climate of relative social and political stability, yet affected by the enduring COVID-19 crisis, the potential effects of which on SRHR and gender inequality are not yet known. Other challenges to the success of the country programme include fragile social cohesion and increased insecurity in the northern regions due to armed factions operating from neighbouring countries. Finally, the possibility of a new pandemic cannot be excluded. The country office will implement a minimum preparedness action plan, including increased reliance on community-based resilience, use of technology for remote service delivery, to ensure the accessibility of SRHR services and strengthening the supply system for SRHR commodities. The country office will also integrate programme interventions into the inter-agency emergency response plan for strengthening the resilience of women and other vulnerable populations, and promote youth participation in peace building initiatives in accordance with United Nations Security Council resolution 2250.

34. The country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the executive board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programme are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

35. In alignment with the monitoring and evaluation system of the UNSDCF 2021-2025, a monitoring and evaluation mechanism is put in place in accordance with the principles of results-based management. The digital platform 'real time' reporting, developed under the previous programme, will provide real-time information on the results of the programme, in order to guide timely and targeted decision-making. In addition, UNFPA will support the creation of advisory councils of women and young people as permanent platforms to help assess the relevance, effectiveness and user-friendliness of interventions, and suggest remedial action where deemed necessary.

36. Together with other United Nations agencies and national partners, UNFPA will contribute to the planning and monitoring of UNSDCF results, including continuous results-based analytical reports, bi-annual joint monitoring missions and annual reviews to assess the progress of the United Nations system commitments in supporting the Government. In this context, the programme will emphasize monitoring indicators on which it leads, particularly those related to access of vulnerable populations to SRHR and family planning services, enrolling and keeping girls at school, and protection against GBV. The country office will also participate in measuring the effectiveness of the concerted actions of the United Nations system, in support of national priorities, to enhance a more effective,

transparent, and participatory governance and inclusive development as planned in the UNSDCF.

37. In collaboration with the United Nations coordination office and other United Nations organizations, UNFPA will help strengthen the national statistical system for the regular production of high-quality socio-demographic data, which will furthermore contribute to outcome 8 of the UNSDCF: By 2025, governance systems are more inclusive, accountable, effective and have quality data, and people live in an environment where the rule of law, labour rights, gender equality, peace and security are respected and effective. This support will also help to monitor the country's progress towards the achievement of national commitments to the ICPD and the SDGs. To this end, UNFPA will continue to support the Government in carrying out national data collection and analysis such as the general population census and the DHS, as well as voluntary national reports on the implementation of the SDGs.

38. For continuous learning, a midterm review of the eighth programme will be organized with all stakeholders in order to assess progress towards the achievement of results, and agree on remedial action if required. Throughout the programme cycle, research will be conducted to continuously inform and adjust the direction, strategies and modalities of the programme. Likewise, externally-funded projects will be evaluated upon completion, as listed in the costed evaluation plan. Finally, the final review of the programme will bring out the lessons learned and recommendations in order to guide the formulation of the next programme.

RESULTS AND RESOURCES FRAMEWORK FOR CÔTE D'IVOIRE (2021-2025)

NATIONAL PRIORITY 3: Strengthened inclusion, national solidarity and social action				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 4: By 2025, people, particularly the most vulnerable, have equitable access to a minimum social protection floor and use health services (maternal, newborn and child, reproductive health, HIV/AIDS, non-communicable diseases), nutrition, protection (child labor, violence), quality water, hygiene and sanitation, including in emergency situations.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicator(s): <ul style="list-style-type: none"> • Health service utilization rate Baseline: 49.5%; Target: 65.8% Related UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> • Proportion of births attended by skilled health personnel Baseline: 73.6%; Target: 81.8%. • Modern contraceptive prevalence rate Baseline: 21%; Target: 40%. 	Output 1: Strengthened national capacities to ensure continuous inclusive quality integrated services on SRHR to women, adolescents and youth, especially the most vulnerable	<ul style="list-style-type: none"> • Number of health facilities strengthened to provide non-stop quality integrated SRHR services Baseline: 212; Target: 712 • Number of health facilities within the national network strengthened to provide continuous basic emergency obstetric and neonatal care Baseline: 18; Target: 166 • Number of health facilities within the national network strengthened to provide continuous comprehensive emergency obstetric and neonatal care Baseline: 22; Target: 69 • Case-fatality rate from direct obstetric complications in selected UNFPA-supported regional health centres of excellence Baseline: 6,2%; Target: 1,2% • Percentage of service delivery points that have not experienced stock-outs of at least three tracer contraceptive products in the last 3 months Baseline: 67%; Target: 85% 	Ministry of Health and Public Hygiene, Ministry of Youth, Ministry of Family, national and international organizations, UNICEF, WHO, Korean Cooperation for International Development (KOICA), World Bank, Ivorian Association for Family Welfare (AIBEF)/IPPF Community institutions	\$35.9 million (\$3.2 million from regular resources and \$32.7 million from other resources)
	Output 2: Strengthened capacity of communities and civil society organizations to demand quality SRHR services	<ul style="list-style-type: none"> • Number of community-based and civil society organizations supported for demand generation and SRHR issues Baseline: 94; Target: 994 • Number (and %) of women and girls benefiting from community-based strategies for information and use of SRHR and family planning services Baseline: 0; Target: 500,000 (24%) 		\$34.4 million (\$3.1 million from regular resources and \$31.3 million from other resources)
NATIONAL PRIORITIES 2 and 3: Development of human capital and improvement of its productivity; Strengthened inclusion, national solidarity and social action				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 3: By 2025, children, adolescents, youth (girls and boys) and adults, especially those from vulnerable households, have access to better opportunities to quality and inclusive education, functional literacy and vocational training. Outcome 5: By 2025, young people -girls and boys - especially those in vulnerable situations, have greater access to socio-economic opportunities and develop to their full potential.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescents and youth				
UNSDCF Outcome indicator(s): <ul style="list-style-type: none"> • Primary school completion rate Baseline: 82%; Target: 100% 	Output 1: Strengthened skills and capabilities of adolescents and young people to exercise	<ul style="list-style-type: none"> • Number (and percentage) of adolescents and youth who received SRHR services, including family 	Ministry of Youth, Ministry of National Education, Ministry	\$14.6 million (\$2.5 million from regular

<ul style="list-style-type: none"> Secondary completion rate (1st cycle) Baseline: 60.5%; Target: 72% <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> Percentage of men and women (aged 15-24 years) who are aware of two ways to prevent the sexual transmission of HIV and reject misconceptions about HIV transmission Baseline: 21.5%; Target: 31,5% Adolescent fertility rate per 1,000 teenage girls (aged 15-19 years) in the same age group Baseline: 124‰; Target: 119‰ 	<p>their human rights, particularly those related to SRHR, gender equality, resilience to shocks and leadership skills</p>	<p>planning and STI/HIV prevention and care Baseline: 0; Target: 500,000 (19%)</p> <ul style="list-style-type: none"> Number of adolescents and youth whose capacities are strengthened in life skills or comprehensive sexuality education Baseline: 0; Target: 4,500,000 Number of youth networks and organizations whose organizational capacities are strengthened (e.g.: leadership, contribution to capturing the demographic dividend, conflict prevention) Baseline: 0; Target: 10 	<p>of Health, Ministry of Family, Ministry of Planning and Development, UNICEF, ILO, UNESCO, AIBEF/IPPF</p>	<p>resources and \$12.1 million from other resources)</p>
<p>NATIONAL PRIORITY 3: Strengthened inclusion, national solidarity and social action</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 6: By 2025, women and girls have greater access to socio-economic and technological opportunities for their empowerment, and for prevention and care of all forms of violence, including harmful practices.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women’s empowerment</p>				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of women aged 20-24 years who were married or in a relationship before the age of 18 years Baseline: 33.2%; Target: 21,5% <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of women and girls aged 15 years or older who have experienced physical or sexual violence in their partnership in the previous 12 months by their current or former partners Baseline: 25.9%; Target: 18% Proportion of girls and women aged 15-49 years who have undergone genital mutilation/cutting, by age18 Baseline: 36.7%; Target: 22,8% 	<p><u>Output 1:</u> Strengthened capacities of women, girls, communities and key actors to address gender inequalities, gender-based violence and harmful practices</p>	<ul style="list-style-type: none"> Number of women and girls organizations supported in life skills, human rights and gender equality Baseline: 85; Target: 385 Number of survivors of gender-based violence who have received at least one essential service (social services, health, police or justice.) Baseline: 0; Target: 230,218 Number of communities that have made public declaration for the abandonment of female genital mutilation or child marriage Baseline: 290; Target: 1040 Percentage of rape survivors receiving medical care within 72 hours in UNFPA supported health centres Baseline: 67%; Target: 80 % 	<p>Ministry of the Family, Ministry of Health, national and international NGOs, Ministry of Social Protection, Community Institutions, UN-Women, UNDP</p>	<p>\$13.9 million (\$3.4 million from regular resources and \$10.5 million from other resources)</p> <p>Total for programme coordination and assistance: 1.5 million from regular resources</p>