
HUMANITARIAN IMPLEMENTATION PLAN (HIP) CÔTE D'IVOIRE

AMOUNT: EUR 17 654 248

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Modification 2: December 2014

In order to respond to the national Preparedness and Response Plan for the Ebola virus disease in Côte d'Ivoire, and on the basis of the contribution agreement concluded in November 2013 between the Commission and the Government of Côte d'Ivoire in the context of the Debt Reduction and Development Contract (C2D) between Côte d'Ivoire and the French Agency for Development (AFD) an additional amount of EUR 2 454 248 is allocated to the present HIP.

This amount will cover actions implemented by NGO partners of ECHO in the framework of the Ivorian National Plan for Ebola preparedness and response, for a maximum duration of 12 months. The actions will cover four preparedness operations in Western Côte d'Ivoire bordering Liberia and Guinea, as well as in Abidjan. This new component meets the identified needs in the present HIP regarding the reduction of epidemics' risks.

Modification 1: February 2014

Within the context of the C2D between AFD and Côte d'Ivoire, an amount of EUR 18 015 982 has been transferred, as external assigned revenue, to ECHO pursuant to a transfer agreement concluded with the Ivorian Ministry of Finance in November 2013. This amount will cover a period of three years, with the current HIP covering 2014-2015. An amount of EUR 13 200 000 is allocated to the HIP 2014 in addition to the previously assigned EUR 2 000 000, and the remainder to HIP 2016.

The provided funds are intended to cover four operations supporting the health sector within the context of the "Projet de renforcement du système de santé (PRSS)". The projects will be implemented in Western Côte d'Ivoire and the peripheral areas of Abidjan. The projects are implemented within the "Partnership for Transition" LRRD initiative aiming at paving the way for a transition from humanitarian aid to public funding of the health sector. The funds are to be implemented according to ECHO standard operating procedures.

Further strengthening of the health sector is in line with ECHO's strategy and the Government initiated targeted free health care policy targeting children under 5 and pregnant and lactating mothers.

1. CONTEXT

This HIP aims at consolidating the Partnership for Transition initiative and supporting the government in establishing a targeted free health care programme and strengthening the social cohesion and protection sectors. DG ECHO (European Commission's Directorate General for Humanitarian Aid and Civil protection) will combine its own funds with funds provided as external assigned revenue through a transfer agreement. The current HIP has a duration of 24 months in order to accommodate the disbursement of these funds and implementation of the projects.

Following the post-electoral crises of 2010-2011 - resulting in widespread looting and destruction, collapse of essential public services and the subsequent displacement of populations - Côte d'Ivoire now finds itself in the final stages of steady recovery.

While the country continues to show worrying indicators in terms of vulnerability (3) and crisis (2) index, with a GNA standing at 8,38 and a low score in terms of human development index (HDI of 0.43), the trend is continuously improving. DG ECHO's Integrated Analysis Framework for 2013-14 identified moderate humanitarian needs in Côte d'Ivoire. The vulnerability of the population affected by the crisis is assessed to be low.

The relatively rapid return to political stability, regaining of the authority by the government and the general diminution of insecurity, coupled with large-scale humanitarian and post-emergency assistance, enabled the population to withstand the immediate aftermath of the crisis and to progressively restore its livelihood capacity. Food security indicators have improved in regions affected by displacement and economic recovery is on fast pace (GDP growth of 10% in 2013).

In less than 2 years, more than 95% of the 250 000 internally displaced persons (IDPs) have returned to their places of origin, and approximately 220 000 Ivoirians who took refuge in the neighbouring countries have come back, mostly spontaneously, to Côte d'Ivoire. Today, the remaining caseload of refugees stands at approximately 80 000, the vast majority (50 000) living in Eastern Liberia.

Consequently, the diminishing needs have impacted the humanitarian funding and response, with large-scale relief projects becoming irrelevant and many aid agencies shifting their operations to other countries, with the remaining agencies adjusting their strategies toward transitional approaches, linking relief to rehabilitation and development.

However, despite the rapid recovery and the considerable improvement of the humanitarian situation, some gaps remain in the provision of essential services between phasing out of humanitarian aid and longer term development assistance, mainly in the health sector.

The estimated number of beneficiaries is up to 1.5 million with a total population coverage of 11 605 813 out of a population of 20.6 million in the country.

2. HUMANITARIAN NEEDS

- 1) **Affected people/ potential beneficiaries:** nearly 1.5 million direct or indirect beneficiaries, who remain affected by the consequences the post-electoral crisis, are targeted, focusing mainly on children under 5 and pregnant and lactating women.

Most of the potential beneficiaries are located in Western Côte d'Ivoire and in the peripheral areas of Abidjan, mainly in the communes of Abobo and Yupougon.

- 2) **Description of the most acute humanitarian needs:** targeting of beneficiaries will be based on vulnerability criteria. The priority sectors for humanitarian aid remain health and social cohesion/protection.

Health

A decade of instability and violence, combined with the post electoral crises and the consequent widespread looting and destruction of health facilities has left most of the health infrastructure badly damaged and weakened the health system and provision of health care in Côte d'Ivoire. Low investment by the state has further degraded the health system in terms of infrastructure, competence of health staff and the provision of medicines and medical material. Significant obstacles for access to quality health care for the most vulnerable population still exist, leading to high levels of mortality and morbidity, particularly among children under five and pregnant women. Long distances to health centres and the disparity of health facilities further compound the lack of access to quality care, making referrals for complicated cases more difficult, particularly in the case of complicated births.

The targeted free health care offered by the government for children under 5 and pregnant women is not sufficiently backed up with proper funding, having a negative effect on access to health care. Ruptures in medical stocks at the level of the central pharmacy have become increasingly apparent due to the increase of demand for medicines and medical material by the health centres, leaving the vulnerable population worse off than before, having to resort to traditional medicine or procuring medicines from private sources, rendering access to health care even more precarious.

Hence, continued humanitarian assistance is particularly important in the health sector. Additional support is needed in order to contribute to increased access to quality health care, rehabilitation of health centres in terms of physical infrastructure as well as materials and equipment in western Côte d'Ivoire and the peripheries of Abidjan, alleviation of maternal and child mortality and increasing the immunization coverage and reducing the risks of epidemics. Providing additional training to increase the knowledge and skills of implicated authorities and health staff in the targeted health districts within the primary and secondary health care facilities and to improve the management of medical stock and distribution of medicines according to the government guidelines is also required in order to increase the quality of the care offered.

Social cohesion and protection

Western Côte d'Ivoire has traditionally been a vulnerable and fragile region, marked by weak state presence, widespread poverty, ethnic tensions, food insecurity and lack of infrastructure. The border communities are considered particularly vulnerable, due to the presence of former combatants, illegal economic activities, refugees and IDPs as well as land conflicts with little recourse to judicial, administrative or social remedies. Continued human rights abuses, particularly in the form of violence against women and children continue to exist with negative consequence for the population. The proximity of the Liberian border and the vast forest, hosting armed groups, mercenaries and militias, pose further risks for the most vulnerable. Confusing and unclear land laws pose additional problems and challenges to the population, with land disputes further exacerbated by the post electoral crises. Land disputes and land occupation in their communities of origin is also a major reason Ivoirian refugees in Liberia are reluctant to return to Côte d'Ivoire. Furthermore, instability in land administration weakens food security because the most important agricultural input necessary, land, is violently contested.

Particular attention needs to be paid to the border regions of Liberia-Côte d'Ivoire with funding of transborder programmes addressing simultaneously protection and land issues, aiming at creating increased coherence in the funding of operations on both sides of the border, with similar humanitarian needs, while addressing the root causes of the chronic instability in the area.

3. HUMANITARIAN RESPONSE

DG ECHO's humanitarian priorities in Côte d'Ivoire for 2014 include maintaining support to existing operations to provide access to basic health care to the most vulnerable and reinforcing social cohesion and protection within communities with a view of mitigating land disputes and increasing access to land, and strengthening livelihood recovery and resilience of the most vulnerable, while promoting local solutions to mitigating shocks and risks.

The Commission will continue to support and encourage the transition from humanitarian aid to longer term development assistance and the full resumption of government services. In this context, special emphasis will be given to consolidation of the gains of the Partnership for Transition LRRD initiative, capitalizing and multiplying its positive effects within the vulnerable communities and enlarging the scope of the partnership within a perspective of LRRD.

- 1) **National / local response and involvement:** the Ivoirian government is implementing a 4-year National Development Plan (17 billion EUR budgeted) and is demonstrating both willingness and capacity to address immediate and long term needs. The 2 year "Programme Présidentiel d'Urgence" (PPU) was launched in 2012 in order to rapidly restore the basic public services after the crisis and 90M€ were allocated by the government towards this programme. Other specific recovery programmes were also

launched for the socio-economic reintegration of displaced persons, with a particular focus on the ex-combatants. The relevant ministries and the President himself have shown strong commitment to integrate the needs of the most vulnerable populations as a priority, particularly in the health sector. A notable contribution is the Debt Reduction and Development Contract (C2D) (615M€) of the French government, EUR 18 015 982 of which is directed to improving access to health care for the most vulnerable population within the context of Contrat de Désendettement et de Développement (C2D) and the Projet de renforcement du système de santé (PRSS).

2) **International Humanitarian Response:**

In 2012, approximately 75M€ of humanitarian funds were provided by donors for Côte d'Ivoire crisis (covering 63% of the CAP that year), DG ECHO being the main humanitarian donor with the USA and Japan. In 2013, according to FTS, 23M€ were contributed so far (for a total of 60M€ requested in the "Humanitarian needs in Transition Phase" appeal launched this year), ECHO providing half of that amount, followed by Japan. Development donors have made significant investments in 2013 too, such as Budget Support (115M€) and Post-Electoral Aid Package (about 342M€) by the European Union.

- 3) **Constraints and DG ECHO response capacity:** A strong commitment from the government guaranteeing allocation of sufficient funds for procurement and distribution of medicines is necessary in order to maximize the success of the ECHO funded projects in the health sector and to have a positive impact on the beneficiaries. Currently 10 B CFA have been allocated within the budget towards free health care while the estimated costs amount to 30 B CFA. Failing to make available the necessary drugs would seriously hinder the operations of the implementing partners and the functioning of the targeted primary and secondary level health care centres, as well as negatively affect the policy of targeted free health care. Further advocacy towards the government regarding the availability of funds towards provision of medicines will need to be made, in order to not to compromise the feasibility of the health projects and funding of the health sector in general.

On the other hand, the number and capacity of humanitarian actors, although decreasing, is considered sufficient to address the current needs. Humanitarian interventions now focus mainly on transitional programmes. In case of major deterioration of the humanitarian situation, emergency surge capacity can be reactivated.

4) **Envisaged DG ECHO response and expected results of humanitarian aid intervention:**

DG ECHO will support the National Free Health Care Policy for pregnant women and children under 5 by targeting 1 200 000 beneficiaries.

DG ECHO will also support measures to protect vulnerable civilians and initiatives aiming at restoring social cohesion between communities, by targeting 300,000 beneficiaries in Western Côte d'Ivoire.

Effective coordination is essential. ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

4. LRRD, COORDINATION AND TRANSITION

- 1) **Other DG ECHO interventions:** This HIP is the follow-up of an initial allocation (ECHO/-WF/BUD/2010/03000) of 30M€ (immediate humanitarian response for the victims of the crisis), a second tranche (ECHO/-WF/BUD/2011/92000) of an additional 30M€ (maintenance of relief operations for the most vulnerable and start of LRRD transition for the resumption of local delivery of basic needs), a third tranche (ECHO/-WF/BUD/2012/92000) of 20M€ (transition from the emergency actions taken in the aftermath of the crisis to post crisis recovery action as well as continuing to respond to any unmet humanitarian needs), later supported by a further decision for 9.175M€ from the 10th EDF B Envelope (ECHO/CIV/EDF/2012/01000) and a fourth tranche (ECHO/-WF/BUD/2013/92000) of 10M€. All of these funds were disbursed towards supporting project in the health, food security, protection and social cohesion sectors.
- 2) **LRRD and transition:** This HIP is an integral part of the "Partnership for Transition" initiative and of the LRRD process in Côte d'Ivoire which brings together humanitarian and development partners with the relevant government services to ensure an orderly LRRD transition.
- 3) **Other concomitant EU interventions:** Implementation of this HIP and the identification of the interventions will be made in full coordination with DG DEVCO and the EU Delegation in Côte d'Ivoire, within the framework of the Partnership for Transition, fostering complementarity and synergy with on-going and future programming of the EU Delegation, e.g. Instrument for Stability, 10th EDF Budget Support and PARSSI (Projet d'Appui à la Redynamisation du Secteur de la Santé Ivoirien - namely institutional support and reform of the central pharmacy).
- 4) **Exit scenarios:** Following the implementation of the current HIP of 24 months, an additional HIP of 12 months is foreseen within the context of implementing the projects financed under the transfer agreement between ECHO and AFD. Taking into consideration the political will of both France

and Cote d'Ivoire for rapid disbursement of the C2D funds, and the slow pace of commitments in the other sectors outside of health (education, infrastructure etc.) potential additional funds might be available to ECHO from the reserve of C2D allowing a potential expansion of the coverage of the health projects to include the North-East of Côte d'Ivoire, following the request of the Ministry of Health. Following the completion of the programmes funded under the ECHO-ADF transfer agreement an exit from Cote d'Ivoire could be envisaged during the first half of 2017.