

# UNIVERSAL PERIODIC REVIEW-HUMAN RIGHTS COUNCIL COTE D'IVOIRE UNICEF<sup>1</sup>

## I. Contextual framework

1. For the last 18 months and since the signing of the Ouagadougou Peace Agreement, Côte d'Ivoire has experienced relative peace and stability. The main achievements include the end of hostilities between the Forces Nouvelles and the national defense and security forces; the removal of the zone of confidence that had previously physically divided the country; the restoration of the population's right to move freely throughout the country; and the successful start of a credible process of identifying the population through the mobile court operations. The signing in December 2008 of the Ouagadougou IV Agreement by parties in conflict and future contenders in the upcoming presidential elections is another key step in the peace process. The newly signed agreement provides for the integration of some 5,000 ex-combatants into the regular army. However, key stages of the electoral process have encountered major logistical challenges resulting in the postponement of the elections. Equally, the redeployment of state authority in the North is not yet complete. Most importantly, the aftermath of the crisis with all its consequences continue to negatively affect the lives of children and women.
2. The rising cost of living continues to affect living conditions. The Household Living Standard Survey conducted in September (Enquête sur le Niveau de Vie – ENV, 2008) estimated that 48.9% of the population lives below the poverty line which is defined as an annual expenditure of FCFA 241,145 representing a daily budget of FCFA 661. Compared to the line before the crisis, in 2002, poverty has increased by 10 points. In 2008, a total of 10,174,000 people are considered to be poor. The Human Development Index in 2005 was 0.432, classifying Cote d'Ivoire 166 out of 177 countries (Global Report on Human Development, 2008). The unemployment rate is close to 40 % of the economically active population, women are more affected than men (19.8% against 12.1%)
3. Cote d'Ivoire has ratified a significant number of international human rights instruments; however it has not ratified the two Optional Protocols to the Convention on the Rights of the Child, namely the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict, nor the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Nevertheless, two significant UN Special Rapporteurs visited Côte d'Ivoire: the Special Rapporteur on the right to education in 2007 and SRSR for children and armed conflict in 2008.

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<sup>1</sup> Information from Cote d'Ivoire Annual Report 2008 and other relevant documents.

4. The Ivorian constitution of 2000 states fundamental rights and liberties. In terms of child protection, certain measures have been taken with the adoption of the law against Female Genital Mutilation (1998), the law on education (1995) and a Ministerial Act on the list of hazardous labor forbidden for children under 18 (2005). Moreover, the Government has drafted a bill against child trafficking and the worst forms of child labor which has not been adopted so far.
5. Cote d'Ivoire has reinforced its institutions with the creation of inter-ministries committees for promoting and defending the rights of the child and the woman: the National Committee against violence against women and children in 2000 and National Committee against child trafficking and exploitation in 2001.

## II. Trends

1. With 52% of women, 18% of children under 5 and 52% of people under-18 years, a large proportion of the poverty-stricken population in Côte d'Ivoire is made up of women and children. This situation undermines the achievement of the Millennium Development Goals (MDG) for children and women. More precisely, the objective of halving the population living in extreme poverty (MDG1).
2. Moreover, according to recent statistics, 45% of school-age children do not attend school; the disparity between rural and urban areas is respectively 52 and 33%, and 65% and 19% between poor and non-poor groups<sup>2</sup>. If this trend continues, Côte d'Ivoire will not be able to achieve its objective of universal primary education (MDG2).
3. With regard to gender equality and women's empowerment (MDG3), in terms of education, 46.3% of girls do not attend primary school against 41.1% of boys. At a secondary level, it is 80% of girls against 72% of boys<sup>3</sup>.
4. Problems still persist in guaranteeing sustainable access to and use of health services for the population in general. The scaling-up of the various high-impact intervention packages to reduce infant and juvenile mortality (MDG4) is on stand-by because of insufficient or lacking Government funding. Measles plagued the country reaching endemic-epidemic levels, with average annual cases of 6,000 between 2000 and 2005. Since May 2006, no cases of wild poliovirus have been reported. Considering recent information on the spread of the virus in neighbouring Ghana and Guinea, increased vigilance and reinforced epidemiological monitoring are recommended.

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<sup>2</sup> MICS, 2006

<sup>3</sup> MICS, 2006

5. Maternal health (MDG5) remains a major concern with a maternal mortality rate of 543 per 100,000 live births. This high rate is mostly due to insufficient health services and lack of access during pregnancy. At the end of September 2008, only 17% of pregnant women in the Central, Northern and Western zones underwent prenatal consultations. While supplemental immunization activities were conducted during the two latest campaigns in 2008, routine tetanus vaccination is still low, with only 48% of pregnant women receiving ATV2 and more.
6. According to the latest AIDS indicator survey (AIS, 2005), the National prevalence of HIV infection is 3.9%. Women are more frequently infected, at a ratio of 2 to 1. The response against HIV/AIDS (MDG6) requires further improvements, particularly for paediatric care and the availability PMTCT in health facilities. The discrepancy between rural and urban areas is, however, significant. In 2008, adolescents and young adults aged 15-24 are the most affected, with an HIV prevalence of 3.2% and a gender ratio of 1 boy for 3 girls. HIV/AIDS prevalence among pregnant women was 8% and more than 90% of these women do not access to PTMTCT services; 52,000 children are infected by HIV/AIDS among whom 92.3% do not access to adequate medical assistance, while 7.7% (4,000) are under medical monitoring with 50% of them receiving ARV treatment. Among 1,200,000 orphans, 35% are OVC (420,000) whom 90% do not receive any care<sup>4</sup>.
7. The trends observed before the crisis in access to drinking water (MDG7) suggest that this objective will be achieved in Côte d'Ivoire. Since the beginning of the crisis, there has been a reversal of the trend: 24% of households do not have access to drinking water, compared to 18% in 2000 (MICS). The rural figures can be explained by the high number of broken pumps due to poorly managed urbanization and the development of precarious housing. Environmental sanitization remains an unresolved problem with only 43% of household not having access to improved facilities excreta disposal. Côte d'Ivoire's authorities are also faced with the challenge of treating and disposing of toxic waste residuals following the 2006 Abidjan waste dumping scandal in addition to removing household waste and processing waste in hospital environments.
8. Levels of family separation remain high, both as a consequence of the war and poverty, and reflect traditional fostering as well as parents' strategies for survival and/or social promotion. In 2006, 9% of children aged 0-17 are orphans (with one or both parents deceased), and 20,7% are not living with either biological parents. But more specifically, 16% of children are living separately from their biological parents while both were alive.
9. Birth registration remains a major challenge in Cote d'Ivoire. In 2000, 28% of children under 5 were not registered. In 2006, this percentage rose to 45%, with a large disparity between urban areas (21%) and rural areas (60%). The rate of non-registered children is higher in the North and North West with 77% than in

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<sup>4</sup> ONU-SIDA Indicators Report 2008

- the South and Centre East with a rate varying between 24 and 34% (Abidjan excepted).
10. Because of its relatively strong economic base in Western Africa, Côte d'Ivoire is one of the main destinations for child trafficking in the sub-region with children coming from Burkina Faso, Mali, Togo, Benin, Niger and Ghana. In addition, as a consequence of the recent socio political situation a large number of children are also trafficked from the CNW regions to the southern regions and from rural to urban areas, to work. In 2005, a National survey estimated that 33,450 had been identified as victims of child trafficking (i.e. 1.1% of children 5-17 years old) and that 22% of children aged 5 to 17 were economically active<sup>5</sup>.
  11. Regarding juvenile justice, it is worth noting that out of 22 prisons in the country, only 8 has a special section for male minors. Female minors are systemically held with adult in-mates. There is no budget for food and healthcare for minors in detention and there is no, except in Abidjan, special department for juvenile justice<sup>6</sup>.
  12. Gender based violence is prevalent in Cote d'Ivoire, according to a recent national survey<sup>7</sup>, approximately 25% of women and girls have been victim of sexual violence. Among these victims, only 6% have access to adequate psychosocial and medical care. Because of the taboo issue around sexual violence, lack of community and professional awareness of protection and rehabilitation needs of the victims, access and quality response is unequal. Efforts for having authors prosecuted and sentenced by a court are limited by extrajudicial arrangements between family victims/authors, while fees for medical certificate prevent victims to present legal evidence and justice services are not functional in all areas of the country (administration redeployment on process). The prevalence of FGM/C remains high in Côte d'Ivoire, with a national average of 36.4%<sup>8</sup> and important regional differences with the North (87.8%), Northwest (87.9%) and West (73.3%) representing the highest rates. Based on the last Population National Census (1998), 86% of marital unions are only governed by customary rules, 22% of women engaged in customary union were married before 18 years old and 3% before they reach 15.
  13. Domestic violence is accepted as a traditional practice of gender inequities and older/younger unequal relations. 21% of 2-14 years old children experience severe physical punishments<sup>9</sup>, while 39% of the mother/adult in charge considers that children must face corporal punishment to be educated. Domestic violence against children echoes with socially accepted gender based domestic violence, as

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<sup>5</sup> ILO/IPEC-INS National Survey on Child Labour, 2005

<sup>6</sup> Round Table on Juvenile Justice in Cote d'Ivoire, November 2007. Ministry of Justice and Human Rights- UNOCI Rule of Law

<sup>7</sup> National Survey on "Crisis and Gender-based violence in Cote d'Ivoire", 2008

<sup>8</sup> MICS 2006

<sup>9</sup> MICS 2006

64% of women aged 15-49 and 63% of the girls aged 15-19 agree with marital violence<sup>10</sup>.

### **III. Capacity building efforts**

1. UNICEF's action on behalf children's rights in Cote d'Ivoire is based on the Country Program Action Plan 2009-2013 which was signed between the Government of Cote d'Ivoire and UNICEF Côte d'Ivoire and states five main components: 1) Child Survival, 2) Basic Education and Gender Equality, 3) HIV/AIDS and adolescents, 4) Child Protection and 5) Social Policies, Monitoring and Evaluation. The Cooperation Program will contribute to the achievement of the following strategic results: 1) Child survival, growth and development conditions are improved, mortality among children under 5 is reduced by 25% and maternity mortality by 45%, 2) All school-aged children have access to a quality basic education, and finish primary school, 3) HIV/AIDS rate among adolescents and the most vulnerable minors is reduced by 25% and orphans and vulnerable children's rights are respected, 4) All children live in an environment that acknowledges, promotes, respects and achieves their rights, 5) children and women's rights, in particular, vulnerable groups, are better monitored and taken into account in national policies, 6) an appropriate response is given in case of emergency.
2. UNICEF, along with UNDP, promoted the use of the human rights based approach to programming during the design of the new PRSP, and UNDAF (2009-2013) which includes five fields, namely peace strengthening, governance, basic social services, economy and environment. UNICEF also trained staff of the decentralized structures on results-based management, human rights and gender approaches to programming.
3. UNICEF has been providing capacity-building for policy makers and law enforcement actors- including judges, prosecutors, policemen, army members and ministries responsible for protection, education and health. UNICEF supports normative development and training at national and local levels. UNICEF supported the Government in the draft of the Initial Report on the Convention on the Rights of the Child, as well as the NGOs Forum for the draft of the Alternative Report on the Rights of the Child.
4. UNICEF is working in close collaboration with and reinforces capacities of national and international NGOs, especially with the NGOs Forum which brings together over 33 NGOs and association members, including the Children's Parliament and the national child workers association. The NGO Forum is tasked with coordinating interventions, monitoring and advocating for children's rights

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<sup>10</sup> MICS 2006

in the country, as well as increasing its members' capacity to respond to child protection concerns.

5. UNICEF has promoted women rights and gender equality through various interventions including: 1) the application of the gender and human rights approaches in the planning processes; 2) combating gender based violence; 3) promoting girls' education (UNGEI); and 4) gender mainstreaming in the next 5-year country programme (from SITAN to CPAP design) based on the recommendations from the evaluation of the previous programme conducted in 2007.
6. Since 2007, UNICEF has been supporting the Ministry of Family and Social Affairs through both its direction of social protection and planning, monitoring and evaluation direction, to set up a national child protection data management system. The database is designed to produce national trends on child protection issues and responses, by collecting individual case information through service activities. An individual template was developed to inform on basic child characteristics and background, characteristics of the abusive situation, and type of assistance received. As a first step it was designed to primarily focus on four modules (child trafficking, sexual violence, harmful practices and children in institutional care). Institutional arrangement for data collection has been outlined, including social services and structures (public, non profit), police forces. Operational tools are waiting for workshop approval. UNICEF is supporting the MFFAS to guarantee the database to be fully operational in 2009.
7. Child protection local committees have been set up in various parts of the country with the support of UNICEF and other agencies, institutions and NGOs. This has resulted in a multitude of committees with various thematic mandates (ie. trafficking committees, GBV committees, OVC committees). UNICEF also promotes child participation and supported the Ministry of Education, in creating "Children Peace Messengers Clubs" in 200 schools throughout the country.
8. UNICEF contributed to the implementation of the new health information and management system software that will be used as the child survival programme health information system in all health districts. UNICEF provided essential inputs for the gradual scale-up of child survival high-impact interventions and advocated for the elaboration of an adequate supply policy. UNICEF ensured the availability and provision of free inputs for the following activities: distribution of ITN, deworming of pregnant women, anaemia prophylaxis with iron-folate and intermittent preventive malaria therapy for pregnant women, vitamin A supplementation of children under 5 years and mothers in immediate post-partum. UNICEF supplies the Public Health Pharmacy (PSP) with ARVs and inputs for PMTCT and paediatric care through the UNITAID project.

9. Response to the rising number of acute malnutrition cases was organized together with the National Nutrition Programme (NNP), WFP and humanitarian NGOs, consisting in capacity reinforcement of care and treatment of severe malnutrition and supply of basic equipment for therapeutic nutrition centres.
10. UNICEF has integrated capacity reinforcement in monitoring and evaluation of the annual work plan. The Ministry of Social Affairs, the Ministry of Planning, the M&E Network (RISE) were trained and equipped to enhance M&E services. Together with the Ministry of Planning, UNICEF also organized training sessions for personnel from decentralized administrations in the collection, processing and analysis of routine data, data-based planning and on human and gender rights.
11. In a general manner, UNICEF actively participates in the elaboration of national plans, programs and policies. A National Plan of Action for the Child 2008-2012 has been drafted but has not been approved yet by the Government. A National Plan of Action against child trafficking and the worst forms of child labor was adopted in September 2007 for 2007-2009 but its implementation has been delayed. UNICEF has also been involved, along with other partners, in the elaboration of the Program of the Modernization of the Civil Registry in Cote d'Ivoire (MEECI) for the birth registration aspect. UNICEF and UNFPA are currently both supporting the Government in the elaboration of the National Strategy to fight against gender-based violence. Several strategic plans have been adopted concerning HIV/AIDS with the support of UNICEF, in particular the National Strategic Plan for the Prevention of HIV/AIDS in school environment 2007-2010, the National Strategic Plan for the Prevention of HIV/AIDS 2007-2010 among young people and the National Strategic Plan for the Prevention and Assistance to Orphans and Vulnerable Children. Eventually, a Strategic Plan for the Girl's Education in Cote d'Ivoire has been adopted for 2007-2001.