

REPUBLIQUE DE COTE D'IVOIRE
Union – Discipline – Travail



MINISTRY OF SOLIDARITY, FAMILY, WOMEN AND CHILDREN

NATIONAL STRATEGY TO COMBAT GENDER-BASED VIOLENCE

EXECUTIVE SUMMARY: **ENGLISH**



NATIONAL STRATEGY TO COMBAT GENDER-BASED VIOLENCE IN COTE D'IVOIRE

-- EXECUTIVE SUMMARY--

INTRODUCTION

The National Strategy to Combat Gender-based Violence (GBV) marks the culmination of a process led by the Ministry of Solidarity, Family, Women and Children (MSFWC), with the support of many partners, over the course of 2009 to 2014. The development of this Strategy was a deeply participatory process and, as such, it constitutes a common framework for action aimed to reinforce a holistic response to gender-based violence in Côte d'Ivoire.

The present document is structured according to six sections: (1) the analytical context on GBV; (2) the legal and policy framework governing the fight against GBV; (3) overview of interventions underway; (4) the key challenges; (5) the strategic priorities; and (6) the institutional and organizational framework for the implementation of the Strategy. It takes into account both the priorities linked to the post-crisis period and to the context of national reconciliation and reconstruction.

PART ONE: CONTEXT, DEFINITION AND ANALYSIS OF GBV

1.1 Context

Côte d'Ivoire is a nation of 322 462 km² with a population estimated at 20 807 192 inhabitants as of 2008, according to the National Institute of Statistics. In this country, despite concerted efforts, gender inequalities persist at many levels, notably in terms of access to basic social services such as education, health, employment, resources and means of production, decision-making and participation in public and political life. In 2011, Côte d'Ivoire was placed 136th on the gender inequality index.¹ Furthermore, the socio-political and post-electoral crises that the country experienced exacerbated pre-existing gender-based inequalities and vulnerabilities.

From September 2002 to March 2007 (when the Political Agreement of Ouagadougou was signed), the country suffered from a division into three zones and the departure of public administration from certain localities limited the population's access to essential services. The Presidential elections of November 2010, which should have represented a significant advance in the transitional process and in putting an end to the crisis, instead engendered an armed confrontation that resulted in massive displacement, both internally and to

¹ Human Development Report, UNDP, 2011.

neighboring countries, and led to at least 3,000 deaths.² The impact of this crisis on the population and on basic social services was severe. Sanitation structures, particularly in the West of the country, were for the most part destroyed or looted, as were a number of judicial structures.³

1.2 Why a National Strategy to Combat Gender-based Violence (GBV)?

In order to uphold its international obligations and to promote a multi-sectoral approach to the issue of GBV, the Ministry of Solidarity, Family, Women and Children (MSFWC) deemed it necessary to initiate the development of a National Strategy to Combat GBV.

1.3 Definitions

Gender: the constructed differences between men and women in the context of their social relations.⁴

Gender-based Violence: Any act directed against a woman, man, girl or boy arising from social inequalities in a community and disadvantaging a group.⁵ Gender-based Violence is a generic term used to designate any harmful or prejudicial act committed against another's will that is based on socially constructed differences between men and women, girls and boys.⁶

Sexual violence: Any sexual act or attempt to obtain a sexual act, comments or advances of a sexual nature, or acts aimed towards the trafficking or otherwise directed against the sexuality of a person using coercion, irrespective of the relationship to the victim, and in any context.⁷

Conflict-related sexual violence: Acts or types of sexual violence (in conformity with UN Security Council Resolution 1960 of 2010) such as rape, sexual slavery, forced prostitution, forced impregnation, forced sterilization, or any other form of sexual violence of comparable gravity, committed against women, men, girls or boys. These acts or types of violence are linked with a period of conflict, post-

² Report of the Independent International Commission of Inquiry on Côte d'Ivoire, 1 July 2011, A/HRC/17/48.

³ Global Appeal, 2012, Côte d'Ivoire, OCHA, page 73.

⁴ National Policy on Equal Opportunity and Gender Equality, Ministry of Family, Women and Social Affairs, April 2009.

⁵ As above.

⁶ IASC Directives on Interventions against Gender-based Violence in situations of humanitarian crisis, 2005.

⁷ As above.

conflict or political crisis. They also have a direct or indirect link with the conflict or political crisis as such, that is, a temporal, geographic or causal nexus.⁸

Rape/ attempted rape: Any non-consensual sexual relations/ attempts thereof. This can include the insertion of a sexual organ into any part of the body and/or the penetration of a genital or anal opening with an object or any body part.⁹

Survivor/ victim: For the purpose of the present document, these terms designate any person subjected to Gender-based Violence (GBV), including sexual violence. In the present Strategy, the term “survivor” will be used, and taken to include women, men, girls or boys, whose needs must all be taken into account in the planning of activities based on a robust gender analysis.¹⁰

Perpetrator: This term designates any person, group or institution that inflicts, directly or indirectly, one of the above-mentioned types of violence or abuse.¹¹

1.4 Analysis of Gender-based Violence (GBV) in Côte d’Ivoire

TABLE: Types, perpetrators and causes of GBV

TYPE	MANIFESTATION	PERPETRATOR(S)	CAUSES
SEXUAL VIOLENCE	Rape Attempted rape Sexual aggression Sexual exploitation Forced prostitution Trafficking for the purpose of sexual exploitation ¹²	<i>Immediate family:</i> intimate partner, parent or guardian. <i>Extended family:</i> Uncle, cousin, household employee. <i>Others, e.g.:</i> neighbors, tutors, educators, employers, colleagues, uniformed personnel, arms bearers.	Impunity Conflict Political and interethnic tensions Conflict among and between communities Poor understanding of the law Low human rights awareness
PHYSICAL,	Wounds Illegal confinement Injury, intimidation,	Spouses Educators and teachers	Conflict and political crisis Conflict within and

⁸ UN Action Against Sexual Violence in Conflict (UN Action), Analytical and Conceptual Framing of Conflict-Related Sexual Violence, 2011; as cited in the Report of the United Nations Secretary-General on Conflict-Related Sexual Violence, 13 January 2012, A/66/657-S/2012/33.

⁹ IASC Directives, 2005, as above.

¹⁰ IASC Directives, 2005, as above.

¹¹ IASC Directives, 2005, as above.

¹² Relevant data on the trafficking of women and girls is not presently available. Although the law against child trafficking was adopted in 2010, a law aimed at combating human trafficking more broadly has not been adopted; hence this issue is not covered by the present Strategy. A study should be conducted and a specific strategy developed to address human trafficking, as was recommended by the Committee for the Elimination of All Forms of Discrimination Against Women (CEDAW Committee), CEDAW/C/CIV/CO/1-3, 8 November 2011.

PSYCHOLOGICAL, ECONOMIC AND/OR DOMESTIC VIOLENCE	humiliation, blackmail, harassment, manipulation, discrimination, denial of economic resources and services Exploitation	Employers Religious and traditional leaders Uniformed personnel Arms bearers Others	between communities Criminality Abuse of power and authority Polygamy Gender stereotypes (e.g., about women's social role) Social problems Domestic disputes Traditions, customs Gender-based discrimination Persistence of discriminatory laws and practices
FEMALE GENITAL MUTILATION (FGM)¹³	Total or partial removal of the clitoris (excision) is the most widespread form of FGM in Côte d'Ivoire. Clitoridectomy/infibulation are the least common forms practiced in Côte d'Ivoire, though they are the most severe.	<i>Those directly responsible:</i> professional or occasional FGM practitioners, the parents/family, doctors. <i>Those indirectly responsible:</i> Parents, traditional leaders, community leaders, certain religious leaders.	Persistence of harmful traditional beliefs Economic and social function of the practice Misinterpretation of religious texts Ignorance of the medical consequences (HIV/STIs) Ignorance of the law
OTHER HARMFUL TRADITIONAL PRACTICES	"Lévirat" / "Sororat" ¹⁴ Forced marriage Early/child marriage Widowhood rites Other local traditional practices targeting individuals on the basis of gender.	Family Community (clan, ethnic group, tribe, village, etc.) Religious leaders	Tradition Illiteracy Ignorance of the medical consequences Ignorance of the law

1.5 The Survivors

The vast majority of survivors of GBV in Côte d'Ivoire are women and young girls. Between 2011 and 2013, 97-99% of survivors of Gender-based Violence, including sexual violence, requiring assistance were female.¹⁵

¹³ The national average for women/girls undergoing FGM is 36%, of which 85% of cases are excision and 5% are infibulation.

¹⁴ Custom according to which a man is obliged to marry his brother's widow/ or by which a widower may be entitled or compelled to marry the sister of his deceased spouse.

¹⁵ Prior to the activation of the GBV Sub-cluster (14 February 2011), the aggregated data did not specify the survivor's sex.

An analysis of all cases of GBV receiving assistance since 2011 shows that the majority of victims are adult women, that children are the most vulnerable to sexual violence and that adult women are exposed to different forms of domestic and intimate partner violence.

1.6 Consequences of Gender-based Violence

The physical, psychological and social consequences of Gender-based Violence affect the survivors' family, the community and society as a whole. In relation to children, it can profoundly affect their psychological and emotional development.

Equally, the fact of having been a witness to incidents of Gender-based Violence can have direct, traumatic consequences on a child.¹⁶ Some of these consequences may only be evident at the age of adulthood.¹⁷

In physical terms, wounds, lesions, infections, sexually transmitted infections (STIs), HIV/AIDS, fistulae, unwanted pregnancies and/or unsafe abortions can result. In psychological terms, emotional, cognitive and psychosocial reactions may ensue.

Persons closely associated with the survivor may experience some form of secondary trauma, including a sense of guilt based a perceived inability to protect, etc.

In terms of the socio-economic consequences, Gender-based Violence can cause discord within the family, spousal rejection, stigmatization, ostracism, social exclusion, the decision to leave school, the abandonment of children born of rape, etc. Economic consequences can include the loss of purchasing power at the level of the affected family in light of elevated healthcare and medical costs, often combined with the loss of the survivor's capacity to work.

PART TWO: THE LEGAL AND POLICY FRAMEWORK

National level: the Constitution, the penal code and other relevant legislation.

¹⁶ In the specific case of domestic violence, children are susceptible to two other levels of psychological consequences (as children whose parent is a victim, or whose parent is a perpetrator). The fact of having been a witness to GBV committed by or against a parent has consequences on child development, future self-esteem and the quality of their inter-personal and social relationships in adulthood. The psychological consequences on children who are indirect victims of GBV should also be taken into account in any effort to address the issue.

¹⁷ For example, in medical terms, fistulae due to the practice of FGM in childhood are often discovered at adolescence or at the age of adulthood; in terms of the psychological impact, the trauma can be erased from the memory but can return suddenly at the age of adulthood due to a "trigger" factor.

Regional level: the African Charter on Human and Peoples' Rights (1992); the African Charter on the Rights and Well-being of the Child (2004).

International level: the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Racial Discrimination (1965), the Convention on the Rights of the Child (1989), the Convention on the Elimination of All Forms of Discrimination Against Women (1979) and its Additional Protocol.

Several resolutions of the United Nations Security Council, namely: Resolution 1325 (2000), 1889 (2009) and 2122 (2013) on Women, Peace and Security; Resolutions 1820 (2008), 1888 (2009), 1960 (2010) and 2106 (2013); Resolutions 1612 (2005), 1882 (2009) and 1998 (2011) on Children and Armed Conflict.

The Declaration on the Elimination of Violence against Women (1993), The Beijing Declaration and Platform for Action (1995), the Conference of Nouakchott (Mauritania, 1977), Lusaka (Zambia, 1979), Arusha (Tanzania, 1984) and Abuja (Nigeria, 1989), the Declaration on the adoption of the document on the gender policy of the African Union (2008), and the Abidjan Declaration on gender equality and women's empowerment in the context of the post-2015 agenda (October 2013).

Other National Policies: National Action Plan for the implementation of Security Council Resolution 1325; National Policy on Equal Opportunity, Equity and Gender in Cote d'Ivoire, the 2012-2015 National Development Plan (NDP).

PART THREE: THE INSTITUTIONAL FRAMEWORK AND KEY ACTORS IN THE PREVENTION AND RESPONSE

The Ministry of Solidarity, Family, Women and Children leads the coordination of efforts to fight against Gender-based Violence. In addition, all other line Ministries are responsible, through their respective focal points, to contribute to GBV prevention and response.

The Directorate on Equality and the Promotion of Gender in the Ministry of Solidarity, Family, Women and Children works in close collaboration with several functional entities to fulfil its coordination role, namely:

- The National Committee on Violence against Women and Children, established in 2000 by Decree 2000-133 of 23 February 2000, which aims to define the national policy and strategies to fight violence against women and children.
- The Coordination Cell of the National Committee to Fight Violence against Women and Children, created in 2006.
- The Gender Thematic Group established in 2007, at the initiative of the Ministry with the support of UNFPA.

- The GBV Sub-cluster, active since the post-electoral crisis of 2010-2011, under the responsibility of the UN Humanitarian Coordinator. Composed of relevant line ministries, UN agencies, national and international NGOs, and in collaboration with the International Committee of the Red Cross (ICRC), *Médecins Sans Frontières* (MSF) and UNOCI (Human Rights, Rule of Law and Child Protection sections).
- To ensure the continuity of actions, the National Coordination for the Fight against GBV (NCFGBV) was put in place in July 2012. It functions as a provisional coordination mechanism and is directed by a Central Supervision Committee, presided over by the Directorate on Equality and Gender. It is composed of sectoral groups directed by the following ministries: Justice and Human Rights, Defense, Interior, Health and the fight against HIV/AIDS. It is co-chaired by a United Nations agency, namely UNFPA.
- The “GBV Platforms” are the coordination, prevention and service-delivery structures for GBV at the local level. They are under the direct responsibility of the local (prefectural) authorities. Today, forty-three (43) “GBV Platforms” exist, of which at least 21 are very dynamic and capable of handling cases of GBV and data-collection through the Gender-based Violence Information Management System (GBVIMS). Their role is to centralize all actions, from prevention through to multi-sectoral assistance and response, informed by an analysis of the situation with respect to GBV at the local level. These “GBV Platforms” work in relation to the National GBV Coordination mechanism, the National Committee to address violence against women and children and the relevant child protection mechanisms.

The United Nations system entities that provide financial and/or technical support to the Government of Côte d’Ivoire in its efforts to address GBV are:

- **UNFPA**, which intervenes on issues related to gender and GBV broadly, including sexual violence, early marriage and FGM/excision;
- **UNICEF**, which supports actions in relation to child protection and rights;
- **UN Women** and **UNDP**, which cooperate with the Ministry of Solidarity, Family, Women and Children to support institutional capacity-building and development;
- **WHO**, which plays an active role in the fight against FGM and sexual violence;
- **UNHCR**, which provides assistance and support to GBV survivors in emergency situations;
- **UNOCI**, which works to improve survivors’ access to justice and to reinforce the protection of the civilian population; and
- **UNAIDS**, which supports the Government in the prevention of HIV/AIDS, gender mainstreaming, the fight against GBV and efforts to combat the feminization of HIV.

International NGOs, local NGOs and other civil society organizations also play an important role in supporting the Government to address GBV.

PART FOUR: KEY CHALLENGES IN THE FIGHT AGAINST GENDER-BASED VIOLENCE (GBV)

4.1 Prevention of gender-based violence

The crises and conflicts that have struck Côte d'Ivoire over the past decade have affected different sectors of the population. They have led to serious violations of human rights and massive population displacement.

➤ The role of the community

The role of the local community is primary in the prevention of GBV. For instance, local opinion leaders, traditional and religious leaders, the media, local authorities and civil society have a key role to play and can significantly influence populations and communities to alter harmful behavior. However, it is still too often the case that incidents of GBV are address locally through so-called “amicable settlements”.

4.2 Access to justice for survivors and the fight against impunity for perpetrators of GBV

➤ Access to justice

Access to justice is compounded by a lack of information on the options for redress and recourse before the law; poor understanding and lack of faith and confidence in the law; as well as by poverty and socio-cultural constraints.

➤ Access to justice for children

Access to justice and the legal protection of children is fundamentally affected by social barriers. There is a very limited understanding among legal practitioners of the intellectual, psychological and emotional development of the child. The inadequacy of legal frameworks relating to child protection can compromise their ability to seek justice through the legal process.

➤ The medical certificate

A persistent problem is the lack of awareness among Police Officers and the Gendarmerie, who still demand that victims seeking to file a complaint first show a medical certificate. The high cost of the medical certificate and the refusal of doctors to provide it free of charge to survivors are also factors that inhibit reporting.

➤ Capacity

The services offered to victims of GBV are not always adequate or appropriate. The relevant actors from the legal and judicial sector are not adequately trained and do

not have all the means necessary to effectively fulfil their mandate and duty to the victims.

➤ **Impunity**

Impunity persists owing to a lack of information among the population, socio-cultural obstacles and the pressure to remain silent or to resolve the issue through “amicable settlement”. Impunity also stems from the non-application of the texts and laws that govern these forms of violence in Côte d’Ivoire.

➤ **Legislative framework**

It is important to revise the *Ivorian Penal Code* of 1981. To that end, it will be essential to encourage the collaboration of parliamentarians in the development of new legislation as it relates to GBV.

➤ **Application of the law and procedure**

The legislation on GBV, directly applicable in Ivorian law, is largely misunderstood by legal professionals. There are no jurisdictions specifically charged with adjudicating questions relating to children or to GBV. The correct application of laws and procedures will require the adoption of an adequate budget for justice in order to make practitioners more effective in the exercise of their profession.

➤ **The “*transaction pénale*” in Ivorian Law**

The “*transaction pénale*” is a procedure pursuant to which certain administrations can propose to the accused the abandonment of penal prosecution in consideration of their confession to the crime and payment of a sum of money, the amount of which they determine. This action is envisaged by articles 6, 7, 8 and 9 of the *Ivorian Code of Criminal Procedure*.

➤ **“Amicable settlements”**

Traditional justice is essentially a form of oral justice. “Amicable settlements” are procedures where the eventual sanction is negotiated by the individuals in question.

➤ **Transitional justice and sexual violence**

It is imperative to put in place an independent jurisdiction to deal with cases of sexual violence in order to ensure that the transitional justice framework does not fail the survivors.

➤ **Protection of victims and witnesses**

Ivorian law does not fully take into account the protection of victims and witnesses of GBV. Such protection would permit viable legal action without exposing victims or witnesses to risk.

➤ **Reparations**

Under Ivorian criminal law, reparations are not always proportionate and adapted to the harm suffered, particularly in the sense that reparations awards are financial and do not necessarily take into account the psychological needs resulting from the trauma, nor the special protection needs envisaged by the fundamental principles and guidelines concerning the right of victims to a remedy and reparations.

4.3 Sexual Violence and Security Sector Reform (SSR)/ Disarmament, Demobilization, Reinsertion and Reintegration (DDRR)

During the crisis, sexual violence increased in combat zones. Twenty-one percent (21%) of the presumed perpetrators were men in uniform. It is necessary to pursue the perpetrators of sexual violence and to continually stress the importance of addressing this issue in DDRR processes, as well as during justice and security sector reform.

➤ **Security Sector Reform**

The response to GBV in terms of security is still weak. The personnel of the Police and Gendarmerie are often insufficient and not adequately trained to receive survivors. As of 2014, women are able to join the Gendarmerie. The Ivorian Government has also launched a process of Security Sector Reform and a DDRR process for ex-combatants.

➤ **Protection of Civilians by the security forces and Peacekeeping Mission**

UNOCI has developed a Protection of Civilians Strategy that is structured around three main pillars: (i) protection through the political process; (ii) establishment of a protective environment; and (iii) protection from physical violence based on respect for human rights.

➤ **Disarmament, Demobilization, Reinsertion and Reintegration (DDRR)**

The DDRR programme was put in place after the crisis, targeting ex-combatants. This process enabled mechanisms to be established for the prevention and response to sexual violence. Women and young girls were also involved in armed combat and violence, though to date they have not benefited from a specific reinsertion package.

4.4. Multi-sectoral assistance

➤ **Availability and access to services for GBV survivors**

Currently, the response to cases of GBV is not holistic or comprehensive.

➤ **Medical assistance**

Medical assistance is not provided free of charge in Côte d'Ivoire. There is insufficient training of healthcare providers. Moreover, the majority of survivors do not have access to urgent medical care within 72 hours of an incident.

➤ **Psychosocial assistance**

Psychosocial care is included as part of basic social services. The cases that require long-term care are referred to private psychologists or made available by NGOs. There is a lack of qualified psychologists and specialized centers for the care of child victims. The importance of recruiting public/government psychologists in Côte d'Ivoire should be emphasized.

➤ **Socio-economic reintegration**

Socio-economic reintegration is closely linked with other aspects of the response.

➤ **Referral and feedback mechanisms**

The referral mechanisms for GBV cases are often deficient. Their correct functioning depends on the local "platforms" to combat GBV. It must also be underlined that local communities play a major role in these mechanisms.

4.5 Data and mapping

The National Coordination for the Fight against GBV, in collaboration with actors for the protection of children, compiles data on GBV. This work enables attention to be drawn to the main trends in relation to access to services, in the areas at greatest risk of the various forms of GBV, and to guide interventions on the ground.

PART FIVE: STRATEGIC PRIORITIES

Priority Pillar One: Prevention

Aim: Gender-based violence is effectively detected and prevented by communities, national authorities, security and peacekeeping forces.

The engagement of men in preventing gender-based violence will be prioritized.

In order to prevent FGM, the Strategy envisages supporting a change in the social role of those who perform excisions and to conduct programmes to change beliefs and behaviors in order to ensure that villages and communities abandon this practice.

The prevention of sexual violence will be reinforced through the use of Early-Warning Indicators of Conflict-Related Sexual Violence, the use of a system of monitoring and early-warning in communities, training on the relevant UN Security Council Resolutions, education campaigns, television and radio programmes, the reinforcement of school clubs, as well as other clubs and associations for children/youth, and the application of a zero tolerance policy in relation to violence and sexual harassment in schools.

The implementation of preventive action by security and peacekeeping forces is an important part of UNOCI's mandate.

Priority Pillar Two: Justice and the fight against impunity

Aim: The perpetrators of GBV are pursued and prosecuted; the judgments and sentences are carried out.

The legislative framework on gender-based violence will be reinforced. The capacity of judicial and police personnel will also be enhanced. Minimum standards on the handling of sexual violence cases will be developed and the recruitment of more women in the administration of justice will be promoted.

To reinforce victims' access to justice, legal assistance services will be put in place. The survivors will benefit from protection measures, logistical support, and psychosocial accompaniment throughout the criminal justice process.

Campaigns will be organized to inform communities about their rights and to train customary chiefs to direct victims of sexual and gender-based violence towards the appropriate jurisdiction. The execution of reparations awards will be reinforced and the mandate of the Commission for Dialogue, Truth and Reconciliation (DTRC) will integrate recourse to justice and reparations in cases of sexual violence. The protection of victims, witnesses and other actors at risk will be reinforced.

On the particular issue of children who are unable to independently access justice, specific provisions are foreseen to reform the law in order to facilitate and systematize investigations by the appropriate tribunals.

Priority Pillar Three: Security Sector Reform, DDR and Sexual Violence

Aim: Security Sector Reform and DDR processes will integrate the prevention and suppression of sexual violence and other forms of GBV.

In relation to the security forces, specialized protection units will be created in the Police Commissariats and Gendarmerie Brigades. Focal Points responsible for GBV and child protection will be nominated in each Police Commissariat and Gendarmerie Brigade. As part of efforts to integrate sexual violence considerations into Security Sector Reform, the Police Forces and Gendarmerie will be specifically sensitized and trained on these issues. GBV prevention will also be integrated in the Code of Conduct and Ethics of the Police and in the Rules of Service for the Gendarmerie. The reform of the basic training curricula in police and gendarmerie academies will include the integration of new modules on the protection of women and children.

The Armed Forces will be trained on GBV and a high-level interlocutor will be nominated to ensure that the Military Code of Conduct is applied and that alleged incidents are duly investigated. Sexual violence prevention will be explicitly included in the Code of Conduct for the Armed Forces.

The DDR process will include women in its eligibility criteria. Mechanisms to document and follow-up on cases of sexual violence, including the referral of both women and men ex-combatants¹⁸ to appropriate care, will be put in place. Focal Points will be nominated and trained on the prevention of sexual violence, including the identification and referral of cases. Sensitization briefings on sexual violence prevention should be conducted in demobilization centers, and should also address gender discrimination and stereotypes. Sanctions for individuals involved in the DDR process who commit sexual violence crimes will be introduced.

Priority Pillar Four: Multi-sectoral assistance

Aim: Survivors have access to medical care, psychosocial support and legal assistance, as well as support in terms of age-appropriate socio-economic reintegration.

Services including medical care, psychosocial support, legal support and reintegration will be made available, including in reception/transit centers. The medical certificate for cases of sexual violence will be issued free of charge. Safe play spaces will also be arranged for children. Efforts to prevent the stigmatization of survivors will be reinforced. The capacity of service-providers will be bolstered through training on ethical care, human rights standards and tailored interventions for male survivors and for children. A minimum services package for medical, psychosocial, legal and socio-economic reintegration and care will be developed to assure the quality of services, taking into account the age and sex of the survivor. The referral of survivors to appropriate services will be reinforced through the “GBV Platforms”, information campaigns, and a GBV help-line.

¹⁸ The term “ex-combatant” also encompasses those associated with armed forces and groups who were victims, or could be at risk of, sexual violence in demobilization centers.

Priority Pillar Five: Coordination and data-collection

Aim: Ethical, reliable and timely data and information on GBV will be made available.

A harmonized system for the collection, storage, sharing, analysis and management of data, in conformity with the WHO Safety and Ethical standards, will be operationalized. Data on GBV will be regularly disseminated. The database will be modeled on the structure of the GBVIMS, in particular the medical and psychosocial pillar. In addition, the database will detect specific incidents of sexual violence linked to a context of insecurity or conflict. The data and information relating to each priority pillar will provide a basis for the analysis of GBV. The analyses produced will enable each Ministry to tailor and adapt its actions, improve its responses and develop prevention strategies. The data will also be useful for the various actors that are supporting the government's efforts under the priority pillars of the Strategy.

This pillar on coordination and data-collection is cross-cutting, as it concerns and informs all priority pillars of the Strategy.

PART SIX: THE INSTITUTIONAL AND ORGANIZATIONAL FRAMEWORK FOR IMPLEMENTATION OF THE NATIONAL STRATEGY TO COMBAT GBV

Implementation of the National Strategy is based on the following guiding principles: proximity, partnerships, transparency, participation, equity, swift action, complementarity and synergy of action.

The institutional framework for implementation of the Strategy includes five essential organs:

- The National Committee for the Fight against GBV;
- The Central Supervision Committee;
- The Cell to Combat GBV;
- The Regional Committees; and
- The GBV Platforms.

The **National Committee for the Fight against GBV**: is the decision-making organ for the institutional framework for implementation of the Strategy. It is a multi-sectoral committee chaired by the Ministry of Solidarity, Family, Women and Children.

The **Central Supervision Committee**: supervises the activities of the Cell to Combat GBV and serves as the forum for dialogue between the sectors. It is also known as the "National GBV Coordination Group", co-chaired by the Ministry of Solidarity,

Family, Women and Children and UNFPA. Its primary objective is to maintain a framework for the exchange of information on GBV in order to better guide actions linked to achieving results under the Strategy.

The **Cell to Combat GBV**: is the technical, operational organ for the follow-up and evaluation of implementation of the Strategy. It reports to the Central Supervision Committee and is directly linked to the Cabinet of the Ministry of Solidarity, Family, Women and Children.

The **Regional Committees**: a Regional Committee exists in each region of Côte d'Ivoire. They serve to reinforce regional dialogue and constitute a framework for cooperation between the different actors at the regional level. The main objective is coordination and implementation of the National Strategy through the identification of common priorities; monitoring and evaluation; and the preparation of reports.

The **GBV Platforms**: are frameworks for exchange, collaboration, referral and feedback at the departmental level between actors involved in the fight against GBV. They aim to ensure effective prevention and response to GBV at the local level, as well as follow-up and evaluation.

Success criteria:

The key factors that will ultimately determine the success of the National Strategy are as follows:

- Sustained political will on the part of the Government to support the fight against GBV through the adoption of legislation and provision of appropriate human and material resources;
- The adoption of an adequate budget to support the fight against GBV;
- The establishment and reinforcement of strategic and operational partnerships at the international, national and local level;
- The mobilization by the State of additional resources from technical and financial partners;
- The wide dissemination and ownership of the National Strategy by all relevant stakeholders; and
- The effective application of international conventions and national frameworks related to respect for human rights that have been signed and ratified by the Government of Côte d'Ivoire.

For further information, please contact:

Mme Anne Desiré Ouloto, Ministry of Solidarity, Family, Women and Children
Mme Kaba Fofana, Director for Equality and the Promotion of Gender in the Ministry of Solidarity, Family, Women and Children

M Doumbia Yacouba, Deputy Director for Cooperation, Directorate for Equality and the Promotion of Gender in the Ministry of Solidarity, Family, Women and Children

Mme Suzanne Konaté Maiga, Resident Representative, UNFPA

Noemi Dalmonte, GBV Technical Specialist, UNFPA

Mme Kouyé Meogbeu Pauline, Programme Officer, Gender, Culture and Human Rights

Nadine Puechguirbal, Coordinator, UN Action Against Sexual Violence in Conflict

English translation: Letitia Anderson, UN Action Against Sexual Violence in Conflict, Sept. 2014
