

A photograph showing three women in a lush green field. The woman on the left is wearing a blue headwrap and a blue top, carrying a silver watering can. The woman in the middle is wearing a brown top and a red headwrap, carrying a yellow watering can. The woman on the right is wearing a brown top and a yellow headwrap, carrying a blue watering can. They appear to be engaged in agricultural work.

Emerging from Conflict/ multi-sector Support project in Cote d'Ivoire

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Project Information

Award category: Women and Girls (Gender equality)

Project name: Emerging from Conflict/ multi-sector Support project (Gender-based component)

Location: Northern, Central and Western Côte D'Ivoire

Cost of total project: 20 million UA (US\$ 31.273 million at the 2007 rate)

Cost of gender-based violence component: 2 million UA (US\$ 3.127 million at the 2007 rate)

Duration and dates: 5 years (December 2007 to December 2012)

Project Context

- Côte d'Ivoire's political crisis in 2001 worsened the **humanitarian situation** considerably.
- Living standards deteriorated and the **poverty rate climbed** from 38.4% in 2002 to 48.9% in 2008.
- Gender-based violence (GBV) grew to affect 67% of women.
- **Sexual violence** was used as a weapon of war. The most affected regions were the north, the center and the west.

Project Context

- The situation destabilized the lives and the economic activities of most people in those regions, as well as in the rest of the country, in a variety of ways:
- **First**, GBV survivors had to grapple with various physical and psychological challenges including stigma;
- **Second**, the lack of justice coupled with an insufficient police response and an absence of judiciary attention, meant that crimes went unpunished.



Project Context

- **Third**, the country was entirely without integrated services that could respond to the needs of the victims.
- **Fourth**, survivors lacked the financial resources to cover the high cost of medical certificates, psychologists' fees and prescription drugs.
- **finally**, the security system's failure to protect survivors and the social system's poor attendance to victims of GBV discouraged many survivors from seeking assistance.

Project Design

The project's objectives were:

- (i) to **contribute** to restoring public social services in the northern, central, and western (CNW) regions of the country and

- (i) to **strengthen** the capacity of public entities and civil society organizations to address urgent social issues and promote economic recovery.

Project Design

The project had two inter-related **components**:

- (i) Support for the state's resumption of public administration in the CNW regions, and
- (ii) Support for national reconciliation as part of the latter component, which sought to build the capacity of institutions and structures in charge of reintegration,

Specific activities were devoted to GBV in the CNW regions to promote the recovery and the socioeconomic development of GBV survivors and reintegrate them into the community.

Approach

Taking the post-conflict situation into account, the project initiated a strategy of holistic support through three schemes:

- **The establishment of integrated service centers** that offer an integrated package of medical, psychosocial, economic, legal and judiciary services with the goal of solving GBV survivors' access to care.
- **The establishment of income-generating projects** for women's associations whose members include GBV survivors to reduce stigma, through forming associations. This approach empowered women economically.

Approach

- **The training of partners.** To strengthen the process, the project trained six NGOs and equipped them to respond effectively to GBV through prevention, attention, and the reintegration of GBV survivors.

This holistic approach created an innovative referral and counter-referral system through which the country could begin paying more attention to GBV.



Why this Approach?

There are two reasons why multi-sectoral approaches are known to be more effective than single-sector approaches in GBV prevention and relief:

- It fosters **active collaboration** between different actors and facilitates effective **public-private partnerships** and coalitions between governments, non-governmental organizations, and local communities in delivering protection and economic and social integration for survivors.

Why this Approach?

- It is **cost –effective**. The cost-effectiveness of healing GBV survivors and integrating them in communities is much greater and the results more sustained than in traditional approaches.



Project Benefits

- Rehabilitated and equipped the gynecological and obstetrical departments of **two regional hospitals** ,
- Mounted **four GBV centers** with integrated services (health, psychology, justice),
- Rehabilitated and equipped **eight social protection centers** and **18 health centers** with infant and maternal health equipment,
- Trained **300 social and health workers** in GBV treatment and care, and trained **150 policeman, 42 judicial agents, and 136 community leaders** in legal and judiciary assistance in GBV.
- Raised awareness among **200,000** local community members and provided economic support to **250 cooperatives** and associations involved in GBV activities.

Project Benefits

- Organized **40 radio-broadcast debates**, created **143 watch and vigilance committees**, and trained **735 community volunteers** in the prevention and referral of cases of GBV.
- as a result, over **300 cases** of GBV were reported and 98% of survivors received psycho-social counselling.
- **473 GBV survivors and 5,447 members of 90** women's groups were trained in technical marketing; simplified accounting; revenue management; the stages of production; the technical processing of corn, peanuts, vegetables and rice; modern poultry farming techniques; liquid soap-making; traditional poultry farming techniques; and attiéké (a traditional food) processing

Project Impact

- The project has greatly changed the country's reaction to GBV, specially at the community level.
- According to a survey carried out by the Bank in 2010, the new integrated referral systems has enhanced women's conditions in the region, especially the GBV survivors.



Monitoring & Evaluation

The project's M&E system had several components:

- The project implementation unit reviewed **monthly and quarterly reports** prepared by the implementing agencies (UNFPA & UNICEF) to monitor the advancement of GBV activities and their results.
- **Site visits** to evaluate the status of the project's implementation and to collect feedback on issues that needed to be addressed.
- AfDB conducted **multidisciplinary supervision missions** twice a year.
- In 2010, an independent firm conducted a **study to measure impacts**.

Lessons Learnt

- The AfDB has incorporated the results and lessons learnt from this project into its new 2011 operation, “Côte d’Ivoire: Emergency program to restore Basic Social and administrative Services” (a policy-based loan).
- In addition, several of the Bank’s operations in fragile states now support GBV survivors and seek to reintegrate them into the community through a holistic approach that combines integrated centres with income-generating activities.

Some of the best practices collected in the technical audit report are as follows:

Lessons Learnt

- ▶ A **multidisciplinary approach to GBV** that included social, health, and legal support as well as economic empowerment, access to funds, and the reintegration of survivors into the community is highly effective.

- ▶ Establishing **multi-service GBV survivors' centres** and integrating them into a referral system creates strong synergy among health and social service professionals and partners who combat GBV.

Lessons Learnt

▸ Projects should treat the poor visibility of GBV as a social problem that is best addressed by mobilizing community members.

▸ **Engaging men** in the fight against GBV—be they leaders or members of the community—are an important ingredient of success to ensure this engagement, the project consulted community leaders extensively.

Testimonies

The project facilitated men and women's access to basic health services of good quality; the project made it easier for women to obtain reproductive health care:

"I was treated for free and staff's visits to my home reassured my family and made them feel respected." — Survivor, Guiglo

"The project gave free medical notebooks and medication to girls my age who got pregnant. Women who had been beaten have been cared for." — GBV survivor, 16 years old

Testimonies

The project created income-generating opportunities

*“The project has given me the means to earn money by taking part in something that lets me provide my children with the food and care they need. Now when the family needs to make a decision, I too have a say.”—
project beneficiary, Bouake*



Testimonies

GBV survivors have been cared for and reintegrated into the community :

“My community doesn’t know [about my abuse] because the team that treated me respected my privacy.” — Survivor, 20 years old

“Now the community knows that it mustn’t harm people. Now it knows that women are protected.” — Survivor, 16 years old

the project has helped spread peace.

“With the project, I am forgetting all about the crisis, because we are working as a group. During meetings, I have the right to state my opinion, and in the village I am no longer kept on the sidelines.” — Beneficiary, Danane



Thank you