Since civil war broke out in 2002, Côte d’Ivoire has faced grave obstacles in its political, social and economic development. Although a fragile compromise was reached between the Government and the New Force rebel movement in 2007, elections planned for November 2009 were postponed indefinitely, and United Nations and French troops remain in the country to maintain security. The United Nations Office for the Coordination of Humanitarian Affairs reports that the country entered the post-conflict phase for the first time in 2009, with thousands of internally displaced persons returning voluntarily to their places of origin. Still, the peace process is gradual and requires national and global commitment.

The conflict resulted in horrific gender-based violence and widespread military conscription, while also disrupting education and destroying medical services. The health of civilians, especially children and women, has been directly compromised, as illustrated by the resurgence of polio in 2008 and the interruption in reproductive and maternal and child health care generally and in treatment services for those living with HIV and AIDS in particular.

In such a situation adolescents, who made up 23 per cent of the total population of Côte d’Ivoire in 2009, have been and remain uniquely vulnerable. In addition to military conscription, sexual slavery and forced migration, adolescent girls and boys suffer in other ways that are direct and indirect results of the civil war. Boys, for example, are subject to involvement in the worst forms of child labour on cocoa plantations, which are one of the country’s most important sources of revenue; between 1994 and 2003, Côte d’Ivoire accounted for 38 per cent of global cocoa bean production. While children have long worked on these farms, and while data on the prevalence of child labour in the country are difficult to obtain, conflicts over land for farming were in part a catalyst for the war and have intensified the scramble to find workers for an industry that is crucial for redevelopment. It is estimated that the majority of child labourers on these farms are under 14 years old and come from specific Ivorian ethnic groups or are migrants from Burkina Faso. The most vulnerable are those dislocated by the war and lacking ties to farmers or local communities.

Adolescent girls are also suffering from the effects of the war. In some regions of the country – particularly in the west, where violence was most intense – rape and other unspeakable acts, including forced incest and cannibalism, have left not only permanent physical impairment but also psychological and emotional scars that will take a long time to heal.

Post-conflict programmes for youth have focused on improving services and providing opportunities for youth to return to school and to protect themselves and their communities in a fragile environment. UNICEF, for example, is supporting more than 40 School Girl Mothers’ Clubs (CMEFs) to help adolescent girls stay in school and complete their education. A National Action Plan for the implementation of United Nations Security Council Resolution 1325 on women, peace and security has also been put in place, and its first priority is the protection of women and girls from sexual violence.

One area of success in post-conflict rehabilitation has been heightened awareness of HIV prevention, which is particularly important because Côte d’Ivoire had the highest prevalence in West Africa in 2008. A partnership between CARE and Population Services International has targeted soldiers, many of whom long believed they were too powerful to contract the disease. However, more work remains to be done, particularly for girls, who lag behind boys in comprehensive knowledge of HIV and condom use. In 2008, just 18 per cent of girls aged 15 to 24 had comprehensive knowledge of HIV, compared to 28 per cent of their male counterparts, while the prevalence of HIV among girls was three times higher (2.4 per cent) than among boys (0.8 per cent).

See References, page 78.