



Burundi

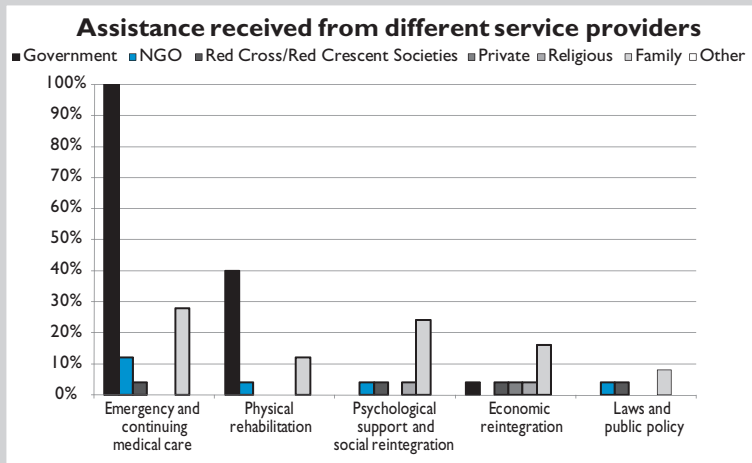
Country indicators

- **Conflict period and mine/ERW use:** Burundi is contaminated with mines/ERW due to use by all parties in the internal conflict, starting in 1993; the first reported government use was in 1996. Use increased in 2002-2003 and there were sporadic reports of ongoing use until 2006.¹
- **Estimated contamination:** Unknown, but as of May 2009, Burundi said 60 suspected hazard areas remained to be cleared (58 of which needed confirmation).²
- **Human development index:** 167th of 179 countries, low human development, (compared to 173rd of 177 in 2004).³
- **Gross national income (Atlas method):** US\$140 – last of 210 countries/areas (compared to US\$86 in 2004).⁴
- **Unemployment rate:** Unknown.⁵
- **External resources for healthcare as percentage of total expenditure:** 13.7% (compared to 13% in 2004).⁶
- **Number of healthcare professionals:** Less than three per 10,000 population.⁷
- **UNCRPD status:** Signed the Convention and its Optional Protocol on 26 April 2007.⁸
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Burundi is a country with little resources and has been devastated by years of conflict and instability since independence. More than two-thirds of the population lives below the poverty line, more than 90% must survive from subsistence farming, and HIV/AIDS rates are among the highest in the world. While external assistance and economic activity have increased since the end of the conflict in 2006, further development is hampered by low education levels, a weak legal system, and a lack of the most basic food, water and electricity supplies.⁹

VA country summary

Total mine mine/ERW casualties since 1993: Unknown – at least 1,564				
Year	Total	Killed	Injured	Unknown
2004	320	105	213	2
2005	14	4	10	0
2006	15	10	0	5
2007	8	3	2	3
2008	4	2	2	0
Grand total	361	124	227	10

- **Estimated number of mine/ERW survivors:** Unknown, but between 523 and 1,314.¹⁰
- **VA coordinating body/focal point:** None; the mine action center does not include VA in its mandate. Disability issues are distributed among several ministries without any clear coordination.
- **VA plan:** None, and there is also no disability plan. Persons with disabilities are included in the 2006 poverty reduction strategy, which is largely unimplemented.
- **VA profile:** A UN Mine Action Service (UNMAS) evaluation in November 2004 recommended a comprehensive VA program should be established. Between 2005 and 2009 no such program was established, nor was there any VA/disability coordination. Burundi continued to acknowledge that its VA/disability provisions are weak and, in 2009, it was repeated that much remained to be done.¹¹ Mine/ERW survivors receive the same treatment as other persons with disabilities, but programs are limited and uncoordinated. Burundi's infrastructure, including basic healthcare and rehabilitation services, has deteriorated as a result of the conflict begun in 1993. Despite large international support projects, health infrastructure remains weak, ill-equipped, and under-staffed; specialized care is confined to the capital Bujumbura. Cost recovery schemes limit access to healthcare for the poor. Although some vulnerable groups, including persons with disabilities, can obtain cards for free services, they are not always honored. In May 2009, Burundi said emergency response can only be carried out by international organizations.¹² The physical rehabilitation sector remains entirely dependent on international NGO financial and capacity support, which has resulted in renovations and quality improvements. These NGOs also cover patients' costs, but overall services are too limited to meet demand. In 2009, as in 2005, psychosocial support was being carried on a small scale by NGOs and disabled people's organizations (DPO). The limited economic reintegration services that exist do not target survivors or persons with disabilities, a serious



obstacle in a country with very poor economic conditions overall. Burundi lacks legislation for persons with disabilities. Draft legislation was introduced in 2004 and 2007, but as of 2009 had not been approved. Since plans to collect and analyze data about survivors and their needs have not been achieved, accurate information about the number of survivors or the services received was unavailable.¹³

VA progress on the ground

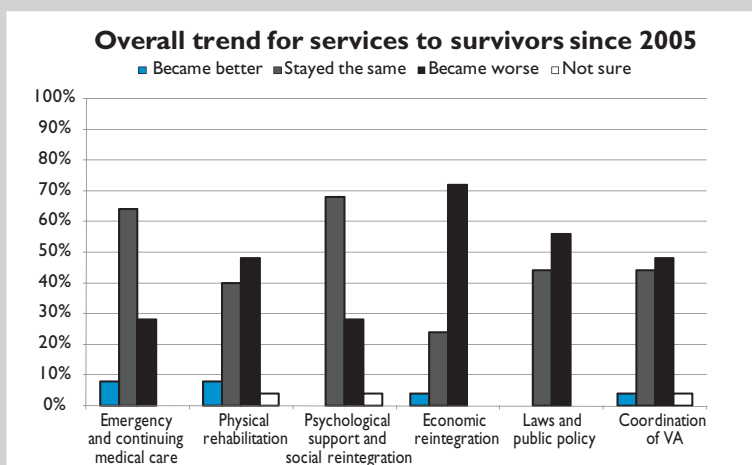
Respondent profile

For Burundi, responses from 25 mine/ERW survivors to a questionnaire about VA progress in since 2005 were used.¹⁴ All respondents were men from Bujumbura between 26 and 45 years old. Some 56% were heads of households and 60% owned property. More than half of respondents (52%) had started secondary school and two people had gone on to further education. Some 84% were unemployed at the time of the survey; all were employed by the military at the time of the incident. More than one-third (36%) did not feel their household income was sufficient (60% did not respond).

It was impossible to survey survivors living outside of Bujumbura or those who were not already members of a particular association due to a lack of in-country capacity, ongoing insecurity, poor infrastructure, and the fact that several NGOs claim mine/ERW survivors are not an issue in Burundi.¹⁵ The profile of the respondents, therefore, does not correspond to the majority of survivors, many of whom are civilians, often from rural areas.¹⁶ However, the consistency of the responses provides a valuable snapshot of the living conditions for some survivors in Burundi.¹⁷

General findings

The majority of respondents felt VA provisions had remained unchanged over the past five years and economic reintegration opportunities had declined. No respondents said they received more or better services. Although the validity of responses cannot be ascertained due to the lack of female respondents, 52% of people felt services for female survivors were “absent” and another 32% said services for women were worse than those available for men. Also, 72% of respondents thought services for child survivors were “never” or “almost never” adapted to their age levels.



The majority of respondents (64%) had not been surveyed by the government or NGOs since 2005. They had also seen few benefits from such surveys; just 36% said they had received information about services as a result of participation, while 24% reported having fewer problems with bureaucratic procedures as a result.

These results confirm the lack of data collection in Burundi and the fact that NGOs do not distinguish mine/ERW survivors from other war victims.¹⁸

Emergency and continuing medical care

Nearly two-thirds of respondents (64%) said medical care had remained the same since 2005; 28% saw deterioration. Nearly half (48%) said survivors “sometimes” received the medical care they needed and 24% felt this was “almost never” the case. The vast majority saw no improvements within specific areas, though 12% said facilities had improved and staff was better trained. Just 4% thought there were quality improvements, more emergency transport, and that healthcare was more affordable. None thought the government provided more support to the sector.

These responses confirm persistent reports of a lack of healthcare infrastructure and capacity despite extensive international reconstruction support from, among others, the World Health Organization (WHO) throughout 2005-2009. Health sector improvements were also included in the poverty reduction strategy. Several facilities were renovated and services extended somewhat to rural areas. In 2009, the government reported that emergency care had to be left to NGOs¹⁹ because of a lack of capacity and because NGOs already work in the areas where incidents might occur. Strikes by personnel against low salaries and poor working conditions have further exacerbated services. Specialized assistance is only available in a limited number of hospitals, almost all in Bujumbura. A cost recovery system introduced in 2004 has also made services unaffordable for vulnerable groups, even though they were in principle eligible for free services if they had a special card. Health centers did not always accept this card, nor were all costs covered by it.²⁰

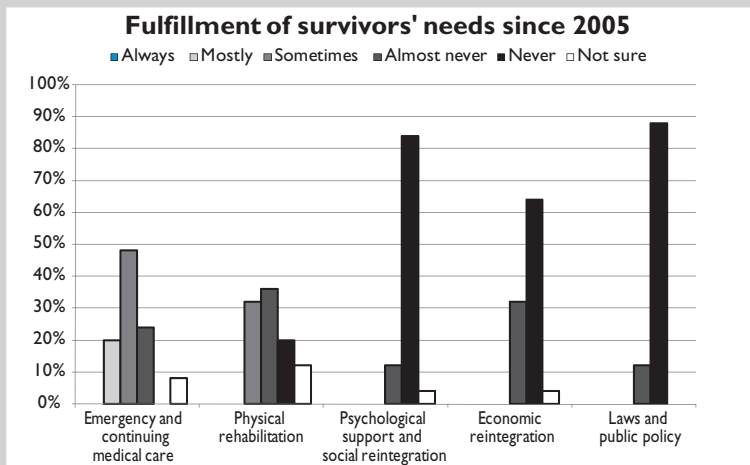
Physical rehabilitation

Nearly half of respondents (48%) felt that, overall, physical rehabilitation services had gotten worse since 2005 and the majority (56%) felt survivors “never” or “almost never” received the physical rehabilitation they needed. Again, few respondents saw advances on any of the progress indicators, with just 12% saying they could get services closer to home and 8% saying transportation and accommodation were increasingly included as part of service. Only 4% found staff better-trained, that rehabilitation centers had more complete teams, or that it was easier to get replacement devices. No one saw improvement in the affordability or quality of services.

Throughout 2005-2009, it was reported that the existing physical rehabilitation services were insufficient and that no prosthetic/orthotic training facility existed. Since 2005, international support has been extended to all orthopedic centers in Burundi, which, as of 2009, needed extensive international financial, material and training support. In May 2009, Burundi reported centers lacked the staff and equipment necessary to meet the needs of survivors. It also reported that just four centers were functioning;²¹ whereas in 2004 nine centers were reported open.²² Burundi also noted in 2009 that 10-20% of patients needed to be sent abroad for treatment.²³ Mobility devices were usually not free (unless covered by a supporting NGO or the card for vulnerable people), waiting lists were long, and referral mechanisms were lacking, which affected the survivors’ responses. In rural areas, access was also limited by difficult terrain and climatic circumstances. Responses would also appear to confirm a survey in 2006 by Handicap International (HI) that 71% of persons with disabilities in three southern provinces did not have access to mobility devices.²⁴

Psychological support and social reintegration

Most respondents (68%) felt psychological support and social reintegration services had remained unchanged since 2005. Additionally, 84% said survivors “never” received the psychosocial support they needed and 12% said this was “almost never” the case. A very small minority (8%) felt there was less stigma related to seeking psychological counseling and that survivors were no longer considered “charity cases.” Just 4% felt empowered, more involved in community activities, or more involved in providing psychosocial support



services to other survivors. No survivors felt peer support groups had been developed or that the government provided more support to the sector. While the respondents were members of an association of former combatants, this association worked mostly on confidence-building and development issues; disability was just one of many issues and did not explicitly include peer support.

Throughout 2005-2009, psychosocial support activities were limited and were mostly carried out by NGOs

targeting all war victims, by some DPOs, and by one state hospital outside of Bujumbura. A survivor organization was created in 2004 but it is unknown whether it is still active. Providing psychosocial support to war victims was also one of the goals of Burundi's poverty reduction strategy in 2006.²⁵ However, it would appear that, as a small group among the many traumatized by war, mine/ERW survivors might not have been able to access what limited opportunities there are.

Economic reintegration

Nearly three-quarters of respondents (72%) felt that, overall, economic reintegration opportunities had deteriorated since 2005 and 4% saw an overall improvement. Again, 64% of respondents felt survivors "never" received the economic reintegration services needed and another 32% said this was "almost never" the case. Just 4% of respondents saw improvement in accessing educational, vocational training, employment or income-generating opportunities. All respondents felt unemployment was so high survivors were the last to be chosen for a job. They commented that a lack of education and vocational training opportunities for survivors meant they did not have the proper schooling to qualify them for employment.

With an 84% unemployment rate among respondents, it is clear that economic opportunities were seriously lacking among this group. Vocational training is organized by the government but it is not targeted at persons with disabilities and is of variable quality. The government's activities specifically for persons with disabilities appear to be limited to tax exemptions for goods used in small income-generating projects. Other economic reintegration activities are either small-scale projects carried out by DPOs, or include persons with disabilities as part of a larger group of vulnerable people. In 2008, Burundi also acknowledged that prejudice and discrimination hamper disabled persons' opportunities²⁶ and acknowledged that the task of providing economic reintegration to survivors "remains immense."²⁷ Most persons with disabilities (adults and children) also had limited access to education, especially in rural areas where schools were long distances away. A 2006 HI assessment noted that 53% of persons with disabilities in three southern provinces had never been enrolled in schools,²⁸ which would confirm the respondents' comments. The bad economic situation and limited job opportunities for all people in Burundi were further obstacles. It was reported in 2004 that disabled military who cannot return to their duties receive pensions,²⁹ but this was not mentioned by respondents.

Laws and public policy

Most respondents (56%) felt the protection of survivors' rights had worsened and 44% felt it had remained the same since 2005. The vast majority (88%) thought survivors' rights were "never" protected and the remaining 12% said they "almost never" were. Just a very small minority saw improvements in some specific areas: 8% said survivors had increased access to legal action when their rights were violated. However, no respondents saw

decreases in discrimination, or in the use of negative terms about persons with disabilities, nor did they see increased disability awareness among the general public. All respondents felt disability was a stigma and that they had no voice in government.

As of July 2009, Burundi had no specific disability legislation. Draft laws developed in cooperation with the disabled persons' union and introduced in 2004 and 2007 remained pending. Some awareness raising has been carried out, but in November 2008 Burundi acknowledged that disability legislation and ratification of the UNCRPD were among its greatest challenges.³⁰

When asked to respond to preliminary findings, a government representative acknowledged that not all survivors had been assisted and that while “we try to assist as many people as possible, we don’t have the financial means to reach everyone.” However, the representative added that the government was interested in trying to improve survivors’ lives.

VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	YES	YES	NO	NO	NO
2006	YES	NO	YES	YES	NO
2007	NO	YES	YES	YES	NO
2008	NO	YES	YES	YES	NO
2009	NO	YES	N/A	NO	NO

Note: Burundi only reported one sentence on casualty data in its 2008 Article 7 Report.

Since 2004, Burundi has acknowledged that, of all its Mine Ban Treaty obligations, VA is “the weakest link in the chain” and that “everything remains to be done.”³¹ In 2009, one government official said the situation remained much the same, stating that VA efforts were still weak and calling for increased international assistance. Devastated by decades of conflict and one of the poorest countries in the world, Burundi is heavily dependent on the international community for the provision of most basic services. Any progress made relevant to VA/disability is being achieved through post-conflict reconstruction efforts. While disability was included in several reconstruction and poverty reduction efforts, there is no coordination of VA/disability.

UNMAS saw the need for a comprehensive VA program in 2004. After stakeholder consultation, UNMAS proposed a draft strategy in 2005 calling for comprehensive assistance through existing programs, establishment of a coordination mechanism, casualty data collection, promotion of survivors’ employment, and increased resource mobilization.³² As of May 2009, Burundi had not formally presented any 2005-2009 objectives or plans to implement the Nairobi Action Plan. As one of the 26 countries declaring responsibility for the greatest numbers of survivors, but also the greatest needs and expectations for assistance, Burundi committed to defining its own SMART objectives, developing plans to achieve these objectives, implementing the plans, and monitoring and reporting regularly on progress.³³

However, Burundi has on various occasions in 2005-2009 presented what it calls its “coherent victim assistance program” which identifies the need to strengthen healthcare and establish community-based rehabilitation, as well as to develop a disability strategy and recognize the rights of persons with disabilities. Most tasks in the program would be carried out by NGOs and DPOs in cooperation with ministries.³⁴ However, the program does not include specific targets or timeframes and there is no evidence that implementation is underway.

One of the main obstacles is the lack of a VA/disability coordination mechanism or focal point. Disability issues (and therefore VA) are included in the mandates of several ministries

without a clear division of tasks and responsibilities. VA is not included in the work of the mine action center, which assumed this was the role of the Ministry of National Solidarity as one of the main ministries dealing with disability issues, but was unable to provide any further information.³⁵ Survivor responses appear to confirm this vacuum, with 48% saying coordination had worsened since 2005. Just 4% felt the government coordinated better with NGOs, provided regular information on VA achievements, included survivors' needs in national VA priorities or that survivors were involved in the development of plans.

According to a government representative, Burundi participated in the so-called VA26 process assuming they would continue to receive UN technical advice to help them make progress on VA. Another reason was that the UN highlighted the importance of mobilizing additional international resources for VA, which Burundi has called for repeatedly between 2005 and 2009.³⁶ The government representative assessed that some survivors had received services because of international aid, but was not sure whether this was a result of Burundi's participation in the VA26 process. Among survivors, 64% thought a lack of financial resources prevented VA progress, but 100% said the government lacks the political will.

Conclusions

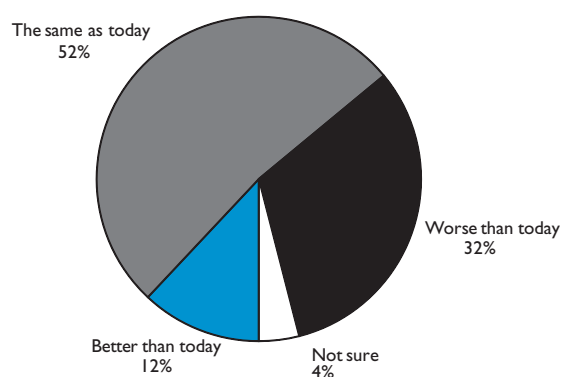
- Burundi remains dependent on international assistance to provide basic health, social and economic services to its population.
- Broader efforts to support Burundi's healthcare and physical rehabilitation services system have benefited some survivors (mostly in the capital), but much work remains to be done.
- NGOs have not implemented any programs specifically for mine/ERW survivors, whose access to broader programs for conflict victims appears to have been limited due to a lack of awareness and the large number of conflict victims.
- Psychosocial support and economic reintegration opportunities are limited for the entire population and almost non-existent for survivors and persons with disabilities.
- While disability was included in several development and poverty alleviation schemes, implementation and benefits have been limited, particularly, it seems, for survivors.
- Burundi has not established effective VA/disability coordination and implementation mechanisms despite early calls regarding the need for a comprehensive program.
- Survivors have not been included in planning or implementation.

Suggestions for the way forward

When asked about how they saw their situation in five years, 32% of survivors thought it would be worse than today; 12% thought their situation would be better; and 52% thought it would remain the same.³⁷ To assist in a better future the following suggestions may be taken into account:

- Clearly define the role of the ministries working on disability issues and assign a leadership role to one of them, possibly the Ministry of National Solidarity.
- Develop a coordinating mechanism supported by a lead ministry which includes other relevant government bodies, NGOs, DPOs and survivors.
- In the short term, provide international technical assistance to develop national capacity for coordinating and planning VA/disability.
- Develop a disability plan with specific timelines and targets inclusive of the needs of mine/ERW survivors and in consultation with them. Allocate sufficient national and international resources for its implementation
- Proactively promote the inclusion of mine/ERW survivors and other persons with disabilities in programs for war victims and vulnerable groups.
- Urgently develop disability legislation based on UNCRC and a mechanism to coordinate and monitor its implementation.

What do you think your situation will be like in five years?





Young landmine/ERW survivors and other persons with disabilities performing

© Dieter Tielemans, for Handicap International

In their own words...

The main priority for VA in the next five years is:

- Healing sick people and ERW survivors.
- Helping me to run a small business and raise cattle.
- Creating associations to support survivors.
- Providing funding to re-launch our economy.
- Acknowledging victims' rights.
- Making a clear national action plan for victims.
- Creating income-generation activities.
- Building homes.
- Providing assistance for our basic survival.

In their own words...

If countries really cared about survivors they would:

- Improve their living conditions by creating jobs.
- Build homes for them and give them mobility devices.
- Listen to survivors.
- Provide social reintegration and follow-up services.
- Ensure healthcare.
- Create a lot of jobs for survivors.
- Have the political will to support disabled people.
- Include a representative of war victims in the government.
- Ratify a law for disabled people and create income-generating activities.

In his own words: the life experience of Claude J. Niyonzima

Claude left school to join the army, but in 2001, at the age of 22, he was seriously injured by an explosive device and has suffered from paralysis ever since. Claude has received medical care from NGOs and the government and psychological support from family and friends. However, he does not feel there are other services available to him, for example, he has not received follow-up physical rehabilitation or economic reintegration opportunities. Claude is therefore unemployed, does not own property, and lacks sufficient financial means.

Claude believes survivors at least deserve adequate healthcare and housing and should be recognized as heroes who have suffered for the good of their country. He thinks the government and the international community should visit survivors and listen to them so as to better understand their needs and find ways to help them.