

Guinea-Bissau



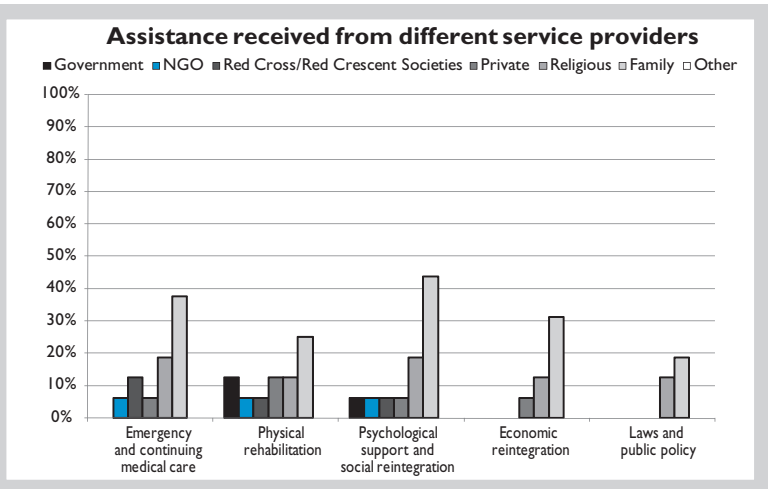
Country indicators

- **Conflict period and mine/ERW use:** Guinea-Bissau is contaminated with mines/ERW from the 1963-1974 Liberation War, the 1998-1999 Civil War, and because of spill-over from the conflict in Casamance (Senegal). Badly stored and abandoned ammunitions are also a problem.¹
- **Estimated contamination:** As of 2009, there are 12 minefields covering an estimated 2.2 km² and five ERW-contaminated sites covering an estimated 0.93 km².²
- **Human development index:** 171st of 179, low human development, (compared to 172nd of 177 in 2004).³
- **Gross national income (Atlas method):** US\$250 – 206th of 210 countries/areas (compared to US\$150 in 2004).⁴
- **Unemployment rate:** N/A: 82% of population works in subsistence farming.⁵
- **External resources for healthcare as percentage of total expenditure:** 31.4% (compared to 19.5% in 2004).⁶
- **Number of healthcare professionals:** Eight per 10,000 population.⁷
- **UNCRPD status:** Non-signatory as of 1 August 2009.⁸
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Conflict has destroyed much of Guinea-Bissau's infrastructure and economy. Continued political instability has further decreased access to basic services. It has also made international donors unwilling to commit funding, even though Guinea-Bissau depends on external aid for even its most basic public expenditures. Life expectancy is among the lowest in the world, nearly two-thirds of people live below the poverty line, income distribution is extremely unequal, and none of the Millennium Development Goals are expected to be reached.⁹

VA country summary

Total mine/ERW casualties since 1980: Unknown – at least 1,140				
Year	Total	Killed	Injured	Unknown
2004	30	6	24	0
2005	16	7	9	0
2006	43	18	25	0
2007	8	1	6	1
2008	1	0	1	0
Grand total	98	32	65	1

- **Estimated number of mine/ERW survivors:** At least 1,140 total casualties (some 70%, or 798, were estimated to be survivors).¹⁰
- **VA coordinating body/focal point:** The National Mine Action Coordination Center (CAAMI) is responsible, but there has been very little activity because of a lack of funds, capacity and government support. The Ministry of Social Solidarity and Poverty Reduction is responsible for disability issues.
- **VA plan:** None; there is no disability plan either, but mine/ERW survivors and other persons with disabilities are included in the Poverty Reduction Strategy Paper.
- **VA profile:** Guinea-Bissau was unable to make any significant VA progress between 2005 and 2009 due to its dire developmental state, near total lack of even the most basic services, and ongoing political turmoil. Access to services has declined since 1998. The government acknowledged in 2008 that “the situation of persons with disabilities in general and of mine victims in particular continues to be a problem.”¹¹ No service provision for mine/ERW survivors is possible without international support. This support has remained limited to *ad hoc* activities, such as material donations and renovations, without a clear follow-up or continuation strategy. Whatever services are available are located in the capital Bissau, including emergency response, ongoing medical care, and physical rehabilitation. A lack of transportation and road infrastructure prevents emergency evacuations. The medical system is under-funded, under-equipped and under-staffed to such a degree that it cannot address the most basic needs of the population. The only functioning rehabilitation center, run by a national NGO, lacks trained professionals and materials to produce devices. International support has also decreased; subsequently, the production of prostheses and orthotics continued to decline throughout the period. Despite donated materials, prosthetics are still too expensive for most survivors. There are next to no psychosocial support or economic reintegration opportunities, but a survivor association was formed in 2008. Legislation



prohibiting discrimination against persons with disabilities exists but was not enforced. In 2009, no progress was made in legal reforms to expand “war victim” benefits to include mine/ERW survivors. CAAMI started to lobby for this reform in 2004.¹²

VA progress on the ground

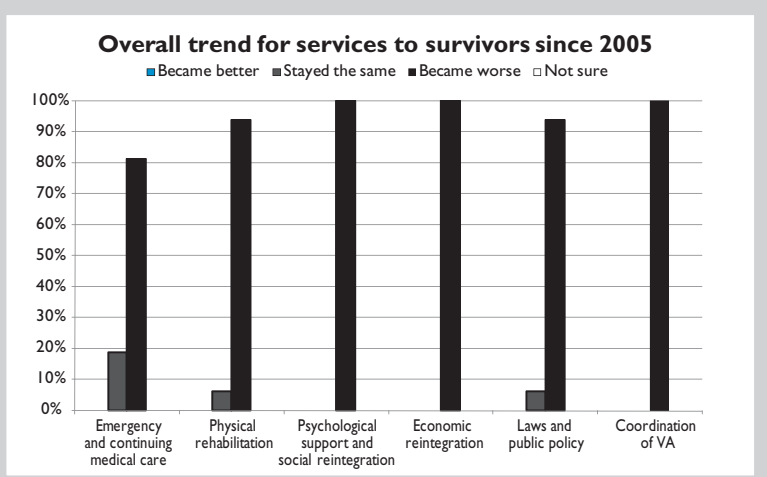
Respondent profile

By July 2009, 16 survivors between 13 and 80 years old responded to a questionnaire about VA progress in Guinea-Bissau since 2005: 12 men, two women, one boy and one girl. Some 69% were heads of households, but no one owned property. Three-quarters of respondents lived in small towns or rural areas with limited or no services, and 25% lived in the capital. Just 19% completed primary education or higher; 43% started primary school but did not complete it; and 38% had no formal education. Nearly one-third of survivors (31%) were unemployed after the incident compared to just 6% before. No respondents felt that their household income was sufficient.

Political instability, difficult road conditions, poor telecommunications, the dispersed rural survivor population, and the lack of in-country capacity made it impossible to survey more people. However, the consistency of responses, regardless of living area, gender or age, provides a valuable snapshot of the living conditions of some survivors in Guinea-Bissau.

General findings¹³

Most respondents felt all services had declined since 2005, and no one felt they had received more or better services. While the survey sample and female participation are too limited for accurate extrapolation, 63% of respondents felt services for female survivors were “absent” and 37% thought they were “much worse” than those for men. All respondents noted that services for child survivors were “never” adapted to their age level.



More than half of all respondents (56%) had been surveyed by NGOs or the government at least once since 2005; 44% had never been surveyed before. Respondents saw few benefits from survey activity, but 38% felt they had received more information about services as a result. Most (81%) had never had the opportunity to explain their needs to the government.

Emergency and continuing medical care

Many survivors (81%) believed medical care had worsened since 2005; the remaining respondents felt it had remained the same. Some 88% added that survivors “never” received the medical care they needed and 12% said this was “almost never” the case. Also, 81% did not think healthcare for survivors was a government priority. Survivors saw no progress on most specific indicators. A small minority (6%) saw improvements in accessing healthcare closer to home, staff capacity to deal with complex issues, and the availability of first aid workers and emergency transport (likely because they were assisted by CAAMI). Survivors commented that the main obstacles were access to facilities because of the distance and costs, insufficient funding for the sector, and a lack of government interest.

In 2005-2009, there were just two functioning hospitals (one military) and a few health posts, all lacking qualified personnel and resources. Poor transport and roads prevented access to facilities; emergency transport was nearly non-existent. The WHO provided some limited support to survivors in 2004-early 2006 and supported an upgrade to the national hospital in Bissau, as well as training to 25 medical personnel. Some additional *ad hoc* support to the medical sector as a whole came through in-kind assistance from Cuban doctors (2005) and an African Development Bank Loan (2007). Emergency services at the national hospital are free, but other services are not; as such, the cost of services remains a barrier for survivors. However, by 2009, the medical situation for survivors remained fundamentally unchanged or potentially worse in the absence of any dedicated VA support.¹⁴

Physical rehabilitation

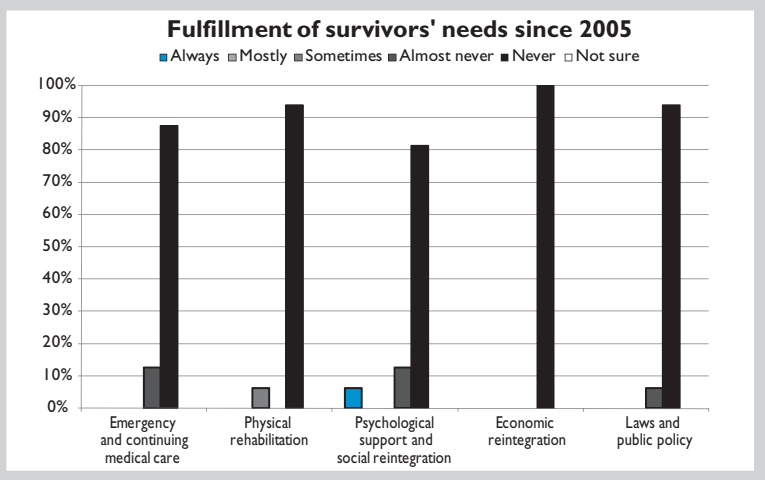
Nearly all respondents (94%) believed physical rehabilitation services had declined since 2005 and that survivors “never” received the services they needed. The remaining 6% thought services had stayed the same, but that survivors “sometimes” received the physical rehabilitation they needed. Again, a very small minority (6%) of respondents found improvement in just one specific area: increased free-of-charge repairs.

Government and ICRC Special Fund for the Disabled (SFD) reports confirm the survivors’ responses. After the national center was damaged in the 1998-1999 war, the NGO ANDES now runs the only rehabilitation center in Bissau. Until the end of 2004, ANDES was supported by Handicap International, but since that time it has depended on material support from the ICRC SFD. The ANDES center struggled with insufficient supplies and staff throughout 2005-2009. For example, in 2008, just two survivors received prosthetic devices, while overall production declined by 50% from the previous year. The lack of qualified staff compromises quality and the cost of services is an obstacle.¹⁵ Overall, physical rehabilitation assistance for survivors has only been possible through international contributions, mostly by the ICRC. Renovations to the national government center were started in 2008, but the center has not reopened.

Psychological support and social reintegration

All respondents said psychological support and social reintegration had declined since 2005 and 81% believed survivors “never” received these services (13% “almost never” and 6% “always”). No respondents saw improvements in any specific areas related to the provision of services. Only 13% felt more empowered. Some 6% felt more involved in community activities or in psychosocial support activities for other survivors, and 6% also found that psychosocial support services were considered equally important to other services.

In 2005-2009 the government reported there were almost no services available for psychological support or social reintegration, though there is a significant need for such services among the population as a whole. The NGO ANDES has carried out some limited psychosocial assistance. Prior to 1998, some activities of a more systematic nature were provided.¹⁶ The perception of decline may therefore date back to this period. The only



progress reported by the government was the creation of a national association of mine/ERW survivors in 2008, but it is unknown what this organization's activities are¹⁷ and it does not appear to have reached respondents yet. The few who reported receiving psychosocial support received it from friends and family, or religious organizations. One person received these services from the government.

Economic reintegration

All respondents believed there had been a decline in the provision of economic reintegration services since 2005 and that survivors “never” received the assistance needed. They also thought unemployment was so high that survivors were the last to be chosen for work. There are no official unemployment figures in Guinea-Bissau, but 82% of people are said to live from subsistence farming.¹⁸ Prior to their incidents, 56% of respondents also worked in subsistence farming; this number declined to 31% after the incident, as survivors were no longer able to farm due to their disabilities and the lack of adequate physical rehabilitation services.

In 2005, the government recognized the challenges that survivors face in economic reintegration, stating that “landmine survivors must compete in a depressed economy for scarce jobs.”¹⁹ CAAMI added that “there were no real prospects for socio-economic reintegration, either on a project basis or structurally, in the foreseeable future.”²⁰ It has repeated this statement since and all planned economic reintegration activities have been postponed since early 2005 due to a lack of funds. In 2006, just four survivors received vocational training with support from UNICEF. In 2008, echoing the views of survivors, the government saw this as the area that remained the greatest problem for survivors, again pointing to a lack of funds.²¹

Laws and public policy

Nearly all respondents (94%) believed survivors' rights were respected less than in 2005 and the remaining 6% said the situation was the same. All respondents believed survivors' rights were “never” or “almost never” protected, nor did they see any improvements. They commented that discrimination was an obstacle to receiving any kind of services.

Laws prohibiting discrimination based on disability are weak and no progress has been made in improving their enforcement.²² CAAMI's attempts to lobby for reform of the Constitution to include mine/ERW survivors as “war victims” who receive benefits have been unsuccessful. However, it was reported in May 2009 that reform has started and that survivors might thus receive equal benefits to the veterans of Guinea-Bissau's War of Liberation. However, one government official noted that the government did not have the necessary funding to implement this reform.

When asked to respond to preliminary findings, one government official agreed with survivors who felt there had been no progress over the last five years. The representative added that survivors “had the right to complain and we must try to support them.” Both the government and survivors recognized that the government lacks financial resources to provide the necessary services. However survivors also said a lack of political will is to blame for the deterioration of services in their country.

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	YES	YES	YES	NO
2007	NO	NO	YES	YES	YES
2008	YES	YES	YES	YES	YES
2009	YES	NO	N/A	NO	NO

Since 2005, Guinea-Bissau has not made significant progress in improving the lives of mine/ERW survivors. In some areas, services have declined or there is a perception of decline over the long run because of the somewhat greater capacity prior to the 1998-1999 conflict. Guinea-Bissau is only able to provide individual services to a small number of survivors and is unable to actually develop a service network and infrastructure, either by developing national capacity or through international humanitarian assistance. This situation is not only true for VA but for all basic services for the entire population, with Guinea-Bissau totally dependent on international assistance for any progress. However, due to continued instability, little international aid is forthcoming.

Already in 2002, CAAMI was aware of the need for a comprehensive VA plan, but also knew that it needed international financial and technical support, an appeal it has repeated up to 2009. As one government representative said, the goal of becoming part of the 26 countries with the greatest number of survivors and the greatest responsibility to act, but also the greatest needs and expectations for assistance, was to secure external support to implement a plan to improve survivors' lives. No substantial support has been received by Guinea-Bissau. The representative also acknowledged that the government itself has not invested anything either since 2005 because "there is no money." Often it is even unable to pay basic operating expenses, such as government salaries, for months at a time.

In 2005, Guinea-Bissau presented its 2005-2009 objectives, the majority of which relate to the development of strategies, data collection and capacity building. Just one objective has a specific target: "To provide economic reintegration services to 50% of known survivors."²³ All socio-economic activity has had to be postponed due to funding gaps and the overall dire economic situation. No notable progress is noted on any of the objectives, despite the limited *ad hoc* activity noted above. Guinea-Bissau's progress updates at international forums have been limited to appeals for funding or repeated activities which all ended by early 2006.

All survivors felt their needs were not taken into account when developing national VA priorities, nor did they feel involved in coordination meetings, plan development, or implementation. They did not feel they received regular updates on progress towards these objectives. Survivors also did not know who was in charge of VA coordination, nor did they believe coordination had improved.

This reflects the coordination challenges faced by the mine action center CAAMI and its inactivity. A major focus of its coordination role was to seek international assistance. However, CAAMI lacked both VA expertise and fundraising capacity. Activities slowed down particularly after the departure of the mine action technical advisor, who had dedicated a significant effort to VA, in early 2007. In 2009, a UN representative cited the absence of a government fundraising strategy and many competing priorities as further reasons for the lack of external support for VA. Additionally, most support by international organizations has been unsystematic and limited to stop-gap activities. None of the mine action NGOs present are working on VA, nor are any known international NGOs working on disability issues.

Conclusions

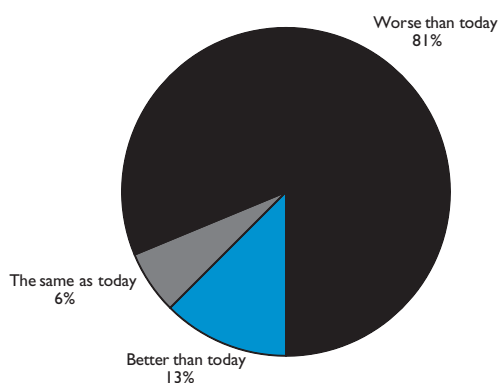
- Guinea-Bissau lacks the infrastructure, resources, and possibly the political will to provide for the basic needs of its citizens; as a result, service provision for survivors was not a priority.
- CAAMI was unable to provide more than individual services to a limited number of survivors due to funding and capacity problems.
- The few existing (medical and rehabilitation) services were inaccessible and unaffordable for survivors, and in most cases they were lacking completely, especially psychosocial and economic reintegration opportunities.
- The international community has not shown the political will to provide the much-needed assistance.
- The inclusion of mine/ERW survivors in the poverty reduction strategy did not lead to progress, likely because this process as a whole was stalled as well.

Suggestions for the way forward

When asked about how they saw their situation in five years, 81% of survivors thought it would be worse than today; 13% thought it would be better; and 6% thought it would remain the same. To assist in a better future, the following suggestions may be taken into account:

- Provide technical support to CAAMI to raise the profile of VA nationally and internationally by developing coordination capacity, VA activities and their accompanying funding strategies.
- Create greater linkages between CAAMI and the ministry responsible for disability issues to integrate the needs of survivors into a general disability plan, with the view of mainstreaming VA in the medium term.

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



- Include survivors and other persons with disabilities in the planning and implementation of programs for their benefit.
- Provide international assistance for VA specific activities in the short term, for the disability sector as a whole, and to promote sustainable, national development in the long term.



From left to right: Banha Ca, Wilson Mendosa and Fidel Demba, three landmine survivors from Bissau

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In their own words...

Survivors described themselves as: needing assistance, landmine victim, accident, who can help me?, poor person, in need of financial support, disabled.

In their own words...

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

- Improving the quality of life for survivors.
- Improving healthcare services.
- Increased financial assistance.
- Better health.
- Training so I can support a family.
- Help.
- Economic and social reintegration.

In their own words...

If countries really cared about survivors they would:

- Provide us with financial assistance to help us get out of our homes and on with life.
- Improve our daily lives.
- Provide financial support so assistance can be provided like before.
- Provide pensions.
- Remember we still need help.
- Help us have a livelihood.

In their own words: the life experiences of Banha Ca, Wilson Mendosa, and Fidel Demba

Between 1999 and 2001, Banha Ca, Wilson Mendosa and Fidel Demba were all injured by ERW or mines in the same area of Bissau, Enterremento. Banha, just 12 at the time, was fleeing fighting during the civil war. Wilson, 10, was playing football. Fidel, 11, was collecting cashew nuts. Banha and Wilson have not received any assistance. Fidel received a prosthetic leg two years ago, provided free of charge through ANDES, although he was told future repairs or replacements would cost money.

Banha and Wilson depend on their families to support them, even though Banha works as a mechanic. Wilson fears that unless he receives further training he will not be able to “be a man” and support a family one day. Fidel, already married with two children, works as a radio technician, but depends on the money his wife earns washing clothes to supplement the family income. Banha and Fidel would like to learn new skills and increase their earnings. Wilson dreams of finishing his studies and studying abroad.