

# CREATING CONDITIONS FOR CHANGE



## THE SITUATION OF WOMEN AND CHILDREN IN GUINEA-BISSAU

June, 1997

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## The Situation of Women and Children in Guinea-Bissau

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## TABLE OF ABBREVIATIONS

<b>ACP</b>	Advocacy and Communication Programme
<b>ADB</b>	African Development Bank
<b>ADIM</b>	Associação para o Desenvolvimento Integrado da Mulher (Association for Integrated Development of Women)
<b>ADPP</b>	Ajuda de Povo para Povo (Assistance from People to People)
<b>AFP</b>	Acute Flaccid Paralysis
<b>AGUIBEF</b>	Guinean Association for Family Planning
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ALTERNAG</b>	Guinean Association for Studies and Alternatives
<b>AMIC</b>	Friends Association of Children
<b>APE</b>	Students' Parents Association
<b>ASDI</b>	Swedish International Agency for Development
<b>ARI</b>	Acute Respiratory Infection
<b>BCG</b>	Bacillus Calmette Guerin
<b>BE</b>	Basic Education
<b>BI</b>	Bamako Initiative
<b>CBO</b>	Community Based Organizations
<b>CECI</b>	Canadian Center for Studies and International Cooperation
<b>CEDAW</b>	Convention for Elimination of Discrimination Against Women
<b>CIMA</b>	Interministerial Commission for Water
<b>CMR</b>	Child Mortality Rate
<b>CNI</b>	National Children's Commission
<b>CNLPN</b>	National Committee Against Harmful Practices
<b>CNSP</b>	Children in Need of Special Protection
<b>CP</b>	Country Programme
<b>CRC</b>	Convention on the Rights of the Child
<b>CWC</b>	Community Water Committee

<b>DCA</b>	Danish Church Aid
<b>DD</b>	Diarrhoeal Diseases
<b>DEPRO</b>	Department of Programmes
<b>DGEB</b>	General Directorate of Basic Education and Literacy
<b>DGEMS</b>	General Directorate of Middle and High Education
<b>DHS</b>	Demography Household Survey
<b>DPT3</b>	Diphtheria, Pertussis, Tetanus Vaccine, 3rd Doses
<b>EAMR</b>	Girls and Women's Education and Literacy
<b>ED</b>	Essential Drugs
<b>EPI</b>	Expanded Programme of Immunization
<b>FGM</b>	Female Genital Mutilation
<b>GCO</b>	Greeting Cards Operation
<b>GDI</b>	Gender Difference Index
<b>GE</b>	Girls Education
<b>GGOB</b>	Government of Guinea-Bissau
<b>GR</b>	General Resources
<b>GRUMEDIA</b>	Media Group
<b>HC</b>	Health Center
<b>HDI</b>	Human Development Index
<b>HMC</b>	Health Management Committee
<b>HIV2</b>	Human Immunodeficiency Virus, Type 2
<b>IEC</b>	Information, Education and Communication
<b>IMEP</b>	Integrated Monitoring and Evaluation Plan
<b>IMR</b>	Infant Mortality Rate
<b>INDE</b>	National Institute for the Development of Education
<b>INEP</b>	National Institute for Studies and Research
<b>IRC</b>	International Reference Center
<b>IRM</b>	Information Resources Management

<b>KAP</b>	Knowledge, Attitudes, Practices
<b>LFA</b>	Logical Framework Approach
<b>LGDH</b>	Guinean NGO for Human Rights
<b>MASPF</b>	Ministry of Social Affairs and Women's Promotion
<b>MEIRN</b>	Ministry of Energy, Industry and Natural Resources
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MINSAP</b>	Ministry of Public Health
<b>MMR</b>	Maternal Mortality Rate
<b>MOE</b>	Ministry of Education
<b>MTR</b>	Mid-Term Review
<b>NGO</b>	Non-Governmental Organization
<b>NHDP</b>	National Health Development Plan
<b>OGE</b>	Government Global Budget
<b>OPV3</b>	Oral Polio Vaccine, 3rd Doses
<b>ORS</b>	Oral Rehydration Salt
<b>ORT</b>	Oral Rehydration Therapy
<b>PEC</b>	Primary Environmental Care
<b>PHC</b>	Primary Health Care
<b>Plan International</b>	Non-Governmental Organization
<b>PNDS</b>	National Programme for Sanitary Development
<b>PPDPC</b>	Programme for Policy Development and Programme Coordination
<b>PPA</b>	Project Plan of Action
<b>PPM</b>	Project Planning Matrix
<b>PPO</b>	Programme Plan of Operations
<b>PRA</b>	Participatory Rural Appraisal
<b>PSCW</b>	Programme for the Survival of Children and Women
<b>Rädda Barnen</b>	Swedish NGO
<b>RHT</b>	Regional Health Teams



<b>SAB</b>	Bissau Autonomous Sector
<b>SANPLAT</b>	Sanitation Platform
<b>SAP</b>	Structural Adjustment Programme
<b>SEP</b>	Secretariat of State for Planning
<b>SF</b>	Supplementary Funds
<b>SITAN</b>	Situation Analysis
<b>SNIECS</b>	Education, Inform. & Communication National Service for Health
<b>SNV</b>	Netherlands Volunteers Organization
<b>STD</b>	Sexually Transmitted Diseases
<b>TBA</b>	Traditional Birth Attendant
<b>TT2</b>	Tetanus Toxoid, 2nd Doses
<b>TOT</b>	Training of Trainers
<b>UEMOA</b>	Economic Monetary Union of Western Africa
<b>UICN</b>	International Union for Conservation of Nature
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Education, Science and Culture Organization
<b>UNFPA</b>	United Nations Fund for Population Activities
<b>UNICEF</b>	United Nations Children's Fund
<b>USB</b>	Village Health Post
<b>USD</b>	United States Dollars
<b>VAD</b>	Vitamin A Deficiency
<b>Vit. A</b>	Vitamin A
<b>WB</b>	World Bank
<b>WES</b>	Water and Environmental Sanitation
<b>WFP</b>	World Food Programme
<b>WID</b>	Women in Development
<b>WHO</b>	World Health Organization

***PART ONE***

***THE NATIONAL CONTEXT***

**Some Structural Causes of the Current Situation**

## CHAPTER ONE

## 1.0 POPULATION ISSUES, THE HOUSEHOLD ECONOMY AND CULTURAL DIVERSITY

The population at the 1991 Census was just over 983,000 (Table 1). Estimates based upon a 2.2 percent per annum growth rate give a 1995 population of 1,081,000 people, and a 2002 figure of 1,268,000 (the end year of the next GOGB/UNICEF Country Programme). Around 363,000 (37 percent) live in the three northern provinces, while 144,000 (11 percent) live in the south.

There is already evidence of a strong rural-urban exodus, with a far higher rate of growth in urban areas compared with the rural interior, especially the islands. In 1991, Bissau Autonomous Sector (BAS, the area immediately around the capital) had grown to nearly 200,000, at a rate of 5.5 percent per annum compared with between 1 and 2 percent in most rural areas. At this rate of growth, the population of Bissau city will be well over 200,000 by 1996, and is estimated to be around 303,000 by 2002 (24 percent of the total).

**TABLE 1**  
**Population, 1991, 1995**

	1991	1995	Annual Growth Rate (%)
<b>Bissau Autonomous Sector</b>	197.610	245.159	5.5
<b>Northern Region</b>			
Biombo	60.420	62.873	1.0
Cacheu	146.980	152.948	1.0
Oio	156.084	163.712	1.2
<b>Sub-Total</b>	363.484	379.533	1.1
<b>Eastern Region</b>			
Bafata	143.367	153.972	1.7
Gabu	134.981	147.257	2.1
<b>Sub-Total</b>	278.348	301.229	1.9
<b>Southern Region</b>			
Bolama/Bijagos	26.691	27.337	0.3
Quinara	44.793	48.296	1.8
Tombali	72.441	79.650	2.3
<b>Sub-Total</b>	143.925	155.283	1.8
<b>TOTAL</b>	<b>983.367</b>	<b>1.081.204</b>	<b>2.3</b>

Source: *General Census of Population and Housing, March 1991*

In addition, the two main interior towns of Bafata and Gabu have also grown rapidly, particularly the latter which sits astride key international trade routes to the rest of the region. Together with the other provincial towns, an additional 50,000 people at least will be living in urban or peri-urban

areas outside Bissau by 2002, with a host of specific problems and needs which only explicitly urban-oriented programmes can resolve.

### *Demographic Structure*

The population of Guinea Bissau is very young, with nearly 47 percent under 15 years of age and 29 percent under eight years (Table 2). The UNICEF key target population of infants under 1 year make up 3.3 percent of the population, while the 1-7 age group is 25 percent, evenly divided between girls and boys. This represents a target group of some 36,000 infants and 270,000 older children between 1 and 7 years now, and a likely figure of 42,000 and 322,000 for each group respectively by 2002.

Overall, women represent 51.6% while men represent 48.4% of the population. The percentage of women in the population is higher than that of men in all the regions of the country. The predominance of women is higher too in the 15-45 age group (21 percent versus 17.5 percent), and there is evidence that the proportion of women in this key economically active age group is higher still in rural areas. These figures reflect the emigration of young men both from rural areas to the city, and from Guinea Bissau to other countries in the region and Europe.

**TABLE 2**  
**Population by Age Group and Sex, 1991**

AGE GROUP	BOTH SEXES	%	MALE	%	FEMALE	%
<b>TOTAL:</b>	<b>983.367</b>	<b>100,0</b>	<b>476.210</b>	<b>48,4</b>	<b>507.157</b>	<b>51,6</b>
<1 year	32.772	3,3	16.338	1,6	16.434	1,7
1 - 7	249.498	25,4	125.019	12,7	124.479	12,7
8 - 14	175.755	17,9	90.894	9,2	84.861	8,7
15 - 17	63.317	6,4	31.335	3,2	31.982	3,2
18 - 19	40.630	4,1	18.716	1,9	21.914	2,2
20 - 44	275.213	28,0	121.553	12,4	153.660	15,6
45 +	146.182	14,9	72.355	7,4	73.827	7,5

Source: *General Population and Household Census, March 1991*

### Poverty Profile

Poverty is perhaps the most important underlying cause of the very poor social indicators, particularly in health. Over 50 percent of the population is considered to be living in absolute poverty of whom half are in extreme poverty. Based on a 1991 Household Expenditure survey, this poverty can be characterized as follows:

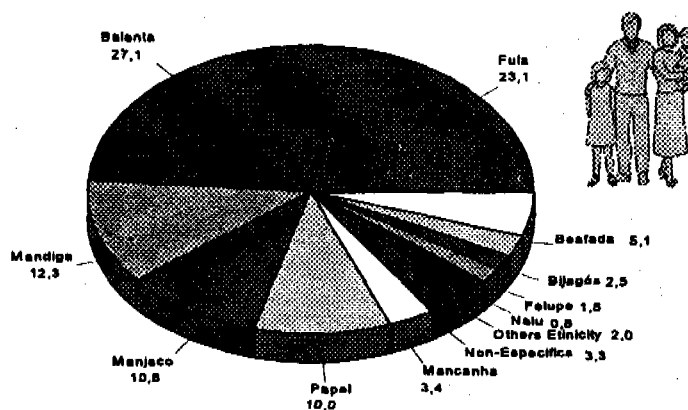
- ✓ 26.2 percent of all Guineans live in extreme poverty (the 'core poor'), and another 22.5 percent are moderately poor
- ✓ 84.5 percent of the poor live outside Bissau city and its outlying peri-urban zones, mostly in rural areas but also in peri-urban areas around provincial towns
- ✓ poor households are typically headed by men, engaged principally in agriculture (60 percent of cases) and self-employed (85 percent of cases)
- ✓ poor households have high dependency ratios, with the poorest being on average larger than the wealthier ones (7.8 members compared with 6.7 members respectively), and a high incidence of poverty in households with more than 18 members
- ✓ the incidence of poverty appears to be higher in polygamous households than in monogamous households (although the impact of the household developmental cycle in some areas may mean that 'monogamous' households are simply newer units which other wives are yet to join)
- ✓ rural poor live in predominantly traditional, semi-permanent housing, have access to a pond or river as their main water source (sometimes supplemented by traditional wells), and none have electricity
- ✓ urban poor are typically renters or live in homes paid for by someone else
- ✓ around 94 percent of poor households live more than one hour away from the nearest primary school, health center, or food market (assuming they get there on foot)
- ✓ although the lack of basic amenities is a key to understanding how poverty is perpetuated, socio-economic and political factors are the main basic cause of poverty in Guinea Bissau

### *Ethnic and Cultural Diversity*

The socio-economic history of Guinea Bissau has produced a complex ethnic and cultural framework. The main cultural division stems from centuries-old contacts between the coastal regions and the Islamic cultures of the Sahara. The Islamic Fula and Mandinga are 40 percent of the population, living mainly in the east, while animist groups like the Balanta (the largest single ethnic group), Manjacos, and Papel come from the coast (Figure 1). Most villages outside remote eastern areas are multi-ethnic, however, and relations between the different groups are on the whole cordial and well ordered by customary authorities and practices.

**FIGURE 1**  
**Distribution of Ethnic Groups**

**THE POPULATION OF GUINEA-BISSAU BY ETHNICITY**



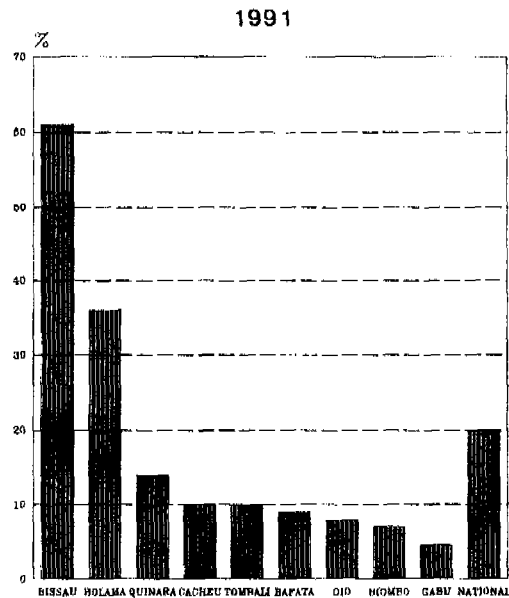
The main cultural legacy of the colonial period is the national 'lingua franca', Crioulo, an evolved form of the language developed by the Portuguese and local people for trading. The National Liberation Struggle directed by the PAIGC developed Crioulo in rural areas and villages (*tabancas*). The language now has its own syntax and lexicon, and is used as first or second language by more than 50 percent of the population, especially in urban areas.

The proportion of people speaking Crioulo is clear in Figure 2 Those who use it as a first language are mainly in Bissau and areas such as the Bijagos islands which were the focus of early commercial activity.

Elsewhere, indigenous languages are still very important, especially in the more isolated rural areas where only a few people speak Crioulo. More importantly, in all rural areas, women rarely speak Crioulo. This added linguistic complexity should feature in the design of relevant and effective socio-economic initiatives in the regions, especially for women. Meanwhile, ways of incorporating Crioulo as the official teaching language are being studied.

FIGURE 2

PROPORTION OF POPULATION SPEAKING  
CRIOULO AS FIRST LANGUAGE, BY PROVINCE



Source: MEN/World Bank 1996

### *Systems of Production*

The environmental complexity of Guinea Bissau has strongly influenced the evolution of distinct systems of spatial occupation and production. Empirical research over recent years (IUCN 1991, Eyzaguirre 1987, Lifton 1991) has identified 13 different production systems, which integrate agriculture, fishing, livestock and off-farm employment by men and women.

Each system is a complex survival strategy integrating exploitation of the surrounding environment with commercial and employment opportunities both nearby and further afield. By producing crops at different points in the year on a range of different soils and areas, and engaging in off-farm activities, families manage to produce an adequate income. For example, on the coast, the combination of rivers and tidal flood plains has given rise to a predominant form of rice cultivation based on the careful control of salt-water tides and fresh water stored behind dykes during the rainy season. The Balanta are masters of this technique, and have evolved a unique social system around the production of rice which is well adapted to the surrounding environment. Older women tend to trade, while young men often migrate to Senegal or further afield to save money for marriage when they return, or to invest in the family farm. Others stay in Bissau, but return to their villages at peak labour times, creating complex production systems with rural and urban components. Remittances from abroad can also enable some households to invest in a light truck or other equipment, contributing not only to their own wealth but also to increased economic activity in their surrounding areas.

### *Household Size and Composition*

The average household size for the country as a whole is 7 people per household. This figure must be used carefully however, depending upon how the household is defined and which unit of social organisation is the focus of interest.

In rural areas, household size and structure varies greatly between regions, depending upon the prevailing pattern of socio-spatial organisation. Communities and social relations are organised along kinship lines, where groups are defined principally by the lineage of the father (patrilineal) or the mother (matrilineal). Amongst the main ethnic groups, the Fula, Mandinga, and Balanta are patrilineal and the Papel, Manjaco, and Mancanha are matrilineal.

At village (**tabanca**) level, the basic extended family unit is the **morança**, which consists of several **fogões**, roughly equivalent to a nuclear family and defined as the group of people who share the same cooking place. A **fogão** can be up to six or seven people. Extended families are linked together in clans (or **jorçons** in Crioulo) through the lineage system.

The villages of each ethnic group have specific features in terms of household size, spatial organisation and construction. Balantas live in dispersed tabancas, with several morancas in each one. This contrasts with the Papel, who construct interlinked houses for each extended family surrounded by mud walls, with each moranca some distance from its neighbours. Each moranca thus appears to be a separate tabanca, although in reality the tabanca in a specific area is made of several of these smaller, dispersed units.

### *Household Economy*

In both rural and urban families, the main workforce consists of the adults (mainly the women) and older children. All ethnic groups are polygynous, and the number of married women and children in a morança is an important factor in the level of production of the family. In this way, all the production systems above are integrated with the social structure of the various ethnic groups which have developed them.

Each morança has its own land for farming, as well as forest and grazing land which is often shared with their neighbours. Inside the morança, depending upon the specific customs of each ethnic group, fogões receive land from the male head of household for their exclusive use, where they produce food crops for the family and other crops producing cash income which is controlled by the women. Men have their own fields mainly for cash crops, and are assisted by the women who carry out all the main activities except soil preparation. Cash income from these fields stays with the men, for their personal needs and to buy new equipment and other household goods.



Land occupation and the prevailing cultivation system represent a collection of separate management units, with important kinship links which define their wider rights and obligations with respect to resources. These links also define larger work groups for communal labour on the land of each individual unit, allowing larger areas to be farmed. Communal areas are also collectively farmed by traditional age sets and women groups. Yet in spite of this wider communal aspect, there is considerable socio-economic differentiation inside the villages and between their various sub-components.

Women are always responsible for providing food for children, usually from their own fields or labour. Where women have their own fields and men focus on commercial crops, projects which focus on modern inputs to raise productivity and the marketed surplus can introduce a commercial aspect to the crops planted by women, who are then in danger of losing their traditionally defined rights over the income from these areas. This can have a serious impact on the internal availability of food, and by extension on the nutritional status of village children.

These differences can have a significant impact on social indicators. For example, while both Fulas and Mandingas live in separate tabancas, Mandinga households share living spaces while each wife in a Fula household tends to occupy a separate area with her children. This difference in spatial occupation has been shown to be a significant factor in the transmission of infectious diseases amongst the children of each group, with Mandinga children more at risk.

CHAPTER TWO

THE POLITICAL CONTEXT

2.0 POLITICS AND ADMINISTRATION

*Political Development*

Guinea Bissau has always been a highly politicised country, reflecting its ethnic and cultural diversity and a complex history of struggles and allegiances between different groups from colonial times to the present. Like many other African countries, Guinea Bissau has also always been highly conditioned by international developments. At Independence in 1974, the pro-Soviet PAIGC (Partido Africano para a Independência da Guiné e Cabo Verde) assumed single-party control and implemented an orthodox Marxist-Leninist programme of centralised planning and state monopolies directing all aspects of life. The system of government in fact represented an entrenchment of practices established by a fascist colonial power with its own economic and political agenda. Power and decision making were highly centralised and the state administrative and bureaucratic structure assumed massive importance as employer, 'patron', and consumer of resources.

Internal struggles and the deepening macro-economic crisis led to the 1980 coup by João Bernardo 'Nino' Vieira, who has remained as President until the present time. The end of the one-party system in 1991 saw the beginnings of economic change towards a more liberal, market-oriented system, with support from key Western donors (notably Sweden) and the World Bank/IMF. Political changes affecting underlying economic policies had in fact been underway long before.

The major political shift to multi-party democracy and a free-market system was brought about as a result of economic and donor pressure after several years of substantial investment and a faltering Structural Adjustment Programme (SAP) and hastened by the collapse of the Soviet Bloc. The centralised decision making and command economy was inconsistent with the structural adjustment package, and finally in 1990 real political changes began to accompany the economic changes already underway.

The transition was formalised in a constitutional revision in 1991, which abolished Article 4 in which the PAIGC was designated as the driving force of Guinean society, and introduced the principles of multi-party politics and freedom of expression. The new political era was confirmed in a further constitutional revision in 1993, which heralded in the concept of a 'State of Law' based upon the separation of executive, legislative and judicial powers, and established a pluralist democratic system. The first democratic elections subsequently took place between July and August 1994, with technical and financial support from the international community.

The PAIGC won the Parliamentary election with 62 seats out of 100 in the new multiparty Assembly, while the incumbent President was re-elected after a close second round run-off with the opposition. The elections were considered a success by international observers, and the results were accepted by all parties. The new multiparty Assembly was inaugurated in August 1994, and began its first full session in October. There are four sessions per year, with extraordinary sessions convened when necessary.

Despite a number of difficulties as the opposition has challenged the GOGB on a number of fronts, the constitutional process has so far survived intact. While there are no immediate signs of instability, social tensions are however mounting as the economic and social crisis intensifies. The next major political step will be the first municipal elections, set for late 1996 and now delayed until 1997. If they take place as planned, they may go some way to achieving real decentralisation of power to local level and defusing the present tensions.

### *Administrative Structure*

The country is divided into three Zones (North, South and East), and eight Regions excluding the BAS. These Regions are in turn divided into 36 Sectors as shown in Table 3.

**TABLE 3**  
**Administrative Structure**

NORTHERN ZONE	SOUTHERN ZONE	EASTERN ZONE
<b>OIO</b>	<b>TOMBALI</b>	<b>BAFATA</b>
.Bissorã	.Catio	.Bafata
.Farim	.Bidanda	.Galomaro
.Mansoa	.Cacine	.Bambadinca
.Nhacra	.Quebo	.Xitole
<b>CACHEU</b>	<b>BOLAMA/BIJAGOS</b>	.Contuboei
.Bigene	.Bolama	.Ganadú
.Bula	.Bubaque	<b>GABÚ</b>
.Caio	.Caravcla	.Boé
.Canchungo	.Uno	.Pitche
.Cacheu	<b>QUINARA</b>	.Gabú
.S.Domingos	.Buba	.Pirada
<b>BIOMBO</b>	.Empada	.Sonaco
.Quinhamel	.Fulacunda	
.Safim	.Tite	
.Prabis		

Below Sector level, formal administration is through local Committees established under the old regime by the PAIGC as Party cells. This structure has changed little and still has political overtones due to its old party links, especially in rural areas. Each Committee has a President, and consists of five people, of whom two must be women, elected by the community.

Local communities also retain their own traditional leadership systems. In most areas these are regarded as the legitimate system of authority and 'public administration'. Principal chiefs, or 'Regulos', sit at the head of a pyramid of minor chiefs, lineage heads and elders (Homens Grandes). These leaders handle the vast majority of disputes and other administrative problems which occur at local level, following customary procedures and legal practices.

Traditional leaders are sometimes elected to sit on the formal GOGB committee for their area, although this is not always the case and there can be tensions between the PAIGC leader (usually younger) and the traditional structures. The Homens Grandes are, however, usually consulted whenever important local decisions are taken.

### *Rights, Accountability and the Public Service*

For ordinary people, the democratic process is in its infancy after centuries of being subjected to the whims of external powers and centralised ruling structures. The notion of 'rights' as something which ordinary people can exercise, for example by demanding better services from the State, is still little understood and appreciated by the majority of Guineans, particularly in rural areas.

Similarly, there is very little sense of a culture of public service amongst GOGB officials. After many years of working and living in a situation where all but the most trivial decisions have been taken by very senior officials, middle ranking executive staff are unaccustomed to assuming any initiative unless it is authorised from on high. Lines of accountability are poorly defined for similar reasons, and indeed the concept itself is both poorly understood and rarely applied, with even cases of gross misconduct failing to result in the dismissal of ineffective or corrupt officials.

Overcoming these problems is one of the great challenges facing programmes today, if they are to achieve real behavioural changes both amongst the target population, and amongst those who are charged with delivering efficient and effective services to the people.

### **WOMEN IN POLITICS**

*Recent social and political changes have made little difference to the number of women in politics. There are still only 2 women out of 21 Ministers in the current Government, in Social and Womens Affairs, and Public Health. These posts have long been reserved for women since Amilcar Cabral ordered it so in the days of the Armed Struggle. No women have ever held key posts affecting economic and resource management, or planning.*

*While there had previously been a single woman in the Council of State in the days of the single party, since the elections the Council has been an all male preserve. And of the 100 deputies elected to the National Assembly, only 9 are women. The Vice-President of the Assembly is a woman however, and 1996 has seen the appointment of the first woman Ambassador, to Israel.*

*At local level women do have an important voice in the discussion of community affairs, although the precise nature of their role varies from region to region. All local-level Committees are required to have at least two women members. Nevertheless the men usually deal with the outside world, with the result that development initiatives often fail to address the real needs of village women.*

CHAPTER THREE

THE GUINEAN ECONOMY

3.0 THE ECONOMY

*Post-Independence Economic Policy*

Guinea Bissau has a good resource base and should easily be able to produce not only its own food, but also gain significant income from other sources to import food and consumer goods when necessary. Unfortunately, despite improvements in production in recent years, the real situation is very different. The harsh economic reality is summed up in the per capita GDP figure of US\$210, one of the lowest in the world. This figure is an improvement over the US\$180 recorded in 1973, but is very low considering the potential of the country with its unique resource base and relatively small population. Since Independence, the country has passed through several distinct phases of economic policy and management:

- post-Independence central-planning and State monopoly of all activity prior to 1980, resulting in a collapse of national marketed food production, macro-economic crisis, and the coup d'etat which brought the current President, Nino Vieira, to power in November of that year;
- economic stabilisation, devaluation, limited recognition of the role of the private sector, a new emphasis on investment in agriculture, and early attempts to control public spending and reduce the deficit with IMF/World Bank support (1981-1986);
- the first phase of the Structural Adjustment Programme, which included liberalisation of trade and the elimination of price controls, banking and taxation reforms including lower export taxes and higher import taxes, and measures to stimulate the private sector (1986 - 1989);
- more radical structural adjustment, including the Guinea Bissau Economic Programme recently negotiated with the IMF to consolidate the adjustment process (1990 - present time).

The various reform programmes have managed to establish a foundation for new economic activity and growth. The re-emergence of the private sector, the end of price controls, and a raft of financial reforms helped to reverse the decline in national production and generate economic growth. However, poor management and abuse of credit programmes led to a huge rise in both internal credit and the public sector deficit, fuelling monetary expansion and inflation.

The potential in the economy remains seriously constrained by the failure to implement the more radical provisions regarding the rationalisation of the civil service, and a raft of economic reforms designed to reduce inflation and bring official and parallel exchange rates into line. These problems reflect a focus on short-term political options, which lies behind a failure since the mid-1980s to use the resources available through structural adjustment to invest in new economic infrastructure, develop an 'enabling' legal and administrative framework, and invest in human resources for longer-term prosperity.

There are now signs that reforms are being put in place. Nonetheless, the State remains as a dominant force and major employer in the economy, and continues to absorb a huge share of resources, mostly as salaries and running costs. The Government is still failing to tackle deeply rooted distortions, either because of political reasons, or simply because of the lack of appropriate management and technical skills. And the collapse of the credit system as a result of earlier problems is blocking any development of the productive base of the country, be it at the level of rural smallholder or urban entrepreneur.

More than two decades after Independence, Guinea Bissau continues to depend on external support to meet even its most basic food needs and maintain the programme of public investment almost in its entirety. The economy is still unstable and vulnerable, with strong inflationary pressures. The Government of Guinea-Bissau (GOGB) is committed to the reform process however, which is now entering a new phase after an agreement with the IMF over the Guinea Bissau Economic Programme.

### *The Macroeconomic Situation*

GDP growth has averaged 4 percent over 1989-94, although since the early 1990s it has slowed to some 3 percent per year, just ahead of population growth.

Total consumption (GOGB and private) has fallen in this respect, but only slightly: from 118 percent of GDP in the early 1980s, to 105-110 percent in the mid-1990s.

There is still a chronic balance of payments deficit due to the narrow export base and the excessive consumption of imported consumer goods, particularly rice. Major exports are cashew nuts (mainly to India), palm kernels, timber, and fisheries (mainly as licence fees paid by European fleets), with average annual export earnings of US\$20 million over 1989-1995. Imports however, averaged some US\$65 million annually, including petroleum products, construction materials, capital equipment, and consumer goods (mainly from Europe) and rice from Southeast Asia.

This situation explains the longstanding dependence upon foreign savings for domestic investment and balance of payments deficit financing, and the constantly rising foreign debt since the early 1980s. Guinea Bissau is one of the most indebted countries in the world. The debt/GDP ratio is 307 percent; debt/exports ratio is 2033 percent; and the scheduled debt service/exports ratio of 698 percent in late 1994 is projected to increase by 76 percent per year by 1997. In spite of having its debt reduced at the December 1994 Paris Club meetings, from US\$800 million to US\$425 million, Guinea Bissau is now almost back to the 1994 figure (US\$777.5 million in April 1996), as consumption remains well in excess of earnings, and poor economic management undermines investment in future production.

Exchange rate policy has caused the continuous devaluation of the Peso, with major negative effects on prices of imported goods and food. In the last six years, the consumer price index rose rapidly every year except 1994, with a rate of 81 percent in 1989. There are signs of more stable prices however. Fiscal and monetary policies have been tightened up and the exchange rates have come together. The difference between the official and parallel rates in relation to the US dollar fell to 36

percent in 1989, 13 percent in 1992, and 4.4 percent by late 1995. By the end of 1995, inflation was running at an annual rate of 38 percent, with the GOGB hoping for 8 percent by late 1997.

In order to strengthen the government's overall ability to manage future public management, and thereby address the structural problems mentioned above, the Ministry of Planning and International Cooperation has for the first time prepared a National Economic Development Programme which includes a Public Investment Programme. The principal objectives set for the new plan are:

**TABLE 4**  
**National Economic Development Plan 1995 and 1997**

	1995	1997
GDP Growth	3.3%	3.5%
Growth in average earnings	1.0%	1.0%
Current Account Deficit	26.3%	18.0%
Excluding transfers & interest payments	20.0%	18.0%
Inflation	15.0%	8.0%
Investment as % of GDP	13.0%	15.0%

Source: Ministry of Planning and International Cooperation

In May, 1997, Guinea Bissau entered the CFA zone. Low inflation is a major condition of entry, but if successful, the country could benefit from the fiscal discipline and currency stability that characterises the zone.

### **3.1 THE PUBLIC INVESTMENT PROGRAMME (PIP) AND BUDGET PRIORITIES**

#### **Current Public Expenditures**

The impact of foreign debt repayments on the distribution of the General State Budget is evident in Table 5. Debt service absorbs on average about 25 percent of the national budget, a share which is higher than that of the combined social sector share of 22.2 percent in 1995. Further moves to reschedule the debt could therefore apparently have a clear positive impact on social sector spending, releasing funds for reallocation.

**TABLE 5**  
**Structure of Current Public Expenditure, 1989 - 1995**  
**(Budget Functioning)**

	1989 <sup>(1)</sup> %	1990 %	1991 <sup>(1)</sup> %	1992 %	1993 %	1994 <sup>(1)</sup> %	1995 %
1. Diplomacy (Embassies & Foreign Affairs)	7.3	5.7	7.0	9.9	15.46	13.3	12.2
2. Military expenditures (weapons & security forces)	16.9	14.1	13.0	12.2	13.8	18.1 <sup>(2)</sup>	15.9
3. Social sectors							
3.1. Social Affairs	2.4	2.2	0.3 <sup>(2)</sup>	0.2 <sup>(2)</sup>	0.2 <sup>(2)</sup>	2.1 <sup>(4)</sup>	2.1
3.2. Education	6.8	6.5	8.2	8.7	11.4	10.0	10.4
3.3. Health	3.7	3.6	4.5	4.8	9.00	10.5	9.7
4. Debt Service	32.2	39.0	21.3	29.1	23.8		25.0
Total (in millions of Peso) <sup>5</sup>	73.248,0	95.898,0	143.274,7	176.377,4	170.847,0	276.905	331.702,0

(1) Execution

(2) Social Affairs & Women's Development  
Femme

(3) Ministries of Defence & Home Office

(4) Including Ministry of Social Equipment

(5) Peso/US\$ ± 18.000 (1995)

Source : National budget of Guinea Bissau. Ministry of Finance, 1996.

Clearly, the Guinea Bissau budget is far from meeting the 20/20 requirement (Table 5) however, and there is not a great deal of evidence to show prioritising of the social sectors even given the extreme demands of debt repayment. While it is quite common to see military expenditures exceed health sector spending for example, Guinea Bissau is one of the few countries which allocate more resources to foreign affairs and embassies as well (12.2 percent compared with 9.7 percent in 1995).

The Presidency and Central Administration also absorb large shares of recurrent expenditure, raising questions about the capacity of the Government to reallocate funds between sectors which have high political profiles and which sustain large numbers of employees in the mainly urban bureaucracy.

These observations are even more pertinent as the Government cannot argue in its favour that significant shares are going to key productive sectors such as rural development (thus producing important indirect social benefits such as raised incomes or increased economic activity and jobs).

### ***The Public Investment Programme (PIP)***

While the period 1977-1982 saw some progress in social sector investments, transport, and communications, it was also marked by costly and inappropriate large-scale 'white elephant' projects such as the Cumare Agro-Industrial Project (which absorbed US\$20 million and has never been operational). The Structural Adjustment Programme (SAP) has undoubtedly improved investment identification, programming, and monitoring, and has introduced some discipline into assessing



projects and implementing funds. Nevertheless, even the 1990s have seen a collapse in investment projects in real terms. This is put down to the following reasons:

- lack of a National Development Plan
- lack of coordination between macroeconomic and sectoral policies
- huge difficulties coordinating external assistance
- projects which are derived from donor-defined priorities, rather than an assessment of the real needs and priorities of the country

The GOGB has now prepared a new National Economic Development Programme, with the PIP at its heart. Table 6 shows the recent distribution of public investment across the principal sectors. While this is more encouraging from the point of view of allocations to social sectors, the majority of this expenditure is on infrastructure (new schools and health facilities). Such expenditure is clearly necessary, but is of little use if the recurrent cost implications are not adequately addressed and new facilities either remain unoperational, or can only be run with external assistance.

**TABLE 6**  
**Public Investment Programme (1994-95) (US\$ Millions)**

Sector	1994			1995		
	No. of Projects	Value US\$ million	% of Total	No. of Projects	Value US\$ million	% of Total
- Rural Development	23	12.02	30%	24	10.25	30%
- Health	13	5.01	13%	14	7.80	23%
- Public Works	20	16.04	41%	14	9.52	27%
- Education	10	4.00	10%	17	7.10	21%
- Energy	NA	2.50	6%	NA	NA	NA
	66	39.57	39.57	69	34.67	34.67

Source: Ministry of Planning and International Cooperation, Public Investment Programme 1996  
(NA = Not Available)

The GOGB has also stressed the need to ensure that investment projects produce the best return possible. In 1995, investment projects were restructured, and the Government has attempted to severely restrict loan-financed projects. In terms of funding source or type of investment, the distribution of investments across sectors is now as follows:

**TABLE 7**  
**Distribution of Investments - 1995**

<b>Rural Development</b>	Grants	97.5%
	Loans	1.2%
	Internal Funds	1.3%
<b>Health</b>	Grants	31.2%
	Loans	64.5%
	Internal Funds	1.5%
<b>Education</b>	Grants	36.8%
	Loans	59.7%
	Internal Funds	3.5%
<b>Public Works</b>	Grants	80.4%
	Loans	18.1%
	Internal Funds	1.5%

Source: Government of Guinea-Bissau 1995

It is immediately obvious that well over 90 percent of the PIP is funded externally, underlying the extreme dependence of Guinea Bissau on foreign assistance. And while the policy to seek only grant assistance is entirely rational given the high cost of debt repayments, it does favour an approach where investment decisions are driven more by concerns of whether the funding is concessionary or not, rather than by serious evaluation of investment needs and priorities. This explains, for example, the heavy share of grant assistance in rural development, where important loan-based programmes were cancelled in line with the new policy. This has left very little real public investment going into this key productive sector.

The sectoral breakdown also does not follow the GOGB rationale regarding the need to maximise immediate returns on investment. Thus it would make sense to place more weight on loan funding in a productive sector like rural development, and strive to ensure a far higher proportion of grant assistance for social sector support where the direct economic returns are less obvious and far more difficult to quantify.

Finally, in programming terms, the SAP initiated a major shift from the classic four-year Programme model to a rolling programme of investments under the PIP. This change does not directly affect UNICEF programming, which is grant based and does not have to be included in the PIP in order to guarantee counterpart participation. Loan funding does however have to be included. Given the importance of loan funding in social sector investment, delays or problems with loan funding through the PIP can impact on the operational capacity of important UNICEF sector partners.

### 3.2. PRODUCTION

#### Formal Production Data

Rice is always cited as the major food crop of Guinea Bissau, while cashew nuts have traditionally been the principal export crop. Data on production trends for both crops show clearly the impact of the economic changes, in particular the liberalisation of trade and prices under structural adjustment.

Figure 4 shows the availability of cleaned rice since 1982, with steady growth accelerating slightly in the late 1980s to reach record post-Independence levels by the mid-1990s.

**FIGURE 4**  
**National Rice Production and Supplies, 1982-95**

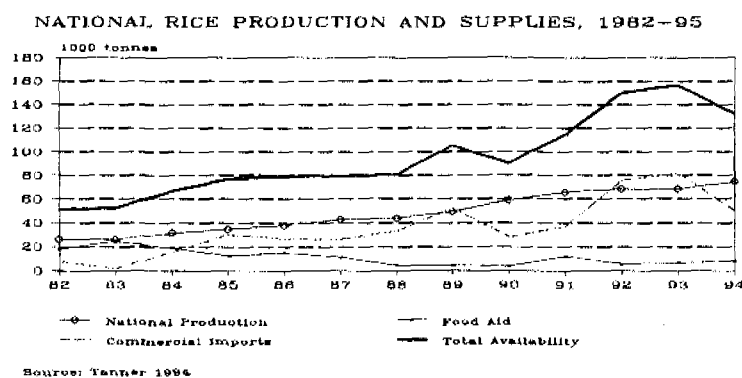


Table 8 shows the contribution of other crops to exports, and changes in volumes since 1983. Cashew production has steadily risen since the early 1980s, replacing groundnuts as the main export crop. Export earnings surged by US\$5.7 million in 1987, of which cashew accounted for US\$5.6 million (81 percent of export earnings from agriculture, compared with 20 percent in 1983). Commercial imports of rice and wheat flour subsequently rose, implying that the GOGB export-lead economic policy had some impact on food security by boosting national import capacity.

TABLE 8  
Contribution Of Principal Products To Exports, 1983 - 1992 (Tonnes)

	Cashew Nut	Raw Cotton	Cotton Seed	Palm Oil	Palm Nuts	Ground- Nut	Uncut Lumber	Sawn Lumber
1983	2000				5300	8300	3800	300
1984	8000				6900	8100	2700	n/d
1985	6600				2500	4300	800	890
1986	6000				7600	2400	2000	1810
1987	10470	733		10	5900	3300	2970	2080
1988	10500	1050	1200	1120	6500	3900	3160	790
1989	9410	874	1000		5100	2000	3080	970
1990	16410	263			1600	2200	5980	3009
1991	15670	483	905			1100	6080	122
1992	3650	413	500	24	3248	436	5201	204

Source: MDRA 1993

There are clear dangers in relying on one crop, and cashew prices have indeed fallen. Unexpected climatic and pest problems can also occur. The GOGB recognizes this, and is receiving support from donors including the USAID Trade and Investment Support Project (TIPS), to promote high-value tropical fruits for European markets. This preoccupation with new 'high-value' crops overlooks the potential importance of other, already established crops with a regional dimension which are already an integral part of local village-based production systems. This view reflects a concern more with macro-economic or 'national interest' needs rather than an understanding of human development starting with the needs of local people and women in particular.

Thus the major focus of investment is the new 'private sector' of agricultural concession holders (*ponteiros*), who farm on land granted as concessions (*pontas*) through the formal legal system as opposed to land held through customary tenure procedures. A recent GOGB report has stressed however that *ponteiros* are cultivating only a small fraction (less than 5%) of the areas they control (Ferreira et al 1993). Concession claims supported by 'project' proposals were also used to secure hard currency loans available through SAP investment credits. Not only were these funds rarely repaid, but most appear to have been used for non-agricultural purposes and wealth accumulation.

Large debts are still outstanding and the result has been a severe credit squeeze and the collapse of development investment lending. Serious *ponteiros* and thousands of small village farmers are now severely constrained by lack of credit. They are also still seriously hampered by poor infrastructure (notably access roads), lack of air freight space and reliable low-cost land transport. This is in spite of a rise in the share of agriculture (rural development) in the Public Investment Program (PIP), from 9% (US\$4.9 million) in 1979, to 35% (US\$20.1 million) in 1990.

It is apparent that much of the investment has been either inappropriate or misappropriated, and has had little real impact. Even good investment is being wasted as Government capacity to operate the resulting services or infrastructure is severely compromised by budgetary factors. The share of the State Budget going to Rural Development has *decreased* in recent years, despite it being officially declared a priority sector.

The other major foreign exchange contribution to national food security is the sea, but the national fisheries sector is also constrained by the lack of credit, access to materials and infrastructure. Neither local fishermen, nor the General Public Budget, is truly benefiting from the huge potential which this resource offers the country, with most of the profit going abroad either through industrial fleets or poorly policed and better resourced artisanal fisheries from neighboring countries.

National production has responded to economic changes, but growth has stagnated after the rapid growth of the early SAP. The export lead strategy is in trouble: it is too dependent upon one crop, and is failing to provide adequate foreign currency earnings to reduce dependence on external balance of payments support. And it is not supporting those farmers and those activities which can make the most contribution to national production, and thus address both national production and human development issues.

### *The Informal Sector*

The vast majority of households - rich and poor alike - survive through their different dealings with the largely unrecorded informal sector. This applies as much to the small number of wholesale traders who dominate the import-export scene in Bissau and beyond, as it does to the thousands of small street traders in Bissau and smallholder farmers in rural areas, many of them women, who produce the bulk of marketed food and export crops.

In Bissau itself, a recent study of the informal sector shows the distribution of economic activity as follows:

Industry	30 percent
Trade	25 percent
Services	43 percent
Agriculture	2 percent

Most agricultural production in rural areas is also effectively 'informal', with extensive trade internally and across borders to Senegal and Guinea Conakry which never enters official records. Palm oil, fruit and dried fish are important sources of cash income, not to mention large volumes of trade in a range of consumer goods. A study by Ribeiro & Miranda of cross-border trade (1993) emphasizes several dramatic but neglected aspects of the rural economy in Guinea Bissau:

- the wide variety of production coming from the village farms

- the very large volume of exports<sup>1</sup> (US\$11.3 million in value), which this production is supporting
- the equally large volume of imports (US\$11.4 million in value) of consumer goods and staples (such as sugar, zinc roofing, and fuel) which this trade is also supporting

These exports are equivalent to over 50% of official export earnings, and for the most part do not enter official trade statistics. Neither the export or import figures are included in GDP calculations, and the emphasis on this as an indicator reflect a somewhat outdated preoccupation with 'formal' sector economics which is less than appropriate for development efforts in the current climate.

The informal sector in Guinea-Bissau is deeply rooted and plays in the present economical climate a vital role in terms of complementing the formal sector and by providing people with alternative economic survival mechanism. However, there is a need to collect more precise information on how the informal sector affect especially children and women. Experiences from other subsaharian countries shows, that exploitative child labor is very frequent in the informal sector and women are often victims of a real economic exploitation.

The formalization of the informal sector will be supported by integration into UEMOA-zone in terms of an increased monetisation of the economy. But it is a complex challenge, many of those who gain most from it are highly placed in the social and political structure, and they gain from the lack of regularization and effective taxation. For programmes with a social content, the pertinent question is how to protect children and women working within the informal sector, and how to assist them in transforming their activities to be part of the formal economy.

### 3.3 *SOCIO-ECONOMIC STRUCTURE AND ACCESS TO RESOURCES*

There is very little solid information on the distribution of wealth and resources in Guinea Bissau. In the absence of effective income distribution data, two good proxy indicators are found in the distribution of credits through the financial system, and the system of access to land.

Data from the finance sector indicate that between 1993-1995, only 20 clients accounted for 45 percent of all credit conceded by the banks. This situation is a repetition of what occurred earlier in the first phases of structural adjustment, when a minority of clients of the old credit arm of the National Bank (DESECO) and the National Credit Bank were allocated a huge share of the total credit disbursed.

This process nevertheless represents a tremendous concentration of wealth in the hands of a very few people in the country, and only a marginal impact on productive investment. The small farmer and urban entrepreneur have been particularly hard hit by the credit fiasco, given their far weaker bargaining capacity with regard to formal sector financial institutions. Firstly, they were excluded from participating in the credit handouts of the early structural adjustment programmes; secondly, they are now denied even small scale credit to improve their productivity and begin, gradually, to improve their own quality of life.

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<sup>1</sup> Exports (Guinean products) and re-exports (of non-Guinean products) are counted together, as are imports and re-imports.

Access to land resources is another area where there has been a massive concentration of de facto ownership over recent years. Land access continues to be regulated by outdated legislation, including provisions in the still valid colonial legislation ("Regulamento da Ocupacao e Concessao de terrenos nas provincias Ultramarinas") dating from September 1961.

In fact, the colonial legislation was relatively progressive, and included provisions to protect land occupied by local communities, including the areas around villages. All areas that were unoccupied by the villages were then defined as 'free' for the State to allocate as concessions to commercial interests.

Post-Independence changes were limited basically to nationalising all land, and prohibiting any kind of land market. The concession mechanisms were left in place, and the State still retains its sole right to allocate land-use rights (i.e. not land ownership title) to those who submit appropriate projects and can demonstrate that (a) the land in question is 'free'; and (b) they have the economic capacity to exploit the resources allocated.

In the new market economy however, land has acquired huge economic value. Existing legislation also effectively gives long-term, inheritable use rights over concessions, at very low real cost. The combination of discretionary land allocation mechanisms, long-term security, and a zero value placed on land transactions has resulted in a massive land rush by those well placed to make the formal land allocation system function in their favour.

Moreover, provisions regarding 'free' land are interpreted very literally, and do not take into account the longer-term needs of communities and the land they historically claim but which is not actually in use at the moment. The official view also limits local land rights, by treating village agriculture as a purely subsistence activity needing only a few hectares per household to provide immediate needs. This view compares with other empirically-defined models of typical village land use units incorporating all present and future needs.

The result of this combination of factors has been a major concentration of the best land resources (with access to water and near roads or other economic infrastructure) in the hands of a very few families. Most of these are urban based, and have strong links to the national economic and political elite or are public officials at various levels. Their new land is not in fact their principal source of income, and represents only a 'safety net' in case they lose their jobs or (as is often the case) their salaries are too low and get paid late or not at all. This does not add up to a rational use of this key resource, and is one of the key reasons why many *ponteiros* have failed to repay their debts.

Meanwhile the occupation of village land will undermine long-established and ecologically sustainable local production systems, and result in the progressive marginalisation of small holder agriculture onto poorer land, further from roads and markets, and with little or no access to credit and other inputs.

These two indicators together reveal a great irony of the present situation in that those who know how to farm and already produce a large share of national food and export crops are being marginalised both from their land and new inputs, while those who know little about farming but

are considered 'modern' and as 'having the capacity to invest' are getting the major share of these resources. There is a clear trend towards a deepening socio-economic differentiation which could have serious consequences:

- firstly, there will be little economic return from the huge amounts of credit that have been captured by a small number of people and effectively squandered in personal consumption
- secondly, the impact of the process on the national credit system has been to deprive all other serious users of credit (including the thousands of small holders and micro-enterprises that desperately need it) of access to a key resource for improving productivity and raising incomes
- thirdly, national production is not being stipulated, as up to 95 percent of newly conceded land remains unproductive (urban owners either have not got the skills to exploit their land, or have simply used their funds in urban ventures or consumption)
- fourthly, the marginalisation of village agriculture can only result in an even stronger rural-urban exodus, producing enormous social problems due to overcrowding, unemployment, street crime and CNSP problems
- an intensified rural-urban shift will also result in a higher demand for marketed national or imported foods, while national food production will either go into decline or be beyond the purchasing power of the new peri-urban poor
- despite providing a large share of the agricultural labour, women have less access to land, credit and other resources than men in both the cash and subsistence sectors.

### 3.4 NEW INITIATIVES IN DEFINING POVERTY

#### *Poverty Approaches*

In the last years, the deterioration in the living conditions of the population of developing countries has led several international organizations to study the living conditions, the welfare of the populations and poverty evolution, presenting a global picture about those countries. The purpose of these actions is to identify adapted cooperation strategies. The efforts made so far, however, use the same macro-economic indicators and do not consider the socio-cultural diversity (ethnic, gender, religion, etc) of the population and the complexity of local realities.

For instance, for Guinea-Bissau, the World Bank concluded that 26% of the population lives under extreme poverty conditions (income of US\$275 per capita per year or less), 22% in a moderate poverty situation (income of US\$375 per capita per year or less) and 51% represent the "not poor". These data indicate that about 80% of the poor live in the rural areas, of which 75% belong to the Fula, Balanta and Mandinga ethnic groups\* (\*Cf. Poverty Assessment in Guinea-Bissau, Swedish Embassy, Bissau, 1994, p.4 and World Bank, 1994). It is obvious that the poverty levels were calculated based only on an estimate of expenditures necessary to purchase the minimum of calories needed for the survival of a human being. This calculation ignores the diversity of situations such as nutritional and socio-cultural practices, types of productions, the geographic setting and the potential of the informal sector.



### ***The Swedish Study: Poverty and Culture***

The following excerpts are from a study completed by the Swedish Embassy during February and March of 1996 and Titled "Poverty and Culture".

#### **Study objective**

The objective of the Swedish study was to furnish fundamental information on the main variations regarding the perception of poverty and welfare between ethnic groups. The study also furnish information on living conditions, and lifestyles, and to provide insights into social life, survival strategies, and culture. Although most profiles are general and static, these sections will try to develop typical profiles by desegregating data (by ethnicity, gender, and age).

Because of the large number of ethnic groups in the country each with their own social, production, and political systems, presentations will concentrate only on the six major ethnic groups (Balanta, Fula, Mandinga, Papel, Manjaco, Mancanha), which represent over eighty-five percent of the total population. The two largest Islamic groups, the Fulas and the Mandingas, share many similarities and will be examined together in one section. The Papels, the Manjacos, and the Mancanhas, who are linked in many respects, will also be discussed together in another section.

#### **The Balanta**

Families which are considered rich in this local community are those who can supply food to its members according to the local preferences, at least twice a day all the year.

These families also have good access to bolanhas and breed cattle (for ceremonies). To grow fruit is another sign of wealth in Braia. The modernizing society has also introduced the concept of "investment". They are aware of the fact that priorities for future activities should be given to fruits, preferably cashew, and cattle. This may mean that cattle in the future is supposed to be used also for other purposes than ceremonies.

A poor family has no opportunity to guarantee its members food supply all the year, especially not preferred food. They eat less, and fewer times a day. The poor people are considered poor because they don't have good access to land, neither in quantitative nor in qualitative terms.

#### **The Papel, the Manjaco, and the Mancanha**

A rich family is recognized by its way of planning for the future, including economic investments. Wealthy families tend to invest in various kinds of business, e.g. related to equipment to workshops, houses and vehicles. They spend a lot of resources for ceremonies.

A rich family has good access to wetlands for rice and land for varied other production, with special focus at cashew. The many household members distributed over several ages supply important labour force. They live in principle from their own crops from dry lands and wetlands. Money supported from son working abroad also play an important role.

Very often these families have high social status in the traditional society, and are related to traditional doctors, noble men, or kings. By combining resources these families usually can guarantee three meals a day to its members all the year.

When these households describe the concept "wealth" they use economic as well as socio-cultural variables: by offering help to others they may expect help in return when needed. Recognising others needs and helping also gives a special social status in the village. The economic variables concern strategic investments, e.g. in cashew or education for the children on medium or high level.

A person without relatives is poorer than anyone else. The criterion to be able to supply enough food for the family is not as important in the urban as the rural areas. Partly this may be explained by the slow degradation of the importance of the family, which takes place in the towns. This will result in a growing burden for women, especially when living alone with their children.

The poor household is also recognized by a smaller number of members. Still more important, however, is the age distribution of the members, that should correspond to tasks in the farming. In practice the poor families studied had what was seen as negative age composition: old and sick were living together with grand-children. The middle generations were missing. There is lack of available labour force, no opportunities for combining different kind of work exist as survival strategies. If there are no access to means from emigrants they are completely dependent on the good will of neighbours, relatives or friends.

### **The Fula and the Mandinga**

The rich family was defined as the one strong enough to ensure its members food the whole year according to its own preferences, i.e. rice or sorghum. The age structure should be heavy between 15 - 45 years, to secure labour force. A large male proportion is also seen as a wealth indicator. *Unless a community member cannot show deep and true solidarity with other members plenty of material resources was not seen as a sign of richness.*

The rich people are best recognized by their housing habits: cement covered houses with tin roof. They have both dry and wet lands and use animals for transportation. They grow a multitude of crops, especially cashew. They breed cattle, and have at least 20. They are into sales activities.

Poor families are recognized by the lack of family members. Lack of young male labour force is a serious predicament. Too many women with very young children or old persons to take care of makes it impossible to provide food for them all twice a day. The problems are more serious if they cannot combine different sources of income.

The sign of poverty is the non cement reinforced simple straw covered houses. The most striking consequence is the inability to provide the preferred kind of food more than once a day. The primary explanation for this situation is that these families, when they have access to land, still don't have a family structure providing feasible labour force. Scarcity of good cultivating equipment is also seen as an important explanation.

## **Conclusions**

A poor family is characterized of lack of resources, like money and food, but also immaterial resources like health and education. This is obvious to everyone.

Next independent fundamental aspect of poverty is the lack of social relations. Family relations, but also solidarity in larger groups, appreciation by neighbours and others, are important conditions people cannot live without.

CHAPTER FOUR

CONSTRAINTS OF SOCIO-ECONOMIC DEVELOPMENT  
ON CHILD AND MATERNAL WELFARE

4.0 POVERTY

Poverty remains the principal underlying cause of the very poor social indicators in Guinea Bissau. This in turn is rooted in a series of basic structural causes over which the people of the country have traditionally had very little control. It is evident that there are strong processes at work which are exacerbating social differentiation, with skewed access to resources being a major issue. Land concentration raises serious questions about the future shape and economic health of the country.

Financial systems serve the needs of a small urban elite, and virtually ignore the real needs of the thousands of small male and female farmers and the urban enterprises which could collectively boost national production and absorb under-employed labour. Most investment support to date has passed through the formal channels of the banking and administrative system from which 95 percent of the population are excluded in practice. Without real support to raise productivity and diversify their activities on a shrinking resource base, the majority of Guineans can only become poorer as time goes on.

*Centralised Power Structures and Lack of Local Control*

A highly centralised decision-making structure which responds to short-term political concerns rather than real human development issues, and a lack of local control over resources and how they are used, are amongst the most basic causes of the cycle of poverty and mismanaged investment which underlies the poor social indicators in Guinea Bissau. Advocacy for an appropriate legal and administrative framework to protect local land rights and empower local people is one way in which a UNICEF-supported programme can begin to address this issue. Decentralising decision-making and services, taking credit to the poor and designing new programmes which respond to their real needs and capacities for self-improvement, must be features of any new programmes to alleviate poverty and improve CRC and CEDAW indicators.

*Environmental Change*

The ecological change is rapid due to the degradation of forests and the lack of appropriate programmes to change the technologies used by farmers. The decrease in rainfall is related to this destruction of forests and is having a negative influence in people's quality of life. In the South, many wet lands are no longer fertile enough to produce rice and the populations are going into the forests to burn large areas in order to increase the production of crops. Due to the long-term drought, there is movement of the populations away from some part of the Eastern region. In other areas, agricultural production level can be maintained only by the application of more advanced appropriate technologies.

This process is exacerbated by the uncontrolled occupation of land by the new “ponteiro” class, which reduces the areas effectively available or viable for the population to practice their agriculture. Without political and legal support to secure and protect their rights over their own resources, rural people will have various alternatives: clear land (by burning the forest) to prove they are using the land in question and thus have secure rights according to present legislation; clear land in previously uncultivated, lower fertility areas in order to maintain production on a reduced resource base; adopt new technologies allowing more productive farming on smaller areas; become a cheap labour force for larger land holders; or leave the rural areas in search of alternatives in the city and towns. Without credit and appropriate technical support, the third option is unlikely in the medium term, while all the others feed a vicious cycle of environmental decline, rural exodus and entrenched urban poverty.

Since women in their reproductive role are the principal natural resource managers, they are and will continue to be disproportionately affected. Their workload will continue to increase as they have to spend more and more time in search of wood and water, with the concomitant results for the survival and quality of life for them and their families.

### ***Poor Economic Management***

#### **Inappropriate measures for short-term gain**

The negative results of the inflationary process continue to place enormous pressures on society, particularly on the great majority of families with a low income, who have to face the prices that they pay for their survival. The inability to stabilise prices is closely related to the implementation of short-term measures which are incompatible with the long-term economic improvement.

Fundamental changes are needed in the way investments are planned to stimulate economic activity and provide an ‘enabling environment’ of well targeted services and an effective decentralised administration. The goal is to reduce the barriers people face if they want to improve their own lives with their own resources.

The application of current policy is rooted in a highly skewed economic and social power structure, where small groups dominate decisions over resource access and use, and have little incentive to modify their approach. Much can be expected of the eventual shift to a more decentralised political system, but even when this happens, it will have to be accompanied by major initiatives to educate local people about their rights, how to exercise them, and how to demand a fairer share of the resources that are currently being so poorly managed.

#### **Lack of attention to longer-term structural issues of redistribution**

The SAP was intended to correct the economic distortions of the immediate post-colonial era and create the conditions for sustainable growth and economic development. By focussing on too narrow a definition of the private sector, SAP managers effectively ignored the far greater and potentially more productive private sector of small farmers and urban enterprises. Important macro-economic measures have taken too long to be implemented with seriousness by the Government, such as the merging of the official and parallel exchange rates, resulting in continuing distortions in the economy.

In theory, the SAP should produce positive results through the reduction of public spending ( i.e. the reduction of the space for the Government's economic activity) in order to rationalize the domains which the Government can make feasible. An active and disciplined fiscal policy carried out by the Government, under the SAP, should release resources for the social sectors, thus eliminating its social costs. The materialization of these objectives is possible within a disciplined political-economical framework of resource management. The economic growth achieved in this context will produce economic welfare

The national production also suffered from the inefficiency of economic management, which resulted in: (a) a low level of investment, (b) policies that were inadequate to the real needs of the majority of the producers, and (c) a weak level integration of the available human resources. These factors are also aggravated by attitudes, behaviours and cultural traditions (underlying factors). The interaction of these factors results in an increase of the country's debt, continued inflation and the consequent increase of vulnerability of the most disadvantaged groups.

### *The Position of Women in Society*

The situation of women is discussed in detail in Part B. Their social situation and the prevailing (male) attitudes which restrict their prospects for education, access to resources, and liberation from a round of constant work, are deeply set in Guinea Bissau however, and must be mentioned here as one of the major basic causes of child mortality and poor development. Data from around the world point to the strong link between education for women and improving child health and development indicators. Educating women in turn depends upon more than just providing schools. Attitudes must change amongst men as well, and the constraints which make it difficult for women to attend school or training courses of any sort need to be removed.

These constraints constitute the underlying causes of their poor health, low educational achievement, and poverty, and are also discussed later. They include the day-to-day chores which take up so much of their time: fetching water and firewood, processing cereals, spending long hours in back-breaking work in the fields. Programmes to install wells, provide women with new skills, help them organise themselves to find credit, learn new farm techniques and run processing machines, all these will help to liberate women and, in the longer term, help to liberate their children from the threat of premature death and arrested development.

### *A Weak Human Resource Base*

Guinea Bissau is today suffering from the failure to invest in education and produce a population that can respond effectively to the opportunities of the present. It is self-evident that a major effort must be made to address this situation, and provide well-educated people at all levels if the country is to break out of its current cycle of economic and social crisis.

*PART TWO*

*THE SITUATION OF CHILDREN AND WOMEN*

**Problems and Their Immediate Causes**

The important point is that it is not always necessary to produce top class graduates. In fact, the country already has thousands of capable people on its farms and in its micro-enterprises. These people do not need professional training, but simply an educational system which responds to their needs as farmers, traders, or urban workers. They also need support to upgrade their skills, learn how to express their needs and present demands, and negotiate with the formal sector institutions from which they might receive financial and other support.

As mentioned above, better education for women is a key factor in unlocking the process towards better child and maternal health. Education also gives people the ability to articulate their demands, assert their rights, and thus modify the basic causes of poverty and suffering. Investing in human resources, and especially in the education and training of girls and women, will produce important short-term impacts on CRC indicators, and sow the seeds for the basic causes reform without which more substantial long-term improvements will be impossible.



## CHAPTER FIVE

## SOCIAL SECTORS - HEALTH

## 5.0 HEALTH

Life expectancy for women and men in Guinea Bissau is 49 and 46 years respectively, underlining the fact that the health situation is one of the worst in the sub-Saharan region and in developing countries. The underlying causes include the state of the health services, habits, beliefs and behaviour and behind these are deeper-rooted factors at the level of the political and socio-economic structure and environmental problems,

Infectious and parasitic diseases, poor access to and unequal distribution of food and clean water, and poor access to already ineffective health and sanitation services, all contribute to the depressing morbidity and mortality data, and impede the development of those children who survive their first years.

## 5.1 INFANT AND UNDER-FIVE MORTALITY

The official Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR) are amongst the highest in sub-Saharan Africa and in the world. Guinea-Bissau is sixth from the bottom of the HDI, and of the 5 countries with worse indicators 4 are, or have recently been in conflict.

The weak health information system with unreliable data continues to be one of the major problems. However, there are signs of some slow improvement in the indicators. It is likely that this is due to a combination of vaccination through fixed and outreach strategies and campaigns; oral rehydration therapy (ORT) in the health services and tabancas; establishment of "mothers' houses" (eg. in Gabú) which treat women with high obstetric risk (HOR); training of health staff in the diagnosis and treatment of the most common diseases; supply of essential drugs; and information and public health education.

**TABLE 9**  
**Infant and Under-Five Mortality**

	1990*	1995*
<b>Infant Mortality Rate</b>	146	139
<b>Under 5 Mortality Rate</b>	236	235

\* Numbers per 1000 live births

Source: *Bandim Health Project*

Now more detailed data is also available from a five-year study supported by UNICEF, covering the five regions of Oio, Biombo, Bafata, Gabu and Cacheu. A sample of 15,351 women of child bearing age and their children were followed from 1990-1996. This study reveals a more serious picture, with an IMR of 145, and U5MR of 277. If these figures are indeed correct, there has either been a worsening of the situation, or earlier data have been inaccurate and should have been far higher.

### *Perinatal and Neonatal Mortality*

The same study has also allowed a more detailed picture to emerge of peri, neo, and post-natal rates, as well the various risk factors affecting mortality amongst children from birth to five years of age.

Peri and neonatal mortality rates are very high, on average 10 percent but ranging from 8 percent to 13 percent in different regions and with a stillbirth rate of 4.7 percent. The neonatal mortality rate (children up to 1 month of age) is 5.6 percent. While a national decline has been observed from 1990-96, in Oio and Cacheu peri and neonatal mortality rates increased over the same period. Factors which did not influence the U5MR include the use of anti-mosquito bednets. Malaria may have an important influence on peri/neonatal and infant mortality, in particular when it is the first pregnancy. Some 71 percent of mothers indicate the use of bednets however, indicating that a bednet impregnation programme might prove highly effective.

Neonatal tetanus is fully preventable with effective immunisation. However, as vaccination should be through the mother, and given that the coverage of women is still low (around 45%) the disease is still killing infants. A study by SAREC, a Norwegian NGO, showed that the majority of vaccinated women are in the over 25 age group, which is very high for Guine-Bissau where women usually start having children at a very early age, often at 14-15 years. Vaccination of young women, from the age 13, is the only way of eradicating this disease. There were eight (8) cases reported in 1995.

The following risk factors for peri and neonatal mortality were established:

- male children
- twins (risk factor 2.5)
- young mothers
- first delivery
- deliveries in rainy season (slightly higher risk)
- being Balanta or Fula
- delivery in hospital (probably because of referred complicated cases)

Other factors which are often considered to influence the risk of peri/neonatal mortality were included in the study, but their high-risk status was not confirmed:

- mother older than 35 years
- high parity
- mother's level of education
- presence of a well or latrine

- number of prenatal consultations

Having 6 or more TT vaccinations during pregnancy was also observed to be a major factor **decreasing** the risk of perinatal/neonatal mortality. This is probably an indicator of the number of contacts with health services however, and not an effect of TT vaccinations per se. In Oio, being closer to a health institution also reduced the risk.

### *Post-Neonatal Mortality (1-11 months)*

The post-neonatal mortality rate in the study areas averaged 9.2 percent, ranging from 8 percent in Cacheu to 12 percent in Biombo. Overall the rate tended to decline in the study period, although the figures are not statistically significant and an increased rate was noted in some areas.

Factors raising the risk of post-neonatal mortality are similar to the peri- and neonatal cases:

- male children
- twins
- first delivery (slightly higher risk)
- being Papel or Balanta
- hospital delivery
- proximity to a health center

Other factors often considered to influence post-neonatal mortality that were not confirmed by the study are:

- mother's age
- parity of the mother
- number of children who had died
- mother's level of education
- presence of a well or latrine

### *Under-Five Mortality*

For the U5MR, factors increasing the risk for children are:

- being Papel
- male children (10% higher)
- weaning (even if this happens after 1 year of age)

### *Conclusions of the 5-Region Study*

*Peri/neonatal, infant and U5 mortality are decreasing, albeit slowly. There is no decrease however in mortality amongst women of childbearing age.*

*Schooling, latrine and well availability have not made an important impact on mortality, although the very low quality of the first two services especially has to be taken into account when interpreting these findings.*

*Similarly, while the distance between home and the nearest health facility does not influence the survival of children and women, this could be explained by high vaccine coverage through EPT campaigns. Local facilities are also likely to be poorly equipped and maintained, and may not have an impact on the most important health problems and the treatment of the complicated cases.*

*A mid-arm circumference of less than 125 mm can be used as an important indicator, identifying children older than 6 months who are at high risk of premature death.*

*Finally, new research on cultural factors is needed to explain ethnic risk factors and identify appropriate new interventions to reduce them.*

- mid-arm circumference of less than 125 mm (children < 1 year;
- relative risk of 1.71; this occurred mostly in Fula and Mandinga populations).

Factors reducing U5MR were the following:

- being Manjaco
- having a BCG vaccination before the
- first visit (of study team)
- having a measles vaccination

These results now point to the need for further research, particularly to establish why there appear to be links between mortality and ethnic background. If particular cultural practices, patterns of occupation, or other unknown factors are identified, these could form the focus of new interventions in the future.

### *Immediate Causes of Child Mortality and Morbidity*

At the beginning of the decade the major causes of under-five mortality were malaria, diarrhoeal disease, acute respiratory infections, measles with malnutrition.

There has been no change in this pattern of disease. Data from the Epidemiology Department of the Ministry of Public Health show the same diseases to be the principal causes of death and the major reasons for attending health service facilities. It is likely that this disease pattern reflects the real epidemiological situation of mortality and morbidity, in spite of the fact that the large majority of sick people do not attend clinics or other facilities.

The measles epidemic in peri-urban Bissau shows that the majority of cases occurred through intra-familial infection.

### **Malaria**

Malaria is an endemic disease with a very high number of cases throughout the year but principally during the rainy season. It is one of the most serious public health problems, contributing to high rates of morbidity and mortality in general, and amongst small children and pregnant women in particular.

Illness due to malaria contributes to a high rate of absenteeism, both at school and in the workplace. It is estimated that children under one year of age make up one fifth of all reported cases, with 50 percent of cases from amongst the 0 - 4 years age group. The cost of this disease also has an extremely negative impact on the socio-economic development of the country, especially in relation to the already low wage level, lost production, and the cost of treatment itself.

The persistence of malaria is explained by several factors:

- the lack of basic environmental health measures

- deforestation which is driving mosquito populations out of their natural habitat and into the domestic environment
- a climate which is highly favourable to the development of the principal vector of the disease (the mosquito)
- the careless use of self-medication with anti-malarials, contributing to the development of resistant strains of the parasite

Lack of good data undermines efforts to paint an accurate picture of the epidemiology of malaria in Guinea Bissau. In spite of being considered the primary cause of illness and death in most age groups, until recently there was no programme to combat malaria, with clear goals and objectives, and a well-developed strategy.

In 1995 the MINSAP began discussing a National Malaria Control Programme (the PNLP). The PNLP will be progressively integrated into the Primary Health Care services, and will give priority to preventive activities to reduce the prevalence of the disease, and to the treatment of all cases of fever as malaria. In the target group of young children aged 0-5 years, the objective is to treat all cases diagnosed and confirmed in the laboratory.

### **Diarrhoeal Diseases and Acute Respiratory Infections (ARI)**

Acute diarrhoeal diseases are the second main cause of infant mortality and third main cause of death in the under-five age group. Data from a 1993 survey show the annual incidence of diarrhoeal disease to be 4.3 episodes per child under 5 years of age.

Most deaths do not result from a single case of diarrhoea, but instead from persistent episodes. Research into infant mortality in a semi-urban community of the capital Bissau between 1987 and 1990, showed that persistent and acute diarrhoea were the most frequent causes of infant mortality, at 43 and 31 per 1000 children respectively.

The immediate causes in relation to both diarrhoeal disease and acute respiratory infection are:

- lack of basic hygiene
- inadequate personal hygiene
- the failure to exclusively breastfeed children until they are at least 4 months old
- weaning too early with inappropriate food
- an overly medical approach to the problem
- the lack of appreciation of the value of Oral Rehydration Therapy (ORT)
- insufficient information amongst the population about preventative measures
- inadequate household treatment

The National Household Survey (CDD/OMS, 1993) showed that only 26 percent of children with diarrhoea received oral rehydration therapy, and 26 percent benefitted from the correct treatment at home - increasing liquids and continuing to be given food.

The Mid-Decade goal for the use of ORT is 80 percent of diarrhoea cases in children under five years of age. Public awareness needs to be raised if this goal is to be reached. In spite of all the training carried out however, health personnel are still inadequately prepared to promote behaviour changes in relation to health problems in general, and diarrhoeal diseases in particular. It is therefore essential to involve other people, such as village level health workers, teachers, local extension workers, churches and religious missions in the fight against disease. Training facilities and materials are as yet inadequate for this task.

All Health Centres and Hospitals have ORT units which are involved not only in the application of ORT but also in the dissemination of information and training of staff in techniques for the prevention and home-based treatment of diarrhoea. Unfortunately, supervision is inadequate and the information from the CDD programme shows that only a few ORT units are functioning well.

The available data show acute respiratory infections (ARI) to be the third most common cause of under-five mortality in Guinea Bissau. One of the greatest problems with ARI is the lack of clear national guidelines, reflecting in turn the lack of any kind of strategy or programme of activities to reduce the impact of these diseases.

### **Malnutrition**

Malnutrition amongst children under five years of age continues to be a significant underlying cause of the high mortality and morbidity rates.

The measure of nutritional status most widely used continues to be the weight-for-age ratio, although other indicators such as upper-arm circumference are being introduced as this can be a better early sign and is easier to use. Official data on malnutrition is still very weak, although this should benefit from a number of projects in which nutritional data will be used as an indicator of project impact (for example the USAID- funded/Africare Tombali Rural Initiatives Project).

A National Nutrition Policy Study was carried out in 1991, with World Bank support (GOGB/MINSAP 1991). The national survey shows a worrying picture, which was assessed alongside the standard WHO reference population. For children under five years of age, the survey confirmed that combined levels of moderate and severe malnutrition affect the majority of the population (see Table 10). A serious feature is that the rates of severe malnutrition (more than 2 standard deviations below the median) were higher than expected.

**TABLE 10**  
**National Nutrition Survey, 1991: Percentage Of Children Under 5 Years Of Age,  
 Below The Median**

-----Standard Deviations Below The Median [1]-----

	2 OR MORE			1 - 2			1 OR LESS
	F	M	TOTAL	F	M	TOTAL	TOTAL
WEIGHT/AGE	31,2	34,7	32,9	26,6	24,5	25,6	41,5
HEIGHT/AGE	29,4	34,7	31,9	15,6	25,5	20,3	47,8
WEIGHT/HEIGHT	22,0	18,4	20,3	20,2	19,4	19,8	59,9

[1] WHO Reference Population. N = 109 females; 98 males.

Source: GOGB/MINSAP 1991:25

The national survey found a level of severe malnutrition using this indicator of 2.8% amongst children between one and five years of age (those below 75% of the median) (Table 11).

**TABLE 11**  
**Upper-arm Circumference: Children Aged 1 - 5 Years**  
**National Survey, 1991**

% OF THE MEDIAN	N	%
< 75	5	2,8
75 - 84,9	34	19,0
85 -99,9	110	61,5
>=100	30	16,7
TOTAL	179	100

Source: GOGB/MINSAP 1991:27

The 1991 National Study represents a first attempt to disaggregate national data by sex and age, as well as by region and ethnic group, an important initiative. However, given the cultural and regional complexity of the country, a much larger sample was needed to draw useful conclusions, and only regional data were in fact calculated in the report. Since the 1993 Situation Analysis was written, no new surveys of any scale have been undertaken. In the absence of new national level data, the 1991 results are again included here with the provision that they are useful as initial steps towards a more accurate picture.

This point is clear when the National Survey data are set alongside data from case-study research. Table 12 shows, for example, that the situation in Gabú is clearly more serious than that indicated in the national survey. This is confirmed by another UNICEF-supported study which shows levels of moderate and severe malnutrition in the region of 37%, and 4% respectively.

**TABLE 12**  
**Malnutrition (Weight/age) by Region: Children (%) Under**  
**5 Years of Age: National Survey 1991 and Other Studies**

% OF TOTAL, 2 OR MORE STANDARD DEVIATIONS BELOW THE MEDIAN				
REGION	1984[1]	1986[1]	1990 N[2]	
Biombo	33,0	27,0	25,0	8
Cacheu	30,0	■	38,6	44
Oio [3]	42,0	38,0	20,7	29
Bafatá	■	■	34,3	35
Gabú	46,0	42,0	15,4	26
Quinará	■	■	47,2	36
Tombali	28,0	■	■	■
S.A. Bissau	■	■	34,5	29
All Regions	■	■	32,9	207

Source:

[1] Gomes, Aaby et al 1989 (N >= 300)

[3] February 1985, instead of 1984

[2] GOGB/MINSAP 1991:25-26

Estimates based upon more recent weight-for-age data point to a rate of severe malnutrition of 2.8 percent, while moderate malnutrition affects around 23 percent of children under five years of age.

Nutritional status worsens dramatically after 6 months of age, and is critical from 24-26 months, after which it stabilises. Studies show that lack of breastfeeding should not be a significant factor, as 93 percent of children are breastfed until 1 year and 3 months, while 63 percent are breastfed until 2 years of age. In Cacheu Region, where Manjacos predominate, children are breastfed for slightly less time, while Balantas have a tendency to breastfeed their children longer.

It is interesting to note that the new study has shown the children still breastfeeding after 18 months have a mid-arm circumference of less than 125 mm (which is the cut-off point for children below 11 months of age). It is possible that children still breastfeeding after one year are growing slower.

Problems therefore appear to lie with the introduction of solid foods along with maternal milk, when poor hygiene introduces the risk of diarrhoeal disease and dehydration. A survey of diarrhoeal and respiratory diseases and breastfeeding carried out in 1993 by the CDD Programme with WHO support revealed that while 98 percent of children are breastfed, only 10 percent of children under 4 months are exclusively breastfed.



Malnutrition is obviously linked to a poor intake of energy and protein. Data on dietary intake are very weak, but a national nutrition survey in the early 1990s showed that nationally, average energy intake per person is estimated to be 1874 Kcals. Compared with average needs for children of 900-1000 Kcals, and per adult of 2500-3000, this would seem to be precariously low, although it has been demonstrated in other parts of the world that poor populations can adapt to levels of 1800-1900 without seriously endangering their health.

These results do however show that although malnutrition is at worrying levels, the situation is not as serious as could be expected in a country with such poor economic indicators. For example, Bangladesh, with the same GDP per capita as Guinea Bissau, has a rate of infant malnutrition (moderate and severe) of 66%. The high IMR in Guinea Bissau (30 points higher than in Bangladesh) must therefore be related to other factors, the most important being housing conditions, hygiene, and vaccination coverage.

A poor diet is the most obvious immediate cause of malnutrition, but there is little evidence to show that many children die or become seriously ill purely due to hunger and a lack of food. Instead, the most serious cases result from the complex interaction of disease, contaminated water, overcrowded living spaces, and inappropriate treatment on the part of mothers and other carers, many of whom still stop giving liquids to children with diarrhoeal diseases.

In this context, living on a barely adequate diet means children are vulnerable to disease and affects the recovery, which explains the prevalence of high levels of moderate malnutrition. Other causes are early weaning (which again is linked to the introduction of solids made with unclean water), the lack of appropriate early nutrition once children are weaned, and traditional beliefs regarding breast milk and dietary taboos for small children.

This level of intake does however place children in a vulnerable position should other problems arise, such as infection or illness, which reduce the capacity of the body to absorb all the nutrients available. Moreover, it is important to note that nutritional problems are not to a lack of food per se in the market place and in terms of national supplies, but rather to an inability on the part of the poor to gain access (entitlements) to sufficient food (either through their own production or by earning adequate incomes). Other contributory factors are ineffective nutrition education and poor education in general (especially amongst women), poor water supplies and general environmental sanitation.

### **Measles**

Measles continues to be a problem an important health problem. In 1995, 570 measles cases were reported from all health regions.

Studies of measles immunizations in Guinea-Bissau have provided evidence of both the direct and indirect effects of measles vaccine. Though vaccine-induced immunity has been considered to be as effective, it was found that many children contracted modified measles after immunization. Therefore, measles vaccination leads to a reduction in mortality both through reducing incidence and through modifying the course of infection. It has been suggested that post-measles cases have a higher mortality rate related to persistent immunosuppression after measles infection.

## 5.2 MATERNAL MORTALITY

An epidemiological study by the Department of Maternal and Child Health and WHO estimated MMR in 1991 to be 914/100,000 live births. In 1995, the rate has improved to 700/100,000, although this is still extremely high. These figures do not necessarily indicate a reduction in the levels of mortality but could be due to better reporting. This rate is also the mean figure for the 5 Region study referred to above for the first six months after childbirth, although the same study found a slightly lower rate of 540/100,000 live births if only the first four months after childbirth are considered.

*Immediate Causes of Maternal Mortality and Morbidity*

Health statistics show that the immediate causes of maternal mortality are: haemorrhage (18.6%), eclampsia (14.5%), septicemia (11.0%) and complications during labour (6.9%) are the most common.

Of the 103 women who had problems during labour and died, anaemia (55.3%), malaria (41.7%) and oedema (38,8%) were the most frequent other conditions (Table 13). Coming to hospital apparently does little to minimise the frequency of complications but can reduce the risk of death.

TABLE 13  
Problems During Pregnancy

PROBLEM	NUMBER	% [1]
Anaemia	57	55,3
Malaria	43	41,7
Oedema	40	38,8
Weakness	25	24,2
Pre-eclampsia	14	13,5
Hypertension	13	12,6
Threat of miscarriage	5	4,8
Placenta previa	3	2,9
Placenta dislodging	3	2,9
Other	17	16,5

[1] Amongst 103 cases of death with problems during pregnancy; note that the majority had 2 or 3 problems at the same time.

Source: Oosterbaan & Barreto 1991

The project also worked with a control group of women of the same age who had the same complications but who survived. The data show little difference between the two groups in relation to the availability and use of drugs, indicating that good pre-natal care, together with a good general level of health, are the most important factors in ensuring a safe pregnancy and labour.

It is also possible to estimate the relative risk ('odds ratio') of death associated with a given factor. Both studies include calculations of this type, with the second focusing on the risk associated with having twins, a high risk complication for Guinean women. The results (Table 14) show that the factors associated with a highest risk of death are:

- multiple pregnancies and giving birth to twins;
- lack of pre-natal care;
- home births (although women attended to by trained midwives run less risk);
- distance from a hospital or from the place of birth (the controls had more births in hospital);

Table 14 is important as it also shows the impact of other factors of a more social character, such as illiteracy. It is also notable that if a woman is a Muslim, she runs a risk of death from maternal causes that is two times greater than for non-Muslim women. It is possible that this fact may be due simply to female circumcision practised by the Muslim groups, or to the earlier age of marriage of their girls, especially amongst the Fula and the law status of women in general. What is clear is that all ceremonial practices, at the time of the 'fanado' when women become adults in socio-legal terms, are of great significance. Almost 60% of the women who died had been initiated at a fanado, (Muslim or animist) where they suffered circumcision or infibulation, compared with only 38% of the control group of surviving women.

**TABLE 14**  
**Relation Between Risk Factors and Risk of Death (Odds-ratio)**

RISK FACTOR	ODDS RATIO	95% INTERVALS OF CONFIDENCE
Bearing twins	18,9	(5,1; 61,9)
No pre-natal care	4,4	(1,92; 10,07)
Home birth	2,6	(1,35; 5,05)
Assisted by family or untrained midwife	4,2	(1,86; 9,58)
Distance > 24 hours from place of birth	3,9	(0,99; 15,00)
Illiteracy	2,1	(1,09; 4,01)
Living in rural area	1,6	(0,84; 3,03)
Being Muslim	2,0	(0,90; 3,56)

Source: Oosterbaan & Barreto 1991; Gomes & Aaby 1991.

MMR differences between the study data available can be explained by the use of the term 'maternal death'. Both studies limit this to within 45 days after the birth, but the Oosterbaan study also includes pregnant women who died while Gomes & Aaby limit their study to women who actually gave birth.

### *Mortality of women of child bearing age*

The 5-Region study has identified a series of risk factors determining the likelihood of premature death amongst women of child bearing age:

- having twins (relative risk 5.3)
- being Fula or Mandinga (twice as likely to die as a Papel woman)
- being Balanta (8/1000)
- having a stillbirth (the risk of death is four times greater)
- abortion during the study period
- delivery in hospital or health center (relative risk of 2.09)

The mortality of women who did not deliver during the study period was also slightly higher than women who gave birth. This is possibly because women who did not give birth had health problems which influenced their survival chances.

The higher risk associated with delivery in a health facility reflects problems in many clinics around the country and that the more complicated cases are referred to health care institutions.

Other factors normally associated with a higher maternal mortality were not confirmed by the study:

- age of women
- parity
- having children who had died
- pregnant women's level of education
- proximity to a health care institution
- number of TT vaccinations

A 1990 study also provides a good overall picture of the major health problems affecting women. It revealed that the principal causes of deaths in the fertile age range (12 to 49 years) are directly or indirectly attributable to pregnancy and birth (Table 15). Amongst non-maternal causes of death, malaria (15.2%) and tuberculosis (9.7%) are the most frequent.

**TABLE 15**  
**Causes Of Death Amongst Fertile Women**  
**(12-49 Years)[1] Guinea Bissau, 1990**

CAUSES	FREQUENCY	%
Complications at pregnancy, birth, or peri-natal	145	41,2
Parasitic diseases & infections	83	23,6
Circulatory diseases	36	10,2
Discases of the digestive system	22	6,3
Traumas	21	6,0
Genito-urinary diseases	5	1,4
Others	17	4,8
Undetermined	23	6,5
<b>TOTAL</b>	<b>352</b>	<b>100,0</b>

[1] All reported deaths, in and out of hospital, 1989/90

Source: Oosterbaan & Barreto 1991

### *The nutrition of women*

For women of child bearing age, a good overall indicator of their nutritional status is the percentage of underweight newborns. The Maternal and Child Health and Family Planning Departments estimate that 20 percent of newborns are underweight (less than 2500 gms), again one the highest rates in SSA.

More precise data concerning nutrition amongst women are not available. The 1991 National Survey did include a nutritional evaluation of the adult population, using the body mass index (BMI - weight over height squared). Out of a total 639 adults of both sexes, almost 40% presented a BMI of less than 20 kg/m<sup>2</sup> (Table 16).

**TABLE 16**  
**Body Mass Index - Distribution of The Adult Population, 1990**

Body Mass Index	Numbers	Percentage (%)
< 20	253	39,6
20 -24,9	278	43,5
25 - 29,9	90	14,1
> = 30	18	2,9

Source: GOGB/MINSAP 1991:27

This data indicates that a large proportion of the adult population can be said to be unduly thin. This information is of limited use but does indicate bare survival in terms of access to food and other resources.

New data point to a MMR figure of around 910 per 100,000 live births, which indicates that the situation has not changed significantly since 1990 and may be deteriorating. Without doubt, the higher rates of maternal mortality suggested above are extremely worrying. The interplay of overwork, malnutrition, and poor hygiene, plus the lack of pre-natal care and the impact of certain cultural practices, is taking a terrible toll on Guinean women.

### 5.3 OTHER HEALTH PROBLEMS

#### *Micronutrient Deficiency*

The most frequent micronutrient deficiencies in Guinea-Bissau are iron, iodine, and vitamin A which are linked to infectious diseases and parasitic infestation, pregnancy, menstruation and periods of rapid growth. The lack of dietary diversity and insufficient consumption of key food types is a causal factor. Rice and maize are the basic staples for most of the population, eaten with fresh or dried fish and sometimes with meat. The number of meals per day varies between one and three, and the consumption of other nutritious foods such as vegetables and fruit is low.

#### *Anaemia*

Pregnant and menstruating women, as well as young children who are growing rapidly, frequently present symptoms of anaemia. In 1995, 75 percent of all pregnant women attending clinics were anaemic. It is also estimated that one third of all children under five years of age suffer from anaemia. Of these, 28 percent die before completing their fifth year. Iron deficiency also goes on to affect those who survive, causing problems with mental development, reproductive behaviour, and productivity.

#### *Iodine Deficiency*

Goitre is endemic in the north of the country and its prevalence has continued to increase since 1954 (Table 17).

**TABLE 17**  
**Prevalence of Goitre (%) in Northern Regions**  
**1954, 1989, and 1995**

Region	1954	1989	1995
Bafata	n/a	n/a	69%
Cacheu	3%	43%	n/a
Gabu	12%	44%	68%
Oio	n/a	n/a	64%

Source: MINSAP/WHO

The most frequent causes of iodine deficiency are a low consumption of sea-food and iodized salt. The majority of the population eat locally produced salt which does not contain iodine, making smallscale salt iodization an obvious and effective programme component in the future.

A lack of iodine does not only cause goitre. It can also produce irreversible damage to the foetal brain and retard the development of psycho-motor functions. Iodine deficiency can also affect the reproductive system and impede learning skills amongst children.

Little is known about the extent and precise impact of Vitamin A deficiency. Research is needed on the impact of vitamin-A supplement on USMR.

### ***STDs and HIV/AIDS***

Guinea Bissau has one of the highest rates of HIV-II infection in the world, at between 8 and 10 percent. This rate was relatively stable between 1987 and 1994, while in recent years the rate of infection of HIV-I has begun to rise, from 0.8 percent to 1.5 percent amongst a sample of pregnant women studied in Bissau. Bissau. HIV-I infection is expected to continue rising in the future.

Sexually transmitted diseases as a whole represent 5 percent of all adult consultations in the health services. In 1994, there were 9716 cases of genital infections and 1115 cases of genital ulcers, according to data produced by the PLNS.

A study of soldiers carried out in 1992-94 in all regions revealed a prevalence of 0-1.1 percent for VIH-I and 4.9 - 17.3 percent for HIV-II. Studies in Guinea Bissau do not however indicate the transmission of the HIV-II virus between mothers and children.

After the first AIDS cases had been diagnosed in 1985, the number of cases has continued to rise, reaching an accumulated total of 786 cases by December 1995.

This number is thought to be a substantial underestimate. Other sources of information such as the WHO EPIMODEL suggest an accumulated total of 5965 cases by end-1995. The most affected age group is between 20 and 49 years, and the principal route of transmission is heterosexual sexual intercourse. The number of cases amongst men and women is practically equal. The same data indicate that in 1995, there were 30,000 people infected with HIV in Guinea Bissau.

Although this data is out of date, there does not seem to have been any real change in awareness or a change in behaviour amongst the population. Taking these results into account, projections using the WHO EPIMODEL show that in the absence of effective control measures, the number of people infected will rise to around 74,500 in 1999, with an accumulated total of around 24,400 AIDS cases.

The AIDS data likely underestimate the national picture, but the rapid rise in the prevalence of HIV-I infection, which carries a greater risk of mother-child transmission, points to the likelihood that there will be many more cases of AIDS in coming years, amongst men, women and children. This also means that there will be many more children without mothers and fathers who will be at risk of not receiving adequate maternal care, thus contributing to the overall pattern of morbidity and mortality.

Another study has also confirmed that there is little awareness of the need to use condoms, as the majority of the population do not realise that AIDS is a threat to health. The results of this study (INEP: 1990) show that 93 percent of those surveyed had heard of AIDS, but of these, 35 percent did not believe in its existence. The group of adolescents aged 11 - 14 years had the least information about AIDS. Of the 82 percent who had heard of the use of condoms, only 21 percent used them, occasionally. Many added that the use of condoms made sexual relations unpleasant. Finally, a significant number of religious leaders also say that the use of condoms is prohibited by their religion.

The many people affected by HIV/AIDS will become a rising burden for the whole society, in terms of the time and resources that will have to be dedicated to their care both at home and in the health services. In addition the disease will have incalculable consequences for economic and other aspects of family life, including the disintegration of families and communities.

The fight against AIDS began in 1987 with the creation of the National Programme Against AIDS (PLNS), under the direction of the Director-General of Public Health.

To improve the current capacity to deal with the projected worsening of the situation, including the number of children who will lose their mothers due to AIDS, the Government has adopted an inter-sectoral approach in a Second Mid-Term Plan which is based upon the recommendations of the 1996 National AIDS Consensus Seminar. The strategies are to:

- promote the protection of the rights of individuals who are living with HIV/AIDS
- ensure access to Social Security institutions
- ensure access to health services for them and their families.

### ***Tuberculosis***

TB continues to be a major public health problem in Guinea-Bissau with a progressive increase in the number of cases. Between 1991-1994, the incidence of TB rose from 0.98/1000 to 1.32/1000, while the prevalence of the disease rose from 1.84/1000 to 2.40/1000. The rise in the number of cases is related to the AIDS epidemic, malnutrition, and rapid demographic growth associated with unsatisfactory hygiene conditions in the homes and workplaces of the majority of the population. Moreover the AIDS pandemic could undermine and seriously compromise the technical and economic capacity to intervene in the fight against TB.

In spite of the fact that in-patient treatment for TB cases is decentralised, there has been a significant flow of TB cases to the capital, where existing services do not have the resources to offer an effective service. The National Programme Against TB and Leprosy has the objective of ending premature contagiousness of the carriers of the two diseases, and reducing the rising rate of morbidity and mortality associated with TB.



*Leprosy*

The situation in relation to leprosy is more encouraging. Between 1982-94, the incidence and prevalence of this disease have both been in constant decline, passing from 0.37 to 0.08/1000 and from 1.38/1000 to 0.45/1000 respectively. However, the disease is still endemic, with a high rate of multibacilla detected in leprosy cases showing that sources of infection still exist.

There is also a high level of deformity (2 degrees, WHO) amongst notified cases, which could indicate a delay in the contagiousness of cases. This in turn could result in a high rate of infection amongst children under five years of age.

**5.4 HEALTH CARE***Expanded Programme of Immunization (EPI)*

Six serious childhood diseases are the focus of the Extended Programme of Immunization (EPI): tuberculosis, diphtheria, tetanus, whooping cough, poliomyelitis and measles. All are preventable and the GOGB with support from UNICEF and other agencies decided in the 1980s to implement the EPI at national level. Given the impact of neo-natal tetanus on peri/neonatal mortality and maternal mortality, women of childbearing age have also become a key EPI target group.

The EPI has developed as a vertically-organised programme. It is the most effective programme within the MINSAP, and is still developing. Table 18 shows the evolution of vaccine coverage since 1989. There has been an improvement in coverage with most vaccines over the period, although that of pregnant women has declined. There is some uncertainty over TT2 coverage, which may be under-reported. The recently completed 5 Region study indicates that TT vaccination of pregnant women increased substantially over the period 1990-96, from a range of 58-35 percent in 1990 depending upon the region, to 75-70 percent in 1996. TT3 coverage is now 63 percent in Gabu and 52-58 percent in other regions. A survey of Multiple Indicators is now being carried out by the Secretary of State for Planning, which should clarify the situation.

**TABLE 18**  
**Vaccination Coverage (%) - 1989, 1993 and 1995**

Vaccine	1989	1993	1995
BCG	82	96	122
DTP3	47	45	99
Polio3	48	45	98
Measles	60	56	82
TT2 for MIF	Not available	57	30
Pregnant women	34	62	52

Source: *Situation Analysis 1993; International EPI Evaluation 1994; EPI Report February 1996*

Generally there is no difference in EPI coverage between girls and boys, except in Cacheu where boys are more vaccinated than girls. EPI coverage overall is significantly lower in Oio and Biombo, but there are differences depending upon the vaccine. For example, measles coverage decreased over 1990-1995 in Oio, Gabu and Cacheu but increased in Biombo and Bafata.

The 5-Region study also confirms that regular contact with health services is a critical factor in maintaining and improving vaccination coverage. In Gabu region for example, younger children have less frequent contacts with health services than older ones. As a result, children in Gabu region are vaccinated relatively late, but are more completely covered than in other regions.

A number of factors have been identified which influence coverage. Vaccination coverage of children born in a health institution is however higher than amongst children born at home. Coverage appears to differ between different ethnic groups, being lower amongst Balantas (particularly in Oio and Bafata regions), and higher amongst Fula and Mandinga communities. Measles vaccination is not apparently influenced by the age of the mother, parity or the number of children who have died or by the distance between home and the health institution, which is probably due to good campaign planning and implementation.

Children who had stopped breastfeeding had higher vaccination coverage. The reasons are unclear - mothers may not like to vaccinate their children while they are breastfeeding; alternatively, children who are vaccinated are healthier and may be easy to wean. There is also a link between vaccination coverage and nutritional status measured by mid-arm circumference, with coverage lower amongst children with a low measurement. Again, it is not clear which way the causality runs - do malnourished children fail to get vaccinated, or do vaccinated children develop better? Further research is required in both areas to clarify the situation.

The most recent EPI evaluation has reported that the incidence of new cases of the target diseases had decreased since 1989. For the last reporting year, there were no cases of diphtheria, 570 cases of measles, 62 cases of whooping cough, no cases of polio, 14 cases of neo-natal tetanus, and 21 cases of tetanus. In terms of priorities over the coming programme, the data indicate that there is no relationship between mortality reduction and DPT and polio vaccination, while a strong relationship exists between mortality and measles vaccine coverage. It would therefore be sensible to make efforts to raise the coverage of measles vaccinations and BCG, rather than DPT and polio.

Overall, with a reduction in coverage in some areas, and low levels of complete TT2/TT3 coverage, support to the programme must continue and should be reinforced to at least ensure that existing coverage is maintained. The programme should also be fully integrated into the health service delivery system. The State should also seek to assume more responsibility for EPI recurrent costs, to guarantee programme sustainability over the longer term and maintain coverage levels. All costs, including recurrent expenditure, have until 1994 been supported by UNICEF. UNICEF is now committed to gradually transfer responsibility for these costs to the Government in order to make the EPI nationally sustainable. This is an important measure to ensure the longer-term protection of children and women.

### *Essential Drugs Programme*

Official policy in relation to essential drugs has been to ensure their quality and availability in sufficient quantities in all regions of the country, and at an accessible price.

After 1975, medicines were distributed free, with the exception of Basic Health Units (USB) which charged a symbolic price for their supplies. To ensure the best possible management and use of medicines, treatment manuals were introduced for nurses between 1980 and 1985, and a National Drugs List (Formulario Nacional) was published in 1989. At the same time, a new diagnostic and treatment manual was introduced for nurses in Health Centres. New legislation for private pharmacies has recently come into force.

An evaluation of the national medicines supply system by the Swedish International Development Agency stressed the need to improve management and promote the rational use of available medicines. The introduction of a system of buying and selling drugs is foreseen, where the Central Depository will sell medicines to Regional Depositories, which will in turn sell to hospitals and Health Centres.

The major problems with the management of medical supplies are identified as follows:

- the almost total dependence upon external assistance has contributed to the poor maintenance of stocks and irregular reordering, resulting in frequent breaks in supplies to health facilities
- storage conditions are very poor, and few if any management records are kept
- the Central Depository is overloaded
- there is little information getting out to the public
- management is less than transparent, especially in outlying areas, there are no controls over prescriptions and there are no regulations governing the operation of Management Committees and the setting of prices for medicines
- there is no cost-recovery system at central hospital level
- there is no legislation for the future status of central and regional depositories, nor is there any definition of the qualifications required for financial management personnel

### *Bamako Initiative*

A training programme for the rational use of medicines was introduced between 1990 and 1993 in the context of the Bamako Initiative (BI). The BI strategy is designed to guarantee a minimum level of health service, the availability of medicines, and the participation of the local community in the management of its own health problems and the financing of local services. This programme began in Gabu in 1989.

A 1993 evaluation of the BI showed that:

- many of the services offered by health workers reached a 100 percent degree of accessibility
- all children in the region now have the opportunity to be weighed and vaccinated at least once in every 3-4 months

- TB and Hansens Disease are dealt with in the villages
- cases of high obstetric risk had begun to be identified directly at village level

The local population is managing to cover around 20 percent of its recurrent health costs, excluding investment spending. The evaluation drew the following conclusions:

- the organisation and planning of activities at the level of regional health teams (ERS) and Health Centres (CS) were well established
- the forward-looking strategy allowed the CS to cover all of their health regions with essential health services
- the services users were satisfied with the services offered, principally due to the consistent availability of medicines
- there was little awareness of the BI and Management Committee on the part of the local population
- supervision was focusing too much on controlling the performance of different programmes, rather than on in-service
- health workers had difficulty in understanding and using the data available, because of their range and complexity
- the B.I. pilot experiment was developed in the absence of a legal framework and with little support either the Ministry of Public Health or from the local authorities in Gabu Region

A National Seminar was held in 1993 to discuss the extension of this programme to four other regions. There has been a delay in implementing this policy however. At the moment, the process of approving and disseminating supporting legislation for Bamako Initiative activities is underway.

Since 1993 there has been an improvement in the performance of the Management Committees (CGs). They are more familiar with their tasks, and with their involvement in mobilising villagers, the accessibility and availability of services have improved considerably. There has been an increase in the services use, especially vaccination, pre-natal care, and nutritional surveillance.

With the exception of the Treasurer, the involvement of the CGs in financial management is still weak. Funds from cost-recovery measures are used to finance some of the recurrent costs of regional health activities, although the charges are very low. The system is accepted by the population, and users are even prepared to pay more when the range and quality of services improves. Nevertheless, the fundamental problem is still the relationship between the prices charged and the capacity of the local population to pay.

### ***Health Information and Education***

Vaccination is a good example of the failure to get health messages across to local people. The following main information and public education problems are identified:

- lack of awareness of the diseases which can be prevented through the EPI, except measles and TB
- a lack of understanding about possible reactions to vaccination

- lack of awareness of the number of times that a child or woman of reproductive age needs to be vaccinated to be considered completely covered

Evaluations have revealed high rates of non-completion of full courses of vaccines, as available vaccination services are not used because they are either too far away, or because people do not have sufficient information about them.

Health services continue to be the main source of information about the EPI, reaching between 60 percent and 80 percent of the target population. Modern information systems such as radio and television play only a small role, except in Bissau.

Of the three EPI strategies - fixed, mobile and advance - the second and third allow an increase in accessibility for those users who are most out of reach of health centres not only for EPI, but also for other PHC programmes. These strategies have contributed to the increasing use of all services, for example in Gabu Region.

### *Data Gathering, Analysis and Transmission*

There are several difficulties with the collection, compilation and analysis of health data, as well as with data management and supervision at all levels (see Part III).

### *Beliefs and Social Behaviour*

In certain circumstances, traditional beliefs and practices create or exacerbate the problems which considered lead to ill health and the premature death of children and women in Guinea Bissau. While some are damaging to health - such as the rites of circumcision especially for girls - others become more problematic when poverty and environmental issues raise the vulnerability of families to malnutrition and disease.

#### **a) Child Care and Nutrition**

For example, most ethnic groups believe that babies should not be breastfed on the first day. This practice is justified by the belief that the colostrum is not good for children, who then lose the important nutrients and antibody protection which are in the maternal milk. The milk of women who have already suffered miscarriages or neo-natal loss of children is also considered to be 'bad'. This leads to their next child not being breastfed, with all the associated additional risks.

There are many tabus which prohibit the consumption of certain foods. For example, Balanta women of productive age and men who have not yet reached full maturity by passing through initiation ceremonies are not allowed to eat eggs. Interviews with parents also reveal that children are not allowed to eat decent quantities of 'mafé' (a type of sauce made of cereals, meat, fish or chicken stocks) because they 'get used to it'. The implication here is that being poor, children should not get used to something which is expensive, or may not always be available. And in certain ethnic groups, women and children are the last to eat, having what is left after adult household men have eaten.

**b) Reproductive Health**

Other practices such as female genital mutilation (FGM) can be particularly damaging to the health of women, both directly through the transmission of infectious diseases including HIV and haemorrhages, and indirectly later in life when scar tissue causes severe trauma during childbirth. There is also empirical evidence FGM can double the risks of premature death amongst women of child-bearing age.

Early sexual activity presents risks for many young girls and women. Traditional practices and a range of social trends in rural areas especially are resulting in a lowering of the age that sexual relations first take place. It is estimated that more than half of all women are married (have a fixed partner) before they reach 16 years of age. At national level, there is an increasing trend to marry young, especially in rural areas, where single women are practically non-existent.

In urban areas, there has been a notable increase in prostitution amongst young girls and women, contributing to the HIV epidemic and a host of other health problems amongst the women themselves, and their children.

Drugs are also becoming a major problem amongst the younger age groups in Guinea Bissau. Cocaine, cannabis and crack are all in use, as well as a range of other drugs. Drug control organisations have data on drugs seized in Guinea Bissau on the way to Cabo Verde and Portugal, and originating in Latin America. Joining the CEDEAO, with its free circulation of goods and people, can only favour drug trafficking in Guinea Bissau.

Finally, lengthy traditional funeral rites can also raise the risks of transmission of infectious diseases when the deceased has died because of cholera or some other contagious illness.

Average number of children is estimated to be 6 per women during her productive life, and the rate of fertility is around 5.9 percent. Pregnancies at too young age, or several pregnancies spaced too close together, are identified as key factors raising the risks of complications during pregnancy and childbirth for many women.

While there is a clear demand for family planning advice and services, the number of health posts and other facilities offering these services is very small - just eleven health facilities in the whole country, the majority of which are in urban centres (Bissau and some regional towns). Access to advice and contraceptives is practically impossible for most rural women, who are also most affected by entrenched male attitudes against birth control.

Population policy based upon promoting birth spacing has been implemented since 1981, and has permitted the use of six types of contraception: inter-uterine devices (IUD), the contraceptive pill, condoms, spermicides, injectable contraceptives and sterilisation.

The methods most used are the IUD and the pill, especially amongst single women, but the use of contraceptives in general is very low in rural areas, the CPR being estimated to at 1 percent. The traditional approach is based upon extending the period of breastfeeding combined with abstaining from sexual intercourse. According to information from the PNLIS, the distribution of condoms increased considerably in recent years, but it is not known how effective these have been.

Important factors conditioning the take-up and effectiveness of family planning services are the small number of facilities offering this service, whether state or private sector, and resistance to their use and lack of knowledge about contraceptives and family planning amongst the population. The result is that abortion continues to be resorted to as a method of family planning, especially by young women. Of these, many die from infections, haemorrhages, perforations of the uterus as the result of illegal abortions carried out by unqualified people in unhygienic surroundings. Many are scarred, and can no longer have children later in life.

Until ten years ago abortion was illegal in Guinea Bissau. Since then, it appears that clandestine abortions have declined. Although there is little reliable information on the situation, informal sources point to a very high number of abortions being carried out in private clinics in Bissau, for a high fee and in less than adequate conditions.

CHAPTER SIX

SOCIAL SECTORS - EDUCATION

6.0 EDUCATION

Article 49 of the Constitution declares 'all citizens have a right to education', and that the State will strive to provide free and equal access for all citizens to the various levels of education". Unfortunately, the reality fails to live up to these declarations. School attendance is very low, only a third of teachers are qualified, and educational infrastructure is very weak.

This situation reflects a number of underlying causes which are discussed in Part III. The proportion of the State Budget allocated to education has declined from 17 percent in 1983-85, to just 10.4 percent in 1995. As a percentage of GDP, Guinea Bissau spends just 1.1 percent on education, which is significantly lower than the average 3-5 percent for other least developed countries.

Other factors also prevent or dissuade children from attending school, such as the high cost of materials relative to incomes, and the relevance of the school curriculum. Conflicts between school and work obligations at home which in the context of widespread absolute poverty usually take priority, particularly affect girls.

There are several institutions of further education, notably the National Research Institute (INEP), a Law School, run in collaboration with Portuguese law faculties, and a Medical School which was strongly supported by Cuba and now by a range of donors. The impact and role of these institutions on the overall education sector is discussed in Part III. This chapter focuses on basic data regarding the UNICEF target group of primary school children, and the performance of the Basic Education sub-sector.

6.1 BASIC EDUCATION

The official age of entry into the school system in Guinea Bissau is 7 years, with primary education split into two levels: Elementary Basic Education (EBE), covering 1st to 4th Class; and Complementary Basic Education (CBE) covering 5th and 6th Classes. The total population of primary school age (7-12 years) is nearly 190,000 (1994/5).

Table 19 shows the evolution of the Gross and Net Enrolment Rates over the period 1991/2 to 1994/5, for each level.



**TABLE 19**  
**Gross and Net Enrolment Rates, 1991-1995**

SCHOOL YEAR	GROSS ENROLMENT RATE [1]						NET ENROLMENT RATE [2]					
	EBE			EBC			EBE			EBC		
	M	F	ALL	M	F	ALL	M	F	ALL	M	F	ALL
1991/92	69	37	53	34	19	26	38	23	31	8	4	6
1992/93	65	36	50	39	21	30	36	21	29	9	5	7
1993/94	71	41	56	43	23	33	40	24	32	2	1	2
1994/95	75	44	60	48	26	36	44	27	36	3	2	2

[1] All pupils, as a percentage of 7-10, and 11-12 age groups

[2] Number of pupils aged 7-10, and 11-12, as a percentage of age group

Source: *Carceles 1996*

The figures for both levels together (not shown) show a gradual improvement in Gross and Net enrolment over 1991-95, rising from 46 percent and 24 percent, to 53 percent and 26 percent respectively. The slight improvement in enrolment rates over the last few years is still so low however that this can hardly be viewed as a success. This is particularly so in the case of EBC.

Table 19 shows a clear fall off in attendance between EBE and EBC; and the internal inefficiency of the system. Net rates are lower than the gross rate, indicating (a) the percentage of children of EBE school age actually in school is very low indeed (only 36 percent in 1994/95); and (b) that a large number of pupils in these classes are either older children repeating failed years, or adults who are studying to improve the level of education they left school with.

### *Girls and Basic Education*

Both the CRC and the CEDAW stress the need to educate girls. Given the strong positive link between the education of women and a range of maternal and child health and development indicators, this strategy represents one of the best long-term investments for reducing IMR and MMR, and breaking the poverty cycle which underlies the present poor statistics.

Table 19 also reveals that gender disparity in primary education in Guinea Bissau is very wide, and that only a small number of girls are gaining from the educational process. For EBE and EBC together in 1994/95, gross enrolment for boys and girls was 69 percent and 38 percent respectively. Looking just at EBE again, girls enrolled accounted for just 44 percent of the 7-12 age-group of girls, while enrolled boys were 75 percent of their age-group.

This situation is even worse in rural areas, given the lower overall attendance in relation to urban areas: 42 percent versus 58 percent. An alarmingly low number of rural girls are therefore entering school, and even fewer are staying beyond 4th Class at the most.

*Regional Variations*

Regional variations in Gross Enrolment Rates are also marked, ranging from 135 percent in Biombo (where presumably a large number of pupils are actually over the 7-12 age group), to 64 percent in Bissau and an average of around 50 percent in most other regions. It is interesting however that the two lowest levels - 27 percent and 33 percent respectively - are in the two predominantly islamic regions of Gabu and Bafata, where attendance in koranic schools often substitutes for state school attendance.

The variation between rural and urban education is even more marked in terms of the efficiency of schools in each area. Using data from 1994/95, a Ministry of Education/World Bank study shows that at the national level, of every 1000 pupils entering school, 838 go through to 2nd Class, 653 to 3rd Class, 570 to 4th Class, 443 to 5th Class, and just 326 to 6th Class. Looking only at the numbers who get through to 6th Class, none of the rural regions comes close to the 614 pupils recorded for Bissau, with most in the range 100-200 and Biombo as low as 25.

**TABLE 20**  
**Teaching Staff by Sex and Qualifications,**  
**and Pupils per Teacher, by Region (1996)**

REGION	No of Teachers	Percent Female	Percent Qualified	Pupils/Teacher
Bafata	322	19	38	30
Biombo	267	21	48	55
Bolama	201	16	20	26
Cacheu	584	12	43	26
Gabu	295	12	19	26
Oio	364	17	21	35
Quinara	121	9	85	38
Tombali	256	12	35	27
Bissau	908	24	36	26
Guinea Bissau	3318	17	34	30

Source: *Carceles 1996*

Educational efficiency in rural areas is also reflected in the fact that the school network does not match the geographic reality of the country. With very few higher level schools in rural areas or even provincial towns, rural pupils and especially girls are at a severe disadvantage. On the individual level, they cannot continue their education to higher levels, while on the societal level the effect is to create an elitist system in which only the sons and daughters of wealthy urban families are able to attend other schools. The gap between the quality of life in rural and urban areas continues to grow, further restricting the access of rural children to new economic opportunities which require more than just a basic level of education. Once again, girls suffer more than boys from this inequality of opportunity.

There are also many socio-cultural reasons why girls in particular do not go to school or progress through to or beyond the 6th Class. Their mother tongue is not used in the education system, in spite of it being a part of their cultural heritage and one which they also have a right to learn and use correctly. The same applies to crioulo, the true 'lingua franca' of the majority of the population.

The school environment is also constrained by socio-cultural and linguistic difficulties, as well as economic and educational problems. Many rural people are reluctant to send children to official or State schools, fearing that this might result in the loss of traditional cultural and religious values. This phenomenon is more noticeable perhaps amongst some ethnic groups than others. A more widespread problem however is the usefulness and quality of what is being taught. When faced with a choice between keeping children at home, to work on the farm or in the market, or send them to poorly taught classes offering skills which are of little immediate use, most parents will not force their children to stay at school.

Another immediate cause is the cost of education in relation to household incomes, especially when set against the expected returns on the investment once the child has finished school. Education costs compete with other basic family needs, and can absorb a large share of overall family income and resources, especially in rural areas. These costs are estimated to be around PG 147,600.00 per pupil per year, and are supported mainly by mothers. These additional costs are far in excess of the relatively small fee for enrolling children in First to Fourth Class (PG 10,000), and in Fifth and Sixth Class (PG 30,000).

Mothers on low incomes are hard pressed to allocate scarce cash funds to education, when they also have to consider food and health needs. And inevitably, when parents do value education but are forced to choose which child to spend the money on, the girls are always at a disadvantage. They are more valuable in real terms in the household economy than their brothers, who in turn may have more chance of paid work in the urban sectors.

### ***Immediate Causes of Poor Educational Performance***

Basic education, which is the foundation of national development, is still not available to all children, adolescents and adults. This situation will continue to weaken the fundamental rights of children to education, which are proclaimed both in the Convention of the Rights of the Child and in the Universal Declaration of Human Rights, and which were later reaffirmed in the World Conference on Education for All.

The situation is likely to deteriorate in years to come as population growth surges ahead, especially in the 0-14 years age group which is estimated to grow at an annual rate of 2.5 percent. At this rate of growth, an additional 12,000 children aged 7 years will need to enter the school system every year.

Faced with this reality, the two main immediate causes of the educational problems of Guinea Bissau are: inadequate resources, and a mismatch between what the system provides and what people need. Given the very low quality of education provided, it is not surprising that most pupils fail to attend or succeed when faced with a choice between attending school, or engaging in essential economic activity at home.

The lack of infrastructure in terms of both quantity and quality will make it difficult to guarantee places for all children and provide them with a good basic education. Over the last two years, this situation has caused the MEN to introduce a three-classes per day regime in urban centres where there is the greatest concentration of children. This has obvious implications for the teaching time available to each class, and the quality of education on offer.

MEN data show that there were 642 schools in 1992, of which 270 (42 percent) functioned in makeshift constructions made out of palm leaves and tree trunks. The maintenance of existing infrastructure is very poor, and severely limited by the lack of resources coming from the State, as well as by the lack of participation on the part of the local communities who are not encouraged to play a full role in the lives of the schools in their midst. The MEN programme foresees the need to invest PG 11,526 billion (about US\$526,000) in 1997 in the rehabilitation and maintenance of educational facilities.

Teaching materials and equipment are also totally inadequate for ensuring a decent quality of teaching in the schools, especially books for both teachers and pupils, blackboards and desks. With support from Swedish SIDA, the MEN distributed 1,540 new two-seat desks throughout the country in 1995 to equip 85 classrooms in an attempt to address these shortages.

While the lack of infrastructure and materials is a serious problem, the greater need is for good, motivated teachers. Table 20 shows the number of qualified teachers and the pupil/teacher ratios for the country and regions. The average pupil/teacher ratio is in fact reasonable, and only in Biombo does it rise to a level of 55 clearly too high. The percentage of qualified staff is low and their effectiveness is undermined still further by out of date teaching methodology and practice.

Teachers in Guinea Bissau have long suffered from very low wages and the lack of an effective administrative and support structure. Morale is low, and the past few years have seen strikes and other forms of protest by teachers who have not been paid their already low salaries for several months. However dedicated they are, teachers cannot maintain the level of motivation needed to cope with the educational challenges of tomorrow under such circumstances. This is particularly so now, with a huge increase in demand for education as the people of the country strive for a better future and take advantage of the new economic and social opportunities of a liberalised economic regime. Motivation is also particularly important for teachers in rural areas, who live and work in conditions which many find unacceptable or unfairly rewarded in relation to the hardships they face, and the importance of their work.

**TABLE 21**  
**Progress of a Cohort of 1000 Pupils through EB, 1994/95**

Region	1st Class	2nd Class	3rd Class	4th Class	5th Class	6th Class
BAFATÁ	1000	762	546	464	223	128
BIOMBO	1000	855	787	714	124	25
BISSAU	1000	950	859	774	709	614
BOLAMA	1000	625	478	402	288	222
CACHEU	1000	883	663	545	348	200
GABÚ	1000	674	429	381	263	185
OIO	1000	817	569	442	201	140
QUINARA	1000	652	473	359	277	198
TOMBALI	1000	724	457	333	213	176
RGB	1000	838	653	570	443	326

Source: MEN/World Bank, 1996 (Gabriel Carceles, Consultant)

## 6.2 ADULT LITERACY

Guinea Bissau still has an illiteracy rate amongst the adult population (over 15 years of age) around 74 percent (projections of the MEN/World Bank, April 1996) (Table 22). There is also a large difference in the illiteracy rates for men and women, at 59 percent and 85 percent respectively. The same disparities are also evident between different types of area, with a 93 percent rate for illiteracy in rural areas compared with 58 percent in urban areas (SIDA, April 1996).

Women, are the most affected and have to confront daily problems in all areas of life where illiteracy is a major constraint. An average of one out of every two men is literate, but amongst women, only one out every three can read and write. This is a reflection not just of the current socio-economic status of the country, but also of gender relation in Guinea-Bissau. The analysis in the National Master Plan for Education for Human Development shows that these problems prevent rural women especially from gaining access to health and education information.

There is however some cause for optimism in that while the 1991 rate of illiteracy amongst all adults (over 15 years of age) was 60 percent and 86 percent for men and women respectively, for the 15-19 year age group the same equivalent figures were 45 percent and 71 percent.

The difference is certainly most notable in Bissau, where just 37 percent of younger women are illiterate compared with 57 percent of the adult female population. The trend is clear in all the regions however, indicating that women are gaining from the educational process, especially when they see a clear use for the skills acquired.

**TABLE 22**  
**Levels of Illiteracy Amongst Adults**  
**(Over 15 Years of Age) 1996 (Projections)**

Region	Total/MF	M	F	F-M	F/M
RGB	73,49	59,35	85,49	26,14	1,44
Bissau	39,18	21,50	57,09	35,59	2,66
Bolama	65,57	53,94	75,63	21,69	1,40
Cacheu	78,35	64,07	88,98	24,91	1,39
Tombali	79,37	63,62	92,10	28,48	1,45
Quinara	80,44	66,24	91,60	25,36	1,38
Bafatá	84,11	73,72	92,99	19,27	1,26
Biombo	84,94	72,28	94,94	22,66	1,31
Oio	85,51	73,43	95,13	21,70	1,30
Gabú	87,13	78,71	94,50	15,79	1,20

Source: MEN/World Bank, June 1996 (Gabriel Carceles, Consultant)

This situation is a serious obstacle to the socio-economic development of the country, and to the successful implementation of any project or programme which depends upon the participation of women. Women are responsible for all domestic chores, caring for children and their education, and for producing the crops and income to provide food for the household. Their heavy workload can occupy more than 18 hours every day. Helped by older children, women do the planting, harvesting and cleaning of all cereals, and often take produce to market. In the cities, just as in the countryside, women work long hours in garden plots and allotments, and in the informal sector where activity has intensified since the liberalisation of the economy.

To ensure that the family has enough to eat, women depend upon the support of their children. This gives rise to the phenomenon of working girls who sell fruit, vegetables and other goods in urban streets. Unable to attend school, these girls then join the ranks of illiterate women, thus repeating the cycle of poor education, overwork and poverty.

Earlier experiments with mass literacy campaigns from 1975 to 1979 are now largely recognised as failures. The reasons are still important today:

- the absence of motivation amongst the participants who do not use Portuguese, which is little used by the majority of the illiterate population inappropriate strategies based on educational objectives which did not take into account the needs and aspirations of the target population and ethnic groups as well as the demands of their cultural and economic situation

- the lack of adequate administrative and technical structures for promoting and coordination activities at regional level
- the failure, to involve those taking part in the organisation and development of programmes which genuinely meet their needs and interests

These factors are relevant today, and not only for adult education and literacy. They are equally applicable to other areas of education, including basic education. They represent a challenge to modern policy makers seeking to give the people (and especially women) the education they need, in a way which encourages them to stay in school, and make use of what they learn afterwards.

The World Conference on Education for All adopted a strategy which stresses the links between ensuring primary education for all, schooling for children and adult literacy. Literacy and basic education are two complementary aspects of an approach which enables increasing participation in the cultural, social and political life of a country.

In this context, literacy is developed on the basis of learning to read and write, but is also accompanied by other informal education programmes of direct interest to the adult population. Basic education implies, as a first stage, preparation for acquiring basic knowledge, and later, the definition of appropriate curricula for adults at other levels of education.

The GOGB programme for 1995-98 has adopted the following goals and objectives in the fight to eradicate illiteracy:

- reduce the rate of illiteracy from 68 percent to 58 percent by 1998
- revitalise adult education and functional literacy programmes

The participation and mobilization of communities from the outset is a cornerstone of the strategy to reach these objectives, and ensure that education is indeed available for all in Guinea Bissau. Such participation must include the parents of pupils and the community in general in decision making and in the launching of activities which affect their own education and that of their children.

### **6.3 PRE-SCHOOL EDUCATION**

Pre-school education is the foundation of good primary education, but receives very little support from the State. This sub-component of the overall educational system is not seen as a priority given its high cost and the other demands upon resources. In spite of being included in the GOGB Programme, in the new Education System Law, and in many political declarations, no practical measures have yet been taken to implement pre-school education at national level.

Nationally there are just 27 pre-school establishments, of which 13 are private and 14 are public. No data are available on the number of pre-schools in the private sector to allow an assessment of the impact of these establishments on the educational system as a whole. The public sector establishments, cater for 1,520 children, or 2 percent of the pre-school age group. The number of establishments has grown from 17 (9 private) in 1993.

With support from UNICEF, the MEN has established Child and Mother Support Centres in some rural areas - Jemberem, Cabedú and Tubandim in Catio Region, and in Sonaca and Gabu in the eastern zone. These Centres cater for children of working mothers, and for girls to attend school who would otherwise have to stay at home to look after their young siblings.

Services for infants aged between 0-3 years are almost non-existent. The SOS Children Village headquartered in Bissau is the only institution which caters for children in this age group.

#### **6.4 TRADITIONAL EDUCATION**

This is divided into animist and islamic traditional education, the latter having a formal aspect - the Koranic school - and a non-formal aspect. The animist tradition here is limited to a discussion of the main groups, namely the Balantas, Felupes, Bijagós, Manjacos and Brames, while the islamic tradition concerns the two Muslim groups, the Mandingas and the Fula.

##### ***The Animist Tradition***

The child guarantees the survival of the family and the ethnic group. He/she guarantees through the lineage permanence of a name within the community and the continuity of the cult of the ancestors. He or she is often seen as the reincarnation of an ancestor, who in his new state, must be brought into the group. This implies a sacred duty to care for the child, and to initiate him/her into a sense of 'belonging', as well testing his/her moral and physical strength.

The education of a child is therefore a matter for the whole family and group. The child's mother has responsibility for his/her survival by providing food, shelter and comfort. These roles are shared gradually by other women in the group, who also interpret the needs of the child, and teach him/her the first steps in his/her relationship with the world. These include reciting family details, naming people and objects, communication, body functions and gestures, and the first cultural initiation through songs, stories, rituals, rhythms, and dance. From birth to around five years of age, the first steps of socialisation are thus the duty of the women. After five years, education takes on a more diverse character and its content varies more in relation to the sex and age of the child.

A girl will remain under the guidance of the women, who must ensure her integration into the group, as daughter, sister, wife and mother. Education of daughters is based on respect for the hierarchy of the elders, the parents, and the future husband. A girl's education is intimately bound up with her fertility, for a woman must be the cement binding the family together, providing continuity for the lineage, and guaranteeing its moral and physical well-being and wealth.

Caring for the youngest is often entrusted to older sisters, who set an example. For more specific educational purposes such as the initiation, education, single sex peer groups are formed. These peer groups continue to function as associations for offering services to the community or to individuals.



In traditional society, education is seen as part the development of a complete person and of his/her group. The 'masters/mistresses' of the initiation ceremonies have the special functions but everybody has a responsibility to ensure an appropriate education.

Traditional education is repeated in relation to activities showing the importance of different stages of learning and initiation. By the time a child reaches school age (7 years), he or she is part to the family and community. Games based on adult activities socialise their play into a determined role in the community. Their toys are adult tools in miniature, which grow with them. This harmony of physical and psychological development promotes healthy growth.

### *The Islamic Context*

Islamic culture arrived in Guinea Bissau in the 13th and 14th Centuries, through the Mandinga and Fula conquests. The social life of these groups is based on the knowledge and practice of the Koran, which gives authority and power to the head of the family, over the people and goods of his clan. These are feudal societies with a strong social organisation based on the division of labour. The religious head assumes political and administrative power at the same time, since Islam is the basis of society. Yet Islam, through a spirit of tolerance, did not reject all the elements of traditional culture, excluding only those which contradicted the monotheistic faith and fundamental principles of the religion. Thus it is possible to speak of an islamised traditional education, principally amongst the Mandinga, Fula and Beafada.

As in the animist groups, education in the first years of life is the responsibility of the mother, but after seven years of age the child attends a Koranic school which is considered indispensable to the organization and survival of the islamic communities. Anthropological research in Gabú Region (Eyzaguirre 1987), where the majority of the islamised ethnic groups are found, notably the Fula and Mandinga, has shown how the curriculum is strictly integrated with the activities, cultural norms and life of the village. Almost all the villages of the region have at least one Koranic school. While only a minority of children attend State schools, almost all children attend the Koranic schools for between one and four years. Girls normally attend these classes for one or two years, which is sufficient time to learn how to recite orations in arabic.

Koranic schools, which often also have a child care role, teach the Koran through rote learning, memorising, copying and reciting verses. They are presided over by a 'master', the Tcherno, also known as Karamoko or Marabú. The children learn to write and read in arabic, with tablets of wood and clay. As well as verses and arabic, they learn the history and traditions of their village and clans. Arabic is also used for the phonetic transcription of local languages, especially Fula. This transcription, born out of the simple need to communicate over distances, has another dimension as the expression of a truly African literature.

Lessons are given three times a day on Sundays, Mondays, Tuesdays, Thursdays and Saturdays. On Wednesdays, the pupils work in the fields of the Tcherno, while Friday is a day of rest and prayer. The first lessons begin before sunrise, with the first cockerel crowing, and go on until eight o'clock. From eight until two in the afternoon, there is a break during which the children work for their

parents or go to the State school. Activities at the Koranic school start again at two o'clock in the afternoon until five o'clock, after which the pupils return home to help prepare the evening meal. The final lessons are from seven until nine in the evening. The children hear the Tcherno narrate stories about the group, the expansion of Islam, and also the rules of conduct and social responsibilities which each member of the community should respect and adopt.

Pupils attending the Koranic school have very limited free time, since they also have to look for fuelwood for the Tcherno, in addition to their other working Wednesdays. The families whose children cannot work for the Tcherno make up for this with money. When a pupil misses a day of work, he or she is severely beaten by the master and by the older pupils.

## 6.5 TRADITIONAL NON-FORMAL EDUCATION

Various anthropological studies have also shown the importance of traditional non-formal education for developing the proper rhythm of life and conserving the cultural symbols and traditions in the communities. This informal education often takes place in meetings held under the traditional village tree, the bantaba (or poilão in crioulo), and in the various age and youth groups, known as lahpol amongst the islamic groups.

Everyday, the men meet under the bantaba to go over the happenings of the day, resolve problems and disputes, and talk of the history of the village and group. Other items are discussed too, such as illnesses, marriages, deaths, and questions of farming and politics in the world outside. The children too sit by the tree and listen, asking questions and learning.

There are distinct lahpol age groups for men, women, and children. The children of the village organise themselves into one or more lahpol with an unmarried youth as leader, with boys and girls belonging to the same group. They have meetings once a week, during which they learn social norms, and other matters ranging from hygiene to work and how to speak in public. Lahpol members have a collective field which they work in, to obtain money for parties to which the adults are invited.

These groups can thus be important channels for transmitting knowledge and information about improving hygiene, health and education. Any development programme should therefore aim to work with these associations which can easily assimilate and promote new ideas from outside the village.

The rituals associated with birth, initiation, marriage and death are similarly important for transmitting social messages about behaviour, roles and social organisation, and thus form an essential part of the overall structure of traditional education. Often the whole community takes part in these ceremonies, and a good deal of money and other resources are spent or redistributed.

The rituals of initiation (**fanado**) and funerals are practised by all ethnic groups in Guinea Bissau in one form or another, but all with the same deep meaning for the transmission of knowledge and education for living, as well as for the social cohesion of the group. The **fanado** is the most

important ceremony in the life of both the individual and the village, for it implies the acquisition of rights to belong to the society as a full adult. For this reason, it is difficult to address the problem of medical complications arising from the circumcisions and other mutilations practised, simply by advocating an end to the ceremonies themselves.

Fula and Mandinga boys go through the *fanado* between 8 and 13 years of age. For the Balantas, the required age is much higher, between 20 and 25 years. Circumcision of girls consists of partial or total clitoridectomy, and is practised *only* by the Islamic groups between the ages of 7 and 12 years. The risks of haemorrhage and infection are far higher for the girls, although circumcision is performed by village-based specialists. It is usual for a group of 10 to 40 boys or girls to undergo the operation at the same time. The suffering and need for speed, together with the numbers involved, make it almost impossible to ensure a sterile environment or equipment, and it is clear that using the same knife for several people raises the probability of disease transmission directly through contaminated blood.

Funerals on the other hand serve to bind people together and confirm deep ties of relationship and cultural and economic behaviour. Failing to participate in a funeral can imply a dislike of the deceased or their family, and in turn invite retribution in the form of illness and bad fortune.

For children, who do not have adult status and often die very young, large funerals are uncommon, especially amongst the Fula and Mandingas. In this respect, the ceremonies and rituals have a great impact on social attitudes in relation to the need to register births and deaths, which in turn is a major problem for those seeking accurate data on maternal and child mortality.

### ***The Government Education Programme for 1995 - 1998***

The Government still takes as its point of departure the principle of providing a free basic education to all. It is also recognised however that the sector faces many difficulties, and that there is a consensus over the need to introduce changes into the educational system to avoid future constraints on national development. In its current four-year Programme, the Government affirms that "without education there is no development", and underlines the need for alternative measures to end the decline in the system and initiate a new process of recovery.

In this context, the following goals and objectives are listed:

- expand access to basic education, particularly for girl children to reach a target of 47 percent by 1998
- raise the rate of school attendance amongst girls to 35 percent in 1998
- reduce the illiteracy rate from 68 percent to 58 percent by 1998
- expand the number of pre-schools, to increase pre-school education enrollment.
- promote the establishment of community centres for village children, in close collaboration with local people

However these measures still depend on a legal framework which will "allow solutions to be found to the major educational problems of the day". The Basic Law prepared for the Educational System in 1993 and reformulated in 1994 still remains to be approved by the Government.

### *Emergency Programme*

The constant decline in the educational system led to a National Conference on Education in November 1995. Conference delegates unanimously agreed on the need to develop an Emergency Programme to immediately reverse the declining trend, especially in basic education, and to create institutional, management and financial capacity to develop the sector in the longer term.

As with the National Master Plan, the Emergency Programme identified the accessibility to basic formal education and functional literacy for women and girls as priorities.

CHAPTER SEVEN

*SOCIAL SECTORS - FOOD SECURITY*

**7.0 FOOD SECURITY**

Nutritional data indicate a generally poor state of nutrition amongst children and women. Nutritional standards in urban and peri-urban areas especially are deteriorating. Yet this does not mean that there is no food in the marketplace and that the country is faced with enormous food supply problems. Instead, the food security issue must be seen in three main contexts:

- supply-side factors (the macro-economic picture of overall food needs versus food availability in the market and the national capacity to maintain food supplies)
- entitlements to food, or constraints on how people earn the income to buy or produce their food or produce the food they need
- factors which affect the way the food available is absorbed by the body and benefits the individual child or woman consuming it

*Food Supplies*

Any analysis of food supplies must take into account broader social and economic processes. Underlying demographic trends give cause for concern. Firstly, the rural-urban exodus will reduce national food production and raise demand for food amongst households which no longer produce their own. At the macro-economic level, this process will reduce the import-substituting effect of on-farm food consumption, and require the country to find more income to purchase its food (both as a national unit either importing or investing in commercial food production, and as individual households).

Secondly, while the underlying population growth rate means the rural population will grow in absolute terms, the rural-urban exodus involves the most economically active part of the rural population. This will further affect the productive capacity of households already lacking the resources they need to adopt new technologies and raise their productivity per unit labour. Meanwhile, women (already the major work force in agriculture), children and older men are increasingly having to bear the load and suffer the health and other consequences of producing not just for their own families, but for national and other markets.

Thirdly, absolute population growth of almost 3 percent is only just being exceeded by GDP growth, and the economy is in poor shape. While job numbers and incomes are unlikely to rise, demand for food will and import capacity will continue to be spread across a range of essential goods and services. The priority given to food problems in this context is likely to reflect the needs of national elites, and perceptions of the 'national interest' on the part of others who direct development plans and manage the economy.

Fourthly, many rice-growing areas, especially in the south, have never recovered from war damage. A more serious long-term problem is the long term decline in rainfall in all parts of the country, which is effectively taking large areas out of production, reducing yields, or forcing changes to long-established cultivation patterns.

Land enclosures as external interests secure concessions on village lands are adding to this process, by occupying land needed by villages to maintain their multi-crop, long rotation agricultural systems. Taken together, these factors are all increasing pressures on already degraded environmental resources, with important and serious implications for long-term food security for all Guineans, rural and urban.

Balancing these largely negative trends, national food production and import capacity have improved with market liberalisation and economic reforms. Far from being constrained by their so-called 'subsistence mentality', small farmers deprived of internal markets since Independence had maintained clandestine trade with regional markets and responded quickly when prices and commerce presented new opportunities at home. After rice production declined to some 30,000 tonnes (unhusked) in 1980 (accompanied by an increasing dependence upon food-aid imports to supply urban needs), it has risen steadily to an estimated post-Independence high of 135,000 tonnes in 1993/94.

Rising national production in other areas has also strengthened overall national import capacity, with some positive impact on the supply-side food security picture. Cashew production has steadily risen since the early 1980s, replacing groundnuts as the main export crop, and commercial imports of both rice and wheat flour have risen as export earnings from a range of different activities have risen through the 1980s and early 1990s. And while the production of other staples - sorghum, millet, maize and cassava - has not kept up with population growth, in overall terms the supply-side picture of food security has improved and has been more or less in balance in recent years (Figure 5)<sup>1</sup>.

Today, cereal needs are met by a mixture of national production, commercial imports and food-aid. Though still important, food-aid support for the basic rice staple has declined as the GOGB and donors have together tried to stimulate domestic production and avoid disincentive effects. Nonetheless, the overall situation is still fragile, given the general weakness of the economy and the heavy dependence upon one key crop (cashew nuts) and fishing licences. The current decline in cashew prices underlines how terms of trade can reduce import capacity and food security.

Moreover, although price reforms have helped farmers, they have severely affected wage-dependent urban households and raised input and consumer goods prices for rural households. Farms also still lack the skills and resources to raise productivity or develop new crops to export or sell locally. With import capacity still underwritten by major balance of payments support from the EU, Sweden and multilateral lenders, this situation cannot be called 'secure'. If external support suddenly declined, import capacity would be seriously affected and the country would have to ask for more food aid to feed the population.

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<sup>1</sup> Assuming cereal needs of 176kg per capita per year (130kg of rice, 9kg of wheat flour, and 37kg of other cereals like sorghum and millet), and balancing these against production, imports and food aid supplies

## *Entitlements*

It is apparent from the discussion in Part I, and the health situation presented above, that entitlements to food are based upon a complex set of variables, all of which can be influenced either directly or indirectly by a well-integrated and targeted social sector programme. These variables include:

- a pattern of rising unemployment and poor hygiene in urban areas as a growing rural exodus drives the urban population upwards at close to 6% per year
- an increasing trend towards the concentration of key productive resources in fewer hands in rural areas, undermining rural household incomes and on-farm food consumption as well as weakening traditional social security networks
- the failure of the State to introduce adequate social security safety nets for households in difficult circumstances, either in rural or urban areas
- important questions of intra-household food distribution which affect children especially, and a lack of knowledge about good nutrition amongst poor, mostly illiterate mothers.

While food is available in the market place, nutritional data clearly indicate that many children are not getting enough to eat. Over 50 percent of households live in poverty, while at least 25 percent are considered to be absolutely poor. It is self-evident that at household level the major issue is entitlements to food and not the availability of food per se.

In this context, it is essential to bear in mind a wider vision of food security than that offered by merely looking at the supply-side: access for all members of a society, throughout the year and every year, to a nutritionally adequate diet which satisfies physiological, social and economic survival and development, including reserves to cover shortfalls as they arise.

Most households in Guinea Bissau suffer through the 'hungry season' when stocks have been used up, the fields are planted, and everyone is waiting for the new harvest. Most urban households retain links with rural families, and share labour with them at times of peak demand (soil preparation and harvest for example). Complex exchanges of food and other goods also maintain interlinked rural and urban household economies. Few households, even in urban areas, are therefore entirely untouched by the 'hungry season' or unaffected by the success or failure of the harvest. What happens in rural areas is therefore of critical importance for the whole economy, and the food security equation of all Guinean households.

In rural areas the key factors affecting food security are land, labour and inputs. Rural households traditionally have had ample access to land, while labour and input availability has varied in line with changing social and economic policies. Today, they face the prospect of maintaining production in the face of declining land access, while labour and inputs are available but only at a price. Land is not simply a question of area, but involves access to several types of soil to maintain an integrated production strategy throughout the year. If any one of these land types is unavailable, the strategy breaks down and shortages occur.

At the present time, village farms are threatened by land concentration involving external 'ponteiro' commercial farmers, who have focused upon what is a key resource for local farmers, namely **bolanha** or low-lying and river valley wetlands where rice and other staples grow at different times in the year. Enclosures are also restricting traditional cattle grazing practices in the east, and creating pressure on upland forest areas as local farmers retreat from the **bolanhas** and expand dry-rice and sorghum and millet production.

In the absence of strong Government action to halt this process, its effects could be mitigated to some extent by adopting new farming techniques and raising productivity. There is no effective credit system for small farmers however, and rural traders are similarly constrained by the lack of an adequate financial system from re-establishing the credit-input networks upon which small farmers depended before Independence. Thus instead of intensifying production in the land they have left, most are locked into a vicious cycle of expanding production in less fertile upland areas, increasing environmental degradation which in turn exacerbates the already evident decline in rainfall in once productive regions. In short, the food entitlements of rural households, and thus of all Guineans who do not have access to secure, well-paid employment, are seriously threatened by a combination of resource concentration, environmental decline, and the subsequent marginalisation of village farming as labour leaves the countryside.

Urban food entitlements are of course secured by having adequate employment, and are also determined by the balance between incomes and food prices. The SAP has had a negative impact on both counts, reducing the role of the State as an employer, and driving prices upwards. Poor economic management and a failure to invest in the longer-term needs of the economy have exacerbated the impact of the SAP on poor households which have little prospect of breaking out of their entitlements trap. New and secure jobs are few and far between. The informal sector offers the only way forward for most, and is precisely the one area of the economy which fails to attract support in the shape of credit, extension and training activities.

### *The Efficient Use of Available Food*

In such a delicately balanced food security situation, it is essential that individuals maximise the impact of the food that is available to them. Unfortunately, the same factors that are undermining their entitlements are also sustaining an increasingly unhealthy social environment characterised by overcrowding, lack of clean water and poor sanitation.

Health officials, supported by anthropological and other survey data, also point to changes in diet, including rising bread consumption, as a contributory factor. When food entitlements drop, it is essential that available food provides as many as possible of the nutrients required. Yet dietary changes interact with broader socio-economic trends to reduce the nutritional quality of local diets and lower the food security of the most vulnerable, youngest household members.



The subsequent impact of disease upon children is clear in the serious IMR and U5MR statistics. With only just enough to eat, malnutrition is never far away, particularly where the prevalence of diarrhoeal disease is high. The combination of disease, a lack of food and clean water, and poor absorption of the food available, reduces the ability of children and women to resist infection, recover from illness, and develop their mental and physical potential.

### *Food Security Policy*

Post-Independence production policies focused on securing foreign earnings through exports of cashew, wood, and seafood, while relying upon cheap food imports sustained by an inflated exchange rate which favoured urban consumers over rural producers. Little attention was given to the important role of small farmers as food producers for national markets, nor to the considerable inter-regional trade which characterised pre-Independence farm strategies and which gave all Guineans access to wider markets and a diversified income base.

GOGB policy continues to focus on achieving national self-sufficiency, specifically by stimulating national rice production which nonetheless struggles to compete with cheaper imported rice. Officials point to net exports of rice before Independence, the large areas of suitable but uncultivated land which could be brought into production, and the special rice producing skills of rural Guineans. The argument is that new techniques and large scale commercial farming could easily raise yields and more than meet national needs.

Ribeiro (1989) argues however that the country has never been an exporter in real terms, and sees Guinea Bissau as a deficit country in terms of cereal needs. This argument is strengthened by evidence of declining rainfall and the impact of population growth, which both mean that in the longer term, national cereal production alone is never likely to meet all food needs.

The preoccupation with self-sufficiency has been challenged by advocates of a more balanced policy based on self-reliance, combining food production with an export-lead capacity to import the additional food needed to cover the deficit. This approach has been supported by USAID in Bissau through its TIPS trade and industry support project, which has also promoted the development of small-scale processing of cashew and other crops to raise the return on export crops both for the country and for the small farmers who produced them. Future tourism and other non-agricultural revenues are also important in this wider, self-reliant picture.

At household level too, a 'self-reliance' approach is a more accurate model to follow, rather than simply thinking of small farmers as being concerned purely with 'subsistence' seen as food self-sufficiency. Before Independence, the food-security of most (i.e. rural) Guineans was not dependent on cereals production, but included a mix of on-farm consumption and trade in a diverse range of products including basic staples, cash crops like groundnuts and transformed products such as palm-oil. The production systems detailed in Part A underline the point that income, from diverse sources, is the key to food security, not just staples production. Moreover, a resurgence of non-staples activity in search of higher cash incomes from farming (to buy in food as well as other goods) is evident in all parts of the country.

Nevertheless official policies have failed to learn the lessons of earlier days. They still focus almost religiously on the idea of freeing the country from the need to import rice, combined with a dependence upon a few export crops with inherent dangers for food importing capacity. Moreover, while the Government appears to favour new diversification into new crops such as high-value tropical fruits for European markets, this strategy does little for the food security of most Guineans. Firstly, it overlooks the important contribution of other, established crops and on-farm activities such as processing and trade which, if adequately supported, would provide a greater, lower risk return to farmers and national income. Secondly, support for these new crops goes mainly to the new 'ponteiro' class and effectively excludes small producers, reinforcing the deeper social trends outlined above and worsening the entitlements of most poor households.

Economic growth has stagnated after the rapid growth of the early SAP, and the present export-led strategy is in trouble. It is failing to provide the foreign currency to reduce dependence on external balance of payments support and break free from a dependence upon food-aid imports. It is too dependent on one crop. And it is not supporting those farmers and those activities which can make the most contribution to both the supply and *demand* sides of the food-security equation. Far from having a robust food-import capacity based upon a diversified agricultural sector and investment in other potential sources of foreign exchange, Guinea Bissau is struggling to service its debts and failing to provide its poor farmers and fishermen with the support they need.

One response by donors is to supply food-aid. Yet using food-aid simply to combat malnutrition does not constitute food security. Guinea Bissau is a relatively fertile country with a small population, with resources which can easily support its people at a more than a just-adequate level and generate surpluses for development besides. And although national level food security is fragile, it is not immediately threatened by dramatic collapses in production, import capacity or donor support.

In this context, social programmes should advocate for a broader food security policy which looks at the resources going to local farmers, and the constraints blocking their ability to make existing activities more productive. Programmes should reach beyond simply 'putting food in stomachs', and consider the longer term contribution that health, education, and environmental health programmes can make on improving entitlements to the food available (raising farmer skills, improving employment opportunities and incomes) and ensuring that the food which is available to poor households does the maximum good to the individuals eating it.

## CHAPTER EIGHT

### CHILDREN IN NEED OF SPECIAL PROTECTION

#### 8.0 INTRODUCTION

Children in Guinea Bissau today are facing a difficult present and an uncertain future. Most endure problems of poor health, a high risk of premature death or permanent impairment of mental and physical functions, and a lack of education and opportunity. Many face even more difficult circumstances, such as abandonment and child prostitution or sexual abuse.

Children in Need of Special Protection (CNSP) constitute an important focus of the CRC, in addition to the more generalised issues which are common to all children in the country. The situation they face reflects the specific circumstances in which they find themselves, but it is also important to remember that these circumstances are no more than the more extreme outcomes of the same basic causes and social processes that determine the major social indicators discussed above.

In Guinea Bissau, the major causes of the CNSP problem occur at different levels of the socio-political system, and can be summarised as follows:

- the difficult socio-economic situation of the country
- traditional socio-cultural systems of behaviour
- the lack of or ineffectiveness of social services aimed at the needs of children
- the lack of an adequate institutional and judicial framework which responds even minimally to the problems and needs of children

It is self-evident that extreme poverty is going to create problems for families trying to raise children, and will result in the range of difficult circumstances presented below. The basic causes of this problem are discussed in some detail in Part I, and include factors such as poor terms of trade, an extreme concentration of resources and lack of access to productive inputs for the poor, extremely weak economic management driven by short term concerns and political constraints, and highly centralised decision making processes linked to a lack of real political decentralisation.

The other underlying causes above are discussed in more detail in Part III. For the moment, this chapter will present basic data, describing the major aspects of the CNSP problem, and its most immediate causes.

#### 8.1 CHILDREN IN DIFFICULT CIRCUMSTANCES

Within the wider context of children facing difficult social and economic problems resulting in poor health and development, a number of specific situations exist which can be characterised as 'extremely difficult'. These are:

- children who work in difficult conditions which contravene all the principles of the CRC
- street children who are abandoned or who receive little care and support

- young (under-age) single mothers or girls at a high risk of premature pregnancy

There are few data on the prevalence of these CNSP problems in Guinea Bissau, but all are growing in seriousness as the economic situation worsens for thousands of poor households, and the rural-urban shift drives a deepening crisis of peri-urban overcrowding and structural absolute poverty.

### *Children Who Work*

Practically all children in Guinea Bissau work. Indeed, it has long been recognised that they play a crucial role in the household economy, especially in rural areas. Young girls in particular take over many tasks in the home at an early age, doing domestic chores and caring for younger siblings, which release their mothers for more arduous work both at home and in the fields. Without this contribution, family income would suffer, and main health and nutritional indicators would be worse than they already are.

By definition then, nearly all children are 'children who work'. It is therefore necessary to identify situations where children work puts them at a higher risk than most other children around them, or where the basic principles enshrined in the CRC are contravened. These situations are typified by the new phenomenon of mostly urban children who have to work in order to survive, and who do so mostly either on their own account, or are only marginally inserted into the household economy.

A 1993 case study revealed an alarming situation amongst working children in Bissau (Almeida e Fonseca 1993). While no comprehensive surveys have since been undertaken, it appears that the situation has deteriorated in recent years. The phenomenon has now taken on a more structural character and exists in all major urban centres. These 'working children' operate in the informal sectors of the economy, either working for themselves doing shoe-shining or car-washing, or as petty labourers and apprentices in small scale firms doing auto-repair, carpentry, timber milling and sewing. Many working children are also domestic employees, and in the worst cases are working as child prostitutes. These are the children known as "children on the street" (*crianças da rua*) who live at home and work on the street.

Two major questions arise in relation to the need to intervene on behalf of these children. Firstly, Articles 27 and 32 of the CRC oblige all States to implement legislative, administrative and other measures to protect children from economic exploitation and work which is not compatible with the age and physical condition.

Although any administrative or legislative interventions in favour of CRC is a step forward, the government will need assistance in terms of the practical implementation.

Secondly, the provisions of the Labour Law (Law 2/86) which prohibit using children aged under 14 years as labourers are out of touch with the current socio-economic situation and with the real scale and complexity of the phenomena.

These underlying anomalies tend to block the emergence of any intervention to address the working child problem in Guinea Bissau. The fact that parents are given the primary role in protecting children, or that the State has special duties under the CRC in relation to working children, should not however act as a barrier to new programmes or activities being implemented to deal with the problem.

### ***Children of the Street***

'Street children' are those who due to a family economic or other crisis, abuse and maltreatment by parents or other adults in their immediate social milieu, or ineffective education and social security services on the street. Most are abandoned or have left home at an early age. They live either alone or in groups, at best doing petty jobs such as minding cars or carrying bags for people, and often engaging in petty crime and vandalism or worse.

Most have never been to school or have abandoned their studies long before the age when compulsory education ends (12 years). These children are more vulnerable to contracting infectious diseases, including HIV/AIDS and other sexually transmitted diseases, physical abuse and assault, hunger and malnutrition of necessity many become increasingly isolated and unable in time to reintegrate into normal society.

### ***Young Single Mothers and Girls at Risk of Premature Pregnancy***

The difficult socio-economic situation is also said to be causing a deterioration in value systems which include responsible parenthood. One result of this is the increase of young unmarried mothers abandoned by the fathers of their children, who face problems ranging from poverty, psychological difficulties and social discrimination. These problems also affect their children.

Most young single mothers lose any chance of being able to carry on with their studies. In the absence of support from the father or from their parents, they are then mainly responsible for supporting their children.

Without basic education and any professional or technical skills, they are unable to gain employment to support themselves and their children. Many resort inevitably to prostitution, with all its attendant risks for their physical and mental health and that of their children.

Given the widespread lack of knowledge about contraceptives and the difficulties in obtaining them, there has also been a related increase in the number of illegal abortions being carried out, either through traditional practices or in the numerous private clinics which now exist in the capital.

### ***Living Conditions***

Apart from not benefitting from any kind of official social security, these children are naturally excluded from even the most basic levels of the health and education services. In rural areas, the almost total absence of services which could meet the basic needs of such children, marginalised or

expelled from their families and communities, add another pressure to the growing rural-urban exodus and the CNSP phenomenon in Guinea Bissau. In this context, loftier aspirations such as personal development and the realisation of dreams for a better future are scarcely considered.

### *Immediate Causes*

In many households it is possible to children virtually abandoned to their fate by the adults who themselves are too preoccupied with trying to make ends meet. Yet as well as the all pervasive influence of poverty, it is important to place the CNSP problem in the context of a wider range of immediate causes.

The generational conflict which results from different world views and interests can also lead to open confrontation and the marginalisation of the child in the household. The failure to see their point of view, the pressure to attend school, frequent beatings and the obligation to work to support the household all lead many urban children to leave their homes and communities. In this context, forced marriages in rural areas take on a more negative aspect as well, depriving children of their basic rights.

In urban areas, children with no home or community to support them and without any kind of skills or education have to look for whatever means of survival they can find. In the case of young girls, the few possibilities open to them result in the tacit or explicit acceptance of the status now commonly known as 'meninos de criação', prostitution, and/or poorly paid domestic work.

Boys also often pass through a phase where they too become 'mininos de criação' or take on domestic work, but in many cases end up doing a wide range of activities on the fringes of the informal sector. In many cases, they also fall victim to resorting to petty crime and juvenile delinquency.

## **8.2 THE SITUATION OF CHILDREN AND THE CRC**

The GOGB ratified the CRC by act of the Council of State in 1990. To date, it has mixed success in implementing the principles of the Convention, although serious attempts have been made to create appropriate bodies such as the Commission for the Protection of Children, and to develop a National Plan of Action for Children.

Looking at specific aspects of the CRC is a useful way to assess progress in more concrete terms, beginning with **Article 1** which obliges the Government of Guinea Bissau to implement administrative measures **to prevent the separation of children from their families** or social milieu and communities. In the present economic climate, the influx of children into urban centres is a basic survival strategy both for the children themselves and their families.

Faced by such strong social pressures, the GOGB simply does not have the means to control this process and fulfill its CRC obligations. The problem is complicated further by the need to reform existing family legislation in order to bring it into line with and apply CRC principles. There is little possibility of either reviewing or formally revoking the many obsolete laws which regulate family and social affairs, given the lack of human and material resources in the judicial system.

**In relation to Articles 9 and 11**, the only example of Guinean children going to other countries is that of the 'Talibés' children of Gabú Region who are frequently found in the border town of *Zinguinchor* in Senegal (a recent study has found that more than 70 percent of these children are from Guinea Bissau). This region has always had close kinship and cultural ties with the north of Guinea Bissau however, and apart from these children, there are no examples of Guinean children emigrating in large numbers. Internally however, the 1991 Census confirmed that there has been a large flux of children arriving in the towns as a result of the growing and uncontrolled rural-urban exodus.

In Bissau and other urban centres, there is a seasonal influx of children from Niger (beggars mostly), and from Guinea Conakry (shoe-shine boys). There are at present no agreements between Guinea Bissau and neighbouring countries to prevent or at least monitor this movement of children across regional borders.

**Articles 19 and 32** of the CRC oblige the GOGB to **protect children against physical, sexual and mental violence**, as well as against abuse or negligent treatment, economic exploitation, and being made to work in conditions which are not compatible with their physical condition or health. Once again, a major problem is the lack of coherence between the CRC and existing legislation, coupled with the absolute lack of resources. In practice therefore, practical and administrative measures by the GOGB to ensure the application of these CRC principles are unlikely in the short term.

The incapacity of the State is exacerbated by the current weakening of social norms as a result of the more generalised social and economic crisis affecting the country. Many communities are having difficulty maintaining the traditional systems of support which previously would have taken care of abandoned, orphaned or other children who lose the support of their immediate families.

In both rural and urban areas, there are many cases of **maltreatment and abuse of children**, sometimes by well-known individuals who are rarely if ever punished. Rural communities especially are still characterised by practices and attitudes which are in clear breach of CRC principles and ignore the most basic rights of children enshrined in **Articles 19 and 32**. Although many practices have fallen into disuse with the passage of time, it is still common to hear of infanticide involving twins and children with disabilities, reflecting old spiritual beliefs and deeply embedded traditional behaviour.

There is a lot of work to do in order to apply the principles of **Article 23**, concerning the obligation to protect **children with disabilities** and guarantee their rights to health, education, rehabilitation and social integration. There is no State organisation or department dedicated exclusively to their needs, and state social security services have no resources to assist these children. The NGO

Association of the Disabled, created a few years ago, faces operational problems and does not yet have its own offices and facilities.

The Brá Rehabilitation Centre - the only one of its kind in the country - used to play a limited but important role. It is now in crisis however after Dutch Government support came to an end, and is unable to respond to demands for help and support. There are presently no new initiatives in sight to help children with disabilities.

**Article 20 enshrines the basic right of all children to protection by the State** in the case of their being separated from their families, temporarily or permanently. **Article 25** also requires States to ensure that these children are cared for and have adequate housing, and to review their situation from time to time to see that these conditions are being complied with. Up to now, with the current weakness of official and informal social security nets, no measures have yet been taken to address this challenge in urban areas. There are no Social Centres for CNSP, or Centres for the temporary sheltering and care of delinquents in spite of the fact that this requirement is referred to in the Statutes for Minors (Estatuto Jurisdiccional de Menores) as if the existence of such services was a reality.

One strategy for some CNSP cases would be fostering or adoption, yet there have been no initiatives as yet in this field. Meanwhile, gaps in existing legislation mean that foreigners can still adopt Guinean children with little difficulty, without having to provide minimum guarantees regarding their future security and their rights to maintain their ethnic, religious, and cultural heritage following Article 20 of the CRC.

The courts also have no powers to enforce sentences on parents or other guardians who fail to provide for the children under their care. The income of most Guineans, rich or poor, are difficult to assess with any accuracy, as most people secure their livelihoods through the mainly unrecorded informal sector. Even in the case of public officials whose salaries can be determined more easily, court decisions rarely reflect the real capacity of the absent parent to meet his or her obligations, and are difficult to enforce. This applies even more so to parents who live abroad and are asked by the Tribunal to meet responsibilities for children still living in Guinea Bissau. Presently, there is only one bilateral agreement - with Portugal - which could, if exercised, help to enforce such decisions.

One positive note concerns the provisions of **Article 5**, which addresses the **need to respect local family and community customs**, and **Article 30** which guarantees **the right** of children from ethnic minorities **to maintain their cultural, religious and linguistic norms and means of expression**. These principles are applied in Guinea Bissau, if only passively, given its extreme ethnic and cultural complexity and the largely harmonious relations which have to date existed between the various communities. Studies are now needed to identify the many traditional institutions which may still exist in Guinean society to protect and nurture all children, and provide additional care to those in special need. The success of new programmes to promote the development of all children will depend upon how much is known of existing cultural practices and institutions, and how these are supported and integrated into the programming and resource framework.



In sum, Guinea Bissau is far from being able to guarantee the rights of children to a quality of life which allows their physical, mental, moral, spiritual and social development, as required in Article 27. The prospects for this happening by the year 2000 are remote if the worsening crisis of poverty, economic disintegration, and the weakness of health and education systems is taken into account.

### *Government Efforts to Apply the CRC*

The CRC was ratified by act of the Council of State on 18 April 1990. Following the provisions of Article 8, Guinea Bissau must now ensure that national legislation is updated to reflect the CRC and bring national legal instruments and mechanisms into line with the relevant international legal instruments.

A part from the economic and other limiting factors discussed above, a major difficulty in implementing the CRC in Guinea Bissau is the harmonization of all national legislation with regard to children and the CRC. Much of the legislation in force dates from colonial times, and is either out-of-date or applicable only in very limited circumstances. The Civil Code, legislation regarding minors, and Family Law are all out of date or have been overtaken by the rapid social and economic change of recent years.

Even if all existing legislation contradicting the principles of the CRC were revoked, the issue would then arise of the constitutionality of many of the new provisions that would be needed. And apart from these more technical aspects, the Ministry of Justice simply does not have the human and material resources to review and reform the body of law affecting children and their rights. A useful example of what is needed in this context is the USAID TIPS Project, which has helped the Government reform a whole range of key legislation affecting commerce and trade. Even with this substantial and dedicated support, the process has been complex and lengthy. Reforming child-related legislation, will also require substantial, and dedicated external support.

Although the situation therefore appears bleak, there are some positive signs of an improving commitment to the challenge. The new political and socio-economic regime is also opening up new doors through which non-governmental initiatives may now be launched which can help local communities to help themselves and address the CNSP issue.

Firstly, it is important to note that there are no Constitutional obstacles to the implementation of the CRC. Moreover, the spirit of the Constitution is perfectly in line with that of the CRC. The Government programme is also opening up towards the CNSP problem.

A National Commission for Children has existed since 1990 as the highest level coordination body for issues related to childhood. This Commission has for a long time had a limited impact on the more important line ministries and sectors. A recent restructuring supported by UNICEF and Radda Barnen has however given it more dynamism, and it now has great potential as a vehicle for advocacy and for promoting CRC objectives throughout the wider GOGB programme and Guinean society.

The GOGB has also created (in November 1995) a Committee Against the Abuse of Women and Children. Efforts in favour of CNSP and women also gained greater momentum in mid 1996 with the establishment in Bissau of the Inter-Regional West Africa Network for these committees. Other bodies have also been formed, to deal with specific issues but with direct relevance for CNSP problems, such as the Inter-Ministerial Commission Against Drugs, which functions within the Ministry of Justice.

There has also been some progress in relation to the dissemination of CRC messages and objectives in the health and education sectors. For example, the Ministry of National Education has been developing since 1995 to incorporate the CRC into the school curriculum.

Finally, it is essential to emphasise the growing impact of interventions by Guinean civil society, both in the advocacy arena and in terms of practical projects to alleviate the CNSP problem. NGOs have been developing a key role recently which could have an extremely important positive impact on children and the dissemination of the CRC.

### **8.3 OTHER 'FACILITATING' FACTORS**

It should also be remembered that structural reforms often have a greater positive impact than explicit programme interventions or initiatives. In this sense, political developments through the early 1990s are of great significance, especially the process of democratisation and the opening up of a range of previously state-dominated sectors to non-governmental involvement. Since 1990, new conditions have been created for the implantation of a genuinely democratic model for defining priorities and programmes, and a process decentralizing with the intention of strengthening the government performance as a whole. Legal reform is very much on the agenda, and a raft of new legislation covering a range of areas from the press to commercial law have already been prepared and approved.

This process is intimately linked with the major principles of the CRC, namely that the human being, as child, should also benefit from all the rights and liberties accorded all citizens through revisions to the Constitution and through new or revised legislation. Since 1990 several fundamental rights have been established through Constitutional revisions, such as freedom of the press, the right to strike, and the abolition of the death penalty. Reforming family law and other child-specific legislation should not present an insurmountable obstacle provided that there is enough pressure from within the society itself for change.

Another new development in the pipeline should also provide new opportunities for addressing CNSP issues at community and national level. Political and administrative decentralisation, with local elections scheduled for late 1996, will empower communities and make local leaders accountable to those who elect them. While it is impossible to predict the impact of decentralisation, it is likely to favour the retention of financial resources at local level with important implications for local level social investment (boosting projects following Bamako Initiative lines for example). An indirect impact on the rural-urban exodus can also be expected, with a knock-on effect on the underlying forces fuelling the rise in CNSP problems.

### *The Children Parliament*

Another recent event of great significance for the future of all children in Guinea Bissau and CNSP in particular, was the organisation of a series of regional meetings and debates involving children themselves. These meetings culminated in the first national 'Children Parliament', which took place in Bissau and was attended by more than 600 children. The Parliament identified the following as priority areas for action:

**a) Education**

- creation of professional and vocational training schools
- adoption of measures to abolish corporal punishment in schools
- conditions to guarantee the supply of teaching materials to the most needy pupils
- decent school infrastructure and improved selection of teachers

**b) Health**

- better control of essential drugs for children
- better control of school meals programmes
- a more appropriate distribution of hospital facilities through the country
- a new strategy to combat malaria
- a new strategy to combat STDs, and especially HIV/AIDS

**c) Water and Sanitation**

- more and better distributed water points
- an effective latrine construction programme

**d) Legal Status**

- adoption of measures to eliminate corporal punishment and criminality
- creation of efficient mechanisms against the criminal abuse of children
- provision for the reeducation and social reintegration of displaced children

While the Parliament carries no legal or political weight, it is pushing a range of hitherto undiscussed and often sensitive topics into the public arena. It is also sowing the seeds of a future national capacity to challenge the status quo, demand that rights are respected, and proposes practical solutions for and by the next generation of adults and leaders of the country.

*CHAPTER NINE*

*THE SITUATION OF WOMEN*

**9.0 INTRODUCTION**

Most ethnic groups in Guinea Bissau are polygynous, with the exception of the small part of the population who claim to be Christian. Whatever the ethnic or cultural situation however, the fact is that the division of labour favours men over women, with women being responsible for the greatest part of household and domestic labour, agricultural production, and a large proportion of internal and even informal international trade.

Despite this key economic role however, it is apparent from the discussion above that women in Guinea Bissau are at a serious disadvantage when it comes to health and education. While their rights to equality with men are enshrined in the Constitution, the reality is very different. In customary law they are denied access to land except by virtue of their role as wives of the men how exercise land holding rights. This in turn has an important effect upon attitudes towards women when they claim land through the formal system of concessions, and the way in which are treated (or ignored) by extension and other programmes to raise farm incomes. They remain on the fringes of public life, communicate with outsiders using their male 'household heads' as intermediaries, and the majority do not even speak the national language, crioulo.

In this context, the freedom of expression and participation of women in public life has been limited, and it is difficult to expect them to voice their concerns and exercise their rights under the CEDAW without strong, sensitive and well-targeted support from beyond their immediate socio-economic milieu. There has been some progress over the years, through their involvement with the political movement against the Portuguese and subsequent participation in collective and social organisations promoted by the ruling PAIGC. Much of this activity has failed however to empower women with resources and a real capacity to challenge authority and demand a change in the gender relations which have deep roots in the cultural fabric.

**9.1 THE ECONOMIC ROLE OF WOMEN**

The situation of women in Guinea Bissau must be considered in the context of both their reproductive, productive and community management roles. The paradox is that in spite of their inferior social position, women in both rural and urban areas play a key role in production and in commerce, as well as in the domestic sphere. They are the main workforce in agriculture, and are thus the major domestic producers not only of food but also export production. All this is in addition to their domestic duties, their role as mothers, and the important educational task they take on with their children.

Census results do not allow a real evaluation of the work carried out by women, above all in agriculture. Rural family organisation, often based on a patriarchal regime, seems to have encouraged this error: women are treated as having no access to the goods they produce, and working for the male household head, and thus are not registered as owners and managers of the product of their own labour. The limited data available do however provide a reasonable picture of the lives of working women in Guinea Bissau.

### *Women in Rural Areas*

Rural women work mainly in agriculture and other productive tasks such as fishing. They carry out a great range of tasks linked to agricultural production, which vary between the different ethnic groups.

The sexual division of labour is usually organised around the type of crop or type of work demanded to produce each crop. In all ethnic groups, tree felling and clearing land for planting are generally carried out by the men, while other tasks fall to the women. For the Mandingas of the North, Djacancas and Nalús in the south, who are muslims in patriarchal groupings which are integrated into the market economy and are already familiar with an individualistic philosophy, certain crops are reserved for women and others for men.

Animist communities, such as the Manjacos, Balantas and Bijagós, and islamised communities such as the Sossos, are less fully integrated into the market economy, and women participate in the production of each crop. Particular tasks are allocated to them during the course of these activities. Women work alone or carry out planting together with adolescents, threshing and sifting cereals, and often transporting the produce. They also work alongside the men in the harvest, carrying the bundles they cut or digging up tuber and groundnut crops. Once land is cleared, cultivating food crops destined for household subsistence is usually the responsibility of women (for example upland dry rice (pam-pam) and padi rice (bolanha), beans and green vegetables). Food processing is done by women, who also often collect up of the harvest and transport it.

Amongst the Mandingas in the north, where agriculture is diverse and where cash crops occupy an important place in the household economy, crops destined for family consumption are the sole responsibility of the women. Cleaning and weeding the land, harvesting and threshing, rice cultivation in upland and bolanha areas, and vegetable gardens are all the work of women. Djacancas and Nalús women carry out the majority of bolanha rice cultivation. In all the communities studied, vegetable gardening is reserved solely for women, whether for household use or for sale.

As for commercial crops, there is a change underway with respect to the sexual division of labour. Groundnuts, a main export crop introduced into Guinea Bissau in the first half of 19th Century, were up until thirty years ago planted mostly by the islamic communities, and within these, by the men. Today, climate change and economic pressures have obliged male farmers to concentrate on other food crops, leaving the production of groundnuts partly or entirely to women. This is seen particularly in regions where horticulture by men allows them to raise the cash needed for essential purchases and payment of taxes.

In spite of their important role in agricultural production, women do not have ownership rights over land or the tools used for collective work. They own only their individual tools, such as machetes, hoes and baskets for carrying produce, and the large "bemba" storage units. Amongst all ethnic groups, land belongs to men, and is distributed and managed within the village or family by men.

Collective work items or productive investment (dams, ploughs, wheelbarrows, etc.) are generally managed by men who decide where and for how long they will be used, as well as the way they are allocated amongst the various producers interested in using them.

New developments are contributing to emerging new more open mentality with respect to rural women:

- new technologies which allow women to reduce the hours worked and simultaneously raise their productivity (rice husking and milling machines, oil presses, etc)
- recent economic difficulties related to declining rainfall have obliged (male) household heads to concede greater freedom to women over the use of farming equipment
- the rural exodus affects more men, and thus gives women more responsibility for managing the entire production process, as well as for providing food (although a negative aspect is that they have to take on heavier male work such as land clearance and soil preparation, placing additional burdens on their health)

Activities aimed at women which enable them to reduce the hours worked and raise their incomes are also managed by them. They organise and control committees to supervise and manage the processing machines they purchase through assistance programmes, and establish groups to gain access to credit and other factors of production which allow them to diversify and raise their production of vegetables. They also form associations to market their production and thus repay the credits they receive.

These changes have been supported by rural development projects which focus on women and target smallscale credit to them, either as factors of production or cash. The many projects of this type have had some success, and rural women have proved to be reliable repayers of their debts. Credit continues to be available only through projects however, and the rural economy and women gains from its development are increasingly constrained by the failure to put in place a longer-term, sustainable national smallscale investment programme.

Artesanal production in Guinea Bissau is also mainly carried out by rural women, who process agricultural, fishery and mineral products. Their labour in processing is as important as in agricultural production:

- de-husking and threshing rice, millet and sorghum
- stripping grain and corn cobs
- making palm oil, and groundnut oil and paste
- drying and milling manioc and peppers
- making tomato purée

- drying fruits
- making cashew wine
- spinning cotton
- dyeing fabrics
- embroidery of strips of cloth

All these processes are carried out by women in all regions and ethnic groups, with the exception perhaps of spinning cotton and dyeing textiles which are still a Mandinga speciality, and the embroidery of cloth strips which today is still mainly done by Manjaco and Papel women. The role of basket maker, which is generally a male activity in rural communities, is in part carried out by women amongst the Manjacos and Nalús. It is the women who make the baskets used for stocking and transporting cereals.

The sexual division of labour can also depend upon the item produced. The different stages of each process are usually looked after by the one producer. In specific cases, the producer uses wage labour to carry out certain steps in the process, for example in the production of palm oil where women are paid by the men who cut down the palm kernels.

With regard to processing fish products, women limit themselves to drying, preparing beef, smoking fish, molluscs and crustaceans. These activities are carried out along the length of the coast and the saltwater estuaries of Cacheu, Bolama-Bijagós and Biombo, and are generally the domain of Papel, Manjaco and Bijagos women.

Salt extraction is also exclusively a female task, as well as soap making and pottery. Specialisation by ethnic group is rare. Balanta women specialise in salt extraction, as part of the wider Balanta dominance of production techniques which exploit the salt water tidal systems of the country for rice production.

In addition to farming and artisanal activities, rural women are engaged in other productive tasks, notably fishing and raising livestock. Fishing is mostly a female activity destined solely for family consumption. Women generally fish in the branches of rivers and in bolanhas. Sea fishing and fishing for sale is usually the preserve of men. Women do however participate in the processing of the catch which is also used as a source of income.

Livestock activities by women are generally limited to smaller 'backyard' animals, such as chickens, ducks and fowls. Where religion allows it, both men and women raise pigs, and some women also raise goats. These are always small scale activities which do not require extra labour or special expenditure is principally for family consumption during ceremonies or when there are important visitors.

### ***Urban Women***

In addition to their domestic roles, urban women have always played an important role in trade and smallscale production in small garden plots and small livestock. They are also now increasingly

important in service sectors, and support small but important manufacturing industry doing piece work at home or in sweatshop conditions around the main urban centres.

Women account for 52% of labour in the tertiary sector, where they are employed in small trading, as wage labour in small service enterprises, or as domestic staff in richer households (where they are 85 percent of all staff employed). There are still few women employed as wage labour in the secondary sector, accounting for some 6.6% of total waged women and just 2% of the total number of wage workers in this sector.

Women account for only a few of the employed workers overall, and are mostly in public service or the service sector. Overall, they make up just 10 percent of waged employees. Being under-qualified, they are rarely found amongst skilled workers, where they account for 2.5% of the total, usually in traditional female activities such as sewing.

In more specialised areas, women are most commonly found only in technical occupations in which a middle level training is required, such as nurses, primary school teachers, and administrative staff, or at the bottom of the hierarchy in supportive or menial roles. Women account for 40% of nurses, 25% of teachers, and 32% of administrative workers (Table 23).

**TABLE 23**  
**Women In The Socio-Professional Pyramid**

SOCIO-PROFESSIONAL CATEGORY	TOTAL ACTIVE	WOMEN	
		NUMBERS	%
<b>Scientific &amp; technical</b>	<b>5.419</b>	<b>1.419</b>	<b>26,1</b>
- nurses	945	379	40,1
- teachers	2.311	576	24,9
<b>Administration and Office Staff</b>	<b>177</b>	<b>14</b>	<b>7,9</b>
- Office staff & typists	4.081	830	20,3
<b>Commerce</b>	<b>3.886</b>	<b>204</b>	<b>5,2</b>
- Sales staff, cashiers	2.463	126	5,1
<b>Artesanal</b>	<b>5.063</b>	<b>283</b>	<b>5,5</b>
- Sewing, tailors etc	1.153	84	7,2
<b>Skilled workers</b>	<b>11.020</b>	<b>278</b>	<b>2,5</b>
- Sewing, tailors	105	28	26,6
<b>Service and domestic staff</b>	<b>7.799</b>	<b>560</b>	<b>7,1</b>
- Laundry, cleaning	137	117	85,4
<b>Not Classified</b>	<b>1.337</b>	<b>131</b>	<b>9,7</b>

Source: Recenseamento Geral de 1979, cited in UNICEF 1988



There are very few women in top management or senior level political and technical positions. In the judiciary, a notable first has been achieved with the recent appointment of a woman judge to the Regional Civil Court of Bissau. In the diplomatic service, 99 percent of ambassadors are men, and only in 1996 has the first woman been appointed to represent Guinea Bissau, in Israel. There are very few women in higher ranks of the civil service, at central and regional level. Of the 25 Ministers and Secretaries of State, only two are women (Health and Social and Women Affairs). Of the 30 National Directors in the various sectoral ministries, just 5 are women.

In both urban and rural areas therefore, women support both national and household economies in low-status but essential employment. They then have to attend to equally demanding domestic chores. They work through pregnancy, when they need far more energy but cannot work as hard to raise or maintain their entitlements to food just when they need it most. Thus they are caught in a cycle of low energy intake, overwork, and poor nutrition which impacts on the MMR figures and low birth weight statistics. The cycle begins early. In all areas, children undertake productive tasks, and girls take on an increasingly important domestic role from around eight years onwards. Laden down with multiple obligations from an early age, few women have the time or energy to rest, let alone attend training courses and adult education.

Significantly, this situation varies from one social group to another. In urban areas, work hours for both women and children tend to decline the higher up the social scale is the household. Thus the division between rich and poor is maintained as poor girls become poor mothers, trapped in a cycle of poverty and poor health.

## 9.2 PRACTICES HARMFUL TO THE HEALTH OF WOMEN

The situation of Guinean women is also characterised by the many number of harmful traditional practices which they are subjected to or have to endure. These include forced marriage at an early age, nutritional tabus, births in very poor conditions and inadequate birth spacing, and female circumcision. Women who have endured these practices as children often grow into adults with serious health and psychological problems, or who face added dangers when they give birth later in life.

Sociological studies detail traditional practices amongst all ethnic groups which make up the national 'socio-cultural fabric', and which include rituals and ceremonies that play a fundamental part in the traditional education of children in all communities. These rituals constitute important stages in the lives of those who pass through them, right from birth.

One of the most important of these is circumcision, locally known as the **fanado**. Female circumcision became widely practised amongst the Islamicised groups from the beginning of the Seventeenth Century. Today it is still widely practised, even in urban centres. Studies carried out in Bissau in 1994 indicate that as many as 40 percent of women in the city and surrounding areas have been subjected to female circumcisions, a proportion which is likely to be higher in rural areas.

The ceremony has a number of important functions for the various cultures and communities found in Guinea Bissau:

- transmission of knowledge accumulated by the group (community)
- education in life skills for members of the group
- ensuring the internal cohesion of the group

For women the ceremony is a difficult but essential step towards achieving full social as well physical maturity. In many cases the fanado (and the fact of being excised) is a basic condition for marriage. Without the fanado, women cannot enter society and carry out the one activity which confirms their status as women, namely having a child. Therefore, in spite of being potentially very harmful, the **fanado** is rarely opposed by women who live in the more traditional settings. Its cultural importance transcends any attempt to control the practice, or at least to reduce its harmful effects upon the women who suffer it.

The type of excision most commonly found is clitoral excision, and to a lesser extent excision of the clitoris and the vulva. It is done without anaesthetic, normally in groups of 10-40 girls, by traditional specialists in unsafe conditions and with unsterilised instruments. The use of the same knife without any form of cleaning between each girl is linked to the transmission of many diseases, including HIV/AIDS. Studies indicate that around 19 percent of women who are excised suffer later complications during labour. Specialists on the subject have found that islamic women are more likely to die or experience complications during birth than women from other ethnic groups, due to the practice of female excision.

Although there are many other harmful practices which affect men and children as well as women, no comprehensive study has been done of them. The fight against those practices which are clearly harmful to the health of women and children has been underway since Independence, lead by the Democratic Union of Women (UDEMU). After the Ministry of Social and Women Affairs was created (see below), the struggle continued with the convening of the First Constituent Assembly in November 1995, which lead to the creation of a National Committee which brings together several ministries, NGOs, and religious associations. There are currently two NGOs which exist to combat these harmful practices which affect so many of the women and children in Guinea Bissau.

### ***The Fight Against Female Circumcision***

Female circumcision is being addressed in a number of different ways:

- traditional (focussing on the positive aspects of the ritual such as education)
- religious (promoting studies of the Bible, the Koran and other texts on the matter of excision)
- information / creating awareness of the issue amongst opinion leaders
- legal (harmonization of laws with other legal instruments signed and ratified by the GOGB governing the rights of children and women (notably the CRC and the CEDAW)
- inter-regional exchanges

- involving those who practising the *fanado* in the search for culturally acceptable alternatives
- integrating information about excision in teaching materials

At the World Summit on Social Development in Copenhagen, in the Fourth International Conference for Women in Beijing, and in African meetings held in Dakar, the world community committed itself to promote the social and economic development of women. Nor have NGOs failed to engage in the process, whether from the north or the south. In January 1996, a Sub-regional Seminar was held in Ziguinchor, Senegal, on the subject of female excision in which 8 countries from the region participated: Burkina Faso, Senegal, Guinea Conakry, the Gambia, Ivory Coast, Mali, Niger, and Guinea Bissau.

The Seminar addressed the needs to exchange experiences and develop a combined strategy. The effects and consequences of excision in each country were analysed, and a sub-regional strategy was developed. The Seminar led in turn in July 1996 to a meeting in Bissau, to create the Regional Network for the Fight Against Practices Harmful to the Health of Women and Children. This meeting resulted in two new institutions being formed: the Sub-regional Council which includes all the participating countries; and an executive body composed of the following countries and organisations:

- Enda / Acas (with facilitating and support functions)
- Guinea Bissau
- Burkina Faso

The executive body is based in Ziguinchor and will work with national committees, NGOs, and international agencies and institutions.

### **9.3 THE LEGAL STATUS OF WOMEN**

The Constitution of Guinea Bissau enshrines the principles of equality between men and women, and equal rights for women to employment, good health and education. Articles 23 and 24 guarantee the right of women to participate in the political and economic life of the country, and to assume their rightful roles as citizens independent of their race or social class. Any women over 18 years of age can vote, and once over 21, they are eligible to lead the country.

The implementation of these formally guaranteed rights meets many obstacles however. To overcome them, new legal measures are needed which confer specific rights on women in the family, in marriage, at work, in information and in the creation of a society in which women play a full role. Meanwhile, few women in the country have any real knowledge of their formal rights or of how to exercise them, and remain isolated and without any means to change the situation.

Formal judgements are made on the basis of acquired goods and the assumption of parental rights is often difficult. There are many cases of one-parent households in which women are the losers. Conventions which defend women must be translated into commonly used language, and disseminated throughout the country by the media, associations, NGOs, and any other appropriate channel of communication. Gender issues in general and the specific issues raised by the CRC and

CEDAW must also be introduced into educational material and school texts. The training of women as lawyers and judges needs to be promoted, and male judges need to be trained in women rights and in the many different laws which affect the lives of Guinean women.

At national level there is still a legal vacuum concerning the regulation of abortion or other forms of terminating pregnancy, as well as in relation to the prohibition of harmful religious or ritual practices such as female circumcision which are a direct violation of the rights of children and women under the CRC and CEDAW.

The Second African Regional Conference on Women and Development recognised the desire on the part of all African women to be treated as an integral part of the sustainable and global development process. It was noted that this issue incorporates all the main fields of activity: agriculture, nutrition, education, training, commerce, natural resources, health and family life. Strategies to implement these programmes require new legislative and administrative measures:

- the creation of appropriate agencies for ensuring the study and implementation of legislation to establish equal treatment for both men and women and eliminate all forms of discrimination
- ensuring the compatibility of different judicial systems with regard to marriage, family relations and the right of succession and inheritance
- creation of free support centres and legal 'clinics' for women, especially in rural areas, based upon the principals of equality between the sexes,
- the development of family legal codes
- the participation of women in the process of drafting laws, to ensure that legislation truly reflects the social reality of the country

An analysis of the legal status of Guinean women affirms that they have already come a long way in terms of conquering their rights, but that there are still serious gaps in the legislation which need to be revised and brought into line both with other national laws, and with international conventions and laws on the rights of women. New national laws and regulations are also needed to control certain practices which are directly harmful to women and children today.

In Guinea Bissau there is a wide gap between what the Constitution and the laws say, and the reality in practice. The *de facto* existence of two legal systems - the formal and the customary - creates a situation in which the rights of women are theoretically protected, but in reality are neither understood nor respected.

#### 9.4 GOVERNMENT POLICIES AND PROGRAMMES

##### *Government Policy*

Guinea Bissau is a signatory to the CEDAW, and has recently ratified its commitment to the Convention and its principles. GOGB policy for women is summed up below:

- improve the status of women
- improving the health of women

- raising skills and knowledge amongst women
- improving the legal status of women
- reinforce the integration of women issues in the process of development planning in all sectors
- carrying out research on indicators of the integration of women into the development process

In this context, the Government seeks to promote activities in various sectors. In education, the focus of activities will be improving access to basic education for girls; and functional literacy for women. Over the next two years, the education programme will also include projects to train trainers, provide more secondary and professional/vocational schools, and support more studies on development and the environment. Regional activities will focus on the educational level of young girls and women. Bafata, Gabu and Tombali Regions have been selected as priority areas.

The Government also intends to strengthen its commitment to the CRC and CEDAW process, by bringing all laws into line international law governing the protection of child and women rights, and including new rules in existing laws against practices which are harmful to the health of women.

### *The Ministry for Social and Women Affairs*

The GOGB supports a number of activities and programmes directed towards women. At the highest level, women are represented by the Ministry of Social and Women Affairs, which in 1992 was formed by the amalgamation of two separate ministries for each area. The Ministry is responsible for removing all obstacles which block the effective integration of women in the development process, thus improving the social and economic situation not just of women and their children, but of the country as a whole.

The Ministry has a mandate to define a policy and programme of action for women, and develop an institutional framework capable of conceiving, directing and carrying out activities in support of women throughout the country. At the moment, this programme is being held up by the lack of adequate installations and equipment for the Ministry itself, and its staff are reduced to working under the most basic of conditions. The budget of Promocao Feminina is also one of the lowest stipulated by the Ministry of Finance.

The specific objectives of the Ministry cover several areas:

- support to families and care for children, to give women more free time
- attention to CEDC
- promotion of training for girls and of women staff in all sectors
- legal reform and political change in favour of the greater participation of women in national life

In pursuit of these objectives, the Ministry currently has four projects and programmes underway:

**a) Master Plan for Women and Development**

This project is to survey all sectors, institutions, economic enterprises, programmes and projects, in relation to their treatment and promotion of women. It is funded by UNDP.

**b) Integrated Regional Project for Women**

This project has been coordinated by the Democratic Union of Women (UDEMU), and has as its principal objective the training of rural extensionists and assisting rural women in the adoption of new technologies which will make their daily lives easier and more productive, as well as teaching them the basics of hygiene and nutrition. It is funded by UNFPA.

**c) Project to Stop Practices Harmful to the Health of Women and Children**

The principal objective of this project is to ensure the health of women of child-bearing and ensure hygienic conditions for safe pregnancy and childbirth.

**d) Project to Develop a Course for Social Educators**

This project is designed to address the human resource needs of the Ministry, by providing trained staff to confront the huge challenge of ensuring that the rights enshrined in the CRC and CEDAW are recognised and respected. The project will also give social educators the opportunity to up-date their skills and learn new methodologies, as well as specialising in the area of social work and extension, child rights, and women issues in general. It is funded by Radda Barnen.

In addition to the activities of the Ministry for Social and Women Affairs, there are a number of projects for women in other ministries. These include:

- Rural Development and Agriculture: Green Zones Projects
- Fisheries: Women in Artesanal Fisheries
- Natural Resources and Industry: through the CPI and INITA
- Commerce

Unfortunately there is as yet little coordination or dialogue between these different ministries and projects. This situation is expected to improve once the Master Plan project has completed its recommendations.

## **9.5 THE FUTURE FOR WOMEN IN GUINEA BISSAU**

Recent democratic changes offer the prospect of new opportunities for women to organise and demand effective change which reflects their real interests, not their interests as defined externally. Equality will not however be achieved purely by looking at women and their needs. The active

participation of men is also essential, including firstly a recognition on their part of the real injustices suffered by women, and secondly a commitment by men to consider and support options for change which will involve a division not just of labour, but of decision making and control over resources as well. This means moving from a women in development (WID) to a gender and development (GAD) approach.

Given the deeply-embedded nature of their roles in the social and economic life of the country, the promotion of women rights presupposes major structural transformation in most areas of economic, political and social activity. This is not an easy task, especially when set against the need to preserve the positive side of cultural systems which have evolved in response to specific environmental and economic pressures, and which have intrinsic values which are also respected in both the CRC and the CEDAW. To achieve such a 'sensitive transformation', women and men must together actively seek a new role for women as a decisive force in policy and decision making, fully integrated into the heart of the development process. In this context, women will have to play a central role in the promotion of their own independence. Their objectives can be summed up as:

- to liberate themselves (and their children) from poverty, by gaining psychological and material independence)
- to protect themselves from violence (physical, mental and attitudinal)
- to participate in decision making and the planning which affects their lives
- to resist discrimination in general

Guinean women facing these challenges are however constrained by their lack of education, which marginalizes them from both economic opportunity and the information they need to improve their lives. Constrained by cultural barriers, they are also afraid to take decisions beyond their immediate areas, and ignorant of their rights. Nevertheless, Guinean women are strong and often react with vigour and energy to difficult situations. They need support to achieve the objectives above, and become valued as equal contributors to the decision-making and implementation process which determines the nature of human, and gender development in Guinea Bissau.

***PART THREE***

***THE SITUATION OF CHILDREN AND WOMEN:  
UNDERLYING CAUSES***



CHAPTER TEN

THE CURRENT SITUATION - HEALTH

10.0 INTRODUCTION

In Part II, poor health, inadequate levels of education (especially amongst girls) and food security were identified as the immediate causes of the child mortality and morbidity data presented. Women are similarly affected by these problems, and in turn are less able to care for their children and guarantee them the care and support they need to grow into healthy adults.

These immediate causes are in turn linked to a range of underlying factors, which include the poor quality of the health and education services, and an inadequate environment in which to live and grow. Environment in this context refers principally to clean water and effective sanitation, with wider environmental problems treated as more basic causes in Part I.

Other important underlying causes stem clearly from most basic political and social structural issues, namely the lack of real involvement on the part of wider Guinean society when it comes to planning and implementing programmes for change. A similar weakness affects the inability of Guineans to voice their concerns, demand that rights under the CRC and CEDAW are respected, and insist that Government takes action to achieve CRC and CEDAW targets. Social communications also play an important part in this larger picture.

In Part III, these underlying causes of the poor outcome data - 'the Situation' - are discussed in more detail, including the current Government policies for each sector, funding, and donor involvement.

10.1 HEALTH SERVICES

From Independence until 1988, all formal health services were provided by the State. After 1989, in the new climate of economic and political liberalization, delivery of health services was opened up to both the private and public sector, with the former in turn divided into profit making and non-profit bodies. Informal or traditional health services also still exist, represented mainly by the many traditional healers or "curandeiros" in the country.

*The Private Sector*

The non-profit making private sector consists of a range of institutional and NGO supported clinics which include those provided by the National Union of Workers, the Guinean Association for Family Welfare, and the Military Hospital. There are also a number of health facilities of varying sizes run or administered by religious groups and NGOs which work at all levels of the health system.

The profit making private sector is made of traditional medicine specialists who operate within the informal sector, and modern medicine which is now developing more rapidly in clinics and private pharmacies which are mostly concentrated in Bissau. The average cost of a consultation is between US\$2 and US\$4, with another US\$2 per additional visit until the treatment is complete. Obviously payments of this kind prevent most people in poor circumstances or at high health risk from continuing with private health care.

As yet there is still no legal framework to regulate the way in which private medical care operates, and to define the way in which it relates to the public sector where there is more capacity in terms of diagnostic equipment and hospital beds.

### ***The Public Sector National Health System***

The National Health System consists of 616 Base Health Units (USB), 115 Health Centres (CS), 13 Sector Hospitals, 5 Regional Hospitals, 2 National Hospitals and 7 Referral Centres. These facilities are sub-divided into 3 levels:

- a) Peripheral
- b) Intermediary
- c) Central

#### **a) Peripheral Level**

The peripheral level consists of the Sector Hospital, around which are ranged a number of Health Centres. Each CS in turn acts as the focus and point of referral for a larger number of Basic Health Units (USB) at village and local community level.

The USB are constructed and managed by the local beneficiary population, while the Government directs and guides construction work, looks after training of staff, and supplies the equipment and drugs needed for the first six months of operation. The population of a village with a USB uses the 'abota' system of collecting a small amount of money or goods from each family to support USB costs and the purchase of medicines.

USBs and CSs are the closest point of contact between the population and the health services. The CS network is the lowest operational level of the Primary Health Care system (PHC). In terms of resources and responsibilities in relation to the intermediary level, the CS's main tasks are to:

- reinforce, coordinate and integrate NGO activities, bilateral and multilateral cooperation in their area
- implement management procedures for health development
- create and consolidate Management Committees for the development and or management of facilities at local level
- rehabilitate infrastructures to meet local needs
- ensure that facilities are available and accessible

- provide preventative and curative care
- ensure inter-sectoral collaboration and integration

In the PHC context, the main problems are related to the weak management capacity of the health services and their poor quality of delivery, as well as the distribution of human, material and financial resources.

#### **b) Intermediary or Regional Level**

The Intermediary Level consists of the Regional Directorate for Health and the Regional Hospital. The Regional Directorate is responsible for coordinating and supervising the implementation of the various health programmes which operate in each region. The regional team is made up of the Regional Medical Director, supported by the Chief of Nursing and those responsible for the various programmes.

Regional hospitals vary from 60 - 100 beds in size, and offer more complex services which are not available at Sector Hospital/Health Centre level. They deal with cases referred by the peripheral level. In addition to these facilities, there are certain other referral services such as Maternal and Child Health Centres, and Centres for the specific treatment and in-patient care of tuberculosis.

There are plans to create Regional Health Councils responsible to the Regional State Committee, with representatives from Agriculture, Education, Public Works, Natural Resources and Health, in order to reinforce inter-sectoral activities. Priority activities at Intermediary level are:

- reinforce training in health management
- draw up and implement regional plans of operation
- organise and carry out staff training seminars
- promote operational research, and the management and coordination of programme activities
- promote preventative and curative care

#### **c) Central Level**

Central level consists of the Ministry of Public Health and the National Hospitals and national Referral Centres. The Ministry is responsible for implementing Government health policy, through the Office of the Minister with support from the Director General of Public Health (DGSP) and the Director General for Planning and Cooperation (DGPP). It is at this level that policy and strategies are devised, and translated into health care programmes at regional levels and below. Central level also secures and mobilises resources for the other levels of the services, directs the major national programmes such as the AIDS Control Programme, and supports research activities.

The National Hospitals and Referral Centres cover specialist services which are not available at regional level and attend to cases which the intermediary level cannot deal with. The 7 Referral Centres are as follows:

- National Public Health Laboratory

- Mental Health Centre
- Motor Rehabilitation Centre
- Pneumotisiological Hospital
- Cumura Leprosy Hospital
- Centres for Maternal and Child Care
- Centre of Tropical Medicine

### ***Human Resources***

The lack of qualified staff and their poor territorial distribution combine with an equally skewed distribution of major facilities to make it almost impossible to ensure an equitable distribution of health resources across the country. PHC services in particular suffer as a result, being mostly at the peripheral level.

There are too few general nurses and midwives in nearly all regions, except in Bissau where there are too many in relation to the available posts. On the other hand, the number of auxiliary nurses exceeds needs. There were 173 doctors in 1995, of whom 27 were expatriates. The average number of inhabitants per doctor is 6,200, although in the regions the figure is much higher (up to 30,000 in Biombo and 23,000 in Oio).

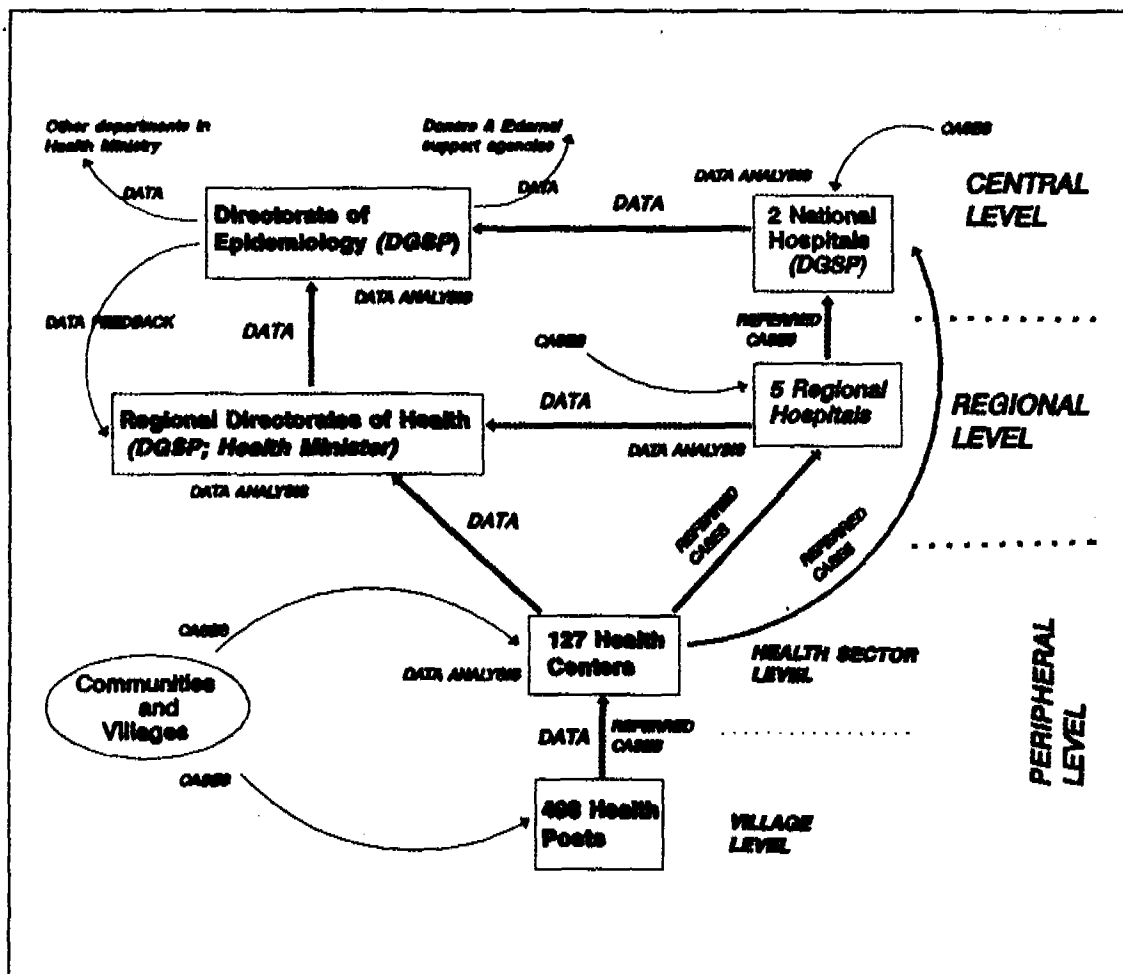
There are serious gaps in training of staff at all but the senior professional levels. The majority of auxiliaries were trained at the time of the Independence War, and their basic training does not equip them to face the challenges of today. New strategies to retrain and upgrade surplus auxiliary nurses to diploma level nurses or midwives are still a long way from meeting needs.

To these problems must be added the lack of staff motivation, poorly defined career structures, low salaries and lack of regular in-service and refresher training. MINSAP staff, in common with other sectors, receive salaries which are incompatible with the cost of living. As a result, all staff engage in other activities to supplement their income, and many health professionals who work in Government facilities also work in the private sector, often during the working hours fixed for their Government jobs. These activities have an inevitable negative impact upon services, both at technical and management level.

### ***The Health Information System***

Figure 7 shows the information flow processes within the health organizational structures. The health center level is characterized by an extra administrative unit, the "Health Area", which lies below the Sector level.

FIGURE 7  
Information Flow within Health Organizational Structures



(To track the data flow process, follow the arrows from peripheral to central level)

a) Health post level

Health posts (USBs) at village level are the smallest unit. Villages for the location of health posts are chosen by the Ministry of Health (MOH), whilst the villagers themselves choose the Health Post staff. These are the community health workers -- who are trained to provide oral rehydration salts (ORS), simple drugs and, in BI areas, weigh children -- and the traditional birth attendants (TBAs), who are women known as "Matrons". None of the agents are on salaries; instead there is an "Abota"<sup>1</sup> arrangement with the village. The number of health personnel at each health post depends on the number of villages covered: usually between 2 to 5 people. Community health workers are not always literate: eg. at Sambadzau, a village of population 335, only one community health worker was literate from a team of four (two community health workers and two TBAs). TBAs were reported to be more often illiterate.

<sup>1</sup> A Creole word indicating contributions in kind by the villagers: eg., building the house of the health agent.

**Summary of data sent from health post (village level) to health center  
(Health Area level)**

**First part.**

Number of cases treated for:

- malaria
- conjunctivitis (eye problems)
- diarrhoeal diseases
- cough
- headache
- cuts and wounds.

Data is disaggregated by age (less than one year, 1-5 years, 6-10 years, and over 11 years and adults); however only the last category (over 11 years) is disaggregated by gender.

**Second part.**

- number of consultations
- cases evacuated
- total number of births;
- Live births (male/female)
- Stillbirths (male/female)
- neonatal deaths
- weight at birth: number of babies >2500 g and number <2500 g
- no. of total deaths:
  - during 1st week of life (neonatal)
  - 7 days to 1 month
  - maternal deaths (antenatal, natal, post-partum)
- Causes of death
- no. of prenatal consultations
- no. of case referrals
- no. prenatal consultations
- no. of case referrals for childbirth
- no. of doses of antitetanus vaccine given:
  - 1st dose
  - 2nd dose
- malaria prophylaxis:
  - pregnant woman
  - children < 5 years.

Community health workers at this level are trained for about 3 weeks, with possibility for a two-week refresher training that takes place once in two years. Not all TBAs are trained; in Sunaco Health Area 72 TBAs out of 106 were trained by the BI programme. Routine health information is compiled by the Health post staff. The forms at this level are designed to get around the problem of illiteracy: on the monthly summary form, for example, there are simple cartoons depicting 6 types

of complaints (malaria, conjunctivitis, diarrhoea, cough, headache, cuts and wounds). Each time treatment is provided, the health worker places a mark in the column below the appropriate cartoon. There are separate forms for children and for women. In return for a fee, villagers are given health cards (children 1000 pesos; women 5000 pesos) on which treatment is also marked. Each card has a number designating the owner, as well as a number for the village which corresponds with the records at the health center. The above monthly forms are more or less the same for all health posts; in Cacheu, they were larger and clearer than for Gabu region.

The Expanded Programme of Immunization (EPI) is carried out by outreach teams who come every three months to the health post to vaccinate the children. The shots are marked on the health cards as well as on the registers of the health center team. In BI areas, growth monitoring is also carried out by these outreach teams.

Every month, summary forms containing the health post data are sent to the health center (Box 1).

b) Health center level

BI type

The sites for the health center are also chosen by MOH. One health center covers a Health "Area" (*Area sanitaria de saúde*) with several health posts. As well as obtaining data from the summary sheets sent by health posts, patients are entered in the daily register at the center with details on symptoms and severity of illness, drugs used, other treatment, hospital referral, etc. Cases from each village are entered in the health center register on the appropriate page or section corresponding to that village. In principle, monthly summary reports from each health post are also checked by the nurses from the health center by making spot checks of the villages. Such checks may last from 2 hours to a day.

Every month, the daily register and data from the health post are translated into a monthly summary sheet for the health center. This is a standard form "*Relatório Mensal do Centro de Saúde*" which contains: population and age data of the Health Area; information on pre-natal consultation and childbirth; family planning; vaccination records; consultation /evacuation data on children; ORS and anti-malarial prophylaxes distributed; consultation /evacuation data on adults; laboratory tests for TB, urine, stool, etc.; and number of cases of transmitted diseases for adults and children.

The health center nurses carry out the analysis required for such a monthly summary and this appears to be a process where errors can easily creep in. Each month, counting is done directly from the register to compile the health center summary sheet. It is easy to make mistakes under such conditions and health center personnel said that they would find a weekly summary sheet easier. Such a compilation takes a day's work by the Health center team. It says much for motivation that this is done at the weekend, outside of normal working hours.

Health centers where the BI has started have to fill in an additional monthly summary sheet on vaccination, nutritional status, tuberculosis, antenatal care and essential drugs. Such health centers also carry out monthly supervision visits to health posts to verify the overall quality of health care, sanitation/hygiene aspects, and the implementation of health education and growth monitoring. On such visits, health center staff have a check list with yes/no types of questions to monitor such aspects.

In the Sunaco Health Center, there is also monitoring of specific programmes, such as EPI, CDD (Control of Diarrhoeal Diseases) and Nutrition programmes, wherein specific villages are selected for implementation of a programme with a specific goal. Progress towards programme goals (for example, 80% EPI for x number of villages) is evaluated every quarter.

Every quarter, two health center staff participate in the regional analysis and evaluation of selected indicators. Financial monitoring is carried out together with the regional team every 6 months.

c) Regional level

The Regional Directorate for Health is supposed to regularly receive the monthly summary sheets from the health centers, as well as from the hospitals at regional level. Health center summary sheets are generated in quadruple to be kept at the Area (health center) level, sector level, regional level and national level.

Regional analysis and calculations are then made at the regional level. Two factors reduce the accuracy of such calculations. First, population projections (eg., in EPI coverage) are based on the 1991 census and factors such as refugees (near the borders with Senegal) and seasonal migration patterns are not taken into account. Second, the calculation of certain health indicators, such as incidence of certain diseases, do not take into account data from private clinics, as there is no way at present to monitor these. EPI coverage however can be validly estimated from the vaccination records of the official health system since, to date, private clinics are not permitted to vaccinate children. All information is processed manually at the Regional level. Currently, Dutch Cooperation is providing technical support to Cacheu region to computerize information from health center level. Data from the monthly summary forms from each health center is entered in a Lotus spreadsheet (IBM-DOS) which performs the calculations necessary to produce the status of selected indicators at Sector and Regional levels.

d) Central level

The Epidemiology Directorate carries out the analysis of data at the national level. Again, population projections from the 1991 census are used. French Cooperation is currently providing assistance to computerize this process using "4-D", a MacIntosh software for databases. In contrast to the Lotus spreadsheet method employed by Dutch Cooperation in the Cacheu region, this is a fairly sophisticated programme. Staff (there are 3 trained nationals in addition to the expatriates who supplied the programme) enter the health center data on a screen which has been designed to look like a (non-BI) Health center monthly summary sheet. The computer then does the rest, such as



weighted averages, totals, etc, for different regions and at national level. French Cooperation plans to decentralize this computerization down to regional level, depending on the funds available. Biombo region is expected to be the first.

e) Analysis

In general, the routine information system for the health sector is fairly decentralized (as much as conditions permit) and the information flow is clear and relatively straightforward as far as departmental responsibilities are concerned. However there are a number of areas where urgent decisions need to be taken and others where improvement is needed.

i. Lack of coordination with other Ministries

As the following sections show, there is virtually no linkage with education or with water and sanitation. There is also no linkage with the Planning and External Cooperation Ministry, who could have played a strong role in donor coordination.

ii. Training and sensitization of health staff

The levels of training of health workers are very disparate. According to the Epidemiological Directorate, some of the older nurses have been trained as many as 20 years ago, when data collection systems were not the same. The quality of training and motivation has an obvious impact on the frequency and quality of data produced.

According to the Central level epidemiological staff, only an average of 70% of health centers report monthly as required. Sensitization of health personnel at health centers is needed to rectify this.

Regional and central-level staff also report that few health centers are capable of adequate data analysis. According to central level staff, some regional teams are better able to analyze data than others. In practice, about 4 out of 9 regions are said to be fully capable. Staff from the Epidemiological Directorate report that technical support has contributed to this, resulting in better trained people.

iii. Design of forms and registers

The current design of forms may be rather complicated and thus more prone to errors. This tendency may also be encouraged by the fact that daily register entries, which do not appear easy to summarize, are entered directly into the monthly summary sheets. The data entry process could be facilitated by having standardized "working forms" - an intermediate stage between the daily register and the monthly summary sheet, which would be used only to transfer the data from the register into the monthly sheets and are not sent to Regional level. Monthly summary sheets also need to be made somewhat simpler.

iv. Choice of key indicators

While the current routine monitoring system is capable of generating data on certain key indicators, such as vaccination rates and the number of cases of measles, polio and other diseases, the national authorities will eventually need to make a number of decisions on other indicators. First, a choice will need to be made on the health indicators to be monitored. Factors to be considered should include:

- the harmonization of indicators between BI and non-BI areas;
- the decision as to whether or not certain health indicators that have been accepted by the international community (such as vitamin A interventions) are to be included in routine monitoring.

Second, depending on the choices made, mechanisms that are not currently in place for monitoring these indicators will need to be put in place.

***Infrastructure***

The national average for inhabitants per hospital bed is 930. There are tremendous variations between Bissau and the regions however with 199 inhabitants per bed in Bissau, 11,000 in Gabu, and 32,000 in Oio.

Most health facilities are also in very poor condition, and a significant number have never been maintained. Current policy to rehabilitate health facilities coincides with efforts to introduce cost-recovery measures, and is based upon sharing responsibilities between the State and the beneficiary population.

***Transport and Communication***

Transport is purchased when the need arises. There are however virtually no ambulances at national level, and the transport of the sick in the regions depends upon securing a lift from a passing vehicle or otherwise resorting to donkey carts, bicycles and whatever else can be found.

Managing MINSAP transport resources is a major problem. Acquisitions are not made on the basis of standardised list of makes and models, making it impossible to keep adequate stocks of spares. There is no maintenance policy nor are there administrative rules regarding the use of official transport.

There is also a serious lack of other means of communication such as VHF radio, telephones or community television. Poor communications in turn make it difficult to send information between health facilities and central level, and to communicate health messages to the population. The few facilities which do exist are poorly maintained and unevenly distributed across the country. Some regions (Tombali, Bafata, Cacheu, Biombo and Bubaque) enjoy reasonable communications, but operationally they are very weak and there is no effective management policy for these resources.

## 10.2 FUNDING POLICIES

### *Internal Funding*

Internal funding for health activities comes from the State Budget and community participation. MINSAP has recently revised salaries and introduced different scales of remuneration in relation to training and experience in an effort to maintain a minimal purchasing power for its technical staff. Incentive and risk payments have also been introduced for staff in hospitals and health centres.

### *The State Budget*

Health services are funded in part by the General State Budget (OGE), receiving on average 9.5 percent of budgetary allocations between 1993 and 1995. This amount corresponds to just 13 percent of overall health spending. Over the same period, expenditure on staff costs accounted for an average of 53 percent of overall health spending.

The hospital budget is rising to the detriment of other services and regional directorates. This is explained principally by the increase in expenditure on food due to the privatisation of meal services in the Simao Mendes and 3rd August National Hospitals. There is no evidence of a rise in the inter-regional distribution, indicating that there has been some increase in the share of the budget going to peripheral services.

The small amount of State funding for health has detrimental effects on the way in which spending is allocated internally. Certain categories of expenditure are severely constrained, such as salaries, smallscale maintenance costs, travel, and other recurrent costs which are indispensable for the normal operation of the health service. This situation results in low productivity and a constant deterioration in infrastructure, equipment, and vehicles.

The Structural Adjustment Programme (SAP) demands financial austerity of all sectors, and has had an extremely negative impact on the social sector budget as a whole. Evidence of this is the fact that between 1986 and 1990, the OGE budget for health declined from US\$ 3,748,300 to US\$ 1,737,800. In 1993, the health budget suffered a further reduction to just US\$ 1,677,600.

With health again reaffirmed as a priority sector by the Government, funds to the sector have risen slightly in the last two years, to US\$ 2,129,600 in 1994 and US\$ 2,139,000 in 1995. In local currency terms, there has also been a significant increase, but the devaluation of the Peso in relation to the dollar and the impact of inflation means that State spending continues to play a small part in overall health costs.

This situation has given rise to an imbalance between those spending categories that are funded by the State (such as salaries), as well as between State-supported categories overall and those which are funded by donors. As a result it is almost impossible to secure counterpart funding for many

investment programmes in the sector, a problem which continues to weaken national participation in programme implementation and undermine all efforts to create sustainable health services and delivery systems.

### ***Recurrent Costs***

Recurrent costs are around 84 percent of the estimated budget, and are divided into three main categories: staff salaries (50-60 percent); travel (13 percent); and hospital meals (11 percent); medicines and maintenance of infrastructure and equipment (5-15 percent).

This highly unequal distribution in relation to medicines and maintenance presents huge problems for the running of the services provided by the MINSAP. Total requirements for medicines are estimated at around US\$ 1,500,000 per year, while the amount actually available through the recurrent cost budget is just US\$ 70,000.

To correct these distortions, the MINSAP is undertaking a redistribution of financial resources between the different categories. This measure will be insufficient however, in the absence of new funding to increase the overall volume of funding reaching the sector.

### ***Investment Expenditure***

Investment spending in the health sector is almost 100 percent dependent upon external assistance. The GOGB participates through a counterpart fund budget, which is provided on an irregular basis through the National Development Fund managed by the Ministry of Planning. The GOGB often fails to provide all the counterpart funds required by a given project or programme, causing problems with implementation. This is particularly the case with projects financed by the African Development Bank (ADB), which requires counterpart funding to be made available by the Government before a project gets underway. It is largely because of these problems that the GOGB has embarked upon a cost-recovery policy.

### ***Health Insurance***

There is a Directorate of Social Security in the Ministry of Social and Women Affairs, which includes a Health Insurance Service. This service exists to provide insurance for workers, in particular those in the private sector. Firms which participate in the scheme contribute 14 percent of the salary of each employee. The employees in turn pay 8 percent of their salary every month and get back 50-80 percent of any health care costs incurred.

It is estimated that these contributions amount to 2 percent of health service expenditure. The system itself also has negative aspects. Firstly, there are no clear mechanisms for determining how these funds should be used by the health services; and secondly, it is impossible to cover the whole population, for three main reasons:

- the difficulty in getting rural people to join the scheme, given that it is very difficult to establish their real incomes, even if they were prepared to cooperate

- the schemes depends upon the voluntary joining of the scheme by private and public sector workers, as there is no legislation making participation obligatory
- the health services are already virtually free anyway, since the majority of users pay a modest amount towards their treatment which is largely symbolic

### **Community Contributions (the 'Abota' System)**

Voluntary community participation in traditional cost sharing schemes is known as the "abota" system. Voluntary contributions from each household provide a pool of funds for purchasing medicines for the local Basic Health Unit. The precise form of the payment varies from one community to another. Only the adults pay in some areas, while in others everybody over five years of age has to contribute.

The rates charged per household or person contributing are very low however, and only cover 10 percent of the cost of the medicines. This means that these payments too have more of a symbolic value and do not represent a solution to the financial problems faced by the health sector.

### **External Funding**

In practice, international assistance accounts for 87 percent of overall funding for the sector. This support comes from multilateral agencies (59 percent), bilateral agreements (19 percent) and from international NGOs (22 percent).

#### **Government Population Policy**

*The Government of Guinea-Bissau (GOGB) is aware that the high population growth rate undermines any positive impact of economic growth in terms of per capita incomes.*

*The GOGB does not yet have an explicit population policy, although it has declared that it is prepared to consider the possibility of preparing, discussing, and adopting one. To date the only direct contribution to policy formulation has been support for the training of one national demographer. There has been significant development in the understanding of population problems on the part of national authorities in Guinea-Bissau.*

*The GOGB has a proposed programme based on the recommendations of a mission undertaken jointly with UNFPA in early 1992 and on lessons learned from the UNFPA's first comprehensive programme from 1987 to 1990, which was extended to 1992. The mission provided the Government with an opportunity for an in-depth examination of interaction between the country's population and development needs. The programme takes into account the strategy for UNFPA assistance in sub-Saharan Africa and the Fund's implementation strategy to deal with issues concerning gender, population and development.*

*A second programme aims at reducing the excessively high rate of maternal and infant mortality. To do so, the strategy consists of:*

- (a) strengthening and expanding the Government integrated family planning programme by promoting family planning both in and outside health facilities;*
- (b) sensitizing the population in general and leaders in particular in bringing about changes in attitudes to population and family planning issues;*
- (c) improving knowledge about the Guinean population situation, movements and trends;*
- (d) providing a coherent framework for all population activities through support for the preparation of a population policy; and (e) strengthening the capacity of relevant organizations and groups to ensure that the interrelationships between gender, population and development are understood and taken into account in programming activities.*

*Government Population Policy - Source (United Nations Population Fund)*

Foreign assistance is equivalent to an expenditure per year per inhabitant of US\$ 12-14. How this money is used is very much determined by the donors, mainly through specific projects. Foreign assistance declined from 1992 to 1995, from US\$ 14,200 to US\$ 13,580 million (or by 4 percent), largely due to the freezing of ADB and IFAD funding during this period.

Some 90 percent of foreign assistance to the sector is in the form of grants. The rest is in loan form, at highly concessionary interest rates. The main multilateral agencies supporting the sector are WHO, UNICEF, UNDP, UNFPA, UNSF, the World Bank, the EU, and the ADB. Bilaterals include Sweden, the Republic of China (Taiwan), the Netherlands, Denmark, France, Cuba, and Portugal. The major NGOs are CUAMM, Danish Church Aid (DCA), Radda Barnen, ASCOM, CECI, AIFO, GVC, MANITSESE, the Gulbenkian Foundation, and the Evangelical Church. Several NGOs are currently leaving the country however, including the Italian NGO GVC which has been with UNICEF in Gabu Region.

CHAPTER ELEVEN

THE CURRENT SITUATION - EDUCATION

11.0 THE EDUCATION SYSTEM

In spite of the commitment to basic education for all, enshrined in the Constitution and reaffirmed in various international conferences, it is clear from Part A that this commitment is far from being realised.

A number of immediate causes of the poor educational performance of the country were also discussed in Part I. These include a lack of resources and deficient infrastructure, poorly trained and motivated teachers, and the general mismatch between what the system provides and what the population needs from its schools. Underlying these immediate causes is a situation characterised by a failure to give due priority to education, and deeper problems of a more structural nature with the educational system and the methodologies that have driven it to date.

11.1 FUNDING FOR BASIC EDUCATION

The lack of resources for education is always put forward as the major reason why the system is so ineffective. Resources going to education are indeed very limited. Education spending as a proportion of GDP is just over 1 percent, way below the 3-5 percent levels of other least developed African countries.

Resources going to education are however higher than for health, and there has been some improvement in recent years as awareness has grown of the importance of the issue. In this context, the desperate situation today reflects the failures of yesterday as much as current resource decisions. The proportion of the State Budget going to education went into constant decline in the mid-1980s, falling from 17 percent in 1983-1985 to just 7.5 percent in 1990. Since then however, it has risen to 12 percent in 1993-1994, although it has fallen off slightly to 10.4 percent in 1995. Hopefully, there will be signs of some turnaround in terms of newly qualified teachers and the effect of better facilities before long.

Nevertheless, even at around 10 percent of the State Budget, the resources available are insufficient given the huge challenge facing the country. Demographic growth and a very young population mean that any reduction in a budget attempting to repair an already seriously damaged system will have disastrous consequences. This is even more serious when the share of Basic Education is looked at more closely: the share of basic education in the overall Ministry budget declined from 67 percent to 46 percent between 1983 and 1995.

This change reflects not an absolute lack of resources, but clear decisions on priorities. In other words, EB is not getting the funding it deserves, either in the overall context of the State budget, or in the Ministry of Education itself. This situation is more serious still when the inefficient management and use of available resources is taken into account.

Instead, EB is surviving because of donor priorities for the sub-sector. The external aid to the education sector is estimated at US\$11.6 millions for the period from 1992 to 1996. In 1993, sixty-two percent of that aid was for basic education, in bilateral and multilateral projects or in agreements. This support has covered the whole range of basic needs, starting with teacher and in-service training for existing teachers, institutional support, technical support for curriculum reform and applied research, through to the provision of teaching materials, educational management and training, construction and rehabilitation of infrastructure, equipment, and school feeding programmes.

The main donors supporting the sector are shown in Table 24. Sweden is the major bilateral donor, accounting for 22 percent of funding in the period 1991-95; the ADB provided some US\$ 15.2 million, 69 percent of which went to technical and professional education with most of the rest going on basic education; the World Bank supported Social and Infrastructure Support Programme (PASI) also intervened in pre-school, basic and secondary education, with a total of US\$ 3.5 million, of which 18 percent went on school equipment.

**TABLE 24**  
**Principal Donor Partners in Education, January 1993**

AGENCY/DONOR	PERIOD	AMOUNT (US\$ million)	Share of External Support (%)
ADB	1991-1995	15,2	28,5
SIDA	1992-1996	11,6	21,8
FAO/PAM	1992-1996	9,7	18,2
WORLD BANK	1989-1993	4,7	8,8
PASI	1990-1992	3,8	7,1
AFRICARE	1989-1993	1,5	2,8
UNDP/UNESCO	1986-1992	1,2	2,2
CILSS/CCE	1990-1993	0,9	1,7
SOS-KINDER DORF	1991-1992	2,0	3,8
OTHER	1990-1994	2,7	5,1
TOTAL		53,3	100,0

*Source: Education Project (Lobato, Cooperação ME/ASDI-Plan of Action, 1992-96)*

In relation to external support, the national counterpart contribution is very limited, accounting for just 7 percent of overall spending on the sector. The areas which account for most external support are school and institutional feeding programmes, infrastructure (28 percent and 26 percent respectively), followed by technical assistance with 11 percent, school furniture with 8 percent and teaching material with 6 percent.



### *Structural and Administrative Problems*

In a situation of limited resources and rising educational demand, it is essential that the resources available are managed well and in accordance with clear priorities. There is however no effective coordination and articulation between the various sub-levels of the system. The school network bears little relation to real need in the different regions, especially at the Complementary Basic Education level and above.

The decline in the share of the MEN budget going to Basic Education reveals a trend to spend more on higher level schools and the higher education sector, which are mostly based in Bissau. Meanwhile, the bottom-of-the-rung Basic Education service struggles to maintain a far larger number of installations, pay its teachers, and provide its schools and pupils with the minimum of teaching materials and equipment.

Poor administration of the system also wastes resources, and is one of the major underlying problems which must be addressed along with the more strictly technical issues of teacher training, materials, and school construction. Overall management of the system is very weak and undermined still further by highly centralised decision making and management functions. Reversing this situation is important not only to give regional administrative levels more autonomy, but also to give financial and administrative autonomy to the schools themselves and make them more accountable to the communities they serve.

Good management skills are also very scarce. Directors and managers of both the Ministry bureaucracy and educational establishments are usually selected on the basis of their experience as teachers, without little consideration given to their abilities as managers or to management training.

### *Private Sector Schools*

The private sector is increasingly important as it offers an alternative to the poorly funded and managed state sector and offers a range of choices between different types of educational programme. The private sector also faces problems however, in spite of the fact that the GOGB has approved a legal framework which regulates the private sector within the national education system.

It is estimated that the private sector catered for around 7,546 pupils in the basic education age group in 1994/95. This represents 7.5 percent of the total number of pupils enrolled, and 4 percent of all children of school age.

### *Non-formal Education*

There are as yet few operational or collaborative linkages between the formal and informal systems which can perform important complementary role or even substitute for the state in certain circumstances. This complementary role deserves more consideration by the Ministry given the serious shortcomings and resource problems of the formal education system.

The failure to exploit this untapped potential is unfortunate, for other forms of teaching are well integrated into the culture and knowledge systems of local ethnic groups. They also offer real resources, both material and human, which if adequately supported and upgraded, could improve education in areas not reached by official institutions and at relatively low cost. One clear example are Koranic schools in Islamic areas, which are well attended and supported by their communities.

### *Teaching Materials*

GOGB policy on the provision of the minimal level of teaching materials (texts and exercise books) covers only the 1st Class of Elementary Basic Education. In all other classes, children must buy their books and other items, at prices determined by the MEN through its regional distribution network. This network is however ineffective, and does not cover the whole country. Books and other materials often find their way to local markets, where they are offered for sale at prices far above those fixed by the MEN.

## **11.2 PROFESSIONAL AND HIGHER EDUCATION**

The comments on sector funding above do not imply that the higher levels of learning should be reduced or support withdrawn. Instead, alternative funding should be found, perhaps even from within the country itself as many families with children at this level of education tend to be from better off backgrounds and could probably support at least a part of the costs involved.

Meanwhile, it is often overlooked that basic education is the entry point for a much longer term educational process. Without good Basic Education, the higher level institutions of learning will not get students in sufficient numbers to be cost effective, or their students will be of too low a standard to successfully attend and pass their courses.

Higher level institutions also give a deeper meaning to the sector as a whole. They offer the essential background against which major issues such as teaching career structures and professional upgrading can take place.

There are a number of professional and technical training institutions in Guinea Bissau. The National Institute for Professional Training (INAFOR) offers courses in administration (accountancy and book-keeping, public administration and secretarial work), and in technical skills (mechanics, building and construction, electricity, carpentry, and agriculture). In 1989/90, a total of 291 people were trained, of whom 36 (12.4%) were women and 28 trained in administration. INAFOR also offers intensive retraining and refresher courses, in 1989/90 a total of 353 people, including 243 (69%) women completed these courses.

There are two Teacher Training Schools, in Bissau and Bolama. The return on these establishments is very low, with implications for the current state of stagnation of the basic education sector as a whole. In 1989/90, 162 people were enrolled, including 40 women (33%). At the end of the school year, this number had dropped to 77 (20 women), and only 22 people (6 women) passed the course. This failure reflects a number of interlinked factors:

- the material conditions of the profession itself, which has been in crisis due to salary levels and other working conditions

- too few qualified staff in the 2 teacher training schools (22 staff, 19 with higher qualifications or some higher level experience)
- and the poor educational level of the students who attend (reflecting in turn the poor performance of the EBE and EBC process).

Other institutions include the National Physical Education and Sports School, with 195 enrolled in 1989/90 including 13 women, and 45 passing, of whom 2 were women; the Educational Training Establishment 'Tchico Té', with 88 enrolled (7 women) and 74 passes (5 women); and the Nursing School, with 131 enrolled, 104 being women.

Higher education is limited to the new Medical Faculty, supported initially by Cuba but now attracting wider donor support, and a small Law Faculty which has strong links to Portuguese law schools with Portuguese Government support. In 1989/90, the Medical Faculty had 103 students enrolled, 18 of whom were women, and the first group of graduates (some 22 men) are now completing their courses. In the middle of 1992, the number of enrolled has risen to 116, and the Faculty has 33 lecturers and teachers, allowing for an average of 18 doctors per year to be trained.

The Law Faculty is located beside the National Institute for Studies and Research (INEP). This mainly research establishment specialises in economics and social sciences under the direction of a small group of researchers who have all qualified overseas. INEP has had strong donor support and is staffed by a keen but small group of able intellectuals and researchers. It is developing an important capacity in consultancy services, and has carried out many research studies for international and bilateral agencies.

While it still has no specific role as a teaching institution, INEP should develop as the nucleus of higher education within the country. Meanwhile, Guinea Bissau remains completely dependent on overseas universities for the training of professional staff, and upon external assistance to finance their education. The impact of this is revealed in INEP itself, where the inability to close the educational circle and produce national university graduates has resulted in a small slowly growing team of national specialists who either dominate the local market, or are compromised by trying to do too much with too few resources.

### **11.3 LINKAGES TO OTHER SERVICES**

#### ***Health Care***

Schools also offer a logical door through which medical services can pass, especially primary health care and health monitoring. Services can be directly attached to larger schools, or linkages with local clinics and health posts could be promoted. There are no health services in any schools however, and collaboration between the two systems falls foul of vertical programming and the lack of effective local level decentralisation and coordination mechanisms.

## **Water and Environmental Sanitation**

Schools could link up with the water and environmental sanitation sector in several practical ways. Firstly, by providing basic water and washing facilities, children attending school can have access to clean water and could even be encouraged to have wash at school (thus saving on household supplies or avoiding washing in streams that are used for a range of other purposes). Secondly, schools are a natural place to begin educating the population about basic hygiene and sanitation. Thirdly, the use of facilities plus the new knowledge acquired in class helps learn how to use them, and develops both new skills and future demand on the part of local communities for better services in the future. Fourthly, access to water at school assists in reducing girls' workload.

## **Social Communications**

Linkages between schools and the social communication services are very weak and could be much more fully developed. There are certainly many areas where the less formal approach of social communications may actually be more appropriate as a teaching methodology than the formal educational approach still used in most Guinean schools.

## **Other Constraints on Educational Performance**

### *Perceptions of the Utility of School and Education for Girls*

With an educational system in disarray, few jobs worth looking for, and rising living costs, it is not surprising that most parents of poor children favour their children entering the workforce as soon as possible. To encourage attendance at school therefore requires not only improvements in a range of factors to raise the technical quality of schooling. It also requires the education provided to be more relevant to the likely future employment needs of the pupils, and a wider sense amongst the population that having an education is useful (i.e. there are jobs and opportunities which justify spending years in school instead of helping on the farm or in the market).

As already discussed, there are also deeply entrenched social attitudes which prevent girls from either attending or completing even basic education.

### *Language of Instruction:*

The majority of pupils who repeat the year or leave school altogether do so because of the linguistic barriers they face. Portuguese is the language of instruction, although it is little known to most children. It is taught using outdated methodologies which do not take into account that fact that it is in fact a second or foreign language (FL) for almost all children, and should therefore be taught appropriately using specific teaching FL methodologies. The result is that a central feature of the school curriculum is out of step with the real world of the children being taught.

### *Conflicts Between School Schedules and Other Activities*

The chores and duties which children have to carry out at home are an important part of the household economy, especially where life is lived at the economic margin. These same chores can however conflict directly with school hours, even when there is a strong desire to attend. The formal system could learn from the informal system and adapt its school programmes, in rural areas especially, to the working lives and routines of the population.

Many household chores are also specifically reserved for girls, reinforcing the tendency not to send them to school or keep them beyond the first year or two. Fetching and carrying water is a good example.

The lack of potable water in schools and houses, particularly in rural areas, forces children, especially girls, to walk long distances to search for it, resulting in their absence from school and sometimes leading to school abandonment.

In this context it is clear how activities in other sectors such as water and sanitation can contribute indirectly to improved educational indicators. More wells closer to home mean more time (and energy) for attending school, especially for girls.

### *Hunger and Poor Performance at School*

Hunger is also an important factor underlying poor school performance, and one which the State can help address through school meals. Children are often obliged to miss classes because they have not eaten, or because they have to help in the market, or work in the fields in order to receive food at home.

School meals services are supplied by the World Food Programme to compensate in part for the poor diet of most pupils and to act as an incentive to complete at least basic education. These services are available to just 23,700 pupils in Basic Education however, or 23.6 percent of the total number of pupils enrolled in the 1995/96 school year. WFP food is distributed as follows:

- Nursery schools (children aged 3-6 yrs.) Bafatá, Cacheu, Oio and Bissau (covering a total of 1,131 children, or 1.4 percent of the total number of 80,000 children in this age group
- primary and semi-residential schools in Oio, Biombo and Tombali, covering some 147 schools and a total of 22,655 pupils (or 22.5 percent of all pupils enrolled in at this level)
- Teacher Training Centres and residential colleges in Bissau - The 17 February School, Tchico Té School and the National School of Physical Education and Sports; and in Bolama (Amílcar Cabral School)

## **11.4 STATE ADULT LITERACY AND EDUCATION**

Adult illiteracy, especially amongst women, has been highlighted as a major educational and developmental issue at the heart of the realisation of CRC and CEDAW objectives.

The GOGB created the National Council to Eradicate Illiteracy in 1990, and to ensure that the necessary resources would be found to implement an integrated plan to address the problem. The Council brought together five ministries - the MEN (as President of the Council); MINSAP, Social and Women Affairs; Rural Development and Agriculture; Civil Service and Labour - and several Secretaries of State and other institutions linked to the MEN. The Council was given the following mandate:

- to cooperate with the Government, other organisations and services, and individuals to address issues raised by the campaign against illiteracy
- stimulate the participation of national institutions in the development, implementation and monitoring of Council programmes
- collect and disseminate information about the Council, its objectives and international activities
- stimulate collaboration at national level between institutions working in basic education and literacy and encourage their participation in Council activities
- promote the exchange of information
- encourage other linked activities
- ensure a link between the National Council and the Technical Secretariat of the Regional Programme for the Elimination of Illiteracy coordinated by the Regional Bureau of UNESCO (BREDA).

While this is an admirable mandate, the Council has never been established operationally, and meet rarely. With the creation of the Ministry of Social and Womens Affairs by the Government in 1990, and considering the importance of literacy in the lives of Guinean women, this Ministry has now taken some steps to coordinate and implement some activities.

### ***11.5 NON-GOVERNMENTAL ORGANIZATIONS AND ADULT EDUCATION***

The World Conference on Education for All adopted strategies for guaranteeing basic education for all and stressing the linkages between schooling for children and adult education and literacy. Objectives for the decade are reduce by half the rate of illiteracy, with special attention to illiteracy amongst women.

A joint UNDP/UNESCO/UNICEF mission was organised in April 1994 to identify the different needs of women and girls and establish a framework for a programme for the period 1994-1997. The mission followed the recommendations of the Master Plan for Education for Human Development, which stressed the need to focus more upon the non-formal education sub-system, and the need for a new effort to combat illiteracy amongst women and girls.

This programme has not yet been implemented, as some conditions have not yet been met by the MEN, including finding a suitable office for the Directorate of Literacy and Adult Education Services and contracting appropriate personnel.

In the absence of an effective state structure to implement adult literacy and education programmes, the task is being confronted by government institutions in collaboration with community

associations, national NGOs and religious organisations. A National Commission was created within the MEN in 1996 to coordinate activities and standardise teaching materials.

The Commission is coordinated by the General Teaching Directorate, and includes members from the various institutions and NGOs which work in the sector: the Directorate of Services for Adult Literacy and Education, the Catholic Church, the Evangelical Church, CENFA, CEEF/INDE and the Sections for Basic Education and Private Sector Schools of the MEN.

### **CENFA**

CENFA promotes literacy in crioulo, recruiting teachers with experience in this approach. It uses texts developed by the MEN which are reformulated and adapted to meet their specific needs. CENFA treats literacy teaching as a means of reaching its overall objective of strengthening the administrations' Womens Associations.

### **Evangelical Church**

The Evangelical Church works in several urban and rural locations. It has two years of experience in using crioulo and manjaco as the base languages in literacy teaching. The Church use already literate people as trainers, who also have a minimum of 4th Class Basic Education. Trainers receive special training in literacy teaching in Bissau before they begin work. Literacy activities are developed in collaboration with JOCUM (Youth with a Mission) and the Philadelphia School in Nhoma. Teaching manuals reflect the reality of those attending the literacy courses.

### **Action for Development (AD)**

This national NGO works with around 40 community groups and Associations. It has started literacy teaching in response to requests from its members, as one way of improving Associations and project management. AD works in the South and in the North of the country where it recruits teachers from the official system. They intend to open a 'circulo' in a Bissau suburb, in collaboration with the Literacy and Adult Education Service of the MEN, working with Sewing Associations.

### **The Diocese of Bissau**

The Catholic Church works in 22 parishes in several regions. It carries out literacy courses linked to sewing groups established by the nuns amongst poor women so that they can learn more effectively. Portuguese is the language taught, supported in some areas by the maternal language (for example Felupe in Sao Domingos). Special attention is given to health, household economics, market-gardening, and social education.

## TINIGUENA

TINIGUENA is a national NGO which specialises in working with Associations to improve the management of local resources. Out of necessity, literacy has become a central part of their activities. They have a total of 115 literacy instructors (60 women and 55 men), and work in collaboration with the Directorate for Literacy and Adult Education Services of the MEN. They work mainly in the south and in the Bijagos Archipelago.

### **The Directorate of Literacy and Adult Education Services**

This Directorate is responsible for the implementation and coordination of literacy and adult education activities in line with the recommendations of the National Plan for Human Development. It is currently being reorganised, and at the moment does not have sufficient human and financial resources to implement a literacy programme of any scale.

### **Regional Directorates of Education**

There is a Literacy and Adult Education Service in each Regional Directorate of Education. This service must coordinate activities to be developed in this field. Meanwhile, these services are still not well established and do not yet have sufficient human and financial resources to carry out their tasks effectively.

### ***National Plan for Human Development***

With support from UNDP and UNESCO, the MEN developed a National Plan for the Development of the education sector in 1992 to comply with its commitments to the World Conference on Education for All. This plan was to be implemented up to the year 2000, and has as its overall strategy an interactive intersectoral approach permitting economies of scale, better horizontal coordination and cooperation, improved efficiency in the use of resources, and community participation.

The National Plan also defines objectives to be achieved by the year 2000, based upon reducing by half the 1992 levels of the main indicators. These include a school enrollment rate of 75 percent, a literacy rate of 69 percent.

To achieve the goals defined in the Plan, women and girls are defined as priority target groups. Modifications in the school system are proposed, such as improving the teaching conditions in each school, improving management and information systems, strengthening teacher training and the training of trainers, more professional technical education, literacy for women, and educational research.



## CHAPTER TWELVE

### CURRENT SITUATION - WATER AND SANITATION

#### 12.0 RURAL AREAS

##### *Water Resources*

Guinea-Bissau is typically characterised as a country with abundant water resources. There are two large river basins - the Geba and the Corubal - spread into neighbouring countries, while as much as two thirds of the country are regularly flooded at high tide.

The Corubal River has an average annual flow of some 13,000 million cubic metres volume, although this can fall to 11 million cubic metres in the dry season. It is the most important surface water resource, with rapids at Cussiltra preventing salt-water tides from penetrating further inland. Presently its water is used only for irrigation pumped directly from the river, but a proposal exists to build a hydroelectric plant and dam at Saltinho, just above Cussiltra, to generate 18 MW of electricity.

The Geba is more modest in scale, with an average annual volume as it passes Bafata estimated at 800 million cubic metres, and certain stretches can run dry during the dry season. Water volume is currently half of the average, due to the combined impact of less rain and rising volumes extracted for irrigation by a hydro-agricultural project around the Anambé Dam in Senegal. This falling off in the flow could allow the penetration of salt water flood tides further upstream, seriously affecting existing irrigation use of its waters inside Guinea Bissau. A study has been carried out for a smallscale hydro-electric plant of 100KW at Sonaco.

An abundant water table is constantly replenished by these major surface and tidal resources, supplying the water needs of around 90 percent of the population through a variety of traditional and more modern wells and water systems. Underground water systems are also a valuable resource for both irrigation and watering cattle.

To the north of the River Gêba underground water is of good quality, with the exception of locally occurring areas of high iron content and salinity which makes water undrinkable. In general, salinity increases towards the west.

There are many underground aquifers in the centre and west, which incline gradually towards the west. The piezometric levels are close to sea level, and incline only very slightly. In the east, a free aquifer occurs in fractured subsurface formations. The water is generally of good quality, although again locally occurring high iron levels can exceed those established for safe drinking water.

The quaternary aquifer, which is closer to the surface, is vulnerable to being contaminated by pollution and the intrusion of salt water, except in the east which is the recharge area for the aquifer.

Deep aquifers are confined, and enjoy some protection from pollution and the penetration of salt water.

Rural water systems draw mainly upon surface water of low potential which is captured using shallow wells.

In Bissau, city, underground water is captured using traditional wells, tubewells, and modern and traditional forms of water extraction. Surface aquifers are of low potential. The volume of water stored is important, but the weak piezometric slope of the deeper aquifers limits the renewable water resources of these aquifers to 15-40 million cubic metres per year, of which a third comes from the deepest aquifer. It is estimated that some 15 million cubic metres were drawn from underground sources in 1991, a third of which was extracted in the Bissau Autonomous Sector.

### ***Rural Water Supplies***

Carrying fresh water is still a daily chore for women and children across the country, in both rural and urban areas. This practice has serious consequences, especially in rural areas during the dry season, where women can spend up to eight hours every day fetching water. In the south it has been observed that in some tabancas women go out at night and return with their load of water early the following morning.

Fetching water can seriously affect the health of women and children. The energy used represents a considerable burden on women who may already be malnourished and do not have easy access to health services. Poor health also increases their vulnerability to other diseases, and reduces their economic activity. A recent study shows that the energy required to fetch water can represent as much as a third of the caloric intake of the average rural woman.

Spinal problems caused by carrying heavy loads of water are also a serious problem for many women, especially young girls whose bodies are still developing. Spinal deformation during childhood can lead to major complications later in life and during childbirth.

Access to drinking water, accompanied by improvements in sanitation and social hygiene, will not only contribute to better health, but will also bring other economic benefits. Freed from the burden of fetching water, all women - in rural, peri-urban and urban areas - can spend more time on other activities, including attending courses, working on new projects, or simply resting.

In spite of abundant water resources however, rural water coverage is poor. The 1991 regional distribution of rural water points is shown in Table 25 below. There were 1991 water points for a total rural population of 983,300 people, or 494 people per water point. There are wide regional differences however: 154 people per pump in Quinará, for example, compared with 5493 per pump in Biombo. This compares with the 150 people per pump target set by the international community.

**TABLE 25**  
**Regional Distribution and Coverage**  
**of Rural Water Points [1] 1991**

REGION	POPULATION	INSTALLED PUMPS (N)	PEOPLE PER PUMP (N)	PUMPS NEEDED (N) [2]
Biombo	60420	11	5493	392
Cacheu	146980	275	534	705
Oio	156084	160	976	881
Bafata	143367	205	699	751
Gabu	134981	509	265	391
Bolama/ Bijagos	26691	104	256	74
Quinara	44793	290	154	9
Tombali	72441	437	166	46
<b>ALL RURAL AREAS</b>	<b>983,000</b>	<b>1991</b>	<b>494</b>	<b>6059</b>

[1] Refers to new installed wells with hand pumps or equivalent

[2] Based upon a donor established target of 150 people per pump

It is common to find large villages with only one or two water points. For example, in the South, surrounded by large areas of surface water, the village of Mato Farroba has 1350 inhabitants with only two water points; in Carancol (Cacheu), 559 inhabitants have one water point; and in Maquée (Oio) 1047 inhabitants have just two points.

This situation is aggravated further by the fact that many handpump systems installed by the State or by NGOs and other international organisations are damaged and not working. Technical reasons also often determine the location of new handpumps without due concern for the convenience and access of the population. Many new installations are therefore located far from the village.

Climate changes are also adding to the problem of inadequate water supplies. Especially in the North and East, declining rainfall and the impact of up-stream dams in neighbouring countries is having a notable effect on the water table. In many villages in northern Oio, Bafata and Gabu, deep wells which have always had water are drying up during the dry season, with serious implications for water-borne disease and domestic hygiene.

Other problems include sand intrusion into wells, the use of corrodible construction materials which contaminate the water, salinity in some areas due to lower rainfall, and the pollution of the water table by waste products, particularly where human population is denser and sanitation is inadequate.

Considering the number of sources out of operation and those that have been installed a long way from their target population, it is clear that access is both poor and unevenly distributed. If other factors are considered - water sources which do not dry up during the year or are well maintained and clean (internally and around the outside) real, safe coverage is even lower.

The Water and Sanitation Plan estimates that 2732 new water points will be needed by 2001 in order to satisfy the fresh water needs of a rural population of around 955,000 people. Yet Table 26 shows clearly that a far higher number of wells will be needed if the 150 people per pump target set by donors is to be achieved.

Furthermore, a 1991 survey showed that although some 2000 points had been implemented up to that point, the water programmes had failed to establish a secure foundation for longer-term sustainability based upon effective management by local consumers. Thus it is likely that as new wells are installed, older ones will be falling out of service, unless effective new measures are put in place to ensure adequate maintenance.

### ***Rural Sanitation***

The impact of the many drinking water projects in Guinea Bissau is currently being undermined by the lack of policies on the control of waste water and the disposal of human waste. According to UNICEF, 20 percent of the rural population had access to rudimentary forms of sanitation in 1995.

The main reasons for the low coverage rate on sanitation infrastructures, mainly in the rural areas, is related to the following aspects:

- ✓ Weak community mobilization towards hygiene and environmental sanitation.
- ✓ Low investment in sanitation compared to water supply and the lack of establishment of a parallel system to develop both areas concurrently.
- ✓ Lack of a sanitation policy.
- ✓ High cost of sanitation infrastructure.
- ✓ Lack of national capacity for the implementation of low-cost sanitation programmes.

In 1995 the Government, with UNICEF support, began to promote sanitation infrastructure construction technologies, especially low-cost latrines, and encouraged the involvement of the private sector in the production of latrine slabs.

### ***12.1 URBAN AREAS***

The urban population of Bissau is already well over 300,000, distributed in forty-two suburbs (bairros), about one third of the total national population. The high urban growth rate of around 5.5 percent means that demand for clean water and adequate sanitation will increase dramatically. If it is not met, the prospects for disease and premature death amongst urban children and women are stark. The situation is worse considering that most Bairros have inadequate water and sewerage infrastructure, while waste disposal services are limited to the central 'cement city' and rarely cover peri-urban areas.

There are also significant and growing urban concentrations around the main provincial towns, which are even more poorly served by water and sanitation services than Bissau. In the majority of the 41 semi-urban centers of the country there are no sewage or garbage collection systems, except on the main roads, to allow the drainage of rain water. Addressing urban problems specifically must therefore be a central element in any programme to address CRC and CEDAW objectives.

### *Urban Water Supplies*

None of the urban water systems cover more than 50 percent of the surrounding population. Public standpoints and pumps are found in the majority of peri-urban bairros, but offer insufficient coverage. For example, in the Bairro de Reino Gã-Beafada in Bissau, there is just one public standpoint for 7000 people. Most people therefore get their water through hand-dug wells of between 10 and 20 metres, which threatens the water table and puts these wells at risk of pollution by waste products from traditional latrines.

In 1993, 33 of the 41 semi-urban areas in the country had piped water systems. Six of these have a system introduced by the private firm Alma Prakla, consisting of a tubewell and pump, a ground-level tank of 20 m<sup>3</sup> capacity, and a series of standpoints. In the other 27 centres, the systems have raised tanks and water distribution systems, although none are in good working order and most date from the colonial period. New complete systems have been built in Bissorã, Mansoa, and Catio, while in nine other centres the systems have been partially renovated. No work of any kind has been carried out in five centres.

### *Urban Sanitation*

In most peri-urban areas, the lack of piped water systems means that there are no individual or even public waste disposal systems. In Bissau, the underground storm drains constructed in colonial times do not function. In certain peri-urban bairros deep open concrete drains have been built, but these fill up with rubbish and become breeding grounds for mosquitos and other insects with negative health consequences for residents. Many outlying bairros still have no rain water drainage system.

There is still no modern sewerage system for waste disposal. Housing in the centre of the city uses septic tanks, and are sometimes linked to the stormwater system or to small wells. Most dwellings have simple, unventilated tanks. The introduction by UNICEF in 1995 of a new technique to make latrine covers denominated 'sanitary platforms' (SANPLAT) could play an important role in improving future infrastructure for human waste disposal.

The lack of management capacity in authorities responsible for waste disposal is well known, and rubbish is deposited instead in rain water drainage channels. There are still no sites anywhere in the country for the treatment of rubbish and other waste.

In Bissau and other cities, environmental degradation is already very evident. There are many areas where rubbish accumulates for days on end without being moved. The many rain water drains which are open to the sky create conditions for the contamination of water sources and the transmission of disease. The lack of an effective drainage system also causes erosion when existing systems cannot cope with storm water floods.

## **12.2 UNDERLYING PROBLEMS AFFECTING THE SECTOR**

Poor water supplies and sanitation are important underlying causes of the bad health and malnutrition which results in the poor survival and development indicators presented in Part II. Apart from the immediate question of resources (discussed below), the poor state of the water and sanitation sector in turn has its own underlying causes. These include:

- too many types of system (technology and standardisation)
- a consequent use of inappropriate solutions
- inappropriate attitudes and strategies at the official level
- inadequate involvement of communities (using local resources, hygiene education, maintenance)
- lack of donor coordination
- too much concentration of external assistance resources on rural areas

### ***Technology and Standardisation***

There are many different types of water point in the country:

- open traditional wells
- improved dug well with lining and lids
- hand-drilled tubewells
- machine-drilled tubewells
- bucket and rope water extraction
- VLOM hand pumps
- other types of hand pump
- solar-powered pumps
- piped water systems

The 1991 survey showed that of the 2034 water points which were recorded, 835 were improved traditional wells. The 1199 hand pumps also included twelve different types of pump. Standardisation is still a major problem, with 6 types of installation in existence with different costs and designs, and which are all manufactured abroad. The situation reflects the lack of a coherent national programme to-date, and a corresponding lack of coordination and harmonisation on the part of the donors.

Poor standardization creates difficulties at field level, where installations are expensive and maintenance is beyond the reach of the most needy populations. The lack of spares in the local market is a major constraint on the sector.

The continuing importation of water systems and pumps in the current economic climate can also jeopardise the willingness of rural populations to support maintenance costs and the repair of pumps. The standardisation of technology is therefore an urgent necessity. Deciding which types of pump to support should be straight forwarded, as UNDP and the World Bank have already carried out laboratory and field trials of 60 types of hand pump for rural populations in countries like Guinea Bissau. The country should learn from these experiments and other experiences with local manufacture in other countries in the region.

### *Inappropriate Attitudes and Strategies*

Official attitudes and resulting strategies to address the water issue have tended to be out dated in the new economic and political reality. Despite the evolution of policy towards the wider involvement of communities and the private sector (see below) the idea prevails that the State should intervene directly rather than creating an environment in which consumers can define and implement their own solutions using appropriate, available resources.

On the technical side, there is also a continuing bias against considering 'traditional' or alternative approaches to the water supply problem. Thus both real coverage is underestimated (by thinking only in terms of the availability of new modern systems) and State-sponsored technical solutions are often inappropriate or too expensive.

Clearly in certain circumstances where there is a large local population, access to a modern well with a good hand pump or more complex water system attached is the preferred solution. A local authority of some sort may also have to assume responsibility for maintenance. Installing complex systems may not be the best approach in most rural areas however. They are expensive, usually require external technical assistance and imported components, and are difficult to maintain when communities do not actively participate in their planning and installation.

From the data above, trying to achieve CRC water targets following only the modern, 'high-tech' approach is unrealistic in the present economic climate. An alternative strategy should be developed which maximises local participation and ownership of the installed facilities, and which is based upon a flexible approach in which:

- a range of different water sources are acceptable, with the system chosen reflecting prevailing local circumstances and needs
- community and private sector organisations can install water sources (firms, NGOs, and communities using contractors or their own skills)
- the State sets standards for well and water point construction and the quality of water extracted, and ensures that these are met

- all wells and points are planned to meet local needs where possible, and are set within a national technical planning and management framework which seeks to ensure the best use of water on a sustainable basis

Most of the population get their water from traditional hand-dug wells. These are often dug to a high standard using established local skills and materials. Local people also find and install adequate covers and surrounds to ensure the well area is clean and prevent detritus from falling in and contaminating the water. These wells should not be excluded from the coverage figures just because they do not conform to modern technical standards, and indeed it is well within the capacity of most villages to construct and upgrade traditional wells to an appropriate standard established by the State.

In this context, the State becomes more of a regulator, establishing standards and quality, and ensuring the resources are being rationally used. The State should also ensure that new wells should only be planned and drilled after the local hydrogeological and geophysical conditions have been established.

### *Community Participation*

In the past, the main objective of water authorities was to install the largest number possible of water sources for the rural and peri-urban population. The GOGB not only constructed the infrastructure to supply the water, but also assumed all responsibility for the ensuring that they functioned well afterwards. Few projects considered the participation of the beneficiaries.

Community participation was disorganized and maintenance was guaranteed by the projects which, once they finished, passed on their responsibilities in this areas to the Government. Budgetary problems and low operational capacity have meant that the State simply could not meet its obligations, with the result that most new systems cease working when even minor maintenance problems arise.

With the growing scale of all types of infrastructure and an ever tighter budgetary and human resource situation, it is now recognised that the State cannot alone assume responsibility for either installation or maintenance. The GOGB decided as long ago as 1987 at the outset of the SAP to create programmes to transfer maintenance of pumps and wells to the beneficiaries. A key component of this approach is educating the local population, and bringing them into the water programmes.

This transfer of responsibility has however proved difficult and complex, for the following reasons:

- beneficiary populations need to be prepared, especially from the organisational standpoint, to assume full responsibility
- transferring responsibility depends upon the financial capacity of the beneficiaries to support maintenance and other running costs



In many cases, the technical teams installing water sources were seeing their role as strictly technical and were not sufficiently motivated and had no training in this type of social communication work. Thus only in areas where there has been strong NGO support for this approach (for example amongst Dutch supported projects in Gabu province), do effective local management committees function.

The financial conditions which have to met by local people who want new wells in their villages should not be set unrealistically taking into account their actual resources and capacity. NGOs have long felt however that local communities do have the resources to invest in and support local water sources. The issue is one of stimulating a sense of ownership over the well, and ensuring that the community has an effective management organisation supported by and accountable to all residents who in turn will demand good management by their Water Committee, especially if they are paying something.

Recent studies have in fact confirmed that rural people can support the financial costs of maintaining pumps in their villages, although difficulties can arise. In one Balanta village for example, residents were reluctant to pay, because they were dissatisfied with the location of the pump. A Fula village, by comparison, was happy to pay, but the installation was of a technical level which pushed the costs beyond the reach of the local community.

Nonetheless, findings show that only 7 percent of those interviewed (of both sexes) could not pay something towards the cost of water. Moreover, in many villages existing social support practices can cover the costs of these individuals or households. Problems such as those above should be resolved by effective community participation not only in cost recovery, but also during the design and planning phase of the well installation project.

A "Community Education and Training Department" was established to promote and accompany the transfer of financial and management responsibility to community level, both in rural and urban areas. Its specific mandate is to:

- support the formulation and implementation of information and education campaigns about the new system and its maintenance
- stimulate and apply community participation strategies in Water and Sanitation programmes and projects
- investigate and experiment with strategies to raise the awareness of the population about 'water-and-health', with the objective of changing hygiene habits.

Despite the official concern with community participation in water source installation and management, the level of involvement is in practice highly variable. External support through NGO and other projects is still a major factor determining its success. Yet considerable progress has been made. A 1994 study of 46 villages with hand pumps revealed that:

- the majority of Committees do an effective management and maintenance job, and in some village local committees have contributed significantly to the overall organisational task

- around half of Water Committees, which in principle should consist of several members selected by the community, including women, had 3-4 members, and just over a third of committees had just 1-2 members
- fifty-three percent of committee members are women, of whom 20 percent occupy a leadership role in the committee. Most of these women do not have other community responsibilities.

These conclusions and the success of NGO community management projects point to the need to strengthen and expand this approach in all areas of the country. Use of local resources cuts costs, and finding the best technical solution with community participation at the planning stage will ensure 'ownership' of the resource at local level and promote local management.

### ***Donor Issues***

Poor coordination of donor inputs is a common problem across all sectors. The water and sanitation sector has been particularly affected due to the problem of local level management and maintenance of installed resources which have been supplied by a range of donors using different equipment and applying different philosophies regarding community participation. Pump standardisation is a key issue in this context, if the availability of spares is to be addressed and communities are to be able to access and pay for spares on their own account.

Donor coordination also requires a clear national programme to respond to. Once national leadership emerges, effective donor coordination becomes far easier. It is to be hoped that new national policy initiatives will provide such a 'programme approach' framework within which donor inputs can be specified according to nationally-defined criteria, and better coordinated.

### ***11.3 NATIONAL POLICY***

Post-Independence political objectives for the water and sanitation sector included the provision of an effective and safe water supply for all Guineans. Priority was given to rural areas where 3/4 of the population lived. The ideology of the day, together with the abundance of external assistance resources, also meant that the State adopted a policy of providing water, along with all other social services, at no cost to the end user.

This policy lasted until 1986. The GOGB later adopted a new policy for the sector and in 1992 formally adopted the new Master Plan for Water and Sanitation. A new Technical Committee for Water was formed, as well as an International Committee. New measures for the sector include the following:

- the State, through the General Directorate for Water Resources (currently the General Directorate for Natural Resources), will look after the planning, funding, management and supervision of projects
- the State will undertake to construct water systems and transfer these to local communities, through a contract signed with local communities

- the construction of water supply systems will be contracted out by the State to specialised public, private or joint-venture firms, with market conditions determining quality, price and contract completion times
- rights and obligations of communities with respect to installed systems will be established
- given the current state of the country, and the economic opportunities open to rural people, the initial phase of cost recovery should include only the management and basic maintenance costs of the new installations

Since December 1994, the Government has shown its interest towards the implementation of this policy through the following activities:

- ✓ Intensification of water supply activities to the populations (rural, semi-urban and urban) and sanitation facilities in the schools.
- ✓ Establishment of a social action fund in order to benefit the most vulnerable sectors of the population.
- ✓ Implementation of the policy and strategy for the integration of women in development.
- ✓ Elaboration and implementation of a Master Plan for Women in Development.

#### **11.4 RESOURCES**

During the period 1977-1990, the water sector received US\$ 44 million (US\$ 50 per inhabitant) from different donor sources. Approximately 70 percent of this funding was spent on rural water projects, where most of the population live. The construction of sanitation installations was not a high priority.

The investment programme approved in the context of the Master Plan for the period 1992-2001 consists of 50 project proposals of a total value of US\$ 74.5 million, distributed in the following way:

TABLE 26

## Investment in the Water and Sanitation Sector

RURAL AREAS	
Drinking water systems	US\$ 30,8 million
Drinking water for cattle	US\$ 0.1 million
Rural sanitation	US\$ 7.3 million
URBAN AREAS	
Urban water supplies	US\$ 15.3 million
Peri-urban water supplies	US\$ 5.9 million
Urban sanitation	US\$ 8.5 million
WATER RESOURCES AND INSTITUTIONAL SUPPORT	
Underground water	US\$ 2.4 million
Surface water	US\$ 1.9 million
Institutional support	US\$ 2.4 million

Source: *GOGB Water Master Plan, 1992*

### *Present Funding of the Sector*

In the last five years, there has been a significant reduction in donor investment in the sector, due to the suspension of the SAP. After the satisfactory performance of the Programme from 1991-1994, and after the successful first multiparty election, the level of donor investment, particularly from UNDP, UNICEF, the EU, France, the Netherlands and Japan began to rise once more.

The contribution of the State to the sector is still very low, at 5-10 percent of donor funding. Moreover, as in the other sectors, most State funding goes on salaries.

### *UNICEF and the Water and Sanitation Sector*

UNICEF is a major partner of the GOGB in the development of the water and sanitation sector. Together, they seek to ensure universal access to water and sanitation infrastructure, especially for the poorest groups in society. The strategies adopted by UNICEF are listed below:

- ✧ expand cost-effective services and types of system
- ✧ ensure gender equality in service access and use
- ✧ improve the interaction between different actors in the sector
- ✧ improve intersectoral collaboration and coordination

- promote community participation
- expand partnership

In addition to support to Hygiene Education, UNICEF contributes to a project training well diggers, in São Domingos, Cacheu Region. The agency now intends to help the GOGB make the most use of new installations constructed for the National Water Engineering Centre during the fourth phase of a DANIDA funded project.

UNICEF interventions with DANIDA funding have passed through different phases. The objective of the third phase was to construct 100 water sources in the region. This objective was achieved by the end of 1989, bringing the total number of sources installed to 220, benefitting 22,000 people.

Cacheu Region was selected due its low rate of rainfall, and the low coverage for clean drinking water. The basic strategy of the project is to simultaneously develop the technicians capacity, while providing new water sources to the population.

An evaluation in 1988 recommended that the project be extended until 1990-93, with a fourth phase still underway. The project is set to continue the training of well diggers, and oversee the conversion of the Centre into a National Training Centre. The newly reformed Centre will include wider aspects of rural development, such as systems of production, agricultural calendars, and the central role of women in agriculture and the domestic economy. This knowledge is expected to help those trained in the Centre towards a greater understanding of both the benefits to be gained by women, and the best ways in which they can be encouraged to take part in the management and maintenance of installed wells and other facilities.

CHAPTER THIRTEEN

*CURRENT SITUATION - SOCIAL COMMUNICATION AND INFORMATION*

**13.0 INTRODUCTION**

Effective social communication and information services are an essential element of any programme focussing on social objectives. Unfortunately, in Guinea Bissau the social communication sector is poorly developed, fragmented, and under-resourced. It has been weakened by many years of State monopoly of the media and information. Built upon a "top down" approach to message dissemination, the sector is ill-equipped to marshal the appropriate resources and skills to respond to new challenges and opportunities.

These opportunities are now opening up on an unprecedented scale. The political changes and freedom of expression, together with the new focus on participatory development, mean that social communication is both more important than ever. Yet the way in which the task should be handled has also changed profoundly, with much more attention being given to respecting local traditions and using local media and cultural idioms.

On the information side, a new dimension has been added. The media must now inform a population which has the right to know about what is happening, and the right to criticize the State and others who wish to serve community interests. A two-way flow of information is essential, to inform policy makers, provide feedback, and ensure that development initiatives meet local as well as national needs.

In this context the communications and information sector faces an exciting future, but one which first demands a thorough overhaul of past practices and a new plan of action for the future.

**13.1 MODERN SOCIAL COMMUNICATION SERVICES**

*Guinean Media*

After independence in 1974 and following the single party system adopted by PAIGC, the mass media was controlled by the government.

Changes in the social communication sector that have occurred during the democratic process include the creation of private radio stations and newspapers. The first press law was approved in 1991. This was an important step in the history of the Guinean social communication due to its acceptance of a free press and the possibility of pluralism. At present, private and public press co-exist. Each one plays its role in the present democratic context.

## *Public Sector*

### **RDN (Rádiodifusão Nacional)**

RDN is undoubtedly the most important state social communication organisation. Created in 1974, after the independence of Guinea-Bissau, the RDN covers the whole national territory and relies on a regional broadcasting network. Lack of electricity, results in poor reception of its programmes especially in the Eastern Region (Bafatá and Gabú).

RDN broadcasts 18 hours a day in FM and AM waves. Besides its general information service in Portuguese and Crioulo, it also serves the rural areas through its information services in several ethnic languages.

### **RTGB (Rádio-Televisão da Guiné-Bissau)**

The national television, created in 1989 and financed mainly by the Portuguese Government, is on the air seven hours daily on weekdays and longer on weekends and holidays. The service is relatively regular with occasional technical problems and strikes.

RTGB does not cover the whole country. This is due to electricity supply problems in the major interior cities and to the lack of community networks. Due to the weak capacity to produce national programmes, it broadcasts mainly about 80% of foreign programmes.

### **Jornal Nô Pintcha**

This was set up in 1975 and is the major weekly newspaper. Sometimes production stops for long periods due to the lack of production materials (paper, etc.). This 12 page newspaper has a circulation of 2,000. In spite of the weak distribution network, Nô Pintcha reaches the main cities in the country.

### **Constraints**

The problem which is common to these three public means of communication is the huge number of workers that far exceed the needs. In addition, the majority of these workers are political appointees rather than hired for their professional expertise, resulting in a weak technical structure and low outputs. They all also lack materials and equipment for adequate functioning. The RDN complains about the lack of typewriters, tape recorders, tapes and the need to reorganize and maintain its tape library. The main problem previously faced by Nô Pintcha was the lack of paper, films, etc. However, these problems decreased after it merged with the National Press of the government. The complaints now are about the lack of transportation. The salaries of the RDN, RTGB and Nô Pintcha staff are paid according to the public service scale, in other words, the professional staff are paid less than their colleagues in the private sector.

**Private/Community or Associative Sector****Rádio Galáxia de Pindjiguiti (RGP)**

This is the first local private radio station in the country. It operates from Bissau at Bairro da Ajuda since March 1995 in FM (95 MHz) with 300 watts power. It covers 60 Km but because Guinea-Bissau is so flat, RGP is heard almost everywhere in the country, especially at night time.

It broadcasts 17 hours daily, from 07:00 to 24:00, 81% of its programmes are dedicated to music, information and culture, 9% to commercial publicity and 11% to miscellaneous subjects. It has a news programme of about 30 minutes in Crioulo at 13:00 and four news programmes of about 20 minutes/each in Portuguese at 8:00, 14:00, 22:00 and 23:00. It also has several information programmes.

Although no studies have been done, it is generally accepted that Rádio Pindjiguiti presently has the biggest audience. The explanation is related to the fact that it is independent from Government and to the programmes it broadcasts, in which major national issues are discussed.

Rádio Pindjiguiti is the initiative of a journalist ( José Rodrigues Santy), former Chief Editor of RDN, who works with other Guinean professionals.

**Rádio Bombolom FM**

This is another local private radio station. It operates in Bissau at Bairro da Hafia (near the airport) and was set up in December 1995. It broadcasts in FM (104.6 MHz) with 500 watts power. Similarly to Rádio Pindjiguiti, Rádio Bombolom FM is also heard all over the country, especially at night time. Bombolom FM broadcasts 16 hours daily from 8:00 to 24:00. 80% of its programmes are dedicated to information, culture and music. It has hourly news flashes with two main ones and also information programmes. The remaining 20% is dedicated to debates and sports. Rádio Bombolom FM is growing and everyday it plays a more significant role in the national information scenario. It was created by a journalist (Agnello Regalla), former Secretary of State for Information.

**Rádio Mavegro**

This is a local private radio station. It was created by a Dutch business man, Jan Van Maanen, who owns the "Mavegro" enterprises. In collaboration with his workers he decided to go into the social communication sector. The real profile of Rádio Mavegro is yet to be defined, but is especially appreciated by diplomats and foreigners due to its varied music style. It has been operating since January 1996 and broadcasts at night in the weekends. Rádio Mavegro broadcasts in FM (100 MHz).

**Community or rural radio stations**

In 1996 there was an increase in the number of community or rural radio stations. There are now 4 radio stations, three of them belonging to AD (Acção para o Desenvolvimento), a national NGO working in rural areas.



AD's radio stations are:

- ✓ Rádio Kelelé, in Bissau, is a radio station aimed specifically at Bairro de Kelelé.
- ✓ Rádio Kassumai (FM), in São Domingos, serves the agricultural sectors of the Northern border with Senegal.
- ✓ Rádio Lamparam is in the South of the country and supports AD's project in Iemberém.
- ✓ The fourth community radio station is placed in Bubaque in the Bijagós Islands. It was created by the Environment House of Bubaque. Its objective is to "give a voice" to the people of the islands.

### **Private Newspapers**

Until September 1996, the only regular private newspaper was the "Voice of Bissau" (Voz de Bissau). This newspaper is owned by Mr. Amarildo Biojó, a specialist in graphic arts. There are other private newspapers as Banobero and Wandam but production has been very irregular. In terms of publication, there are also many "propaganda" newspapers. Almost all the political parties, religious groups, and major NGOs have their own broadsheets.

### **Constraints**

The lack of a publicity market is the main constraint of the national private press. All private newspapers and radio stations face serious financial problems.

For example, recently, Rádio Bombolom was paralysed for three weeks due to a technical problem and had no capital to resolve it. Newspapers come out irregularly due to the lack of materials or due to debts printers.

Until it is understood that the private radio stations and newspapers are providing social services, they will continue to face serious problems.

## **13.2 TRADITIONAL SOCIAL COMMUNICATION**

There are a number of traditional social mobilization systems in the country. In the absence of roads and modern social communication channels, the use of "bombolom" drums is of particular importance especially in rural area and along the coast where the Felupes, Bijagós, Manjacos, Mancanhas use it as a communication channel between villages.

The Fulas and Mandingas mostly use word of mouth. The "djidius" or ambulant musicians are the "communicators" of social mobilization by transmitting the messages between populations.

The "jambacus" of the societies with traditional religions and the "mouros" in the Islamic societies also play an important role.

CHAPTER FOURTEEN

*THE GROWTH OF CIVIL SOCIETY: NGOs IN GUINEA BISSAU*

**14.0 INTRODUCTION**

One of the major underlying causes of poor progress towards CRC and CEDAW objectives has been the lack of involvement of the people of Guinea Bissau in the planning and implementation of their own development agenda. The political and socio-economic culture creating this problem is very deep, rooted not only in the colonial past, but also in strong African traditions of centralised power structures and the twenty-year post-Colonial experiment with Marxist-Leninist forms of Government and top-down social policy.

The most encouraging development since 1990 must therefore be the political change which has occurred. Democratisation is not an easy process, but the first fundamental steps have been taken. Freedom of the press, the freedom to create new parties and to form new entities with aims which explicitly contradict official policy or programmes are essential conditions for the emergence of community-based efforts to find local solutions to local problems.

The withdrawal of the State from direct intervention in many areas of national life, linked to the SAP process, has at the same time opened up new and fertile ground for a truly 'national' programme of human development.

The last few years have therefore seen the emergence of a hitherto repressed and fundamentally disorganised 'civil society' onto the national stage. The most apparent expression of this movement has been the sudden appearance of a wide range of national NGOs and other community-based movements.

There is in fact a long post-colonial history of promoting local involvement through the creation of Associations of producers (often based around groups of rural women) which have sought to diversify local production and act as a channel for resources down to local level (training, seeds, credit etc). While many of these have been successful, the approach has tended to be paternalistic, top down, and not very sustainable once the supporting project has ended.

Many of these early experiences have however created a strong foundation in many areas for community organisation and participation in local development issues. Many new NGOs are also evolved forms of the earlier projects which initiate the Association movement, and are simply stepping in where many of the older projects left off.

In spite of its new coat therefore, the NGO movement has some depth to it, and many of its members have substantial experience in rural and community development issues. Nevertheless the current situation is different insofar as there is now a variety of options open to communities and NGOs, and more importantly, resources no longer have to come through state channels or state-sponsored

programmes. This presents new opportunities to communities and NGOs alike, to develop new approaches and promote CRC and CEDAW objectives in ways that are most appropriate in each local context.

Today, in spite of its small size and population, Guinea Bissau has more than 130 NGOs (about 50 national and 82 international). The virtues of these non-governmental organizations are increasingly appreciated by donors and the international organizations. UNICEF is aware that the success of its programmes depends more and more on its collaboration with NGOs.

The position of the NGOs at the grassroots level give them the potential to play the important role of implementing UNICEF activities through a more participatory and more sensitive method. Not all NGOs have these qualities however, and one of the most difficult tasks is to identify those that can usefully work with UNICEF in the future.

#### *14.1 BACKGROUND TO NGOS IN GUINEA BISSAU*

##### *SOLIDAMI*

The modern NGO movement in Guinea Bissau goes back to the mid-1980s when the GOGB created an organization - SOLIDAMI - to coordinate international NGOS and act as the official agency for promoting cooperation between these bodies, donors, and the Government.

SOLIDAMI still falls formally under the Secretary of State of Planning and International Cooperation. It is therefore a government institution, albeit one which exists and functions in the interests of civil society and its development. It has pursued this task through organising conferences, maintaining a database on NGO activities, and acting as an intermediary between different NGOs, donors, and the State. Increasingly it has also become a vehicle for donor funding targeted on community development and the NGO sector, and has a limited survey and technical support capacity.

In 1985 SOLIDAMI organized the first National Conference of NGOs to make an inventory of the actions implemented by NGOs in Guinea Bissau and to define its own role for the future. At the time there were no national NGOs, today there are about 50. Its role today has therefore changed fundamentally, to include the important task of supporting and promoting national NGOs, against the backdrop of a policy to promote grassroots initiatives and assist small producers and micro-projects.

From 1990 to 1995 SOLIDAMI received the support of the European Union, Oxfam USA and from Belgium, Novib, Solidarite Socialiste and ICCO. Its present objective is to have a decentralized cooperation structure, and to develop a philosophy and activities which complement government and NGO initiatives to develop democracy through the participation of the population.

SOLIDAMI works in close partnership with national and international NGOs, the government, the national private institutions and international and foreign organizations. It is now financed only by Novib and ICCO (and Oxfam Belgium), with a staff of 17 (5 in training, 4 in information and social communications and documentation, 2 in finance, 2 general secretariat and 4 drivers).

As the society has changed in recent years, the relationship of SOLIDAMI with the GOGB and other NGOs has also changed. The report of the second NGO Conference in 1994 asserted that the Government has never imposed its vision in relation to the development strategy, and that it has never placed any limitation on the relationship between SOLIDAMI, the NGOs and the local associations. Nevertheless, many identify SOLIDAMI with the Government, and seek a more independent path to pursue their community development objectives or secure funding directly with external agencies.

Indeed SOLIDAMI is no longer organizing meetings with NGOs and does not participate in activities organized by other NGOs to coordinate their actions. Funds for NGOs which it allocates are not utilized. The organisation must now find a new identity and develop a new programme. To this end it has prepared a new 3-part plan of action:

- a short term plan 1996-97 to consolidate SOLIDAMI itself, implement a national credit program for development, reorganize and restructure the library and update its data base
- a medium term plan 1996-98 to establish a new office (with EU support), secure new equipment, support of a community production centre and develop a country strategy plan
- a long term plan 1997-2000 of conferences to evaluate participatory development, capacity building and a study of SOLIDAMI in perspective.

While it has EU support for part of this programme, some donors are reluctant to fund the change of direction which is implicit in it, and would prefer to see SOLIDAMI retain its traditional bridging role between the sector and the State. Meanwhile, other NGOs themselves are emerging to challenge the authority of SOLIDAMI to represent and lead the sector.

### *The Current Situation*

Action for Development, a national NGO, recently published an article on the capacities of national NGOs in Guinea Bissau. This article shows that only 18 of the 50 NGOs registered at SOLIDAMI have significant field activities in progress, and have their own headquarter and professional staff. Amongst these more active national NGOs, 2 groups are identified:

- 9 NGOs with a reasonable intervention capacity, good organizational structure, permanent staff and funding stability
- 9 NGOs still not completely established, which do not implement regular activities and where staff do not work on a permanent basis.

These 18 NGOs focus on rural development, health, civil rights and education. Only 2 are working in urban development, mainly in Bissau, representing a major gap in a country where the urban population is growing at 6 percent a year and now represents 30% of the total population.

Most NGO's have their headquarter in Bissau. Geographically the northern part of Guinea Bissau and the islands are not well covered by NGO activities, while those in the eastern zone are weaker.

The majority of the professional staff working for NGOs have experience in the technical department of the different ministries. While the NGOs are gaining from the experience of these people, State services are losing key personnel and are considerably weakened. Many of these staff were in key positions in their sector or were the most dynamic and experienced individuals. They have a vision of what is needed, and have good organisational skills.

All donors and NGOs themselves must be sensitive to this problem, while at the same time keeping in mind their objectives: to promote CRC and CEDAW goals, and ensure that Government departments are reformed so that both the NGO sector and the State services can attract and retain good staff.

In this context it must be recognised that not one national NGOs is self-financed and cannot generate resources internally. They are even more dependent upon donors than the State, and this is their main weakness. Not only are they unable to plan activities in advance, but they are also obliged to focus upon activities and sectors chosen by the donors, raising questions about the real motives of donor support for these new 'partner' agencies.

#### 14.2 UNICEF STUDY ON NGOs

UNICEF prepared a questionnaire to identify possible partners for the future and at the same time to establish the potential of NGOs with which UNICEF is already working. In collaboration with SOLIDAMI, a group of NGOs was selected on the base of the following principles:

- those working in WES, Health, WID, Info/Comm or Education
- those with compatible objectives and principles with UNICEF
- presence in the field
- institutional stability
- clear budget / transparency
- good relationship with the government
- cost-efficiency
- possess technical and manpower capacity to implement projects
- a monitoring and reporting capacity established
- a sound system for managing the budget and settling accounts
- having on-going activities
- the "life-expectancy" of these NGOs (mainly related to the kind of financial and human resources available)

The NGOs were also evaluated on gender issues, using simple indicators like the number of female staff - in particular at high level- and the existence of trained staff on gender issues and a gender focal point, or the involvement of women in the planning process of their development.

Twelve NGOs were selected as potential partners. Of these, 8 are national NGOs (detailed below), and 4 are internationals (CECI, Plan International, Radda Barnen and SNV).

### **AD - Acção para o Desenvolvimento**

AD is a national NGO functioning since 1991 with the objective of supporting the most disadvantaged population groups. Its 41 staff (31 men and 10 women) focus their activities on health, WID, agriculture and credit. The target group is mainly children, women and youth. It works with wide range of national institutions and donors, including UNICEF.

AD does not cover all of Guinea Bissau, but has activities concentrated in the regions of Bissau (Quelele), Cacheu (Sao Domingos) and Tombali (Cubucare).

AD currently has 10 main projects: 7 in rural development, 3 in urban development in Bissau concerning children and the environment, and a health center. In rural areas AD is working mainly on food production by supporting local women's associations, reflecting the past involvement of its Director and founder in the early Association movement through the Ministry of Rural Development and Agriculture.

AD is well known in Guinea Bissau and possesses good field knowledge and experience, and qualified staff (although they complain of difficulties with recycling their staff). AD identifies its major weaknesses as institutional support, insufficient transport facilities, and cramped office space.

AD works in the field of women in development but considers that the policy on gender issues is merely a fashion. Their approach is to work within the family, supporting the development of all members as a function of their interests and priorities. All AD supported groups and associations at village level are for women. This is not the result of a declared policy, but reflects the dynamic of the communities and the interest of rural women which is evident in many areas of Guinea Bissau. They assess that a too heavy workload is the most important problem affecting women, and focus support on appropriate technology such as milling machines and oil presses to reduce women's domestic workload and give them a chance to dedicate themselves to other activities.

### **ADPP - Ajuda de Desenvolvimento de Povo para Povo**

ADPP has been working for the social and economic development of Guinea Bissau, from 1981 as an international NGO and from 1990 as a national. ADPP concentrates its activities in Bissau and in the region of Oio (sectors of Bissora and Mansoa), working on WID, education, WES, family planning and trading of second clothes and agriculture. Children, women and young people are the target groups.

In 1986 ADPP started a project of second hand clothes trading in Bissau and Gabú which co-finances other projects. Since 1987 ADPP has had a large cashew pilot and demonstration project in Bissora and Mansoa. They now also run a project to support children through an integrated project of health, sanitation, nutrition and education which involves 1160 families (about 6000 people). Last year a

vocational training school was built in Bissora for 40 students of 6th Class level. Courses are in agriculture (20 students), construction (10 students) and business administration (10 students). The objective is to enroll 20 girls (50% of the students).

ADPP has a staff of 20 men and 8 women in its main office, while another 130 people work regularly in the field. It works with the MEN, Public Health, and Territorial Administration, as well as with DANIDA and more recently with UNICEF.

ADPP is strong financially. Only US\$12 000 of the total budget of US\$362 000 come from external funds (US\$2 000 from UNDP and US\$10 000 from the German Embassy). In Bissora they have four cars. Another strength of ADPP is the high quality of its staff, reinforced by a training programme and 15 years of field experience.

ADPP staff receive training on gender issues and encourage the participation of women in their projects. The domination of men and underdevelopment is seen as a major problem facing women in Guinea Bissau. Their strategy is to work with women, helping them to organize. ADPP is planning to involve women in the production of cashew nuts.

### **AGUIBEF - Associação Guineense para o Bem Estar Familiar**

The "Guinean Association for the family welfare" (AGUIBEF) is a Guinean NGO founded in 1987. Its activities, linked with WID, health, education, advocacy and credit started in 1988. Its objectives are to:

- IEC activities in reproductive health and provide services in clinics
- promote the integration of the family planning activities in the basic health centers as well as in the integrated program of social and economic development
- evaluate the extent of sterility amongst couples and support activities to counter the problem

The target groups are women, men, adolescents and youth. AGUIBEF is working in Bissau and in all the sectors of Cacheu, Gabu and Tombali. In Bissau AGUIBEF is educating young people on what they call "family life education", or sexual education and family planning. It has clinic services and has created an atelier of tailors. In all regions, its animators, trained at central and local level, develop activities on family planning.

AGUIBEF is supported by volunteers (2 men and 15 women) and is led by 1 man and 2 women. It has 2 equipped offices, 2 vehicles in running condition, and two clinics. In 1995 AGUIBEF received financial resources from IPPF (about 55 000 USD + 8000 USD in materials) and from UNFPA/OIKOS (about 16 000 USD). They have close relationships with other NGO partners like (ANDES, CIOJ, AIFA, SNV and ALTERNAG), the Government (Ministry of Health, Ministry of Social Affairs and Women Promotion), donors (IPPF and UNFPA) and Swissaid, SOLIDAMI and OIKOS. Despite its already expanded network of partners, AGUIBEF is still interested in collaborating with other institutions which are working in the same area.

The Government and other institutions recognize AGUIBEF as a sound partner for the implementation of their programs. It has a national policy programme of family planning which is discussed and reviewed with its partners.

Financial problems create dependency upon external funding which is not always certain. AGUIBEF has not yet organized a system to monitor and evaluate the impact of their activities, although they are already providing statistics on the use of contraceptives in the regions where they are working.

Their goals for the next decade is to increase the efficacy of and expand their activities to the most remote areas of the country, focusing on women and men in reproductive age.

AGUIBEF is a gender sensitive organization in which both men and women are receiving training on gender issues and work for an harmonious development of women and men.

### **ALTERNAG - Associação Guineense de Estudos e Alternativas**

The general objective of ALTERNAG, a national NGO created in 1991, is to develop public opinion through activities of advocacy, education and women in development. Their target group is the population in general with particular attention to children women and children in difficult circumstances.

ALTERNAG has 117 members and 10 staff members (8 men and 2 women). This good human resources base is supported by internal financial resources (through member quotas, fundraising activities, and services and consultancy, and publications) and external funding (about 235 000 USD in 1995). UNICEF supported ALTERNAG in 1995 with about 3000 USD.

Their activities are implemented and planned with the Ministry of Education and with different NGOs (Tiniguena, AD, AMIC, AGUIBEF, CIOJ and SNV), donors (Holland, CIDAC, OXFAM USA, OIKOS, UNICEF) and others (UFAS). ALTERNAG is interested in working more with UNICEF and Plan International as new partners.

In collaboration with the Ministry of Education, ALTERNAG has built and equipped schools in villages with toilets and water facilities. It works closely with traditional local leaders, regional leaders and chiefs of the villages.

ALTERNAG also conducts studies on training and education needs at national level in collaboration with grassroots organizations. Target groups are women, teachers and children. Past interventions are also evaluated. The studies are implemented through three commissions which are later responsible for the training, curriculum and education programmes and for didactic material: children's education, community development, and children's and women's rights and gender issues. ALTERNAG and AMIC are also finalizing a study about working children in Bissau.



ALTERNAG uses all forms of communication and information ( radio, animators, debates, conferences and articles in local newspapers) to promote education in Guinea Bissau. Its organizational capacity, the motivation of its staff and the material and human resources available, make this NGO one of the most credible Guinean organizations. In the future ALTERNAG aims to consolidate the activities already initiated in the area of education and human rights and to support grassroots associations.

Its gender policy is concentrated mainly in the area of education and clothes production. ALTERNAG is one of the few NGOs which declare that the women will be the beneficiaries of the project in the planning process. Illiteracy and low access to services are identified as the main problems affecting women. To resolve them, ALTERNAG is focusing on community schools, training of the teachers and support to associations for the management and organization of the resources.

### **AMIC - Associação Amigos das Criança**

The defense and the promotion of children's rights is the objective of AMIC, a national NGO which started its activities as an association in 1984 and 9 years later became a NGO. AMIC is one of the few NGOs which is present in all the regions of Guinea Bissau due to the support of more than 3000 members and 111 permanent volunteers who work in the following areas: WID, health, education, WES, advocacy, family planning and community development.

The AMIC philosophy is that the community are responsible and interested in their own development; for this reason action must be from the bottom up. Its role is to support grassroots organizations in finding solutions and in carrying out activities, paying particular attention to the environment and to social reality.

The target group of AMIC (children, CDC, women) and its general goals are similar to UNICEF goals and for this reason AMIC is potentially UNICEF's main NGO counterpart. In 1996 UNICEF selected AMIC for the education and WES programmes for project implementation.

AMIC has a management group of 3 men and 2 women (1 is the president of the NGO) supported by 63 national volunteers (40 men and 23 women) distributed in the 9 regions. It also has one Canadian consultant volunteer. Their 1995 budget was about 137.000 USD, supported by SNV, Radda Barnen and UNICEF. AMIC members fund it internally through the payment of a quota.

Ongoing activities for 1996 include support to a Mother's Associations, building kindergartens, Social Centres, activities for working children, theatre groups, dissemination of the CRC and social mobilization, and support for sport, culture and recreation.

The presence of volunteers all over the regions, their in-service training, staff motivation, the visibility of their interventions (for example the community meeting places for discussions and training) and their integrity are the main qualities of AMIC. On the other side, their dependency on external funds which are mainly short term raises questions about institutional stability.

AMIC is already working with several NGOs such as ALTERNAG, Radda Barnen, LGDH, and the Ministries of Education and Women's Promotion. AMIC receives funds from OIKOS, UNICEF, the Embassy of Taiwan and the private sector. AMIC also receives technical support from CECI. It is looking for closer collaboration with UNICEF.

AMIC does not have a gender focal point but all its staff are trained on gender issues through SOLIDAMI. AMIC works for women's empowerment and considers gender equality in staff recruitment.

### **CIOJ - Centro de Informação e Orientação Jurídica**

CIOJ is a national NGO created in October 1993 by 5 people working in the legal area and 4 in "WID". CIOJ started its activities in December 1994 thanks to the support of Canadian Cooperation, and is already quite well known in Guinea Bissau. Its objectives are:

- inform and advise the citizens about their rights
- facilitate fulfillment of rights
- inform the public about the international Conventions
- educate the population on children's and women's rights
- promote national debates about women's rights

CIOJ use debates, radio programmes, brochures, and meetings with the population to reach these objectives. It has an office in the capital where it is developing the majority of the activities for the protection and development of women, youth and children. CIOJ is also operating in Oio and Cacheu. During 1995 the main activities implemented were:

- animators training to help CIOJ to work with women's associations
- a survey study in 4 "bairros" of Bissau to identify women's main problems.

CIOJ has a radio programme to discuss the main problems of the Guinean society. CIOJ is also the reference point for many people who want to be helped to solve their legal problems. The main problem met by CIOJ is the fact that few women use the legal information centre (Centro Informacao Juridica). Changing behaviour towards women and the dissemination of women's rights are two main objectives for the next decade.

CIOJ has one staff member which has been trained on gender issues and the CEDAW is the basic tool for staff. CIOJ has produced some brochures on gender issues, and promotes the equality of women and men. At present various associations of women are supported by CIOJ.

CIOJ involves the Ministries of Justice and the Ministry of Social Affairs and Women Promotion in almost all their activities and their policy and strategy is in line with the government. CIOJ also works with the Guinean League of Human Rights (LGDH), AMIC, ALTERNAG, AGUIBEF. CIOJ complains about the lack of coordination between NGOs in Guinea Bissau which leads to a duplication of the activities and waste of resources.

CIOJ staff are 4 women and 2 men and a network of about 20 qualified resource people in Bissau. In 1995 it was financed by Canadian Cooperation (about 65000 USD); SNV will fund activities to be implemented in the second half of 1996. This complete dependence on external funds is the main weakness of CIOJ, and no internal solution is yet envisaged.

### **LGDH - Guinean Human Rights League (Liga Guineense dos Direitos Humanos)**

The LGDH is a Guinean NGO founded in 1991 by a group of young professionals concerned with human rights in Guinea Bissau when the death penalty was still legal. The objective of the LGDH is to develop social activities to promote, protect and defend human rights.

The main the sectors of interventions are WID, education and advocacy for human rights with particular attention to children and women. LGDH works all over Guinea Bissau, in all the regions and sectors of the country. It has 7 main activities:

- Education on human rights
- Distribution of didactic material on human rights
- Advocacy at national and international level
- Organization of debates, conferences and meetings on human rights
- Debates with the authorities on human rights

Since 1995 the LGDH has developed programs of civic education, and provides legal assistance in prisons. In 1994 it created a Centre of Legal Support for mothers and children which gives information, assistance and studies women and child rights.

The League has 10 men and 4 women staff, supported by 400 members through the payment of quotas. In 1995 the League was also financed by ASDI, the EU and Radda Barnen to a total of about 125.000 USD.

LGDH works in collaboration with other NGOs (Radda Barnen, AMIC, CIOJ and ALTERNAG) and with the Ministry of Social Affairs and Women Promotion, ASDI and the EU. In addition the LGDH has good relationships with international human rights groups, in particular in Africa, and provides regular information to Amnesty International on the violation of human rights in Guinea Bissau.

These good relationships at national and international level, the good human resources and national coverage are its strengths. Lack of financial resources and few opportunities for staff training are the main weaknesses.

## **Plan International**

Plan International is an international NGO which promotes the rights and the interests of children, the empowerment of families and children, and facilitates communication among people of different cultures to enhance mutual understanding and appreciation. It opened its office in Bissau in 1995 to work in all activities related to development (health, education, WID, advocacy family planning, agriculture and credit). For 1996 Plan International will concentrate its interventions in the region of Bafata, in education. Women and children are its target groups.

It has three general staff and 7 officers (4 men and 3 women) and 24 volunteers working in the field. Plan International already has several partners (NELC and UNICEF) and is collaborating with various Ministries. The flexibility of Plan International and its claim to be a grassroots organization are its strengths. After only 8 months, it has succeeded in affiliating more than 9000 families through the work of its volunteers.

The budget available from July 1996 to July 1997 is \$ 1.200.000, to be allocated according to the territorial distribution of the affiliated families. The staff received recently a training on I&C within the families. Its volunteers are also one of its strengths, collaborating with the population to play a key role in the identification of potential projects and in their implementation.

Future collaboration is envisaged with Volunteer Services Overseas (VSO) and Peace Corps. Plan International is a partner for UNICEF Bissau, with which it has signed a protocol for common actions. The first result of this is the co-funding of MICS (Multiple Indicators Cluster Survey) executed by UNICEF and the Government.

In terms of gender sensitiveness of the organization, Plan International is one of the few NGOs in the country with a gender focal point. All programme officers receive training on gender issues. Gender main streaming (through the GAP - Gender Awareness Program) and the promotion of women staff are the main policies to promote women's development.

## **SNV**

SNV is a Dutch NGO which began its activities in Guinea Bissau in 1980 developing actions for WID, education, WES, advocacy, family planning, agriculture and credit. Its objective is sustainable development through the improvement of the national capacity to control and manage its own process of development. It focuses mainly on children, women and the people in difficult circumstances.

SNV works in 7 regions, in rural development, education and WID. Its staff in Bissau is composed of 3 men and 4 women. SNV is completely financed by the Government of the Netherlands. Its 1995 budget was about 176.000 USD. SNV has also a system of self-funding, through the payment of quotas by its members.

In Bissau SNV has a project for the improvement of the living conditions in the suburbs through building infrastructure and community development. In the rest of the country SNV is mainly supporting community initiatives and the management of natural resources.

The focus of SNV on people's participation is one of its qualities as well as the micro dimension of its interventions and alternative education programmes. In the next decade SNV aims to regionalise its activities, support decentralization at local level and consolidate activities already implemented.

SNV works with the established NGOs and donors including UNICEF. It has a good working relationship with the GOGB, but complains of difficulties in respecting Plans of Action and GOGB weakness in project implementation.

SNV is a gender sensitive organization, coordinating the gender focal points of other organizations, institutions and donors in Bissau. It has a person in charge of gender policy who aims to sensitize the population to gender issues and reduce inequality. Problem of access to services, lack of opportunities and possibilities are identified as the main problems women have in Guinea Bissau.

In the north of Guinea Bissau, SNV is implementing a project to improve the socio-economic conditions of women in seven villages in Biombo. The activities are defined and executed by the local women's groups. Women are involved in the planning process in the 50% of the projects related to WID.

### **Radda Barnen**

Radda Barnen is a Swedish NGO working for the protection and promotion of the children's rights. Its sectors of intervention are WID, health, advocacy and education. In Guinea Bissau Radda Barnen is present in the sector of Bissau, where its activities are concentrated, and in Oio and Cacheu. Children, handicapped children and CNSP are its target groups.

Radda Barnen has a staff of 15 men and 3 women (mainly nationals). The officers are 2 men and one woman. This well established NGO has strengths in human and financial resources and in good coordination with national and international partners. The problem of weak project execution capacity by its partners is identified by Radda Barnen as a major constraint. The 1995 budget was 1500 000 USD, financed completely by the Swedish government.

Radda Barnen has no specific gender policy but in their programs for children they try to give particular attention to girls and mothers. All the staff receive training on gender issues, and they have a library where books on gender issues are available. They also produce gender material. The main problem of women in Guinea Bissau is seen as the low level of education. This vision and their development strategy is close to UNICEF.

On women's rights, Radda Barmen is working on the revision of national legislation. It financed the participation of national NGOs and the Ministry of Women's Affairs to the Beijing Conference.

Amongst its on-going projects are the following:

- non-formal education in Bissau in collaboration with ALTERNAG
- promotion of children's and women's rights in partnership with UNICEF
- kindergartens and promotion of children rights in Cacheu in collaboration with AMIC and the local association of women
- support to children in difficult circumstances (health, education and professional training) in Mansoa.

Radda Barmen is one of the more active and well established NGOs in Guinea Bissau. The majority of its activities are implemented in partnership with NGOs and other donors with which has regular meetings. It has a long history of collaboration with UNICEF, and is its main partner in the promotion of children rights and in gender issues.

### **Tiniguena**

TINIGUENA is a national NGO created in 1991 to work for better community participation in local and national development and for sustainable management of natural resources. Its name means "this is our land" in crioulo. At present the staff is composed of 13 men and 6 women; programme officers are 2 women and 1 man.

Grassroots organizations and local associations are the target group of TINIGUENA, with particular attention to women and young people. TINIGUENA works on the basis of mutual autonomy, faith, transparency and sharing responsibility, in the southern zone and in the Bijagos Islands.

The strategy of TINIGUENA is to follow two different axes of intervention:

- concrete actions for grassroots development
- education for development to inform, sensibilibize and orientate public opinion and policy makers

The sectors of intervention are WID, agriculture and fishing, credit and education for development. The main project is an integrated Green Zone project started in 1995 in Quinara and Bolama. The other two projects which are functioning at present are in agricultural credit and horticulture.

TINIGUENA works with and for women. In each project the potential of women is analyzed and women must assume responsibilities for implementation. The problem of illiteracy (in particular of women) has affected participation in the project management, and for this reason TINIGUENA has also become involved in literacy programmes.

TINIGUENA collaborates with other NGOs like AD and ALTERNAG, but not at the programme or project level. It has the same relationship with government. In the beginning, it had a poor relationship with the government because it denounced actions of illegal fishing and illegal appropriation of land. The situation has since improved. TINIGUENA is interested in working with partners but only wants to work in projects which it is able to plan and implement.

TINIGUENA has a 3-year plan which distinguishes it from other national NGOs. Its financial resources of between 300 000 and 500 000 USD each year do not allow it to expand its activities, and it is dependent on donors funds (Swissaid, Oxfam America and Novib). TINIGUENA is now starting to raise funds through selling materials and books, and membership quotas. It publishes a twice-yearly newsletter - "Matu Malgos" - for environmental education and information, and has a radio programme every two weeks on the same subject.

### 14.3 NGO CAPACITY AND INTERVENTIONS

The 12 NGOs selected by UNICEF represent the core of the NGO movement in Guinea Bissau and reflect the main strengths and weaknesses of the sector at the present time. Most are concentrating their efforts in the north, in Bissau and in the south (in the region of Tombali). The regions of Quinara, and Biombo have projects from two of these main NGOs (see Table 27).

Education is a major activity of 9 of these NGOs. All work on gender issues and 7 of them in advocacy. Water and Sanitation is a very specific sector which involves only ADPP, AMIC and SNV, while health is a major focus for 5 of the NGOs selected (AD, ADPP, AGUIBEF, AMIC and Radda Barnen). (See Table 28)

**TABLE 27**  
**Geographical Distribution of NGO Projects**

	Bissau	Oio	Cacheu	Bafatá	Gabú	Quinara	Tombali	Biombo	Bolama
AD	X		X				X		
ADPP	X	X							
AGUIBEF	X		X		X		X		
ALTERNAG	X						X		
AMIC	X	X	X	X	X	X	X	X	X
CIOJ	X	X	X						
LGDH	X	X	X	X	X	X	X	X	X
TINIGUENA						X	X		X
PLAN INT				X					
RADDA BARNEN	X	X	X						
SNV	X	X	X	X	X		X	X	X

Source: UNICEF Inventory 1996

**TABLE 28**  
**NGO Sectors Of Intervention**

	WID	HEALTH	EDUC.	WES	ADVOC.	FAM. PL	AGRIC.	CREDIT	OTHER
AD	X	X					X	X	
ADPP	X	X	X	X		X	X		
AGUIBEF	X	X	X		X	X		X	
ALTERNAG	X		X		X				
AMIC	X	X	X	X	X	X			X
LGDH	X		X		X				
TININGENA	X		X				X	X	X
PLAN INT			X						
RADDA BARNEN	X	X	X		X				
SNV	X		X	X	X	X	X	X	

Source: UNICEF Inventory 1996

Guinean NGOs have a common problem of dependency on donors funds and pointed out that donors usually do not want to pay for staff salaries. This is a big problem for the NGOs which do not have internal resources and in common with many Guinean institutions, have not yet developed their own funding mechanisms and internal resources.

Table 29 shows that NGOs in Guinea Bissau have very different budgets: Plan International has the biggest budget planned for July 1996/July 1997 and Radda Barnen had about US\$ 1,500,000 USD in 1995; AD, TINIGUENA and ADPP, on the national side, have good budgets of between US\$300,000 and US\$500,000.

**TABLE 29**  
**NGO Budgets, 1995**

NGOs	Budget 1995 in USD
AD	485 000
ADPP	362 000
AGUIBEF	63 000
ALTERNAG	235 000
AMIC	137 000
CIOJ	65 000
LGDH	125 000
TININGENA	400 000
PLAN INTERNATIONAL	1 200 000*
RADDA BARNEN	1 500 000
SNV	176 000

\*Budget July 1996/July 1997

Source: UNICEF Inventory 1996



### *Programme Implications*

Working with NGOs has a strong theoretical justification which does not always correspond to reality. Strengthening relationships with NGOs can mean a loss of time and money if it is not clear how, and at what level and in which specific activity UNICEF should work with them.

For each sectoral Programme of the Government supported by UNICEF (WES, Education, Health), the most likely aspects of future collaboration with NGOs are the following:

- improve collaboration with NGOs as UNICEF funds and capacity to work in the field is decreasing yearly (UNICEF Programme Officers are increasingly simply proposing development models and projects, while the NGOs work with people in villages, using participatory approaches)
- careful programming of long term activities with national NGOs which survive only due to external funds in the short term (most national NGOs will face recurrent cost problems, especially the salaries of the staff, with rising internal instability)
- if activities are to be implemented nationally, the only two NGOs which are present all over the country (except in Biombo and Quinara) are AMIC and LGDH

In the past, UNICEF health programme worked closely with the Italian NGO "GVC", which stopped its activities in Guinea Bissau at the end of 1995. AGUIBEF appears to be a suitable future partner for all activities related to reproductive health and sexually transmissible diseases. For the Bamako Initiative, collaboration with GVC in the Gabu produced good results, and a replacement NGO should be found to carry this important work forward into other regions in line with GOGB policy.

The Information and Communication Programme is working already with NGOs and in particular with Radda Barnen. The LGDH and CIOJ should be also involved in UNICEF activities concerning children and women's rights.

The WES Programme of UNICEF Bissau implements all its activities with NGOs. AD and SNV are its traditional partners, while AMIC is collaborating with this Programme and ADPP has signed a collaboration agreement. The WES Programme can give useful guidelines to other Programmes on working with NGOs.

The Education programme has good links with ALTERNAG. The new presence of Plan International in the sector of Bafatá means an opportunity to have this NGO as a partner in that area.

Finally, the WID Programme is also working closely with SNV and Radda Barnen. Its connections with NGOs is facilitated by the Gender group which coordinates the actions of "gender focal points" of NGOs, UN Agencies and donors. UNICEF should also work more closely with LGDH and CIOJ on CEDAW activities.

***PART FOUR***  
***FUTURE PERSPECTIVES***

*CHAPTER FIFTEEN*

*FUTURE PERSPECTIVES*

From the last 20 years Guinea Bissau has inherited a legacy of a huge debt burden, widespread poverty and environmental degradation, high infant, child and maternal mortality rates, unequal access to resources, a centralised administration with a mismatch between services and needs, and a weak human resource base in which the level of education in general is low and in which the majority of the population (women) are virtually unable to participate due to severe gender constraints.

However, Guinea Bissau is a society in transition. There is a window of opportunity for Government and people to make the transformation to a democratic and just society where the voice of each is heard, the contribution of each valued and resources are redistributed on a more equitable basis. However if this opportunity is not taken there are also considerable risks for the future of Guinea Bissau's fledgling democracy.

The vision for the future is a country where the citizens are given the opportunity to break the cycle of the day to day drudgery of poverty and the struggle for survival for them and their children, so that they will have the energy for and interest in making a real contribution to the democratization and development process.

The gradual development of the opportunity for choices for men and women to participate in decisions over resources and issues that affect their own communities in practical ways, such as the siting of a water point or involvement in planning their local health services, will lead to a greater possibility of playing a decision making role in other spheres.

In the medium term as people gain confidence in the chances of survival for themselves and their children and knowledge of the impact they can have on their own environment they will have more choices in their own lives. It will then be possible for them to consider options which have a medium to long term benefit and represent an investment for the future, such as child spacing or educating their daughters, rather than a response to an immediate need. Such choices will in turn contribute to child survival and development.

Investment in the most important of Guinea Bissau's many resources, its population must take priority as the basis for the future development. Unless the human resource base is strengthened the country will not be able to take advantage of the opportunities now being presented. This is officially recognised by the GOGB but has yet to be translated into practical terms.

The conclusion from the Situation Analysis is that the survival and development of children is inextricably linked with the position and condition of women. There is a clear correlation between women's level of education and development. An educated woman is more likely to space her births, to have healthy children, to send her children to school, to contribute to the household income thus reducing poverty, and to be able to participate in decision making at household and community level. Basic education especially for girls and women is therefore a precondition for these developments as for the development in general.

In Guinea Bissau the situation of women and their marginalization from participating in the democratization and development process, despite being the majority of the population and carrying out the most work, is arguably the most shortsighted and negative waste of the country's human resource base. Any attempts to improve the quality of life of children will surely fail unless the issue of gender relations and women's rights is addressed at all levels.

The position and condition of women is not exclusively a women's issue, nor can or should women be seen as solely responsible for change. On the contrary, it is necessary to convince and target decision-makers (men) to take responsibility to promote sustainable change thus also avoiding creating unnecessary resistance to change on the part of both women and men or role conflict for women and girls.

The cultural behaviour and communication patterns of the different ethnic groups and their strengths and weaknesses need to be identified, built on and worked with in future service provision, and the social communication sector can and should play a major role in this. Every area is different and this rich cultural diversity of Guinea Bissau should be harnessed, valued and respected rather than turned into an area of competition and conflict.

The changes in the communication sector are also encouraging as independent media take on a role to inform and educate the public, to promote debate and to advocate for change. However, from the analysis above, the independent sector is still in its infancy and although there is national capacity for the production of communication materials, capacity for strategic communication design is as yet very weak.

The effective use of human resources in the public sector could be improved substantially by investment in improved management and coordination skills, including the use of qualified experienced administrative support staff. This would leave technical and professional personnel free to develop policy and build capacity in the areas for which they have been trained and to which they are dedicated. The pay and career development structure in the public sector also needs revision to develop a system which will give a living wage and reward hard work and competence.

Guinea Bissau has the advantage of being a small country with a relatively small number of ethnic groups and having considerable political will to change for the better. If it succeeds in strengthening the economy and the new democratic institutions, redistributing resources to the social sectors and the provision of basic services to the majority, and ensuring a policy and legal framework and their implementation to guarantee basic civil rights, it could be a model for the transition to a democratic society in the region and indeed on the continent.

If on the other hand this opportunity is not taken and some worrying trends of increasing disparity and opportunism intensify, Guinea Bissau could run the risk of being destabilized by internal conflict to the detriment of all its people and to the region.

Intervention by outside agencies therefore needs to be planned in this light to assist in translating the political will into practical reality. That is to support the process of democratization, decentralization and strengthening civil society while at the same time assisting government in the change in role from sole implementor to coordinator, regulator and provider of technical support.

A two tier strategy thus emerges of advocating for structural change while harnessing all existing resources, strengthening institutional capacity and opening communication channels with users for the most efficient and effective use of services, thereby shifting to a "bottom up" approach so that the services provided will meet the expressed needs of the people. Improving the provision of basic services will be the GOGB/UNICEF's contribution to poverty reduction.

Priorities for the GOGB/UNICEF Country Programme 1998-2002

**1. Advocating for Structural Change**

- Support to advocate for children's and women's rights through the concurrent application of both CRC and CEDAW and revising the policy and legislative framework
- Advocate for the restructuring of government budget in line with 20/20 and mobilize private sector resources on behalf of children and women
- Improvement of coordination in the social sectors and the development of a sound information system to inform policy development and lobbying
- Move to a gender perspective, that is on the social relationship between women and men and respecting their specific roles and responsibilities rather than concentrating exclusively on women.

**2. Developing "user friendly" services**

- Identify, strengthen and improve the use of existing resources especially at regional and local levels
- Disseminate material on children's and women's rights while addressing behaviour change at community level, building the national capacity necessary for strategic communication design
- Promote community involvement in service development including supporting the development of community based organisations, and developing a "bottom up" approach by opening channels of communication and establishing dialogue for ensuring that services respond to local need
- Identify and linking in with existing social support networks and traditional child care systems, TBAs, traditional healers and others and adapting interventions to cultural practices, building on family and community strengths and modifying harmful practices

- Develop functional links between all sectors at local level with integrated planning involving community and NGOs, religious organisations, and other service providers.
- Integrate a systematic gender perspective throughout the programming process.

### Service Delivery

- Focus on limited geographical areas to improve impact probability and ensure sectoral convergence to develop greater synergy and complementarity
- Strengthen the institutional framework and service delivery, in the health sector, integrating vertical programmes into a comprehensive health care system in the PNDS framework while supporting the decentralization process,
- Integrate the health and water and environmental sanitation sectors for greater impact on infant and child morbidity and mortality
- Reduce dependence on external support through better coordination and use of existing resources such as NGOs and CBOs;
- Focus on basic education especially to girls education and adult literacy especially for women.

### *Guinea-Bissau at year 2002: A Vision*

By year 2002, it is expected that a significant amount of the population falling below the poverty line will have acquired skills and capacities which enable them not only to cope with a difficult situation in terms of improvement of the health and welfare of their children and families, but they will also be able to take command of the factors which had resulted in their being kept in a state of dependency without control of the factors which could liberate them from the vicious cycle of ignorance and poverty. At the end of year 2002, it is envisaged that the UNICEF/Government programme will have created visible examples of improved welfare indicated by high scores on the indicators related to the Sector Goals agreed upon at the World Summit for Children. It is also assumed that particular improvements will have taken place in the area of basic education indicated by near universal access for both boys and girls to basic education. Through massive information and education campaigns sustained through involvement by parents and entire communities, the Guinean society has become conscious of the opportunities available through their own initiatives.

In this matter Guinea-Bissau will by the end of the programme period have realised the Conventions of the Rights of the Child as well as that for women. The Government will have developed capacity for providing coordinated support to the empowerment of local communities through strengthened decentralised regional and sectoral government as well as through the active involvement of non-governmental organisations. Contributions to development efforts will not any more be coming only from external donors, NGOs and Government, but a climate will have developed during the period of the Country Programme in which the business community contribute to development of the social sector on a regular basis.