REPORT ON THE APPLICABILITY OF THE CONVENTION ON CHILDREN’S RIGHTS IN GUINEA-BISSAU

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**Acronyms**

ACGICE – Association for the reintegration of the blind.
AGUIBEF - Association for the Family Well-Being
AMIC- Association of Children’s Friends
ANP- National’s People Assembly
ASGB – Association of the Deaf in Guinea-Bissau
B.O – Official Gazette
C.C – Civil Code
C.P- Penal Code
C.P.P- Code of Penal Process
CADBC –African Charter on the Rights and Well-Being of Children
CAIA- Office for the Evaluation of Environmental Impacts
CDC. Convention on Children’s Rights
CEDAW- Convention for the Elimination of All Forms of Discrimination against Women
CNPN –National Committee against Harmful Practices
CRGB – Constitution of the Republic of Guinea-Bissau
DUDH- Declaration of Universal Human Rights
EMVN- Average Life Expectancy at Birth
HIPD - Human International Partnership for Development
IGT – General Inspectorate for Labor
ILO - International Labor Organization
IMC- Women and Children’s Institute
INDE- Inter-cooperation and Development
INEC- National Statistical and Census Institute
ISF –Index for the Synthesis of Fecundities (ISF)
LBA- Basic Environmental Law
LGT- General Labor Law
LOTS – Organic Law of Sectorial Courts
MGF- Female Genital Mutilation
MSSFLP- Ministry of Social Solidarity, Family and Fight against Poverty
NGO - Non-Governmental Organization
NUNATIS –National Nucleus of Technicians on Social Intervention
OIM – International Organization for Migration
PAIGC- African Party for the Independence of Guinea and Cape-Verde
PFCDC - Facultative Protocols of the Convention on Children’s Rights
REJE - Network of Young Educators
RENLUV - National Network for the Fight against Violence
SAB - Autonomous Sector of Bissau
SNTLS - National Secretariat of National Technicians for the fight against AIDS
SRLS - Regional Secretariat for the Fight against AIDS
UEMOA - Economic and Monetary Union of African States
UNDM - National Union for the Disabled Children (UNDM)
UNESCO - United Nations Fund for the Advancement of Science and Culture
UNICEF - United Nations Fund for Children
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commission for Refugees
HIV - Human Immunodeficiency Virus
WFP - World Food Program
WHO - World Health Organization
Introduction

This report is aimed at analyzing the applicability of the Convention on Children’s Rights (CDC) in Guinea-Bissau, based on the terms of article 44 of this Convention, which expects each state to compile reports every five years regarding the applicability of this instrument for the protection of children in their respective territories. Due to various reasons, the country only managed to compile its first report in 1997, which was only discussed in 2001 due to the military conflict that the country faced then.

In this context, the current document, which is the second report from Guinea-Bissau, aims at equally be a facilitating tool for the wider understanding of the obstacles and challenges faced by the Government of Guinea-Bissau in implementing the policies and mechanisms aimed at protecting children as expected in the CDC.

It is important to note that the CDC was adopted by the UN General-Assembly on November 20th, 1989 and ratified by Guinea-Bissau, through Resolution 6/90 on April 18th 1990, by the State Council. The Convention recognizes the right of children to be protected against any form of exploitation and not be subject to any type of work that can expose them to health risks, as well as their protection against all forms of violence. The Facultative Protocols of the Convention on Children’s Rights (CDC) which, specify the types of protection for under-aged children i.e. the 182 Convention of the International Labor Organization (ILO) on the interdiction of worse forms of child labor, are among the many instruments put in place to defend and protect under aged children. However, the need for the protection of minors was already established in the Geneva Declaration of Human Rights in 1924 and, equally recognized by the Universal Declaration of Human Rights (DUDH) as well as by the Statutory Instruments of Specialized Agencies of International Organizations, which are concerned with children’s well being.

At a local level, the country not only has institutions that defend and protect children at various levels but also internal legal instruments which acclaim precepts in favor of children, namely the country’s Constitution, the Penal Code and the Organic Law of the Judicial Sector.

Thus, in this evaluation of the applicability of the convention we analyze the use of these instruments by various institutions in the country that defend and promote the rights of children. This evaluation was carried out by interviewing leaders of some public institutions and NGO’s that work on children issues and, it aimed at gathering information about actions been taken towards raising awareness about the CDC. In addition to this information, a survey targeting families was carried out and, information aimed at evaluating their knowledge about the CDC was collected and analyzed.

The report is structured in 11 parts, and each part is comprised of several topics. In the first part, an attempt is made to introduce, in a synthesis format, the country’s context and background, the second part the focus is in the definition of children, before laying out, in the third part, the general measures for the implementation of the CDC. The general principles are dealt with in the fourth part followed by the civil rights and liberties in the fifth part. The issue of family environment and guardianship are addressed in the sixth part. The seventh part deals with basic health and well being issues while the eight parts addresses the issue of education, leisure and cultural activities. The issues of special measures that protect children in emergency situations and in conflict with the law are addressed in the 9th and 10th parts respectively. Finally, the 11th and last part focuses on environmental protection.
1. Country

i. Geographic and Demographic Context

Guinea-Bissau is a small Portuguese country located in the West coast of the African continent, in the Sahel region between the Republic of Senegal in the North and the Republic of Guinea (Conakry), in the South. The country’s total area is of about 36.125 Sq2 and with an estimated population of 1.295.000 inhabitants. The population is spread in nine administrative regions namely (Bafatá, Biombo, Bissau, Bolama-Bijagós, Cacheu, Gabú, Oio, Quinara and Tombali). Each region is divided in Sectors and these make a total of 38. The Sectors are in turn structured in villages, which are calculated as more than three thousand. The country’s territory is comprised of two distinct parts: continental (land) and insular (water) with approximately fifty islands and islanders some of which are not inhabited.

The majority of the population resides in rural areas, but about one third live in the Autonomous Sector of Bissau (31%). In each region, the Autonomous Sector of Bissau (SAB) is followed by Gabú (16%), Oio (15%) and Cacheu (14%). Bolama/Bijagós regions as well as Quínara are the less populated with 2% and 4% respectively. In 2005, the country’s total population was estimated at approximately 1.295.840 inhabitants.

Based on the Human Development Report (2007/2008), the population below the age of 15 represents 47,4 % of the total population. Infant mortality rates are at 124 ‰ while the mortality rate of infants with less than 5 years is 2000 ‰. Maternal mortality rate is 910 while the Synthesis of Fecundity Index (ISF) is 7, 4 children for each woman while the Average Life Expectancy is 45, 8 years.

Graph 1- Demographic Distribution per Region

Source: INEC – 2004 Estimates

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1 Based on estimates by INEC for 2004, taking into account the fact that no regular census were carried out. However, the last census carried out in 1999 estimated that the population could be around 1.500.000 inhabitants.
**ii. Political and Economic Context**

Guinea-Bissau proclaimed, unilaterally, its independence from Portugal on September 24th 1973 after a long armed struggle that lasted about eleven years.

As a consequence of the armed struggle, the territory was ruled by one party which was the same movement that oversaw the Colonial War with the characteristic “sui generes” of being the only Party to oversee two States: Guinea-Bissau and Cape Verd. However, five years upon its independence, the country faced a *coup de etat*, which led to the end of the union that existed between the two countries.

In 1991, like most countries at the South of the Sahara, Guinea-Bissau started a democratization process by revising its constitution which ended the recognition of PAIGC, as the only political power overseeing Guinea-Bissau’s society. As a result, the country’s first multi-party elections took place in 1994 where PAIGC and its presidential candidate were victorious and governed till May 1999. Due to a conflict between a military junta and other government institutions, the former dissolved the constitution’s powers. This fight left the country in the verge of collapse and the economic damage was estimated at about US $ 90 millions.

During the eleven months that the country was involved in the civil war, the economy, which, exhibited some signs of growth, was paralyzed and its basic social infrastructure ceased to function normally. Despite the presidential elections carried out in 1999 and the legislative in 2000, the country did not stabilize in political terms as it experienced many problems, which limited its ability to restart its cooperation with international partners.

In 2004, with the legislative elections been carried out followed by the presidential elections in 2005, the country witnessed similar actions that were interrupted when a military coup took place in 2003. Endless efforts have been made to regain the support of the international community and these are aimed at improving the development indicators which are conditioned by public reform and, above all, by the reform of the security and defense forces, public administration and justice sectors.

In 1997, Guinea-Bissau became a member of UEMOA (Economic and Monetary Union of Western African States), sharing the same currency (Franc CFA) with seven other countries of the Sub-region.

It is important to note that the country has been regaining its old cooperation status with the *Bretton Woods* institutions, while attempting to, scrupulously, implement a much more rigorous macro-economic management policy aimed at accelerating its economic growth while reducing the level of poverty. The Government was recommended to adopt a strategy geared towards eliminating its budget deficit.

According to the Human Development Report (2007/2008), in 2005 the Human Development Index was 0,374, public and private expenditure represented 1,3% and 3,5% respectively and the debt servicing was at 10,8%.

**2. Definition of a child**

The notion of a child should not be limited on the basis of age in which a person ceases to be a child due to the fact that he/she has achieved the full legal age/adulthood. The different legal implications of the age in the rights and obligations of people, combined with the special attention
that an individual must enjoy at a specific age group, seems to be the best way to have a more encompassing notion of what a child really means.

In this respect, we will follow the guidelines expected in terms of the constant provisions contained in the convention, which, also allow us to determine whether the different services and administrative institutions apply, or not the constant definition of article 1 of the CDC.

i. Full legal Age/Adult – Legal and Customary Base

The definition of a child adopted in the Guinea-Bissau legal system is not different from that of the article 1 of the CDC, since the national law adopted the exclusionary method which considers children all those that have not yet achieved the full legal age/adult age, by the determination of article 122 of C.C., which serves as a by-law of article 130 of the same decree attending to the fixed composition by the Law nº 5/76, of May 3rd, published by the Official Gazette Nº18, adopted before the CDC.

Despite this coincidence, the different solutions adopted by the legal system, allow us to find situations that may lack clarification in terms of the scope of their protection, which must be further analyzed in greater detail.

In this view, the first question has to do with the period from when the status of a child ends, since the Civil Code as well as the Law nº5/76 of May 4th, establishes the age limit from when an individual ceases to be a child, to be 18, as it is also established by the Convention although the latter leaves it at the criteria of the Party States.

If we consider article 66º of the C.C. which states in its first paragraph that “Legal personality is obtained at the time of total birth and with life”, then we can understand that an individual is considered a child from the time he/she is born until he/she reaches eighteen years of age and the fetus², see their rights been granted although these are subject to certain conditions as they are born. Furthermore, if we analyze what is contained in article 2033/2 C.C., protection begins before conception, in other words, when the law attributes the legal passive capacity to the unborn³, of being given successive inheritance benefits.

Based on these analyses, we can conclude that the legal system in Guinea-Bissau considers a child for the purpose of protection and although conditionally, from the time of conception. In as far as customary and current practices are concerned, the condition in which a person is considered a child or an adult depend on several factors among them the evolution of their physical aspects and mental aptitude, the ability to follow some rituals such as marriage or circumcision among others. The bottom line is that no traditional practice defines an age from which a person is considered an adult or ceases to be a child.

ii. Employment/ Child Labor

Regarding the use of child labor, the General Labor Law (LGT) establishes fourteen as the minimum age, combining this provision with what is contained in the Civil Code (C.C) (Articles 123 to 125). Despite the fact that child labor is permitted, the child continues to lack the capacity

² Those conceived but not yet born.
³ Those that have not yet been conceived but there is a possibility that two people of opposite sex who are in a relationship may create a human being. In this regard, this may expect to have rights.
to exercise his/her rights which means that he/she continues to need the follow-up protection of his/her interests since all the legal businesses that may have been entered alone and result in him/her became a victim, are nullified except those actions that were authorized for.

In this context, it is important to underline that the limit established by Law refers only to subordinate work because it is difficult to control the informal activities carried out by an underaged child. The period which a child begins to work in the household depend on several factors namely, the family structure, the habits and customs and economic factors. For example, in a large household, children may begin to undertake house/family chores later in their childhood than in a household with few members.

**Graph II. Correlation between parent/guardian’s socio-professional situation and the amount of time that children devote to other types of work**

Graph II shows that regardless of the professional situation of their parents/guardians, apart from studying children devote a portion of their time carrying out other chores. Thus, 52% of the cases where children work five or more hours per day, their parents/guardians are self-employed followed by the unemployed and finally by those employed by other people. On the other hand, children who work between one to two hours per day are, in their majority, children or students whose parents/guardians work for another person (28%), followed by domestic workers and the self-employed.

In as far as the employment or placement of children in a situation in which their health and physical integrity is in jeopardy, despite the fact that the General Law in-force in he country does not specify this aspect, the country adopted the main conventions on the subject particularly the ILO instruments regarding woman and child labor.

Taking into consideration the fact that the Constitution of the Republic of Guinea-Bissau is open in terms of welcoming international norms related to fundamental rights, as in the article 29, the General Labor Inspectorate (IGT), continuously monitors the labor conditions of different services, private and public companies who, in case they are found in violation, face the possibility of huge fines.
Graph III, shows that the South is the area of the country, which has a high percentage of children studying and working simultaneously (49%), followed by the North (47%), East with 43% and SAB with only 14%. The low figures shown below are registered in Bissau maybe because it is a privileged area based on the intervention of some NGOs which implement projects that focus on young children who are workers. Another explanation might have to do with the fact that most educated people live in the capital and this situation does not allow their children to study and work at the same time because it may reflect negatively in their school performance.

Graph III. Children who are Students and Workers

![Graph III. Children who are Students and Workers](image)

Source: MICS 2006

**iii. Militarization/Draft (Minima Age of Recruitment)**

The compulsory nature of the military service as prescribed in the Law nº3/80, 2º Supplement of the Official Gazette nº 20 of May 17th, and detailed in the Law nº 4º /99, of September 7, does not include people who are less than eighteen years of age. Only from this age (18), a person may be enlisted, in other words, only those at the of 18 and above have the obligation to serve in the military service because in this regard the notion of a child, as it is contained in the CDC and in the civil legislation, is not prejudiced by these special situations. However, it is important to state that after the compilation of the first report about the application of the CDC, the country was affected by a civil war more concretely in 1998/99. Despite the fact that this was, evidently, a situation that initially opposed a regular army against a group of dissidents, its length forced another characteristic, which, was beyond conventional patterns. This situation led to the indiscriminate use of children in various spheres and war efforts, in addition to other direct consequences. With this scenario, upon the institutional normalization, the militarization of people became a legal order, which means that only adults (aged 18 or above) could be incorporated in the regular security and defense forces. However, due to the inexistence of credible forms of identification, it is difficult to prove people’s real age, which allow for the possibility that indeed children are being used as part of the military forces.

**iv. Marriage and Sexual Practices**

For the purpose of marriage, the law has established sixteen as the age limit (article 1602º/a), C.C.), for both sexes in obedience to the principle of equality as established by the CRGB (Constitution of the Republic of Guinea-Bissau). Despite the fact that the Law does not allow for marriage of people who are less than sixteen years of age, this can only be celebrated with the consent from their representatives (parents or guardians). Thus, an under-aged child who marries without the consent of his/her representatives remains unable to administer the assets that he/she may have taken into the union (Article 1649º C.C.).
Regarding sexual practices, the penal law (Article 134º C.P.) does not consider relevant the consent of a minor until he/she reaches the age of sixteen and, it establishes a scale of aggravated charges varying with the phases of being a minor. Thus, the penal structure for those who engage in sexual relations with an under aged child at the age of twelve, ranges from two to ten years in prison and for those engaging in sex with an under-aged child less than twelve years of age, the maximum prison limit is five or eight years, depending on the intensity of the sexual abuse. For an under aged child who is more than sixteen years old, the law considers relevant his/her consent however, it always takes into account his/hers experiences and psychological capabilities.

v. Adoption, guardianship or custody

In order for a child to be legally trusted to people that he/she does not have any parental links, the national law establishes various situations according with the condition and the age of the child. For the purpose of adoption, the Civil Code (C.C.) establishes two modalities, full and restrict adoption, requiring in both cases a maximum age of fourteen years of age (article 1974 C.C.). Complete adoption refers to a case where the minor who is being adopted is in the same condition as that of a son/daughter including in a quality of legitimate heir. By law, this option is only allowed to orphaned children or children from unknown parents and, the adopting parents must not have natural children (Article 1982º C.C.). Restrict adoption is aimed only at protecting an under-aged child in terms of security, provision of food and education. In this adoption option, the adopting parents do not gain legal rights to prevent the adopted child of maintaining a legal bond with his/her natural family and, the former is allowed to have natural children.

The difficulties in adopting through legal means make people resort, in some instances, to alternatives that include the falsification of the real parents’ identification. According to information gathered from the registrar and civil court’s employees, several cases of this nature have taken place and the facts often lead to conflicts.

vi. Child/Human Trafficking

The penal legislation in Guinea-Bissau does not allow any type of human trafficking regardless of age. In the case of child trafficking, this is not specifically typified in the Law, but it is encompassed in the category of crimes against freedom namely, kidnap and abduction (article 124 and 125, of the Penal Code, respectively).

The lack of classification of some of the most serious causes of child trafficking, such as sexual exploitation and/or extraction of their organs, is due to its low occurrence. Nevertheless, crimes of this nature are considered within the general scope of the criminalization involved in trafficking, sexual abuse and exploitation of third parties namely in the articles 134 and 135 both in the Penal Code.

In this regard, article 134 of the Penal Code presents a classification of abuse of children based on their age. Thus, article nº 3 of the above-mentioned legal disposition, considers that until the age of ten a child has been taken advantage of due to his/her incapacity. This means that such cases are, without reasonable doubt, involve a situation where a child has been abused. Therefore, the victim’s willingness and consent is irrelevant.

From the age of twelve, the legislator considers the willingness of the under-aged child or his/her intellectual or psychological evolution and, the age limit serves as a factor when determining higher charges. From age sixteen upwards, the law does not consider a person as a minor to the
extent to deserve penal protection. In such a situation, the penal legislation tries to match the civil law that establishes sixteen as the nuptial age.

**vii. Child’s criminal responsibility**

According to the penal law, “individuals are only liable to criminal responsibility from 16 years of age” (art.10º C.P.). This precept indicates that only those who are less than 16 years of age are not subject to criminal responsibility. However, the penal law establishes a classification where it includes under-aged children starting from this age, for reasons of special protection, more concretely for those in a class that the Penal Code considers young delinquents (children above the age of 16 and less than 20), for whom special consideration regarding their punishment is expected.

Regarding children that reveal certain dangerous tendencies, the law establishes the possibility of applying security measures namely, placing them in special boarding institutions so as to allow their reintegration.

The truth of the matter is that the country does not have any specialized center to host children or youth who need to be sheltered due to their conflict with the law.

**viii. Consumption of alcohol or drugs**

Legally, the sale and consumption of alcohol to an under-aged child is not permitted and, this prohibition is based on a generic law, which is incorporated in the incapacity of a minor. Regarding the consumption of drugs, the Decree-law nº 2-B/93 of October 28, forbids its production, sale and consumption to all individuals. However, when such substances, which are considered illicit, are destined or given to children the legal charges are aggravated. In that context, the notion of a child is extended to the beginning of his/her full legal age/adulthood.

**ix. The right to education**

According to the Constitution of the Republic of Guinea-Bissau (CRGB), “every citizen has the right and the obligation to education” (article 49/1). Within the scope of the same disposition, it is established as an obligation of the State to promote free and gradual access to all levels of education. Due to the country’s economic situation, different Governments have established in their programs only the basic level of education as a priority and, consequently it is the only level that is considered of free access. In the last couple of years, there have been efforts by the government including the supply of some school materials. Considering the fact that the age group expected to pursue the basic level of education ranges from 7 to 12 years of age, the scenario is that for the purpose of the right to education, the government takes responsibility for the access of education of 46, 3%\(^4\) of children till the age of 17, since there is no guarantee of pre-school education.

The country’s socio-economic situation in the last couple of years has made difficult to offer the possibility of school access even for the age group that was established as priority since the expenditure for this sector was only 5,2% of GDP from 2002 to 2005. As a result, the enrollment rate was 45% in 2006 and the combined rate of enrollment for the primary, secondary and tertiary levels was 36, 7%, according to the Human Development Report (2007/2008).

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\(^4\) According to data from the Ministry of Education (GIPASE) for the 2004/5 school years.
However, Graph IV shows that 94% of children from the age of six who are part of the household are enrolled at school while only 5% is outside the school system. It is important to note that this data is evidence of the efforts not only by the Ministry of Education but also from private schools in involving more students particularly from those families that sustain the educational costs of their children.

Graph IV- Children from age of 6 who are enrolled in an educational institution

Source: Data from the survey carried out as part of the compilation of this report

Educational efforts were also made as part of the need to promote equality in the girls’ access to education. Thus, Graph V provides evidence that in all the regions of the country there is some predominance of boys with the exception of the East region where the liquidity rate of girl’s enrollment (49,3) is superior to that of the boys (46,8%). The disparity among the sexes is much more expressive in the Autonomous Sector of Bissau where 67,8% of girls are enrolled as compared to 73,3% of boys.

Regarding the situation in the Northern region, the enrollment rate of girls is 47,8% against 50,5% while in the South 48,9% is girls against 53,7% of boys.

It is important to note that the figures registered in the Eastern region may be explained by the Government initiatives in placing female instead of male teachers in this region as a way to stimulate female education. Similarly, the actions implemented by Guinea-Bissau’s Plan of Action in the Bafatá Region and, the school canteen programs promoted by the WFP (World Food Program), explain the reversal of poor female participation due to socio-cultural and religious factors.

Graph V- Parity between sexes in the educational system

Source: MICS 2006
x. Prevention against cruel treatment of children

The judicial system in general adopts dispositions that forbid any type of cruel or inhumane treatment against a human being and, when this pertains to child the sanction and the reaction of the institutions tends to be the more severe.

Despite that, the parents’ consent continues to be relevant for the placement of children in certain situations which, puts the latter’s rights at risk, particularly when these are kept in camps where circumcision or incision (*fanado*) is carried out. Even knowing of the inhumane conditions of these places, or the type of treatment that the children are made to endure, public authorities remain passive all because of their respect to tradition.

The same issue pertaining to the relevance of the parents’ consent is observed in the case of the need for health care. Thus, in many instances, the authorities wait for the parents/guardians’ authorization before they can provide medical intervention and, unfortunately in some cases the patient’s family opts for traditional treatment thus removing their children from the hospitals while exposing their lives to risk.

Some advocates of children’s rights are questioning the semi-public nature of some crimes against under aged children. As a consequence, there are already proposals for legislative revision which, promotes the possibility of society taking the role that otherwise only parents would take in the case of the latter not playing that role conveniently.

It is important to note the international cooperation on the fight against the ill treatment of children. In this context, in 2006 Interpol, through a partnership with the Government, opened an office in Bissau with the objective, among others, of facilitating the coordinated actions to combat cross-border crimes.

xi. Participation in the political life

In the case of possibly voting or being elected, children cannot participate, active or passively, in the political life.

The electoral law expects only those who are adults, in other words, from eight years of age, without exception that permits the participation of minors, even if these are emancipated.

For eligibility, the restriction is greater for citizens. It is impossible for people above certain age to be elected for certain positions such as, for instance, those less that twenty four years of age are not illegible to be elected to National Assembly just like those less that thirty years of age cannot run for the Country’s Presidency.

Children can, however, participate in the political life through manifestations or meetings that are constitutionally guaranteed to every citizen (articles 54 and 55) and, it was in this view that the children’s parliament was created to allow them to express their opinions. For its smooth operation, the National Assembly provided two offices and a budget of one million FCFA.
3. General measures of implementation

i. Implementation procedure and political/legislative harmonization of national rights with the CDC

Despite efforts developed since 1997 in favor of harmonization, the National Assembly only resumed in 2001 the process of ratifying Facultative Protocols on the Convention of Children’s Rights (PFCDC) having, in 2003, initiated due diligence to harmonize national legislation on issues of women and children with the legal instruments at the international level.

For that effect, in 1997, a study coordinated by the Center for the Study and Support of Legislative Reforms at the Law School in Bissau was launched and, it was financed by various partners especially UNICEF. The study concluded that, taking into account Law nº1 / 73 of September 24th, many laws that were active during the colonial period, some remained current. Despite being currently inactive, these established rules that were contrary to international instruments.

Regarding the harmonization procedures, the following instruments were taken stock of:


The result of this harmonization process culminated with the presentation of some proposals for legislative revision as summarized below:

a) Civil Code

Taking into account that the previous Civil Code set the adult age from twenty one upwards, and Law nº4/76, of May 3, came to set it at eighteen, similarly to what it was established by the CDC, necessary adaptations were introduced so as to make the new rule executable, namely, for the purposes of emancipation, marriage, adoption, among others. Furthermore, proposals for in-depth revision of the Family Book were made, taking into account the need to update the dispositions that discriminated the children that were born within and outside the marriage, the norms for civil marriage, the impediments for marriage involving minors, which previously could be till the age of fourteen, contradicting current dispositions.

Regarding the Successions, discriminations against the sharing of assets with illegitimate girls and daughters, which was previously reserved only to boys and legitimate sons, was eliminated.

b) Code of Civil Process

It was revised and agreed upon that, the norms related to the access to justice in situations where children’s interest is at risk, such as the legitimacy, could be extended to other members of the family, more attention to children’s opinion and the norms that facilitate the creation of a Family and Under-aged Children’s’ section in places where the conditions to create a particular jurisdiction do not exist. Thus, concessions from representatives from the Public Ministry, such as a curator of minors were expected such as, more privileges in terms of demanding and arbitrating
cases of exercising paternal power and temporary guardianship of minors as well as the decision on what their food should be. All that came to facilitate the protection of children in many ways.

c) Penal Code and the Penal Process

Since international instruments, specially the CDC, recommend the abolition of all forms of abuse and the deprivation of Children’s Freedom, it was proposed that the penal structure be reinforced on crimes against children such as violation, sexual abuse, trafficking, torture, kidnapping, among others.

Furthermore, it was proposed that all the crimes that affect children, direct or indirectly, be classified as public crimes and, that their procedures would not depend on the report by its representatives but by everybody that is aware of certain situations related with the violation of children.

It is also expected the concession of facilities in terms of constitution of assistants in the processing of crimes, without any costs in cases involving children, for their representatives and pay much more attention to the ways of treatment particularly in those cases that may affect the physical and intellectual growth of the child.

d) General Labor Law

The existing legislation is not, at all, updated regarding the international evolution of Labor Rights. Thus, efforts to harmonize not only to meet the provisions of the CDC but, above all, the conventions of the ILO that the country ratified, were made.

The minimum age that allowed a child to be employed and the conditions for which that could take place in terms of physical and learning evolution was elevated.

e) Jurisdictional Statutory Assistance to Minors

The proposal for the Jurisdictional Statutory Assistance to Minors is in place to adopt a whole range of procedures that regulate the access, treatment, application of certain measures and, above all, the way minors are kept in boarding institutions or shelters or even rehabilitation centers, when these are in conflict with the law while taking into account not only the respect to the rights embedded in the CDC but also the international norms on the subject.

f) Code of Civil Registry

The rules regarding the registration of children, which, are currently in force in the country, are, not only of difficult application, hence the reason why many people stay away, but they are also in disunity with the reality.

To facilitate the concession of more rights to children and the acquisition of citizenship, in-depth changes were proposed to the Code and this range from the way births are declared, the composition of names, to the relevant authorities, the rates and the actual validity of the provisional registries.
**g) Organic Law of Sectorial Courts**

This Decree is included in a list of sources, which must be adapted to the new rules that protect minors because it admits the possibility of judges of such courts, applying local uses and customs wherever they are. The fact is that many local customs contradict not only with the positive right currently in force such as the actual CDC. Thus, limitations on the applications of customary norms that put in risk the rights of children were imposed.

The expected changes are important in the Statutory of the Sectorial Courts because these are the judicial institutions more approachable and much closer to the people.

The dissolution of the ANP (National People's Assembly) in 2003, made impossible for the approval of the above-mentioned proposals, but the current legislature resumed the same works with the necessary updates and, it has submitted them thus, only waiting to be amended and approved.

**ii. Policy Coordination, network and monitoring mechanisms of the measures expected by the CDC**

The Ministry of Social Solidarity, Family and Fight against Poverty (MSSFLP) is a governmental institution responsible for creating, implementing and for following-up the Government policy in the areas of family and the fight against poverty.

Despite the fact that MSSFP contemplates in its organigram the General-Directorate of Social Solidarity and family, which attributions confine the problem of social protection of vulnerable groups, in 2001 the Government decided to create the Women and Children’s Institute (IMC) in order to give especial visibility to this problem. This institution has, as its priority, the policy coordination and the implementation of government strategies regarding the promotion of women and children’s rights.

In this perspective, the Institute tried to harmonize all national laws concerning women and children with the international treaties in order to perform its activities in the most effective and efficient way. In its implemented policy, the Institute gives prominence to its collaboration with NGOs and National Associations and, develops partnerships with UNICEF through a five-year plan for cooperation (Program for the Protection and Promotion of Rights). The areas of intervention and support are not limited to protection but they are equally extended to the promotion of gender equality and the relinquishing of harmful practices namely, female genital mutilation and forced/early marriages. In this context, many NGOs benefit from funding aimed at implementing their action plans.

Despite the fact that MSSFLP faces difficulties in terms of human, material and financial resources, this institution has been promoting the discussion and the definition of policies and strategies for the promotion of children rights and gender equality. Currently, the priorities of this Ministry regarding the Protection of Children are focused primarily on orphan and vulnerable children with particular emphasis on children who are affected by HIV, the trafficking of minors and the relinquishing of harmful traditional practices.
The execution of the measures expected in the CDC and the mechanisms for its monitoring are not only of the responsibility of the public institutions but also of national NGOs (AMIC, RENLUV, REJE, S.O.S, S.O.S Talibé, Casa Emanuel, Missão católica) as well as international organizations (Plan Bissau-Bissau, Portuguese Inter-cooperation) and some multilateral agencies (WHO, UNICEF and UNFPA).

The country has available a large network of organizations which mobilize efforts aimed at promoting children’s rights. However, the duplication of activities pertaining to children, due to the lack of coordination between various stakeholders, leads to waste of resources and it contributes to a weaker implementation, awareness raising and monitoring of the CDC.

**iii. Participation of children in the implementation of CDC**

The participation of children in the implementation of the CDC has been a reality in Guinea-Bissau, since children participate in many projects implemented by some NGOs and, they receive training about themselves on the content of the CDC, it makes them the main promoters of the CDC within their families. Thanks to the support of these NGOs, children groups were created in order to facilitate their participation in the promotion of their rights in their respective communities through development activities, education and culture. For example, the children’s parliament (through artistic and cultural representation on issues that serve to sensitize), are some of the means by which children expose their aspirations, thus contributing to the implementation of CDC. It is also important to emphasize that children participate in the activities of certain organizations or partners at the level of central and regional Government.

**iv. Dissemination of the CDC**

Regarding dissemination, this is very limited because successive governments have not been able to translate the CDC into traditional/national languages. However, this limitation has been mitigated through the activities of some NGOs whose work focus on children. These NGOs work closely with the population and they make available animators that work in the communities through focal groups who enunciate the precepts of CDC in local languages. Still with regards to dissemination, radio was the means of communication mentioned by the majority of the population, both in rural and urban areas, as their main source of knowledge about CDC. This is not surprising if we take into account the characteristics of the population in Guinea-Bissau, which is, for the most part, illiterate. Most information is conveyed by radio and by the actions of NGOs since other means of mass communication are limited to a small percentage of the population due to reasons stated above.

Graph VI shows that the dissemination of the CDC was intense, since 86% of those surveyed stated that they had knowledge of the existence of this instrument against only 14% who indicated that were not aware of its existence. This result is very important since the majority of those who responded to the survey (55.6%), were illiterate or only possess primary education. It is important to point out that, the high percentage reflects the country’s reality. Regarding the responses obtained, it was noted that those parents or guardians responsible for the child’s education are themselves illiterate, those that are enrolled in religious (Islamic) schools and those who have completed the basic level of education (high school) are among the people who are least knowledgeable about the existence of this convention.
Graph VI- Correlation between the level of education of the parent/guardian responsible for the child’s education and his/her knowledge about the CDC

Source: Data from the survey carried out as part of the compilation of this report

Regarding the means of understanding about the existence of the convention, the radio constituted one of the most privileged sources with more than 90% both in the rural areas and in the cities. Based on the graph below, the Television ranked in second place for those who live in urban areas followed by the NGOs, newspapers and finally, public institutions. Regarding the parents or guardians responsible for a child’s education who live in rural areas, public institutions occupy second position followed by Television, NGOs and the newspaper as the last means by which they gained knowledge about the CDC. The fact that the newspaper figured in last place it is justified not only by the level of illiteracy among the inhabitants but also due to the lack of accessibility of this product outside of the capital.

Graph VII- Parent/guardian’s place of residence and the means used to gain knowledge about the CDC

Source: Data from the survey carried out as part of the compilation of this report

An analysis of the means of communication/information can be made through graph VIII, which shows the calculated index based on the average situation in the country (100). Thus, one can see that the radio is a means, which its efficacy does not show diversion in terms of place of residence of those surveyed. In contrary, the efficacy of the TV (130) is more expressive in the city rather than in the country’s average, followed by the newspapers (128) and the NGOs (116). On the other
hand, public institutions show an efficacy that is superior to the average in the rural areas as a means of information dissemination.

**Graph VIII - Situation of the sources of information based on the place of residence**

This exercise allows us to develop actions aimed at sensitizing people by resorting to means relatively more effective and in line with the universe that is being targeted.

Regarding the regions as a group, it can be seen that the Radio continues to be the most privileged mean with 61% of the parents/guardians responsible for the child’s education, stating that they gained knowledge about the convention through this source. This is followed by the TV (16%), NGO (9%), public institutions (8%) e finally the newspapers (6%).

**Graph IX - Means of information about the convention in-group of regions**
Graph X, shows that the radio is a means of social communication mentioned by the majority of those surveyed in almost all regions, as the source by which they gained knowledge about the existence of the CDC with the exception of the Oio region, and large percentages in the Bolama Bijagós region (100%), followed by Cacheu region (89%), in third place the region of Biombo (82%), Gabú region in fourth place (55%), SAB (51%), Bafatá region last but one (41%) and finally the Oio region (29%).

Regarding the NGO as a means of information dissemination, this is recognized by 17% of those surveyed in the Bafatá region (17%), followed by Gabú region (16%) and in third place Oio region (14%), having less expression in the SAB (8%) and in the Cacheu region (5%). This means of information dissemination was not mentioned by any parent/guardian responsible for the child’s education that resides in the South (Bolama Bijagós e Quinara) nor in the Biombo region. This situation may be attributed to the fact that there is little NGO intervention in these regions particularly those who work on children’s issues. The highest figure that the NGO had in the Bafatá region, as the means by which they gained knowledge about the CDC can be explained by the fact that Plan Bissau-Bissau, being an NGO that has been developing many activities, exclusively cats for this region focusing on children’s development in this region.

Regarding the public institution, this was mentioned by the majority of the inhabitants of Oio region (36%), followed by those in Gabú (13%), Bimbo (12%), Bafatá (9%) and SAB (3%) in last place.

Television was mentioned by the majority of the inhabitants of the SAB region (25%), followed by those in Bafatá (22%), Gabú (16%) and Oio (14%), and insignificant results in other regions. The fact that TV had higher percentages in the capital is not strange to the factors associated with its use which requires good financial means given the almost inexistence of electricity throughout the country.

The newspaper had higher percentage in the SAB region, followed by Bafatá and Oio in third place.

**Graph X. Correlation between the region where the parent/guardian responsible for the child’s education live and the Means by which he/she learned about the existence of the CDC**

Source: Data from the survey carried out as part of the compilation of this report
An analysis of Graph XI reveals that the radio was relatively a more efficient mean of disseminating the convention in the regions of Cacheu, Quinara, Bolama/Bijagós and Biombo and, relatively less effective in the remaining regions. It is important to note that Oio is the region where public institutions are, in relation to the average situation in the country, more efficient and where the radio is less efficient.

**Graph XI- Rate of efficacy of the different means of information dissemination in the regions**

![Graph XI- Rate of efficacy of the different means of information dissemination in the regions](image)

**Source:** Data from the survey carried out as part of the compilation of this report

**v. Cooperation with the NGOs**

MSSFLP and the IMC face many difficulties in terms of human, material and financial resources to effectively carry out their activities. The state annual budget, which is below the country’s needs, has resulted in many of its activities having to be funded by the *Cooperação Portuguesa* (Portuguese Cooperation), by UNICEF, by Plan Guinea-Bissau and by other partners, depending on the situation. The financial and technical debility that these institutions show makes it imperative that they collaborate with the NGOs.

The Inter-NGO cooperation between these and the public institutions as well as the multilateral organizations, is a visible reality in Guinea-Bissau. Thus, there are certain areas of the country where little government intervention focusing on children is seen and therefore this has been compensated by the activities of NGOs.

Plan Bissau-Bissau, is a NGO that has been cooperating with various institutions namely, the national parliament in the revision and harmonization of the national legislation regarding the CDC. It also collaborates with AMIC, UNICEF and IMC and other national and international organizations that carry out activities that benefit children. For example, in 2007, it developed a decentralized model for the registration of children, which was implemented, as a pilot project, in partnership with the Ministry of Justice in the Bafatá region. Similarly, to better understand its target population which is mostly Islamic, Plan carried out a study aimed at further understanding the female incision phenomenon which represents one of the forms of violation of children’s rights. Still, in the scope of cooperation, the ONG *Sinimira Nassigué* and the Women and Children’s Institute (IMC), developed actions aimed at fighting against harmful traditional practices namely female genital mutilation and early/forced marriage. In the specific case of incision, an alternative practice was created but this was not effective since this *praxis* does not seem to have reduced.
AMIC (Association of Children’s Friends) is an organization that focuses on children and, it was the first in this area since it has been developing its activities as of 1984. This organization, implemented a project for children and youth who were workers in collaboration with SAVE CHILDREN SUED. Although some efforts dedicated to children by some organizations in the country have been successful, these are far from providing the answers to his problem due to the increasing economic vulnerability faced by the households in Guinea-Bissau. This reality has been increasingly pushing children and the youth to the field of small trade as a way of them contributing to the family income. It is in this context that AMIC, implemented the Children and Youth Worker’s Project which aimed at providing education and healthcare to the children since, these are the basis by which a harmonious and sustainable development of a society must begin. In addition to the areas of support mentioned-above, the project provided the children with sport and cultural activities as well as sessions aimed at sensitizing the participants about children’s rights. Furthermore, AMIC hosted two programs:

One about the repatriation of children who were victims of trafficking and their families, as well as socio-professional reinsertion after having had repatriated about 135 children from Senegal to Guinea-Bissau between 2005 and 2007. This was carried out in collaboration with the Swiss Foundation (Fundação Suíça) and IOM.

The Other program, which focused on school canteens, was developed in collaboration with the US-based Human International Partnership for Development (HIPD), which is active in 300 schools with a total number of 58,000 students, covering 6 Regions of the Country and the Autonomous Sector of Bissau (SAB).

SOS – Crianças, is a philanthropic institution that hosts orphan (partial and/or total) children, while providing them a new home. This organization began its operations in Bissau in 1994 and in 2006 it extended its activities to Gabú and Canchungo. This organization is structured into children villages (social center, a park and a youth residence), Hermann Gmairer primary schools and a pilot school. The children are monitored during their stay and after their departure from the village (when they reach adult age) where they are provided with an allowance/scholarship to help their social integration (designated partial insertion).

INDE works on the problem of child labor in a transversal way (education – literacy, health – HIV/AIDS among others). It collaborates with different national and international NGOs namely AMIC, REJE, and SAVE THE CHILDREN SUED. INDE is an NGO that focus its activities on educating and sensitizing children involved in small trade, which represents a category of vulnerable children.

Cooperation towards the implementation of CDC is not only taking place at a NGO level and public institutions but also at the level of national and international NGOs. For example, AMIC and Plan Guinea-Bissau implemented a program in the Gabú region on Children’s Carnival.

S.O.S Talibé, REJE e AMIC cooperate in the area of Talibé children. Whenever S.O. S Talibé identifies children who were victims of trafficking, it communicates to REJE and AMIC and these are responsible for looking for parents of the children identified. After finding the parents, the children can stay in the hosting centers that S.O.S Talibé has in Gabú and, this also has an Islamic school (madrass) where children can learn the Quran at the wish of their parents.

RENLUV is an organization that has been carrying out many activities on the issue of children’s protection. It promotes marches and campaigns aimed at sensitizing Parliament on children’s rights. The study carried out by UNICEF in 2007 on the institutional analysis of the social
protection structures in Guinea-Bissau, revealed that the employees of this institution have been, in many instances, hosting many children who are victims of violence and of harmful traditional practices thus, seeking support from the organization. While they carry out due diligence or make contacts with the relevant authorities to solve the cases, the children live at the houses of this organization’s employees due to the lack of hosting centers.

REJE is an organization that deals with community problems particularly those related to education (through diagnostics and school insertion), health (by providing medical care and, treatment), legal protection (by sensitizing and informing about the danger posed by mild, cruel physical punishment, sexual abuse. In addition, it provides instructions on how to open a legal process). Similarly, it works with children and youth who are workers (informal traders, by providing them with family support while sensitizing them and their families about the danger that they are exposed in their daily lives. REJE, in partnership with IMC and UNICEF, carried out training sessions targeting Police and Public Safety Officers (POP), equipping them with instruments that allow them to register every type of violence targeting children who then are taken to the police stations. Along the same line of concern for the protection of children, this network has developed working partnerships with INDE, AMIC and it also collaborates with the Ministry of Local Administration, Ministry of Justice, Ministry of Health and the Ministry of Education as well as that of Higher Education.

Regarding cooperation, it was concluded that this is evident among various government institutions, international as well as multilateral organizations. The study carried out by UNICEF on the Institutional Analysis of the Structures of Social Protection and Support to Children in Guinea-Bissau, provided evidence to this fact. For example, IMC collaborates with UNICEF, UNFPA, “Action Aid” and SNV on the elaboration of strategic plans and in the compilation of the five-year plan on the protection of children, which equally includes the concerns of NGOs that develop their activities around children’s issues. Meanwhile, they also develop partnerships with youth associations, Offices created in some government structures particularly at the Ministry of Local Administration through its office in charge of women and children affairs and, through that the General Directorate of the Judicial Police through deals with cases involving minors and adolescents.

Even with the efforts mobilized in favor of promoting the rights of children, there are, still, many things lacking in this field and, this is further compounded by the absence of a national plan of action on infancy/childhood.

**vi. Decentralization of the measures regarding the protection of children**

The decentralization of the measures of protection of children is manifested on the fact that the (Ministry of Social and Family Solidarity and the Fight against Poverty) MSSFP have created the General-Directorate for Social and Family Solidarity, whose activities are aimed at providing social protection to vulnerable groups. This Directorate is divided in two services: The Social Solidarity which supports old-aged people, the handicap and orphan children; and the Family Protection Service which supports very poor families and single parents. Still, in the context of promoting decentralization, as carried out by the government, MSSFP has gone further as to create the Women and Children’s Institute (IMC) whose objectives are targeted especially towards women and children. However, the lack of regional representation of MSSFLP and IMC limits its efficacy because their services are inaccessible to a large percentage of the population.
One other manifestation of the decentralization of protection measures promoted by the
government refers to the Ministry of Home Affairs through the creation of an office which focuses
solely on problems affecting women and children and the Regional Commissions who have
available a service focusing solely with protection. The Ministry of Justice through the creation of
a especial section dealing with family and employment issues, solves legal problems involving
minors and the creation of an office for minors and adolescents who are in conflict with the law
through the General Directorate of the Judicial Police.

The decentralization of children’s protection measures does not confine only to public institutions
but equally to non-governmental and multilateral organizations. For example, AMIC extended its
activities throughout all regions of the country through regional networks; In other words,
representatives of this organization were placed outside the headquarters and were tasked with
pursuing the organization’s objectives (defend children’s rights and promote training activities
targeting children about their rights). The study carried out by UNICEF and IMC in 2006 on the
abuse and exploitation of children, provided evidence that the employees of these regional
networks report many cases of violence against children. In Gabú, this organization has a
temporary shelter for Talibés children who return to Guinea-Bissau, coming from other countries
in the sub-region. These children remain in this shelter while efforts to identify their parents are
made. The School Canteens program (IPHD), which AMIC structure hosted, covers 300 schools
some of which are located in the regions.

REJE such as AMIC also have Regional representations. Similarly, SNTLS (National Technical
Secretariat in the Fight against AIDS), has Regional representations through the SRTLS (Regional
Technical Secretariat in the Fight against AIDS) although this does not cover the whole national
territory.

The catholic and evangelic missions develop actions focusing on protecting children and women.
Their activities, in the context of Guinea-Bissau, assume a real position in the decentralization,
because they develop actions in the villages. Its activities include weighing children to check if
their weight corresponds to the ideal weight of a child. They also provide care to children who are
suffering from diseases. The interventions of this institution are also visible in the field of
education because the organization invests in children parks and primary schools. The government
also cooperates still with other religious organizations namely Casa Emanuel and Islamic
organizations that care for orphan children.

4. General Principles

i. Principle of Non-discrimination

CRGB establishes in its 24th article that “all citizens are the same before the law, they enjoy the
same rights and they are subject to the same obligations with no discrimination based on race, sex,
social, intellectual and cultural status, religious creed or philosophical conviction”.

The constitutional consecration of this principle has been facilitating the general view that defends
equality among human beings:

At the infra-constitutional level, there were situations of inequality in the ordinary laws, for
example, the discrimination of children born out of the wedlock, in benefit to those born within a
marriage, the differences between man and women in terms of their rights and obligations both at
the family level as well as in other situations, as a result of the maintenance of colonial laws
regarding national order, the emanation of Law nº 1/73, of September 24th. As a result, there was
prohibitive legislation on discrimination such as Law nº4 /76, of May 4th which forbids the
discrimination between legitimate and illegitimate children as well as the use of any discriminatory designation. The collection of reforms initiated since 1997 and which has already reached the ANP was carried out in order to eliminate all the negative discriminations among children. These are aimed at harmonizing the national right not only with the principles consecrated on the CDC, but also with other instruments such as the CEDAW, The African Charter on Human Rights and that of people, among others.

Regarding the application of the principle of non-discrimination, since this is a principle that relates to fundamental human rights, the application of international legal instruments has been guaranteed at a practical level, independently from the ratifications or not from those materials. Taking into account that there is an open disposition in the CRGB which its 29th article consecrates the following: “The fundamental rights enshrined in the Constitution do not exclude any other constants of the many laws of the Republic and the applicable rules of International Rights”.

In this context, some measures have been taken aimed at eliminating the practice of discrimination, such as the concession of more facilities for the education of girls. Thus, many programs count with the support from international and non-governmental partners in order to correct the huge disparity that exists between men and women (see Graph), which are the result of obstacles that women face in accessing education, caused essentially by socio-cultural factors.

From an economic perspective, many initiatives have been implemented with the view of reducing the strong dependence of women in relation to men, essentially in the promotion of economic activities through micro-credit, where since 2004 there has been a Cell in Ministry of Economy, which is responsible for this initiative.

**ii. Children’s Best Interest**

The measures related to the application of the principle of children’s best interest refer to cases of their parents’ separation, adoption and legal guardianship.

* a) Parents Separation

In the case of parents’ separation, frequently there are disagreements regarding the custody of the children who are minors. The previous law was not clear in this regard and this has conditioned the children to be kept by the more responsible parent or based on his/her economic power. A long time ago the practice was that a child was always entrusted to the mother until the age of seven, but this practice was banned from the system and replaced with the rule that custody of the child would go to that parent that could offer better protection to the child which, in some cases, is not necessary any of the parents. The courts and administrative institutions have been considering the child’s best interest both in terms of the arbitration of food as well as in the attribution of privileges in their favor.

* b) Adoption

The norms related to adoption have been a subject of attention since it constitutes an alternative for a child. It was concluded that the existing legislation does not facilitate the process due to fact that this is very limited particularly regarding to who can adopt or can be adopted. Debates around the subject have been organized, but fears of legal facilities being taken advantage of in order to promote child trafficking due to the weaknesses that the country faces, have been contributing for the non-presentation of a more liberal proposal thus allowing for the continued application of the
existing legislation. However, its efficacy has been according to international instruments, especially the Convention Related to the Protection of Children and the Cooperation on the Issue of International Adoption of May 29th, 1993, which establishes a regime of cooperation based on the principle of superior interests of children (see your article no. 1)\(^5\).

c) Jurisdictional guardianship

Knowing that children do not have the capacity to represent themselves, the Public Ministry has been guaranteeing the defense of their (children) interests based on its position as the Curator of the Minor Children. In this regard, more than one magistrate has been appointed in order to conveniently administer processes in which the interests of the minors are in question.

Furthermore, legal reforms have been expected in the Penal Process so that cases that involve minors are pursued in a way that it does not affect their physical and intellectual development. For that effect, if necessary, the processes can be pursued secretly.

iii. The Right to a life, survival and development

A child’s right to life is part of the general rule that all human beings have the right to life, physical integrity, honor, etc.

In the specific case of children, given their condition of fragility, society should assume a role that guarantees the materialization of that principle which has, as its main tenants, the right to protection, the right to a good health condition and, the right to live in a healthy environment that allows for a harmonious development.

Based on this principle, many actions were developed and structures for protection created in the specific institutions, for example, in the field of health, education, infrastructures, which deserve to be discussed in detail.

iv. Respect to children’s opinions

In order to guarantee the application of the rights consecrated in the CDC in general, on February 2000, the Government created the Women and Children’s Institute (IMC), attributing its necessary administrative and financial autonomy so as to, effectively, meet its objectives.

IMC has a especial department that focuses on children’s affairs and this has been developing various children’s inquiry activities namely the creation of the Children’s Parliament, which was, before its sessions, been anticipated by that of the regional parliaments. The Children’s Parliament not only provides possibilities to children to expose their viewpoints, but also the opportunity to meet the country’s President and the Regional Governors.

Children’s fortnight sessions takes place in June, period in which several activities are developed aimed at gathering children’s opinions and, frequently other activities are carried out to allow the children’s parents to learn how to respect their children’s opinions on matters that are of concern to them.

\(^5\) Despite the fact that the country is not part or have not ratified this instrument, article 29 of the CRGB, allows for its inclusion.
In jurisdictional terms, the dynamism showed by the Curator of Minors, allows for children’s (minors) opinions to be taken into account everytime their interests are at stake, namely in cases of choosing who should gain custody of the children in the event of their parents separations as well as in cases of adoption.

According to the data from the survey carried out as part of this study, 56% of those surveyed stated that “sometimes” they consider children’s opinions against 27% that rarely do and, 12% said that they never considered.

**Graph XII – Distribution of the responses on the question whether children’s opinion is ever considered**

![Pie chart showing distribution of responses on whether children's opinion is ever considered.]

**Source: Data from the survey carried out as part of the compilation of this report**

Even with several actions developed, aimed at respecting children’s opinion; Graph XIII confirms that parents/guardians of almost all ethnic groups with the exception of the mansoancas and the nalús stated that sometimes they take into consideration children’s opinions on issues of their concern. Those who “rarely”, consider children’s opinion came second; although it is highlighted by the total number of those surveyed who are of Nalu ethnicity. Those who stated that they “never” respected children’s opinion are poorly represented, however, are mentioned in total by those surveyed that are of Mansoanca ethnicity. This shows a progressive and positive evolution about the respect that adults have for children’s rights, however, more work still needs to be done in as far as sensitizing because the socio-cultural values that provides the framework and the guidelines for behavior of the majority of the inhabitants in the country, are not commensurate with the principles enshrined in the national and international legal instruments on children’s rights.
Graph XIII- Correlation between parents/guardians’ ethnicity and whether these take into account their children’s opinions

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>As vezes</th>
<th>Raramente</th>
<th>Nunca</th>
<th>Balanta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balanta Fula</td>
<td>30%</td>
<td>0%</td>
<td>70%</td>
<td>0%</td>
</tr>
<tr>
<td>Mandinga</td>
<td>65%</td>
<td>0%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Manjaco Papel</td>
<td>22%</td>
<td>33%</td>
<td>45%</td>
<td>0%</td>
</tr>
<tr>
<td>Mancanha</td>
<td>15%</td>
<td>30%</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td>Beafada</td>
<td>47%</td>
<td>25%</td>
<td>28%</td>
<td>0%</td>
</tr>
<tr>
<td>Mista</td>
<td>50%</td>
<td>63%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Balanta Mané</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Nalu</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Djacanca</td>
<td>52%</td>
<td>30%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Mansonca</td>
<td>18%</td>
<td>25%</td>
<td>56%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Data from the survey carried out as part of the compilation of this report

In order to refine the analysis, once again a synthetic indicator was developed which shows the situation in each region in relation to the country’s average. Thus, all the indicators below 100 indicate the regions where the situation is inferior to the national average and vice-versa. For example, we have those surveyed who are of Mansoanca ethnicity that, contrary to other ethnicity, declared that they never listened to children’s opinions. On the other hand, the Nalus are, according to this indicator; the ethnicity which children are least listened to.

Graph XIV- Index of consideration of children’s opinions (country =100)

Source: Data from the survey carried out as part of the compilation of this report
5. Civil Rights and Liberties

i. Birth Certification/Registration

The rules regarding the certification/registration of births which took place during the colonial period did not correspond to the country’s socio-cultural reality, favoring those children born in hospitals as well as those children that were born from parents who were legally married.

Understanding the situation, the government of Guinea-Bissau, took measures aimed at promoting birth certification of as many people as possible by, namely, abolishing the tax that was charged based on the Decree N° 04/02, of April 25. However, the costs involved in not declaring the birth of a child within thirty days upon its verification, continued to discourage the birth certification within the expected period of time. Thus, some measures aimed at promoting the right to birth certification were taken, namely:

- Decree N° 09/04, of December 9, of His Excellency the Minister of Justice which determines that “The acts of certifying/registering the birth of a child between 0 (Zero) and three 3 (three) years of age are free of charge.
- Decree N° 06/06, of August 7, extends the period within which a child’s birth registration/certification is free of charge to five years of age, invoking in the same decree that this measure is aimed at providing the right to a name and identity as expected in the CDC.

To complement these measures, free birth registry/certification campaigns for children aged between zero and ten were periodically organized, with the support from major partners who operate in this domain, with UNICEF and Plan/GB as the highlight.

These free registration campaigns allowed for, greater number of children especially Talibés, refugees and workers to be registered. A chance for these children to obtain Identification Cards (I.D.s) was provided and, the acquisition process is being facilitated not only in Bissau but also in rural areas.

Graph XV which shows the results of the data from the survey applied to families shows that some households 60 % of the children were all registered while 35% of the households only some were registered and, in 4% of the households no children were registered.

Graph XV- Number of children registered in the household

Source: Data from the survey carried out as part of the compilation of this report
Graph XVI shows evidence that most children are registered between the ages of 2 and 6 which represents 34%. This situation reflects the mentality of most parents who normally register their children only when they begin school because enrollment at any educational institution requires that a birth certificate be presented. Children who are registered between the ages of 2 months to one year represent 24% and, those who are registered between 1 week to 1 month upon their birth represent only 20%.

Graph XVI- Age at which children were registered

Still on the issue of children’s registration, data from MICS (2006:82) illustrate that, at a country level, 38, 9% of children who are less than 5 years of age were registered at birth. Among the total of children these children registered at birth, 40, 4% are males while 37, 4% are females and, 53% of these children live in urban areas while 33,1% live in rural settings. 16,8% belongs to the age group between 0 and 11 months, 34,5% are between 12 and 23 months and 51,3% are between 48 to 59 months. The percentage of registered children whose mothers have completed higher and tertiary education represent 60%, those whose mothers have completed primary level of education represent 50% and only 33, 4% are children whose mothers do not have any education. Regarding the place of residence, 57% live in the SAB, 47% in the Northern region and, 20% in the South. In summary, the registration frequency is influenced by the age of the child, the means and place of residency and, the level of education of the mother. As a result, children with higher ages who live in urban areas whose mothers have higher levels of education; have greater probabilities of being registered.

ii. Freedom of Expression

Freedom of Expression, consecrated on article 13 of CDC, comes to reinforce a series of rights enshrined in the universal declaration of civil rights of all human beings and in the international pact related to the civil and political rights. In Guinea-Bissau, since the ratification of CDC, one of the more frequent initiatives was the promotion of children’s freedom of expression through the creation of means that would allow them to manifest their ideas. These are, namely, the promotion of debates between children in the children’s parliament (regional and national), organization of thematic meetings about children, radio programs, the creation of a Network of Children Friendly Journalists (Rede de Jornalistas Amigos da Criança) and the organization of poetry sessions and exhibition of children’s drawings.
iii. Freedom of Association

Article 15 of the CDC defends freedom of association and the ability of people to gather peacefully. This is also consecrated in the constitution of the Republic of Guinea-Bissau in its Articles 54 Nº 1 and 55. In the country, there is no legal restriction in terms of constituting an association; however, there are difficulties, which are of financial nature. Since the Decree Nº4/02, the financial demands for constituting an association for public use were taken into consideration resulting in the abolition of the mandatory deposit of a certain amount that was required for its legalization. Nº 3 of article 55 of the CRGB establishes restrictions for the creation of associations that promote tribalism and racism as well as those of military and paramilitary nature. The freedom consecrated in the national legal instruments regarding the constitution of associations is manifested through the proliferation of associations in the country being they of religious, cultural, recreational and/or of community nature. IMC has assisted many of them.

Graph XVII- Correlation between the participation of children in meetings and their parents/guardian’s religion

Source: Data from the survey carried out as part of the compilation of this report

iv. According to data from the survey on Freedom of Association and, as summarized on Graph XVII, concluded that parents or guardians who are atheists are more likely to allow their children to participate in associations. As a result, 47% of atheists who were surveyed stated that they do not place any restriction to their children’s participation in meetings and/or public associations against 20% of Muslims and 22% of Christians.

Cult, Consciousness and Religion

The CRGB defend, in its article 52º nº 1, the in viability of freedom of thinking and of religion and, in nº 2 of the same article, it recognizes the freedom of cult as long as it does not violate the fundamental principles of the constitution. In the international legal instruments applicable in the country, the freedom of cult, thinking and religion are guaranteed. In this context, children, according to their capacities and guidance from their parents and guardians, are guaranteed the exercise of these rights. It is also important to note that the last parliamentary session in 2007 ratified the African Charter for the Rights and Well-Being of Children (CADBC), an important legal instrument that consecrates all the civil rights and liberties adopted on the CDC. As a result, nº 3 of the same article goes further in a sense that it authorizes the teaching of religion as long as this is practiced within the respective congregation. This issue is stated in article 14 of the CDC and in the nº 3 of this article where it establishes limitations about religious freedoms to children in the following instances: from restrictions expected by law and those which are also necessary for the provision of safety, order and public health, moral or fundamental rights and liberties.
The articles in the country’s constitution, which are mentioned above, demonstrate that children are not just a member of society but an active one and, it also provides evidence about the harmonization between the CDC and the constitution. However, in practice the application of such harmonization faces tremendous difficulties due to socio-cultural values by which the behavior of the majority of the inhabitants in the country. For example, as part of the tradition of the majority of all ethnic groups in Guinea-Bissau, children cannot voice their opinion when adults are discussing issues, even when those issues are of the former’s concern. In addition, there are rare occasions in which children can choose a religion that they want to profess, since there is a tendency for children to automatically follow their parents’ religion with some exceptions (such as children who adopt Christianity while their parents are atheists) The difficulty in as far as the religious freedom of children is concern is seen mainly among children whose parents are Christians and who want to adopt the Islamic religion and vice-versa. As a result, despite the difficulties identified in the examples provided as evidence, there has been an effort by the families in adopting the norms enshrined in the constitution. There is awareness about the fact that a child is not only a member of society with duties to fulfill but also that a child has rights.

The relevant public institutions in coordination with the NGOs and the families have made efforts to create conditions to enable children to exercise their rights, classifying as progress and positive the attitude of adults towards children. This position is justified by the existence of a host of associations created in different cities and villages. Beside these associations, currently the children of Guinea-Bissau have a parliament where they have the opportunity of expressing their thoughts ad defend their interests.

**v. Access to appropriate information/ the right to privacy**

Children should be provided with information that does not prejudice their evolution. In this context, there are certain guidelines to the media, particularly those, which are public in nature, to take into account in their programs, the most appropriate content for children. The same applies in the fiscalization of the access of children to movies and shows where there must be an age restriction. It is important to note that in this regard the fragility of the fiscalization institutions that are supposed to enforce the law is recognized. However, there has been an effort to increase the intensity of the inspections while applying severe penalties to the offenders. The revisions made to the civil process and penal codes, provides privacy guarantees in the treatment of issues pertaining to children, as the situation requires it, so as to avoid that the intellectual development of the child is not affected.

**vi. Prevention against torture, degrading and inhumane treatment**

In order to warn the authorities against the ill treatment of children, an Office for Women and Children’s Affairs was created within the Police and Public Order Central Commission, Ministry of Home Affairs. This office aims at not only act in preventing but also training police agents. This training focuses on ways these agents must deal with vulnerable segments of society, how to organize interrogation sessions and how to host children who are victims of ill treatment. At the level of the judicial police, an office to deal with children and adolescents who are in conflict with the law was created. This office’s mission consists of providing more protection to this category of children.
6. Family environment and alternative guardianships

i. Paternal responsibilities, rights and duties

The households in Guinea-Bissau are, for the most part, large. In other words, it is not only made up of parents and their respective children, since the poligamic forms of marriage that are polygenic in nature, are characteristics of all ethnicities in the country, contrary to the civil legislation inherited from the colonial era, which was designed in the context of the nuclear family constituted according to the European model.

From the beginning of independence, it was noticed that there were situations, which did not fit in with the country’s reality. It was in this context that Law nº4/76, of May 3rd, which abolished the discrimination between illegitimate and legitimate children, which have as a base the marital status the parents, came to effect.

The elimination of discriminatory designations did not resolve all the legal problems caused by the fact that the civil law was inappropriate to the national reality. This was the reason why more in-depth reforms aimed at harmonizing the national law with the international legal instruments, were carried out.

In this context of revising the proposal, the first step began by changing all the dispositions, which differentiated the rights and duties of both the father and the mother towards their children to allow both to have the same rights and obligations towards their children regardless of their marital status or social conditions. Similarly, the dispositions which offered doubts about the power of the parents, such as in the case of article 1884 of the C.C. which, established that the parents could “moderately correct their child in the latter’s mistakes”, were eliminated.

These dispositions had been interpreted as permission for light physical punishment as a way for parents to educate their children. Thus, these dispositions were changed so as to resemble the obligation of the parent to educate and to guarantee the best environment for the child’s development.

Also in the chapter related to successions, rules that guarantee equality between siblings, regardless of the circumstances that they were born in, whether within marriage or out of wedlock, were established. In this regard, it is important to highlight the commitment of the Curator for Minors at the Regional Family Court Section in promoting and defending children’s rights when their interests are at stake.

ii. Security and social reinsertion of children

Both the national and international rights laws do not allow that children are separated from their parents unless it is concluded that it is best for their well-being, namely, when the security and development of the child is at risk.

More complicated cases are those which involve parents who are separated, but the application of the principle of child’s best interest ends up determining who should gain custody of the children, which may also not be any of the parents in the case that none of them meet the conditions, material and/or moral so that the custody of the child can be granted.
In this regard, the availability of collaboration between the National Nucleus of Technicians for Social Intervention (NUNATIS), which works in partnership with the Ministry of Social Solidarity and Fight against Poverty and with the Curator of Minors at the courts, is extremely important.

Despite the abolition by the state, of children’s homes previously controlled by the former “Instituto Amizade” (Friendship Institute), increased partnerships with private initiatives for the hosting and the reinsertion of children have been witnessed. Among these partnerships, the collaboration between the Ministry of Social Solidarity and Fight against Poverty and other government institutions with the SOS villages, Casa Emanuel Orphanage, SOS Talibés Children, AMIC, and many other organizations, mainly those linked to religious institutions, deserve to be highlighted.

**iii. Institutionalization of children’s homes: Rehabilitation, reeducation and reintegration of vulnerable children and youth in conflict with the law**

The new Statutory Law on Jurisdictional Assistance to Minors establishes new rules for the placement of children in Homes. The innovation included in this instrument is the relevancy given to the technicians of different specialties namely, psychologists, sociologists, social workers, in the implementation of plans for the placement of children.

It was also considered the placement of a minor in a Home as a last resort taking into account international practices, which always give privilege to the reinsertion of minors in the family life.

The last overall Government budget included funds to assist social institutions, which host or support children. Despite the fact that the situation of the public finances made difficult to completely follow-up this provision, there were some instances where financial support was provided and tax exemption given towards the assets and services rendered by these institutions.

### 7. Basic Health and Well-Being

Basic health and well-being are conditions, which without them the survival and development of a child becomes difficult. As a result, when a country manages to equipe itself with medical infrastructures with all the necessary instruments that allow for the diagnostic and treatment of diseases, that means well-being. However, well-being does not end there, as it also requires that the child has good nutrition.

#### I. Child Survival and development

Survival and development are aspects that Guinea-Bissau must make additional efforts particularly on the part of the government. Although the government improved the conditions at the main maternity centre in the country, Simão Mendes Hospital, regional maternities around the country continue to face many problems, a similar situation faced by the pediatric units as well as by the infant-maternal health centers. Another aspect which deserves to be highlighted in this report is related to the examination and treatment of children and pregnant women, in which large part of this target population do not seek a hospital due to the fact that they lack financial means. The most severe problem relates to those pregnant women who need a surgical intervention (ciserian), where they are requested to pay an exhorbitant amount of money, without taking into account the average salary of a Guinea-Bissau’s citizen.

The maternity and the pediatric centers throughout the country are not equipped with the material and human means to guarantee basic health and well-being of children and women due to the following factors: lack of recycling training to both the medic and paramedic personnel which
results in their inability to follow-up the evolution of diseases and the necessary medication for their treatment. When a person goes to the hospital he/she is forced to buy almost all the medication, from simple materials (such as gloves and wound-dresser) to more complex ones (such as medication).

Another problem seen in every hospital is the inexistence of especialists in some medical fields. In order to treat certain diseases, it is necessary to obtain a joint medical report or to have self means so as to seek treatment overseas.

Graph XVIII shows that the above-mentioned shortages at various levels of the health system reflect the high infant and the infant-youth mortality rates, where the highest is seen in the Eastern region of the country, with 152 and 257 respectively and, the lowest in Bissau 89 and 143. This situation can be justified by the fact that most of the equipment from public and private hospitals is located in the Autonomous Sector of Bissau.

According to the Human Development report (2007/2008), the public health expenditure in Guinea-Bissau represents only 1, 3% of the GDP.

Graph XVIII. Infant and Infant-Youth mortality rate

Source: MICS 2006

**ii. Incapacity and deficiency**

Before we discuss this part of the work, it is important to distinguish the concept of incapacity from that of deficiency. While incapacity reports several functional limitations which people are subject to, that can be physical, intellectual or sensorial in nature, deficiency refers to the restriction to the possibility of participating in the collective life in similar circumstances with other people.

In Guiné-Bissau, there are a significant number of children who are incapacitated and deficient. These illnesses can have several origins, above all the lack of treatment of some diseases which children carry in the first phase of their lives or even in a previous fase, in other words, during the pregnancy. This is also a result of the fact that many pregnant women in the country do not go to a hospital because they lack the necessary means and/or because they live in a village which does not have medical equipment, thus standing a great chance of delivering a deficient child. Although article 23 of the CDC defends that a deficient child must benefit from life conditions which should favor her autonomy, thus facilitating her active participation in the collective life,
the same article guarantees a special treatment to this category of children in which the support that is given to them should guarantee their effective access to various services.

The Government of Guinea-Bissau does not have the necessary equipment to respond to the needs of this category of children. In the country, there are only two associations catering for the blind and deaf-mute, namely the ASGB (association of the Deaf of Guinea-Bissau) and AGRICE (association for the reenersion of the Blind). There is one school for each of this category of children. The school for the deaf and the mute is situated at the former Salvador Allende School and that for the blind is named Begala Branca in Plaque. The government did not totally engage in the functioning of these schools, having only provided the space, the hiring of teachers and the provision of tax exemptions and other fiscal benefits in favor of these institutions. The rest of the expenditure is being funded by the Portuguese Cooperation (Cooperação Portuguesa).

It is important to note that these schools only exist in Bissau, which means that all the children who are in this situation and live in the region are deprived from the right to education. In addition, children with physical disabilities do not have access to many places given the fact that up until now there are no appropriate infrastructure designed specifically for this category of children. As a consequence, this reality prevents these children’s from actively participate in the community life. The especial measures to assist parents and guardians who have the responsibility of caring for these vulnerable children are inexistent in the country and, this limits their access to many services.

### iii. Infant-Maternal Health

In Guinea-Bissau, access to Infant-Maternal health care is not a condition guaranteed to all children and pregnant women although government efforts in this specific area should not be minimized. In the country, the infant-maternal healthcare centers are structures extremely limited and those that exist have little equipment available. The consultation that these services provide to children and pregnant women are not free thus, extremely limiting the access of these especial category of users of such services. As a result, the country faces both high maternal and infant mortality rates. (See Graph XVIII).

Graph XIX shows a positive spectrum in relation to the vaccination of children where 62% of children that constitute the households, have all been vaccinated, 36% received some vaccines and only 2% did not get any vaccine. This data confirms the Government effort, with the support from UNICEF, in promoting vaccination campaigns.

**Graph XIX- Children vaccinated in the Households**
Table I shows the distribution of vaccination throughout the first year of the child’s life, based on the child’s vaccination card, the mother’s statement, both the child’s vaccination card and the mother’s statement and last, the category of children that were vaccinated before they were 12 months old. Regarding children that have a vaccination card confirming that they have received a BCG and polio 1 vaccination, these account for 70%, while those who have the card/mother’s statement, represent only 13% of those who received these vaccines. In almost all the categories with the exception of the statement of mother’s statement category, greater percentages received different vaccines.

Table I- Vaccination throughout the first year of the child’s life

<table>
<thead>
<tr>
<th></th>
<th>BCG</th>
<th>DTC 1</th>
<th>DTC 2</th>
<th>DTC 3</th>
<th>Polio 0</th>
<th>Polio 1</th>
<th>Polio 2</th>
<th>Polio 3</th>
<th>Measles</th>
<th>All</th>
<th>None</th>
<th>Number of Children from 12-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination Card</td>
<td>75.7</td>
<td>70.2</td>
<td>65.1</td>
<td>57.4</td>
<td>56.2</td>
<td>73.4</td>
<td>67.2</td>
<td>61</td>
<td>63.4</td>
<td>49.6</td>
<td>0.4</td>
<td>1275</td>
</tr>
<tr>
<td>Mother’s Statement</td>
<td>13.2</td>
<td>12.9</td>
<td>9.8</td>
<td>9.4</td>
<td>7.9</td>
<td>13.6</td>
<td>9.3</td>
<td>3.1</td>
<td>12</td>
<td>0.6</td>
<td>7.3</td>
<td>1275</td>
</tr>
<tr>
<td>Vaccination Card/Mother’s Statement</td>
<td>88.9</td>
<td>82.7</td>
<td>74.7</td>
<td>62.8</td>
<td>64.1</td>
<td>87</td>
<td>76.7</td>
<td>64</td>
<td>75.5</td>
<td>50.2</td>
<td>7.7</td>
<td>1275</td>
</tr>
<tr>
<td>Vaccine before 12 months</td>
<td>87.1</td>
<td>80.1</td>
<td>72.2</td>
<td>59.1</td>
<td>62.8</td>
<td>84.8</td>
<td>74.1</td>
<td>56.7</td>
<td>71.2</td>
<td>39.9</td>
<td>7.9</td>
<td>1275</td>
</tr>
</tbody>
</table>

Source: MICS 2006

Regarding the staff that provides pre-natal care, midwives have almost 61% lead in the South as shown in the Graph XX, 52% in Bissau, 48% in the North and 36% in the East. Medical doctors are more represented in the Capital with 25%, 17% in the North, 11% in the South and only 5% in the East.

Regarding the assistant mid-wife as a pre-natal caregiver, these have higher expression in the Eastern, Northern and Southern regions of the country.

Women who do not resort to any pre-natal care are registered in all regions. However, the East region has the higher rate with 17%, followed by those in the South 14% and in the North % and Bissau with 6%. These figures reinforce the situation described at the beginning of this section regarding the existence of pregnant women who do not go to the hospital during their pregnancy.
Family planning, regulation of harmful traditional and cultural practices (Female Genital Mutilation, early/forced marriage) and trafficking

In the country, there is a NGO that develops activities in the area of family planning, Guinea-Bissau’s Association for Family Planning and Family Well-Being (AGUIBEF), which was created in 1986. Its activities are extended throughout some regions and, the awareness it promotes is carried out in traditional languages by animators. The work of this organization does not end in the cities but it is also carried out in villages. Family planning activities are also carried out by infant-maternal health centers.

The adoption of family planning by the spouses and the elimination of harmful traditional practices face difficulties, due to socio-cultural factors which legitimate such practices. In the villages as well as in the cities it is difficult to convince some people to adopt a certain behavior that would limit the number of children a woman should bear due to their believe that only God can determine such limit. In addition, the idea that the higher the number of children the more hands to work and more wealth, it still persists.

Despite the difficulties mentioned above, many women in agreement with their spouses opt for family planning.

Graph XXI shows that almost all regions of the country represent a satisfactory demand for family planning, except in the East. The Capital hosts 48% of surveyed a woman who mentioned that their needs regarding family planning, has been satisfied, 31% in the South and North while only 9% in the East.

Regarding the need for contraception not being totally satisfactory, highest figures were registered in the East as it was expected since this region has the lowest percentage of women whose demand for contraceptives is met satisfactorily. It is also the region where women that use contraceptives are few.
Regarding harmful traditional practices, despite the work carried out by the NGOs that operate in this field, cases of such practices do not seem to have reduced. *Sinimira Nassiquê*, an organization whose area of intervention consists in fighting against female genital mutilation and early marriage, faces constraints. Its activities have not been visible due to financial limitations and the poor strategies and approaches that they have adopted. Thus, the work of the NGOs in these aspects, in synergy with IMC did not manage to influence the attitude of the promoters of such practices. It is important to note that since 2000 the National Committee against Harmful Practices (CNCPN) did not develop more actions and in terms of legislation, there is no law that prohibits this practice. These practices represent a violation of children’s rights, which are compulsory in Islamic ethnic groups although people from other ethnicities, due to individual freedom and cultural assimilation, also try such practices. According to a study carried out by *Jakobsen et al, 2002* 83% of the girls, which went through FGM represent in total 83% of the Islamic ethnicities in Guinea-Bissau. Many fanatics of such practices had surrendered their knives and had promised not to have them back, resorting to alternative practices, however, the incision of girls has continued. The compulsory nature of this practice in Islamic communities is justified by the fact that it is the condition upon which a girl is illegible to marry and participate in cultural and religious ceremonies.

After a reflection workshop on the definition of strategies for the abandoning of harmful practices in the country, the government and other stakeholders decided to adopt new fighting approaches and strategies that included the use of local languages as a vehicle as well as a collective perspective. These focused on the community appropriation and in the network of religious Islamic leaders aimed at demystifying the litigation between FGM and this religion which would be followed by a the approval of a law prohibiting this practice.

Graph XXII provides evidence that female Genital Mutilation is a practice that exists in all the regions in the country. The Eastern region leads in this practice with 92, 7%. This percentage is not surprising since this is the area where the majority of Muslims live and, this practice is part of their costumes. The Southern region occupies second place with 36, 3%, as it is also a region where many Muslims live. Bissau comes third as it is an ethnic mosaic where all the ethnicities are represented above all those that profess the Islamic religion. In Last place comes the Northern region where the majority of the population is atheist with the exception of those in Oio. These
figures show that despite various efforts to abolish this practice, this continues to be intact in Guinea-Bissau.

**Graph XXII. Female Genital Mutilation**

![Graph XXII. Female Genital Mutilation](image)

*Source: MICS 2006*

Graph XXIII shows that the Northern region of the country has the highest rate of women who were married before the age of 15 (10%) in relation to the total number of married women, followed by the *Sector Autónomo de Bissau* with 5.8%, the East in third place with 5.7% and lastly the South (4.8%). This data contradicts the preconceived notion that in the East girls get married early.

The figures that the graph provides as evidence, are not to be ignored due to multi-dimensional consequences that this practice can have in a child’s life such as: one of the dimensions to highlight is that she is obliged to abandon her education much earlier, blocking her chances of obtaining a higher level of education that could allow her to get a job and economic independency. Another consequence that can result from an early marriage is that the child has to start a sexual life much earlier since marriage also implies the susceptibility of engaging in sexual relations with the spouse, which may lead to a premature pregnancy. If the girl is not sufficiently mature, this may have implications before and after the delivery.

**Graph XXIII. Early Marriage**

![Graph XXIII. Early Marriage](image)

*Source: MICS 2006*

Regarding the Talibés children, two studies carried out in 2006 by INEP, UNICEF/Women and Children’s Institute, revealed that there is great mobility of children to study the Quran, consisting
this phenomenon, in a pendulum dynamic for the recruitment of children to Islamic schools in Senegal, Gambia and/or Guinea-Conakry.

It was also concluded that normally there are intermediaries that contact and recruit male children through their parents and/guardians by first making alluring promises such as the opportunity of their children to study the Quran overseas. Thus, several families trust the intermediaries who then take the children and later on, their masters exploit these. It is important to highlight that the learning of the Quran represents, in part, the preservation of the Islamic culture since it allows for the transmission of its consecrated values. The number of Talibés children in Guinea-Bissau who live in Senegal is estimated to be about 120,000.

The study about the sexual abuse and exploitation of minors emphasizes that these schools do not have the necessary conditions and they are far from being Islamic schools, resulting in these children being transformed into slaves where they have to, daily, endure hard and heavy work for their ages. The children have confirmed that they endure sacrifices and misery and that they never have any contact with the Islamic school. They also stated that they spend most of the time begging for money in the streets which they then give to the adults and they are also made to do hard work.

In summary, FGM, early marriage and the phenomenon faced by the Talibé children takes different forms of violation of children’s rights namely, violence, abuse and economic exploitation.

v. VIH/SIDA, e other STDs: Prevention, control and treatment

Since 1986, Guinea-Bissau has been mobilizing tremendous efforts to prevent from HIV, having created a National Commission for the Monitoring of the Epidemiological Fight against AIDS. In 1987 the National Program for the Fight against AIDS (PNLT) and later in 1992, the National Committee for the Fight against AIDS were created. Currently the National Secretariat for the Fight against AIDS is the institution that coordinates all the activities related to AIDS in the country, being a structure that apart from mobilizing financial resources, also carries out sensibility campaigns, information dissemination and monitors activities related to HIV/AIDS. Furthermore, it also collaborates with NGOs that operate in this field as well as with youth associations and groups linked to evangelic and catholic churches.

The study carried out by the secretariat for the fight against AIDS highlighted that despite the fact that the government always created structures that devote their attention to the HIV problem, it did not mean that this was relevant in the Ministry of Health’s budget particularly between the end of the 1980 decade and the beginning of 1990 since during this period the country depended on external assistance. Despite the efforts made in the fight against HIV, this problem continues to manifest increasing tendencies and Guinea-Bissau is a country where both types of the virus (VIH 1 e VIH 2) are spread. The rate of prevalence of these two virus were estimated based on a study on the monitoring of the epidemiology among pregnant women above 15 years of age and who use infant-maternal services in some regions of the country.

The same study concluded that in 2001 the rate of prevalence of HIV, including double infection, was estimated at about 4% among sexually active people and with more that 15 years of age and, those with VIH 2 were about 2, 7%.

Various studies show that HIV transmission in a country like Guiné-Bissau occur mainly through a contact with heterosexual individuals who have an infection, vertical transmission from mother to child through the placenta and, through blood contact with infected midwives during delivery.
On the other hand, socio-cultural factors from different ethnicities namely, female incision (*fanado*) and the *levirate*.

Graph XXIV provides evidence that women begin to engage in sexual relationships very early, which also contributes to the increase in the rate of incidence of HIV since unprotected sex represents one of the ways of contracting the virus. Bissau is the place with greater number of women who begin to have sexual relationships before the age of 15 (28, 1%), which may be explained by the sexual freedom and little influence of socio-cultural factors in the SAB. The South comes in second place (23, 3%), followed by the North (20, 3%) and lastly the East (13.8%). The lower percentage identified in the Eastern region of the country is justified by the veneration in preserving the virginity, a requirement that Islamic ethnicities demand before marriage. This does not mean that other ethnicities do not want to have such requirement although the level of demand is different.

**Graph. XXIV- Total number of women between 15-19 years of age who had sexual relationships before they were 15 years old**

![Graph XXIV](image)

Source: MICS 2006

Regarding the percentage of women who received pre-natal care during their last pregnancy, 84%, live in the Capital, 82% in the North, 80% in the South and 64% in the East, according to the Graph XXV. The same graph shows that women who received information about HIV prevention during pre-natal consultations, 58, 2% live in Bissau, 41, 1% in the North, 32, 6% in the South and 17, 8% in Gabú.

Women who took the HIV test during their last pre-natal consultation and that received their results were only registered at the Sector Autónomo de Bissau and in the Northern region. This shows, as it has already been mentioned in this report, that the equipments are more concentrated in these regions. It is important to highlight in this regard that the South/South Cooperation, which Guinea-Bissau benefits from pediatric anti-retrovirals provided by the Brazilian government, has allowed 41 children to get the treatment and expects to cover more than 100 children in the coming years.

**Graph XXV. Spread of the HIV and the Psychological burden during the pre-natal consultations**
vi. Nutrition and food security

The situation regarding nutrition and food security is a problem that deserves to be highlighted in Guinea-Bissau and especially children’s nutrition. During pregnancy, most of the mothers do not have access to a good and balanced food diet which contributes for their children to be born with low weight and an inappropriate development due to the state of poverty that many families face. Another factor that contributes for the mal-nutrition is the lack of means to preserve the food namely fruits and vegetables. There are products that are in abundance in certain seasons of the year but if there were mean to preserve them they could be kept for longer periods of time without going bad. Thus, the availability of such products is reduced. The country faces periods of food shortages and there are households where they only have one meal a day apart from the lack of diversity in that meal.

Government units that exist in many villages do not have sufficient means to meet the needs of children and pregnant women. As a result, there are private organizations namely the catholic missions that have been making tremendous efforts in the area of health. Thus, in addition to supporting government units, it sells medication at a reasonable cost, provides training to the matrons and sensitizes women to have children at the hospital. The catholic mission is an organization that once it identifies children who suffer from mal-nutrition it takes them and their respective mothers where the latter are thought to prepare the food for their children through with a more nutritive composition based on local products while providing a more diversified food diet.

Table II provides evidence of the number of children that were born with poor weight and height in the different regions. These are concentrated at the Sector Autónomo de Bissau (9,2%), East (1,9%) and in the South (2,2). The cases of mal-nutrition identified in the North are only 0.5%, which can be justified by the fact that there is a Home which hosts children suffering from mal-nutrition. This was created by the Catholic mission in Bula. The situation at the Sector autónomo de Bissau can be explained by the concentration of people in the Capital where there are heads of households who are unemployed and without an income to provide food to their families. This situation is not only faced in this socio-professional category of the heads of households but also among those who work in the public sector where their salaries are not only paid late but they are also extremely low thus, not allowing them to guarantee the monthly expenditures.
Table II. Infant mal-nutrition

<table>
<thead>
<tr>
<th>Region</th>
<th>Children not Weighted</th>
<th>Weight/height</th>
<th>Missed month or Year of birth</th>
<th>Other cases excluded</th>
<th>Number of cases excluded from the analysis</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bissau</td>
<td>3.6</td>
<td>9.2</td>
<td>1.2</td>
<td>11.2</td>
<td>25</td>
<td>1107</td>
</tr>
<tr>
<td>East</td>
<td>0.9</td>
<td>1.9</td>
<td>6.4</td>
<td>16.3</td>
<td>25.3</td>
<td>1451</td>
</tr>
<tr>
<td>North</td>
<td>0.4</td>
<td>0.5</td>
<td>3.2</td>
<td>16.6</td>
<td>20.7</td>
<td>2576</td>
</tr>
<tr>
<td>South</td>
<td>2.1</td>
<td>2.2</td>
<td>10.2</td>
<td>32.8</td>
<td>47.3</td>
<td>711</td>
</tr>
</tbody>
</table>

Source: MICS 2006

vii. Services that guarantee children’s care

Despite the fact that we have highlighted in this report the services that guarantee children’s care in Guinea-Bissau, in this section we will discuss these services in a summarized form.

The Ministry of Social Solidarity, Family and Fight against Poverty, being the institution that was designated by the government to deal, in general, with the problems facing a family, the Women and Children’s Institute came later to deal specifically with children and women’s problems. In order to effectively pursue with its objectives, the Institute collaborates directly with UNICEF, which provides assistance and funds for its activities. The studies carried out by IMC namely the study on the Quranic schools (known as madrass) and the Talibé Children both in 2006 and in 2007, the study on the institutional analysis of the structures of social protection and assistance to children in Guinea-Bissau, show the commitment of this institution in attempting to better understand the problems facing children so as to define realistic strategies and action plans.

Other social services that focus on assisting children are the Ministry of Education through its preschool and basic levels of education; the Ministry of Public Health through the infant-maternal services; the Ministry of Justice through the decrees that provide incentives for the registration of children, the office for children and adolescents at the General Directorate of the Judicial Police; the Ministry of Home Affairs through the office of women and children and, the department of protection at the regional police commissions.

8. Education, Leisure and Cultural Activities

i. Strategy/National Policy on Education

The country defined as its priority, basic education for all, despite the difficulties faced in terms of material and financial resources. The political measures assumed in the last couple of years were meant to guarantee children aged between six and sixteen years old children’s access to school, which counted with tremendous support from the Government’s international partners.

Despite the fact that a lot still to be done in terms of guaranteeing the education of all children at school age, a lot of progress has been accomplished. For example, the actions taken in the context of the basic education project known as “Firkidja”, which allowed for the recovery of school infrastructures that were destroyed after the political-military conflict of 1998/99, the construction of new schools, training and the increase in the number of teachers, provision of schools materials, among others.
It is important to remember that the implementation of the children’s free access to basic school policy was followed by the supply of school materials to them, which was made possible by the tremendous support from UNICEF. In addition, this United Nations agency provided funds that continue to support the training of 1500 teachers each year.

The application of this political strategy at the level of basic education allowed for an average annual growth of 2.8% for the age group between 7 and 12 against 3.3% for the age group between 13 and 17, as shown on the table and graph below.

**Table – III Evolution of the School Population 7-17 years of age**

<table>
<thead>
<tr>
<th>Years</th>
<th>7-12 years</th>
<th>13-17 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>216,481</td>
<td>124,231</td>
<td>340,712</td>
</tr>
<tr>
<td>2000</td>
<td>222,054</td>
<td>130,265</td>
<td>352,319</td>
</tr>
<tr>
<td>2001</td>
<td>228,215</td>
<td>134,075</td>
<td>362,290</td>
</tr>
<tr>
<td>2002</td>
<td>234,589</td>
<td>138,025</td>
<td>372,614</td>
</tr>
<tr>
<td>2003</td>
<td>241,184</td>
<td>142,118</td>
<td>383,302</td>
</tr>
<tr>
<td>2004</td>
<td>248,008</td>
<td>146,362</td>
<td>394,370</td>
</tr>
</tbody>
</table>

Source: Bureau of Studies and Planning-FIRKIDJA- Ministry of education

**Graph XXVI - Evolution of the school population per age group**

Source: Bureau of Studies and Planning - FIRKIDJA- Ministry of Education

Based on policies aimed at improving the access and quality of education, it is important to highlight the implementation of the Unified Basic Educational system (EBU), because it allowed students to enroll to sixth grade without having to abandon their place of residence. It is also important to note that even though the funding for Project “Firkidja” by the World Bank came to an end, the free access to Basic Education continued to be guaranteed thanks to the support of other partners namely, UNICEF, Plan/GB and WFP, World Bank, UNESCO and the Portuguese Cooperation, despite some difficulties. Meanwhile, a new instrument of support to education designated “Education III” was conceived.

**ii. Challenges and Perspectives**

Considering the number of children who may be outside the school system, both at the public and private levels, the challenge for the government of Guinea-Bissau continues to be the ability to have every child at the school age enrolled as a way to combat illiteracy. Another important challenge is to increase the rate of school enrollment for girls, which continue to be penalized by the structures and traditional practices, which affect the exercise of their rights. Based on these challenges, the Education Sectorial Plan (PSE), an instrument, which will serve as a support to all actions in an interconnected way to the policies of the educational sector, is currently being elaborated. The project Basic Law of Education (LBE), which will be the legal support to different
structures and actors in the education arena so as to guarantee not only the massive access of children to school but also provide them with a qualitative education, has been concluded.

**iii. Promotion of recreational, leisure and cultural activities**

The efforts that had been made in terms of creating sports and leisure facilities for children did not have success due to the lack of care in the use and maintenance of such facilities. It is important to recognize that there are tremendous shortages in terms of parks for leisure, and sports’ facilities adapted for children. Private and community initiatives that came to minimize these shortages were extremely valuable in the last couple of years although the government on its part has assured the carrying out of massive sport activities such as School Games, Children’s Carnivals, among others.

The institutionalization of children fortnight, from June 1 to 15 of each year, was an important factor in the promotion of children’s rights in a sense that several sports, cultural and social activities are carried out, all in reference to the rights consecrated on the CDC.

**9. Special protection measures/Children in Emergency Situations**

**i. Disarmament, demobilization and reintegration of children incorporated in the defense and security forces**

In legal terms, the recruitment of children is forbidden. Law nº3/80, of May 5th and, the Decree Nº20/83, of June 9, which defends a Compulsory Draft, established eighteen as the minimum age. However, since the country was affected by a non-conventional civil war, under aged children were used during the 1998/99 conflicts. For this reason, some actions to regulate the situation, namely, the process of integrating people who adhered to the forces in conflict irregularly, were implemented. Priority in this process was given to under aged and disabled children.

**ii. Reinstallation and reintegration of displaced and returned children**

Given the fact that Guinea-Bissau is located in an area where some conflicts have taken and continue to take place, the country has been hosting displaced people coming from Liberia, Sierra Leon and the South of Senegal. It is obvious that these refugees always come with children.

In this regard, the government of Guinea-Bissau, in collaboration with its partners, mainly the United Nations High Commission for Refugees (UNHCR) and UNICEF, have been providing means to host these people: thus, hosting centers (refugee camps) were created around Bissau, Bôr, in the Cacheu region and in Bachil and Jolmete, where in addition to hosting infrastructures, they were given facilities to maintain the children at school taking into account the model used in their places of origin.

In this regard, it is important to emphasize the actions, in 2006, by the Ministry of Social Solidarity, Family and Fight against Poverty in as far as mobilizing and providing means for the displaced in the Sector of São – Domingos, who were affected by the crossborder conflict of Casamança, South of Senegal and in the North of Guinea-Bissau.
The services of the Ministry of Health have also been supportive through the provision of basic care to the refugees and the displaced, having carried out vaccination campaigns in order to avoid major epidemics.

In the country there is a National Commission for Refugees, chaired by a Government representative who is responsible for coordinating activities that support refugees and displaced people not only in material ways but also in providing them with the necessary documentation to facilitate their movements and access to schools and the registration of their children.

**iii. Protection of children who were victims of kidnapping and sexual abuse**

The country does not have specialized hosting centers for children who were victims of kidnapping and sexual abuse. However, public institutions created specialized services for the treatment of cases of kidnapping and violation of children. Apart from the creation of the Women and Children’s Institute and the Curator for Minors at the Regional Court of Bissau, a Judicial Police, a Bureau for the Protection of Minors and Adolescents and a Bureau for Women and Children’s Affairs at the Police and Public Order Commission, were also created.

These services act in collaboration with NGOs and some families in terms of hosting affected children and also take responsibility for their protection and monitoring. These are equipped with human resources who may, in some cases, not have specialized training in the field but somehow provide some special attention to the victimized children.

In addition, as referred earlier, revisions to the proposed penal law were made aimed at reinforcing the sanctions to crimes of this nature and facilitating legal procedures.

**10. Children in Conflict with the law**

**i. Political Actions, legal reforms and concrete actions**

It is understood by children in conflict with the law, all the under-aged children whose situations require the application of general norms of prevention or penalization in force in the hierarchy of the judicial system. Due to the specificity of the children, which are recognized by the law itself, these cannot be applied in the same way they would be applied to adults as legal provisions.

In this context, there was, since the 1970 decade, in the hierarchy of the judicial system, the Jurisdictional Statutory Assistance to Minors.

The evolution on the forms of treatment, both at a process as well as at the social reinsertion levels, demanded the adoption of new rules. Thus, a new project was presented which aimed at, above all, demand a multidisciplinary follow-up of minors who are in conflict with the law, given more weight to the society’s intervention through organized groups or NGOs that work towards protecting children.

Despite the fact that up until now no specialized hosting center has been created, public institutions have been providing means to temporarily host the children, concretely the IMC, the Judicial Police and other institutions, having always hosting temporarily while looking to find more secure solutions for their development.
In this perspective, the penal law does not admit the application of effective punishment, even imputable, but security measures that allow for their reinsertion in order to eliminate their criminal tendencies.

**ii. Expectations/follow-up and legal support to children**

The creation of a section for minors and the attribution of the Public Ministry of quality to the Curator of Minors are essentially to provide, at the courts, a permanent legal follow-up of children’s affairs. These services not only follow-up with their situation during the development of activities pertaining to the process within the courts but also follow up with the relations that these (children) will establish in the social arena where they will be placed. For that effect, the country’s Attorney-General Office has been trying to place in these services, magistrates with some especial preparation and sensitivity in relation to children’s affairs.

**iii. Reform, rehabilitation and the institutionalization of the protection of affected children**

In this case, it is important to emphasize that the situation of the children who are in conflict with the law, was not a problem of great concern but today there are several judicial cases that involve minors not only as victims but also as perpetrators of the crime. This has not only worried the government but also the society as a whole. Therefore, the possibility of creating and institutionalizing the treatment means of these children is increasingly being considered. The fact that there are no public institutions that are specialized in the social reinsertion of affected children has led the Government to try to establish partnerships with private institutions social in nature, such as those linked to churches.

**iv. Alternative legal Mechanism/Institutions**

Apart from the classical institutions of judicial protection of minors, in the legislature of 2000 to 2003, an ad hoc Commission for Women and Children whose main task was to gather information, present proposals for legislative revision with the aim to harmonize children rights at the national level with the international legal instruments, was created by the ANP.

During the 2004/2008 Legislature, the country’s members of parliament understood that, due to the importance and the need to establish greater protection and above all, for better application of the CDC, a Specialized Commission for Women and Children Affairs had to be created. This Commission was restructured and entrusted with more powers of intervention, therefore being able to act outside the parliamentary sessions on issues and with initiatives favoring children. This Commission established partnerships with other institutions concerned with women and children’s affairs.

The activities of the Specialized Commission of the ANP (National’s People Assembly) also extended to the exercise of “advocacy” along with the international partners aimed at sensitizing society as a whole not only in the promotion of social rights (children’s health and well-being) but also in combating against harmful practices such as FGM and early marriage.
11. Environmental Protection

i. The Right to a safe and healthy environment

Till recently, environmental protection focused fundamentally and solely on international principles. The evolution of natural phenomenon, which is typical of the geographic region where the county is situated, namely the Sahel region, with strong treats in as far as desertification, allowed for the adoption of some measures that ensure a better future for children.

In the context of the measures taken, highlight goes to the creation of natural wildlife zones namely in the Islands of Bijagós, in the Cacheu region, in the regions of Quinara and Tombali. There were also introduced, both in the Hunting Law and in the Penal Code, dispositions that penalize damaging practices to the environment, for example, wildfires.

Considering that major damages to the environment have to do with human actions, primarily industrial projects such as that ratified by the Government, since 2006 the Evaluation Cell for Environmental Impacts (CAIA) have been in existence. This is a unit, which is connected to the Prime Minister’s Office, and it is responsible for monitoring all the studies being carried out such as those that determine indispensable conditions for the attribution of licenses for the execution of any project.

In order to carry out environmental protection plans, a series of legal instruments were adopted. Among these, highlight goes to the elaboration and technical validation and the national Basic Environmental Law (LBA), which expressively defends the principle that guarantees a safe and healthy environment. The other highlight is the fact that all those who have been practicing damaging acts against the environment have to, compulsory, take civil responsibility so as to guarantee a sustainable future for children.

ii. Protection of street and vending children

Since the end of the civil war of June 7th, 1998, the country has been witnessing a phenomenon of street children, which has been a source of major concern for the general community. Since this is a relatively new phenomenon, public institutions do not have structures ready to respond to this problem. Thus, efforts have been focused on maintaining the places where these children are (normally in commercial areas) in good hygienic conditions.

In addition, disabled children are subject to particular attention although there is shortage of means to cater for them as well as absence of specialized institutions. In this regard, the Government tries to reinforce partnerships with initiatives from NGOs that operate in this field, by providing facilities to these organizations both in terms of acquisition of means as well as by protecting the places where these children stay. Partnerships that are worth highlighting are, for example, those established between the National Union of Disabled Minors (UNDM) and the Association “Bengala Branca”, which have been operating at government infrastructures while supporting the social reintegration of disabled children.

Conclusion
Assuming as a challenge, the promotion of all the rights consecrated in the Convention of Children’s Rights, the Government has been reinforcing mechanisms for its maximum application thus, providing children with a better future.

Considering the facts narrated in the first report pertaining to the application of the Convention, we can affirm that, despite moments of instability which the country have been facing, there has been some progress in terms of its application, namely in the following areas:

Non-discrimination: adoption of legislative measures that are aimed at facilitating the establishment of paternity of children regardless of the marital status of their progenitors. The promotion of greater protection of female children against risks of violence; the promotion of special programs that provide incentives for the enrollment of children at school and the establishment of partnerships with civil society organizations aimed at promoting and socially integrating disabled children.

Regarding the principle of the superior interest of the child, dispositions that are aimed at having consideration for children’s particularities in the processes that these are involved, were adopted in the project of the Jurisdictional Statutory Assistance to Minors, namely their protection by the Public Ministry. Similarly, the need to take into account children’s interests in cases of adoption and the parents separation, were expressly consecrated having also received the delegations from the Public Ministry at the courts in order to privilege Minor’s interests in the establishment of elements in their favor.

In terms of the dissemination of the Convention, it was concluded that there has been sensible progress thanks to the propagation by the media, mainly the radio through which the majority of the population have been hearing about children’s rights.

The creation of the Women and Children’s Institute itself was a determinant factor in the promotion and defense of children’s rights.

The several campaigns for the registering of children upon birth which took place in various parts of the country, with the support from government partners, the progressive exemptions of registration tax payments, allowed for an extension on the number of children that benefit from the right to identity and its corollary that is embedded in the Convention.

The Institutionalization of the children’s parliament and the organization of special programs related to the rights of children, the provision of airtime in the media, allowed for the extension of the rights to freedom of expression, the inquiry on children’s opinion and above all the consecration of the freedom of thinking and consciousness.

Administrative measures and awareness campaigns that allowed for greater recognition of freedom of association of children were also taken/carried out and, greater acceptance of this right both within the family as well as in the traditional institutions were observed.

The reforms of the Penal Code and that of the Penal Process were essentially aimed at not only protect the right of the physical integrity of children against torture and other forms of ill-treatment, but also guarantee the protection of their privacy so that their future was not prejudiced. Given the fact that the government does not have the conditions to guarantee the integral promotion of the Convention, close partnerships with civil society organizations, international partners aimed at guaranteeing greater protection of children mainly those who are not rooted in family environment, refugees and the displaced, were established.

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Regarding the access to health, the national policy wager on health was in prevention. Therefore, the majority of children at the country level were vaccinated. According to the vaccination program at the Ministry of Health, most children were vaccinated at least one time and, the majority has completed their doses. The national policy also wagered in health education, which was implemented in all health centers and this has been helping tremendously in the dissemination of information about basic health care, hygiene and prevention.

In terms of the right to education, despite the progress made where not only the gradual access of school population has increased but also the growing number of people who are enrolling much earlier in the school system and the unification policy of basic education, has allowed children to have more years of schooling in their own communities.

In terms of leisure and free playing time, it is recognized that children have few moments and means of leisure and free time to play mainly in as far as having access to sports facilities because there was very little investment or because those in existence were not recovered or maintained. It is important to emphasize the efforts and interest of national institutions in the adoption of international conventions related to the protection of children.

Lastly, it is important to mention that the difficulties faced in following the Convention is not only due to the situations and the conditions of public institutions but also to some socio-cultural and religious practices such as the FGM, forced and/or early marriage, among others. The inexistence in the country of a national policy of social protection, limits the achievement of initiatives implemented in the area of protection of children’s rights.

The activities coordinated by the MSSFLP are deficient in a sense that this institution never invited major partners and many other organizations that intervene in the area of Children’s Protection, to meet and deliberate, reflect and gain mutual knowledge about the problem facing children with the objective of creating synergies and improving coordination activities.

**Challenges and Perspectives**

Based on the evidence gathered, the country must increase significantly the level of application of the rights consecrated in the Convention, which will have to necessarily go through the following points:

Promote greater stability of the institutions in the country and increase government participation and contribution towards the promotion of children rights to education and health, without forgetting to reinforce the collaboration with civil society organizations and international partners;

Guarantee more legal protection of children through the organization of the Curator of Minors at the courts by providing more protection to children in conflict with the law through the placement of technicians of others fields such as social workers and Pedagogic-Psychologists, among others.

Adapt our legislation to the evolutions in terms of protection of Children, particularly in cases of adoption and the transference of children; celebrate bilateral and multilateral agreements with other countries in order to combat the trafficking and violation of children.

Extend prevention and treatment activities to those in vulnerable positions;

Adopt education strategies that allow for greater involvement of children and;
Adopt legal and administrative measures aimed at facilitating the registration of children born outside urban areas and from parents with weak economic power;

Continue to sensitize legal measures aimed at combating customary practices that are harmful to a child’s health and development;

Since the MSSFLP and the IMC do not have means to decentralize their activities, they could create protocols with the Ministry of Health and Education, given the fact that the latter do possess regional representations throughout the country. This would allow them to create focal points to exercise their activities outside the capital;

Create a national system for the protection of children, a database with strategic information about vulnerable children and, develop systematic mechanisms for the gathering of indicators for the protection of children;

Promote the carrying out of tests to determine the spread of HIV in pregnant women in all regions of the country in order to identify those who are positive and, provide them with a service for the prevention of vertical transmission and similarly, provide quality health care to recently born babies who are also HIV infected;

Constitute a community network for the protection of children in order to prevent their sexual abuse and exploitation, child labor and trafficking;

Finalize the harmonization, at a national legislation level, on children so as to bring closer to CDC recommendations, follow-up and supervise its applicability;

Allow other stakeholders to denounce the worst forms of violation of women and children to the relevant authorities;

Promote the capacitation of professionals involved in the network for the protection and defense of women and children;

Focus on dissemination campaigns, which highlight children’s rights, practices that violate children’s rights with specific emphasis on the protection of children’s life;

Create a technical structure for the coordination and monitoring of activities, which do not depend on political willingness but on the professional commitment;

Reinforce awareness activities targeting community opinion leaders, namely religious leaders and elders (imams, priests and respected old men) and, civil society organizations on the importance of CDC, the involvement of the community and national media. For better dissemination of the CDC, this should be translated into simplified national languages.

Final Note

Despite the delay in the presentation of the second report relative to the period that the first report was presented, the effort in this report was to incorporate all the accomplishments made from 2001 to 2008.

In addition, there was an effort in this report, to advance aspects related to the perception of the material content of the CDC itself and that of documents related to it.

In order to provide consistency in this report, an extensive discussion of the document was carried out, through debates in which almost all entities that directly or indirectly deal with the issue of
children’s rights participated, namely, public institutions, non-governmental organizations as well as civil society in general. As part of that process of validation, it is important to highlight the sessions that were undertaken publicly in Bissau on October 2008 where a restricted group of technocrats introduced all the suggestions gathered during the public consultations on December 12th. Thus, we thank all those who participated and contributed in one way or the other for the conclusion of this report.

Bibliography
AMIC (2006), Annual Report on the Activities of the Child and Youth Workers Project, Bissau;


CISSÉ-NIANG, Aminata (s/d) L’interdiction Internationale du Travail des Enfants – Université Cheik Anta Diop – Dakar ;


CIVIL CODE OF THE REPUBLIC OF GUINEA-BISSAU;

PENAL CODE OF THE REPUBLIC OF GUINEA-BISSAU;


CONSTITUTION OF THE REPUBLIC OF GUINEA-BISSAU.


ORGANIC LAW OF SECTORIAL COURTS – GUINEA – BISSAU;


OMS (s/d) Recherche Qualitative pour les Programmes de Santé – Division de la Santé mentale – Organisation Mondiale de la Santé ;

Plan Guinea-Bissau (2007), Report on the Activities Undertaken for the Promotion of the CDC, Bissau;

Rapports de Recherche en Bref & Recommandations (2004), Impacts Socioéconomiques du VIH/SIDA, sur les Enfants (le Cas du Sénégal) – Université Cheikh Anta Diop de Dakar – Série de Sahara, Numéro 1 Septembre ;

RECENSEAMENTO GERAL DA POPULATION E HABITATION (1991) Definitive Results Volume I National Level; Volume I Bissau’s Level;

HUMAN DEVELOPMENT REPORT (2007/2008), UNDP

RENLUV (1996)“ Legal Instruments for the protection against gender and sexual violence” – Bissau;

UNICEF (1996) Violences faites aux femmes en Afrique de L’Ouest et du Centre – Bureau Régional pour L’Afrique de L’Ouest et du Centre ;


STNLS/INEP (2005), A socio-cultural dimension of behavior due to AIDS in Guinea-Bissau;

UNICEF/IMC (2006) Abuse and Sexual Exploitation of Minors in Guinea-Bissau, INEP Bissau;

UNICEF/IMC (2006) Study on Quranic Schools, Madrasses and Talibé Children in Guinea-Bissau, INEP, Bissau;


WILLIAMS, Lúcia Cavalcati de Albuquerque (s/d) Child sexual abuse – Federal University of São Carlos – Department of Psychology;

Other documents consulted:

- Synthèse et recommandation de la conférence Arabo-Africaine contre l’exploitation, la violence et l’abus sexuels des enfants.

- Exploitation sexuelle des enfants (Rapport de la Guinée-Bissau) – Institut de la Femme et de L’enfant, Ministère de la Solidarité Sociale, de la Famille et de la Lutte contre la Pauvreté – Avec l’appui UNICEF Bissau.


- Essential information on sexual abuse and exploitation of minors – organized by Sónia Polónio (UNICEF, Bissau).
• Facultative Protocol for the Convention on Children’s Rights related to the sale of children, prostitution and child pornography.

• Prohibition of the worst forms of child labor and the immediate action for the elimination of its elimination, convention n.º 182 and recommendation n.º 190 – ILO.

• Minimum age for admission to work, convention n.º 138 – international labor organization.

• Convention on the elimination of all forms of discrimination against women.

• Legal instruments on the protection and violence (VBSG) – Fodé Abulai MANÉ (Jurist, INEP).

Web - Site (consulted) linked to children:
www.unicef.org
www.kidsbehindbars.org
www.ilo.org/childlabour
www.unfpa.org
www.jubileeaction.co.uk
http://ceecis.org
http://ceecis.org/child_protection
www.childinfo.org
www.childinfo.org/areas/fgmc/profiles.ph