The African Report on Child Wellbeing

2008

How child-friendly are African governments?

The African Child Policy Forum

The African Child Policy Forum (ACPF) is a pan-African policy and advocacy centre on child rights. The ACPF was established with the conviction that putting children first on the public and political agenda and investing in their wellbeing are fundamental for bringing about lasting social and economic progress in Africa and its integration into the world economy. The work of the Forum is rights-based, inspired by universal values and informed by global experiences and knowledge. The Forum aims to provide a platform for dialogue; contribute to improved knowledge about the problems facing children in Africa; identify policy options; and strengthen the capacity of NGOs and governments to develop and implement effective pro-child policies and programmes.

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Acknowledgements

List of Acronyms

ACPF	The African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARD	Agriculture and Rural Development [World Bank]
ART	Antiretroviral Treatment
ARTI	Acute Respiratory Tract Infection
AU	African Union
CRC	Convention on the Rights of the Child
DEC	Development Economics Group [World Bank]
DHS	Demographic and Health Survey
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
FGM/FGC	Female Genital Mutilation/Female Genital Cutting
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
HIV	Human Immunodeficiency Virus
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	Infant Mortality Rate
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NEPAD	The New Partnership for Africa's Development
NPA	National Plan of Action
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
OVC	Orphaned and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission
PREM	Poverty Reduction and Economic Management [World Bank]
SIPRI	Stockholm International Peace Research Institute
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNICEF, SOWC	UNICEF, The State of the World's Children Report
WDI	World Development Indicators [World Bank]
WFP	World Food Programme
WHO	World Health Organization

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Preface

This maiden report of The African Child Policy Forum is a response to the growing need to monitor and report the extent to which governments in Africa live up to their obligations to protect, respect and fulfil children's rights and ensure their wellbeing. It is a sober and forward-looking African initiative that highlights the continent's promising prospects, the formidable challenges it faces, and the way forward. Its aim is to encourage African governments to learn from each other, and to promote concerted action to capitalise on what has been achieved so far.

The report analyses responses to child wellbeing across Africa and highlights positive practices that can inform future action. Africa's political and economic environment is in the midst of rapid transformation. Peace is returning to many war-torn nations, and governance across Africa is improving. The pace of economic progress is unprecedented. These changes are having a positive impact on child wellbeing while providing the opportunity for a brighter future for all, across the continent.

On the legal side, African governments have ratified most of the relevant international and regional human rights instruments, and a number of countries have made significant progress in domesticating them. Many governments have increased their budget allocations to such sectors as health and education – which are crucial to the lives of children – and these efforts are paying off in the form of enhanced child wellbeing. Immunisation coverage has increased considerably, and near universal primary school enrolment is being achieved in many countries.
Despite these achievements, the state of child wellbeing in Africa remains a major issue of concern. Thousands of children succumb to preventable deaths every day; a million babies are stillborn every year; millions of children are orphaned by HIV/AIDS and conflict; many more are victims of everyday violence and harmful traditional practices.

I recognise that there are no easy answers. The problems facing our continent are complex, but they are not insurmountable. This report shows what and how much can be achieved, even by countries with limited resources, if there is political will and commitment. So I urge and call to action our governments to put children first in their political and economic decisions. In particular, I call on them to combat child death by expanding access to public health; to invest in education and ensure quality schooling; to address the problem of orphanhood by exerting the maximum effort to make ART widely available; to adopt a policy of zero tolerance for violence against children; to adopt legal provisions that criminalise harmful traditional practices; to protect and provide for vulnerable children, including those with disabilities; and to provide and enforce the legal protection of all children.

I invite you all to pay attention to the findings of this report, and to join hands in improving the wellbeing of all our children in Africa.

Dr. Salim A. Salim
Chairman, International Board of Trustees, The African Child Policy Forum
AU Special Envoy and Chief Mediator for the Inter-Sudanese Peace Talks on Darfur
Secretary General, OAU (1989-2001)

Foreword

The African Report on Child Wellbeing is our contribution to putting Africa's children on the public and political agenda, and to holding African governments accountable to their international and constitutional obligations – and, ultimately, to their children. There are few reports that focus exclusively on children in Africa, and fewer still that assess the extent to which governments are child-friendly. Hence this report, the first of a series that The African Child Policy Forum (ACPF) intends to publish biennially, to provide critical policy-oriented information and analysis, and to engage governments, the principal duty bearers for child rights and wellbeing.

This report provides an insight into the wellbeing of children and assesses the extent to which African governments meet their obligations, through a ground-breaking Child-friendliness Index developed by ACPF. This index will, we hope, be a useful tool of advocacy for national civil society groups, regional bodies and global organisations. The report also highlights good practices and pays tribute to outstanding achievements across the continent. We hope it will promote effective government – civil society dialogue and facilitate collective action for children.

The report shows that, despite the improvements made, there are still numerous problems facing Africa's children. Millions are dying of preventable diseases every year; millions more are denied education; and still many more are victims of daily violence at home, at school and in their communities. In addition, the devastating impact of HIV/AIDS creates many orphans and child-headed households. An incredible number of children suffer from one kind of disability or another, but many are kept invisible and hidden – all to our shame. This report is an honest attempt to call attention to these, and to the million others who have no voice. But it goes further, and provides evidence-based analysis and advice to African governments on priorities for action, and on the specific measures that can be taken to improve the wellbeing of Africa's children.

One last word. This report is quite unique. It is, to our knowledge, the first African report on Africa's children. This is surprising as much as it is unfortunate – it ought not to have been so. Yes, we are one world, and we should engage with it effectively. Yes, we should welcome and thank all those men and women of goodwill from around the world who, over the years, spoke for us and campaigned for and with us in the search for freedom and social justice in Africa and all around the world. Yes, we are part of that humanity, and, surely, our work is guided and inspired by universalism and internationalism. But we too have to play our part. We are fervent Pan-Africanists. We have to speak for ourselves. We have to have our own voice. This is not out of pride or a reaction. It is the rightful assumption of our own destiny and our own responsibility.

We honour our fathers and mothers past – indeed, all of the millions of African fathers and mothers who brought their children up so well in spite of the enormous difficulties they faced over the centuries. We say thank you to you all. And we owe it to you to cherish the good and the positive in African values, while combating those that are harmful and antithetical to the dignity of men and women throughout Africa. We will build on the past - a past for which, we acknowledge, we are primarily responsible for. Through knowledge, analysis, and reflection on who we are and why we are where we are, we hope to serve as the moral voice of Africa's children, and to build an Africa that can claim its future and assure the rights and dignity of all its people.

Assefa Bequele (PhD)
Executive Director
The African Child Policy Forum

PHOTO © THOMAS S. GALE

EXECUTIVE SUMMARY

"The future of Africa lies with the well-being of its children and youth… Today's investment in children is tomorrow's peace, stability, security, democracy and sustainable development."
                                                                    ~ ***The African Union 2007a***

Progress and opportunities

Child wellbeing means a lot of things. It is about children being safe, well, healthy and happy. It is about children's opportunities to grow and to learn. It is about positive personal and social relationships, and about being and feeling secure and respected. It is also about being given a voice and being heard. In short, it is about the full and harmonious development of each child's personality, skills and talents. All of these have a better chance of being achieved in societies and states that uphold, both in law and in practice, the principle of the "best interests of the child". This means respecting, protecting and realising the rights of children and nurturing a social ecology that provides opportunities for all children – boys and girls, disabled or disadvantaged - to become all that their abilities and their potential allow them to be.

Families are the first of the many actors providing first-line protection to the child and ensuring his or her wellbeing. As the primary guardians of child wellbeing, the views, perceptions and practices of families determine the way children are treated and cared for, but two things need to be noted. Firstly, however much they are the source of love and care, families can also, for one reason or another, be the source of child abuse, violence and exploitation. Secondly, however enlightened and sensitive families may be toward the best interests of their children, their effectiveness will depend on their ability and capacity to provide for their children's physical, intellectual and material needs. It thus becomes important to ensure the survival of the family, and to strengthen its capacity to nurture and raise children.

African traditions and cultures have withstood the test of time as sentinels of human wellbeing and security

African communities and traditions also play a central role in ensuring children's wellbeing. Africa owes its resilience in the face of various forms of distress – including poverty, disease, hostile physical and climatic conditions and the HIV/AIDS pandemic – to these actors. The native wisdom embodied in Africa's traditions and cultures, too often dismissed and unacknowledged, and its solid societal cohesion, are central to human wellbeing. These actors have withstood the test of time as sentinels of human wellbeing and security long before formal states emerged. Contrary to the dominant view, which – albeit with some justification – stresses the negative and harmful aspects of traditional values, traditional cultures have regarded human wellbeing as a consequence and extension of child wellbeing.

In most African cultures parenthood is about social responsibility, and even where biological and social reproduction is separated, many people can fulfil the role of parents without having genetic ties to children

In this traditional scheme of things, the child is seen as celestial, considered part of the cosmos even before it is born. Children are collectively regarded as the 'young trees' that perpetuate the 'forest' that signifies the family and society. As the foundation upon which communities are built, African culture takes every child as the responsibility of the community. Hence parenthood becomes about social responsibility,

both physical and mental, and even where biological and social reproduction is separated, many people can fulfil the role of parents without having genetic ties to children.

Children are thus viewed as precious communal blessings that are not left only to the care and support of their natural parents. The African saying "it takes a whole village to raise a child" encapsulates this attitude, whereby child-rearing is sanctioned not just as a natural imperative of an individual family, but also as a collective communal responsibility.

This practice is still widely prevalent in many parts of Africa, but is now changing quite rapidly, for better or worse, in the face of modernisation and urbanisation. The role of custodian and protector of rights is also changing, as a result of the emergence of the state as the dominant force in African society and polity. On the whole, this has been a positive development in combating the unacceptable faces and harmful practices of traditional Africa, and in instituting legal regimes that espouse and support a philosophy and culture of rights - human and child rights - and that hold the state accountable to international and constitutional norms. This trend has been gaining ground in recent times, with the emergence of responsible, democratic leaders and more progressive political cultures throughout Africa.

Good governance is now taking centre stage in the development discussion, for leaders, citizens and children alike. In a survey conducted by ACPF and UNICEF in eight African countries, children ranked good governance as the first characteristic making a country a better place to live in, followed by decreased poverty and a better economic situation. Good governance is, in the words of former President Thambo Mbeki of South Africa, "critically important… to end political and economic mismanagement on our continent, and the consequential violent conflicts, instability, denial of democracy and human rights, deepening poverty and global marginalisation". Countries like Benin, Botswana, Cape Verde, Ghana, Mali, Namibia, Mauritius, Senegal and South Africa have scored regionally as "very good" and internationally "good" in the area of governance.

With the rise in responsible and representative governments and the recovery from several lengthy conflicts, the African continent has experienced robust economic growth in recent years. Thanks to these factors and higher export prices, GDP per capita growth has, on average, jumped from below two per cent in sub-Saharan Africa over the period 1975–1994 to an average of close to 3.5 per cent over the period 2000–2003. Growth in real GDP was 5.5 per cent in 2006, and was projected to jump to 6.2 per cent in 2007 and 6.9 per cent in 2008. In 2004, six African countries achieved GDP growth rates of up to 39 per cent: Chad (39 per cent); Equatorial Guinea (18.3 per cent); Liberia (15 per cent); Ethiopia (11.6 per cent); Angola (11.5 per cent); and Mozambique (8.3 per cent).

Improved governance and rapid economic progress are providing favourable environments for child wellbeing

This impressive change[1] in the African political and socio-economic situation has provided many countries with a favourable environment for economic progress and improvements in the wellbeing of children, particularly in healthcare and education.

Most African governments have increased the proportion of budget allocated to health and education

Most African governments in recent years have increased the proportion of their budget allocated to health. Pronounced increases in allocations have been made by the governments of Malawi, Democratic Republic

of Congo (DRC) and Rwanda, and a significant decrease in child mortality rates has been seen in Malawi over the last 5 years. Infant mortality has also decreased, down to 50 per 1,000 live births in Eritrea, 46 per 1,000 in Namibia, 28 per 1,000 in Egypt, and 12 and 13 per 1,000 in Seychelles and Mauritius respectively.[2]

The Democratic Republic of Congo has increased immunisation coverage substantially, and nine out of every ten children aged 12-23 months had received the measles vaccine in Rwanda in 2005. Countries such as Egypt, Liberia, Libya, Mauritius, Morocco, Seychelles and Tunisia have achieved immunisation coverage of 94 per cent and above, and rapid progress is being made in Cameroon, Congo (Brazzaville), Guinea-Bissau, Mali, Niger, Senegal and DRC. In 2005, 41 countries reached 60 per cent or more of their children with measles immunisation. Overall measles deaths have declined by more than 50 per cent since 1999.

There has also been important, though uneven, progress in the extension of public health services and access to safe drinking water throughout Africa. For example, there have been impressive achievements in raising the percentage of births attended by health workers, which stood at 86 to 89 per cent in Gabon, Sudan and Cape Verde, and 90 to 98 per cent in Algeria, Botswana, Libya, Mauritius, South Africa and Tunisia. Significant improvements in the provision of safe drinking water were observed in Angola, Burkina Faso, Chad, Eritrea, Mali and Mauritania.

Some African governments have taken significant measures to enhance the availability of drugs to citizens, by removing import duties and taxes on essential medicines. Perhaps the most significant development, given the scale of the problem and the high cost of treatment involved, is the step taken by countries like Botswana, Burkina Faso, Burundi, Ethiopia, Mali, Mauritania, Senegal and Zambia to provide first-line HIV/AIDS treatment free of charge. The considerable progress achieved in the provision of antiretroviral drugs (ART) free of charge is an indication that strong domestic commitment can make a difference: from the end of 2003 to mid-2006, there was a ten-fold increase, to one million, in the number of persons receiving ART. The figures for some countries are impressive: in 2005 Mali and Namibia achieved 32 per cent and 35 per cent coverage respectively of ART for those who needed it; the figures for Uganda and Botswana are even higher at 56 and 85 per cent respectively. Mother-to-child transmission of HIV has been reduced by 25 per cent in several countries in the eastern and southern Africa region.

> *Governments are becoming more and more committed to ensuring longer and better lives for people affected by HIV/AIDS through improved access to ART*

Education has also seen some impressive advances. Governments have started to allocate a substantial proportion of their GDP to education – Botswana and Lesotho are noteworthy in this regard. These countries allocated 10 and nearly 14 per cent of their respective GDPs to the sector. In terms of educational participation, Algeria, Seychelles, Uganda and Tunisia have achieved near universal enrolment at primary level. Others have also made considerable progress; for example, Malawi recorded a 98 per cent net enrolment ratio for girls and 93 per cent for boys in 2004.

> *Many countries have harmonised or are in the process of harmonising their national laws with international law and the ACRWC*

In terms of the legal protection of children, many countries have harmonised, or are in the process of harmonising, their national laws with international law and the African Charter on the Rights and Welfare of the Child. There are an undocumented but surprisingly large number of

instances of good practice in numerous countries, aimed at – for example – Africanising the law on children; reconciling universal values embedded in international instruments with African customs, attitudes and practices; and implementing socio-economic rights in the context of poverty and scarce resources.

> Overall, Africa's prospects for a better future continue to brighten

Overall, Africa's prospects for a better future continue to brighten as many countries in the region reap the benefits of economic policy changes, improved governance and increased investments in key social sectors.

Still a long way to go

These impressive achievements notwithstanding, the economies of most African countries remain fragile, characterised by highly skewed income distribution, persistent poverty and uncertain prospects. In 2005, 43 per cent of the population in sub-Saharan Africa lived on below US$ 1 a day. Inequality and exclusion from basic services continue to be serious and pervasive problems. A significant number of children and mothers have no access to essential health and education services. For instance, the proportion of people without access to sanitation services (such as connection to a public sewer or to a septic system[3]) stands at 62 per cent for Africa overall. Some 52 per cent of children with suspected pneumonia have no access to health services, and pneumonia remains the most prevalent of the six fatal diseases that are responsible for about 70 per cent of child deaths in developing countries. In 2004, only four countries – Burkina Faso, Liberia, Malawi and Rwanda – lived up to the pledge made by African governments in Abuja in 2001 to increase their spending on health to at least 15 per cent of their overall annual budgets. As a result of all these factors, each year approximately one million babies are stillborn in Africa. About half a million die on their first day. A further one million babies die in their first month of life.

> Few countries have managed to fulfil their pledges made in Abuja of inreasing healthcare spending to 15% of their annual budgets

> Given their large numbers, the invisibility of Africa's children with disabilities is disturbing and shameful

Another major problem seldom mentioned in policy debates is the plight of children living with disabilities. Children with disabilities are born into families in virtually every community in Africa, and many more children and youth become disabled due to diseases, accidents, violence and armed conflict. It is estimated that between 1999 and 2006, as many as 35 per cent of two- to nine-year-old children in Djibouti, 31 per cent in Central African Republic, 23 per cent in Cameroon and Sierra Leone, 16 per cent in Ghana and eight per cent in Egypt, lived with at least one kind of disability. Yet children with disabilities remain hidden and invisible. Few infants with disabilities are seen in African health clinics. Few are seen in public schools. Few are seen in youth clubs, or at family or community social events. Some children with disabilities can be found in special schools and at fundraising events on their behalf, but, given their numbers, the invisibility of Africa's children with disabilities is disturbing and shameful.

> Malnutrition is still serious and accounts for about 60 per cent of under-five mortality in some parts of Africa

Many countries have seen a modest decline in child malnutrition in recent years, but it still remains high, at 28 per cent for the whole of Africa in 2000-2006. About 60 per cent of under-five mortality in some parts of Africa is attributable to malnutrition, and over a third of African children under five were suffering from moderate to severe

stunting in 2006. In Niger, for example, nearly half of children under five were found to be underweight. In Burundi, Eritrea, Ethiopia, Madagascar and Sudan, two out of every five children below the age of five are malnourished. Child malnutrition in Africa is by no means an insoluble problem: It has been estimated that malnutrition could be overcome for less than US$ 20 per child per year, and available data suggests that those countries with larger per capita outlays on health do seem to have lower rates of underweight children, low birth weights and stunting.

Despite the universal recognition of education as a human right and the key to personal growth and societal development, in sub-Saharan Africa, only 66 per cent of children of primary school age went to school in 2005. The performance of some countries is extremely low: in 2004, Djibouti had the lowest net enrolment rate, at 29 per cent for girls and 36 for boys, while Niger had the second lowest, at 32 per cent for girls and 46 per cent for boys. The quality of education in most countries of the continent is also very low.

> Despite considerable progress in increasing enrolment at primary level, little has been achieved in increasing secondary enrolment and in improving the quality of education at both levels

Violence against children is a pervasive problem throughout Africa. Millions of children are subjected to harmful traditional practices, including female genital cutting, early marriage, rape and harassment. Thousands are victims of war, sometimes as targets, and at other times as instruments of war. Many more millions are subjected to daily and incessant violence at home, at school and in their communities. It is a matter of concern that only 22 African countries have laws that prohibit corporal punishment in schools, with only a single country – Sierra Leone – prohibiting corporal punishment in the home.

> Millions of children in Africa are subjected to widespread violence and harmful traditional practices

Armed conflicts are less frequent but no less intense than in the past. They continue to afflict children in countries like Sudan. Conflicts cost Africa an estimated 18 billion dollars a year - more than the 16 billion dollars that sub-Saharan Africa needs to meet the water and sanitation targets set out in the UN Millennium Development Goals (MDGs).

Another area of growing concern is the huge and increasing number of orphans in Africa ("orphans" being defined as those children that have lost one or both parents). At the end of 2005, the total number of children orphaned from all causes in sub-Saharan Africa reached 48.3 million, about 12 per cent of all children in the region. The absolute number of orphans was estimated at 4.2 million in DRC, 4.8 million in Ethiopia, and a staggering 8.6 million in Nigeria. The orphan crisis in sub-Saharan Africa has reached shocking proportions and is projected to get worse. Orphans are expected to exceed 20 per cent of the child population in Botswana, Lesotho, Swaziland, Zambia and Zimbabwe by 2010. In two years from now, Africa's orphans are projected to number more than the populations of South Africa, Lesotho, Botswana and Swaziland combined.

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Shelter is another major regional problem. More than 198 million children are said to be living in one or more forms of severe shelter deprivation in sub-Saharan Africa, with some 32 million children living on the 'street'. Millions of people live in makeshift camps and tents because of forced evictions and war-driven internal displacements.

As all of these issues reveal, there is wide variation in the relative performance of African countries in providing protection to their children and ensuring their wellbeing. The important questions now are: How much are African governments committed to improving the wellbeing of children? How well are they doing? Which ones are doing better, and which ones worse? What approaches have successful countries taken that poor-performing countries can adopt in order to improve the lives of children and meet their international obligations? In other words, which African governments are child-friendly and which ones are not?

In response to this last question, The African Child Policy Forum developed the Child-friendliness Index, a tool to assess the extent to which African governments are committed to realising child rights and child wellbeing.

Child-friendliness of African governments

Child-friendliness is a manifestation of the political will of governments to make the maximum effort to meet their obligations to respect, protect and fulfil children's rights and ensure their wellbeing. The Child-friendliness Index therefore assesses the extent to which African governments are living up to their responsibilities to respect and protect children and to ensure their wellbeing.

Child-friendliness is about making the maximum effort to respect, protect and fulfil children's rights and wellbeing

Three dimensions of child-friendliness were identified: protection of children by legal and policy frameworks; efforts to meet basic needs, assessed in terms of budgetary allocation and achievement of outcomes; and the effort made to ensure children's participation[4] in decisions that affect their wellbeing. Though child participation is important, it was not possible to obtain sufficient data on this dimension during the development of the Child-friendliness Index.

In order to rank the extent to which African governments are child-friendly, ACPF (a) developed a methodology for the organisation and analysis of available and relevant information; (b) collected data on various aspects of child wellbeing and on as many policy variables as possible for 52 African states; and (c) assessed their individual and relative performance at a point in time (2004-2005) and over time (i.e. between the periods 1999-2001 and 2004-2005). The detailed exercise and results for all countries are shown in Chapters 3, 4 and 5. The results can be summarised as follows.

According to the composite Child-friendliness Index, Mauritius and Namibia emerged as the first and second most child-friendly governments respectively in the whole of Africa, followed by Tunisia, Libya, Morocco, Kenya, South Africa, Malawi, Algeria, and Cape Verde (see Table 1, below). Rwanda and Burkina Faso have also made impressive efforts to ensure the wellbeing of their children. These countries emerged in the top twelve mainly for

The top twelve 'most child-friendly governments' followed a two-pronged approach: instituting appropriate laws to 'protect' children; and ensuring adequate budgetary commitments to child-related services

three reasons: first, as a result of their putting in place appropriate legal provisions to protect children against abuse and exploitation; secondly, because of their commitment in allocating relatively higher share of their national budgets to provide for the basic needs of children; and thirdly, as a result of their effort and success in achieving favourable wellbeing outcomes as reflected on children themselves.

Table 1   Child-friendliness Index ranking of African governments

Country	Rank	Category
Mauritius	1	Most child-friendly
Namibia	2	
Tunisia	3	
Libya	4	
Morocco	5	
Kenya	6	
South Africa	7	
Malawi	8	
Algeria	9	
Cape Verde	10	
Rwanda	11	Child-friendly
Burkina Faso	12	
Madagascar	13	
Botswana	14	
Senegal	15	
Seychelles	16	
Egypt	17	
Mali	18	
Lesotho	19	
Burundi	20	
Uganda	21	Fairly child-friendly
Nigeria	22	
Tanzania	23	
Gabon	24	
Mozambique	25	
Togo	26	
Zambia	27	
Mauritania	28	
Ghana	29	
Djibouti	30	
Dem. Rep. Congo	31	
Niger	32	
Cameroon	33	Less child-friendly
Congo (Brazzaville)	34	
Angola	35	
Côte d'Ivoire	36	
Zimbabwe	37	
Equatorial Guinea	38	
Sudan	39	
Sierra Leone	40	
Benin	41	
Ethiopia	42	
Comoros	43	Least child-friendly
Guinea	44	
Swaziland	45	
Chad	46	
Liberia	47	
São Tomé and Principe	48	
Gambia	49	
Central African Republic	50	
Eritrea	51	
Guinea-Bissau	52	

Source: Developed by The African Child Policy Forum, 2008

The least child-friendly governments fared poorly in legal protection of children and in budgetary commitments for child-related services

At the other extreme are the ten least child-friendly governments in Africa, the last being Guinea-Bissau preceded by Eritrea, Central African Republic, Gambia, São Tomé and Principe, Liberia, Chad, Swaziland, Guinea and Comoros. Of course, the political and economic situation, the underlying causes and the degree of commitment of governments vary from one country to another. A good example is the case of war-torn Liberia, whose exceptional situation needs to be taken into account in evaluating effort and performance. But by and large, the poor performance or low score of the "least child-friendly" governments is the result of the actions taken by their governments – or lack thereof – and the outcomes in terms of the wellbeing of children in their respective countries.

For example, consider the following countries: Central African Republic, Gambia and Guinea-Bissau. The latter two made the least effort in the legal protection of children, and child-sensitive juvenile justice systems are almost totally absent in these countries. The performance of Guinea-Bissau and Central African Republic in the areas of budgetary allocation and achievement of outcomes for children was also low. Government expenditure on health as a percentage of total government expenditure was only 3.5 per cent in Guinea-Bissau, compared with a median average of nine per cent for the region. Central African Republic also spent only 1.4 per cent of its GDP for education in 2006, compared to the regional average of 4.3 per cent around that time.

Turn to another country: Eritrea, the country that scored the second lowest in the Child-friendliness Index. Eritrea performed relatively well in the legal and policy spheres, particularly compared to Guinea-Bissau and Gambia. However, it scored the lowest in terms of budgetary allocation and to some extent in the achievement of outcomes for children (notwithstanding its efforts in significantly reducing infant mortality). Military spending was extremely high, at 19.3 per cent of GDP in 2004-2005, proportionally the highest on the continent. At the same time, overall provision for the basic needs of children was correspondingly low. These two factors accounted for Eritrea's poor performance in the overall ranking.

What have been the trends over time? Time-trend data is not readily available for much of the relevant data, or for all countries covered in this report, but ACPF made an attempt to look into progressive changes in budgetary allocations to sectors that benefit children made by governments in the periods 1999–2001 and 2004–2005. Trends or changes in budgetary allocations serve as proxy measures of the extent to which governments have lived up to their treaty obligation to "progressively" realise the socio-economic rights of children.

The governments of Malawi, Burkina Faso, Togo, Burundi, Rwanda and DRC achieved significant progressive change in their budgetary commitments to child-related expenditure in the periods 1999–2001 and 2004–2005

As shown in Table 2, below, a number of countries have made significant progress in terms of budgetary commitment over this four- to five-year period. The most significant improvements were made by the governments of Malawi, Burkina Faso, Togo, Burundi, Rwanda and DRC. The governments of Malawi and Burkina Faso, for example moved 33 and 30 places higher respectively in their 2004–2005 rankings compared to their rankings for the period 1999–2001. Changes were largely due to substantial increases in respect to health sector expenditure, reductions in military expenditure, and increased budgetary contributions to routine national immunisation programmes.

Table 2   **Rise and fall in governments' budgetary commitment between the periods 1999-2001 and 2004-2005**

Countries with sharp rise		Countries with sharp fall	
Country	**Movement in rank 1999–2001 to 2004–2005**	**Country**	**Movement in rank 1999–2001 to 2004–2005**
Malawi	34th to 1st	Comoros	37th to 51st
Burkina Faso	33rd to 3rd	Liberia	25th to 41st
Togo	48th to 23rd	Chad	12th to 29th
Burundi	51st to 27th	São Tomé and Principe	31st to 50th
Rwanda	41st to 22nd	Sudan	29th to 48th
Dem. Rep. Congo	46th to 28th	Benin	24th to 46th
Libya	42nd to 24th	Zimbabwe	18th to 42nd
Mauritius	19th to 9th	Gambia	8th to 36th

Source: The African Child Policy Forum, 2008

In contrast, a sharp fall in budgetary commitment, and a potentially worrying picture, was observed in the case of the governments of Gambia, Zimbabwe and Benin, whose rankings in 2004-2005 showed sharp declines of 28, 24 and 22 places respectively compared to their rankings for the period 1999-2001. While most governments have increased percentage expenditure to health and education sectors and reduced military spending, some have increased military spending at the expense of healthcare investment. For example, the Government of Benin reduced its expenditure on health and substantially increased its military spending. The Government of Zimbabwe has almost entirely stopped its budgetary contribution to routine immunisation, and has raised the proportion of budget spent on military and security.

> Some countries count more soldiers to wage war than teachers to educate; more tanks and artillery to fight with than clinics to get treatment in

A recurring explanation or excuse given by governments for inadequate action and consequent poor welfare of their children is the low performance of their economies and lack of resources. To what extent is this true? Comparison of the Child-friendliness Index ranking with that for economic status showed that national commitment to the cause of children is not necessarily related to national income. The Child-friendliness Index shows that, despite their relatively low GDPs, Kenya, Malawi, Rwanda and Burkina Faso are among the best performers in Africa; they are among the twelve countries that have made the greatest effort to put in place an adequate legal foundation for the protection of their children and the meeting of their basic needs. On the other hand, relatively wealthy countries, with relatively high GDPs – Equatorial Guinea and Angola, for example – are not investing sufficient budgetary resources in ensuring child wellbeing, and so have not scored well in the Child-friendliness Index ranking, coming out 38th and 35th respectively. The Child-friendliness Index data strongly confirms the fact that governments with a relatively low GDP can still do well in realising child rights and wellbeing. The missing factor is political will, reflected in misplaced priorities and

the clouded vision of governments as to what constitutes the long-term interest of their countries.

Much of what we have said can be seen from the following chart (Chart 1, below), which summarises the comparison of governments' child-friendliness with economic status. It shows that there is no necessary link between a government's child-friendliness and the level of a country's development or wealth. The chart and our findings show that there are governments – for example those of Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mali and Rwanda – that have performed well and are among the most child-friendly in spite of relatively low economic status. These serve as a good rebuttal for those who seek to justify poor child wellbeing solely on grounds of lack of resources. The chart also shows that national wealth and a high level of development are not guarantees of child wellbeing. This can be seen in the bottom-right quadrant, which lists the governments – for example of Angola, Equatorial Guinea and Swaziland – with relatively high GDP per capita and yet poor performance in relation to children's rights and wellbeing. What this shows is that wealth and high levels of development can and do help; but the crucial determinant of child wellbeing is not so much the wealth of societies and nations, but the presence of political will and the commitment of governments.

The crucial determinant of child wellbeing or ill-being is not so much the poverty or wealth of societies and nations, but political commitment of governments or the lack thereof

Chart 1   Governments' child-friendliness versus GDP per capita
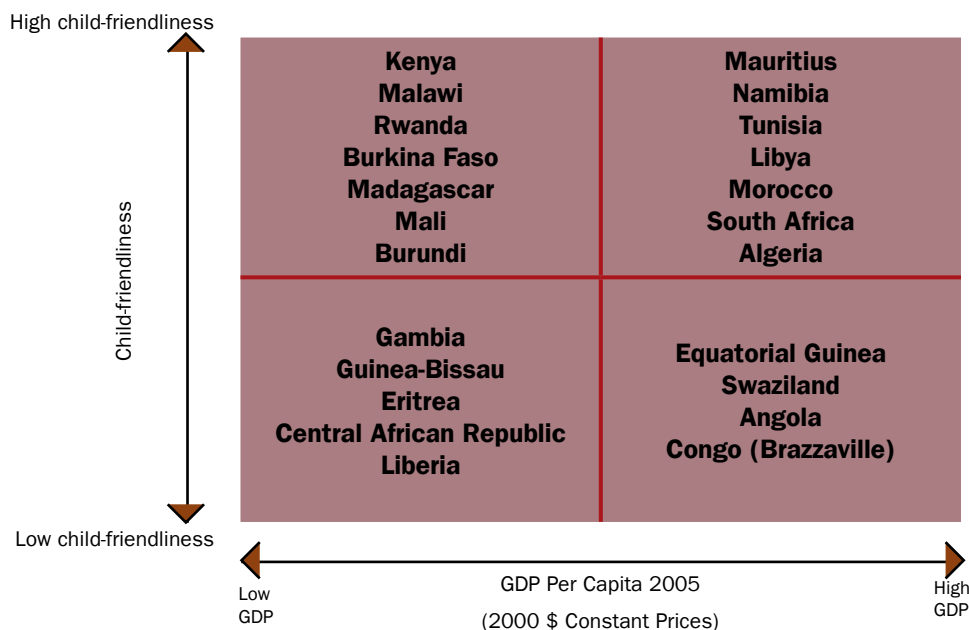
What, then, are the priority areas of action for African governments, and what specific steps should they follow in order to fulfil their commitments to their children?

What is to be done?

Africa has many problems, but there are six major issues facing African governments that need to be addressed as a matter of priority:

- Too many children die needlessly before they reach the age of five, and too many have no access to health and medical services, adequate nutrition, safe water and improved sanitation services

- A large number and proportion of children, especially girls, are denied education, especially at the secondary level

- A large number of countries are faced with huge and growing orphan populations, and the growing phenomenon of child-headed households

- Almost everywhere, children are victims of violence at home, at school and in their communities

- Almost all countries have a large population of children with disabilities that is underserved, sometimes abused and mistreated, and almost always kept hidden and invisible

- In far too many countries, children are not receiving adequate legal protection, either because of the incompatibility of national laws and international legal standards, or because of poor enforcement.

As with most other social issues, the solution to these problems lies in the adoption of multifaceted interventions; but these are not easy to implement in reality. The experience of the child-friendly governments reported here shows that there are two major instruments that are key for effective action for improved child wellbeing: a policy of child budgeting that prioritises the needs of children; and the adoption and implementation of effective laws and policies.

African governments that are poorly performing in terms of their child-friendliness should undertake, on a priority basis, the following actions.

First, the best way of combating child death is to improve and expand access to primary health care, nutrition and improved water supplies, sanitation and hygiene – therefore to increase the budget allocated to public health. It is proposed that countries increase their health budgets progressively to as high as 20 per cent, as has already been done by some child-friendly governments. Governments with lowest expenditure on health should, as a first step, increase their expenditure on the sector to at least nine per cent of their total expenditure, which is the median in the region. The minimum proposed is actually less than what governments already pledged in Abuja in 2001: to increase healthcare spending to at least 15 per cent of their annual budgets. Some governments need urgently and substantially to reduce their military allocations to at least 1.5 per cent, which is the median for the region, in order to free up their scarce resources for healthcare investment.

Secondly, the rapid expansion of education is necessary not only for children themselves, but also as a condition for Africa's economic success and prosperity, and its effective participation in the global economy. The emerging policy conclusion from this report is that countries committed to education should aim at raising the proportion of GDP that goes to education to as high as 13 per cent, as has been the case in the child-friendly countries. Governments with lowest expenditure on education should aim to increase their expenditure on the sector to at least 4.3 per cent of their GDP, which is

the median for the region. The increased allocation should also be used for improving the quality of education.

Thirdly, Africa's growing orphan population, largely due to the HIV/AIDS pandemic, must be addressed. For children, the best form of security is to have their parents around for as long as possible. Given the limited impact of preventive measures, governments should make the maximum effort to make antiretroviral treatment universally available, while at the same time designing measures that can improve the legal and social protection of those that are already, or likely to be, orphaned from any cause.

Fourthly, there should be concrete action to address violence against children, and zero tolerance for violence. The place to start is the adoption of legal provisions that: (i) prohibit corporal punishment at home and at school; (ii) prohibit early marriage; and (iii) prohibit female genital cutting. In addition, governments should try to implement a public education programme that promotes respect for the rights and dignity of all children, boys and girls alike.

Fifthly, laws are the bricks and mortar of all efforts aimed at the realisation of child rights. Countries should strengthen their legal capacity to fight child abuse, violence and exploitation, and to ensure respect for the rights and wellbeing of children. This calls for harmonisation of national legislations with the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Special attention should be given to the adoption of a standard definition of a child, reviewing the age of sexual consent and the age of marriage, eliminating discriminatory treatment of boys and girls, raising progressively the minimum age of criminal responsibility, prohibiting corporal punishment, and reforming child justice administration in favour of the best interests of the child.

Sixthly, governments should address the hidden and extensive needs of children with disabilities, through legal and inclusive socio-economic policies and programmes. Governments should try to document the issue of young people with disabilities and make them visible, implementing policies and programmes that facilitate the full participation of children with disabilities in society, schools and – as adults – the world of work.

Finally, as an emerging but formidable moral voice, the African Union should use its leverage to make states accountable to their citizens. Through its various organs, the African Union enjoys the political legitimacy necessary to ensure that states respect and protect children's rights and fulfil their needs as stipulated in the African Charter on Human and Peoples' Rights, the UNCRC, the ACRWC and other human rights instrumentsComplementary to that, the continent needs a vibrant Africa-wide civil society movement, with a solid anchor in the communities that holds states accountable for their actions vis-à-vis their citizens' rights and wellbeing. Such a movement can advocate for the rights and wellbeing of all citizens, especially children, engaging constructively with governments and the African Union to that end.

1 CHILD WELLBEING IN AFRICA[5]

"Africa is beyond bemoaning the past for its problems. The task of undoing that past is ours, with the support of those willing to join us in that continental renewal. We have a new generation of leaders who know that we must take responsibility for our own destiny, that we will uplift ourselves only by our own efforts in partnership with those who wish us well."

~ Nelson Mandela 2005 cited in UNECA 2005a

1.1 Introduction

Child wellbeing[6] means a lot of things. Primarily, it is about children being secure, healthy and happy. It is about having opportunities to grow, to learn and to know. It is about positive personal and social relationships and about being and feeling safe, secure and respected. It is fundamentally about freedom from fear – fear of the present and the future – and about full security and total peace, at home and in the larger community that encompasses school and country. It is about being given a voice and being heard. In short: it is all about the full and harmonious development of each child's personality, skills and talents. All of these have a better chance of being achieved in societies and states that are ruled by the principle of participatory and democratic governance and that uphold both in law and practice the priority principle of the "best interests of the child". The latter means respecting, protecting and realising the rights of children, and nurturing a social ecology that provides opportunities for all children – boys and girls, disabled or disadvantaged – to be able to achieve their full potential.

Families are first in the range of actors providing protection to children and ensuring their wellbeing. As the primary sources of child wellbeing, the views, perceptions and practices of families determine the way they treat and care for their children. This is why both the UNCRC and the ACRWC acknowledge the primary responsibility of parents for the upbringing and development of the child.[7] Two things, however, need to be noted.

> Firstly, much as they are the fountain of love and care, families can also, for one reason or another, be a source of child abuse, neglect and exploitation. The primary and indispensable role of the family in the life of children notwithstanding, children must be protected from practices that make them vulnerable to abuse, violence and maltreatment within the family environment.

> Secondly, however enlightened and sensitive families may be toward the best interests of their children, their effectiveness will depend on their ability and capacity to provide for their children's physical, intellectual and material needs.

Second in importance after the family for child wellbeing are communities and traditions. Perhaps the most enduring feature of Africa's wellbeing regime is the decisive role played by these actors: communities and traditions exert a lifelong influence on human welfare in Africa. Africa owes the survival of its humanity from the onslaught of various challenges – poverty, the HIV/AIDS pandemic and others – to the tremendous wisdom embodied in its community traditions and cultures and its solid societal cohesion. These actors have withstood the test of time in their credibility as sentinels of human

wellbeing and security, long before formal states emerged. Most African cultures regard human wellbeing as a consequence and extension of child wellbeing, and therefore accord a unique and privileged position to the child. The child is seen as celestial, a complex social and material being that needs to be handled with great care, considered part of the cosmos even before it is born (Evans 1993, 22 cited in Luzze 2002). Once born, children are collectively regarded as the 'young trees' that perpetuate the 'forest', which signifies the family and society (Luzze 2002). As the foundation upon which communities are built, African culture takes every child as the responsibility of the community. Hence parenthood becomes about social responsibility, both physical and mental, and even where biological and social reproduction is separated many people can fulfil the role of parents without having genetic ties to children (Tronick et al. 1987 cited in Feeny and Boyden 2003).

Children are precious communal blessings that are not left solely to the care and support of their families. The African saying "it takes a whole village to raise a child" epitomises the attitude and practice whereby child-rearing, given the highest regard, is seen as a collective, communal responsibility.

The state is the other indispensable actor in child wellbeing, and the principal duty bearer of child rights. Thus the state's obligations to respect children's rights, to provide them with full protection, and to fulfil their needs lies at the heart of the rights-based approach to child wellbeing stipulated in the major child rights instruments.

The UN Convention on the Rights of the Child (article 27) obliges states to recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development; or, in the words of the African Charter [article 5(2)], to ensure to the maximum extent possible the survival, protection and development of the child. These two instruments go further, re-drawing the relationship between the state and families as well as between the state and traditions, by entrusting an enhanced role to the state in ensuring the rights and wellbeing of children. These legal instruments challenged the customarily 'unquestionable' control parents exerted over their children, and outlawed some traditional practices within families that were doing harm to children.

The African state has since become a critical lynchpin in child wellbeing, thanks to the increasing awareness of the need for rights-based development, the emergence of responsible and accountable leaders, and the growth of a more progressive political culture.

Though a lot remains to be done in terms of improved governance, several countries have embarked on a process of dramatic political transformation. Authoritarian structures have given way to more pluralistic ones in a number of countries, such as Benin, Cape Verde, Ghana, Liberia, Mali, Mozambique, Namibia, Sierra Leone and South Africa (German Development Institute 2007). Countries like Gabon, Mauritius and Lesotho have continued to enjoy peace and security with high scores in the 'safety and security' dimension of the Mo Ibrahim African Governance Index (Mo Ibrahim Foundation 2007).

A momentous shift is taking place in the African mindset, among citizens and leaders alike. There is an emerging and growing consensus that Africa's problems can be solved only by Africans themselves: African leaders are taking steps to own up to their responsibilities, as can be seen from the various initiatives taken in the economic and political sphere, both within the framework of the African Union and the regional

economic blocs. Some of these efforts seem to have paid off already: civil wars in Angola, Liberia and Sierra Leone recently ended after several decades, and cease-fire negotiations are under way, though painfully slowly, in the DRC, Chad and Uganda.

1.2 Exclusion in the midst of progress

The African continent is changing. Many countries are taking measures to extricate themselves from the interrelated problems of conflict, poverty, hunger and distress. Africa's prospects for a better future continue to brighten as many countries begin to reap the benefits of economic policy changes, improved governance and investment in key social sectors. With the rise of responsible and representative governments and the recovery from several lengthy conflicts, much of the African continent has seen robust economic growth in recent years (USAID 2005). While economic growth was, on average, below two per cent in sub-Saharan Africa from 1975 to 1994, it has accelerated since the mid-1990s (UNECA 2005a). As shown in Chart 1.1 below, GDP per capita in Africa grew consecutively throughout the 2000-2005 period. In 2006, Africa achieved 5.5 per cent economic growth as measured by GDP – well above the long-term trend and for the fourth consecutive year (ADB, OECD Development Centre and Economic Commission for Africa 2007). GDP growth was projected to jump to 6.2 per cent in 2007 and 6.9 per cent in 2008.[8]

Chart 1.1   Growth in real GDP per capita in Africa
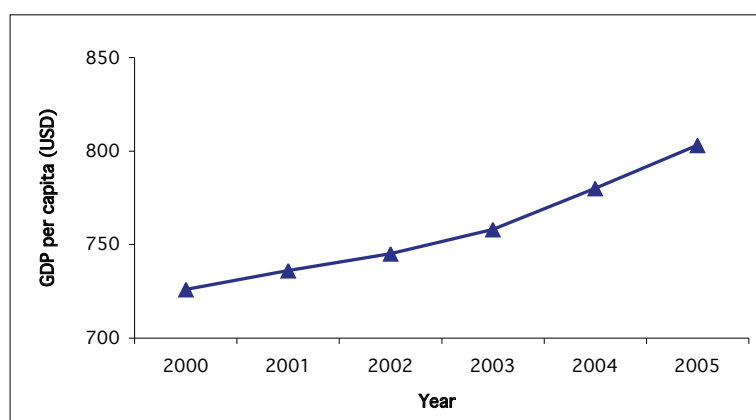
Source: Based on data from Africa Development Indicators 2007, World Bank (2007a) Constant prices (2000 US$ rate)

Despite overall optimism and the progress made in macroeconomic reform, governance and economic growth, there has been insufficient progress in addressing the problems of poverty and inequality in most African countries. Economic growth has benefited the few and not the many, and particularly not those at the lower echelons of society. As a result, service provision and access to those services that do exist remain lamentably inadequate, especially among the poor, women and children.

The economies of most African countries are still characterised by highly skewed income distribution and abject poverty. While the wealthy receive the best schooling and medical care, many of the poor, who tend to live in rural areas or urban slums, are at the end of the queue (Grindle 2002). For instance, in Burkina Faso, which had average annual growth rates of 5.6 per cent over the past decade, the share of people living below the poverty line rose from 44.5 per cent to 46.4 per cent (Harsch 2006) over the same period, exacerbating the inequality in access to basic services. In Guinea, 48 per cent of all people visiting hospitals and primary health facilities come from the richest

fifth of the population, and those from the poorest fifth make up only four per cent of patients. Yet there is nothing inevitable about this. Some countries have managed to ensure the poor's access to basic services through the abolition of user fees. When Uganda eliminated user fees at health facilities in 2001, public visits increased by 80 per cent, with half of the increase from the poorest fifth of the population (UNDP 2006 cited in Harsch 2006).

However, because of supply shortages and lack of income-support measures, millions of Africans remain excluded from essential services. Figure 1.1, below, shows the staggering degree of exclusion faced, especially by children and women, from essential health and education services. For instance, the median value for the percentage of HIV positive pregnant women excluded from PMTCT services was as high as 96 per cent for Africa in 2005. In 2004, the median value for the number of people excluded from sanitation services in Africa stood at 62 per cent. In the 2000-2006 period, the median value for children with suspected pneumonia that were denied access to health services was 52 per cent. Moreover, a less recognised problem – but a serious one with far-reaching implications – is the lack of birth registration services: the median value for children under five who were not registered in the 1999-2006 period was 45 per cent (see Annex 3, Tables A3.12 -13).

Figure 1.1   The pyramid of exclusion: percentage of population excluded from basic services

Children aged 12-23 months not immunised against measles…20%

Girls not enrolled in primary education…26%

Population not using improved drinking water source…33%

Deliveries not attended by skilled health worker….43%

Births not registered before five years of age……45%

Children with suspected pneumonia not taken to health facility……..52%

Population using inadequate sanitation facilities……………62%

HIV positive pregnant women not attending PMTCT programme…….96%

Source: See data and sources presented in Annex 3

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Despite these setbacks, however, it is encouraging to note that many governments have taken the first critical step towards reducing poverty, by preparing Poverty Reduction Strategy Papers (UNECA 2005a). This trend is a reflection of the emergence of good leadership, and its growing recognition of the need for broad-based growth strategies that reduce poverty (UNECA 2005b) - important because sheer economic growth will not necessarily translate into welfare gains without improved governance and good leadership (Rotberg 2004).

Unfortunately, while Africa may have been served well by leaders of liberation, much of the continent has not had the benefit of leaders of development. For far too long and in very many countries, the continent has seen corrupt leaders leading lives of untold opulence amid impoverished populaces. Even so, Africa can also rightly take pride in some sterling examples of statesmen who left indelible marks on history (Mazuri 2007): Julius Nyerere of Tanzania, Nelson Mandela of South Africa, Seretse Khama of Botswana and Seewoosagur Ramgoolam of Mauritius, to mention only a few. These and a few others have succeeded in ensuring for their countries national security, political freedom, economic growth and prosperity, and – to some extent – equality and equitable access to basic services (Rotberg 2004: 9).

Partly as a reflection of the good leadership they enjoy, countries like Botswana, Mauritius and South Africa are examples of development in the continent, while countries like Tanzania are models of peace and societal harmony.

Box 1.1   The role of good leadership

A country where "a rising sea lifts all boats": Mauritius' success in reducing inequality

Mauritius has had a stable democratic system for decades, with relatively smooth changes in government and a balanced distribution of political power. The authorities have taken into account the interests of the country's well-organised labour movement, while economic policies have encouraged a diversification from sugar production into manufacturing. The government resisted external pressures in the 1980s to cut public spending, and maintained relatively large budget allocations for health, education, water, sanitation and housing assistance, drawing on taxes levied on sugar exporters. Poverty fell significantly as a result. After an initial rise, inequality has fallen, and social indicators have improved; they are now well above the average for Africa and indeed for middle-income countries generally. According to the World Bank, Mauritius now has the lowest level of inequality among the 30 sub-Saharan countries for which data is available (Harsch 2006).

Where leaders are trusted and not feared, admired and not reviled

Tanzania is a country with very high household participation in political activities, especially in elections (96 per cent) and political rallies (88 per cent) (UNECA 2005a). A children and youth poll conducted by ACPF and UNICEF in eight African countries revealed that children in Tanzania enjoy above 90 per cent level of trust in their country's institutions of leadership and governance. According to the poll, about a third of the children in Tanzania admire their president. Perhaps as a refection of their trust of and satisfaction with the leadership, 80 per cent of children perceived their present life in Tanzania to be better than life ten years ago, and a similar proportion anticipate leading a 'much better life' in future than the life their parents are leading at present (ACPF and UNICEF 2007).

Overall, Africa's prospects for a better future continue to brighten as many countries are beginning to reap the benefits of economic policy changes, improved governance and investments in key social sectors, especially during the past two decades. There is also a sense of hope and optimism in Africa, including among children, about improvements in human wellbeing. Further, the ACPF and UNICEF children and youth poll revealed that four out of five children expect to lead better lives than the life their parents are leading currently, and seven out of 10 believe that their country will be a better place to live in the future. Their desired vision for their countries was that of a peaceful nation (no violence), with a sound economy, social equality, free from pollution and free from alcohol and drugs (ACPF and UNICEF 2007).

1.3 The health of Africa's children

1.3.1 Progress

Though from a low level, Africa has witnessed significant improvements in the health of children. Some countries have made substantial efforts in providing health care services and increased the proportion of expenditure directed to health in recent years (WHO 2006). The number of child deaths attributable to preventable and treatable illnesses was reduced in 44 of the 46 countries of the WHO African Region,[9] and Malawi, Mozambique and Eritrea have managed to lower significantly their child mortality rates over the last 5 years (WHO 2006).

Chart 1.2   Countries with significant reduction in infant mortality rate between 2000 and 2005
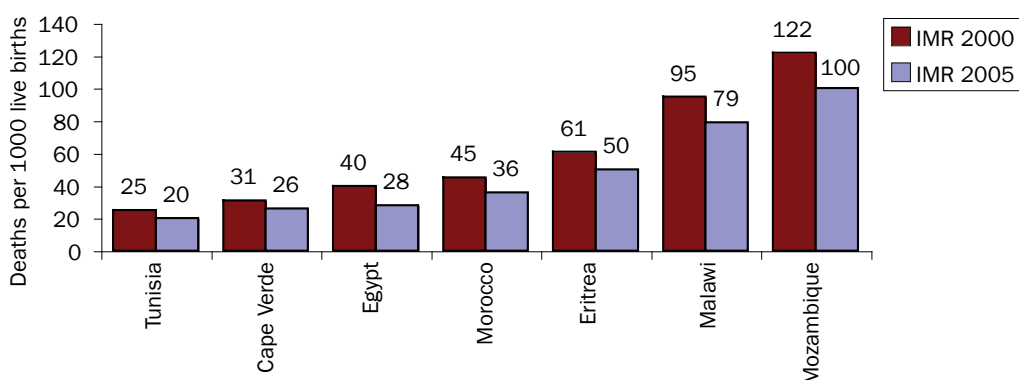
Source: Based on data from United Nations Millennium Development Indicators, UNSTATS, 2007

Many people living with HIV in some African countries, such as Cameroon, have had enhanced access to anti-AIDS drugs, thanks to the removal by these countries of import duties and taxes on essential medicines (WHO 2006). Many in Botswana, Burkina Faso, Burundi, Ethiopia, Mali, Mauritania, Senegal and Zambia have been able to benefit from first-line treatment for HIV/AIDS free of charge. The considerable progress achieved in the provision of free ART is an indication that strong domestic commitment can make a difference with support from external actors. From the end of 2003 to the middle of 2006, there was a ten-fold increase, to one million persons, in the number of Africans receiving ART. Botswana has achieved 85 per cent coverage of ART treatment. This is a formidable bulwark for protecting children as it helps to prolong the lives of parents, keeping children from being orphaned. Mother-to-child transmission has been reduced by 25 per cent in several countries in eastern and southern Africa (African Union 2007a).

Chart 1.3   Percentage of women and men with access to antiretroviral therapy, 2005

Country	Percentage
Botswana	85
Uganda	56
Senegal	47
Namibia	35
Benin	33
Mali	32
Swaziland	31
Zambia	27
Togo	27
Burkina Faso	24
Gabon	23
Cameroon	22
South Africa	21
Malawi	20
Kenya	19.7
Côte d'Ivoire	17
Congo (Brazzaville)	17
Chad	17

Percentage
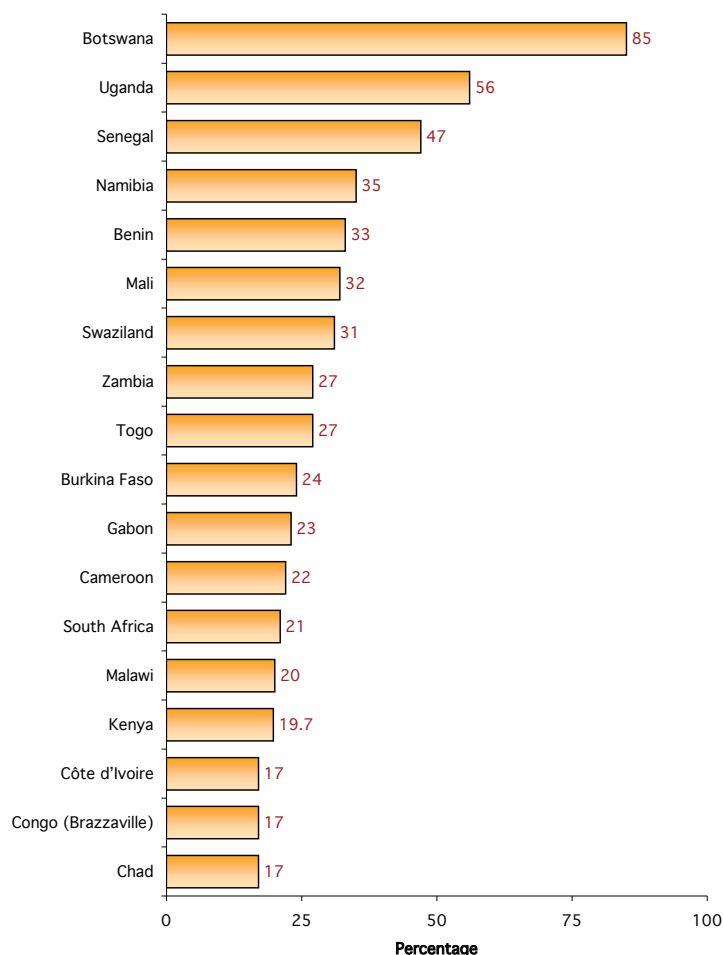
Source: Based on data from UNAIDS, 2006

Another piece of encouraging news is that exclusive breastfeeding among children under six months of age has increased remarkably in many sub-Saharan African countries over the last 10 years. Exclusive breastfeeding for the first six months of life has the potential to avert 13 per cent of all deaths under five in developing countries, making it the most effective preventive method of saving children's lives (UNICEF 2007a).

In addition, the continent has been successful in:

* Fighting poliomyelitis. Despite outbreaks in Angola, Cape Verde and the DRC in 2000, most countries (31) have maintained polio-free status for more than three years
* Very encouraging results have been achieved in totally eradicating or reducing to insignificant levels the burden of diseases like leprosy, Guinea-worm disease and river blindness (WHO 2006)
* According to WHO, 41 countries reached 60 per cent or more of their children with measles immunisation in 2005. Overall measles deaths have declined by more than 50 per cent on the continent since 1999 (WHO 2006).

1.3.2 Challenges

For all the progress made, there are major inadequacies in Africa's health systems. Each year approximately one million babies are stillborn; about half a million die on their first day; and at least one million babies die in their first month of life. Yet, it is estimated that 800,000 of these stillbirths and deaths are avoidable (Lawn and Kerber 2006). The so-called the "big three", Malaria, HIV/AIDS and TB, claim the lives of an estimated three million Africans every year (WHO 2006). It is estimated that six per cent of deaths of children in Africa are due to HIV/AIDS (WHO 2006); malaria accounts for 25 per cent of deaths of children under five in sub-Saharan Africa (Save the Children 2005); and more than 2,000 African children die of malaria each day (Sayagues 2006). This is further complicated by lack of access to health facilities, which contributes to high child morbidity and mortality: for instance, the median figure for the proportion of women who gave birth with the help of skilled attendants was only 57 per cent for the 2000-2006 period (UNICEF 2007b). The remaining births were assisted by traditional birth attendants, relatives and neighbours, while some mothers gave birth alone, sometimes in the bushes (WHO 2006).

Chart 1.4   Percentage of under-fives with suspected pneumonia not taken to an appropriate health provider, 2000-2006
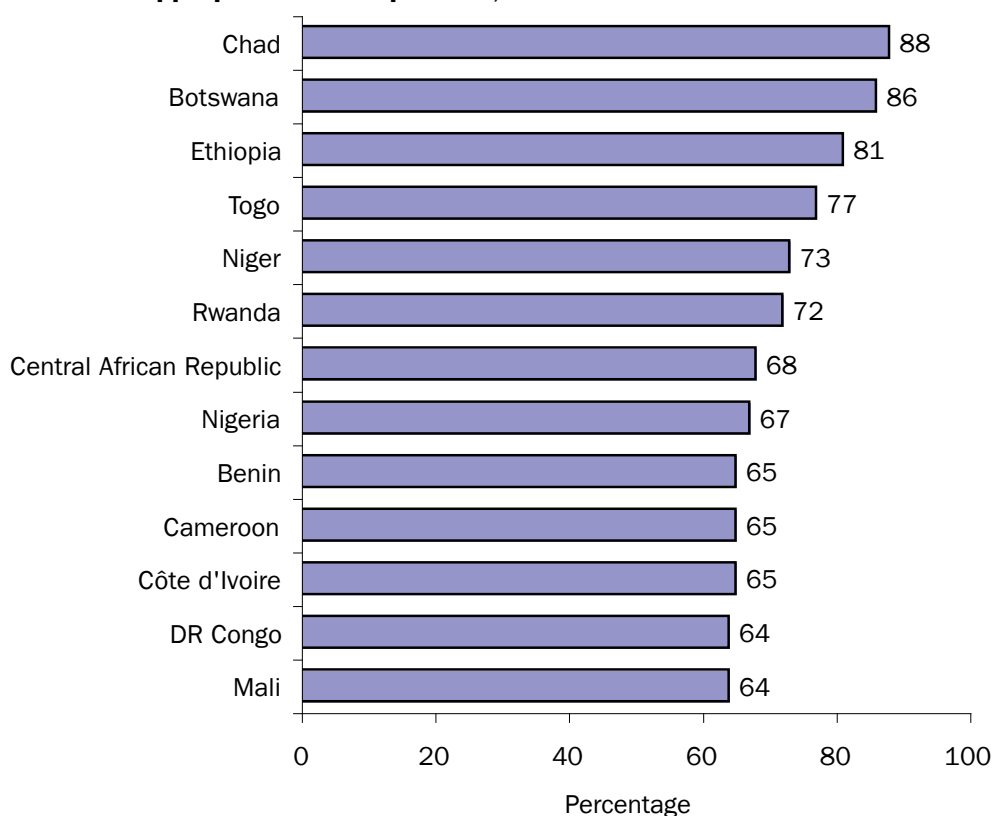
Source: Based on data from UNICEF www.childinfo.org

Similarly, the percentage of children suffering from suspected pneumonia who were taken to a health centre, an accepted indicator of access to health services, is fatefully low in Africa. As high as 88 per cent of children in Chad, 86 per cent of children in Botswana and 81 per cent of children in Ethiopia suffering from pneumonia did not have access to health facilities. In 22 of the 47 countries for which data was available, some 53 per cent or more of children suffering from pneumonia had no access to healthcare.

Progress in the health situation of African children has been hampered by slow progress in improving access to food. The amount and quality of available food is a basic factor not just for survival, but for good health. About 60 per cent of under-five mortality in some parts of Africa is attributable to malnutrition (African Union 2007b), and those undernourished children that survive to adulthood have increased risk of heart disease, diabetes and renal damage. Malnutrition affects growth and has a direct impact on labour productivity. More encouraging, however, is the fact that child malnutrition has steadily declined in Africa, to 28 per cent in 2006 (WHO 2007); and there was more than a four-fold increase in two-dose coverage of vitamin A supplementation between 1999 and 2005 (African Union 2007a).

Chart 1.5   Countries with highest percentage of children underweight, 2000-2006

Country	Percentage
Niger	44
Madagascar	42
Sudan	41
Eritrea	40
Burundi	39
Ethiopia	38
Chad	37
Burkina Faso	37
Mali	33
Mauritania	32
DR Congo	31
Angola	31
Sierra Leone	30
Nigeria	29
Djibouti	29
Central African Republic	29
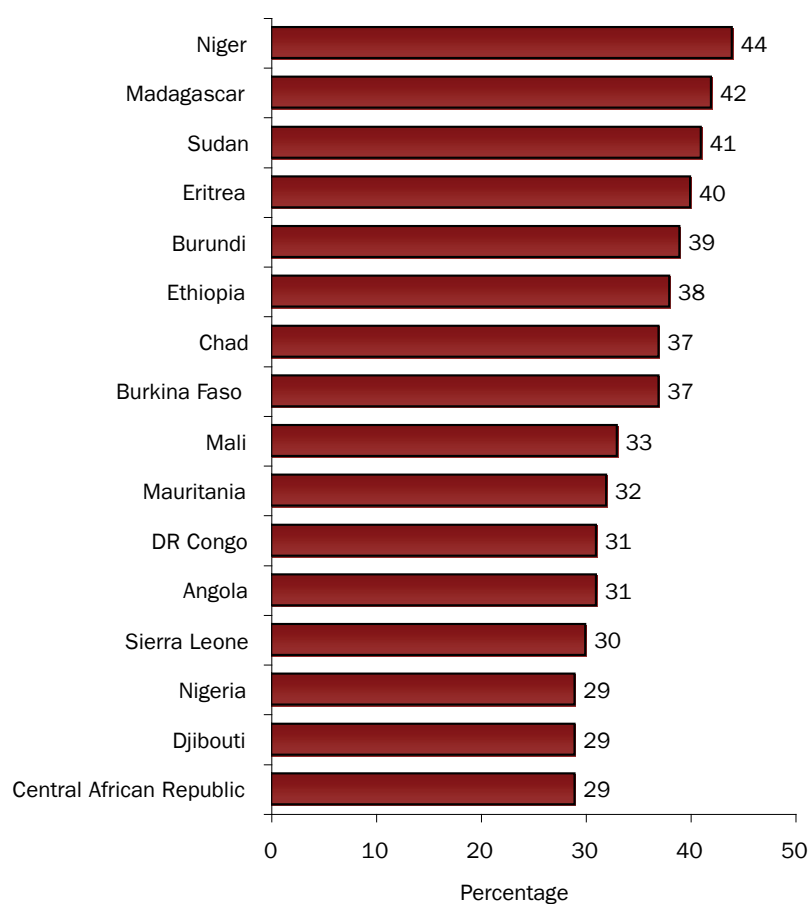
Source: Based on data from UNICEF, 2007c

It is estimated that over a third of African children under five years of age suffered from moderate to severe stunting in 2006 (UNICEF 2007c). The region has also one of the highest percentages of wasting in the world, second only to south Asia. It is reported that Burkina Faso and Djibouti had 23 per cent and 21 per cent prevalence, respectively, of wasting in children under five in 2000-2006. According to UNICEF (UNICEF 2007c), some 4.1 million children in sub-Saharan Africa had low birth weight (i.e. less than 2,500 grams at birth) in 2000-2006. Niger had the highest percentage of underweight children, at about 44 per cent. Children of low birth weight are 20 times more likely to die in infancy than heavier babies, and those who survive may be more susceptible to infectious diseases and inhibited growth and cognitive development.

The nutrition situation in Africa has been further complicated by overall increases in food and fuel prices[10] in the world in recent years. Since the year 2000, the prices of wheat and petroleum have tripled globally, while prices of corn and rice have almost doubled. Cereal price increases have had an alarmingly adverse impact on food-insecure and poor households. For every one per cent increase in the price of food, food consumption expenditure in developing countries decreases by 0.75 per cent. Higher food prices will cause the poor to shift to diets that are even less nutritionally balanced, with adverse impacts on health in the short and long run (von Braun 2007). At time of writing, the situation has been made even more complicated by recent surges in the use of biofuels as alternative sources of energy. According to IFPRI, the expansion of ethanol and other biofuels could reduce calorie intake by four to eight per cent in Africa by 2020 (von Braun 2007), because these fuels are made from plants grown on land that might otherwise be used for the production of food.

The health situation in Africa is further worsened by limited state commitment, including budgetary allocations. Median spending on health in Africa was nine per cent of the total government expenditure in 2004, and often as little as two per cent (WHO National Health Accounts 2007). Two-thirds of the survival challenges facing Africa's children could be prevented with marginal increases in healthcare investment (Save the Children 2005a). In 2004, only four countries – Burkina Faso, Liberia, Malawi and Rwanda – lived up to the pledge made by African governments in Abuja in 2001 to increase spending on health to at least 15 per cent of their annual budgets.

Another problem further draining already limited health budgets is that of the high and increasing cost of essential medicines. Lack of access to essential medicines has become one of the most formidable health challenges facing Africa today. Medicines account for the second-largest portion, after salaries, of overall health budgets in African countries. In some parts of Africa, over half of the population do not have access to essential medicines and are unable to benefit from proven treatment for common diseases (WHO 2006). Furthermore, prices for new medicines for the most prevalent diseases - HIV/AIDS, tuberculosis and malaria - are often extremely high.

The problem of availability of and access to essential drugs is aggravated by the asymmetry between Africa's health and medical needs on one hand, and the business agenda of the global pharmaceutical establishment on the other. Africa, and for that matter the developing world, is largely neglected by the global community and those responsible for the development of new drugs. According to WHO, of 1,450 new drugs that have gone on the global market since the 1970s, only 13 target the diseases that mainly affect poor people in the tropics, of which Africa has by far the greatest share (WHO 2006). Of the thousands of new compounds that drug companies have brought to the market in recent years, less than one per cent is targeted for life-threatening tropical diseases (Hilton 2000) and the rest goes to so-called "lifestyle drugs", such as those for the treatment of obesity, baldness, face wrinkles and impotence (Silverstein 1999). The market for such drugs is worth billions of dollars a year, and is one of the fastest-growing in the industry.

To make matters worse, migration of health workers to rich nations is draining valuable human resources for health in poor countries. While Africa bears 25 per cent of the global disease burden, it has only three per cent of the global health work force. Of the estimated global shortage of health workers of four million, one million are immediately required in Africa (African Union 2007b); but in the midst of this deadly shortage, about ten million Africans, most of them highly educated professionals, constitute an invisible nation residing outside Africa that is equivalent

to the entire population of Tunisia (Emeagwali 2003). Twenty-nine per cent of Ghana's physicians are working abroad, as are 34 per cent of Zimbabwean nurses (WHO 2006). There are reportedly more Sierra Leonean doctors living in just the Chicago area of the US than there are in Sierra Leone (Shinn 2002). To address growing shortages of health workers, some countries are testing models whereby certain health care tasks are re-assigned from highly qualified health workers to less qualified staff and community workers, after orientation and under supervision (WHO 2006).

Box 1.2   Access to water and sanitation services

Lack of, and inadequate access to, safe drinking water and sanitation facilities is a major contributory factor to the poor health of Africa's children (UNICEF 2007c). In countries such as Ethiopia, Rwanda and Uganda, four out of five children either use surface water or have to walk more than 15 minutes to find a protected water source (UNICEF 2004).

Chart 1.6a   Percentage of population using improved drinking water source, 2004
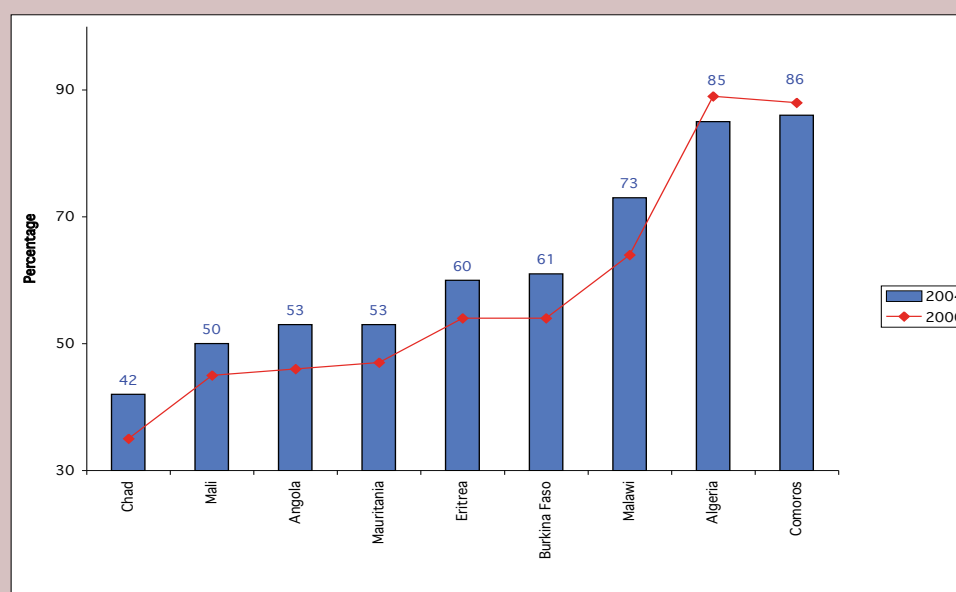
Source: Based on data from WHO and UNICEF, 2006

Access to adequate sanitation is the other critical factor in child survival. With improved sanitation, overall child mortality can be reduced by about a third (WaterAid 2005). Despite this, progress in the provision of improved sanitation coverage has not been encouraging; rates of coverage in 37 African countries are less than 50 per cent.

In Eritrea and Ethiopia, coverage figures were nine and 13 per cent respectively. No wonder, then, that these two countries have some of the highest child death rates from diarrhoea in the world.

(continued)

Box 1.2   Access to water and sanitation services *(continued)*

The provision of drinking water and sanitation facilities alone is insufficient to ensure children's health. These must be accompanied by hygiene awareness and related measures to ensure that children are not exposed to pathogens. Basic measures in ensuring hygiene include the use of latrines, washing hands after defecation and before eating or preparing food, proper disposal of faeces, protecting water sources and cooking food thoroughly.[11]

Chart 1.6b   Countries with low percentage of population using adequate sanitation facilities, 2004

Country	Percentage
Chad	9
Eritrea	9
Niger	13
Ethiopia	13
Burkina Faso	13
Guinea	18
Ghana	18
São Tomé and Principe	25
Namibia	25
Somalia	26
Liberia	27
Congo	27
Central African Republic	27
DR Congo	30
Angola	31
Mozambique	32
Comoros	33
Benin	33
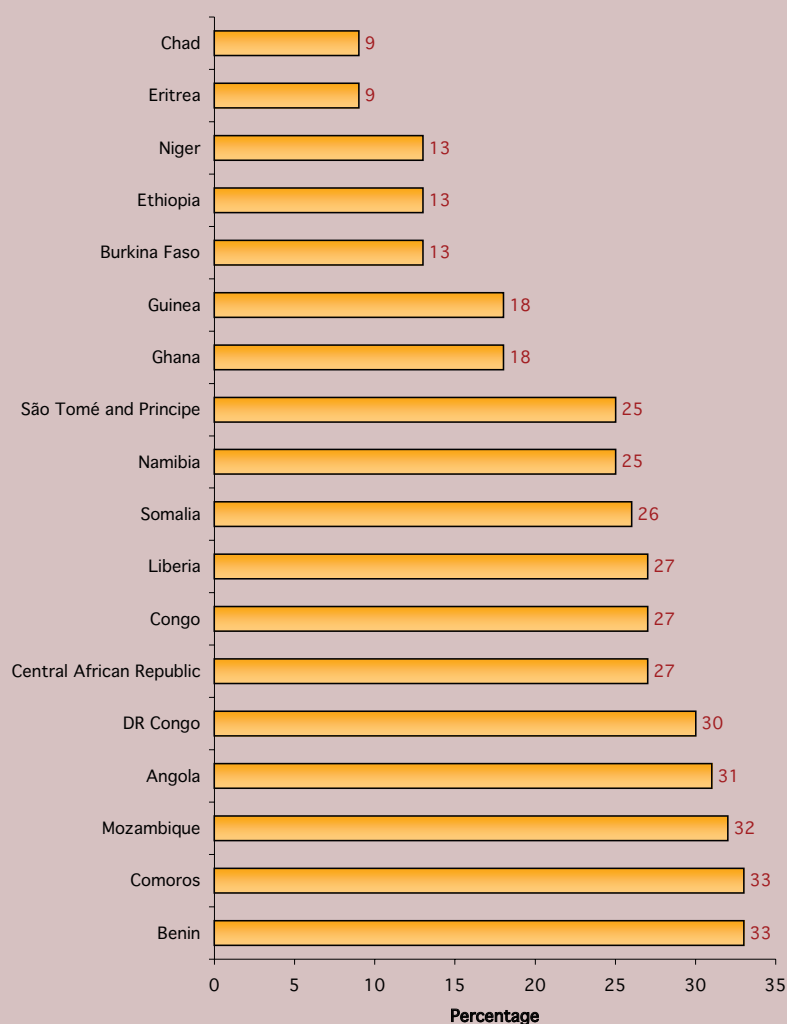
Source: Based on data from WHO and UNICEF, 2006

Universal access to even the most basic water, sanitation and hygiene facilities would reduce the financial burden on health systems in sub-Saharan Africa by about US$ 610 million, which represents about seven per cent of the region's overall health budget (UNDP 2006).

Box 1.3   Access to adequate shelter

"In its essence, housing as a living impulse creates roots, entailing security. The house is to be seen as a home, the one stable point in the child's life where she/he can return. It is a place where the child can eat, laugh, play - where she/he will find love and peace."

~ Statement of the Special Rapporteur on Adequate Housing
(Special Session of the UN General Assembly on Children, New York, 8-10 May 2002)

A house is indispensable for ensuring human dignity. Adequate housing encompasses more than just the four walls of a room and a roof over one's head. It fulfils deep-seated psychological needs for privacy and personal space; physical needs for security and protection from rough weather; and social needs for basic gathering points where important relationships are forged and nurtured.

Despite this, the housing situation in Africa remains dire. More than 198 million children are said to be living in one or more forms of severe shelter deprivation in sub-Saharan Africa (Gordon et al. 2003), with about 32 million children living on the 'street'.[12] Further complicating the situation of homelessness are widespread incidents of forced evictions in different parts of the continent. The violence, panic and confusion typical of forced evictions subject children to recurring nightmares, anxiety and distrust (Centre on Housing Rights and Evictions 2006). The impact of eviction on family stability and on children's emotional wellbeing can be devastating; the experience has been described as comparable to war for children in terms of the developmental consequences (Bartlett 2002). Millions of people across the continent live in makeshift camps and tents because of war-driven internal displacements, or are forced to be constantly on the move in search of a safe place to stay.

All this points to the fact that African states have to take the problems of homelessness and displacement seriously. They need to appreciate the fact that a child deprived of housing will be deprived of many other basic rights, such as the rights to health, education, protection from economic exploitation and abuse, and the right to a legal identity and citizenship. States therefore have to put legal and policy frameworks in place to protect people from forced evictions, and to realise progressively their right to adequate housing. They have to undertake large-scale housing projects that consider the levels of income of the poor, and that provide sufficient opportunities for the poor to have adequate shelter on a long term credit basis.

1.4 The education of Africa's children

There has been impressive progress towards achieving education for all in Africa, particularly in those countries that have abolished school fees. When Kenya removed school fees for primary education in 2003, some 1.3 million children enrolled for the first time (African Union 2007a). Countries like Algeria, Tunisia and Malawi have nearly achieved 100 per cent net enrolment ratios; Tanzania achieved a 91.4 per cent net enrolment ratio in 2005.[13] Though many of these countries have been plagued with the problem of high drop-out rates[14] there is no denying that there has been impressive progress, largely in quantitative terms.

Against this impressive record is the poor performance of several other countries. In 2005, only about 66 per cent of primary school age children in sub-Saharan Africa went to school (UNICEF 2007c). The problem is especially serious in some countries such as Djibouti and Niger, which are at the bottom of the rung. In 2004, the net enrolment rate in Djibouti stood at 29 per cent for girls and 36 per cent for boys at the primary level; the corresponding ratios for Niger were 32 per cent for girls and 46 per cent for boys (World Bank 2006).

Chart 1.7   **Countries with high primary enrolment ratios (net) but low completion rates, 2005**
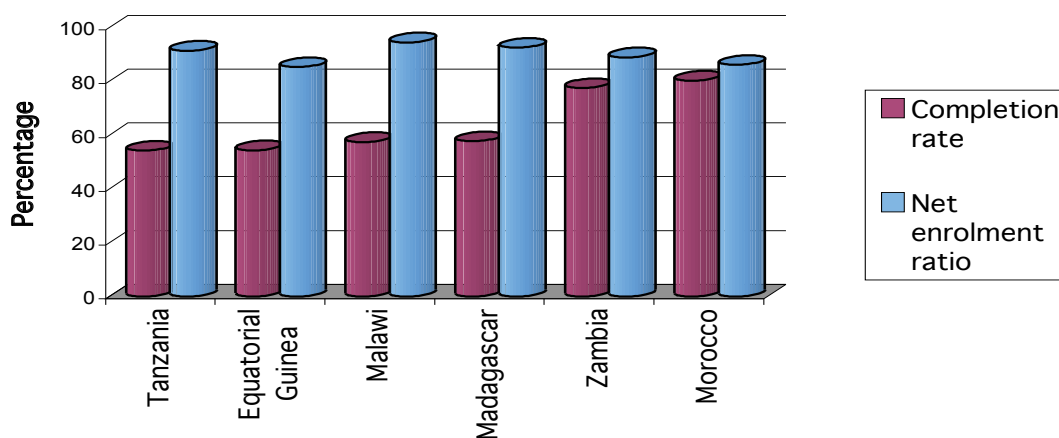
Source: Based on data from World Bank's World Development Indicators

Much attention in Africa is given to progress, or lack of it, in respect to primary education – to the almost total neglect of secondary education. According to UNICEF, only 27 per cent and 23 per cent of children of secondary school age attend secondary school in west and central Africa and eastern and southern Africa, respectively (UNICEF 2007c). Burkina Faso, Burundi, Chad, Mozambique, Madagascar, Niger and Rwanda stand out as having the lowest secondary gross enrolment rates. Only Mauritius, South Africa and Seychelles have gross secondary enrolment rates of more than 80 per cent (World Bank 2006). Secondary school completion is lamentably low in sub-Saharan Africa. According to UNESCO, fewer than 20 per cent of the children enrolled complete secondary schooling (UNESCO 2007).

There are several explanations for slow progress on this front. Limited budgetary commitment is one, but there are others, such as school fees, hidden costs of schooling, and lack of food and educational materials that hinder school attendance and contribute to high drop-out rates in many countries. Hidden costs, such as uniforms, lunch expenses and mandatory contributions to community development funds, as well as the lack of basic facilities such as adequate sanitation, have further contributed to the exclusion of children from poor backgrounds in general, and girls in particular.

Not only is education in short supply in Africa, but the quality of schooling has often been far from satisfactory. The issue of quality has been clouded by a preoccupation with meeting numerical targets and the political desire to proclaim high levels of achievement in school enrolment. The irrelevance of the curriculum, high teacher-pupil ratios, low teacher salaries and reluctance to teach in rural areas are draining the quality of schooling in Africa (Executive Summary of Teacher Development, cited in African Union 2007a). The median pupil-teacher ratio for sub-Saharan Africa was 43 in 2004. In Congo (Brazzaville) there was one teacher for 83 pupils, and in Chad there was one teacher for 69 pupils (World Bank 2006; World Bank 2004). In parts of North Africa, where most students attend school and remain until they complete primary level, only a small minority can demonstrate even a minimum mastery of the material taught (African Union 2007a).

Schools throughout Africa are under-funded and lack basic infrastructure, which impact on the quality of education across the continent. Without basic reforms, school systems in Africa will be unable to delivery quality education to children and young people (USAID 2003).

The low quality of education, the failure of the education system to take account of the absorptive capacity of the economy and the theoretical nature of the skills taught together result in minimal employability of African graduates. Thus the African education system is "geared towards churning [out] job-seekers rather than job creators" (Egulu 2004). Low quality education translates into decreased competitive advantage in the increasingly globalised employment market, a problem exacerbated by the increasing openness of African economies (Bequele 2006).

Under such circumstances, education could provide minimal economic returns, and the high perceived opportunity costs could adversely affect attitudes of parents towards getting their children enrolled, as well as the desire of children to remain in school.

Box 1.4   Access to information

Access to the media is a vital vehicle in creating awareness about children's needs, and in facilitating opportunities for children to participate in society. Television, radio, telephones and newspapers play important roles in disseminating basic information to a wide range of audiences, including children and parents; yet 39 per cent of children in sub-Saharan Africa have no access to television, radio, telephones or newspapers (Gordon et al. 2003). According to a children and youth poll conducted in eight countries in the eastern and southern Africa region, only 34 per cent of children reported home ownership of television – though there was higher radio coverage (62 per cent). Radio coverage can be exploited for teaching children about their rights, and for creating awareness on such crucial issues as HIV/AIDS, drugs, teenage pregnancy, and so on. About half of the children in the region know nothing or little about their rights, and only 25 per cent of the children know about drugs and their prevention methods. In some countries, such as Ethiopia, as many as 95 per cent of children know nothing about drugs and related prevention methods. A staggering 45 per cent of children in the region reported to know next to nothing about HIV/AIDS (ACPF and UNICEF 2007).

Wider access to media like TV, Radio, newspapers and the internet, in a child-friendly and ethically sound format, is of paramount importance in allowing the meaningful participation of children in socio-economic life.

Africa's socio-economic and political transformation can be realised through education. The provision of education that is of good quality and relevant is the sure way out of household poverty, and is key to the progress of nations. In an increasingly globalised world, the educational status of Africans and their capacity to compete with others in the global employment market can only be guaranteed through quality education. Committing resources to the education of children, and putting appropriate policies and strategies in place to encourage educational participation, should be urgent imperatives for African states.

1.5 Orphans

According to UNICEF, the total number of children orphaned from all causes in sub-Saharan Africa reached 48.3 million at the end of 2005. By 2010 an estimated 53.1 million of the region's children are expected to be orphaned (UNICEF 2006a). As shown in Chart 1.8, orphans will equal or exceed 20 per cent of the child population in five countries – Botswana, Lesotho, Swaziland, Zambia and Zimbabwe – by 2010. A large number of orphaned children end up in child-headed households, a phenomenon that is growing very rapidly throughout the continent (ACPF 2008b).

Chart 1.8   Projected percentage of orphans in selected sub-Saharan African countries by 2010
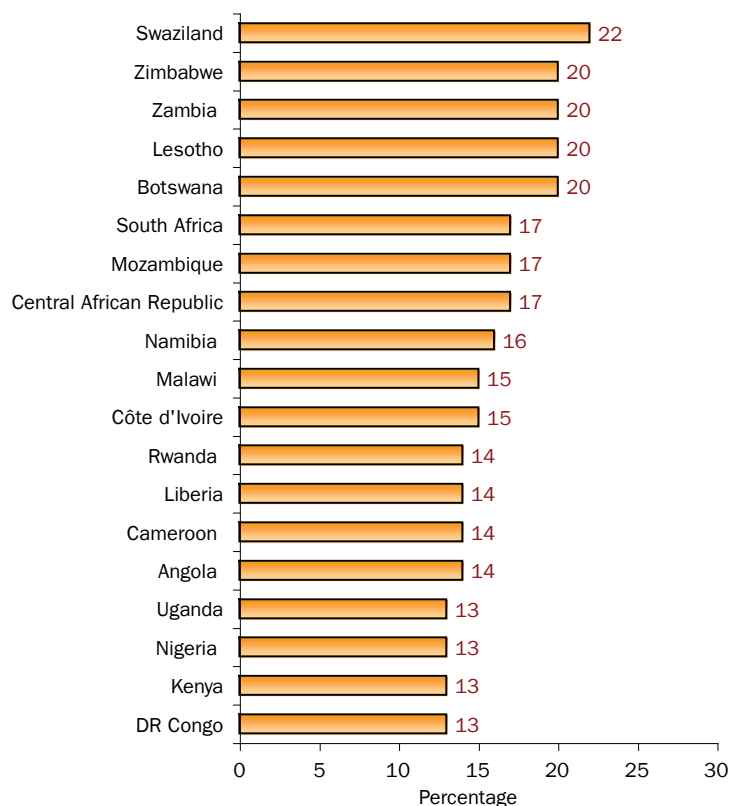
Source: Based on information from UNICEF, 2003 and UNAIDS, 2006 Reports

Orphaned children are less likely to access healthcare (International Social Service & UNICEF 2004), face higher mortality risks (Ueyama 2007), and are more likely to be malnourished and stunted than non-orphans (Ainsworth and Semali 2000). Orphans also tend to have worse schooling outcomes than non-orphans (Ueyama 2007). There are

reports of higher rates of absenteeism among orphans; this may be because they are more susceptible to illness, or because they cannot attend school every day (or cannot be punctual) due to home demands for their labour or for the care of the sick or younger children, or "because they fear to attend school lest they be sent away because their clothes are torn or have not been washed recently" (Kelly 2000). Orphaned children's access to school is not only vital for their future, but important for their psychosocial development. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and opportunities to learn how to interact with other children and develop social networks (UNICEF 2003).

Orphans are also more likely to lose their rights to a home, through failure to secure inheritance rights, and are more likely to be forced out of their homes by relatives or guardians for fear of contagion or witchcraft (Lusk and O'Gara 2002). Because of this, they are more likely than other children to end up on the streets or engaging in hazardous work in commercial agriculture, domestic services, commercial sex work and street vending (Semkiwa et al. 2003). In Congo (Brazzaville), almost one half of street children are orphans (UNICEF 2003). A 2002 rapid assessment in Addis Ababa, Ethiopia showed that more than three quarters of domestic workers were orphans (Kifle 2002 cited in UNICEF 2003), while another study in four mining areas in Tanzania found that seven per cent of children working part time and 38 per cent of children working full-time were orphans (Mwami et al. 2002 cited in UNICEF 2003). Many orphaned girls end up being prostitutes. A study in Zambia in 2002 found that about half of children engaged in prostitution (47 per cent) were double orphans, and 24 per cent were single orphans (Mushingeh et al. 2002 cited in UNICEF 2003).

1.6 Children with disabilities

Africa has a high percentage of children with disabilities.[15] For example, it is estimated that as many as 35 per cent of two to nine year-olds in Djibouti and 31 per cent in Central African Republic live with at least one reported disability (i.e. a disability of cognitive or motor functions, a seizure problem, or a disability of vision or hearing). Given their numbers, the invisibility of Africa's children with disabilities is disturbing.

Chart 1.9   Children with disabilities in Africa**
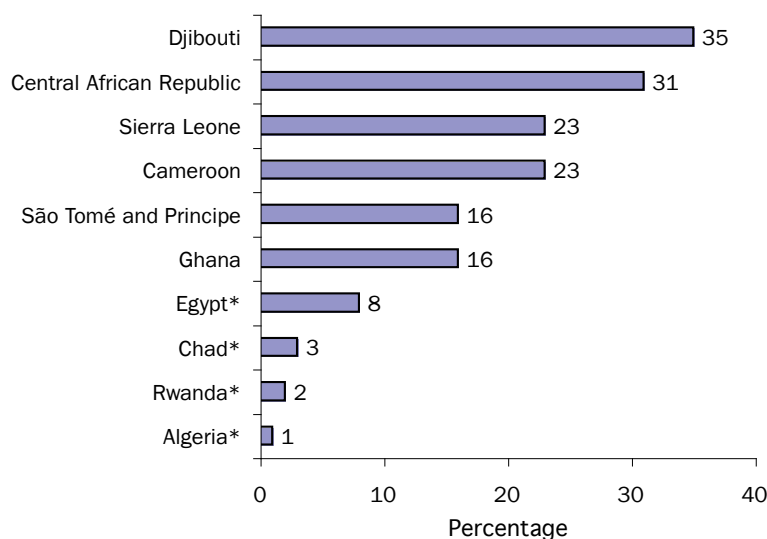
* Data is pre-1999, **The data refer to surveys conducted between 1999 and 2006.
Source: Based on data from UNICEF, 2007a

From birth, children with disabilities are often excluded from access to the support for development that all children need. They may be kept in the dark, denied attention, affection and physical contact, and denied ordinary movement and language stimulation. Disabled children are often not seen as children, and tend to be viewed differently from non-disabled children (Cross 1998 cited in Ransom 2008). The daily reality of life for children with disabilities and their families is frequently one of discrimination and exclusion in all countries.

This discrimination often leads to a lack of recognition of disabled children's equal humanity by their families, peers and communities, as well as reduced access to basic social services, especially education and health services to harmful traditional practices including early marriage and Female Genital Mutilation (UNICEF 2007a). Even the simplest aids and appliances to reduce the impact of a child's impairment may not be available (Ransom 2008). Children with disabilities may miss out on vaccinations, or treatment for simple fever or diarrhoea and other easily curable illnesses that can become life-threatening if left untreated. Children with severe disabilities may not survive childhood because of a lack of basic primary healthcare facilities. Mortality for children with disabilities under five can be as high as 80 per cent in some countries.[16]

1.7 Child victims of violence

Violence against children is a widely pervasive and deeply disturbing problem. Violence takes place in many settings: in homes, in schools, on the streets, in institutions and in the workplace. The form violence takes ranges from physical violence – such as beatings – to psychological and sexual violence including verbal abuse and rape, to harmful traditional practices including early marriage and Female Gental Mutilation (ACPF 2006).

African attitudes towards children can be somewhat contradictory. Because there is no social security system, children are regarded highly for the economic value they have as sources of additional labour, and for the social protection that they provide in old age and in times of sickness. As much as they are considered as precious beings, children are seldom treated with sensitivity, consideration or respect in their everyday life. This happens either in the name of what tradition dictates, or because they are not viewed as whole human beings with all the rights that adults have. Three examples of trends that illustrate this are physical and sexual violence, early marriage, and the practice of female genital cutting.

Physical and sexual violence: Simple, ordinary, everyday violence against children is a widespread problem throughout Africa (ACPF 2006).

- A survey in Ethiopia found that 72 per cent of children had been slapped when at school

- Some 84 per cent of the girls surveyed in Ethiopia, 94.2 per cent in Uganda and 99 per cent in Kenya had experienced physical abuse. Many were beaten so severely they had to go to a clinic to treat the resulting health complications

- Nine out of ten girls in east Africa were abused by the people who they are supposed to trust most. The studies also showed that corporal punishment, sexual harassment and rape of girls, both by their peers and by their teachers, are quite widespread. For example:

  - Some 31 per cent of girls questioned in a survey in Uganda had experienced sexual abuse

- Although male peers were responsible for much of the sexual abuse that took place in schools, teachers were responsible for an alarmingly high proportion of the abuses: a national survey in South Africa found that 32 per cent of reported child rapes were carried out by teachers
- Similarly, some 67 per cent of schoolgirls surveyed in Botswana had been sexually harassed by their teachers.

Much of the violence against children takes place in the home environment and is perpetrated by family members. In addition to beatings and other forms of abuse, violence at home takes another form: harmful traditional practices. The family is the arena where traditions and customs find expression and are put to practice. As positive norms and values germinate in and are sustained by the family, so are harmful traditional practices. It is at the family level that violence and harmful traditional practices are legitimised and played out before being passed on to following generations.

The change in traditional attitudes has to come from within the family, the first line of protection for the child. The family is the child's training ground for assuming individual responsibility, both in society and at work, and being held accountable for his or her actions. Putting the family at the centre of public education campaigns aimed at eradicating harmful traditional practices is of paramount importance: education programmes need to build on existing good traditional practices, complemented by universally accepted child-rearing practices and basic principles. These principles include the acceptance that children have the right to an identity, the right to differing opinions and the ability to voice them, the right to be treated with dignity, and the right to a life free from violence.

Early marriage: A problem commonly found in many parts of Africa, which can lead to grave lifelong health complications, is the phenomenon of early marriage. Some 42 per cent of women between 15 and 24 were married before 18 in Africa (UNICEF 2005), and the figure is more than 60 per cent in some parts of east and west Africa (International Planned Parenthood Foundation (IPPF) and UNFPA 2006). At this rate, 100 million more girls – or 25,000 more girls every day – will become child brides in the next decade (USAID 2007). In Chad, Guinea, Mali and Niger, the median age at marriage is less than 17 years. In the Amhara region of Ethiopia, 50 per cent of girls are married before the age of 15 (Lawn and Kerber (eds.) 2006).

Studies show a strong association between child marriage and early childbirth, partly because girls are pressured to prove their fertility soon after marrying (Lawn and Kerber (eds.) 2006). The world's highest adolescent pregnancy rates are found in sub-Saharan Africa, where one in every four girls has given birth by age 18 (Population Reference Bureau, 2006). In west Africa, as many as 55 per cent of women give birth before the age of 20 (Save the Children 2004). Young mothers experience higher rates of maternal mortality and higher risk of obstructed labour and pregnancy-induced hypertension, because their bodies are unprepared for childbirth. Their babies are also more likely to be born pre-term, or to die (Save the Children 2004).

Female Genital Mutilation (FGM): Often referred to as 'female circumcision', FGM is a deeply engrained tradition[17] that affects millions of girls across the continent. UNICEF estimates that in sub-Saharan Africa, Egypt and Sudan, three million girls and women are subjected to FGM every year (UNICEF 2005). FGM is abominable, not only because it is cruel, but because it has deleterious effects on the health of women and their infants. Women who have been subjected to the practice are significantly more likely to have complications during childbirth. FGM, coupled with early marriage, contributes to another serious health issue, obstetric fistula, which affects 100,000 young girls at any one time – most of whom are in Africa (Lawn and Kerber (eds.) 2006). Women affected by fistula

are often rejected by their husband or partner, shunned by their community, and blamed for their condition. Women who remain untreated may not only face a life of shame and isolation, but may also succumb to slow, premature deaths from infection and kidney failure (UNFPA and EngenderHealth 2003).

In the midst of these negative practices, the family, the extended family and the community remain the child's havens of security and safety. They are the first and most effective milieus for instilling civic values and responsibilities, such as dialogue, respect, tolerance and the desire for peaceful co-existence.

Box 1.5   The primacy of the family

The family assumes a central place in the socialization of the child, and as an agent of change. It is within the family that the child (i) receives sustenance; (ii) observes and internalises gender roles; and (iii) learns notions of what is right or wrong, what is or isn't acceptable, and whether beating another person is OK or not OK. However well-intentioned they may be, traditional child-rearing practices in Africa tend on balance to be antithetical to the interest of the child. They stress subjugation, subordination, corporal punishment and sometimes extreme forms of violence, rather than communication, dialogue and participation.

Early childhood experiences have a lasting impact on a child's perception and subsequent behaviour into adulthood. A child that has experienced or witnessed violence as a ritualistic way of treating children and women, as a means of showing displeasure, or as a means of negotiating differences will often grow into the adult beating another adult, the adult beating a child, the policeman mercilessly beating an unarmed and often weaker civilian, or the thug you see both in community neighbourhoods and the political arena.

This leads us to reassert an old truth: that of the primacy of the family as the single most important social institution in the lives of human beings – and, therefore the need to strengthen and target it as: (i) the first line of protection for the child, for example from physical corporal punishment and other forms of abuse and neglect; and (ii) the best place to teach that all human beings are born equal, and that girls as well as boys have a right to be treated with respect and dignity. There is no better substitute for the family as the premier institution for socialisation, personal growth and personal development.

Source: Bequele (2008)

The role of the community is also important. Its crucial nature was demonstrated in the early years of the HIV/AIDS pandemic in Africa, when millions of children were orphaned and communities rushed to their help, even under conditions of severe economic stress. Positive communal practices of child rearing are the other instances where this role is observed. The practice of 'multiple mothering' among the Efe of the DRC is a good example of communal care; in this culturally sanctioned approach to collective care, the crying babies of a mother engaged in work are put to the breast of any woman, including those who are not lactating. Even when she is nearby, a mother is not necessarily the sole caregiver of her child (Tronick et al. 1987 cited in Feeny and Boyden 2003).

Box 1.6   The role of religious institutions in child wellbeing

Religious institutions, as an integral part of communities, are crucial in fighting harmful traditional practices. They also play an equally important role in ensuring child wellbeing in Africa.

Africans throughout the continent claim religious connections: there are two million congregations of different faiths in Africa. This wide reach means that religious organisations have unparalleled influence and a long reach into remote areas. They have captive audiences and wide communication networks for spreading messages, awareness creation and carrying out mass campaigns (Tearfund 2006). The teachings of all these faiths call upon individuals to respond to human suffering and the needs of vulnerable children, and most cherish a deep commitment to serving the poor, the sick, and the vulnerable. The scriptures of the two dominant religions in Africa, Christianity and Islam, put upon their followers the obligation to support the needy and advocate for their wellbeing.

The support that religious institutions provide ranges from awareness creation to direct material support to psychosocial support and bereavement counselling. Faith groups provide on average 40 per cent of the healthcare in many African countries (Tearfund 2006), and run numerous orphanages and schools for the destitute. They offer direct material support to millions of vulnerable people. They play an especially crucial role in psychosocial counselling of orphaned children, and are an effective tool for fighting stigma and discrimination due to HIV/AIDS. The role they play in psychosocial and bereavement counselling is especially critical as it can easily be linked to spiritual solace and love (Olson et al. 2006).

Building upon these and other positive cultural aspects of child rearing in Africa and engaging cultural and religious leaders are critical entry points into the task of tackling harmful traditional practices. This is crucially important because the fight against harmful traditional practices requires changes in social norms, gender roles, and the power relations that perpetuate such practices. There have been encouraging efforts in this regard. Programmes in Egypt, Gambia, Senegal, Somalia, and Sudan working to end FGM have consciously involved community leaders and traditional healers in creating awareness on FGM; undermining support for the practice; lessening resistance to anti-FGM campaigns; enlisting public support to help change community norms; and mobilising community and religious leaders to issue religious declarations opposing FGM, take public stances, and lead community efforts against the practice (Dini 2007 cited in Flood 2007). Governments need to follow this model and exploit this potential, by engaging community members and religious institutions in their campaigns for the rights and wellbeing of children.

1.8 War-affected children

War and armed conflicts expose children to extreme forms of abuse and violence. Millions of children are caught up in conflicts both as targets and instruments of war (Sommers 2002). Girls face particularly high risks in armed conflicts in the form of sexual violence, including forced prostitution, sexual slavery, forced impregnation, forced termination of pregnancy, forced sterilisation, indecent assault, and trafficking (International Committee of the Red Cross 2006). Many combatants appear to regard rape as a "spoil" of war (Amnesty International 2004). "Rapes are not done to satisfy any sexual desire, but to destroy the soul" (Ensler 2007). Besides the trauma associated with rape and sexual violence, the children born of rape are subject to extreme social pressure and exclusion (Réseau des Femmes pour la Défense des Droits et la Paix and International Alert 2005).

For example, since the onset of the Darfur conflict, girls and women have been subjected to a brutal and systematic campaign of rape and sexual violence led by the Janjaweed militia. The militia broke the arms and legs of some of the survivors so that they could not escape (Amnesty International 2004). In eastern DRC, tens of thousands of women and girls have been victims of systematic rape and sexual assault committed by combatant forces (Amnesty International 2004).

A special category of war-affected children includes current or former child soldiers.[18] Child soldiers are often abducted from their homes, schools or communities and forced into combat, whether by government forces, rebel groups or paramilitary militias. Child soldiers are subject to brutal punishment, hard labour, cruel training regimes, torture and sexual exploitation. They are often forced to commit terrible atrocities, and beaten or killed if they try to refuse or to escape. Many are given drugs and alcohol to agitate them and make it easier to break down their psychological barriers to fighting or committing atrocities. Still many others are forced to witness or commit rape and murder (Office for the Coordination of Humanitarian Affairs (OCHA) 2003).

Box 1.7   "The missing billions"

The limited budget allocated for child-related programmes is partly due to the direct and associated costs of war. Conflicts have ravaged social and economic infrastructures; they have also eaten away the lion's share of public budgets in order to finance war efforts at the expense of social sector investment. Estimates show that wars stripped about US$ 20 billion a year from African economies between 1990 and 2005 (Oxfam and Safer World 2007). It is no wonder that most of the African countries with the highest risk of newborn deaths are countries that have experienced war (Lawn and Kerber (eds) 2006).

The use of children in the armed forces or as targets and instruments of war is immoral and unacceptable, a crime against humanity. No state or political movement that indulges in this activity should be spared the collective condemnation and concerted action of African governments.

Conclusions

In concluding the chapter, we can say that Africa has performed better in recent years than in the past in economic terms and in initiating good governance. Ensuring that economic growth and wealth accumulation benefit the poor still remains a formidable challenge, but there are signs of a growing political awareness among leaders of the need for broad-based growth that reduces poverty. Conflicts have declined considerably, creating favourable environments for stability and sustained economic growth. There have also been encouraging results in significantly reducing the overall burden of diseases, and substantial progress and effort in the fight against specific major infections such as polio, HIV and malaria. Despite this progress, the state of child wellbeing in Africa remains a source of enormous concern. Millions of people are excluded from essential services. Too many poor people and too many children die from avoidable diseases; millions of children die or fall sick for lack of food and safe drinking water. A huge and growing orphan population has been created because of war and the HIV/AIDS pandemic. Nearly half of Africa's children live in some form of housing deprivation, and a large population of children with disabilities remains underserved, hidden and almost invisible. There is also the unacknowledged but ubiquitous phenomenon of violence against children. Despite modest progress in education provision, an unacceptably large number of African children – especially girls – are denied education.

The fate of Africa's children is in the first place in the hands of their families. Children's survival, their development and growth to adolescence and adulthood, and their success in being useful and constructive members of society all depend initially on the ability and the capacity of their families to feed and nurture them, and to provide for their emotional, psychological and educational development. Profoundly important also is the fact that the welfare of children depends on whether their parents live long enough to see them grow.

It thus becomes important to ensure the survival of the family as we know it, and to strengthen its capacity to nurture and raise children. This means several things: jobs and incomes for parents and other adult household members; cash transfers to poor families; and access to services that enable parents to meet their basic needs and the basic needs of their children. It means access to health services – and particularly, in the era of HIV/AIDS, easy and cheap access to ART.

It also means educating parents on what is and is not in the best interests of their children – for example, on the fact that girls deserve the same rights we grant to boys; that corporal punishment of children is unacceptable; that girls – and for that matter boys – should not be subjected to early marriage; and that we should prohibit the heinous crime of female genital mutilation.

In short, the family is key for the wellbeing of children. It should therefore be at the centre of public policy.

In this as in almost all respects concerning child wellbeing, the state remains the critical catalyst and agent of change. In the current context of biting inequality in the continent, the state is the lynchpin in ensuring increased equity of access to basic services as well as universality of coverage, protection and social inclusion (Grindle 2002). The state also plays an essential regulatory and oversight role over non-state actors, ensuring that they are behaving in a child-friendly way just as the state itself must do. The state is the principal duty bearer of children's rights and has the obligation to fulfil their wellbeing.

States need to take a variety of measures in this regard, but two are especially important: (i) taking appropriate legal measures, which normally include domesticating human rights instruments into national constitutions or laws and ensuring their implementation; and (ii) committing to allocating sufficient budgets to sectors that impact on children's wellbeing. The state's commitment to its duties, and more importantly its actual performance as manifested in its laws, policies and budgetary allocations, must take centre stage in any serious discussion of child wellbeing.

The next questions, therefore, are these: where do African states stand in terms of living up to their obligations of protecting and respecting children's rights and ensuring their wellbeing and what are their relative performances in terms of their political, legal and budgetary commitments to ensuring child rights and child wellbeing? The subsequent chapters address these questions and measure the performance of African governments in relation to child-friendliness.

2 CONCEPTUALISING CHILD-FRIENDLINESS OF GOVERNMENTS

2.1 Assessing child-friendliness of African governments: a conceptual framework

The extent to which children's rights and wellbeing are ensured is directly related to the effort made by various stakeholders. Despite its sometimes gross inefficiencies and associated woes, the state remains the critical lynchpin in ensuring wellbeing, social inclusion and basic service provision. The state also plays critically-needed regulatory and oversight roles over non-state welfare provision. More importantly, the efforts governments themselves put into fulfilling children's rights and wellbeing, in the form of laws and budgetary commitments, show how close children are to their policy agenda.

With the crucial role of the state in mind, the ACPF developed a methodology to assess African governments' performance in realising child rights and wellbeing. This tool, called the Child-friendliness Index of governments, quantitatively assesses and ascertains the extent to which African governments are living up to their responsibilities to provide for children, protect their rights and ensure their wellbeing. In other words, the measurement provides an indication of how important children are in governments' policy agenda, and highlights the extent to which they are child-friendly. The methodology and indicators utilised for measuring governments' performances and the derivation of the Child-friendliness Index from these indicators are explained in detail in Annex 1B of this report. For the busy reader, an overview of the concept and methodology may be summarised as follows.

We define a child-friendly government as one that is making the maximum effort to meet its obligations to respect, protect and fulfil child rights and ensure child wellbeing.

The concept of child-friendliness builds on three central pillars of child rights and wellbeing: Protection, Provision and Participation. This approach emanates from the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), and aptly summarises governments' obligations to respect, protect and fulfil children's rights. The child-friendliness of African governments is therefore measured in light of their effort and performance in realising the rights and wellbeing of children. The effort will be reflected in (a) the laws and policies governments adopt, and (b) their budgetary commitment and their achievements of child-related outcomes.

Accordingly, three dimensions of child-friendliness have been identified: the legal and policy framework governments put in place to protect children against abuse and exploitation; governments' budgetary commitment to provide for children's basic needs; and the efforts governments put into ensuring children's participation in decisions that affect their wellbeing. However, as national data on children's participation is almost non-existent, the measurement of child-friendliness of African governments in this report is based on the two dimensions: protection (legal and policy framework) and provision to meet basic needs of children. Future editions will endeavour to include child participation.

Provision is measured using two sub-dimensions: budgetary commitment and child-related outcomes. The sub-dimension on budgetary commitment measures

governments' efforts in terms of the financial inputs they have channelled to sectors most likely to benefit children. It sheds light on the extent to which governments are committing available budgetary resources to the cause of children. The other sub-dimension on child-related outcomes, on the other hand, measures governments' efforts in light of the outcomes reflected on children themselves. These two sub-dimensions of provision are deliberately categorised as 'input' and 'outcome' measures to analyse and examine separately the efforts that are made along these lines. In addition to the valuable information generated by analysing them separately, the combined measure also shows the overall effort exerted to provide for the basic needs of children and ensure their wellbeing (see Figure 2.1, below).

Figure 2.1   The Child-friendliness Index of governments: the dimensions
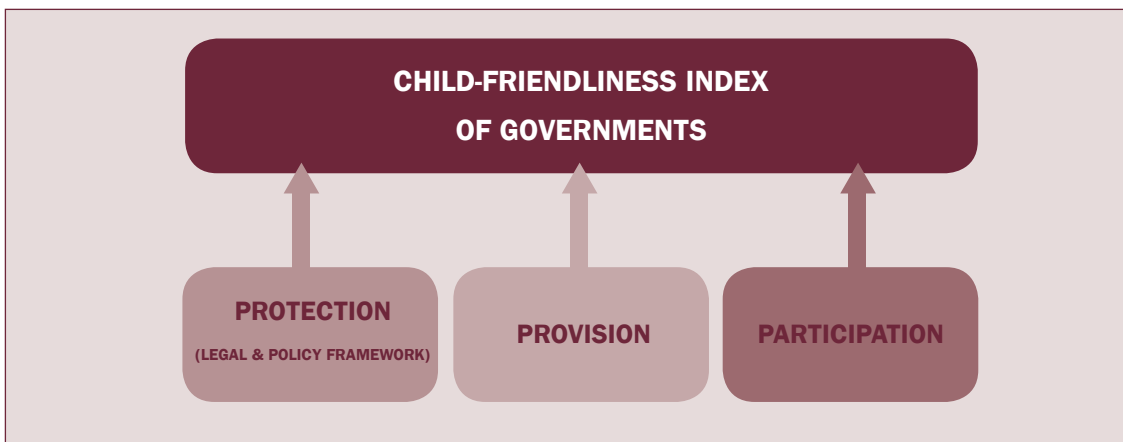
Further to the figure above, the following flow chart (Figure 2.2) illustrates how selected indicators are examined as components, sub-dimensions and dimensions, and how they are aggregated into the overall Child-friendliness Index. All the indicators are first standardised into score values that show the position of a country relative to other African countries, before being aggregated to overall scores. For detailed information on the approach and the calculations involved, refer to Annexes 1B and 1C respectively.

Figure 2.2 Indicators, components and dimensions of the Child-friendliness Index**

DIMENSIONS

CHILD-FRIENDLINESS INDEX

PROTECTION DIMENSION (Legal and Policy Framework)

PROVISION DIMENSION

COMPONENTS/SUB-DIMENSIONS

Ratification of international and regional legal instruments relating to children***

National laws/policies/mechanisms***

BUDGETARY COMMITMENT SUB-DIMENSION

National budget expenditure

CHILD-RELATED OUTCOMES SUB-DIMENSION

Access to health services***

Access to education***

INDICATORS

Legal and Policy Framework

- UN Convention on the Rights of the Child
- African Charter on the Rights and Welfare of the Child
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Pornography
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict
- ILO Convention on Minimum Age for Admission to Employment (ILO Convention No. 138)
- ILO Convention on the Worst Forms of Child Labour Convention (ILO Convention No. 182)
- International Convention on the Rights of Persons with Disabilities
- The Hague Convention on Intercountry Adoption
- Minimum age for admission to employment
- Minimum age for criminal responsibility
- Minimum age for marriage (both for male and female)
- Existence of juvenile justice systems/child friendly courts
- Existence of a national plan of action for survival, protection and development of children
- Existence of a government body that coordinates and monitors the national strategy for children
- Policy for free education
- Existence of domestic laws on:
    Child trafficking
    Sexual exploitation of children and pornography
    Prohibition of corporal punishment
    Harmful traditional practices

Resource Commitment

- Government expenditure on health as percentage of total government expenditure*
- Percentage of the budget for routine Expanded Programme on Immunisation (EPI) financed by government
- Total public expenditure on education as percentage of GDP
- Military expenditure as percentage of GDP

Child-Related Services/Outcomes

- Percentage of pregnant women attending antenatal care
- Percentage of deliveries attended by skilled health workers
- Percentage of children aged 12-23 months immunised against measles*
- Percentage of children aged 12-23 months immunised against measles*
- Proportion of children with an acute respiratory tract infection or suspected pneumonia who were taken to a health facility
- Number of physicians per hundred thousand population
- Percentage of children underweight
- Infant mortality rate*
- Percentage of population using improved drinking water source*
- Percentage of population using adequate sanitation facilities*
- Gross enrolment rate for primary education by gender
- Gross enrolment rate for secondary education by gender
- Gender difference in enrolment
- Pupil-teacher ratio (Primary)

Notes
* Percentage change since 2000/2001 has additionally been included
** Child Participation not included in the measurement due to insufficient data
*** Index is not construced for these components. They are used as building blocks for the dimension indices

3 HOW DO AFRICAN GOVERNMENTS SCORE IN PROTECTING THEIR CHILDREN?

"Serious work in social legislation begins always with the protection of children"

~ Albert Thomas, first Director of the ILO

The conceptual framework presented in the previous chapter identified child protection as one of the three dimensions used for measuring child-friendliness of governments. The dimension on child protection measures governments' overall efforts to protect children against harm, abuse and exploitation through the effective provision of appropriate laws and policies. This chapter explores the various laws and policies put in place, shows how the index specific to this dimension was constructed, and, finally, provides an analysis of governments' relative performance in protecting children using the index values.

The following key components have been identified and assessed to determine governments' performances in putting in place relevant laws and policies for the protection of children:

  i. Ratification of international and regional legal instruments relating to children
  ii. Provisions in national laws to protect children against harm and exploitation
  iii. Existence of a juvenile justice system, National Plan of Action (NPA) and coordinating bodies for the implementation of children's rights
  iv. Policy for free primary education.

A number of indicators have also been identified under each of the above components. The indicator values are first converted into standardised performance scores. These discrete scores are then aggregated to yield the index value. The index shows the overall score for the legal and policy framework laid in a country in comparison to the performance of other African countries. The ranking of governments' performances in child protection is therefore based on these index values.

Below are descriptions of the indicators used, how the score values were calculated for each of the components, and how they were aggregated into a dimension index. First, we will take a quick look at the state of ratification of laws in the region.

3.1 Ratification of international and regional child rights treaties

Eight relevant international and regional child rights treaties were selected to assess governments' efforts to adopt and realise child rights (see Figure 2.2 in Chapter 2). An analysis of ratification or accession of these treaties showed that 10 of the 51 governments surveyed (excluding Morocco) had not ratified the African Charter on the Rights and Welfare of the Child as of June 19, 2007.[19] About half of African governments had not ratified the Optional Protocol on Involvement of Children in Armed Conflict; and 20 of the 52 governments had not ratified the Optional Protocol on Sale of Children, Child Prostitution and Pornography. It was also noted that only eight African governments (Burkina Faso, Burundi, Guinea, Kenya, Madagascar, Mali, Mauritius and South Africa) had ratified the Hague Convention on Intercountry Adoption, as of December 2007.

Second to the UNCRC ratified by all countries considered in this report, the most widely ratified or acceded treaty is the ILO Convention on the Worst Forms of Child Labour (No. 182), which all governments except Eritrea, Guinea-Bissau and Sierra Leone had ratified. Annex 3, Table A3.3, Ratification of international and regional legal instruments, provides more details.

Ratification, of course, is only one point of departure. Another is the extent to which international instruments are domesticated or harmonised with national laws (for detail see ACPF 2007). A third of the African countries surveyed did not have legal provisions for protection against child trafficking. In one-fourth of the reviewed countries, there was no legislation prohibiting harmful traditional practices. In contrast, domestic laws in all of the 52 African countries reviewed provide protection against sexual abuse.

3.2 National laws and policies

The assessment of legal minimum ages for criminal responsibility, employment and marriage collectively showed that Djibouti, Equatorial Guinea, Mauritania, Mauritius, Nigeria and Tunisia performed very well in setting appropriate minimum ages in their legal systems. The minimum ages set in these countries were consistent with internationally recommended ages, and their laws considered boys and girls equally without discrimination. On the other hand, the corresponding minimum ages set by the governments of Egypt, Gambia, Guinea-Bissau, São Tomé and Principe and Seychelles were found inappropriate and inadequate relative to international standards. The governments of these countries had not made an effort to address discriminatory minimum legal ages for marriage set differently for males and females. The minimum legal age for marriage in Guinea-Bissau was 14 for girls and 16 for boys. In Gambia, no minimum legal age was set for marriage, no adequate effort has been made to address this problem, and it is reported that girls continue to get married before the age of 15 (Equality Now 2002).

With regards to the minimum age for criminal responsibility, two-thirds of countries had set a minimum that is equal to or higher than the recommended minimum of 12.[20] In contrast, eight of the 52 countries assessed had a minimum age for criminal liability of between 8 and 10 years. Ten countries had the lowest minimum age for criminal responsibility (7 years). See details in Table 3.1, below.

Table 3.1   Countries where the minimum age of criminal responsibility is below 12 years

Countries with criminal responsibility of 7 years
Egypt
Gambia
Lesotho
Malawi
Namibia
Seychelles
South Africa
Sudan
Swaziland
Zimbabwe

Countries with criminal responsibility of 8-11 years	
Country	Age of criminal responsibility
Botswana	8
Kenya	8
Zambia	8
Ethiopia	9
Cameroon	10
Central African Republic	10
Côte d'Ivoire	10
Sierra Leone	10

Source: Based on data from OHCHR, 2007

As regards corporal punishment, there was a better situation, relatively speaking, in several countries, such as Cameroon, Egypt, Ethiopia, Guinea-Bissau, Kenya, Mali, Malawi, Namibia, South Africa and Zambia. In these countries, corporal punishment is prohibited in more settings than in other countries of Africa. However, more than half of the 52 African countries reviewed have not yet prohibited corporal punishment in schools, or as a disciplinary measure in the penal systems.

The policy of free primary education was another indicator used to evaluate governments' performance in putting in place appropriate legal and policy frameworks. Annex 3, Table A3.6 shows that nearly half of the 52 African countries surveyed had policies that provided for free primary education – thus complying, at least formally, with their obligations under the UNCRC and the ACRWC.

The assessment using the indicators on juvenile justice systems showed that in 20 of the 52 countries surveyed, specialised juvenile courts were not established and children's cases were being treated in adults' courts – which in many cases are punishment-oriented rather than rehabilitation-oriented (Fagan and Zimring 2000). Judges in criminal courts also may not have specialised training to handle children's cases, and children's hearings are therefore more likely to proceed without the presence of social workers who provide psychosocial services to rehabilitate the children (Fagan and Zimring 2000). Additionally, National Plans of Action (NPA) and the existence or otherwise of government coordinating bodies to follow up and monitor the implementation of the plans were also reviewed. Most African countries have prepared National Plans of Action for children and established coordinating bodies to follow up and monitor. However, these establishments are often poorly resourced and lack the capacity to effectively discharge their responsibilities.

Amongst the most vulnerable children in Africa are the estimated 12 million children who have been orphaned by the HIV/AIDS crisis (2005 data, UNICEF 2006a). Another indicator that would capture government child-friendliness would therefore be whether or not governments had put in place policies and plans to address the needs of orphans and other vulnerable children. Unfortunately, there was insufficient country data to include this in our measurement.

3.3 Ranking of governments for child protection

Turning to the larger picture, the question now remains of how African governments fare relatively in terms of providing legal protection to their children. Table 3.2, below, presents the ranking based on the index values for the dimension on protection and how African governments performed in laying the legal and policy frameworks for protecting children against harm and exploitation.

The performance scores each government obtained with respect to the ratification of international and regional treaties; provisions made in national laws to protect children against abuse and exploitation; existence of a juvenile justice system; existence of a policy of free education; and existence of plans of action and coordinating bodies were aggregated to yield the index value for the dimension on protection (legal and policy framework).

The child protection ranking puts the Government of Kenya on top, indicating that it has performed well in laying appropriate legal and policy foundations for the protection of children. Kenya's laws have provisions that protect children against harmful traditional

practices, trafficking and sexual exploitation. It is one of the few countries where corporal punishment is prohibited both in schools and the penal systems. However, studies show that such punishment is still widely practiced in schools, as the law has loopholes in the prosecution of teachers who carry out corporal punishment (Save the Children 2005b). A juvenile justice system has been established in Kenya specially to treat children's cases. There is also a government body that coordinates national efforts and follows up the implementation of children's rights in the country. The Government of Kenya has also adopted a policy of free primary education, which has resulted in relatively high enrolment rates among both girls and boys, as discussed later in this chapter. The minimum ages for marriage and admission to employment in the country are consistent with internationally accepted minimum standards, and are the same for both boys and girls.

Following Kenya, the governments of Madagascar, Burundi, Morocco, Namibia, Rwanda, Mali, Burkina Faso, Nigeria and Libya have also performed well in putting in place relevant laws and policies for children. These countries have in particular ratified most of the international child rights treaties, and have scored relatively highly in this regard. Additionally, their domestic laws have provisions that criminalise child trafficking and sexual exploitation.

The bottom three governments in the ranking are those of Guinea-Bissau, Swaziland and Gambia. These three governments scored lowest particularly for the component on ratification of child rights treaties, as they had not ratified most of the relevant international and regional treaties. Their national laws did not have adequate provisions to protect children against exploitation and harmful traditional practices; juvenile justice systems were not established to handle children who were in contact with the law; and the various minimum ages, particularly for marriage, were low and discriminatory.

These findings necessitate the call to African governments that have not yet ratified the international and regional instruments to do so as soon as possible. Secondly, these findings also indicate that much remains to be done in amending domestic laws and making them consistent with the provisions of the UNCRC and the ACRWC to ensure adequate protection of children. This is in line with the recommendations in the ACPF study entitled "In the best interest of the child – harmonising laws in eastern and southern Africa".

Table 3.2   Index values and ranking for protection of children

Country	Score	Rank
Kenya	0.855	1
Madagascar	0.849	2
Burundi	0.821	3
Morocco	0.821	4
Namibia	0.821	5
Rwanda	0.810	6
Mali	0.798	7
Burkina Faso	0.774	8
Nigeria	0.768	9
Libya	0.766	10
Mauritius	0.762	11
Uganda	0.762	12
Senegal	0.756	13
Tanzania	0.750	14
South Africa	0.738	15
Tunisia	0.738	16
Lesotho	0.726	17
Angola	0.714	18
Cape Verde	0.714	19
Mozambique	0.714	20
Togo	0.702	21
Zambia	0.700	22
Ethiopia	0.698	23
Algeria	0.690	24
Dem. Rep. Congo	0.685	25
Malawi	0.679	26
Sierra Leone	0.671	27
Guinea	0.671	28
Comoros	0.667	29
Equatorial Guinea	0.667	30
Mauritania	0.667	31
Niger	0.667	32
Botswana	0.664	33
Côte d'Ivoire	0.656	34
Egypt	0.655	35
Chad	0.643	36
Congo	0.643	37
Eritrea	0.643	38
Sudan	0.643	39
Benin	0.631	40
Cameroon	0.624	41
Ghana	0.619	42
Gabon	0.595	43
Seychelles	0.595	44
Zimbabwe	0.595	45
Djibouti	0.587	46
Liberia	0.583	47
Central African Republic	0.576	48
São Tomé and Principe	0.548	49
Gambia	0.488	50
Swaziland	0.440	51
Guinea-Bissau	0.369	52

Source: Developed by The African Child Policy Forum, 2008

4 HOW DO AFRICAN GOVERNMENTS SCORE IN BUDGETING AND PROVIDING FOR CHILDREN?

"…We will make concerted efforts to fight infectious diseases, tackle major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn."

~ A statement by heads of states and government representatives, World Fit for Children, Article 7(4), 1990

The other dimension identified for the measurement of governments' child-friendliness is provision to meet the basic needs of children. As indicated in the conceptual framework, provision for children is measured based on two elements, each composed of distinct sets of indicators. The first element relates to budgetary expenditure that measures governments' resource commitment to provide for the basic needs of children and ensure their wellbeing. The other element measures the outcomes achieved in terms of actual access to various services (health, education, nutrition, water and sanitation). Indices have been constructed for each of these two elements, to show performance separately and to highlight strengths and weaknesses in each of these two respects. This chapter is devoted to the discussion of governments' performance on the two sub-dimensions, and the various indicators used in their measurement.

4.1 Budgetary commitment for children

Ideally, the best indicator for measuring governments' budgetary commitment to children would be the proportion of government resources that went into specific child- and youth-related programmes and projects. However, such an indicator requires detailed data on the budget lines for each country, and in the African context these are either inaccessible or totally unavailable. We have, therefore, used as a proxy government expenditures on selected sectors that most likely benefit children. Accordingly, the following five indicators have been identified to measure governments' budgetary commitment:

- Government expenditure on health as a percentage of total government expenditure

- Total public expenditure on education as a percentage of GDP

- Percentage of the budget for routine EPI vaccines financed by government

- Military expenditure as a percentage of GDP

- Percentage change in governments' expenditure on health since the year 2000.

The proportions of government expenditure on these sectors are used as a measure of resource commitment. The use of proportions in the measurement enables us to control for differences in economic status and population size.

For easier presentation of results, let's first look at the general picture of government expenditure on various sectors before aggregating all into one index that measures governments' budgetary commitment. This will identify areas of strength as well as gaps for improvement, and also provide a background and an improved understanding to the index and ranking of countries.

4.1.1 Health expenditure

In assessing governments' budgetary commitment, one important domain of action is national expenditure on health. According to Article 24 of the UNCRC and Article 14 of the ACRWC, children are entitled to the highest possible standard of health, and access to health services. In line with these provisions, governments have the obligation to commit the maximum available resources to fulfil these entitlements.

Chart 4.1 shows national budget expenditure on health as percentage of total government expenditure for 2004. As can be seen from the chart, health expenditure varies considerably between governments. At the top end, the Government of Malawi allocated the highest proportion (about 29 per cent) of its total expenditure in 2004 to health-related programmes, while the Government of Liberia directed approximately a fifth of its total expenditure to health-related spending.

Median health expenditure was found to be nine percentage, and nearly half of African governments have allocated between seven and 11 per cent of their total expenditure. Below the median is a wide spectrum of nations, including oil- and mineral-producing countries such as Angola, Libya, Nigeria and the Sudan; relatively well-off countries such as Algeria, Egypt, Morocco and Tunisia; and poor or conflict-ridden countries such as Côte d'Ivoire, Congo (Brazzaville), Eritrea, Guinea, Guinea-Bissau and Burundi, where the percentage of expenditure that went to health was less than five per cent.

Differences in budgetary expenditure on health naturally impact on other health-related areas. Analysis of data on health indicators shows, for example, that most of the countries that spent below the median expenditure on health in 2004 had relatively low numbers of physicians per hundred thousand population, and lower proportions of children with pneumonia taken to health facilities.

Chart 4.1   Government expenditure on health as a percentage of total government expenditure, 2004

Country	Percentage
Malawi	28.8
Liberia	20.1
Rwanda	16.5
Burkina Faso	15.3
Gabon	13.9
Namibia	13.5
Lesotho	13.4
São Tomé and Principe	13.1
Mali	12.8
Zambia	12.8
Cape Verde	12.3
Djibouti	11.5
Swaziland	11.2
Central African Republic	10.9
South Africa	10.8
Botswana	10.5
Cameroon	10.5
Niger	10.3
Seychelles	10.2
Uganda	10.0
Benin	9.8
Mauritius	9.8
Senegal	9.8
Chad	9.5
Ethiopia	9.4
Mozambique	9.1
Zimbabwe	8.9
Tunisia	8.8
Madagascar	8.7
Tanzania	8.5
Algeria	8.4
Ghana	8.4
Kenya	8.2
Comoros	8.0
Egypt	7.9
Sierra Leone	7.8
DR Congo	7.3
Sudan	7.2
Equatorial Guinea	7.0
Togo	6.9
Libya	6.1
Gambia	5.9
Morocco	5.5
Mauritania	5.3
Côte d'Ivoire	4.6
Guinea	4.5
Angola	4.4
Congo (Brazzaville)	4.4
Eritrea	4.2
Guinea-Bissau	3.5
Nigeria	3.5
Burundi	2.3

Median Value = 9%

Source: Based on data from WHO, 2007

The trend in expenditure on health since 2000 was also examined for each government. This examination showed that most African governments had increased the proportion of financial resources directed to the health sector between 2000 and 2004 (see Annex 3, Table A3.7). Particularly significant increases in budgetary allocations to the health sector were made by the governments of Malawi, DRC and Rwanda. However, a decrease in the proportion of expenditure on health between 2000 and 2004 was noted in 19 of the 52 countries surveyed, as illustrated in Chart 4.2, below. The most significant reduction was made by the Government of Gambia. The proportion of health expenditure of Gambia in 2004 was 59 per cent lower than the corresponding proportion spent in 2000. Notable reductions were also observed in Equatorial Guinea and Tanzania (36 and 33 per cent reductions respectively).

Chart 4.2   Percentage decrease in health expenditure between 2000 and 2004
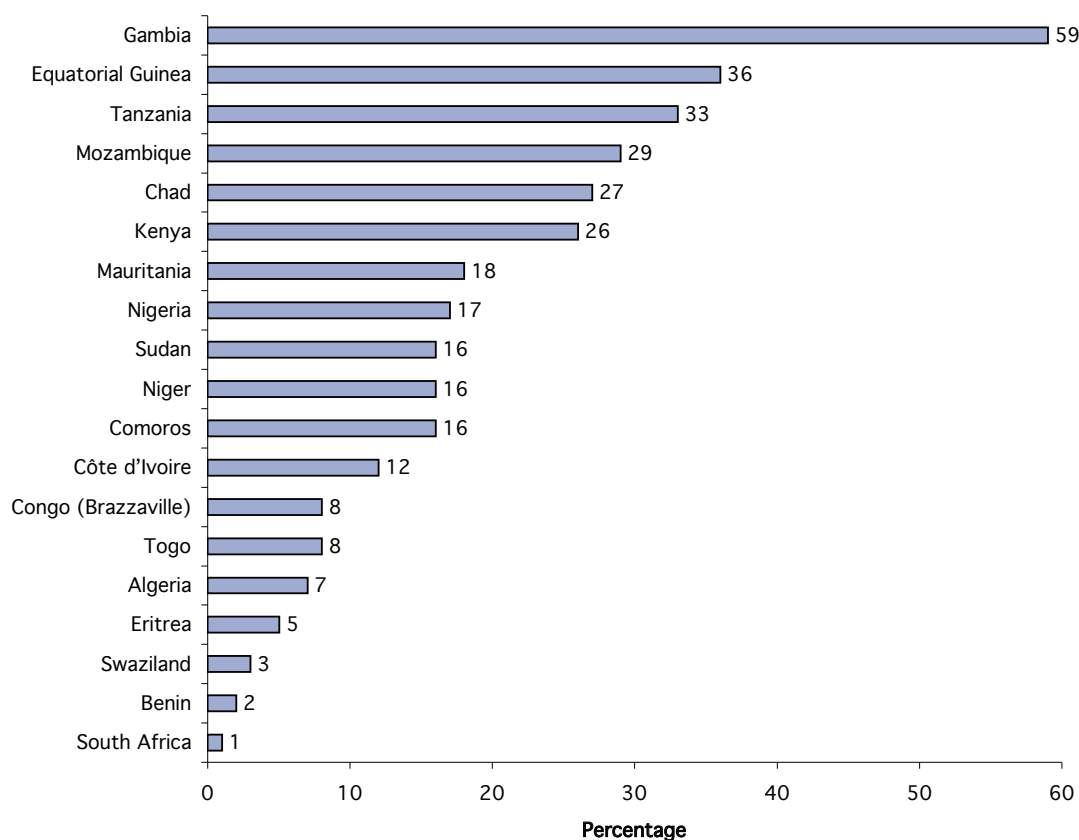
Source: Based on data from WHO, 2007

The other health-related indicator assessed in relation to budgetary commitment was governments' share of the budget allocated to the routine Expanded Programme on Immunisation (EPI). In 2005, 18 African governments self-financed their national immunisation programmes, while some others made contributions to the EPI budget ranging from just one per cent of total expenditure (by the Government of Zimbabwe) to 85 per cent (by the Government of Djibouti).

Of the 52 countries surveyed, eight did not make any direct financial contribution at all to the 2005 EPI budget. As can be seen from Table 4.1, below, a considerable proportion of children in a number of those countries had not been immunised against measles, one of the preventable causes of death among young children.

Table 4.1 **Countries that had not made direct financial contribution to the EPI in 2005 by per cent of children aged 12-23 months not immunised against measles**

Countries with no EPI contribution	Per cent of children not immunised against measles
Central African Republic	65
Ethiopia	41
Sudan	40
Sierra Leone	33
Dem. Rep. Congo	30

Source: Based on data from World Bank, 2007

4.1.2 Education expenditure

In addition to health, education was the other sector analysed. It should be pointed out that availability of current data on government expenditure on education was problematic. Lack of adequate data on education expenditure has long been an issue of concern: more effort needs to be made throughout Africa to compile and ensure accessibility of such information, not only to enhance public transparency, but also to facilitate national and international monitoring efforts towards the achievement of the Millennium Development Goals (MDGs).

This analysis uses the most recent available data on education expenditure. For the majority of the countries, the data refers to education expenditure between 2003 and 2006. For some countries, the data refers to the period beyond the specified interval. Despite such limitations, however, we have noted that countries usually have reasonably consistent ratios of expenditure on education, and that these ratios in most cases do not drop or increase substantially from one fiscal year to the other. This consistency across the years justifies the use of currently available information on government expenditure on education in the measurement of their performance.

Chart 4.3 shows that proportional expenditure on education varies markedly by country, ranging from the 0.6 per cent of GDP spent by the Government of Equatorial Guinea to the 13 per cent spent by the Government of Lesotho. Median expenditure on education for the period was 4.3 per cent of GDP.

Lesotho's relatively high expenditure on education seems to have paid off, as it was concurrent with a gross enrolment ratio[21] in primary education that was one of the highest in Africa. Lesotho also performed well in narrowing gender disparity in schooling and providing equal opportunity for primary education to all children.

Chart 4.3   Education expenditure as a percentage of GDP, 2003-2006

Country	Percentage
Lesotho	13.0
Botswana	9.7
Djibouti	8.4
Tunisia	7.3
Swaziland	7.0
Kenya	6.9
Namibia	6.9
Morocco	6.8
Seychelles	6.5
Cape Verde	6.3
Ethiopia	6.0
Malawi	5.8
Ghana	5.4
South Africa	5.4
Guinea-Bissau*	5.2
Uganda	5.2
Burundi	5.1
Mozambique	5.0
Senegal	5.0
Côte d'Ivoire*	4.6
Zimbabwe*	4.6
Mali	4.5
Benin	4.4
Burkina Faso	4.2
Egypt	4.2
Mauritius	3.9
Comoros*	3.8
Gabon*	3.8
Sierra Leone	3.8
Rwanda	3.8
Niger	3.4
Cameroon	3.3
Madagascar	3.1
Mauritania	2.9
Libya*	2.7
Togo*	2.6
Eritrea	2.4
Angola	2.4
Tanzania*	2.2
Gambia	2.0
Zambia	2.0
Chad	1.9
Congo (Brazzaville)	1.9
Guinea	1.6
Central African Republic	1.4
Equatorial Guinea	0.6

Median Value = 4.3%

Percentage

Indicates data that refer to years other than those specified in the title.
Chart includes only those countries with available data.
Source: Based on data from UNESCO, 2007

The Government of Botswana also spent a relatively high proportion of its GDP (about 10 per cent) on education in 2005. In contrast, Central African Republic, Chad, Congo (Brazzaville), Equatorial Guinea and Guinea spent less than two per cent of respective GDP on education.

As has been pointed out before, education is key to both economic and human development. It is also an effective mechanism for overcoming gender disparity, providing girls with the academic and technical skills they need to participate in the world of work. Increased government expenditure on education therefore has particular significance for girls' participation in society, in and out of school. Indeed, our analysis shows strong correlation between government expenditure on education and girls' enrolment in secondary schools. As can be seen from Chart 4.4, below, those countries that have registered high levels of expenditure on education were able to achieve higher enrolment ratios for girls in secondary level education.

Chart 4.4   Relationship between expenditure on education and gross enrolment ratio for girls in secondary schools
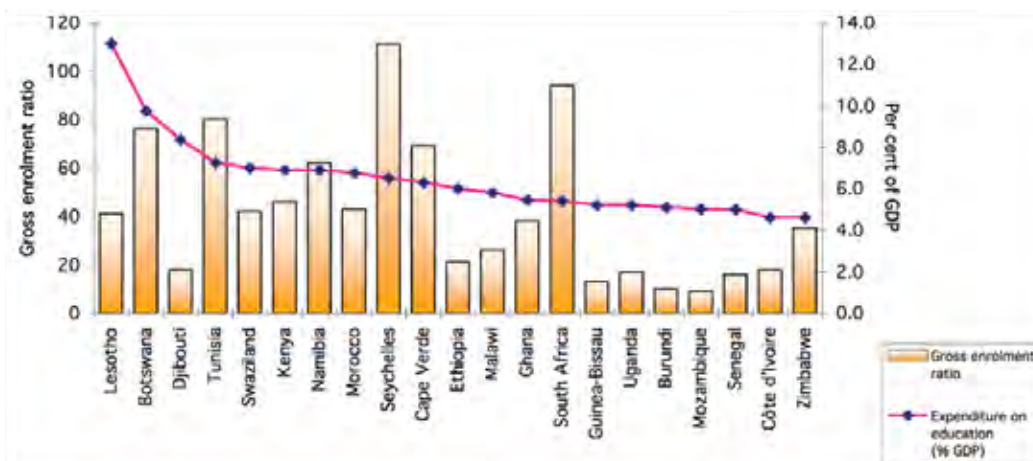
Source: Based on data from UNESCO Institute of Statistics, 2007

4.1.3 Military expenditure

Military expenditure is also used as an inverse measure of resource commitment to child wellbeing. It was used on the grounds that government expenditure on military reduces resources available for basic services related to children's wellbeing. It can be observed from Chart 4.5, below, that Eritrea spent nearly a fifth of its GDP on military costs, and therefore scored a high negative rating on this indicator. The governments of Burundi, Mauritius and Gambia had the lowest military expenditure compared to other countries in Africa. Median military expenditure as a percentage of GDP was 1.5 per cent in the period 2004-2005.

On the whole, the last five years have seen a slight general decline in military expenditure in Africa, with median military expenditure declining from 1.7 per cent of GDP around 2000 to 1.5 in 2004-2005. Burundi had the most notable reduction, as its military expenditure dropped from eight per cent of GDP in 2000-2001 to almost nil in 2005, while its expenditure on education and health increased substantially. In Angola, on the other hand, military expenditure tripled from 1.4 per cent of GDP in 2000 to nearly five per cent in 2005, while expenditure on education decreased during the same period (see Annex 3, Tables A3.7 and A3.15).

Chart 4.5   Government military expenditure as a percentage of GDP, 2004-2005

Country	Percentage
Eritrea	19.3
Angola	5.0
Morocco	4.3
Dr Congo	4.2
Guinea-Bissau*	4.0
Zimbabwe	3.4
Ethiopia	3.1
Namibia	3.0
Algeria	2.8
Egypt	2.8
Uganda	2.5
Botswana	2.5
Lesotho	2.4
Sudan	2.3
Zambia*	2.3
Rwanda	2.2
Djibouti	2.1
Guinea*	2.0
Libya	1.9
Mali	1.9
Swaziland*	1.8
Seychelles	1.7
Côte d'Ivoire	1.6
Senegal	1.5
Burkina Faso	1.5
Kenya	1.5
Togo	1.5
Tunisia	1.5
South Africa	1.4
Congo (Brazzaville)	1.4
Gabon	1.4
Mozambique	1.4
Cameroon	1.3
Central African Republic	1.1
Sierra Leone	1.1
Madagascar*	1.1
Niger	1.1
Tanzania	1.1
Mauritania	1.0
Nigeria	0.9
Chad	0.8
Ghana	0.7
Cape Verde	0.7
Malawi	0.7
Gambia	0.3
Mauritius	0.2
Burundi	< 0.1

Median Value = 1.5%

Percentage

* Indicates SIPRI data.
Chart includes only those countries with available data
Source: Based on data from World Bank, World Development Indicators; SIPRI, 2007.

4.1.4 Ranking of governments for budgetary commitment

The score values for the indicators described earlier, namely government expenditures on health, education, military, direct financial contribution to EPI and percentage change in health expenditure from the year 2000 were calculated and aggregated to yield index values for governments' budgetary commitment; detailed methodological information on how the indicators were standardised and converted into performance score values is given in Annex 1B. The score values of each of the indicators are also presented in Annex 2, Tables A2.2 and A2.3.

Table 4.2 below presents the index values for governments' budgetary commitment and the rankings derived from these values. Accordingly, the Government of Malawi came out as the most committed to using the maximum amount of available resources for children. A close look at the five indicators shows that the Government of Malawi has spent higher proportions of its resources for health and education. Most importantly, its expenditure, particularly for health, has increased four-fold over the last five years, indicating enhanced commitment to supporting the sector. At the same time, Malawi's military expenditure was found to be one of the lowest in the continent.

Following Malawi, the governments of Botswana, Burkina Faso, Seychelles and Namibia were found to be among the most committed. These countries have also dedicated higher percentages of their resources to financing the health and education sectors. They have considerably increased their budgetary allocations to these sectors over the last five or so years and fully self-financed their national immunisation programmes.

Table 4.2   Index values and ranking for budgetary commitment, 2004-2005

Country	Index value	Rank
Malawi	0.717	1
Botswana	0.643	2
Burkina Faso	0.613	3
Seychelles	0.600	4
Namibia	0.595	5
Tunisia	0.591	6
Swaziland	0.584	7
Cape Verde	0.571	8
Mauritius	0.571	9
South Africa	0.561	10
Djibouti	0.560	11
Algeria	0.560	12
Gabon	0.559	13
Lesotho	0.534	14
Morocco	0.532	15
Nigeria	0.531	16
Mali	0.529	17
Egypt	0.521	18
Niger	0.519	19
Kenya	0.510	20
Senegal	0.499	21
Rwanda	0.492	22
Togo	0.481	23
Libya	0.478	24
Ghana	0.475	25
Mauritania	0.473	26
Burundi	0.456	27
Dem. Rep. Congo	0.445	28
Chad	0.441	29
Mozambique	0.419	30
Tanzania	0.401	31
Cameroon	0.400	32
Côte d'Ivoire	0.399	33
Congo (Brazzaville)	0.391	34
Madagascar	0.389	35
Gambia	0.366	36
Uganda	0.365	37
Zambia	0.356	38
Angola	0.344	39
Ethiopia	0.344	40
Liberia	0.334	41
Zimbabwe	0.327	42
Sierra Leone	0.317	43
Equatorial Guinea	0.311	44
Guinea-Bissau	0.311	45
Benin	0.306	46
Central African Republic	0.306	47
Sudan	0.298	48
Guinea	0.276	49
São Tomé and Principe	0.226	50
Comoros	0.187	51
Eritrea	0.075	52

Source: Developed by The African Child Policy Forum, 2008

At the other end of the scale, the group of least committed countries in budgetary terms includes Eritrea, Comoros, São Tomé and Principe, Guinea, Sudan, Central African Republic, Benin, Guinea-Bissau, Equatorial Guinea and Sierra Leone. Among these, the Government of Eritrea was found to be the least committed, having spent a relatively low proportion of its resources on health and education. Though Eritrea has shown an increase in the percentage of budgetary allocation for education, health allocation showed decline over the four-year period, and military expenditure remains high, contributing to the low overall score for budgetary commitment.

4.1.5 Progress in budgetary commitment between 1999-2001 and 2004-2005

In order to show the progress made over the years in budgetary commitment, we have compiled and analysed data referring to the period 1999-2001 for the same set of indicators. Data was available for all of the five indicators used to measure resource commitment (the same indicators introduced at the beginning of this chapter). The result is shown in Annex 2, Table A2.7.

It is interesting to note that a number of countries have made significant improvements in terms of budgetary commitment over the four-year period. Table 4.3 shows the movement in ranking in this regard for the period from around 1999-2001 to 2004-2005. The most noteworthy results are the improvements made by the governments of Malawi, Burkina Faso, Burundi, Togo, Rwanda and DRC. The governments of Malawi and Burkina Faso, for instance, moved 33 and 30 places higher, respectively, in their current ranking for budgetary commitment compared to the corresponding ranking for the period 1999-2001. These changes were largely due to substantial increases in their expenditure on health programmes, reduction in military expenditure, and budgetary contributions to national immunisation programmes.

Table 4.3   Rise and fall in governments' budgetary commitment between 1999-2001 and 2004-2005

Countries with significant improvement		Countries with sharp decline	
Country	**Movement in rank 1999-2001 to 2004-2005**	**Country**	**Movement in rank 1999-2001 to 2004-2005**
Malawi	34th to 1st	Comoros	37th to 51st
Burkina Faso	33rd to 3rd	Liberia	25th to 41st
Togo	48th to 23rd	Chad	12th to 29th
Burundi	51st to 27th	São Tomé and Principe	31st to 50th
Rwanda	41st to 22nd	Sudan	29th to 48th
Dem. Rep. Congo	46th to 28th	Benin	24th to 46th
Libya	42nd to 24th	Zimbabwe	18th to 42nd
Mauritius	19th to 9th	Gambia	8th to 36th

Source: The African Child Policy Forum, 2008

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A considerable fall in budgetary commitment was observed in Gambia, Zimbabwe, Benin and Sudan. The current ranking of Gambia and Zimbabwe for budgetary commitment is, for example, 28 and 24 places lower respectively than their corresponding ranks for the period 1999-2001. While most of these governments have increased the percentage expenditure on the health and education sectors and reduced their military expenditures, Benin, among others, reduced the proportion of its expenditure on health and substantially increased its military expenditure. The Government of Zimbabwe has almost stopped its budgetary contribution to national immunisation programmes, while it raised the proportion spent on military and security related expenses.

4.1.6 How rich and poor African countries score in budgetary commitment

The usual excuse offered by some African governments for failing to enact pro-children policies is poverty. How far is this true? In order to answer this question, even if only partially, we compared governments' budgetary commitments with their economic status as measured by GDP per capita. The comparison produced some interesting results. Policy lethargy as it concerns children seems to be the result of neglect, not that of poverty. A number of countries with low GDP per capita were found to spend far more significant proportions of their limited resources on the education and health sectors than some other countries with higher GDP per capita.

Table 4.4, below, presents countries that have performed both well and poorly in budget expenditure in comparison to economic status. Exemplary governments in this regard are those of Malawi, Burkina Faso, Niger, Burundi, DRC and Mali. The Government of Malawi, for instance, ranked first in budgetary commitment, but has the 45th lowest GDP per capita in Africa. Conversely, Equatorial Guinea ranked 44th (one of the least committed) in terms of budgetary commitment, but had the highest GDP per capita in Africa in 2005.

Table 4.4   List of countries by difference in their ranking for budgetary commitment from GDP per capita rank, 2004-2005

Countries which moved up in ranking for budgetary commitment		Countries which moved down in ranking for budgetary commitment	
Country	**Number of places**	**Country**	**Number of places**
Malawi	+45	Congo (Brazzaville)	-19
Burkina Faso	+34	Guinea	-21
Niger	+26	Libya	-22
Burundi	+23	Angola	-23
Dem. Rep. Congo	+23	Comoros	-24
Mali	+22	Sudan	-26
Togo	+17	Equatorial Guinea	-43

Source: The African Child Policy Forum, 2008 and World Bank's World Development Indicators, 2007

The conclusion is simple, and perhaps not surprising: child-friendliness of governments is not necessarily related to economic status or availability of resources. It all has to do with political will and political enlightenment. There are many poor countries that are committed to children despite economic difficulties; on the other hand, there are countries that are doing well in the economic sphere, but are not investing proportionally in their children. Most notable among such nations is Equatorial Guinea, which lies on opposite extremes of the respective rankings for budgetary commitment and GDP per capita. The governments of Sudan, Comoros, Angola and Libya also performed poorly, moving down 26, 24, 23 and 22 places, respectively, in their rankings for budgetary commitment compared to their positions for economic status.

4.2 Achievement of outcomes for children

The previous section examined the elements of provision by looking at the 'input' aspects of government efforts. We now focus on the outcomes as reflected on the children themselves and the achievements made in terms of actual service utilisation. We have accordingly identified sets of indicators that measure the "outcomes" aspects under three main components: access to basic services (health and education); access to other services (water and sanitation, etc.); and outcomes for children (nutritional status, mortality rates, etc.). Each of these components, along with the indicators used for the measurement, is discussed in detail below.

4.2.1 Health outcomes

For the purposes of this measurement, assessment of government performance in providing health services is based on three indicators: immunisation against measles; treatment of ARTI (suspected pneumonia); and infant mortality. Immunisation against measles is used as one of the indicators for measuring health service provision, as it is usually given at health facilities and not included in door-to-door vaccination campaigns. The level of immunisation coverage shows the extent to which children are protected from vaccine-preventable illnesses that threaten their wellbeing and survival.

Immunisation against measles is almost universal in Seychelles, Egypt, Mauritius, Libya and Morocco. In 2005 coverage was also relatively high in Liberia, Tanzania, Botswana and Rwanda, where nine out of every ten children aged 12-23 months had received the vaccine (see Table 4.5, below).

Table 4.5   Children aged 12–23 months immunised against measles, 2005

Countries with the highest coverage		Countries with the lowest coverage	
Country	**Per cent**	**Country**	**Per cent**
Seychelles	99	Chad	23
Egypt	98	Nigeria	35
Mauritius	98	Central African Republic	35
Libya	97	Angola	45
Morocco	97	Côte d'Ivoire	51
Tunisia	96	Equatorial Guinea	51
Liberia	94	Gabon	55
Tanzania	91	Congo (Brazzaville)	56

Source: Based on data from World Bank's World Development Indicators, 2007

In other countries the picture was entirely different – particularly for children in Chad and Nigeria. In these two countries, 77 and 65 per cent respectively of children aged 12-23 months were deprived of their right to be protected from measles. The situation was not much better for children in Angola, Equatorial Guinea and Côte d'Ivoire, where about half of the infants in the specified age group were not immunised against measles.

With respect to rate of change in immunisation coverage over time, it can be noted that the governments of DRC, Guinea-Bissau and Congo (Brazzaville) had made commendable progress since 2001. These governments had all registered more than 60 per cent increases in immunisation coverage against measles between 2001 and 2005. In other countries, such as Angola, Swaziland and Côte d'Ivoire, immunisation coverage had decreased in recent years.

Acute respiratory tract infection (suspected pneumonia) is one of the most treatable child illnesses, but a leading cause of infant mortality in Africa nonetheless. The proportion of children with suspected pneumonia taken to a health facility was used to measure children's access to health services. Our assessment showed that more than half of Africa's children with suspected pneumonia were not taken to a health facility. In Chad, only 12 per cent of children suspected to have pneumonia were taken to a facility. The situation was better in South Africa, Liberia, Gambia, Zambia and Uganda, where more than two-thirds of children with the potentially deadly infection were taken for treatment.

There has been a recent decline in levels of infant mortality throughout Africa (see Annex 3, Table A3.8). However, it remains very high in most sub-Saharan African countries, particularly Liberia, Angola, Niger and Sierra Leone, where one in every seven children did not survive to their first birthday. Infant mortality was relatively low in Libya, Mauritius and Seychelles (see Table 4.6, below). The median infant mortality rate for the 52 African countries was 84 deaths per thousand live births.

Table 4.6   Infant mortality rate (per thousand live births), 2005

Countries with the lowest rate		Countries with the highest rate	
Country	**Per thousand**	**Country**	**Per thousand**
Seychelles	12	Sierra Leone	165
Mauritius	13	Liberia	157
Libya	18	Angola	154
Tunisia	20	Niger	150
Cape Verde	26	Dem. Rep. Congo	129
Egypt	28	Chad	124
Algeria	34	Guinea-Bissau	124
Morocco	36	Equatorial Guinea	123
Namibia	46	Mali	120
Eritrea	50	Côte d'Ivoire	118

Source: Based on data from United Nations Millennium Development Indicators, 2007

4.2.2 Educational outcomes

In considering governments' performances in relation to education, both primary and secondary education levels were taken into account in order to assess service provision to all school-aged children. Seychelles, Algeria, Tunisia and Uganda had achieved a near universal net primary level enrolment in 2004 (see Annex 3, Table A3.10). Malawi also scored highly, with a 98 per cent net enrolment ratio for girls and 93 per cent for boys in 2004. However, some countries with high net enrolment ratios also had some of the highest dropout rates. Three out of four primary students in Chad and Uganda drop out of school, bringing completion rates of primary education down to 25 and 26 per cent, respectively. In Benin, Madagascar, Malawi, Mauritania, Mozambique and Rwanda, every second child starting primary school drops out before completion (Nuwagaba et al. 2008).

Chart 4.6, below, presents countries that have made significant improvements in providing primary education to children in the period from 2000 to 2004. Girls' enrolment in primary schools, for instance, increased by about a third in Ethiopia, Tanzania and Madagascar during the specified period. Countries like Zambia, Niger, Burkina Faso, Guinea and Burundi have also registered more than 25 per cent increases in enrolment ratios of girls in the same period.

Despite such improvements, a large number of school age children in many African countries do not have access to education. In 2004, more than 70 per cent of the Djiboutian girls of primary school age were not attending school. In Burkina Faso and Niger, only a third of the girls and 46 per cent of the boys in the primary school age were attending primary school, indicating that the majority of these children are deprived of their basic right of access to education (World Bank, Africa Development Indicators, 2006).

Chart 4.6   Percentage increase in Gross Enrolment Ratio in Primary schools between 2000 and 2004
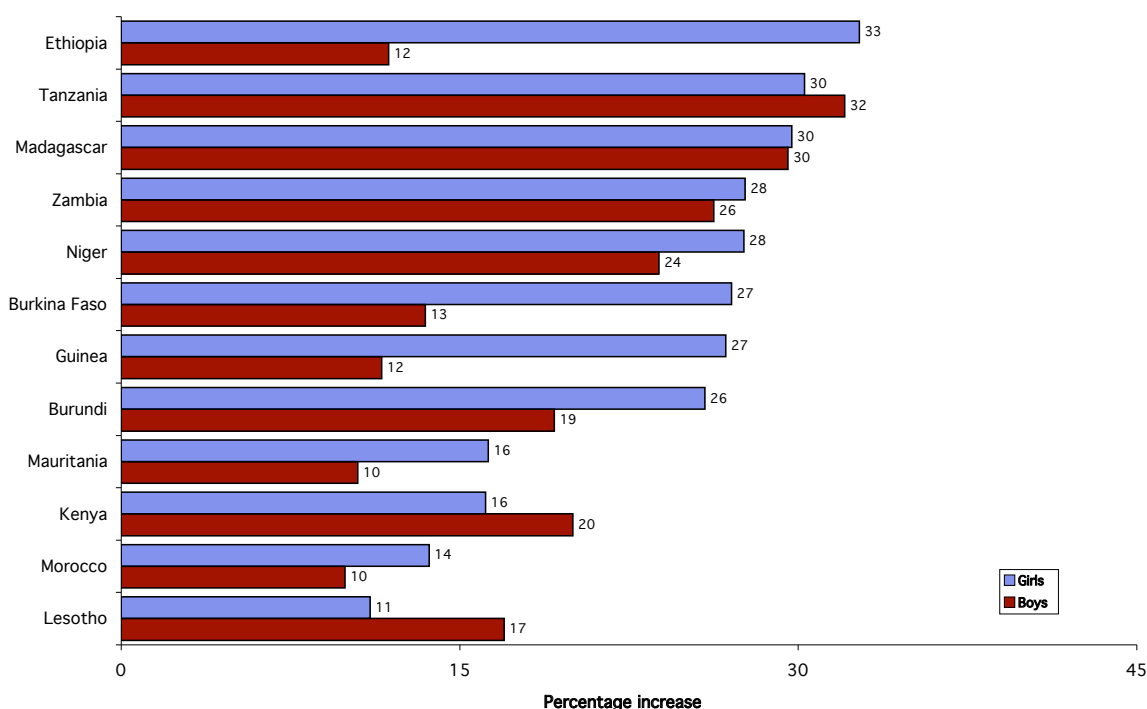
Source: Based on data from Africa Development Indicators 2004 and 2006, World Bank, 2006

Gender disparity in access to education is also evident in most of the countries surveyed. The ratio of girls' enrolment to that of boys is a good indicator of gender disparity. Chart 4.7, below, shows the picture in countries with a low ratio of girls' enrolment in primary schools as compared to boys. This disparity was found to be particularly high in Chad, Guinea-Bissau, Central African Republic and Sierra Leone, indicating the great amount of progress still to be made in providing girls with opportunities to access education, and thereby in narrowing the prevailing gender gap.

Chart 4.7   Countries with high gender disparity in primary education, 2004
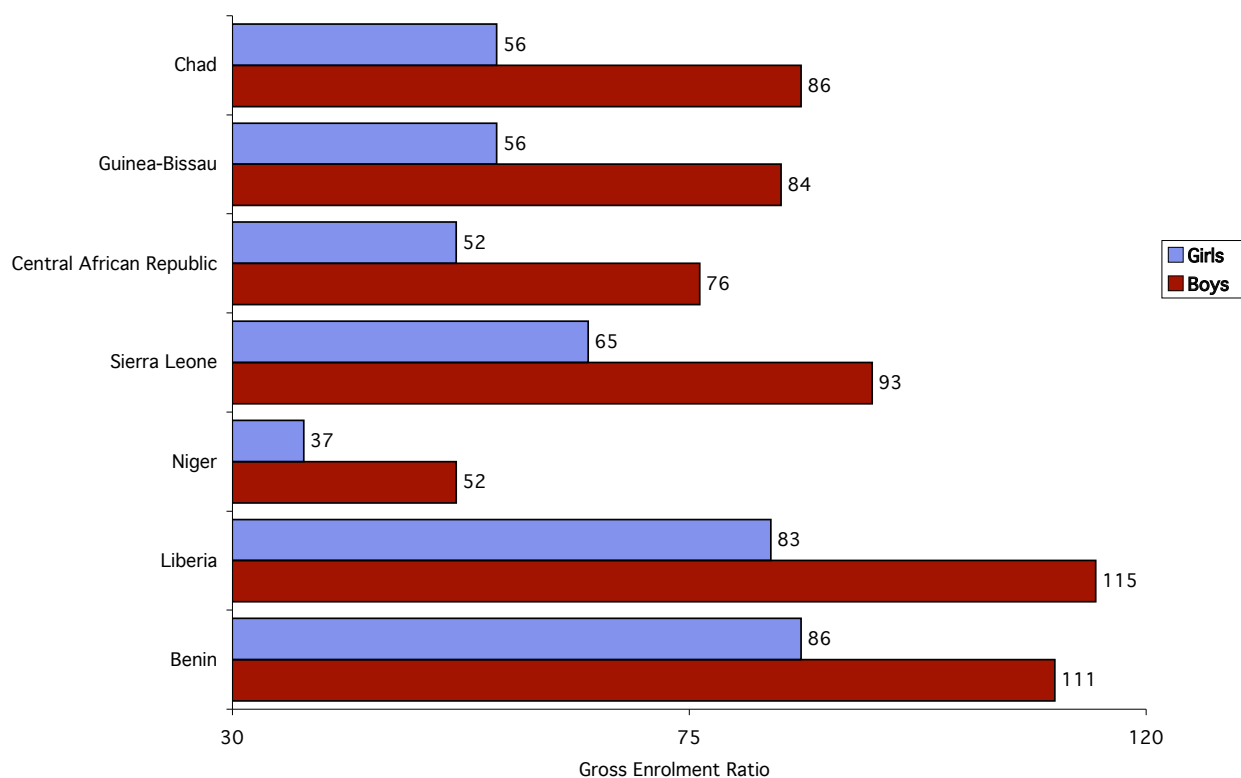
Source: Based on data from Africa Development Indicators 2004 and 2006, World Bank

Secondary education

The focus of most governments in Africa is on primary rather than secondary education. As a result, large proportions of youth, particularly girls, are not able to pursue secondary education at all (UNESCO Institute for Statistics 2007). Secondary school Gross Enrolment Ratio (GER) was below 30 per cent in 22 countries, and only 10 countries had a GER for secondary education of above 50 per cent. The assessment also indicated that governments that performed well in regard to primary education did not necessarily also perform well in providing secondary level education. For example, in Uganda, where enrolment in primary education was nearly universal, GER at secondary level was much lower (21 and 16 for boys and girls respectively[22]). Gender disparity is also more pronounced in secondary education as compared to primary. The ratio of girls' enrolment in secondary schools as compared to boys was as low as 30 per cent in Chad, and about 50 per cent in Togo, Guinea and DRC (see Annex 3, Table A3.11).

4.2.3 Nutritional outcomes and the living environment

Child malnutrition, which impacts on the physical and mental development of children, is widespread, and is a particularly devastating problem in Africa. Studies have also shown that children who are born underweight are more likely to have stunted growth. The percentage of children moderately or severely underweight was therefore used as a proxy indicator of governments' provision for the basic needs of children.

Malnutrition is very high in a number of African countries. In Niger, for example, nearly half of children under five were found to be underweight. Two out of every five children below the age of five years in Burundi, Eritrea, Ethiopia, Madagascar, and Sudan were malnourished (see Annex 3, Table A3.8).

Chart 4.8, below, shows countries with lower proportions of malnourished children. The nutritional status of children in Northern African countries is much better, particularly in comparison to the situation in sub-Saharan African countries. Also, countries like Swaziland, Gabon, South Africa, Botswana and Congo (Brazzaville) had relatively lower percentages of children who are underweight, indicating better situations in these countries in terms of satisfying children's nutritional needs.

Chart 4.8   Countries with low prevalence of underweight children, 2000-2006
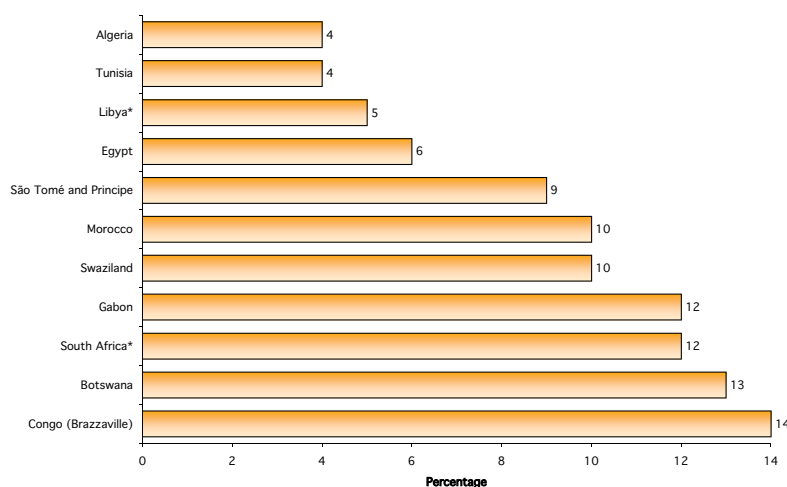
* Data refers to years or periods other than 2000-2006.
Source: Based on data from UNICEF, 2007

Governmental provision of water and sanitation resources is difficult to assess, since related expenditure is generally subsumed into health budget lines or infrastructure development projects. Therefore, percentage of the population able to access improved drinking water sources and adequate sanitation facilities are used as proxy output measures of government performance in providing for these needs.

As regards drinking water, there has been progress during the period under review: countries like Angola, Burkina Faso, Chad, Eritrea, Mali and Mauritania, which have relatively low coverage rates for access to drinking water, had nonetheless made progress between 2000 and 2004. Unfortunately, however, other countries, such as Algeria and Comoros, which had been close to 90 per cent coverage in 2000, showed a decline between 2000 and 2004.[23]

With respect to sanitation, the picture is not completely negative. There are some stellar examples: access to adequate sanitation is universal in Seychelles, and more than 90 per cent of the population in Algeria and Mauritius has access to adequate sanitation facilities (see Chart 4.9, below).

Chart 4.9   Countries with the highest rural access to sanitation and comparative urban rates, 2004
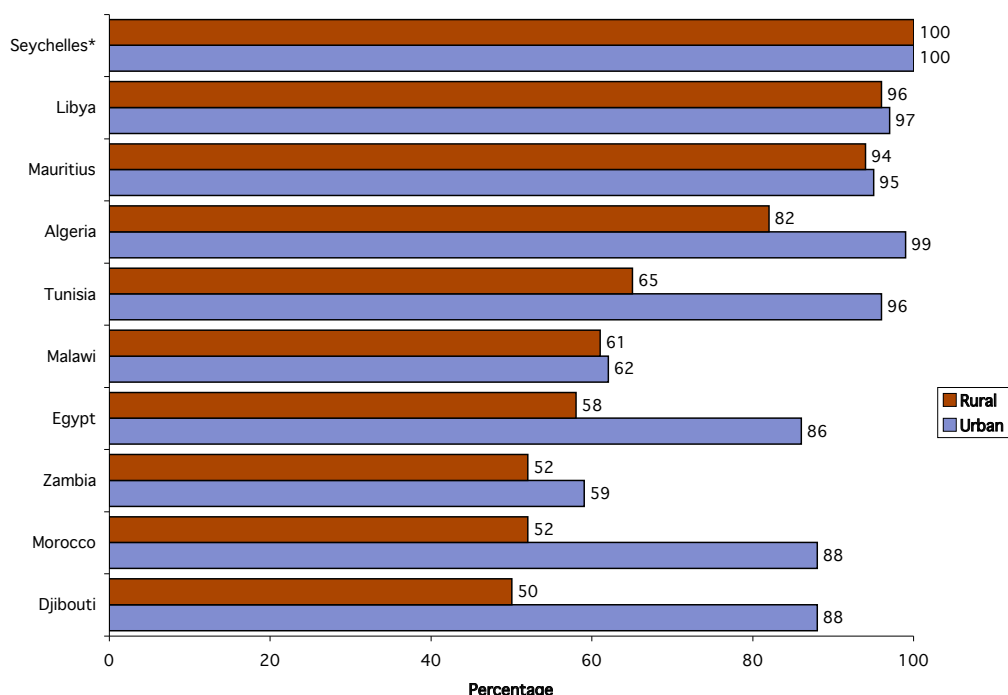
* Urban figure taken from rural coverage

Source: WHO and UNICEF Joint Monitoring Programme for water and sanitation

Despite these encouraging situations, sanitation is a major problem in Africa, particularly in rural areas. In two-thirds of the countries surveyed, more than half of the population live without adequate sanitation facilities. Only nine per cent of the population in Chad and Eritrea have access to adequate sanitation. More than 80 per cent of the population in Burkina Faso, Ethiopia, Ghana, Guinea and Niger live in a similar situation. These realities indicate the extent of the health threat under which the majority of Africa's children are living (WHO and UNICEF 2007).

4.2.4 Ranking of governments for child-related outcomes

The preceding discussions focused on governments' performance in ensuring specific aspects of child wellbeing, using indicators related to outcomes, highlighting areas of strength and gaps for improvement. These discrete indicators do not, however, show overall effort and performance in providing for children and ensuring their wellbeing. Therefore, as in the case of budgetary commitment, we have aggregated the scores for each of the indicators into a combined index value. These values show the relative achievements of governments in providing services and bringing about outcomes that impact on children. Table 4.7, below, presents the index values and ranking for the period around 2004-2005.

In terms of outcomes, Libya, Mauritius, Seychelles and Tunisia scored the highest. These four countries have very high rates of child survival, the lowest proportions of malnourished children, and better opportunities for access to health and education services. Gender disparity, particularly in access to both primary and secondary education, was also lower in these countries.

Table 4.7   Index values and ranking for child-related outcomes, 2004-2005

Country	Index value	Rank
Libya	0.766	1
Mauritius	0.749	2
Seychelles	0.744	3
Tunisia	0.736	4
Egypt	0.699	5
Algeria	0.676	6
South Africa	0.650	7
Cape Verde	0.605	8
Morocco	0.596	9
São Tomé and Principe	0.584	10
Namibia	0.584	11
Malawi	0.578	12
Gabon	0.567	13
Botswana	0.567	14
Uganda	0.556	15
Zimbabwe	0.555	16
Senegal	0.525	17
Ghana	0.515	18
Lesotho	0.512	19
Swaziland	0.510	20
Zambia	0.510	21
Tanzania	0.509	22
Gambia	0.503	23
Cameroon	0.501	24
Kenya	0.500	25
Rwanda	0.487	26
Comoros	0.482	27
Djibouti	0.472	28
Madagascar	0.461	29
Congo (Brazzaville)	0.459	30
Benin	0.455	31
Mauritania	0.450	32
Sudan	0.450	33
Mozambique	0.437	34
Burkina Faso	0.431	35
Equatorial Guinea	0.427	36
Guinea-Bissau	0.416	37
Liberia	0.409	38
Eritrea	0.406	39
Mali	0.392	40
Côte d'Ivoire	0.391	41
Togo	0.390	42
Dem. Rep. Congo	0.390	43
Burundi	0.388	44
Guinea	0.384	45
Nigeria	0.369	46
Sierra Leone	0.366	47
Angola	0.346	48
Niger	0.326	49
Central African Republic	0.322	50
Ethiopia	0.273	51
Chad	0.200	52

Source: Developed by The African Child Policy Forum, 2008

On the other hand, the governments of Chad and Ethiopia have the lowest scores in relation to actual provision of services and ensuring children's right to food and survival. Access to safe drinking water and sanitation facilities, which have direct bearing on the health and wellbeing of children, are very low in these two countries. Their quality of primary education, as measured by pupil-teacher ratios, was also shown to be poor.

Despite the current poor outcomes, however, some countries – like Ethiopia – have made remarkable improvements in the last five or so years, particularly in reducing infant and under-five mortality rates, increasing immunisation coverage, and providing access to primary education.

4.2.5 Progress in child-related outcomes between 1999-2001 and 2004-2005

To show the progress made by African governments over a span of time, an outcome index is constructed for the period 1999-2001 using the same sets of indicators. The rankings generated using these index values are then compared with the corresponding ranks for the period 2004-2005. The comparison shows the progress made in achieving outcomes for children between 1999-2001 and 2004-2005. For reference, the index values and government rankings for child-related outcomes for the period 1999-2001 are presented in Annex 2, Tables A2.6 and A2.7.

Achievement of outcomes generally requires long-term investment, and usually calls for a longer time period in order to see changes. This seems the reason why the general pattern in governments' performances in relation to the achievement of outcomes has not significantly changed in the five years between 1999-2001 and 2004-2005, particularly among the lowest-performing countries. Indeed, countries such as Seychelles, São Tomé and Principe, Senegal and Equatorial Guinea have made considerable improvements. As a result, they have moved more than ten places up in their current ranking for achievement of outcomes as compared to their respective rankings in 2000. The governments of Chad, Ethiopia, Niger and Central African Republic remained at the bottom of the league for both periods, indicating that their efforts have not brought about significant changes that can be reflected in overall outcomes.

Decline in overall outcomes was observed in Sudan, Angola and Côte d'Ivoire, and, to a lesser extent, in Rwanda, Botswana, Comoros, and Swaziland. The decline in Sudan was partly due to a sharp increase in the proportion of malnourished children, and declines in access to immunisation as well as antenatal care services. Access to basic services also declined in Côte d'Ivoire. For instance, immunisation coverage against measles dropped by 10 percentage points between 2001 and 2005. Enrolment ratios also declined at almost the same rate in the specified period. The comparison additionally showed that Angola experienced a similar downturn in the provision of basic services.

In addition to the analysis of change over time, we have also compared the results with economic performance. The results once again show that, consistent with its commitment to child-friendly budgeting, the Government of Malawi has achieved significant outcomes despite its relatively low GDP. The governments of Uganda and Ghana have also done well in achieving positive outcomes for children. The ranking for achievement of outcomes for these countries were 15 to 34 places higher than their GDP per capita ranking. These governments demonstrate the potential for effective use of limited resources to bring about changes in the life situation of children.

The experiences of these countries can serve as a good lesson for countries such as Equatorial Guinea, Angola, Nigeria and Côte d'Ivoire, which have a relatively large amount

of resources that could be used for the benefit of children. There is considerable room for improvement in such nations in terms of resource commitment and the effective utilisation of resources for better outcomes for children.

4.2.6 Ranking of governments for "overall provision"

As indicated earlier, the dimension on provision is composed of two interrelated elements: budgetary commitment, and outcomes for children. The combined index of these two sub-dimensions captures both governments' commitment to direct financial resources for the fulfilment of children's rights, and success in bringing about changes in their life situation. The combined index values and the ranking for the overall provision are presented in Table 4.8. As can be seen from the table, the governments of Seychelles, Tunisia, Mauritius and Malawi were found to have made the greatest efforts to provide for the basic needs of children.

Table 4.8   Index values and ranking for "overall provision", 2004-2005

Country	Index value	Rank
Seychelles	0.672	1
Tunisia	0.664	2
Mauritius	0.660	3
Malawi	0.648	4
Libya	0.622	5
Algeria	0.618	6
Egypt	0.610	7
South Africa	0.605	8
Botswana	0.605	9
Namibia	0.589	10
Cape Verde	0.588	11
Morocco	0.564	12
Gabon	0.563	13
Swaziland	0.547	14
Lesotho	0.523	15
Burkina Faso	0.522	16
Djibouti	0.516	17
Senegal	0.512	18
Kenya	0.505	19
Ghana	0.495	20
Rwanda	0.489	21
Mauritania	0.462	22
Uganda	0.461	23
Mali	0.461	24
Tanzania	0.455	25
Cameroon	0.450	26
Nigeria	0.450	27
Zimbabwe	0.441	28
Togo	0.436	29
Gambia	0.435	30
Zambia	0.433	31
Mozambique	0.428	32
Madagascar	0.425	33
Congo (Brazzaville)	0.425	34
Niger	0.422	35
Burundi	0.422	36
Dem. Rep. Congo	0.417	37
São Tomé and Principe	0.405	38
Côte d'Ivoire	0.395	39
Benin	0.381	40
Sudan	0.374	41
Liberia	0.372	42
Equatorial Guinea	0.369	43
Guinea-Bissau	0.363	44
Angola	0.345	45
Sierra Leone	0.342	46
Comoros	0.335	47
Guinea	0.330	48
Chad	0.321	49
Central African Republic	0.314	50
Ethiopia	0.309	51
Eritrea	0.241	52

Source: Developed by The African Child Policy Forum, 2008

On the other hand, the governments of Eritrea, Ethiopia, Central African Republic and Chad obtained the lowest scores for their overall performance on provision of basic services for children. This was because resource commitment, particularly in the case of Eritrea, and achievements of outcomes, in the case of Ethiopia and Central African Republic, were especially low relative to other countries.

Finally, how far has the situation changed between the periods 1999-2001 and 2004-2005? As can be seen in Annex 2, Tables A2.6 and A2.7, a number of African governments have made significant progress within the five-year period between 1999-2001 and 2004-2005. The most significant improvement in provision for the basic needs of children was recorded by the governments of Burkina Faso, Malawi, Togo and Rwanda. These four governments have made significant efforts since 2000 in committing resources and effecting positive changes on the life situation of their children. As a result, the Government of Burkina Faso, for instance, has jumped 20 places up in its current ranking for provision compared to the corresponding ranking for the period 1999-2001.

The elements that contributed to the improvement in the overall provision for children in the countries mentioned above are largely related to increases in the proportions of budgetary expenditure on the health and education sectors, and reductions in military spending. These countries have also made improvements in actual provision of services and achieved outcomes, as reflected in the figures on the nutritional status and survival rates of children.

The results of this analysis point to the need for child-friendly budgeting throughout Africa, where issues relating to and affecting children are given high priority when resources are allocated, and where they are prominent on the political and socio-economic agenda. Unless this is done, the wellbeing of children will continue to be poorly served.

5

THE MOST – AND LEAST – CHILD-FRIENDLY GOVERNMENTS IN AFRICA

"…We must put the best interests of children at the heart of all political and business decision-making, and at the centre of our day-to-day behaviour and activities… We can build a world fit for children, if each of us does our part and takes the wellbeing of children as our own responsibility."

~ Kofi A. Annan, former Secretary-General of the United Nations

The conceptual framework set out in Chapter 2 defines a child-friendly government as "one that is making the maximum effort to meet its obligations to respect, protect and fulfil child rights and ensure child wellbeing." This effort is reflected in the laws and policies such a government adopts, as well as in its commitment to providing for the basic needs of children.

In line with this conceptual framework, the previous two chapters assessed how African governments performed in each of the dimensions stipulated as building blocks of child-friendliness of governments. Analysis was made of governments' performances and rankings in terms of laying down the appropriate legal and policy frameworks for protection and provision for children in terms of their budgetary commitment and achievement of outcomes.

In this chapter, we look at the overall performance of African governments in realising children's rights and ensuring their wellbeing by combining all those elements into one aggregate measure – the Child-friendliness Index.

The result of this exercise is presented in Table 5.1 below. It shows that the governments of Mauritius and Namibia are the most child-friendly governments in Africa. As evidenced in the assessment in the previous two chapters, the high scores for these governments were the results of their overall efforts in putting appropriate legal and policy frameworks in place to protect children from abuse and exploitation; their budgetary commitment to using a relatively high share of available resources to provide for the basic needs of children; and their performance in bringing about favourable outcomes on children, as reflected in the utilisation of services and the objective condition of children in these countries.

In addition to the governments of Mauritius and Namibia, the "most child-friendly governments" group consists of both countries with high economic status – Tunisia, Libya, Morocco, South Africa and Algeria and those with a low economic status - Kenya, Malawi and Cape Verde. Rwanda and Burkina Faso have also done very well, coming 11th and 12th respectively in the Child-friendliness Index ranking despite their low economic status.

Table 5.1   Child-friendliness Index values and ranking of African governments

Country	Index value	Rank	Category
Mauritius	0.711	1	Most child-friendly
Namibia	0.705	2	Most child-friendly
Tunisia	0.701	3	Most child-friendly
Libya	0.694	4	Most child-friendly
Morocco	0.693	5	Most child-friendly
Kenya	0.680	6	Most child-friendly
South Africa	0.672	7	Most child-friendly
Malawi	0.663	8	Most child-friendly
Algeria	0.654	9	Most child-friendly
Cape Verde	0.651	10	Most child-friendly
Rwanda	0.649	11	Child-friendly
Burkina Faso	0.648	12	Child-friendly
Madagascar	0.637	13	Child-friendly
Botswana	0.635	14	Child-friendly
Senegal	0.634	15	Child-friendly
Seychelles	0.634	16	Child-friendly
Egypt	0.632	17	Child-friendly
Mali	0.629	18	Child-friendly
Lesotho	0.624	19	Child-friendly
Burundi	0.622	20	Child-friendly
Uganda	0.611	21	Fairly child-friendly
Nigeria	0.609	22	Fairly child-friendly
Tanzania	0.602	23	Fairly child-friendly
Gabon	0.579	24	Fairly child-friendly
Mozambique	0.571	25	Fairly child-friendly
Togo	0.569	26	Fairly child-friendly
Zambia	0.567	27	Fairly child-friendly
Mauritania	0.564	28	Fairly child-friendly
Ghana	0.557	29	Fairly child-friendly
Djibouti	0.552	30	Fairly child-friendly
Dem. Rep. Congo	0.551	31	Fairly child-friendly
Niger	0.545	32	Fairly child-friendly
Cameroon	0.537	33	Less child-friendly
Congo (Brazzaville)	0.534	34	Less child-friendly
Angola	0.530	35	Less child-friendly
Côte d'Ivoire	0.525	36	Less child-friendly
Zimbabwe	0.518	37	Less child-friendly
Equatorial Guinea	0.518	38	Less child-friendly
Sudan	0.508	39	Less child-friendly
Sierra Leone	0.507	40	Less child-friendly
Benin	0.506	41	Less child-friendly
Ethiopia	0.503	42	Less child-friendly
Comoros	0.501	43	Least child-friendly
Guinea	0.500	44	Least child-friendly
Swaziland	0.494	45	Least child-friendly
Chad	0.482	46	Least child-friendly
Liberia	0.478	47	Least child-friendly
São Tomé and Principe	0.476	48	Least child-friendly
Gambia	0.461	49	Least child-friendly
Central African Republic	0.445	50	Least child-friendly
Eritrea	0.442	51	Least child-friendly
Guinea-Bissau	0.366	52	Least child-friendly

Source: Developed by The African Child Policy Forum, 2008

At the bottom end of the scale, the 10 governments that scored the lowest, constituting the "least child-friendly" group, were Guinea-Bissau, Eritrea, Central African Republic, Gambia, São Tomé and Principe, Liberia, Chad, Swaziland, Comoros and Guinea. Next to this category is the "less child-friendly" group, which consists of resource endowed countries like Angola and highly populous countries like Ethiopia.

Map 5.1   Geographic presentation of child-friendliness*
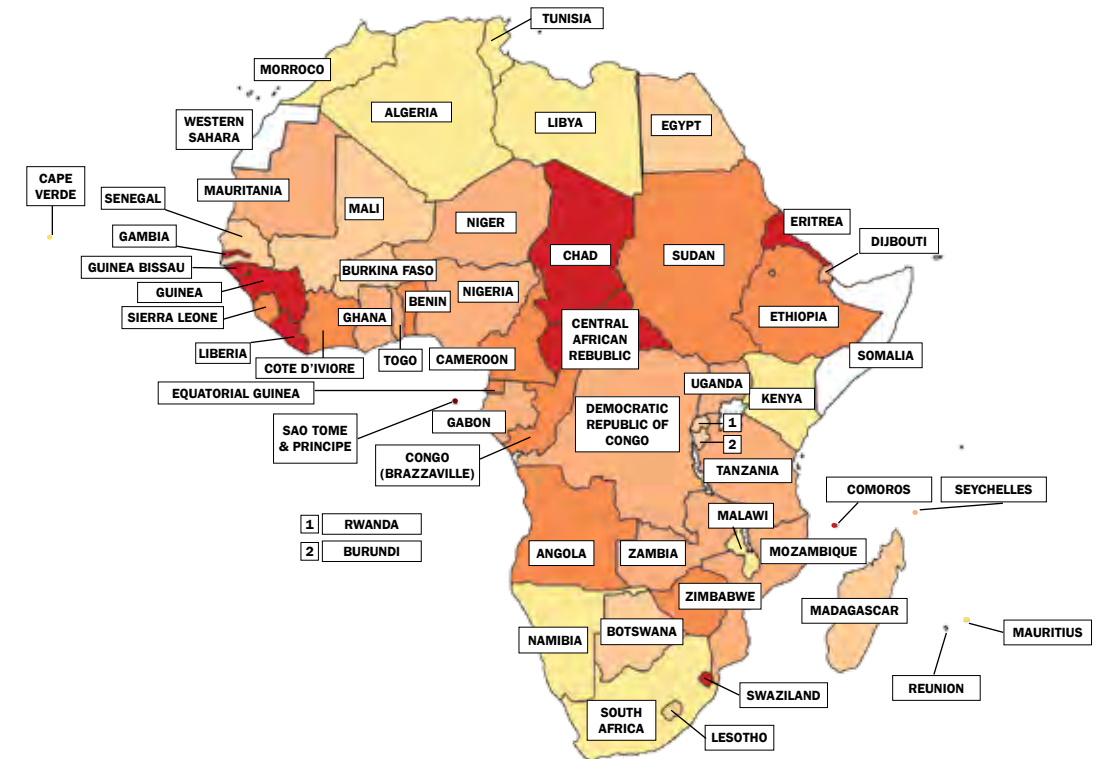
Legend

Most child-friendly (ranking from 1-10)

Child-friendly (ranking from 11-20)

Fairly child-friendly (ranking from 21-32)

Less child-friendly (ranking from 33-42)

Least child-friendly (ranking from 43-52)

* The map may show countries that are not included in the assessment

The governments that scored low or lowest did so for not ratifying relevant child rights treaties, for lack of legal provisions to protect children against harmful traditional practices, for very low and discriminatory minimum ages for marriage, for the absence of juvenile justice systems, and for poor provision of basic needs to children. Box 5.1, below, tries to explain the factors behind the scores by looking at four of the least child-friendly governments.

Box 5.1   Why some countries scored low

Eritrea performed relatively well in the legal and policy spheres when compared to Guinea-Bissau, Gambia and Central African Republic. However, it scored lowest for budgetary commitment, actual provision of services, and achievement of outcomes. Very high levels of malnutrition, a very high percentage of its population without adequate sanitation, relatively low participation in education (particularly among girls), and extremely high military spending were some of the factors contributing to Eritrea's poor performance in the overall Child-friendliness Index values.

The governments of Guinea-Bissau and Central African Republic also scored very low for budgetary commitment. For example, expenditure in the health sector for Guinea-Bissau in 2004 was just 3.2 per cent of total government expenditure, which is a third of the median expenditure of African governments in that sector. In addition, infant mortality in these countries is very high and children's school participation is relatively low (see Annex 3, Tables A3.8 and A3.10). All these factors have contributed to these governments' low performance scores for provision as well as poor overall Child-friendliness Index rankings.

Another illustrative example is Gambia. Progressive realisation of children's rights necessitates government commitment to increasing progressively the resources needed to fulfil children's needs; but the Government of Gambia made significant reductions in the proportion of its expenditure allocated to the health sector between 2000 and 2005. In that same period, immunisation coverage decreased by about seven per cent (see Annex 3, Table A3.8). The performance of the Government of Gambia in the education sector was also low, as a substantial proportion of school age children were not in school, and gender disparity in enrolment (both at primary and secondary levels) remained relatively high.

Once again, the question is raised: To what extent is a country's favourable score related to resources and level of development? In order to answer this question we compared Child-friendliness Index rankings with the ranking for economic status as measured by per capita GDP. An interesting finding thereby revealed was the fact that a number of governments with relatively low GDP have still managed to score high in 'child-friendliness' (see Table 5.2, below).

The child-friendliness rank is noted to be 38 and 30 places higher for the governments of Malawi and Burundi respectively than their respective GDP per capita rankings. Such significant differences were also observed in the rankings of the governments of Madagascar, Rwanda, Burkina Faso, Mali and DRC. For example, the child-friendliness rank of the governments of Madagascar and Rwanda moved 28 and 27 places up, respectively, compared to their GDP per capita ranking.

Our analysis shows that the child-friendliness of a government does not necessarily relate to its economic status. A country can be child-friendly by making effective use of its available resources and laying appropriate legal and policy foundations for the realisation of children's rights and child wellbeing.

Table 5.2   **List of countries by the difference in their ranking for Child-friendliness Index from GDP per capita rank, 2004-2005**

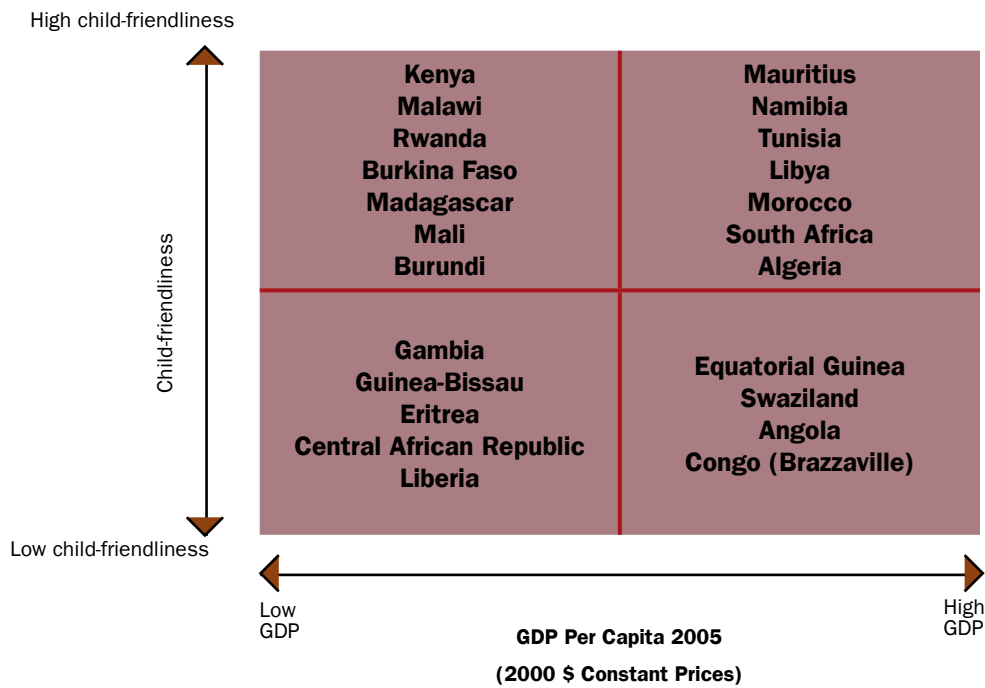| Countries which moved up in ranking		Countries which moved down in ranking	
Country	**Number of places**	**Country**	**Number of places**
Malawi	38	Guinea	-16
Burundi	30	Côte d'Ivoire	-17
Madagascar	28	Sudan	-17
Rwanda	27	Gabon	-18
Burkina Faso	25	Angola	-19
Mali	21	Congo (Brazzaville)	-19
Dem. Rep. Congo	20	Gambia	-19
Kenya	18	Swaziland	-33
Uganda	15	Equatorial Guinea	-37

Source: The African Child Policy Forum, 2008

Conversely, some governments with relatively higher GDP were found to be in the least child-friendly category, as they had failed to put in place appropriate legal and policy frameworks to protect children against exploitation and to use their resources to bring about changes in the life situation of their children. Equatorial Guinea ranks first in terms of GDP per capita, but its ranking in child-friendliness is 37 places lower, indicating that its high economic performance is not benefiting children. The governments of Swaziland, Gambia, Congo (Brazzaville) and Angola could also have done better in utilising their resources for improving the wellbeing of children. The analysis showed that sixteen countries are ten or more places lower in their child-friendliness ranking than their GDP per capita ranking. This indicates the ample, unutilised potential for improvement in utilisation of resources and for investment in programmes that primarily target children.

Chart 5.1, below, summarises the comparison of child-friendliness and GDP per capita by positioning governments in accordance with their performance in these two areas. The upper left quadrant shows the governments that have performed well and are child-friendly, despite their low economic status. These serve as a good example for those who tend to justify or excuse poor performance solely on grounds of lack of resources. Governments in the upper right quadrant are those with higher economic performance that also did well in their degree of child-friendliness.

The lower right quadrant shows the worst scenario. Governments in this particular quadrant are those with high GDP per capita and poor performance in relation to the realisation of child wellbeing. The lower left includes governments with low rankings both economically and in terms of child-friendliness.

Chart 5.1   Governments' child-friendliness versus GDP per capita

High child-friendliness

Kenya Malawi Rwanda Burkina Faso Madagascar Mali Burundi	Mauritius Namibia Tunisia Libya Morocco South Africa Algeria
Gambia Guinea-Bissau Eritrea Central African Republic Liberia	Equatorial Guinea Swaziland Angola Congo (Brazzaville)

Child-friendliness

Low child-friendliness

Low GDP   High GDP

GDP Per Capita 2005
(2000 $ Constant Prices)

In conclusion, the fact that some African governments have performed better than others in efforts to promote the wellbeing of their children is attributable to a number of factors, among which are the availability of legal and policy provisions, adequate resource allocation, and the meeting of children's basic needs. Those countries that have not addressed these issues have consequently scored low on the Child-friendliness Index. The index clearly shows that it is possible for relatively poor or poorer African governments to be child-friendly: a high Child-friendliness Index value necessitates political will and deliberate prioritising of issues related to and affecting children.

6 SUMMARY AND PRIORITIES FOR ACTION

"The situation for many children in Africa is an affront to Africa and Africans, their morality and conscience, and above all to the sense of worth and self-respect of all African governments. The alarming and deteriorating situation of children in many countries is of compelling urgency and deserves overriding priority on the public and political agenda."

~ The African Child Policy Forum, 2008

6.1 Progress and challenges

Africa has often been characterised as a continent of false starts and painfully slow progress. This is largely true in far too many countries. But Africa has in recent years also seen considerable, and sometimes impressive, progress in various domains – something all too often forgotten among the stories of doom and gloom. A number of countries have witnessed improvements in governance and economic growth.

African governments have ratified most of the relevant international and regional human rights instruments and made encouraging progress in domesticating them. A number of countries have harmonised or are in the process of harmonising their national laws with the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and other major international instruments concerned with the protection of children and their rights. There are an undocumented but surprisingly large number of exciting good practices in a large number of countries aimed at, for example, Africanising the law on children; reconciling universal values embedded in international instruments with African customs, attitudes and practices; and implementing the socio-economic rights of children even in wider contexts of poverty and scarce resources.

There have also been impressive and encouraging results in past years in reducing the prevalence of diseases. Immunisation coverage has improved considerably in a number of countries. Polio is on the verge of eradication, and campaigns to roll back malaria have shown considerable progress. Government commitment in many countries has enabled free access to ART drugs for the treatment of HIV. A four-fold increase in vitamin A supplementation has been achieved in recent years on the continent, and many countries have managed significantly to reduce infant mortality as a result.

Overall, there has been progress in ensuring access to education for children of primary school age. Some countries have achieved near universal primary enrolment, while others have made progress in reaching marginalised and vulnerable children through innovative alternative basic education programmes.

Despite these impressive achievements, the state of child wellbeing in Africa, on balance, remains disturbing, for the following reasons:

- The economies of most African countries remain characterised by highly skewed income distribution and absolute poverty, thus condemning families and children to abject poverty and limiting the capacity of governments to act.

- Armed conflicts and conflagrations are less frequent, but they are no less intense than in the past. They continue to afflict several countries – for example, Sudan.

- Under-five mortality remains high. About 60 per cent of under-five mortality in some parts of Africa is still attributed to malnutrition, despite a modest decline in the number of malnourished children in recent years.

- Millions of children have no access to basic services. A considerable number of children and mothers have no access to essential health and education services. As a result, each year millions are stillborn, or die on their first day, or in their first month of life.

- Many countries are faced with a huge and growing number of orphaned children. For example, orphans will equal or exceed 20 per cent of the child population in Botswana, Lesotho, Swaziland, Zambia and Zimbabwe by 2010. It is estimated that there are 4.2 million orphans in DRC, 4.8 million in Ethiopia, and a staggering 8.6 million in Nigeria.

- Some estimates suggest that one third of two- to nine-year-old children in some countries live with some form of disability. Despite these enormous numbers, children with disabilities – seldom mentioned in policy discussions – remain hidden and invisible.

- Violence against children is a pervasive problem. Millions of children are subjected to harmful traditional practices, including female genital cutting and early marriage. Thousands are victims of war, sometimes as targets and at other times as instruments of war. Many more are subjected to daily and incessant violence, including rape and harassment, at home, at school and in their communities.

- Despite the universal recognition of education as a human right and as the key to personal growth and societal development, nearly a third of children of primary school age in sub-Saharan Africa do not go to school.

In short, despite some progress over the last few decades, life for millions of Africa's children remains short, poor, insecure and violent. The situation of these children is an affront to Africa and Africans; to their morality and conscience; and, above all, to the sense of worth and self-respect of all African governments. The alarming and deteriorating situation of children in many countries is of compelling urgency and deserves overriding priority on the public and political agenda.

Despite some progress, life for millions of Africa's children remains short, poor, insecure and violent

6.2 The importance of a two-pronged approach to public policy

A major starting point for action is a genuine political commitment to the progressive realisation of the rights and wellbeing of children – a commitment that goes well beyond the ritual statements about love for children. This necessitates political will on the part of governments to committing political, legal and financial capital to realising children's rights and ensuring their protection. In general, this is reflected by:

- The establishment of a solid legal and policy foundation based on the principle of the best interests of the child

- Ensuring budgetary commitment to meet the basic needs of all children

- Demonstration of respect for the voices and views of children, and encouragement of their participation in decisions that affect their wellbeing.

So, then, how well are African countries faring in this respect? What are the ingredients of success? And, finally, what can governments that are not doing so well do to bring about better lives for their children?

The Child-friendliness Index of African governments showed that the governments that emerged on top – **Mauritius, Namibia, Tunisia, Libya, Morocco, Kenya, South Africa, Malawi, Algeria and Cape Verde** – did so for one important reason: they followed a two-pronged approach. Firstly, they put in place appropriate legal provisions to protect children from abuse and protection. Secondly, they spent a relatively high share of their resources on providing for the basic needs of their children. Children in many of these countries were better provided for, particularly in terms of access to health and education services. For example, immunisation against measles in Mauritius, Tunisia, Libya and Morocco was almost universal, and enrolment of children (both boys and girls alike) was very high at all levels of education. Survival rates, as measured by infant mortality rate and children's nutritional status, were relatively high in these countries; and they also demonstrated significant commitment to reducing gender disparity, particularly in education.

> Child-friendly governments followed a two-pronged approach: effective laws and child-centred budgets

On the other hand, in the ten countries whose governments scored as least child-friendly – **Guinea-Bissau, Eritrea, Central African Republic, Gambia, São Tomé and Principe, Liberia, Chad, Swaziland, Guinea and Comoros** – both the nature of the actions taken and the outcomes in terms of children's wellbeing were sharply different.

Let's look more closely at the policy mix in Guinea-Bissau, Eritrea and Central African Republic, the three countries whose governments scored worst on the Child-friendliness Index. The assessment showed that Guinea-Bissau and Central African Republic in particular made least effort in the legal and policy spheres to ensure adequate protection for their children: their national laws did not provide adequate legal protection, particularly from harmful traditional practices. For example, the government of Central African Republic ratified only three of the eight relevant international and regional legal instruments, has no policy for free primary education, and does not prohibit corporal punishment. In Guinea-Bissau, the minimum legal age for marriage is 14 for girls and 16 for boys. The lack of legal provisions to protect children from harmful traditional practices, the very low and discriminatory minimum age for marriage, and the absence of child-sensitive juvenile justice systems are some of the shortfalls that contributed to these governments' low performance scores, particularly in relation to child protection. Going

beyond the legal sphere, it should also be pointed out that these two countries scored poorly in providing for children's basic needs. For example, government expenditure on health as a percentage of total government expenditure was only 3.5 per cent in Guinea-Bissau compared with a median average of nine per cent for the region, and expenditure on education as a percentage of GDP was 1.4 per cent in Central African Republic compared with the median average of 4.3 per cent for the region.

Eritrea, the country that scored the second lowest in the Child-friendliness Index, performed relatively better in the legal and policy spheres, and achieved significant reduction in infant mortality compared to Guinea-Bissau and Central African Republic. However, along with Central African Republic, it scored the lowest in terms of budgetary commitment and child-related outcomes. Eritrea has the lowest percentage of its population with access to adequate sanitation; as of 2004, only nine per cent of its population had access to such facilities. In addition, very high levels of malnutrition, relatively low rates of participation in education (particularly among girls), and extremely high levels of military spending (which in 2004-2005 stood at 19.3 per cent of GDP, by far the highest in the continent) were some of the factors contributing to Eritrea's poor performance in the overall measure of child-friendliness.

A significant point that emerges in this study is the reaffirmation of the critical importance of political will. The findings in this report show that national effort and commitment to the cause of children is not necessarily related to a country's national income or level of development. The Child-friendliness Index indicates that the governments of Malawi, Kenya, Rwanda and Burkina Faso are among the top twelve countries that have made the greatest effort to lay foundations for the protection of their children and to provide for their basic needs and wellbeing, despite their relatively low GDPs. On the other hand, relatively wealthy countries with high GDP – Equatorial Guinea and Angola, for example – are not investing enough resources in ensuring child wellbeing, and so have not scored well, coming out 38th and 35th respectively in the Child-friendliness Index rankings. The availability of resources alone is therefore not necessarily the determining factor in how well governments provide for their children's basic needs and wellbeing.

National effort is not necessarily related to economic status

Indeed, the index strongly confirms the fact that governments with relatively low GDP can still have high performance scores for their efforts in realising child rights and wellbeing.

Budgetary policy and children

Political commitments MUST be backed up with budgetary responses

It is clear from the above analysis that appropriate budgeting is key for the realisation of child rights and wellbeing. The problem of the huge gap between international pledges and undertakings and national action on the ground is the failure of governments to back their political commitments with commensurate budgetary resources.

One important area of special concern in this regard is health, inclusive of nutrition, water and sanitation. If there is one area of action for the highest priority in terms of children's wellbeing in Africa, it is health – preventing the needless deaths of close to five million children every year, and reaching out to the 28 per cent of sub-Saharan African children who are underweight and undernourished, through access to improved nutrition, water and sanitation.

Limited state commitment, including budgetary commitment, is an important factor in the failure of Africa's health systems. Two-thirds of the survival challenges facing Africa's children could be prevented with small increases in healthcare investment. Increasing the

coverage of essential interventions to 90 per cent could save the lives of up to 800,000 newborns in Africa every year.

The health of children is very much linked to their nutrition, and, as noted above, poor nutrition and hunger are particularly serious problems in the region. Yet in spite of the fact that malnutrition can be dealt with for less than US$ 20 per child per year, expenditure on nutrition is not given political attention, in part because investment in nutrition is not as tangible and has less immediate political relevance than capital projects such as schools and health centres. Its benefits in terms of saved and improved lives, however, are no less significant. Growth in productivity and GDP does not automatically translate into improved nutrition given the nature of growth and the inequalities in income in many African countries. Direct action is needed, although how this is to be done is a complex question deserving further investigation. Even so, governments should consider various types of interventions, including the introduction of school feeding programmes and innovative social security schemes catering for the poorest families.

The upshot of this discussion is that perhaps the most important measure of judging whether or not a government is serious about its children and its international commitments is to look at the proportion of the budget that goes to public health. As can be seen in Annex 3, Table A3.7, national expenditures on health vary considerably between governments. Median expenditure for health was nine per cent of the total government expenditure; the Government of Malawi was by far the most committed, having allocated the highest proportion (about 29 per cent) of its total expenditure to health-related programmes. Second was the Government of Liberia, which directed an impressive 20 per cent of its total expenditure to similar programmes. At the other end of the scale, the Government of Burundi committed the least spending to health, at a paltry 2.3 per cent of its overall budget.

The empirical lesson that emerges from this analysis is that governments committed to combating infant mortality, saving their children from avoidable deaths and combating HIV/AIDS – including through the provision of ART – must aim to raise their budget allocation to health to as high as 20 per cent of the total government expenditure. Governments with very low proportions of health expenditure should aim, as a first step, to allocate at least nine per cent of their total expenditure to the sector, which is the median value for the region. The minimum proposed is even less than what African governments pledged in Abuja in 2001 – to increase their healthcare spending to at least 15 per cent of their annual budgets. These targets are not unattainable. They are achieved by many, and significantly bypassed by some: the proportion of the budgetary expenditure that went to health was over 9 per cent in several countries – 9.1 per cent in Mozambique, 9.4 per cent in Ethiopia, 9.5 per cent in Chad, 9.8 per cent in both Mauritius and Senegal, 9.8 per cent in Benin and 10 per cent in Uganda. These are respectable figures, regionally, but there are even more impressive cases at the higher end of the spectrum. The prize for the top investors on children's health is taken paradoxically – and reassuringly – by four low-income countries: Burkina Faso at 15.3 per cent, Rwanda at 16.5 per cent, Liberia at 20.1 per cent and Malawi at 28.8 per cent.

> Budgetary expenditure on health should be raised to as high as 20% of total government expenditure

The other important area of concern for governments is education. As with health, the data on expenditure on education varies markedly by country. It ranges from 0.6 per cent of GDP spent by the Government of Equatorial Guinea, to 13.4 per cent spent by the Government of Lesotho. Median expenditure on education for 2003-2006 was 4.3 per cent of GDP. Those with the lowest expenditure ratio – less than two per cent – included Central African Republic, Chad, Congo (Brazzaville), Equatorial Guinea and Guinea; top investors

on the education of their children included Lesotho at 13 per cent of GDP, Botswana at 9.7 per cent, Djibouti at 8.4 per cent, Tunisia at 7.3 per cent, and Namibia at 6.9 per cent. The policy conclusion therefore is that countries committed to education should aim at raising the proportion of GDP that goes to education to as high as 13 per cent. Governments with lowest proportion of expenditure on education should raise it to at least 4.3 per cent of their GDP – the regional median.

> Proportion of GDP that goes to education should be as high as 13 per cent of GDP

Budgetary instruments are not the only governmental means of enhancing school enrolment. There has been progress towards achieving education for all in countries that have taken direct action – for example, by abolishing school fees. When Kenya removed user fees on primary schooling in 2003, about 1.3 million children enrolled for the first time. In Tanzania, net enrolment ratio for girls increased from 58 per cent in 1999/2000 to 85 per cent in 2004, and in Zambia from 65 per cent to 80 per cent. Countries like Seychelles, Uganda, Algeria and Tunisia have achieved a figure of nearly 100 per cent net enrolment ratio. Malawi has achieved a 98 per cent net enrolment ratio for girls and 93 per cent for boys in 2004. This is not to say that these countries do not have other problems: some countries with high net enrolment ratios also have some of the highest dropout rates. Three out of four primary students in Uganda and Chad drop out, bringing the percentage of students who remain until the last grade of primary school to 25 and 26 per cent, respectively. In Benin, Madagascar, Malawi, Mauritania, Mozambique and Rwanda, at least every second child starting primary school drops out before completion. Gender disparity in access to education is also evident in most countries. In many cases, governments focus on primary rather than secondary education. As a result, a large proportion of youths, particularly girls, are unable to pursue secondary education. Gross Enrolment Ratio (GER) is below 20 per cent in 11 of the 49 countries for which data was available, and below 50 per cent in 39 countries. Burkina Faso, Burundi, Chad, Madagascar, Mozambique, Niger, Rwanda and Tanzania stand out as having the lowest GERs for secondary education. Quality of education is also lamentably low in most African countries, exacerbating the problem of dropping out, because of the high opportunity cost of schooling and limited future employability of skills.

In conclusion, although there are numerous challenges, this report has shown that they are not insurmountable. Action is possible and success achievable. A number of African countries have shown the significant progress that can be made with the application of pro-poor and pro-children budgetary policies.

Governments must ask themselves: Are we doing enough to serve the needs of our children and young people – who constitute some 50 per cent of the population? Are we allocating enough of our budget for the benefit of children, even if it may not necessarily be commensurate with their numbers and relative proportion? These are fundamental questions in public policy, the answers to which mirror the extent to which governments are committed to children.

> Efficient utilisation of resources and proper targeting are equally relevant

It should also be observed that efficiency in the utilisation of resources matters in effecting positive changes on children. For example, there are countries that are ranked high for budgetary commitment, but which have scored low on child-related outcomes; on the other hand, there are countries ranked low as far as budgetary commitments are concerned, but ranked high on child-related outcomes. All this confirms that allocating more resources to, say, education or health will not automatically yield positive child outcomes: such allocation must be accompanied by efficiency in the utilisation of resources and proper targeting of needy children and families.

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The legal protection of children

Legal and policy instruments provide the critical link between rights and duties, and are key in ensuring children's wellbeing. There has been considerable progress in Africa in the adoption of legal instruments for the protection of children. Many countries have harmonised, or are in the process of harmonising, their national laws with international law and the African Charter on the Rights and Welfare of the Child. For example, countries such as Mauritius, Nigeria, Tunisia, Mauritania, Equatorial Guinea and Djibouti have established appropriate minimum ages across their legal systems that are consistent with the internationally recommended ages, and have legal systems that consider boys and girls equally, without discrimination. Other nations, however, such as Gambia, Guinea-Bissau, Egypt, São Tomé and Principe and Seychelles, have yet to address the issue of discriminatory minimum ages between boys and girls in respect of marriage.

Another illustrative and important issue is the minimum age for criminal responsibility. About two-thirds of African countries have set a minimum age that is equal to or higher than the internationally recommended minimum age of 12 years. However, eight African countries have minimum ages for criminal liability of between eight and ten years. Worse still, Egypt, Gambia, Lesotho, Malawi, Namibia, Seychelles, South Africa, Sudan, Swaziland, and Zimbabwe have set the age of criminal responsibility at seven years.

In more than one-fourth of African countries, harmful traditional practices are not legally prohibited, thus creating a favourable climate for their wide prevalence and practice. In more than half of the African countries, corporal punishment is not prohibited in schools and in penal systems. National laws in a third of the countries surveyed do not provide protection against child trafficking. Clearly this is not a legal environment that is conducive to child wellbeing.

In almost all of Africa, there is thus still a long way to go in terms of enacting appropriate legislation and establishing the institutional framework and capacity for effective enforcement and implementation of measures that will ensure child wellbeing. Two specific measures should be taken concerning the legal protection of children.

Firstly, countries should aim at a comprehensive and systematic review of their national laws; they should identify gaps and improvements that need to be made, both to ensure that they are in harmony with international standards and to facilitate and expedite effective legal protection; and they should fill those gaps and make those changes.

> Countries should harmonise and enforce national legislation

Secondly, they should look to strengthening government implementation, monitoring and enforcement bodies. The existence of such bodies is necessary for the effective formulation and implementation of policies and laws, but it is one of the areas where most African governments are badly lacking.

A large number of countries in Africa, no fewer than 20, have established national human rights commissions and institutions. In addition, over 10 African constitutions provide for ombudspersons or public protectors, and an impressive 45 countries provide for an independent judiciary in their constitutions (Sloth-Nielsen 2007b). These institutions do fulfil one of the indicators of good practice. Despite this, it is common knowledge that the degree of their success is limited. Such bodies are usually weak politically and poorly resourced. They must be strengthened politically, technically and financially: they are essential for effective policy formulation and for ensuring that the rights of children are kept at the heart of the public agenda, and addressed both in law and in practice.

Box 6.1   Ten things the law should say and do

In reviewing national laws in the context of international law, here are ten things the law should say and do as a minimum:

1. Adopt a standard definition of a child as any person below the age of eighteen

2. Ensure that universal access to primary healthcare is enshrined in national law and is progressively realised

3. Ensure that universal, free and compulsory primary education is enshrined in law, and that progressive access and completion of secondary education is provided for

4. Repeal all provisions that discriminate children, particularly on the grounds of parentage, sex, disability, religion, ethnicity and others

5. Raise the minimum age of criminal responsibility to at least 12

6. Prohibit corporal punishment in homes, schools or any other institutions

7. Prohibit harmful traditional practices such as female genital cutting and early marriage

8. Develop legislative provisions for the protection of orphaned and vulnerable children

9. Ensure that the child justice administration serves the best interests of the child

10. Articulate the methods of enforcement and implementation of the law

6.3 Priorities for action

As the experience of child-friendly governments has shown, the major instruments for effective action for improved child wellbeing are a policy of child budgeting that gives a first call to children, and the adoption and implementation of effective laws and policies. More specifically, poorly performing countries should undertake the following actions on a priority basis.

Firstly, the best way of combating child death is to improve and expand access to primary health care, nutrition and improved water and sanitation, and therefore to increase the budget allocated to public health. It is proposed that countries increase the budgets they allocate to health progressively to as high as 20 per cent, which some countries – Liberia and Malawi, for example – have already achieved. Some governments might need urgently and substantially to reduce their military spending in order to free up the resources necessary to accomplish this level of healthcare investment.

Secondly, education: the rapid expansion of education is evidently necessary, not only for children themselves, but as a condition for Africa's economic success and prosperity and its effective participation in the global economy. The emerging policy conclusion from this report is that countries committed to education should aim at raising the proportion of GDP that goes to education to as high as 13 per cent, as has already been achieved by some child-friendly governments. A range of actions is also needed to improve the quality of education across the region.

Thirdly, the growing orphan population (caused largely by the HIV/AIDS pandemic) is a cause for serious concern. For children, the best form of protection is to have their

parents around for as long as possible. Given the limited impact of preventive measures and their inapplicability to parents who are already infected, governments should expend the maximum effort to make ART widely available, at the same time designing measures that can improve the legal and social protection for those that are already, or likely to be, orphaned from any cause.

Fourthly, there should be zero tolerance for violence, especially against children, and there should be concrete action against such violence. The place to start is the adoption of legal provisions that: (i) prohibit corporal punishment at home and at school; (ii) prohibit early marriage; and (iii) prohibit and criminalise female genital cutting. In addition, governments should implement a public education programme that promotes respect for the rights and dignity of all children, boys and girls alike.

Fifthly, laws. Laws are the bricks and mortar of all efforts aimed at the realisation of child rights. Countries should strengthen their legal capacity to fight child abuse, violence and exploitation, and to ensure respect for the rights and wellbeing of children. This calls for harmonisation of national legislations with the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Special attention should be given to addressing the common shortcomings of most national laws, especially through the adoption of a standard definition of a child, reviewing of the ages of sexual consent and marriage, elimination of discriminatory treatment of boys and girls, raising of the minimum age of criminal responsibility, prohibition of corporal punishment, and reform of child justice administration in favour of children's best interests.

Sixthly, given the hidden and extensive nature of the needs of children with disabilities, governments should address their needs, through legal and inclusive socio-economic policies and programmes. Governments should try to document the issue of providing for children with disabilities and make it visible, then implement policies and programmes that facilitate the full participation of children with disabilities in society, schools and – when they become adults – in the world of work.

Finally, advocacy and political pressure. The African Union (AU) is emerging as a major actor in the continent's transformation. The effort it has been putting into resolving conflicts and bringing about economic and political transformation throughout the continent is paying off, as peace slowly returns to many African countries, authoritarian structures give way to more pluralistic regimes, and buoyant economic growth becomes the norm in many countries of the continent. With various organs and programmes like NEPAD, the Pan-African Parliament, the African Commission on Human and Peoples' Rights, the African Court of Human Rights and other institutions at its disposal, the AU is well poised to be an agent of empowerment of citizens and political and economic transformation. It enjoys the political legitimacy required to ensure that states respect and protect children's rights, and that they fulfil their needs as stipulated in the African Charter on Human and Peoples' Rights, the UNCRC, the ACRWC, and other African rights instruments. With the moral and political standing at its command, the AU has a duty to use its leverage to make states accountable to their citizens.

Complementary to all of these measures, Africa needs a vibrant civil society that can engage constructively with states and hold them accountable for their behaviour and actions. For example, The Africa-wide Movement for Children, which was launched on May 11th 2008 in Addis Ababa, Ethiopia (See Appendix 4), would be an initiative able to put pressure on states to live up to their obligations vis-à-vis children. Such initiatives can also support and reinforce the efforts of the AU and its various organs to apply pressure on states to ensure that they live up to their obligations, especially in regard to children.

Box 6.2   Six major issues and action points

The major problems facing most African countries are:

- Too many children dying from avoidable diseases

- A large number of children, especially girls denied of education

- The existence of a huge and growing orphan population, and the emerging problem of child-headed households

- The unacknowledged but ubiquitous phenomenon of violence against children

- A hidden but very large population of children with disabilities

- Inadequate protection for children, arising in part from the incompatibility between national laws and international legal standards.

Steps that need to be taken by countries:

- Combating child death by expanding access to public health and related services, by increasing the budget allocated to public health to as high as 20 per cent of the total government expenditure

- Raising the proportion of GDP that goes to education to as high as 13 per cent, as has already been done by some child-friendly governments on the continent

- Addressing the problem of orphanhood by making the maximum effort to make ART widely available

- Instituting a policy of zero tolerance for violence against children by adopting legal provisions that prohibit corporal punishment, and criminalising early marriage and female genital cutting

- Protecting vulnerable children, especially those with disabilities, both through legal and inclusive socio-economic policies and programmes

- Harmonising national laws with international law, and strengthening enforcement.

POSTSCRIPT

THE GLOBAL FOOD CRISIS AND ITS IMPLICATIONS FOR CHILD WELLBEING IN AFRICA

A 'SILENT TSUNAMI' IN THE MAKING

A little more than three decades ago, wrenching images of emaciated children in Ethiopia taught the world a painful lesson about the tragedy of starvation. Worsened by the current global food crisis, hunger continues to haunt much of Africa, robbing villages of children and plunging human beings into extreme despair.

During the first three months of 2008, international nominal prices of all major food commodities reached their highest levels in nearly 50 years, and prices in real terms were the highest in nearly 30 years. The price of vegetable oils increased on average by more than 97 per cent during the first month of 2008, followed by the price of grains, which rose 87 per cent; diary products, which rose 58 per cent; and rice, which rose 46 per cent (FAO 2008a). This resulted in a crisis situation, what the World Food Programme calls a "silent tsunami", which at the time of writing is threatening to plunge more than 100 million people on every continent into hunger (WFP 2008).

The crisis has affected nearly every country in the world. It has had an ominous snowball effect - one that eventually brought down a prime minister in Haiti, made more children in Mauritania go to bed hungry, and forced the Egyptian army to bake bread for the general population.

Sub-Saharan Africa is one of those regions most vulnerable to the adverse effects of the current food crisis. The region contains 20 of the 36 countries seen as most vulnerable to the adverse impacts of soaring world food prices (Reuters 2008).

WHAT ARE THE CAUSAL FACTORS?

Both supply and demand factors are to blame for recent surges in the price of food. A critical trigger factor has been the decline in the production of cereals due to more intense and increasingly frequent weather disasters and other phenomena. Climate change is causing a loss of agricultural land, irreversible in some cases, as a result of droughts, floods, storms and erosion (Falksohn et al. 2008). Experts predict that climate change could eventually cause as much as a 30 per cent reduction in Africa's agricultural productivity (Oxfam America 2008).

In 2005 and 2006, production of cereals declined annually by four and seven per cent respectively in major exporting countries. The gradual reduction in the level of cereal stocks since the mid-1990s is another supply side factor that has had a significant impact on markets recently (FAO 2008a). By the close of 2008, world cereal stocks are expected to decline a further five per cent from their already reduced level at the start of the season, reaching their lowest levels in 25 years.

The increases in fuel prices have also raised the costs of producing and transporting agricultural commodities. For example, US dollar prices of some fertilisers increased by more than 160 per cent in the first two months of 2008 compared to the same period

in 2007. Along with fertiliser costs, higher energy prices contributed to about 15 per cent of recent increases in food production prices (PREM, ARD and DEC 2008). Freight rates doubled within a one-year period beginning in February 2006, affecting the cost of transporting food to importing countries (FAO 2008a). As of May 2008, the price of fuel had hit a record high of USD 135 a barrel, with the impact of such prices felt acutely by consumers and businesses alike (BBC News 2008).

The rise in fuel prices has also unleashed another important factor: the diversion of crops to production of biofuels. The switch to biofuels – which are derived from plants that require agricultural land for their production – has boosted food prices yet further, reduced the supply of the crops available for food, and encouraged the conversion of large amounts of agricultural land from production of food to production of biofuel (Hennigan 2008). Some sources estimate that 65 per cent of the recent rise in food prices has been due to the biofuels industry and factors related to its rapid increase in demand for inputs (Mitchell 2008 cited in FAO 2008a).

Commodities, which have predominantly been used as food and/or feed, are now being grown as raw material (feedstock) for producing biofuels (FAO 2008a). The result is that many people around the globe who are anxious about filling their gas tanks are competing with others elsewhere in the world who are struggling to fill their stomachs (World Bank 2008). It is said that 232 kg of corn, sufficient to feed a child for a year, is needed to make 50 litres of bioethanol (Finfacts 2008a). According to IFPRI, there are some 2.4 million more malnourished pre-schoolers in developing countries in 2008 due to the impact of the biofuels industry. Current research suggests that 390,000 additional children under the age of five will die because of this increase in malnutrition due to biofuels. If current biofuel development trends continue, child deaths will rise to 475,000 by 2010 (Senauer 2008).

Further complicating the situation, the demand for biofuels in a world of rising oil prices is also luring poor African countries into making imprudent choices in the name of attracting foreign investment. For instance, in Tanzania, thousands of farmers growing rice and maize are being evicted from fertile areas of land with good access to water, in order to establish biofuel sugar cane and jatropha plantations on newly privatised land. Millions of hectares in Ethiopia have been identified as suitable for biofuel production, and many foreign companies have already been allocated land from farmland, forests and wilderness areas (Hennig 2008). In other countries, such as Kenya, farmland that used to grow food for domestic consumption now grows luxuries for the north, such as cut flowers (Angus 2008).

The other reason cited for the current food price hike is the changing structure of food demand, especially in prospering Asian economies. Diversifying diet patterns are moving away from starchy foods and towards more meat and diary products, intensifying demand for feed grains and strengthening the linkages among different food commodities (FAO 2008a). For instance, China has accounted for up to 40 per cent of the increase in global consumption of soybeans and meat over the past decade (Hennigan 2008). It is worth noting that seven kilos of grain are necessary to produce a kilo of meat (Kurata 2008).

There is also a view that attributes the current crisis to more profound structural factors than just a circumstantial scarcity of food. Proponents of this view say that hunger and malnourishment are the results of an international economic order that maintains and deepens poverty, inequality and injustice (Ventura 2008). They argue that there is enough food in the world for all its inhabitants. According to this argument, the problem is one of inequitable distribution of the globally available food. If food was distributed equitably around the world, enough would be available for everyone to consume an average of 2,760 calories a day (World Ecology Report 2005 cited in UNEDESA 2005). As of 2006, there were

800 million people in the world who were hungry, but they were outnumbered by a billion people who were overweight (Wilson 2008). The world's 200 wealthiest people have as much money as about 40 per cent of the global population, and yet 850 million people go to bed hungry every night (Falksohn et al. 2008).

The other argument forwarded along these lines centres around the refusal of developed countries to eliminate their agricultural subsidies, while imposing their rules of international trade on the rest of the world. A very small number of trans-national corporations hold the power to set prices, monopolise technologies, impose unfair certification processes on trade, and manipulate distribution channels, sources of financing, trade and supplies for the production of food worldwide. They also control transportation, scientific research, gene banks and the production of fertilisers and pesticides (Ventura 2008). A combination of unfair trade agreements, concentrated ownership of major food production, and dominance of international trade through control and influence in institutions such as the World Bank, IMF and the WTO, has meant that poor countries have seen their ability to determine their own food security policies severely undermined (Shah 2008).

Finally, as an additional compounding factor, some of the policy measures taken to reduce the impact of higher prices on vulnerable consumers, such as export bans and increased export taxes, have themselves exacerbated the short-term volatility of international prices (FAO 2008a).

HOW ARE CHILDREN AFFECTED?

At the macro level, the rise in food prices has contributed to a deepening of poverty in a number of countries in Africa. Deepening poverty nearly always has a disproportionate impact on children. In six of eight countries considered in a study that analysed the impacts of higher prices of key staple foods on poverty, it was found that price increases for food between 2005 and 2007 increased poverty by three percentage points on average (PREM, ARD and DEC 2008). The World Bank estimates that doubling of food prices over the last three years could potentially push 100 million people in low-income countries deeper into poverty (World Bank 2008). As food is no longer the cheap commodity that it used to be, food imports are likely to cost four times as much by the end of 2008 as they did in 2000 (FAO 2008b).

The African continent is a net importer of cereals (FAO 2008a). One study showed that a 10 per cent increase in the prices of imported goods raises poverty by 1.8 percentage points (Ivanic and Martin 2008). Of the 19 countries that have large budget deficits and predicted growth of bills for cereal imports of greater than one per cent, 11 have greater than 20 per cent undernourishment rates. This means that more than one out of every five persons fails to consume the minimum calorie requirement necessary to maintain good health under light activity. Of the seven most vulnerable countries, four have undernourishment rates of 29 per cent or higher (FAO 2008a).

A new rank of poor people is being created by the food crisis. For instance, increasing the price of maize by ten per cent would raise poverty in Zambia and Malawi, where both urban and rural households are net buyers, by 0.8 and 0.5 per cent respectively in rural areas, 0.2 and 0.3 per cent in urban areas, and 0.5 per cent nationwide for both countries (Ivanic and Martin 2008). The least developed countries, with high levels of poverty and food insecurity and large population groups, have households that spend 70-80 per cent of their income on food (FAO 2008a). In the short run, those food buyers, in the cities and in the rural areas (including the poorest rural households, which are predominantly net food buyers), will be the most adversely affected. The poorest

expenditure quintiles are worst affected in both urban and rural areas across the board (FAO 2008a).

The high dependence on imports of petroleum products (100 per cent in most countries) – and, in many cases, on imports of major grains (rice, wheat and maize) for domestic consumption – is exacerbating the predicaments of these countries and deepening poverty. For instance, on a full-year basis, rises in oil prices will increase Ethiopia's imported oil bill by about a billion dollars (three per cent of GDP) (Abate 2008), severely limiting the country's investments in welfare.

Countries such as Eritrea, Niger, Comoros, Botswana and Liberia are especially vulnerable due to very high levels of all these risk factors. Eritrea, with grain imports of 88 per cent and 100 per cent importation of petroleum products, has a population that is 75 per cent undernourished, while Comoros, which also imports 100 per cent of its petroleum products and 80 per cent of its grain, has a population that is 60 per cent undernourished (FAO 2008a).

At the household level, there are consequences related to the difficult choices that households, especially the poorest ones, have to make because of their rapidly declining purchasing power (FAO 2008a). In compensating for rising food prices, vulnerable households may move towards using less food, or towards substituting cheaper, but less nutritious, food for current diets (PREM, ARD and DEC 2008). Poor households find themselves having to compromise on healthcare, education, and other non-food household expenditures (FAO 2008a), or to sell key productive assets in order to cope with their newly dire economic circumstances. Under such circumstances, therefore, poor households become poorer (Rashid 2008), suffering a significant loss in household wellbeing. While those on US$ 1 a day are cutting back on meat, vegetables and one or two meals, so they can afford one bowl of food, those on US$ 50 cents a day are dragged into utter disaster (The Economist 2008).

Even the middle class is not immune to the impacts of the crisis. The middle classes in poor countries are giving up health care and cutting out meat so they can eat three meals a day. The middling poor, those on US$ 2 a day, are pulling children from school and cutting back on vegetables so that they can still afford rice.

The effect of the crisis on the most vulnerable – including people dependant on humanitarian assistance, orphans, those affected by HIV/AIDS, and pregnant and nursing mothers – is devastating. Children are not only temporarily deprived of the nutrients they need to grow and thrive, but can also carry permanent scars on their physical and intellectual potential into their youth and adulthood. There is also a serious risk of children dying of easily treatable illnesses, or dropping out of school so they can be sent to work (Deen 2008) because of deepening household poverty.

HIV infection, compounded by inadequate dietary intake, worsens the effects of malnutrition. Malnutrition in turn shortens the asymptomatic period of HIV infection, hastens the onset of AIDS and ultimately death, and may also increase the risk of HIV transmission from mothers to babies.

On a wider societal scale, there is also the potential for the food crisis to generate massive movements of people, creating humanitarian emergencies and disasters. According to UNFPA, unbearable costs for food may force poor women to resort to transactional sex in order to meet their basic needs, and may cause potential increases in violence against female-headed households and among poor women (Deen 2008).

Children are also naturally affected by the consequences of economic problems and related social unrest, including the food riots that have taken place on most continents,

primarily in urban areas where people have borne the brunt of soaring food and fuel prices (Hattingh 2008). Unrest in Burkina Faso, Mauritania, Mozambique, Senegal, the Ivory Coast and Cameroon has claimed about 100 lives (Falksohn et al. 2008) and caused substantial material damage.

On the positive side, high prices may stimulate a supply side response wherein market signals are transmitted to food producers who have capacity to increase production and – where existing transport and market infrastructure allow it – to supply the market. This may represent an important opportunity for promoting agricultural and rural development in many low-income countries, provided that an enabling policy environment and supportive measures are established quickly (FAO 2008a).

WHAT NEEDS TO BE DONE?

African countries are now facing daunting challenges that require urgent and prudent policy measures. So far, sub-Saharan Africa and Latin America and the Caribbean have shown the lowest levels of policy activity, with roughly 20 per cent and 30 per cent of the countries in these respective regions reporting no activity in any of the policy categories (FAO 2008a).

Policy measures available in the short term include the provision of safety nets and social protection to the most vulnerable consumers in both rural and urban areas, as well as the enhancement of short-term supply responses by smallholder farmers. This may involve protecting the most vulnerable through direct food distribution, targeted food subsidies and cash transfers, and nutritional programmes including school feeding.

Improved trade policies, such as reductions in tariffs and taxes that can provide some relief to consumers, can also yield important gains, as can the elimination of agriculture trade barriers and export bans (Rashid 2008).

Projects related to biofuel production may also need to be re-examined in light of their effects on food security. South Africa, for instance, has already restricted the use of grains for ethanol production because of food security concerns (FAO 2008a).

Governments can act to lower the overall costs of domestic distribution. The importance of strengthening inland transport links in mitigating price spikes was recently underscored in Congo (Brazzaville) (PREM, ARD and DEC 2008).

In the longer run, it will be important to address the fundamentals that increase investment in agriculture, both public and private, and improve the functioning of markets. Cancelling the debts of developing countries can help them invest the money in their agriculture, with the aim of achieving food security in the longer term. If the current estimated US$ 345 billion debt of developing countries is relieved, these countries could have more than sufficient funds to overhaul their agricultural systems. This total figure is more than ten times the US$ 30 billion a year needed to re-launch agriculture in the developing world and avert future risk of conflicts over food (Finfacts 2008b).

These and other related measures are critically needed. A weary, apathetic response would only invite needless failure, the consequences of which could be staggering: reversals in hard-earned gains in nutrition, health and education; social instability and insecurity; deepening poverty and hunger; and human death in large numbers (FAO 2008a).

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