

The African Report on Child Wellbeing 2013

Towards greater accountability
to Africa's children



The African Child
Policy Forum

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2013

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THE AFRICAN CHILD POLICY FORUM (ACPF)

The African Child Policy Forum (ACPF) is an independent, not-for-profit, pan-African institution of policy research and dialogue on the African child.

ACPF was established with the conviction that putting children first on the public agenda is fundamental to the realisation of their rights and wellbeing, and to bringing about lasting social and economic progress in Africa.

ACPF's work is rights-based, inspired by universal values and informed by global experiences and knowledge; and it is guided by the UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and other relevant regional and international human rights instruments. Specifically, ACPF aims to contribute to improved knowledge on children in Africa; to monitor and report progress; to identify policy options; to provide a platform for dialogue; to collaborate with governments, intergovernmental organisations and civil society in the development and implementation of effective pro-child policies and programmes; and to promote a common voice for children in and out of Africa.



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LIST OF ACRONYMS

ACPF	African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
ARCW	The African Report on Child Wellbeing
AU	African Union
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CFI	Child-friendliness Index
CRC	Convention on the Rights of Children
CRPD	Convention on the Rights of Persons with Disabilities
DCI	Defence for Children International
EPI	Expanded Programme on Immunization
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HDI	Human Development Index
ILO	International Labour Organization
LEAP	The Livelihood Empowerment Against Poverty Programme
NPA	National Plan of Action
ODI	Overseas Development Institute
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
PNAI	National Plan of Action for Social Inclusion
PTR	Pupil-Teacher Ratio
UNICEF	United Nations Children's Fund
WFP	World Food Programme

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FOREWORD

The theme for the African Report on Child Wellbeing 2013, accountability to children, is pertinent as we approach the 2015 deadline for the current Millennium Development Goals (MDGs), and prepare ourselves for the succeeding development framework. This report is a reminder, yet again, that children's rights and overall wellbeing should permeate any development agenda.

It is evident from the analysis in this report that African governments are increasingly child-friendly. This progress, especially in terms of reducing child deaths, is impressive, and we need to ensure momentum is sustained. Achievements on the education front – and particularly the dramatic increase in access to primary education, especially for girls – are commendable. These are desirable developments that signal that Africa has started its long journey towards being a continent fit for children.

However, there are still many challenges that impede further progress. While Africa has done well in improving access to essential services, a lack of quality in these services, especially in education, is a threat we cannot afford to ignore if we are to prepare our children for the challenges of tomorrow, and if Africa is to participate meaningfully in the world economy.

The state of child wellbeing in fragile states is another disturbing reality that calls for collective action. Countries affected by crises are often characterised by rampant child death, extreme forms of violence with impunity for the perpetrators, and limited access to essential services. This urgently needs to change.

African governments should reflect on the experiences of countries that have consistently remained child-friendly. These experiences include sustained efforts in the legal, budgetary and political realms, through accelerating legal reforms and enforcement; and substantial increases in national budgets for programmes benefiting children, particularly those addressing inequality. These are all achievable by efficiently utilising available resources. Political commitment is paramount in this regard.

I believe that recent consistent growth in the economies of many African countries must leverage national and regional efforts to fight extreme poverty. Appropriate policies need to be put in place to ensure that economic growth translates into concrete results in terms of reducing inequality and expanding the fiscal space to invest in children and social transformation.

This report is coming out at an opportune time, as the global debate and agenda setting process is ongoing for the post-2015 development framework. I believe that the ACPF report's findings and recommendations will feed in to this process. It will also strengthen the case that the post-2015 development agenda should reflect children's issues and reinforce the arguments for the need to give them adequate space in the framework.

The Africa we envision will not materialise without first ensuring the central place that children must have in our societies; without giving greater priority to their best interests in our laws and policies; or without listening to their voices.

We must move from rhetoric to action: actions that make Africa a better place for all children.

Joaquim Chissano,

Chairperson, International Board of Trustees, ACPF
President of Mozambique (1986-2005)

PREFACE

This third edition of our flagship report series comes at a historic moment, as we celebrate our 10th anniversary. The report aims to promote accountability to children and compliance with the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child – one of the core objectives of ACPF, and a focus area of its Programme of Work for 2011-2015.

In this edition, we examine progress in the child-friendliness of African governments since the first edition of the Report, published in 2008. It has been a valuable exercise in many respects. In addition to providing us with the opportunity to take stock of what governments have been doing for children over the last five years or so, it enabled us to undertake a systematic analysis of governments' performances in realising the rights and wellbeing of children over time and relative to one another.

The findings of the analysis are that first, Africa has become a better place for children in comparison with five years ago, with commendable progress in numerous areas. The legal and policy realm has made impressive progress, with most governments having taken steps to enhance legal protection of children from abuse and exploitation. There is also an encouraging trend in terms of commitment to allocating resources to programmes benefiting children. More and more governments are allocating a larger share of their budgets to financing social sectors such as education and health.

Promising developments in the political arena have taken place in Africa, with improvements in peace and security that have an impact on child wellbeing. Africa has fewer conflict-related deaths among children than a decade ago. We are also witnessing transparent democratic processes in many countries, with a greater sense of accountability. As a result of all these, children in Africa today live longer and are better educated and protected than they were five or so years ago. These positive developments must be a source of inspiration and encouragement to perform even better.

Secondly, despite improvements over the years, Africa is still a region in which a large number of children die of preventable causes. Many of our children are deprived of access to their basic needs. Violence against children is also widely prevalent in Africa, and child protection systems are largely non-existent. Little progress has been made in terms of realising children's right to freedom of expression and their right to be heard. Much remains to be done.

This report calls for: 1) Strengthening systems and capacities to enhance accountability to children; 2) Further improving the survival of children and their access to basic needs and services; 3) Increasing budgetary allocations to programmes benefiting children, and enhancing commitment to address growing inequality; 4) Providing full legal protection for children and strengthening enforcement; 5) Putting in place mechanisms to ensure children's participation in decisions that affect them.

These recommendations have also been reiterated in ACPF's recent publication, *Towards an African Position on Children and the Post 2015 Development Agenda*, which draws on a decade of policy research on children in Africa and provides a framework for action that must be taken into account in the post-2015 development agenda.

I hope that policymakers, policy practitioners, academics and civil society at large will find this report useful in promoting accountability to children, expediting the implementation of children's rights, and contributing to efforts aimed at creating a better Africa that is fit for its children.

Théophane Nikyèma
Executive Director



EXECUTIVE SUMMARY

Africa rising and the new era of accountability

The African continent has ushered in the new millennium with promising beginnings. There has been a shift in economic growth trends from the abysmal records of the 1970s, 1980s and 1990s – a positive development documented in several global reports and echoed in the international media alongside the oft-repeated phrase *Africa Rising*. Africa has become one of the fastest growing economic regions in the world, and a new frontier of growth and investment. Its achievements over the last 20 to 30 years are the foundation for projected consistent growth that is estimated to surpass that of the EU by 2050 (McKinsey Global Institute 2010).

In the context of a sobering reality of continued deprivation, and with evidence of a wide and persistent gap between Africa and the rest of the world, we should limit ourselves to guarded and cautious optimism. But there are grounds for that optimism. Undoubtedly Africa is on an unprecedented path of peace, growth and prosperity. Its proportion of poor people – those living below the poverty line of USD 1.25 a day – has declined substantially over the last two decades. Some countries, such as Ethiopia, Ghana, Mozambique and Rwanda, have experienced and recorded rapid economic growth rates for close to a decade now. Although violent conflicts persist, there is a general sense of peace in many countries on the continent, and fewer children and parents die of conflict-related causes today than a few years ago. There have also been smooth transitions of power to elected officials in many African countries. The public political debate in many countries is becoming, in the words of the UN Economic Commission for Africa (UNECA), “more mature, peaceful and open” (UNECA 2012).

The most notable recent achievement, however, has been the increased survival rate of Africa’s children, and a huge reduction in infant mortality (ACPF 2013a; 2013b). This has been the case in Rwanda, Niger, Madagascar, Liberia, Guinea and Ethiopia. Access to water and sanitation has increased significantly in countries that for a long time had more than half of their population drinking from rivers and unprotected wells. Countries such as Rwanda, Angola and São Tomé and Príncipe recorded high rates of reduction in their percentages of underweight children over recent years, and countries such as Algeria, Morocco and Tunisia now have less than three per cent of children underweight – a percentage comparable to that of industrialised countries. There have also been impressive achievements in expanding children’s access to education, and especially girls’ enrolment in both primary and secondary education.

Africa has had some of the fastest rates of reduction in child mortality the world has ever seen. This momentous achievement in the area of child survival has been hailed as “the best story in development” (The Economist 2012).

These positive developments are the result of the growing child-friendliness of African governments, and of major shifts in two important aspects of government policy in particular: law reform and budgetary policy.

Progress in child-friendliness: the general picture

One of the main findings of this report, based on a comparative analysis of the Child-friendliness Indices between 2008 and 2013, is that the African continent has become a more

suitable place for its children today than it was five years ago. On average, there was an increase of about 11.5 per cent in the child-friendliness scores of African governments between 2008 and 2013.

African governments have become more child-friendly and more accountable for their children over the last five years. There was an increase in the average child-friendliness score of about 11.5% between 2008 and 2013.

In the 2013 child-friendliness rankings, Mauritius, South Africa, Tunisia, Egypt, Cape Verde, Rwanda, Lesotho, Algeria, Swaziland and Morocco emerged as the ten most child-friendly countries in Africa. The outstanding performance of these countries is due primarily to two reasons: they have put in place national laws and policies to protect children from violence and maltreatment; and they have allocated adequate budgets for sectors targeting children, while ensuring that those allocations are translated into better child wellbeing outcomes.

The ten least child-friendly governments were those of Chad, Eritrea, São Tomé and Príncipe, Zimbabwe, Comoros, Central African Republic, Cameroon, Democratic Republic of Congo (DRC), Côte d'Ivoire and Mauritania. These countries failed to put in place appropriate legal and policy frameworks to protect children from abuse and exploitation, and did not make significant efforts to improve access to basic services and to achieve positive child-related outcomes. For instance, Chad and Eritrea were among the countries with the lowest expenditure on health as a percentage of total budget; Comoros, Côte d'Ivoire, Democratic Republic of Congo (DRC) and Zimbabwe were among the countries that contributed none or very little of their national budgets to the Expanded Programme on Immunization (EPI); and most of these countries were among those with the lowest expenditure on education as a percentage of GDP.

A country's child-friendliness is not related to its wealth or level of development. Rather, it is a matter of political commitment, manifested primarily in a government's willingness to put children at the top of the policy agenda and prioritise budgets accordingly. Countries with relatively low GDP per capita, such as Rwanda and Lesotho, are good examples: despite their low GDP they are ranked among the ten most child-friendly countries in Africa. Meanwhile, countries such as Equatorial Guinea and Angola are assessed as "less child-friendly" despite their relatively high GDP per capita.

The risers and fallers in the Child-friendliness Index

Two-fifths of African countries (22 out of 52) have improved their child-friendliness rankings since 2008. Those countries that achieved the most significant relative improvements were Swaziland, Gambia, Liberia, Togo, Egypt, and Benin. Other countries with marked improvements in child-friendliness ranking included Lesotho, Guinea-Bissau, Ghana, Guinea and Sierra Leone, which have all moved 7-12 places up the table to achieve their current rankings. The overall gain by these countries can be attributed to recent efforts in reforming laws and extending legal protection to millions of boys and girls who were actual or potential victims of violence, exploitation and abuse. Through a combination of social protection, health and nutrition policies, these states were able to decrease their numbers of underweight children. They expanded child immunisation services and access to improved sanitation facilities and safe drinking water sources. Finally, they did all this within the framework of increased general spending on sectors benefiting children.

Although there was an overall improvement towards child friendliness, a large number of countries performed less well in 2013 than they did in 2008. Countries that showed a sharp fall in ranking

included Namibia, Niger, Kenya, Mauritania, Democratic Republic of Congo, Cameroon and Zimbabwe. Some countries, such as Chad, Eritrea, São Tomé and Príncipe, Comoros and Central African Republic, have been unable to improve their performances, remaining in the 'least' child-friendly category in both the 2008 and 2013 rankings.

The main reasons for the lower rankings of these countries in 2013 in relation to 2008 were reductions in government spending on sectors that benefit children, and relatively low performances with regard to efficient and effective translation of resources into better child wellbeing outcomes. Countries that ranked low in the Child-friendliness Index also have poor records in terms of acceding to international legal instruments, and have demonstrated limited progress in terms of domestication of existing child rights instruments. Most of these countries, for example, have discriminatory minimum ages of marriage for boys and girls, and fared poorly regarding the prohibition of corporal punishment.

Still a long way towards greater accountability

Despite Africa's progress over the last decade and the impressive achievements to date in improving the lives and wellbeing of children, accelerated and sustained efforts are required in terms of legal reform, investment of resources and policy implementation.

With respect to legal reform, there are still some key international instruments yet to be ratified by governments. For example, some 39 African countries have yet to ratify the Hague Convention on Intercountry Adoption, a significant omission given that Africa is a new frontier for intercountry adoption. Furthermore, in many countries ratification of international instruments has not been accompanied by harmonisation and domestication of the relevant laws – for example, on age of criminal responsibility, age of marriage and consent, and protection from corporal punishment.

African governments are still not investing adequately in children. While there has been considerable progress in national budget commitments for children, there are still significant gaps. The evidence indicates that African governments spent on average about 11 per cent of their budget on health. This is four percentage-points lower than the 15 per cent level to which they committed in Abuja. African governments also spent on average only 4.6 per cent of their Gross Domestic Product (GDP) on education, compared to the nine per cent to which they committed in Dakar. Countries like Equatorial Guinea, Central African Republic, Zambia and Liberia were least committed in budgetary terms, spending less than two per cent of GDP on education.

Too many children in Africa are denied their right to growth and development due to inadequate health and nutrition. African children are still dying from preventable causes such as malaria, malnutrition and diarrhoea, largely due to limited access to food and water, sanitation and hygiene. For instance, in 9 of the 10 African countries that possess the highest mortality rates among children under five years of age, the proportions of populations with access to improved water and sanitation services are among the lowest in the world. Malnutrition levels in Africa continue to be persistently high: malnutrition is reported to be the underlying cause of 53 per cent of all deaths in children under five in Africa. In 2006-2010, as many as 39 per cent of

children under five in Niger, 36 per cent in Madagascar, 35 per cent in Eritrea, and 30 per cent in Chad were underweight. Millions of African children also suffer from deficiencies in micronutrients, largely as a result of poor access to quality food.

There is also inequitable distribution throughout Africa of basic services, which are skewed towards the richest quintiles. Poorer outcomes are consistently reported for those in the poorest socio-economic groups. For example, in Nigeria 54 per cent of children under five who are moderately or severely stunted are from the poorest 20 per cent of the population, while only 21 per cent are from the richest 20 per cent of the population.

In education, dramatic increases in enrolment have occurred at primary level, but these same achievements have not occurred at secondary level. The deficit in secondary education is even more glaring when disaggregated by gender, with girls grossly excluded from secondary education services. At both levels, quality of education remains inadequate.

While child deprivation remains a systemic problem throughout Africa, it particularly affects those children facing additional risks who do not have access to social protection mechanisms to support them. These include children living on the street, those children without parental care, child-headed households, and children with disabilities.

Countries that face protracted socio-political crises, where the state as principal duty bearer fails to live up to its treaty and legislative obligations, where governance structures are inadequate, and where civil conflict is likely, are considered fragile. These countries include Somalia, Central African Republic, Chad and DRC. The level of child wellbeing in these fragile states is undoubtedly the lowest. These countries have the highest child mortality rates and the lowest access to health care and education services. With law and policy-making structures in disarray, accountability is left to chance, and violence against children is rampant and occurs with impunity.

Commitment to children's participation in the decisions that affect them – as a right itself and as means to develop and implement more effective policies and programmes for children – is inadequate in Africa. Many countries are engaging in innovative and deliberate efforts to engage and consult children, of which the most effective are those that are integrated into institutional structures and mechanisms, thereby making child participation more accountable. However, greater efforts are required to overcome the general lack of commitment that impedes these processes.

Way forward and priority areas for action

Today we have two faces of Africa: the rising and promising Africa, becoming more child-friendly over the years; and the other Africa, where many governments remain unaccountable to their people and to their international obligations.

While each country in Africa faces its own unique challenges and opportunities, there is valuable learning that can be gained from the good practice that exists in those countries that have demonstrated a capacity to become more child-friendly. In particular, these countries have successfully made sustained improvements in the areas of legal reform, budget allocations and investment in children, and improvements in the basic services. Strategies, systems and reforms that have been implemented in countries such as Rwanda and Lesotho, which have demonstrated to be more child-

friendly despite relatively poor economic status, are especially worthy of consideration. In countries that remain least accountable and are not characterised as child-friendly, there is a need for greater analysis of the bottlenecks and challenges impeding progress.

The following are the five priority areas for action to enhance the compliance of African governments with child rights instruments and improve the life situation of children, particularly the most vulnerable groups.

The five priority areas for action

1. Strengthening systems and capacities to enhance accountability to children
2. Further improving the survival of children and their access to basic needs and services
3. Increasing budgetary allocations to programmes benefiting children, and enhancing commitment to address growing inequality
4. Providing full legal protection for children and strengthening enforcement
5. Putting in place mechanisms to ensure children's participation in decisions that affect them.

Strengthening systems and capacities to enhance accountability to children

1. *Establishment of national child rights observatories.* Monitoring the implementation of children's rights entails regular collection of adequate information on children's rights and wellbeing in order to track progress and accelerate action where there are gaps. Governments therefore need to establish independent and autonomous national child rights observatories mandated to coordinate efforts to collect, compile, analyse and disseminate data relating to children, in order continuously to monitor implementation of children's rights and devise effective strategies for improvement. There is also a need to develop data collection programmes to ensure that the special needs of marginalised children are captured and effectively addressed.
2. *Building the capacity of law enforcement and human rights institutions and ensuring their independence.* Law enforcement and human rights institutions such as child rights commissions perform better in an environment where they have greater independence and are adequately resourced to undertake their mandates. Governments therefore need to ensure through laws, policies and administrative practices that these entities exercise their independence and invest in building the human and institutional capacities they need to undertake their duties effectively.
3. *Facilitating the role of media in the promotion of accountability.* Mass media plays an important role in promoting accountability at all levels through exposing abuse of power, shaping public attitudes and triggering action that holds duty-bearers accountable. Therefore, governments need to facilitate access to information for the media, and ensure its independence.

Further improving the survival of children and their access to basic needs and services

4. *Scaling up public health to reduce child mortality.* Governments need to scale up efforts to reduce child mortality and accelerate the positive gains that have been made. In particular, greater efforts are needed to invest in national capacities and systems to reduce preventable diseases such as malaria, diarrhoea and pneumonia. Governments should aim to achieve universal access to maternal and child health services, including access to anti HIV/AIDS drugs and PMTCT (prevention of mother-to-child transmission) services, and they must invest in facilities for adequate sanitation and safe water.
5. *Reduction in the prevalence of stunting through multi-sectoral interventions.* The high prevalence of malnutrition, and particularly stunting, in Africa must be addressed if economic progress is to be optimised. Governments need to invest not only in maternal and infant nutrition interventions (including the elimination of “hidden hunger” by ensuring access to vitamins and minerals), but they must also ensure that nutrition inputs and outcomes are integrated into multi-sectoral interventions such as in health, agriculture, food security, education and social protection.
6. *Strengthening quality of education and improving completion rates in primary and secondary schools.* Building on significant achievements and progress in enrolment rates in primary education, African countries must now accelerate progress in enrolment and completion rates in secondary school. Furthermore, governments must focus on achieving universal access to primary and secondary education, make greater investments to achieve improvement in educational outcomes, and seek opportunities to increase access to pre-schooling.
7. *Ensuring universal and equitable access to basic social services for all children, particularly those who face additional risks.* Achieving universal access to all social services, particularly in education, protection and health, implies placing greater emphasis on inclusiveness and equity and scaling up efforts to reach the most marginalised groups (such as girls, children in child-headed households, street children, children with disabilities and those living in pastoralist and rural areas).
8. *Scaling up efforts to reach all children in fragile countries.* Children living in fragile states in Africa face additional challenges and significant deprivation. In these contexts, and with the support of the international community (including the United Nations and civil society), governments and regional treaty bodies are accountable for ensuring that children’s wellbeing is supported through protection measures and access to basic services. This must be accomplished within a broader framework of political dialogue, law and policy reforms, human security and economic stability and capacity development.

Providing full legal protection for children and strengthening enforcement

9. *Undertaking systematic reviews for further legal reform.* Governments should conduct periodic, comprehensive and systematic reviews of their national laws related to children, in order to identify gaps and to facilitate and expedite effective legal reform.
10. *Further harmonisation of laws with international and regional standards.* Governments should examine the substantive nature of their consolidated laws to ensure full harmonisation with international and regional standards.

11. *Expanding ratification.* Those African countries with a poor ratification record should aim at ratification of all child-related international and regional instruments, including the African Charter on the Rights and Welfare of the Child and the Hague Convention on Intercountry Adoption.
12. *Putting in place enforcement and compliance mechanisms.* Governments must aim at establishing or strengthening mechanisms for the effective implementation, monitoring and enforcement of policies and laws and the initiation of appropriate legal reforms and policies. This includes respecting their reporting obligations under the ACRWC and the CRC.

Increasing budgetary allocations to programmes benefiting children and enhancing commitment to address inequality

13. *Meeting minimum obligations in budget allocations in health and education.* All governments that have not yet met the Dakar and Abuja budgetary targets for respective financing of education and health programmes must increase their budget allocations for education to at least nine per cent of GDP and their budgets for health to at least 15 per cent.
14. *Addressing inequalities.* In addition to these necessary increases in budgetary allocations, governments must ensure the equitable distribution of those allocations in order to redress inequality. Governments are obliged to put in place fiscal and monetary policies, as well as pro-poor economic and social policies, that ensure better distributional outcomes, focussed on the poor and the vulnerable and protecting them from economic shocks.
15. *Putting in place sustainable social protection mechanisms.* Building on the experience and good practices of social protection programmes throughout Africa, governments must scale up efforts to implement comprehensive social protection programmes that are affordable, sustainable and effective in protecting and promoting the wellbeing of the most vulnerable children.

Putting in place mechanisms to ensure children's participation in decisions that affect them

16. *Putting in place effective mechanisms for child participation.* Governments, in collaboration with civil society organisations and other relevant stakeholders, must put in place systematic and effective mechanisms for child participation. Equally importantly, they must ensure that policy and programme developments reflect their perspectives. Special efforts must be made to ensure the participation of marginalised and vulnerable children, who are traditionally given little participatory space on matters that affect them.

Finally, whether or not we adopt the right laws and implement them, and whether or not we allocate sufficient resources to investment in children, will depend on our view of the place of children in our society – and, indeed, on what kind of society and future we envision for Africa.

As a minimum, to ensure Africa's sustained development and its effective participation in the world economy, African governments must invest heavily in quality primary and secondary education, nutrition and health, and ensure the protection of children from abuse and exploitation.

We have an inter-generational responsibility – a moral responsibility – to be accountable to our children and ensure that they remain at the centre of our national development agendas. We have the obligation to ensure that they are protected from hunger, malnutrition and ill health; that they are given the best education possible; and that they grow up with dignity, respect and confidence. We have the responsibility to give children a good start in life and allow them to grow and develop and reach their full human potential. Then, and only then, will Africa become a continent fit for its children.



1

ACCOUNTABILITY FOR CHILDREN: MEASURING IT, MONITORING IT

1.1 Introduction

The African Report on Child Wellbeing series, published biennially by the African Child Policy Forum (ACPF), is a contribution to national, regional and international efforts to promote accountability to children, and to enhance compliance with the obligations set forth in the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), and other international laws. The Report provides an analysis of governments' performance in progressively realising the rights of children. It aims to provide information for policy and action for governments, the African Union Commission, treaty bodies of the CRC and ACRWC, and other regional bodies and key stakeholders.

The first two editions in this series, published in 2008 and 2011, aimed to influence public policy in two ways: strengthening legal and policy frameworks, their enforcement and implementation mechanisms; and ensuring adequate allocation and effective use of resources in sectors benefiting children, to improve child wellbeing.

This third edition builds on the first two and focuses on accountability for children. It examines two questions: to what extent are African governments complying with national and international obligations; and what do they need to do to fulfil these obligations and narrow the gap between obligations and action? On the basis of these questions, it provides analysis of where African governments are doing well, and where there are still gaps that need improvement. The report also outlines policy recommendations to enhance accountability for children and expedite the implementation of all children's rights as stipulated in the CRC and ACRWC.

Africa has made modest progress in governance over the last few years, as a result of several internal and external factors influencing political and legislative reforms (Mo Ibrahim Foundation 2012; UNECA 2009). This has meant relative improvement, albeit at a slow pace, in transparency, accountability and citizens' involvement in executive functions and administrative processes. Accountability, as one attribute of good governance, refers to the obligation of public officials to be responsible for their decisions and actions, through checks and balances usually built into constitutions (UNECA 2009). Most governments in Africa have created internal mechanisms to ensure conformity to the provisions of their Constitutions, and have established "independent" agencies, such as offices of Ombudsmen and Human Rights Commissions, in order to promote human rights and enhance transparency and accountability for complying with international human rights standards.

Despite such efforts, many African countries still have poor governance systems characterised by dominance of the executive body and dysfunction of the system of checks and balances (Mo Ibrahim Foundation 2012). Mass media, which potentially plays a key role in holding public officials accountable for their actions, is often censored by African governments, especially on issues related to governance and accountability. This has resulted in limited accountability and inadequate overall performance of these governments in complying with their obligations to promote and progressively realise the human rights of all citizens, including the rights of vulnerable groups such as children.

The experience in governance of different countries shows that the effectiveness of accountability mechanisms depends mainly on two elements: public officials' responsibility for responding to questions concerning proper use of authority and public funds; and the system's capacity to impose sanctions for poor performance. Without effective mechanisms for ensuring answerability and effecting sanctions, public officials will not have the incentive to take action to improve performance and achieve better results in improving the wellbeing of their citizens, including children (Schaeffer 2005).

1.2 Accountability for children

The intrinsic link between accountability and realisation of human rights and wellbeing is gaining global recognition. Accountability not only has far-reaching implications for the performance of governments, but it also has a significant impact on the wellbeing of society, including the lives of children (ACPF 2013c).

The basis for an assessment of accountability with respect to children's rights and wellbeing is the three sets of obligations stipulated in child rights instruments, namely: the obligation to respect freedoms and entitlements; the obligation to protect both freedoms and entitlements from third parties or from social or environmental threats; and the obligation to fulfil entitlements through their facilitation or direct provision (Lafont 2010). From the perspective of child rights, accountability can be broadly described as governments' compliance with these obligations. It is also concerned with governments' commitments to upholding the best interests of children in all aspects of their work, and the level of effort that they exert to realise children's fundamental rights to survival, development, protection, participation and non-discrimination.

Accountability for children cannot be considered in isolation from the overall framework of accountability to improve governance. There are formal and informal mechanisms for holding governments accountable to their commitments to children. The formal mechanisms at national level include human rights institutions such as Offices of Ombudspersons and Child rights Commissioners who are mandated to monitor and speak out on violations of rights of children, and to call for measures for improvement. These formal accountability systems at national level are usually weak and lack the authority to impose punitive measures on governments, even in situations where there are outright violations of children's rights.

At international and regional levels, formal accountability mechanisms also include treaty bodies of legal instruments relating to children, and other special procedures and mechanisms such as Special Rapporteurs and Special Representatives, who in most cases investigate and report on human rights situations, including those relating to children. The treaty bodies, specifically the UN Committee on the Rights of the Child (CRC Committee) and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), play crucial roles in monitoring the implementation of children's rights. They also provide guidance in interpreting the articles of the treaties and suggest measures for their implementation, through periodic issuance of General Comments and Concluding Observations. Despite this, the challenges for enhancing compliance are largely a result of delays in reporting to treaty bodies and limited follow up actions by States Parties to put into effect the recommendations of the treaty bodies.

While formal accountability mechanisms are important and need to be strengthened further, their limited effectiveness in ensuring compliance with child rights standards has partly been the result of a

lack of appropriate instruments for systematic reporting and monitoring of government compliance. There are promising developments to address this major gap. Initiatives led by diverse groups of actors (including multilateral agencies such as UNDP, UNICEF, the World Bank and the IMF; ACPF; and international and regional NGOs such as Save the Children) have promoted accountability and transparency, using innovative reporting mechanisms based on statistical tools for measuring and comparing relative performances of governments. Through these initiatives, these actors have been able to draw public attention to priority areas of neglect; challenge governments in a transparent manner; and promote collective action for improvements in children's wellbeing.

1.2.1 Measuring and monitoring accountability for children

Over the last three decades, generation of socio-economic data and information on children has improved, contributing to promoting accountability for children. Global data collection initiatives such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) have enabled many developing countries to produce statistically sound and internationally comparable estimates on numerous child-focused indicators in the areas of health, nutrition, education and protection. These data collection systems have led to improved analyses and helped in monitoring compliance with child rights instruments and promoting accountability – not only with regard to children, but also in several other areas including maternal health, HIV and AIDS and access to education (UN 2005; UNICEF 2012b).

Following the adoption of the CRC, a few countries in Africa, such as Egypt, Mauritius and Tunisia, have established national child rights observatories that coordinate efforts to collect, compile, analyse and disseminate data relating to children. Child rights observatories play a crucial role in monitoring the implementation of children's rights, and in devising effective strategies and programmes to improve child wellbeing. They are also important establishments for identifying systemic violations of rights, especially among marginalised children who, in most cases, are not included in national statistical programmes. However, most countries in Africa have not yet established child rights observatories, and hence have inefficient monitoring and reporting systems.

Other initiatives have been pioneered by civil society organisations and NGOs; these generally operate outside formal accountability mechanisms. This has led to the creation of new approaches to measuring and monitoring accountability. The Child Development Index developed by Save the Children and the Child-friendliness Index of ACPF are examples of such approaches, which measure and compare the relative performance of countries in terms of compliance with their obligations to children¹. The main objective of these indices is to influence governments and other stakeholders, in a transparent manner, to take policy and administrative measures to enhance compliance with respect to their obligations to children.

As is the case with other initiatives that aim to measure governance, measuring accountability from a child rights perspective poses several challenges. These challenges include the development of a conceptual framework that adequately measures 'child wellbeing' as well as the methodologies, tools and systems for accessing the necessary data (Mekonen 2010;

¹ Please refer to ACPF's background paper on *Measuring Political Commitment to Child Wellbeing* for more information.

Kaufmann 2010). There is, however, consensus among practitioners and academia that the measurement of accountability should go beyond tallying compliance with child rights instruments to involving rigorous statistical analyses that take into account national income and socio-economic development in assessing efforts to realise children's rights and ensure their wellbeing (Garbarino 2007).

Other initiatives aimed at monitoring compliance and promoting accountability flourished in the 1990s, following the adoption of the CRC. Global monitoring frameworks like the Millennium Development Goals (MDGs) were also initiated to mitigate growing poverty, which disproportionately affects children, and to enhance commitment to achieving key development goals. In spite of their limitations, particularly in terms of shortfalls in promoting the rights of vulnerable and marginalised groups, the impact of the MDGs on children has been significant. Most of the MDGs relate to children either directly or indirectly. The goals specifically targeting reduction in child mortality, improvement of access to social services such as health and education, and narrowing gender disparity directly impact on children.

In addition to the MDGs and the Child Development and Child-friendliness Indices, there are several other accountability monitoring and promoting initiatives relevant to children at national, regional and global levels. South Africa's Child Gauge (an annual report produced by the Children's Institute of the University of Cape Town) is a good example of a national monitoring initiative. The report aims to track the state of child wellbeing in the country and serves as an important tool to promote accountability to children. Most countries in Africa do not, however, have organised accountability monitoring mechanisms at national level, which poses a challenge to the effective promotion of children's rights and to holding governments accountable. This report seeks to contribute to enhanced accountability at national level by providing tools such as the Child-friendliness Index.

This section of the report analyses the relationships, commonalities, strengths and limitations of selected accountability monitoring tools relevant to children. The accountability monitoring tools included in the analysis are:

- 1) ACPF's Child-friendliness Index (details provided in Annex I)
- 2) Save the Children's Child Development Index
- 3) UNICEF's ranking based on under-five mortality rate
- 4) The European Union Index of Child Wellbeing
- 5) The USA's Child and Youth Wellbeing Index
- 6) The Human Development Index (HDI).

Table 1.1, summarises the key characteristics of these monitoring tools with respect to their objectives, scope, policy relevance, target audience, indicators used and limitations. The analysis provides national actors with information that enables them to explore the possibility of adapting these tools to local contexts. This allows the tools to be used to monitor compliance with the CRC, the ACRWC, and national laws related to children, and to promote greater accountability and performance.

Table 1.1: Comparison of tools for monitoring compliance with child rights instruments

Parameter	ACPF's Child-friendliness Index (CFI)	Save the Children's Child Development Index	The Child and Youth Wellbeing Index (CWI) of the USA	The Index of Child Wellbeing of the European Union	UNICEF's under-five mortality ranking	UNDP's Human Development Index
Main objective	Monitoring government performance in realising child rights	Tracking progress in child wellbeing	Providing comprehensive information on the state of child wellbeing	Tracking progress in child wellbeing	Tracking progress in child survival and development	Monitoring progress in human development
Scope	Regional (all African countries)	Global (138 countries)	National (USA)	Regional (25 European countries)	Global (195 countries)	Global (186 countries)
Domains and indicators	More than 40 indicators on legal frameworks, policy, budgets, access to services and child wellbeing outcomes	Three main indicators: the health of children; nutritional status; and number of primary school-age children not enrolled in school	28 indicators organised in seven domains: family economic status; health; safety; educational attainment; community connectedness; social relationships; and emotional wellbeing	51 indicators organised in seven domains: material deprivation; housing; health; subjective wellbeing; education; children's relationships; and risk and safety	Mortality rate among children below five years of age	Four indicators measuring life expectancy, literacy, access to education and standard of living
Policy relevance and main target audience	Policy and action-oriented analyses. It primarily targets governments and speaks to African audiences	Identifies broad policy priorities for ensuring child wellbeing and targets governments and development partners	This monitoring tool is rich in policy analysis and targets a range of audiences	Provides comparable data that informs the work of relevant agencies and the media	Shows performance in child survival and targets governments and development partners	Mainly targets governments and development partners
Limitations	Does not measure child participation and process related aspects of implementation and enforcement	Inadequacy of the three indicators to capture other aspects of child wellbeing	Does not show the situation at state level and lacks clarity regarding the main target audience	Assessing subjective wellbeing, though important, draws criticism when used in rankings	Use of child mortality rate alone excludes other aspects of child wellbeing	It is not rights-based and compares contextually different countries

Sources: ACPF, 2011a; ACPF, 2011b; ACPF, 2009a; ACPF, 2008; Bradshaw, J. and Richardson, D., 2009; Save the Children (UK), 2008; UNICEF, 2009; UNDP, 2013

1.2.2 Analysis of the major monitoring tools

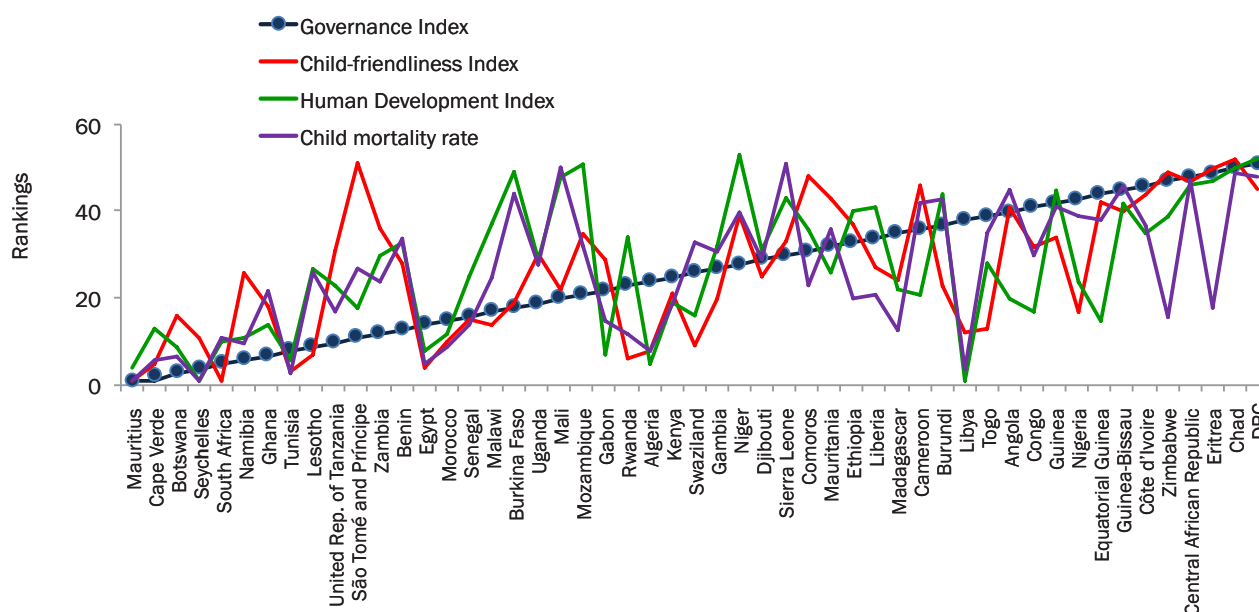
A comparative analysis of the different monitoring tools used for measuring and tracking child wellbeing, compliance with child rights instruments and overall development demonstrates that there is correlation between these tools.

The correlation analysis between the Child-friendliness Index of ACPF and UNICEF’s ranking based on under-five mortality rates shows a strong association (with a correlation coefficient of 0.58 at 0.01 level of significance). Countries with the most child-friendly governments were noted to have relatively low under-five mortality rates, while most countries with higher levels of child mortality were found to be among the poorer performers in the Child-friendliness Index.

Furthermore, despite the fact that the Human Development Index (HDI) is an overall assessment of human development and not specifically of child development, countries that did well in the HDI have also performed well in the Child-friendliness Index ($r=0.56$).

Further analysis also shows that greater accountability for children is correlated to better governance. A significant correlation ($r=0.63$ at 0.01 level of significance) was noted between the rankings of the Mo Ibrahim Governance Index and the Child-friendliness Index, showing the strong positive relationship between good governance and child-friendliness. A similar relationship was observed between governance and UNICEF’s under-five mortality rate and the Human Development Index (with correlation coefficients of 0.60 and 0.53 respectively). Chart 1.1 shows the relationship of these accountability monitoring tools with the Mo Ibrahim Governance Index. As can be seen from the Chart, all measures oscillate around governance (shown by the blue dotted line), suggesting that good governance is consistently associated with performance not only in promoting child rights and wellbeing, but also in overall national development.

Chart 1.1 The relationship between governance and accountability for children



Source: Based on data from ACPF; UNICEF, 2013; UNDP, 2013; Ibrahim Index of African Governance, 2012

Despite this strong correlation, there are some inconsistencies. Countries such as Burkina Faso and Mali, which did relatively well both in the Governance and Child-friendliness Indices, nonetheless had relatively high rates of child mortality. Conversely, countries such as Zimbabwe and Eritrea, which did not perform well in the Governance and Child-friendliness Indices, have been able to reduce child mortality significantly. Furthermore, São Tomé and Príncipe, which performed relatively well in the Governance and Human Development Indices, ranked among the lowest countries in the Child-friendliness Index. Such variations are partly explained by differences in approach, methodology and indicators used to make these measurements.

1.3 Conclusion

With more governments acceding to international and regional child rights instruments, the focus is now on enhancing compliance with the commitments set forth in these instruments. Monitoring and reporting are some of the mechanisms for promoting accountability to children. The positive correlation between the findings of the different monitoring tools used for tracking compliance with child rights instruments, development and governance is important. It highlights the potential synergy of these types of national interventions towards overall development with improvement of public service delivery and access to basic needs. It signals the need for enhancement of transparent accountability systems, and implies the need to strengthen monitoring efforts so as to provide better analysis of persistent gaps.

In conclusion, improving accountability from the perspective of child rights requires coordinated measures including the following three key priority actions:

1. **Establishment of national child rights observatories.** Monitoring the implementation of children's rights entails regular collection of adequate information on children's rights and wellbeing in order to track progress and accelerate action where there are gaps. Governments therefore need to establish independent and autonomous national child rights observatories mandated to coordinate efforts to collect, compile, analyse and disseminate data relating to children, in order continuously to monitor implementation of children's rights, and to devise effective strategies for improvement. There is also a need for developing special data collection programmes to ensure that the particular needs of marginalised children are captured and effectively addressed.
2. **Building the capacity of law enforcement and human rights institutions and ensuring their independence.** Law enforcement and human rights institutions such as child rights commissions perform better in environments where they have greater independence and are adequately resourced to undertake their mandates. Governments therefore need to ensure through laws, policies and administrative practices that these entities exercise their independence and invest in building the human and institutional capacities they need to undertake their duties effectively.
3. **Facilitating the role of media in the promotion of accountability.** Mass media plays an important role in promoting accountability at all levels through exposing abuse of power, shaping public attitudes and triggering action that holds duty-bearers accountable. Therefore, governments need to facilitate access to information through the media.



2

PROGRESS IN CHILD WELLBEING: THE GOOD NEWS, THE CHALLENGES AHEAD

2.1 Fall in child death: “The best story in development”

The African continent has ushered in the new millennium with promising beginnings. Positive economic growth has been reported in many African countries, a shift from the abysmal records of the 1970s, 1980s and 1990s. These developments have been documented by the World Bank and echoed in the international media: the McKinsey Global Institute published a report in 2010 strikingly entitled *Lions on the Move: The Progress and Potential of African Economies*, drawing attention to the fact that Africa is one of the fastest growing economic regions in the world and a new frontier of growth and investment (McKinsey Global Institute 2010). A recent report by the Institute for Security Studies (ISS), entitled *African Futures 2050: The next forty years*, is no less euphoric. It documents Africa’s achievements over the last 20 to 30 years and projects strong and consistent growth of African material resources, projected to surpass that of the EU by 2050. In terms of human development, the UN, in its *Human Development Report 2013*, projected that by 2050, the aggregate Human Development Index (HDI) for sub-Saharan Africa could rise by 52 per cent (from 0.402 to 0.612) (UNDP 2013).

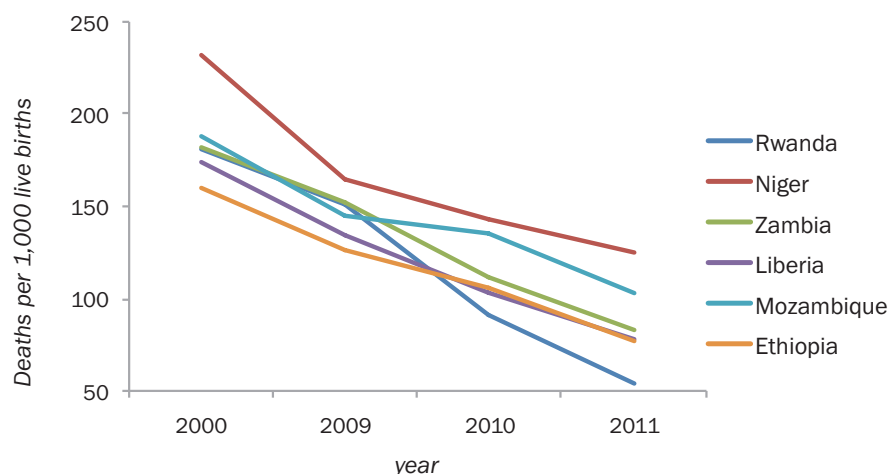
Africa has now achieved a remarkable level of economic growth and prosperity. In 1999, sub-Saharan Africa had 58.1 per cent of its population living below the poverty line of USD 1.25 a day; but by 2008 Africa had broken “the symbolic threshold” of 50 per cent of the population living below the poverty line, with the proportion of poor people dropping 10.6 percentage points to 47.5 per cent (World Bank 2012). Countries such as Côte d’Ivoire and Ghana have experienced some of the fastest economic growth rates in recent years. For instance, Ghana’s economy grew by 13.7 per cent in 2011 and is expected to grow by eight per cent in 2013/14. According to UNECA, despite some economic slowdown in 2011 (due largely to political instability in northern Africa), growth across the continent was expected to continue to accelerate to 4.8 per cent in 2013 and 5.3 per cent in 2014 (AfDB, OECD, UNDP, UNECA 2013). There has been a tremendous increase in school enrolment (although completion rates are in most cases very low), and a dramatic decline in child mortality in a number of countries. The level of per capita income in Africa grew by 46 per cent between 1995 and 2010 (AfDB, OECD, UNDP, UNECA 2013).

Although there are resurgent conflicts in some places, there is a general sense of peace in large parts of the continent. There have also been smooth transitions of power to elected officials in many countries across the continent, with the recent 2013 Kenyan election as one example. In most African countries the public political debate is becoming, in the words of UNECA, “more mature, peaceful and open” (AfDB, OECD, UNDP, UNECA 2012).

Perhaps the greatest good news of all has been the decline in under-five mortality rate, at a pace not observed or recorded by any other continent or country in the world. This may well be the fastest decline in child mortality the world has seen for at least three decades. This dramatic drop in child mortality on the continent has rightly been dubbed “the best story in development” (*The Economist* 2012). Very dramatic declines have been observed in Rwanda,

Liberia and Ethiopia between 2008 and 2011 (see Chart 2.1). Rwanda reduced child mortality by more than 52 per cent between 2008 and 2011, and Liberia reduced child mortality by more than 47 per cent between 2008 and 2011 (from 145 deaths per 1,000 live births in 2008 to 78 in 2011). Ethiopia has also achieved significant reduction in child mortality, from 109 deaths per 1,000 live births in 2008 to 77 in 2011 (CSA and Macro International 2012). Child mortality has reached very low levels in countries like Seychelles, Mauritius and Tunisia, comparable to those of industrialised countries (ACPF 2008; UNICEF 2012a).

Chart 2.1 Countries with a significant decline in child mortality, 2005-2011



Source: Adapted from ACPF, 2008; UNICEF, 2013

The dramatic reduction in child mortality may be reason for celebration, but the distribution of the global burden of child mortality still remains heavily skewed towards Africa. The continent accounts for 94 per cent of global child mortality attributable to malaria, 89 per cent of child mortality due to HIV/AIDS, 46 per cent of mortality due to pneumonia, and 40 per cent of mortality due to diarrhoea (Bryce, Boschi-Pinto, Shibuya & Black 2005). Countries such as Sierra Leone, Mali, Chad, DRC and Central African Republic (CAR) still show unacceptably high numbers of children dying before the age of five: 185 children out of 1000 in Sierra Leone, 176 in Mali, 169 in CAR and 168 in DRC (ACPF 2013).

The major causes of child mortality in Africa are preventable. For example, asphyxia among infants, which accounts for eight per cent of child deaths, can be prevented if skilled attendants are made available at birth and if proper follow up is given to mothers and new-born infants after delivery. Malaria can be contained if universal distribution of insecticide-treated mosquito nets is achieved. Pneumonia can be prevented if appropriate antibiotics are accessible and diarrhoea-related deaths can be substantially reduced if adequate access to water and sanitation is ensured along with adequate nutrition (Plan International and Consortium for Street Children 2011).

Poor access to clean water and sanitation remains an impediment to further reducing child mortality. In 9 of the 10 African countries with the highest child mortality rates in the world, such as DRC and Chad, the percentages of the countries' respective populations with access to improved water and sanitation services are some of the lowest in the world. Child mortality is generally highest in countries with the lowest coverage of water and sanitation. Diarrhoea remains prevalent in Africa and is responsible for

about 18 per cent of all child deaths in Africa (and 11 per cent globally), killing 2,000 children every day (UNICEF 2013; Namadzunda 2010).

On the other hand, countries with relatively high levels of child wellbeing outcomes, such as Seychelles, Mauritius and Egypt, characteristically have high levels of access to both water and sanitation services, and lower levels of child death. Seychelles, for example, with 96 per cent of its population having access to improved water and 97 per cent of

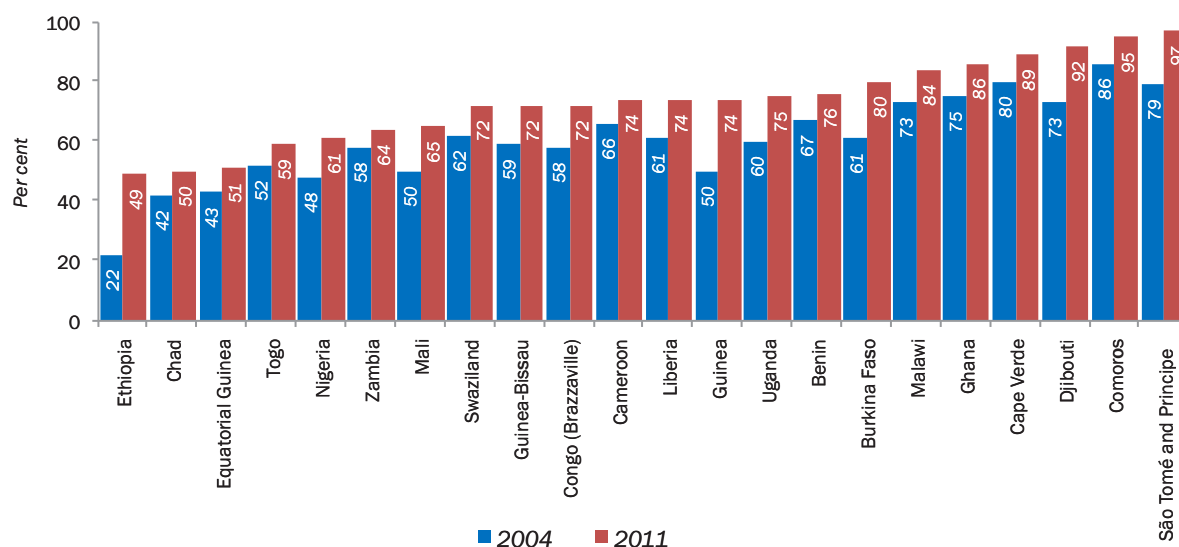
Providing clean water can reduce the risk of diarrhoea by 27% (Clasen et al. 2006), and hand washing with soap is estimated to reduce diarrhoea risk by up to 47% (Curtis & Cairncross 2003). Using a safe toilet can reduce the incidence of diarrhoea by 40% (Namadzunda 2010). There is a 23% increased risk of diarrhoea associated with the failure to remove child faeces and with unhygienic handling practices (Curtis & Cairncross 2003; Ejemot, Ehiri, Meremikwu & Critchley 2008).

its population having access to adequate sanitation, counted 14 child deaths per 1000 live births in 2011; Mauritius, with a 91 per cent coverage of adequate sanitation and a universal coverage of improved water, counted 15 child deaths per 1000 in 2011 (UNICEF 2013).

Given the obligations of states to provide safe or clean drinking water (Article 14 of the ACRWC and Art. 24 of the CRC), it is also encouraging to note that some countries have considerably improved access to clean drinking water.

Examples include Ethiopia, where the percentage of people with access to clean drinking water increased from 22 per cent in 2004 to 49 per cent in 2011; Guinea, where it increased from 50 per cent to 74 per cent; and Burkina Faso, where it increased from 61 per cent to 80 per cent (see Chart 2.2).

Chart 2.2 Countries with significant improvement in access to improved drinking water sources over the period 2004-2011

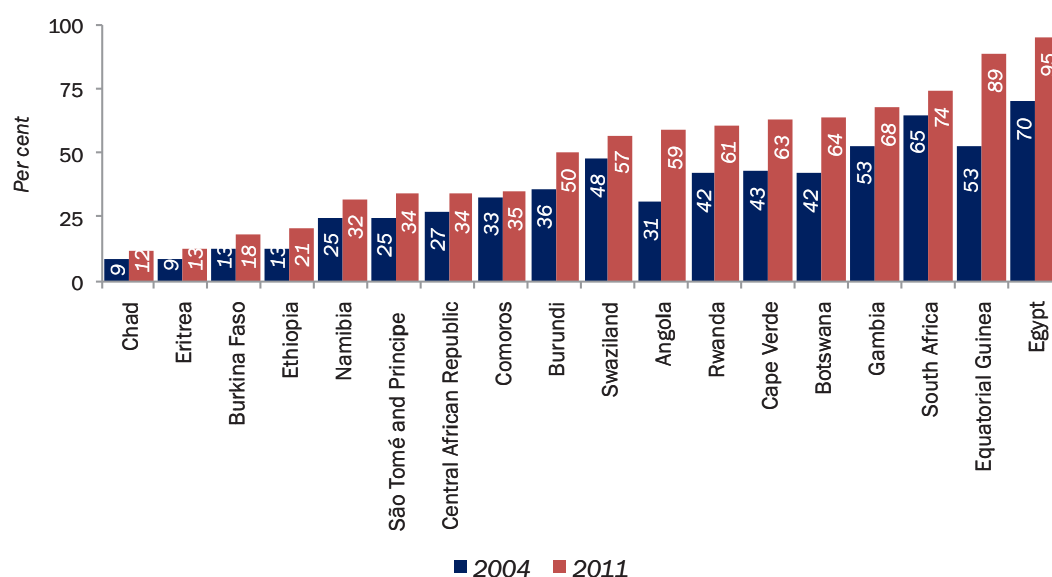


Source: UNICEF and WHO, 2013; ACPF, 2008

Angola, Equatorial Guinea, Ethiopia and Botswana showed significant increases in the percentage of people with access to adequate sanitation. In Angola, the percentage of people with access to improved sanitation facilities increased from 31 per cent in 2004 to 59 per cent in 2011; Equatorial Guinea, where nearly half of the population did not have access to sanitation facilities in 2004, is now able to provide sanitation facilities for every nine in ten persons. Botswana showed an increase of about 52 per cent in sanitation coverage between 2004 and 2011 (see Chart 2.3).

There is, however, an overall decline in sanitation coverage in Africa, from a median average of 38 in 2004 to 33 in 2011. There has been an overall decline in coverage of adequate sanitation in more than half the countries in Africa (29 of the 53 countries) over this same period (ACPF 2013a).

Chart 2.3 Countries with significant progress in access to improved sanitation facilities over the period 2004-2011



Source: UNICEF and WHO, 2013; ACPF, 2008

The overall low level of sanitation coverage in Africa is exacerbated by challenges associated with the majority of the population living in rural areas and urban slums, areas with disproportionately low levels of access to sanitation facilities (UNICEF and WHO 2013). Lack of water and sanitation directly impacts on poor child eye health, which often results in blindness or visual impairment, which in turn has huge personal and societal cost (see Box 2.1).

Furthermore, the absence of early childhood programmes in most African countries represents a serious shortcoming in early detection and prevention of disabilities such as poor eye health (ACPF and ORBIS Africa 2013). This is an unrealised right and access to such programmes is reaffirmed by both the ACRWC and the CRC (See also General Comment No 9 of the CRC Committee on the rights of children with disabilities, in particular paragraphs 53–55 on prevention of disabilities). Access to these programmes will enhance children's proper growth and cognitive development.

Box 2.1 The cost of neglect of child eye health

About 419, 000 children in Africa have lost their sight due to preventable causes. Corneal scarring from measles, vitamin A deficiency, the use of harmful traditional eye remedies, and swelling of the child's eyelids due to infection during birth are the major causes of child blindness in Africa. Trachoma, caused by repeated infections in areas with poor access to water, sanitation and health care services, is also a common cause of blindness in the region.

The neglect of child eye health has cost implications for Africa. The financial cost of global blindness is projected to be USD 110 billion by 2020 if major interventions are not undertaken to address avoidable blindness. The consequent loss in terms of GDP for sub-Saharan Africa, estimated at 0.42 per cent, is one of the highest.

Child eye health is an important aspect of children's development, as most of a child's early learning is developed through vision. However, despite its immense implications for individual children, the family and society at large, children's eye health is frequently neglected in child health policies and programmes. Addressing appropriate preventive and curative responses is a priority in Africa, and greater investment in this specific area of health would enable more children to reach their full human potential.

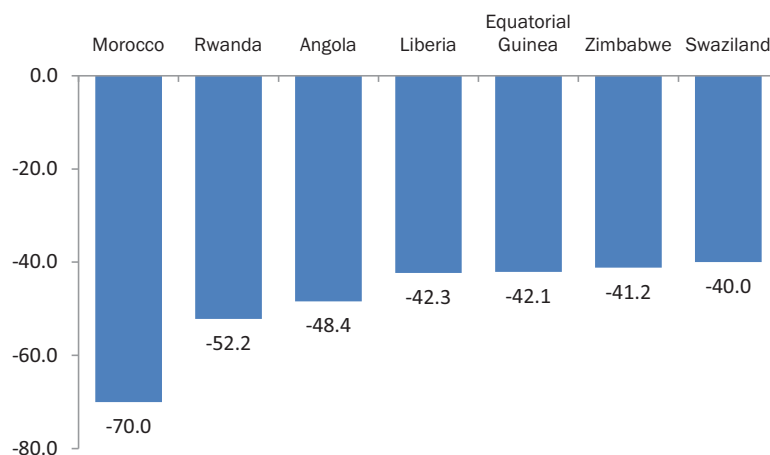
One other important related area of investment is in supporting access to clean water and sanitation and promoting hygiene programmes, especially for children under-five, who are at higher risk of losing their sight.

Source: ACPF and ORBIS Africa, 2013

2.2 Child hunger and malnutrition

All children have a right to adequate nutritious food (Art. 14 ACRWC and Art. 24 CRC), yet many children in Africa continue to lack access to adequate nutrition. Malnutrition is a major contributing factor to child mortality in Africa. Malnutrition is the underlying cause of 53 per cent of all deaths in African children under the age of five.

Progress in combating under-nutrition has been impressive, but uneven. In 2006-2011, as high as 39 per cent of children under five in Niger, 36 per cent in Madagascar, 35 per cent in Eritrea, and 30 per cent in Chad were underweight. As illustrated in Chart 2.4, some countries, such as Rwanda, Angola and São Tomé and Príncipe, recorded high rates of reduction in the percentage of underweight children between 2006 and 2011. Others have reduced the percentage to a level comparable to industrialised countries. For example, the proportion of underweight children in Algeria, Tunisia, Egypt, Swaziland, South Africa and Morocco is less than 10 per cent, with Algeria, Morocco and Tunisia having only 3 per cent of children under five moderately or severely underweight in 2006-2011 (UNICEF 2011; UNICEF 2012; UNICEF 2013). However, in many countries in Africa, the prevalence of underweight children remains very high; for example, one in every three children under five in Burundi, Chad and Ethiopia is underweight.

Chart 2.4 Countries with a significant reduction in percentage of underweight children 2005-2010

Source: UNICEF, 2011; UNICEF, 2012; UNICEF, 2013

Chronic malnutrition, as measured by stunting, is an even greater problem in Africa. An estimated 38 per cent of children in Africa are stunted and there has been limited improvement in the trends over the past two decades. As high as 58 per cent of children under five in Burundi, 50 per cent in Madagascar, and 47 per cent in Malawi are moderately or severely stunted, according to 2007-2011 estimates (UNICEF 2013). The causes of stunting are multi-factoral and require multi-faceted interventions in food security, agriculture, health, nutrition, education and social protection.

Many children in Africa are also deprived of basic micronutrients such as iron, zinc and vitamin A, which are essential for growth and development – a phenomenon known as ‘hidden hunger’. In 2006, UNICEF reported that more than two-thirds of children aged under the age of six years in sub-Saharan Africa were anaemic, with some countries reporting a prevalence of anaemia of over 80 per cent, including Benin, Burkina Faso, Burundi, Mozambique, and Sierra Leone (UNICEF 2006). Iron deficiency is the most prevalent micronutrient deficiency in Africa, ranging in prevalence from 37 to 86 per cent among preschool children. The next most prevalent is Vitamin A deficiency, affecting 17-70 per cent of preschool children. Lack of access to micronutrients is compounded by diseases that prevent the absorption of micronutrients (where they are available) and lack of access to treatment, which is often associated with lack of access to health care services.

2.3 Access to health care services

Lack of access to healthcare services is another significant contributing factor for persistent high levels of child mortality in Africa. There is a significant association between physical access to a health facility (as measured by walking distance) and mortality rates among both infants and children under five years of age. Overall, mortality rate among children under five years was found to be over 50 per cent higher in places where a health facility is a distance of four hours walk, compared to places where such a facility is located within the village (Schoeps, Gabrysch, Niamba, Sié & Becher 2011).

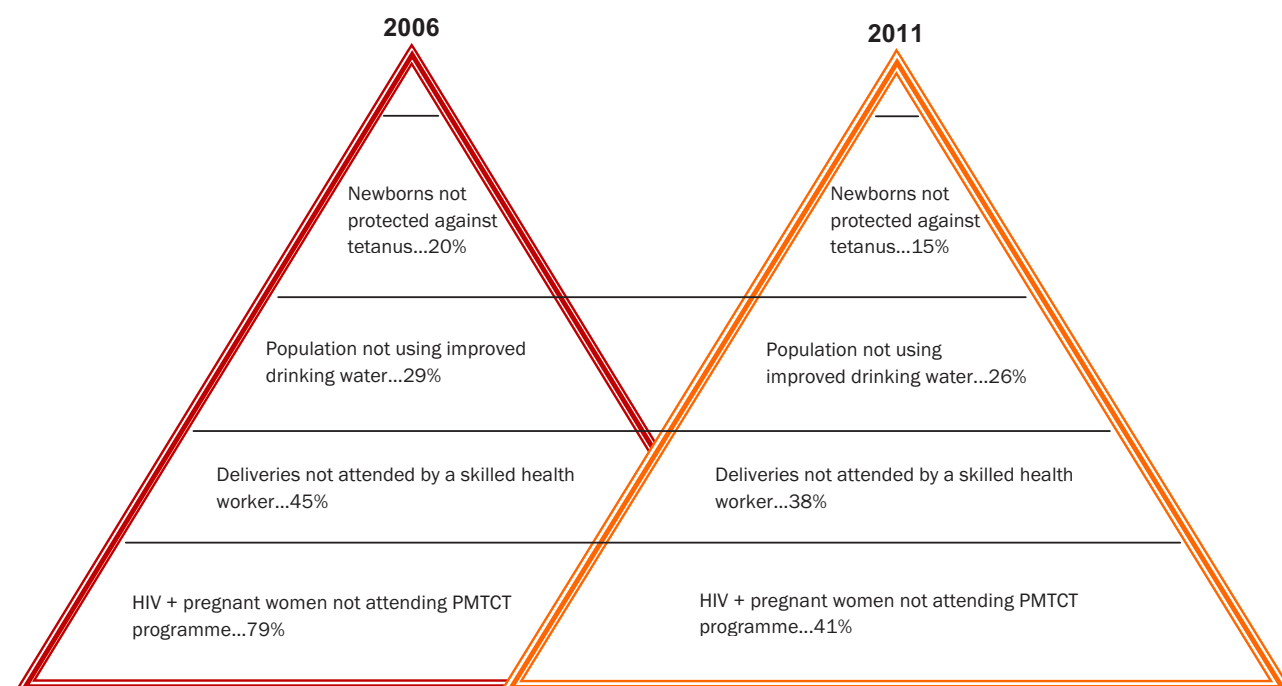
Adequate coverage of antenatal care services (with ‘adequate’ considered as having at least four antenatal visits) was just 44 per cent in Africa in 2000-2009 (WHO 2011). The coverage of such services was as low as 15 per cent in Niger and 18 per cent in Burkina Faso and Chad. A considerable improvement in coverage of antenatal care services was reported in Eritrea (from 27 per cent in 1990-1999

to 41 per cent in 2000-2009) and in Mozambique (from 37 per cent in 1990-1999 to 53 per cent in 2000-2009). Ghana also showed an improvement, from 62 per cent in 1990-1999 to 96 per cent in 2012. Ghana is among the countries with the highest coverage of antenatal care services in sub-Saharan Africa (WHO 2011; UNICEF 2013).

Access to treatment and utilization of services is low. For example; in 2009 only about a quarter (26 per cent) of all HIV-positive children in sub-Saharan Africa had access to antiretroviral treatment (ART) (UNICEF *et al.* 2010). This low coverage persists, despite evidence to show that without treatment, HIV-infected children have a ten-fold increased risk of childhood mortality when compared with uninfected children (Newell *et al.* 2004). The percentage of children suspected of having pneumonia who were taken to a healthcare provider (an accepted indicator of access to child health care services) showed only a four per cent increase between 2008 and 2012. The percentage of children under five suspected of having pneumonia and who were taken to an appropriate health provider was as low as 14 per cent in Botswana, but as high as 90 per cent in Sudan, 79 per cent in Uganda, 75 per cent in São Tomé and Príncipe, and 74 per cent in Sierra Leone (UNICEF 2013). Ethiopia and Niger respectively had only 10 per cent and 18 per cent of deliveries attended by skilled personnel in the 2005-2011 period – the lowest levels in Africa (UNICEF 2013). Despite the widespread and high rate of diarrhoea-related child mortality on the continent, only 32 per cent of children under five years of age with diarrhoea received oral rehydration and continued feeding in the 2007-2012 period (UNICEF 2013). Coverage of oral rehydration and continued feeding for children with diarrhoea was as low as 11 per cent and 13 per cent in Togo and Chad respectively for the 2007-2012 period (UNICEF 2013). These statistics show that access to and uptake of health services is still low in many countries of Africa, with serious consequences for the health and survival of mothers and children.

Some countries where malaria is endemic, such as Uganda, Guinea and Tanzania, have made anti-malarial drugs available to a significant percentage of under-fives suffering from fever (UNICEF 2013). However, Senegal, Rwanda and Angola still have less than 30 per cent of their children under five receiving such drugs (UNICEF 2013). Similarly, despite evidence to show the effectiveness of malaria prevention using insecticide-treated nets (ITNs), which can reduce malaria-related child deaths by 20 per cent, only 38 per cent of children under five in sub-Saharan Africa slept under ITNs according to 2007-2012 estimates. For instance, in Guinea – a country in which malaria is endemic – only five per cent of children under five had access to ITNs in 2007-2012.

Diagram 2.1 shows that, despite encouraging developments in access to essential services, Africa has a long way to go in terms of ensuring adequate access to a range of services, including healthcare, education, water and sanitation. For instance, on average 41 per cent of HIV positive pregnant women in Africa do not have access to PMTCT services (UNAIDS 2012).

Diagram 2.1 The shrinking pyramid of exclusion: 2006 to 2011

Source: See data tables in Annexes

2.4 Primary education boom, secondary education deficit and declining quality

Many African countries, including São Tomé and Príncipe, Malawi, Tanzania, Mauritius, Cape Verde and Zambia, have achieved net enrolment ratios (NER) of more than 90 per cent at the primary education level. Net enrolment ratios more than doubled for boys in Angola between 1999-2000 and 2006-2011, while Tanzania, Mozambique, Guinea, Ethiopia and Zambia achieved very significant improvements in enrolment for both boys and girls between those same two periods. There has been a 100 per cent increase in girls' net enrolment in Ethiopia between those two periods, from 41 per cent to 83 per cent (UNESCO 2013). Tanzania also showed an improvement of net enrolment at primary level from 57 per cent for boys and 58 per cent for girls to near universal net enrolment for both sexes (UNESCO 2013; World Bank 2004; World Bank 2006).

Table 2.1 Countries with improvements in net enrolment rate at primary level

Country	Boys		Girls	
	1999-2000	2006-2011	1999-2000	2006-2011
Angola	39	93	35	78
CAR	64	88	45	59
Ethiopia	53	89	41	83
Guinea	52	89	41	75
Guinea-Bissau	63	75	45	72
Kenya	68	82	69	83
Mozambique	59	93	50	88
United Rep. of Tanzania	57	98	58	98
Zambia	66	94	65	96

Source: UNESCO, 2013; World Bank, 2004; World Bank, 2006

Although the improvement in access to primary education has been significant, completion rates have not. For instance, completion rate at primary level was less than 40 per cent in Central African Republic and Chad in 2009 (World Bank 2012b).

Access to secondary school remains a greater challenge in Africa. There are still many countries where a significant proportion of children are excluded from secondary education. However, some African countries have made progress in increasing secondary enrolments. In Mozambique, for example, secondary enrolments have increased five-fold from about four per cent to 17 per cent, while in Ethiopia, Guinea and Uganda enrolment rates have more than doubled (UNESCO 2011). South Africa has achieved near universal access to secondary education for girls (97 per cent), and only a slightly lower level for boys at (93 per cent) (UNICEF 2012a).

Despite these modest achievements, sub-Saharan Africa suffers from a massive secondary education deficit. The gender dimension is especially significant. Angola and Mozambique, with 78 per cent and 89 per cent net enrolment rates for girls for primary education, have secondary net enrolment ratios for girls of 11 and 15 per cent respectively. In CAR, whilst six out of 10 girls of primary school age are at school, only about one in 10 girls progresses to secondary level. Low levels of access to secondary education mean they will also not enter tertiary education, which effectively excludes them from the most gainful employment opportunities, thereby perpetuating systemic gender imbalance.

Although improvements in enrolment are visible, achieving adequate quality of education remains a formidable challenge at both primary and secondary levels. Schools accommodate

large class sizes, the teacher-pupil ratio is unacceptably high in many countries, and teachers are often poorly qualified for the level at which they are assigned to teach. These problems are further complicated by teacher absenteeism, due mainly to low pay, which leads to low teacher morale and the practice of moonlighting, where people engage in extra income generating activities to earn additional income.

Of 53 African countries, 20 have pupil-teacher ratios at primary level that are worse than the recommended ratio of 1:40. In some countries, teachers are forced to cater for 80 pupils or more. In CAR, for instance, the average class has 95 children. Average class size is more than 60 in Rwanda, Congo (Brazzaville), Mozambique and Chad. Furthermore, these unacceptably high ratios at national level hide inter-provincial and rural-urban variations, and in rural areas teachers often cater for classes of 100 pupils or more. Teachers are not only in short supply in Africa, but a significant number of them are not properly qualified. It is estimated that 1.6 million more teachers are needed for sub-Saharan Africa to attain universal primary education by 2015 (DFID 2006).

2.5 Children missing from the wellbeing radar

The challenge in child and social protection policy in Africa is that those who are most vulnerable, and who suffer widespread and severe abuse, are the ones who are often absent from public and the policy radar. Nothing illustrates this anomaly and asymmetry better than the cases of two groups: children without parental care, and children with disabilities.

Children without parental care

There is an unknown, but large number of children living without parental care in Africa. Four factors explain this high number:

- Forced displacement arising from conflicts
- Death of parents
- The HIV/AIDS pandemic
- The chronic impact of poverty on the capacity of many African households to care and provide for their children.

Children who grow up without parental care frequently lack access to basic healthcare and education services. Living without adult protection, and with inadequate state protection, they are exposed to a greater extent to abuse and exploitation. Most children without parental care live in households where siblings have assumed “parenting” roles, and therefore struggle to cope with numerous challenges.

Box 2.2 Resilience and desperation in child-headed households

Largely as a consequence of the HIV/AIDS pandemic, child-headed households have become a widespread phenomenon in Africa. Although child-headed households share many of the challenges facing orphaned children, they are confronted with a unique set of additional difficulties. Children who are responsible for households face each day with fear and anxiety; yet they have a determination to survive. They seek innovative ways to ensure the family accesses basic needs; they give emotional support to their siblings; and they care for sick siblings, taking them to health centres and administering drugs. These children often witness their siblings' illness and feel hopeless where treatment is not possible, often resorting to unknown herbs to self-medicate.

These children can resort to extreme measures to cope: they sell off inherited property, collect food from garbage sites, beg, or trade sex for food, often foregoing their meals for the benefit of younger siblings. Malnutrition, deprivation and abuse are common among children living in child-headed households.

These children frequently cannot afford to go to school, and when they do, they are often forced to drop out early in order to earn a living, often engaging in hazardous work. They face threats to have their small property taken away; violence; and sexual assault. They face extreme psychological and emotional stress, not knowing how to meet daily basic needs. They live with stigma and resort to rudimentary practices such as the use leaves in lieu of soap for bathing and washing clothes. They are forced to move from shelter to shelter, especially if unaffordable rent is required, and often have inadequate shelter, sleeping under bridges and in bushes.

Despite these harsh circumstances, children in child-headed households are resilient and strive hard to meet their basic needs, often through relying on each other's juvenile counsel in order to withstand their extraordinary challenges.

Source: ACPF, 2010

Children with disabilities

Another group that is marginalised and remains invisible is that of children with disabilities (see Box 2.3). Children with disabilities have not received the attention they deserve, and to which they have the right under Article 13 of the ACRWC and Article 23 of the CRC. The measures states must take in terms of their treatment and protection are elaborated in detail in General Comment No 9 of the CRC Committee, which deals with the rights of children with disabilities.

Box 2.3 Why are children with disabilities in Africa invisible from the rights radar?

The 2008 *African Report on Child Wellbeing* signalled the absence of children with disabilities from government commitments, policy debates, and programmes and service delivery in Africa, concluding that “the invisibility of Africa’s children with disabilities is disturbing and shameful” (ARCW 2008).

Children with disabilities live in virtually every community. In all countries they experience poorer health, lower school participation, higher rates of poverty, higher exposure to abuse and violence, increased dependency and restricted participation in family and community life than their non-disabled peers. The deprivation and exclusion of children with disabilities is not primarily due to personal factors, but rather to widespread societal barriers, often reflected in the disposition of policy makers. The reality is that when African policy makers consider child rights, the rights of children with disabilities are forgotten. Thus children with disabilities remain invisible in the mainstream policies, programmes and service delivery of government and non-governmental organizations in Africa, and the vast majority of children with disabilities remain marginalized and excluded.

Much greater awareness, commitment and action is required if the rights and lives of Africa’s children with disabilities are to be respected. Priority actions for policy makers include protecting, listening to, and providing for the health and education of children with disabilities, and including children with disabilities in all mainstream development programmes, children’s services and child rights advocacy efforts.

Bob Ransom
Senior Advisor, Ethiopian Center for Disability and Development (ECDD)
2013

In countries like Sierra Leone, Cameroon and CAR, one in every three or four children aged 2-9 years lives with a disability (UNICEF IRC 2007). Disability in Africa can be attributed to a number of factors, including communicable diseases, war, accidents, and inadequate prenatal and neonatal health care services (UN 2006). It is now established that many disabilities are associated with poverty-induced illnesses and a lack of resources with which to obtain proper nutrition and preventive and curative healthcare services. The absence of timely and adequate health care and rehabilitation in childhood causes long-lasting or permanent impairments and disabilities.

According to a survey carried out by ACPF in 2011, it is estimated that one in every 10 children with disabilities in Africa has no access to secondary education, compared with the nearly 30 per cent average net enrolment rate for non-disabled children. About 76 per cent of children with disabilities in Sierra Leone are out of school. In Senegal, 64 per cent of child respondents who were disabled did not attend school at all, whilst in Central African Republic, 67 per cent of children with disabilities aged 6-14 years are not in school (ACPF 2011c). These statistics are much higher than the exclusion figures shown in Annex 3 for non-disabled children, and indicate the disproportionate magnitude of deprivation of the basic right to education among children with disabilities.

Children in fragile states

Countries characterised as fragile – most of which are in Africa – are the lowest ranked in terms of education and health indicators. Such countries are also characterised by breakdown of the rule of law; a lack of accountability; high levels of public sector corruption; and gross denial of human rights and access to basic health, education and social protection services. The health and education systems in

these countries are not only in disarray or dysfunctional, but often lack proper mechanisms for formulating or implementing policies. In most cases, they rely on international aid and development assistance to deliver basic services. In other words, the state as the principal duty bearer of children's rights does not exist, or it has reneged on its obligations to its children.

The state of child wellbeing indicators in fragile states is highlighted in Table 2.2 using Somalia, DRC and Chad as examples. These countries rank 1st, 2nd and 4th respectively in the 2011 Global Failed States Index (The Fund for Peace 2011).

Table 2.2 Children's quality of life in fragile states: cases from three countries

Child wellbeing indicator	Somalia	Chad	DRC
Infant mortality ranking, 2011	2	4	5
Global Hunger Index, 2012	NA	Alarming	NA
Human Development Index, 2012	NA	184/187	186/187
Ibrahim Index of Governance, 2012	53/53	52/53	51/53
Percentage of population using improved sanitation facilities (2011)	24	12	31
Percentage of population using improved drinking water (2011)	30	50	46
Percentage of deliveries attended by skilled health worker, 2000-2012	33	23	80
Number of physicians per 100,000 people, 2000-2012	4	4	11
Percentage of children under five moderately or severely underweight 2006-2011	32	30	24
Percentage of under-fives with suspected pneumonia taken to an appropriate health provider, 2007-2012	13	26	40
Per cent of routine EPI financed by government, 2011	0	11	0

Source: UNICEF, 2013

2.6 Conclusions

Africa, for the most part, is on a remarkable path of peace and prosperity. The continent has also achieved considerable progress in child wellbeing, notably by achieving the most rapid rates of reduction in child mortality recorded anywhere in the world for a long time. Child mortality has declined dramatically, but a large number of children still die from preventable causes such as malaria, malnutrition and diarrhoea. A number of diverse factors underlie child mortality: most significant are limited access to water, sanitation and hygiene, poor access to healthcare, and malnutrition. There is also an acute shortage of life-saving medical interventions and healthcare services.

In conclusion, improving accountability from the perspective of improving child survival and children's wellbeing outcomes requires the following priority actions:

1. Governments need to scale up efforts to reduce child mortality and accelerate the positive gains that have been made. In particular, greater efforts are needed to invest in national capacities and systems to reduce preventable diseases such as malaria, diarrhoea and pneumonia; to achieve universal access to maternal and child health services including access to anti HIV/AIDS drugs and PMTCT services; and to invest in facilities for adequate sanitation and safe water.
2. The high prevalence of malnutrition, particularly stunting, must be addressed in Africa if economic progress is to be optimised. Governments need to invest not only in maternal and infant nutrition interventions, including the elimination of "hidden hunger" by ensuring access to micronutrients (vitamins and minerals), but must also ensure that nutrition inputs and outcomes are integrated into multi-sectoral interventions such as in health, agriculture, food security, education and social protection.
3. Building on significant achievements and progress in enrolment rates in primary education, African countries must now accelerate progress in enrolment and completion rates in secondary school. Furthermore, governments must focus on achieving universal access to primary and secondary education, make greater investments to achieve improvement in educational outcomes, and improve opportunities for children to access pre-school.
4. Achieving universal access to all social services, particularly in education, protection and health, implies placing greater emphasis on inclusiveness and equity and scaling up efforts to reach the most marginalised groups. These groups include girls, children in child-headed households, street children, children with disabilities, and children living in pastoralist and rural areas.
5. Children living in fragile states in Africa face additional challenges and significant deprivation. In these contexts governments and regional treaty bodies must be still accountable for ensuring that children's wellbeing is supported through protection measures and access to basic services. This accountability must be supported by the international community, including the United Nations and civil society, within a broader framework of political dialogue, law and policy reforms, human security and economic stability and capacity development.



3

LISTENING TO CHILDREN'S VOICES: SOME EXPERIENCES

3.1 The missing voice

Voice is an important dimension of children's identity and wellbeing. How much of a voice do children have? Does it matter? What do children think about their situation, the present and the future?

The right of children to express their views and to be listened to is internationally recognised in both Article 12 of the UNCRC and Article 7 of the ACRWC. These provisions show that child participation has both substantive and procedural functions. Substantively, it entitles children to be listened to, and ensures that their views are given due weight in accordance with their age and maturity. Procedurally, it entitles them to be heard and to be involved in judicial and administrative proceedings affecting them, and to be actors in measures taken to protect and promote the realisation of their other rights (Lansdown 2005).

There is widespread and increasing recognition worldwide of the role children can play in societies, and of the need to give them the space to participate in decisions affecting them. In its General Comment No. 12 (2009) on the right of the child to be heard, the CRC Committee observes that, in addition to Article 12, most other articles of the CRC also require and promote children's involvement in matters affecting them. For these manifold involvements the concept of "participation" is ubiquitously used.

Article 12 of the CRC provides the legal framework for children's involvement in matters that affect them. Child participation on a broad range of issues – such as health, the economy, education and the environment – is of interest not only for an individual child but also for children in general.

Participation should be interpreted broadly in order to establish procedures and mechanisms not only for individual children but also for specific groups of children, such as indigenous children, children with disabilities and other groups of vulnerable children affected directly or indirectly by the social, economic or cultural characteristics of their societies (para. 86 and 87 GC. No 12).

In the document *A World Fit For Children* (adopted by the UN General Assembly in May 2002), all member states of the UN stated that they would strive to develop and implement programmes to promote meaningful participation by children, including adolescents, in decision-making processes –including in families and schools, and at local and national levels (para. 32 (2)).

Child participation has several benefits, including the enhancement of children's social competence, responsibility and self-confidence in becoming effective agents for change. It gives them the opportunity to influence national and global decision-making processes. Child participation also allows children to learn from peers and acquire new skills such as problem-

solving, assertiveness, negotiation, and collaboration. The extent of a child's participation and the weight given to his/her opinion depends on the child's capacity to form views, his/her age, and his/her psychological maturity (Van Bueren 2000, cited in Ehlers & Frank 2008). These three contextual criteria invoke the notion of the *evolving capacities of the child*, which makes participation a relative concept (Lansdown 2005).

There are many good examples of child participation in Africa, both formal and informal. In fact, many African traditions make it possible for children to access useful information, learn from the wisdom of elders and contribute to decisions through practices anchored in family and community systems:

Sitting round the fire, sharing folklore, stories and songs, elderly people always gave children the opportunity to participate actively. This included questions and answers; sharing of opinions and personal interpretation of the messages in a story. Dances within the community also prompted discussions around cultural practices and morals. While some of these had negative aspects such as encouraging stereotyping, early marriage and subordination of women, these forums still solicited the views of children (Ugandan Ministry of Gender, Labour and Social Development 2008).

Some countries, such as South Africa, have entrenched the right to participation of children in their national legislations. South Africa's Children's Act 38 of 2005 provides that:

Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way, and views expressed by the child must be given due consideration (sec.10).

In some countries, such as Rwanda, provisions are made in legislation to protect the right of the child to be heard in judicial proceedings. Rwandan Law No. 27/2001 Relating to Rights and Protection of the Child Against Violence mandates that before any decision can be made in regard to a child in an administrative or judiciary proceeding, it is necessary to hear from the child, either directly or indirectly through a representative (Representing Children Worldwide 2005). Children also participate in children's forums, where the facilitators and participants are themselves children and young people. For example, in Botswana, as part of the review of the Children's Act, a children's forum took place in 2001 in which children aged 11–18 were consulted on their perspectives regarding how the legislation should be changed. Some countries in Africa have created child participation structures and mechanisms such as children's parliaments, child rights clubs, children's movements and networks, youth centres and student councils. Others use national and international conferences to provide opportunities for children to express their concerns and views, especially to law and policy makers. Other approaches that aim to seek the perspectives of children are 'children's polls'. In some situations, 'child helplines' have also demonstrated themselves to be effective means of communication in child protection, enabling children to report incidents of violence and abuse directly to the appropriate agencies (see Box 3.1).

Box 3.1 Child helplines: uncensored lines of protection

Child helplines can be an important avenue for children to report incidents of violence and abuse directly. They are now operating in many parts of the world, and their number is growing in Africa. It is reported that 16 countries in Africa have child helplines as of 2010. According to Child Helpline International (2010), child helplines are a child's first point of contact with child protection services and the most trusted and accessible gateway for them to find help.

Helplines are in the unique position of being privy to children's true voices without being censored and filtered in any way. These systems are not limited to telephone lines: they allow a variety of communication methods, including telephone services; mobile phone text messaging; online communication via email, chat and forums; drop boxes in schools; post; and radio. In some countries, child helpline counsellors give counselling services and also link children to resources and emergency assistance when needed.

In situations where family members and close relatives also perpetrate violence against children, direct and secure access to law enforcement bodies and child protection systems that allow reporting of such violence become indispensable. For instance, 11 per cent of the calls to child helplines in the 16 countries that had them were concerned with abuse and violence, and the percentage was much higher in some countries (Botswana 30%, Lesotho 61%, Mauritius 55% and South Africa 52%). About 26 per cent of all calls from the 16 countries revolve around sexuality-related issues (40% in Malawi and 98% in Swaziland).

Child helplines remain inaccessible, however, to the majority of Africa's children, who live in rural areas where there are no telephone services. Existing services are in many cases not complemented by other relevant legal, psycho-social and follow up services that are essential to making child protection systems functional and effective.

Source: Child Helpline International, 2012

Although less structured and somewhat *ad hoc*, celebrations of the Day of the African Child (June 16) allow 'visible' opportunities for children to express themselves on matters that affect them. See some examples in Box 3.2.

Box 3.2 Small Voices, Big Dreams

From before a baby's first cry, through the first thousand days, into the first alphabet songs and schoolyard games and beyond, it is important to advocate for children and ensure that their voices are heard on matters affecting them.

Recently, during the 2012 "Day of the African Child" celebrations, I was most touched to see a number of children from different African countries, sponsored by ChildFund, convened in Addis Ababa to share their stories about disability in their respective communities. They included a 16-year-old girl, Jane Njeere Wanjiru, from Kenya. She read her powerful poem entitled "*The Right of Children with Disability*", which highlighted the plight of children with disabilities as they are marginalized by cultural practices and neglected by communities, peers and others. She drew attention to the impact of such practices on the families and local communities, and urged representatives of civil society organizations, the African Union and governments "...to please work with our communities to stop practicing these cultural and traditional norms, and open [their] eyes to give equal rights to children who are disabled".

Jumbe K. Sebunya
West Africa Regional Director, ChildFund International
2013

The effectiveness of the different approaches to child participation can be assessed with respect to three criteria: representation, inclusion and accountability. Furthermore, drawing on the experience of different child participation mechanisms and approaches, a number of considerations for more effective child participation are proposed in Box 3.3.

Box 3.3 Considerations in child participation

Child participation should be promoted as a matter of principle and right

- Children have the right to express their views freely in their preferred means of expression, including through art. Children's right to expression facilitates their access to their other socioeconomic rights.

Child participation should be contextualized

- A child's socio-cultural context should inform child participation approaches. Prescriptive, rigid and narrow approaches can be limiting. Child participation should be pursued through a broad spectrum of local and context-specific initiatives.

Child participation should build on the supportive role and consensus of adults

- Effective child participation assumes that adults are indeed guiding and supporting the process and genuinely seeking the opinions of children. Without this commitment, child participation can be hindered from the outset.

Child participation should be organic, structural and institutionalized

- Child participation can strengthen family and community values important in African society. Child participation should be built into community and formal structures and not left to *ad hoc* processes with minimal accountability. Child participation should be perceived as an integral component of development initiatives.

Child participation should not be an end in itself

- Child participation is a means to catalyse change for children's lives. It is a means to ensure that children are able to participate in society, for their own benefit and for the benefit of their families and communities. Hence, child participation should not be a theoretical construct, but rather a valuable source of information that influences policies, programmes and decision-making.

Child participation should aim at reaching all children, notably vulnerable and marginalised children

- Child participation must be representative. It must not only reflect the perspectives of the elite or better-off, but should also be community-based and seek the views of the most marginalised and vulnerable children.

Three approaches for facilitating participation are discussed in more depth in this section: school-based structures, children's parliaments and children's polls.

School-based structures

Participation that is embedded and anchored in children's processes and institutions, such as schools, is more likely to have a deeper impact and to be sustainable (Rajani 2001). School-based structures such as student councils – with democratically elected members – and child rights clubs have proved to be important outlets for voices of children and structured spaces for child leadership. In recognition of this, some countries have legislated in support of child participation in school governance. The South African Schools Act is such an example: Under Article 11(1), it states that:

“A representative council of learners at the school must be established at every public school enrolling learners in the eighth grade and higher”.

There are a number of innovative school-based child participation initiatives that have led to changes in practice. See Box 3.4 for an example from Nigeria where improved coverage of health services for children was achieved through children's engagement.

Box 3.4 School children as monitors of health and education services

In Afugiri, Umuahia, Nigeria, inadequate coverage of immunization programmes for children inspired a "child-rights club" at Williams Memorial Secondary School to take steps to raise awareness and change health practices. The "child rights club" organised health discussions, mobilised women to bring their children for immunisation and even, after being trained by UNICEF and State Ministry of Health, became engaged themselves in following up those children who were defaulting from the immunisation programme.

As a result, an average of 328 infants were immunised in each of the following eight months, compared with eight children per month in the period before the project began. Furthermore, health workers engaged mothers during those campaigns in a range of maternal and child health activities including education on safe motherhood; prevention and home management of common illnesses; exclusive breastfeeding and complementary feeding; distribution of oral rehydration salts; and monitoring of the children's growth. These additional services attracted even more women to the facility. Monthly attendance rose from less than 5-7 women before the project began to over 300. Deliveries at the centre rose from less than six per month to just under 15.

Not satisfied with just inspiring mothers to bring their children to receive their first immunisation, the programme followed up school children in several cases, ensuring that they received three doses of the DPT (diphtheria, pertussis and tetanus) vaccine.

Source: Mabala, 2012

Child Parliaments

Another mechanism that provides opportunities for child participation, particularly in issues of governance and socio-politics, is children's parliaments. These constitute the most common mechanism for child participation used at national level. In its 2008 report to the ACRWC, Nigeria reported the creation of 34 children's parliaments in 19 states, which served to give platforms to children's voices, and to provide training opportunities in political participation and governance. Many West African countries have established children's parliaments, including Benin, Burkina Faso, Côte d'Ivoire, Gambia, Liberia, Mali, Niger, Senegal, Togo and Zimbabwe (Plan International 2009).

As with other methods, the validity and effectiveness of child parliaments depends on whether they are representative, inclusive and accountable to their child constituencies. For example, in Senegal, the Children's Parliament is authorised to issue an "advisory opinion" to the government on problems relating to children. In Zimbabwe, the Children's Parliament has consistently ensured that children's voices are heard directly by adult parliamentarians. In 2009, for instance, the Children's Parliament secured an assurance from the Vice-President to ensure that government was committed to realising children's right to education, despite budget constraints (Save the Children Sweden 2010).

The adoption of the Children's Code of Liberia was heavily influenced by child parliaments. In Cameroon, children's parliaments advocated successfully for the eradication of compulsory primary school fees and for an increase in salary for government employees (Plan International 2009). In some situations, regardless of whether or not they have impacted on policies, the

mere fact that children participated in parliamentary hearings has had a positive impact on the attitudes of MPs. For instance, in South Africa:

The first time that the children went to parliament, the MPs were very cynical, but children were able to ask critical questions and make sense of the bill, where MPs couldn't even understand, as they had not reviewed the Bill thoroughly. The children worked very hard at reviewing and understanding the bill. The MPs were shocked at the children's responses..... (Jamieson cited in Save the Children Sweden 2010)

But most children's parliaments need to be strengthened further before they meet the three criteria of effective child participation: representation, inclusion² and accountability. It is reported, for instance, that in the case of the Zimbabwe children's parliament (one of the oldest on the continent), child parliamentarians are selected by adults, and the selection criteria have not been understood by the majority of children (Mclvor 2002). A former child MP is quoted as saying:

"The children's parliament is regarded as a "mock" parliament by the local media. The term is right, because the child parliament contradicts the purpose of what a parliament should be, namely a forum to share and express the opinions and wishes of other people, not just the views of a few select delegates." (Mclvor 2002).

Most child parliaments are also characterised as embodying elitism, since child parliamentarians are often selected from better-off urban schools. While these children might be more articulate, they have very little knowledge of the problems faced by their poorer counterparts (Mclvor 2002).

Less structured than children's parliaments, Children's Forums, Committees or Caucuses are set up as the need arises to solicit children's perspectives on major national law and policy issues, such as the drafting of a children's bill or a constitution. For instance, in 2001, following the establishment of the Constitution of Kenya Review Commission (CKRC) to collect public opinions, civil society organisations working with children formed a 'Children's Caucus' to ensure child participation in the review process. Children aged between 12 and 17 were selected from child rights clubs, schools and the wider community. There were equal numbers of girls and boys, and disabled children were included. Children participated in the review of the Constitution in a number of ways:

- They presented their views to the CKRC on the need for their inclusion in the constitutional review process
- Provincial children's forums were held where they issued memoranda on main issues to be included in the Constitution. These were submitted to community leaders, MPs and the CKRC
- Children's views were publicised on TV and radio through talk shows. The shows were mainly aired on the national broadcasting station, ensuring the widest possible geographical coverage
- A national essay competition on "What the Constitution should say about children" was held as a channel for children from across the country to express their views
- A National Children's Forum consolidated the information and produced a joint national submission by children from all provinces. Reader-friendly submissions were given to all parliamentarians.

Children's polls

Children and youth polls are the other means through which children's perspectives can be sought objectively. If conducted well, these methods potentially enable children's opinions and concerns to be presented without bias or misinterpretation. The views and opinions of children provide valuable insight on qualitative information that is complementary to quantitative data usually collected through surveys.

² Only few children's parliaments in West Africa have included children with disabilities as members (Plan International 2009).

This type of information is equally important for the development of more relevant policies, programmes, and services for children.

In partnership with UNICEF and Plan International, ACPF conducted two unique and innovative children's polls in 19 countries across Africa in 2006 and 2008 (ACPF 2006; 2009b)³. These 'children and youth polls' were two of the largest to have been held in Africa in terms of coverage. Some 11,807 children aged between 9 and 17 years were asked about matters important in their lives –for example, about their families, their schools, their happiness, whether or not they felt safe, what values were important to them, what they knew about their rights and what they thought about local and national government. The survey was both qualitative and quantitative, and about 800 children participated in small focus group discussions. The findings from these polls are summarised in Box 3.5 and have informed the development of priorities for the post-2015 agenda.

Box 3.5 Findings from Children's and Youth Polls

Three-quarters of children who participated in the polls said they "felt generally happy". This finding challenges the general perception of the public and of the media that portrays Africa as a continent where children live in misery and anguish, and where sadness and deprivation are the norm.

Over 80 per cent of children said that "their future lives would be better than those of their parents". This finding suggests that children in Africa are optimistic about their future. Children from DRC were the least optimistic about their country (42 per cent believed their lives would be "about the same" as their parents'); this finding is understandable, given the chronic political instability and persistent civil conflict in DRC.

A large proportion of children (65 per cent of children surveyed in East and Southern Africa and 26 per cent of those in West and Central Africa) said that what they wished for most was "a peaceful country". About 43 per cent of children in Southern Africa and 12 per cent of children in West and Central Africa wished for "a country without delinquency and violence". Clearly absence of violence is central to children's priorities.

Employment opportunities are a priority for children in Africa. 32 per cent of children surveyed in East and Southern Africa and 24 per cent of those in West and Central Africa expressed as a priority the desire for "availability of jobs for everyone". The desire for "a better economic situation" was shared by 42 per cent of children surveyed in East and Southern Africa and by 23 per cent in West and Central Africa.

In general, children and young people trusted adults: 69 per cent in East Africa and Southern Africa and 70 per cent in West and Central Africa. However, far fewer children trusted the army (13 per cent) and the police (16 per cent) –two public service institutions that are supposed to keep children safe.

A large proportion of children reported experiencing violence at home. About 42 per cent of children surveyed in East and Southern Africa and 46 per cent in West and Central Africa said that they have experienced physical punishment at home. When children were asked to say what made them feel sad, "being physically punished" was stated as a cause of sadness by 50 per cent of children surveyed in East and Southern Africa and 33 per cent in West and Central Africa. Does this mean that children feel adults should not punish them at all? No: a closer look at the data revealed that it was not punishment per se but rather unjust punishment that made children sad.

Children reported being aware of friends and peers who abused substances such as alcohol, tobacco, dagga (a local drug) and other addictive substances. About 24 per cent of children in East and Southern Africa and 21 per cent in West and Central Africa said they had "a friend who uses tobacco", while 28 per cent and 23 per cent, respectively, said "they have a friend who drinks alcohol". However, children said that they had very little knowledge of drug prevention methods. In East and Southern Africa, only 25 per cent said they knew something about drug prevention.

Source: ACPF, 2009b

³ Please visit ACPF's website and the African Child Information Hub for details on Children and Youth Polls.

ACPF's children and youth polls revealed that children feel that their opinions on family issues that concern them are seldom taken into account (a view shared by 37 per cent of children in East and Southern Africa and 33 per cent in West and Central Africa) (ACPF 2009b; 2006). This concern was particularly evident in Ethiopia (46 per cent), Tanzania (42 per cent), and Côte d'Ivoire (43 per cent), in children living in rural areas, and in lower socio-economic groups (ACPF 2008; 2009b). Children are not also consulted in community or local government decisions affecting them (see Box 3.6).

Box 3.6 Children want to be consulted, but are rarely heard

Adult indifference to children's voices permeates the governance and policy arenas. The majority of the children surveyed said they feel that their opinions are not considered when decisions are taken in the neighbourhood by the local government or municipal councils. Over a third (35 per cent in East and Southern Africa and 46 per cent in West and Central Africa) said they had never been consulted by decision makers in their locality. A similar proportion was not aware of the existence of consultative systems within local authorities. Côte d'Ivoire, Ethiopia and Malawi recorded the highest incidence of children who claimed not to be consulted at all.

The most important issues around which children feel they should be consulted are the construction and fair distribution of schools and free education (cited as an issue of importance by 19 per cent of children in East and Southern Africa and 46 per cent of children in West and Central Africa). This is a key demand given the importance that children attach to education. They also expressed a preference to be consulted on issues relating to poverty and development (18 per cent in West and Central Africa). A smaller proportion of surveyed children were also concerned about vulnerable young people, such as street children (6 per cent in East and Southern Africa and 7 per cent in West and Central Africa).

Sources: ACPF, 2009b; 2006

3.2 Challenges of child participation

Despite numerous child participation initiatives across the continent, enabling participation of children is not without its challenges.

Firstly, few countries have enacted laws that require governments systematically to consider the knowledge and experiences of children in designing policies and laws that affect them (Save the Children Sweden 2010). Secondly, effective child participation is challenging to undertake and carries with it responsibilities towards children once they have expressed their perspectives – sometimes on subjects that may further increase their vulnerability. Thirdly, there are still attitudinal barriers to child participation. Societies have limited willingness to invest in children's participation as a feasible or worthwhile endeavour.

A number of underlying reasons may underpin these challenges:

- There are preconceived ideas about children being inherently unproductive, incapable and irrational, passive and dependent (Edwards 2008).
- In the African context, there is the difficulty of reconciling treaty-based notions of child participation with traditional attitudes that require children to respect adults and often be passive listeners. In other words, children are expected to be seen and not heard (Save the Children Sweden 2010).

- In societies where adults are expected to exercise sole and unquestionable authority over children, genuine child participation can upset the status quo of power balance and age hierarchies within families, communities, schools, religious organisations and spheres of government. The increasing legalisation and politicisation of child participation might also lead to the undesirable or unintended perception on the part of communities of a potential loss of power associated with outsiders invading their space, devaluing their culture and dictating how they should bring up their children (Ugandan Ministry of Gender, Labour and Social Development 2008).
- The absence of an overall participatory governance culture at community level in large parts of the continent has made it problematic for adults to respect a right in children that they themselves are denied. Expecting adults to be effective promoters of children's right to participation when they are themselves disenfranchised can render participation an empty dream (Woodhead 2010).
- The elitist nature of existing child participation approaches is yet another challenge. This has been especially common in high-profile global forums and conferences where "well-groomed, verbally competent children", chosen by adults, deliver emotionally moving speeches (Hart 2008). These children often repeat pre-dictated messages of the media and experts, but do not reflect grassroots perspectives. Although they often get applause from adults, and are often photographed and cited in the media, little practical action or follow-up ensues.
- Finally, many child participation initiatives are not sustainable, as they tend to be initiated by civil society and dependent on donor funding.

3.3 Conclusions

There are no blueprints for child participation. Effective participation of children is challenging; but efforts must be guided by the principles of inclusion, representation and accountability, and other considerations that reflect good practice. Usually, no single methodology or approach for engaging children's participation is adequate; rather, what is needed is a complementary set of approaches that are institutionalised in community and formal national structures.

African governments, in collaboration with civil society organisations, must put in place systematic and effective mechanisms for child participation. Equally importantly, they must ensure that policy and programme developments reflect children's perspectives.



4

THE LEGAL PROTECTION OF CHILDREN IN AFRICA

4.1 Legal protection of children

Legal and policy instruments provide the critical link between rights and duties and are important for ensuring children's wellbeing. Governments are obliged by international law to adopt and implement appropriate legislative and other measures to ensure the protection of children (Article 1, ACRWC; Article 4, CRC). What, then, has been the experience of African governments in instituting effective laws and policies that are in line with international and regional standards?

4.2 Progress in legal protection of children

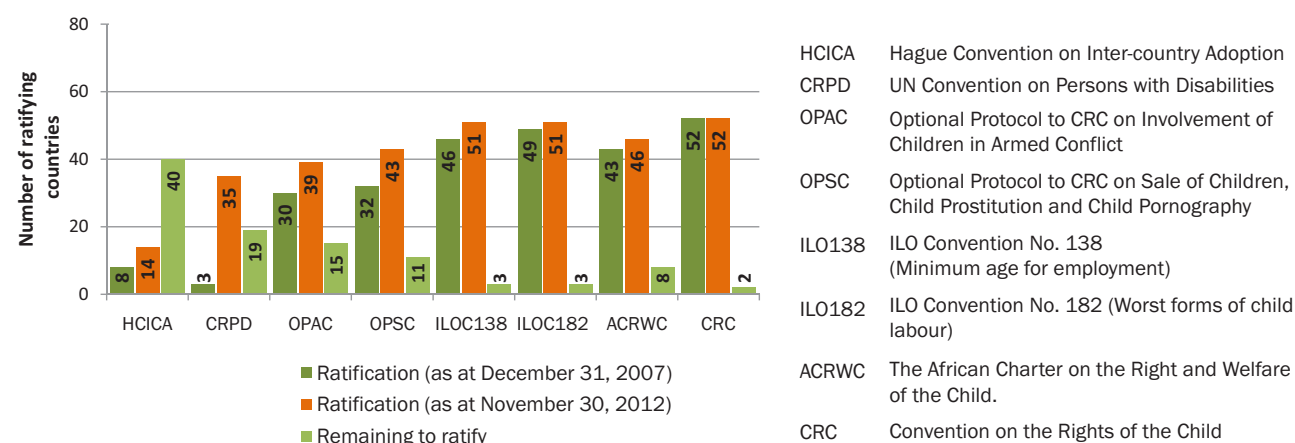
4.2.1 Ratification and domestication of child rights treaties

International legal instruments have an enormous influence on African legislative processes. As can be seen in Chart 4.1, there has been significant progress in ratifying most of the child-related instruments in Africa, including the Convention on the Rights of Persons with Disabilities (CRPD), which has received 32 ratifications since 2008⁴. The CRC remains the most ratified treaty, followed by ILO Conventions 138 and 182 (on the minimum age for employment and worst forms of child labour respectively), both of which have 51 ratifications. However, there is still a lot of work to be done regarding ratification, as some instruments have not received as much attention.

For example, 39 African countries have yet to ratify the Hague Convention on Intercountry Adoption (HCICA). This is alarming given the fact that Africa has become a new frontier for intercountry adoption, due to – among other things – a lack of comprehensive systems for adoption of children in many African countries (ACPF 2012a). Intercountry adoption is prone to serious abuse in the absence of proper and strict regulation. The care and protection of children in Africa is primarily an African responsibility; hence, African governments must put in place mechanisms that allow children the opportunity to grow up in their own families or communities. Intercountry adoption must be applied only as a measure of last resort, and states must ensure that the best interests of children are their paramount consideration in any related decision-making (Article 24, ACRWC).

African countries must ratify and implement fully the Hague Convention on Intercountry Adoption in order to ensure that this form of adoption is in the best interests of the children concerned; that it follows international standards and procedural rules; and that it does not result in improper financial gain.

⁴ The Optional Protocol to the CRPD, on the other hand, has been ratified by only 21 countries in Africa.

Chart 4.1 Progress in ratification of child-related instruments in Africa, 2008 and 2013⁵

Source: Compiled by ACPF from different treaty-based websites as of July 31st 2013

4.2.2 Domestication of ratified instruments

Ratification of international instruments implies an obligation to domesticate them into national laws. This report assesses the extent of harmonisation of African states' national laws on children with international standards. The report uses indicators classified into 12 themes, which together form the Child Protection Index⁶:

- Ratification of child-related instruments
- Minimum age of admission to employment
- Minimum age of criminal responsibility
- Minimum age of marriage (for girls and boys)
- Existence of a policy on free education
- Existence of domestic laws on:
 - Child trafficking
 - Sexual exploitation of children and pornography
 - Prohibition of corporal punishment
 - Harmful practices
- Existence of a specialised child justice system or child-friendly courts
- Existence of a national plan/policy for children
- Existence of a government body that coordinates the national plan for children.

Overall, there has been considerable progress in Africa in the adoption and development of legal and policy instruments for the protection of children. As such, many countries have harmonised their

⁵ The instruments named in the chart are those that formed the Child Protection Index in 2008. There are further instruments that are part of the child rights agenda and which are not compared in the chart, but which form part of the discussion in this chapter. Another important instrument adopted by the UN General Assembly in 2011 is the Optional Protocol to the CRC on a Communications Procedure, which to date has been ratified by only one African country (Gabon) and three other countries worldwide.

⁶ The Child Protection Index is one component of the Child-friendliness Index. Of the 54 Member States of the AU, three (Saharawi Republic, Somalia and South Sudan) currently do not form part of the Child-friendliness Index, but they are used in the analysis wherever applicable. Note that when considering international instruments, again, 54 countries are considered, including Morocco, which is a Member of the UN but not of the AU, while Saharawi Republic is a member of the AU but not of the UN. Note also that although the Child Protection Index is based on indicators classified into 12 themes only, the discussions in this chapter go beyond the 12 class of indicators and all African countries are considered.

national laws with international and regional standards, or are in the process of doing so. A total of 35 countries have consolidated their laws on children, while six countries have pending bills⁷. Consolidation of children's laws does not, however, always mean full harmonisation with international and regional standards, as some gaps still remain even after adopting consolidated statutes on children – as will be seen in the discussions that follow.

i. Minimum ages of marriage, employment, criminal responsibility and military recruitment

In line with Article 2 of the ACRWC and Article 1 of the CRC, the vast majority of African countries (30 countries) have adopted the overarching legal definition of a child as a person aged below 18⁸. In terms of minimum ages, there has been some progress in harmonising different categories of minimum ages with international and regional standards (see Annex A3.4). The following paragraphs and charts show how African countries are faring in terms of minimum ages of marriage, sexual consent, employment, recruitment into the army and criminal responsibility.

A total of 33 African countries have set the minimum age of marriage at 18 for both girls and boys⁹, while a further four have set it above the age of 18 for both.¹⁰ In the remainder of African countries, the minimum age is either discriminatory or below 18 (see Chart 4.2).

There are different kinds of approaches for regulating child marriage in Africa. These are:

- Criminalisation of child or early marriages¹¹
- Banning marriage below the legally prescribed minimum age and invalidating child marriages¹²
- Prescription of a minimum age of marriage without expressly criminalising or banning it, even though the consequence may be the same as where there is express prohibition of child marriage¹³.

⁷ Consolidated children's statutes now exist in Algeria, Benin, Botswana, Congo Brazzaville, Democratic Republic of Congo, Egypt, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, South Sudan, Sudan, Swaziland, Tanzania (and Zanzibar), Togo, Tunisia, Uganda and Zimbabwe. The countries with pending bills are Burkina Faso, Cameroon, Cape Verde, Eritrea, Niger and Zambia.

⁸ These are Algeria, Botswana, Cameroon, Central African Republic, Congo Brazzaville, DRC, Egypt, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, São Tomé and Príncipe, Seychelles, Sierra Leone, South Africa, South Sudan, Sudan, Tanzania, Togo, Tunisia, Uganda and Zimbabwe. In four of these countries – namely Congo Brazzaville, Mali, Mauritius and Tunisia – the definition of a child is a person under 18 years, unless majority is attained earlier on other grounds. In countries where a legal definition of a child does not exist, the age of majority is predominantly 18 years, and that age is usually mistaken as the cut-off age for the definition of a child.

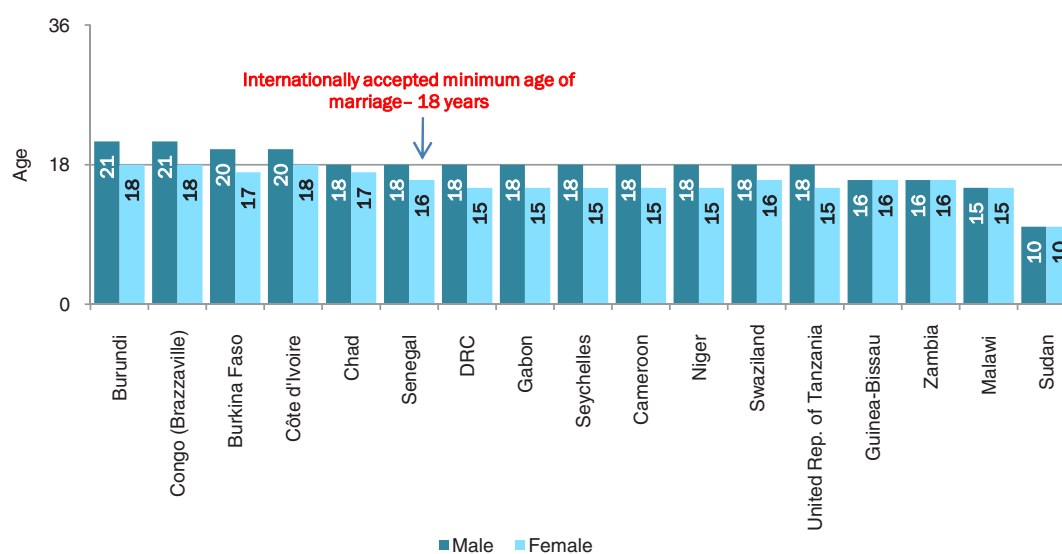
⁹ These are Angola, Benin, Botswana, Cape Verde, Central African Republic, Comoros, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Nigeria, São Tomé and Príncipe, Sierra Leone, Somalia, South Africa, South Sudan, Togo, Tunisia, Uganda and Zimbabwe.

¹⁰ Algeria, Lesotho, Libya, and Rwanda.

¹¹ These are Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Congo Brazzaville, DRC, Egypt, Ethiopia, Gabon, Ghana, Kenya, Liberia, Malawi, Mali, Mauritania, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Swaziland, Togo, Zambia and Zimbabwe.

¹² Angola, Burundi, Cape Verde, Gambia, Mauritius, Mozambique, Namibia, São Tomé and Príncipe, South Africa, Tanzania and Uganda.

¹³ These are Algeria, Benin, Comoros, Côte d'Ivoire, Djibouti, Eritrea, Equatorial Guinea, Guinea, Guinea-Bissau, Lesotho, Libya, Madagascar, Morocco, Niger, Seychelles, Somalia, Sudan and Tunisia.

Chart 4.2 African countries with discriminatory minimum age of marriage and minimum age below 18 years¹⁴

Source: Compiled by ACPF from the laws/policies of African States

A correlation exists between the minimum ages of marriage, sexual consent, employment and recruitment into the army, and protection of children from various forms of abuse and exploitation.

It is important that the minimum age of marriage is higher than the minimum age of sexual consent, as consummation is a prerequisite for a valid marriage. In some African countries, a discrepancy exists between the two –as in Sudan, where the minimum age of sexual consent for a girl is 18, but children as young as 10 are legally allowed to marry, and the law specifically protects the husband from penal sanctions for sex within marriage to a girl under 18 (Section 316(a), Sudanese Penal Code, 2003). In Malawi, on the other hand, the Penal Code prohibits sex with a child aged below 16, while under the Constitution a child aged 15 is allowed to marry; here, penal law does not expressly protect a person who has sex with a child aged 15 to whom he or she is married, as is the case in Sudan.¹⁵

¹⁴ For details on the specific provisions see:

http://www.africanchildinfo.net/index.php?option=com_sobi2&sobi2Task=sobi2Details&sobi2Id=1256&Itemid=56&lang=en#.Uf1Sw41HJx8

¹⁵ Section 160B(1) Penal Code of Malawi, as amended in 2011, provides that “any person who engages or indulges in sexual activity with a child shall be guilty of an offence and shall be liable to imprisonment for fourteen years.” A child is a person aged below 16 in terms of both the Penal Code and the Child Care, Protection and Justice Act No. 22 of 2010.

Table 4.1 Minimum age of sexual consent in Africa

Minimum age of sexual consent at 18 years (14 countries)	Minimum age of sexual consent below the age of 18			Discriminatory minimum age of sexual consent		
	At 16 years (16 countries)	At 15 years (8 countries)	Below 15 years (10 countries)	Country	Boys	Girls
Benin, Burundi, Democratic Republic of Congo, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Libya, Mauritania, Niger, Rwanda, Somalia, South Sudan, and Uganda	Botswana, Cameroon, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mauritius, Mozambique, Namibia,, Senegal South Africa, Swaziland, Zambia and Zimbabwe	Algeria, Burkina Faso, Central African Republic, Côte d'Ivoire, Djibouti, Gabon, Mali and Morocco	Angola, Cape Verde, Chad, Comoros, Congo Brazzaville, Guinea, Madagascar, Niger, Tanzania and Togo	Gambia	None	16
				Seychelles	14	15
				São Tomé and Príncipe	None	16
				Sierra Leone	None	14
				Sudan	None	18
				Tanzania	None	14
				Tunisia	None	15

Source: Compiled by ACPF from the laws/policies of African States

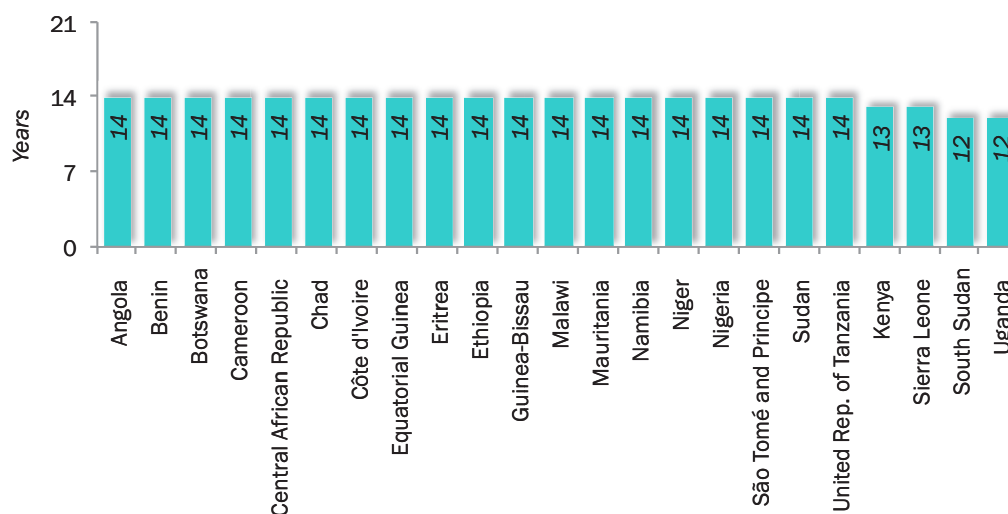
Note: In Gambia, São Tomé and Príncipe, Sierra Leone, Sudan and Tunisia, the law provides for a minimum age of sexual consent for girls only, and not for boys.

In terms of the minimum age of employment, Article 2(4) of ILO Convention 138 prescribes 14 years as the minimum age of employment for developing countries¹⁶. In Africa, all but four countries are in compliance with this standard, as per Chart 4.3, with a majority of countries having set the minimum age at higher than 14 years (even though in practice many children are employed at very low ages).

As per Article 2 of ILO Convention 138, developing countries are expected to raise the minimum age of employment to the general level of 15 years. To date, 31 African countries have set the minimum age of employment at 15 years or above.¹⁷

¹⁶ The general minimum age of employment is 15 years, as per Article 2(3) of ILO Convention 138. However, for light work, ILO Convention 138 allows children aged 13 to be involved (Article 2(7)).

¹⁷ These are: Algeria, Burkina Faso, Burundi, Cape Verde, Comoros, Congo Brazzaville, Democratic Republic of Congo, Djibouti, Egypt, Gabon, Gambia, Ghana, Guinea, Lesotho, Liberia, Libya, Madagascar, Mauritius, Morocco, Mozambique, Rwanda, Senegal, Seychelles, Somalia, South Africa, Swaziland, Togo, Tunisia, Zambia, Zanzibar and Zimbabwe.

Chart 4.3 African Countries with minimum age of employment at 14 years or below

Source: Compiled by ACPF from the laws/policies of African States

The Optional Protocol on the Involvement of Children in Armed Conflict (OPAC) sets the minimum age of compulsory recruitment into the army at 18 years (Article 2). Almost all countries in Africa are meeting this international standard, including some that have not yet ratified the Optional Protocol (see Table 4.2)¹⁸. Voluntary enlistment is possible at the age of 15 as the absolute minimum with the consent of the child and the parents as well as fulfilment of other conditions (see Article 3)¹⁹. Five African countries – Congo Brazzaville, Kenya, Malawi, São Tomé and Príncipe and Seychelles – allow this. It is important that all African States should ratify the OPAC, to ensure enough safeguards against children being enlisted into the army.

Table 4.2 Minimum age of recruitment into the army in Africa

At 18 years	Above 18 years		At 17 years	Below the age of 18 allowed upon consent of parents ²⁰
Angola, Botswana, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Congo Brazzaville, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Lesotho, Madagascar, Mali, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe	Algeria	19	Cameroon, Cape Verde, and Libya	Congo Brazzaville, Kenya, Malawi Seychelles and São Tomé and Príncipe
	Angola	20		
	Benin	21		
	Gabon	20		
	Morocco	20		

Source: Compiled by ACPF from the laws/policies of African States

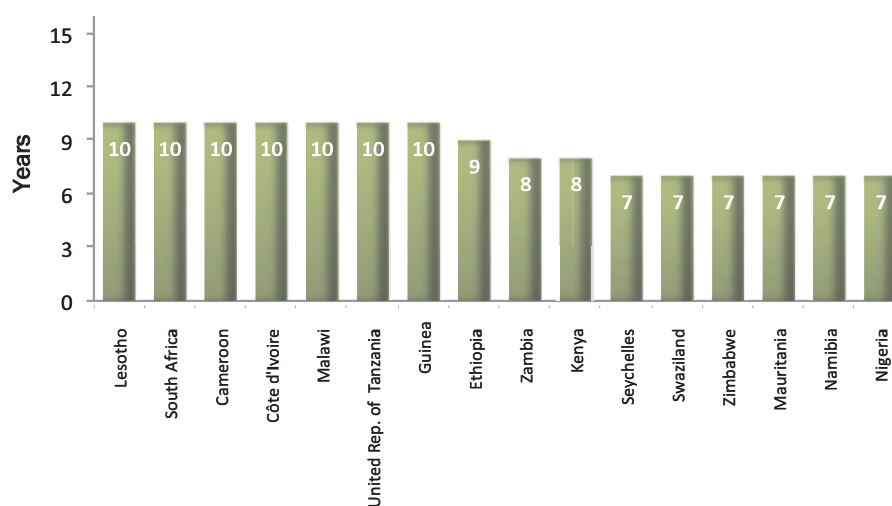
¹⁸ The Optional Protocol on the Involvement of Children in Armed Conflict has been ratified by 39 African countries. Article 38 of the CRC prohibits the recruitment of children aged below 15 years into the armed forces and protects them from taking a direct part in hostilities.

¹⁹ Take note that Article 3 of the OPAC requires States Parties to raise the minimum age for voluntary enlistment into the army from that set out in Article 38 of the CRC, which means that all states which have ratified the OPAC must have a minimum age of recruitment into the army of not lower than 16 years.

²⁰ Note that in these countries, the minimum age of recruitment into the army is 18 years but there is room for recruitment of those below 18 with the consent of parents.

In terms of **criminal responsibility**, as seen in Chart 4.4, a number of countries (16) are yet to comply with the internationally recommended minimum age of 12 (as per General Comment No. 10 of the UN Committee on the Rights of the Child (2007))²¹. In most of these countries, the law provides for a rebuttable presumption of criminal responsibility²². This is not, however, a recommended approach, as the UN Committee encourages states to raise the age of criminal responsibility as high as possible and not to allow for the use of a lower age by exception (Paragraph 16, General Comment 10). Cape Verde, Equatorial Guinea, Guinea-Bissau, Liberia, Mozambique and São and Tomé Príncipe have the highest minimum age of criminal responsibility in Africa, at 16 years.

Chart 4.4 Countries with minimum age of criminal responsibility below 12 years in Africa



Source: Compiled by ACPF from the laws/policies of African States

ii. Free and compulsory education

Education is both a fundamental human right (see Article 11, ACRWC and Article 28, CRC) and an enabling right that facilitates the exercise of other fundamental rights (Sloth-Nielsen et al 2008). Education is guaranteed as a substantive right in the Constitutions of a large majority of African countries (36 Constitutions).²³ In the Constitutions of some countries, like Benin, Ethiopia, Lesotho, Liberia and Nigeria, education is merely recognised as a duty or objective of the state, and not expressly as a right.

Primary education is free in all but five African countries²⁴. In addition, primary education is free and compulsory in 26 African countries²⁵ (provided for by the constitution in 24 of them)²⁶.

²¹ Note that in Tanzania, where the minimum age of criminal responsibility is 10, the minimum age of criminal responsibility for the commission of sexual offences is 12 years. It is also important to note that in Zanzibar the minimum age of criminal responsibility is 12 years.

²² For example, in Malawi and South Africa, children aged between 10 and 14 have the rebuttable presumption of criminal responsibility, i.e. are considered not to have criminal responsibility unless the state proves beyond any reasonable doubt that they do have the capacity to be held criminally responsible (Section 14(2) Penal Code, Chapter 7:01 of the Laws of Malawi (as amended by Penal Code Amendment Act No 1 of 2011), and Section 7(2) of South Africa's Child Justice Act No. 75 of 2008).

²³ These are Algeria, Angola, Cameroon, Cape Verde, Central African Republic, Chad, Congo Brazzaville, Democratic Republic of Congo, Egypt, Equatorial Guinea, Eritrea, Gambia, Ghana, Guinea Bissau, Kenya, Libya, Madagascar, Malawi, Mali, Morocco, Mozambique, Namibia, Niger, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, South Africa, Liberia, Somalia, South Sudan, Sudan, Swaziland, Tanzania, Togo and Uganda.

²⁴ These five exceptions are Comoros, Côte d'Ivoire, Lesotho, Mozambique and South Africa. In Côte d'Ivoire, education is neither free nor compulsory whereas in the other four countries, it is compulsory but not free.

²⁵ These are Algeria, Angola, Botswana, Cape Verde, Central African Republic, Congo Brazzaville, Democratic Republic of Congo, Egypt, Equatorial Guinea, Gambia, Ghana, Guinea Bissau, Kenya, Libya, Madagascar, Malawi, Mali, Namibia, Nigeria, Rwanda, São Tomé and Príncipe, Seychelles, Sierra Leone, South Sudan, Sudan, and Zimbabwe.

²⁶ All the countries listed above with the exception of Botswana and Sierra Leone, where free and compulsory education is provided for by an Act of Parliament.

Some countries impose a penalty for denying a child the right to education: for example, in Uganda failure to send a child to school incurs a penalty ranging from a 50 unit²⁷ fine to imprisonment for one year (Section 51 of the Education Act, 2008). In Nigeria, the penalty ranges from a reprimand to a fine and imprisonment for two months (Section 2(4) of the Compulsory, Free, Universal Basic Education Act, 2004). In Zimbabwe, the penalty is a fine not exceeding level six or imprisonment for a period not exceeding one year or both (Section 4(4) of the Education Act (2004)). In Zambia, the penalty is a fine not exceeding 100 thousand penalty units or imprisonment for a period not exceeding one year or both (Section 17(4) of the Education Act, 2011).

It is not enough to require or provide for free and compulsory education. There must also be a minimum age of completion of compulsory schooling, which must be the same as the minimum age for admission to employment as per Article 2(3) of ILO Convention 138. Discrepancies between these two minimum ages may result in a child not completing compulsory schooling or entering illegal child labour because compulsory schooling ends before the age at which he/she is legally allowed to work. In this regard, most countries have established a minimum age of completion of primary education that is consistent with the legally prescribed minimum age of admission to employment. However, in Sierra Leone, Uganda and Zimbabwe, a discrepancy exists²⁸.

iii. Corporal punishment

The idea of disciplining children with humanity and with respect for their inherent dignity is now an accepted principle of international norms spelt out clearly under international child rights instruments²⁹. Worldwide, 33 countries have outlawed corporal punishment in all settings: home, schools, institutions and penal systems (Global Initiative to End All Corporal Punishment of Children, 2011). However, in Africa, only five countries (Congo Brazzaville, Kenya, Tunisia, South Sudan and Togo) have done so. Zambia also has a provision in its Draft Constitution of 2012 prohibiting corporal punishment in all settings (section 55(5)(g)). Many countries in Africa (at least 22) expressly prohibit the use of corporal punishment in schools³⁰. The vast majority of countries (45) prohibit corporal punishment as a sentence for crime, the only exceptions being Botswana, Eritrea, Libya, Mauritania, Nigeria, Somalia, Tanzania and Zimbabwe. A significant number of countries (22) have abolished the use of corporal punishment as a disciplinary measure (for more information, see Table A3.4 in the Annexes)³¹.

This means that Africa has yet to make further effort in terms of integrating or internalising the important, albeit contested, prohibition of corporal punishment in all settings. This is admittedly a controversial issue and its application in the African context is a subject that requires extensive reflection and dialogue at both national and continental levels.

²⁷ This is a description of the punishment outlined in the statute.

²⁸ The minimum age of compulsory education and minimum age of employment are, respectively, 15 & 13 in Sierra Leone, 13 & 12 in Uganda, and 16 & 15 in Zimbabwe. There is no discrepancy between the two in Angola, Burkina Faso, Congo Brazzaville, Mauritania, and Togo, which are the other countries with a minimum age of compulsory education in Africa.

²⁹ Article 16(1) of the ACRWC and Article 19(1) of the CRC provide for protection of children from all forms of torture, inhuman or degrading treatment, physical or mental injury (violence), abuse, neglect and maltreatment, including sexual abuse. Article 11(5) of the ACRWC requires that a child who is subjected to school or parental discipline be treated with humanity and with respect for his/her inherent dignity. Similarly, according to Article 28(2) of the CRC, States Parties must take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the CRC.

³⁰ Algeria, Burkina Faso, Cameroon, Cape Verde, Chad, DRC, Djibouti, Egypt, Ethiopia, Gabon, Guinea, Guinea-Bissau, Libya, Madagascar, Malawi, Mali, Mauritius, Namibia, São Tomé and Príncipe, Senegal, South Africa and Zambia.

³¹ See a 2011 study conducted by the African Child Policy Forum and the Global Initiative to End Corporal Punishment on the administration of corporal punishment as a sentence for crime and in penal institutions, available at <http://www.endcorporalpunishment.org/pages/pdfs/newsletters/Africa-newsletter-Aug-2011-EN.pdf> (accessed 19 July 2012). The countries are Burkina Faso, Cameroon, Cape Verde, Congo Brazzaville, Côte d'Ivoire, Egypt, Ethiopia, Gabon, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Morocco, Mozambique, Namibia, Senegal, Seychelles, South Africa, South Sudan, Togo, Tunisia, Uganda and Zambia

iv. Child trafficking

Child trafficking is criminalised in 47 countries in Africa (see Table A3.4 in the Annexes), with 30 possessing separate legislation dealing with trafficking (see Table 4.3). Angola, Malawi, South Africa, Sudan, Tunisia, and Zimbabwe have pending anti-trafficking bills. The special anti-trafficking laws are of two types: those dedicated solely to child trafficking (as in Benin, Cameroon, Côte d'Ivoire, Gabon and Togo), and those that apply to the trafficking of all persons including children. In 18 African countries, general penal law is used to curb trafficking of persons and to take legal measures against offenders. Penalties for child trafficking include imprisonment (Algeria, Ghana, Niger, South Africa and Zambia), a fine or a fine plus imprisonment (Botswana, Congo and Sierra Leone), or the death penalty (Uganda).

Table 4.3 Anti-trafficking statutes in Africa

Country	Statute
Benin	Act No. 2006-04 of April 2006 on Conditions for the Displacement of Minors and Suppression of Child Trafficking
Burkina Faso	No. 029-2008 on Combating Trafficking in Persons and Related Practices 2008
Cameroon	Act No. 2005/015 of 29 December 2005 on Combating Child Trafficking and Slavery
Côte d'Ivoire	Law No. 2010-272 Pertaining to the Prohibition of Child Trafficking and the Worst Forms of Child Labour
Djibouti	Law 210, Regarding the Fight Against Human Trafficking
Egypt	Anti-trafficking Law 2010
Equatorial Guinea	Law on the Smuggling of Migrants and Trafficking in Persons 2004
Gabon	Law 09/04, Concerning the Prevention and the Fight Against the Trafficking of Children in the Gabonese Republic 2004
Gambia	Trafficking in Persons Act 2007
Ghana	Human Trafficking Act, 2005
Guinea-Bissau	Public Law 12/2011, Anti-trafficking
Kenya	Counter-Trafficking in Persons Act (Act 8 of 2010)
Lesotho	The Anti-Trafficking in Persons Act 2011
Liberia	Liberia's 2005 Act to Ban Trafficking in Persons
Libya	Order of the Revolutionary Command Council, on the Prohibition of Trafficking of the Labour Force 1969
Madagascar	Anti-Trafficking Law No 2007-038
Mali	Trafficking Law 2001
Mauritania	Act No. 2007-042 of 3 September 2007 on the Criminalization of Slavery Act No. 2003-025 of 17 July 2003 on the Suppression of Trafficking
Mauritius	Combating of Trafficking in Persons Act 2009
Mozambique	Law No. 6/2008, Law on Preventing and Combating the Trafficking of People

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Table 4.3 Anti-trafficking statutes in Africa (continued)

Country	Statute
Namibia	Law No. 6/2008, Law on Preventing and Combating the Trafficking of People
Niger	Prevention of Trafficking in Persons Act 2004
Nigeria	Order No. 2010-86 on Combating Trafficking in Persons
Senegal	2005 Law to Combat Trafficking in Persons and Related Practices and to Protect Victims
Sierra Leone	Anti-Human Trafficking Act No 7 2005
Swaziland	The People Trafficking and People Smuggling (Prohibition) Act, 2009
United Rep. of Tanzania	Anti-Trafficking in Persons Act 2008
Togo	Act No. 009 of 3 August 2005 on Child Trafficking in Togo
Uganda	Prevention of Trafficking in Persons Act No 7 2009
Zambia	Anti-Human Trafficking Act 2008

Source: Compiled by ACPF from the laws/policies of African States

Surprisingly, no express criminalisation of human trafficking in persons exists in Angola, Comoros, Seychelles, Somalia, Tunisia and Zimbabwe. For example, in Tunisia's Penal Code, what is prohibited is acts that could be construed as forms of trafficking, such as the capturing, detaining, or sequestering of a person for forced labour (which is punishable by 10 years' imprisonment) and the forced prostitution of women and children (which is punishable by five years imprisonment) (US Department of State, 2012).

v. Sexual exploitation and child pornography

In line with the provisions of the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography (OPSC), all African States have legal provisions criminalising different forms of sexual conduct involving children, including sexual exploitation and child pornography. In 10 countries, there are separate laws dealing exclusively with sexual offences or other acts of cruelty to both adults and children (see Table 4.5). Rape and statutory rape are criminalised acts in all African countries. The Criminal Law (Sexual Offences and Related Matters) Amendment Act in South Africa has broadened the definition of rape and is inclusive of a wide range of crimes that commonly occur against children (i.e. sexual grooming, sexual exploitation, and use of and exposure to pornography)³². The laws of some countries, such as Angola, Botswana, Kenya, Ethiopia, Madagascar, Morocco, South Africa and Uganda, expressly criminalise pornography and prostitution, especially of children.³³

³² The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. This is not a separate statute but a section within the Criminal Law Act.

³³ Some of the proscribed sexual offences constitute aggravated circumstances by virtue of the fact that they are committed against children. If the person involved is below the age of 21 (in Côte d'Ivoire), or 18 (in Burundi), or 16 (in Ghana), the punishment will be doubled. Ethiopia, Kenya, Zambia and Zimbabwe provide for increased punishment when the victim of the sexual violence is a child.

Table 4.4 Sexual exploitation statutes

Country	Statute
Angola	Tourism Code of Behaviour against Sexual Exploitation of Children and Adolescents 2010 and Decree 24/99 Action and Intervention Plan against the Commercial Sexual Exploitation of Children(1999)
Benin	Act No. 2003-04 of 3 March 2003 on Sexual and Reproductive Health
Central African Republic	Law No. 64/26 of 20 November 1964
Egypt	The Suppression of Prostitution Act No. 10 of 1961
Kenya	The Sexual offences Act No. 3 of 2006
Lesotho	The Women and Girls' Protection Proclamation No. 14 of 1949
Namibia	Combating of Immoral Practices Act No. 21 1980 and Combating of Rape Act 2000
Sierra Leone	Prevention of Cruelty to Children Act 1926
United Rep. of Tanzania	Sexual Offences (Special Provisions) Act No. 4 of 1998
Zimbabwe	Sexual Offences Act No. 8 of 2001

Source: Compiled by ACPF from the laws/policies of African States

vi. Female genital mutilation

Female genital mutilation (FGM) is criminalised in at least 28 African countries³⁴. Some countries – Benin, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Eritrea, Kenya, Mali, Nigeria, Togo and Uganda – have separate statutes or policies on prohibition of FGM or other harmful practices (See Table 4.5). Sanctions for FGM range from fines to imprisonment, and, where FGM results in the death of the victim, life imprisonment (Uganda) or the death penalty (Kenya).

Further protections are provided in some countries. For example, culture, custom, ritual, tradition, religion or any other non-therapeutic reason are not defences for practicing FGM in Uganda. In Kenya, consent of the victim cannot be a defence for the perpetrator. In Benin, Djibouti and Eritrea, the law establishes a duty to report any knowledge of the practice of FGM, failure to do so being punishable by law.

³⁴ These are Benin, Botswana, Burkina Faso, Chad, Congo Brazzaville, Central African Republic, Côte d'Ivoire, Djibouti, DRC, Egypt, Eritrea, Ethiopia, Equatorial Guinea, Ghana, Guinea, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal, South Africa, South Sudan, Sudan, Tanzania, Togo, Uganda and Zambia.

Table 4.5 Countries with separate statutes on FGM

Country	Statute
Benin	Law No. 2003-03 on the Suppression of Genital Mutilation of Women in Benin Republic
Chad	Act No. 06/PR/2002 on Reproductive Health
Central African Republic	Order No. 66/16 of 22 February 1966 on Abolition of Excision
Côte d'Ivoire	Law on Female Genital Mutilation (1998)
Eritrea	Proclamation 158 /2007 to Abolish Female Circumcision
Kenya	Prohibition of Female Genital Mutilation Act of 2011
Nigeria	- Enugu State FGM (Prohibition) Law of 2004 - Edo State Female Genital Mutilation (FGM) Prohibition Law 2000 - Bayelsa State FGM (Prohibition) Law of 2004
Togo	Act No. 98-016 of 17 November 1998 Prohibiting Female Genital Mutilation in Togo
Uganda	Prohibition of Female Genital Mutilation Act No. 5 of 2010
Cameroon	National Plan of Action to Combat Female Genital Mutilation
Mali	National Programme for Combating the Practice of Excision (2010-2014)

Source: Compiled by ACPF from the laws/policies of African States

4.2.3 Implementation of laws

Without appropriate enforcement and implementation mechanisms, laws are of limited use; hence there is a need to consider capacity for implementation and enforcement. While it may not be possible to measure the level of enforcement of the laws in this report, this chapter discusses some of the implementation mechanisms available in Africa.

Children may come into contact with the law either as perpetrators of civil or criminal conduct, or as victims and witnesses. The need to develop child-friendly mechanisms to deal with children in these scenarios is not only morally compelling but a legal requirement (ACPF and DCI 2012; Sloth-Nielsen et al 2008). Article 17 of the ACRWC and Articles 37 and 40 of the CRC provide for protection of children in conflict with the law, and prohibit torture, inhuman or degrading treatment or the death penalty³⁵. The UN Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime (ECOSOC Resolution 2005/20) contain various rules and recommendations on the protection and treatment of children in judicial proceedings. A number of countries in Africa are responding to these various standards by establishing children's courts where special procedures apply (ACPF 2008; Sloth-Nielsen et al 2008). Thus, almost all countries in Africa have a separate justice system for children in contact with the law, wherein children are subjected to special measures different from those applicable to adults³⁶.

³⁵ The death penalty is prohibited in Article 5(3) of the ACRWC.

³⁶ In Cape Verde, Djibouti, Equatorial Guinea, Gabon, Namibia, Rwanda, São Tomé and Príncipe, and Somalia, separate justice systems applicable to all children are yet to be established; in some of these countries, separate justice systems apply only to certain categories of children (e.g. children involved in genocide in Rwanda).

The institution of a separate justice (or court) system should be viewed more broadly than just as the establishment of a separate Bench: it should include the capacity to constitute the bench differently whenever an issue concerning a child comes up, even though there is no separate child justice court. More and more countries are establishing one-stop child protection centres where all categories of children in contact with the justice system can access legal, health and psychosocial services. Such is the case in – for example – Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Namibia, Somalia, South Africa, Swaziland and Uganda. The major challenge in most countries is that specialised justice systems for children require judicial officers and social workers with specialised training to handle children’s cases appropriately, but this capacity is not available in most African countries.

A most encouraging development in Africa is the effort exerted to ensure follow up and monitoring of the implementation of government policy on children. All African countries have a National Plan of Action for Children and a coordinating body for children in the form of a government department, or in addition to this, an independent child rights body (as in Kenya, for example). Among their many obligations, these coordinating bodies are responsible for ensuring timely and substantive periodic reporting to the African Committee of Experts on the Rights and Welfare of the Child and the UN Committee on the Rights of the Child, keeping both bodies up to date on progress in implementing the ACRWC and the CRC. While all African countries have reported at least once to the UN Committee, only 16 have submitted reports to the African Committee.

Almost all African countries have Independent National Human Rights Institutions that also cover child rights³⁷. The laws of 15 countries provide for the office of an Ombudsperson; Ethiopia and Mauritius further establish the Office of an Ombudsperson for Children. However, despite the existence of these institutions, the successful implementation of children’s rights requires that they are strengthened politically, technically and financially – which is not the case in a majority of African countries (ACPF 2008).

4.3 The best and the worst performers in legal protection

How do African countries fare in the provision of legal protection to their children? This section assesses their comparative performance by focussing on the following elements:

- Ratification of the major international and regional legal instruments on children
- Domestication of international and regional child rights standards – this measures the existence of specific provisions in national laws and policies concerning selected indicators such as minimum age categories, a free education policy, and protection of children from different forms of harm and exploitation
- Implementation of international and regional child rights standards – this measures the existence of implementation-related indicators such as a specialised child justice system, a National Plan of Action (NPA), and coordinating bodies for implementing children’s rights.

³⁷ With the exception of Comoros, Eritrea, Equatorial Guinea, Libya and São Tomé and Príncipe.

The performance score of each government in child protection is based on: its level of ratification of relevant child rights instruments; provisions made in national laws to protect children against abuse and exploitation; existence of a child justice system; existence of a policy on free education; and existence of plans of action and coordinating bodies (all as of July 2013). These indicators were aggregated to yield the index values for protection shown in Table 4.6.

Table 4.6 Child Protection Index, 2013

Country	Score	Rank
Togo	0.98810	1
Mali	0.97619	2
Mauritius	0.97619	2
Lesotho	0.94524	4
Algeria	0.92857	5
Burkina Faso	0.91667	6
Egypt	0.91667	6
Rwanda	0.91667	6
Morocco	0.91250	9
Senegal	0.91071	10
South Africa	0.90952	11
Guinea	0.89762	12
Benin	0.89286	13
Cape Verde	0.88095	14
Djibouti	0.88095	14
Uganda	0.88095	14
Kenya	0.87857	17
Madagascar	0.86905	18
Malawi	0.86190	19
Tunisia	0.85714	20
Nigeria	0.84524	21
Swaziland	0.84524	21
Burundi	0.83333	23
Sierra Leone	0.83333	23
Niger	0.82738	25
Mozambique	0.82143	26
Namibia	0.82143	26
Ghana	0.81548	28
Congo	0.80952	29
Libya	0.80952	29
United Rep. of Tanzania	0.80833	31

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Table 4.6 Child Protection Index, 2013 (continued)

Country	Score	Rank
Chad	0.80357	32
Sudan	0.80357	32
Angola	0.79762	34
Guinea-Bissau	0.79762	34
Ethiopia	0.79286	36
Seychelles	0.79167	37
Botswana	0.78571	38
Eritrea	0.78571	38
Liberia	0.78571	38
Mauritania	0.78571	38
Zambia	0.77143	42
Dem. Rep. Congo	0.76786	43
Gabon	0.76786	43
Central African Republic	0.75000	45
Equatorial Guinea	0.75000	45
Côte d'Ivoire	0.74286	47
Cameroon	0.73690	48
Gambia	0.72619	49
Comoros	0.66667	50
São Tomé and Príncipe	0.66667	50

Source: Developed by ACPF, 2013

As seen in the previous discussion and tables, there has been commendable progress in many countries in Africa between 2007 and 2013 in enacting appropriate legislation for children and establishing institutional frameworks for its effective enforcement and implementation. However, while some countries have made great progress in this regard and therefore moved up on the index score rankings for legal protection of children, others have either remained at the same level or have shifted down.

As Table 4.6 shows, the countries with the most child-friendly legal protection systems are – in descending order – Togo, Mali, Mauritius, Lesotho, Algeria, Burkina Faso, Egypt, Rwanda, Morocco and Senegal.

- Togo moved from position 21 in 2008 to position one in 2013 after taking a number of measures to harmonise its child-related laws with international standards. It has a domestic law on child trafficking; a constitutional guarantee of the right to free and compulsory education; minimum ages of employment and criminal responsibility in compliance with international standards (15 years and 14 years respectively); and a non-discriminatory minimum age of marriage at 18 years for both boys and girls. It has also ratified all the relevant and fundamental instruments on children, including the Hague Convention on Intercountry Adoption.

- Mauritius, ranked here as number three, has among other things established child-friendly courts; ratified the relevant legal instruments; and prohibited corporal punishment in schools as a sentence for crime or as a disciplinary measure.
- Lesotho also ratified the relevant instruments and prohibited corporal punishment as a sentence for crime or as a disciplinary measure. In addition, Lesotho adopted one of the highest minimum ages of marriage in Africa, 21 years for both girls and boys, after doing away with a discriminatory minimum age of 16 for girls and 18 for boys.
- Algeria, Egypt and Senegal have moved up the rankings by putting in place appropriate laws and mechanisms for child protection. For example, Egypt raised the minimum age of criminal responsibility from seven to 12 years, and Senegal adopted a domestic law on trafficking. Burkina Faso, Mali, Rwanda, and Morocco have maintained their positions among those states with the most child-friendly legal protection systems.

There are also countries that have significantly moved up in the rankings by effecting significant reforms in their legal systems even though they do not fall within the most child-friendly category. For example:

- Swaziland has moved from position 51 in 2008 to 21 in 2013. Following its low rating in the 2008 *African Report on Child Wellbeing* and with the support of UNICEF, the Prime Minister expressed his concern and constituted a ministerial team to address relevant issues concerning children. Swaziland has since enacted the Child Protection and Welfare Act of 2012 and ratified nine child-related instruments, including the African Charter on the Rights and Welfare of the Child and the Hague Convention on Intercountry Adoption. Among other things, the Act, which defines a child as a person aged below 18 years, prohibits child marriage even in the traditional system, and prescribes criminal sanctions on those who engage in it.
- Guinea-Bissau has ratified at least four important legal instruments; enacted a specific law on harmful traditional practices; established child-friendly courts; adopted a free education policy; and done away with the discriminatory minimum age of marriage (although the minimum age remains low, at 16 for both genders).
- Djibouti has, among other things, ratified four instruments; established a government body that coordinates and monitors a national strategy for children; prohibited corporal punishment as a sentence for crime; and adopted a free education policy.

Against these favourable developments, some countries – namely Central African Republic, Gabon, Gambia, São Tomé Príncipe and Zimbabwe – have remained at the bottom of the Child Protection Index, while Comoros, Cameroon, Côte d'Ivoire, DRC and Equatorial Guinea have dropped into the bottom ten. Some of the reasons for these low ratings are:

- Almost all have a poor record in terms of acceding to international legal instruments
- Almost all fared poorly regarding the prohibition of corporal punishment
- Some still have discriminatory minimum ages of marriage for boys and girls
- Cameroon, Côte d'Ivoire and Zimbabwe also have a minimum age of criminal responsibility that is lower than the recommended age of 12.

Table 4.7 shows the comparative ranks of some African countries in the area of child protection. It also shows the countries that have either significantly progressed or significantly fallen in their ranking in child protection between 2008 and 2013. However, it should be noted that while some countries have fallen since 2008, there has generally been an overall improvement in child protection scores among

these countries. Countries' drops in rank are mostly due to other countries putting in place more legal safeguards for children, and rising past them as a result. See Table A2.1 in Annex 2 for index values and rankings of all countries for 2008 and 2013.

Table 4.7 Progress of African countries in child protection

Risers				Fallers			
Country	2008 CPI Rank	2013 CPI Rank	Change in Rank	Country	2008 CPI Rank	2013 CPI Rank	Change in Rank
Djibouti	46	14	32	Comoros	29	50	-21
Swaziland	51	21	30	Namibia	5	26	-21
Egypt	35	6	29	Zambia	22	42	-20
Benin	40	13	27	Tanzania	14	31	-17
Togo	21	1	20	Madagascar	2	18	-16
Guinea-Bissau	52	34	18	Kenya	1	17	-16
Guinea	28	12	16	Angola	18	34	-16
Congo	37	29	8	Equatorial Guinea	30	45	-15
Niger	32	25	7	Ethiopia	23	36	-13
Sudan	39	32	7	Nigeria	9	21	-12
Seychelles	44	37	7				

Source: Compiled by ACPF, 2013

4.4 Conclusions

In general, Africa has seen enhancement in levels of legal protection for children between 2007 and 2013. To date, 35 countries have enacted consolidated laws on children, while six have pending bills³⁸. A number of countries have also enacted special laws on trafficking, education, sexual offences, and harmful practices such as FGM. However, certain challenges still remain.

- Although there has been increased ratification of child-related instruments, the pace of ratification and domestication of international standards is not consistent across all countries.
- Ratification alone is not enough. International and regional standards need to be domesticated and national laws need to be harmonised. For example, while Uganda has done extremely well on ratification, it has not prohibited corporal punishment at home and in schools and is one of the two African countries (alongside South Sudan) with the lowest minimum age of employment (12). Although a majority of countries have established some form of separate justice system for children, there are still 16 countries that have not yet harmonised the minimum age of criminal responsibility with international standards.

³⁸ Out of the 35 countries with consolidated statutes on children, 13 countries adopted the statutes after 2007. These are: Botswana (2009), Congo Brazzaville (2010), DRC (2009), Egypt (2008), Guinea (2008), Lesotho (2011), Liberia (2011), Mozambique (2008), Rwanda (2012), South Sudan (2008), Sudan (2010), Swaziland (2012), and Tanzania (2009; though Zanzibar also has its own statute on children, adopted in 2011).

- A majority of African countries have consolidated their laws on children, a good development since it facilitates consistency and legal action. However, consolidation has not always meant full harmonisation with international standards. For example, countries like Guinea, Kenya, Malawi, Nigeria, Seychelles, South Africa and Tanzania have consolidated statutes on children, but their minimum age of criminal responsibility is still lower than the internationally recommended age of 12.
- In terms of children in contact with the law, there is a predominant focus throughout Africa on laws relating to children in conflict with the law and children in need of care and protection. Law reform for child victims and witnesses is less common in Africa, as is legislation focusing on civil aspects other than care and protection (ACPF and DCI 2012).
- In some countries, there are limited mechanisms for implementing and monitoring children's rights, and many African countries party to the ACRWC do not observe their reporting obligations under this Charter; to date, only 17 countries have submitted reports.

In conclusion, if countries are to provide full legal protection to children, there are a number of measures they should undertake:

1. Governments should conduct periodic, comprehensive and systematic reviews of their national laws related to children, in order to identify gaps and to facilitate and expedite effective legal reform (See Box 4.1).
2. Governments should examine the substantive nature of their consolidated laws to ensure full harmonisation with international and regional standards.
3. Those African countries with a poor ratification record should aim at ratification of all child-related international and regional instruments, including the African Charter on the Rights and Welfare of the Child and the Hague Convention on Intercountry Adoption.
4. Governments must aim at establishing or strengthening mechanisms for the effective implementation, monitoring and enforcement of policies and laws and the initiation of appropriate legal reforms and policies. This includes respecting their reporting obligations under the ACRWC and the CRC.

Box 4.1 Ten things the law should say and do regarding children (ACPF 2008)

In reviewing national laws related to children, there 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 18 years
2. Ensure that universal access to primary healthcare is enshrined in national law
3. Ensure that universal access to free and compulsory primary education is enshrined in law and that progressive access to and completion of secondary education are provided for.
4. Repeal all provisions that discriminate against children, including on the grounds of parentage, sex, disability, religion, and ethnicity
5. Establish the minimum age of criminal responsibility at no lower than 12 years
6. Prohibit corporal punishment in homes, schools and all other settings
7. Prohibit harmful practices such as female genital mutilation and child marriage
8. Develop legislative provisions for the protection of children in need of alternative care, particularly orphaned and vulnerable children
9. Ensure that there is a specialised or separate justice system for children predicated upon the principle of the best interests of the child
10. Provide mechanisms for enforcing and implementing child-related laws.



5

PUBLIC INVESTMENT IN AFRICA'S CHILDREN

5.1 Introduction: why invest in children?

Children have a range of rights of access to essential services such as healthcare, early childhood development and education. Deprivation in childhood has adverse and lasting consequences on physical and cognitive development. Governments are therefore obliged to ensure that children's basic needs are adequately provided for at this critical stage of their growth and development. Governments have a duty to invest in their children's survival and wellbeing.

Box 5.1 Five main reasons for investing in children

The principle of investing in children rarely evokes controversy. Whichever way we look at it, to invest in a child is to invest in our common future: the world of tomorrow will inherit the children of today.

Whether nations grow and prosper will depend heavily on the survival, health, education and protection of their citizens, particularly the youngest. There are many reasons for investing in children, of which the following five are noteworthy:

- *Investing in children is fundamental to ensuring the realization of their rights*
- *Childhood is a unique window of opportunity*
- *The benefits far outweigh the costs*
- *The benefits are not limited to those receiving the investment*
- *Investing in children can help promote equitable and inclusive societies.*

INVESTING IN CHILDREN IS NOT ONLY THE RIGHT THING TO DO: IT ALSO MAKES A LOT OF SENSE!

Nicholas Rees, Policy Analysis Specialist, UNICEF, 2012

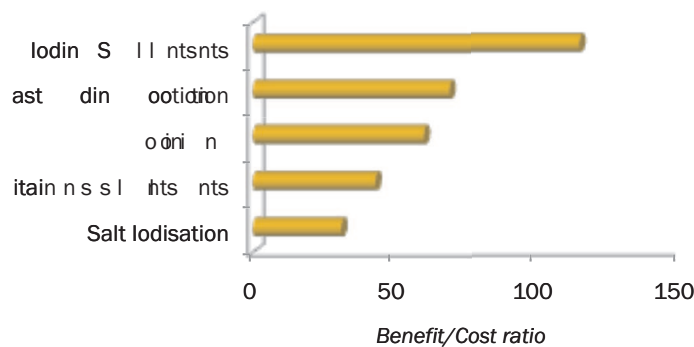
5.2 The earlier in life the investment, the bigger the payoff

Both individual and social benefits are gained from investing in early childhood health. Conditions during this stage of a child's life affect and set trajectories for health, behaviour and learning for children throughout life. In terms of private benefits, children with good health are more likely to have better educational outcomes, both through school attendance and performance and through enhanced mental and physical performance and productivity. This in turn helps to break the cycle of intergenerational poverty by improving employment and income-earning opportunities.

Chart 5.1 shows the benefit-cost ratio of investments in selected nutritional interventions that benefit children. These ratios summarise overall value for money and provide insight into the rate of return in investments in these areas. It is evident that the benefit of nutritional interventions targeting children is generally very high. For example, for every dollar spent in iodine supplementation, there is an estimated benefit of USD 120 (Horton, Alderman and Rivera 2008). Other nutritional interventions, such as breastfeeding, de-worming, Vitamin A supplementation and iodisation of salt have also very high benefit-to-cost ratios. Rates of return for promoting breast feeding were estimated to range from 5:1 to 67:1, while the rate of return for investment in de-worming ranged from 3:1 to 60:1. These benefits manifest themselves through children with

good health being more likely to have better educational outcomes, both through school attendance and performance; enhanced mental and physical performance and productivity; consequent improvement in employment and income-earning opportunities; and better wellbeing.

Chart 5.1 Benefit/cost ratios of investments in nutritional interventions



Source: Horton, Alderman and Rivera 2008

The social returns of investing early in child health are likely to result in healthy youth and adults who are more likely to reach their developmental potential and have higher productivity, by virtue of being efficient at assimilating knowledge and possessing stronger cognitive and physical capabilities (Rees, Chai and Anthony 2012). There is also a demographic dimension to the social benefits of investment in health, through the rise in per capita income resulting from a decline in fertility rates and an increase in the proportion of the working age population (Rees, Chai and Anthony 2012).

Box 5.2 Long-term economic payoff of early investment in nutrition

- Estimates show that a malnourished child has, on average, a seven-month delay in starting school, and potentially a 10-17 per cent reduction in lifetime earnings. This will damage future human capital and cause national GDP losses estimated at 2-3 per cent (World Bank 2012c).
- For every dollar invested in nutrition programmes in a developing country context, there is a corresponding return of at least USD 3, possibly much higher if the programmes are targeted at malnourished children (Glewwe et al. 2001).
- The loss in average individual adult income from stunting was estimated at 22 per cent (Grantham-McGregor et al. 2007). In rural Ethiopia, one standard deviation in weight for height increased wages by 29 per cent (Croppenstedt and Muller 2000).
- A 1 per cent loss in adult height due to stunting is associated with a 1.4 per cent loss in productivity (Hunt 2005).
- The median value of annual physical productivity losses due to iron deficiency is about 0.57 per cent of GDP (Horton and Ross 2007); and the median value of benefits for every dollar invested in tackling iron deficiency is up to USD 6 (Horton and Ross 2007).

Investment in nutrition can reverse adverse effects that include stunted growth, low height for age and low school attainment, which together might compromise the productivity of an individual in adulthood. A World Bank study estimated that the future economic benefits of the prevention of one child being born with low birth weight are about USD 500, and that 40 per cent of this benefit is due to the child's higher cognitive abilities and increased productivity (Alderman and Behrman 2006). Increased health care costs and losses from poor cognitive function and malnutrition-induced deficits on schooling and learning ability meant that sub-Saharan Africa lost at least 2 to 3 per cent of GDP growth annually (Garcia, Virata and Dunkelberg 2008).

Conversely, the cost of failure to invest in children also impacts heavily on the life course of children. Deficiencies during childhood in areas such as nutrition result in irreversible physical and cognitive defects. On the health front, investing in pre- and peri-natal maternal and childcare has huge long-term health-related benefits in the form of prevention of death and disability, with tremendous implications for future productivity, poverty reduction and growth.

There is also the potential reversal of productivity losses due to illness and time spent treating disease. For example, in malaria-endemic areas, workers can expect to suffer from two bouts of fever per year, losing 5-10 working days each time (Bloom et al, 2008 cited in Rees, Chai and Anthony 2012).

Studies on investment in pre-and peri-natal maternal and childcare have shown considerable results in preventing disabilities. For example:

- Investing in the provision of folic acid supplements for women before and after pregnancy and during the first trimester can help prevent about 70 per cent of cases of spina bifida, a disability that affects from 1,000 to 3,000 children per million in Africa (Spina Bifida Association of America 2009, cited in ACPF 2011a).
- Investing in the provision of skilled birth attendants can eliminate asphyxia during birth, which currently leaves many children with learning difficulties and impairments such as cerebral palsy (UNICEF 2008b cited in UNESCO 2010).
- Investing in tackling maternal iodine deficiency can prevent 18 million babies being born with mental disabilities, and investing in vitamin A can help avoid about 350,000 children in developing countries being born blind (Micronutrient Initiative et al. 2009, cited in UNESCO 2010).

Similar arguments can be made for investments in early childhood education. In a study in Bolivia, participation in an early childhood development programme was found to lead to gains in lifetime earnings of between 1.7 and 3.7 times the initial investment (Behrman et al 2004). Engle et al (2011) found that potential long-term economic benefits of increasing preschool attendance in 73 countries across the world ranged from USD 11 to USD 34 billion, which did not include the potential benefits in terms of reduced crime or improved parenting. There is evidence to suggest that benefits of investments made at the preschool level can be greater than those of investments made at later stages in the education of the child.

Diagram 5.1 Returns of investments in pre-schooling



Adapted from: Heckman and Masterov, 2007

While these individual benefits accrue on account of participation in ECD programmes, there are also equally important social benefits that accrue to the larger society. When exposed to early childhood interventions, children are more likely to be employed, self-reliant and less dependent on the welfare system; when given a good start in life, they have better prospects for

employment. This contributes to reduced crime rates and resultant reductions in government spending on welfare, crime prevention and incarceration, as well as increased tax revenues (Rees, Chai and Anthony 2012). A study in Egypt found that for every dollar invested in kindergarten schooling, there is a benefit of about USD 5.81 in the form of increased lifetime productivity (Janssens et al. 2001).

5.3 Provision for children: status

Investment in children includes provision for their basic needs, and ensuring access to services essential to their physical and cognitive development. Governments' performances in providing for the basic needs of children are measured using two complementary components, each composed of distinct sets of indicators.

The first relates to budget expenditure on sectors that benefit children; this is intended to capture governments' commitments to utilising the maximum available resources to provide for children's basic needs. The second measures child wellbeing outcomes achieved in terms of access to essential services such as education (both primary and secondary), clean drinking water, adequate sanitation facilities and nutrition. This latter component also looks at other outcome indicators, like infant mortality rates and nutritional status.

A combination of these two components yields the *Index for Provision of Basic Needs*, which shows the relative performance of governments in providing for essential services and fulfilling the basic needs of children. This section of the report presents the status and progress made in the context of this composite measure.

5.3.1 Budgetary commitment: How are African governments performing?

A national budget is an ideal lens through which to examine government commitment to child wellbeing. How committed are governments to utilising the maximum available resources for sectors that benefit children? In order to address this question and assess progress over the last five years, we have measured the proportions of national governments' budget expenditures allocated to sectors benefiting children.

Exact proportions of national budget expenditure on programmes and projects directly targeting children are not publicly available; therefore, we have used the proportions of national budget spent on sectors beneficial to children as proxy measures of budgetary commitment to children. This has limitations, in the sense that a portion of the budget allocated to these sectors could have been spent on initiatives that do not target children³⁹. Despite such limitations, in the absence of more targeted data these measures provide a reasonable assessment of budgetary commitment to children. We have used the most recent data available on the following five budget-related indicators to construct the Budgetary Commitment Index:

- Expenditure on health as a percentage of total government expenditure
- Public expenditure on education as a percentage of GDP
- Percentage of the budget for routine EPI vaccines financed by the government
- Military and defence expenditure as a percentage of GDP
- Percentage change in governments' expenditure on health since 2004.

³⁹ The 2011 edition of the African Report on Child Wellbeing and the accompanying technical background papers provide detailed discussion on the concept of budgeting for children, indicators used for assessment and other methodological considerations. Interested readers are invited to visit our website to refer to these materials.

Using proportions of expenditure on sectors benefiting children rather than the absolute amount of budget in monetary terms has additional advantages in controlling for differences in economic status and population size of countries, and providing a standardised measure to assess relative performance.

These proportions are converted into score values and then combined to obtain the *Budgetary Commitment Index*, one of the two components of the Index for Provision of Basic Needs.

What does the situation look like today, and how does it compare with the situation five years ago, especially with respect to commitment to various international targets?

Health expenditure

Table 5.1 gives an overview of national health expenditure situation across Africa. It shows varying levels of government commitment to this important sector. The average expenditure on health in Africa is about 11 per cent, and the highest investor in the sector is the Government of Rwanda (23.7 per cent). The governments of Liberia and Malawi have also allocated a relatively high percentage of their respective budgets (about 19 per cent) to the health sector. On the other side of the spectrum, Chad and Eritrea spent only 3.3 per cent and 3.6 per cent of their respective budgets on health.

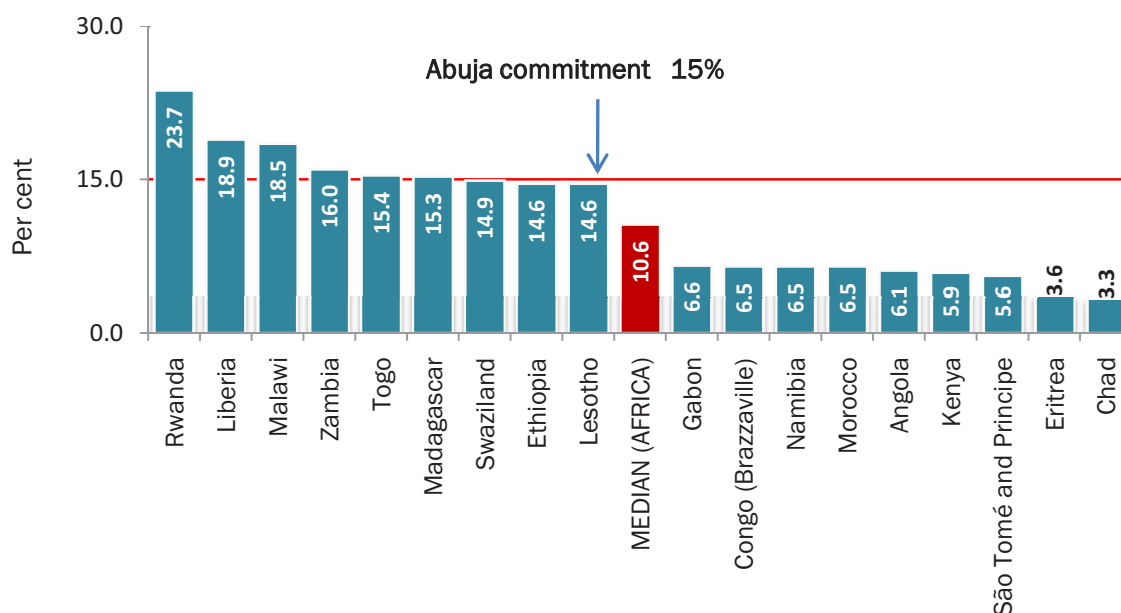
Table 5.1 Budget expenditure on health as percentage of total government expenditure

Country	Percent	Country	Percent
Rwanda	23.7	Benin	10.5
Liberia	18.9	Mauritius	9.7
Malawi	18.5	Seychelles	9.3
Zambia	16.0	Zimbabwe	8.9
Togo	15.4	Botswana	8.7
Madagascar	15.3	Cameroon	8.5
Swaziland	14.9	Algeria	8.3
Ethiopia	14.6	Burundi	8.1
Lesotho	14.6	Cape Verde	7.9
Djibouti	14.1	Libya	7.9
Comoros	13.4	Guinea-Bissau	7.8
Burkina Faso	12.8	Mozambique	7.7
South Africa	12.7	Nigeria	7.5
Central African Republic	12.4	Equatorial Guinea	7.0
Mali	12.2	Egypt	6.9
Ghana	11.9	Côte d'Ivoire	6.8
Senegal	11.9	Guinea	6.8
Sierra Leone	11.7	Gabon	6.6
Gambia	11.3	Congo (Brazzaville)	6.5
Niger	11.1	Namibia	6.5
United Rep. of Tanzania	11.1	Morocco	6.5
Mauritania	10.9	Angola	6.1
Dem. Rep. of Congo	10.8	Kenya	5.9
Uganda	10.8	São Tomé and Príncipe	5.6
Tunisia	10.8	Eritrea	3.6
Sudan	10.6	Chad	3.3

Source: Based on data from WHO National Health Accounts, 2013

How do African countries fare with respect to the Abuja target of spending 15 per cent of the national budget on health? As can be seen from Chart 5.1, only six countries (Rwanda, Liberia, Malawi, Zambia, Togo and Madagascar) met the Abuja target. The average expenditure of African governments on health is four percentage-points below the Abuja commitment.

Chart 5.2 Comparing expenditure on health of selected countries with the Abuja target



Source: Based on data from WHO, 2013

Education expenditure

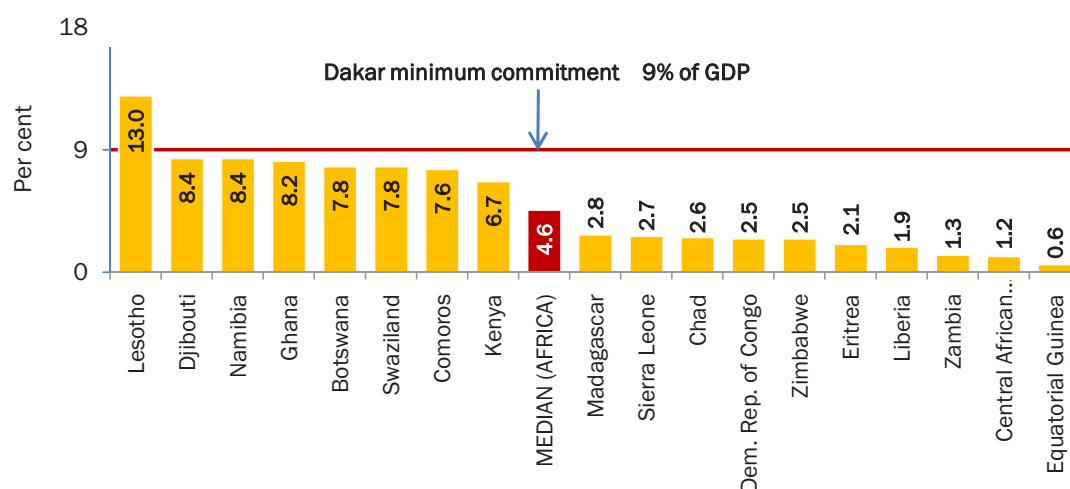
Table 5.2 shows national expenditure levels on education for different countries in Africa. Lesotho has demonstrated a high commitment to the education sector by allocating 13 percent of its GDP to it. Other governments that have spent relatively high proportions of their national income on education include Djibouti, Namibia and Ghana.

Table 5.2 Public expenditure on education as a percentage of GDP

Country	Percent	Country	Percent
Lesotho	13.0	Togo	4.6
Djibouti	8.4	Niger	4.5
Namibia	8.4	Algeria	4.3
Ghana	8.2	Gambia	3.9
Botswana	7.8	Gabon	3.8
Swaziland	7.8	Egypt	3.8
Comoros	7.6	Mauritania	3.7
Kenya	6.7	Mauritius	3.7
Congo (Brazzaville)	6.2	Angola	3.5
United Rep. of Tanzania	6.2	Burkina Faso	3.4
Tunisia	6.2	Cameroon	3.2
Burundi	6.1	Uganda	3.2
South Africa	6.0	Guinea	3.1
Cape Verde	5.6	Madagascar	2.8
Senegal	5.6	Sierra Leone	2.7
Malawi	5.4	Chad	2.6
Morocco	5.4	Dem. Rep. of Congo	2.5
Benin	5.3	Zimbabwe	2.5
Mozambique	5.0	Eritrea	2.1
Rwanda	4.8	Liberia	1.9
Seychelles	4.8	Zambia	1.3
Ethiopia	4.7	Central African Republic	1.2
Mali	4.7	Equatorial Guinea	0.6
Côte d'Ivoire	4.6		

Source: Based on data from UNESCO Institute for Statistics, 2013.

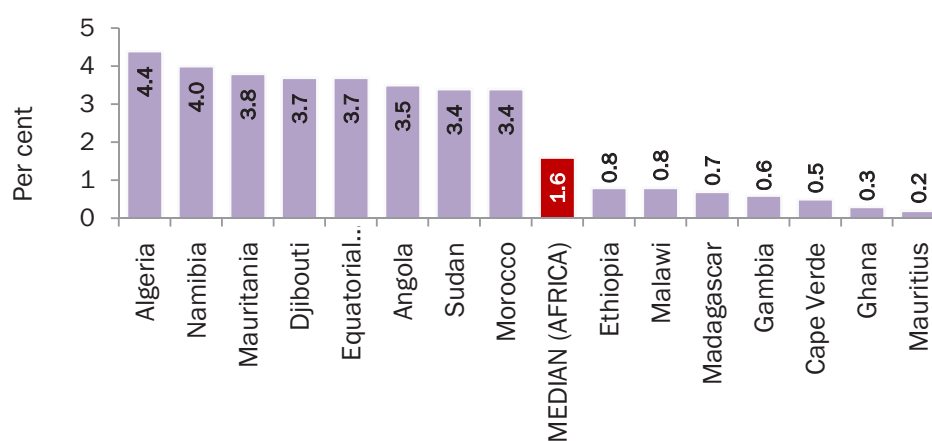
How does this compare with international targets, and specifically the 2000 Dakar commitment, in which governments pledged to increase their budgetary allocations to education to nine percent of GDP by 2010? Our analysis shows that only one of the 52 African countries reviewed (Lesotho) met the Dakar minimum commitment. The rest allocated, on average, only 4.6 per cent of GDP to this important and largely child-focused sector (see Chart 5.3).

Chart 5.3 Comparing expenditure on education of selected countries with the Dakar minimum commitment

Source: Based on data from UNESCO Institute for Statistics, 2013

Military expenditure

Based on the information available, military expenditure is generally low in most countries in Africa, particularly compared with budgets for health and education. The average expenditure on military-related expenses for Africa is about 1.6 percent of GDP (see Chart 5.4 for countries with the highest and lowest proportions of expenditure in the sector). Countries that spend the lowest include Mauritius, Ghana and Cape Verde. Countries with a relatively high percentage of military expenditure include Algeria, Namibia, Mauritania, Djibouti and Equatorial Guinea, all of which spent around four percent of GDP on the sector (see Table A3.5 in the Annex for more information).

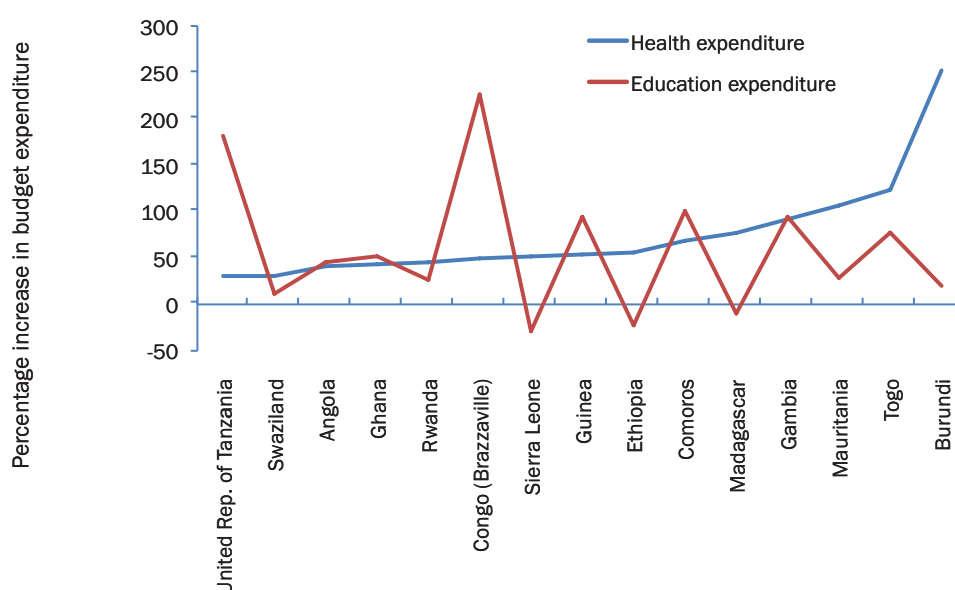
Chart 5.4 Countries with the lowest and highest percentages of military spending, 2011

Source: Based on data from SIPRI, 2013

5.3.2 Progress in budgetary commitment

In order to provide an overall assessment of the progress that has been achieved in budgetary commitments by African countries, relative changes in the proportion of national budget expenditures on health and education between 2005 and 2011 are considered. As illustrated in Chart 5.5, Burundi and Togo made substantial increases, particularly in health expenditure. Likewise, Congo Brazzaville and Tanzania showed three-fold and two-fold increases respectively in education spending in the six-year period. Countries like Gambia and Comoros have also increased their budgets for both the education and health sectors.

Chart 5.5 Countries that showed high percentage changes in health and education budget expenditure between 2005 and 2011



Source: Based on data from WHO, 2013; UNESCO Institute for Statistics 2013; ACPF, 2008

While the expenditure statistics provide information on levels of investment in different sectors in individual countries, they do not in themselves give us a precise estimate of the overall investment in human capital or child wellbeing. For these reasons, these sectoral figures are incorporated into a *Budgetary Commitment Index*⁴⁰ that provides a composite measure of relative performance of African governments in investing on child wellbeing (see Table 5.3).

Based on this Budgetary Commitment Index, the governments of Gambia, South Africa, Swaziland, Nigeria, Tunisia, Liberia, Mauritius, Lesotho, Cape Verde and Seychelles scored highly. The governments of Eritrea, São Tomé and Príncipe, Chad, Zimbabwe Angola, Guinea, Uganda, Cameroon, Mauritania and Equatorial Guinea scored less well based on this index.

The group of countries that ranked relatively highly on the Budgetary Commitment Index was comprised of countries that are both well developed and less developed in economic terms

⁴⁰ Please refer to Annex 1 for detail on the methodology.

(South Africa, Tunisia, Mauritius, Seychelles and Cape Verde have relatively high levels of economic development, while Liberia and Lesotho are at a relatively low level of development).

Similarly, the group of countries that fared relatively poorly in the Budgetary Commitment Index contained some of the richest and the poorest countries on the continent. For example, the Government of Equatorial Guinea has a GDP per capita of USD 8,875, about twenty times the African average (see Annex 3); yet Equatorial Guinea was the country that was least committed to utilising the maximum available resources for the realisation of the rights and wellbeing of children, as stipulated in the CRC and ACRWC.

There does not, therefore, seem to be a correlation between a country's ranking based on the Budgetary Commitment Index and the resources available to it.

Table 5.3 Ranking based on the Budgetary Commitment Index, 2013

Country	Score for 2013	Rank 2013	Country	Score for 2013	Rank 2013
Gambia	0.6114	1	Benin	0.3832	27
South Africa	0.5886	2	Kenya	0.3804	28
Swaziland	0.5680	3	Comoros	0.3795	29
Nigeria	0.5668	4	Burkina Faso	0.3760	30
Tunisia	0.5621	5	Niger	0.3753	31
Liberia	0.5599	6	Sudan	0.3751	32
Mauritius	0.5532	7	Mali	0.3649	33
Lesotho	0.5415	8	Zambia	0.3640	34
Cape Verde	0.5300	9	Côte d'Ivoire	0.3634	35
Seychelles	0.5288	10	Congo	0.3633	36
Rwanda	0.5107	11	Sierra Leone	0.3595	37
Ghana	0.5095	12	Mozambique	0.3522	38
Botswana	0.5089	13	Guinea-Bissau	0.3521	39
Malawi	0.4885	14	Algeria	0.3491	40
Togo	0.4804	15	Djibouti	0.3204	41
Madagascar	0.4602	16	Dem. Rep. Congo	0.3136	42
Libya	0.4524	17	Equatorial Guinea	0.3107	43
Egypt	0.4391	18	Mauritania	0.3028	44
Burundi	0.4370	19	Cameroon	0.2877	45
Gabon	0.4349	20	Uganda	0.2568	46
Ethiopia	0.4343	21	Guinea	0.2449	47
United Rep. of Tanzania	0.4303	22	Angola	0.2405	48
Senegal	0.4169	23	Zimbabwe	0.2314	49
Morocco	0.4090	24	Chad	0.1400	50
Central African Republic	0.3872	25	São Tomé and Príncipe	0.0960	51
Namibia	0.3847	26	Eritrea	0.0816	52

Source: Developed by ACPF, 2013

5.3.3 Performance in achieving child wellbeing outcomes

Budget expenditures show only one side of the picture. Efficient utilisation of budgets and effectiveness in achieving relevant outcomes are equally important considerations in assessing accountability for children. The obvious question then is: to what extent does budget expenditure translate into concrete child wellbeing outcomes?

As described in the methodology note in Annex 1, and discussed in detail in separate publications⁴¹, achievement of child wellbeing outcomes was examined by using indicators

⁴¹ *Governance and Child Wellbeing: How to measure government performance monitoring*. Addis Ababa: The African Child Policy Forum; Mekonen, Y. (2010). Measuring Government Performance in Realising Child Rights and Child Wellbeing: The Approach and Indicators, *Child Indicators Research*, Volume 3, Issue 2, pp 205-241.

relating to access to basic services and child wellbeing outcomes. These indicators are aggregated to yield the **Index for Achievement of Child Wellbeing Outcomes**, the other component of the Index for Provision of Basic Needs.

On the basis of the Index for Achievement of Child Wellbeing Outcomes, the best and worst performers are shown in Table 5.4.

Table 5.4 Countries at the top and bottom of the ranking for achievement of child wellbeing outcomes

The top ten	Score	The bottom ten	Score
Libya	0.7354	Chad	0.2143
Tunisia	0.7263	Central African Republic	0.3072
Egypt	0.7220	Niger	0.3154
Seychelles	0.7005	Mali	0.3211
Algeria	0.6908	Togo	0.3332
Mauritius	0.6826	Dem. Rep. Congo	0.3655
Botswana	0.6722	Côte d'Ivoire	0.3795
South Africa	0.6597	Eritrea	0.3848
Cape Verde	0.6542	Guinea-Bissau	0.3927
São Tomé and Príncipe	0.6285	Benin	0.3947

Source: Developed by ACPF, 2013

5.3.4 Performance in provision for the basic needs of children

When the two indices discussed above (the Budgetary Commitment Index and the Index for Achievement of Child Wellbeing Outcomes) are combined together, they measure performance in providing basic needs and services for children. Technically, these two indices are aggregated to yield the Index for Provision of Basic Needs, which is the main dimension of the overall Child-friendliness Index (see the Technical Note in Annex 1). According to this combined Index, those countries showing the most effort in terms of budgetary commitment and best results in efficiently utilising budgets to achieve child wellbeing outcomes included, in the order of their ranking, Tunisia, South Africa, Mauritius, Seychelles, Gambia, Libya, Swaziland, Cape Verde, Botswana and Egypt.

What did these governments do to achieve their relatively high performance scores? They all, though to varying degrees, increased their budgetary allocation to health and education and ensured efficient utilisation of their resources to improve access to basic services and achieve relatively high levels of child wellbeing outcomes. For example, Gambia almost doubled its budget for health and education and significantly increased its contribution to finance its immunisation programme. It has therefore made remarkable improvements in children's access to essential services such as immunisation and education, especially in secondary education for both boys and girls. Gambia is also among the countries that significantly reduced infant mortality over the last five years. The other countries that scored high on the Index for Provision of Basic Needs, to a large extent, achieved similar results in improving access to services relevant to children and increasing budget allocations to sectors benefiting them.

Table 5.5 Ranking and score values of the Index for Provision of Basic Needs, 2013

Country	Scores	Rank	Country	Scores	Rank
Tunisia	0.6442	1	Zambia	0.4362	27
South Africa	0.6241	2	Djibouti	0.4261	28
Mauritius	0.6179	3	Ethiopia	0.4146	29
Seychelles	0.6147	4	Comoros	0.4113	30
Gambia	0.6011	5	Burkina Faso	0.4111	31
Libya	0.5939	6	Togo	0.4068	32
Swaziland	0.5936	7	Equatorial Guinea	0.4064	33
Cape Verde	0.5921	8	Mozambique	0.3945	34
Botswana	0.5906	9	Sierra Leone	0.3939	35
Egypt	0.5806	10	Zimbabwe	0.3917	36
Rwanda	0.5556	11	Sudan	0.3897	37
Malawi	0.5254	12	Benin	0.3889	38
Lesotho	0.5208	13	Uganda	0.3866	39
Algeria	0.5199	14	Guinea-Bissau	0.3724	40
Ghana	0.5181	15	Côte d'Ivoire	0.3715	41
Morocco	0.5088	16	Cameroon	0.3686	42
Nigeria	0.5003	17	Angola	0.3625	43
Gabon	0.5001	18	São Tomé and Príncipe	0.3622	44
Liberia	0.4999	19	Mauritania	0.3496	45
Namibia	0.4842	20	Central African Republic	0.3472	46
Burundi	0.4804	21	Niger	0.3453	47
Senegal	0.4692	22	Mali	0.3430	48
Madagascar	0.4436	23	Dem. Rep. Congo	0.3395	49
Tanzania	0.4429	24	Guinea	0.3199	50
Kenya	0.4428	25	Eritrea	0.2332	51
Congo	0.4416	26	Chad	0.1772	52

Source: Developed by ACPF, 2013

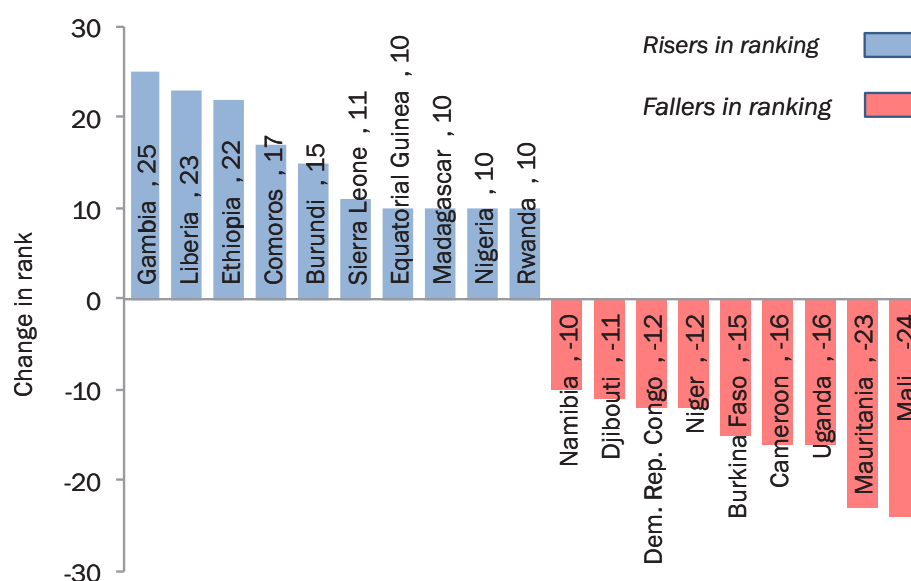
The governments of Chad, Eritrea, Guinea, DRC, Mali, Niger, CAR, Mauritania, São Tomé and Príncipe and Angola, which scored the lowest in the Index for Provision of Basic Needs for Children, are among the least committed in terms of allocating budgets to programmes targeting children, and have not performed well in utilising their resources to bring about positive changes in child wellbeing outcomes. These countries record higher percentages of children who are malnourished and deprived of basic services such as clean drinking water and sanitation facilities.

5.4 Progress in provision for the basic needs of children

To highlight progress or otherwise in governments' efforts to provide for the basic needs of children over the last five years, country performance rankings between 2008 and 2013 were compared. The comparison showed considerable changes in governments' performances during this period (see Chart 5.6).

The governments of Gambia, Liberia and Ethiopia, for example, have made considerable progress in terms of improving children's access to essential services (UNICEF 2013). Their rankings, based on the Index for Provision of Basic Needs of Children, moved 22-25 places upwards during the five years between 2008 and 2013. Countries such as Comoros and Burundi have also moved several places up in their ranking for provision of basic services to children. Several factors have contributed to these achievements. For example, the Government of Liberia has made considerable improvements in child survival, nutrition and children's access to education, especially for girls at both primary and secondary levels, over the last five years. Ethiopia has increased its budget for the health sector, made progress in child survival, and increased access to clean drinking water and sanitation facilities as well as to both primary and secondary education.

Chart 5.6 Rise and fall in governments' performances in providing for the basic needs of children between 2008 and 2013



Source: Developed by ACPF, 2013

A number of countries recorded relatively poor performance. These countries included Mali, Mauritania, Uganda, Cameroon and Burkina Faso. These governments reduced budgetary allocations to sectors benefiting children, which in turn affected children's access to essential services and overall wellbeing. For example, the proportion of Mauritania's national budget allocated to its immunisation programme fell significantly, while its military expenditure increased three-fold. Access to sanitation and clean drinking water has also declined in Mauritania over the past years. See Table A2.4 in Annex 2 for index values and rankings of all countries for 2008 and 2013.

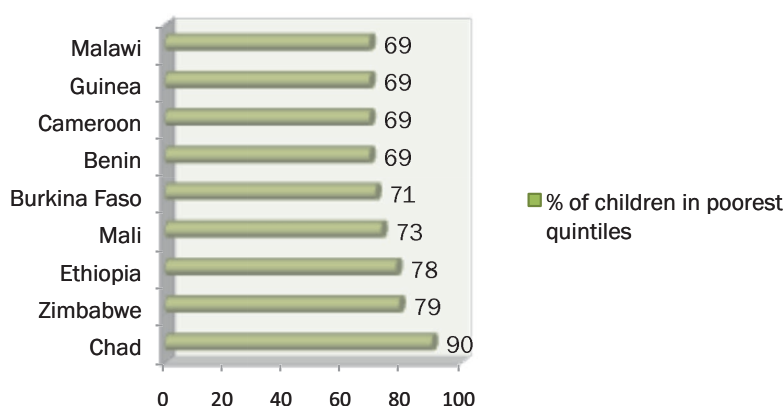
5.5 Equity and equality: the neglected element of budgeting for children

... what matters in determining mortality and health in a society is less the overall wealth of that society and more how evenly wealth is distributed. The more equally wealth is distributed the better the health of that society. One political implication... is that the best way to improve health in a society might be to take measures to distribute wealth as equally as possible (British Medical Journal: Editorial 1996).

In addition to increasing budgetary allocations and effectively using these resources for social development, improvement in child wellbeing also requires an equitable distribution of those allocations to redress inequalities. Unequal distribution of resources will impede overall progress in the wellbeing of children, especially if data is disaggregated by socio-economic groups. Countries with higher equality have lower levels of child poverty and better child wellbeing outcomes. For instance, at a mean level of inequality, a 1 per cent increase in inequality, measured by the Gini Coefficient, is associated with a 0.5 per cent increase in child mortality rate (Filmer and Pritchett 1999). In societies with higher inequality, rates of low birth weight were higher and rates of immunisation for polio were significantly lower. Another study in 20 countries by Steckel (1983) showed that higher income inequality was significantly associated with shorter height (cited in Lynch *et al.* 2004).

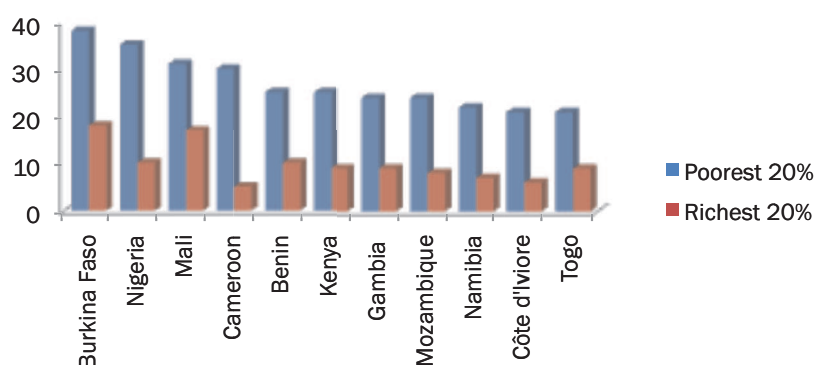
In unequal societies, existing inequalities are usually exacerbated, thereby further widening the gap between the rich and the poor. As a result, a growing percentage of the poor will have poor access to education and healthcare services. For example, as shown in Chart 5.7, 90 per cent of children in the poorest quintiles who were suffering from Acute Respiratory Infection (ARI) in Chad were not taken to a health facility. This percentage was 79 per cent in Zimbabwe and 78 per cent in Ethiopia (World Bank 2011).

Chart 5.7 Percentage of children in poorest quintiles with ARI not taken to any health facility (2003-2008)



Source: Adapted from World Bank Report, 2011

In many countries, a higher percentage of children from poor households are more likely to be stunted and underweight than those from richer households. For example, in Nigeria, 54 per cent of moderately or severely stunted children under five are from the poorest 20 per cent of the population, whilst only 21 per cent are from the richest 20 per cent (UNICEF 2009). Similarly significant disparities in the prevalence of underweight children are also observed in Cameroon, where 30 per cent of children under five who are underweight are from the poorest 20 per cent of the population, compared to only five per cent from the richest 20 per cent (UNICEF 2012a).

Chart 5.8 Prevalence of underweight children in poorest versus richest quintiles, 2006-2010

Source: Adapted from UNICEF, 2012a

There is a widening recognition that addressing equity must be at the centre of development initiatives. An increasing number of countries are embracing initiatives that aim to redress inequities, predominantly social protection measures. The sustainability of these initiatives is, however, an inevitable challenge for many countries.

Box 5.2 Ensuring equity through policy instruments

[A...] factor that accentuates inequality in Africa has been the increased privatisation of basic social services in the health and education sectors. While many countries provide free basic health services, private health services require full payment. That is why most private health services are simply not accessible for people who live in poverty. This has also resulted in increased geographical inequality in the distribution of health personnel and facilities, as well as increased inequality between public and private services. Studies have shown that in many African countries this has contributed to increased child and maternal mortality and malnutrition. For instance, in sub-Saharan Africa in 2003-2008 only 27 per cent of children from the poorest quintile with Acute Respiratory Infection (ARI) had access to a private health facility (World Bank 2011).

Similarly, in the education sector privatisation of primary education has resulted in children from richer families receiving much better education than children from poor families, which in turn results in them getting better jobs and higher incomes – a simple case of social class reproduction. As Nelson Mandela said in Dar es Salaam a few years ago: “*The rapid privatisation of basic education in Sub-Sahara Africa is the greatest threat to increased equality in the future*”.

Societies aiming at equality of outcomes – for example in basic health services, child nutrition, primary education and access to water – must almost invariably adopt equitable processes to achieve it.

Progressive taxation constitutes the most equitable method of financing health services for equality. This is clearly seen in the differences between some rich countries: for example, while the United States and Sweden are both very rich countries, a large percentage of low-income people in the US cannot afford adequate health services, while the welfare state in Sweden ensures equal access to free health services for everybody. This is a result of the fact that financing public good through progressive taxation is the best form of increasing equality, because it reduces disparities, by making richer people contribute much more to national social services than the less rich.

Urban Jonsson
The OWLS
2012

Social protection, as a measure to protect and support the most vulnerable, is a relatively recent phenomenon in Africa that is gaining recognition. Many children are vulnerable because of their socioeconomic status, disability or parental status. This underlies the moral and ethical arguments in favour of social protection.

There is an equally important economic case for investment in social protection. Social protection has the potential to increase use of education and health services by covering expenses, reducing fees, addressing legal barriers, or providing monetary incentives, especially where programmes involve conditionalities (Rees Chai and Anthony 2012). This in turn would enhance human capital of children and improve society's future productivity and workforce participation, and ultimately economic growth and prosperity (Kabeer, 2009; DFID 2006; Rees Chai and Anthony 2012).

It is known that rates of returns on investment in children are more effective and more worthwhile when targeted at vulnerable children, demonstrating the need for greater investment in social protection. For instance, a 2010 UNICEF study on 15 developing countries has demonstrated that additional investments in child survival, health and nutrition targeted at the most vulnerable and deprived populations are up to 60 per cent more cost effective (UNICEF, 2010 in Rees, Chai and Anthony 2012). Social protection programmes also have an important role to play in securing access to developmental resources that children need to realise their full potential.

Child-targeted social transfers, for instance, can aid in the reduction of current and intergenerational poverty; social insurance benefits can aid in school enrolment and reduce incentives for child labour; and conditional benefits tied to school attendance can create positive incentives for child enrolments, particularly among girls and children with disabilities (ACPF and ODI 2013). Child-sensitive social services, transfers, and social insurance reduce the impacts of malnutrition and disease for orphans and vulnerable children (OVC) and child-headed households, protect them against HIV/AIDS, and help increase healthcare access (Ortiz et al., 2010; Holmes and Jones, 2010). Public works programmes that invest in community infrastructure aimed at environmental sustainability may also have child-specific benefits, especially for girls, by reducing the time burden and associated risks involved in collecting water from remote locations (Holmes and Jones, 2010).

Evaluations of existing social protection programmes have shown their impact on reducing poverty, inequality and vulnerability. One of the most celebrated cost-benefit analyses was conducted by the ILO on the benefits of investment in social protection, and particularly in eliminating child labour: it showed that for every dollar spent in an income transfer programme aimed at eliminating child labour there was an estimated benefit of USD 6.7 globally (ILO 2004). These estimations take into account the value of improved productivity and earning capacity associated with greater education, and the value of reduced illnesses and injuries versus the cost of administering an income transfer programme. The cost-benefit ratios vary from region to region, with the highest, 1 to 8.4, in the Middle East and North Africa. A ratio of 1 to 5.2 prevails in sub-Saharan Africa (ILO 2004).

There are many examples of cash transfer programmes in Africa that led to a reduction in overall poverty and inequality, including for children:

- Malawi introduced an unconditional Social Cash Transfer pilot programme in 2006 that targeted the country's ultra-poor and labour constrained households. The programme led to household dietary diversification, increased demand for education and health care, and a drop of 23 per cent in illnesses among participating children, compared to 12.5 per cent for non-participants, between 2007 and 2008. Educational impacts included a 5 per cent positive difference in enrolment, increased educational expenditures per child, a one-day decrease in absences, and a 10 per cent decrease in out-of-home work for intervention areas compared to children in control groups (Miller, Tsoka & Reichert 2008; Miller, Tsoka, Reichert & Alley 2010).
- South Africa has one of the largest cash transfer programmes targeting children in Africa, the Child Support Grant. A study showed that the poverty gap in the country was reduced by 16.6 per cent by extending the eligibility age of the grant to 14; the poverty gap was reduced by 21.4 per cent when it was further extended to age 18. The percentage increase in poverty head count as a result of the global economic crisis would have been double were it not for the Child Support Grant; the increase would have been as high as 7.2 per cent when compared to its initial level in 2007, as opposed to the actual 3.6 per cent with the grants. The grant increased school attendance and reduced gender disparities in access to education for orphans and child-headed households (Niño-Zarazúa et al., 2010; Agüero et al).
- Kenya's Cash Transfer programme for Orphans and Vulnerable Children (CT-OVC) resulted in significant increases in food expenditure and dietary diversity, a 15 per cent increase in the frequency of consumption of essential food groups and greater energy intake among orphans and vulnerable children (Jackson et al. 2011; Davis et al. 2012; Republic of Kenya, 2012). The programme led to a significant increase (7.8 per cent) in secondary education enrolment for children above 12 years old, an outcome attributed to the fact that children were being sent home from school less frequently due to their new ability to pay for text books, desks, and exam fees.
- Morocco's *Entraide Nationale* has social protection centres for the care, feeding and education of orphans, children from extremely poor households, and children with disabilities, thereby increasing primary school enrolment and attendance (Marcus and Pereznieto 2011).
- In Ghana, the Livelihood Empowerment Against Poverty Programme (LEAP) is designed with the objective of supplementing the income of the bottom 20 per cent of extremely poor households; or single parent households with a household member who is an orphan or vulnerable child, or an elderly poor person, or a person with a severe disability. A simulation based on making LEAP available to all eligible people in Ghana showed that such an intervention would reduce overall poverty by about 5 per cent. Inequality, as captured by the Gini coefficient, would decrease from 33 per cent to 28 per cent, and the poverty gap would be reduced from 17.2 per cent to 10.6 per cent. The depth of poverty would diminish by about 39 Ghanaian cedi per person, with a bias in favour of the rural poor (Osei 2011).

5.6 Conclusions

Investment in children has benefits that far outweigh the costs. The benefits of nutritional interventions targeting children, for instance, include enhanced performance, productivity, income earning opportunities and, ultimately, better wellbeing. Investments made in early childhood, particularly in nutrition and education, have greater benefits than those made at a later age.

The Budgetary Commitment Index – measuring the levels of commitment made by governments through their budgets – reveals a mixed picture in Africa. Most countries have, for example, failed to live up to the commitment they made in Abuja to allocate 15 per cent of their national budgets to health. The same can be said about education: only one of the 52 African countries reviewed (the Government of Lesotho) met the Dakar minimum commitment of allocating nine per cent of GDP to education. The governments of Gambia, South Africa, Swaziland, Nigeria, Tunisia and Liberia turned out to be the most committed, in relative terms, by allocating the maximum of their available budget for children. Very low levels of overall budgetary commitment for children were observed in Eritrea, São Tomé and Príncipe, Chad, Zimbabwe, Angola and Guinea. Both the top and bottom groups of performers were made up of countries from all rungs of the economic ladder, showing that budgetary commitment to children is not necessarily associated with the wealth of a nation.

In conclusion, in order for countries to continue to strive to meet their obligations and commitments to children, the following actions are required.

- All governments need to increase their budget allocations for education and health to those stipulated in the Dakar and Abuja commitments respectively: 9 per cent for education and 15 per cent for health.
- In addition to these necessary increases in budgetary allocations, governments must ensure equitable distribution of those allocations in order to redress inequality. Generally, countries with higher equality have lower levels of child poverty and better child wellbeing outcomes. Governments are therefore obliged to put in place fiscal and monetary policies, as well as pro-poor economic and social policies, that ensure better distributional outcomes, targeting the poor and the vulnerable and protecting them from economic shocks.
- Social protection is one of the most important mechanisms for addressing inequality and vulnerability. Therefore, building on the experience and good practice of social protection programmes existing in Africa, governments must scale up efforts to implement comprehensive social protection programmes that are affordable, sustainable and effective for protecting promoting the wellbeing of the most vulnerable children.



6

ARE AFRICAN GOVERNMENTS BECOMING MORE CHILD-FRIENDLY?

6.1 The Child-friendliness Index

The *Child-friendliness Index (CFI)* is a composite measure for the quantitative assessment of governments' performances in terms of fulfilling child rights and wellbeing. It is a tool to identify strengths and weaknesses in public policy, and to provide policy options to improve child wellbeing. The index is inspired by the three core principles of child rights enshrined in the CRC and ACRWC: **Protection**, **Provision** and **Participation**. These form the building blocks for measuring the child-friendliness of governments. The point of departure of the CFI is to look at governments' commitment to the following:

- *Protection of children*, assessed in terms of the legal and policy frameworks the government has put in place
- *Provision for the basic needs of children*, assessed in terms of budgetary expenditure on programmes targeting children and their effectiveness in achieving child wellbeing outcomes
- *Participation of children*, assessed in terms of government efforts to promote child participation in decisions that affect them.

Box 6.1 Defining child-friendliness

The Child-friendliness Index is a tool to capture the extent to which a government is making the maximum effort to meet its international and continental commitments to children's rights and wellbeing. It takes into account the adoption of laws and policies for the protection of children; government spending for the provision of children's basic needs and achievements of child-related outcomes; and willingness to allow children's participation.

In short: a child-friendly government is defined as one which is making the maximum effort to meet its obligations to respect, protect and fulfil children's rights and ensure their wellbeing.

The CFI applies a number of indicators in respect of Protection, Provision and Participation⁴². All in all, 44 legal, policy, budget and child wellbeing-related indicators were used to assess the child-friendliness of governments for this report (see Annex 1 for details on the components, indicators and limitations of the Child-friendliness Index).

In short, the Child-friendliness Index is an accountability monitoring framework for tracking compliance of governments with their obligations under the CRC and ACRWC. It aims to contribute to the promotion of pro-child laws and policies in Africa.

⁴² Participation has, however, not been captured in the CFI due to lack of data. Only the other two dimensions – protection and provision – were included in the construction of the index.

6.2 How child-friendly are our governments today?

The 2013 CFI, presented in Table 6.1, covers 52 countries. As with any other composite index, the construction of the CFI followed a procedure that included standardisation of indicator values, weighting, and aggregation of scores to arrive at the overall Index. The Index shows the current CFI ranking as well as the progress made by African countries over the last five years (2008-2013).

Countries were grouped into the following five categories based on their relative scores in the CFI:

- Most child-friendly
- Child-friendly
- Fairly child-friendly
- Less child-friendly
- Least child-friendly.

As can be seen in Table 6.1, the governments of Mauritius, South Africa, Tunisia, Egypt, Cape Verde, Rwanda, Lesotho, Algeria, Swaziland, and Morocco scored very highly, emerging as the most child-friendly governments in Africa. Other good performers were ranked as “child-friendly”: the governments of Seychelles, Libya, Togo, Malawi, Senegal, Botswana, Nigeria, Ghana, Burkina Faso, and Gambia.

MOST CHILD-FRIENDLY

The Governments of Mauritius, South Africa, Tunisia, Egypt, Cape Verde, Rwanda, Lesotho, Algeria, Swaziland, and Morocco came out on top as a result of their relatively high performance in fulfilling their commitments towards the realisation of the rights and wellbeing of children. These were the “**most child-friendly**” governments in Africa in 2013.

Table 6.1 Child-friendliness Index values and rankings of African countries

Country	Score	Rank 2013	Category
Mauritius	0.7971	1	Most child-friendly
South Africa	0.7668	2	
Tunisia	0.7507	3	
Egypt	0.7486	4	
Cape Verde	0.7365	5	
Rwanda	0.7361	6	
Lesotho	0.7330	7	
Algeria	0.7243	8	
Swaziland	0.7194	9	
Morocco	0.7107	10	
Seychelles	0.7032	11	Child – friendly
Libya	0.7017	12	
Togo	0.6975	13	
Malawi	0.6937	14	
Senegal	0.6899	15	
Botswana	0.6881	16	
Nigeria	0.6727	17	
Ghana	0.6668	18	
Burkina Faso	0.6639	19	
Gambia	0.6636	20	
Kenya	0.6607	21	Fairly child-friendly
Mali	0.6596	22	
Burundi	0.6569	23	
Madagascar	0.6563	24	
Djibouti	0.6535	25	
Namibia	0.6528	26	
Liberia	0.6428	27	
Benin	0.6409	28	
Gabon	0.6340	29	
Uganda	0.6338	30	
United Rep. of Tanzania	0.6256	31	
Congo	0.6255	32	

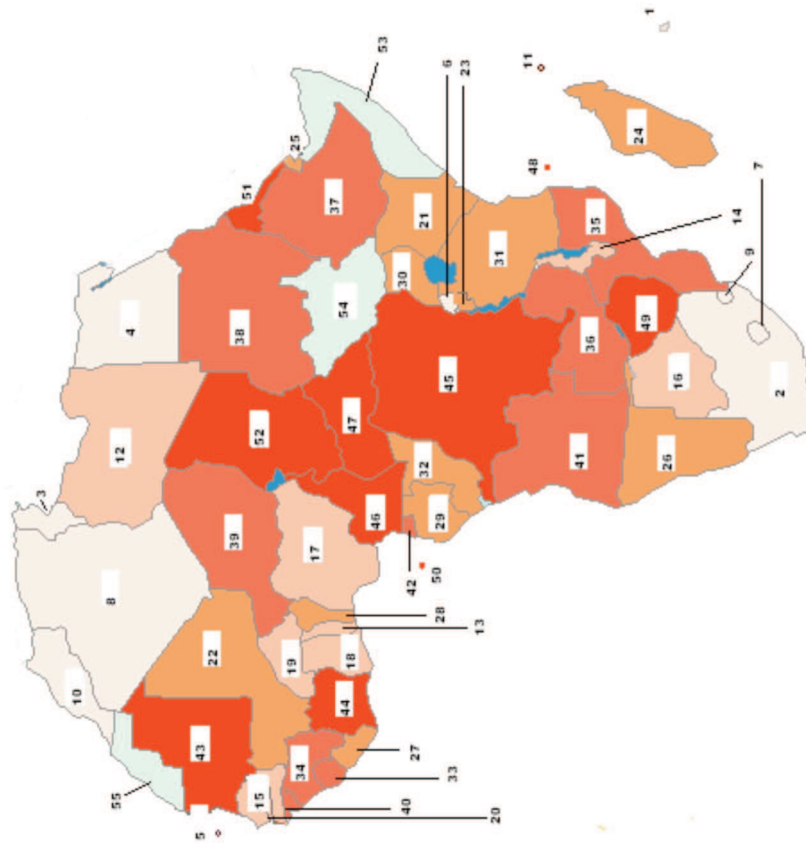
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Table 6.1 Child-friendliness Index values and rankings of African countries *(continued)*

Country	Score	Rank 2013	Category
Sierra Leone	0.6136	33	Less child-friendly
Guinea	0.6088	34	
Mozambique	0.6080	35	
Zambia	0.6038	36	
Ethiopia	0.6037	37	
Sudan	0.5966	38	
Niger	0.5864	39	
Guinea-Bissau	0.5850	40	
Angola	0.5801	41	
Equatorial Guinea	0.5782	42	
Mauritania	0.5677	43		Least child-friendly
Côte d'Ivoire	0.5572	44	
Dem. Rep. Congo	0.5537	45	
Cameroon	0.5527	46	
Central African Republic	0.5486	47	
Comoros	0.5390	48	
Zimbabwe	0.5232	49	
São Tomé and Príncipe	0.5145	50	
Eritrea	0.5094	51	
Chad	0.4904	52	

Source: Developed by ACPF, 2013

Map 6.1 Geography of child-friendliness, 2013



Source: Developed by ACPF, 2013

Legend				
1	Mauritius	29	Gabon	
2	South Africa	30	Uganda	
3	Tunisia	31	United Republic of Tanzania	
4	Egypt	32	Congo (Brazzaville)	
5	Cape Verde	33	Sierra Leone	
6	Rwanda	34	Guinea	
7	Lesotho	35	Mozambique	
8	Algeria	36	Zambia	
9	Swaziland	37	Ethiopia	
10	Morocco	38	Sudan	
11	Seychelles	39	Niger	
12	Libya	40	Guinea-Bissau	
13	Togo	41	Angola	
14	Malawi	42	Equatorial Guinea	
15	Senegal	43	Mauritania	
16	Botswana	44	Côte d'Ivoire	
17	Nigeria	45	Dem. Rep. Congo	
18	Ghana	46	Cameroon	
19	Burkina Faso	47	Central African Republic	
20	Gambia	48	Comoros	
21	Kenya	49	Zimbabwe	
22	Mali	50	São Tomé and Príncipe	
23	Burundi	51	Eritrea	
24	Madagascar	52	Chad	
25	Djibouti	53	Somalia	
26	Namibia	54	Southern Sudan	
27	Liberia	55	Western Sahara	
28	Benin			

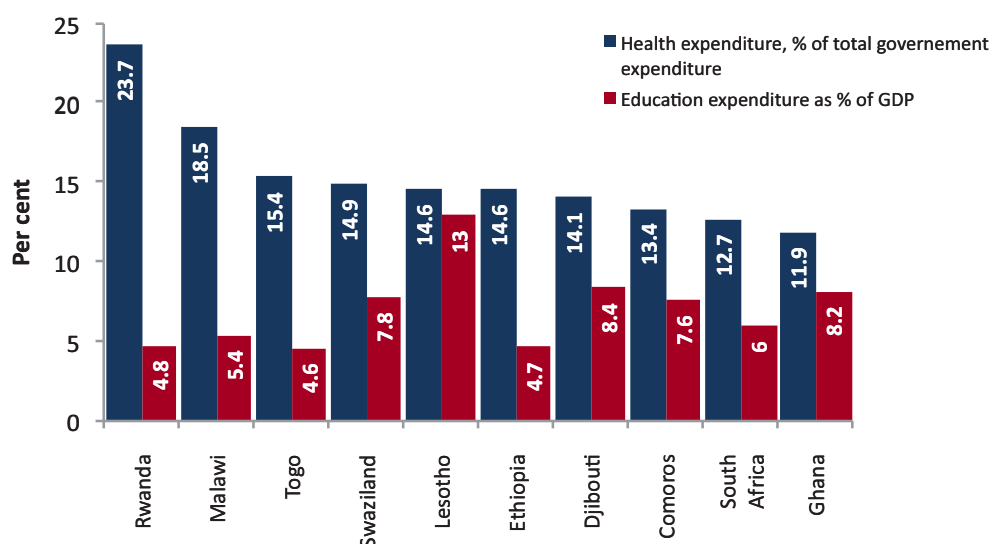


What did the best performers achieve to deserve high scores in the CFI? A closer look at the scores of the top ten governments reveals that their high performance is the combined effect of:

- Spending greater amounts of resources on sectors benefiting children
- Committing to international treaties and norms, as reflected in ratifications of international and regional child-related instruments
- Adopting laws and policies to protect children from maltreatment and exploitation
- The relatively effective and efficient utilisation of budgetary expenditure, as reflected in improved child-related outcomes and access to basic services.

For example, four of the top ten child-friendly governments – Rwanda, Swaziland, Lesotho and South Africa – were among those that had invested relatively highly in both education and health (see Chart 6.1).

Chart 6.1 Some countries with higher spending on education and health over the period 2006-2011



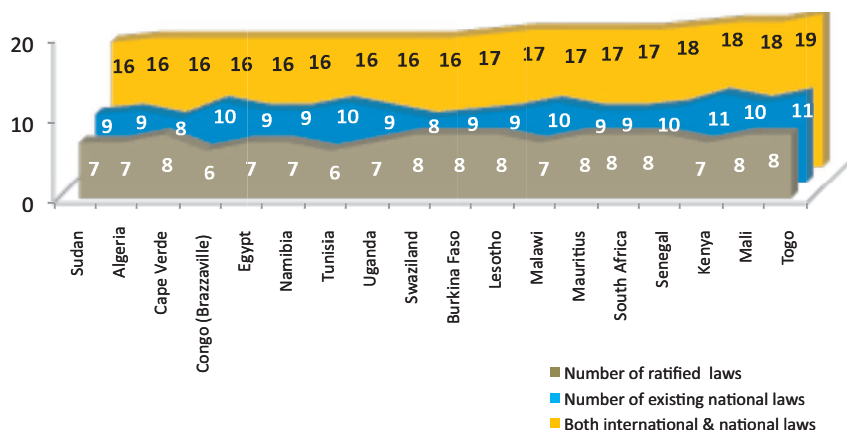
Source: Based on data from WHO, 2013; UNESCO Institute for Statistics, 2013; ACPF, 2008

The analysis shows that nine of the top performers – Tunisia, Mauritius, Algeria, Cape Verde, Morocco, Egypt, Swaziland, South Africa, and Lesotho – have made significant progress in lowering their countries' pupil-teacher ratio (PTR), a measure with a direct impact on quality of education. All these countries reached the recommended level of PTR, a maximum of 40:1⁴³.

As can be seen from Chart 6.2, several of the most child-friendly governments are also among those that have adopted national and international child-related laws and policies.

⁴³ Overcrowded or large classrooms are those where the Pupil-Teacher Ratios (PTR) exceed 40:1 (Benbow et al. 2007); and overcrowding is among the factors that undermines the quality of education (Duflo 2008 as cited in UNICEF 2012).

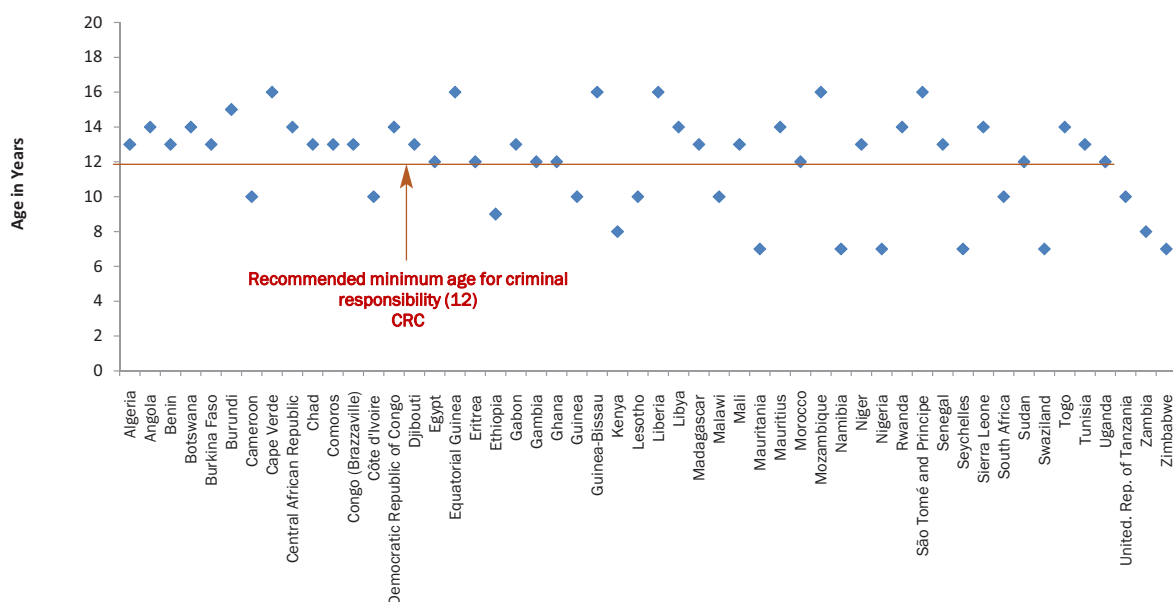
Chart 6.2 Countries that adopted the majority of child-related instruments



Source: Based on data from UN Treaty Collections as of July 31st, 2013, National laws and State Party Reports

Most if not all of the top ten countries in the CFI have also demonstrated their commitment to children by instituting comprehensive legal and policy frameworks for child protection. For instance, all the top ten have ratified ILO Minimum Age Convention 138 and also set a minimum age for admission to employment at 14 years or above, consistent with the Convention. Seven of the top ten (Mauritius, Tunisia, Egypt, Cape Verde, Rwanda, Algeria, and Morocco) have set a minimum age for criminal responsibility at 12 years or above, in accordance with the recommendations of the CRC (see Chart 6.3).

Chart 6.3 Minimum age of criminal responsibility



Source: Based on data from National laws and State Party Reports, 2013

Countries that scored the lowest made up the “least child-friendly” group. They were Chad, Eritrea, São Tomé and Príncipe, Zimbabwe, Comoros, Central African Republic (CAR), Cameroon, Democratic Republic of Congo (DRC), Côte d’Ivoire, and Mauritania. These countries scored relatively low because of their poor performance in relation to:

LEAST CHILD-FRIENDLY

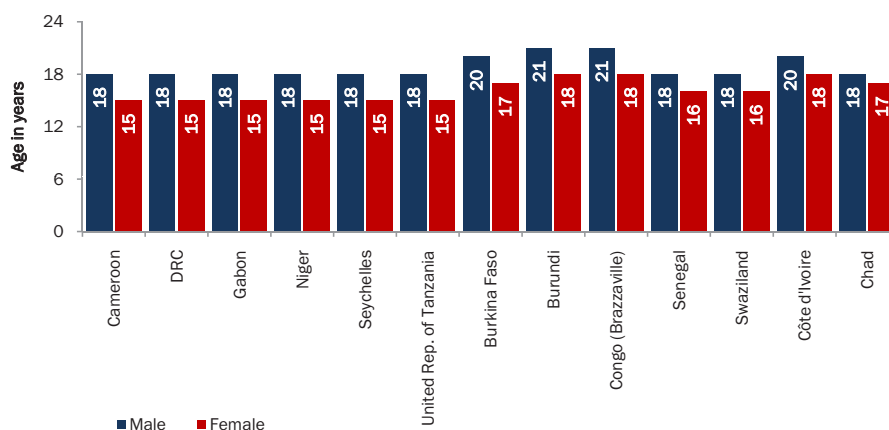
The Governments of Chad, Eritrea, São Tomé and Príncipe, Zimbabwe, Comoros, CAR, Cameroon, DRC, Côte d’Ivoire, and Mauritania scored the lowest in the 2013 CFI and ranked in the “least child-friendly” category.

- Investing in sectors benefiting children
- Putting in place legal and policy frameworks to protect children from abuse and exploitation
- Efforts made to improve child-related outcomes and ensure access to basic services.

For instance, Chad, Eritrea, and São Tomé and Príncipe were among the countries that spent the lowest on health; Zimbabwe, DRC, Eritrea, and Comoros were among the countries that contributed nothing or very little to the Expanded Programme on Immunization (EPI); and CAR, Eritrea, Zimbabwe, DRC, and Chad were among the bottom ten countries in terms of education spending.

As can be seen from Chart 6.4, four of the “least child-friendly” governments –Cameroon, Chad, DRC, and Côte d’Ivoire– are reported to have gender-discriminating laws in respect of minimum age for marriage. In three of these countries, the minimum age of marriage for girls is under 18. Cameroon and DRC legalised marriage at 15 for girls, and Chad set the age at 17, all in contradiction to the international standard age of 18 years.

Chart 6.4 Countries with gender discriminatory law for age of marriage



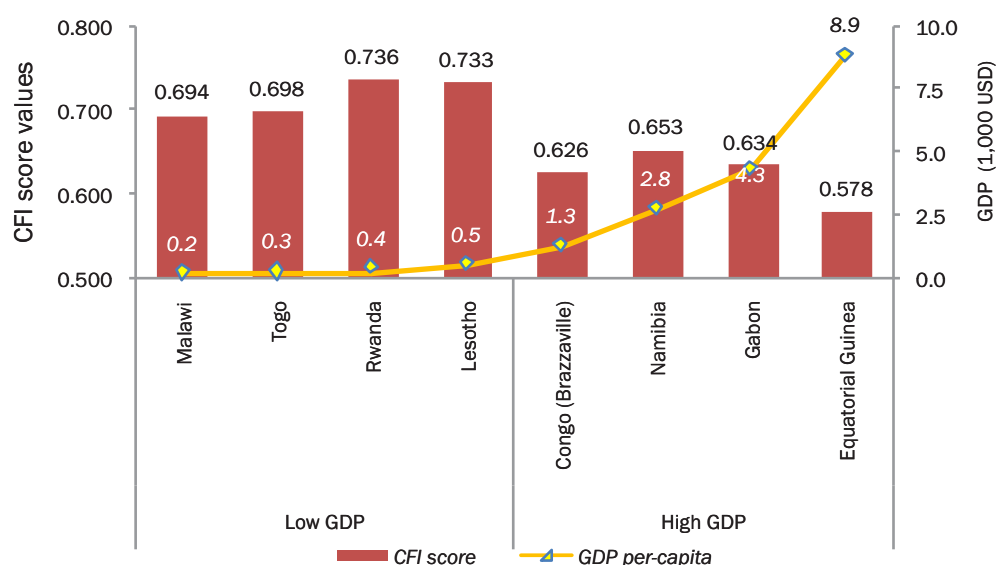
Source: Based on data from National laws and State Party Reports, 2013

The CFI is a relative measurement. It shows the performance of a government in comparison to other governments in the context of change over time. Therefore, caution is needed in interpreting the results of the CFI ranking exercise. If a country has scored highly in the CFI, it does not necessarily mean that it has excelled in all aspects of children’s rights and wellbeing and that there is no room for improvement. Nor have the countries with the lowest scores necessarily done nothing to promote the rights and wellbeing of children. Rather, the CFI is a reflection of these countries’ relative efforts to realise progressively all rights of children, and of their performance in complying with their obligations as set forth in child rights instruments. It captures the areas where governments have performed well, and identifies weaknesses that need to be rectified in order to expedite the implementation of children’s rights and improve their overall wellbeing.

6.3 On child-friendliness, wealth and income

Is child-friendliness necessarily dependent on the wealth of a country? The answer is simply no. Consideration of the relationship between the level of GDP per capita and CFI scores shows no obvious association. For example, countries with relatively low GDP per capita such as Rwanda, Lesotho, Togo, and Malawi scored high in the CFI, ranking in the top twelve overall. On the other hand, countries with relatively high GDP per capita like Equatorial Guinea, Gabon, Namibia and Congo (Brazzaville) scored poorly (see Chart 6.5). What matters is political determination.

Chart 6.5 CFI score versus GDP per-capita for selected countries



Source: Based on data from World Bank and ACPF, 2013

6.4 Are our governments becoming more child-friendly?

In order to assess whether African governments are becoming more or less child-friendly over the years, we compared their performance scores in the 2008 and 2013 rankings. In general, the evidence is that there was progress in the child-friendliness of African countries between 2008 and 2013. The 2008 CFI scores ranged from 0.366 to 0.711 and the average score was 0.575. In 2013, the corresponding scores varied from 0.490 to 0.797 and the average score went up to 0.641 points – an increase of 11.5 per cent.

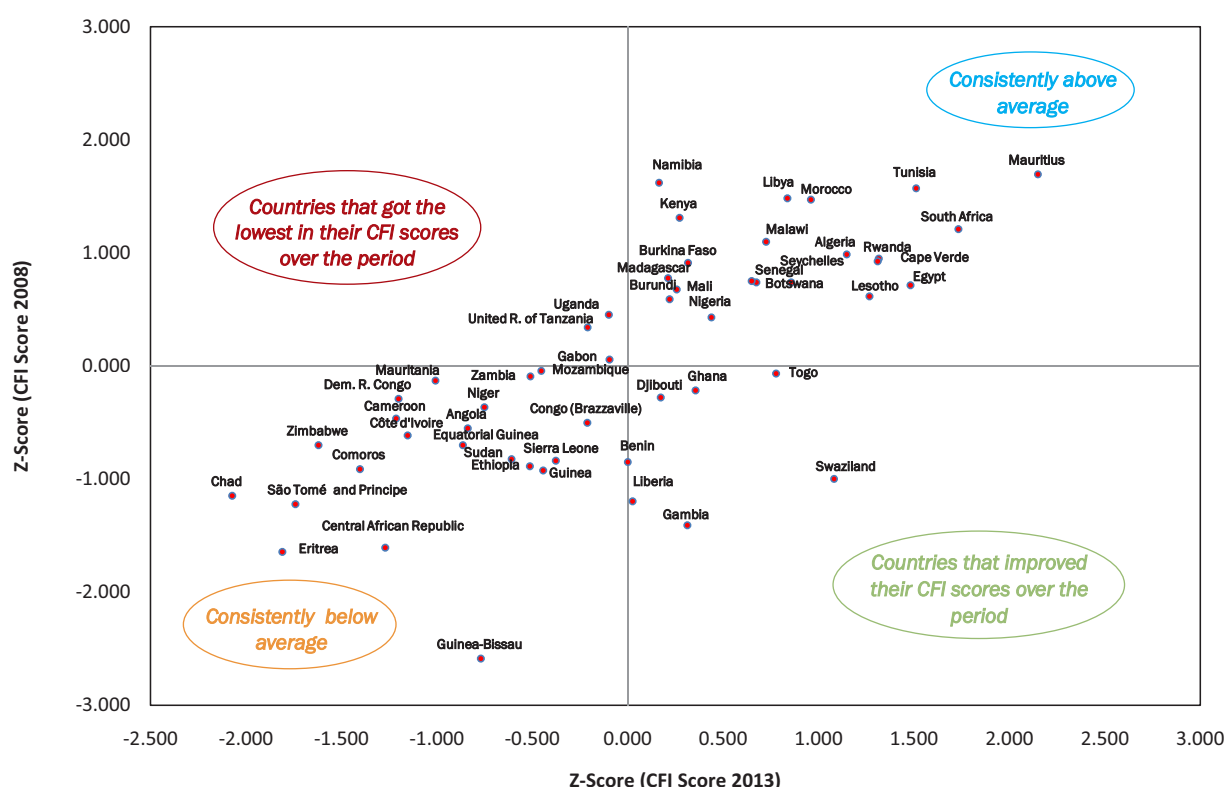
The Z-score⁴⁴ scatter plot for the 2008 and 2013 CFI scores in Chart 6.6 further elaborates which countries have scored above average and which have not. It also shows which countries improved and which declined over the five-year period. Accordingly, countries placed at the top

BIGGEST RISERS	
Swaziland	36 places up
Gambia	29 places up
Liberia	20 places up

⁴⁴ A Z-Score is a statistical measurement of a score's relationship to the mean in a group of scores. A Z-Score of 0 means the score is the same as the mean/average. A Z-Score can also be positive or negative, respectively indicating whether it is above or below the mean/average.

right corner of the plot (such as Mauritius, Tunisia, South Africa, Egypt and Rwanda) are those that scored above the average in both 2008 and 2013; whereas countries in the bottom left quadrant (including Chad, Eritrea and São Tomé and Príncipe) were those that scored consistently below average over the five-year period. The bottom right (Togo, Swaziland, Ghana, Gambia, Djibouti, Liberia, and Benin) comprises those that performed below the average score (0.575) in 2008 but improved noticeably over the five-year period to obtain above the average score (0.641) in 2013. The top left countries (Tanzania, Burundi, Uganda and Gabon) scored above average in 2008 but did not perform well over the five-year period, as they scored below the average for the 2013 CFI. See Table A2 in the Annexes for the detailed score values.

Chart 6.6 Standardised scores (Z-Scores) scatter plot: 2008 CFI versus 2013 CFI



Source: ACPF, 2008 and 2013

With regard to child-friendliness standings, about two-fifths of African countries (22 out of 52) have improved over the five-year period. The biggest risers were the governments of Swaziland, Gambia, and Liberia. Swaziland, for example, joined the “most child-friendly” group by leaping 36 places, and Gambia joined the “child-friendly” group by moving up 29 places. Togo also moved from the “fairly child-friendly” to the “child-friendly” category (from 26th in 2008 to 13th in 2013). See Table A2.5 in Annex 2 for index values and rankings of all countries for 2008 and 2013.

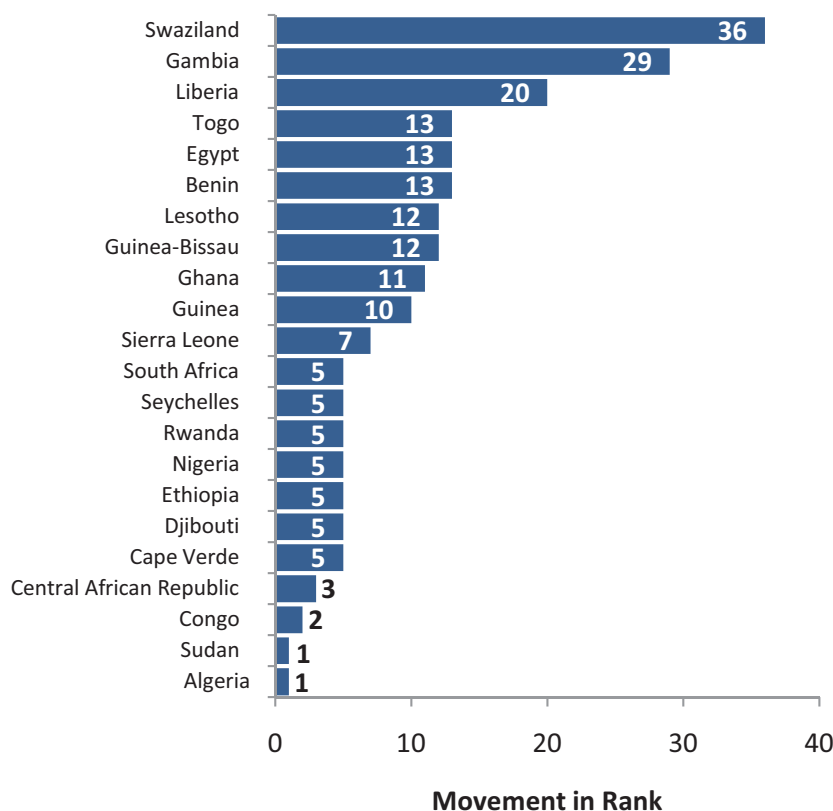
Egypt, Rwanda and Lesotho also rose to the top ten and joined the “most child-friendly” league of countries in 2013. Other countries that markedly improved their CFI rankings included: Benin, Guinea-Bissau, Ghana, Guinea, and Sierra Leone. South Africa and Cape Verde also

CONSISTENTLY CHILD-FRIENDLY COUNTRIES

Despite some changes in ranks, the governments of Mauritius, South Africa, Tunisia, Cape Verde, Algeria, and Morocco have been consistently in the “most child-friendly” category over the period 2008-2013.

advanced in the rankings by moving up to 2nd and 5th in 2013 from 7th and 10th respectively in 2008. Others that moved up five places include Djibouti, Ethiopia, Nigeria, and Seychelles (see Chart 6.7).

Chart 6.7 Countries that progressed in child-friendliness ranking over the period 2008-2013



Source: ACPF, 2013

The progress made in these countries is essentially due to increased spending on sectors directly benefiting children; adoption and implementation of pro-child laws and policies; and achievement of improved child-related outcomes during this period. For example:

- The significant improvement made by the Government of Swaziland in the CFI rankings is attributable mainly to notable results in relation to child-related outcomes and recent important law reforms. Infant mortality fell by more than a third (from 110 deaths per 1,000 live births in 2005 to 69 deaths in 2011); measles immunisation coverage increased by about 63 per cent; and the percentage of deliveries attended by skilled health workers increased by about 11 per cent. The proportion of the population with access to improved sanitation facilities and drinking water sources increased fairly significantly over this period. Between 2005 and 2011, Swaziland also put in place many child-related laws to strengthen its child protection system: it ratified the ACRWC, the Optional Protocol to the CRC on Involvement of Children in Armed Conflict, the UN Convention on Persons with Disabilities, and the Hague Convention on Intercountry Adoption; it introduced laws on child trafficking and harmful traditional practices; and it established child-friendly courts. However, it should be noted that the CFI assessment did

not look into implementation of these laws, or in to other system-related issues that are equally important in ensuring enforcement.

- The Government of Gambia moved up the rankings significantly for several reasons: between 2005 and 2011 it increased health spending by about 92 per cent, education spending by about 95 per cent, and the government's financial contribution to the EPI programme by about 67 per cent. It achieved impressive results in terms of reducing infant mortality (to 58 deaths per 1,000 live births in 2011 from 97 deaths in 2005); it expanded immunisation coverage by 8 per cent (from 84 per cent to 91 per cent); and it recorded a moderate improvement in access to improved sanitation and safe drinking water. The country also raised the minimum age for criminal responsibility and the age of marriage, in line with international standards. While these positive developments are welcome, there remains much room to improve in terms of enhancing child protection and improving access to and quality of education, especially at secondary level.
- Liberia moved from the "least" to "fairly" child-friendly categories over the period 2005-2011 because it ratified the ACRWC and the UN Convention on Persons with Disabilities; it established child-friendly courts; it increased government contribution to the EPI funding from zero to 91 per cent; and it reduced infant mortality by around 63 per cent.
- Progress observed in Togo was the result of a combination of factors. The government of Togo increased health and education spending by 123 per cent and 77 per cent respectively; the percentage of children under five with suspected pneumonia taken to an appropriate health provider increased by about 39 per cent; and infant mortality declined by about six per cent between 2005 and 2011. Togo also showed greater commitment to child protection, as evidenced in the laws and policies it adopted for providing legal protection to children.
- During the period under review Benin, which moved from 41st in 2008 to 28th in 2013, increased education spending by 20 per cent and health spending by seven per cent; reduced infant mortality by around 24 per cent; put in place a policy of free and compulsory education; set the age of marriage at 18 years for both males and females; and ratified the UN Convention on Persons with Disabilities.
- Lesotho joined the "most child-friendly" group over the period 2005-2011 because it ratified the UN Convention on Persons with Disabilities and the Hague Convention on Intercountry Adoption; it raised the age of marriage to 21 years both for males and females; it reduced infant mortality by about 38 per cent; it increased health spending by about nine per cent; and government contribution to routine EPI funding increased from 9 per cent to 42 per cent.
- Egypt made commendable progress over the period by setting the minimum age of marriage at 18 for both boys and girls, the minimum age for criminal responsibility at 12, and the minimum age for admission to employment at 15, in accordance with international standards. The number of physicians available for every 100,000 people – a good measure of the availability of health care – increased noticeably from 54 in 2005 to 283 in 2010. The percentage of the population with access to improved sanitation facilities also increased considerably, from 70 per cent to 95 per cent between 2005 and 2011.
- Guinea-Bissau jumped 12 places (from 52nd to 40th) in the ranking over the five-year period, mainly due to ratification of regional and international laws such as the ACRWC; the Optional Protocol to the CRC on Sale of Children, Child Prostitution and Child Pornography; and ILO Conventions No. 138 (Minimum age for employment) and No. 182 (Worst forms of child labour). Laws were also put in place to prohibit harmful traditional practices, and there was a significant

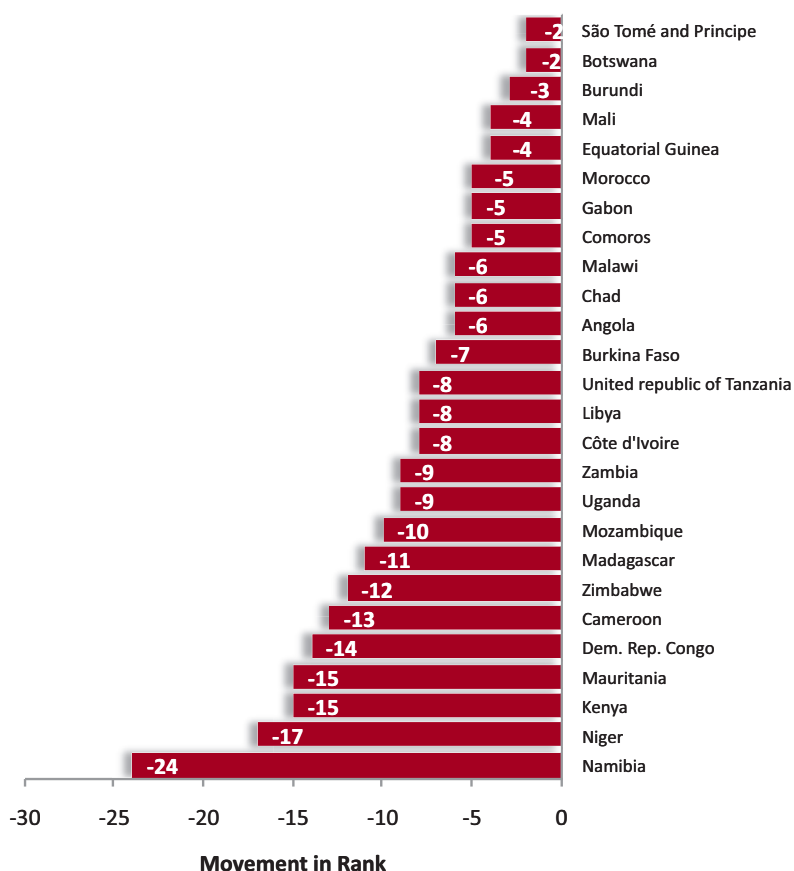
increase in health spending (by about 123 per cent) and a decline in infant mortality of about 21 per cent.

- Ghana’s leap from 29th on the CFI in 2008 to 18th in 2013 was caused mainly by increased spending on education and health (by 53% and 42%, respectively); a decline in infant mortality by 24 per cent; and improvement in immunisation coverage by about 10 per cent. During this period Ghana also ratified ILO Convention No. 138 (Minimum age for employment) and the UN Convention on Persons with Disabilities.

In contrast to these positive examples, as can be seen from Chart 6.8 a large number of countries moved from 2 to 24 places down the CFI ranking between 2008 and 2013. Countries that dropped the furthest include Namibia, Niger, Kenya, Mauritania, DRC, and Cameroon.

BIGGEST FALLERS	
Namibia	24 places down
Niger	17 places down
Kenya	15 places down
Mauritania	15 places down
DRC	14 places down

Chart 6.8 Countries that have fallen in child-friendliness ranking over the period 2008-2013



Source: ACPF, 2013

The main reasons for some countries' declines in CFI ranking include:

- Reductions in government spending on sectors that benefit children
- The decline in performance in child-related outcomes and in ensuring access to basic services.

CONSISTENTLY LEAST CHILD-FRIENDLY COUNTRIES

The Governments of Chad, Eritrea, São Tomé and Príncipe, Comoros and Central African Republic remained persistently "least child-friendly" over the period 2008-2013.

For example, government financial contribution to EPI fell over the 2005-2011 period by 96 per cent in Burundi, 86 per cent in Niger, 86 per cent in Chad, 79 per cent in Mauritania, 71 per cent in Mali and 29 per cent in Kenya. Reductions in health and/or education spending over the period also contributed to drops in the rankings for Chad, São Tomé and Príncipe, Namibia, Malawi, Burkina Faso, Kenya and Cameroon. For example, Chad reduced health spending by about 65 per cent; São Tomé and Príncipe decreased health spending by 57 per cent; Namibia cut health spending by about 51 per cent; Malawi reduced health spending by about 36 per cent and education spending by about 7 per cent; Kenya decreased health spending by 28 per cent and education spending by 3 per cent; and Burkina Faso trimmed health spending by about 16 per cent and education spending by about 19 per cent. Similarly, the positions of Uganda, Zambia and Madagascar were adversely affected by reductions in education spending between 2005 and 2011.

Drops in ranking were also observed due to the following:

- A decline in immunisation coverage in Mali, Burkina Faso, Uganda, Comoros, and Niger
- An increase in infant mortality in Comoros
- A decrease in the percentage of deliveries attended by skilled health workers in Niger, Zimbabwe, and Madagascar
- Unchanged or very small improvements for most of the CFI indicators in DRC.

6.5 Conclusions

Today Africa is a more child-friendly place than it was five years ago. Progress in child-friendliness has been particularly remarkable in countries that performed relatively poorly in the 2008 analysis using CFI, such as Swaziland, Gambia, Liberia, Togo, Benin, Lesotho and Egypt. Their progress is attributed to a number of developments. These countries reduced infant mortality rates and prevalence of underweight, increased child immunisation services and expanded access to improved sanitation facilities and safe drinking water sources. Most of them also increased budgetary allocation to health and education. These countries also improved their legal and policy environments for the protection of children.

In contrast, there were several other governments that did relatively poorly, some of which have remained consistently among the “least child-friendly” ranked countries over the past five years. Some countries, including Mauritania, DRC, Cameroon and Zimbabwe, performed relatively poorly and joined the ten least child-friendly countries in 2013. Others, such as Chad, Eritrea, São Tomé and Príncipe, Comoros and CAR, performed consistently poorly: these were ranked among the least child-friendly in 2008 and remained so in 2013.

In conclusion, the performances of African countries in realising the rights and wellbeing of children, based on the analytical framework of the Child-friendliness Index, can be further improved. This can be achieved if countries strive to take measures on the priority areas for action identified in the following chapter.



7

POLICY PRIORITIES FOR ACTION

Promising developments

Africa has made a remarkable progress on a number of fronts.

It has become one of the fastest growing economic regions in the world and a new frontier of growth and investment. Most African countries enjoy more peace and security today than they did than a few years ago. More countries are upholding democratic processes, through reportedly fair elections. In general, Africa is on an unprecedented path of peace, growth and prosperity. Africa is not a continent of failure, but rather one that has moved notably forward in many aspects.

These promising developments have contributed to significant improvements in child wellbeing, most notably in dramatic reduction of child mortality across Africa. African governments are now more child-friendly and more accountable to their children than they were five years ago. In other words: more children in Africa now survive beyond their fifth year; more children in Africa are able to go to school; and more children in Africa enjoy a happy and peaceful childhood than ever before.

Remaining challenges

Despite these promising developments, however, children in many African countries still face risks that are detrimental to their survival and wellbeing. Millions of children continue to die of preventable diseases such as malaria and diarrhoea. Too many live in abject poverty, lacking access to adequate nutrition and adequate sanitation, and are denied quality education, particularly at secondary level. Too many are victims of unacceptable forms of violence. In addition, millions more African children face even further risks, with limited social protection mechanisms in place to support them. At particular risk are those children without parental care; those with disabilities who are denied equal access to education opportunities; and those who live in extreme deprivation in fragile countries that face significant socio-political crises.

Although the majority of African countries have consolidated their laws on children, consolidation has not always meant full harmonisation with international standards. Many countries have not yet prohibited corporal punishment at home and school, for example, and many others have not harmonised the minimum age of criminal responsibility and age of marriage with international standards. Enforcement of laws and policies has remained the major challenge, and many governments have also failed to observe reporting obligations under the ACRWC.

Priorities for action

Based on the analysis in this Report, the following five priority areas for action are most needed in order to enhance African governments' compliance with child rights instruments, and thereby to improve the life situations of children, particularly the most vulnerable groups.

Box 7.1 The five priority areas for action

1. Strengthening systems and capacities to enhance accountability to children
2. Further improving the survival of children and their access to basic needs and services
3. Increasing budgetary allocations to programmes benefiting children, and enhancing commitment to address growing inequality
4. Providing full legal protection for children and strengthening enforcement
5. Putting in place mechanisms to ensure children's participation in decisions that affect them.

Strengthening systems and capacities to enhance accountability to children

1. *Establishment of national child rights observatories.* Monitoring the implementation of children's rights entails regular collection of adequate information on children's rights and wellbeing in order to track progress and accelerate action where there are gaps. Governments therefore need to establish independent and autonomous national child rights observatories mandated to coordinate efforts to collect, compile, analyse and disseminate data relating to children, in order continuously to monitor implementation of children's rights and devise effective strategies for improvement. There is also a need to develop data collection programmes to ensure that the special needs of marginalised children are captured and effectively addressed.
2. *Building the capacity of law enforcement and human rights institutions and ensuring their independence.* Law enforcement and human rights institutions such as child rights commissions perform better in an environment where they have greater independence and are adequately resourced to undertake their mandates. Governments therefore need to ensure through laws, policies and administrative practices that these entities exercise their independence and invest in building the human and institutional capacities they need to undertake their duties effectively.
3. *Facilitating the role of media in the promotion of accountability.* Mass media plays an important role in promoting accountability at all levels through exposing abuse of power, shaping public attitudes and triggering action that holds duty-bearers accountable. Therefore, governments need to facilitate access to information for the media, and ensure its independence.

Further improving the survival of children and their access to basic needs and services

4. *Scaling up public health to reduce child mortality.* Governments need to scale up efforts to reduce child mortality further and accelerate the positive gains that have been made. In particular, greater efforts are needed to invest in national capacities and systems to reduce preventable diseases such as malaria, diarrhoea and pneumonia. Governments should aim to achieve universal access to maternal and child health services, including access to anti HIV/AIDS drugs and PMTCT services, and they must invest in facilities for adequate sanitation and safe water.
5. *Reduction in the prevalence of stunting through multi-sectoral interventions.* The high prevalence of malnutrition, and particularly stunting, in Africa must be addressed if economic progress is to be optimised. Governments need to invest not only in maternal and infant nutrition interventions (including the elimination of "hidden hunger" by ensuring access to vitamins and minerals), but they must also ensure that nutrition inputs and outcomes are integrated into multi-sectoral interventions such as in health, agriculture, food security, education and social protection.

6. *Strengthening quality of education and improving completion rates in primary and secondary schools.* Building on significant achievements and progress in enrolment rates in primary education, African countries must now accelerate progress in enrolment and completion rates in secondary school. Furthermore, governments must focus on achieving universal access to primary and secondary education, make greater investments to achieve improvement in educational outcomes, and seek opportunities to increase access to pre-schooling.
7. *Ensuring universal and equitable access to basic social services for all children, particularly those who face additional risks.* Achieving universal access to all social services, particularly in education, protection and health, implies placing greater emphasis on inclusiveness and equity and scaling up efforts to reach the most marginalised groups (such as girls, children in child-headed households, street children, children with disabilities and those living in pastoralist and rural areas).
8. *Scaling up efforts to reach all children in fragile countries.* Children living in fragile states in Africa face additional challenges and significant deprivation. In these contexts, and with the support of the international community (including the United Nations and civil society), governments and regional treaty bodies are accountable for ensuring that children's wellbeing is supported through protection measures and access to basic services. This must be accomplished within a broader framework of political dialogue, law and policy reforms, human security and economic stability and capacity development.

Providing full legal protection for children and strengthening enforcement

9. *Undertaking systematic reviews for further legal reform.* Governments should conduct periodic, comprehensive and systematic reviews of their national laws related to children, in order to identify gaps and to facilitate and expedite effective legal reform.
10. *Further harmonisation of laws with international and regional standards.* Governments should examine the substantive nature of their consolidated laws to ensure full harmonisation with international and regional standards.
11. *Expanding ratification.* Those African countries with a poor ratification record should aim at ratification of all child-related international and regional instruments, including the African Charter on the Rights and Welfare of the Child and the Hague Convention on Intercountry Adoption.
12. *Putting in place enforcement and compliance mechanisms.* Governments must aim at establishing or strengthening mechanisms for the effective implementation, monitoring and enforcement of policies and laws and the initiation of appropriate legal reforms and policies. This includes respecting their reporting obligations under the ACRWC and the CRC.

Increasing budgetary allocations to programmes benefiting children and enhancing commitment to address inequality

13. *Meeting minimum obligations in budget allocations in health and education.* All governments that have not yet met the Dakar and Abuja budgetary targets for respective financing of education and health programmes must increase their budget allocations for education to at least nine per cent of GDP and their budgets for health to at least 15 per cent of the national budget.

14. *Addressing inequalities.* In addition to these necessary increases in budgetary allocations, governments must ensure the equitable distribution of those allocations in order to redress inequality. Governments are obliged to put in place fiscal and monetary policies, as well as pro-poor economic and social policies, that ensure better distributional outcomes, focussed on the poor and the vulnerable and protecting them from economic shocks.
15. *Putting in place sustainable social protection mechanisms.* Building on the experience and good practices of social protection programmes throughout Africa, governments must scale up efforts to implement comprehensive social protection programmes that are affordable, sustainable and effective in protecting and promoting the wellbeing of the most vulnerable children.

Putting in place mechanisms to ensure children's participation in decisions that affect them

16. *Putting in place effective mechanisms for child participation.* Governments, in collaboration with civil society organisations and other relevant stakeholders, must put in place systematic and effective mechanisms for child participation. Equally importantly, they must ensure that policy and programme developments reflect their perspectives. Special efforts must be made to ensure the participation of marginalised and vulnerable children, who are traditionally given little participatory space on matters that affect them.

Finally, whether or not we adopt the right laws and implement them, and whether or not we allocate sufficient resources to investment in children, will depend on our view of the place of children in our society – and, indeed, on what kind of society and future we envision for Africa.

As a minimum, to ensure Africa's sustained development and its effective participation in the world economy, African governments must invest heavily in quality primary and secondary education, nutrition and health, and ensure the protection of children from abuse and exploitation.

We have an inter-generational responsibility – a moral responsibility – to be accountable to our children and ensure that they remain at the centre of our national development agendas. We have the obligation to ensure that they are protected from hunger, malnutrition and ill health; that they are given the best education possible; and that they grow up with dignity, respect and confidence. We have the responsibility to give children a good start in life and allow them to grow and develop and reach their full human potential. Then, and only then, will Africa become a continent fit for its children.



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ANNEX 1

THE CHILD-FRIENDLINESS INDEX: TECHNICAL NOTE

Introduction

The Child-friendliness Index (CFI) is a central component of *The African Report on Child Wellbeing* series, which measures the performance of African governments in realising children's rights and ensuring their wellbeing. The CFI is an accountability monitoring framework that serves as an advocacy tool to promote the formulation and implementation of pro-child laws and policies in Africa and beyond.

This technical note provides an overview of the approach, methodology and components of the CFI, with a view to creating better understanding of the Index's conceptual framework, and to showing how it was constructed.

The approach, dimensions and indicators

Highly conceptual notions such as the child-friendliness of a government are not easy to measure quantitatively. Such an exercise involves rigorous conceptual, methodological and analytical elaboration to ensure clarity regarding the precise nature of the phenomenon being measured; to examine the appropriateness of the approach and methodology; and to evaluate the sufficiency of indicators and the overall coherence of the measurement.

The first step in the development of the CFI was to provide a proper definition of the concept of the "child-friendliness of a government" in order to provide clarity regarding what was being measured. In the broadest interpretation, child-friendliness of a government refers to the level of effort that a government has made in terms of the pro-child laws and policies it has put in place, and the commitment it has demonstrated to their implementation through the functional structures it has set up, the resources it has allocated, and the child wellbeing outcomes it has achieved. Child-friendliness of a government is also reflected in the mechanisms put in place to enhance efficient utilisation of budgets allocated to sectors benefiting children, and effectiveness in targeting vulnerable groups of children and addressing inequality. In general, child-friendliness of a government is manifested through a government's commitment to upholding the best interests of children in all its work, and its determination to utilise the maximum available resources progressively to realise children's rights and wellbeing (Mekonen 2010).

The conceptual foundation of the *child-friendliness of a government* is based on the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The measurement of the performance of governments is therefore looked at from the perspective of all civic, political, social, economic and cultural rights of children, and the corresponding obligations of governments to realise them progressively.

In general, child rights impose three distinct obligations on governments: the obligations to **respect**, **protect** and **fulfil** these rights. On the basis of the above arguments, a child-friendly government is defined as:

“...one which is making the maximum effort to meet its obligations to respect, protect and fulfil children’s rights and ensure their wellbeing.” (ACPF 2008; Mekonen 2010)

The obligations to respect, protect and fulfil can be expressed differently as the “Three P’s Approach”. This approach broadly summarises the children’s rights set forth in the UNCRC and the ACRWC as the rights to **protection**, **provision** and **participation** (ACPF 2008). The corresponding obligations can therefore be categorised as the obligations to **protect** children from abuse and exploitation; to **provide** children with their basic needs; and to ensure the **participation** of children by protecting their right to form their views and their freedom to express them, and ensuring the consideration of these views in decisions that affect them.

These broad categories serve as dimensions for measuring the child-friendliness of governments through their commitment to ensuring the:

- **Protection** of children, as assessed by looking at the comprehensiveness of the legal and policy framework a government has put in place
- **Provision** for the basic needs of children, as assessed in terms of budgetary expenditure on programmes targeting children, and the effectiveness of those programmes in achieving child wellbeing outcomes
- **Participation** of children in decisions that affect them, as assessed by analysing efforts made in this regard.

To ensure conceptual coherence of the framework, identification of indicators within each of the dimensions was concept-driven rather than shaped by availability of data. As a result, some of the indicators identified were not used in the assessment, as data was not available for a sufficient number of countries. All in all, about 40 indicators related to legal and policy frameworks, budgets and child wellbeing were used to assess governments’ child-friendliness (Mekonen 2010).

It is worth noting that a lack of adequate, regularly available child-related data is a serious impediment to monitoring efforts and the application of assessment frameworks like the CFI. Effort has been made to use comparable and reliable data, mainly from UN agencies and government sources, but the CFI does rely on secondary data, the quality of which ACPF cannot control. Furthermore, lack of process- and implementation-related information, particularly in the protection dimension, is a major limitation of the framework.

Despite these limitations, the CFI stands out as an innovative approach to objective monitoring of the performance of governments, identifying areas of strength and weakness and promoting compliance with child rights instruments to help improve children’s wellbeing.

Indicators for child protection

The dimension on child protection assesses governments’ efforts to ensure child protection against abuse and exploitation, by examining national laws, policy provisions and implementation efforts. A number of indicators were used for the assessment, relating to ratification of relevant regional and

international child rights treaties and to the existence of comprehensive laws that provide adequate legal protection against trafficking, sexual exploitation and harmful practices that are detrimental to the wellbeing of children. There are also indicators that look into the implementation aspect by examining the existence or lack of government bodies responsible for children's affairs; juvenile justice systems; and national plans of action for child survival, protection and development (see Figure A1 for details).

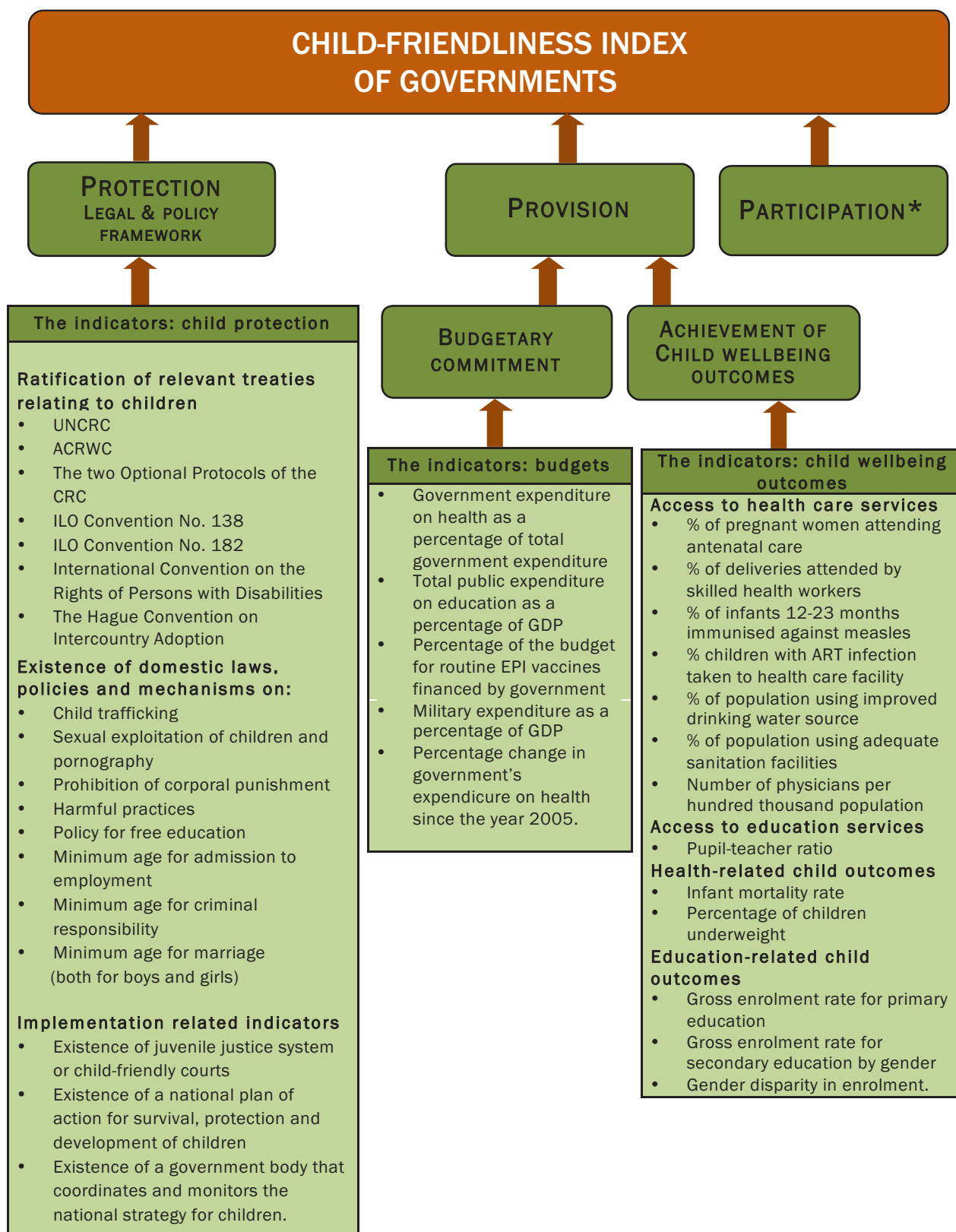
Indicators for provision of basic needs

Governments' performances in providing for the basic needs of children are measured using two complementary components. The first relates to national budget expenditure on sectors that benefit children, and is intended to capture governments' commitments to utilising the maximum available resources to provide for children's basic needs. To control for differences in economic status and population size between countries, proportions of national budgets allocated to these sectors were used in the assessment, rather than actual amounts in monetary terms. These proportions were then converted into score values and combined to obtain the *Budgetary Commitment Index*, a sub-component of the Child Provision Index, which measures performance in providing for the basic needs of children.

The second component assesses child wellbeing outcomes achieved in terms of access to services relevant to children (such as health, education, nutrition, clean drinking water and adequate sanitation), and other child outcome indicators such as the proportion of malnourished children in the country. These categories of indicators capture the efficiency and effectiveness of governments' programmes in bringing about concrete results in improving child wellbeing. The values of the various indicators used for assessing governments' performances in achieving child wellbeing outcomes are converted and aggregated to yield the *Index for Achievement of Child Wellbeing Outcomes*, the other sub-dimension of the Child Provision Index.

A combination of the Budgetary Commitment Index and the Index for Achievement of Child Wellbeing Outcomes results in the Child Provision Index, which shows the relative performance of governments in providing for the basic needs of children.

Figure A1 The Child-friendliness Index: dimensions and elements



* Effort made in promoting child participation was not included in the assessment of governments' performance due to lack of data.

Methodology

As with any other composite index, the construction of the CFI follows a set procedure that includes standardisation of indicator values, weighting, and aggregation of scores to arrive at the overall index. The sections below provide description of the method.

Standardisation of indicators

The various indicators identified within each of the dimensions have different values with significantly different ranges. While some indicators are expressed in percentages, others, especially indicators used for assessing child protection, are mostly dichotomous, providing simple “yes” or “no” values. There are still indicators expressed per 1,000 units, or even per 100,000 in the case of doctors per population; in such cases, the indicator values are standardised by converting them into an equal scale (Booyesen 2002).

Additionally, an increase in values for some indicators corresponds to an increase in governments’ child-friendliness; while an increase in other indicators could mean a decrease in the level of child-friendliness. This variation in the relationship of indicators with the level of child-friendliness is referred to as directionality. Without an appropriate standardisation scheme, it will not be resolved. Selection of an appropriate scaling technique is therefore important to address both directionality and differences in range (Salzman 2003).

For standardisation, the Linear Scaling Technique (LST) was used for the construction of the CFI, as it was found to be an appropriate method in view of its advantages in rescaling indicator values and adjusting for the directionality issues discussed above (see the formulae in Box A2.1). These advantages have made it a preferred method, and it has been used in widely known indices such as UNDP’s Human Development Index (HDI), the Mo Ibrahim Index of African Governance, and the Index of Economic Freedom published by the Heritage Foundation (UNDP 2005; Wiesmann 2006; EIU, 2007; William and Kane 2007).

Box A2.1 Formulae used to standardise indicator values

When an increase in the value of an indicator corresponds to an increase in the performance, the score value (l_{ij}) for that particular indicator (X_i) of a country (j) is given by:

$$l_{ij} = \frac{X_{ij} - \text{Min}\{X_{jk}\}}{\text{Max}\{X_{jk}\} - \text{Min}\{X_{jk}\}}$$

Inversely, if an increase in the value of an indicator corresponds to a decrease in performance, the score value is calculated using the complementary formula:

$$l_{ij} = \frac{\text{Max}\{X_{jk}\} - X_{ij}}{\text{Max}\{X_{jk}\} - \text{Min}\{X_{jk}\}}$$

Where:

$\text{Max}\{X_{jk}\}$ refers to the maximum value of the indicator X_i in the range of countries included in the comparison, and similarly,

$\text{Min}\{X_{jk}\}$ denotes the minimum value of the indicator X_i in the range of countries.

Source: Booyesen, 2002

Weighting and aggregation of score values

The team working on the CFI had to make a choice regarding the method of weighting to be applied to the index. The weighting scheme generated interest during the roundtable expert meetings that were held to solicit feedback on the methodology. Suggestions were made on the need for exploring various weighting options, such as principal component analysis.

We explored and examined all the weighting methods and noted that measurement of the child-friendliness of a government is based on a representative assemblage of multi-dimensional indicators whose causal relationship is not clearly determined. Furthermore, the fact that human rights – and, for that matter, obligations associated with them – are indivisible makes it difficult to give higher weight to one set of obligations than to another. Experience from the construction of similar composite indices has shown that when there is insufficient knowledge of causal relationships of indicators, applying equal weights is advantageous (Nardo et al. 2005). Therefore, apart from the implicit weight generated while scaling values, all indicators and indices are treated with an equal weighting scheme.

Aggregation of score values is the other important step in the construction of indices. Usually, aggregation techniques have an additive or multiplicative nature. In a situation where, as noted above, little is known about the relationships between the various indicators, the recommended approach is to use an additive method. We have therefore used the additive aggregation method both for combining score values that make up dimension indices and for aggregating the dimension indices to arrive at the overall measure: the Child-friendliness Index.

Capturing efforts towards gender equality

Children's right to be free from discrimination is one of the four cardinal principles enshrined in almost all child rights instruments. Governments are obliged to take all appropriate measures to ensure that all children, irrespective of gender or any other social, economic and political background, are treated, provided for and protected equally. As one mechanism to capture government efforts to realise children's right to non-discrimination, analysis was made of gender disparity in access to education (the only indicator for which disaggregated data was available for most countries in Africa).

For this, a technique was introduced that uses gender disaggregated data and yields performance scores that take into account the level of disparity between genders. The calculation in this technique involves two steps. First, the data for boys and girls are standardised independently. In the second step, these independently standardised score values are combined using a harmonic mean that takes into account the disparity. In the analysis, governments that performed well in narrowing the gender gap were given higher scores, and those that performed less well had lower scores. We have noted an added value in using this technique (rather than the simple arithmetic method) to capture governments' efforts in narrowing gender disparity.

Capturing efforts towards progressive realisation

In addition to the elements discussed above, progressive realisation of children's rights is an important consideration. The fact that the realisation of all children's rights cannot be achieved in a given time frame and that it requires progressively increasing effort must be taken into account. Trend analysis was therefore used to capture progress of efforts made to realise children's rights, using time series data for selected indicators. The results of these analyses were also incorporated in the assessment of governments' child-friendliness.

Box A2.2 The validation processes

The ACPF was keen to solicit expert feedback on the approach, methods and indicators of the CFI, and organised a number of roundtable meetings attended by renowned specialists in the field, statisticians and policy practitioners from government and non-governmental sectors. The meetings' deliberations were greatly useful, and the process of refining the tool has benefited substantially from the valuable feedback of the experts and practitioners.

The methodology of the CFI has also gone through a scholarly appraisal exercise: it was published in the *International Journal of Child Indicators*, a peer reviewed journal published by Springer (<http://www.springerlink.com/content/v8q7277k3h4mn25u/>).

These validation mechanisms were instrumental in identifying strengths and weaknesses of the Index, and in further improving the approach and methodology.

In conclusion, the CFI is an accountability monitoring framework for tracking compliance of governments with their obligations to the CRC and ACRWC. It aims to contribute to putting Africa's children at the centre of the public agenda.

The CFI is a quantitative performance assessment tool based on sound methodological considerations that follow set procedures in standardisation of indicator values, weighting, and aggregation of scores. It is a dynamic monitoring and planning instrument, in the sense that it has great potential to be replicated in other developing regions to promote accountability for children.

The CFI's adaptability in other developing regions outside of Africa has been demonstrated by its application in assessing and comparing the performance of different Indian States in realising the rights and wellbeing of children. The Index has great potential for promoting child rights and wellbeing worldwide.

ANNEX 2

INDEX VALUES AND RANKINGS FOR 2008 AND 2013

Table A2.1 Score values and rankings for the Child Protection Index for 2008 and 2013

Table A2.2 Budgetary Commitment Index for 2008 and 2013

Table A2.3 Score values and rankings for the Index on Achievement of Child Wellbeing Outcomes for 2008 and 2013

Table A2.4 Score values and rankings for the Index on Provision of Basic Needs for Children for 2008 and 2013

Table A2.5 Overall Child-friendliness Index values and rankings for 2008 and 2013

Table A2.1 Score values and rankings for the Child Protection Index for 2008 and 2013

Country	2008		2013	
	Score	Rank	Score	Rank
Algeria	0.6905	24	0.9286	5
Angola	0.7143	18	0.7976	34
Benin	0.6310	40	0.8929	13
Botswana	0.6643	33	0.7857	38
Burkina Faso	0.7738	8	0.9167	6
Burundi	0.8214	3	0.8333	23
Cameroon	0.6238	41	0.7369	48
Cape Verde	0.7143	19	0.8810	14
Central African Republic	0.5762	48	0.7500	45
Chad	0.6429	36	0.8036	32
Comoros	0.6667	29	0.6667	50
Congo	0.6429	37	0.8095	29
Côte d'Ivoire	0.6556	34	0.7429	47
Dem. Rep. Congo	0.6845	25	0.7679	43
Djibouti	0.5873	46	0.8810	14
Egypt	0.6548	35	0.9167	6
Equatorial Guinea	0.6667	30	0.7500	45
Eritrea	0.6429	38	0.7857	38
Ethiopia	0.6976	23	0.7929	36
Gabon	0.5952	43	0.7679	43
Gambia	0.4881	50	0.7262	49
Ghana	0.6190	42	0.8155	28
Guinea	0.6706	28	0.8976	12
Guinea-Bissau	0.3690	52	0.7976	34
Kenya	0.8548	1	0.8786	17
Lesotho	0.7262	17	0.9452	4
Liberia	0.5833	47	0.7857	38
Libya	0.7659	10	0.8095	29
Madagascar	0.8492	2	0.8690	18
Malawi	0.6786	26	0.8619	19
Mali	0.7976	7	0.9762	2
Mauritania	0.6667	31	0.7857	38
Mauritius	0.7619	11	0.9762	2
Morocco	0.8214	4	0.9125	9
Mozambique	0.7143	20	0.8214	26
Namibia	0.8214	5	0.8214	26
Niger	0.6667	32	0.8274	25
Nigeria	0.7679	9	0.8452	21
Rwanda	0.8095	6	0.9167	6
São Tomé and Príncipe	0.5476	49	0.6190	52
Senegal	0.7560	13	0.9107	10
Seychelles	0.5952	44	0.7917	37
Sierra Leone	0.6714	27	0.8333	23
South Africa	0.7381	15	0.9095	11
Sudan	0.6429	39	0.8036	32
Swaziland	0.4405	51	0.8452	21
Togo	0.7024	21	0.9881	1
Tunisia	0.7381	16	0.8571	20
Uganda	0.7619	12	0.8810	14
United Republic of Tanzania	0.7500	14	0.8083	31
Zambia	0.7000	22	0.7714	42
Zimbabwe	0.5952	45	0.6548	51

Sources: ACPF, 2008; 2013

Table A2.2 Budgetary Commitment Index for 2008 and 2013

Country	2008		2013	
	Score	Rank	Score	Rank
Algeria	0.5595	12	0.3491	40
Angola	0.3441	39	0.2405	48
Benin	0.3064	46	0.3832	27
Botswana	0.6427	2	0.5089	13
Burkina Faso	0.6125	3	0.3760	30
Burundi	0.4557	27	0.4370	19
Cameroon	0.3997	32	0.2877	45
Cape Verde	0.5710	8	0.5300	9
Central African Republic	0.3059	47	0.3872	25
Chad	0.4413	29	0.1400	50
Comoros	0.1873	51	0.3795	29
Congo	0.3915	34	0.3633	36
Côte d'Ivoire	0.3990	33	0.3634	35
Dem. Rep. Congo	0.4447	28	0.3136	42
Djibouti	0.5600	11	0.3204	41
Egypt	0.5206	18	0.4391	18
Equatorial Guinea	0.3109	44	0.3107	43
Eritrea	0.0751	52	0.0816	52
Ethiopia	0.3437	40	0.4343	21
Gabon	0.5591	13	0.4349	20
Gambia	0.3663	36	0.6114	1
Ghana	0.4745	25	0.5095	12
Guinea	0.2760	49	0.2449	47
Guinea-Bissau	0.3107	45	0.3521	39
Kenya	0.5098	20	0.3804	28
Lesotho	0.5336	14	0.5415	8
Liberia	0.3343	41	0.5599	6
Libya	0.4783	24	0.4524	17
Madagascar	0.3894	35	0.4602	16
Malawi	0.7167	1	0.4885	14
Mali	0.5289	17	0.3649	33
Mauritania	0.4734	26	0.3028	44
Mauritius	0.5705	9	0.5532	7
Morocco	0.5315	15	0.4090	24
Mozambique	0.4193	30	0.3522	38
Namibia	0.5950	5	0.3847	26
Niger	0.5191	19	0.3753	31
Nigeria	0.5309	16	0.5668	4
Rwanda	0.4921	22	0.5107	11
São Tomé and Príncipe	0.2264	50	0.0960	51
Senegal	0.4987	21	0.4169	23
Seychelles	0.6004	4	0.5288	10
Sierra Leone	0.3174	43	0.3595	37
South Africa	0.5609	10	0.5886	2
Sudan	0.2977	48	0.3751	32
Swaziland	0.5839	7	0.5680	3
Togo	0.4812	23	0.4804	15
Tunisia	0.5915	6	0.5621	5
Uganda	0.3653	37	0.2568	46
United Republic of Tanzania	0.4007	31	0.4303	22
Zambia	0.3560	38	0.3640	34
Zimbabwe	0.3274	42	0.2314	49

Sources: ACPF, 2008; 2013

Table A2.3 Index values and rankings for achievement of child wellbeing outcomes for 2008 and 2013

Country	2008		2013	
	Score	Rank	Score	Rank
Algeria	0.6757	6	0.6908	5
Angola	0.3461	48	0.4845	29
Benin	0.4554	31	0.3947	43
Botswana	0.5668	14	0.6722	7
Burkina Faso	0.4310	35	0.4462	32
Burundi	0.3879	44	0.5239	21
Cameroon	0.5012	24	0.4495	31
Cape Verde	0.6047	8	0.6542	9
Central African Republic	0.3220	50	0.3072	51
Chad	0.2003	52	0.2143	52
Comoros	0.4822	27	0.4432	33
Congo	0.4586	30	0.5198	23
Côte d'Ivoire	0.3912	41	0.3795	46
Dem. Rep. Congo	0.3899	43	0.3655	47
Djibouti	0.4719	28	0.5318	19
Egypt	0.6994	5	0.7220	3
Equatorial Guinea	0.4270	36	0.5020	27
Eritrea	0.4061	39	0.3848	45
Ethiopia	0.2734	51	0.3949	41
Gabon	0.5675	13	0.5654	16
Gambia	0.5028	23	0.5907	14
Ghana	0.5152	18	0.5267	20
Guinea	0.3839	45	0.3948	42
Guinea-Bissau	0.4158	37	0.3927	44
Kenya	0.5001	25	0.5052	26
Lesotho	0.5117	19	0.5000	28
Liberia	0.4095	38	0.4398	34
Libya	0.7665	1	0.7354	1
Madagascar	0.4615	29	0.4270	38
Malawi	0.5784	12	0.5624	17
Mali	0.3923	40	0.3211	49
Mauritania	0.4502	32	0.3965	40
Mauritius	0.7486	2	0.6826	6
Morocco	0.5957	9	0.6087	12
Mozambique	0.4367	34	0.4368	35
Namibia	0.5840	11	0.5837	15
Niger	0.3256	49	0.3154	50
Nigeria	0.3687	46	0.4337	36
Rwanda	0.4866	26	0.6004	13
São Tomé and Príncipe	0.5843	10	0.6285	10
Senegal	0.5254	17	0.5214	22
Seychelles	0.7437	3	0.7005	4
Sierra Leone	0.3657	47	0.4282	37
South Africa	0.6498	7	0.6597	8
Sudan	0.4500	33	0.4044	39
Swaziland	0.5101	20	0.6193	11
Togo	0.3901	42	0.3332	48
Tunisia	0.7360	4	0.7263	2
Uganda	0.5561	15	0.5165	24
United Republic of Tanzania	0.5090	22	0.4555	30
Zambia	0.5101	21	0.5084	25
Zimbabwe	0.5549	16	0.5519	18

Sources: ACPF, 2008; 2013

Table A2.4 Score values and rankings for the Index on Provision of Basic Needs for Children for 2008 and 2013

Country	2008		2013	
	Score	Rank	Score	Rank
Algeria	0.6176	6	0.5199	14
Angola	0.3451	45	0.3625	43
Benin	0.3809	40	0.3889	38
Botswana	0.6048	9	0.5906	9
Burkina Faso	0.5217	16	0.4111	31
Burundi	0.4218	36	0.4804	21
Cameroon	0.4505	26	0.3686	42
Cape Verde	0.5879	11	0.5921	8
Central African Republic	0.3139	50	0.3472	46
Chad	0.3208	49	0.1772	52
Comoros	0.3348	47	0.4113	30
Congo	0.4250	34	0.4416	26
Côte d'Ivoire	0.3951	39	0.3715	41
Dem. Rep. Congo	0.4173	37	0.3395	49
Djibouti	0.5159	17	0.4261	28
Egypt	0.6100	7	0.5806	10
Equatorial Guinea	0.3690	43	0.4064	33
Eritrea	0.2406	52	0.2332	51
Ethiopia	0.3085	51	0.4146	29
Gabon	0.5633	13	0.5001	18
Gambia	0.4345	30	0.6011	5
Ghana	0.4948	20	0.5181	15
Guinea	0.3299	48	0.3199	50
Guinea-Bissau	0.3632	44	0.3724	40
Kenya	0.5050	19	0.4428	25
Lesotho	0.5226	15	0.5208	13
Liberia	0.3719	42	0.4999	19
Libya	0.6224	5	0.5939	6
Madagascar	0.4254	33	0.4436	23
Malawi	0.6475	4	0.5254	12
Mali	0.4606	24	0.3430	48
Mauritania	0.4618	22	0.3496	45
Mauritius	0.6596	3	0.6179	3
Morocco	0.5636	12	0.5088	16
Mozambique	0.4280	32	0.3945	34
Namibia	0.5895	10	0.4842	20
Niger	0.4224	35	0.3453	47
Nigeria	0.4498	27	0.5003	17
Rwanda	0.4894	21	0.5556	11
São Tomé and Príncipe	0.4053	38	0.3622	44
Senegal	0.5120	18	0.4692	22
Seychelles	0.6720	1	0.6147	4
Sierra Leone	0.3416	46	0.3939	35
South Africa	0.6054	8	0.6241	2
Sudan	0.3739	41	0.3897	37
Swaziland	0.5470	14	0.5936	7
Togo	0.4357	29	0.4068	32
Tunisia	0.6637	2	0.6442	1
Uganda	0.4607	23	0.3866	39
United Republic of Tanzania	0.4549	25	0.4429	24
Zambia	0.4330	31	0.4362	27
Zimbabwe	0.4412	28	0.3917	36

Sources: ACPF, 2008; 2013

Table A2.5 Overall Child-friendliness Index values and rankings of African governments for 2008 and 2013

Country	CFI 2008		CFI 2013	
	Score	Rank	Score	Rank
Algeria	0.6540	9	0.7243	8
Angola	0.5297	35	0.5801	41
Benin	0.5059	41	0.6409	28
Botswana	0.6345	14	0.6881	16
Burkina Faso	0.6478	12	0.6639	19
Burundi	0.6216	20	0.6569	23
Cameroon	0.5371	33	0.5527	46
Cape Verde	0.6511	10	0.7365	5
Central African Republic	0.4451	50	0.5486	47
Chad	0.4818	46	0.4904	52
Comoros	0.5007	43	0.5390	48
Congo	0.5339	34	0.6255	32
Côte d'Ivoire	0.5253	36	0.5572	44
Dem. Rep. Congo	0.5509	31	0.5537	45
Djibouti	0.5516	30	0.6535	25
Egypt	0.6324	17	0.7486	4
Equatorial Guinea	0.5178	38	0.5782	42
Eritrea	0.4417	51	0.5094	50
Ethiopia	0.5031	42	0.6037	37
Gabon	0.5793	24	0.6340	29
Gambia	0.4613	49	0.6636	20
Ghana	0.5569	29	0.6668	18
Guinea	0.5003	44	0.6088	34
Guinea-Bissau	0.3661	52	0.5850	40
Kenya	0.6799	6	0.6607	21
Lesotho	0.6244	19	0.7330	7
Liberia	0.4776	47	0.6428	27
Libya	0.6941	4	0.7017	12
Madagascar	0.6373	13	0.6563	24
Malawi	0.6630	8	0.6937	14
Mali	0.6291	18	0.6596	22
Mauritania	0.5642	28	0.5677	43
Mauritius	0.7107	1	0.7971	1
Morocco	0.6925	5	0.7107	10
Mozambique	0.5712	25	0.6080	35
Namibia	0.7055	2	0.6528	26
Niger	0.5445	32	0.5864	39
Nigeria	0.6088	22	0.6727	17
Rwanda	0.6494	11	0.7361	6
São Tomé and Príncipe	0.4765	48	0.4906	51
Senegal	0.6340	15	0.6899	15
Seychelles	0.6336	16	0.7032	11
Sierra Leone	0.5065	40	0.6136	33
South Africa	0.6717	7	0.7668	2
Sudan	0.5084	39	0.5966	38
Swaziland	0.4938	45	0.7194	9
Togo	0.5690	26	0.6975	13
Tunisia	0.7009	3	0.7507	3
Uganda	0.6113	21	0.6338	30
United Republic of Tanzania	0.6024	23	0.6256	31
Zambia	0.5665	27	0.6038	36
Zimbabwe	0.5182	37	0.5232	49

Sources: ACPF, 2008; 2013

ANNEX 3

STATISTICAL TABLES

Table A3.1 Population

Table A3.2 Economy

Table A3.3 Ratification of international and regional legal instruments on children

Table A3.4 National laws, policies, mechanisms and child labour indicators

Table A3.5 Government expenditure

Table A3.6 Maternal and child health indicators

Table A3.7 Access to basic services

Table A3.8 Education indicators

Table A3.9 Exclusion indicators

Table A3.10 HIV/AIDS and related indicators

Table A3.1 Population[^]

COUNTRY	Total population (thousands)	Child population (<18) (thousands)	Children (<18) as % of total population child population [2]/ total population [1])	Surface area (thousands of sq km)	Population density (people per sq km)	Fertility rate (births per woman)	Population annual growth rate (%)
	mid-2011	2011	2011	2011	2011	2011	2011
	1	2	(2/1)*100	3	(1/3)	4	5
SUB-SAHARAN AFRICA	881,800	428,334	48.6	24,164	36	...	...
Angola	19,600	10,399	53.1	1,247	16	5.3	2.4
Benin	9,100	4,568	50.2	113	81	5.2	2.5
Botswana	2,000	788	39.4	582	3	2.7	0.8
Burkina Faso	17,000	8,824	51.9	274	62	5.8	2.8
Burundi	10,200	3,813	37.4	28	367	4.2	1.5
Cameroon	20,100	9,420	46.9	475	42	4.4	1.9
Cape Verde	500	190	38.0	4	125	2.3	0.8
Central African Republic	5,000	2,098	42.0	623	8	4.5	1.8
Chad	11,500	5,992	52.1	1,284	9	5.9	2.5
Comoros	800	366	45.8	2	421	4.9	2.3
Congo (Brazzaville)	4,100	1,940	47.3	342	12	4.5	2.1
Côte d'Ivoire	22,600	9,539	42.2	323	70	4.3	2.1
Democratic Republic of Congo	67,800	35,852	52.9	2,345	29	5.7	2.4
Djibouti	900	382	42.4	23	39	3.7	1.8
Equatorial Guinea	700	327	46.7	28	25	5.1	2.2
Eritrea	5,900	2,588	43.9	118	50	4.4	2.3
Ethiopia	87,100	40,698	46.7	1,104	79	4	1.8
Gabon	1,500	642	42.8	268	6	3.2	1.8
Gambia	1,800	897	49.8	11	159	4.8	2.4
Ghana	25,000	11,174	44.7	239	105	4.1	2
Guinea	10,200	5,045	49.5	246	41	5.2	2.3
Guinea-Bissau	1,600	739	46.2	36	44	5	2
Kenya	41,600	20,317	48.8	580	72	4.7	2.4
Lesotho	2,200	970	44.1	30	72	3.1	0.8
Liberia	4,100	2,057	50.2	111	37	5.2	2.4
Madagascar	21,300	10,570	49.6	587	36	4.6	2.7
Malawi	15,900	8,116	51.0	119	134	6	3.2
Mali	15,400	8,525	55.4	1,240	12	6.2	2.8
Mauritania	3,500	1,635	46.7	1,031	3	4.5	2
Mauritius	1,300	344	26.5	2	650	1.6	0.3
Mozambique	23,100	12,086	52.3	799	29	4.8	2.1
Namibia	2,300	994	43.2	824	3	3.2	1.4
Niger	16,100	8,922	55.4	1,267	13	7	3.4
Nigeria	162,300	79,931	49.2	924	176	5.5	2.4
Rwanda	10,900	5,352	49.1	26	414	5.3	2.5
São Tomé and Príncipe	200	79	39.5	1	200	3.6	1.7
Senegal	12,800	6,425	50.2	197	65	4.7	2.4
Seychelles	100	43	43.0	1	200	-	0.3
Sierra Leone	5,400	2,965	54.9	72	75	4.9	1.9
Somalia	9,900	4,896	49.5	638	16	6.3	2.8
South Africa	50,500	18,045	35.7	1,219	41	2.4	0.4
Sudan	44,600	20,660	46.3	2,376	19	4.3	-
Swaziland	1,200	548	45.7	17	69	3.3	1
Togo	5,800	2,831	48.8	57	102	4	1.8
Uganda	34,500	19,042	55.2	242	143	6.1	2.9
United Republic of Tanzania	46,200	23,690	51.3	947	49	5.5	3
Zambia	13,500	7,169	53.1	753	18	6.3	3.1
Zimbabwe	12,100	5,841	48.3	391	31	3.2	1.7
NORTH AFRICA	168,000	58,262	34.7	5,753	29	...	...
Algeria	36,000	11,641	32.3	2,382	15	2.2	1
Egypt	82,600	30,537	37.0	1,002	82	2.7	1.3
Libya	6,400	2,293	35.8	1,760	4	2.5	1
Morocco	32,300	10,790	33.4	447	72	2.2	0.8
Tunisia	10,700	3,001	28.0	164	65	2	0.7
ALL AFRICA	1,049,800	486,596	46.4	29,917	35	...	...

Source			Notes Children = under 18 years of age ... = Data not available ^ Data not included in Child-friendliness Index
1	Population Reference Bureau, World Population Data Sheet, 2011	Accessed at: www.prb.org	
2	UNICEF, The State of the World's Children Report 2013	Table 6 in the report and also accessed at: http://www.unicef.org/sowc2013/	
3	World Development Indicators 2013, The World Bank	http://data.worldbank.org/products/wdi	
4-5	UNICEF, The State of the World's Children Report 2013	Table 6 in the report and also accessed at: http://www.unicef.org/sowc2013/	

Table A3.2 Economy[^]

COUNTRY	GDP, current prices (in billion USD)		GDP per capita, current prices (in USD)	
	2000 1	2011 2	2000 3	2011 4
SUB-SAHARAN AFRICA (Median)	2.6	10.4	359	426
Angola	4.2	104.3	298	630
Benin	2.4	7.3	362	394
Botswana	5.6	17.3	3,204	4,378
Burkina Faso	2.6	10.4	212	286
Burundi	0.8	2.3	131	141
Cameroon	9.3	25.2	592	666
Cape Verde	0.5	1.9	1,233	2,039
Central African Republic	0.9	2.2	247	233
Chad	1.4	10.6	168	297
Comoros	0.2	0.6	359	335
Congo (Brazzaville)	3.2	14.4	1,027	1,266
Côte d'Ivoire	10.4	24.1	628	548
Democratic Republic of Congo	4.3	15.7	87	110
Djibouti	0.6	0.0	753	895a
Equatorial Guinea	1.2	19.8	2,388	8,875
Eritrea	0.6	2.6	173	155
Ethiopia	8.1	30.2	124	230
Gabon	5.1	17.1	4,103	4,334
Gambia	0.8	0.9	604	615
Ghana	5.0	39.2	260	403
Guinea	3.0	5.1	359	394
Guinea-Bissau	0.2	1.0	174	188
Kenya	12.7	33.6	407	478
Lesotho	0.8	2.4	393	532
Liberia	0.5	1.5	186	279
Madagascar	3.9	9.9	252	238
Malawi	1.7	5.6	155	183
Mali	2.4	10.8	214	272
Mauritania	1.3	4.2	490	618
Mauritius	4.6	11.3	3,861	5,371
Mozambique	4.3	12.8	237	407
Namibia	3.9	12.5	2,062	2,758
Niger	1.8	6.0	165	177
Nigeria	46.0	244.0	372	566
Rwanda	1.7	6.4	214	371
São Tomé and Príncipe	0.1	0.2	544	...
Senegal	4.7	14.3	492	560
Seychelles	0.6	1.1	7,579	9,227
Sierra Leone	0.6	3.0	153	206
South Africa	132.9	408.2	3,020	3,825
Sudan	12.3	64.1	359	562
Swaziland	1.5	4.1	1,508	1,812
Togo	1.3	3.6	270	273
Uganda	6.2	16.8	256	393
United Republic of Tanzania	10.2	23.9	308	474
Zambia	3.3	19.2	319	444
Zimbabwe	6.7	9.7	535	348
NORTH AFRICA (Median)	37.0	100.2	1,794	2,255
Algeria	54.8	188.7	1,794	2,255
Egypt	99.8	229.5	1,476	1,977
Libya	33.9	0.0	6,480	7,885a
Morocco	37.0	100.2	1,272	1,908
Tunisia	21.5	46.4	2,245	3,052
ALL AFRICA (Median)	3.2	10.7	367	478

Source			Notes
	The World Bank	http://data.worldbank.org/data-catalog/world-development-indicators June 2013	... Data not available a = Data for 2009 ^ Data not included in Child-friendliness Index

Table A3.3 Ratification of international and regional legal instruments on children

COUNTRY	RATIFICATION OF INTERNATIONAL LEGAL INSTRUMENTS [1 = Ratified/Acceeded, 0 = Not Ratified/Acceeded. As at 15 July 2013 unless stated]							
	CRC	ACRWC	Optional Protocol to CRC on Sale of Children, Child Prostitution and Child Pornography	Optional Protocol to CRC on Involvement of Children in Armed Conflict	ILO Convention No. 138 (Minimum age for employment)	ILO Convention No. 182 (Worst forms of child labour)	UN Convention on Persons with Disabilities	Hague Convention on Inter-country Adoption
	1	2	3	4	5	6	7	8
SUB-SAHARAN AFRICA	47	44	39	34	46	46	30	15
Angola	1	1	1	1	1	1	0	0
Benin	1	1	1	1	1	1	1	0
Botswana	1	1	1	1	1	1	0	0
Burkina Faso	1	1	1	1	1	1	1	1
Burundi	1	1	1	1	1	1	0	1
Cameroon	1	1	0	1	1	1	0	0
Cape Verde	1	1	1	1	1	1	1	1
Central African Republic	1	0	1	0	1	1	0	0
Chad	1	1	1	1	1	1	0	0
Comoros	1	1	1	0	1	1	0	0
Congo (Brazzaville)	1	1	1	1	1	1	0	0
Côte d'Ivoire	1	1	1	1	1	1	0	0
Democratic Republic of Congo	1	0	1	1	1	1	0	0
Djibouti	1	1	1	1	1	1	1	0
Equatorial Guinea	1	1	1	0	1	1	0	0
Eritrea	1	1	1	1	1	0	0	0
Ethiopia	1	1	0	0	1	1	1	0
Gabon	1	1	1	1	1	1	1	0
Gambia	1	1	1	0	1	1	0	0
Ghana	1	1	0	0	1	1	1	0
Guinea	1	1	1	0	1	1	1	1
Guinea-Bissau	1	1	1	0	1	1	0	0
Kenya	1	1	0	1	1	1	1	1
Lesotho	1	1	1	1	1	1	1	1
Liberia	1	1	0	0	0	1	1	0
Madagascar	1	1	1	1	1	1	0	1
Malawi	1	1	1	1	1	1	1	0
Mali	1	1	1	1	1	1	1	1
Mauritania	1	1	1	0	1	1	1	0
Mauritius	1	1	1	1	1	1	1	1
Mozambique	1	1	1	1	1	1	1	0
Namibia	1	1	1	1	1	1	1	0
Niger	1	1	1	1	1	1	1	0
Nigeria	1	1	1	1	1	1	1	0
Rwanda	1	1	1	1	1	1	1	1
São Tomé and Príncipe	1	0	0	0	1	1	0	0
Senegal	1	1	1	1	1	1	1	1
Seychelles	1	1	1	1	1	1	1	1
Sierra Leone	1	1	1	1	1	1	1	0
Somalia	0	0	0	0	0	0	0	0
South Africa	1	1	1	1	1	1	1	1
Sudan	1	1	1	1	1	1	1	0
Swaziland	1	1	1	1	1	1	1	1
Togo	1	1	1	1	1	1	1	1
Uganda	1	1	1	1	1	1	1	0
United Republic of Tanzania	1	1	1	1	1	1	1	0
Zambia	1	1	0	0	1	1	1	0
Zimbabwe	1	1	1	0	1	1	0	0
NORTH AFRICA (Number: Ratified/Acceeded)	5	3	5	5	5	5	4	0
Algeria	1	1	1	1	1	1	1	0
Egypt	1	1	1	1	1	1	1	0
Libya	1	1	1	1	1	1	0	0
Morocco	1	...	1	1	1	1	1	0
Tunisia	1	0	1	1	1	1	1	0
ALL AFRICA (Number: Ratified/Acceeded)	52	47	45	39	51	51	34	15

Source		Notes
1	United Nations Treaty Collections-Status of treaties	Accessed at: http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&lang=en
2	African Union	Accessed at: http://www.africa-union.org/root/au/Documents/Treaties/Treaties.htm
3 & 4	United Nations Treaty Collections- Status of treaties	Accessed at: http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11c&chapter=4&lang=en http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11b&chapter=4&lang=en
5 & 6	International Labour Organization, Database of International Labour Standards	Accessed at: http://www.ilo.org/ipec/facts/ILOconventionsonchildlabour/lang-en/index.htm
7	United Nations Treaty Collections-Status of treaties	Accessed at: http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en
8	HCCH Status table	Accessed at: http://hcch.e-vision.nl/index_en.php?act=conventions.statusprint&cid=69

Table A3.4 National laws, policies, mechanisms and child labour indicators

COUNTRY	National laws and mechanisms [1 = Yes, 0 = No]			Juvenile justice system [1 = Yes, 0 = No]	National Plans of Action (NPA) and a coordinating body for children [1 = Yes, 0 = No]	
	Existence of domestic laws on child trafficking	Existence of domestic laws on sexual exploitation of children and pornography	Existence of domestic laws on harmful traditional practices	Existence of child-friendly courts (nationwide)	Existence of national plan of action for children	Existence of coordinating body for children
	9	10	11	12	13	14
SUB-SAHARAN AFRICA (Count of "Yes")	43	47	37	40	47	46
Angola	0	1	1	1	1	1
Benin	1	1	1	1	1	1
Botswana	1	1	0	1	1	1
Burkina Faso	1	1	1	1	1	1
Burundi	1	1	0	1	1	1
Cameroon	1	1	1	1	1	1
Cape Verde	1	1	0	0	1	1
Central African Republic	1	1	1	1	1	1
Chad	1	1	1	1	1	1
Comoros	0	1	0	1	1	1
Congo (Brazzaville)	1	1	0	1	1	1
Côte d'Ivoire	1	1	1	1	1	1
Democratic Republic of Congo	1	1	1	1	1	1
Djibouti	1	1	1	0	1	1
Equatorial Guinea	1	1	1	0	1	1
Eritrea	1	1	1	1	1	1
Ethiopia	1	1	1	1	1	1
Gabon	1	1	0	0	1	1
Gambia	1	1	0	1	1	0
Ghana	1	1	1	1	1	1
Guinea	1	1	1	1	1	1
Guinea-Bissau	1	1	1	1	1	1
Kenya	1	1	1	1	1	1
Lesotho	1	1	1	1	1	1
Liberia	1	1	1	1	1	1
Madagascar	1	1	0	1	1	1
Malawi	1	1	1	1	1	1
Mali	1	1	1	1	1	1
Mauritania	1	1	1	1	1	1
Mauritius	1	1	1	1	1	1
Mozambique	1	1	0	1	1	1
Namibia	1	1	1	0	1	1
Niger	1	1	1	1	1	1
Nigeria	1	1	1	1	1	1
Rwanda	1	1	1	0	1	1
São Tomé and Príncipe	1	1	1	0	1	1
Senegal	1	1	1	1	1	1
Seychelles	0	1	1	1	1	1
Sierra Leone	1	1	0	1	1	1
Somalia	...	...	...	...	...	...
South Africa	1	1	1	1	1	1
Sudan	1	1	1	1	1	1
Swaziland	1	1	1	1	1	1
Togo	1	1	1	1	1	1
Uganda	1	1	1	1	1	1
United Republic of Tanzania	1	1	1	1	1	1
Zambia	1	1	1	1	1	1
Zimbabwe	0	1	1	1	1	1
NORTH AFRICA (Count of "Yes")	4	5	4	5	5	5
Algeria	1	1	1	1	1	1
Egypt	1	1	1	1	1	1
Libya	1	1	0	1	1	1
Morocco	1	1	1	1	1	1
Tunisia	0	1	1	1	1	1
ALL AFRICA (Count of "Yes")	47	52	41	45	52	51

Source

- UNIAP-International Trafficking in Person Laws
- Reports to 2nd Pan African Forum on the Africa Common Position for Children: Mid-term Review 29 Oct-2nd Nov 2007 Cairo, Egypt
- National laws and policies
- United Nations Secretary-General's Study on Violence against Children
- In the Best Interests of the Child: Harmonising laws in Eastern and Southern Africa, The African Child Policy Forum, report and background reports.
- State Party Reports submitted to the UN Committee on the Rights of the Child and the African Committee of Experts

Accessed at:
http://www.no-trafficking.org/resources_int_tip_laws.html
www.un.org
www.acerwc.org
<http://www2.ohchr.org/english/bodies/crc/study.htm>
<http://www.africanchild.info/documents.asp> [search word: "harmonisation"]
<http://www.africanchildforum.org/site/index.php/resource-centre/child-law-resources-voluem-ii-english.html>

Table A3.4 National laws, policies, mechanisms and child labour indicators (continued)

COUNTRY	Prohibition of corporal punishment (February 2013 update) [1 = Yes; 0.5 = Partial; 0 = No]				Prohibition of corporal punishment combined score (15+16+17+18)/N variables
	Home	School	Penal system		
			As a sentence for crime	As a disciplinary measure	
	15	16	17	18	19
SUB-SAHARAN AFRICA (Count of "Yes")	3	21	42.5	21	n/a
Angola	0	0	1	0	0.250
Benin	0	0	1	0	0.250
Botswana	0	0	0	0	0.000
Burkina Faso	0	0.5	1	0	0.375
Burundi	0	1b	1	0	0.500
Cameroon	0	1b	1	1 b	0.750
Cape Verde	0	1	1	1	0.750
Central African Republic	0	0	1	0	0.250
Chad	0	1	1	0	0.500
Comoros	0	0	1 b	0	0.250
Congo (Brazzaville)	1	1	1	1	1.000
Côte d'Ivoire	0	0	1	1	0.500
Democratic Republic of Congo	0	1	1	0	0.500
Djibouti	0	1 b	1	0	0.500
Equatorial Guinea	0	0	1	0	0.250
Eritrea	0	0	0	0	0.000
Ethiopia	0	1	1	1	0.750
Gabon	0	0	1	1	0.500
Gambia	0	0	1	0	0.250
Ghana	0	0	1	0.5	0.375
Guinea	0	0	1	0	0.250
Guinea-Bissau	0	1b	1	1 b	0.750
Kenya	1	1	1	1	1.000
Lesotho	0	0	1	1	0.500
Liberia	0	0	1	1	0.500
Madagascar	0	1b	1	0	0.500
Malawi	0	1b	1	1	0.750
Mali	0	1	1	1	0.750
Mauritania	0	0	0	0	0.000
Mauritius	0	1	1	0	0.500
Mozambique	0	0	1	1	0.500
Namibia	0	1	1	1	0.750
Niger	0	0	1	0	0.250
Nigeria	0	0	0.5	0.5	0.250
Rwanda	0	0	1	0	0.250
São Tomé and Príncipe	0	1 b	1b	0b	0.500
Senegal	0	0.5	1	1	0.625
Seychelles	0	0	1	0	0.250
Sierra Leone	0	0	1	0	0.250
Somalia	0	0.5	0.5	0.5	0.375
South Africa	0	1	1	1	0.750
Sudan	0	0.5b	1b	0	0.375
Swaziland	0	0	1	0	0.250
Togo	1	1	1	1	1.000
Uganda	0	0	1	1	0.500
United Republic of Tanzania	0	0	0.5	0.5	0.250
Zambia	0	1	1	1	0.750
Zimbabwe	0	0	0	0	0.000
NORTH AFRICA (Count of "Yes")	1	3	4	3	n/a
Algeria	0	1	1	0	0.500
Egypt	0	0	1	1	0.500
Libya	0	1	0	0	0.250
Morocco	0	0	1	1	0.500
Tunisia	1	1	1	1	1.000
ALL AFRICA (Count of "Yes")	4	24	46.5	24	n/a

Source		Notes
15-19	Ending legalised violence against children, Global Initiative to End All Corporal Punishment of Children http://www.endcorporalpunishment.org/pages/frame.html February 2013 updates	... = Data not available b= Information unconfirmed n/a = Not applicable

Table A3.4 National laws, policies, mechanisms and child labour indicators (continued)

COUNTRY	Policy on free education Free = 1 Not free = 0	Proportion of children in child labour (5-14 years)^ 2000-2011*	Minimum age of admission to employment	Minimum age of criminal responsibility	Minimum age of marriage		
					Male	Female	Difference by gender Equal = 1 Not equal = 0
					20	21	22	23	24	25	26
SUB-SAHARAN AFRICA	42^c	26^m	15^m	13^m	18^m	18^m	1
Angola	1	24 ⁱ	14	14	18	18	1
Benin	1	46	14	13	18	18	1
Botswana	1	9	14	14	18	18	1
Burkina Faso	1	39	16	13	20	17	0
Burundi	1	26	16	15	21	18	0
Cameroon	1	31	14	10	18	15	0
Cape Verde	1	3 ⁱ	15	16	18	18	1
Central African Republic	1	29	14	14	18	18	1
Chad	1	26	14	13	18	17	0
Comoros	0	27 ⁱ	15	13	18	18	1
Congo (Brazzaville)	1	25	16	13	21	18	0
Côte d'Ivoire	0	35	14	10	20	18	0
Democratic Republic of Congo	1	15	16	14	18	15	0
Djibouti	1	8	16	13	18	18	1
Equatorial Guinea	1	28 ⁱ	14	16	18	18	1
Eritrea	1	...	14	12	18	18	1
Ethiopia	1	27	14	9	18	18	1
Gabon	1	...	16	13	18	15	0
Gambia	1	19	16	12	18	18	1
Ghana	1	34	15	12	18	18	1
Guinea	1	25	16	10	18	18	1
Guinea-Bissau	1	38	14	16	16	16	1
Kenya	1	26 ⁱ	13	8	18	18	1
Lesotho	1	23 ⁱ	15	10	21	21	1
Liberia	1	21	16	16	18	18	1
Madagascar	1	28	15	13	18	18	1
Malawi	1	26	14	10	15	15	1
Mali	1	21	15	13	18	18	1
Mauritania	1	16	14	7	18	18	1
Mauritius	1	-	16	14	18	18	1
Mozambique	0	22	15	16	18	18	1
Namibia	1	-	14	7	18	18	1
Niger	1	43	14	13	18	15	0
Nigeria	1	29	14	7	18	18	1
Rwanda	1	29	16	14	21	21	1
São Tomé and Príncipe	1	8	14	16	18	18	1
Senegal	1	17	15	13	18	16	0
Seychelles	1	-	15	7	18	15	0
Sierra Leone	1	26	13	14	18	18	1
Somalia	...	49	15	15	18	18	1
South Africa	0	...	15	10	18	18	1
Sudan	1	...	14	12	10	10	1
Swaziland	1	7	15	7	18	16	0
Togo	1	28	15	14	18	18	1
Uganda	1	25	12	12	18	18	1
United Republic of Tanzania	1	21	14	10	18	15	0
Zambia	1	41	15	8	16	16	1
Zimbabwe	0	-	15	7	18	18	1
NORTH AFRICA	5^c	7^m	15^m	13^m	18^m	18^m	1
Algeria	1	5	16	13	19	19	1
Egypt	1	7	15	12	18	18	1
Libya	1	...	15	14	20	20	1
Morocco	1	8	15	12	18	18	1
Tunisia	1	...	16	13	18	18	1
ALL AFRICA	47^c	26^m	15^m	13^m	18^m	18^m	1

Source	Notes
20	- The State of the Right To Education Worldwide: Free or Fee, 2006 Global Report (Katriana Tomasevski) - State party reports to the CRC
21	UNICEF, The State of the World's Children Report 2013
22 - 25	• UNCRF Recommendations • Reports to 2nd Pan African Forum on the Africa Common Position for Children: Mid-term Review 29 Oct-2nd Nov 2007 Cairo, Egypt • National laws • United Nations Secretary-General's Study on Violence against Children • UNSTATS Table 3a. Legal age for marriage (Dec 2012) • At What Age are school-children employed, married and taken to court?
	Accessed at: http://www.right-to-education.org/Table 6, p.6/7 and Table 17, p.157
	Table 9, Pages 132-135
	See: www.un.org www.acerwc.org http://www.africanchildforum.org/site/index.php/resource-centre/child-law-resources-voluem-ii-english.html http://www2.ohchr.org/english/bodies/crc/study.htm http://www.africanchild.info/documents.asp [search word: "harmonisation"] http://unstats.un.org/unsd/demographic/products/indwm/tab2a.htm www.right-to-education.org
	... = Data not available c = Count of 'free' i = Data refers to years or periods other than those specified in the column heading. Differs from the standard definition or refers only to part of the country. m = Median value n/a = Not applicable ^ Not included in calculation of Index * Data refers to the most recent year available during the period specified in the column heading

Table A3.5 Government expenditure

COUNTRY	Total Public Expenditure on Education as % of GDP		General Health Expenditure as % of Total Government Expenditure		Military Expenditure as % of GDP	
	2000	2006-2011	2000	2011	2000	2006-2011
	1	2	3	4	5	6
SUB-SAHARAN AFRICA (Median)	4.0	4.6	8.2	10.1	1.7	1.5
Angola	3	3.5	3.2	6.1	6.4	3.5
Benin	3	5.3	11.0	10.5	0.6	1.1a
Botswana	8	7.8	7.7	8.7	3.6	2.1
Burkina Faso	...	3.4	9.0	12.8	1.2	1.4
Burundi	4	6.1	2.1	8.1	6	2.4a
Cameroon	3	3.2	9.5	8.5	1.3	1.3
Cape Verde	...	5.6	9.6	7.9	...	0.5
Central African Republic	...	1.2	10.0	12.4	...	2.5
Chad	2	2.6	13.1	3.3	1.9	2.6
Comoros	...	7.6	9.5	13.4	...	...
Congo (Brazzaville)	6	6.2	4.8	6.5	...	1.2
Côte d'Ivoire	5	4.6	5.2	6.8	...	1.6
Democratic Republic of Congo	...	2.5	0.9	10.8	1	1.5
Djibouti	...	8.4	14.5	14.1	4.7	3.7
Equatorial Guinea	0.7	0.6b	7.7	7.0	...	3.7
Eritrea	...	2.1	4.8	3.6	32.7	..
Ethiopia	5	4.7	8.9	14.6	9.6	0.8
Gabon	5	3.8b	13.9	6.6	1.8	1.4a
Gambia	3	3.9	7.9	11.3	0.6	0.6
Ghana	4	8.2	9.4	11.9	1	0.3
Guinea	2	3.1	4.0	6.8	1.5	..
Guinea-Bissau	...	...	2.3	7.8	4.4	1.9
Kenya	6	6.7	11.4	5.9	1.3	1.9
Lesotho	8	13.0	9.7	14.6	3.6	2.3
Liberia	...	1.9a	5.7	18.9	...	0.9
Madagascar	3	2.8	7.2	15.3	1.2	0.7
Malawi	4	5.4	7.3	18.5	0.7	0.8
Mali	3	4.7	9.5	12.2	2.2	1.6
Mauritania	4	3.7	6.4	10.9	3.5	3.8
Mauritius	4	3.7	6.8	9.7	0.2	0.2
Mozambique	3	5.0	12.9	7.7	1.3	0.9
Namibia	...	8.4	12.3	6.5	2.7	4.0
Niger	3	4.5	10.9	11.1	1.2	1.0a
Nigeria	...	...	4.2	7.5	0.8	1.1
Rwanda	3	4.8	8.2	23.7	3.4	1.2
São Tomé and Príncipe	...	...	7.6	5.6	...	...
Senegal	3	5.6	8.6	11.9	1.3	1.6
Seychelles	8	4.8	6.8	9.3	1.7	0.9
Sierra Leone	...	2.7	7.6	11.7	3.7	0.9
South Africa	6	6.0	10.9	12.7	1.6	1.1
Sudan	...	...	7.2	10.6	4.8	3.4
Swaziland	...	7.8	11.6	14.9	1.6	2.8
Togo	5	4.6	6.9	15.4	...	1.7
Uganda	2	3.2a	9.2	10.8	2.5	3.2
United Republic of Tanzania	...	6.2	11.2	11.1	1.5	1.1
Zambia	...	1.3	9.4	16.0	...	1.6
Zimbabwe	11	2.5	7.4	8.9b	4.7	2.2
NORTH AFRICA (Median)	6.5	4.9	6.9	7.9	3.1	3.2
Algeria	...	4.3	9.0	8.3	3.4	4.4
Egypt	...	3.8	7.5	6.9	3.2	1.9
Libya	...	...	6.9	7.9	3.1	3.2a
Morocco	6	5.4	4.3	6.5	2.3	3.4
Tunisia	7	6.2	6.8	10.8	1.7	1.4
ALL AFRICA (Median)	4.0	4.6	7.8	10.6	1.9	1.6

Source			Notes
1	- UNESCO, Education for All Global Monitoring Reports, 2008,2009, 2010,2011 - World Development Indicators 2009, The World Bank - African Economic Outlook 2009	Table 9 and Table 11 in the UNESCO Table 2.9 in The World Bank reports Table 18	... = Data not available GDP = Gross Domestic Product
2	UNESCO-Institute for Statistics (UIS)	http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=136&IF_Language=eng&BR_Topic=0 Accessed 10 July 2013	a =Data is for 2012 b = data refers years other than specified in the column heading
3	ACPF, African Reports on Child Wellbeing 2008 & 2011	Page 171 of the 2008 report and Page 166 of the 2011 report	
4	WHO, National Health Accounts, June 2013 update	http://apps.who.int/nha/database/PreDataExplorer.aspx?r=1&d=1	
5-6	Stockholm International Peace Research Institute (SIPRI) 2013 update	Accessed at http://milexdata.sipri.org/	

Table A3.5 Government expenditure (continued)

COUNTRY	Percentage of routine EPI Vaccine costs financed by government	
	2001	2011
	7	8
SUB-SAHARAN AFRICA (Median)	33	22
Angola	13	29a
Benin	55	17
Botswana	100	100
Burkina Faso	0	32
Burundi	6	3
Cameroon	35	9
Cape Verde	100	100
Central African Republic	0	74b
Chad	100	11
Comoros	...	4b
Congo (Brazzaville)	0	9
Côte d'Ivoire	65	30
Democratic Republic of Congo	0	0
Djibouti	85	0
Equatorial Guinea	0	100
Eritrea	0	3
Ethiopia	18	5a
Gabon	100	100
Gambia	57	100
Ghana	100	20c
Guinea	20	24
Guinea-Bissau	0	0b
Kenya	3	57
Lesotho	39	42
Liberia	0	91
Madagascar	16	21
Malawi	2	36a
Mali	100	20a
Mauritania	100	21
Mauritius	100	100
Mozambique	10	20
Namibia	100	100a
Niger	33	14
Nigeria	100	71a
Rwanda	0	11
São Tomé and Príncipe	...	15
Senegal	100	32
Seychelles	100	100
Sierra Leone	0	2
Somalia	...	0
South Africa	100	100
Sudan*	25	55a
Swaziland	100	100b
Togo	0	25
Uganda	75	19
United Republic of Tanzania	10	23
Zambia	0	19
Zimbabwe	100	0a
NORTH AFRICA (Median)	100	100
Algeria	100	100a
Egypt	100	100
Libya	2	100b
Morocco	100	100b
Tunisia	100	100b
ALL AFRICA (Median)	37	25

Source		Notes
7-8	- UNICEF, The State of the World's Children Reports 2003, 2010, 2011, 2012 & 2013	Table 3 in the reports
		... = Data not available * Pre-secession Sudan a 2010 b 2009 c 2008

Table A3.6 Maternal and child health indicators

COUNTRY	Percentage of pregnant women attending ANC service	Percentage of deliveries attended by skilled health worker	Percentage of HIV positive pregnant women who received ARVs for PMTCT [^]	Percentage of children underweight for age	Percentage of under fives with suspected pneumonia taken to an appropriate health provider
	2000-2012	2000-2012	2010	2006-2011	2007-2012
SUB-SAHARAN AFRICA (Median)	91	61	44.5	16.5	51
Angola	80	47	20	16e	...
Benin	86	84	21	18d	31
Botswana	94	95	>95	11	14d
Burkina Faso	94	66	35	26	56
Burundi	99	60	36	29	55
Cameroon	85	64	53	15	30
Cape Verde	98	78	...	9d	...
Central African Republic	68	54	24	24	30
Chad	53	23	7	30	26
Comoros	75	62	...	25	56d
Congo (Brazzaville)	93	94	16	11d	52
Côte d'Ivoire	91	59	66	16e	38
Democratic Republic of Congo	89	80	1	24	40
Djibouti	92	93	6	23e	62d
Equatorial Guinea	86	65	6	11d	...
Eritrea	70	28	3	35d	44d
Ethiopia	43	10	...	29	27
Gabon	94	86	49	8d	48d
Gambia	98	57	...	18	69
Ghana	96	68	48	14	41
Guinea	88	46	23	21	42d
Guinea-Bissau	93	44	83	18	52
Kenya	92	44	43	16	56
Lesotho	92	62	89	13	66
Liberia	79	46	38	15e	62
Madagascar	86	44	...	36d	42
Malawi	95	71	...	13	70
Mali	70	49	...	27d	38d
Mauritania	75	61	...	20e	45
Mauritius	...	98	...	15d	...
Mozambique	92	55	52	15	65
Namibia	95	81	>95	17	53d
Niger	46	18	...	39e	51
Nigeria	58	39	9	23	45
Rwanda	98	69	60	11	50
São Tomé and Príncipe	98	82	...	13	75
Senegal	93	65	...	18	50
Seychelles	...	...	...	6d	...
Sierra Leone	93	63	62	22	74
Somalia	26	33	...	32d	13d
South Africa	97	91	>95	9	65d
Sudan	56	23	2	27	90d
Swaziland	97	82	>95	6	58
Togo	72	59	51	17	32
Uganda	93	57	42	14	79
United Republic of Tanzania	88	49	59	16	71
Zambia	94	47	75	15	68
Zimbabwe	90	66	46	10	48
NORTH AFRICA (Median)	89	95	...	3	64.5
Algeria	89	95	...	3d	53d
Egypt	74	79	...	6	73
Libya	93	100	...	5d	...
Morocco	77	74	...	3	70
Tunisia	96	95	...	3d	59d
ALL AFRICA (Median)	91	62	44.5	16	52

Source		Notes
1 - 3	UNICEF Monitoring the Situation of Children and Women	Global Database accessed at: http://www.childinfo.org/antenatal_care_country.php http://www.childinfo.org/delivery_care_countrydata.php http://www.childinfo.org/hiv_aids_preventmtct.php
4	The State of the World's Children reports 2011, 2012 and 2013	Table 2 & Table 3 in the reports

Data refers to the most recent data from the range in the column heading, unless specified.
 ... = Data not available
 ANC = Antenatal Care
 PMTCT = Prevention of Mother to Child Transmission
 ARV = antiretroviral therapy
Estimated percentage of HIV-infected pregnant women who received ARVs for PMTCT: Calculated by dividing the reported number of HIV-infected pregnant women who received ARVs for PMTCT by the estimated un-rounded number of HIV-infected pregnant women as of 2010 (based on UNAIDS/WHO methods)
 d = Data refer to years or periods other than indicated in the column heading.
 e= Data differ from the standard definition or refer to part of a country
[^] Not included in the calculation of Index

Table A3.6 Maternal and child health indicators (continued)

COUNTRY	Measles immunisation coverage (%)	
	2001	2011
	6	7
SUB-SAHARAN AFRICA (Median)	69	79
Angola	41	88
Benin	72	72
Botswana	90	94
Burkina Faso	59	63
Burundi	75	92
Cameroon	49	76
Cape Verde	80	96
Central African Republic	36	62
Chad	28	28
Comoros	70	72
Congo (Brazzaville)	34	90
Côte d'Ivoire	73	49
Democratic Republic of Congo	46	71
Djibouti	50	84
Equatorial Guinea	51	51
Eritrea	86	99
Ethiopia	52	57
Gabon	55	55
Gambia	85	91
Ghana	84	91
Guinea	42	58
Guinea-Bissau	71	61
Kenya	75	87
Lesotho	74	85
Liberia	52	40
Madagascar	56	70
Malawi	73	96
Mali	49	56
Mauritania	62	67
Mauritius	84	99
Mozambique	71	82
Namibia	69	74
Niger	34	76
Nigeria	35	71
Rwanda	74	95
São Tomé and Príncipe	69	91
Senegal	48	82
Seychelles	97	99
Sierra Leone	37	80
Somalia	...	46
South Africa	38	78
Sudan*	77	90
Swaziland	58	98
Togo	72	67
Uganda	59	75
United Republic of Tanzania	78	93
Zambia	85	83
Zimbabwe	75	92
NORTH AFRICA (Median)	93	96
Algeria	80	95
Egypt	98	96
Libya	92	98
Morocco	93	95
Tunisia	95	96
ALL AFRICA (Median)	70.5	82

Source		Notes
6-7	UNICEF, The State of the World's Children reports 2010, 2011, 2012 & 2013	... = Data not available * Pre-secession Sudan
		Table 3 in the reports

Table A3.6 Maternal and child health indicators (continued)

COUNTRY	Infant Mortality Rate (per 1,000 births)			Under 5 Mortality (per 1,000 live births)		
	2000	2011	2015*	2000	2011	2015*
	8	9	10	11	12	13
SUB-SAHARAN AFRICA (Median)	95	63.5	33.8	141	94.5	56.9
Angola	154	96	52.3	240	158	72.3
Benin	95	68	39.5	144	106	52.9
Botswana	74	20	17.6	96	26	31.3
Burkina Faso	100	82	41.1	180	146	61
Burundi	114	86	41	190	139	78
Cameroon	88	79	28.6	150	127	47.4
Cape Verde	31	18	15.9	42	21	25.1
Central African Republic	115	108	35.5	193	164	57.2
Chad	122	97	41.9	213	169	74.2
Comoros	62	59	28.8	85	79	39.3
Congo (Brazzaville)	81	64	26.1	120	99	48.8
Côte d'Ivoire	115	81	38	137	115	52.9
Democratic Republic of Congo	129	111	39.7	207	168	52.3
Djibouti	97	72	38.3	146	90	67.6
Equatorial Guinea	120	80	40.7	185	118	64.7
Eritrea	61	46	32	96	68	58.3
Ethiopia	116	52	39.2	160	77	69.3
Gabon	60	49	20.2	90	66	52.5
Gambia	99	58	30.9	136	101	77
Ghana	68	52	25.5	111	78	41.2
Guinea	112	79	47.4	186	126	75.1
Guinea-Bissau	132	98	48.2	218	161	80.8
Kenya	77	48	22	114	73	36.3
Lesotho	86	63	25.2	113	86	49.1
Liberia	157	58	54.3	174	78	89.3
Madagascar	84	43	33.8	125	62	59.3
Malawi	95	53	45.5	160	83	83
Mali	124	98	53.1	219	176	90.8
Mauritania	79	76	28.3	121	112	60.4
Mauritius	18	13	7.1	20	15	7.2
Mozambique	122	72	46.1	188	103	77.7
Namibia	50	30	20.6	76	42	44.5
Niger	159	66	59.8	232	125	80.4
Nigeria	107	78	39.8	210	124	54.3
Rwanda	118	38	42.4	181	54	91.5
São Tomé and Príncipe	75	58	27.2	106	89	...
Senegal	80	47	30.4	134	65	42
Seychelles	13	12	...	...	14	...
Sierra Leone	167	119	61.1	213	185	109.2
Somalia	...	108	...	...	180	...
South Africa	50	35	16.6	84	47	24.2
Sudan**	65	66	31.3	127	103	50.8
Swaziland	98	69	25.8	122	104	41.7
Togo	80	73	33.4	122	110	50
Uganda	85	58	33.7	145	90	68.9
United Republic of Tanzania	88	45	32.2	138	68	45.5
Zambia	102	53	35.3	182	83	56.9
Zimbabwe	73	43	18.2	110	67	40.3
NORTH AFRICA (Median)	37	18	19.5	46	21	23.5
Algeria	37	26	19.5	46	30	23.5
Egypt	40	18	25	51	21	28
Libya	20	13	11.2	24	16	11.3
Morocco	45	28	21.2	52	33	28.6
Tunisia	25	14	13.4	27	16	14.2
ALL AFRICA (Median)	87	58	32.2	136	89	52.9

Source			Notes ... = Data not available * = Millennium Development Goals (MDGs) Target ** Pre-secession Sudan
8 & 11	ACPF, The African Report on Child Wellbeing 2008	Table A3.8, page 172	
9	UNICEF Reports: The State of the World's Children 2013	Table 1: Pages 88-91	
10 & 13	African Development Bank, African Statistical Yearbook 2009	Table 5-4, Pages 68	
	UNICEF Reports: The State of the World's Children 2012 and 2013	Table 1: on both reports	

Table A3.7 Access to basic services

COUNTRY	Percentage of the population using improved sanitation facilities		Percentage of the population using improved drinking water		Number of physicians per 100,000	Proportion of births registered before five years of age [^]
	2000	2011	2000	2011	2000-2012	2005-2011
SUB-SAHARAN AFRICA (Median)	14	15	16	17	18	19
Angola	30	59	46	53	17	29a
Benin	26	14	65	76	6	60
Botswana	41	64	95	97	34	72
Burkina Faso	11	18	54	80	5	77
Burundi	38	50	77	74	3	75
Cameroon	50	48	61	74	8	70
Cape Verde	41	63	80	89	30	91
Central African Republic	26	34	70	67	5	61
Chad	8	12	35	50	4	16
Comoros	34	35a	88	95a	15	83a
Congo (Brazzaville)	27	18	57	72	10	81g
Côte d'Ivoire	33	24	83	80	14	55
Democratic Republic of Congo	25	31	45	46	11	28
Djibouti	81	61	73	92	23	89
Equatorial Guinea	52	89a	43	51a	30	32a
Eritrea	8	13a	54	60a	5	...
Ethiopia	8	21	22	49	3	7
Gabon	36	33	86	88	29	89a
Gambia	53	68	82	89	11	76
Ghana	18	13	70	86	9	4
Guinea	17	18	49	74	10	96
Guinea-Bissau	34	19	58	72	7	50
Kenya	43	29	57	61	18	27
Lesotho	37	26	79	78	5	...
Liberia	28	18	61	74	1	58
Madagascar	27	14	45	48	16	...
Malawi	58	53	64	84	2	...
Mali	43	22	45	65	8	89
Mauritania	33	27	47	50	13	72
Mauritius	94	91	100	100	106	...
Mozambique	27	19	42	47	3	...
Namibia	25	32	80	93	37	...
Niger	11	10	44	50	2	2
Nigeria	42	31	49	61	40	30g
Rwanda	40	61	70	69	6	...
São Tomé and Príncipe	24	34	79	97	49	...
Senegal	50	51	73	73	6	26
Seychelles	100	97	87	96	151	...
Sierra Leone	38	13	57	57	2	88
Somalia	...	24	...	30	4	98
South Africa	66	74	87	91	76	-
Sudan*	34	26a	69	58a	28	38
Swaziland	48	57	62	72	17	...
Togo	34	11	51	59	5	4
Uganda	43	35	55	75	12	1
United Republic of Tanzania	47	12	58	53	1	15
Zambia	51	42	55	64	6	1
Zimbabwe	52	40	80	80	6	...
NORTH AFRICA (Median)	83	95	89	90	122	99
Algeria	91	95	89	84	121	99
Egypt	65	95	97	99	283	99
Libya	97	97	71	...	190	...
Morocco	69	70	79	82	62	...
Tunisia	83	90	90	96	122	...
ALL AFRICA (Median)	38	33	65	74	11	61

Source			Notes ... = Data not available * Pre-secession Sudan a = data refers years other than specified in the column heading g = Data differ from the standard definition or refer to only part of the country. ^ Not included in calculation of Index
14 & 16	ACPF, The African Report on Child Wellbeing 2008	Table A3.9 in the report	
15 & 17	UNICEF and WHO, Joint Monitoring Programme for Water Supply and Sanitation, Progress on Drinking Water and Sanitation: Special focus on sanitation 2012 and 2013 Updates	2008 Report, Statistical Table, Pages 42- 53 2012 Update, Statistical Table, Pages 38-55 2013 Update, Statistical Table, Pages 14-35 http://www.wssinfo.org/data-estimates/table/	
19	Based on data from WHO, World Health Statistics 2011, 2012 & 2013	WHS 2011 Table 6, Page 116-125 WHS 2012 Table 6, Page 122-130 WHS 2013 Table 6, pages 120-128	
	UNICEF, The State of the World's Children Reports, 2012 and 2013	Table 9 in both reports,	

Table A3.8 Education indicators

COUNTRY	NET ENROLMENT RATIO [^]						Pupil-teacher ratio (Primary)	
	Primary				Secondary		1999-2000	2006-2011
	Boys		Girls		Boys	Girls		
	1999-2000	2006-2011	1999-2000	2006-2011	2006-2011	2006-2011	4	5
SUB-SAHARAN AFRICA (Median)	68	83	62	77	30	26	44	39
Angola	39	93	35	78	14.9	12.1	35	46
Benin	83	...	57	...	...	...	54	44
Botswana	82	87	86	88	56.7	65.6	27	25
Burkina Faso	42	66c	29	62c	20.5c	17.0c	47	53
Burundi	59	91	49	...	19.6	16.5	50	48
Cameroon	...	98	...	85	44.2	38.7	63	45
Cape Verde	...	95	...	92	60.3	69.4	28	23
Central African Republic	64	78	45	59	18.2	10.1	74	81
Chad	70	...	47	...	...	...	71	63
Comoros	60	81	52	75	...	...	36	28
Congo (Brazzaville)	...	95	...	90	...	...	51	49
Côte d'Ivoire	73	67	55	56	...	...	48	49
Democratic Republic of Congo	...	...	...	...	...	...	...	37
Djibouti	37	57	28	51	28.2	20.2	36	35
Equatorial Guinea	76	58	68	58	...	...	42	28
Eritrea	44	38	38	33	31.7	25.4	45	40
Ethiopia	53	89	41	83	...	...	55	55
Gabon	89	...	87	...	...	...	49	25
Gambia	71	66	66	69	...	...	37	38
Ghana	60	83c	57	81c	48.1	44.4	33	33c
Guinea	52	89c	41	75c	40.5c	27.3c	44	44
Guinea-Bissau	63	75	45	72	...	...	44	52
Kenya	68	82	69	83	51.6	48.4	33	47
Lesotho	75	73	82	76	22.8	37.0	48	34
Liberia	96	42	71	40	...	...	36	27
Madagascar	67	...	68	...	23.1	24.2	50	43
Malawi	97	90	104	97	29.7	28.8	56	76
Mali	...	67	...	59	35.9	25.2	63	48
Mauritania	66	72	62	77	17.1	14.7	42	39
Mauritius	95	...	95	...	...	...	26	20
Mozambique	59	93c	50	88c	17.9c	17.4c	64	55
Namibia	79	83	84	...	44.2	57.2	32	30
Niger	36	70c	24	59c	14.4c	8.9c	42	39
Nigeria	...	60	...	55	...	...	...	36
Rwanda	97	89	97	92	...	...	51	58
São Tomé and Príncipe	...	96	...	98	30.3	34.4	34	29c
Senegal	66	73	60	78	...	...	51	33
Seychelles	...	...	...	...	...	...	15	13
Sierra Leone	68	...	63	...	...	...	44	31
Somalia	...	...	...	...	...	...	...	36
South Africa	90	85	88	...	...	...	33	31
Sudan	50	...	42	...	...	...	27	38
Swaziland	92	84	94	...	32.3	37.7	33	29
Togo	101	...	83	...	...	...	34	41
Uganda	85	92	84	95	...	...	59	48
United Republic of Tanzania	57	98	58	98	...	...	40	46c
Zambia	66	94	65	96	...	...	45	63
Zimbabwe	80	...	80	...	...	...	37	38d
NORTH AFRICA (Median)	98	97	94	95	...	...	26	25
Algeria	100	97	97	95	...	...	28	23
Egypt	95	...	90	...	...	...	22	28
Libya	...	...	...	...	...	...	...	...
Morocco	82	96c	74	95c	...	...	28	26c
Tunisia	100	...	99	...	...	...	23	17
ALL AFRICA (Median)	70	83	65	78	30	26	42	38

Source			Notes
1A & 2A	- African Development Indicators 2004 & 2006, The World Bank, Washington DC.	ADI 2004 Section 13, Table 13-17; ADI 2007 Table 8.1, ADI 2006/9 Table 8.1	Data refers to the most recent data from the range in the column heading, unless specified. ... = Data not available c = Data for 2012
1B, 2B, 3A & 3B	- UNESCO, 2013	http://stats.uis.unesco.org/unesco/TableViewer/tableView.aspx	k = Proportion of orphans (aged 10-14) attending school is based on small denominators (typically 25-49 un-weighted cases).
4 - 5	The World Bank Databank	Accessed at: http://data.worldbank.org/data-catalog/world-development-indicators 13 June 2013	d = Data refers to years other than specified in the column heading [^] Not included in calculation of Index tables

Table A3.8 Education indicators (continued)

COUNTRY	GROSS ENROLMENT RATIO							
	Primary				Secondary			
	Boys		Girls		Boys		Girls	
	1999-2000	2006-2011	1999-2000	2006-2011	1999-2000	2005-2011	1999-2000	2005-2011
	6	7	8	9	10	11	12	13
SUB-SAHARAN AFRICA (Median)	96	111	80	104	30	43	21	35
Angola	78	137	69	112	18	37	13	25
Benin	113	137	78	120	30	64	14	39
Botswana	108	112	108	108	90	80	96	85
Burkina Faso	52	84	37	80a	12	27	8	22
Burundi	73	164	58	165	12	32	9	24
Cameroon	115	128	100	111	...	56	...	47
Cape Verde	140	114	137	105	...	83	...	97
Central African Republic	89	109	61	79	...	23	...	13
Chad	90	115	57	86	18	35	5	15
Comoros	92	106	80	90	23	40b	18	30b
Congo (Brazzaville)	101	119	93	113	46	37b	38	27b
Côte d'Ivoire	92	96	70	80	30	32b	17	18b
Democratic Republic of Congo	49	103	44	89	...	50	...	29
Djibouti	46	64a	35	58a	13	44a	17	34a
Equatorial Guinea	126	88	115	86	43	38b	19	22b
Eritrea	65	51	54	42	34	37	23	29
Ethiopia	76	111	52	101	22	40	14	35
Gabon	144	184	143	179	61	49b	58	42b
Gambia	86	79	78	82	43	56	30	53
Ghana	84	113a	76	107a	40	62a	32	56a
Guinea	78	108a	56	92a	...	52a	...	33a
Guinea-Bissau	99	127	66	119	26	23b	14	13b
Kenya	95	115	93	112	32	63	29	57
Lesotho	112	105	118	101	30	41	36	57
Liberia	140	108	96	98	45	49	32	40
Madagascar	105	150	101	147	...	32	...	30
Malawi	139	139	135	144	40	36	31	33
Mali	71	87	51	76	...	46	...	33
Mauritania	86	98	80	104	22	29	20	25
Mauritius	109	99	108	100	79	90	75	89
Mozambique	104	115a	79	105a	14	27a	9	25a
Namibia	112	108	113	106	58	59	65	69
Niger	42	79	29	67a	8	18a	5	12a
Nigeria	...	87	...	79	...	47	...	41
Rwanda	119	140	118	143	12	35	12	37
São Tomé and Príncipe	...	129a	...	125a	...	65a	...	74a
Senegal	79	83	70	89	21	44	14	40
Seychelles	...	113	...	113	...	117	...	131
Sierra Leone	106	129	80	120	29	34	24	26
South Africa	115	104	108	100	83	92	91	96
Sudan	59	76	51	69	22	41	36	36
Swaziland	128	121	121	109	60	61	60	59
Togo	138	146	110	133	54	60	24	31
Uganda	143	112	129	114	21	31	16	26
United Republic of Tanzania	78	92a	76	95a	6	37a	5	33a
Zambia	80	118	76	117	26	53	21	45
Zimbabwe	96	102	93	101	47	38	42	35
NORTH AFRICA (Median)	115	112	107	108	76	86	80	94
Algeria	116	112	107	106	68	100	73	104
Egypt	103	105	96	99	88	74	83	71
Libya	115	117	117	112	88	86	91	101
Morocco	101	118a	88	112a	44	75a	35	64a
Tunisia	120	112	115	108	76	91	80	94
ALL AFRICA (Median)	101	112	80	105	31	45	24	36

Source	Notes
<ul style="list-style-type: none"> - UNESCO, 2013 - Africa Development Indicators, 2006, 2007, 2008/09, and 2012/13, The World Bank, Washington DC 	<ul style="list-style-type: none"> - http://stats.uis.unesco.org/unesco/TableViewer/tableView.aspx - ADI 2006 Section 8.1; ADI 2007 Table 8.1, ADI 2008/09 Table 8.1, ADI 2012/13 Table 7.1
	<p>Notes</p> <p>Data refers to the most recent data from the range in the column heading, unless specified.</p> <p>... = Data not available</p> <p>c = Data for 2012</p> <p>k = Proportion of orphans (aged 10–14) attending school is based on small denominators (typically 25–49 un-weighted cases).</p> <p>d = Data refers to years other than specified in the column heading</p> <p>^ Not included in calculation of Index tables</p>

Table A3.8 Education indicators (continued)

COUNTRY	Primary completion rate (% of relevant age group) [^]					
	Total		Male		Female	
	2000	2011	2000	2011	2000	2011
	14	15	16	17	18	19
SUB-SAHARAN AFRICA (Median)	37.6	66.3	44.6	65.5	32.6	66.3
Angola	...	...	...	...	...	...
Benin	34.93	75.3	45.33	84.3	24.21	66.3
Botswana	89.87	...	87.51	...	92.26	...
Burkina Faso	25.03	...	29.38	...	20.54	...
Burundi	24.91	62.1	27.08	62.1	22.73	62.2
Cameroon	49.93	78.3	53.36	84.3	46.46	72.1
Cape Verde	101.83	95.0	100.20	94.0	103.45	96.0
Central African Republic	...	43.0	..	53.3	..	32.8
Chad	22.32	38.2	31.88	47.2	12.71	29.2
Comoros	...	...	...	...	...	...
Congo (Brazzaville)	...	...	...	...	...	...
Côte d'Ivoire	39.12	58.6	48.03	64.9	30.21	52.2
Democratic Republic of Congo	...	...	...	...	..	...
Djibouti	28.01	56.5	33.17	59.2d	22.78	53.8d
Equatorial Guinea	...	51.7	...	51.3	..	52.2
Eritrea	36.40	...	40.22	...	32.60	...
Ethiopia	21.58	57.8	27.92	60.7	15.21	54.8
Gabon	...	...	...	...	...	...
Gambia	...	66.3	...	65.5	...	67.2
Ghana	...	99.1	...	109.7d	...	88.0d
Guinea	32.78	...	44.59	...	20.53	...
Guinea-Bissau	26.93	...	34.59	...	19.34	...
Kenya	...	...	...	...	..	...
Lesotho	60.11	68.1	50.57	60.0	69.73	76.3
Liberia	...	66.0	...	71.6	..	60.3
Madagascar	35.53	72.9	35.36	71.9	35.70	74.0
Malawi	65.75	71.2	69.49	69.9	62.00	72.4
Mali	32.78	55.4	40.64	61.0	24.92	49.5
Mauritania	52.57	...	...	...	...	...
Mauritius	104.65	...	105.46	...	103.81	...
Mozambique	16.12	56.2	19.73	60.9	12.52	51.6
Namibia	81.64	...	76.46	...	86.83	...
Niger	18.38	46.2	21.72	52.4	14.81	39.6
Nigeria	...	...	...	...	...	...
Rwanda	20.69	...	22.42	...	18.98	...
São Tomé and Príncipe	...	114.7	..	112.4	..	117.0
Senegal	37.72	62.8	43.57	61.1	31.80	64.6
Seychelles	112.91	125.0	113.96	123.0	111.86	127.0
Sierra Leone	...	74.4	...	77.6	...	71.3
Somalia	...	...	...	...	...	...
South Africa	90.07	...	88.95	...	91.20	...
Sudan	37.50	...	39.42	...	35.51	...
Swaziland	64.32	76.9	62.70	76.2	65.94	77.7
Togo	61.03	76.6	76.98	86.5	45.14	66.8
Uganda	...	54.9	...	55.7	...	54.2
United Republic of Tanzania	...	81.2	...	77.2d	...	85.2d
Zambia	60.08	...	65.23	...	54.88	...
Zimbabwe	...	...	...	...	...	...
NORTH AFRICA (Median)	84.7	96.8	84.9	97.8	84.4	95.8
Algeria	82.63	94.4	82.82	94.5	82.43	94.2
Egypt	98.14	...	101.77	...	94.35	...
Libya	...	...	...	...	...	...
Morocco	56.74	99.3	63.13	101.1d	50.14	97.3d
Tunisia	86.71	...	87.05	...	86.36	...
ALL AFRICA (Median)	44.5	68.1	48.0	69.9	35.7	66.8

Source		Notes
14-19	- World Development Indicators 2012 - The World Bank Databank	WDI 2012, Table 2.14 Accessed at: http://data.worldbank.org/data-catalog/world-development-indicators , 13 June 2013
		... = Data not available d= Data for 2012 ^ Not included in calculation of Index tables

Table A3.9 Exclusion indicators

COUNTRY	Percentage of pregnant women not attending ANC service	Percentage of deliveries where a skilled health worker is not in attendance	Percentage of HIV positive pregnant women not receiving ARVs for PMTCT	Children not immunised against measles (of all children aged 12-23 months)		Percentage of under fives with suspected pneumonia not taken to an appropriate health provider	Proportion of births which are not registered before five years of age
	2000-2011	2000-2011	2010	2000	2011	2000-2011	2000-2011
SUB-SAHARAN AFRICA (Median)	9	39	56	31	4B	5	6
Angola	20	53	80	59	12	...	71d
Benin	14	16	79	28	28	69	40
Botswana	6	5	<5	10	6	86d	28
Burkina Faso	6	34	65	41	37	44	23
Burundi	1	40	64	25	8	45	25
Cameroon	15	36	47	41	24	70	30
Cape Verde	2	22	...	20	4	...	9
Central African Republic	32	46	76	64	38	70	39
Chad	47	77	93	72	72	74	84
Comoros	25	38	...	30	28	44d	17d
Congo (Brazzaville)	7	6	84	66	10	48	19g
Côte d'Ivoire	9	41	34	27	51	62	45
Democratic Republic of Congo	11	20	99	54	29	60	72
Djibouti	8	7	94	50	16	38d	11
Equatorial Guinea	14	35	94	49	49	...	68d
Eritrea	30	72	97	14	1	56d	...
Ethiopia	57	90	...	48	43	73	93
Gabon	6	14	51	45	45	52d	11d
Gambia	2	43	...	15	9	31	24
Ghana	4	32	52	16	9	59	96
Guinea	12	54	77	58	42	58d	4
Guinea-Bissau	7	56	17	29	39	48	50
Kenya	8	56	57	25	13	44	73
Lesotho	8	38	11	26	15	34	...
Liberia	21	54	62	58	60	38	42
Madagascar	14	56	...	54	30	58	...
Malawi	5	29	...	27	4	30	...
Mali	30	51	...	51	44	62d	11
Mauritania	25	39	...	38	33	55	28
Mauritius	...	2	...	16	1	...	...
Mozambique	8	45	48	29	18	35	...
Namibia	5	19	<5	31	26	47d	...
Niger	54	82	...	66	24	49	98
Nigeria	42	61	91	65	29	55	70g
Rwanda	2	31	40	26	5	50	...
São Tomé and Príncipe	2	18	...	31	9	25	...
Senegal	7	35	...	52	18	50	74
Seychelles	...	...	...	3	1	...	...
Sierra Leone	7	37	38	63	20	26	12
Somalia	74	67	...	...	54	87d	2
South Africa	3	9	<5	23	22	35d	...
Sudan	44	77	98	52	10	10d	62
Swaziland	3	18	5	28	2	42	...
Togo	28	41	49	42	33	68	96
Uganda	7	43	58	41	25	21	99
United Republic of Tanzania	12	51	41	22	7	29	85
Zambia	6	53	25	15	17	32	99
Zimbabwe	10	34	54	25	8	52	...
NORTH AFRICA (Median)	11	5	...	7	4	36	1
Algeria	11	5	...	20	5	47d	1
Egypt	26	21	...	2	4	27	1
Libya	7	0	...	8	2	...	...
Morocco	23	26	...	7	5	30	...
Tunisia	4	5	...	5	4	41d	...
ALL AFRICA (Median)	9	38	56	30	18	48	39

Source		Notes
1-3	UNICEF, Monitoring the Situation of Children and Women	Based on Global Database accessed at: http://www.childinfo.org/antenatal_care_country.php http://www.childinfo.org/delivery_care_countrydata.php http://www.childinfo.org/hiv_aids_preventmtct.php
4A, 4B and 5	UNICEF, The State of the World's Children reports 2011, 2012 and 2013	Based on data from Table 3 in the reports
	UNICEF, The State of the World's Children reports 2011, 2012 and 2013	Based on data from Table 9 in the reports, Page 120-123

Notes
 Data refers to the most recent data from the range in the column heading, unless specified.
 ... = Data not available
 ANC = Antenatal Care
 PMTCT = Prevention of Mother to Child Transmission
 ARV = Antiretroviral therapy
 Estimated percentage of HIV-infected pregnant women who received ART for PMTCT: Calculated by dividing the reported number of HIV-infected pregnant women who received ARVs for PMTCT by the estimated un-rounded number of HIV-infected pregnant women as of 2010 (based on UNAIDS/WHO methods)
 d = Data refer to years or periods other than 2000-2011
 g = Data differ from the standard definition or refer to only part of the country.

Table A3.9 Exclusion indicators (continued)

COUNTRY	Percentage of population not using adequate sanitation facilities §		Percentage of population without access to improved drinking water source §		Proportion of boys not enrolled in primary education [100 - NET enrolment ratio for primary education (BOYS)] §		Proportion of girls not enrolled in primary education [100 - NET enrolment ratio for primary education (GIRLS)] §	
	2000-2011	2000-2011	2010	2000	2011	2000-2011	2000-2011	2006-2011
	7A	7B	8A	8B	9A	9B	10A	10B
SUB-SAHARAN AFRICA (Median)	64	69	39	27	32	17	38	23
Angola	70	41	54	47	61	7	65	22
Benin	74	86	35	24	17	...	43	...
Botswana	59	36	5	3	18	13	14	12
Burkina Faso	89	82	46	20	58	34c	71	38c
Burundi	62	50	23	26	41	9	51	...
Cameroon	50	52	39	26	...	2	...	15
Cape Verde	59	37	20	11	...	5	...	8
Central African Republic	74	66	30	33	36	22	55	41
Chad	92	88	65	50	30	...	53	...
Comoros	66	65	12	5	40	19	48	25
Congo (Brazzaville)	73	82	43	28	...	5	...	10
Côte d'Ivoire	67	76	17	20	27	33	45	44
Democratic Republic of Congo	75	69	55	54	...	...	...	...
Djibouti	19	39	27	8	63	43	72	49
Equatorial Guinea	48	11	57	49	24	42	32	42
Eritrea	92	87	46	40	56	62	62	67
Ethiopia	92	79	78	51	47	11	59	17
Gabon	64	67	14	12	11	...	13	...
Gambia	47	32	18	11	29	34	34	31
Ghana	82	87	30	14	40	17c	43	19c
Guinea	83	82	51	26	48	11c	59	25c
Guinea-Bissau	66	81	42	28	37	25	55	28
Kenya	57	71	43	39	32	18	31	17
Lesotho	63	74	21	22	25	27	18	24
Liberia	72	82	39	26	4	58	29	60
Madagascar	73	86	55	52	33	...	32	...
Malawi	42	47	36	16	3	10	0	3
Mali	57	78	55	35	...	33	...	41
Mauritania	67	73	53	50	34	28	38	23
Mauritius	6	9	0	0	5	...	5	...
Mozambique	73	81	58	53	41	7c	50	12c
Namibia	75	68	20	7	21	17	16	...
Niger	89	90	56	50	64	30c	76	41c
Nigeria	58	69	51	39	...	40	...	45
Rwanda	60	39	30	31	3	11	3	8
São Tomé and Príncipe	76	66	21	3	...	4	...	2
Senegal	50	49	27	27	34	27	40	22
Seychelles	0	3	13	4	...	...	...	...
Sierra Leone	62	87	43	43	32	...	37	...
Somalia	...	76	...	70	...	100	...	100
South Africa	34	26	13	9	10	15	12	...
Sudan	66	74	31	42	50	...	58	...
Swaziland	52	43	38	28	8	16	6	...
Togo	66	89	49	41	-1	...	17	...
Uganda	57	65	45	25	15	8	16	5
United Republic of Tanzania	53	88	42	47	43	2	42	2
Zambia	49	58	45	36	34	6	35	4
Zimbabwe	48	60	20	20	20	...	20	...
NORTH AFRICA (Median)	17	5	11	10	3	3	7	5
Algeria	9	5	11	16	0	3	3	5
Egypt	35	5	3	1	5	...	10	...
Libya	3	3	19	100	...	...	...	...
Morocco	31	30	21	18	18	4	26c	5c
Tunisia	17	10	10	4	0	...	1	...
ALL AFRICA (Median)	62	67	36	26	30	17	35	22

Source		Notes
	ACPF, The African Report on Child Wellbeing 2008	Table A3.13 in the report
7B & 8B	Based on data from WHO and UNICEF Joint Monitoring Programme for Water and Sanitation, Progress on Sanitation and Drinking Water: 2008, 2012, and 2013 Updates UNESCO	Based on data from: 2008 Report, Statistical Table, Pages 42- 53 2012 Update, Statistical Table, Pages 38-55 2013 Update, Statistical Table, Pages 14-35
		Based on data accessed at: http://stats.uis.unesco.org/unesco/TableViewer/tableView.aspx

Table A3.10 HIV/AIDS and related indicators[^]

COUNTRY	Estimated adult HIV prevalence rate (15-49), (%) 2011	Number of children (0-14 years) living with HIV 2011 (thousands)	HIV prevalence among young people (15-24 years), (%) 2011		Orphans				
			Male	Female	Single or Double Orphans		Double Orphans		
					Children (0-17 years) orphaned due to all causes		Number		Percentage change
			Estimate 2011 (thousands)	Estimate 2011 (thousands)	2001	2011	2001 to 2011		
1	2	3	4	5	6	7	8	9	
SUB-SAHARAN AFRICA (Median)									
Angola	2.1	34	0.6	1.6	140	1,300	99,000	170,000	71.7
Benin	1.2	9	0.3	0.8	47	380	31,000	41,000	32.3
Botswana	23.4	15	4.1	9.0	100	140	62,000	32,000	-48.4
Burkina Faso	1.1	23	0.3	0.6	130	880	161,000	120,000	-25.5
Burundi	1.3	19	0.3	0.6	120	610	139,000	110,000	-20.9
Cameroon	4.6	60	1.2	2.9	340	1,300	85,000	190,000	123.5
Cape Verde	1.0	-	0.1	1.1	...	...	...	...	...
Central African Republic	4.6	20	1.2	2.6	140	350	48,000	69,000	43.8
Chad	3.1	34	0.9	2.1	180	880	60,000	140,000	133.3
Comoros	0.1	...	0.1	<0.1	...	...	...	...	...
Congo (Brazzaville)	3.3	13	1.2	2.5	51	230	31,000	34,000	9.7
Côte d'Ivoire	3.0	61	0.6	1.4	410	1,200	192,000	190,000	-1.0
Democratic Republic of Congo	...	...	...	...	...	...	313,000	...	...
Djibouti	1.4	1	0.1	0.3	9	46	4,000	6,600	65.0
Equatorial Guinea	4.7	3	1.6	4.1	6	46	3,000	6,400	113.3
Eritrea	0.6	4	0.1	0.3	19	280	14,000	35,000	150.0
Ethiopia	1.4	180	0.2	0.4	950	4,600	455,000	670,000	47.3
Gabon	5.0	3	1.2	3.0	21	64	6,000	8,000	33.3
Gambia	1.5	...	0.4	1.2	...	...	6,000	...	...
Ghana	1.5	31	0.4	0.9	180	970	75,000	110,000	46.7
Guinea	1.4	11	0.4	0.9	52	570	73,000	71,000	-2.7
Guinea-Bissau	2.5	3	0.9	2.0	8	110	9,000	15,000	66.7
Kenya	6.2	220	1.6	3.5	1,100	2,600	291,000	430,000	47.8
Lesotho	23.3	41	6.4	15.4	140	200	37,000	48,000	29.7
Liberia	1.0	5	0.1	0.3	33	230	...	33,000	...
Madagascar	0.3	...	0.2	0.1	...	...	...	...	...
Malawi	10.0	170	2.1	4.9	610	1,000	194,000	170,000	-12.4
Mali	1.1	...	0.1	0.3	...	...	76,000	...	...
Mauritania	1.1	...	0.2	0.4	...	...	...	...	...
Mauritius	1.0	...	0.6	0.4	...	...	...	...	...
Mozambique	11.3	200	2.8	8.2	800	2,000	184,000	370,000	101.1
Namibia	13.4	20	2.7	6.5	75	120	18,000	20,000	11.1
Niger	0.8	...	0.2	0.5	...	...	66,000	...	...
Nigeria	3.7	440	1.1	2.9	2,200	10,800	607,000	1,700,000	180.1
Rwanda	2.9	27	0.8	1.7	170	660	145,000	94,000	-35.2
São Tomé and Príncipe	1.0	...	0.4	0.3	...	...	...	...	...
Senegal	0.7	...	0.3	0.5	...	...	42,000	...	...
Seychelles	...	...	...	...	...	...	...	...	...
Sierra Leone	1.6	4	0.5	1.3	18	310	...	37,000	...
Somalia	0.7	...	0.3	0.4	...	...	52,000	...	...
South Africa	17.3	460	5.3	11.9	2,100	3,500	267,000	740,000	177.2
Sudan*	1.1	...	0.5	1.3	...	...	...	...	...
Swaziland	26.0	17	6.3	15.3	75	110	19,000	22,000	15.8
Togo	3.4	19	0.9	2.1	89	250	27,000	26,000	-3.7
Uganda	7.2	190	2.4	5.3	1,100	2,600	315,000	430,000	36.5
United Republic of Tanzania	5.8	230	1.8	4.0	1,300	3,000	288,000	480,000	66.7
Zambia	12.5	170	3.1	7.0	680	1,200	316,000	260,000	-17.7
Zimbabwe	14.9	200	3.6	7.6	1,000	1,300	543,000	330,000	-39.2
NORTH AFRICA									
Algeria	...	...	...	...	...	...	...	...	...
Egypt	<0.1	...	<0.1	<0.1	...	...	...	...	...
Libya	...	...	...	...	...	...	...	...	...
Morocco	0.2	...	0.1	0.1	...	...	...	...	...
Tunisia	<0.1	...	<0.1	<0.1	...	...	...	...	...
ALL AFRICA									

Source			Notes
1 - 4	UNICEF, The State of the World's Children reports 2013	Table A4, pages 112-115	... = Data not available ^ Data in this table are not used in the calculation of the Child-friendliness Index Children orphaned by AIDS = Estimated number of children (0-17 years) as of 2011 who have lost one or both parents to AIDS. Children orphaned due to all causes = Estimated number of children (0-17 years) who have lost one or both parents due to any cause (as of 2011). Double orphans = Estimated number of children (0-17 years) who have lost both biological parents. * Pre-secession Sudan
	Monitoring the Situation of Children and Women	Accessed at: http://www.childinfo.org/hiv_aids_orphanestimates.php	