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EXECUTIVE SUMMARY

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

Progress and opportunities

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

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

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

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

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

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

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

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

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

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

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

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

This impressive change¹ in the African political and socio-economic situation has provided many countries with a favourable environment for economic progress and improvements in the wellbeing of children, particularly in healthcare and education.

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

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

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

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

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

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

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

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

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

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

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

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

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

Still a long way to go

These impressive achievements notwithstanding, the economies of most African countries remain fragile, characterised by highly skewed income distribution, persistent poverty and uncertain prospects. In 2005, 43 per cent of the population in sub-Saharan Africa lived on below US\$ 1 a day. Inequality and exclusion from basic services continue to be serious and pervasive problems. A significant number of children and mothers have no access to essential health and education services. For instance, the proportion of people without access to sanitation services (such as connection to a public sewer or to a septic system³) stands at 62 per cent for Africa overall. Some 52 per cent of children with suspected pneumonia have no access to health services, and pneumonia remains the most prevalent of the six fatal diseases that are responsible for about 70 per cent of child deaths in developing countries. In 2004, only four countries – Burkina Faso, Liberia, Malawi and Rwanda – lived up to the pledge made by African governments in Abuja in 2001 to increase their spending on health to at least 15 per cent of their overall annual budgets. As a result of all these factors, each year approximately one million babies are stillborn in Africa. About half a million die on their first day. A further one million babies die in their first month of life.

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

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

Another major problem seldom mentioned in policy debates is the plight of children living with disabilities. Children with disabilities are born into families in virtually every community in Africa, and many more children and youth become disabled due to

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

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

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

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

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

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

Violence against children is a pervasive problem throughout Africa. Millions of children are subjected to harmful traditional practices, including female genital cutting, early marriage, rape and harassment. Thousands

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

are victims of war, sometimes as targets, and at other times as instruments of war. Many more millions are subjected to daily and incessant violence at home, at school and in their communities. It is a matter of concern that only 22 African countries have laws that prohibit corporal punishment in schools, with only a single country – Sierra Leone – prohibiting corporal punishment in the home.

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

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

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

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

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

Child-friendliness of African governments

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

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

Three dimensions of child-friendliness were identified: protection of children by legal and policy frameworks; efforts to meet basic needs, assessed in terms of budgetary allocation and achievement of outcomes; and the effort made to ensure children's participation⁴ in decisions that affect their wellbeing. Though child participation is important, it was not possible to obtain sufficient data on this dimension during the development of the Child-friendliness Index.

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

According to the composite Child-friendliness Index, Mauritius and Namibia emerged as the first and second most child-friendly governments respectively in the whole of Africa, followed by Tunisia, Libya, Morocco, Kenya, South Africa, Malawi, Algeria, and Cape Verde (see Table 1, below). Rwanda and Burkina Faso have also made impressive efforts to ensure the wellbeing of their children. These countries emerged in the top twelve mainly for three reasons: first, as a result of their putting in place appropriate legal provisions to protect children against abuse and exploitation; secondly, because of their commitment in allocating relatively higher share of their national budgets to provide for the basic needs of children; and thirdly, as a result of their effort and success in achieving favourable wellbeing outcomes as reflected on children themselves.

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

Table 1 Child-friendliness Index ranking of African governments

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

Source: Developed by The African Child Policy Forum, 2008

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

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

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

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

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

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

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

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

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

Source: *The African Child Policy Forum, 2008*

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

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

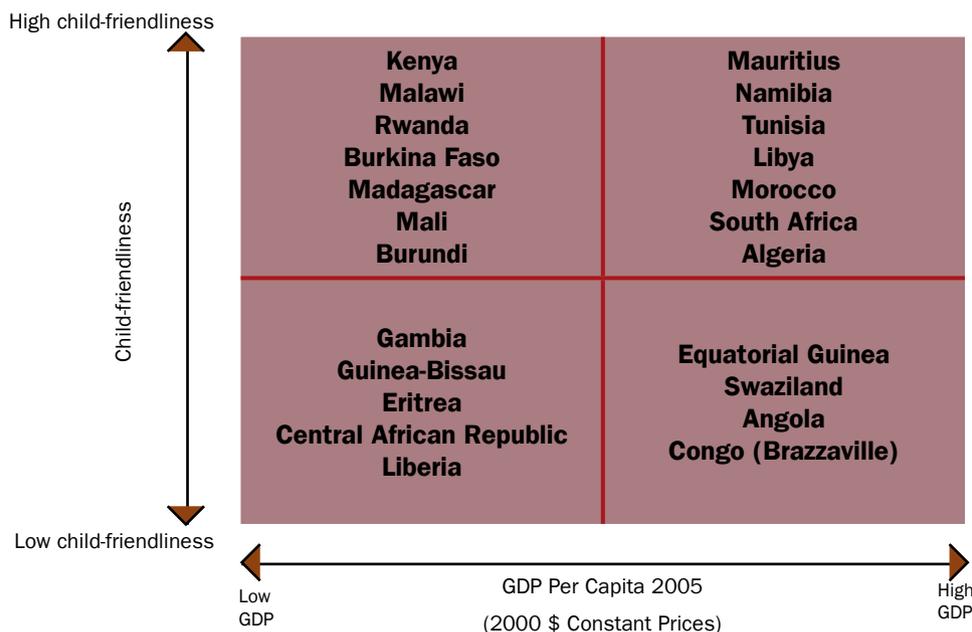
A recurring explanation or excuse given by governments for inadequate action and consequent poor welfare of their children is the low performance of their economies and lack of resources. To what extent is this true? Comparison of the Child-friendliness Index ranking with that for economic status showed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

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

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

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

Chart 1 Governments' child-friendliness versus GDP per capita



What, then, are the priority areas of action for African governments, and what specific steps should they follow in order to fulfil their commitments to their children?

What is to be done?

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

- Too many children die needlessly before they reach the age of five, and too many have no access to health and medical services, adequate nutrition, safe water and improved sanitation services
- A large number and proportion of children, especially girls, are denied education, especially at the secondary level
- A large number of countries are faced with huge and growing orphan populations, and the growing phenomenon of child-headed households
- Almost everywhere, children are victims of violence at home, at school and in their communities
- Almost all countries have a large population of children with disabilities that is underserved, sometimes abused and mistreated, and almost always kept hidden and invisible
- In far too many countries, children are not receiving adequate legal protection, either because of the incompatibility of national laws and international legal standards, or because of poor enforcement.

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

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

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

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

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

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

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

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

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

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



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