

***AFRICA FIT FOR CHILDREN: A CALL FOR  
ACCELERATED ACTION TOWARDS THEIR SURVIVAL***

**BY**

**PROF. COMFORT M. EKPO  
UNIVERSITY OF UYO**

**BEING A PAPER PRESENTED AT THE 2009  
CELEBRATION OF THE DAY OF THE  
AFRICAN CHILD**

**AT WOMEN DEVELOPMENT CENTRE, UYO,  
AKWA IBOM STATE.**

## **AFRICA FIT FOR CHILDREN: A CALL FOR ACCELERATED ACTION TOWARDS THEIR SURVIVAL**

### **Preamble:**

In 2008 during the celebration of the Day of the African child, "a call for renewal of commitment" was made. I recalled the puzzles in the paper I presented at that forum viz; "Do children need education in societies where employment is not guaranteed and what practical roles do governments and non-governmental organisations in Nigeria actually perform to ensure a credible future for the children?" These were issues of grave concern and still unsolved today. The status of children in contemporary Africa is as complex and undefined as the continent itself. Some credible roles that the government plays are sporadic and various socio-political factors across the continent are known to militate against the development of African children.

Writing this paper may appear as if one is engaged in a mere academic exercise to discuss "accelerated action" when in fact one is unable to say specifically what determined actions are taken to ensure a credible future for African children. A world fit for children must be a world fit for all. It is one in which all the children get the best possible start in life. It is a world where the leaders will as a matter of national and global priorities, promote the physical, psychological, spiritual, social, emotional, cognitive and cultural development of every child.

In African tradition, care for children is regarded as every one's responsibility; mentoring them is not left in the hands of parents alone. Globally, every parent wants to see a society where all the children grow up to be responsible, productive, healthy and caring. Every mother visualizes a bright future for her child. Yet few individuals are prepared to make appropriate inputs into their lives. Many people are still grappling with the realities of abuses and exploitations their children and wards have experienced in life. Millions of children still make their way through life undervalued, impoverished, abandoned, uneducated, malnourished, discriminated against, and neglected. As a result, they are vulnerable to all forms of societal ills. African children struggle daily to survive the harsh environmental conditions they find themselves in. They are excluded from various health and social services. In May 2002 at the United Nation's General Assembly, there was a special session on children which resulted in the publication of the document, "A world fit for children." This document constituted a millennium strategy for protecting children in the opening years of the 21st century.

There is need for accelerated plans and urgent action by African leaders if the millennium agenda must be achieved. Few of these leaders are beginning to be inward looking by earnestly asking, "Is what we have done for these children so far good enough?" "Are the changes and plans so far made in the best interest of the children?" And, have we sufficiently equipped them to be tomorrow's leaders?" That may be considered to be the right step towards the expected goal. Without a critical evaluation of all interventions or actions taken so far, the programmes, strengths,

weaknesses, opportunities and threats (SWOT) through the target group (children) discussion, it will be difficult to know what actions or interventions that should be accelerated.

This is imperative because making changes in the best interest of the child requires listening to the children’s needs, priorities, recognizing and building on their experiences. Closely following such analysis should be a massive push to boost access to essential services for children and their families currently missing out. For such services to make impact they must include human development and poverty reduction.

### **The Millennium Goals as the Central Development Plan**

The millennium agenda has seven specific time-bound goals as a frame work for their realization. These form the basis of this discussion.

<b>Goals</b>	<b>Targets</b>
Eradicate extreme hunger and poverty.	Reduce by half proportion of people living on less than a dollar a day. Reduce by half the proportion of people who suffer from hunger.
Achieve universal primary education.	Ensure that all boys and girls complete a full course of primary schooling.
Promote gender equality and empower women.	Eliminate gender disparity in primary and secondary education preferably by 2010, and at all levels by 2015.
Reduce child mortality.	Reduce by two thirds the mortality rate among children under five.
Improve mortality health.	Reduce by three quarters the maternal mortality ratio.
Combat HIV/AIDS, malaria and other diseases.	Halt and begin to reverse the spread of HIV/AIDS. Halt and begin to reverse the incidence of malaria and other major diseases.
Ensure environmental stability.	Reduce by half the proportion of people without sustainable access to safe drinking water. Achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020. Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources.
Develop a global partnership for development.	Develop further an open trading and financial system that is rule-based, predictable and non-discrimatory and that includes a commitment to good governance, development and poverty reduction – nationally and internationally. Address the least developed countries’ special needs, and the special needs of landlocked and Small Island Developing States.

	<p>Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term.</p> <p>In cooperation with the developing countries, develop decent and productive work for youth.</p> <p>In cooperation with pharmaceutical companies, provides access to affordable essential drugs in developing countries.</p> <p>In cooperation with the private sector, make available the benefits of new technologies – especially information and communication technologies.</p>
--	--

Sources: Adapted from United Nations, Millennium Development, 2000.

Some major indices of development and survival viz: education, health and social welfare are broadly considered in this discourse.

### **Education Perspective**

Education is recognized as an enabler for all other millennium development goals yet about 72 million children world wide have remained out of school. Early childhood education which is the foundation to give every child a good start in life is often left in the hands of agents such that the cost is untenable. Some African leaders do not even consider this as a priority; children of the elite benefit from such education. The challenge of providing qualitative Universal Primary Education (UPE) has been daunting experience to most African nations. It is imperative that all African children both boys and girls attend and complete full course of primary education. With education they can create wealth and upgrade their living standard. Outside qualitative education, there is little hope for survival.

The second millennium goal on UPE appears to be the only goal that is universal in its scope. Few states in Nigeria for instance, have started experimenting with free basic (primary) education. Even at that, it is worth noting that sending children into schools is only the beginning. Ensuring that they attend school regularly, and complete their studies, armed with marketable skills that will enable them to face all future challenges are the ultimate objectives.

To ensure that African children receive qualitative and gender parity education, it is said that every formal school system will need enormous additional human and teaching learning resources. It is estimated that to fix every boy and girl in the world in a good – quality primary school would cost between \$7 billion and \$17 billion dollars per year (UNICEF, 2005).

However, the benefit of such an investment would be immeasurable in terms of the health, productivity and social well being of today's children and that of the future generations. Presently, African children living in the poorest communities and the most impoverished households are less likely to be enrolled in school or be in

position to attend school regularly. Countries like Congo, Chad and Liberia would be worst hit coupled with their long history of tension among the diverse ethical groups. Without government's will power to monitor the educational services currently provided, children will merely spend time, loiter or drop in and out of school without achieving the educational goals set. Thus enrollment at school alone as presented below is not a helpful indicator of literacy level.

### **STATISTICS ON CHILDREN'S WELL-BEING IN SOME AFRICAN COUNTRIES**

<b>HEALTH INDICATOR</b>					<b>EDUCATION INDICATOR</b>			
<b>One Year Old Kids Immunized In 2004 Against</b>					<b>Primary School</b>		<b>Secondary school</b>	
	<b>TB</b>	<b>POLIO</b>	<b>DPT</b>	<b>MEASLES</b>	Male	Female	Male	Female
Algeria	98	86	93	81	94	93	-	-
Cameroon	83	72	80	64	76	73	24	22
Chad	38	47	68	56	46	33	9	5
Congo	85	67	67	65	-	-	-	-
Cote d'ivoir	51	50	50	49	62	53	15	11
Egypt	98	97	98	97	84	82	73	68
Ethiopia	82	80	93	71	33	28	-	-
Gambia	95	90	95	90	55	50	23	20
Uganda	99	86	99	91	78	79	14	15
Liberia	60	33	48	42	59 <sub>x,y</sub>	53 <sub>x,y</sub>	-	-
Malaysia	97	94	99	80	74	77	7	9
Kenya	87	73	72	73	77	78	10	11
Nigeria	48	39	43	35	66	58	38	33
Niger	72	62	75	74	36	25	08	05
Togo	91	71	83	70	69	59	21	11
South Africa	97	94	99	81	93	94	41	48

Source: UNICEF, 2005 (The state of the world's children).

#### **Definition of Indicators**

**X:** Indicates data that refers to other years and only part of a country.

**Y:** Indicates data that differ from the standard definition.

**-:** Data not available

**TB:** Tuberculosis

**DPT:** Diphtheria, Pertusis (whooping cough) and Tetanus vaccines

<b>Social Services</b>	<b>Percentage of population using improved drinking water source</b>		<b>Percentage of population using adequate sanitation facilities</b>	
	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>
Algeria	92	80		
Cameroon	84	41	99	82
Chad	40	32	63	33
Congo	72	17	30	0

Cote d'ivoir	98	74	14	02
Egypt	100	97	61	23
Ethiopia	81	11	84	56
Gambia	95	77	19	04
Uganda	87	52	72	46
Liberia	72	52	53	39
Malaysia	96	62	66	07
Kenya	89	46	56	42
Nigeria	72	49	48	43
Niger	80	36	43	30
Togo	80	36	71	15
South Africa	98	73	86	44

Source: UNICEF, 2005

### **Health Perspective**

At the Geneva 2007 convention of African ministers of Health, participants were reminded that "Health creates wealth", which in turn ensures healthy lives for the children. Family income therefore has a strong impact on child development. A child who has a healthy start in life is more likely to withstand storms. The report on a decade of child and family poverty in Canada (Campaign, 2002) gave key health determinants to include the following.

- Poor children are more likely to have lower functioning vision, hearing, speech, mobility, dexterity, cognition, emotion and pain or discomfort.
- They are less likely to live in safe neighbourhoods and at a disproportionate risk of exposure to environmental contaminants (Campaign, 2000). The data on health and sanitation indicators show vividly where Africa stands.

### **Welfare Perspective**

Little or no attention is given to children's welfare. Most African governments' commitment to the welfare of children has been very sporadic. Child abuse and neglect are occasionally condemned. Street trading is condoned in young boys and girls who should be in school but are frequently seen hawking a variety of wares. This is seen across the continent.

Due to economic reasons, most parents in Nigeria for instance are often forced to withdraw their children and wards from school. There are credible reports that poor families often "sell out" their underage daughters into marriage as a means of supplementing the family income. Violence associated with boarder classes and environmental degradation abound.

### **Implications to the Development of Africa**

The central premise of a continent fit for children has as its prerequisites human development and poverty reduction. The progress towards such realisation must be time bound and vigorously monitored. For instance, if the millennium development

goals are met in the next 6 years (2015) the targeted millions of children will be spared from various illnesses, premature death, abject poverty, malnutrition and they would have access to good quality education, safe drinking water and decent sanitation facilities.

These are all positive indicators to development but at the current rate of progress, it is estimated that about 8.7 million under-five children will still die in 2015, (UNICEF, 2000). The generational implication of this would be grave. Early deprivation of these children, if they survived at all, may prevent them from reaching their full potentials as older children, adolescents and eventually as adults. Every individual is born with natural potentials to become an achiever in ways that may be peculiar and different from others; this could elude them.

### **Strategies For Accelerated Action**

The world agreed on a "road map" to a better future through the Millennium Development Goals. The millennium declaration that gave birth to the goals though endorsed by only 189 countries in the year 2000 has highlighted quantitative targets in education, health and social welfare issues to be addressed. The Millennium Development Goals may be viewed as the collective vision of a world of peace, security, solidarity, and shared responsibility. If these are met by the target year of 2015, 500 million people will escape poverty and 250 million others will be spared from hunger while 30 million children will be able to survive various childhood diseases, (UNICEF, 2005). It is disheartening however to note that besides these targeted numbers, there are millions who are currently beyond the reach of laws, research, budgets or any child-targeted programme (i.e. children in the riverian areas as well as those in arid region). Assessing how African's children were doing with the millennium development goals, Africa held its second Pan-African Forum on children in Cairo November, 2007 and that resulted in the "Call for Accelerated Action to Make Africa fit for Children". This became African's position.

Do we therefore throw in the towel and leave all to fate? Here lies the greatest global developmental challenge. This must be approached headlong. In the words of the Executive Director, UNICEF, meeting these goals is a "matter of life or death", Veneman (2005). The following are some of the strategies that could be effective in guaranteeing the survival of African children:

- As a starting point a persuasive global advocacy strategy must be developed targeting the world leaders. Their national activities and routine child related programmes should be monitored. The guidelines on monitoring the impact of such child protection programmes should equally be produced and field tested.
- International partners (Bilateral and multilateral development partners) and non-governmental organisations working on children and youth programmes should be called upon to conduct a mapping on child protection policies, programmes, tools and good practices biennially. These will form the baseline data on the world children. One cannot act except with accurate information.

- L;The regional body like the African Union should be more actively involved. This should link up with various national groups working on the promotion of children's welfare.
- Nations whose governments and partners have demonstrated concerted efforts in the eradication or reduction of any endemic diseases should be recognised and empowered.
- National health talks should be frequently held to sensitize the local communities on the safety of the vaccines used for various immunizations. This will remove any impasse similar to what happened in Kano State about the use of oral polio vaccine. "Think tank" fora from children's perspectives should be utilized. The children should be actively involved at appropriate levels in their development programmes.
- The providers of services and welfare packages should listen to target children for their priorities, give them recognition and build on their experiences. In that way any information could be easily disseminated.
- There must be collaboration between nations and partners to share experiences and best practices.
- Each government must play its role. It is not enough to endorse the millennium declaration or reaffirm one's commitment to the global goals. Government agents and their leadership must be sincere and honest to the fulfilment of the Millennium Development Goals not just paying of lip service to them. All governments, international / national donors, African and world leaders must translate their commitments to action now!
- The plan of action adopted by the second Pan-African Forum on children did appeal for scaling up of essential interventions to reduce maternal morbidity and mortality; there is need to scale up minimum package of proven childhood interventions based on successful strategies.
- Family and community based actions that enhance children's health, nutrition, hygienic condition, sanitation and provision of safe drinking water should be enhanced and encouraged with local legislature.
- Faith-based organisations should educate their members on the tenets of their religions so as to limit the spread of HIV/AIDS and show love to the oppressed.
- Finally, all organizations promoting programmes against child and family poverty should be supported. All services and support for survival should be adequately funded.

## **Conclusion**

I have endeavoured to look at the provisions of the Millennium Development Goals vis-à-vis their realization status in Africa. From the available data, it is obvious that



the continent is the worst in terms of meeting the goals. Humanly, looking at the challenges before Africa, it might appear impossible to provide environment that is fit for its children in Africa. What rate of progress can we make with upsurge of violence in the land, destitution, apparent insensitivity of the different levels of government to the needs of children, pervasive incidences of poverty, denial of basic amenities, insanity, lack of basic life requirements of safe water, shelter and food. Presently, HIV/AIDS has added to the continent's disease burden. But we should work hard, be honest in the utilization of available funds and resources, and then believe this scripture:

If I shut up the heavens so that there is no rain, or if I command the locust swarms to eat up all of your crops, or if I send an epidemic among you, then if my people will humble themselves and pray, and search for me, and turn from their wicked ways, I will hear them from heaven and forgive their sins and heal their land, (2 Chronicle 7: 13 – 14).

It is only in these acts cooperation with God as co-labourers, lies the hope for the survival of African children.

Thank you for listening.

## REFERENCES

Ekpo, Comfort (2008). A Nigeria Fit for Children: A call for renewal of commitment. Being a paper presented at the 2008 Day of the African Child.

Campaign (2002). Putting Promises into Action: A report on a Decade of Child and Family Poverty in Canada. Retrieved from [www.campaign2000.ca](http://www.campaign2000.ca). Accessed on June 12, 2009.

UNICEF (2005). The state of the World's Children 2006: Excluded and Invisible. New York; USA.

Veneman, Anne (2007). Statement of Advocacy Bience Gawanas, all commissioners. For social affairs at the Launch of the state of the world's children report. Geneva, Switzerland January 22, 2007. [www.africa.union.or/root/ua](http://www.africa.union.or/root/ua). Accessed on June 12, 2009.