

## EXCLUDED AND INVISIBLE CHILDREN IN AFRICA

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### 1. INTRODUCTION

In the report entitled 'Excluded and Invisible' the United Nations Children's Fund (UNICEF) lists four factors as the root causes of exclusion of children from mainstream society. These are poverty, weak governance, armed conflict and HIV and AIDS (UNICEF: 2006). All four exist in Africa either individually or in combinations. The report further states that 'at the extremes children can become invisible, in effect disappearing from view within their families, communities and societies, and to governments, donors, civil society, the media and even "other children"' (*Ibid*). Excluded children may not be only invisible, they are unprotected as well, and exclusion is not simply a matter of the present, it impacts severely on the life chances and, consequently, the future of children. This paper seeks to explore the position of children in Africa, and to establish the extent to which these four factors have 'conspired' to exclude children from participation in life processes that have a definite contribution to their present and future wellbeing as citizens, first of their own nations and secondly of the world. The paper draws on the data provided by the 2006 Report of the United Nations Children's Fund.

### 2. THEORETICAL FRAMEWORK

The theoretical position taken in this paper is that generally there is a direct relationship between poverty at the national level and the capacity of national governments to deliver basic goods and services to their populations. First, because of poverty national governments have a weak tax base and consequently a weak productive capacity. Secondly, within the population there is a disproportionate balance between the demand for goods and

services and the capacity to pay for the same. Thirdly, the weak tax and production bases severely limit the ability of national governments to subsidise the services in demand. Both government and the population are thus caught in a vicious circle and the result is weak governance. This position is inevitably aggravated by factors ostensibly from outside the system, such as armed conflict and HIV and AIDS. I use the qualification 'ostensibly' in a guarded context because while a direct relationship between poverty and armed conflict cannot be imputed, weak governments tend to be prone to armed conflict. Also, poverty reflects the inability of the state to protect its citizens, and does not only provide a fertile ground for the spread of HIV and AIDS, it also creates conditions which make it very difficult to manage the disease. Among the poor, HIV and AIDS are extremely difficult to contain and have reached pandemic proportions.

What complicates the position of children under these circumstances is that, as the UNICEF Report states, 'children are disproportionately represented among the poor' (UNICEF Report: 2006). Reasons are that the least developed countries are generally the poorest, and the poorest countries tend to have the youngest population profiles, and income-poor families tend to have more children than the richer ones (*Ibid.*). Africa is one of the poorest and least developed regions in the world and, therefore, fits well into the prototype in terms of poverty and the exclusion of children. Political conditions in Africa exacerbate the position of children as both conflict and HIV and AIDS are rife. Sub-Sahara Africa is the world's most afflicted region by HIV and AIDS, and conflict is a common feature in the region. Between 1952 and 1996 Africa had experienced 82 coups and 48 of these had occurred between 1976 and 1996. Countries such as Angola, Mozambique, Sudan, Ethiopia, Burundi, Rwanda, the Democratic Republic of Congo, Liberia, Cote d'Ivoire, have either had extensive wars which only ended not more than a decade ago and, therefore, still in the process of reconstruction, or the conflict is not yet completely resolved. Governments in these states have not yet strengthened to a position where they can render services without external assistance. In these countries, the environment renders children vulnerable to exclusion and invisibility.

### 3. FORMS OF EXCLUSION AND INVISIBILITY

In broad terms children are excluded or rendered invisible when they cannot access the basic goods and services necessary for children to lead a

normal life, and when circumstances are such that their future life chances and prospects are limited or obliterated by acts of deprivation. The absence of or inability to use antenatal care services by pregnant mothers, the spiral of poverty leading to nutritional deprivation and consequently to children born with a low birth weight or dying as infants; and the presence of socio-economic conditions which cause children to miss on schooling or to abandon school early, individually or severally cause children to be excluded. What is worse and of great concern is that marginalised and excluded children are not only deprived in the present, they are also rendered vulnerable and exploitable in the future.

Forms of exclusion can result from various levels from the inability of the child's home to provide for the necessary requirements for a healthy life and appropriate growth path, to the inability of the state or government to provide the necessary goods and services such as registration at birth, education and health. In extreme forms, basic requirements such as shelter, clean drinking water, adequate sanitation and food comprise indicators of exclusion.

#### 4. METHODOLOGY

Data comprising the body of this paper has been extracted from the United Nations Children's Fund Report of 2006. The discussion and analysis use selected indicators of exclusion and these are:

(i) *Life Chances*

Life chance indicators include attendance of ante-natal care by pregnant mothers, infant mortality, under five mortality and life expectancy at birth. However, the prevalence of HIV and AIDS could be a distorting factor with regard to life expectancy at birth. As research improves and access to antiretroviral therapy increases the number of deaths, especially among the younger generations may reduce drastically.

(ii) *Nutrition*

This encompasses the percentage of children born with a low birth weight, underweight, wasting and stunting.

(iii) *Economic Factors*

Three selected indicators fall into this section: percentage of the population earning below one US dollar per day, the gross national income per capita and the net official development assistance as a percentage of the recipient's gross national income.

(iv) *Education*

Three selected indicators comprise this section. They are primary school enrolment, the number of primary school entrants reaching grade five, and the secondary school attendance ratio.

(v) *Health*

Under this rubric falls improved drinking water; adequate sanitation facilities, immunisation against Pulmonary Tuberculosis, Diphtheria, Polio, Measles and Hepatitis B and the number of children under fourteen years of age infected by HIV and AIDS.

(vi) *Child Protection*

This covers birth registration, child labour, child marriage, female genital mutilation, and children orphaned by AIDS.

Twenty countries were selected at random from a list of all African countries, and the distribution across the continent is as follows:

- (i) North Africa: Egypt and Ethiopia;
- (ii) West Africa: Benin, Cote d'Ivoire, Equatorial Guinea, Gambia, Ghana and Liberia;
- (iii) Central Africa: Burundi, Central African Republic, Congo Democratic Republic and Rwanda;
- (iv) East Africa: Malawi, Mauritius, Seychelles, Tanzania and Uganda;
- (v) Southern Africa: Namibia, South Africa and Zimbabwe.

The selected countries fall within a wide spectrum in terms of economic capabilities (gross domestic product and levels of economic development), political stability (strong and weak government and extent of democratic practices) and the human development index. They range from the poorest and almost complete dependence on foreign aid for food and development infrastructure as is the case with Ethiopia, Burundi and Rwanda to the well developed and almost self sufficient such as Egypt, South Africa, Mauritius and the Seychelles.

Four of the twenty countries selected (Cote d'Ivoire, the Democratic Republic of Congo, Ethiopia and Liberia) have experienced serious internal civil wars or armed conflict in the new millennium, four (Burundi, Rwanda, Uganda and Zimbabwe) are politically unstable at present either recovering from serious internal strife or deteriorating and the rest have had no problems over the past ten years. The selected countries have, therefore, the requisite attributes to constitute explanatory variables in the analysis.

Finally, Sub-Sahara Africa is considered as the world's epicentre of HIV and AIDS. The UNICEF Report states that more than 80 percent or 12.1 million of the world's AIDS orphans come from Sub-Saharan Africa 'reflecting not only the region's disproportionate burden of HIV infection, but also the epidemic's relative maturity' (UNICEF Report: 2006, p. 16). As is the case with armed conflict, HIV and AIDS attack the family which is the first line of defence in the protection of children. Also, the epidemic disrupts education and school life by killing teachers. Children thus suffer at three levels, first at the level of direct protection from parents, secondly they themselves might be infected thus reducing their chances to live, and thirdly they have reduced life opportunities further exacerbating their exclusion. It is in Africa where almost entire villages have been wiped out by the AIDS epidemic as has been the case in Uganda, and where civil wars have displaced millions and brought in armies of occupation (cf. Rwanda, Ethiopia and the Democratic Republic in Congo), and promoted the recruitment of children into armies as was the case in Sudan, Liberia and the Democratic Republic of Congo. It is this tapestry of factors in Africa that provides an appropriate terrain for exploring the four main factors that contribute to the exclusion and invisibility of children.

## 5. INDICATORS OF EXCLUSION

The following section examines data on the six selected indicators of exclusion, in twenty African countries chosen at random, using the four main factors of exclusion i.e. poverty, weak governance, armed conflict and HIV and AIDS. There is empirical data on three of the factors, i.e. poverty, armed conflict and HIV and AIDS. Demonstrable indicators of these such as, for instance, per capita income and the gross domestic product for poverty; wars and uprisings for armed conflict; and statistics on incidence and prevalence for HIV and AIDS exist. However, the factor of weak governance is elusive and can only be inferred from instability which in itself is deduced from the history of a particular country.

### 5.1. *Life Chances*

Life chance indicators determine if an individual has chances to live including how long he or she may expect to live. They include ante-natal care coverage of expectant mothers, infant mortality calculated in live births per 1 000 births, under five mortality and life expectancy.

TABLE 1. LIFE CHANCES INDICATORS.

	year	Benin	Burundi	Central African Republic	Congo DRC	Egypt	Equatorial Guinea	Ethiopia	Gambia	Ghana	Ivory Coast	Liberia	Malawi	Mauritius	Namibia	Rwanda	Seychelles	South Africa	Tanzania	Uganda	Zimbabwe
Infant Mortality	1990	111	114	102	129	76	103	131	103	75	103	157	146	21	60	103	17	45	102	93	53
	2004	90	114	115	129	26	122	110	89	68	117	157	110	14	47	118	12	54	78	80	79
Under 5 Mortality	1990	185	190	168	205	104	170	204	154	122	157	235	241	23	86	173	19	60	161	160	180
	2004	152	190	193	205	36	204	166	122	112	194	235	175	15	63	203	14	67	126	138	182
Life Expectancy at Birth	2004	34	44	39	44	70	43	48	56	57	46	42	40	72	47	44	-	47	46	48	37
Ante-Natal Care Coverage	2004	81	78	62	68	69	86	27	91	92	88	85	94	-	91	92	-	94	94	92	93

### 5.1.1. Ante-Natal Care Average

With the exception of Rwanda which had experienced armed conflict in the 1990s all countries with a high index of ante-natal care coverage have stable governments irrespective of the levels of democratisation. On the contrary the four countries with the lowest percentage of ante-natal care coverage, i.e. Democratic Republic of Congo, Ethiopia and the Central African Republic have either internal conflict (Congo DRC and Ethiopia) or have experienced turbulence as a result of armed conflict in neighbouring states (the Central African Republic). The exception in this case is Egypt where the low level of ante-natal care could be attributed to factors other than armed conflict or weak governance.

### 5.1.2. Infant Mortality

Data on infant mortality has two reference points, 1990 and 2004. There are two notable observations to make. The first is the ratio of children who die as infants expressed per 1 000 live births, and the second is an examination of this ratio at the two reference points mentioned.

Nine of the twenty countries have infant mortality ratios of over 110 per 1 000. Only one of these, Malawi, has not experienced armed conflict or a spill over from armed conflict in the past ten years. The lowest ratios are in the countries with advanced economies and stable government (Seychelles, Mauritius, Egypt, Namibia and South Africa). Also, despite under-development, countries with stable government have performed relatively better on this indicator (Ghana, Tanzania, Zimbabwe, Uganda, Gambia and Benin).

Armed conflict appears to constitute a constant variable where the rate of infant mortality has risen between 1990 and 2004. For instance, in Cote d'Ivoire this figure rose from 103 to 117 per thousand, in Rwanda from 103 to 118. The same position prevailed in the Central African Republic where the spill over from conflict in the Great Lakes region was felt intensely and in Equatorial Guinea where the spill over from the conflict in the neighbouring Cote d'Ivoire could have had an effect. Both South Africa and Zimbabwe record slight increases from 1990 most probably because of HIV and AIDS reaching maturity.

#### 5.1.3. *Under Five Mortality*

As is the case with infant mortality, data on under five mortality refers to two time periods, 1990 and 2004. The lowest figures recorded are in countries with relatively advanced economies and stable governments (Seychelles, Mauritius, Egypt, Namibia and South Africa). However, South Africa shows a slight increase from 1990 (60 to 67), an observation which could be attributed to the prevalence and maturity of AIDS in the country. Significantly, despite the figures being high (160:138) in Uganda, there is a remarkable decline between 1990 and 2004. Uganda is often cited as one African country that has been able to reverse both the incidence and prevalence of HIV and AIDS within its borders.

Relatively poorer countries demonstrate high figures for both periods, but there is a relative decline in this indicator in poor but stable countries such as Benin, Gambia, Ghana, Malawi and Tanzania. On the contrary, countries that have experienced armed conflict also show an increase rather than a decline in under five mortality. This is true of Cote d'Ivoire, Rwanda, the Central African Republic and Equatorial Guinea, the latter two more from the spill over from the neighbouring war-torn countries than from internal developments. The exception in this case is Ethiopia where a decline from 204 to 166 is recorded.

#### 5.1.4. *Life Expectancy at Birth*

This is an indicator which has been distorted significantly by the prevalence and maturity of the HIV and AIDS epidemic. Also, all the factors causing the exclusion of children converge on this indicator. There are only two countries (Egypt and Mauritius) which show a respectable life expectancy of more than 70 years. Both are relatively well-developed economically and

fall under the rubric of medium income countries, and both have a low if not very low incidence and prevalence of HIV and AIDS. Gambia and Ghana have a very low HIV adult prevalence, (at 1.2 and 3.1 percent respectively), both have stable governments and have experienced no armed conflict in the past ten years or more. However, both countries are poor and have economic dependency ratios above 10 percent of their gross national income. The two have better life expectancies (at 56 and 57 years respectively) than the rest of the countries in the sample. While South Africa and Namibia have fared well in all the other indicators in this sub-cluster and have compared favourably with Egypt, both have been disadvantaged considerably by HIV and AIDS. The high HIV adult prevalence ratio in both countries (at 21.5 and 21.3 percent respectively), resulting in a very high population living with HIV in the 15-49 age group in South Africa (4 500-6 200), has decreased life expectancy considerably.

## 5.2. Nutrition

The first goal in the millennium agenda is to eradicate extreme hunger and poverty. Four selected sub-indicators falling under the rubric of nutrition are: the percentage of infants born with a low birth weight, under-weight, wasting and stunting.

TABLE 2. NUTRITIONAL INDICATORS.

		Benin	Burundi	Central African	Congo DRC	Egypt	Equatorial Guinea	Ethiopia	Gambia	Ghana	Ivory Coast	Liberia	Mali	Mauritius	Namibia	Rwanda	Senegal	South Africa	Tanzania	Uganda	Zimbabwe
Percentage of children born with Low Birth Weight		16	16	14	12	12	13	15	17	16	17	-	16	14	14	9	-	15	13	12	11
Under-weight Moderate and Severe	Under 5s	23	45	24	31	9	19	47	17	22	17	26	22	15x	24	27	6x	12	22	23	13
Wasting Moderate and Severe	Under 5s	8	8	9	13	4	7	11	9	7	7	6	5	14x	9	6	2x	3	3	4	6
Stunting Moderate and Severe	Under 5x	31	57	39	38	16	39	52	19	30	21	39	45	10x	24	41	5x	25	38	39	27

### 5.2.1. Infants born with a Low Birth Weight

There were minor differences across the twenty countries in the sample with regard to this indicator. On average, just over a tenth (approximately 14%) of children were recorded as born with a low birth weight in 2004. Only

Rwanda, Zimbabwe, Egypt and the Democratic Republic of Congo recorded numbers below the average of fourteen for the rest of the sample.

#### 5.2.2. *Moderate and Severe Underweight*

The effects of armed conflict were demonstrably evident with regard to children recorded as suffering from moderate to severe underweight. For instance, in Rwanda and Ethiopia, both recovering from large scale armed conflict, the percentage of underweight children was 45 and 47 respectively. This was about twenty percentage points above the average for the continent. Other war-ravaged countries: the Democratic Republic of Congo, Liberia and Rwanda recorded figures above the twenty-five percent mark. In contrast, countries regarded as economically advanced, the Seychelles, Egypt, South Africa and Zimbabwe recorded low figures (under 15%).

#### 5.2.3. *Moderate and Severe Wasting*

The highest figures of wasting recorded (around the 10% mark) were in the Democratic Republic of Congo and in Ethiopia. Both countries have experienced protracted large scale armed conflict and both are largely dependent on foreign aid for development assistance. The lowest figures recorded were in South Africa, Egypt, Tanzania and Uganda, all of which have enjoyed stable governance in the last fifteen years.

#### 5.2.4. *Moderate and Severe Stunting*

Predictably, strife-torn countries fared badly on this indicator. Stunting is a long-term condition in comparison with underweight and wasting. Therefore, countries that have suffered long drawn armed conflict would demonstrate higher ratios of stunted children than countries that have enjoyed relative peace. The highest figures recorded were in Burundi (57%) and Ethiopia (52%). With the exception of Tanzania, Malawi and Uganda where there has been no armed conflict in the past 15 years, all the other countries that recorded high figures (above 35%) had experienced either armed conflict or spill-overs from armed conflict in the past 15 years. Cote d'Ivoire is the only country that has been through large scale armed conflict recently but has recorded low figures of stunting (17%).

Egypt, Gambia, Namibia and South Africa, all of which have enjoyed stable governments and have not been through armed conflict in the past fifteen years have low figures of stunting.

### 5.3. Education

Three selected indicators used to assess the extent to which children were excluded from education were:

- (i) the net primary school enrolment ratio, i.e. the number of children enrolled at primary school as a percentage of children of primary school-going age;
- (ii) the number of primary school entrants who reach grade five as a percentage of their initial enrolment; and
- (iii) the secondary school attendance ratio i.e. the number of children enrolled in secondary school as a percentage of children in the secondary school-age group.

Data exists for both male and female children with regard to the first and third indicators, i.e. primary and secondary school attendance.

TABLE 3. EDUCATIONAL INDICATORS.

	Year	Benin	Burundi	Central African	Congo DRC	Egypt	Equatorial Guinea	Ethiopia	Gambia	Ghana	Ivory Coast	Liberia	Malawi	Mauritius	Namibia	Rwanda	Seychelles	South Africa	Tanzania	Uganda	Zimbabwe
Net Primary School Enrolment Ratio	Male Fem	69 47	62 52	- -	- -	93 90	91 78	55 47	79 78	65 53	67 54	79 61	- -	96 98	76 81	85 88	100 99	89 89	83 81	- -	79 80
Number of Primary school Entrants Reaching Grade 5		68	68	70*	54*	98	33	62	98*	63	88	-	44	99	92	47	99	65	88	64	70
Secondary School Attendance Ratio	Male Fem	27 13	10 8	- -	- -	83 79	33 19	23 13	39 27	39 33	27 15	27 13	32 26	74 74	39 50	- -	100 100	63 68	5x 4x	17 16	35 33

#### 5.3.1. Net Primary School Enrolment Ratio

Countries with the highest net primary school enrolment were: the Seychelles, Mauritius, Egypt, Equatorial Guinea, South Africa, Rwanda and Tanzania (all above the 80% mark). The lowest primary school enrolment, all except Rwanda have been conflict free in the past ten years.

### 5.3.2. *Percentage of Primary School Children Reaching Grade 5*

Countries with the highest ratio of net primary school enrolment also have the highest number of primary school entrants reaching Grade Five. However, in Equatorial Guinea and in Rwanda, there is a very considerable drop in pupils reaching Grade Five whilst in South Africa there is a significant drop. Conditions in Rwanda have not been favourable, with protracted armed conflict, poverty and an HIV and AIDS infection rate of over five percent. In South Africa, of the three causal factors of exclusion, the high prevalence of HIV and AIDS is the only one that can be isolated. The extent to which this factor has affected schooling at primary level is uncertain given that the number completing primary school remains constant at the secondary school level.

### 5.3.3. *Secondary School Attendance Ratio*

There is a considerable drop from primary to secondary school enrolment in all the countries in the sample with the exception of the Seychelles, Egypt, Mauritius and South Africa. All the countries which did not suffer a significant drop have sound economies, have enjoyed relative peace in the past ten years, have stable governments and, with the exception of South Africa, have a low HIV and AIDS adult prevalence.

## 5.4. *Child Protection*

Selected indicators of child protection were:

(i) *Birth Registration*

Unregistered children are excluded from the state's responsibility as they are not part of the citizenry;

(ii) *Child Labour*

Children who do not enjoy protection either from the family or from the state are vulnerable to exploitation as a source of cheap labour by unethical entrepreneurs;

(iii) *Child Marriage*

Unscrupulous persons may prey on unprotected children. Activities range from child marriage to child prostitution. Also, poor parents may give their children away to marriage in exchange for dowry;

(iv) *Children Orphaned by AIDS*

With the AIDS epidemic maturing, parents die and leave their children unprotected. This is particularly so as the most vulnerable age cohort falls within the reproductive age; and

(v) *Female Genital Mutilation*

This is probably one indicator which is influenced by cultural beliefs rather than by the four main factors that determine the exclusion of children.

TABLE 4. CHILD PROTECTION INDICATORS.

		Benin	Burundi	Central Africa	Congo DRC	Egypt	Equatorial Guinea	Ethiopia	Gambia	Ghana	Ivory Coast	Liberia	Malawi	Mauritius	Namibia	Rwanda	Seychelles	South Africa	Tanzania	Uganda	Zimbabwe
Birth Registration		70	75	73	34	-	32	-	32	21	72	-	-	-	71	65	-	-	6	4	42
Orphaned by AIDS (estimates in Thousands)		34	200	11 0	770	-	-	720	2	170	310	36	50 0	-	19	16 0	-	1100	98 0	94 0	98 0
Child Labour	Male Fem	23y 29y	26 23	54 57	26y 29y	27 27	6 5	47y 37y	23 22	51y 58y	34 36	- -	18 16	- -	- -	31 30	- -	- -	34 30	34 33	- -
Child Marriage		37	17y	57	-	19	-	49	-	28	33	48y	47	-	10	20	-	8	39	54	29
Female Genital Mutilation		17	-	36	45	97	-	80	-	5	-	-	-	-	-	-	-	-	-	-	-

5.4.1. *Birth Registration*

Thirteen of the twenty countries in the sample registered their children at birth or have registration figures available. Registration varies from a low four percent to three quarters (75%) of the children. Child registration is probably an indicator which is directly linked to the capability and efficiency of the state. It takes political will to include child registration in the country's legal system as part of the legislation on children.

5.4.2. *Child Labour*

There were no figures on child labour in six countries, and four of the six (Seychelles, Mauritius, South Africa and Namibia) are relatively developed and economically capable. Liberia has not fully recovered from the ravages of civil war, while for the past five years Zimbabwe has been experiencing increasing political turmoil short of civil war. In the rest of the

countries in the sample, figures on child labour range from about a quarter of the population to a high of above half the population of children. There are no gender differentials as both male and female children are equally vulnerable.

#### 5.4.3. *Child Marriage*

Five countries in the sample did not have figures on child marriage. The randomness of the practice seems to suggest cultural rather than economic and political factors as the motive. For instance, the lowest figures in the spectrum are in South Africa and Namibia, both Southern African countries, whilst Uganda, Tanzania, Malawi and Ethiopia (all East African countries) have high figures. The Central African Republic, with very high figures, is not far from East Africa, whilst the West African countries (Ghana, Cote d'Ivoire and Benin) fall in the middle belt of the spectrum.

#### 5.4.5. *Female Genital Mutilation*

Six countries had recorded figures, and the data presents this indicator as determined by the cultural belief system rather than by economic and political factors.

### 5.5. *Economic Development*

Two economic development indicators selected were: the percentage of the population earning below one US dollar per day; and the gross national income per capita. In the first place, it was necessary to establish if there was any correlation (which should be presumed) between the extent of poverty as determined by the ratio of persons earning below one US dollar per day and the gross national income per capita (GNI).

This enabled the countries to be ranked by the extent of poverty they experienced. The first step was to rank the countries in terms of the highest ratio of persons earning less than one US dollar per day, the country with the highest ratio received the highest ranking of one. The second step was to assign a ranking based on the gross national income per capita. The country with the lowest GNI received the highest ranking of one as the poorest country. Adding up the two rankings produced a rough poverty core. This was a crude adaptation of the Kendal's correlation co-efficient calculation method.

Finally the ranks were worked out from the poverty scores i.e. the lowest poverty score had the highest rank of one. There was no data from two countries, Equatorial Guinea and Mauritius, and data on the first indicator was missing in three countries (Benin, the Congo DR, and the Seychelles), while Equatorial Guinea did not have data on the second indicator. The net official development assistance was included in the indicators as a factor in acknowledging the poverty in a country although it must be admitted that this is a rough measure as other than economic factors such as political stability and the extent of democratisation are taken into account when considering the granting of foreign aid. And, in any case, foreign aid, if equitably allocated, would level the poverty differentials.

INDICATOR TABLE 5. ECONOMIC TABLE.

	Benin	Burundi	Central African Republic	Congo DR	Egypt	Equatorial Guinea	Ethiopia	Gambia	Ghana	Ivory Coast	Liberia	Malawi	Mauritius	Namibia	Rwanda	Seychelles	South Africa	Tanzania	Uganda	Zimbabwe
Population earning below \$1 per day	-	55	67	-	3	-	23	54x	45	11	36	42	-	35	52	-	11	49x	85	56
GNI per Capita in \$	530	90	310	120	1310	C	110	290	380	770	110	170	4640	2370	220	8090	3630	330	270	480x
ODA=Net Development Aid as a Percentage of GNI	10	32	5	100	1	-	24	14	14	2	24	27	-	4	18	1	-	18	16	-
Poverty Rank	7	2	4	1	17	-	9	7	15	16	5	9	13	19	5	14	18	12	3	9

On the basis of the selected economic indicators, twelve of the twenty countries in the sample can be described as poor (over a quarter of the population earn less than one US dollar per day and the gross national income per capita is less than 500 US dollars per annum). These are Burundi, Ethiopia, the Democratic Republic of Congo, Liberia, Malawi, Rwanda, Uganda, the Central African Republic, Tanzania, Gambia, Ghana and Zimbabwe. Seven of the countries demonstrate relative economic wellbeing. Four of the seven, the Seychelles, Mauritius, South Africa and Egypt can be described as medium economy countries: (reasonable GNI per capita, a very low percentage of the population earning below one US dollar per day and almost totally independent of foreign aid). Three of the seven, Benin, Cote d'Ivoire, and Namibia are almost economically self-sufficient. There were no figures for Equatorial Guinea.

Certain pertinent observations can be inferred from the economic data presented above. The five poorest countries are the Democratic Republic of Congo, Burundi, Uganda, the Central African Republic, and Liberia. All, except Uganda and the Central African Republic have performed poorly across all the selected indicators of child exclusion. Both Uganda and the Central African Republic have been free from direct armed conflict at least over the past fifteen years. The Democratic Republic of Congo and Burundi have not fully recovered from the ravages of armed conflict, and Liberia was directly engaged in armed conflict at the time of compilation of this data in 2004.

On the contrary, the most economically capable countries in the sample, the Seychelles, Mauritius, South Africa and Egypt have performed well across all the selected indicators with the exception of HIV and AIDS in the case of South Africa and female genital mutilation in the case of Egypt. However, all the four countries enjoy stable governments and have been free of armed conflict over the past thirty years or more. The political conflict in South Africa did not disrupt continuity in government performance nor did it drain the state's financial resources substantially, at least relative to the economic capability of the country.

At the intermediate level where both economic capability and government stability are the key factors, the presence of armed conflict appears to be the decisive factor. Economically Cote d'Ivoire and Benin appear to be on par. The difference is that Benin has been free from armed conflict and has had a stable government while Cote d'Ivoire has had armed conflict which predictably, has made governance difficult. Cote d'Ivoire has performed poorly almost in all the selected indicators and Benin has performed relatively well.

Can these observations lead to the conclusion that while poverty is a significant factor in the exclusion of children it is the mediating factors of armed conflict and weak governments that exacerbate the exclusion of children? Admittedly, the poverty index used in this paper is very rough and needs a lot of refinement. However, at a general level it seems to point at something worth exploring.

### 5.6. *Health Indicators*

Four selected health indicators form the substance of this section. They are: immunisation against preventable diseases, such as Tuberculosis, Polio, Measles, Diphtheria, and Hepatitis B, which generally afflict and at

times cripple children; access to improved drinking water, adequate sanitation and the number of children under fourteen years of age living with HIV and AIDS.

TABLE 6. HEALTH INDICATORS.

	Benin	Burundi	Central African Republic	Congo DRC	Egypt	Equatorial Guinea	Ethiopia	Gambia	Ghana	Ivory Coast	Liberia	Malawi	Mauritius	Namibia	Rwanda	Seychelles	South Africa	Tanzania	Uganda	Zimbabwe	
<b>Immunization</b>																					
TB	99	84	70	78	98	73	82	95	92	51	60	97	99	71	86	99	97	91	99	95	
Diphtheria	83	74	40	64	97	33	80	92	80	50	31	89	98	81	89	99	93	95	87	85	
Polio	98	69	40	63	97	39	80	90	81	50	33	94	98	81	89	99	94	95	86	85	
Measles	85	75	35	64	97	51	71	90	83	49	42	80	98	70	84	99	81	94	91	80	
Hepatitis B	89	83	-	-	97	-	-	90	80	50	-	89	98	-	89	99	92	85	87	85	
Improved Drinking Water	68	79	75	46	94	44	22	82	79	84	62	67	100	80	73	87	87	73	56	83	
Adequate sanitation Facilities	32	36	27	29	63	53	6	53	58	40	26	46	99	30	41	-	67	46	41	57	
HIV and AIDS (in thousands) Children 0-14 years	5.7	27	21	110	-	-	120	0.5	24	40	8.0	83	-	15	22	-	230	140	84	120	

### 5.6.1. Immunisation

Liberia, Cote d'Ivoire, Equatorial Guinea, the Democratic Republic of Congo, the Central African Republic and to an extent Burundi performed badly on this indicator averaging less than seventy percent of the population of children who have been immunised against the five infections. All the seven countries mentioned fall into the poverty bracket and two of them, Liberia and Cote d'Ivoire have been engaged in armed conflict in the past five years. Predictably, relatively well off and politically stable countries have performed well on the five sub indicators. Also, it appears that the level of international attention on any single country, especially if there is relative peace in that country facilitates mediation in health programmes. This is demonstrable in the case of Uganda, Tanzania, Ethiopia, and to an extent Burundi where, despite poverty and/or a record of previous armed conflict, performance on immunisation sub indicators ranges from good to excellent as is the case in Uganda and Tanzania. Political stability allows governments in spite of meagre resources to plan and carry out service delivery without disruptions.

### 5.6.2. *Adequate Sanitation*

This is a function which requires both economic capability and political will. The relatively rich countries: Mauritius, Egypt, the Seychelles and South Africa performed very well on this indicator (all above the eighty-five percent mark). Very poor countries such as Ethiopia, Equatorial Guinea and the democratic Republic of Congo displayed a very poor performance record where far less than half of the populations have access to improved drinking water. It also appears that the extent of urbanisation is a factor that affects access to improved drinking water as in almost all the countries in the sample, it is the rural section of the population that lacks this resource most.

### 5.6.3. *Adequate Sanitation*

Inappropriate sanitation is apparently a grave health risk in Africa. Only in Mauritius can the position be described as normal considering the health risks presented by improper sanitation. In South Africa and Egypt, almost two-thirds of the populations have access to adequate sanitation. In the rest of the countries in the sample the figure ranges from a very low of less than one in ten in Ethiopia to a low of fifty-seven percent in Zimbabwe. There were no figures for the Seychelles.

### 5.6.4. *Prevalence of HIV and AIDS in Children 0-14 Years*

Sub-Saharan countries: South Africa, Tanzania, Zimbabwe, Ethiopia and Malawi have the highest HIV and AIDS prevalence among children. Despite the fact that South Africa performs well almost in all the indicators selected in this paper, and has a sound infrastructure, a capable economy and a stable democratic government, its performance on HIV and AIDS is poor as demonstrated both in HIV and AIDS prevalence in the reproductive age cohort and among children under fourteen years. Also, as measured by the deaths from AIDS related illnesses, the disease has reached maturity.

## 6. CONCLUSIONS

The Report by the United Nations Children Fund posits four factors; poverty, weak governments, armed conflict and HIV and AIDS as the root causes of exclusion of children. From the data presented in this paper, only generalised and broad conclusions can be drawn.

In the first place it must be admitted that the conclusions are drawn from data based on national aggregates and not on individual cases, where a rigid correlation analysis could be worked out. For instance, there is no demonstrable indication of the social origins of the units that make up the aggregates in each country. We cannot ascertain, for example if, children from rich families in Uganda, or Ethiopia have better access to immunisation programmes than do children from poorer families. Notwithstanding this admission indications are that there is merit in the four broad postulates for exclusion.

### 6.1. *Armed Conflict*

The data treated in this paper demonstrates that whenever armed conflict is a factor, performance across all indicators declines significantly. Understandably, armed conflict is disruptive to government performance independently of the strengths or weaknesses in government. Resources which otherwise would be directed at the delivery of goods and services to the population are channelled into warfare, and on average warfare is an expensive undertaking. In addition, armed conflict drains the most productive human resource cohort, and amounts to a form of brain drain to the country. Post conflict reconstruction is another exercise that drains state resources drastically. Armed conflict thus impacts negatively on the other factors of child exclusion including poverty, governance and HIV and AIDS.

### 6.2. *Poverty*

The impact of poverty in the capacity to allocate and distribute resources is axiomatic. The second observation is that poverty has a spiralling effect on the exclusion of children. Once excluded from primary resources such as basic nutrition and basic health services, children will be excluded from life chance resources such as education and child protection. There is evidence from the data in this paper, that poorer countries perform poorly relative to their better counterparts, that when mediated by the other factors such as weak government and HIV and AIDS, the negative impact of poverty is exacerbated. Relatively resourced countries perform much better on the other indicators compared to their poorer counterparts. For instance, despite being the epicentre of HIV and AIDS, South Africa's performance on all the other indicators is light

years ahead that of Uganda once the epicentre of HIV and AIDS in Africa. And, because of the poverty index, HIV and AIDS had a devastating effect on Uganda, wiping almost entire villages. Despite the gravity and magnitude, this has not been the case in South Africa, mainly because of the sound economic base determining a health infrastructure that can cope with the epidemic.

### 6.3. *Weak Government*

Indications from the data are that countries with stable governments performed relatively better on the selected indicators than was the case with countries with weak governments. To aggravate the position, countries with unstable governments also tended to be those countries that have experienced protracted armed conflict.

### 6.4. *HIV and AIDS*

HIV and AIDS has a double edged sword on the exclusion of children. First it reduces children's physical life chances, and secondly the epidemic afflicts the productive generation. As young parents, sufferers from AIDS die from opportunistic diseases, but also as the economically active age cohort they are lost to the economic productivity of the country.

### 6.5. *Concluding Observations*

In conclusion, while a more rigorous analysis such as multiple regression analysis would demonstrate the extent of correlation between the four factors posited by the United Nations Children's Fund, there is ample evidence from the data on selected indicators presented in this paper that poverty, weak governments, armed conflict and HIV and AIDS constitute serious factors that exclude children from mainstream society.

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