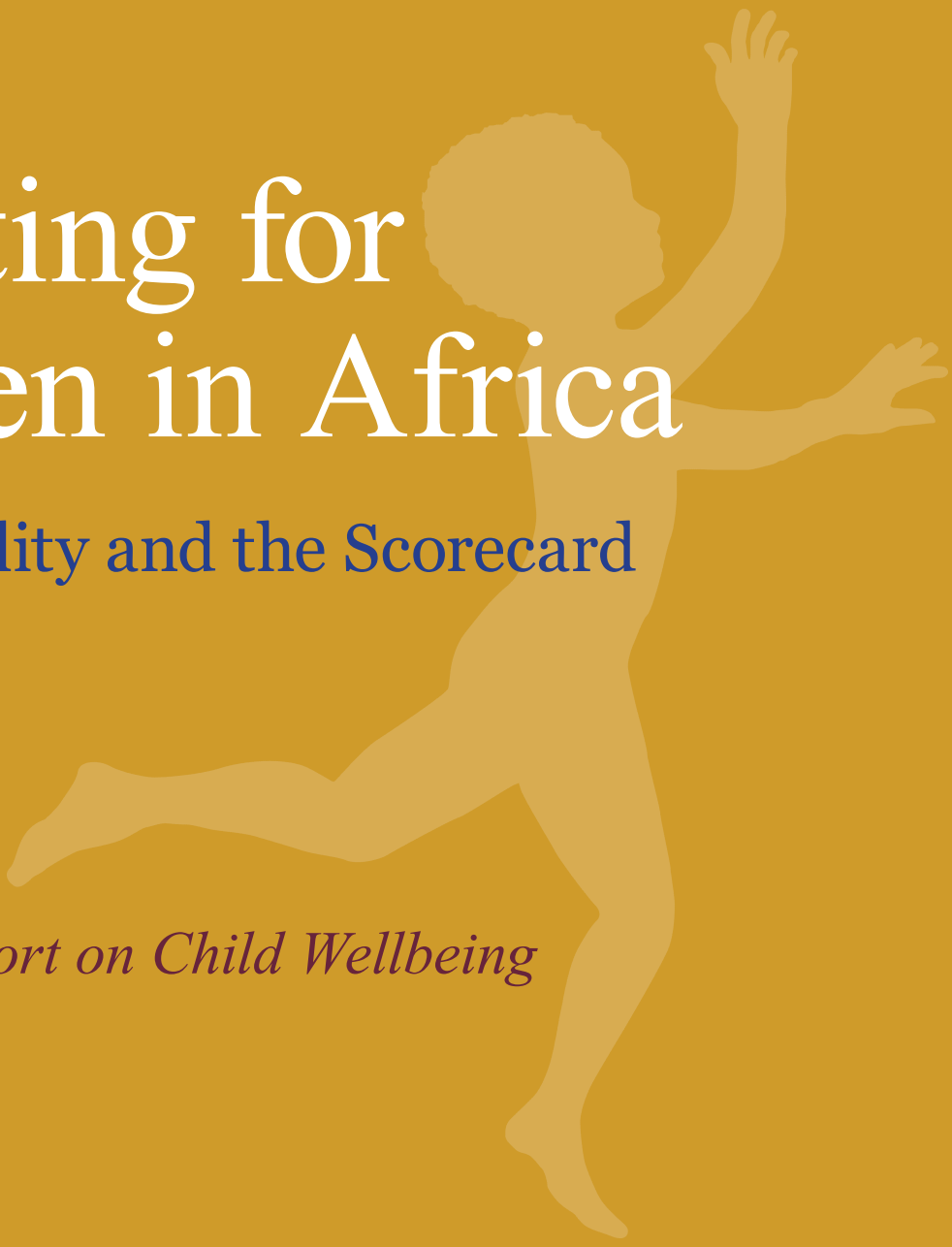
Budgeting for Children in Africa

Rhetoric, Reality and the Scorecard



Supplement to
The African Report on Child Wellbeing
2011

The African Child Policy Forum

Budgeting for Children in Africa

Rhetoric, Reality and the Scorecard

Supplement to
The African Report on Child Wellbeing 2011

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

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

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

The African Child Policy Forum

P. O. Box 1179, Addis Ababa, Ethiopia
Telephone: + 251 116 62 81 92/96
Fax: +251 116 62 82 00
E-mail: info@africanchildforum.org
Website: www.africanchildforum.org
www.africanchild.info

© 2011 ACPF

ISBN 978-94-000-0227-2
D/2011/7849/67

This report is the property of The African Child Policy Forum.

Suggested citation:
ACPF (2011). *Budgeting for Children in Africa: Rhetoric, Reality and the Scorecard*. Addis Ababa: The African Child Policy Forum.

Designed by: intersentia
Printed by: HooibergHaasbeek

This report was made possible with the financial support from the International Child Support (ICS), Plan International and Save the Children Sweden.

International Child Support
Plan Be a part of it.
Save the Children Sweden

AUTHORSHIP

This report was prepared by a team of experts from The African Child Policy Forum (ACPF) consisting of:

– Assefa Bequele
– Negussie Dejene
– Yehualashet Mekonen
– David Mugawe
– Shimelis Tsegaye

LIST OF ACRONYMS

ACPF	The African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CFW	Cash for Work
CRC	Convention on the Rights of the Child
EPI	Expanded Programme on Immunisation
GDP	Gross Domestic Product
IBP	International Budget Partnership
ILO	International Labour Organization
IMF	International Monetary fund
IMR	Infant Mortality Rate
MDGs	Millennium Development Goals
OAU	Organization of African Unity
TB	Tuberculosis
TCB	Targeted Child Benefit
UCB	Universal Child Benefit
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
WHO	World Health Organization

CONTENTS

LIST OF ACRONYMS iv

LIST OF TABLES vii

LIST OF CHARTS vii

LIST OF BOXES vii

PREFACE viii

FOREWORD ix

CHAPTER 1: WORDS AND DEEDS: WHY BUDGET FOR CHILDREN? 1

CHAPTER 2: BEING A CHILD IN AFRICA: THE REALITY AND CHALLENGES 1

CHAPTER 3: COUNTING THE MONEY: CHILDREN AND THE PUBLIC PURSE 3

3.1 The framework for budget analysis 3
3.2 The resource envelope 4

CHAPTER 4: THE FIRST RIGHT: STAYING ALIVE 6

4.1 How much are governments spending on health? 6
4.2 Is enough money spent on health? 10
4.2.1 The WHO targets 10
4.2.2 The Abuja health targets 11
4.3 Concluding remarks 12

CHAPTER 5: GIVING CHILDREN ROOTS: INVESTMENT IN EARLY CHILDHOOD DEVELOPMENT 13

CHAPTER 6: GIVING THEM WINGS: CHILDREN'S EDUCATION AND THE BUDGET 15

6.1 How much is committed to education? 15
6.2 Is enough money spent on education? 17
6.3 Concluding remarks 19

CHAPTER 7: GIVING A HELPING HAND: INVESTMENT IN SOCIAL PROTECTION 19

CHAPTER 8: THE SCORECARD: THE BEST AND THE WORST 22

8.1 The most and least committed governments 22
8.2 Progress in budgetary commitment 25
8.3 Budgetary commitment and wealth 25

CHAPTER 9: PRIORITY FOR ACTION 26

CHAPTER 10: A FINAL CALL 29

REFERENCES 31

LIST OF TABLES

Table 2.1 Children's access to health services in Africa 3
Table 4.1 Percentage share of government per capita revenue spent on health, 2008 11
Table 5.1 Countries that put in place early childhood programmes, 2005 14
Table 8.1 Ranking for budgetary commitment, 2006–2008 24
Table 8.2 Rise and fall in governments' budgetary commitments between 2004 and 2008 25
Table 9.1 Summary of budgetary expenditures in Africa: current level, targets and gaps 27

LIST OF CHARTS

Chart 2.1 Countries with significant reduction in infant mortality rates (IMR), 2009 2
Chart 2.2 Net enrolment rate in primary and secondary education, 2007/2008 2
Chart 3.1 Per capita public revenue (in USD) for selected countries, 2008 5
Chart 4.1 Government expenditure on health as a percentage of total government expenditure, 2008 6
Chart 4.2 Annual average percentage change in health expenditure as percentage of total budget between 2004 and 2008 8
Chart 4.3 Countries that heavily depend on external sources for health spending, 2008 9
Chart 4.4 Countries with per capita health expenditure of less than USD 34 (WHO's minimum cost requirement), 2008 10
Chart 4.5 Government health expenditure relative to the Abuja Commitment, 2008 12
Chart 5.1 Net enrolment ratios for pre-primary education and the corresponding percentage attending in private schools, 2007 15
Chart 6.1 Government expenditure on education as a percentage of GDP, 2004–2008 16
Chart 6.2 Percentage increase in education expenditure between 2000 & 2008 17
Chart 6.3 Expenditure on primary and secondary education as per cent of public expenditure on education 18
Chart 7.1 Social security expenditure, excluding health as per cent of GDP, 2004–2007 20
Chart 7.2 Cost estimates for universal child benefit in per cent of GDP for selected countries in Africa, 2010 21
Chart 8.1 Relationship between Budgetary Commitment Index scores and per capita revenue 26

LIST OF BOXES

Box 4.1 Best and worst performers in health expenditure 13
Box 6.1 Best and worst performers in budgeting for education 19
Box 7.1 Social protection programmes targeting children in selected African countries 22
Box 9.1 Eight priority areas for action 29

PREFACE

It can rightly be said that we are entering the era of accountability. Governments have become increasingly conscious of their obligations to their citizenry, and to the larger international community. The International Covenant on Social, Economic and Cultural Rights, the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), to name a few, have effectively widened the horizon of state accountability beyond national borders into that of regional and global compact.

The rights enshrined in these human rights instruments automatically put a budgetary obligation on State parties for their implementation. The budget is the nexus between them and their translation into wellbeing outcomes. But it is also a politically-charged process, which makes it hard for less vocal, and yet demographically sizable, sections of the population like children to influence the process or make their legitimate claims on resources. Hence the need for child-focused organisations likes ACPF to put the issue of budgetary responsibility on the public agenda, and this is what this supplement along with ***The African Report on Child Wellbeing 2011*** attempts to do.

This abridged version succinctly presents the findings of the main report: ***The African Report on Child Wellbeing 2011: Budgeting for Children,*** but takes it further by introducing additional elements that resulted from further reflection and analysis. It looks more sharply into the gap between rhetoric and reality and on how African governments score relative to each other. It also provides concrete recommendations on what can be done to budget for children and ensure effective outcomes. The final call is interesting and appropriate. It calls on the African citizenry to lobby politicians and parliaments so that children are central in political manifestos and so that national budgets are child friendly.

The work of ACPF is an excellent example of analysis of Africa's problems within the African context, by Africans and by African institutions. In contrast to global reports which lump the whole world and carry out statistically-driven exercises of questionable validity, ACPF reports add freshness and relevance for being contextualised in historical, political and developmental terms.

The African Report on Child Wellbeing 2011 and this ***Supplement*** are an eloquent exposition of the nexus between child rights, society, economics, and good governance. We warmly welcome this reflection on African problems by Africans and by an African institution.

Mme Agnes Kabore
Chair, African Committee of Experts on the Rights and Welfare of the Child

Prof. Yanghee Lee
Chair, United Nations Committee on the Rights of the Child

FOREWORD

The 2011 edition of ***The African Report on Child Wellbeing*** was devoted to the issue of **Budgeting for Children**. This report was well received but there was a call for a supplement that updates the analysis and findings in the main report, for example, by looking in greater detail at the performance of African governments, scoring them in relation to each other, and identifying which governments are doing well and which ones aren't. Hence, this document.

For us at ACPF, hardly anything can be more important than that of budgeting for children. As pointed out in the concluding remarks in this Supplement.

The political rhetoric has seldom found its way into the budget. Political and policy edicts have yet to be reflected in budget bills. Even in those few circumstances where there has been considerable budgetary commitment, imperfections and flaws in the policy and budget- making processes meant that they were not translated into child-wellbeing outcomes. It is time that a strong linkage be established and maintained between policy making, budget making and child wellbeing.

For the politically-conscious Pan-Africanist and human rights defender, action couldn't come sooner. If Africa is to have peace and harmony, if it is to overcome poverty and achieve sustainable development, if it is to participate effectively and successfully in the global economy, it must create and nurture a healthy and educated workforce. This means more than anything else, first, investing in the survival and health of its children, and, secondly, investing in knowledge which begins in the first place with the provision of universal, quality elementary and secondary education to all of Africa's girls and boys.

We hope that this supplement will contribute to drawing attention to the gap between rhetoric and reality as well as to a heightened sense of urgency and action on the part of our governments to prioritise investments related to children.

David Mugawe
Executive Director,
The African Child Policy Forum (ACPF)

1. WORDS AND DEEDS: WHY BUDGET FOR CHILDREN?

The budget is the linchpin in the rhetoric-reality nexus in the realisation of child wellbeing. All human rights conventions and treaties demand resources for their implementation and realisation. Without adequate and commensurate resources, they remain empty promises. Budgets are therefore the objective barometer of a government's policy priorities and true commitment.

There are many reasons why Africa should invest heavily in children. First and foremost, because it is the right thing to do. Because it pays. Because it is the only way Africa can catch up with the rest of the world. Because investment in children and youth contributes to democratic governance and social stability. Finally, because without children, society will die. So it is about rights; about society; about economics; about good governance; and about our future place in the world.

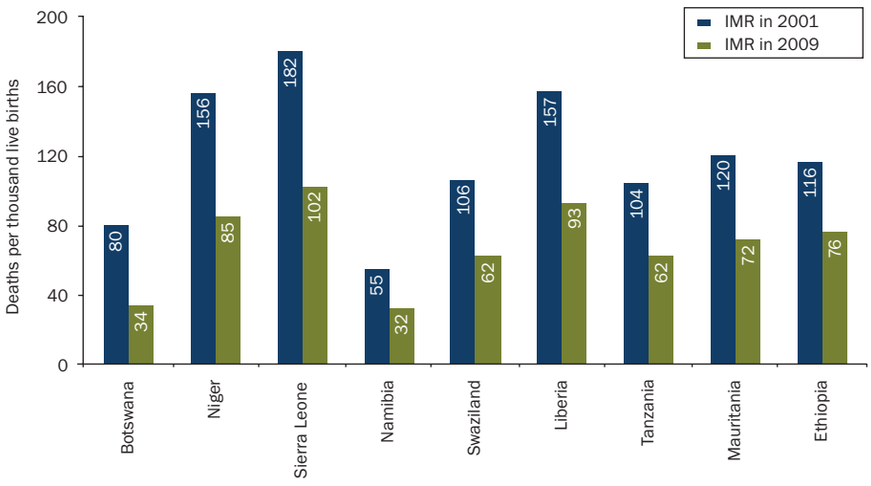
Investing in children is about rights, about good economics, about good governance and about the future of our society and our place in the world.

For all these reasons governments need to prioritise children in budgeting: to ensure their basic and first right to life; to give them roots to stand on and wings to fly; and to offer them a helping hand in all cases anyway. In conventional and technical parlance, this is about budgeting for survival, early childhood development, quality education, and social and legal protection. Budgeting for children is not about a separate budget. It is about a deliberate act of addressing children's issues in the budget – both as a process and as an outcome. Ultimately, it is about the adequacy of the resources committed to programmes that benefit children.

2. BEING A CHILD IN AFRICA: THE REALITY AND CHALLENGES

The last ten years or so have witnessed a substantial commitment by many poor African countries to improve child wellbeing. The efforts and the favourable outcomes achieved by their governments demonstrate that progress is not only possible but happening. More than ever before, there is growing pressure for and an ostensible sense of accountability, though the assumption of accountability can sometimes be cosmetic and, even worse, altogether absent as recent developments in Côte d'Ivoire and North Africa have shown. But the signs are clear. The age of the all-powerful, all-knowing Life-President is gone, and that of the people that claim their right to decent jobs, basic health protection, access to education, gender equity and good governance has arrived.

Chart 2.1 Countries with significant reduction in infant mortality rates (IMR), 2009

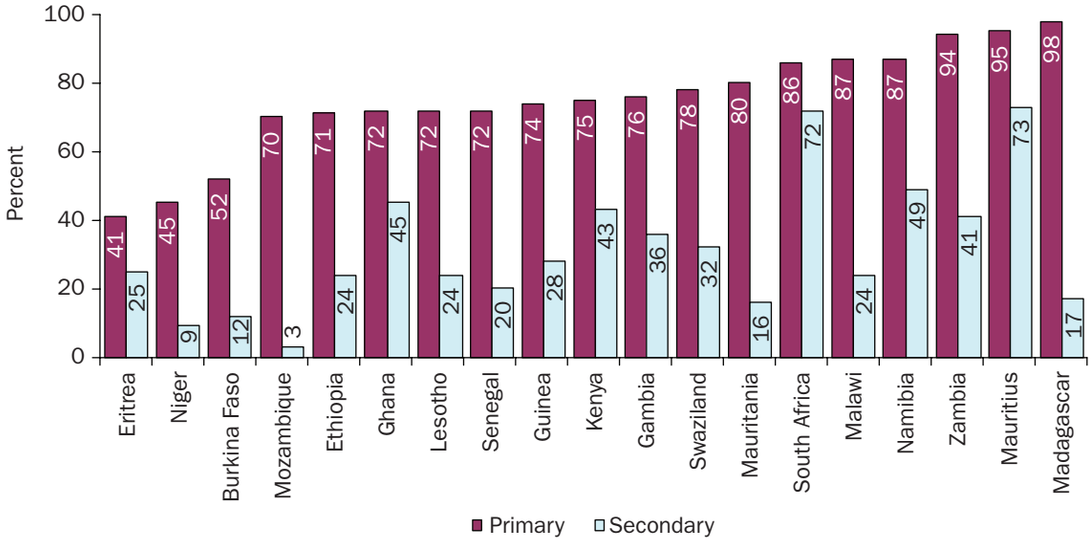


Source: ACPF (2011). The African Report on Child Wellbeing 2011: Budgeting for Children, Addis Ababa, The African Child Policy Forum.

There are also the beginnings of serious, even dramatic improvements in health wellbeing in many countries. Immunisation coverage has increased significantly, for example, by as high as 40 to 75 per cent between 2005 and 2008 in Angola, Cape Verde, Congo, Niger and South Africa. As can be seen in Chart 2.1, there have been impressive improvements in reducing infant mortality especially in countries like Niger, Sierra Leone and Liberia which previously were known for their high levels of child mortality.

So also in the field of education. Children's access both to primary and secondary education has significantly increased, as can be seen Chart 2.2. The gender gap too has been narrowing, and is likely to be altogether eliminated in a few years' time.

Chart 2.2 Net enrolment rate in primary and secondary education, 2007/2008



Source: World Bank, World Development Indicators (2009).

However, life for millions remains tough, nasty and brutish. Millions of children still die of preventable causes. Access to treatment remains low, as can be seen from Table 2.1. More than half of children with life- threatening sicknesses are neither taken to an appropriate healthcare provider nor able to get essential drugs. Access to health services, safe drinking water and sanitation facilities remains lamentably low in many countries. Malnourishment remains a serious problem endangering the survival and physical and intellectual development of Africa's children and therefore of its future workforce.

Table 2.1 Children's access to health services in Africa*

Indicator	Median Percentage
Deliveries attended by skilled health workers	55.0
One-year old infants immunised against measles	79.0
Children under-weight for age	17.5
Infant mortality rate (Per 1,000 live births)	72.0
Percentage of children with pneumonia taken to health provider	48.0
Per cent of population with access to safe drinking water	71.0
Per cent of population with adequate sanitation facilities	33.5

*Data refers to the most recent available
Source: WHO (2009 and 2010).

In the area of education too, the impressive growth in enrolment levels notwithstanding, many pupils do not make it to the end of their final grade in primary school. On average, more than a third of those enrolled at the beginning do not complete the last grade in primary education. The drop-out rate is particularly high among girls. Enrolment in secondary education for both boys and girls remains extremely low. Quality of learning has been severely compromised throughout Africa because of the politically-driven obsession with quantitative, education participation targets.

3. COUNTING THE MONEY: CHILDREN AND THE PUBLIC PURSE

3.1 The framework for budget analysis

Budgeting for children is primarily about public money for children. And this depends on:

- The proportion of tax revenue vis-à-vis a nation's income;
- The volume of resources from external sources committed for child wellbeing; and
- The proportion of public revenue or expenditure that is budgeted for children.

Ideally, assessing the level of investment in children would require not only identifying the amount spent in all programmes targeting children but also analysing it for adequacy, efficiency and effectiveness. Also, the budgets for children should be evaluated for equity, i.e., whether they are targeting disadvantaged and needy children

and whether they are resulting in desirable child wellbeing outcomes. In reality, disaggregated budget information for this kind of analysis is either non-existent or unavailable. We therefore use budget expenditures on sectors that benefit children as proxy measures of investment in children.

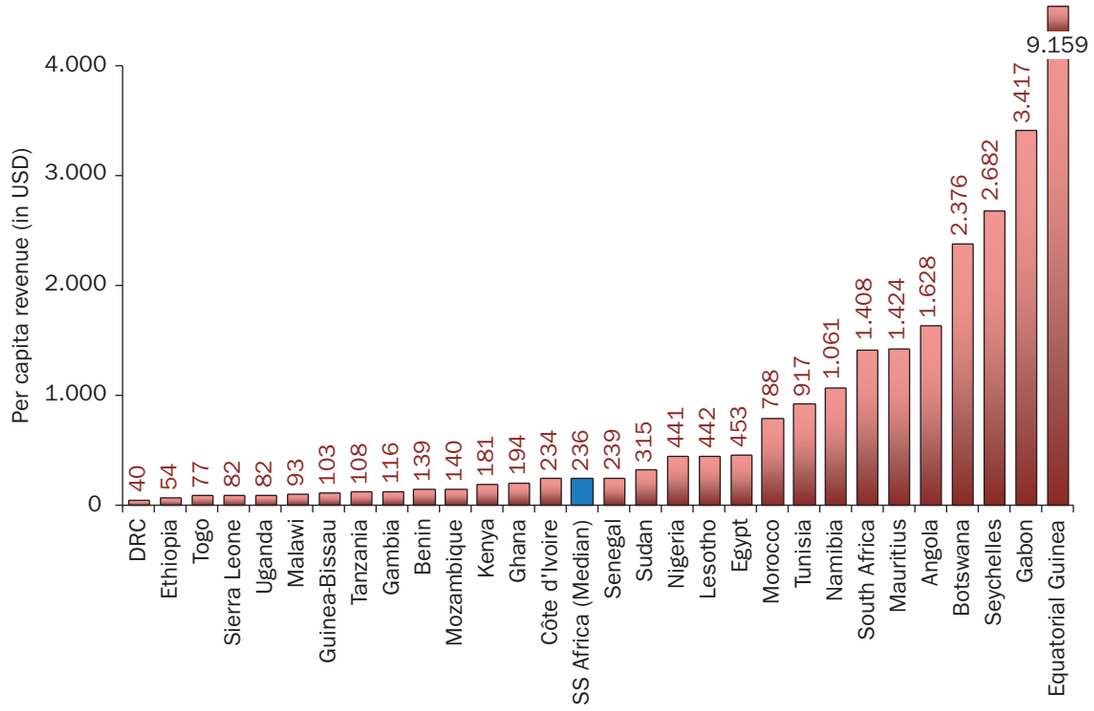
Following the pillar principles of the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (African Children's Charter), we have identified four operational categories for analysing budgets for children:

- Budget for early childhood development,
- Budget for health,
- Budget for education, and
- Budget for social protection.

3.2 The resource envelope

How do we know whether governments are utilising the maximum amount of available resources for the wellbeing of children, as stipulated in Article 4 of the CRC and Article 5 of the African Children's Charter? We can do so by looking at the volume of resources over which governments have full control, and how much of that is budgeted for children. The total amount of tax revenue (including grants) is the point of departure and serves as a proxy measure of the overall resource envelope. As can be expected, there are stark country differences in the volume of financial resources available to governments. In 2008, for instance, the governments of Libya and South Africa had at their disposal about USD 74 billion and 68 billion, respectively, while, in contrast, the total annual revenue of Burundi, Cape Verde, Central African Republic, Guinea-Bissau, Liberia and Sierra Leone combined was the equivalent of only three per cent of that of Nigeria alone. As can be seen in Chart 3.1, the combined per capita revenue available in DRC, Ethiopia, Gambia, Kenya, Malawi, Sierra Leone, Tanzania, Togo and Uganda is just a quarter of what is available in Gabon. Therefore, interpretations of budget analyses need to take into account these huge differences in resources at the disposal of governments.

Chart 3.1 Per capita public revenue (in USD) for selected countries, 2008



Source: ACPF (2011). The African Report on Child Wellbeing 2011, op. cit.

In almost all cases, a key challenge for governments in Africa is the low level of tax revenues. Tax-GDP ratio is very low in most African countries, the average being about 18 per cent, thus making it difficult for governments to generate sufficient domestic resources to invest in the wellbeing of their people and their children. External resources therefore remain an important source of public revenue in Africa. In 2008, for example, grant income accounted for 50–60 per cent of the total government revenue in Burundi, Guinea-Bissau and Rwanda. On average, grants contribute some 18 per cent of government revenue in Africa, indicating the significant place of external funds in the fiscal space of many African countries.

A key challenge for governments is the low level of tax revenue relative to national income and the high level of dependency on grants.

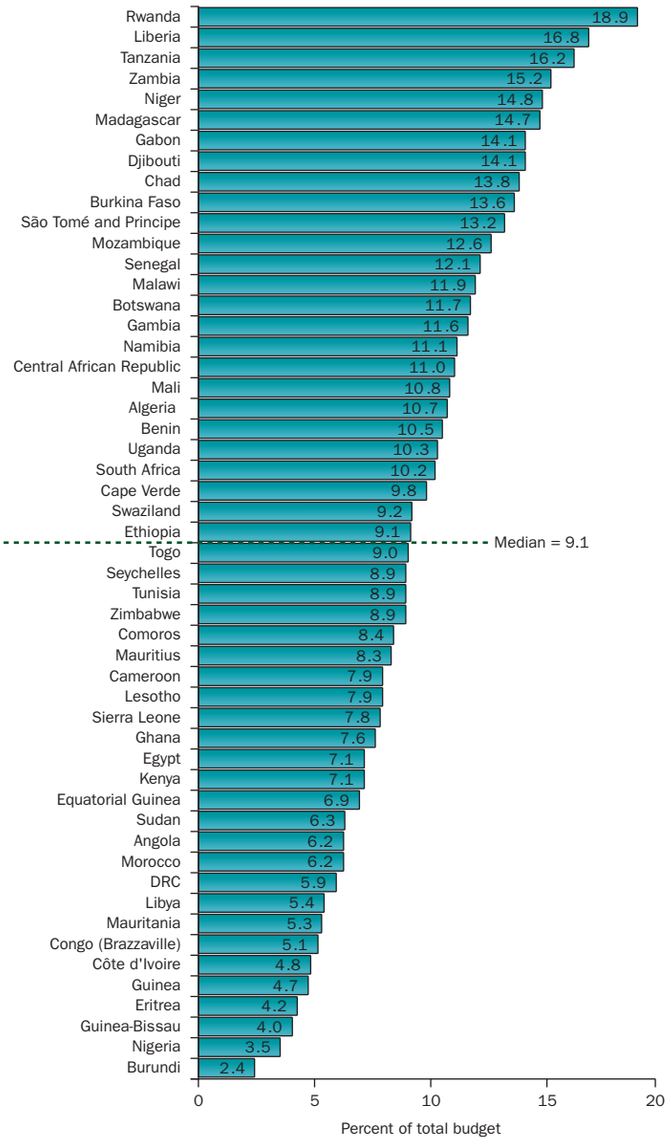
So, in assessing whether or not African governments are putting the maximum of their available resources for child wellbeing, it is important to look at the level of tax revenues at the disposal of governments. As has been shown above, the fiscal space varies significantly among countries. But what is more or less common is the low level of tax revenues relative to national income and the relatively high level of dependency of many governments on external support to finance both current expenditure and capital investment.

4. THE FIRST RIGHT: STAYING ALIVE

4.1 How much are governments spending on health?

As can be seen from Chart 4.1, the median expenditure on health in 2008 was only nine per cent of total government expenditure. There are of course huge differences among governments. Rwanda spent nearly 19 per cent of its total budget on health but Nigeria and Burundi spent only about 3.5 and 2.4 per cent, respectively.

Chart 4.1 Government expenditure on health as a percentage of total government expenditure, 2008

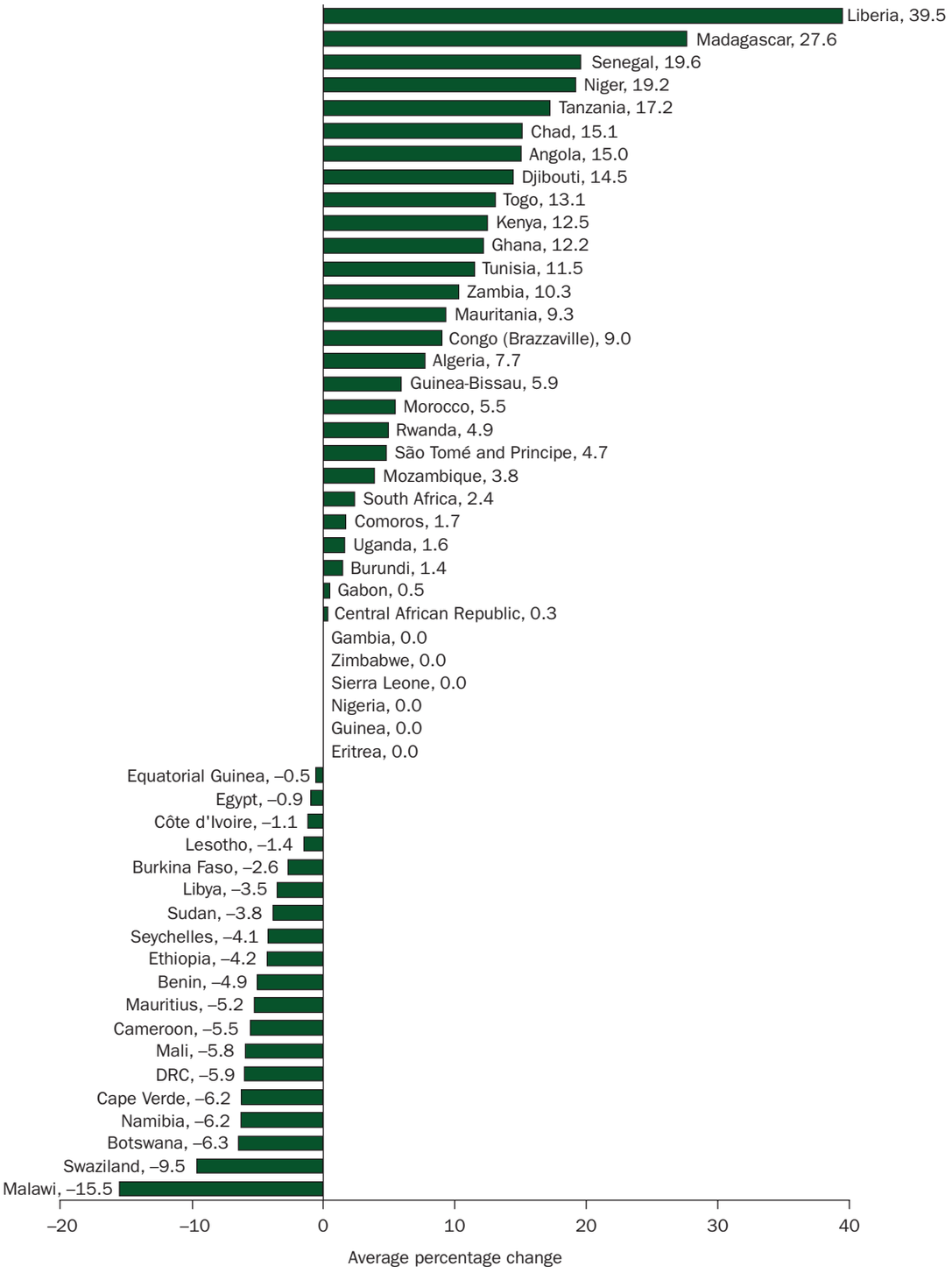


Source: Based on data from WHO (2010).

There have also been marked differences in progress in health investment among countries. Chart 4.2 shows the average annual percentage change in health spending between 2004 and 2008 and gives an idea on the progress made during this period. Most countries have increased their investment in health during the four-year period. Liberia, for instance, increased its health spending at an annual average rate of about 40 per cent between 2004 and 2008. There were also considerable increases in Madagascar, Senegal and Niger – in the range of between 20 and 30 per cent per year during this period. On the other hand, budget for health declined in several countries – by as high as 15 per cent per year in Malawi and 10 per cent per year in Swaziland during the same period. Health budgets remained almost unchanged or the fluctuations in health expenditure offset each other and showed no progression in Eritrea, Gambia, Guinea, Nigeria, Sierra Leone and Zimbabwe.

The median expenditure on health was only 9% of government expenditure with marked country differences in trends in health expenditure.

Chart 4.2 **Annual average percentage change in health expenditure as percentage of total budget between 2004 and 2008**



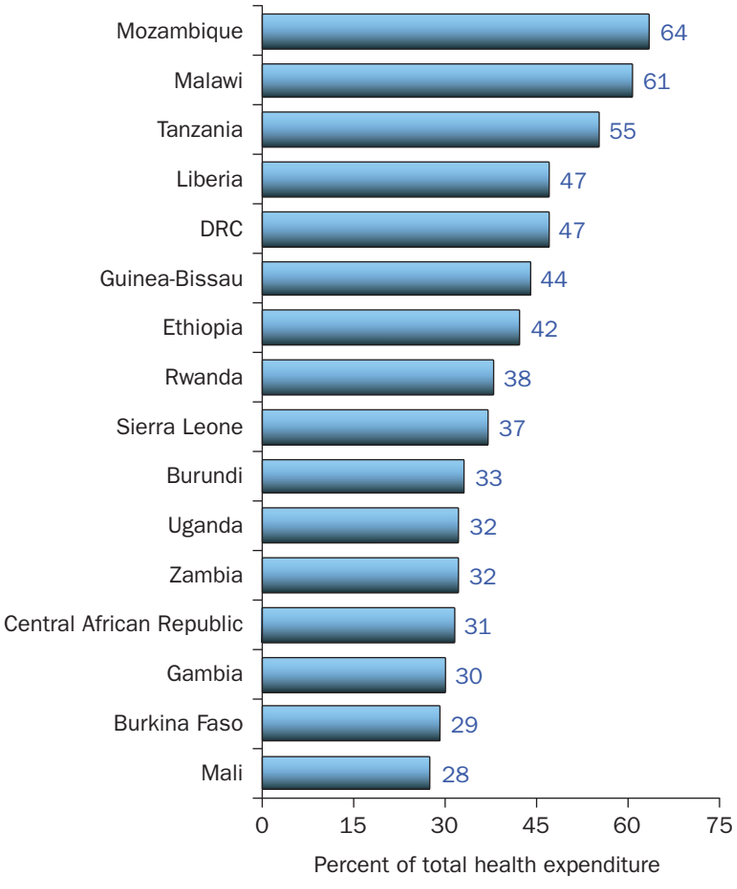
Source: ACPF (2011). The African Report on Child Wellbeing 2011. Op.cit.

The burden of health financing in Africa assumed by governments as opposed to external resources and the private sector varies among countries. For example, government contribution to health expenditure ranged from as low as 11 per cent in Guinea to 83 per cent in Algeria. Broadly speaking, however, the public-private ratio is about 54:46, excluding funds from external sources. The private sector's contribution in financing the health sector is therefore relatively high in Africa. Of the private sector's contribution to health spending, about 81 per cent is financed by out-of-pocket payment at the point of service delivery, thus further burdening poor families that are already overwhelmed by high food and energy prices in recent years.

External sources are an important component of funds for investment in children's health, though with significant inter-country variations. They accounted for more than 30 per cent of health budgets in 14 African countries (see Chart 4.3). This is an unhealthy situation. It makes governments vulnerable to pronounced degrees of volatility and unpredictability in available resources, thus hampering effective planning and implementation.

External sources accounted at more than 30% of health budgets in many countries.

Chart 4.3 Countries that heavily depend on external sources for health spending, 2008



Source: Based on data from WHO (2010).

4.2 Is enough money spent on health?

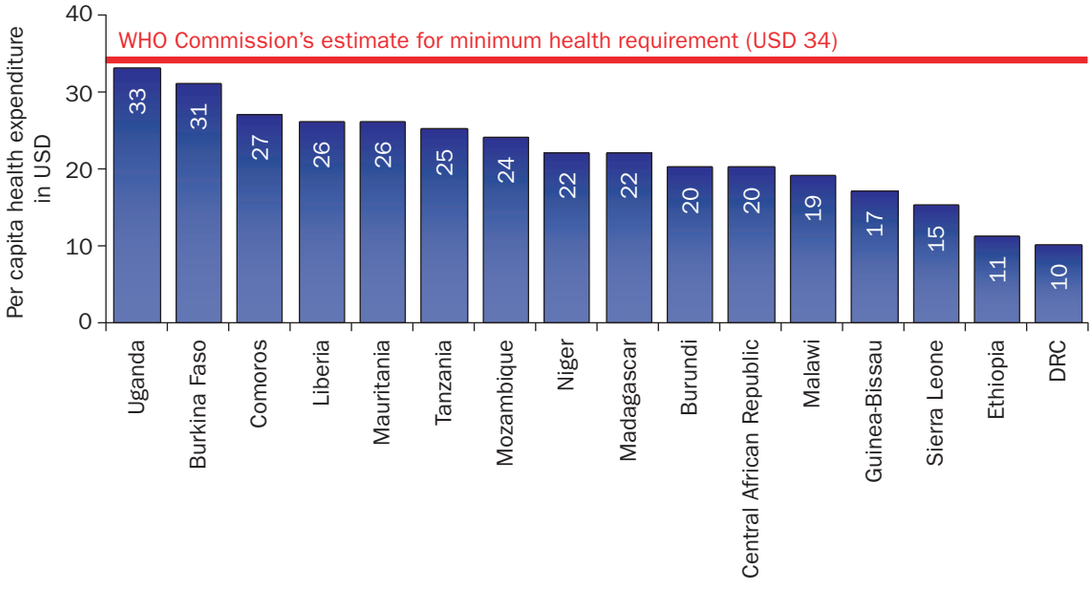
One way of assessing how adequate public investment in health has been is to look at African performance in meeting global and regional health financing targets. We have used three most well-known and commonly used targets: the WHO per capita cost estimate for minimum health intervention in low income countries; the Abuja Commitment; and health-related MDGs of which the WHO targets and the Abuja Commitment are presented here for illustrative purposes.

4.2.1 The WHO targets

The WHO Commission for Macroeconomics and Health estimates the per capita cost required to provide minimum health requirements in low income countries to be in the range of USD 34 per person per year. As can be seen from Chart 4.4, some sixteen countries in Africa invested[1] less than this minimum. In countries like Ethiopia and DRC, per capita health investment was less than a third of this minimum. This signals how far the health systems in these countries are underfinanced and the serious inadequacy of health investments to achieve tangible health outcomes.

Health expenditure was way below WHO targets.

Chart 4.4 Countries with per capita health expenditure of less than USD 34 (WHO's minimum cost requirement), 2008



Source: Based on data from WHO National Health Accounts database (2010); IMF (2009); and WHO (2001).

For many poor countries, the volume of domestic resources available may not be big enough to enable them to make substantial increments in health investment. For Burundi, for example, investing USD 34 per person in health may mean allocating a

1. The investment refers to the total per capita spending from all sources including funds from government, private and external sources.

quarter of its GDP per capita. It takes a fifth of DRC's per capita GDP to meet this minimum cost requirement, suggesting that the WHO target may be quite high and far more than what could be mobilised out of domestic sources.

In order to examine whether governments are utilising the maximum of the available resources for health, their per capita health expenditure was compared with total per capita public revenue. Table 4.1 below shows that a number of governments are spending much less than what they can. For example, Libya and Congo spent only around 3 per cent of their available revenue in health, indicating low priority given to the sector. Most of these countries could not meet the minimum cost requirement (USD 34) to finance and undertake the most basic health interventions. The best performers in this regard are the governments of Rwanda, Burundi, and Madagascar.

Table 4.1 Percentage share of government per capita revenue spent on health, 2008

Countries which invested a higher proportion of their revenue	
Rwanda	20.4
Burundi	18.1
Madagascar	17.3
Djibouti	16.7
Burkina Faso	16.1
Liberia	15.8
Niger	15.2
Tanzania	14.8
Senegal	14.7
Ghana	14.5

Countries which invested a lower proportion of their revenue	
Libya	2.7
Congo	3.0
Equatorial Guinea	4.2
Guinea	4.5
Côte d'Ivoire	4.7
Guinea-Bissau	4.8
Sierra Leone	4.9
Nigeria	5.0
DRC	5.0
Sudan	5.7

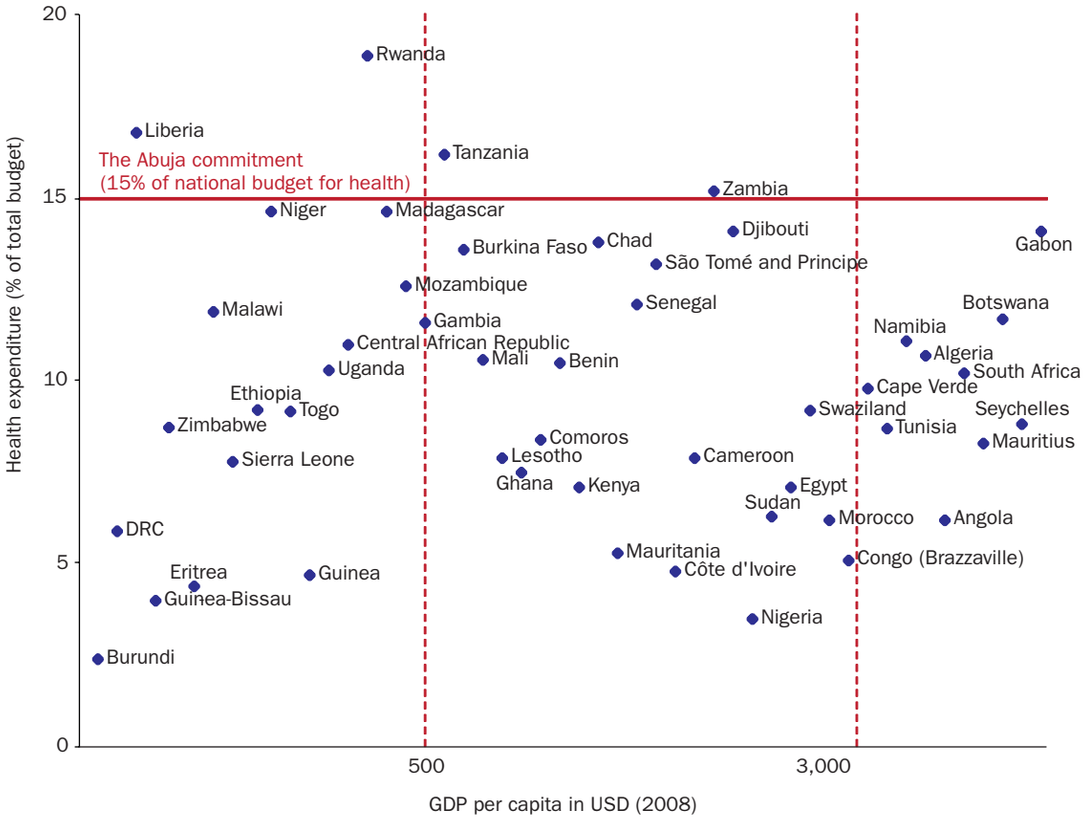
Source: Based on data from WHO (2010); World Bank (2009); and IMF (2009).

4.2.2 The Abuja health targets

In April 2001, African governments adopted the ***Abuja Declaration on HIV/AIDS, TB and Other Related Infectious Diseases*** which committed them to spend 15 per cent of their national budget to the health sector. As can be seen from Chart 4.5, only four countries – Liberia, Rwanda, Tanzania and Zambia – were able to commit 15 per cent of their budget for health in 2008. The chart arranges countries by GDP per capita, and clearly budgetary commitment has to do with political will rather than per capita income or access to precious resources.

Only four countries met the Abuja target on health.

Chart 4.5 Government health expenditure relative to the Abuja Commitment, 2008



Source: ACPF (2011). The African Report on Child Wellbeing 2011. Op.cit.

4.3 Concluding remarks

Most governments in Africa are making considerable efforts to enhance maternal and child health. The effort that some poor countries are making – Liberia, Niger, Rwanda, Tanzania, and Zambia, for instance – is especially striking. But the state of health of Africa's children remains depressing, and calls for continued and renewed commitment and solidarity, nationally and internationally. At the current pace, the health-related MDGs are unlikely to be met in a number of African countries.

Progress cannot happen without committing sufficient resources, especially from national budgets. The current level of investment in children's health falls far short of regional and international health financing targets. In particular, the net contribution of governments to health budgets is much lower than what could have been committed given the volume of resources at those governments' disposal.

Box 4.1 Best and worst performers in health expenditure

Best performers: Rwanda, Burundi, Madagascar, Djibouti, Burkina Faso, Liberia, Niger, Tanzania, Senegal and Ghana

Worst performers: Sudan, DRC, Nigeria, Sierra Leone, Guinea-Bissau, Cote d'Ivoire, Guinea, Equatorial Guinea, Congo and Libya

5. GIVING CHILDREN ROOTS: INVESTMENT IN EARLY CHILDHOOD DEVELOPMENT

The early years of children's lives set the foundations for future wellbeing. Conditions during this stage affect and set trajectories for health, behaviour, and learning throughout children's lives. Evidence from psychology and neuroscience indicates that early childhood experiences shape brain architecture and affect physical and mental health and wellbeing later in life. This has been backed by longitudinal studies carried out in several countries which have consistently demonstrated the positive outcomes of early childhood development programmes. In economic terms, early childhood development is the first step in the process of human capital development, with very high rates of economic return and significant social gains through its contribution to mitigating the impact and consequences of poverty and inequality. So programmes on early childhood development should be viewed not merely as a vehicle for delivering badly needed social services but also as an investment in growth and development.

Yet, early childhood development has not received the attention it deserves in Africa. A survey by UNESCO found that only 20[2] out of the 52 African countries covered by ACPF had official early childhood programmes (Table 5.1). Preschool education is often regarded s a luxury for the African child; early childhood education in Africa therefore remains low by international standards. The 15 per cent enrolment rate in pre-primary education in 2007 is less than a fifth of the level in developed countries and about a third of the world's average which stood at 41 per cent.

Early childhood and education programmes are almost non-existent.

2. More than half of the countries in Africa do not have any data on early childhood programme, which probably is due to non-existence of such interventions.

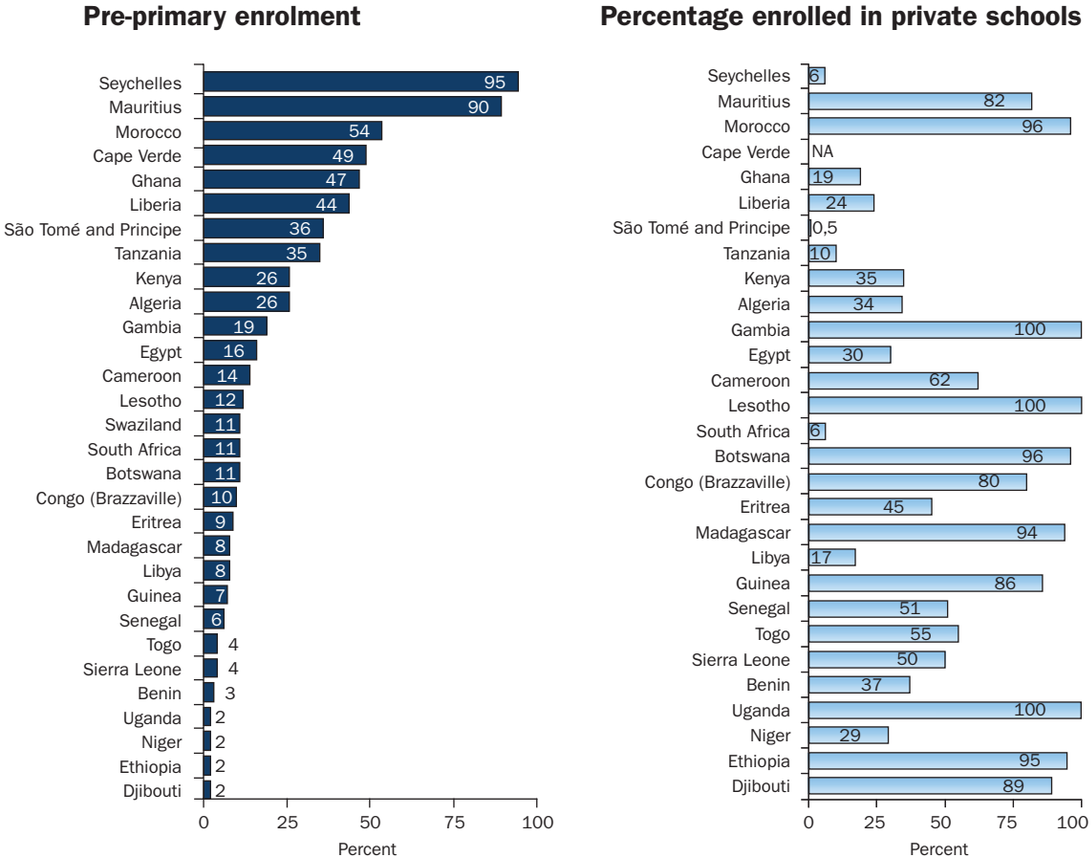
Table 5.1 Countries that put in place early childhood programmes, 2005

Country	Youngest age group targeted in the programme
Benin	2–5
Botswana	0–4
Cameroon	1–6
Central African Republic	2–5
Egypt	2–3
Eritrea	0–6
Ghana	0–2
Guinea	0–3
Liberia	2–6
Madagascar	0–3
Mauritius	0–2
Namibia	0–1
Niger	2–6
Nigeria	0–3
Senegal	0–5
Seychelles	0–3
South Africa	0–5
Sudan	0–6
Swaziland	0–6
Zambia	0–6

Source: UNESCO (2010).

Pre-school education, where it exists, is predominantly provided by private institutions that operate largely in urban areas (Chart 5.1). Differential access to such important services sustains and broadens inequality both during the school years and at later age during one's working life. Public education policies need to address the preschool education needs of children particularly those living in poverty and with no access to such services. Poverty is one of the barriers that deprive children from accessing essential services that are crucial for their growth and development. In the African context, the proportion of children living below the poverty line is about 52 per cent and the current levels of public service provision for pre-primary education are far below what is required, hence the need to incorporate preschool education into mainstream education-sector development policies.

Chart 5.1 **Net enrolment ratios for pre-primary education and the corresponding percentage attending in private schools, 2007**



Source: Based on data from UNESCO (2010).

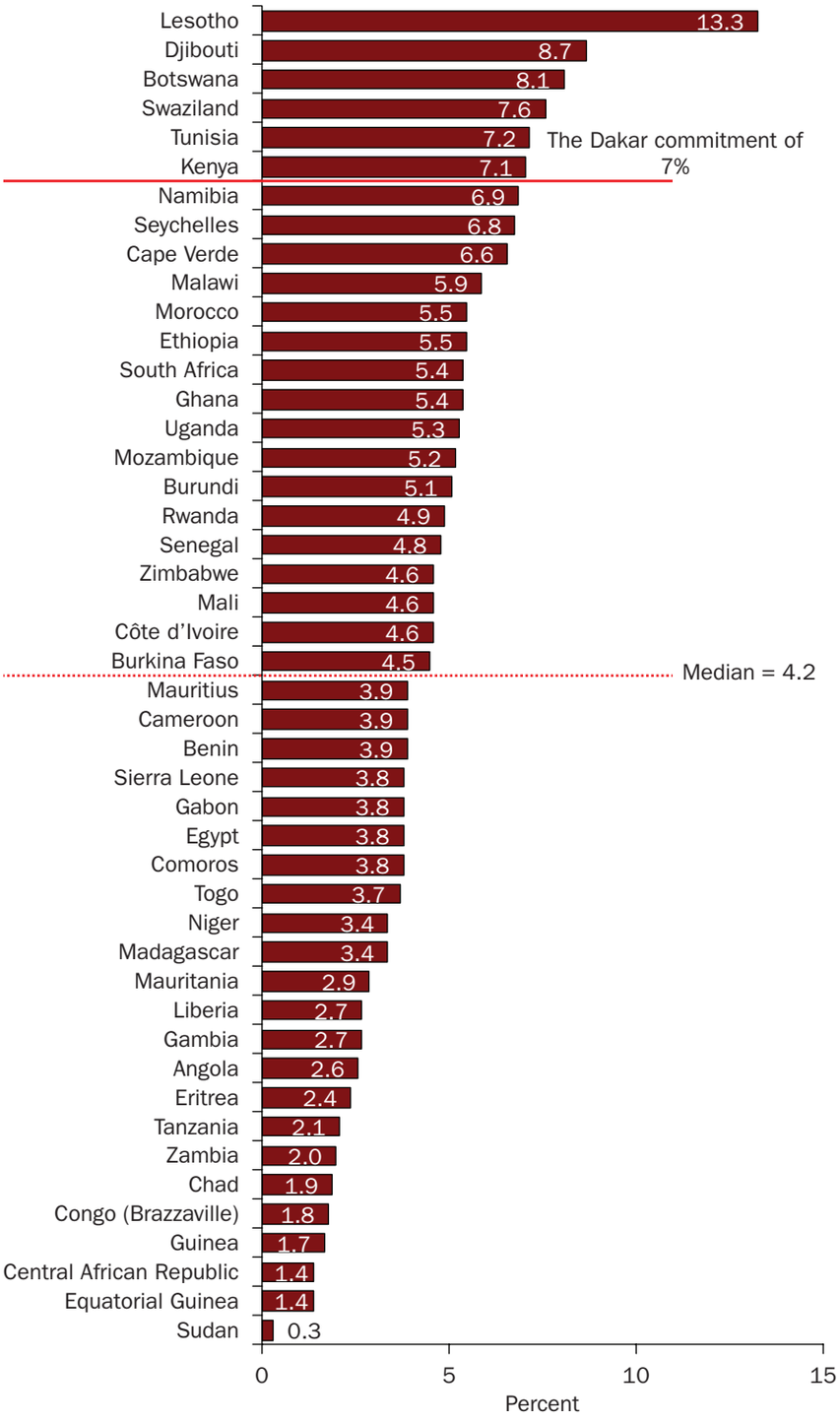
6. GIVING THEM WINGS: CHILDREN'S EDUCATION AND THE BUDGET

6.1 How much is committed to education?

National educational budgetary allocations, as shown in Chart 6.1, vary significantly among countries. There is, on one side, the striking case of the Government of Lesotho which spent about 13 per cent of its GDP on education. In contrast, resource-endowed countries like Sudan and Equatorial Guinea spent only 0.3 per cent and 1.4 per cent of their GDP, respectively, putting them at the bottom of the scale in the chart. The median value of expenditure on education for Africa stood at 4.2 per cent of GDP in 2007.

Median education expenditure stood at 4.2% of GDP and varied between 13% in Lesotho and less than 1.4% in the Sudan and Equatorial Guinea.

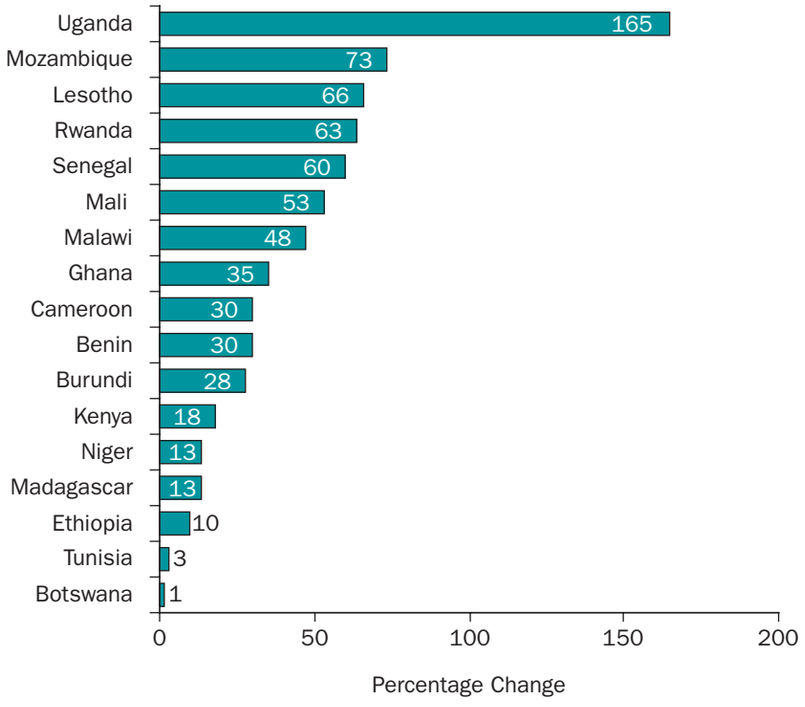
Chart 6.1 Government expenditure on education as a percentage of GDP, 2004–2008*



* For some countries the most recent data may refer to earlier years than indicated.
Source: Based on data from UNESCO, Institute of Statistics (2010); UNESCO (2009); and World Bank (2009).

How about government performance over time? As can be seen in Chart 6.2, many African governments are committing increased resources to education. The Government of Uganda, for example, increased its budget for education by nearly two-thirds between 2000 and 2008. Similarly, Lesotho, Mali, Mozambique, Rwanda and Senegal also raised their budget for the sector by between 53 and 73 per cent in the same period. On the other hand, there are also a number of countries that made budget cuts during this period. For example, the Government of Congo (Brazzaville) reduced its budget for education by more than 70 per cent and the governments of Equatorial Guinea, Gambia and Mauritania each of which reduced its share by about a quarter.

Chart 6.2 Percentage increase in education expenditure between 2000 & 2008



Source: Based on data from UNESCO Institute of Statistics (2010); UNESCO (2009), and World Development Indicators (2009).

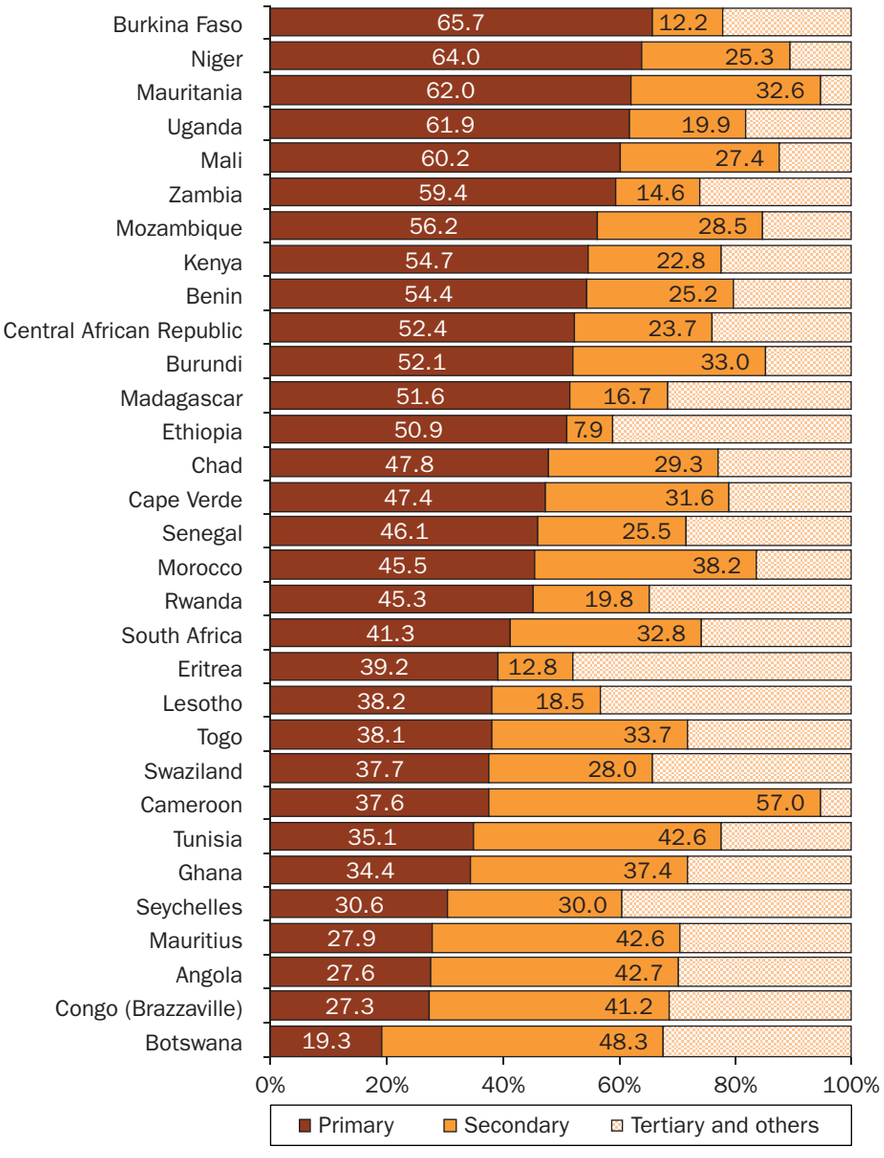
6.2 Is enough money spent on education?

African Ministers of Education adopted, towards the beginning of the millennium, a regional framework of action for sub-Saharan Africa as part and parcel of the ***Dakar Framework for Action, Education for All: Meeting our Collective Commitments.*** The Dakar commitment is a global framework adopted by 164 governments in 2000 to reaffirm their resolve to expand learning opportunities for every child, youth and adult. One of the targets in the regional framework is a pledge by governments to allocate at least seven per cent of their GDP to education by 2005 and increase it to nine per cent by 2010. However, the most recent data shows that only six countries – Botswana, Djibouti, Kenya, Lesotho, Swaziland and Tunisia – kept their promise by spending seven to 13 per cent of their GDP to the sector.

Most countries lagged behind the Dakar target of committing 7 to 9% of GDP to education.

The indicators discussed so far are only about the overall share of the national income spent on education. Chart 6.3 presents the relative allocations of public expenditure to primary and secondary education for 2007. The priority area of investment for most governments in Africa has been primary education, which consumes about 46 per cent of the total education budget. In some countries, such as Burkina Faso and Niger, the share for primary education is as high as two-thirds.

Chart 6.3 Expenditure on primary and secondary education as per cent of public expenditure on education



* For some countries the data refers to a year prior to 2007.
Source: Based on data from UNESCO Institute of Statistics (2009).

Improvements in secondary education contribute to mitigating inequality and fostering economic growth. But public investment in secondary education is relatively low in Africa. Out of the 31 countries for which data was available, the median share of secondary education was about 29 per cent of the public expenditure on education.

(That was not, however, the case in countries like Angola, Botswana, Cameroon, Congo and Mauritius where a large share – in the range of 41–57 per cent – of the educational budget went to secondary education.)

6.3 Concluding remarks

Despite considerable variations among countries in commitment and performance, the track record of the majority of African governments on education is encouraging. Governments are increasingly making greater effort to increase investments in education and to accelerate the pace of educational expansion, even at a time of economic recession. Nonetheless, a lot more needs to be done by many governments. The Dakar Education for All Declaration which requires governments to allocate at least seven per cent of their GDP to education by 2005, increasing it to nine per cent by 2010, remains unfulfilled. Most African countries lag behind the Dakar targets, the median level of educational expenditure being 4.2 per cent of GDP. Only six countries - Botswana, Djibouti, Kenya, Lesotho, Swaziland and Tunisia - kept their promise.

Significantly, there is also an unhealthy bias in the distribution of resources among the various levels of education. The priority area of investment for most governments is primary education, consuming, on average, 46 per cent of the total education budget. The corresponding level for secondary education is, on average, some 29 per cent. This imbalance must be addressed if the demands of primary school graduates for further education are to be met, and if Africa's workforce is to have access to decent jobs, become technically equipped, and participate effectively in the competitive global economy.

Box 6.1 Best and worst performers in budgeting for education

Best performers: Lesotho, Djibouti, Botswana, Swaziland, Tunisia, Kenya, Namibia, Seychelles, Cape Verde and Malawi

Worst performers: Angola, Eritrea, Tanzania, Zambia, Chad, Congo, Guinea, Central African Republic, Equatorial Guinea and Sudan

7. GIVING A HELPING HAND: INVESTMENT IN SOCIAL PROTECTION

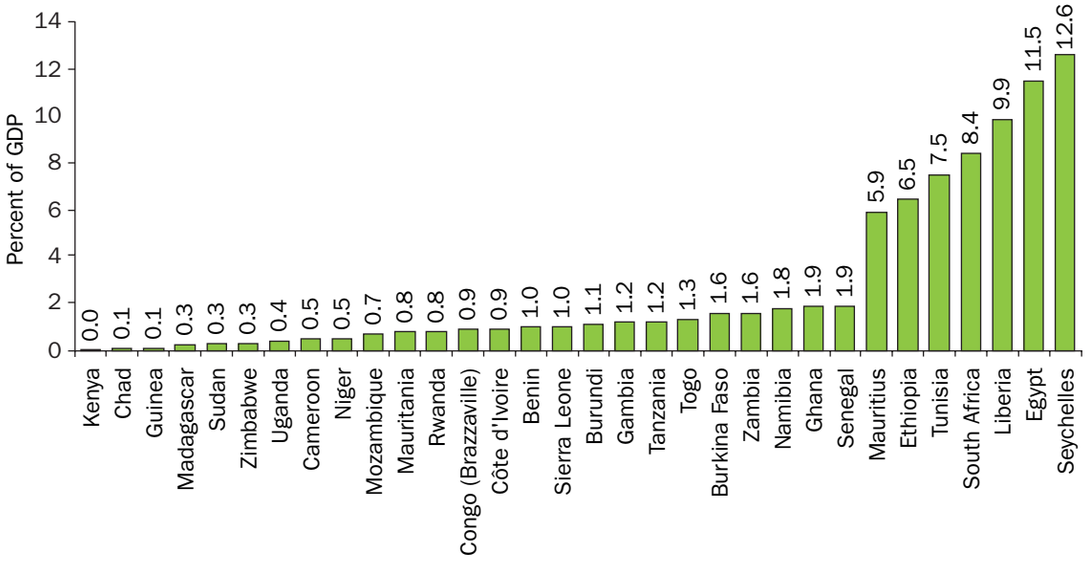
However well-intentioned macro policies may be, they would still need to be complemented with targeted measures in order to address the needs of special groups that cannot be reached otherwise. Social protection expenditures are thus important for tackling poverty and reducing inequalities. In the case of children, such investments can be a vital complement to legislative measures that aim at protecting them from deprivation, abuse and exploitation. Indeed for many poor African

Governments in Western Europe spent nearly a fifth of their GDP while those in Africa spent less than three per cent.

countries, the existence or lack of basic social protection schemes particularly for children could make the difference in achieving the Millennium Development Goals (MDG). Unfortunately, the unmet need for social protection in developing countries is huge, estimated at more than 80 per cent. Governments in Western Europe spend nearly a fifth of their GDP on social protection, while those in Africa spend less than three per cent of GDP, the lowest among all regions of the world.

Data on public expenditure on social protection was available for some 32 countries in Africa for the period between 2004 and 2007 (Chart 7.1). It can be seen that most countries invested less than two per cent of their GDP during this period. The notable exceptions were Egypt and Seychelles which spent nearly 12 per cent of their GDP and poorer countries like Liberia and Ethiopia which committed a relative high share of their income to social protection.

Chart 7.1 Social security expenditure, excluding health as per cent of GDP, 2004–2007*



* For some countries, the figure refers to periods outside the range.
Source: Based on data from ILO (2010).

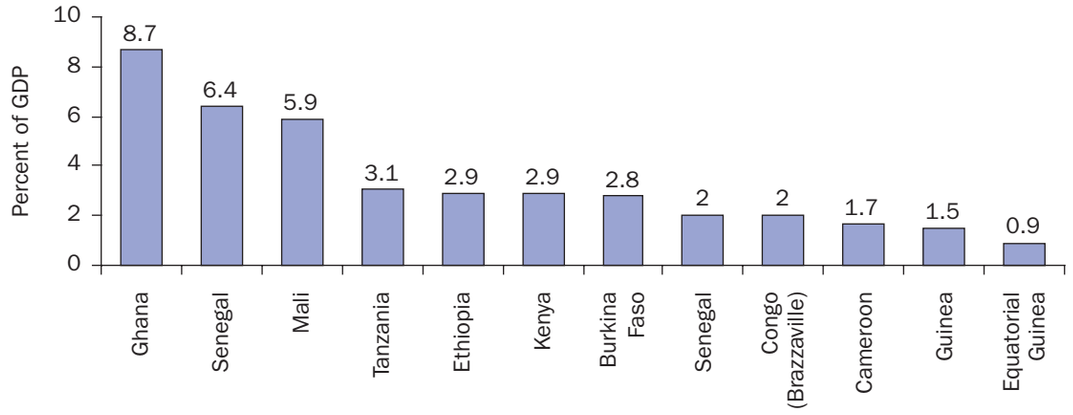
When we turn to the specific and narrower issue of child protection, the data challenge is even more formidable. There are a number of initiatives in Africa that specifically target children (see Box 7.1 below) but information both on coverage and effectiveness is scanty, and budget breakdown by scheme or beneficiary is almost non-existent. The South Africa Child Support Grant and Care Dependency Grant and the orphan care benefit system in Botswana are noteworthy in this regard. South Africa, in its 2010/11 budget, allocated 89 billion Rand (approximately USD 12 billion) or about 4 per cent of its GDP on social grants. Of this, nearly a third goes to the child support grant, which all in all benefits more than 9 million children below 18 years of age.

What is the cost or volume of resources required to extend child benefits? The ILO has made a cost estimate based on simulations of two different social protection policy options:

- A universal child benefit (UCB): involving a payment equivalent to one-third of the food poverty line to every child up to 14 years of age, and
- Targeted child benefits (TCB): involving a payment equivalent to one-third of the food poverty line to every child of 0–14 years of age living in a household identified as poor.

The results for selected countries are presented in Chart 7.2, below. The costs for a basic universal child benefit vary greatly, but there is a common trend in most countries towards lower costs in the long run. For the year 2010, the cost estimate ranges from 8.7 per cent of GDP in Ghana to as low as 1.5 per cent of GDP in Guinea.

Chart 7.2 Cost estimates for universal child benefit in per cent of GDP for selected countries in Africa, 2010



Source: Based on data from ILO (2008) and UNICEF (2009).

There are a number of challenges in initiating and implementing social protection programmes in Africa. These include low institutional and technical capacity to develop and administer social protection programmes, low budget allocations and over-dependency on donor funding for social protection, and the complexities inherent in targeting and reaching beneficiaries. These problems need to be addressed if governments are to provide a measure of protection to their vulnerable children. It implies, among others, that, first, social protection should be aligned to policies on education, health, housing and food security. Secondly, governments should develop sustainable sources of funding for social protection. Finally, they should establish an effective information system that can be used to develop effective policies and to monitor progress.

Box 7.1 Social protection programmes targeting children in selected African countries

Country	Programme	Beneficiaries
Burkina Faso	Burkinabe Response to Improved Girls Chances to succeed (BRIGHT)	Children, especially girls, in districts where girls enrolment is lowest
Botswana	National Orphan Care Programme	Orphans
Ethiopia	Productive Safety Net; Cash for Work (CFW); Meket Livelihoods Development	Food-insecure, asset-poor households in selected districts
Gambia	Child survival project	Infants and mothers
Kenya	Cash Transfers	Ultra-poor households fostering orphan or vulnerable children under 18
Malawi	Public Work	Improving the livelihood of impoverished families
Mauritius	Unemployment hardship relief	Unemployed persons
Mozambique	Minimum Income for School Attendance	Poor families with school-age children
Sierra Leone	Cash Transfer	
South Africa	Child Support Grant and Care Dependency Grant	Children under 18
	Unemployment benefit	Unemployed persons
Tunisia	Social Insurance/Unemployment	Unemployed persons
Zambia	Cash Transfers/Kalomo	Poor households fostering orphan or vulnerable children under 18

Sources: ILO (2010) and UN (2007).

8. THE SCORECARD: THE BEST AND THE WORST

8.1 The most and least committed governments

The African Report on Child Wellbeing 2011: Budgeting for Children has given a glimpse of government performance. We will now provide a detailed picture by bringing together the various elements discussed in the previous sections into a composite measure – the **Budgetary Commitment Index**. The following indicators are used to assess budgetary commitment.

- Government expenditure on health as a percentage of total expenditure
- Total public expenditure on education as a percentage of GDP
- Percentage of the budget for routine EPI vaccines financed by government
- Military expenditure as a percentage of GDP
- Percentage change in governments' expenditure on health since the year 2004.

These indicators are first converted into standardised performance score values and then aggregated to yield the **Budgetary Commitment Index** which is used to rank and compare government commitment (Table 8.1). Countries are grouped into five categories: **Most committed**; **Committed**; **Fairly committed**; **Less committed**; and **Least committed**. According to the **Budgetary Commitment Index**, the governments of Tanzania, Mozambique and Niger came out as the three most committed in terms of using the maximum amount of available resources for the wellbeing of children. The other governments in the top ten are Gabon, Senegal, Tunisia, Seychelles, Algeria, Cape Verde and South Africa.

Tanzania, Mozambique and Niger come on top of the Budgetary Commitment Index.

Tanzania scored highest for several reasons: it spent a significant proportion of its resources on health, nearly doubled its health budget, and increased its contribution to the national immunisation programme substantially. Finally, it reduced further its already low military expenditure. The other governments that ranked among the top ten did so for more or less the same reasons: they allocated a relatively high percentage of their public resources to sectors benefiting children, and progressively increased these allocations over time.

At the other end of the scale are the ten governments that constituted the least committed group – the governments of Central African Republic, Guinea, Angola, Sierra Leone, Comoros, DR Congo, Burundi, Eritrea, Guinea Bissau and Sudan. The case of Sudan is particularly striking: it allocated the lowest proportion of GDP (0.3 per cent) to education of any country, and made no contribution at all to immunisation programmes despite the fact that one in every five Sudanese children is not vaccinated against measles, and more than 40 per cent of the population has no access to safe drinking water and adequate sanitation facilities.

Least Committed: CAR, Guinea, Angola, Sierra Leone, Comoros, DRC, Burundi, Guinea-Bissau and Sudan.

Table 8.1 Ranking for budgetary commitment, 2006–2008

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

8.2 Progress in budgetary commitment

What has been the trend over the decade? In order to answer this question we compared the ranking for the period 2007–2008 with that of 2004–2005, the period for which we have comparable data. As can be seen in Table 8.2, there have been significant changes in commitment since 2004, obvious manifestations of changes in policy priorities and development strategies. Once again, remarkable improvements in budgetary commitment were made by the governments of Tanzania and Mozambique. These governments moved, respectively, 28 and 30 places up the rankings during this period. These changes were largely due to substantial increases in investment in the health and education of children, their increased commitment to financing national immunisation programmes from their own national budgets, and reductions in military spending.

Table 8.2 Rise and fall in governments' budgetary commitments between 2004 and 2008

Countries with significant improvement		Countries with sharp decline	
Country	**Movement in rank 2004–2005 to 2006–2008**	**Country**	**Movement in rank 2004–2005 to 2006–2008**
Tanzania	31st to 1st	Malawi	1st to 33rd
Mozambique	30th to 2nd	Burkina Faso	3rd to 30th
São Tomé and Principe	50th to 22nd	Djibouti	11th to 35th
Benin	46th to 24th	Lesotho	14th to 38th
Zambia	38th to 17th	Burundi	27th to 49th
Gambia	36th to 19th	Dem. Rep. Congo	28th to 48th
Niger	19th to 3rd	Mali	17th to 37th
Senegal	21st to 5th	Namibia	5th to 21st

Source: ACPF (2011). The African Report on Child Wellbeing 2011. Op.cit.

On the other hand, there was a considerable fall in budgetary commitment in Malawi, Burkina Faso and Djibouti during this period. The governments of Malawi and Burkina Faso were the most committed in budgetary terms in the period 2004–2005; their health expenditures were very high and had increased progressively from the levels prevailing around 2000. However, health expenditures in these countries fell by 60 and 11 per cent respectively between 2004 and 2008, while military expenditure increased considerably in both countries during the same period.

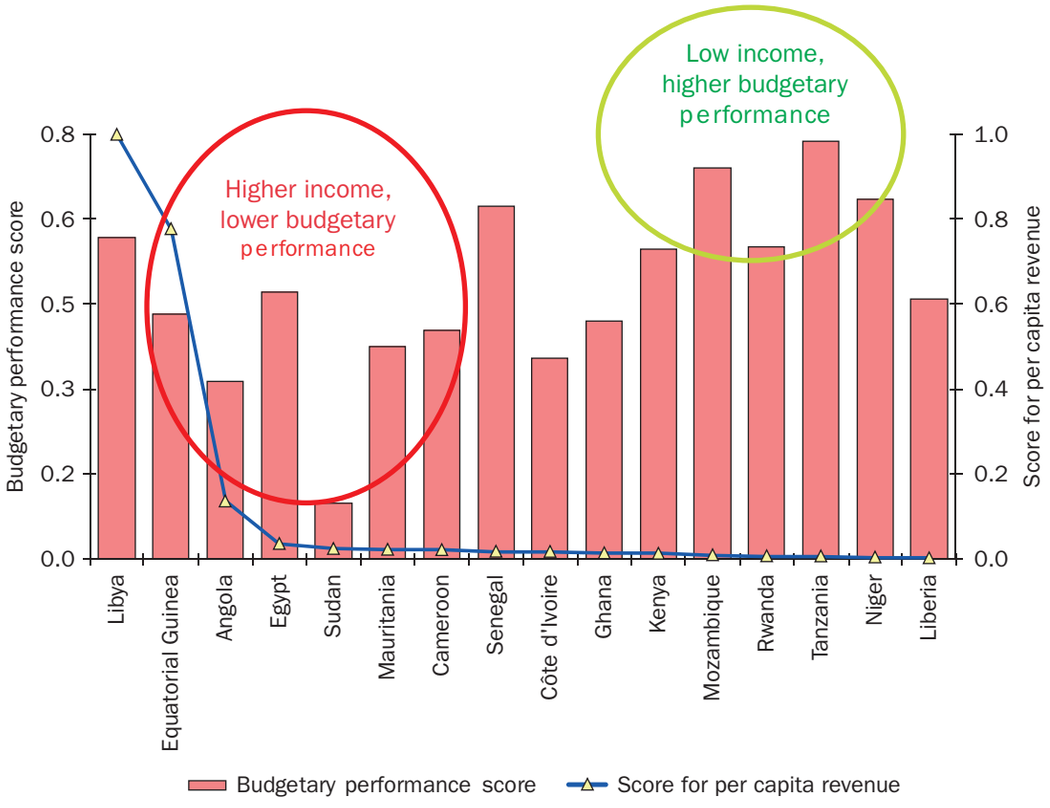
8.3 Budgetary commitment and wealth

To what extent is a country's budgetary commitment score related to the volume of resources at its government's disposal? Chart 8.1 gives a bird's eye view of the performance of a selected number of countries on the **Budgetary Commitment Index** in relation to their economic status. As can be seen from the chart, governments with relatively lower per capita resources at their

Level of commitment is not necessarily related to the level of development or resources.

disposal (e.g. Mozambique, Niger, Rwanda and Tanzania), scored highly in the **Budgetary Commitment Index** (circled with the green colour). On the other hand, a number of governments with relatively high incomes (e.g. Angola, Equatorial Guinea, Mauritania and the Sudan) scored low on the index (circled with the red colour). This analysis confirms that commitment in terms of budgets for children does not depend on a country's resources: it is primarily and simply a question of political commitment.

Chart 8.1 Relationship between Budgetary Commitment Index scores and per capita revenue



Source: ACPF (2011). The African Report on Child Wellbeing 2011. Op.cit.

9. PRIORITY FOR ACTION

Despite the many positive developments and impressive efforts in many African countries, the state of the African child remains a serious cause of concern. That this is so is due to the dissonance between the ostensible tendency of many African governments to enter continental and international commitments on one hand and the equally manifest tendency to disregard them altogether on the other. We are reminded here of commitments entered not just in New York and Geneva but also those initiated and agreed to by Africans themselves in Addis Ababa, Cairo, Abuja and Dakar (Table 9.1). In the Dakar Education for All Declaration, governments promised to commit 9 per cent of their GDP to education; the median for Africa was only 4.2 per cent. At

Abuja, African governments agreed to commit 15 per cent of their expenditure to health; the median for Africa was only 9.1 per cent. The world median for social protection was 4.5 per cent of GDP's; Africa's was only 1.1 per cent. African governments have not delivered on their promises and commitment. What then should be done?

Table 9.1 Summary of budgetary expenditures in Africa: current level, targets and gaps

Public Expenditure	Current value* (Median)	Target/Commitment (Median)	Gap
Education expenditure (% of GDP)	4.2	9	4.8
Health expenditure (% of government budget)	9.1	15	5.9
Social protection expenditure (% of GDP)	1.1	4.5	3.4

* Most recent year available

Source: Based on data from UNESCO (2010); WHO (2010); and World Bank (2009).

Linking budgets with policies

One of the factors behind the poor budget performance of African countries is the weak link between policy making and budgeting. The absence of a linkage between the two defeats the whole purpose of addressing policy priorities through budgets and inevitably results in a massive mismatch between what is promised through government policies and what is provided in government budgets.

Increasing the budget for children

As pointed earlier, there is a serious dissonance between policy promises and budgetary allocations in many African countries. None of the commitments made by African governments have been met or are likely to be met any time soon except by less than half a dozen countries. Therefore, governments which have not yet met the Abuja Commitment need to raise progressively the share of their budget that goes to health to 15 per cent and avail sufficient funds to improve the health situation of their children. Also, governments which have not been able to meet the target set in the Dakar (Education For All) Declaration should raise the share of their national income that goes to education to at least seven per cent, as a first step. In all cases, it is clear that, even with best of will, there will be serious financial gaps to meet the health and education targets agreed to by African governments. It is therefore apparent that greater national effort must be complemented by greater assistance from development partners. This means, among others, meeting and observing the target of 0.7 per cent of GDP which they agreed to provide for international development.

Prioritising early childhood development

Early childhood development is the first step in the process of human development with a very high rate of economic return and a potentially significant impact on poverty and inequality. The provision (or lack) of supportive programmes during this stage affects and sets trajectories for children's health, behaviour, and learning throughout their lives. Deficiencies during childhood in such areas as nutrition result in irreversible physical

and cognitive defects. African governments need to recognise the potential efficiency and equity gains from investing in early childhood development.

Abolishing user fees for basic services

User fees are among the main barriers that prevent poor children from accessing health and educational services. Even when they are set at a low level, the poorest and most vulnerable people may not be able to afford or access them. User fees in education are also antithetical to the right to free and compulsory education and the most regressive form of healthcare financing. Measures that aim at waiving user fees for health and education services for the lowest poor quintile and for social grant beneficiaries are known to facilitate accessibility to these services. Hence the need for governments to eliminate user fees.

Making macroeconomic policies pro-children and pro-poor

Budgets are only one aspect of economic policy that impact on the wellbeing of children. Macroeconomic policies are another. Budgeting for children might be of little worth if it is not accompanied by child-friendly economic and social policies. The poor – and most women and most children in Africa are poor – are the least able to withstand even seemingly minor price changes say of food and fuel or movements in the labour market. They therefore are the most in need of social protection and deserving a first claim on governments' priorities and resources. Governments should be sensitive to the interrelation between macroeconomic policies and the social dimensions of development and adopt policies that reduce or minimise the effects of macroeconomic shocks on the poor's access to basic needs, income and employment. Thus, when restrictive macroeconomic policies are needed, it is important to adjust the composition of fiscal expenditure and revenue so as to protect the people who are worst off. In all cases, for any given economic policy choice, the poor are likely to benefit when the choices avoid aggregate expenditure cuts.

Finally, we cannot stress strongly enough the importance of job creation and a minimum of job security for family and child wellbeing. Public works programmes, often in the form of infrastructural investments, play an important role in this regard. Such programmes have two additional advantages: they are flexible - they can be easily expanded or reduced for counter-cyclical purposes; and they are self-targeting - wages being generally low, only groups with the poorest prospects of finding alternative employment have incentives to join the programmes. Therefore, the institution of a minimum level of employment security through, for example, a rural employment scheme along the Indian model is one that African governments may consider both to combat poverty and protect the poor from natural or marked-induced shocks.

Improving the tax base and public expenditure management systems

Africa's economy has been growing at a rate of four to six per cent between 2000 and 2008. Though affected by the global economic and financial crisis, Africa still has the potential to maintain the growth momentum witnessed in recent years. The scope for budgetary expansion therefore seems to be favourable. However, a major challenge facing almost all African governments is the low tax-to-GDP ratio, which currently stands at about 18 per cent. There is, therefore, a need to further improve tax collection systems to mobilise more domestic resources. Such actions should also be accompanied with

initiatives aiming at enhancing efficiency of public expenditure management systems through building the capacity of institutions involved in budget execution and control.

Putting in place a proper and functional budget regulatory framework

The regulatory framework lays down the rules that guide the budget decision-making process and the management of government revenues and public expenditure. In some instances, such a framework lays down provisions calling for transparency, accountability and efficiency in the budget system. Governments also have to put in place a system to deter resource leakage and budgetary indiscipline, as well as a mechanism to take corrective (punitive) measures when these happen. They have to ensure that there are no gaps between allocations and actual expenditures.

Making budget systems more open, transparent and participatory

Most budgets in Africa are closed to the public, hindering efforts to promote accountability and efficiency in resource utilisation. The problem is even worse with budgets for child development and protection. South Africa and Botswana are probably the exception and provide information in these areas. Governments should, therefore, avail detail budget information to enhance monitoring, track progress and facilitate accountability. Unless the budget system is open, the quality of budget outcomes, as well as the appropriateness and implementation of budget policy will be dependent on the good will of individuals in government. Transparency means empowering the citizenry to become millions of auditors in society, providing them a voice and access to information.

Box 9.1 Eight priority areas for action

- Linking budgets with policies
- Increasing the budget allocation for children
- Prioritising early childhood development
- Abolishing user fees for basic services
- Making macroeconomic policies pro-children and pro-poor
- Improving the tax base and public expenditure management systems
- Putting in place a proper and functional budget regulatory framework
- Making budget systems more open, transparent and participatory

10. A FINAL CALL

Link policy making, budget making and child wellbeing.

The last century has been marked by increased interest in the wellbeing of children. Witness the development of comprehensive child rights instruments such as the CRC and the African Children's Charter, the numerous global campaigns and marches to combat child exploitation, the many summits and efforts to put children's agenda on the world political stage. Indeed there hasn't been a time in world history when childhood was

given such prominence and attention. Yet, the political rhetoric has seldom found its way into the budget. Political and policy edicts have yet to be reflected in budget bills. Even in those few circumstances where there has been considerable budgetary commitment, imperfections and flaws in the policy and budget- making processes meant that they were not translated into child-wellbeing outcomes. It is time that a strong linkage be established and maintained between policy making, budget making and child wellbeing.

For the politically-conscious Pan-Africanist and human rights defender, action couldn't come sooner. If Africa is to have peace and harmony, if it is to overcome poverty and achieve sustainable development, if it is to participate effectively and successfully in the global economy, it must create and nurture a healthy and educated workforce. This means more than anything else, first, investing on the survival and health of its children, and, secondly, investing in knowledge which begins in the first place with the provision of universal, quality elementary and secondary education to all of Africa's boys and girls.

Key to Africa's future: Investment in child survival, health and education.

In the end, progress in budgeting for children is a matter of good governance and accountability. Politics is therefore central to child wellbeing. The task for Africa's citizenry is to ask: how far do our children figure out in the political manifestoes of our leaders and their parties, and, how far do our representatives in Parliament ensure that budgets are child-friendly. In other words, the challenge for us now is to move from the era of rhetoric to the era of accountability.

The task for African citizenry: Pressure political parties, parliaments and governments to make their budgets child-friendly.

REFERENCES

ACPF (2011). *The African Report on Child Wellbeing 2011: Budgeting for Children.* Addis Ababa: The African Child Policy Forum.

ACPF (2009a). *Budget Analysis from Child Rights Perspective,* Background paper for the African Report on Child Wellbeing 2010: Budgeting for children. Addis Ababa: The African Child Policy Forum.

ACPF (2009b). *Child Poverty: African and International Perspectives.* Addis Ababa: The African Child Policy Forum.

ACPF (2008). *The African Report on Child Wellbeing 2008: How child-friendly are African governments?* Addis Ababa: The African Child Policy Forum.

ACPF (2007). *In the Best Interests of the Child: Harmonizing laws in Eastern and Southern Africa.* Addis Ababa: The African Child Policy Forum.

African Development Bank (2009). *African Statistical Year Book*. African Development Bank, Tunis.

African Union (2008). The African Charter on the Rights and Welfare of the Child, Accessed in February 2009 at: http://www.africa-union.org/root/au/Documents/Treaties/List/ African%20Charter%20on%20the%20Rights%20and%20Welfare%20of%20the%20Child.pdf.

Assefa Bequele (2010). *Monitoring the commitment and child-friendliness of governments: A new approach from Africa*, Child Abuse and Neglect, The International Journal, Volume 34, Issue 1, January 2010, pp. 34–44.

Assefa Bequele (2009). *Indexing child-friendliness*, African Review of Books, Volume 5, Number 1, 2009.

Budlender, D. (2009). *Budgeting for Mothers*, Background paper prepared for the African Child Policy Forum.

Fölscher, A. (2009). *Budget laws and processes in Africa: Implications for child Wellbeing*, Background paper prepared for the African Child Policy Forum.

ILO (2010). *World social security report: Providing coverage in all time of crisis and beyond*. International Labour Organisation, Geneva.

ILO (2008). *Can low-income countries afford basic social security?* Social security policy briefings, Paper 3. Social Security Department, International Labour Office, Geneva.

IMF (2009). *World Economic Outlook*. International monetary Fund, Washington D.C.

International Budget Partnership (2008). *Open Budgets Transform Lives: The open budget surveys 2008*. IBP, Washington, D.C.

Jonsson, U. (2010). The *Economic Significance of Investing in Children*, Background paper prepared for the African Child Policy Forum.

Mekonen, Y. (2010). *Budget Analysis from a Child Rights Perspective*, Background paper prepared for the African Child Policy Forum.

Mekonen, Y. (2009). *Governance and Child Wellbeing: How to measure government performance*. Addis Ababa: The African Child Policy Forum.

Minujin, A., Curcio, J., and Daniels, L.M. (2010). *Child Budget Initiatives in Latin America*, Background paper prepared for the African Child Policy Forum.

Peterson, S. (2009). *Millennium Development Goals, Budget Support, and the Rights of the African Child*, Background paper prepared for the African Child Policy Forum.

Shimelis, T. (2010). *Budgeting for Children: Why and How?* Background paper prepared for the African Child Policy Forum.

Shimelis, T. (2009). *Child Poverty in Africa: An Overview.* Addis Ababa*: T*he African Child Policy Forum.

Shimelis, T. (2008). *The Politics of the Ethiopian Budget Process within the Framework of Ethnic Federalism*. An Overview. Unpublished.

Sumner, A. (2010). *Child Poverty and Wellbeing: Is the Global Economic Crisis over in Sub-Saharan Africa?* Background paper prepared for the African Child Policy Forum.

UN (2009). *Abuja Declaration on HIV/AIDS, TB and Other Related Infectious Diseases,* OAU/SPS/ABUDJA/3, Accessed in October 2009 at: http://www.un.org/ga/aids/pdf/abuja_declaration.pdf.

UN (2001*). Declaration of Commitment on HIV/AIDS, Resolution adopted by the General Assembly at the 8th plenary meeting,* A/RES/S-26/2, 2001.

UNESCO (2010). *Reaching the Marginalised, Education for All Global Monitoring Report 2010*. UNESCO, Paris.

The UNESCO Institute for Statistics (2009). *Early Impact Assessment of the Global Financial Crisis on Education Financing: Country case studies*. UNESCO Institute of Statistics, Montreal.

UNICEF (2009). *The state of the world's children*: *Special edition, Celebrating 20 years of the convention on the rights of the child*, New York.

UNICEF and WHO (2010).*Progress on drinking water and sanitation:* 2010 Update, New York and Geneva.

UN Millennium Project (2005). *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, UNDP, New York.

WHO (2010a). *National Health Account.* Accessed in May 2010 at: http://www.who.int/nha/country.

WHO (2010b). *World Health Statistics 2010*. World Health Organization, Geneva.

WHO (2009). *World Health Statistics 2009*. World Health Organization, Geneva.

WHO (2001). *Macroeconomics and health: Investing in health for economic development*. Report of the Commission on Macroeconomics and Health. World Health Organization, Geneva.

WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation (2008). *Progress on Drinking Water and Sanitation: Special Focus on Sanitation*. UNICEF, New York and WHO, Geneva.

WHO and UNICEF (2009). *Immunisation Summary: A statistical reference containing data through 2007,* 2009 edition. Accessed in January 2010 at: http://www.childinfo.org/files/Immunization_Summary_2009.pdf.

World Bank (2009). *World Development Indicators 2009.* The World Bank, Washington, D.C.

World Bank (2008). *World Development Indicators 2008.* The World Bank, Washington, D.C.