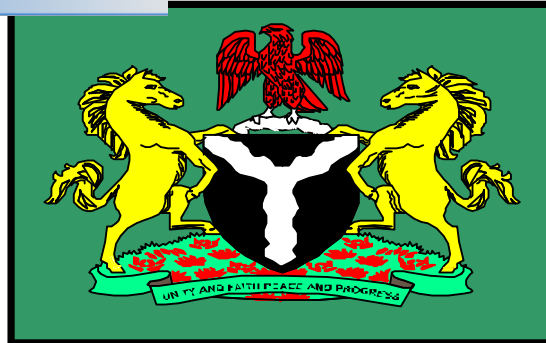




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FEDERAL MINISTRY OF WOMEN AFFAIRS

NIGERIA'S INITIAL & FIRST COUNTRY PERIODIC REPORT

ON THE IMPLEMENTATION OF THE AFRICAN UNION (AU) CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD

July, 2006



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Rights and Welfare of the Child: Initial and First Periodic Report

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ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
ANPPCAN	-	African Net Work for Prevention and Protection of Child Abuse and Neglect.
ARI	-	Acute Respiratory Infection
ARV	-	Anti-Retro Viral
AUCRWC	-	African Union Charter on the Rights and Welfare of the Child
CBN	-	Central Bank of Nigeria
CBO	-	Community Based Organization
CDW	-	Child Domestic Workers
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women
CRA	-	Child's Rights Act, 2003
CRC	-	Convention on the Rights of the Child
CREASUP	-	Child Rescue and Survival Project
CRL	-	Child's Rights Laws
CRIB	-	Child Right Information Bureau
CSM	-	CerebroóSpinal Meningitis.
CSO	-	Civil Society Organization
CWIQ	-	Core Welfare Indicator Questionnaires
CYPA	-	Children & Young Persons Act
CYPL	-	Children and Young Persons Law
ECOWAS	-	Economic Community of West African States
EFA	-	Education For All
EPI	-	Expanded Programme on Immunization
EPR	-	Emergency Preparedness and Response
FCT	-	Federal Capital Territory
FGM	-	Female Genital Mutilation
FMINO	-	Federal Ministry of Information and National Orientation
FME	-	Federal Ministry of Education
FMF	-	Federal Ministry of Finance
FMOH	-	Federal Ministry of Health
FMWA	-	Federal Ministry of Women Affairs
FOS	-	Federal Office of Statistics
GER	-	Gross Enrolment Ratio
HI	-	Hearing Impaired
HIV	-	Human Immuno ó Deficiency Virus
HSS	-	Health Sentinel Survey
IDP	-	Internally Displaced Persons
ILO	-	International Labor Organization
IMPAC	-	Massive Promotion and Awareness Campaign
IMR	-	Infant Mortality Rate
IOM	-	International Organization for Migration

		Insecticide Treated Nets
		Joint Admissions and Matriculation Board
LEA	-	Local Education Authority
LGAs	-	Local Government Areas
LGCRIMC	-	Local Government Child Rights Implementation and Monitoring Committee
MFCT	-	Ministry of Federal Capital Territory
MICS	-	Multiple Indicators Clusters Survey
MR	-	Mentally Retarded
NACCRAN	-	National Council of Child Rights Advocates of Nigeria.
NACHIFEST	-	National Children Festival Art and Culture
NAFDAC	-	National Agency for Food, Drugs and Administration Control
NAPTIP	-	National Agency for the Prohibition of Traffic in Persons
NBS	-	National Bureau of Statistics
NCRIC	-	National Child Rights Implementation Committee
NDHS	-	National Demographic Health Survey
NDRP	-	National Development Response Plan
NEEDS	-	National Economic Empowerment and Development Strategy
NEMA	-	National Emergency Management Agency
NFE	-	Non- Formal Education
NER	-	Net Enrollment Ratio
NGO	-	Non-Governmental Organization
NHMIS	-	National Health Management Information Systems
NLSS	-	Nigeria Living Standard Survey 2003/2004
NHRC	-	National Human Rights Commission
NPC	-	National Planning Commission
NPHCDA	-	National Primary Health Care Development Agency
NPI	-	National Programme of Immunization
NPopC	-	National Population Commission
NSAD	-	Nigerian Sports Association for the Disabled
OAU	-	Organization of African Unity
OPV	-	Oral Polio Vaccine
ORS	-	Oral Re-hydration Salt
ORT	-	Oral Re-hydration Therapy
OVC	-	Orphans and other Vulnerable Children
PC	-	Physically Challenged
PHC	-	Primary Health Care
PTF	-	Petroleum Trust Fund
RHS	-	Recommended Home Solution
SAGEN	-	Strategy for Enhancement of Girls' Education in Nigeria
SCRIC	-	State Child Rights Implementation Committee
SEEDs	-	State Economic Empowerment and Development Strategy
SEMA	-	State Emergency Management Agency
SEMC	-	State Emergency Management Committee
SNID	-	Sub-National Immunization Days
SCREAM	-	Supporting Children's Rights through Education, the Arts and the Media
SUPEB	-	States Universal Primary Education Board
UNCRC	-	United Nations Committee on the Rights of the Child



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		ted Nations Development Programme
		ted Nations Children's Fund
VH	-	Visually Handicapped
VPD	-	Vaccine Preventable Disease
WOFEE	-	Women Fund For Economic Empowerment
WHO	-	World Health Organization
WHOPES	-	World Health Organization Pesticide Evaluation Scheme

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Preface

The well-being of children in any nation is very important and it is an inevitable foundation for the successful human development of that country. Available records indicate that over half the children in the developing world especially in the sub Saharan Africa still live without basic services, protection and essential commodities critical for their survival and development. The deprivations and threats faced by children constitute a major obstacle to the achievement of the Millennium Development Goals which are all highly relevant to children, especially Poverty Reduction, Achieving Universal Primary Education, Reduction in Child Mortality, Improvement of Maternal Health, Combating HIV/AIDS, Malaria and other Diseases, and Ensuring Environmental Sustainability.

However, the reform programmes of the current administration in the country has created a positive and conducive programming environment for children through accelerated programmes, increased investments in children developmental issues, and allocation of better resources to reach the targets of the Millennium Development Goals.

In reordering priorities and strengthening public management, no group deserves greater attention than the country's estimated 65.72 million children. There is therefore an enormous improvement in the reception of government to the plight of women and children and a lot of efforts have been made through setting up of legal frameworks, institutional arrangements and several programmes and initiatives to translate the provisions of the African Union (AU) Charter on the Rights and Welfare of the Child into reality and to ensure its effective and practical implementation.

It is against this background, that this combined Initial and First Country Report seeks to highlight the general and specific measures adopted in the implementation of the African Union (AU) Charter on the Rights and Welfare of the Child since year 2001. The Report identifies priorities for further action, as well as the difficulties and challenges encountered in promoting and protecting rights of children guaranteed under the Charter.

It is my hope that the distinguished members of the AU Committee of Experts on the Rights of the Child will appreciate the progress made so far, and the positive changes recorded in this report and support Nigeria's efforts to sustain this momentum in the overall interest of the Nigerian child.

Mrs Inna Maryam Ciroma
Honourable Minister of Women Affairs
Federal Republic of Nigeria, Abuja
July, 2006

PART 1

1. Introduction

1.1 Background and Period of Report Coverage

Nigeria as a member of the African Union ratified the *African Union (AU) Charter on the Rights and Welfare of the Child* (AUCRWC) on **23rd July 2001**. By implication, Nigeria is under obligation to submit periodic reports on progress made in the implementation of the Charter, as stipulated in its **Article 43**, to the AU Committee of experts on the Rights and Welfare of the Child.

Article 43 of the Charter stipulated that, each country's initial report should be submitted within two years of ratification, while periodic reports are to be submitted every three years thereafter. Having ratified the Charter in July 2001, Nigeria was expected to have submitted the Initial Report in year 2003, and the First Report in year 2006

This Report, therefore, highlights the measures adopted and reports on the progress made since year 2001 when the Charter was ratified, and covers the current level of implementation till year 2006 when the First Report is due. It outlines priorities identified for action, as well as the difficulties encountered in guaranteeing the rights provided for in the Charter.

The African Committee of Experts on the Rights and Welfare of the Child stipulated in the guidelines for the report writing process that:

'a state party that has already submitted to the UN Committee on the Rights of the Child may use elements of that report for the AU Charter report,the report shall, in particular highlight the areas of rights that are specific to the Children's Charter, and must specify the action taken by the State Party in response to any recommendations made to it by the Committee and or the UN Committee on the Rights of the Child.'

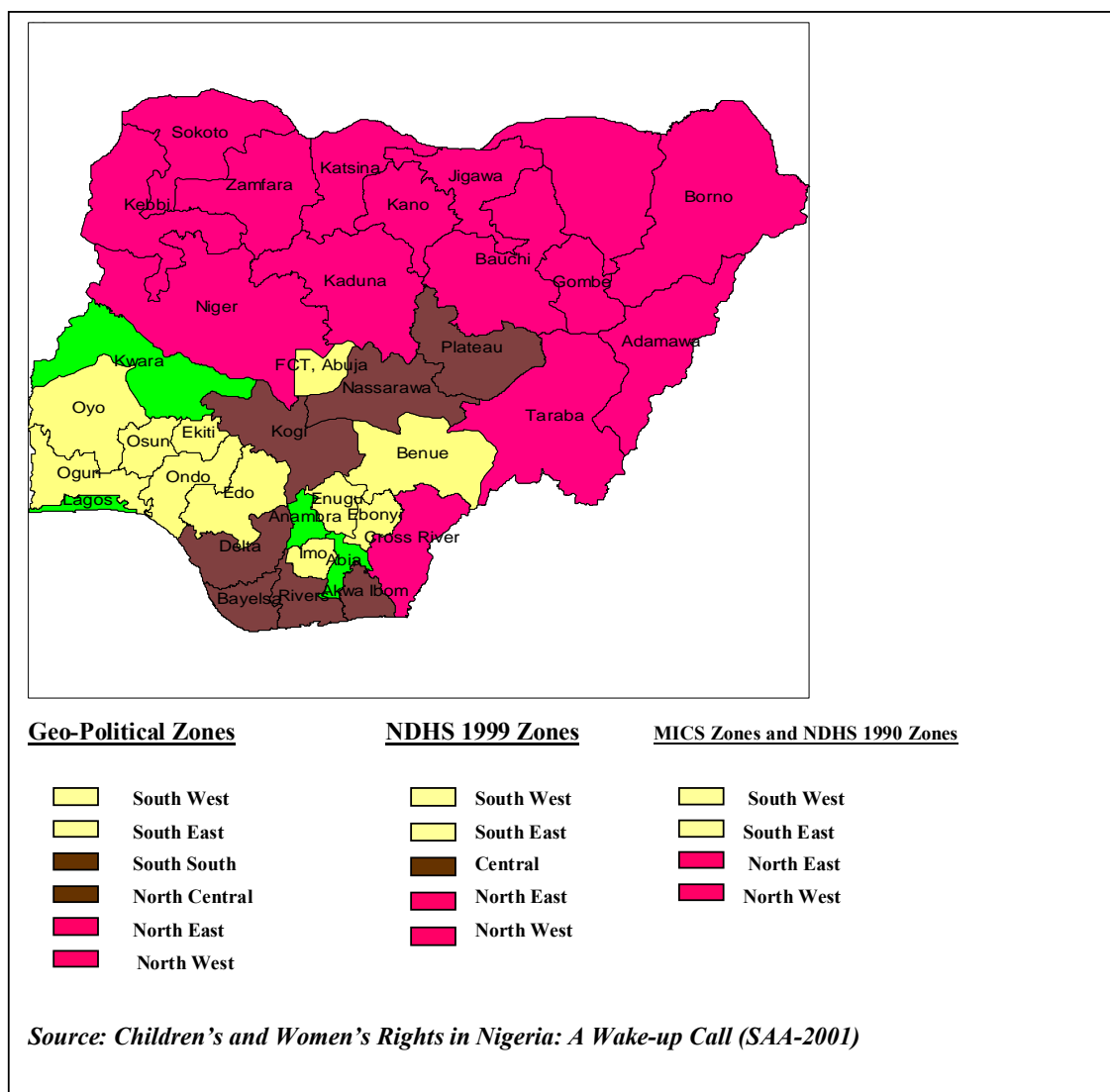
Against this background, this report draws extensively from the terms and content of the Country's First and Second CRC Country Periodic Report submitted to the UN Committee on the Rights of the Child in January 2005, and also incorporates the Country's response to the Concluding Observations and Recommendations made by the UN Committee.

2. Demographic Situation of Nigeria

2.1 Administrative Structure

Nigeria lies between 4°16' and 13°53¹ north latitude and between 2°40⁰ and 14°41⁰ east longitude. It is located in West Africa and bordered on the West by the Republic of Benin, on the north by the Republic of Niger and on the East by the Republic of Cameroon. To the south, Nigeria is bordered by approximately 800 kilometres of the Atlantic Ocean, stretching from Badagry in the west to the Rio del Rio in the east. The country also occupies a land area of 923,768 kilometers and the vegetation ranges from mangrove forest on the coast to the desert in the far north. Nigeria operates a three-tier federal system of government comprising the Federal, State and Local Governments. There are 36 states and 774 local government areas, and a Federal Capital Territory, Abuja.

Figure 0.1—Federal Republic of Nigeria: States and Zones



ized comprising five to seven states, namely:

- North Central
- North East
- North West
- South East
- South West
- South South

Table 0.1—Distribution of states by official geo-political zones and survey zones used by MICS and NDHS

Name of zone	Geo-political zones	Zones for NDHS 1999	Zones for NDHS 1990 and MICS 1995 and 1999
South West	Ekiti, Lagos, Ogun, Ondo, Osun, Oyo	Delta, Edo, Ekiti, Lagos, Ogun, Ondo, Osun, Oyo	Delta, Edo, Ekiti, Lagos, Ogun, Ondo, Osun, Oyo
South East	Abia, Anambra, Ebonyi, Enugu, Imo	Abia, Akwa-Ibom, Anambra, Bayelsa, Cross River, Ebonyi, Enugu, Imo, Rivers	Abia, Akwa-Ibom, Anambra, Bayelsa, Cross River, Ebonyi, Enugu, Imo, Rivers
South South	Akwa-Ibom, Bayelsa, Edo, Cross-River, Delta, Rivers		
North Central (Central in NDHS 1999)	Benue, FCT, Kogi, Kwara, Nassarawa, Niger, Plateau	Adamawa, Benue, FCT, Kogi, Kwara, Niger, Nassarawa, Taraba, Plateau	
North East	Adamawa, Bauchi, Borno, Yobe, Gombe, Taraba,	Bauchi, Borno, Gombe Jigawa, Kano, Yobe	Adamawa, Bauchi, Borno, Yobe, Gombe, Nassarawa, Plateau, Taraba,
North West	Sokoto, Kebbi, Kano, Kaduna, Katsina, Zamfara, Jigawa		

Source: Situation Assessment and Analysis (2001)

2.2 Population and other Socio-Economic indicators

2.2.1 Total Population Projections

Nigeria has an estimated population of 129.93 million in 2004, projected from the 1991 Census figure of 88 million extrapolated at the annual growth rate of 2.98%. This is according to the national and state population projections of Nigeria's **National Population Commission (NPopC)**. Nigeria as a country carried out another census in March 2006, but the postulations have not been finalized at the time of this report.

Projections

Taking the **AU CRWC** definition of a child, and affirmed by the **Child's Rights Act 2003**, as anyone under the age of 18, children make up approximately 51% of the population. With this and based on the **Median Variant Population Projections**, derived from the **1991 census**, (as the result of the 2006 census is being awaited) NPopC estimated that Nigeria has a child population of about 65.72 million in 2004. Of these, slightly over 22.59 million were aged under five years, while a projected 21.51 million were of primary school age (6-11 years) and 9.21 million of Junior Secondary School age (12-14 years).

Table 0.2—Population projections, 1990 – 2010 (millions)

Age	1990	1995	2000	2005	2010
Under 15	38.1	43.6	51.0	58.9	67.3
15 to 49	39.6	46.6	53.7	62.1	71.9
50 to 59	3.7	4.5	5.6	7.0	8.5
60+	4.6	4.5	5.0	5.8	7.1
Overall	86.0	99.2	115.2	133.8	154

Source: NPopC – Median Variant Projections from 1991 Census

Table 0.3—Population of Children by age group and by sex in 2001-2003

	Males			Females		
Age	2001	2002	2003	2001	2002	2003
0-5	12.5	12.9	13.2	12.1	12.5	12.8
6-11	10.0	10.3	10.6	9.6	9.9	10.2
12-17	8.0	8.3	8.5	7.9	8.2	8.5

Source: NPopC – Median Variant Projections from 1991 Census

2.2.3 Gross School Enrolment

According to MICS (1999) overall, 57% of children of primary school age (6-11 years) in Nigeria were attending primary school. However, the situation has improved somewhat since then, especially with the re-launch of the Universal Basic Education Programme by the Federal Government, we now have in school over 95% children of primary school age attending both private and public schools according to recent CWIQ survey of 2006.

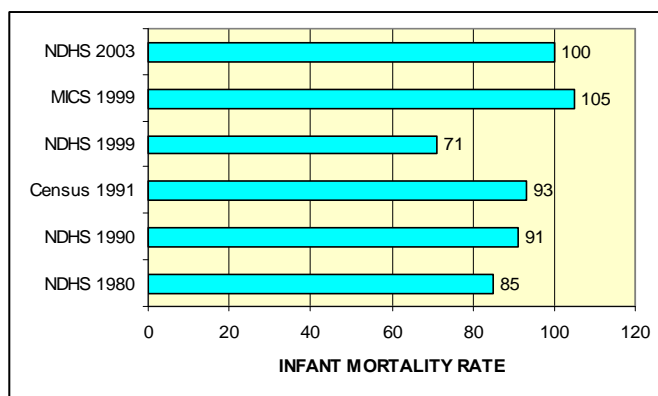
2.2.4 Early Childhood Mortality Rates

The infant mortality rate (IMR) measures the probability of a child dying before his or her first birthday while under five mortality rate (U5MR) is the probability of death before the age of five. Information on infant and under five mortality is available from almost all the national surveys on health and fertility conducted in Nigeria since the 1990s till year 2004. Figures 2.1 and 2.2 presents the various levels that have been reported for both rates from

ear recall period for mortality, the NDHS in 1990 estimated births, 133 in 1999 and 201 in 2003. The estimated rate for IMR was 91 deaths per 1,000 live births in 1990, 71 for 1999 and 100 for 2003.

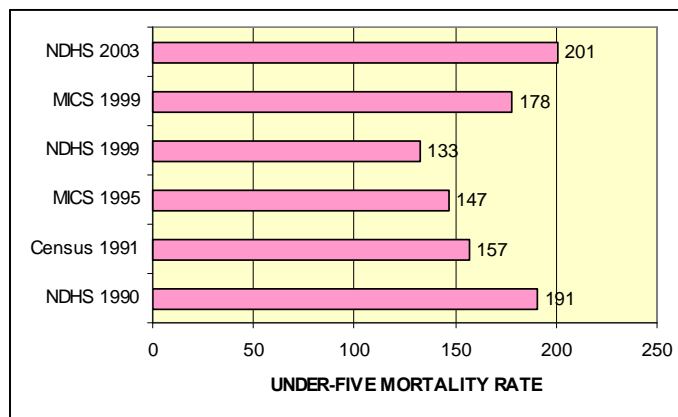
The infant mortality rate estimated by the 2003 NDHS is significantly higher than the estimates from both the 1990 and 1999 NDHS surveys. The earlier surveys underestimated deaths in some regions of the country so it is difficult to compare those rates with the 2003 NDHS. The higher IMR from the 2003 NDHS is most likely due to better data quality than to an actual increase in the risk of dying children.

Figure: 2.1— IMR: Contrasting data sources in 1980-2003 (per 1,000 live births)



Source: NDHS 1999 & 2003

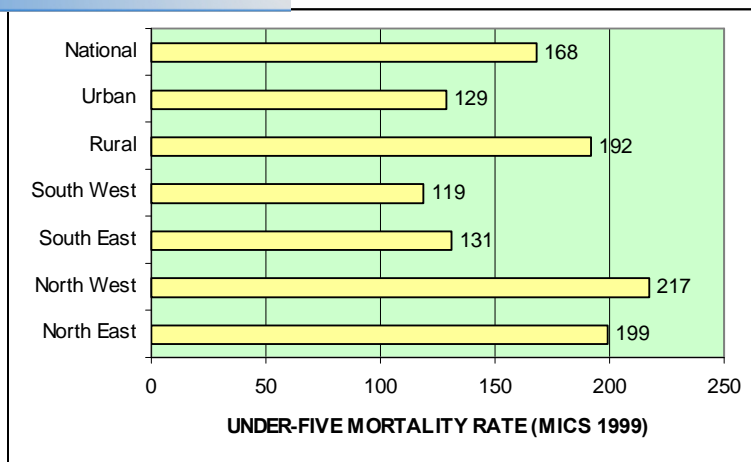
Figure: 2.2— U5MR: Contrasting data sources in 1990-2003 (per 1,000 live births)



Source: NDHS 1999 & 2003

There are huge differences in the IMR and U5MR between different parts of the country, notably between the urban and rural areas and between the North and South. Figure 2.3 presents the 1999 MICS data, and shows that the U5MR was one and a half times higher in the rural areas (192) than in the urban areas (129). Almost twice as many children were found to die before their fifth birthday in the North West (217) than in the South West (119)

Under-five Mortality Rates by Zones, Urban and Rural areas (per 1,000 live births)

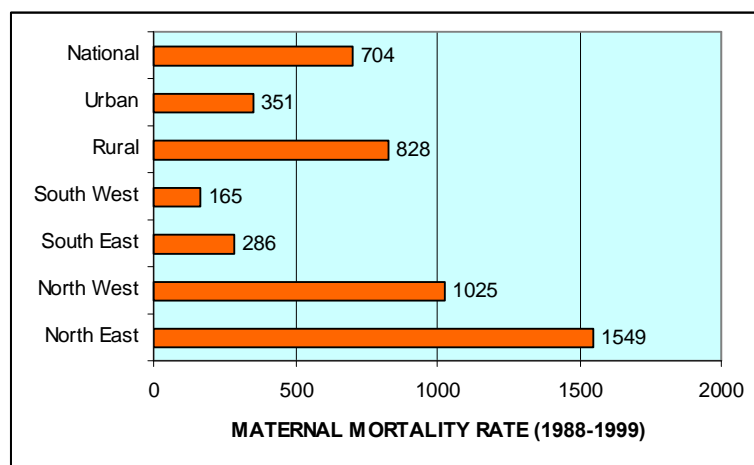


Source: MICS 1999 (FOS/UNICEF, A-2000)

2.2.5 Maternal Mortality Rate

The principal indicator of mortality among women is the maternal mortality ratio (MMR), which is the number of maternal deaths per 100,000 live births. The 1999 MICS estimated a national MMR of 704 per 100,000 live births. There are huge urban/rural and zonal disparities in the MMR. As Figure 2.4 shows, maternal mortality is more than twice as high in the rural areas (828) than in the urban areas (351). The North East is the zone with the highest MMR (1,549) which is almost ten times higher than in the South West, while the rate in the North West (1,025) is six times higher than in the South West (165).

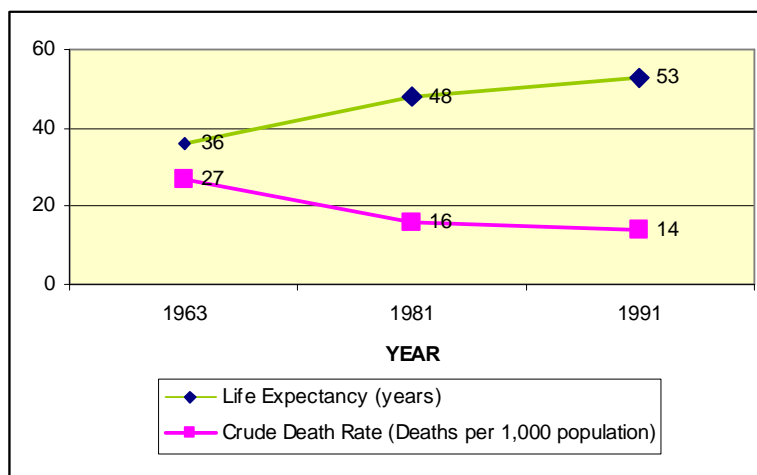
Figure 2.4—Maternal Mortality Rates by Zones Urban and Rural areas (per 100,000 live births)



Source: MICS 1999 (FOS/UNICEF, A-2000)

There was an overall decline of almost 50% in the crude death rate from 27 to 14 per 1000 between the 1963 and 1991, as reported in the National Population Census. The first report of life expectancy in Nigeria was in 1963 when the first national census reported life expectancy of 36 years. In the following three decades, life expectancy increased, to 48 years in the 1981/82 National Fertility Survey and 53 years in 1991 census. No survey in more recent times has reported life expectancy.

Figure 2.5: Crude Death Rate and Life Expectancy



Source: 1991 Census (NpopC, J-1998); Unicef/FGN (SAA 2001)

3. Preparatory Process for the Initial and First Periodic Report

3.1 Reporting Process

In pursuant of **Article 43** of the Charter, the African Committee of Experts on the Rights and Welfare of the Child issued guidelines for the preparation of Reports by countries that have ratified the Charter and are expected to provide sufficient information on the implementation of the Charter. Such countries are to indicate factors and difficulties, if any, affecting the fulfilment of the obligations contained in the Charter.

The Committee also enjoins countries to ensure that the reporting process should be one that encourages and facilitates popular participation, national introspection and public scrutiny of government policies and programmes, private sector practices and generally the practices of all sectors of society towards children.

Against this background, and in line with the Committee's guidelines and the urgent need for Nigeria to submit its Initial and First Report, the FMWA, being the lead Ministry for the report writing process, embarked on a series of interventions to accelerate the report writing process through the employment of a participatory and transparent approach that draws attention of all sectors of the civil society to the rights of the child as enshrined in the Charter to indicate the following:

- A process that ensures the full ownership by the Federal and State Ministries of Women Affairs as the concerned ministries in charge, and real participation of the Ministries of Finance and National Planning
- The input of the youth/children in relation to selected questions from the AU Committee of Experts' guidelines
- Regular participation of civil society at different stages of the process
- Encouragement and involvement of UN Agencies to provide inputs with respect to their mandates and the questions of the guidelines that belonged to their programme of cooperation, and
- A precise time frame planned for the report writing is followed and respected

The major activities set out in different phases commenced in September 2005 and was concluded in July 2006. The detailed work plan followed from inception of the report writing process to its conclusion is shown in **Annexure 1**.

3.2 Interventions

3.2.1 Reconstitution of the NCRIC

Following Nigeria's Ratification of the CRC in 1991, and in compliance with its **Articles 4 and 41** which stipulates that *“Member States shall undertake to disseminate the Conventions principles and take all appropriate legislative, administrative and other measures for the implementation of the Rights recognized in the present Convention”*

NCRIC in October 1994, as the administrative body saddled with reporting of all treaties and conventions ratified by the country including the AU Charter.

The members of the NCRIC were drawn from a cross section of governmental and sectoral ministries including; Women Affairs, Education, Sports and Social Development, Information and National Orientation, Health, Finance, Planning, Labor and Productivity, Justice and Internal Affairs (Immigration, Prison Service).

Representatives of Non-Governmental Organizations, the print and electronic media, academia, judiciary, legal consultants chosen from each zone of the Federation, the National Assembly, National Bureau of Statistics, Nigerian Police Force, National Agency for the Prohibition of Trafficking in Persons, National Human Rights Commission and other human rights based organizations are also members.

These were repositioned in October 2003 to engage in ensuring the timely report writing of the 1st and 2nd CRC Country Periodic Report which was finalized, submitted and defended before the UN Committee on Child Rights in January 2005.

It then became imperative for the members to reconvene and commence the meeting to ensure the timely submission of the current AU Charter combined Initial and First Periodic Reports.

The NCRIC meeting held from 21st to 23rd September 2005. The presentations, support documents and strategies formulated at the meeting had the input of all members present, and at the end of the meeting a blue print for a comprehensive report writing process was produced, while the following were the outcomes of the meeting:

- Information and data gaps required for the development of the AU Charter Initial and 1st periodic Reports were identified, and
- A framework for the production of Initial and 1st Periodic Reports on the implementation of AU Charter on the Rights and Welfare of the Child developed.

The framework was designed to act as a road map for the development and timely submission of the Report. It incorporated all the issues raised by the UN Committee of Experts on the Rights of the Child in their Concluding Observations to the 1st and 2nd CRC Country Reports and indicated how the report should contain sufficient information to provide the AU Committee of Experts on Child Rights with a comprehensive understanding of the implementation of the Charter.

3.2.2 Appointment of Consultants

The reconstituted members of the NCRIC at the end of the first intervention, having validated the framework, prescribed outlines and indicators for monitoring the implementation of the Charter and consultants were employed to fast track the reporting processes

The consultants armed with the framework, collated and documented relevant information and data required for the Initial and 1st periodic reports on the implementation of AU Charter on the Rights and Welfare of the Child. The **first draft** of the Initial and First Periodic Reports on the implementation of the AU Charter was developed and submitted for validation to a core drafting team. The following areas were reflected in the framework by the consultants:

- children under the jurisdiction of each State in the country; and measures adopted by the country to bring national laws and practice in line with the provisions of the Charter
- positive developments that occurred and the progress made in the enjoyment of the rights of the child in the specific period being covered
 - principal legislative texts, judicial decisions, and administrative measures giving effects to all the rights set forth in the AUCRWC, and passed in each State and at the national level
 - factors and difficulties the country has encountered in the implementation of the Charter, and
 - statistical information that has indicated changes in the status of children

3.2.3. Newspaper adverts calling for input into the report

Advertisements calling for memoranda and input from the general public were placed in both electronic and print media with nationwide reach (Nigerian Television Authority and the Guardian and ThisDay newspapers) on 19th May 2006; text of the published Newspaper advert is shown as Annexure II.

3.2.4 Meeting of the Core Drafting Team

The meeting of the core drafting team held on 31st May to 1st June 2006 and was a step further in the development of the report writing process. Since the consultants drew extensively from the First and Second CRC Country Periodic Reports, the meeting was called to allow the core drafting team review the first draft and make additional input into the report. The fresh input at this level was further incorporated resulting in the production of the **second draft**.

3.2.5 UN and NGOs Consultative Meeting

This phase of the report writing process was implemented in compliance with the relevant provisions of the Charter and guidelines of the AU Committee of Experts on the Rights and Welfare of the Child, and to allow for the input of the Civil Society Organizations and that of the UN Agencies in Nigeria, based on their respective mandate, and the questions on the guidelines that belong to their programmes of cooperation.

In obtaining further input from the members of the civil society, a consultative meeting of the UN organizations as well executives of selected child rights based NGOs, CBOs, CSOs, and Faith Based Organizations drawn from different geo-political zones of the country, representing different cultural backgrounds, was convened by the FMWA, on the 1st to 3rd June 2006.

The meeting's wide objective is to incorporate the input of international organizations, development partners and members of the civil society in Nigeria into the **second draft** periodic report. The various inputs of members present were incorporated into the second draft and the **third draft** was developed.

The third draft was subjected to the scrutiny of the State Child Development Directors from all the States of the Federation in order to have further sub national inputs into the document. The meeting was held between 22nd to 24th June 2006 in Jos. Various sub-national input were incorporated to enrich the document and the **fourth draft** was developed

3.2.7 The NCRIC Meeting and Stakeholders Validation Workshop

The NCRIC meeting held between the 4th to 5th July 2006 while the Stakeholders Validation Workshop held on the 6th July 2006, to allow all members of the NCRIC and other Stakeholders who have been involved in the report writing process from its commencement, to have a look at the **fourth draft** Report, make their input and validate its contents.

Participants were drawn from a cross section of governmental and sectoral ministries like Women Affairs, Sports and Social Development, Information and National Orientation, Health, Finance, Labour and Productivity, Justice and Internal Affairs, consultants/experts on children issues, data analysts, officials of the sectoral ministries and Child Development officers.

The President and the Speaker of the Children's Parliament also participated in the workshop. At the end of the validation workshop, inputs from all stakeholders were integrated into the **fourth draft** report and the **fifth draft** was produced.

3.2.7 Finalization Meeting

The meeting to finalize the report took place on Thursday 6th July, 2006, and was attended by the NCRIC members and the core drafting team. It was convened to incorporate into the **fifth draft** the input of all the stakeholders. At the end of the meeting a comprehensive report with the introduction, tables, figures and progress report on implementation of the African Union (AU) Charter on the Rights and Welfare of the Child was produced as the **sixth and final draft**

3.2.8 Production and printing of final report for submission

The FMWA as the umbrella body in charge of the report writing process submitted the **sixth and final draft** through the Minister of Women Affairs to the Federal Executive Council. The report was tabled for further review and sent to the AU Committee of Experts through the Federal Ministry of Foreign Affairs.

Cluster 1: General Measures of Implementation - Article 1

1.1 Introduction

1.1.1 Evolution of Legislative Actions in Implementing the Provisions of the Charter

Prior to the ratification of the AUCRWC on **July 23rd 2001**, Child Right issues were guided by various legislations at both Federal and State levels.

Notable among these were the *Children and Young Persons Act (1943)*, which dealt mainly with Juvenile Justice Administration, and the *Labor Act (1974)*, which sought to regulate child labor and to protect children from exploitative labor and abuse.

In 1993, a draft *Children's Bill* was prepared based on the principles of the Convention on the Rights of the Child, but it was never enacted into law during the military era which ended in 1999. With the inauguration of democratic governance in May 1999, concerted efforts have been made to evolve a legal framework for the protection and promotion of the rights of children in Nigeria.

These efforts have culminated in the enactment of the **Child's Rights Act (CRA) in July 2003**. The main provisions of the Act are laid out in **24 parts**, which cover the broad themes of the **CRC**, namely; the rights of the Nigerian Child to:

Survival
Development
Protection, and
Participation

This substantive Act domesticates the provisions of the **CRC** and that of the **AUCRWC** in Nigeria, and gives muscle to the various state legislation dealing with individual aspects of child protection, including the prohibition of:

- Street trading/hawking
- Street begging
- Child labor and child trafficking
- Harmful traditional practices, such as Female Genital Mutilation (FGM), scarification and child marriage
- Withdrawal of children from schools, mainly for commercial purposes or marriage

1.1.2 Institutional Framework for the Implementation of the AUCRWC

Prior to 1993, only the Social Welfare Department of the then Federal Ministry of Social Development and Culture had the mandate on issues relating to child care and juvenile justice.

In 1993, as a result of the movement for the advancement of children's rights, and as a consequence of the Children's Summit of 1990, Child Development Department (CDD) was

on for Women situated in the Presidency, to cater solely for

The then Commission evolved into the Ministry of Women Affairs, which is currently pursuing the promotion and protection of children's rights at all levels in Nigeria.

As a result, all the 36 States of Nigeria now have specific ministries or commissions charged with women and children's affairs. The Federal Capital Territory, Abuja also has a department charged with the responsibility for child rights protection and promotion, along the same lines.

The NCRIC is also mandated by the *CRA 2003* to, among other responsibilities; oversee the full implementation of the *AUCRWC* and *CRA*.

In addition, the NHRC has a Special Rapporteur on Children charged with the responsibility of ensuring that children's rights are effectively promoted and protected in Nigeria.

1.2 Implementation and Respect for existing Human Rights—

1.2.1 Measures to bring national legislation and practice to implement the AUCRWC

Since the ratification of the Charter, a lot of efforts have been made at the Federal, State and Local government levels in Nigeria to translate the provisions of the Charter into reality, and to ensure effective and practical implementation.

These interventions and measures are in the areas of provision of legal and institutional frameworks, popularization, law enforcement, survival and participation of children.

(i) Legal framework

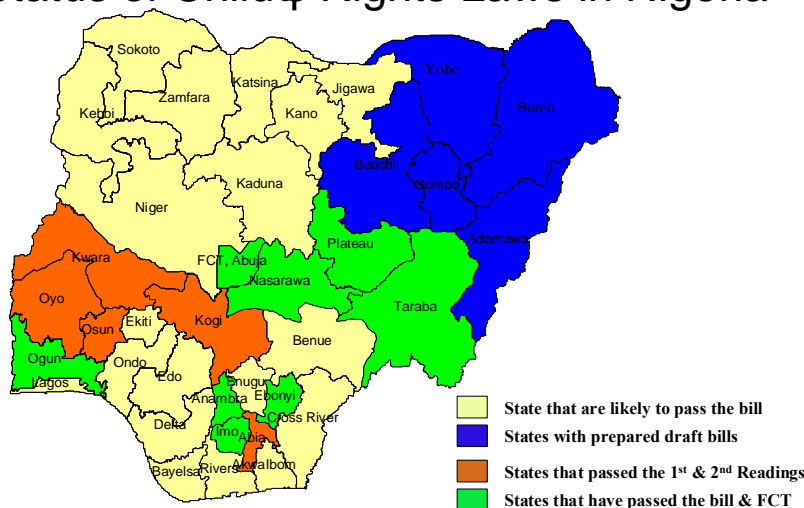
- The Constitution of the Federal Republic of Nigeria (1999)
- Child's Rights Act 2003
- Criminal Codes (Federal and States)
- Penal Codes (States)
- Sharia Penal Codes (States)
- Child Rights Laws passed in Abia, Anambra, Imo, Ebonyi, Nassarawa, Plateau, Ekiti, Rivers, Ogun and Taraba States.
- Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003
- National Commission for Refugees Act (Cap 244, Laws of the Federation of Nigeria 1990)
- Ebonyi State Law 010 (2001) on the Abolition of Harmful Traditional Practices against Women and Children.
- Edo State Female Genital Mutilation (FGM) Prohibition Law 2000
- Edo State Criminal Code (Amendment) Law 2000.
- Bauchi State Hawking by Children (Prohibition) Edict 1985 Cap 58.
- Lagos State Law prohibiting hawking by children

Child Marriages and Female Circumcision (Prohibition) Law

- Malpractices Against Widows and Widowers (Prohibition) Law **2005**, Anambra State
- A Law to Prohibit Domestic Violence Against Women and maltreatment. Law No.10 of **2004** by the Cross Rivers State Government
- Inhuman Treatment of Widows (Prohibition) Law **2004** of Edo State
- Enugu and Bayelsa statesø laws prohibiting FGM of **2004**

Figure 2.6: Status of Passage of Child's Rights Laws in Nigeria

Status of Child's Rights Laws in Nigeria



These efforts have, largely, addressed the question of harmonization of national, state and local laws with the Charter.

Concerns have been raised with regard to certain provisions of the Shari'a legal system operating in many states in Northern Nigeria, which ostensibly tend to adversely infringe on the rights of women and children. However, further studies have determined that there are, in reality, no discrepancies between the provisions of the AUCRWC and the Shari'a Laws with regard to the rights of children.

Specifically, all the states in Northern Nigeria have always had these provisions in their respective Laws. Examples abound in the Sharia Penal Laws of Northern States of Nigeria regarding specific provisions for the protection of children and young persons:

- Section 237 of the Zamfara State Sharia Criminal Procedure Code law of 2000, No. 1 Vol. 4 provides that *"No sentence of hudud or qisas shall be imposed on a person who is under the age of taklif. Note- Hudud means offences or punishments that are fixed under the Sharia and includes offences or punishments Sections 126 to 141 of the Sharia Penal Code; Qisa means punishments inflicted upon the*

liation for causing death of or injuries to person; *taklif* (fornication)”.
Note: Hudud offences include sexual offences like zina

- Under **Section 238 (1)** of the same code, where a person is convicted of a *hadd or qisas* offence and it appears to the court by which he is convicted that he was under the age of *taklif* when he committed the offence the court shall, deal with him in accordance with **Section 11 of the Children and Young Persons Law (CYPL)** and **Section 95 of the Sharia Penal Code**.
- Under **Section 95 of the Sharia Penal Code** of both Zamfara and Yobe States, when an offender who has completed his 7th year but not completed his 18th year of age is convicted by a court of any offence, the court may instead of passing the sentence prescribed under this code, subject the offender to confinement in a reformatory home for a period not exceeding one year.
- The Sharia Penal Codes equally protect children and young persons by prescribing punishment for the crimes of causing miscarriage, injuries to unborn children, exposure of infants to danger, cruelty to children and concealment of births. So also kidnapping of children under 7 years and young persons above 7 years, abduction of children and young persons, sexual exploitation and trafficking of a girl-child and forced labour are all punishable crimes. (**Sections 207 -239 of the Zamfara and Yobe States Penal Codes**).
- **Judicial Decision under the Sharia:-** In the celebrated Case of **Karimatu Yakubu v. Alh. Paiko**, (Appeal No. CA/K/80s/85 – unreported, Court of Appeal, Kaduna), the Court of Appeal, Kaduna division, allowing the appeal in favour of the teenage appellant, reiterated that *her father could not compel her to marry a man contrary to her choice and right to consent. The court clearly indicated that under the Sharia Family Law the need for the consent of a girl in her marriage is both an indispensable requirement and contractual right or at least a desirable one*’.

This decision demonstrates compatibility with the guiding principle of the best interest and welfare of the child.

(ii) Institutional Arrangements

The Child Development Department (CDD) was established as a component of the National Commission for Women in 1993. The Commission was upgraded into a full- fledged Federal Ministry of Women Affairs in 1995. The Ministry is replicated at the State level. The CDD was established to handle all matters relating to the total well being and development of the Nigerian child. The Department is committed to providing an enabling environment that will ensure drawing out of the potential of the Nigerian child through well-articulated programmes. It is to enhance the quality of life of the child towards national development and nation building. Other institutional measures include:

- Creation of National Child Rights Implementation Committee (NCRIC), 1994
- Formation of State and Local Government Child Rights Implementation Committees (SCRICs and LCRICs) 1996;LCRICs) 1996;
- Establishment of the Child Rights Information Bureau (CRIB) in the Federal Ministry of Information and National Orientation, in 1995, to implement the information/Communication goals of United Nations Convention on the Rights of the

the Rights and Welfare of the Child, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and CRA 2003;

- Transfer of the Social Services Division charged with supervision of fostering and adoption procedures in Nigeria to the Child Development Department of the Federal Ministry of Women Affairs (2002)
- Establishment of the National Agency for Prohibition of Traffic in Persons (NAPTIP) and other Related Matters, 2003
- Emergence and registration of numerous NGOs in the area of child protection and child care.
- The formation of the National Council of Child Rights Advocates of Nigeria (NACCARAN) as the umbrella NGO for non-governmental groups involved in Child rights advocacy.
- Establishment of National Human Rights Commission in 1995.
- Appointment of a Special Rapporteur on child rights in the National Human Rights Commission.
- FCT, Ebonyi, Benue, Borno, Plateau, Abia and Enugu states has functional Child Rights Implementation and Monitoring Committees

(iii) Popularisation

Numerous measures taken to popularize the AUCRWC and the CRA include:

- Translation of the **AUCRWC** into local languages in several zones of the country
- Circulation of simplified and abridged versions of the Charter across the country. These have also been translated into the three major Nigerian languages -(Hausa, Igbo and Yoruba) as well as some other local languages
- Advocacy and sensitization visits to stakeholders and opinion leaders at various levels
- Seminars, workshops and conferences for appropriate target groups
- Holiday camps for children, quiz/debate competitions, children's rallies and celebration of special days like the Day of the African Child and the National Children's Day;
- Media Campaigns, numerous radio and television enlightenment programmes, including documentaries and movies
- Establishment of Child Rights Clubs and child-friendly schools (Sarah Communication Initiative);
- Production of Information, Education and Communication (IEC) materials, like posters, billboards and newspaper advertisements.
- Red Card to Child Labour—a global programme by the ILO in collaboration with WOTCLEF
- Production and circulation of CRC Guide for Law enforcement officers in Nigeria
- Development and Production of Juvenile Justice Administration training manual for Law Enforcement Officials, as well as guide for training

- There are currently juvenile/ Children Women's at Police Divisional Headquarters across the Country, with an officer of the rank of a Commissioner co-coordinating their activities nation wide.
- Interception, rescue, repatriation and rehabilitation of trafficked children and children in exploitative labour and abusive situations and the prosecution of culprits/traffickers by both federal and state governments.
- Programme to withdraw street children, and to rehabilitate them in craft centres or formal schools for retraining and re-orientation by state agencies and NGOs. Others are also reunited with their families where possible.
- **Hisbah** Committees (Islamic Law Enforcement Agents) help to monitor compliance with the law, since many of the provisions of the **AUCRWC** and **CRA** are similar to those under the Shari'a Laws.
- As part of its mandate, NAPTIP and other law enforcement agencies consisting of Police, Immigration, Customs, National Intelligence Agency, State Security Service have arrested many suspected human traffic offenders, and several cases are currently being prosecuted in the courts.

Challenges

Efforts at enforcement have been hampered by factors such as cultural resistance, inadequate trained work force, low-level infrastructure, lack of awareness, wrong interpretation of laws by enforcement officers and paucity of funds. The main challenge for the Government, therefore, is in the provision of adequate infrastructure and budgetary allocation in order to enhance the capacity of relevant state officials to enforce the law.

(v) Participation

Opportunities for the participation of children in matters that concern their rights and welfare have progressively increased over the years since the time of ratification of the Charter. Such opportunities include:

- The formation of Child Rights Clubs in primary and post primary schools across the country
- The opportunity provided by FMWA, FMINO, some NGOs and the mass media for Nigerian children to participate in the International Children's Day of Broadcasting, and in the production and presentation of programmes dealing with issues that concern children.
- The One-day Governor Programme in Lagos State, in which the Governor and his cabinet vacate their offices for one day in a year, for children who are selected through a competition organized by an NGO promoted by the Governor's wife.
- The inauguration of the Children's Summit in 2000, which has now evolved into the Children's Parliament at national and state levels.
- Nigerian children, through the children's parliament participated in the aborted Constitutional review process of 2006 by submitting proposals for amendment of the Constitution in order to remove certain discriminatory and harmful traditional practices from the Nigerian body polity.

s parliament

- To represent the voices, minds and aspirations of the Nigerian children
- To come up with high quality supplementary advocacy for the survival, protection, development and participation rights of children.
- To deliberate and pass child evolving bills and present to the National Assembly for adoption
- To deliberate and adopt child friendly recommendations and pass to relevant authorities for consideration
- Receive reports from peers and deliver same to the relevant Authorities through the Child Development Department
- Monitor Issues involving Child Survival, Development, Protection and Participation

(ii) Composition of the Nigerian Children's Parliament at the National Level

There are 36 states in the Federal Republic of Nigeria with the Federal Capital Territory

At the national level, each state has two representatives in the Senate and two representatives in the House of Representatives giving a total of 148 members at the national level.

(iii) Officers of the children's Parliament

Senate President	
Speaker	
Deputy Senate President	
Deputy Speaker	
Senate Majority and Minority Leaders	House of Representatives Majority and Minority Leaders
Chief Whip of the Senate	Chief Whip of the House
Clerk of the Senate	Clerk of the House
Chairpersons of the Five Relevant Committees of the Senate and House Namely Committees on: Survival Development Protection Participation and Information, media and publicity	
Deputy Chairpersons of the Relevant Committees in the Senate and House	Deputy Majority and Minority Leaders of the Senate and House

f the Upper House	
Representatives of the Lower House	
Sergeant At Arms of the Senate	Sergeant At Arms of the House
Special Advisers	
Staff: Special Assistant Project Officers Secretaries	

(vi) *Survival of Children*

The unalloyed desire of the government to secure the survival rights of the Nigerian child can be seen in the numerous activities and efforts that have been put in place, notably:

- Formation of Social Mobilization Committees, at national, state and local levels, on immunization of children against Poliomyelitis and other childhood killer diseases.
- Regular de-worming exercises for children in primary schools across the country.
- Free pre- and post-natal medical care for women and children up to the age of five years.
- Iodine and Vitamin A supplementation exercise.
- *Roll-back Malaria* project, including the popularization of the use of insecticide-treated mosquito nets.
- Various intervention by state and local governments in cases of abject destitution and hardship, especially, where children are involved.
- Promotion of exclusive breast-feeding for the first six months of life.
- Promotion of household and community practices for child survival, such as parent and community education initiatives.
- Group monitoring for under-five.
- Oral dehydration therapy for diarrhea diseases.
- Integrated management of childhood illness (IMCI).

1.2.2 The mechanism for implementation

The provisions of the *Child's Rights Act, 2003* supersede all other legislations that have a bearing on the rights of the child. Having been enacted at the national level, the states are expected to formally adopt and adapt the Act for domestication at the State Houses of Assembly as state laws.

rights protection are on the residual list of the Nigerian
respective responsibility in the matter. State laws inimical to the
rights of the child are also to be amended or annulled as may be required, to conform to the
Act and the **AUCRWC**.

At the institutional level, the NCRIC is the apex body charged with the responsibility of
monitoring compliance with the Act and the **AUCRWC**. NCRIC comprises representatives
of government ministries/agencies responsible for monitoring and implementation of the
rights enunciated in the **CRA**, NGOs, UN Agencies, academia and other stakeholders. The
NCRIC is to advise Government on programmes and projects that would enhance the
implementation of the rights of the child, collect and document information on matters
relating to child rights, prepare and submit periodic reports on the **AUCRWC** and advise the
Government on how best to ensure the well-being of the Nigerian child.

The Committee is replicated at the State and Local Government levels, to ensure a holistic
approach. These bodies are being funded at the different levels of government, but not
adequately, because of the general economic situation of the country. From the 2005 fiscal
year, the budget of the FMWA planned for four (4) meetings of NCRIC, and all the four
meetings were held.

The **National Human Rights Commission** established under the National Human Rights
Commission *Act, No. 22 of 1995* is responsible for the promotion, investigation and
monitoring of violations of the rights of children, among others, under both the Constitution,
the **CRA** and International Human Rights Instruments, such as the **CRC** and the African
Union Charter on the Rights and Welfare of the Child. A Special Rapporteur on Child Rights
at the National Human Rights Commission also has the responsibility to monitor compliance
with the **CRC**, **AUCRWC** and the **CRA** and provide legal aid to child victims of human
rights violations.

1.2.3 Measures to train professional groups on the provisions of the Charter

There is an on-going effort to sensitize and train all professional groups and bodies whose
duties have some bearing on the protection of children's rights. These include social workers,
police, prison and judicial officers, media personnel, civil society groups, NGOs, CSOs,
FBOs, health workers, child care givers, and teachers on the provisions of the **AUCRWC** and
the *Child's Rights Act 2003*.

The government's efforts is being complemented by other international organizations and
development partners like UNICEF, ILO, WHO and UNDP, who all conduct workshops,
seminars and formal training programmes for Child Rights professionals. Many of these
professionals are now more aware of their responsibilities in the protection of children's
rights. The National Human Rights Commission in collaboration with UNICEF and a child
rights based NGO developed a Juvenile Justice Administration Manual in 2003, as a training
tool/manual for child care givers.

1.2.4. Budgets and budget trends

Budgetary allocations to issues that concerns children are embedded in the budgets of various
ministries at the federal and state levels. It is therefore difficult to isolate such allocations, or
fully account for all expenditures in respect of the proportion of budget devoted to social
expenditure for children including health, welfare, social services, recreation and leisure. The
budget trends for the years 2002-2005 are given in Table 1.1 below, which shows

issues. These figures do not show budgetary allocations at levels of government in the country.

The financial resources for education come from the Federal, States, Local Governments, non-governmental providers and individual households. While basic education is supposed to be free in the public sector, parents are responsible for many direct and indirect costs, including textbooks, uniforms, transports and various levies.

Communities also sometimes participate in the financing of education through the donation of land, building of schools, supply of school furniture and equipment and the granting of scholarships. NGOs, religious organizations and individual households make important financial contributions to education.

Table 1.1— Budgetary allocation and trends of federal Budgets in the areas of Child Development, Education and Health, 2002 – 2005

A. Recurrent Expenditure

	2002	2003	2004	2005	Total
Federal Ministry of Women Affairs					
Care for the Minor National Model Child Development Centre	5,376,800	3,226,080	52,500,000		61,102,880
Establishment of Crèche (Work-Place-Nursery) II					0
Implementation of Beijing Declaration on the Girl Child					0
Child Department with UNICEF					0
Development of Children's Library in Abuja					0
Federal Ministry of Education					0
Unity Schools and F.S.T Colleges	5,020,248,150	61,149,960,030	8,798,843,615		74,969,051,795
Unity Schools and F.S.T Colleges Meal Subsidy	1,211,624,000	1,217,624,000	2,600,000,000	2,997,000,000	8,026,248,000
UBE	251,049,000	335,475,000	273,084,057	93,158,822	952,766,879
Primary Education and JSS Instructional Materials	1,000,000,000	1,100,000,000			2,100,000,000
Primary and Secondary Education department					0
Special Education for the Handicapped studies in Secondary Schools					0
Federal Ministry of Health					0
National Programme on Immunization (NPI)	1,645,037,699	1,015,037,699	662,524,125	198,795,906	3,521,395,429
Institute for Child Health	1,272,000	763,200	572,400	806,104	3,413,704
Paediatrics Department in the State House Clinic, Abuja					0
Baby Friendly Initiative					0
Special/Critical Care Centres					0
MFCT					0
Establishment of 2 No. Baby Friendly Crèches					0
Establishment of Rehabilitation Centre for the Minors					0
Agencies/Parastatals in Presidency					0

	080,000	1,412,848,000	1,298,953,540	1,048,940,125	5,248,821,665
	10,622,687,649	66,234,934,009	13,686,477,737	4,338,700,957	94,882,800,352

B. Capital Expenditure						
	2002	2003	2004	2005	2006	Total
Federal Ministry of Women Affairs						
Care for the Minor						0
National Model Child Development Centre	23,200,000					23,200,000
Establishment of Crèche (Work-Place-Nursery) II	8,000,000	20,000,000				28,000,000
Implementation of Beijing Declaration on the Girl Child		6,000,000				6,000,000
Child Department with UNICEF			5,700,000			5,700,000
Development of Children's Library in Abuja		30,000,000				30,000,000
Federal Ministry of Education						0
Unity Schools and F.S.T Colleges	4,245,997	1,160,448,879	3,994,246,509			5,158,941,385
Unity Schools and F.S.T Colleges Meal Subsidy						0
UBE	3,510,046,000	1,000,000,000	343,766,001			4,853,812,001
Primary Education and JSS Instructional Materials						0
Primary and Secondary Education department		10,080,000				10,080,000
Special Education for the Handicapped studies in Secondary Schools	3,000,000					3,000,000
Federal Ministry of Health						0
National Programme on Immunization (NPI)	1,846,950,000	4,000,000,000	6,000,000,000	4,500,000,000		16,346,950,000
Institute for Child Health						0
Paediatrics Department in the State House Clinic, Abuja		6,000,000				6,000,000
Baby Friendly Initiative				8,000,000		8,000,000
Special/Critical Care Centres	1,630,000,000	989,680,000				2,619,680,000

						0
Baby Friendly Crèches	10,000,000					10,000,000
Establishment of Rehabilitation Centre for the Minors	5,000,000					5,000,000
)Agencies/Parastatals in Presidency						0
National Poverty Eradication Programmes (NAPEP)				2,975,000,000		2,975,000,000
Ministry of Internal Affairs (Nigeria Prison Service) Rehabilitation of 3 Borstal Institutions (Abeokuta, Kaduna & Ilorin)			18,750,000	54, 880,000	14,206,000	87,836,000
	7,040,441,997	7,222,208,879	10,362,462,510	7,537,880,000	14,206,000	32,177,199,386

Source: National Assembly, Abuja: Yearly Appropriation Act (2002 –2004) Project and Services for physically and emotionally challenged children

1.2.5 Collaboration between Groups and Individuals on the Implementation of the AUCRWC

Efforts have been made, especially, in the last five years, to increase and improve collaboration amongst all groups and individuals involved in Child Rights protection issues and on the implementation of the Charter. The Federal Ministry of Women Affairs (FMWA), as the umbrella body, has actively collaborated with UN Agencies like UNICEF, ILO and UNDP, WHO, UNFPA, UNODC as well as other International Agencies and Foundations.

The FMWA also collaborates with other relevant federal ministries like Justice, Information, Education, Police Affairs, Immigration, Internal Affairs, Foreign Affairs, Finance, National Planning, Health and the Judiciary.

In addition, the Ministry maintains relationships with its state counterparts and with relevant Federal Agencies like the NHRC and the National Agency for the Prohibition of Traffic in Persons (NAPTIP).

During the All-Africa Games held in Abuja - Nigeria in year 2004, an MOU was signed on the **Red Card to Child Labour** Campaign between the ILO and the Nigeria Labour Congress, the National Employers Consultative Association, and the Federal Ministry of Labour and Productivity.

The ILO-IPEC has also initiated a project to withdraw victims of child labour from cocoa plantations and quarries, under the ILO-IPEC/West Africa Cocoa Agriculture Project (ILO-IPEC/WACAP). The project is designed to provide economic support to impoverished families and for the rehabilitation of the victims, including vocational training where necessary.

The ILO-IPEC collaborated with News Agency of Nigeria (NAN) the government wire agency to rally the media to mount enlightenment campaign for combating child labor and child trafficking

Chair, in collaboration with NBS, with the support of C is currently carrying out a National Baseline Survey on Child protection issues, which started in 2004 and will be completed in 2007.

Non-Governmental Organisations (NGOs) have also been organised under the auspices of the National Council of Child Rights Advocates of Nigeria (NACCRAN), which partners with the Ministry.

The mass media have also collaborated with the FMWA in the area of publicity, public enlightenment and advocacy, especially in the run-up to the enactment of the *Child's Rights Act*, and in the campaign to get the individual State Houses of Assembly to adopt the provisions of the Act as State Laws.

The Government of Italy is actively collaborating with NAPTIP, through the Anti-Mafia Bureau, to combat human trafficking across Nigerian borders. Italy has also provided technical support, including the donation of equipment for the Agency's National Monitoring Centre. Community Based Organisations (CBOs) and Civil Society Organisations (CSOs) work with relevant ministries and departments at local, state and federal levels.

1.3 Publicizing the Charter – Article 43

As observed earlier in this Report, the Government has made several efforts, on an on-going basis, to acquaint different sectors and segments of the society, with its commitment and obligations to the Charter. The provisions of the *AUCRWC* have been translated into many local languages, mostly in abridged forms, and this is expected to continue. All the relevant government departments at both federal and state levels, NGOs, CSOs and children were involved in the process of writing this Report, as earlier stated in Part 1.

1.4 Reporting Obligation – Article 43

The submission of this combined Initial and First Periodic Report, taking into consideration the transparent and participatory report writing process demonstrates Nigeria's sincere commitment to re-aligning herself with her international obligations with regard to the Charter.

Cluster 2: Definitions —Article 2:

2.1 Definition of a child

Section 277 of the *Child's Rights Act 2003* of Nigeria defines a child as a person under the age of 18 years. This definition is in total consonance with **Article 2** of the Charter. The Act is the basic law, which governs all matters relating to the rights and welfare of Nigerian children. To further empower this Act, Section 274 specifically provides as follows:

“(1) The provisions of this Act supersedes the provisions of all enactments relating to:

Children;

Adoption, fostering, guardianship and wardship;

Approved institutions, remand centres and borstal institutions; and

Any other matter pertaining to children already provided for in this Act.

(2) Accordingly, where any provision of this Act is inconsistent with that of any of the enactments specified in sub-section 1 of this section, the provision of this Act shall prevail, and that other provision shall, to the extent of its inconsistency, be void.”

2.1.1 Minimum Legal Ages provided by the Child's Rights Act 2003

The minimum legal ages as provided for by the Act are as follows:

(i) Legal or medical counseling without parental consent

Section 64(2) of the *Act* provides that a child who has attained the age of 16 years has a right to give consent for scientific investigation without parental consent.

(ii) End of compulsory education

Section 15 of the *Act* obligates both the Government and parents to provide free, compulsory education to every child up to the junior secondary school level, i.e. up to the age of 15 years

(iii) Marriage

Sections 21-23 prohibit any child under the age of 18 years from contracting or being contracted into marriage, under any guise.

(iv) Sexual Consent

Sections 31 and 32 prohibit sexual intercourse with a child, with or without the child's consent.

(v) Recruitment into the armed forces

Section 34 of the *Act* precludes any child below the age of 18 from enrolling into the armed forces either voluntarily or by conscription.

(vi) Criminal Liability

“No child shall be subjected to the criminal justice process but a child alleged to have committed an act which would constitute a criminal offence if he were an adult shall be subjected only to the child justice system and processes set out in this Act.”

(vii) Entry into legal/binding contract

*No child can enter into any legally binding contract, unless it is a contract for necessities, according to **Section 18** of the Act*

(viii) Capital Punishment

Section 221 (1)(c) provides that “No child shall be ordered to be:

- Subjected to the death penalty or have the death penalty recorded against him”*

(ix) Deprivation of Liberty and Imprisonment

Section 221 (1) a & b provides that

- “No child shall be ordered to be imprisoned or subjected to corporal punishment”*

(x) Admission to Part-time/Fulltime/Hazardous Employment

Section 28 (1) a, b, c, stipulates that

“No child shall be

(a) subjected to any forced exploitative labour; or

(b) employed to work in any capacity except where he is employed by a member of his family on light work of an agricultural, horticultural or domestic character; or

(c) required in any case, to lift, carry or move anything so heavy as to be likely to adversely affect his physical, mental, spiritual, moral or social development

(xi) Exposure to drugs and controlled substances

Section 25 (1) a provides that,

“No person shall expose or involve a child in the use of narcotic drugs and Psychotropic substances.”

Principles: Articles 3, 4, 5, 7 and 26

3.1 Non Discrimination – Article 3 & 26 (CRA –Section 10)

The 1999 Nigeria Constitution under Chapter IV, and specifically in **Section 42 (1) (a), (b), (2) and (3)**, has provided for non discrimination on the basis of gender, religion, ethnicity, age or circumstances of birth against any citizens including children.

By the Constitutional obligations consistent with **Sections 13-15, 16 (1) (b), 17-18 and 42** of the **1999 Nigerian Constitution**, the three arms of Government, - the Executive, Legislature and the Judiciary - are competent organs for the promotion and protection of children against all forms of discriminatory practices in Nigeria.

This is amply demonstrated by the Court of Appeal's decision in the celebrated case of ***Karimatu Yakubu v. Paiko*** (supra) where the Court allowed the appeal in favour of a teenage girl on the ground that her right to consent in marriage and to marry her suitor was of paramount consideration even under the Sharia family law notwithstanding her father's right to exercise the power of ***Ijbar*** (compulsion), according to the Maliki school of Law widely followed in the Northern Nigeria.

In addition, Nigeria is a State Party to the African Union (AU) Charter on the Rights and Welfare of the Child (AUCRWC), the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), as well as the African Charter on Human and People's Rights, and its Protocol.

The Committee on Human Rights House of Representatives, National Assembly is challenged to propose laws and take any other possible measures to remedy the effects of unfair discrimination and to ensure the full and equal enjoyment of all rights and freedoms under the Constitution.

The Federal Government of Nigeria has domesticated the AUCRWC through the enactment of the ***Child's Rights Act, 2003***. The Act outlines the rights and responsibilities of children in Nigeria and provides for a system of child justice administration, amongst other things. The states have also commenced the process of passing the CRA as State Laws in the 36 States of the Country. So far ten states namely, Abia, Anambra, Imo, Ebonyi, Nassarawa, Plateau, Ekiti, Ogun, Rivers and Taraba States have passed the **CRA** into law.

3.1.1 Steps taken to eradicate discrimination

The following steps are being taken at all levels of government; federal, state and local, to stamp out discrimination. These include:

- Enlightenment campaigns; skills acquisition centres for girls; laws against female genital mutilation in the southern states of the country where the incidence is most prevalent; motivation for enrolment of the girl child and automatic scholarships to girls in the states of Zamfara, Bauchi, Katsina, Yobe, Sokoto and Borno.
- Schools for refugees and displaced children have been established in the border towns of Akwa Ibom, Bayelsa, Bauchi and Ogun States.

schools in Leprosy settlements nationwide, and 28 schools for children in Delta, Rivers, Akwa-Ibom, Bayelsa, Cross- River, Niger, Plateau, Kogi, Skoto and Kwara States and the FCT.

- Establishment of five rehabilitation centres for street children in Rivers and Cross River States.
- Establishment of drop-in-centres by the Federal Government in Sokoto and Ebonyi States and also in Lagos by Non Governmental Organisations
- Establishment of shelters for trafficked Children in Benin, kano, Akwa Ibom, Lagos and FCT
- Provision of scholarships for girls in twelve states of the country, by various NGOs
- Prohibition of childhood marriage in Kebbi and Niger States.
- Prohibition of withdrawal of girls from schools in Kano, Borno, Gombe and Bauchi States.
- Provision of free and compulsory primary and secondary education in Ebonyi, Lagos and Oyo States.
- Prohibition of buying, selling, hiring or otherwise dealing in children for the purpose of hawking or begging for alms or prostitution in accordance with Section 30 (2) (c) of the *Child's Rights Act 2003*.

3.1.2 Challenges

A major constraint on meaningful planning for physically challenged children is the dearth of accurate data. The Government of Nigeria recognized the importance of data on physically challenged children by including in the National Policy on Education a commitment to carry out a census of all physically or emotionally challenged children. Other constraints are:

- Inadequate number of safe homes/shelters/boarding schools for physically challenged children or disadvantaged children
- Lack of emphasis in public enlightenment programmes to draw the attention of the public to the plight of disadvantaged group of children.
- Disadvantaged children face lower school enrolment.
- Insufficient personnel and educational facilities for physically challenged children.

3.2. Best Interest of the Child – Article 4 (CRA – Sections 1 & 2)

3.2.1 Legislative and administrative measures in place concerning the best interest of the child

Section 1 of the Child's Rights Act 2003 states that the best interest of the child shall be a primary consideration in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies.

It mandates every person, institution, service, agency, organization and body responsible for the care or protection of children to conform to the standards established by the appropriate authorities, particularly in the area of safety, health and welfare of children.

ecting the child, the various possible solutions must be to the child's best interests.

The Nigerian courts and others settling conflicts of interest, usually base their decisions on what is best for the child. When administrative authorities intervene and in situations where regulations are made in schools, at home and in the civil society, and when programmes are designed for children, most actions taken on behalf of children safeguard their best interest.

3.2.2 Cultural Practices inimical to the best interest of the child

Prominent cultural practices inimical or harmful to the best interest of the child include: Child Betrothal, Early/child marriages, Female Genital Mutilation (FGM), Tattoo and skin marks and Food taboos.

3.2.3 Measures taken to deal with cultural practices affecting children.

Specific measures taken by the Government to combat such harmful cultural practices against the best interest of the child include:

- Prohibition of child marriage and child betrothal under **Sections 21 and 22** of the **CRA**.
- Prohibition of tattoos and skin marks under **Section 24** of **CRA**
- Prohibition of Child Trafficking by Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003
- Edo State Law on Female Genital Mutilation (FGM) 2000 bans the practice of FGM and prescribes the punishment of N1000 fine or six months imprisonment for its violation.
- Bills prohibiting Female Genital Mutilation have been passed in eleven states
- The National Policy on Food and Nutrition in Nigeria 2001 addresses among others, cultural nutritional practices that cause deficiencies associated with high rate of infant mortality and morbidity.
- The Northern States of Zamfara, Sokoto, Kebbi, Kaduna, Kano, Jigawa, Yobe, Bauchi, and Borno, where the Shari'a Legal system is being applied, have witnessed commitment of government to the welfare of the less privileged children, notably orphans and the numerous child beggars prevalent in those states.
- The Shari'a Legal system does not provide for adoption but allows for fostering and inheritance rights defined by a will (**Wasiyyah**) for children, thereby guarding against possible discrimination against such children.

3.3. Rights to life, Survival & Development—Article 5 (CRA—Section 4)

3.3.1 Measures taken to ensure registration of births in the country

- (i) The Vital Registration Project started in Nigeria in 1988 following the mandate given to NPopC:
 - To establish and maintain a machinery for continuous and universal registration of births and deaths throughout the federation;
 - To collect, collate and publish data on migration statistics.

the grassroots level with the establishment of at least two local government area.

(ii) The commission now operates a total of 1,679 registration centres in all the 774 local government areas (LGAs) in the country.

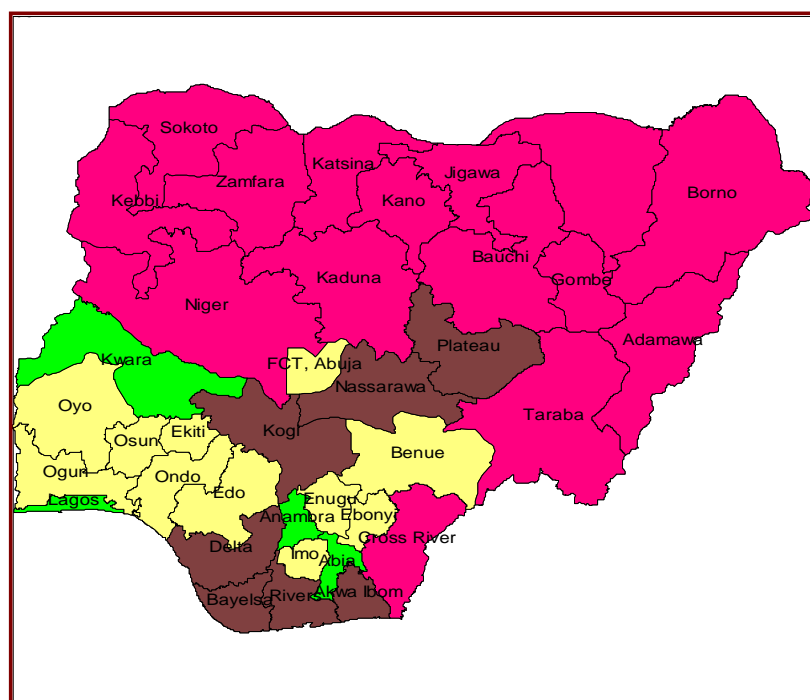
Births, Death, etc (Compulsory Registration) Act No.69 of 1992, stipulates that registration shall be carried out free of charge, within a period of 60 days from the date of birth. **Section 10 (2) (b)** of the Act states that registration can take place after 60 days and within 12 months, subject to payment of prescribed fees.

(iii) The *Child's Rights Act 2003* in its **Section 5** states that *‘Every child has the right to a name and the birth of every child shall be registered.’*

(iv) Osun state has established a committee for birth registration to ensure compliance with the existing laws on birth registration.

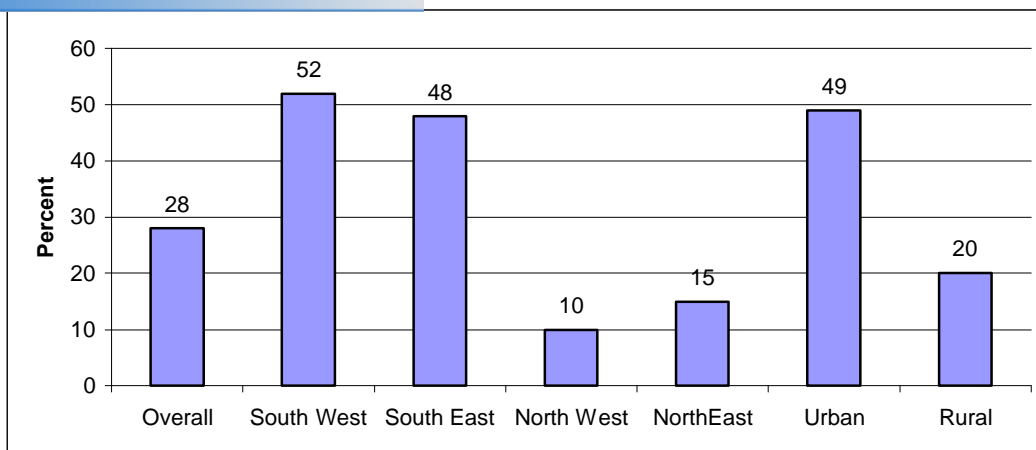
(v) Capacity building workshops and training were organized for birth registrars and notifiers from all the states of the Federation

Figure 3.1—Status of Birth Registration in Nigeria in 2000



Key: %	
.2 - 20.6	
20.7 - 41.1	
41.2 - 61.6	
61.7 - 81.6	
Missing Data	

Percentage of Children under 5 registered after birth



Source: MICS 1999 (FOS/UNICEF, A-2000)

The overall estimate of total births registered in the whole country as at 2001 was 28%. About 70% of the five million children born annually in Nigeria are not registered at birth. Studies indicate that 49% of mothers living in the urban areas had their children registered, while only 20% was reported for rural areas. In the North West and North East, the percentage of child births registered were as low as 10% and 15% while children registered in the South West and South East was 52% and 48% respectively.

National response

Between year 2003 and 2005, the Nigerian Population Commission has evolved an Action Plan to create birth registration systems that are permanent and sustainable, which included involving every part of society, local communities and stakeholders in awareness raising activities on the importance of birth registration. A better coordination between relevant government ministries and institutions involved in birth registration processes was recorded and some social infrastructures were put in place to facilitate birth registration in rural communities.

Between May and June of year 2005, seventy two NPopC commissioners, state and zonal directors were trained on supervision and reporting of vital registration activities in all the states of the Federation and different activities to mop up the registration exercise at the community level were carried out.

The Vital Registration Department of NPopC also made a country wide announcement waiving for the next three years payment of late registration fees. Payment of fees in the past had hampered the level of birth registration.

The waiver coupled with heightened registration exercise resulted in a slight increase of birth registration as shown in Figures 3.3 and 3.4 from a former national figure of 28 percent to an average of 30.2 percent. Table 3.1 indicates the increase reported in the national, urban and rural figures. South West remains the zone with the highest number of births registered and the North West still remains the lowest.

Registration by Gender and Sectors

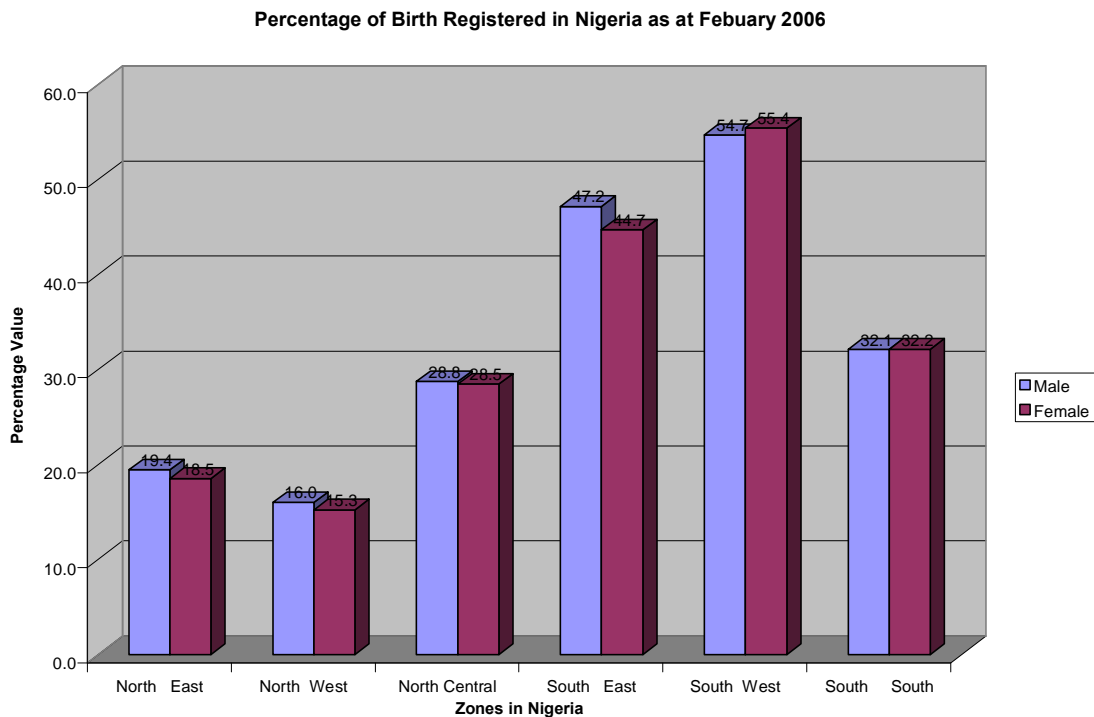
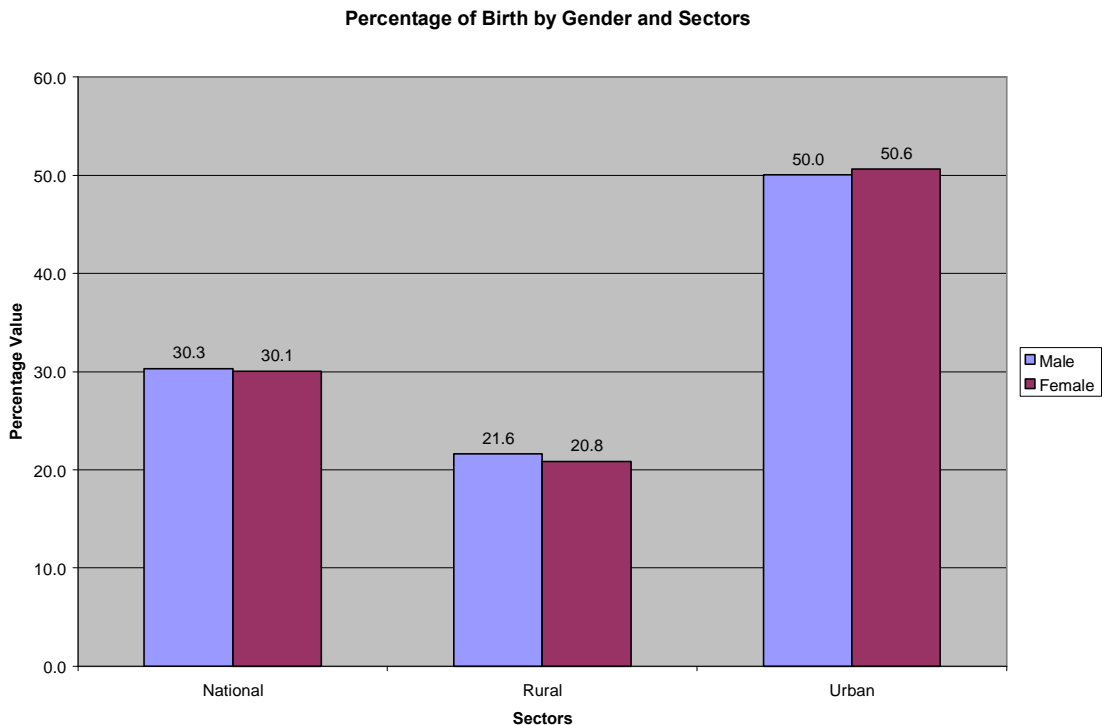


Figure 3.4: Percentage of birth registered in Nigeria by Feb 2006

Source: National Bureau of Statistics; QWIC. 2006

Table 3.1 Comparative figures of increase in Birth Registration, Year 2000-2006

Sectors	Year 2000 (%)	Year 2006 (%)
National	28	30.2
Rural	20	21.2
Urban	49	50.3
South West	52	55
South East	48	45.9
South South	-	32.2
North West	10	15.6
North East	15	18.9
North Central	-	28.7

Source: National Bureau of Statistics; MICS (1999) QWIC (2006)

3.3.3 Causes of Death among Children

It is noteworthy to remark that there are no incidences of child suicide in Nigeria. The Infant and Mortality Rate (IMR), measures the probability of a child dying before his or her first birthday; and Under-five Mortality Rate (U5MR), measures the probability of death before the age of five. Both measures are indicative of the challenges of standard of living, quality of child care, including prevention and management of the major childhood diseases.

There are huge differences between different parts of the country, notably between the urban and rural areas and between the North and the South. The Under-five Mortality Rate was almost one and a half times higher in the rural areas than in the urban areas according to the 1999 data, with a slight difference in year 2003. Almost twice as many children died before their fifth birthday in the Northwest than in the Southwest.

Table 3.2—Under-five-Mortality Rates: Probability of dying between birth and exactly five year of age per 1000 live births

	MICS 1999		NDHS 2003 *	
	IMR	U5/MR	IMR	U5/MR
National	90	168	109	217
Gender				
Male	100	183	116	222
Female	76	149	102	212
Regional				
South West	80	117	69	113
South East	73	138	66	103
North West	97	220	114	269
North East	68	151	125	260
South South	n.a	n.a	120	176
North Central	n.a	n.a	103	165

		126	81	153
		182	121	176
Rural	95			

Source: MICS 1999; NDHS 2003

*The IMR and U5/MR are shown for the ten year period preceding the (NDHS 2003) survey

3.3.4 Peri-natal Mortality Rate

The peri-natal mortality rate measures the risk of dying from the 28th week of pregnancy until the end of the first week of life. This rate reflects the quality of maternal care, including antenatal services, the management of delivery care and in the immediate post-partum period. No nationally representative data are available for this rate. Ebonyi, Borno, Gombe, Nassarawa, Rivers, Zamfara and Osun states have policies on free medical care for prenatal care and children under five years.

3.3.5 Neo-Natal Mortality Rate

The neo-natal mortality rate estimates the probability of dying within the first month of life. This rate too reflects the quality of antenatal and delivery services and the quality of childcare in the first month of life as well as the presence of congenital defects and malformation. The national neo-natal mortality rate was estimated as 53 per 1,000 live births by the 2003 NDHS.

Neo-natal mortality was found to be lowest in the North-West, the zone that reported the highest levels of IMR and U5MR, and higher than expected in the South West, where there is higher access to delivery and other safe motherhood services. This is because survey data were not fully returned in the North West before the report was concluded.

3.3.6 Main causes of high mortality and morbidity among children

The causes of high infant mortality and morbidity among children are mainly -

- Malaria
- Diarrhea diseases
- Acute Respiratory Infection (ARI)
- Vaccine Preventable Diseases (VPD)
- Malnutrition

An emerging threat to under five children is HIV/AIDS, which is usually transmitted from the mother to the child.

Table 3.3—Percentage breakdown of under-5 mortality and morbidity by reported causes, 1999

Causes	Under 6 5		Infant	
	Mortality	Morbidity	Mortality	Morbidity
Malaria	30	41	26	38
Diarrhoea	10	24	24	27
ARI	16	15	22	15
VPD	22	15	22	17
Typhoid	3	-	-	-
Malnutrition	2	-	2	-

	5	4	3
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Source: National Health Management Information System (Federal Ministry of Health)

i) **Malaria**

As Table 3.3 has shown, Malaria is by far the most important cause of morbidity and mortality in infants and young children. Malaria is also responsible for a large proportion of neo natal and pre natal mortality. Various attempts have been made to reduce the scourge of this disease, including the **“Roll Back Malaria”** initiative adopted at a Summit of African Heads of State held in Abuja, Nigeria in April 2000.

The year 2002 was largely dedicated to advocacy, policy support and partnership building. A draft policy document on ITNs was produced. Massive Promotion & Awareness Campaign (IMPAC) was adopted as a strategy for promoting ITN use in the vulnerable population groups. Advocacy fora were organized for State and LGA decision makers on Massive Promotion & Awareness Campaign (IMPAC).

To build capacity for IMPAC implementation, TOT (Training of Trainers) was conducted on IMPAC in the six geopolitical zones of Nigeria and 101 officers (State Malaria Managers) and their deputies in the State Ministries of Health and Zonal Technical Officers in the National Primary Health Care Development Agency (NPHCDA)) were trained. CBOs were also recruited to promote and sell ITNs. By 2003, 63 LGAs of Enugu, Bauchi, Ogun states and FCT were supplied with ITNs

Standards and quality of ITNs were defined and support given to NAFDAC and SON for regulation and monitoring. Such support included the workshop organized for FMOH and Standards Organisation of Nigeria (SON) to develop standards and specifications on ITNs as well as provide technical assistance on the requirements of chemicals for NAFDAC for monitoring, based on WHO Pesticide Evaluation Scheme (WHOPES).

In 2004, ITNs Policy, guidelines, IMPAC Training manual, Training guide and Industrial Standards of nets were finalized and ready for printing and distribution.

In South Eastern States, a significant increase of local production capacity (over 1.5 million nets per year) and a progressive decrease in market prices was recorded. Enugu State, received a stock of over 70,000 nets and 50,000 insecticide kits for ITNs, over 70% of which were distributed to health facilities. Massive Promotion & Awareness Campaign (IMPAC) activities supported by Faith-based and other NGOs/CBOs promote utilization of ITNs which are also used to ensure that children complete their immunization schedule and that pregnant women register and attend Ante-natal clinics (ANC). The Child Rescue and Survival Project (CREASUP) supported by UNICEF mobilized 128 communities in 6 LGAs of Enugu State on ITN use and other Roll Back Malaria issues.

An MOU on IMPAC has been signed with all 20 LGAs of Ogun State and training on IMPAC has cascaded to all LG Health facilities in the State

In the year 2002 LGAs received a total of 11,000 ITNs in the Northern States of Kano, Jigawa, Yobe, Adamawa, Bauchi, Borno, Plateau, Gombe, Taraba, and Nasarawa apart from the 12,000 ITNs received by Kano and Bauchi states for rewarding positive health behavior (completion of immunization for children and

ers). A total of 46,000 ITNs was distributed to 2002/2003 the country, and this actualization of IMPAC has led to observable rise in the utilization of services in health facilities

Apart from the preventive measures that had focused on the promotion of insecticide treated bed nets (ITNS) government is also promoting the use of Intermittent Preventive Treatment (IPT) during pregnancy.

Currently the country has developed another strategic plan for year 2006-2010. The key elements of the strategic plans were:

- Disease Management (health facility and home/community levels)
- Multiple preventive measures (chemoprophylaxis, use of insecticide treated nets and environmental management)
- Information, education and communication and social mobilization/behavior change communication strategy
- Operational research
- Health systems development/partnership
- Monitoring and evaluation

ii) Diarrhoeal Diseases

Diarrhea related diseases are still the major cause of under five mortality while dehydration from diarrhea is a major cause of death among young children in Nigeria.

Table 3.4 —Prevalence of Diarrhea

Background Characteristic	Diarrhea in the two weeks preceding the survey	Number of children
Age in Months		
<6	12.8	663
6-11	26.6	668
12-23	27.2	999
24-35	22.8	1,050
36-47	14.4	1,067
48-59	8.8	899
Sex		
Male	19.3	2,717
Female	18.3	2,628
Residence		
Urban	14.5	1,620
Rural	20.7	3,726
Region		
North Central	14.9	781
North East	35.1	1,225
North West	18.9	1,818

	Diarrhea in the two weeks preceding the survey	Number of children
South East	8.6	347
South South	8.0	684
South West	6.4	489
Mother's education		
No education	24.0	2,675
Primary	17.2	1,259
Secondary	11.2	1,215
Higher	6.4	197
Hand-washing materials in household		
Water/Tap	19.8	3,478
Soap/ash/other cleansing agent	18.2	3,157
Basic	16.3	2,951
All three hand-washing materials	15.9	2,193
Source of Drinking Water		
Piped	17.3	801
Protected well	18.2	3,157
Open well	23.9	1,921
Surface	17.2	1,112
Others	19.2	402
Wealth Quintile		
Lowest	21.7	1,162
Second	23.6	1,116
Middle	19.6	1,071
Fourth	18.9	1,024
Highest	9.0	972
Total	18.8	5,345
Note: Total includes 2 cases with data missing on source of drinking water		

Source: NDHS 2003

Table 3.5 Percentage of children with incidence of Diarrhea in 2003 and 2006

<i>Background characteristics</i>	<i>2003</i>	<i>2006</i>
<i>Residence</i>		
<i>Rural</i>	20.7	5.4
<i>Urban</i>	14.5	4.3
<i>Region</i>		
<i>North Central</i>	14.9	5.7

	35.1	6.0
North West	18.9	4.9
South East	8.6	5.5
South South	8.0	4.0
South West	6.4	4.1
National	-	5.0

Source: QWIC 2006

Table 3.4 shows percentage of children aged less than five years with diarrhea in the two weeks preceding the survey, by background characteristics.

Children aged 6-11 and 12-23 months had the highest prevalence of diarrhea. The proportion of children in the North East having diarrhea was more than five times that of children in the South West (35.1% as against 6.4%). Generally, incidence of diarrhea has been observed to have drastically reduced both at sector and zonal levels between year 2003 and 2006. Table 3.5 according to the 2006 CWIQ survey shows diarrhea incident rates ranging between 4 and 6 per cent among the geo-political zones compared to rates recorded for 2003 ranging between 6.4 and 35.1 per cent. In the year 2006, North East has the highest proportion of children having diarrhea (6.0 per cent) while the lowest rate was recorded for South South zone (4.0 per cent). Incidence of diarrhea is inversely related to educational attainment. There is little variation by the economic status of the household, with the exception of children in households in the highest wealth quintile, who are more likely to have had diarrhea. The rural areas in Nigeria continue to have a higher prevalence than the urban areas

Diarrhoea Treatment

A huge investment in the nationwide promotion of ORT began in the 1980s, as a cost effective, home based intervention for the control of diarrhea diseases. ORT includes three strategies to prevent dehydration, namely Oral Re-hydration Sachets (low osmolarity ORS), recommended home solutions (RHS or salt sugar solutions) and increased intake of fluids.

The traditional response of parents and other caregivers to diarrhea was to withhold both food and fluids to rest the gut. However the massive education efforts are paying off. There was a sharp increase in the proportion of children receiving fluids from 10% to 53%. The proportion of children receiving ORS and RHS increased substantially in 1999, which helped to reduce the rate at which children were affected by diarrhea. This is evidenced by the figure in year 2003 that dropped to as low as 20.4% as shown in Table 3.6.

The strategy used to improve home-based management of diarrhea emphasizes public education of parents and other caregivers, and use of commercial adverts for the treatment. The strategy also emphasizes the use of Oral Re-hydration Therapy (ORT) in the treatment of diarrhea.

Table 3.6—Percentage treatment of children with diarrhea

Treatment	1990	1999	2003
ORS	12	34	18.2



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	24	38	17.2
Increased Fluid	10	53	20.4

Source: NDHS 1999, 2003 (NpopC)

Use of ORS and Z-salts in treatment of children with diarrhea 1999 and 2003

Zones	Treatment					
	ORS - 1999	ORS- 2003	RHS- 1999	RHS- 2003	Increased Fluid -1999	Increased Fluid- 2003
North East	24	13.8	23	8.9	62	29.0
North West	16	20.5	16	20.0	54	41.8
South West	38	23.3	57	33.4	48	74.3
South East	59	17.4	57	25.3	47	39.4
North Central	53	22.3	49	27.3	47	59.9
South South	n.a	27.7	n.a	29.9	n.a	56.9

Source: NDHS 1999, 2003 (NpopC)

iii Acute Respiratory Tract Infections (ARI)

These include a wide range of upper and lower respiratory tract infections, which is commonly present with symptoms of cough, running nose and difficult breathing. They were the fourth main cause of under-five morbidity, and are at the same level with Vaccine Preventable Diseases (VPD) which formed the third main cause of infant mortality prevalence. ARI varies with age because it is relatively low for children under 6 months, peaks at 12 to 23 months and falls at 24 to 35 months.

There was no urban to rural difference in the prevalence rate for ARI, but the urban children were usually taken to a health facility (65% compared with 45% for rural children). The survey found only slight zonal variations, with 12.9% prevalence in the North East, followed by the north central zone (12.0%), the North East (11.7%), the North West (10.8%) and the South West (9.3%).

iv Vaccine Preventable Diseases (VPD)

The vaccine preventable diseases grouped together comprise the second main cause of Under-five Mortality and the third main cause of Infant Mortality. In 1999, these diseases accounted for 22% of both infant and under five deaths for infants, the most important causes were Neonatal tetanus (11% of deaths), Pertusis (6%), Measles (3%) and Cerebro-Spinal Meningitis (CSM) 62%. Among children under five, Pertusis accounted for 6%, CSM 6%, measles 5% and neonatal tetanus indicated 5% of the reported deaths.

The preventable diseases, which can be vaccinated against, unfortunately have the highest morbidity and mortality rates in Nigeria.

The newly adopted strategies to boost Routine Immunization and eradication of poliomyelitis include:

- Immunization Plus Days (IPDs)**- initiates a more integrated child survival programme that offers routine immunization (including polio) services as well as other interventions such as insecticide treated bed nets and use of anti-helminthics Vitamin A Supplement.
- Reaching Every Ward (REW)** - indicates the provision of regular effective qualitative and sustainable immunization activities in all wards which include:

Planning to improve access to immunization i.e. fixed posts, or outreach services

- Supportive supervision
- Strengthening links with the community
- Monitoring for action
- Planning and Management of Resources

c) **Local Immunization Days (LIDs)**- aims at rapidly increasing immunization coverage in areas with low coverage rates and/or poor access to regular immunization services. LIDS are conducted at least three times (with at least four weeks interval between each round) to ensure the appropriate age children receive the three doses of DPT and OPV.

d) **Health Weeks**- ensures additional child survival components to compliment routine immunization services.

3.3.5 Preventive Measures taken to reduce child's death

(i) Immunization

Immunization of children is part of current preventive measures designed to improve child health and reduce morbidity and mortality. Table 3.8 presents vaccination coverage levels among children aged 12-23 months by background characteristics, to provide an indication of the success of the vaccination programme in reaching all sub-groups of the population.

The table shows that the percentage of female children aged 12-23 months who are fully immunized is almost twice that of their male counterparts (17 versus 9%). There are variations in percentage of children who received specific vaccinations by urban-rural residence, region, level of education, and wealth quintile. More than three times as many urban children are vaccinated compared with the rural - based children that are fully immunized (25 and 7% respectively).

In general, a higher proportion of children in the Southern states were vaccinated compared with those in the North. In the Northern states, vaccination coverage ranges from 4 to 12%, whereas in the Southern states the lowest vaccination rate is 21% and the highest is 45%. The differentials by wealth quintile are almost as large. While less than 4% of children living in households in the two lowest quintiles are fully vaccinated, 40% of children in households in the highest quintile have received all recommended vaccinations.

Table 3.8 — Immunization by background characteristics

Percentage of children 12 -23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Nigeria 2003													
Background Characteristics	Percentage of Children who received												
	DPT BCG	1	2	3	Polio 1 0	1	2	3	Measles	All2	No Vaccinations	% age with Vaccination cards	No. of children
Gender													
Male	46.5	41.4	30.4	19.1	28.2	65.8	50.8	26.5	33.8	9.1	27.7	20.2	512
Female	50.2	44.0	33.1	23.8	27.3	68.6	53.9	32.5	38.1	17.0	25.3	22.5	486
Birth order													
1	59.6	51.5	39.8	29.0	37.3	68.7	54.4	32.1	43.5	17.8	19.2	33.1	188
2-3	48.0	44.5	32.5	22.3	27.0	66.0	53.8	29.2	33.8	13.4	29.8	20.6	332
4-5	52.8	42.7	34.9	24.1	30.2	71.3	54.6	32.1	39.3	14.4	22.7	21.7	220
6+	36.8	33.8	22.3	12.3	19.8	64.2	46.8	25.7	30.2	7.6	30.8	13.2	259
Residence													
Urban	70.1	63.5	51.3	40.2	40.2	75.3	64.4	42.0	52.1	25.1	16.7	35.6	312
Rural	38.4	33.1	22.9	12.8	22.1	63.5	46.8	23.7	28.5	7.4	31.0	14.8	687
Zones													
North Central	63.4	54.1	33.0	23.8	36.2	70.0	52.6	36.8	44.6	12.4	20.7	22.9	149
North East	31.1	23.8	14.0	9.1	18.7	61.6	41.7	24.8	22.5	6.0	30.5	17.1	219
North West	27.5	20.9	13.2	5.8	12.0	54.4	39.9	16.4	15.6	3.7	40.5	9.6	356
South East	83.4	83.2	66.3	58.5	39.6	80.7	68.1	57.4	64.1	44.6	15.3	43.1	74
South South	76.1	74.3	63.3	32.5	47.8	86.0	77.2	40.0	66.9	20.8	6.5	37.9	120
South West	85.0	83.7	80.2	67.8	65.4	93.0	83.1	44.8	73.1	32.5	5.1	36.4	81
Mothers Education													
No education	22.7	19.4	9.8	5.6	12.8	54.7	38.9	18.7	15.6	3.8	41.1	7.3	484
Primary	57.7	48.5	37.6	20.5	26.7	77.7	58.5	34.2	42.5	13.0	18.6	26.1	247

Upgrade to Standard and Expanded Features					52.5	80.4	70.9	46.8	66.2	32.4	8.4	41.5	230
Higher	(97.0)	(88.4)	(52.1)	(29.4)	(76.1)	(78.1)	(69.9)	(30.8)	(68.1)	(11.3)	(2.4)	(46.2)	38
Wealth Quintile													
Lowest	22.8	21.9	15.3	7.1	12.6	61.5	43.9	20.0	15.9	3.4	36.1	11.5	206
Second	30.2	27.1	17.5	7.7	16.6	61.6	41.3	23.6	22.9	3.9	34.8	13.3	202
Middle	42.8	33.8	20.8	13.3	19.0	61.0	47.0	25.1	32.0	8.9	31.8	16.1	219
Fourth	59.6	48.5	35.3	22.2	37.0	67.3	57.2	26.3	41.9	11.0	22.9	25.9	185
Highest	91.4	86.9	74.6	60.6	57.7	86.7	74.7	54.4	70.7	39.9	4.3	42.3	187
Total	48.	42.6	31.7		27.8	67.2	52.3	29.4	35.9	12.9	26.5	21.3	999
Note: Figures in parenthesis are based on 25-49 un-weighted cases,													
Polio 0 is the polio vaccination given at birth													
BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)													

Source: NDHS 2003 (Vaccination was used in place of Immunization)

Table 3.8(b) shows the percentage of children aged 12-59 months who received specific vaccinations during the first year of life, according to age cohort. There has been little change in vaccination coverage over time. The table indicates that the children aged 24-35 months at the time of the survey were the most likely of all the cohorts to have received at least one vaccination by 12 months of age.

Table 3.8 (b) —Immunizations in first year of life

Percentage of Children age 12-59 months at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, in Nigeria.													
Current age in Months	Percentage of Children who received:								Polio 1				
	BCG	DPT				0	1	2	3	Measles	All2	No Vaccinations	Percentage with a Vaccination card
12-23	46.9	38.7	30.1	20.1	27.1	63.7	50.6	26.8	31.4	11.3	30.6	21.3	999
24-35	51.4	41.8	31.5	22.9	23.4	70.8	58.5	34.8	28.6	10.3	23.9	17.2	1,050
36-47	40.5	32.8	27.1	19.8	16.3	61.4	55.8	34.8	28.6	10.3	23.9	17.2	1,050
48-59	41.4	36.3	29.0	18.1	18.2	65.8	60.1	34.6	32.0	8.7	30.0	8.5	899
12-59	46.0	38.0	30.0	20.8	21.4	66.2	56.9	33.5	30.4	10.6	29.3	14.4	4,014

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

Polio 0 is the polio vaccination given at birth.
BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccines given at birth)

Source: NDHS 2003

The National Programme on Immunization coverage rates fell steeply during the 1990s. Table 3.9 shows that immunization coverage among children aged 12 to 23 months declined for every vaccine. Most striking is the proportion of children with complete vaccination

) which fell by almost half, from 30% in 1990 to 17% in 2003.

Table 3.9—Immunization coverage - 1990, 1999 and 2003,% of children aged 12–23 months

Year	BCG	DPT1	DPT2	DPT3	Polio 1	Polio 2	Polio 3	Measles	All	None
1990	61	59	47	33	60	47	33	46	30	37
1999	54	47	39	26	57	44	25	41	17	38
2003	46.9	38.7	30.1	20.1	63.7	50.6	26.8	31.4	11.3	30.6

Source: NDHS 1990 [FOS/IRD/MIA, A – 1992]; NDHS 1999 [NpopC, A – 2000];

NDHS 2003 (NpopC/ORC-MACRO)

The zonal disgregation as shown in - Table 3.10 reveal that there are also extreme inequalities in immunization coverage within Nigeria. Coverage is by far the worst in the North West, where it was reported that 40.5% of children did not have any immunization in 2003, but this has reduced to 29.3 per cent in year 2006. At the National level, the percentage of children not immunized had reduced from 30.6 per cent in 2003 to 18.5 per cent in 2006.

Table 3.10—Immunization coverage by zones - 2003 and 2006

Percentage of children 12 to 23 months fully immunized, for BCG, DPT 3, OPV3 and Measles, or without any immunization.

Zones	2003		2006	
	Fully Immunized	No Immunization	Fully Immunized	No Immunization
North-Central	12.4	20.7	32.3	14.0
North East	6.0	30.5	17.8	22.2
North West	3.7	40.5	11.1	29.3
South East	44.6	15.3	44.4	11.3
South West	20.8	6.5	54.4	6.0
South South	32.5	5.1	26.8	12.5
National	11.3	30.6	27.3	18.5

Source: NpopC/ORC-MACRO 2003, NBS CWIQ 2006

Strengthening Local Governments' capacity for immunization

This has been done through the provision of cold chain equipment. In 2002, to strengthen basic infrastructure and LGA capacity for routine immunization, 25 ice lined refrigerators, 20 cold boxes, 40 solar refrigerators were distributed to 20 focus LGAs in the Northern part of

situated at the riverine areas of the Southern States to lines. A similar exercise in 2003 provided 37 ice-lined refrigerators, 771 cold boxes, 46 solar refrigerators, 5940 vaccine carriers to an additional 37 new focus LGAs as well as other States through NPI as part of the National Cold Chain Rehabilitation Plan.

3 tranches of vaccines have been delivered to meet the vaccine needs of the country between May 2003 and 2006 based on an MOU signed between UNICEF and the Federal Government to improve vaccine security in Nigeria and to provide procurement services for RI vaccines.

These interventions covered more than 67% of cold chain system rehabilitation needs in the focus LGAs (and some districts in critical need), and improved the capacity of the LGAs for proper storage of vaccines and early distribution of vaccines to the health facilities/immunization sites.

Health personnel associated with immunization activities across the country were trained on how to use solar refrigerators, manage cold chain systems, prepare micro planning, and provide safe immunization and better data management. There is a continued advocacy by government at all levels for commitment and proper funding for immunization services.

3.4. Respect for the Views of Children – Articles 7&12(CRA-Section 3)

3.4.1 Legislative measures ensuring right of expression to the child

The International, Regional and National Legal Instruments and Policies concerning children (including the girl child) such as the *CRC*, *CEDAW*, *AU Charter on the Rights and Welfare of the Child* and the *National Policy on Women* adopted by the Federal Government of Nigeria as well as the *Child's Rights Act 2003*, all uphold the children's rights to participation, and freedom to express their views in all matters affecting them.

3.4.2 Measures to ensure respect for the views of children

By ratifying *CEDAW*, *CRC* and domesticating the *AUCRWC* through the enactment of the *Child's Rights Act 2003*, Nigeria has undertaken to work towards the elimination of discrimination against children in respect to their participatory rights, and has thus established a normative framework for children's participation.

The Children's Parliament was inaugurated in Nigeria in 2000. Presently nineteen States and the Federal Capital Territory has functional Children's Parliaments, namely 6 Abia, Enugu, Ebonyi, Cross Rivers, Rivers, Akwa Ibom, Nassarawa, Benue, Oyo, Plateau, Zamfara, Kano, Borno, Gombe, Bayelsa, Imo, Kaduna, Edo and Kogi States. Plans are underway to establish in all the remaining States of the Federation.

At the State level, 187 child rights clubs were established and strengthened in both formal and non-formal child friendly schools to ensure the participation of children in creating awareness on and deepening positive community actions on the *CRC*, *AUCRWC* and *CEDAW*.

The National Economic Empowerment and Development Strategy (**NEEDS**) launched in 2004 by the Federal Government of Nigeria was designed with the policy thrust to significantly improve the quality of life of Nigerians and also create social safety nets for vulnerable groups, particularly women and young people. Listed among other goals is the

ment which will promote representation, association and children.

As a necessary complement to NEEDS, state governments are developing the State Economic Empowerment Development Strategy (SEEDS). Local governments are also being encouraged to develop medium-term development programmes, specifying bench marks, targets, deliverables, timelines and implementation guides. These plans will complement SEEDS and NEEDS.

FEEDS (FCT Economic Empowerment and Development Strategy) was included to indicate the policy programmes that the FCT administration intends to implement to accomplish its vision and mission of reducing poverty and bringing development to the FCT and eventually to improve children's lives.

The ILO-IPEC in Nigeria promotes the participation of children by building the capacity of children to effectively act as peer educators and to strengthen existing structures such as Child Rights Clubs and Anti Child Labor/Trafficking clubs in schools.

The ILO-IPEC plans to support a newsletter to be published under the aegis of the Children's Parliament for nationwide dissemination. Children debates, Essay competitions, art and craft exhibitions, fairs and other special programmes during annual events will also be sponsored and supported.

The ILO-IPEC promotes participation of children by collaborating with the Child Development Department in the Country and with Child Rights NGO to organize World Day Against Child Labor in a public campaign on the eradication of Child Domestic Labor

3.5. Provision of Information to Children and Promotion of their Participation – Articles 4, 7 and 12

Urbanization, modern education and other factors have led to a state of cultural flux with both positive and negative consequences for children's participation. New opportunities for children's participation have arisen in the form of school clubs, youth groups, faith and community based organizations, as well as sports and cultural activities like music, dancing and drama.

Some NGOs have made a special point of involving children and young persons in their activities. Notable are those working to promote awareness of HIV/ AIDS, reproductive health and development of Life Skills among adolescents.

Children have been involved in Child Rights Monitoring Centres set up in schools as a way of acquainting children with their rights and responsibilities, and to protect them from abuse.

Radio and television programmes and newspaper columns and pages have been developed specifically for children. These have provided new opportunities for children to gain access to information, and in a few cases, to participate directly in the mass media.

The Government is, however, focusing on the 'child friendly school' initiative, which is being launched in the cities of Lagos, Port Harcourt, Ibadan, Kaduna, Onitsha, and Kano, in addition with other child - friendly programmes. Other important dimensions are the establishment of Child Rights Clubs, and the provisions of access to information technology, through the Internet.

The cumulative effect of Sections 210 and 214 (1) of the CRA, 2003 is that Nigerian Children enjoy the right to participate in the process of child justice administration.

In the case of physically challenged children, Section 16 of the CRA obliges all responsible persons, authorities and bodies to ensure their full rights to participation

Whilst the right to freedom of expression is guaranteed, Nigerian Laws have provisions that protect children against publication that promotes immorality, particularly Section 45 (1) (a) of the Constitution of the Federal Republic of Nigeria 1999. Other legal provisions prohibiting the production and dissemination of harmful publication are contained in Sections 35 and 36 of the **CRA, 2003**.

Challenges

Inadequate family income which leads to children being prematurely engaged in child labor and opportunities for the participation of children and young people in a more extensive socio - cultural and recreational activities are the most important challenges facing the country for the positive harnessing of the natural energy and aspirations of children and young persons.

Cluster 4—Civil Rights and Freedom: Articles 6, 7, 8,9,10 and 16

4.1 Name and Nationality – Article 6(a) (CRA Section 5(2))

4.1.1 Measures taken to ensure that every child is registered after birth

Section 1 of the *Births, Death etc (Compulsory Registration) Act 1992* provides for the compulsory registration of births in Nigeria. Births registration processes are to be regulated by the National Population Commission.

In accordance with the provisions of **Article 6** of the AUCRWC, **Section 5 (2) of the CRA 2003**, and **Section 25** of the Nigerian Constitution, birth Registration points have been opened in all government hospitals at all levels through out the Country. Furthermore, the National Population Commission (NPopC) liaises with the African Refugees Commission to ensure that all children born to refugees in the Country are registered irrespective of the circumstances of their birth.

4.1.2 Measures to prevent non-registration of child births

- To ensure that the birth of every child in Nigeria is registered there has been established in all the 36 states of the country and the FCT Abuja, registration offices headed by Chief Registrars of Births and Death.
- Enlightenment and advocacy campaigns, through radio and television jingles on the need to register children at birth are on going, while nursing mothers are being sensitized at maternity centres and hospitals by way of posters, bill boards and hand bills.
- There are collaborative efforts between the international agencies, development partners, CDD, FMWA and the NPopC through house-to-house campaigns for registration of children born outside hospitals or those without birth registration.
- Motorcycles are provided to facilitate movements of birth registrars and to ensure registration of births in focal local government areas in the following states: namely: Anambra, Imo, Ebonyi, Abia, Akwa Ibom, cross Rivers, Rivers, Bayelsa and Benue States

4.2. Preservation of Identity – Article 6(b) and (c); CRA Section 5(2))

All Nigerian families identify their children by giving them names, and some are identified by the tribal markings on the faces. This practice of tribal markings prevalent in some states of the country is now prohibited by the **Section 24 CRA 2003**

sion – Article 7 (CRA Section 3)

4.3.1 Measures guaranteeing the child's right to freedom of expression

Section 39 of the Nigerian Constitution and **Section 3 of the CRA 2003** together guarantee freedom of expression to all citizens including children.

The inauguration of the Nigerian Children's Parliament in December 2000 has provided a forum for children to participate in affairs affecting them and institutionalized for the first time in the history of Nigeria a regular platform for children to dialogue with the President of Nigeria and other leaders on a regular basis. Till date we have Children's parliament at the National level and in nineteen states and FCT, and some of the local governments and some schools in the country. The key officers of the Children's Parliament participated in the following national and international programmes:

- Global Movement for Children Campaign on "Say Yes For Children" March **2001**
- Nigerian Children Summit- September **2002**
- International Day of Broadcasting- December **2002**
- International Human Rights Day -December **2002**
- Passage of the Child's Rights Act 2003 - April and May **2003**
- Media Chat with the Nigeria's President Olusegun Obasanjo- December **2003**
- Africa Malaria Day-April **2004**
- Nigerian Children's Day Celebration-May **2003, 2004, 2005 and 2006**
- Day of the African Child- June **2005**
- Defense of the 1st and 2nd CRC Periodic Report before the UN Committee on the rights of the child - January **2005**
- Sensitization meeting for Media Executives on the Child's Rights Act - January **2006**
- Biannual sessions of NCP since 2004 till date
- Regional Conference on the "almajiri child" - **2006**
- Children submitted the document "A call to Action" to the President of the Federation during Children's Day- **2006**
- Joint session of National House of Representatives with Nigeria Children's Parliament, in Commemoration of 2005 Children's Day Celebration (May 26, 2006).
- Launching of the National Children's Parliament's Website by the Honourable Minister of Women Affairs on May 27, **2006**.

Nigerian children have also participated in an array of programmes and radio/television events, while some have had opportunities to make presentations before international and national audiences, both individually and collectively, especially in the following events:

- Nigerian Movement for Children
- International Summer School for Young Activists
- Young General Assembly

ssion on Children

- United Nation World Water Forum
- Junior Achievement Company Programmes for Students
- Voice of Youth Chat on Girl Child Education and Sports
- Global March against Child Labour
- Summit against Drug Abuse
- International Peace day, **2002**
- International Children's Turkish Festival, April **2002**
- Juvenile Justice Administration Conference, June **2002**.
- I see hope's Children's Summit, September **2002**
- World Health Day, **2003**
- 4th African Regional Conference on Child Abuse and Neglect, March **2003**
- Commonwealth Youth Forum, July **2003**
- Ecowas Youth Forum, August, **2003**
- Johns Hopkins University -It's my Life's Radio magazine documentary workshop, September, **2003**
- Ecowas Peer Review Forum on Children- Dakar, September **2003**
- Presidential Media Chat, December **2003**
- International Congress of Poets USA , **2004**
- International Child Labor Day , **2004**
- Young Alliance for Global Enforcement of Children and Human Rights (YAGECHRI)
- YAGECHRI Partnership for Visible Change Forum, **2004**
- National Conference on Orphans and Vulnerable Children, **2004**
- Hear the Children's Day of Peace -2004 and 2005
- Week of Young Child celebrated in 6 states Lagos Ogun, Oyo, Kwara, Abia and Sokoto States, **2005**
- Children Summer camps, **2005**
- NTA Network children programme 'Speak Out'

Children lobby groups, children's clubs, children newsletters and magazines have been formed and promoted to further enhance children's right to freedom of expression.

The 'Red Card to Child Labor' initiative is a global Advocacy Campaign to stigmatize Child Labor. The implementation of the campaign in Nigeria during the 8th All Africa games in August 2003 provided a unique opportunity for various societal segments in Nigeria and Africa in general to be sensitized on the ills of Child Labor.

an Children organized a round table discussion with Labor, Employers and Civil Society Organizations on the rights of the Child. Children in the course of the games, distributed thousands of copies of ‘Red Card to Child Labor’ and other handbills and IEC materials on Child Labor .

4.4 Freedom of Thought, Conscience & Religion – Article 9 (CRA Section 7)

The Child’s freedom of thought, conscience and religion are well protected and guaranteed by the Nigerian Constitution and *the CRA*, although children tend to take after their parents on religion. Nigeria is a multi - religious state which is prohibited by **Section 10 of the 1999 Constitution** from adopting any particular religion as state religion. Children are educated on the virtues of religious tolerance. In order to integrate children of diverse backgrounds, religions and cultures, unity schools have been established in each State of the Federation for secondary education.

4.5 Freedom of Association and Peaceful Assembly Article 8, (CRA section 6)

The Constitution of Nigeria (1999) guarantees the right to freedom of association and peaceful assembly to all its citizens including children. In addition the *Child’s Rights Act* contains adequate provisions to ensure the freedom of association and assembly by all children.

There are clubs like girls’ guide, boys’ brigade, boy scouts, child rights clubs, debating clubs, frequent inter-schools sporting activities and assembly of Nigerian children.

No restrictions whatsoever are placed on the rights to freedom of association and peaceful assembly by all Nigerian children.

4.6 Protection of Privacy – Article 10, (CRA Section 8)

Section 37 of the **1999 Constitution** guarantees the rights of Nigerians to privacy including those of children. The *CRA* has further provided for the privacy of the Nigerian Child in the context of parental responsibility to ensure proper child upbringing.

4.7. Protection against child abuse and torture

The information on protection of children against child abuse and torture have been extensively discussed under **Cluster 5**, item 5.6 and particularly under the segment indicating abuse, neglect and exploitation

Cluster 5—Family Environment and Alternative Care Articles 16, 18, 19,20,24,25 and 27

5.1 Parental Guidance, Parental Responsibility and Separation from Parents, and Recovery of Maintenance for the Child. (CRA Sections 19-20)

5.1.1 Measures adopted to ensure the responsibility, rights and duties of parents.

The most recent legal measure adopted in this regard can be found in **Sections 19-20** of the **CRA 2003**, to the effect that subject to age, ability and other legal limitations, every child in Nigeria shall work toward the cohesion of his/her family and community; respect his/her parents and elders at all times and assist them in case of need, among others.

Section 20 states that:

“Every parent, guardian, institution, person and authority responsible for the care, maintenance, upbringing, education, training, socialisation, employment and rehabilitation of a child has the duty to provide the necessary guidance, discipline, education and training for the child in his/its care, such as will equip the child to secure his assimilation, appreciation, and observance of the responsibilities set out in this part of the Act.”

Further, the governments at federal and state levels have adopted specific programmes to support parents to carry out their economic and social responsibilities to their children, through:

- Establishment of the **National Poverty Eradication Programme** (NAPEP) in all the states in Nigeria. Through this programme, small grants are given to parents in the low-income groups to enable them fulfil their economic responsibilities. However, due to weak mechanisms, implementation for the achievement of expected objectives has not been effective.
- The **CRA Part XV (Sections 171-185)** provides that state governments should support children and families, including the provision of a range of services appropriate to the welfare and upbringing needs of children.
- Establishment of micro - credit schemes for women in the urban and rural areas under the National Policy on Integrated Rural Development 2000.
- Introduction of the policy on free compulsory primary and junior secondary education under the Universal Basic Education UBE Scheme, 1999.
- The agricultural sub-component of the National Policy on Women 2000, seeks to remove the obstacles to women's access to land, water, credit and other productive inputs including extension services and training necessary for agriculture. The Policy also seeks to strengthen institutional credit sources to create special revolving loan funds for women. Already Government has established the **Nigerian Agricultural**

Development Bank (NACRDB) to provide micro credit special consideration to women.

The FMWA has the mandate to promote income generation and employment processes through access to loan schemes. The Ministry also assists women to set up cottage industries, acquire life skills and other vocational training within the context of their assessed needs and potentials. In order to attain these objectives, the Ministry has a long term programme to facilitate the establishment on a yearly basis, three small scale industries to be spread out in all the states of the federation.

In year 2006, a new initiative on women's empowerment was launched by the Ministry of Women Affairs in collaboration with the financial institutions-tagged the Women Fund for Economic Empowerment (**WOFEE**). It is a revolving loan scheme for grass root women. WOFEE aims among other things to facilitate access to better strategies for goods marketing, business training, infrastructural facilities, and provision of a supportive policy environment. Food processing machines were distributed to women as income generation drives in 19 selected states of the Federation to empower women and combat poverty level of families, while the plan to distribute to the remaining 17 states and FCT of the Federation is ongoing.

5.1.2 Awareness Creation and Social mobilization

Series of campaigns are being undertaken to promote parent/family education, including addressing the problem of the abandonment of children. These include:

- Public enlightenment programmes in the mass media, and through the communities, mosques and churches to sensitize parents on their responsibilities and duties regarding their children by members of the National, State and Local Government Child Rights Implementation Committees and relevant NGOs.
- Sensitization workshops and conferences are being organized at all levels of government, to educate parents on the need to implement all the provisions of the **AUCRWC** and **CRA**. Such workshops have highlighted the ills of Child abandonment and various harmful practices inimical to the well being of the child.
- The establishment of the Children's Parliament, through which parents are made aware of their responsibilities, and the rights of the child.
- School focused intervention mechanism for promoting quality education and child rights awareness are indicated in the establishment of the Parent/Teacher Associations and Full Based Management Committee (FBMC). These are operating in most schools of the Federation to ensure good quality education and the welfare of children.
- In Kano State, Community Reorientation Committees are established in all local government areas and Community Education Committee (which comprises Traditional leaders). These are set up to propagate government programmes and policies, which have helped in the dissemination of information on the provisions of the **AUCRWC** and **CRA**.

5.1.3 Parental Responsibilities

Due to the social stigmatization, single mothers often do not make their status public. Therefore there are no reliable data on the rate of increase of single-parent families in the country. However, some teenage impregnated girls receive support from their families and community and are able to have safe delivery and in many cases, return to school.

Children who have Benefited from Measures Adopted to Assist Parents in Child Rearing.

There is no disaggregated information on the number of children benefiting from such or similar facilities, but it is fairly widespread across the country. However, the governments at Federal and State levels, as well as NGOs and the private sector, have established day-care centers to assist working/nursing mothers. Nursing mothers are also entitled to 12 weeks maternity leave after delivery both in the private and public sectors, to enable them care for their babies at the early period.

5.2 Separation from Parents

There is no disaggregated information on separation of children from their parents as a result of detention, imprisonment, exile, deportation or death. However the National Baseline Survey on child Protection issues being undertaken by UNICEF CRC Chair in the University of Lagos seeks to address some issues articulated under children separated from their parents.

The survey is designed to be carried out in all the states of the Federation to enable the government obtain relevant data on these children so as to implement sufficient programmes in aid of children on the streets. The pilot survey was carried out between 2004 and 2005 in Adamawa, Kano, Lagos and Akwa-Ibom states, on different components of street children and are indicated as follows:

5.2.1 Status of street children

More than 50 percent of street children covered in the three states were reportedly staying and living with Malams (Islamic teachers) while 17.6 percent lived under the bridge. Those found living or staying in their parental homes were between 6 to 10 percent. Majority of those living with Malams were in Adamawa State (62.5 percent) and Kano State (94.1 percent) while 50 percent of the children lived under the bridge in Lagos. These children (23.4 percent) were found to have stayed on the street for a period up to six months; whilst less than 10 percent of them stayed between 3 to 4 years on the street. Table 5.1 illustrate the survey details.

Table 5.1 Status of street children and where they live

		STATE						Total	
		Adamawa		Kano		Lagos		No	%
		No	%	No	%	No	%		
Where child stays	At Home	1	6.3	0	0.0	4	28.6	5	10.6
	Under the bridge	1	6.3	0	0.0	7	50.0	8	17.0
	In the market stall	2	12.5	0	0.0	3	21.4	5	10.6
	Motor park	1	6.3	0	0.0	0	0.0	1	2.1
	Uncompleted building	1	6.3	0	0.0	0	0.0	1	2.1

Upgrade to s and Expanded Features				16	94.1	0	0.0	26	55.3
	Other places	0	0.0	1	5.9	0	0.0	1	2.1
Total		16	100.0	17	100.0	13	100.0	46	100.0
Where child lives	At Home	0	0.0	0	0.0	3	23.1	3	6.5
	Under the bridge	0	0.0	0	0.0	3	23.1	3	6.5
	In the market stall	2	12.5	0	0.0	2	15.4	4	8.7
	Vehicle parked outside	0	0.0	0	0.0	1	7.7	1	2.2
	Motor park	3	18.8	0	0.0	0	0.0	3	6.5
	With Malam	11	68.8	14	82.4	0	0.0	25	54.3
Length of stay on the street	Other places	0	0.0	3	17.6	4	30.8	7	15.2
	Below 6 months	3	18.8	2	11.8	6	42.9	11	23.4
	6 - 12 months	7	43.8	2	11.8	1	7.1	10	21.3
	1 - 2 yrs	3	18.8	4	23.5	1	7.1	8	17.0
	3 - 4 yrs	1	6.3	4	23.5	4	28.6	9	19.1
	Over 4 yrs	2	12.5	5	29.4	2	14.3	9	19.1
Total		16	100.0	17	100.0	14	100.0	47	100.0

Source: Pilot Survey – National Baseline Survey on Child Protection Issues conducted by CRC Chair-University of Lagos/NBS/UNICEF/ILO-IPEC/UNODC

5.2.2 Problems faced by Street Children

The problems faced by street children as shown in table 5. 2 vary from State to State. The major problem faced by street children in Adamawa State was trafficking (66.7 percent) followed by accident and kidnapping (50 percent); while in Kano State (71.4 percent) had different types of ailments including fever, skin diseases (64.3 percent). Majority of street children (80 percent) were faced with the problem of arrest/harassment while sexual harassment was a major problem in Lagos State.

Table 5.2 Problems faced by street children

		STATE			Total
		Adamawa	Kano	Lagos	%
		%	%	%	
Problems faced on the Street	Accident	50	10.0	40	100.0
	Arrest/harassment	20	0.0	80	100.0
	Kidnapping	50	0.0	50	100.0
	Sexual harassment	0	0.0	100	100.0
	Molestation	14.3	42.9	42.9	100.0

		66.7	33.3	0	100.0
		28.6	64.3	7.1	100.0
	Disease	28.6	71.4	0	100.0
	Other Problems	0	0.0	0	0.0
	No Problem	25	75.0	0	100.0

Source: Pilot Survey – National Baseline Survey on Child Protection Issues conducted by CRC Chair-University of Lagos/NBS/UNICEF/ILO-IPEC/UNODC

Table 5.3: Reasons for street children not in school

		STATE						Total	
		Adamawa		Kano		Lagos		No	%
		No	%	No	%	No	%		
Ever attended school	Yes	5	33.3	0	0.0	10	90.9	15	37.5
	No	10	66.7	14	100.0	1	9.1	25	62.5
Total		15	100.0	14	100.0	11	100.0	40	100.0
Why stop school	Failure to pay fees	3	60.0	0	0.0	2	20.0	5	33.3
	Termination by parent	1	20.0	0	0.0	3	30.0	4	26.7
	Dont know	1	20.0	0	0.0	2	20.0	3	20.0
	Other reasons	0	0.0	0	0.0	3	30.0	3	20.0
Total		5	100.0	0	0.0	10	100.0	15	100.0
Class when stop	Below pry 4	3	60.0	0	0.0	3	30.0	6	40.0
	Pry 4 - 6	2	40.0	0	0.0	4	40.0	6	40.0
	Below JSS-3	0	0.0	0	0.0	3	30.0	3	20.0
Total		5	100.0	0	0.0	10	100.0	15	100.0

Source: Pilot Survey – National Baseline Survey on Child Protection Issues conducted by CRC Chair-University of Lagos/NBS/UNICEF/ILO-IPEC/UNODC

5.2.3 Educational Attainment

In Table 5.3 above, a majority (62.5 percent) of street children in the three states had no formal education. In Kano State, all the street children interviewed never attended a formal school while 66.7 percent never attended in Adamawa State. The situation was different in Lagos State where majority of street children (91 percent) attended school. Those who never attended school in Adamawa State indicated inability to pay school fees as the major reason for not attending, while termination by parents as well as other reasons was reported for Lagos State. Again, most children (45.2 percent) reported that their parents were not interested in their education followed by parents being poor (19.4 percent) as the reasons why they were not currently attending school.

Institutions

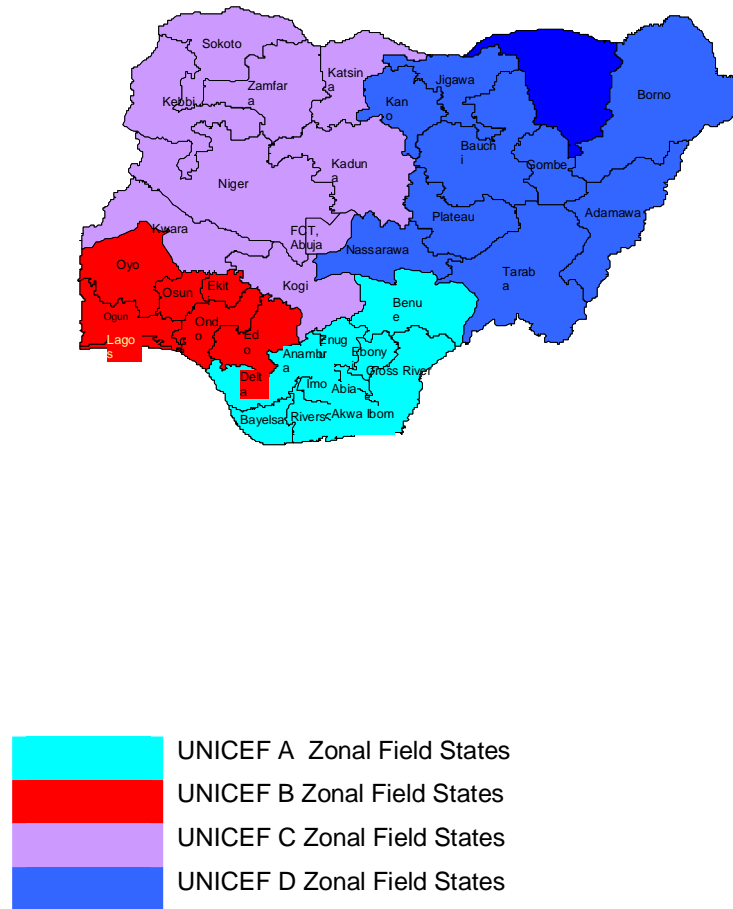
A recent survey on **Assessment of Institutional Child Care Centres in Nigeria** by State Ministries of Women Affairs in collaboration with UNICEF in 2003 indicated as follows:

Samples of 199 Institutional Child Care Centres in Nigeria were selected for an in-depth study from all the 36 states and the Federal Capital Territory. A purposive sampling approach was used that ensured a good representation of what exists in each States/zones in the whole country, in terms of the number of the institutional childcare centres, the ownership and rationale for setting it up, the number of inmates, sources of funding, budget and expenditure, the institutional policies and types of facilities existing including the geographical spread between the rural and urban areas. The centres fall within three categories namely **orphanages/motherless babies' homes, disabled/rehabilitation centres and destitute/remand homes**. Table 5.4 indicates the distribution of states both by official geo-political zones and the survey zones used for the assessment. The disaggregated data was indicated according to UNICEF zonal office locations.

Table 5.4 Distribution of states by official geo-political zones and survey zones used for the assessment

Name of zone	Geo-political zones	Unicef zonal field States for the assessment
South West	Ekiti, Lagos, Ogun, Ondo, Osun Oyo	A- Zone Abia, Anambra, Ebonyi, Enugu, Imo, Akwa-Ibom, Bayelsa, Cross-River Rivers, Benue
South East	Abia, Anambra, Ebonyi, Enugu, Imo	B- Zone Delta, Edo, Ekiti, Lagos, Ogun, Ondo, Osun Oyo
South South	Akwa-Ibom, Bayelsa, Cross-River Delta, Edo, Rivers	C- Zone Sokoto, Kebbi, , Kaduna, Niger, Kogi, the FCT Katsina, Zamfara, Kwara
North Central	Benue, FCT, Kogi, Kwara, Nassarawa, Niger, Plateau	D- Zone Kano, Jigawa, Yobe, Adamawa, Bauchi, Borno, Plateau, Gombe, Taraba, Nasarawa
North East	Adamawa, Bauchi, Borno, Yobe Gombe, Taraba,	--
North West	Sokoto, Kebbi, Kano, Kaduna, Katsina, Zamfara, Jigawa	--

Figure 5.1 Survey States by Zones



Types of Institutional Child Care Centres

Table 5.6 Ownership of Centres

5.2.4.1 Profile of the institutional child care centres

The findings indicate that in the 36 states and the Federal Capital Territory, the profile of the institutional child care centres shows in table 5.5 that 44 per cent are orphanages, 34 percent are rehabilitation centres, with only 22 percent being remand homes. A total of 68 percent belongs to various States and Local Governments spread across the country, with 38 per cent situated in the urban areas, 26 per cent in the semi urban areas and the remaining 36 per cent situated in the rural areas.

There are a total of 8,614 residents in the centres studied, as shown in table 5.7, with 61 per cent being boys, and 39 per cent girls. The centres in the -Døzonal field States tops the list with the greatest number of centres and those in the -Aøzonal field States took the lead in terms of residents. The least of centres were reported from the -Cøzonal field states while the -Bøzonal Field states is at the bottom ladder of residents .

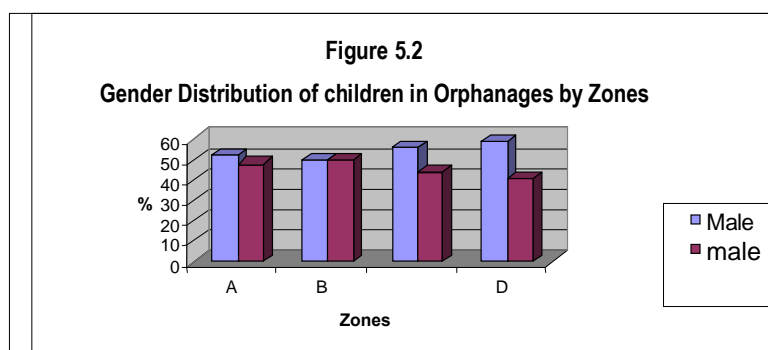
Number of Children in institutional child care centres

Zones	Number of children in institutional care centres		
	Male	Female	Total
A	1882	1496	3378
B	981	689	1670
C	1099	601	1700
D	1202	517	1866
Total	5243	3371	8614

Table 5.8 Geographical Spread of centres

Zones	Rural / Urban spread of the centres			
	Rural	Semi- Urban	Urban	Total
A	20	16	24	60
B	-	5	32	37
C	6	13	15	34
D	46	18	4	68
Total	72	52	75	199

Orphanages



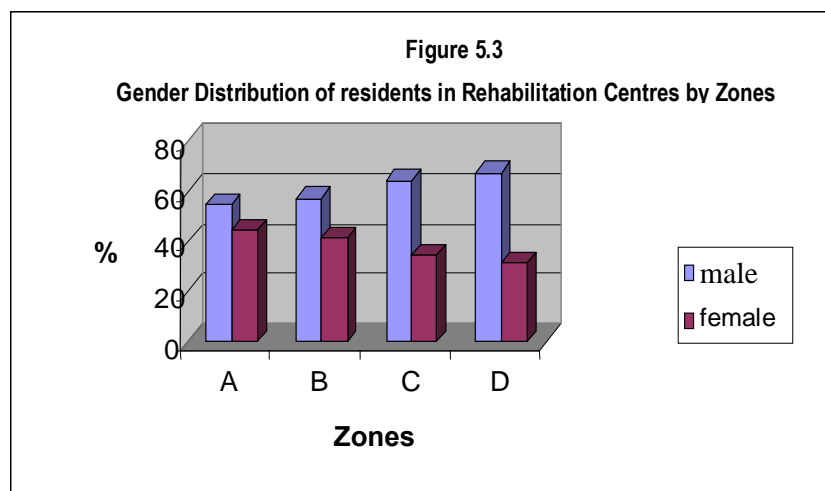
distribution and ownership of Orphanages

Zones	Centres	Ownership	
		Private	State
A	30	22	8
B	21	16	5
C	19	16	3
D	17	9	8
Total	87	63	24

Table 5.9 shows that eighty seven (87) orphanages were studied in the country, with 34 per cent in the Æ field zonal states followed by Ç field Zonal states, with the least number of 19 per cent being from the D field zone. Seventy two ((72) per cent of the orphanages are owned or run by private individuals, NGOs and Faith Based Organizations, compared to 28 per cent belonging to the State governments.

There are **1,805** residentsô 47 per cent girls and 53 per cent boys, with the age range from one week to 18 years.

Rehabilitation Centres

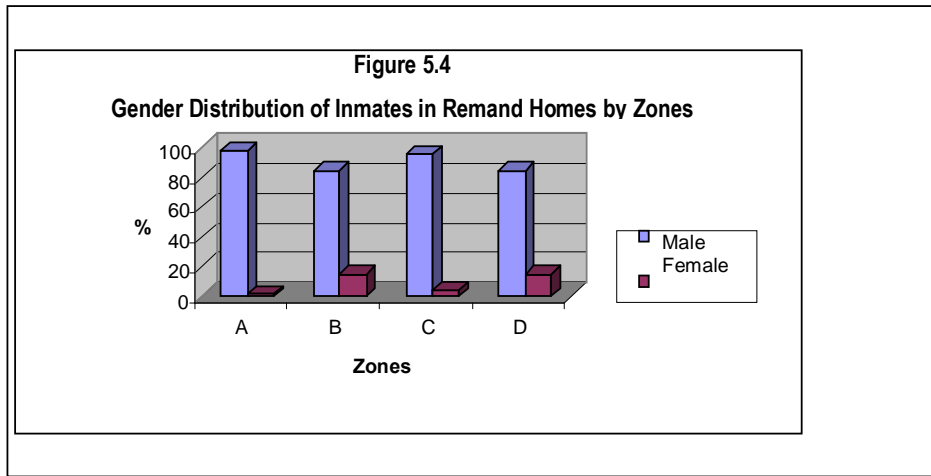


Ownership of Rehabilitation Centres

Zones	Centres	Ownership	
		Private	State
A	22	14	8
	7	5	2
C	7	2	5
D	32	9	23
Total	68	30	38

The rehabilitation centres provide care and emotional stability for those physically, mentally and emotionally challenged and others in difficult circumstances. There is no desegregation according to types or nature of disabilities in the centres covered in the survey.

Remand homes



Ownership of Remand Homes

Zones	Centres	Ownership	
		Private	State
A	8	-	8
B	9	-	9
C	8	-	8
D	19	-	19
Total	44	-	44

Comparatively, only 11 per cent of children resident in the orphanages particularly are between 2 weeks old and 3 years; with the largest numbers recorded from the ÆAø and ÆDø zonal field States. 10 per cent are in the 3-5 years age bracket, while 22 per cent are in the 6-11 age range. The highest prevailing rate came from children aged 11-18 years with 37 per cent, forming the core number of children in our institutional child care centres, and these resides mostly in the rehabilitation centres. The remand homes also act as places of protection for destitute, mentally retarded, lost and found children plus those beyond parental control and those in conflict with the law, whose age range varies from 3 to 18 years and above 18.

Some of the centres especially those in the ÆDø zonal field States still accommodate adults in the institutional child care centres. Twenty per cent of residents in the centres are above 18 years old. There is a considerable evidence to suggest that the rehabilitation centres provide care and protection for a greater percentage of this class of adults residing in centres meant for children. This is because they are constrained to remain in the centres due to the physical disabilities, which have left most of them incapable of reintegrating into the larger society, and also because some of them were abandoned in the homes and were not taken up for fostering or adoption.

The survey indicates an admixture of children with varying ages resident both in the orphanages, rehabilitation centres and the remand homes.

The Borstal Institutions and Remand Centres Act Cap 38, LFN, 1990, mandated the setting up of remand centres and correctional centres, which put the ambit of ownership on the Federal Government. There is no State or private institution running remand centres.

Currently there is only one Borstal Centre at Abeokuta and two Borstal Training Institutions, for boys at Kaduna and Ilorin.

5.2.4.2. Measures in Place for Effective Management of Centres

For effective management of the institutional child care centres, 60 social welfare officers from child care residential institutions in Nigeria received basic standard training, organised by the Federal Ministry of Women Affairs for counselling and community re-integration of children. This resulted in improved care and protection for children without primary care givers in year 2005.

to an appropriate and enabling environment for the survival, all children in institutional child care centres, the Child Development Department of the Federal Ministry of Women Affairs, has completed the development of a National Policy and Guidelines for the Establishment and Monitoring of Child Care Centres in Nigeria.

The document, structured into six sections prescribing establishment, effective management and monitoring of child care centres, outlines specific regulations and procedures which shall guide the establishment, development and operation of Child Care Centres in Nigeria. The main objective of the policy and guidelines is to provide the basic procedural guidelines for effective monitoring and evaluation for operators of child care centres in Nigeria.

5.2.5 Children Placed With Foster Families

The 2006 CWIQ Survey showed that 11.0 percent of Children under 18 years had both parents absent from the household. 12.9 percent was recorded for the urban areas and 10.2 percent for the rural areas. About 3 percent of these categories of children were not living with their mothers while 6 percent had their fathers absent from the household. More absent rate of both parents were observed in the Southern zones than the Northern zones. For example, south west zone recorded the highest rate (16.3 percent) followed by south East zone (14.4 percent) while the lowest rate was recorded for North West (7.0 percent).

Table 5.12 Percentage Distribution of under 18 children who are separated from parents by Sector and Zones

	Both parents absent	Fathers only absent	Mothers only absent
Over all	11.0	5.6	2.9
Residence			
Urban	12.9	6.6	3.1
Rural	10.2	5.3	2.8
Zones			
North East	8.9	1.9	3.1
North West	7.0	1.3	2.2
North Central	10.2	5.3	2.8
South Esat	14.4	11.8	2.3
South West	16.3	7.4	3.1
South South	13.4	12.4	4.3

Source: NBS CWIQ 2006.

and Children Deprived of Family Environment-

The National Agency for the Prohibition of Traffic in Persons and Other Related Matters (NAPTIP) was established in 2003 to coordinate all activities relating to Trafficking in Persons (TIP) in the country, which also includes taking charge, supervising, controlling and coordinating the rehabilitation, reintegration and reunification of victims of child trafficking in the country.

The counselling and Rehabilitation Department of NAPTIP in the year 2004/2005 undertook the following major activities:

Rehabilitation: Under the programme of Rehabilitation, 361 victims were received by the department. Of this number, 18 have been enrolled in schools while one was employed by NAPTIP. Thirty others have been trained in hair dressing and other skills through the assistance of TAMPEP under the ALINA project, and the French Government respectively, while the remaining 202 are awaiting rehabilitation.

- (b) **Re- Union:** 249 victims were re-united with their parents out of which 16 were handed over to the Embassies of Ghana, Togo and Benin Republic for onward re-unification with their families.
- (c) **Family Tracing:** Two victims rescued from Benin Republic were re-united with their parents after a difficult tracing programme spanning one year and three months.
- (d) **Policy framework:** The draft National Policy Framework (2004/2005) on rehabilitation and re-integration of victims of human trafficking has been produced and is awaiting final approval. This framework aims at creating a common parameter that will serve as a guideline for rehabilitation and re-integration of victims of Human Trafficking and Child Labour in the country.
- (e) **Counselling:** In all, 218 victims as well as 71 traffickers were counselled in the year under review.
- (f) **Shelters:** Two transit centers for trafficked children were established in Kano and Akwa-Ibom States between July 2005 and February 2006, to provide an immediate protective environment with safety, shelter, security, food, clothing, health services and income generating activities for victims/families of child trafficking.

5.4 Maintenance of the Child - Article 18.3(CRA, Article 20)

5.4.1 Measures Taken to Ensure Maintenance of the Child

The *Child's Rights Act 2003* (Sections 51 and 52) makes provision for maintenance of a child where the parents or other caregivers are unable or refuse to provide the necessary care. The affected child would be placed under protection or under the care of the person responsible for his or her maintenance. In cases where the person is able to maintain the child but had willfully refused to do so, the court can order such a person responsible for the child to pay a specified monthly sum for the child's maintenance while under placement.

The CRA further mandates parents, guardians, institutions, persons and authorities to provide care, maintenance and good upbringing for all children within the normal home setting.

ther put in place, where government in collaboration with and the private sector are providing institutional care and maintenance for children living outside the home setting and in institutions.

Facilities and services being made available to ensure the well being of such children include:

- Primary/Secondary Schools
- Remedial Classes
- Vocational/Craft centre
- First aid facilities
- Sick-bays and clinics
- Access to hospitals and visits by doctors and other health officials
- Games, toys for younger children and play grounds
- Beddings, toilet facilities and television sets

Special vocational training programmes have been developed to assist children from low socio-economic status and for other disadvantaged and vulnerable children.

Under the *Matrimonial Causes Act* a person or parent who has legal responsibility to maintain a child but fails to do so may be compelled by the court to pay the maintenance allowance into court.

At the state level, the Social Welfare and Child Development Departments also take up the maintenance of children when they are abandoned or when their parents evade maintenance. Such children may be placed with any of the orphanages and Motherless Babies' Homes across all the states of the country. The child can also be fostered or adopted under the relevant laws and statutes in the respective states.

In addition, in determining custody cases, children under 5 years are usually placed under the care of the mothers, while the father is to pay maintenance allowance for the child's upkeep.

5.5 Adoption and Periodic Review of Placement—Articles 24 (CRA Sections 126-129)

5.5.1 Legislative and Other Measures

There are measures adopted to ensure that States recognize or permit the system of adoption with the best interest of the child being the paramount consideration.

There are Adoption Laws in all Southern states, as well as Fostering Laws in all Northern States. The central consideration in the provisions of these laws is the principle of the best interest of the child. The **CRA 2003 (Sections 125-148)** provides for adoption, with the establishment of adoption services nationally. Clear specifications for the mechanisms and procedure for adoption, including a well articulated inbuilt monitoring mechanism, which has led to restrictions on interstate adoptions, are all stipulated in the act.

Adopted children are conferred with the full rights of biological children, including inheritance rights. A child may therefore be adopted if the parent or guardian consent to adoption, or the child is abandoned, neglected or persistently abused or ill treated, and there

interest of the child why she/he should be adopted. A court child may be granted to any of the following:

- a married couple, where each of them has attained the age of 25years, and they are jointly authorised by order to adopt a child; or
- a married person who has obtained the consent of his spouse; or
- a single person of 35 years old provided that the child to be adopted is of the same sex as the person adopting.

In all the above cases the adopter(s) shall be person(s) found to be suitable to adopt the child in question by the appropriate investigating officers.

5.5.2 Children Involved in Inter-country Adoption

Inter-country adoption is prohibited in Nigeria. The adoption laws of the various states provide that persons adopting or fostering a child should come from the community or locality of the child. Therefore, a Nigerian child cannot be validly adopted outside the country. **Section 116** of the **Child Rights Act 2003** prohibits the taking or transfer of a fostered child outside Nigeria

5.5.3 Information on Placement and Treatment of Children in Certain Situations

(i) Children in Situation of Abandonment

The 2006 Core Welfare indicator Questionnaire (CWIQ) Survey indicated that 0.4 percent of children under the age of 18 were orphans who have lost both parents. In addition, about 3.4 percent lost their fathers while 1.3 percent lost their mothers. There are no significant difference between the rates for the Sectors and the national average. At the zonal levels, only North West and North Central recorded rates below the national average while the highest rate (0.7 percent) was recorded for south East. South East zone recorded the highest rates (9.5 percent) for children who lost their father while South South recorded the highest (2.1 percent) for children that lost their mother.

Table 5.13 Percentage Distribution of under 18 children who are orphans by sector and zones

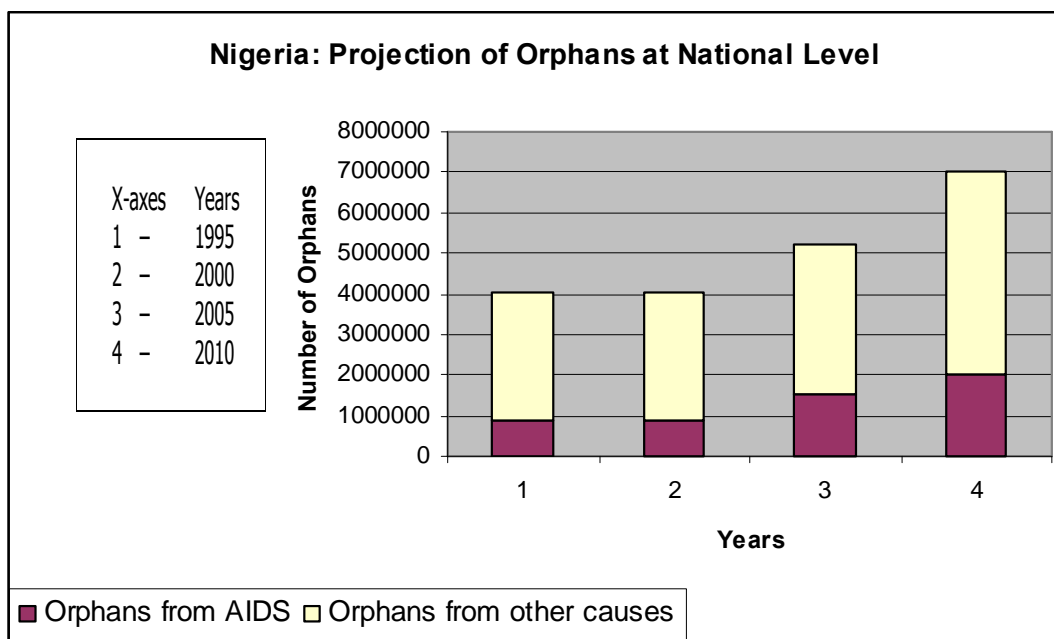
	Both Parents dead	Fathers only	Mothers only
Over all	0.4	3.4	1.3
Residence			
Urban	0.4	3.7	1.4
Rural	0.4	3.2	1.3
Zones			
North East	0.5	1.4	1.2
North West	0.3	1.1	0.9
North Central	0.3	3.0	1.4
South East	0.7	9.5	1.9

		3.4	1.3
South South	0.5	6.0	2.1

Source: NBS CWIQ 2006.

Figure 5.5 below show that out of 52.4 million children in 2001, about 5.4 million or 10.3% are orphans, and 995,000 or 18.4% of that number are *orphaned* due to AIDS as at 2001. It is projected that this number will double by 2010 if the pandemic is not controlled.

Figure 5.5—Projection of Orphans at National level



(ii) Children and AIDS

Unite for Children, Unite against AIDS is a global campaign to alert the world to the fact that children are missing from the global AIDS agenda. It was launched in Nigeria in November 2005. It provided a platform for urgent and sustained programs, advocacy and fundraising to limit the impact of HIV/AIDS on children, halt the spread of the disease, control the pandemic and ensure that the projected figure does not become realistic.

The campaign provided a child-focused framework for country-level programs around four urgent imperatives that are currently making a difference in the lives and life chances of children affected by HIV/AIDS. Interventions formulated for the achievement of the four P's are:

pread of AIDS through forthright national leadership, less and intensive prevention efforts to protect children and adolescents from infection.

É **Prevention activities:**

- É Behaviour change communication
- É School-based and community-based life skills
- É Balanced and comprehensive prevention strategies
- É youth friendly health centers
- É peer educators
- É Counseling, testing and control of STIs
- É communication materials & media
- É Participation
- É Strategies responsive to risk factors
- É Inclusion of HIV/AIDS risks and vulnerabilities in emergencies

2. **PMTCT Plus:** drive to national coverage of comprehensive package of PMTCT + treatment, care and support to women and their families.

• **Interventions: PMTCT Plus Services**

- i. Testing
 - ii. ARVs for HIV+ women and children
 - iii. single/-dose ARVs for PMTCT
 - iv. safe delivery
 - v. support group for positive women/info on staying negative
 - vi. follow-up programme for families
 - vii. home based care
 - viii. nutritional support and infant feeding
 - ix. Development of policies, guidelines and training
 - x. Integration into MCH services
3. **Paediatric treatment:** Paediatric HIV drug formulations and cotrimoxazole to prevent opportunistic infections in infants integrated into public health and child survival programmes .

É **Interventions: Paediatric Services:**

- É Cotrimoxazole for HIV+ children
- É Linkages to child survival (Vitamin A, infant feeding, immunization, ITN, ORT, Antibiotics for ARI)
- É Pediatric formulations, pricing

- É supply management
 - É training of health workers
 - É operational support for clinics/centers
 - É treatment of opportunistic infections
 - É nutritional support
4. **Protection, care and support for orphans and vulnerable children:** Provide basic services including education, healthcare, nutrition and psycho-social support to children and adolescents driven into poverty and deprived of protective family environment
- **Interventions: Services for Orphans and Vulnerable Children:**
 - i. education: school fees, books, uniforms, assessments, vocational training
 - ii. nutrition + food
 - iii. health care
 - iv. family/home support + community-based responses
 - v. Economic and psycho-social support
 - vi. Prolong lives of parents
 - vii. Resources for families and caregivers

The campaign aims to scale up efforts in line with the Millennium Development Goals and recent global commitments to AIDS

5.6 Abuse, Neglect and Exploitation of children- Articles 16 and 27

5.6.1 Measures in Place to Protect the Child from all Forms of Physical and Mental Violence

(i) Legislative Measures

In respect of physical violence of children, both the Criminal Code operative in the South and the Penal Code operative in the North provide that while a parent, guardian, teacher or master may correct a child or apprentice under the age of 16 years by means of corporal punishment, such punishment **MUST NOT** result in the infliction of a wound or grievous harm.

In addition, no correction is justifiable which is unreasonable in kind or in degree, taking into account the age, physical and mental condition of the child on whom it is inflicted. Nor is physical correction justifiable where by reason of his tender years the child cannot understand the purpose for which it is inflicted. (**Section 295 of the Criminal Code and 55 of Penal Code**).

However the *Childs Rights Act* prohibits all forms of corporal punishment and other forms of physical and mental violence against children such as childhood marriage, and child abuse within the home.

Sections 21 and 22 of the Childs Rights Act provide that:

*the age of 18 years is capable of contracting a valid
ly, a marriage so contracted is null and void and of no
effect whatsoever*

22.(1) No parent, guardian or any other person shall betroth a child to any person.

(2) A betrothal in contravention of subsection (1) of this section is null and void.

23. A person –

(a) Who marries a child, or

(b) To whom a child is betrothed, or

(c) Who promotes the marriage of a child, or

(d) Who betroths a child

Commits an offence and is liable on conviction to a fine of N500, 000 or imprisonment for a term of five years or to both such fine and imprisonment”

The Federal Ministry of Justice has completed a draft - **Elimination of Violence in Society Bill 2006**, already sent to the National Assembly for its passage into Law. The bill has several sections defining violence against women and prohibiting such acts of violence against women and the girl - child in the society. The Bill was drafted in line with Nigeria's International obligations.

In support of the proposed Federal Law, some State Houses of Assembly have recently made legislation to prohibit violation of girls/women's rights and punish perpetrators of violence especially in the states. The Houses of Assembly of Benue, Delta, Edo, Jigawa, Kaduna, Lagos, Abia, Anambra, Ebonyi, and Katsina States are already at different stages of passing domestic violence prohibition Bills. The following legislation are already in place:

- Law to Prohibit Girl-Child Marriages and Female Circumcision. Law No.2 of **2000** of Cross Rivers State.
- A Law to Prohibit Domestic Violence Against Women and maltreatment. Law No.10 of **2004** of Cross Rivers State.
- Inhuman Treatment of Widows (Prohibition) Law **2004** of Edo State
- Malpractices Against Widows and Widowers (Prohibition) Law **2005**, of Anambra State

(ii) Administrative Measures

The Federal Ministry of Health has since 2004 commenced the commemoration of the -Female Genital Mutilation (FGM) Day on the 6th day of February. In year 2005 as part of the programmes to mark the International Day of Zero Tolerance and to commemorate the -Female Genital Mutilation (FGM) Day, series of activities and intervention involved training about 120 nurse tutors - on integration of FGM prevention and management into the schools curricula of Nursing/Midwifery/Public health Nurses/ community Health Officers - in four health zones, namely South East, South West, North East and South South.

Other interventions include:

- A Joint ministerial press briefing on FGM
- Symposium for secondary school teachers and journalists on FGM

lawmakers, policy makers, gate keepers, traditional/religious leaders to create awareness and behavioral change

- Production and distribution of I.E.C materials.
- Electronic and print media round table discussions

These activities have created an increase in the level of public awareness nationwide, while some eleven states including Edo, Delta, Ogun, Ondo, Ekiti, Osun, Cross Rivers, Bayelsa, Rivers, Ebonyi and Oyo have passed legislation prohibiting FGM.

The Federal Ministry of Women Affairs also in commemorating the annual 16 days (25th November ó 10th December every year) of Zero Tolerance Activism on Violence Against Women, conducted a sensitization training program for about 50 Police Officers on the issues of violence against girls/women and the need to change the perspective that domestic violence - particularly is not a domestic issue but a violation that calls for sanctions.

A one-day media forum was also held in October 2005 to sensitize the press and enlist their support in the campaign on Violence against Women and the girl-child as part of the commemoration.

The Federal Ministry of Women Affairs is planning to establish a temporary shelter for victims of violence against women and the girl - child to provide guidance and counseling, facilitate access to justice and provide basic health and services to girls/women whose rights have been violated.

The Nigeria Police Force has initiated pilot juvenile complaint desks in police stations across the country. In Ebonyi state, a drop-in centre was set up by government for people to lay complaints on abuse of children. The NHRC has the mandate to receive and investigate complaints on violence against children while the special rapporteur on child rights handles some of these complaints.

(iii) Social and Educational Measures

Information dissemination about the dangers of violence against children forms a significant part of the mass awareness programmes of NCRIC. In addition some NGOs have embarked on enlightenment campaigns targeted at children, parents, teachers and communities on ways of reducing susceptibility of children to physical and mental violence.

(iv) Age at First Marriage

Information on age at first marriage is presented in Table 5.14. The median age at first marriage was 17.0 years for females and 24.0 for males. By age 24, ninety one per cent of the females have been married compared with 50 percent of their male counterpart. Marriage was generally earlier for both females and males who had never attended school and those with Quranic education, in the rural areas, the North West and North East Zones.

Table 5.14—Median age at first marriage

Characteristics	Female Median Age	Male Median Age
Location		
Rural	15.0	22.0
Urban	20.0	26.0
Zones		

	18.0	23.0
	15.0	26.0
North West	14.0	20.0
South East	19.0	29.0
South South	19.0	26.0
South West	21.0	26.4
Educational level		
No. Education	15.0	20.4
Primary	18.0	25.0
Secondary	20.0	26.0
Higher	24.0	28.0
Quranic Only	14.0	20.0
Total	17.0	24.0

Source: National HIV/AIDS and Reproductive Health Survey Report, 2003

5.6.2 Measures Prohibiting Injury to and Abuse of Children

(i) Legislative Measures

The Child's Rights Act 2003 makes wide provisions prohibiting various forms of abuse of children including:

- Prohibition of exposure to use, production, and trafficking of narcotic drugs, etc (**Section 25**)
- Use of children in criminal activities (**Section 26**)
- Prohibition of exploitative labour (**Section 28**)
- Prohibition of buying, selling, hiring or otherwise dealing in children for the purpose of hawking or begging for alms or prostitution (**Section 30**)
- Unlawful sexual intercourse with a child (**Section 31**)
- Prohibition of recruitment of children into the Armed Forces (**Section 32**)
- Prohibition of Bodily harm and tribal marks (**Section 24, CRA 2003**)

At state level, a number of laws have been enacted to protect children from abuse. Bauchi State enacted the **Hawking by Children (Prohibition) Edict No 11 of 1985**. Under the Edict, parents or guardians who send out their children for hawking in contravention of the Edict are liable to a maximum punishment of one-month imprisonment without an option of fine.

(ii) Administrative Measures

Social welfare offices at state and federal level provide support and care to children who are victims of abuse and injury. However, lack of funds greatly hampers the ability of governments to provide adequate support. NGOs, CBOs, media organisations and concerned individuals have however contributed immensely towards bringing the issues of abused, neglected and injured children to public notice including the rehabilitation of such children.

All Forms of Exploitation Against Children

The Child's Rights Act 2003 criminalizes the exploitation of children, including exploitative labour, (Section 28), sexual abuse and exploitation (Section 32), and other forms of exploitation (Section 33). Bauchi State enacted **Juveniles Accompanying Koranic Mallams (Prohibition) Edict No 9 of 1985** to prohibit the exploitation of children through the Almajiri practice.

5.6.4 Information on Children Suffering All Forms of Violence, Abuse, Neglect, Maltreatment or Exploitation. Article 27

The nature of family-related violence and the economic dependency of the victims on the perpetrators, usually parents, guardians, other adult relatives, or employers discourage victims from complaining or taking up legal action. Such violent acts are perpetrated within the confines of the home and are hidden from public view.

The National Human Rights Commission was established in 1995 to create an enabling environment for extra-judicial recognition, promotion, protection and enforcement of human rights, in addition to providing a forum for public enlightenment and dialogue on human rights. They have been up and doing in the area of giving redress to aggrieved and violated persons who suffer from any violation of their human right including children.

There is a paucity of data on the number of cases reported under child abuse, because most cases of child abuse are done in family settings and mostly go unreported.

Table 5.15 below, shows the categories of child abuse and the negligible number that was recorded between year 2000-2005.

Table 5.15: Categories of Child Abuse

Year	Access to the child	Neglect	Abandonment	Abduction	Abuse
2000	-	1	2	-	-
2001	-	3	6	1	2
2002	1	5	5	1	2
2003	3	-	8	3	3
2004	1	3	10	1	1
2005	4	9	10	2	6

Source: National Human Rights Commission: 2006

5.6.5 Concrete Measures Taken to Ensure that Children Within the Extended Family Situation are not Exploited or Abused as Domestic Workers.

The practice of extended family, fostering and apprenticeship provide the framework for most cases of abuse of children as domestic workers. The traditional family assistance to children of poorer parents is usually not associated with economic exploitation and abuse. Traditionally, members of the extended family may take the child of a family member to live with them, with the responsibility to provide education, training and care for the child. NGOs in partnership with some UN agencies and NAPTIP have embarked on public awareness

c work which includes exploitation of children within the purpose. These campaigns are currently on going.

CRA 2003, Sections 28(1) (b) (d); and 30(2)(a) makes provision for the protection of children who are under the care of family/relations from abuse and exploitation

5.6.6 Specific Programmes for the Prevention and Combating of the Ill Treatment of Children, Child Abuse and Neglect

Between 2001 and 2006, there have been several enlightenment programmes to raise awareness on the rights of children and against ill treatment of children. These measures include:

- The Children's Parliament, which raises issues concerning ill treatment of children, among other things.
- Children's Day celebrations (May 27), World Day Against Child Labour (June 12), Day of the African Child (June 16) and other international Days for children are usually used to create awareness on the plight of exploited and deprived children across the country at the federal, state, local government and community levels.
- Public enlightenment programmes by NGOs and government agencies on the rights of the child and prevention of abuse and neglect of children through radio, television, community and drama presentations, and through Parent/Teacher Associations in schools are ongoing.
- Festivals of Arts and Culture, school debates and many other such programmes provide opportunities for the rights of children to be highlighted by government officials and others involved in child rights protection.

5.6.7. Steps Taken to Combat the Illicit Transfer and Non-Return of Children Abroad.

(i) Legislative Measures

Legislative measures against human trafficking, including trafficking in children, have been taken at the national level by the federal government and at the state levels by some state governments. At the National level, the **CRA** under **Section 30(2)(b)** provides that *'a child shall not be used as a slave, or for practices similar to slavery such as trafficking of the child, debt bondage etc.'*

Sections 223-225 of the Criminal Code, applicable in Southern Nigeria, and **Articles 278-280 of the Penal Code**, applicable in Northern Nigeria provide for sanctions against human trafficking. **Section 34 of the 1999 Constitution** prohibits slavery and forced labour.

Further, the ***Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003*** prohibits trafficking in human persons and provides for the rehabilitation of victims of trafficking. In line with this Act Nigeria established the **National Agency for the Prohibition of Traffic in Persons and Other Related Matters (NAPTIP)** in August 2003.

Moreover many States, notably Edo and Cross River, have passed laws criminalizing human trafficking, especially the movement or transfer and non-return of human beings, including children, abroad.

res

A number of administrative measures have been undertaken to combat illicit transfer and non-return of children. In September 2001, the Federal Government inaugurated an interó Ministerial Committee on Human Trafficking, to deal with all issues on human trafficking, including the repatriation and rehabilitation of trafficked victims. This evolved into the office of the Special Assistant to the President on Human Trafficking and Child Labor.

In 2003, the Government of Nigeria in a systematic effort to fight trafficking set up the **National Agency for the Prohibition of Traffic in Persons (NAPTIP)** pursuant to the Act vesting it with the responsibility for *‘investigation and prosecution of offenders thereof and the counseling and rehabilitation of trafficked persons’*.

Cooperation Agreements have been signed between Nigeria and Spain, Italy, Benin and Saudi Arabia. Two coordinating groups and an Anti-Trafficking Network have been set up by the Agency, with the support of the United State Department of State and UNICEF to facilitate synergy and convergence on combating Child Trafficking in Nigeria

The Anti - Trafficking Network has been established in 11 Southern Nigeria trafficking endemic States of Ogun, Lagos, Ondo, Delta, Edo, Akwa Ibom, Cross River, Rivers, Ebonyi, Imo and Abia for sensitization and awareness creation of people at the grassroots to stem the problem of trafficking from source.

With the emerging trends, focus has also shifted to identifying the major routes for trafficking situated in the Northern States, consequently an assessment of the situation of child trafficking in Borno, Yobe, Jigawa, Adamawa, Taraba and Kano States was conducted to provide an update on the magnitude, sources, transit routes, perpetrators and destinations of children trafficked in these states leading to the expansion of the Network to another 11 States in the North namely Kano, Katsina, Yobe, Borno, Niger, Jigawa, Sokoto, Kebbi, Kwara and Taraba, bringing the total to 22 states.

Strong partnerships have been developed both at national and state levels with the Police, Immigration, non-governmental organization and other governmental agencies to address the problem of child trafficking.

An Annual Report, fact sheets and Victims Support Manual have been published and circulated widely. About 24,000 copies of ***Trafficking in Persons (Prohibition) Law Enforcement and Administration Act*** have so far been circulated to educate, sensitize and create awareness on the malaise of child trafficking. The Nigeria Immigration Service (NIS) and other border control agencies, including the Nigeria Customs Service (NCS), have intensified operations at the borders to check the illegal movement or transfer of children across the borders.

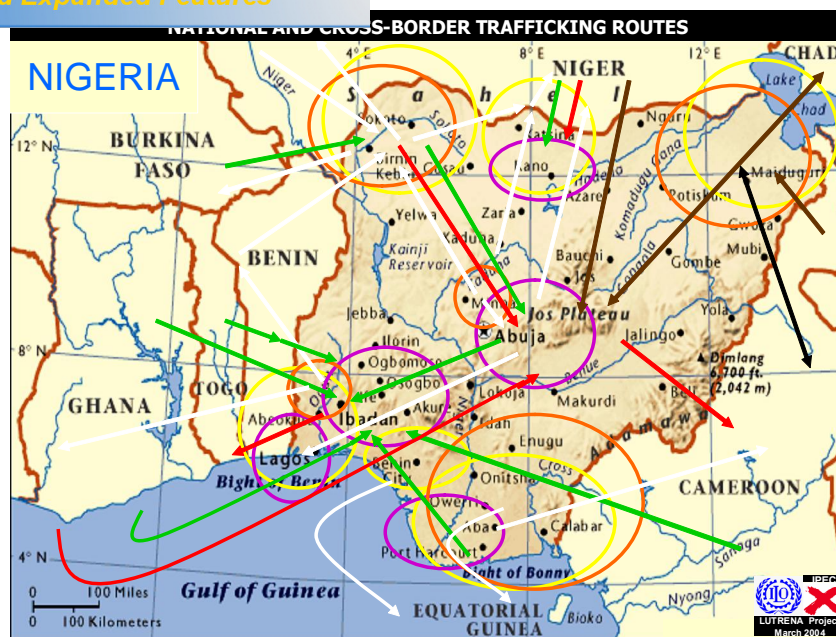
The Immigration Service recently established a specialized Anti-Human Trafficking Department. The Nigeria Police Force also has a unit dealing with internal and external trafficking. Several Non-Governmental Organizations (NGOs) have undertaken awareness programmes on the issue of human trafficking, especially of children.

The impact of Nigeria's cooperation with countries of destination has resulted in an increase in the level of arrest and prosecution of those involved in women and child trafficking and other forms of sexual exploitation. Development partners and international agencies and NGOs have given materials and technical support to NAPTIP to assist in the rescue, rehabilitation and social reintegration of trafficked persons.

achievements of NAPTIP in collaboration with some UN UNODC are here recorded:

- Increased rescue of children and arrest of traffickers
- Collaborative effort for victim support (rehabilitation/ reintegration)
- Expanded networking with donors, government and CSOs
- Additional resources for advocacy, social mobilization/publications
- International cooperation agreements signed between Nigeria - Spain, Italy, Benin and U.K
- Capacity building provided by UNICEF, ILO, UNODC for the Police, Immigration and NAPTIP officers on improved investigation techniques
- Investigations of over 82 child trafficking cases have been completed, while 21 cases were presently filed in different courts across the country.
- 7 culprits have been convicted and are serving 2-7 years jail terms for TIP offences in Nigeria.
- UNICEF facilitated the development of standardized procedures from arrest to repatriation of children.
- With the support of SIDA and UK Nat Com, UNICEF facilitated the establishment of the following:
 - 7 Youth Resource Centres to provide health, skills, leaning, legal support and information to young people in Edo, Delta, Kano, Akwa Ibom, Sokoto, Ebonyi and Imo States
 - 6 Transit shelters established in Kano, Edo, Akwa Ibom, Abuja, Sokoto and Lagos States
- Situation Analysis and Assessment of child trafficking trends was completed in 22 endemic states
- With the assistance of the Italian government and ILO/PATWA, the Monitoring Centre was established and V- Sat donated to NAPTIP which has greatly improved documentation, reporting and communication with partners in and out of the country on child trafficking
- With the support of the US State Narcotics Department and UNICEF, State Working Groups made up of government operatives were established in 22 States to accelerate information sharing, arrest and investigation on child trafficking
- UNICEF supported the expansion of the initiative to include a network of CSOs on TIP through WOTCLEF
- An NGO Forum and a Tourist Operators network have also been established in Kano Zone
- Trafficking routes updated by ILO LUTRENA as shown in Figure 5.6

s updated by ILO LUTRENA



Source: ILO Lutrena, 2006

Tables 5.16 (a) and (b) indicates the monthly record of victims in year 2005 and 2006 and the agencies/organizations involved in rescue of child victims, while figures 5.7 to 5.11 below illustrate the number of Nigerian children trafficked and rescued, the age range of victims and number of victims in various shelters including those reunited families.

Table 5.16(a) Monthly record of victims –November 2005-March 2006

Month	Year	Number
November	2005	4
December	2005	38
January	2006	44
February	2006	4
March	2006	45
Total		135

Source: NAPTIP Reports, July 2006

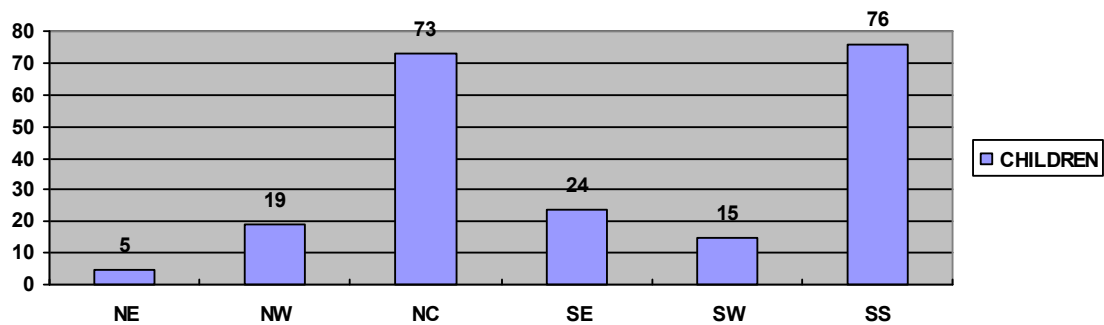
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Organizations involved in rescue of victims – March 2006

Agency/Organization	Number Rescued
NAPTIP	21
Police	96
Immigration	16
Individual	2
Total	135

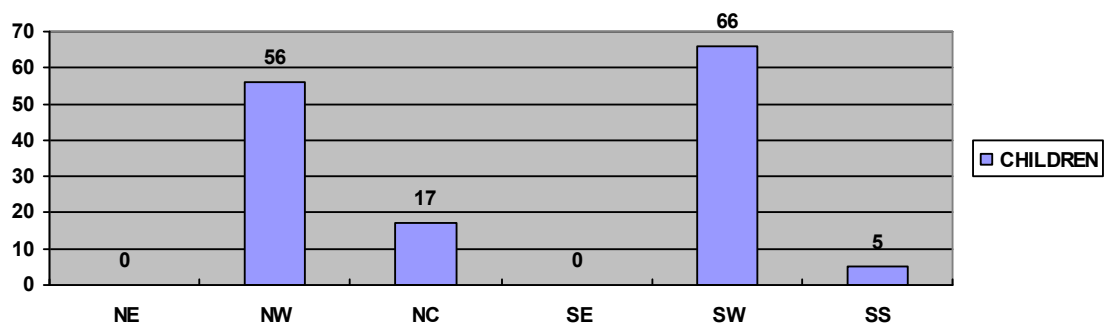
Source: NAPTIP Reports, July 2006

Figure 5.7: Number of Children Trafficked By Zones of Origin from Jan 2004- Dec 2005



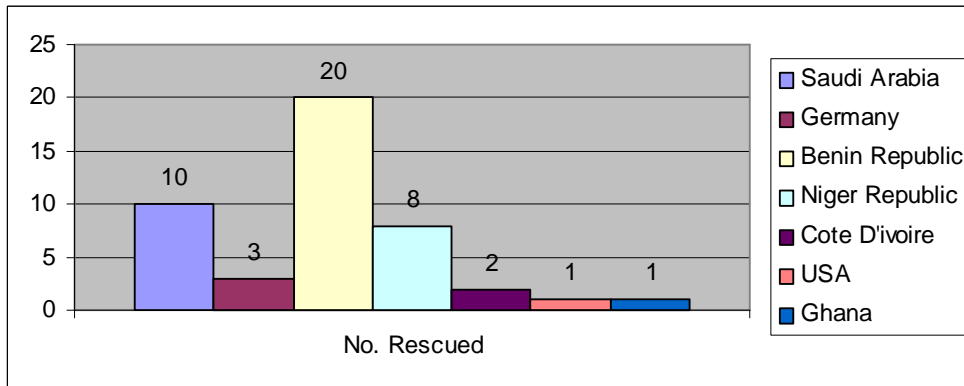
Source: NAPTIP Reports, 2006

Figure 5.8 Number of Children rescued by zones



Source: NAPTIP Reports, 2006

Figure 5.9 Number of children rescued from different countries



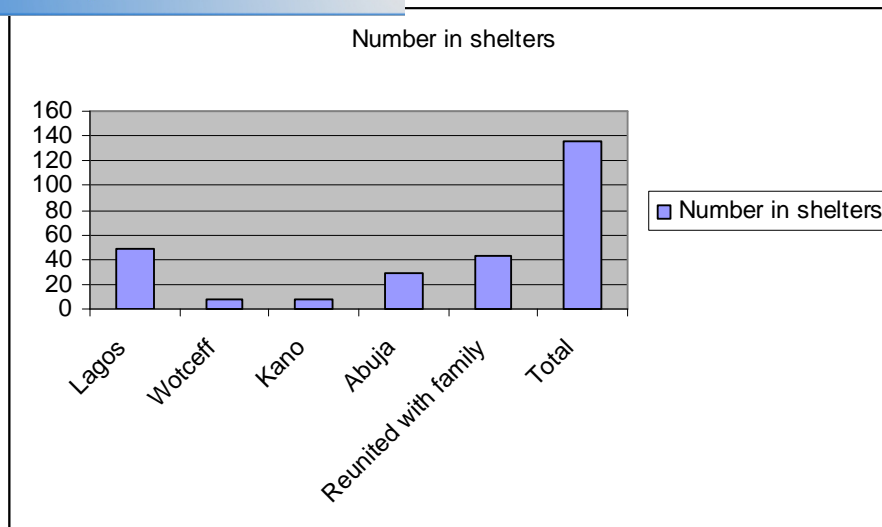
Source: NAPTIP Reports, 2006

Figure 5.10 Age Range of victims



Source: NAPTIP Reports, 2006

Victims in shelters



(iii) On going efforts at enforcing anti – trafficking laws by Government, NGOs and other development agencies include:

- Participation in the ECOWAS Declaration Against Trafficking and ECOWAS Initial Plan Of Action Against Trafficking.
- A Cooperation Agreement between NAPTIP and IOM, was signed in November 2004, with the objectives of stemming the tide of women/child trafficking. The Memorandum of Understanding covers capacity building for NAPTIP on Counseling and Rehabilitation of victims of trafficking. This MOU also agrees on a Performance Monitoring Plan to monitor progress in counseling and rehabilitation, prevention and criminal justice.
- The Government conceded to International Organization for Migration (IOM) the free use of a shelter facility in Lagos for a period of ten years. IOM renovated the building and agreed with NAPTIP on a co-management scheme. Another shelter exists in Edo State, in Benin City under similar arrangements. Both shelters are for temporary assistance, and hosts rescued trafficked children brought in by NAPTIP for counseling and rehabilitation.
- Edo State Ministry of Education with support from IOM carried out a pilot project to introduce into high school curricula the issues of trafficking in persons and HIV/AIDS, which started from the 2004/2005 academic year.
- The financial support from the Swedish International Development Agency (SIDA) resulted in the piloting of two Youth Resource Centres in Edo and Delta States. The centres aim at providing young people with information, skills and opportunities to reduce their vulnerability to trafficking, HIV/AIDS, violence and crime. Other similar centres are being considered for Sokoto, Ogun, Kaduna, Bauchi and Ebonyi states
- At present, about 10,000 adolescent and young people have been reached in the two states through peer-based activities on life skills, peace building and HIV/AIDS

computer, health and recreation equipment were procured for

- From project resources, computers, shelves, reading tables and books have been procured for the Catholic Institute for Development, Justice and Peace (CIDJAP) youth centre in Enugu.
- The African Network for the Prevention and Protection Against of all Forms of Child Abuse and Neglect, (ANPPCAN) Nigerian Chapter was supported to establish two sentinel centres to monitor child protection abuse in Enugu and Port Harcourt.
- The signing of a multi-lateral Cooperation Agreement to combat human trafficking was signed in 2005 between Nigeria, Niger, Benin, Togo, Burkina Faso, Cote d'Ivoire and Sierra Leone
- The Federal Ministry of Health through the Integrated Management of Childhood Illnesses Strategy is creating awareness in the community through the training of Community Resource Persons (CORPS) in counseling on Child Abuse and Neglect.
- The Federal Ministry of Labor, Employment and Productivity in collaboration with the ILO trained about 30 Labor and Factory Inspectors on how to identify forced labor and human trafficking in the formal and informal sector on 3rd to 4th June, 2006.
- Awareness creation workshop for Faith Based Organizations in the Southern States and also in the Northern States on Child Labour and Trafficking held in Owerri on 28 November 2005 and Minna in July 2005 respectively.
- Radio jingles in four major Nigerian languages (Igbo, Hausa, Yoruba and Pidgin English) are on going to create behavioral change on issues of child labour and trafficking.
- Thousands of posters and fliers were produced to create awareness on the evils of child labour and trafficking
- Directory of Faith Based Organisations in Nigeria and brochures were produced to encourage and promote networking amongst different organizations and combat child labour and trafficking in the civil society.

Challenges

Even though there is a marked decrease in the forms of trafficking which formally used to take place unchecked and unreported, but trafficking in women and children as well as different forms of exploitation of women/children still continue to pose a problem in the country despite several measures put in place by the government and various international and non governmental organizations.

There is therefore the need to establish more pipelines for repatriation of children/women victims of trafficking at local, State, national, regional and international levels. The institutional mechanism for monitoring, reporting on trafficking, and rehabilitation and reintegration needs to be further strengthened.

It is imperative to initiate stronger coordination with other neighboring States to encourage endorsement of collaborative trans-national agreements to combat both the supply and the demand dimensions of children/women trafficking in Nigeria.

Cluster Six—Basic Health and Welfare Articles-5, 13, 14, 20 and 26

6.1 Survival and Development – Article 5

Nigeria has shown keen commitments to promote and protect the rights of the child to basic health and welfare, through principal legislative and administrative policy measures.

(i) Legislative and Policy Measures on Health and Welfare

The *Constitution* of Nigeria, in **Sections 13, 14 (2) (b), 17 (3) (c) and (d)**, enjoins the federal, state and local governments, and all persons and authorities exercising legislative, executive and judicial powers, to ensure that the welfare and security of children and adult persons remain the primary purpose of government.

The **Child's Rights Act, 2003**, in **Section 13** provides for the child's rights to health and health care services and imposes the duty on all levels of government and relevant bodies responsible for the healthcare and welfare of a child. It states that every child is entitled to enjoy the best attainable state of physical, mental and spiritual health.

The law mandates the reduction of infant, and under- five mortality rates and the provision of necessary medical assistance and child health- care services to all children with emphasis on the development of primary health care, and the combating of childhood diseases and malnutrition within the framework of primary health care through the application of appropriate technology.

(ii) Health Policies

The **National Child Health Policy of May 2005** provides a long-term direction for protecting and promoting the health of children. It provides a holistic and integrated vision for child health, bringing together in one document all key policy elements to promote child health and development. The document elaborates on core responsibilities of the different tiers of government and major stakeholder and provides the framework for planning, management, delivery and supervision of services to address critical problems affecting child care in the target group.

In addition, a National Response Plan of Action on Orphans and Vulnerable Children (OVC), **2006-2010** has been developed with the establishment of an OVC Unit in the Federal Ministry of Women Affairs; the Unit coordinates the work of Government, private organizations and collaborating agencies in the development of the Plan of Action.

The National Plan of Action on OVC when fully mainstreamed would address the needs of OVC at various locations in the country.

Measures to reduce mother-to-child transmission include a plan to accelerate access to Anti-Retroviral Therapy (ART) by reaching 250,000 people living with HIV/AIDS (PLWHA) in need of treatment by the end of year 2006. In addition, a National ARV programme for treatment of children infected by HIV/AIDS has recently started.

policies in the health sector that are relevant to the child. Most among these, is the National Health Policy and Strategy (2004) which emphasizes Primary Health Care as the key to development of the health care delivery system in Nigeria. The main health policy targets are the same as the health targets of the Millennium Development Goals- particularly reduction by two-thirds, between 1990 and 2015, the under-5 mortality rate and the maternal mortality rate.

Other relevant policies and documents includes the:

- National Policy on HIV-AIDS (2003)
- National HIV/AIDS and Reproductive Health Survey (2003)
- National Policy on Health Promotion (2004)
- National Policy on Malaria Control (2005)
- National Health and Insurance Scheme (2005)
- National Policy on Infant and Young Child (2005)
- National Guidelines on Micronutrients Deficiencies control in Nigeria (2005)
- National Guidelines and Strategies for Malaria Prevention Control During Pregnancy (2005)
- National Strategic Framework and Plan for VVF Eradication in Nigeria (2005-2010)
- National Reproductive Health Policy and Strategy (2002- 2006)

In general, the provision of health services is the responsibility of federal, state, and local governments in collaboration with civil society and NGOs. The services are organized in a three-tier health care system:

- Primary Health Care, which is largely the responsibility of local governments, with the support of the State Ministries of Health;
- Secondary Health Care, which provides specialized services to patients referred from the primary health care level and it is the responsibility of the State governments;
- Tertiary Health Care, which provides highly specialized, referral services to the primary and secondary levels of health care delivery system is situated in the domain of the federal and state governments.

Primary health care services in Nigeria include health education; adequate nutrition; safe water and sanitation, reproductive health, including family planning; immunization against five major infectious diseases; provision of essential drugs and disease control. The policy document requires that a comprehensive healthcare system delivered through the primary health centres should include maternal and child health care among other indices.

Challenges

As at 2005, the health sector was characterized by wide regional disparities in status, service delivery, and resource availability. The relatively poor progress recorded in infant and under-five mortality could be attributed to a number of constraints, principally the weak capacity of the health care system to meet the basic needs of children and women, mainly due to poor funding, lack of community involvement in programs, inadequate human capacity development, poor inter-sectoral collaboration, and duplication of efforts.

rapid rate of increase in the prevalence of both HIV/AIDS and death of the parents from AIDS have been constrained by a low level of education among the populace, poor access to health care services, poverty, discriminatory and harmful socio-cultural practices especially affecting the girl-child and women. The government is yet to translate the current policies into more reality and action.

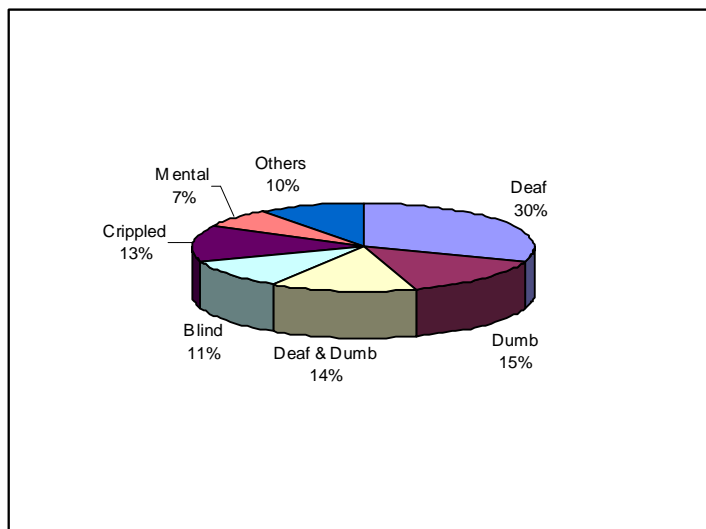
6.2 Children with Disability – Article 13

6.2.1 Status of the mentally and physically challenged child

The **Nigerian Constitution**, under **Sections 16 (2) (d) and 17 (3)**, recognizes physically and emotionally challenged children as a vulnerable group that needs to be supported financially, materially, technically and be protected against all forms of exploitation and abuse and their welfare adequately promoted and protected.

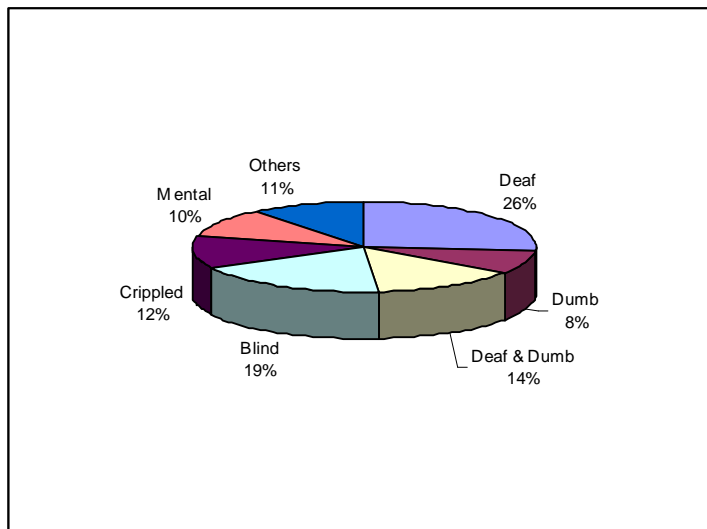
The breakdown of types of disability for children aged 0-14 and for females of all ages, as reported by the 1991 census postulations, is shown in figure 6.1(a) and (b). As can be seen, among children the most common type of disability is deafness (30%), to which should be added those who are both deaf and dumb (an additional 14%). Deafness is also the most common form of disability among females.

Figure 6.1(a)—Percentage breakdown of types of disability of Children 0-14 years



Source: 1991 Census (NpopC, J-1998)

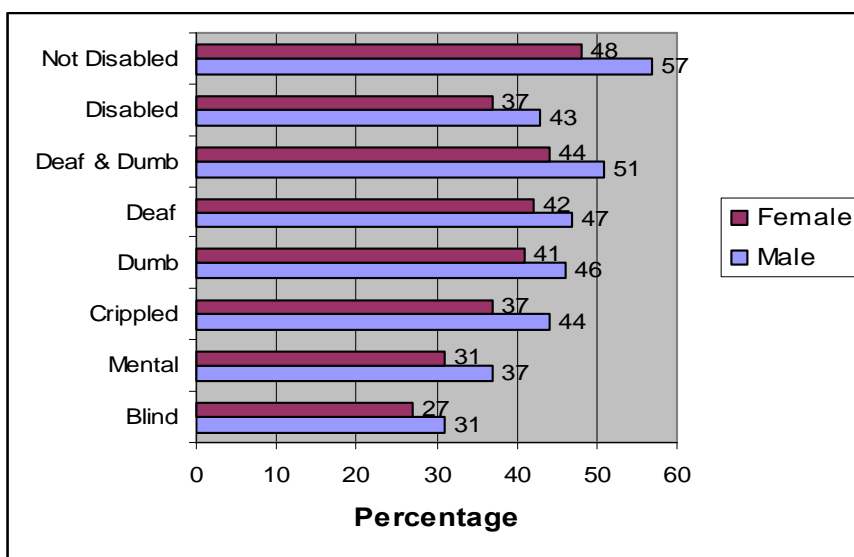
breakdown of types of disability for Females- all ages



Source: 1991 Census (NpopC, J-1998)

The educational disadvantages faced by physically challenged children result in lower literacy levels compared to the total children population. Figure 6.2 which provide information on literacy rates for the physically challenged and non - physically challenged populations aged six and above, shows certain disparities. Only 37% of physically challenged females were literate, compared with 43% of physically challenged males and 48% of non-physically challenged males. Certain categories of the physically challenged, in particular the blind and those with mental disabilities are in the most disadvantaged situation with respect to education.

Figure 6.2—Literacy rates by types of disability



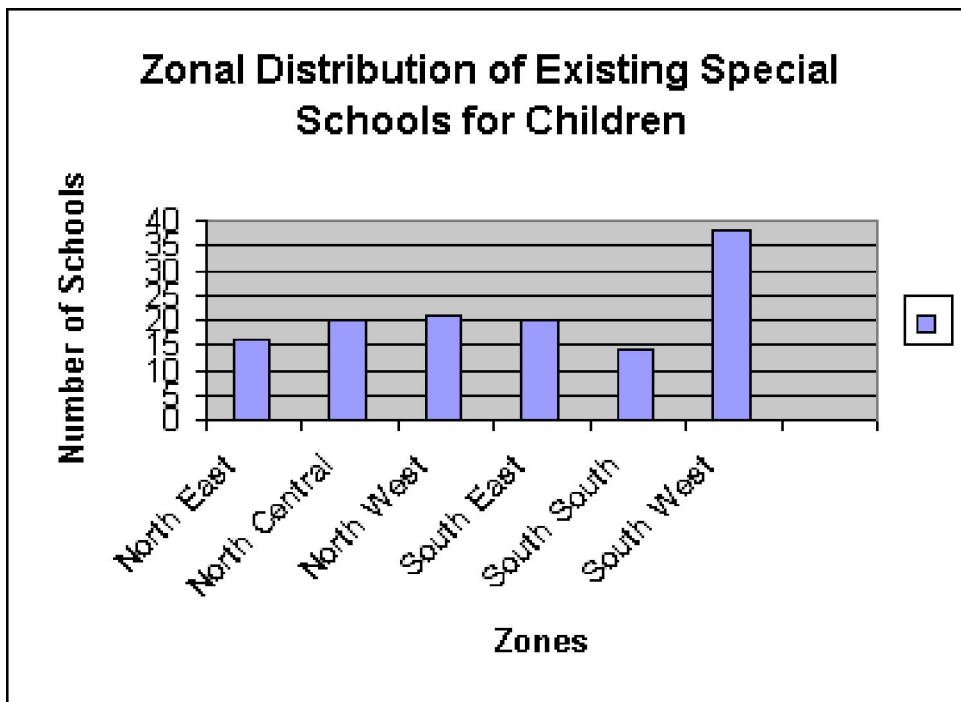
Source: 1991 Census (NPopC, j-1998)

the most comprehensive services provided by the States to children with severe disabilities. The **National Policy on Education (2004)** makes provision for such education, stating that it is intended to equalize educational opportunities for all children, irrespective of their physical, mental or emotional challenges. Alongside the Federal and State Governments, NGOs and religious organizations have been especially active in the provision of education, welfare and rehabilitation services for the physically challenged children.

The various governmental and non-governmental organizations also operate vocational training centres, special schools and homes for physically challenged children in different parts of the country.

In all, there are several institutions providing special education for physically challenged children. These cater for their various needs, although schools for those with visual impairments are especially prominent. There is a marked zonal disparity in the distribution of these schools. The South West has the largest number of schools for physically challenged (see Figure 6.3). Overall, the number of institutions is still insufficient to meet the educational needs of physically challenged children.

Figure 6.3—Zonal Distribution of Special Schools for physically challenged children



Source: Federal Ministry of Education (Women and Basic Education, Primary and Secondary Education Department Abuja) 2005

distribution of population of physically and emotionally challenged children. The rate of literacy of children varied with age and sex. About half of physically and emotionally challenged children were not literate. The Female population were less literate than male children.

Table 6.1: Disability by Age, Literacy Status and Educational Attainment

Age	Total Disability	%	Literate	%	Not Literate	%
6-9	161,631	100	91,942	56.9	69,689	43.1
10-11	47,510	100	23,526	49.5	23,984	50.5
12-17	50,302	100	32,686	65	17,617	35
Male						
6-9	76,292	100	47,564	62.3	28,728	37.7
10-11	24,446	100	12,517	51.2	11,929	48.8
12-17	27,605	100	18,890	68.4	8,715	31.6
Female						
6-9	85,339	100	44,379	52	40,961	48
10-11	23,064	100	11,000	47.7	12,055	52.3
12-17	22,698	100	13,795	60.8	8,902	39.2

Source: Nigeria 1991 Population Census-Post Enumeration Survey (PES) by NPopC/UNFPA 2002

Table 6.2: Number and Percentage Distribution of Persons 6-24 with Disability by Educational Attainment

Total Population 6-24 with Disability	Number	Percentage
Literacy Status		
Pop. 6-24 with disability	2947	100
Illiteracy	1381	46.9
Literacy	1566	53.1
Educational Attainment		
Primary	689	44
JSS/Modern	212	13.5
SSS/Tech	211	13.5
Poly/University	33	2.1
Other	409	26.1
NR	12	0.8
Total	1566	100

Source: Nigeria 1991 Population Census-Post Enumeration Survey (PES) by NPopC/UNFPA 2002

The rate of disability of children per 1000 is 3.1 and 3.0 for ages 0-5 and 6-11, and in these age groups disability does not vary greatly by sex. For ages 12-17 the rate of disability increases from that in childhood, to 4.2 disabled persons per 1000. The rate is higher among male than female.

at the Rights of Physically and Emotionally

- All the states in the country have special education and/or rehabilitation centres.
- Physically and emotionally challenged children have access to scholarship in some States as well as, free medical care, school bus, recreation facilities and book subsidies.
- They are provided with support gadgets like crutches, wheel chairs, tricycles, hearing aids, and Braille machines to facilitate their development.
- They are encouraged to take part in sports, and many special sports are being designed for their convenience and active participation.

6.2.3 Special Measures and Policies that Relate to Care of Physically and Emotionally Challenged children

- The **National Policy on Education** (revised in 2004) and the **Blue Print on Special Education** prescribes the welfare and care of physically and emotionally challenged children.
- The **National Reproductive Health Policy and Strategy** serves as an effective national platform for strengthening reproductive health activities in Nigeria and facilitates the achievement of improved health, well being, and overall quality of lives of all children and people of Nigeria including physically and emotionally challenged children.
- The government through the **National Programme on Immunization** and **Food Fortification Programmes** effectively put in place annual plans to detect, control and eliminate the occurrence of outbreaks of diseases affecting child health, growth and development and in particular those that cause impairments and disabilities of all sorts in children.
- Integrated Management of Childhood Illness (IMCI) strategy coverage has expanded from 6 to 24 states.
- Establishment of schools, homes, and rehabilitation centres in most states for the physically and emotionally challenged children and others in difficult circumstances, is ongoing by government, non-governmental organizations and Faith Based Organizations. The rehabilitation centres provide care and emotional stability for these children.
- Physically and emotionally challenged children are trained in crafts and other occupational jobs like carpentry, tailoring and weaving amongst others in the centres mentioned above.

Except for the provisions made in the rehabilitation centres, there are no general specialized services for the physically challenged children.

However, the cumulative effect of *Child's Rights Act, 2003 (Sections 11, 13 and 16)* guarantees the rights of physically and emotionally challenged children to their dignity, self-reliance, active participation in community as well as access to training, health care and rehabilitation services.

Effective intervention in favour of physically and emotionally challenged children

- Capacity building for caregivers and teachers, with a view to ensuring self-actualization for the physically and emotionally challenged children is ongoing.
- Intensification of advocacy activities by government and non-governmental organizations, to the general public
- Provision of adequate budgetary allocations for programmes for the physically and emotionally challenged children.
- Monitoring and evaluation of progress made in the care for the physically and emotionally challenged children.
- Timely data collection on issues relating to physically and emotionally challenged children.
- Early detection of disabilities where feasible to be carried out *in utero*
- Setting up more schools for the physically and emotionally challenged children
- Create more specialized teacher - training colleges to handle children with special needs
- Equip the public schools with modern facilities to meet the need of children with special needs.

6.2.5 System of tracking physically and emotionally challenged children and type of disability

The government tracks physically and emotionally challenged children including by type of disability. The National Population Census of 1991 identified seven categories of physically and emotionally challenged children aged 0-14. The categories were; speech, speech and hearing, visual, hearing, physical and mental impairments and others. It should be noted that this information is limited in scope to children under 15 years old.

The percentage distribution of types of disability for the children were hearing (30%), speech (15%) speech and hearing (14%), physically challenged (13%), visually impaired (11%) mentally impaired (7%) and others- (10%).

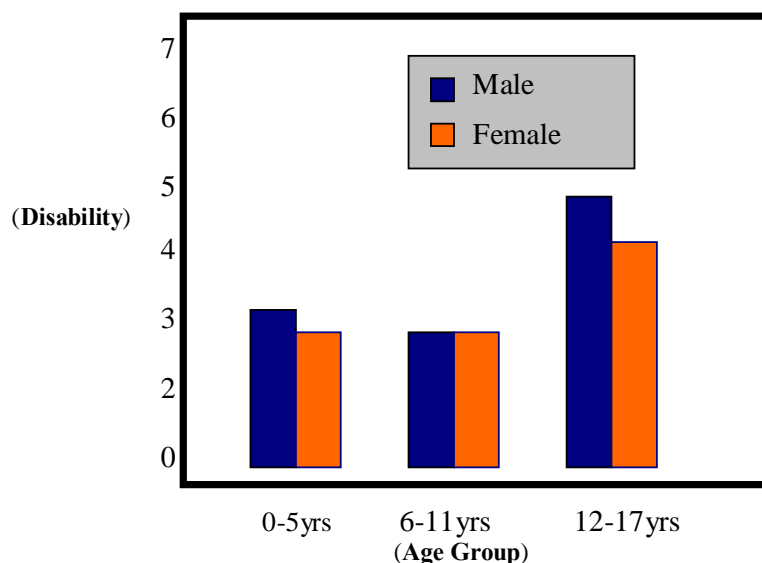
6.2.6 Programmes and services available to physically and emotionally challenged children.

Special educational facilities are the most comprehensive and well-focused services provided by the government to meet the special needs of physically and emotionally challenged children. The **National Policy on Education** makes provision for such education, stating that it is intended to equalize educational opportunities for all children, irrespective of their physical, mental or emotional challenges. Along side the Federal and State Governments, UN Agencies like UNICEF, UNDP, WHO and UNFPA and NGOs plus faith based organizations have been especially active in the provision of education, welfare and rehabilitation services for such physically and emotionally challenged children.

Disability for Children

The rate of disability of children per 1000 is 3.1 and 3.0 for ages 0-5 and 6-11 respectively, and in these age groups disability does not vary greatly by sex. For ages 12-17 the rate of disability increases from that in childhood, to 4.2 disabled persons per 1000. The rate is higher among males than females.

Figure 6.4—Chart Illustrating Disability Rates



Source: Nigeria 1991 Population Census-Post Enumeration Survey (PES) by NPopC/UNFPA 2002

Table 6.3—Level of Disability among Population 0-17 by Age and Sex

Age Group	Population			Disability			Disability Rate /1000			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Ratio
0-5	8,911,055	8,524,344	17,435,399	28,622	25,017	53,639	3.2	2.9	3.1	110
6-11	8,356,153	7,937,909	16,294,062	24,966	23,495	48,461	3	3	3	100
12-17	6,125,750	5,869,711	11,995,461	27,814	22,842	50,655	4.5	3.9	4.2	115

Source: Nigeria 1991 Population Census-Post Enumeration Survey (PES) by NPopC/UNFPA 2002

6.3 Health and Health Services Article 14 (CRA Section 13)

6.3.1 Steps taken to reduce under-age marriages

The 2003 NDHS indicated that 26.9% of child-brides had given birth before they were 18 years old. About 35.8% of teenagers aged 15 to 19 were either already mothers or pregnant with their first child.

Most of the States in the country take various steps to reduce under age marriages, including:

- Advocacy workshops highlighting the negative impact of under-age marriages;
- Radio and television programmes and discussions.

Universal Basic Education with emphasis on free and all children up to age 15.

- Programmes that encourage enrolment and retention of the girl-child in schools, including the States for Accelerated Girls Education Project(SAGEN) supported by UNICEF
- Most states in Northern Nigeria e.g. Bauchi, Zamfara and Kano have enacted laws on compulsory education for girls, and against their withdrawal from schools for marriage.

At the national level, the *Childs Rights Act, 2003* puts the age of marriage at 18 years, and by virtue of **Section 21** and **23** Childhood marriages and betrothals are prohibited.

6.3.2 Measures to ensure the highest attainable standard of health and health facilities

Several measures have been taken by government to ensure the rights of the child to the enjoyment of the highest attainable standard of health and health facilities in all parts of the country ó particularly:

(i) Policy issues

- The **National Primary Health Care Development Agency** - was created in **1992** to supervise and provide technical support to the 18,428 such centres nationwide.
- Other policies focusing on the rights of the child to optimal health include the **National Food and Nutrition Policy 2001** from which a **National Committee on Food and Nutrition**, with membership from line ministries and other stakeholders, draws its annual programmes.
- The **HIV/AIDS Policy** was reviewed in **2003** to include prevention of mother - to child - transmission, and Pediatric HIV/AIDS, thus making it more comprehensive.
- The **National Breastfeeding Policy** of **1999** promotes exclusive breast-feeding for 6 months and thereafter continued breast-feeding with adequate locally sourced complementary food for 2 years and beyond for every child, except where the mother is unable to do so for health reasons.
- The **National Water Supply and Sanitation Policy** of **2000** reviewed in 2004 aims at increasing access to potable water and sanitation utilities coverage from the initial 40% to 60% by the end of 2003, 80% by 2007 and 100% 2011.

(ii) Programmes

- The National Programme on Immunization organizes national and sub national immunization days all through the year and provides vaccines for routine immunization. There is an intense campaign to eradicate Poliomyelitis.
- The baby-friendly-hospital initiative continues to be a cost effective approach to child survival and development through promotion, protection and support of exclusive breastfeeding for six months, and continued breastfeeding with adequate complementary foods for two years and beyond.
- Integrated Management of childhood illnesses through the PHC centres is now being expanded to cover families and communities both in the rural and urban areas.

- focus on massive awareness creation, the availability of Antiretroviral (ARV) drugs (including pediatric - anti retroviral drugs), the prevention of **mother-to-child** transmission of HIV as well as care of HIV/AIDS orphans and treatment of opportunistic infections.
- Adolescent Reproductive Health guidelines, including sexuality education, have been adopted and promoted in Nigeria. Safe motherhood programme is another successful programme, providing essential obstetric care that ensures the health of the neonate and the survival of the mother.
 - Micronutrient control programme focuses on iodisation of salt, which is about 98%, Vitamin A supplementation for children and breastfeeding mothers in the first 6 weeks including iron supplementation, and de-worming of school children.
 - The onchocerciasis and guinea worm control programmes are on going.
 - The **Roll Back Malaria** initiative was recently adopted to control malaria. Through this programme insecticide treated bed nets (ITNs) and anti - malaria drugs are made available at affordable prices.
 - The Federal Government has set into motion mechanisms to get the ITN to the rural populace, who are usually the most at risk by subsidizing the costs.
 - The Bamako Initiative is implemented in all the PHC centres to ensure ready availability of essential drugs. Also the role of the **National Agency for Food, Drugs and Administration Control (NAFDAC)** in combating the menace of fake and sub-standard drugs contributes to child survival.
 - The National Health Management Information System (NHMIS), established by the Federal Ministry of Health, promotes health data management for planning, evaluation and balancing of health services and to correct inadequacies.
 - In addition, **Section 13 of the Child Right Act, 2003** guarantees every child the enjoyment of the best attainable state of physical, mental and spiritual health,

6.3.3 Mortality Rates

Table 6.4 below shows data on infant and under five mortality rates, disaggregated by gender, region and sector. According to MICS 1999 data, **Infant Mortality Rate (IMR)** was 90 per 1000 live births. Boys had an IMR of 100 per thousand compared to 76 per thousand among girls. Infant Mortality Rate was considerably higher in rural areas (95 per thousand) than in urban areas (69 per thousand). Zonal figures were 80 per thousand in South West, 73 per thousand in South East, 97 per thousand in North West and 68 per thousand in North East.

The National **Under-Five-Mortality Rate (U5MR)** was estimated at 168 per thousand. Under-five mortality was higher among boys (183 per thousand) than among girls (149 per thousand). Under-five Mortality rate was higher in the rural areas (182 per thousand) than in urban areas (126 per thousand). Zonal figures were 117 per thousand in the South West, 138 per thousand in the South East, 220 per thousand in the North West and 151 per thousand in the North East.

The infant mortality rate estimated by the 2003 NDHS is significantly higher than the estimates from both the 1990 and 1999 NDHS surveys. The earlier surveys underestimated deaths in some regions of the country so it is difficult to compare those rates with the 2003

2003 NDHS is most likely due to better data quality than to dying children.

Table 6.4—Under-five-mortality rates
Probability of dying between birth and exactly five year of age per 1000 live birth

	MICS 1999		NDHS 2003	
	IMR	U5/MR	IMR	U5/MR
National	90	168	109	217
Gender				
Male	100	183	116	222
Female	76	149	102	212
Regional				
South West	80	117	69	113
South East	73	138	66	103
North West	97	220	114	269
North East	68	151	125	260
South South	n.a	n.a	120	176
North Central	n.a	n.a	103	165
Sector				
Urban	69	126	81	153
Rural	95	182	121	176

Source: MICS 1999; NDHS 2003

6.3.4 Distribution of general and primary healthcare services

Table 6.5 shows the distribution of health facilities by tiers and geo-political zones as at 1999. However, there are no data on the balance between preventive and curative health care. The fact that there are 18,458 primary health care facilities representing 86% of total health facilities is indicative of the priority the government gives to community/rural health care.

The secondary health care facilities contribute 14% and the tertiary less than 1%. This suggests the need for improvement in both secondary and tertiary health facilities, qualitatively and quantitatively. The public sector contribution to PHC is high (61%) while the private sector dominates the Secondary Health Care.

Table 6.5—Distribution of Health facilities in tiers and geo-political zones 1999

Geopolitical zone	Primary Health Care			Secondary Health Care			Tertiary health Care		
	Total	Private	Public	Total	Private	Public	Total	Private	Public
South West	3,466	1,290	1,848	1,444	1,191	253	6	0	6
South East ¹	1,812	1,195	617	551	515	36	6	0	6
South South ²	1,939	680	1,259	635	490	145	7	0	7
North Central	4,981	1,882	3,099	404	195	209	4	1	3
North East	2,461	333	2,126	100	20	80	2	0	2
North West ³	3,599	364	3,235	141	37	104	4	0	4

12,184	3,275	2,448	827	29	1	28
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1-Excluding data from Anambra and Ebonyi

2-Excluding data for Cross river

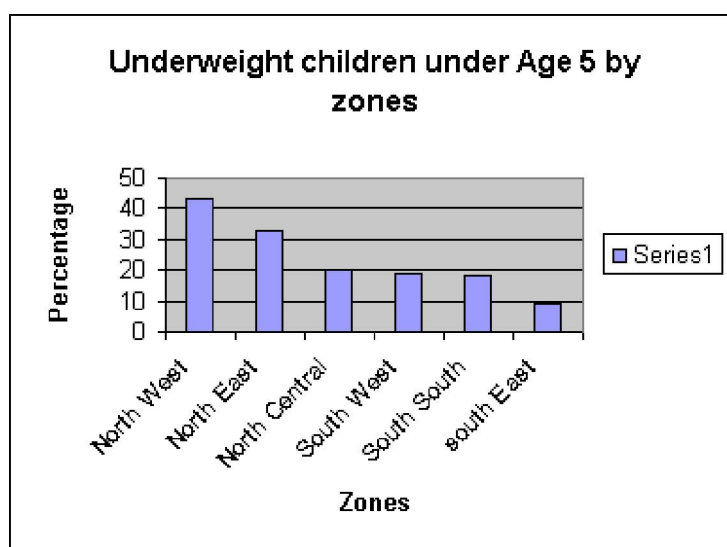
3-Excluding data from Kebbi

Source: National Health Management Information System (FMOH)

(i) Incidence of Low Birth weight

Figure 6.6 shows the regional disparities with North West zone having the highest number of children (43%) that are malnourished and severely under weight, while the South East indicated the lowest - (9%).

Figure 6.6 - Underweight Children under Age 5 by zones



Source: NDHS 2003

Children's nutritional status is reflective of the overall health indices. Tables 6.7 (a) and (b) indicates different levels of nutritional status in Nigeria from 1999-2004. Thirty two per cent of children were stunted or too short for their ages. Rural areas had a higher prevalence of stunting than urban areas in the three years, (38% and 23% respectively) in 1999 and (34% and 19%) in 2004.

Stunting was more prevalent among boys (35%) than girls (31%). Zonal figures showed that South West had the lowest prevalence of stunting (22%), with the other zonal figures being 29% in the South East, 39% in the North West and 46% in the North East.

The results also showed that in 1999, 16% of the children were wasted, while urban (13.6%) and rural (15.9%) figures are indicated. The results in 2004 show a downward trend of 3% wasting at national level, whilst the urban also shows 4% and the rural figure of 3%. The

North West being the highest with 12.3% from South West

The prevalence of under weight children which was 30.3% in 1999 shows a decreasing trend in 2003 and 2004 with sectoral desegregation of urban areas (20.2%) and rural areas (34.5%). Zonal distribution had South West (21.1%), South East (24.1%) North West (35.4%) and North East (39.8%).

In 2003 the level of under weight showed a downward trend of 28.7%. Stunting increased from 32.0 in 1999 to 38.3% in 2003 but decreased in 2004 to 29%

By these measures, it is obvious that child malnutrition is worse in rural areas than in urban areas. Also, the Northern zones had the highest prevalence of child malnutrition.

Table 6.7(a)—Nutrition Indicators for under-five (%) 1999 and 2003

	MICS 1999			NDHS 2003		
	Under Weights	Stunting	Wasting	Under Weights	Stunting	Wasting
National	30.3	32.0	16.0	28.7	38.3	9.2
Gender						
Male	31.9	34.9	15.3	29.2	40.8	9.3
Female	28.3	30.8	14.9	28.1	35.9	9.2
Region						
South West	21.1	22.4	14.0	19.1	24.6	8.6
South East	24.1	29.3	12.3	8.5	19.7	4.9
North West	35.4	38.9	17.8	42.9	55.3	12.5
North East	39.8	45.9	16.3	33.1	43.0	7.9
North Central	n.a	n.a	n.a	19.6	31.4	5.5
South South	n.a	n.a	n.a	18.0	20.9	11.1
Sector						
Urban	20.2	22.8	13.6	22.2	28.8	8.3
Rural	34.5	37.9	15.9	31.8	42.9	9.7

Source: FOS/UNICEF MICS 1999, NPopC/ORC MACRO NDHS 2003

Nutrition Indicators for under-five (%) 2004

Background Characteristics	Underweight	Stunting	Wasting
National	19	29	3
Sector			
Urban	14	19	4
Rural	21	34	3
Regions			
South West	18	22	1
South East	11	13	4
North West	24	36	4
North East	21	32	3
North Central	12	22	3
South South	18	26	3

Source: NPopC/NDHS 2004

(ii) Access to safe water

Table 6.8 shows access to safe drinking water by place of residence and geo-political zones in Nigeria for the periods 1999, 2003 and 2006. Overall only 42% of the population had access to safe drinking water in 2003. This is on the lower side compared with 54% for 1999 and 50% in 2006. Urban areas had higher figures (70.6% in 1999, and 64.6% in 2003 and 72.8 % in 2006) compared with rural areas (48.2%, 29.8% and 39.6%) for 1999, 2003 and 2006 respectively.

There was a significant margin in the access to safe water across the geo-political zones. It is observed that North West zone had the highest percentage (66.9%) with access to safe drinking water in 1999, South East had the highest rate (68.8 %) in 2003 while South West recorded the highest rate (73.1%) in 2006.

6.8—Access to safe drinking water

		1999	2003	2006
National		54.2	42.3	50.9
Place of residence	Urban	70.6	64.6	72.8
	Rural	48.2	29.8	39.6
Geo-Political Zones	North Central	-	34.4	48.5
	North West	66.9	37.9	50.2
	North East	49.1	21.6	30.3
	South West	59.3	51.1	73.1
	South East	38.4	68.8	40.3
	South South	-	53.7	45.5

Source: MICS 1999, NDHS 2003 and NBS CWIQ 2006

(iii) Routine immunization coverage

In Table 6.9, the national immunization coverage for polio shows a national coverage of 33%, 27%, 21% and 29% for the periods of 1990, 1995, 1999 and 2003 respectively, which indicates a declining trend. The table also shows continued decreasing immunization coverage for DPT and measles, while BCG showed a marginal increase compared to the 1999 levels.

The government of Nigeria has shown increasing commitment and determination to achieve the health MDGs including MDG4. The NPI is being restructured for more effective decentralization. There is increased attention to routine immunization which has led to a change in the polio eradication initiative making it less vertical with plans to add other antigens and child health interventions. Whilst the target of 65% coverage for DPT3 was not achieved in 2005, the national average reached 40% with three states (Ebonyi, Edo and Ogun) plus FCT reaching the 2005 DPT3 target of 65%.

Table 6.9—Immunization Coverage 1990 -2003

Percentage of Children 12-23 months who received specific vaccines

Vaccines	NDHS 1990	MICS 1995	MICS 1999	NDHS 2003
DPT	33	28	24.8	21.4
Measles	46	40	35.8	35.9
Polio	33	27	21.1	29.4
BCG	61	52	42.9	48.3

Source: MICS 1995, 1999; NDHS 1990, 2003

Table 6.10 below shows that the rate of breastfeeding in children below 2 months rose from 2% in 1990 to 25.3% and 26.2% in 1999 and 2003 respectively. Also in children 2-3 months, the rate increased from less than 2% in 1990 to 14.2% in 1999, and within a four-year period, the rate increased by 5 points to 19.3%.

Table 6.10—Exclusive Breastfeeding

Age	1990	1999	2003
Below 2 months	2.0	25.3	26.2
2-3 months	-	14.2	19.3
4-5 months	-	7.7	8.7

Source: FOS (NDHS1990), NPopC (NDHS 1999, 2003)

Breast-feeding of newborn babies does not record any difference on ground of sex, place of residence or educational status of mothers.

To encourage exclusive breastfeeding among working mothers, crèches are established within the office environment, especially in the tertiary health facilities and some states such as Oyo, Kogi, Kwara and Niger states and Abuja. In the same vein states like Kano and Enugu have extended the duration of maternity leave beyond twelve weeks.

In addition, governments at all levels are coordinating enhanced advocacy strategies in order to improve the rate of breastfeeding in Nigeria

(vi) Post-natal Healthcare

As reported in the National HIV/AIDS Reproductive Health Survey of 2003, the proportion of women that received postnatal care for their last pregnancy out of women that gave birth within the last 5 years preceding the survey was 41 per cent for the country as a whole. The proportion varied considerably with the characteristics of the women. Higher level of education was associated with utilization of post-natal care, as the proportion that received the service increased progressively from 20 per cent among women who did not attend school to 86 per cent among those with tertiary education. Geographically, 31 per cent of rural dwellers received post-natal care compared with 67 per cent of urban dwellers, and by zone, the proportion ranged from 22 per cent in the North West to 68 per cent in the South West.

Challenges

The following factors have been found to contribute to the low utilization of services on health care and have adversely affected access to qualitative health care, as indicated by the Core Welfare Indicator Questionnaire (CWIQ), of the Federal Office of Statistics (FOS) survey:

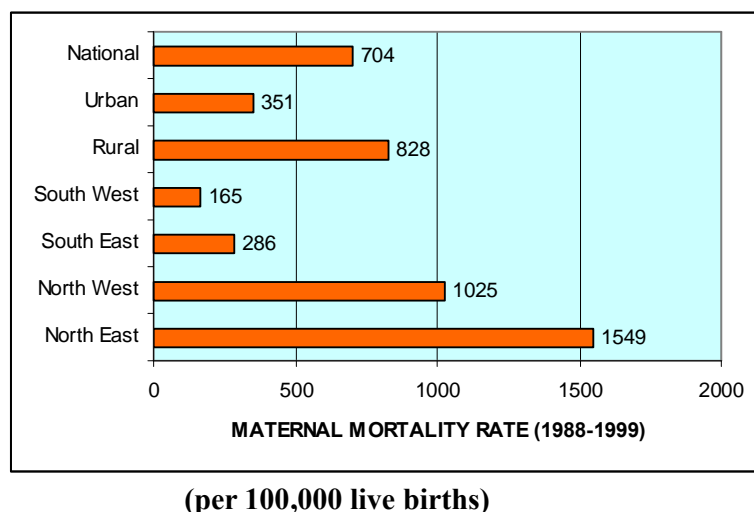
- The negative attitudes of health personnel;
- Poor skills of health facility staff;
- The absence of drugs in many facilities;

es for antenatal and delivery services in many government

(vii) Maternal Mortality

Figure 6.5 shows that the National Maternal Mortality Rate (MMR) was 704 per 100,000 live births in 1999. The figure reveals huge urban/rural and zonal disparities in the maternal mortality rate. The figure shows that MMR was more than twice as high in the rural areas (828 per 100,000 live births) than in the urban areas (351 per 100,000 live births). The North East zone has the highest maternal mortality rate (1,549 per 100,000 live births), which is ten times higher than the South West. (165 per 100,000 live births).

Figure 6.5— Maternal Mortality Rate by Zones , Urban and Rural areas



Source: MICS 1999 (FOS/UNICEF, A-2000) , SAA- 2001

The main causes of maternal mortality according to **National Health Information Management System (FMOH)** data are:

- Malaria, accounts for 32% of mortality,
- HIV/AIDS and other sexually transmitted infections diseases (15%)
- Pregnancy related diseases e.g. high blood pressure, eclampsia, Anaemia.
- Teenage pregnancy.

(viii) Health Education

Health education for all segments of societies is one of the bedrocks of the PHC Policy. At the secondary and tertiary health care levels, health education units exist to promote delivery of appropriate information on health, using communication packages designed for specific groups in the health sector. The goal of health education is to achieve the desired behavioral change required to attain optimal health by the general populace irrespective of their situation in life.

HIV/AIDS education remains a major challenge with the national prevalence rate of 4.4% (2005 Sentinel Survey) and highest state variation rate of 10% portend great danger of an epidemic outbreak in years ahead if not contained.

education is to promote behavioral change among children and adolescents. In addition to the series of advocacy and sensitization activities mounted at the field and state levels, peer education at the primary school level is an increasing activity to stem the spread of the scourge among primary school pupils.

Series of training programmes were carried out in 2004 (by UNICEF in collaboration with Federal Ministry of Health) to strengthen institutional and individual capacity for HIV/AIDS protection and prevention:

- 300 pupils and 90 teachers were trained on life skills based education as a major strategy for achieving better protection techniques for child survival in the North East States
- 60 teachers and school counselors from Edo and Bauchi States were trained on Life Skills.
- 1,354 teachers were updated on Family Life Education and HIV/AIDS curriculum, training of FME Critical Mass Staff.

Under the UNICEF/FGN 2002 to 2007 Programme Plan of Cooperation, the protection and participation section of UNICEF has as part of its objectives the following:

- a. To provide adolescents and young people with adequate information on health-HIV/AIDS prevention, care and support in 774 LGAs.
- b. To provide life skills and youth-friendly services in at least 111 focus LGAs to improve their health-seeking behaviour.
- c. To institutionalize reproductive health and HIV/AIDS prevention and care initiative into the NYSC scheme.

Under this scheme and based on the defined objectives, UNICEF in collaboration with the NYSC recorded the following results in year 2005:

- 84,061 corps members had access to adequate information on reproductive health and HIV/AIDS prevention and care through the NYSC scheme in order to increase knowledge levels in all LGAs among young people for HIV/AIDS prevention.
- Learning - in the 37 Youth Corp camps, all over the country- for young people was reinforced through the provision and distribution of materials such as television sets, video machines and megaphones. Others included the reprint and distribution of advocacy materials including fliers and posters.
- The peer education programme in schools and HIV/AIDS prevention activities in communities in all States and the FCT was reinforced with 6,676 volunteer corps members trained and deployed as peer education trainers through the NYSC scheme.
- Increased numbers of children and young people received HIV/AIDS counseling and referral services in schools and communities at a minimal cost nation-wide from 284 trained volunteer corps members who were also trained peer education trainers.
- Increased support and commitment of key stakeholders on the NYSC reproductive health, HIV/AIDS prevention project and posting of volunteer NYSC peer education trainers to focus LGAs has ensured the provision of adequate information on HIV/AIDS to adolescents and young people in focus communities.

Inadequacy of Counselling and Guidance

The National Education Policy recommends the establishment of guidance and counseling units in primary and secondary schools. This is to ensure that children receive adequate counseling and guidance including education on HIV/AIDS and reproductive health. However, to date these units exist only at the secondary school level, as the counselors are inadequate in number.

In some states, youth centres have been established to provide recreational, information and counseling services. There is a national reproductive health guideline/strategy. Government and NGOs collaborate in advocacy and awareness creation programmes on reproductive health including HIV/AIDS.

Challenges

The current level of health education status is still being hampered by the following factors:

The inadequate number of health educators;

- The low integration of health education into major child survival programmes;
- The grossly inadequate number of health education units nationwide;

(x) Prevalence of HIV/AIDS

Administrative and Policy measures

The Federal Ministry of Health in collaboration with other stakeholders through the Medium Term Plan of Action for Health Sector Reform, aims at achieving tangible improvements in seven key areas: Primary Health Care, Disease Control, Sexual and Reproductive Health (including STDs and HIV/AIDS), secondary and tertiary health care, drug production and management coordination with development partners, and organization and management of health care delivery.

Since the inception of the present government, the national HIV/AIDS response has enjoyed significant political commitment as evidenced by the fact that the Presidential AIDS Council, the highest decision making body on HIV/AIDS is chaired by the President. The implication of this is that the campaign against HIV/AIDS is being led by the President of the Federal Republic of Nigeria, and has already extended to other arms of government and opinion leaders. HIV/AIDS control has been integrated into the country's Primary Health Care System with decentralization to the LGAs, as a cornerstone policy that integrates HIV Control at the grassroots with responsibility put in the hands of women.

The National Action Committee on AIDS (NACA) is charged with ensuring multi- sector and multi-level participation of relevant stakeholders. State Action Committees on AIDS (SACA), Local Government Action Committees on AIDS (LACA) and Community Based Action Committees on AIDS (CACA) were also set up in furtherance of the government's efforts in its fight against HIV/AIDS.

The establishment of NACA, SACA, LACA and CACA, and the provision of free medical care/subsidized drugs and leverage of funds to fight HIV/AIDS, coupled with public enlightenment programmes in the electronic and print media are significant measures to curb the spread of HIV AIDS in the country.

HIV Counselling and Testing (HCT) centers were established alongside the introduction of Prevention of Mother to Child Transmission programme in most States of the federation.

community based care for People Living with HIV/AIDS. The Prevention of Mother to Child Transmission (PMTCT) programme which began with six tertiary sites in 2002 has expanded to over 45 sites and about 42,000 pregnant women have benefited from the Programme.

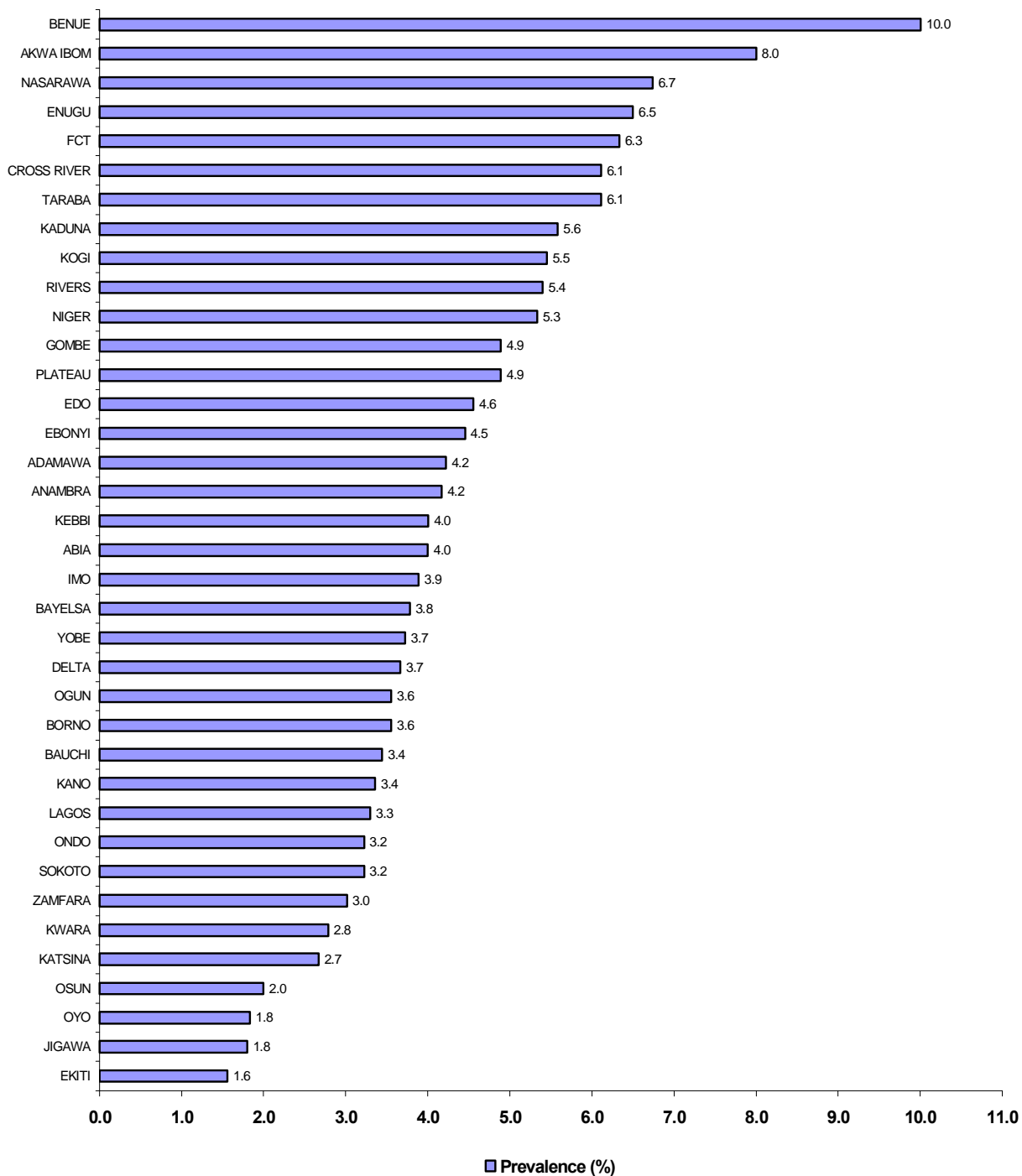
HIV sentinel surveillance was established to monitor trends in the epidemic and assess the impact of the response. The 2005 HIV and syphilis sentinel survey was conducted from August 29 to November 26, 2005. The objectives of the survey were to determine HIV prevalence among pregnant women attending antenatal clinics; assess the trend in HIV prevalence and provide data for estimating and projecting the HIV epidemic in the general population.

The 2005 Sentinel Survey (HSS 2005) involved 36,931 pregnant women attending antenatal clinics in 160 sites (86 urban and 74 rural) in 36 States and the FCT. The survey was managed by a Survey Management Team set up by the Federal Ministry of Health under the chairmanship of the Director of Public Health. The National Action Committee on AIDS (NACA), UN agencies, bilateral agencies and other stakeholders participated as members of the committee. The outcome of the survey is indicated in Figures 3.3 to 3.11 and Tables 3.4 to 3.6. The unlinked anonymous testing strategy was adopted using syphilis and other routine blood tests as entry points. Specimens generated were screened for HIV and syphilis antibodies.

Overall, the HIV prevalence was 4.4% with 95% Confidence Interval (CI), 4.2 - 4.6. Benue State in the North Central Zone had the highest State prevalence of 10% while Ekiti State in the South West had the least State prevalence of 1.6%. In general, HIV prevalence was higher in urban (4.6%) than in rural sites (3.9%). However, this observation was not consistent across the States. The highest site specific prevalence (14.7%) was recorded at Iquita-Oron, a rural site in Akwa-Ibom State. The overall prevalence for Syphilis is 1.5%. ranging from 0.0% in Abia to 7.6% in Rivers.

The HIV prevalence among pregnant women aged 15-49 years has declined over the last few years (5.8% in 2001 to 5% in 2003 and 4.4% in 2005). The same trend has been observed among young pregnant women aged 15-24 years. Several factors linked with the national response explain the observed decline including the effect of the ongoing intervention efforts, the increase in the number of rural survey sites, and death of those previously infected. Based on the current HIV prevalence in the country, it is estimated that about 2.9 to 3.3 million people are presently living with HIV/AIDS.

Country Situation (HSS 2005)



6.3.5 AIDS Orphans

(i) Estimated Number of AIDS Orphans

The estimated number of maternal AIDS orphans in 2001 was about 930,000 children, making Nigeria the country with the highest number of AIDS orphans in the world. Orphans for whom surrogate/foster parents cannot be found amongst extended family relatives are sent to any of the orphanages, throughout the country. Following the West African Regional Conference on Orphans and Vulnerable Children (OVC) held in Yamoussoukro, Cote D'Ivoire, in April 4-8, 2002, Nigeria established an OVC Stakeholders Committee to address the issue of the increasing number of OVC due to HIV/AIDS.

There is on-going support by the government for stakeholders in the development of a national framework of intervention for orphans and other children made vulnerable by HIV/AIDS. Government have supported participation of the country teams to the First and Second regional workshops on Orphans and Vulnerable Children in 2002 and 2004 respectively as well as the First National Conference on OVC held in February 2004. In addition to this support, OVC Forum was organized to hear the voices of Orphans and those made vulnerable by AIDS. An outcome of post-conference/workshop activities is the creation of OVC Units at the national and six geo-political zones of the Country by the Federal Ministry of Women Affairs to coordinate OVC activities at national and zonal levels. States are being encouraged by the Federal Government to create similar coordinating units.

The project played a key role in consultations and evolution of the national coordinating mechanism on OVC, and is working with both the executive arm of government and parliamentarians to move the OVC agenda forward. It has produced an OVC (UNICEF/FGN) Fact Sheet. It supported the cost estimates survey of OVC services and coordinated a country-wide OVC Rapid Assessment, Analysis and Action Planning (RAAAP) process for Nigeria in close partnership with the Federal Ministry of Women Affairs, USAID, UNAIDS and NACA.

The project provided technical support for the government partners and parliamentarians who participated in the Cape Town donors meeting in September 2004. The action plan that was developed during the RAAAP process and presented at the donors meeting in Cape Town in September 2004 is in the process of being finalized and shared with donors and other development partners for funding.

At the field office level, the project supported NGOs, CBOs and FBOs in providing services to orphans and vulnerable children. The project is set to contribute to the implementation of key priority activities that have been identified as crucial to creating an enabling environment for a national response to orphans and vulnerable children in Nigeria.

(ii) Preventive Strategies

The existing orphanages are structured to cater for children only for short periods pending their being fostered or adopted. Factors that discourage adoption are being reviewed in most states. The recently enacted *Child's Rights Act, 2003* when fully mainstreamed should improve the care of the orphans especially when the states begin earnest implementation of the law. At the moment the preventive strategy consists of policy formulation, advocacy and public enlightenment. A community care strategy has become an essential compliment to the massive campaign and public enlightenment.

ected by HIV/AIDS

The priority objectives and strategies needed for a better care of children affected by HIV/AIDS would require a multi-sectoral approach. Consequently the preparation of Nigeria's OVC National Plan of Action 2006-2010, which is now in a final draft form, was guided by the following principles:

- Mobilizing political will to allocate adequate national resources to the care of orphans and children made vulnerable by HIV/AIDS.
- Strengthening the capacity of families and communities to support and care for orphans.
- Stimulating and strengthening community-based responses.
- Raising awareness in communities to create an enabling environment for orphans and children made vulnerable by HIV/AIDS.
- Supporting sustainable communication initiatives aimed at reducing stigma and discrimination.
- Facilitating the involvement of the global community and development partners.
- Supporting institutional care as a last resort.
- Developing guidelines on care and support for orphans and children made vulnerable by HIV/AIDS at all levels.

Furthermore, NACA in collaboration with Ecobank Plc established youth friendly centres in institutions of higher learning across the country for the provision of counseling and psychotherapy for children and youths infected and affected by HIV/AIDS.

6.3.7 Some specific measures to combat harmful practices affecting children's health

Sections 21-25 of the CRA seek to address HTPs such as early marriage/betrothal, tattoos and skin marks and exposure or involvement in the use of narcotic drugs or production of psychotropic substances. Other measures are:

- Advocacy and awareness creation
- Mass media sensitization and partnership in information dissemination
- Legislation by State Houses of Assembly against some of these harmful practices
- Girl child education and adult literacy campaigns.

6.3.8 Measures to ensure equitable distribution of medicines and medical equipment

Various levels of government have undertaken several measures aimed at ensuring equitable distribution of personnel and equipment in the health sector through the following efforts:

- Central purchase and distribution of drugs, equipment and materials
- Establishment of mobile clinics in the remote areas in States like Abia, Ebonyi, Kwara, Plateau, Niger and Anambra states.

ational Health Policy.

- Posting of National Youth Service Corps doctors to rural areas.

6.4 Social Security and Child Care Services – Article- 20.2(a-c)

6.4.1 Social security and Child Care Services and Facilities

Nigeria has a **Social Development Policy (1989)**, which defines social welfare as *“the organized system of social services and institutions designed to aid individuals and groups to attain satisfying standards of life and health, and personal and social relationships which permit them to develop their full capacities and to promote their families and the community”*.

6.4.2 Measures to recognize the right of every child to social security

The above policy commits the government to take measures for the survival and healthy development of all children, including improved access to health services, education, assistance for physically challenged children and the minimization and eventual elimination of child abuse. To achieve its objectives, the government is allocating more resources to programmes affecting health and welfare of children.

However, as with many other government policies and programmes, there has been a gap between the objectives, resource allocation and implementation. The policy became ineffective due to the multi-faceted crisis which engulfed Nigeria in the 1990s, diminishing any effect it could have had, and has, to all intents and purposes, remained unimplemented.

Many States have introduced policies and practices to alleviate the plight of the poor, Kebbi State, for example has a Social Security Trust Board that administers a social security fund to vulnerable children and poor families and individuals. The social welfare department of the FCT, Abuja, is running a similar fund.

Another government initiative targeted at the poor, with special focus on unemployed youths, is the **National Poverty Eradication Programme (NAPEP)**. The impact of this programme is gradually being felt by a large cross-section of Nigerians.

In 2003, a **National Health Insurance Scheme (NHIS)** was launched by the Federal government and children are expected to be the prime beneficiaries through their parents' participation and contribution to the fund.

Informal linkages on social security and child care services exist between the Federal and State Ministry of Women Affairs. In year 2006, new initiatives on women empowerment by the Ministry of Women Affairs in collaboration with financial institutions was launched as the Women Fund For Economic Empowerment (**WOFEE**), a revolving loan scheme for grass root women in Agriculture.

WOFEE aims among other things to facilitate access to land and better goods marketing strategies, business training, infrastructural facilities, better technology, and provision of a supportive policy environment.

WOFEE was established to facilitate direct flow of credit to grassroots women groups, while within the same launching period food processing machines were also distributed. These are implemented to reduce time and energy used while processing foods to generate income and

household level, and above all to defeminize poverty, which in

The Federal Ministry of Women Affairs is also planning a revolving loan for women in business - tagged as the Business and Development Fund for Women (**BUDFOW**)

6.4.3 Challenges

Child and family welfare services, which could have been a vehicle for protecting vulnerable children and women, have been undermined by under-funding and institutional weaknesses emanating mainly because of the country's poor economic indices, not necessarily because of lack of political will.

6.4.4 Information concerning coverage and financial implications of children's right to social security

There is no disaggregated information concerning coverage and financial implications of children's rights to social security, incidence by age, gender, and number of children per family, civil status of the parents, situation of single parents or relationship of social security to unemployment.

6.4.5 Measures to assist parents and others to implement-right to adequate standard of living

Some general measures are taken to assist parents and others to implement the right to an adequate standard of living but there is no data on budget implications, relationship to cost of living and impact on population. The measures over the years include programmes such as: Better Life for Rural Women, Family Support Programme, Family Economic Advancement Programme, Poverty Alleviation Programme, and the National Poverty Eradication Programme to name a few.

However, the impact of these various initiatives is difficult to measure. There is no disaggregated data concerning recovery of maintenance from parents or others having financial responsibility for children in Nigeria.

6.4.6 Measures to impact the child population on material assistance and support programme

The Federal and State Governments have adopted several major policies and programmes with the declared intention of improving the well being of children and protecting their rights.

Some support policies and programmes for children over a wide-range of subjects including education, health, population, social development and children welfare are as follows:

- **National Programme of Action on Child Survival, Protection, Development and Participation** adopted in Nigeria two years after the World Summit on Children of 1990. The programme was designed to meet the children's cluster rights in Nigeria.
- Series of family support programmes which also addressed children's needs.

These programmes are designed to cushion the harsh effects of the poor economic indicators on the family, especially those of low-income earners.

Many State Governments have programmes of giving at least one free meal a day to children in primary schools, while others provide food supplements such as milk and Vitamin A

pay the fees for junior and secondary schools examinations as a way of assisting indigent parents.

6.5 Care for orphans - Article 25

Basically the purposes of establishing orphanages and child care centres is to provide care for children in situation of abandonment, picked up by individual or brought into the homes by bereaved fathers and relatives after the death of their mothers.

The child care centres situated all over the country aims at enhancing the health, nutrition and growth of these children before handing them over for fostering or adoption through the social welfare departments.

The nature of activities carried out in the centres include caring for the babies, seeing to the medical needs which entails paying hospital bills, immunizing the babies at appropriate intervals, ensuring that the babies/children are well fed, clothed and properly catered for until they are given up for adoption or sent to foster homes.

The school age children in some of the orphanages attend normal schools, and some are exposed to informal education and a measure of care and support for daily subsistence.

The extended family care system (though eroded by the measure of poverty in the country) is another avenue used for caring for the general upkeep and care of orphans.

Faith Based Organizations are also taking the lead in caring for orphans by giving psychosocial support, exhibiting a sense of moral and religious duty and commitment to the care of orphans in the country

Cluster 7—Education, Leisure and Cultural Activities- Articles 11 and 12

7.1 Child's Right to Education Articles 11 (CRA Section 15)

7.1.1 Measures taken to protect the right of the Child to Education

(i) Legislative and Administrative

The 1999 Constitution of the Federal Republic of Nigeria provides for free and compulsory education for Nigerian children from primary to junior secondary levels, and this is echoed by the National Policy on Education that serves as the blueprint on education for the Federal and State Ministries of Education.

Consistent with the Government's commitment to the goals of Education for All (EFA) by 2015, the Universal Basic Education (UBE) Programme was officially re-introduced in 1999, and the UBE Office was established in 2000. The office became a Commission in February 2004 with the enactment of the **UBE Act**.

The major objectives of the **Compulsory, Free, Universal Basic Education Act, 2004 and Other Related Matters** as conceived in 1999 and in consonance with the Article 11 of the Charter are indicated in the following terms:

- a) developing in the entire citizenry a strong consciousness for education and a strong commitment to its vigorous promotion;
- b) the provision of free, universal basic education for every Nigerian child of school age;
- c) reducing drastically the incidence of drop-outs from the formal school system;
- d) catering for the learning needs of young persons, who for one reason or another have had to interrupt their schooling, through appropriate forms of complementary approaches to the promotion of basic education;
- e) ensuring the acquisition of the appropriate levels of literacy, numeracy, communicative and life skills as well as the ethical, moral and civic values needed for laying a solid foundation for lifelong learning.

In the same context, the five main national goals of Nigeria, which have been endorsed as the necessary foundation for the National Policy on education, are the building of:-

- a) a free and democratic society;
- b) a just and egalitarian society;
- c) a united, strong and self-reliant nation;
- d) a great and dynamic economy;
- e) a land full of bright opportunities for all citizens.

For effective administration and coordination of the UBE Programme, all states in the country have State Universal Basic Education Board (SUPEBs) and each local government

Education Authority (LEA) expected to implement the UBE

(ii) Budgetary Allocation

Between 2000 and 2001, a total sum of ₦19.87 billion was committed by the Federal Government to the UBE Programme through the National and State Offices. The amount was expended essentially on renovation of classrooms, provisions of new classroom blocks, payment of teachers' salaries and provisions of teaching and learning facilities at the Primary School level. The state governments across the country have maintained a regime of budgeting for and funding such infrastructures and facilities at the secondary school levels.

Currently, the Government through the UBE Commission at the National level and relevant Agencies at State and Local Government levels is engaged in a World Bank financial loan and assistance arrangement for meeting the UBE needs in terms of infrastructure, facilities and teacher education.

In response to the huge challenges the education sector is facing, education was allocated more funds in budget 2006 than any other sector. 8.8% of total budget or 11% of allocations was given to ministries and relevant agencies on education.

7.1.2 Measures Adopted on the Basis of Gender Equality.

The relevant legislative and administrative measures in place for the realization of the UBE Programme and Millennium Development Goals emphasize the principles of ensuring that provisions for UBE are made on the basis of equal opportunities and access for boys and girls in all parts of the country. In most parts of the Northern States of the Country where socio-cultural hindrances militating against girls' education have been noted, extra measures have been taken to address the problem. For example, the Zamfara State Government established a Female Education Commission in 2001, which has boosted girls' participation in primary and secondary education. All states in the Northern parts of the Country fund and encourage boarding school systems for girls as a means of enhancing their education. The Girls Education Project (GEP) is being planned in six focal States of Sokoto, Niger, Bauchi, Jigawa, Katsina and Borno in collaboration with UNICEF and DFID for the promotion of girl-child education, through the Strategy for Accelerated Girls' Education Project.

Section 15 of the *Child's Rights Act 2003* provides for measures to ensure equal opportunities to education for boys and girls in Nigeria. As the different states of the country adopt provisions of the Act, specific laws in these states meant to enhance the realization of equal participation in education will become further operational. This is in reference to such laws as those against childhood marriage, withdrawal of girls from school and hawking. States in the South East, on the other hand, are grappling with the problem of boy-child dropout and for which special programmes (mostly with UNICEF assistance) have been put in place. The promulgation of *Child's Rights Act* as well as the *UBE Act* is strengthening these efforts.

7.1.3 Measures for the Improvement of the Quality of Education.

Budgetary provisions and expenditure for primary and secondary schools infrastructure, facilities, teaching and learning equipment are meant for the improvement of the quality of children's education. Budgetary provisions have, over the years, been inadequate in fully meeting the objective of qualitative basic education in the country.

from UN Agencies like UNICEF and UNESCO has greatly improved educational delivery for children. For example, the four UNICEF Zonal offices in the country have assisted the SUBEBs, LEAs and agencies for mass education in the provision of teaching and learning materials as well as classroom renovation works.

Some State Governments across the country are making concerted efforts through budgetary allocations and implementation for the enhancement of infrastructural facilities in schools.

7.1.4 System to Assess Quality of Learning

The problem of quality of children's education largely informed the strategies adopted in the formulation of the repackaged **UBE** Programme. As at 2003, the **UBE** coordinating office and State SUBEBs had initiated specific measures in curriculum innovation, textbooks development, teacher education and provision of teaching and learning materials in public schools in order to set and maintain uniform standards.

7.1.5 Information on Special and Gifted Children.

There are two secondary schools officially designated for gifted and talented children in the country—the Federal Government Academy, Suleja, and the School for Gifted, Gwagwalada funded by the Federal Ministry of Education (FME) and the Ministry for Federal Capital Territory (MFCT) respectively.

The students are drawn from all parts of the country and from different socio-economic and cultural backgrounds.

7.1.6 Measures to Promote Even Distribution of Schools and Educational Facilities

The **UBE** policy of building new schools and class rooms is to ensure community participation in the sustenance of the facilities. State Primary Education Boards in the North West, North East, parts of North Central and South West, have also been involved in donor-assisted collaborative programmes to address religious and socio-cultural impediments to the uneven distribution of schools and facilities.

In addition, UNICEF supplied building materials for rehabilitation of infrastructures, provisions of VIP toilets and hand pumps to all the 36 Local Government where the Girls Education Project (GEP) is on going. This is to encourage Girls' enrollment, retention and completion.

In Sokoto, Katsina, Jigawa, Bauchi and Yobe States, for example, the 2002-2007 UNICEF assisted programmes seek to promote non-formal education for the development and integration of *Islamiyya* and *Qur'anic* schools with regular primary schools, while the FME has approved the National Policy for the standardization, upgrading and integration of formal education into the Qur'anic Schools system.

In the South West, religious organizations (both Christian and Islamic) have been involved, through the policy of return of schools to religious organizations by state governments, to enhance efforts aimed at addressing the problem of uneven distribution of schools.

Challenges

There are noticeable and empirically established situations of disparities in terms of availability and functionality of educational facilities between urban and rural areas as well as

parts of the country. In the different states and zones, there are and socio-cultural impediments engendering uneven distribution of educational facilities across the country. For example, primary and secondary school infrastructure in the urban areas are better than in the rural areas. In the Muslim dominated states of the North, religious misrepresentation and certain socio-cultural practices like childhood marriage have hampered the distribution of relevant facilities across different geo-political zones in the country.

7.1.7 Corporal Punishment in Schools

The *Child's Rights Act 2003*, in **Sections 11 (a) (b) and 221 (i) (b)**, prohibits corporal punishment in Nigeria, this being a violation of the Child's right to human dignity. Prior to the promulgation of this law, there has been a national policy prohibiting the use of corporal punishment in schools across the country.

7.1.8 Use of Mother Tongue for Teaching Children

The **National Policy on Education** stipulates that the languages of the immediate environment of children should be used in schools during the first three years of primary education. In practice, the multi-ethnic and multi-lingual nature of Nigeria makes the use of mother tongue as a medium of instruction in lower primary school level very difficult especially in the urban areas.

In the rural areas, indigenous languages are predominantly used as the medium of instruction. Examples include the use of Yoruba (South West); Igbo (South East); Hausa, Kanuri, Fulfulde (North West, North East and North central), as well as the *Pidgin English* in the South - South geo-political zones respectively.

At the secondary school level, the implementation of the official policy of teaching the three indigenous languages of, Hausa, Igbo and Yoruba as school subjects in addition to English Language has resulted in Nigerian children learning languages other than those of their parents.

7.1.9 Adequacy of Teachers and Facilities

As shown in table 7.1 below, there was a marginal decrease in the number of male teachers (52.2%) and a marginal increase in the number of female teachers (47.3%) in primary schools by the year 2003. However, a higher percentage of teachers with National Certificate of Education (NCE) were found among female teachers. Partly responsible for this, is government's efforts aimed at expanding access to quality teacher education through the introduction of various continuing education programmes.

Table 7.1—Distribution of Post Primary School Teachers by Qualification and Gender 1991-2002

Year	Grad.Qly		Grd Qly		GRD I		GRD II		GCE A/L		N.C.E		Others		Special		WASC	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1991	29255	12592	10065	2705	2278	782	825	338	0	0	45625	27843	4472	1282	0	0	1049	263
1992	28452	13320	14751	4241	1974	627	680	289	1991	339	45683	30349	4441	948	0	0	583	193
1993	29982	14519	14032	4265	1994	669	663	242	1922	267	45883	31199	4255	983	0	0	629	219
1994	29728	15486	12371	4259	1825	554	801	193	1919	311	45909	33015	4404	886	0	0	690	245
1995	Not available																	

						232	550	192	1717	280	35861	26807	4071	1027	0	0	674	194
1998	37546	19738	13873	4202	1207	250	570	202	1685	283	36967	24603	3755	939	0	0	646	230
1999	10280	33729	30416	18486	742	524	322	65	2	2	26491	22908	16	5	221	53	328	65
2000	11469	4451	31019	20752	768	240	342	72	2	2	27048	23969	16	5	230	86	317	96
2001	13153	5379	32843	23071	842	267	374	98	0	2	27195	25172	14	6	237	106	373	93
2002	13456	4847	34696	24612	1035	378	496	133	946	170	26516	22411	2959	851	249	79	427	105

Source: Baseline Study 2001/Federal Ministry of Education

Contrary to what obtains at the primary school level, according to the 2003 data, there was a wide gap between the number of female teachers (39%) and male teachers (61%) in secondary schools. Partly responsible for this, is the fact that marriage and child upbringing limit women's ability to further their education in order to qualify to teach at the secondary school level unlike their male counterparts. Efforts at reversing this trend include the availability of scholarship opportunities for in-service training for female teachers, especially those in the rural areas under the Girl Child Education Project.

7.1.9.1 Measures encouraging same quality of teaching for boys and girls

In furthering its commitment to promoting gender equality through education, the federal government, through the Nigerian Educational Research and Development Council (NERDC) has completed a gender review process of the curricula used in primary and secondary schools. To enhance the quality of teacher performance and curriculum delivery under the UBE programme, UBEC has institutionalized cluster in-service training programme in nineteen states of the federation.

The Teacher Registration Council (TRC) has since 2004 embarked on efforts aimed at the standardized professionalism of teachers by registering only qualified teachers as members of the council. In collaboration with the Institute of Education in Nigerian Universities, the TRC has expanded access to quality teacher education programmes and introduced the teacher education programme called post graduate diploma in education (PGDE) which caters for holders of degrees in non-education fields as well as ordinary national diploma (OND) and higher national diploma (HND) graduates who wish to become qualified teachers.

The TRC has also reviewed teacher education curriculum to make it more relevant and effective for Nigerian educational system. Secondary school curricular on the following subjects: health education, physical education, Christian religious studies, computer education, citizenship education, French, Fine Arts, Hausa, Igbo and local crafts have been reviewed.

The National Commission for Nomadic Education (NCNE) has continued to train the existing teachers in nomadic schools on the peculiarities and expectations of the nomadic education curricular and also enhanced their knowledge, skills and competences through exposure to new and innovative teaching methods. Till date 2,575 teachers out of a total of 4,218 teachers in 1,350 nomadic schools across the country have been trained.

With regard to educational facilities, records available at the Federal Ministry of education show that in 2002, there were 50,518 public primary schools with 491,751 teachers and 6,844 public secondary schools with 163,348 teachers nationwide. Available statistics indicates that

primary schools in the South West, and South East geopolitical zones of the Country.

There is also a higher concentration of primary and secondary schools in the urban areas than in the rural areas across the country. These imbalances in the pattern of spread of schools no doubt have implications for lower accessibility to schools by children in rural areas or from poor socio economic background/families.

Most states in Nigeria practice the policy of free primary and secondary education for all children. In reality, however, provision of teaching and learning facilities such as books, writing materials, desks, and chairs is shared between parents/guardians/NGOs and governments in most states of the country. In South West and South East States, for example, classroom furniture and teaching materials are provided by state governments while parents are responsible for children's uniforms, feeding, text books and other learning materials.

In some states in the North, government, in addition to providing classroom facilities and teaching materials also provide uniforms (in most cases for girls), mid-day feeding, and textbooks for primary and secondary school pupils. In spite of government and parental support in provision of facilities in schools, teaching and learning equipment still remain inadequate in many schools.

7.1.10 Primary school enrolment and completion of primary education

Data on Gross attendance ratios and Net Enrolment Rate (NER) in primary school by sector, geopolitical zones and gender for 2004 and 2006 are presented in Tables 7.2 and 7.3 (a) below. Data for primary school enrolment ratio for children aged 6 to 11 shows that there are lower attendance rates in the North West (45%) and North East (44%) zones of Nigeria, while the South West and South East zones have a higher percentage respectively (82%). The net school enrolment for rural areas is also lower (57.5%) than for urban areas (75.4%). Overall, the national primary net school enrolment figure which was 87.6% in 2004 fell to 62.4% in 2006. Gender disparity between male and female was minimal in the reporting year.

Table 7.2—Gross attendance ratios and percent age of children aged 6-11 Attending Primary Schools.

Background Characteristics	Gross Attendance ratios					
	MICS 1999			NDHS 2003		
	Male	Female	Total	Male	Female	Total
National	37.4	36.7	37.6	94.6	81.2	88.0
Residence						
Urban	104.0	100.9	102.2	105.5	93.8	99.8
Rural	79.9	70.8	75.6	89.4	75.3	82.4
Region						
North Central	n.a	n.a	n.a	109.1	110.0	109.5

		58.0	61.1	71.1	51.8	61.6
North West	43.1	30.5	37.0	77.6	48.6	63.3
South East	122.5	117.8	120.4	124.5	117.0	120.4
South South	n.a	n.a	n.a	124.5	114.4	119.5
South West	116.5	115.4	116.5	104.6	114.9	109.4

Source : *MICS 1999, FOS/UNICEF ; NDHS 2003 (NpopC) ORC MACRO*

Table 7.3: (a) Net Primary School Enrolment Ratio by Sector, Zone and Gender. 2004-2006

Background Characteristics	NLSS 2004			CWIQ 2006		
	Male	Female	Total	Male	Female	Total
National	-	-	87.56	64.0	60.4	62.4
Sector						
Urban	88.97	86.14	87.56	76.7	73.8	75.4
Rural	75.45	74.21	74.83	59.3	55.2	57.5
Zone						
North East	61.91	61.66	61.78	46.5	42.2	44.6
North West	64.38	59.64	60.01	46.7	39.5	43.5
North Central	82.61	79.97	81.29	73.4	73.0	73.3
South East	96.85	94.62	95.74	84.1	80.7	82.4
South West	96.56	95.51	96.04	83.9	81.7	82.9
South South	96.31	95.51	95.91	78.1	76.2	77.3

Source: NBS, NLSS (2004), CWIQ (2006)

Table 7.3 (b) below shows trends of enrollment in primary schools by gender from 1999 to 2005. Enrolment in primary school was highest in 2003 with over 14 million boys enrolled, compared with 11.3 million figure indicated for girls. There are steady increases in boys' enrolment over the years from 1999 to 2005.

Table 7.3 (b) Trends of enrollment in primary schools 1999-2005

Year	Male	%	Female	%	Total	%
1999	10,058,434	56.17	7,848,576	43.83	17,907,010	12.31
2000	10,745,128	56.09	8,413,311	43.91	19,158,439	13.17
2001	10,932,315	56.40	8,452,862	43.60	19,385,177	13.32

			8,569,745	44.30	19,342,659	13.30
2003	14,433,764	56.0	11,338,280	44.0	25,772,044	17.72
2004	11,925,470	55.27	9,649,708	44.73	21,575,178	14.83
2005	12,273,046	55.12	9,994,361	44.88	22,267,407	15.31
Total	81,141,071	55.78	64,316,843	44.22	145,457,914	

Source: Federal Ministry of Education, 2006

7.1.10.1 Primary school completion rate

The primary school completion rate is defined as the ratio between the number of persons who completed primary schools in the year before the survey and number of children of primary school age (6-11 yrs). Table 7.3 (c) shows the primary school completion rate in year 2006. The national primary school completion rate is 12 percent. The result shows 10.5 percent completion rate in the rural areas and 16.1 percent in the urban areas. The South East zone had the highest primary school completion rate of 22.9 percent, followed by South West (18.6 percent) while the least rate (5.8 percent) was recorded for North West. Tables 7.4 (a) and 7.4 (b) indicates the primary and secondary school enrolment by gender and geo-political zones.

Table 7.3 (c) Primary school completion rate (2006)

Background Characteristics	Completion Rate
National	12.0
Sectors	
Urban	16.1
Rural	10.5
Zones	
North East Zone	6.3
North West	5.8
North Central	12.8
South East	22.9
South West	18.6
South South	17.2

Source: NBS CWIQ, 2006

Table 7.4 (a) Primary School Enrolment by Gender and Geo-political zones

	Gross Enrolment	Net Enrolment
Over all	94.7	62.4
Gender		

	98.4	64.0
Female	89.7	60.4
Residence		
Urban	109.3	75.4
Rural	89.3	57.5
Zones		
North East	69.7	44.6
North West	66.8	43.5
North Central	116.48*	73.3
South East	126.2*	82.4
South West	117.4*	82.9
South South	116.5*	77.3

Source: NBS CWIQ Survey, 2006

*Note: Gross Enrolment Ratio (GER) is defined as the total number of pupils enrolled in primary schools divided by the population of children aged 6-11 years old. The GER figure can be swollen by the enrollment of children outside the officially designated age group, due for example, to the repetition of school years or a late start in schooling. If there are large numbers of such children enrolled, the GER may be more than 100 percent as indicated in table 7.4 (a) and (b).

Table 7.4 (b) Secondary School Enrolment by Gender and Geo-political zones

	Gross Enrolment	Net Enrolment
Over all	76.1	45.9
Gender		
Male	78.2	45.9
Female	72.9	46.0
Residence		
Urban	93.0	59.8
Rural	68.5	39.8
Zones		
North East	47.1	26.3
North West	42.8	25.8
North Central	83.1	46.4
South East	96.8	59.9
South West	97.8	65.2
South South	102.6*	58.9

Source: NBS CWIQ Survey, 2006

Guidance and Educational Guidance

The Federal and State Ministries of Education subscribe to the policy of running guidance and counseling units in secondary schools. Most secondary schools in urban areas across the country offer such services to cover vocational information, and educational guidance for students. For primary schools, the dearth of qualified staff is a major hindrance and so most children begin to access vocational information and guidance only at secondary school level. The UBE Commission has initiated steps for the training of counselors and the production of relevant manuals to be used in all primary schools in the country.

7.1.12 Children's Exclusion from schools

There are isolated cases of children temporarily or permanently excluded from schools in Nigeria. These are children working as domestic house helps or those involved in some other forms of exploitative work; girl-child victims of teen-age pregnancy, children of destitute parents and other disadvantaged sets of children who are not enjoying their right to education in the country. Numerous NGOs have made noticeable efforts in correcting the deprivation of such children.

Other noticeable efforts in reaching excluded groups include the programme on girl-child education in some Northern States and the Non-Formal Education (NFE) programme for street boys and girls in urban areas of Sokoto, Kaduna, Lagos, Ibadan, Aba, Onitsha and as well as for Qur'anic school pupils in the Northern States. The special NFE programmes are run mostly by some NGOs and State Agencies for Mass Education with considerable assistance from UNICEF.

7.2 Child's Right to Leisure, Recreation and Cultural Activities – Article 12 (CRA Section 12)

7.2.1 Leisure, recreation and cultural activities for children—Article 12

Nigerian children's rights to leisure, play and involvement in culturally related activities are enshrined in the National Policy on Education.

Nigerian children from all states and local government areas in the country are brought together to attend national events like the Children's Day Celebration on May 27 every year, and the National Children's Festival for Arts and Culture (NACHIFES).

During such national programmes, selected children have the opportunity for participation in government-sponsored activities such as Holiday Camps, Creative Arts Competitions and Exhibitions, Essay Competitions and Cultural Displays.

These activities are replicated at all states and local government areas in the country. Across the rural areas of the country, children's participation in leisure, play and cultural activities are guaranteed in the rich traditional and cultural socialization processes of the respective ethnic and religious groups. In all state capitals and major urban cities across the country there are amusement parks and gardens specially designed for children to enhance their rights to leisure and play.

Cluster 8—Special Protection Measures: Articles 15, 16, 17, 22, 23, 25, 26, 28 and 30

8.1 Background

Part III (Sections 21-25) of the *Child's Rights Act* provide for the protection of the rights of the child through the prohibition of: -

- childhood marriage;
- child betrothal;
- infliction of tattoos and skin marks;
- exposure to use, production or trafficking of drugs and psychotropic substances;
- use of children in any criminal activity;
- abduction and unlawful removal and transfer of a child from lawful custody;
- forced, exploitative or hazardous child labor, including employment of children as domestic helps outside their own home or family environment;
- buying, selling, hiring or otherwise dealing in children for the purpose of hawking, begging for alms, prostitution, unlawful intercourse;
- other forms of sexual abuse and exploitation prejudicial to the welfare of the child.

Further, the Act prohibits recruitment of children into the Armed Forces of Nigeria, and importation of harmful publications, which portray information such as the commission of crimes, acts of violence, obscene, immoral and indecent representations that tend to corrupt or deprave a child. The Act preserves the continued application of all criminal law provisions securing the protection of the born or unborn child.

Part IV (Sections 41-49) of the Act provide for additional protection through civil and welfare proceedings. Thus, it makes provisions for securing assessment orders in relation to the ascertainment of the state of health or development of, or the way in which the child has been treated, with a view to enabling a determination as to whether the child is suffering or is likely to suffer significant harm.

To this end, the appropriate authority may secure an order from the Family Court for emergency protection of children where and when necessary. The Act additionally imposes duties on State Governments to safeguard or promote the welfare of any child in danger or suspected to be in danger of suffering significant harm within their jurisdiction.

Part V (Sections 50-52) of the Act empower a Child Development or Police Officer or any other authorized person to bring a child in need of care and protection before a court for a corrective order, if he has reasonable grounds for believing that the child:

- is an orphan or is deserted by his relatives and neglected,
- ill-treated or battered by his parent or guardian or imprisoned,

otherwise severely handicapped; or

- found begging for alms, in company of a reputed/common thief or prostitute, or
- otherwise beyond parental control or
- exposed to moral or physical danger.

8.2 Children in Situation of Emergency – Articles 23 and 25

8.2.0 Children in situation of Emergency

Nigeria has established the Emergency Preparedness and Response (EPR) Project consisting of two sub-projects - the emergency data management and preparedness and field response, communication and networking. Project implementation commenced late in 2002 mainly because the key government partner – National Emergency Management Agency (NEMA) was just set up and there were no appropriate government structures to work with at the State level.

In addition, the recently established Oil Spillage and Vandalization Control Agency responds to oil spillage under emergency situations

To strengthen government's capacity for coordination of emergencies in the country, UNICEF supported NEMA and State Emergency Management Agency (SEMA) to anchor series of trainings between 2002 and 2004. These include:

- training of trainers (TOTs) for 45 government officials in 2002;
- training of 9 editors and 39 reporters drawn from both the electronic and print media across the country on emergency reporting;
- sensitization workshops on the operationalisation of the National Disaster Response Plan (NDRP) – the government's framework for emergency coordination in Nigeria – was conducted for 56 middle cadre officers and Directors from the ministries of Health, Education, Water Resources, Environment, Agriculture, Federal Road Safety Corps, Civil Defense, the Police and the Armed Forces.

The main strategy of capacity building remains appropriate. As the first step within this strategy, the project in 2003 assessed local emergency data management capacity gaps at the Federal and in 12 states (Bauchi, Borno, Cross River, Delta, Ebonyi, Ekiti, Enugu, Kaduna, Kano, Katsina, Kogi, and Lagos) with the aim of addressing the gaps identified. The report indicated that most states are still grappling with the new concept of state emergency management and how to mainstream this into the state governance structure.

ed examples of acute emergencies in Nigeria

Year	Emergency	Location	Number affected	Deaths	Response
2000	Communal clashes	Kaduna & Aba	67,000	1,000	UNICEF and UN mobilized emergency Supplies. NEMA provided relief materials
1996-97	Cholera	Northern states	59,823	3,799	National And UN coordinated response.
	Measles		118,239	2,854	
	CSM		148,541	112,196	
1998-2000	Oil pipeline Explosions	Jesse (Delta) Okpe/Warri (South Delta)	n.a 1,783	1,000 350	National EPR (FMOH), UNICEF and WHO Provided emergency medical care and essential supplies.
1986-90	Yellow fever epidemic	Countrywide	16.23	3,633	FMOH coordinated national responses, with MSF, WHO and UNICEF assistance
2000	Lassa Fever	Nassarawa	60	25	National EPR (FMOH) and WHO response.
1999	Floods	Borno State Niger valley	n.a. n.a	n.a. n.a	NEMA, FMOH, and UNICEF assistance
2002	Bomb blast	Lagos	6,000	n.a.	NEMA, Red Cross, UNICEF & UNEPRWG ó emergency supplies, trauma counseling & reunification with families

Source: National EPR Unit, Federal Ministry of Health; SAA 2001; and FGN/UNICEF Country Programme, MTR, 2004.

8.2.1 Refugee Children

(i) The International Laws and Procedures applicable to refugee children:

- The Geneva Charters and their Protocols
- The AU Charter on the Rights and Welfare of the Child.
- The Convention on the Rights of the Child

and Procedures Applicable to Child Refugees:

- The Constitution of the Federal Republic of Nigeria (1999)
- National Commission for Refugees Act (Cap 244, Laws of the Federation of Nigeria 1990)
- Child's Rights Act, 2003

8.2.2 Children in armed conflict situations—Article 22

(i) Age of Recruitment

Section 34 CRA prohibits both recruitment and involvement of children in any branch of the armed forces and in any form of armed conflict or military operation.

(ii) Pattern of Conflicts

Except for the 1966-70 Civil War, the bulk of armed conflict situations in Nigeria that have resulted in civilian casualties occurred in different parts of Nigeria during the 1980s. Most of the conflicts that have occurred since then have been in the form of communal or religiously motivated clashes.

Analysts have attributed most of these conflicts involving the use of arms in Nigeria to the fundamental problems of poverty, the after effects of decades of military rule that had suppressed freedom of political expression and religious misrepresentations and manipulation.

As is the case in most situations of armed conflicts around the world, children have borne the brunt of the suffering in such situations in Nigeria. Records from **National Emergency Management Agency (NEMA)** indicate that, to date, an estimated 110,000 youths (including the children) have been involved in communal armed conflicts situation. The consequences for these unfortunate children have either been death or incapacitating injuries and displacements.

There are ongoing programmes for the sensitization of the armed forces of the Federal Republic of Nigeria regarding the use of children in war situations, as part of their professional training. Moreover, Nigerian soldiers' participation in international peace keeping missions in war-torn countries like Bosnia, Sierra Leone and Liberia has provided opportunity for the Armed Forces authorities to further understand relevant international laws concerning the rights of children in armed conflict situations.

The official age for recruitment into the Nigerian Army is 18 years, thus making it illegal and impossible for children to be directly recruited into the Armed Forces. The child-soldier phenomenon is, therefore, not a problem in Nigeria.

8.2.3 Rehabilitative care for victims of armed conflict, torture and neglect

(i) Measures adopted to promote physical and psychological recovery and reintegration of victims of armed conflict:

- Provision of relief materials
- Free medical services
- Counseling by religious bodies

families

- Temporary shelter
- Provision recreational facilities and psycho-social support

(ii) Care and Rehabilitation of Refugees

The **African Charter on Human and Peoples' Rights** makes provisions for the care and rehabilitation of refugees, especially those affected by conflicts. Nigeria, as a nation has, over the years, provided refuge for such people from various areas in Africa. People affected by natural disasters and economic problems are also similarly accommodated. Refugees and internally displaced persons are catered for by such institutions as the International Red Cross and Red Crescent Societies, the Salvation Army, NEMA, State Emergency Relief Agencies (SERAs), as well as other institutional response agencies like the Search and Rescue Unit of the Armed Forces and of the Nigeria Police Force. NGOs set up schools and educational centres for some of the children that are internally displaced.

8.2.4 Information on refugee children

The armed conflicts in Sierra Leone and Liberia have increased the number of refugees in Nigeria, and the bulk of them are women and children. The National Commission for Refugees (NCR) maintains a camp in Oru, Ogun State where educational and other recreational facilities have been provided for children. It is worthy to note that in 2006 a number of refugee children have been repatriated back to their home countries. National and International NGOs have been able to augment government efforts towards the promotion and the protection of the rights of women and children within the camp.

8.2.5 Measures to protect the civilian population

In cases of domestic conflicts, such as communal clashes, riots and religious violence, the civilian population, including children, are usually protected by the deployment of police personnel and National Emergency Management Agency to the conflict zone, and in extreme circumstances, military personnel are deployed.

8.2.6 Measures to promote recovery of child victims of armed conflict

Psychosocial, post-traumatic and humanitarian assistance are given to child victims of armed conflict or violence by the combined efforts of Government, NGOs and international agencies. As at the time of this report, there are no current data on such children who had received such physical and psychological treatments during the sporadic armed conflicts that had erupted in some states of the Federation.

8.3 Children in Conflict with the Law

8.3.0 The Administration of Juvenile Justice- Article 17

The child justice administration system in Nigeria defines a child as a person below the age of 18 years, and entrenches an admixture of both the justice and welfare models stated by all the relevant international instruments on children's rights and juvenile justice administration.

It accommodates the basic requirements for the constitution and professionalisation of handlers of the juvenile justice system administration, and provides for both non-custodial

res in respect of children in conflict with the law. It further
dren in need of care and special attention.

Nigeria has an estimated number of 6,000 children in prison and juvenile detention centres spread across the country. Although girls make up less than 10% of juvenile offenders, some come into contact with the juvenile justice system as a consequence of criminal acts committed against them, such as rape, sexual exploitation or trafficking.

The juvenile offenders often come from broken homes and lack parental guidance. Normally, poverty and lack of education dominate their backgrounds. Some juveniles involved in what are called *status offences*, such as vagrancy, truancy or wandering are usually detained for their own protection. Others are detained at the request of parents for stubbornness or for being *beyond parental control*.

8.3.1 Problems of Juvenile Justice Administration in Nigeria

Up to two-thirds of all juvenile offenders experience some form of physical, verbal and emotional abuse during arrest or detention by the police and most young offenders in detention do not get proper meals, sleeping facilities and facilities for personal hygiene. Because juvenile offenders are frequently forced to indicate a higher age during arrest, they are locked up with adults in crowded cells, making them more vulnerable to physical and sexual abuse by adult inmates.

Many juvenile offenders are detained for non-violent crimes that should invite non-custodial measures, but children are often tried and sentenced in adult courts because juvenile courts are not available in many parts of Nigeria. Some States do not have a single detention centre for young persons.

Juvenile offenders are not often prepared for life after detention due to the inadequacy of vocational and educational facilities, counseling services, and after-care services that should assist in their rehabilitation and reintegration into society.

It is in the light of the above problems that the *Child's Rights Act, 2003* was enacted to provide for a new system of child justice administration, and the care and supervision of children, among others.

8.3.2 Children Deprived of their Liberty – Article 17(2a)

The principles of this Article of the Charter, which are consistent with those of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), prohibit incarceration of children unless there is no other way of dealing with them satisfactorily.

The *Child's Rights Act, 2003* not only enacts all the principles in the Beijing Rules, but also supersedes them by prohibiting the use of imprisonment even for a day for children below 18 years. The Act goes further to make the following provisions:

- Prohibition of corporal punishment (**Section 221(1) (b) CRA 2003**)
- Abolition of the *age of criminal responsibility*. Instead, the Act gives the age of 18 years to be the age below which a child cannot be subjected to the adult criminal processes, but can only be subjected to the child justice administration process (**Section 204 CRA, 2003**)

f children with adults under any circumstance (**Section 205**

- The separation of children from adults in detention in all circumstances (**Section 222 CRA**)

8.3.3 Structure of the Institutions Used for Detention of Juvenile's Inmates

In the institutions visited, 902 juveniles were found in custody. Most of them were in juvenile detention centres, but a large number was also found in prisons. It is revealing to note that an insignificant number of juveniles were found in the police cells in all zones visited.

Table 8.2—Distributions of Inmates

	No. of Institutions visited	Inmates Total	Inmates Total Male	Inmates Total Female	Juvenile Inmates Total	Juvenile Inmates Total Male	Juvenile Inmates Total Female
Prisons	27	15236	10295	430	312	165	9
Police Cells	29	411	368	24	14	9	5
Juvenile Detention Centres	12	576	518	48	576	518	48
Total	68	16223	11181	502	902	692	62

Source: Juvenile Justice Administration: Revised Report of Field visits, April 2003

Among all prison inmates, over 95% were male while less than 5% were female. The percentage of female inmates among the juveniles was a little higher (around 10%), but due to the smaller number gathered, this percentage has to be considered carefully.

8.4 The Main Features of the Administration of Juvenile (Child) Justice System in Nigeria

8.4.1 The main features are:

- The well being and the best interest of the child.
- A mixture of the justice and welfare models of juvenile justice administration, thereby balancing the right of the child to due process and respect for other fundamental rights,

These take into account the interest of the child, the interest of the victim, and the interest of the society by virtue of **Part XX, Sections 204 – 238** of the **CRA, 2003**

8.4.2 Priority Objectives and Strategies to Address the Situation of Children in Conflict with the Law

The Nigerian Juvenile System deals with violation of criminal laws, as well as other forms of delinquency, such as truancy, insubordination to parents and guardians, intemperate drinking and smoking habits, and promiscuity, including prostitution. The system also deals with the civil processes in relation to care and protection cases and found or abandoned cases.

Priority should be given to the provision of adequate number of institutions and trained personnel to handle juvenile cases. As things stand, the facilities available cannot cope with the rising cases of juvenile delinquency occasioned by burgeoning unemployment,

ditional facilities and spiralling youth and juvenile population

Other specific priority objectives and strategies for assuring the full protection and re-integration of children in conflict with the law should focus on the following areas:

(I) Crime and Delinquency Prevention

The machinery for monitoring and preventing juvenile crimes should be strengthened at all levels of the society, with the goal of ensuring the minimization of offending or delinquent behaviour in them. This has multifaceted benefits for all: ó

- For the child, assuring his growth as a good and responsible adult citizen
- For the society, assuring order, peace and security
- Economically, reducing the cost of minimizing offending / delinquent behaviour in the society.

(ii) Establishment of Counselling Programmes in Schools and Communities

This will assist in the positive development of the child as well as motivate and support the child to identify and achieve educational, vocational and social goals. It will also enable the child address such internal factors that put him/her at risk of offending against the law.

(iii) Provision of access to Quality and Affordable Education

Government, at all levels, is actively promoting this objective, despite the paucity of funds because of the potential benefits of basic education for all citizens. Currently, the implementation of the various constitutional and legal provisions on this issue is steadily progressing. Priority attention needs to be given to the following:

- Full implementation of the **Universal Basic Education (UBE)** Programme to ensure education of the child
- Vigorous re-introduction of civic and moral education in the school curriculum; and
- Establishment of mechanism for and placement of police and social welfare personnel in schools to, among other things, reduce victimization, criminality and anti-social behaviour within the schools and communities.

The scheme should work with schools on Whole-School approaches to behaviour and discipline, identify and work with children and young people at risk of becoming victims or offenders, support vulnerable children and young people through periods of transition such as the move from primary to junior secondary school, junior secondary to senior secondary school and create a safer environment for children to learn and live in.

(iv) Community Participation and Ownership of the Child Justice System

This can be achieved through the following measures:

- Awareness-creation and involvement of the entire community in crime and delinquency prevention through visits to schools, churches, mosques and associations within the community

Community Crime and Delinquency Committees to facilitate monitor the courts, the police, prisons, and other relevant personnel and facilities; and

- Introduction of Community Service Schemes for children and communities to participate fully in.

(v) Encouragement of Children Participation in the Planning and Implementation of Programmes

Efforts are actively being made to involve children in the planning and implementation of Child Justice programmes at various levels of the Nigerian society. Some new initiatives include:

- Establishment of peer education for children in and out of school;
- Establishment of peer assessors in the context of the Family Court, as well as that of Community Conflict Resolution; and
- Ensuring participation of the child offender in a life skill adolescent development programme, such as anger management, civic responsibilities, and skills acquisition.

(vi) Establishment of Child-friendly facilities in Rural and Urban Centres

Strategies proposed for implementing this objective should include:

- Establishing children desks at police stations, schools, clubs, local governments offices, and suitable rural facilities, which will enable children to be able to access complaints mechanisms for abused children or children at risk of abuse or victimization, remedies (civil and criminal) where abused, or otherwise victimized, or at risk of such; and information, or counselling.
- Offering of information about actual or potential abuses or victimizations of themselves, or other children known to them, including physical, sexual and psychological abuses.

(vii) Diversion Programmes

Adoption of diversion programmes designed to **divert** children away from judicial proceedings and towards community support should be emphasized by the Child Justice system. This should be with a view to providing alternative ways of dealing with juvenile offenders, especially first offenders and those whose offences are of a minor nature.

Such programmes could include community service of a non exploitative nature, temporary re-location to homes of families and child care institutions.

Other diversion options include:

- Pre-trial community service
- Vocational or life skills training programmes
- Victim-offender mediation
- Family conferences
- Reparation to victim for the injury, loss or damage done to him

ling with children's cases, namely, police, social workers, psychologists, judicial officers, and other personnel, should be specially trained in the handling of diversion programmes.

(viii) Urgent Building and Regular Updating of Database on Child Justice Administration.

Steps need to be taken for the immediate setting up of appropriate machinery for the development of an integrated child justice database by all agencies and bodies involved in child justice administration, and the collecting, collating and publishing of such data periodically. The UNICEF/CRC Chair and the National Bureau of Statistics are appropriate machineries for achieving this goal.

8.4.3 Laws for the Protection of Children's Rights

Over the years, many laws have been enacted at the Federal and State levels, dealing with various child protection issues and the enforcement of the rights of children. Principal among these laws are:

- The Children and Young Persons Laws of various State of Nigeria
- The Child Labour Act (1974)
- Trafficking in Persons (Prohibition) Law Enforcement and Administration Act (2003)
- Various State Laws dealing with child trafficking, street trading, child labour, and the abolition of harmful traditional and cultural practices, such as female genital mutilation, early marriage and other forms of physical or psychological exploitation and abuse of children, and Harmful Publication Acts.
- The Child's Rights Act 2003, which incorporates and updates the provisions of all previous and existing laws dealing with the rights of the child and Child Justice Administration.
- Child's Rights Laws already passed in Ogun, Imo, Ebonyi, Anambra, Ekiti, Rivers, Taraba, Plateau, Nassarawa, and Abia States

8.4.4 Adequacy and Training of Juvenile Justice Administrators

Nigeria's high population growth, coupled with low economic growth and socio-cultural problems variously enumerated in this report, all combine to make the task of adequately providing for the full protection and promotion of children's rights a daunting, if not impossible, one for Government at various levels in Nigeria.

Added to these is the high level of infrastructural decay, which has occurred as a result of their neglect in the long years of military rule in Nigeria. All these have a direct impact on the ability of the Government to employ and properly train enough Juvenile Justice Administrators.

Suffice it to say however, that the officers involved in child protection issues, including child justice, are properly and constantly trained. There is also a deliberate policy to sensitize operators in various sectors of the economy which have direct or indirect relationship with children, and to educate such officers on how to adequately ensure that the rights of children are not violated in the course of their duties. A standard training manual, namely, the Juvenile

Law Enforcement Officials, has been developed by UNICEF. Training of handlers of Child Justice Administration.

8.4.5 Measures to Promote the Child's Sense of Dignity and Worth

A Child in conflict with the law has the right to treatment that promotes the child's sense of dignity and self worth that takes the child's age into account, and aims at his or her reintegration into society and his or her assuming a constructive role in society. The placement of a juvenile in a closed facility should be avoided, whenever possible, and deprivation of liberty should be a measure of last resort, limited to exceptional cases and for the shortest time possible.

The pre-trial juvenile justice system involves the initial contact often accomplished by arrest, by invitation or by voluntary accompaniment of juveniles by their parents or guardians to police stations, either in consequence of a complaint or in order to lodge a complaint.

8.4.6 Legal Instruments for Child Justice Administration

Part XX, Sections 204 to 238 of the *Child's Rights Act, 2003* deals extensively with the policy framework, institutional provisions and the procedures for Child Justice Administration in Nigeria. It establishes the guidelines, rules and prohibitions regarding the apprehension, treatment, judicial processes and detention of child offenders. It also makes far-reaching provisions for institutional reforms in the police, the judicial system and social policies regarding the enforcement and protection of the rights of the child as provided for by the AUCRWC. The *Child's Rights Act* is the over-arching legal instrument for the protection and promotion of the rights of the Nigerian child, and supersedes all existing enactments on the rights of the child.

8.4.7 Information on Children in Conflict with the Law

A study carried out in 2003 by Constitutional Rights Project (CRP) under the auspices of Penal Reform International (PRI) with funding from the European Union (EU) titled, Research findings of Juvenile Justice Administration in Nigeria, a Joint Project of CRP, PRI and EU, 2003, the following frequency of offences for which children were arrested are as follows: 6

Truancy:	34.50%
Beyond Parental Control:	26.32%
Robbery:	15.21%
Public Demonstration / Riot:	7.60%
Drug Pushing:	7.02%
Murder:	5.26%
Care and Protection:	4.68%
Others (manslaughter, rape, Burglary, theft and stealing, Receiving, assault and conspiracy)	8.19%

The study showed that, altogether, at the end of the trial of the juveniles, the Courts ordered:6

- Non-institutional Disposition Measures: 23.39%
- Institutional Disposition Measures. 76.61% of the Institutional Disposition Measures, the frequency of their use was as follows:

	0.62 %
	3.09 %
○ Borstal:	11.73%
○ Remand Home:	68.52%
○ Others:	0.62 %
○ No Information:	14.20%

Remand Home appears to be the most frequently used institutional disposition measure by the juvenile courts as of today. There is, however, no breakdown in the figures for the non-institutional disposition measures.

Table 8.3—Data of child offenders desegregated by age, gender, and other criteria

Background Characteristics	Per centage
Gender	
Male	86.5
Female	11.7
Age Group	
8-12	19.99
13-15	31.60
16-18	27.50
19 and above	9.40
Mean age	15.20
Educational Level	
Non-formal Education	8.20
Primary	17.00
Junior Secondary	37.40
Senior Secondary	28.10
Tertiary	1.20
Occupation (No education group)	
Trading/hawking	20.00
Apprentice	26.70
Farming	6.70
No Occupation	37.30
Economic Activities	
Educated and Uneducated	12.7
Income Levels	
Less than N5,000 per month	68.20
N5000 ó N10,000 per month	13.60

Source: Constitutional Rights Project Research, 2003

8.4.8 Alternative to Deprivation of Liberty

Standards established to prevent the deprivation of the liberty of children in conflict with the law are:

- Recognisance
- Care order, guidance order and supervision order
- Fit persons order
- Group counselling and similar activities
- Fine damages, compensation or cost by either the child or his/her parents or guardian community service under supervision
- Security for good behaviour by parents
- Parents entering into recognisance to take proper care and exercising proper control over the child
- Making hospital order or some form of intermediate treatment
- Order concerning foster care, guardianship living in a community or other educational settings

8.4.9 Legal measures regulating children placement

- Children are not to be put into cell usually they are held behind the Counters.
- Children below the age of 14 years (under the Children and Young Persons Laws) but under 18 under the CRA, 2003 are not to be imprisoned.
- Children are not to be subjected to custodial orders unless they cannot be dealt with in any other way having regard to the nature and circumstances of the offence as well as the circumstances of the juvenile.

8.4.10 Educational, Health and Recreational Facilities provided in remand Homes

The facilities provided in these homes are certainly inadequate either by their nature or size, considering the number and type of children to be provided for. These facilities include:

- Primary/Secondary Schools educational materials
- Remedial classes
- Vocational/craft centres
- First aid facilities
- Sick-bays and clinics
- Access to hospitals and visits by Doctors and other health officials
- Facilities for games, toys for younger children, play grounds
- Beddings, toilet facilities and television sets

(i) How conditions in such institutions are monitored (Section 198 CRA)

- Staffs of the institutiona are usually subject to supervision by designated State Ministries and officials.
- NGOs, other interested agencies, and members of the mass media have access to these homes and report on their conditions.

; families have rights of visits.

- Health officers, namely doctors and sanitation officers visit these homes from time to time.
- Periodic reports from the officers to their parent Ministries.

(ii) Complaint procedures

- Children are encouraged to speak up on cases of ill treatment to superior officers or to other agencies and individuals visiting the homes.
- Such complaints are taken up with or other appropriate officers in supervisory Ministries, who usually take steps to correct anomalies.
- Many times, exposure of adverse conditions or situations of ill treatment through the mass media draw the attention of high government officials, including State Governors.

8.4.11 Imposition of Capital Punishment

There is no known case of imposition of capital punishment on any child. The laws in Nigeria prohibit the imposition of life imprisonment on children under 18 years of age, and in accordance with the **CRA**, even death penalty cannot be recorded against a child.

Orphaned Mothers – Article 30

8.5.1. Legal Measures

The **Child's Rights Act** in Sections 221-225 states that *'No child shall be ordered to be imprisoned, subjected to corporal punishment or death penalty or have death penalty recorded against him'.....and a court shall on sentencing of an expectant or nursing mother consider a non- institutional sentence as an alternative measure to imprisonment. Where institutional sentence is mandatory, an expectant and nursing mother shall be detained at a Special Mother's Center for a period not longer than the time the child would have attained the age of 6 years.....'*

The Act has thus indicated that special treatment should be given to expectant or nursing mothers, and a mother must under no circumstances be imprisoned with the child.

8.6 Children in Situation of Exploitation – Article 15

8.6.1 Child Labour (CRA Sections 28 and 33)

(i) Legal Measures to criminalize the worst forms of Child labour

The **Labour Act 1974** (revised in 1990) includes a wide range of provisions (Sections 58-63) prohibiting or regulating various forms of child Labour.

Section 59 prohibits a child under the age of 12 years from all work except where he is employed by his family on *"light work of an agricultural, domestic or horticultural character."*

It allows apprenticeship from the age of 12 years upwards with the consent of the child's parent but forbids any child under the age of 15 years from working in any industrial undertaking. As a result, large, formal sector organizations tend not to employ children who are below the age of 15 years.

The labour inspectorate system monitors the formal sector ensuring respect for the provisions of the **Labour Act**.

Two major legislation were enacted in 2003 to further reinforce the protection of children and to incorporate the provisions of the AUCRWC. These are the **Trafficking in Persons (Prohibition) Law Enforcement and Administration Act, 2003**, and the **Child's Rights Act, 2003**. Almost all the States in Nigeria have various laws prohibiting hawking, street begging, child prostitution and other forms of exploitative labor against children.

(ii) Enforcement of the Laws

Both in the formal and informal sectors of the economy there are difficulties, inadequate personnel and financial muscle necessary for full enforcement of the laws.

(iii) International Cooperation measures

International treaties and protocols on women and children ratified by the Government as at December 2001, include:

- ILO Convention 182 on Minimum Age.

Charter on Elimination of All Forms of Discrimination

- ILO Convention 138 on Elimination of the Worse Forms of Child Labour
- Optional Protocol on the Involvement of Children in Armed Conflicts.
- Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography.
- Charter against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment.
- Charter against Trans-national Organized Crime.
- Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

These various international instruments entered into by Nigeria seek to protect children from exploitative work. In 1999, the Country signed an MOU with ILO-IPEC. Since then, IPEC, through its Child Labour Elimination project has supported Government, labour and employers, as well as NGOs, and CSOs to implement Action Programmes and activities aimed at combating and eliminating exploitative child labour.

Apart from utilizing awareness, sensitization, advocacy, mobilization, capacity-building and social protection strategies, a major focus of the intervention programmes include withdrawal, rehabilitation and re-integration of children entrapped in various forms of economic exploitation. Between 2000 and 2006, selected NGOs were supported to withdraw and rehabilitate over 3000 child workers. The on-going Anti- Child Trafficking Project targets the prevention of over 10,000 at-risk children from the endemic areas from being trafficked, the facilitation of the repatriation of 500 internally and externally trafficked children, and the establishment of two pilot emergency shelters in Nigeria. Also, the Country is collaborating with ILO-IPEC to withdraw and rehabilitate 2000 child domestic workers (CDWs) under the capacity-building project, which ran up to March 31st 2006.

Many more Nigerian children will be prevented, rescued and rehabilitated through the establishment of Community Child Labour Monitoring Committees, the development of a National Child Labour Advocacy Strategy, National Child Labour Policy and the development of Child Labour Curricula for teachers, as well as Child Labour Manual for the training of social workers being supported by ILO-IPEC.

(iv) Institutional measures facilitating access of working children to education

One of the most regrettable consequences of child labour is the denial of educational opportunity to such children. In the rural areas, agricultural activities are a major obstacle to school enrolment and attendance. In other parts of the country, children may be pulled out of school to assist their parents in fishing or cattle rearing.

In the urban areas, children engaged in hawking often manage to combine work with schooling, by working after school hours. However, majority of such children are often absent from school or perform badly because they do not pay adequate attention to their studies. Child-apprentices also find it difficult to combine work with formal education.

In recognition of the special circumstances of these children, the Federal Government, set up the **Nomadic Education Commission**, to ensure that nomadic children and those engaged in fishing are given the opportunity of formal education.

government as well as individuals and organizations have where apprentice children and school drop-outs can complete their formal education up to Secondary school level, in the evenings and weekends.

(vi) Legal exceptions and monitoring

Labour officers/inspectors are appointed to enforce and monitor the implementation of ***Labour Act*** under the overall supervision of the Minister of Labour and Productivity. While monitoring is fairly thorough in the formal sectors, it is more difficult in the informal sector and in the rural areas where cultural practices sometimes run counter to the interests of the child. Labour inspectors and other government agencies routinely intercept and arrest people involved in exploitative use of children. A few cases have been prosecuted in the courts with mixed results.

(vii) Strategies to Fight the Phenomena of Street Children and Child Beggars

The phenomenon of street children has increased tremendously all over Nigeria. Oloko (2003) showed that 27% of those who live on the streets leave their homes as a result of physical maltreatment, 5% because of financial problems.

The same study also showed that 14% of their fathers were unemployed, whilst 18.5% of their fathers were self-employed in the informal sector. 21% of their fathers worked in the lower cadre of the Civil Service whilst 11% had fathers who were nurses, teachers or policemen. 87% of their mothers were traders.

These children had exceptionally harsh ways of life, living under bridges, in market places, in motor parks, in cul-de-sacs, dilapidated or uncompleted buildings, and other places.

Strategies need to be developed for timely detection, investigation and monitoring by social welfare officers of the causative factors that lead to children leaving their homes for the streets. But such mechanisms are only partly in place, and not very effective.

Nonetheless, there are interventionist programmes by Government Agencies and NGOs which seek to transfer those children from the streets to some vocational centres where they are given necessary vocational training, counseling and re-socialization education.

At these centers, they are empowered to develop self-employment capacities and are subsequently given some resources to enable them start up their own businesses. Further efforts are made to resettle them with their families where desirable and possible. The same strategies also apply to child beggars.

The FMWA recently established two drop-in centers for the rehabilitation of street children and child beggars, as pilot projects in Ebonyi and Sokoto States

The priority objectives and strategies will be to address the early identification of factors which cause children to leave their homes for the streets, and also such intervention strategies which address the needs of the street children, take them off the streets, rehabilitate them in the society and reintegrate them into their families.

As regards efforts to rehabilitate and resettle school children, certain problems have been discovered, the major one being that effective implementation in certain areas particularly, in the Border States like Zamfara, Kano, Jigawa and Kebbi, have resulted in trans-border influx of children from neighboring countries into these states. This has resulted in overstressing the facilities and resources designed in those states to cope with the problem.

se – Article 28 (CRA, Section 33)

ij) Information on the Use of Drugs by Children

Narcotic drugs, which are available in certain circles in Nigeria, pose a great danger to children. Teenagers in particular are attracted to drugs by peer pressure, youthful curiosity, the urge to experiment, and by the properties of drugs, which stimulate such states as euphoria, boldness, and high levels of energy.

ii) Measures to combat sale and abuse of narcotic drugs by children

Government has, over the years, embarked on massive public awareness programmes to warn about the dangers of drug abuse, especially for children. For a long time, the United States Government decertified Nigeria because it was felt that Nigeria was not doing enough to fight drug trafficking by her nationals.

Nigeria responded by strengthening the laws on drug abuse and drug trafficking, culminating in the establishment of the **National Drug Law Enforcement Agency (NDLEA)**, with wide-ranging powers to prevent, monitor and prosecute cases of drug production, abuse and trafficking.

Part of the strategies of the **NDLEA** to root out illicit drug consumption amongst children has been the establishment of Drugs Free Clubs in Schools across the Country, where sensitization campaigns and counseling are carried out. Officials of the Agency also carry the campaign to high-population areas, such as market places, religious houses and community centres. In addition, psychiatric centres have been established all around the country to provide counseling and treatment of serious cases of illicit drug usage and abuse.

Delta State in particular, has a drug abuse control committee where sensitization campaigns and counseling are carried out.

8.6.3 Sexual Exploitation and Sexual Abuse of Children –Article 27 (CRA, Sections 31 and 32)

International treaties and protocols protecting women and children from abuse and sexual exploitation ratified by the Nigerian Government have been stated under clause 8.6.1 (iii), above. The Federal Government, in partnership with some international agencies and NGOs, is engaged in advocacy campaigns against trafficking of girls and women to Europe as commercial sex workers.

The Government has also signed bilateral agreements and Memoranda of Understanding with foreign countries for repatriation and rehabilitation of trafficked children and women.

(i) Government Initiative to Improve the Judicial Context in the Fight Against Child Abuse and Exploitation.

The Criminal Codes and Penal Codes of the various States, make provisions for the prohibition and punishment of the rape of females, including female children; neglect to care for children, particularly as regards necessities; defilement of children under the respective ages of 13 and 16; as well as exploitation and indecent treatment of boys and girls.

Public enlightenment and media campaigns aimed at sensitising the general public about the provisions of the **AUCRWC** and the **CRA** form the bedrock of the resolve of the Government to fight the incidences of child abuse and exploitation.

...makes specific provisions on all issues of child protection, and ...for their violation, and the Judiciary is also being reorganised with a view to strengthening its independence and integrity.

Before now, it was difficult to sustain legal procedures against violators of children's rights because of the weakness of the laws. But with the *Child's Rights Act/Laws* and the Anti-trafficking Laws recently passed at Federal and State levels, there is ample legal muscle to deal with cases of child abuse and exploitation.

(ii) Number of Working Children

The estimate of working children aged 5-17 years was 15 million. Those engaged in economic activity were 13.1%, and those in non-economic activity (that is, housekeeping) were 26.3%.

Table 8.4—Per centage Distribution of Children 5-17 years old by Activity Status

Activity Status	Per centage
Economic Activity	13.1
Housekeeping	26.3
Schooling Only	57.5
Idleness	3.1
TOTAL	100.0

Source: FOS/ILO/SIMPOC; Modular Child Labour Survey, 2000/2001

Table 8.5—Per centage Distribution of Children, 5-17 yrs old, by geographical zone, age group, gender sector, economic activity, schooling status

	ATTENDING SCHOOL				NOT ATTENDING SCHOOL				OVERALL
	Economic Activity	House Keeping	Schooling Only	Sub Total	Economic Activity	House Keeping	Idleness	Sub Total	
Total	8.5	14.9	57.5	80.9	11.4	4.6	3.1	19.1	100.0
Age-Group									
5-9	5.1	13.5	58.6	77.2	13.9	2.7	6.2	22.8	100.0
10-14	10.7	17.0	58.5	86.2	8.8	4.5	0.5	13.8	100.0
15-17	12.2	14.2	52.9	79.3	10.7	9.4	0.7	20.8	100.0
Gender									
Male	9.1	14.5	58.8	82.4	9.2	5.5	2.9	17.6	100.0
Female	7.8	15.4	55.9	79.1	13.9	3.7	3.2	20.8	100.0
Place of Residence									
Urban	6.7	9.7	73.9	90.3	5.4	2.8	1.4	9.6	100.0
Rural	9.4	17.5	49.5	76.4	14.3	5.5	3.9	23.7	100.0
Geo-Political Zone									
North Central	9.8	19.8	50.0	79.6	11.4	6.0	3.1	20.5	100.0
North East	10.9	12.7	33.6	57.2	24.6	12.3	6.0	42.9	100.0

Upgrade to Premium and Expanded Features				49.0	64.4	25.4	4.0	6.1	35.5	100.0
				60.4	96.0	2.7	0.9	0.5	4.1	100.0
South South	20.1	19.5		55.2	94.8	2.3	1.7	1.2	5.2	100.0
South West	4.3	2.8		86.7	93.8	1.7	3.4	1.2	6.3	100.0

Source: FOS/ILO/SIMPOC; Modular Child Labour Survey, 2000/2001

Across the geo-political zones, South-South had the highest per centage (20.1%) of children in economic activity, but attending school. North-East had 10.9%. North-Central 9.8%, North-West 4.8%, South-West 4.3%, and South-East had 3.0%. However, South-East recorded the highest per centage of children who were engaged in housekeeping activity and attending school with 32.6%, North-Central had 19.8%, South-South 19.5%, North-East 12.7%, North-West 10.6%, while South-West had the lowest per centage with 2.8%.

Among children who were schooling only, South-West with 86.7% was highest; South-East 60.4%; South-South 55.2%; North-Central 50.0%; North-West 49.0%; and North-East 33.6%.

Gender analysis of children who were schooling indicated that whereas more male children (9.1%) than female (7.8%) were engaged in economic activity, more females (15.4%) than males (14.5%) were engaged in housekeeping activity. Of the children who were schooling only, there were more males (58.8%) than females (55.9%).

Rural/urban comparison indicated that whereas more rural (8.4%) than urban children (6.7%) who were attending school, were engaged in economic activity, more urban (73.9%) than rural children (49.5%) were schooling only. Of the children who were both schooling and engaged in housekeeping activity, more rural (17.5%) than urban (9.7%) was found.

(iii) Situation of Young Girls Working as Domestic Helps

They are the most vulnerable group in the sense that they work in the privacy of homes where government agencies and NGOs find it difficult to monitor their situation. However, awareness is being created concerning the rights of such children, with emphasis on the law prohibiting the use of children (10 ó 18) as domestic servants. Cases of cruelty against such children have been reported from time to time, including, sexual abuse and physical harm. Such cases have routinely been investigated and prosecuted where necessary.

(iv) National Focal Point Against the Sexual Exploitation of Children

There is a lot of national attention on the issue of sexual exploitation either in the domestic setting or for commercial purposes. As part of this drive, the government has:

- Appointed a Special Rapporteur on Child Rights in the National Human Rights Commission
- Established a Child Development Department in the Federal Ministry of Women Affairs
- Facilitated the setting up of NACCRRAN as the umbrella of all NGOs engaged in Child Rights advocacy.

ve the Judicial Context in the Fight Against Sexual Abuse

A lot of legal reforms have been undertaken in recent times to aid the fight against the sexual abuse and exploitation of children. Many state laws specifically prohibit the use of children in immoral work or situations that could expose them to pornography or prostitution. They are also prohibited from serving as hostesses at social private or public functions and nightclubs.

(vi) Measures in Schools to Prevent Sexual Abuse

The ***Child's Rights Act*** has reformed the situation by providing stiffer penalties for sexual exploitation of children particularly in **Sections 31 and 32**, which prescribe a punishment of life imprisonment and 14 years jail term, respectively, for unlawful sexual intercourse with a child and other forms of sexual exploitation and abuse. Girls in boarding houses are usually under the care of trained matrons, and conscious effort is made to ensure that issues that have to do with girls' private matters are handled only by female teachers

(vii) Priority Objectives and Strategies to Fight Sexual Abuse/Exploitation More Effectively

In order to deal more effectively with the incidence of sexual abuse and exploitation of children, a few steps need to be taken urgently, and these include:

- Establishing mechanisms for the enlightenment of parents and children about circumstances that may make children vulnerable to sexual abuse;
- Instituting mechanisms for creating public awareness about the dangers and ills of sexual abuse and exploitation of children;
- Ensuring stricter enforcement of the laws, which have now been put in place. This may entail the recruitment and training of more child handlers and law enforcement/ judicial officers;
- There should be a reform of the socio-economic situations, which impel girls to fall into situations where they could be sexually exploited. Poverty is a major reason children are so endangered;

(viii) Measures to combat Child Trafficking

Prominent among these, have been the enactment of the ***Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003***, which has not only criminalized trafficking, but has also created an Agency for the enforcement and monitoring of trafficking of persons, namely, the **National Agency for Prohibition of Traffic in Persons (NAPTIP)**. Various States, notably Edo, Cross River and Imo have also enacted legislation to prevent and prosecute cases of child trafficking.

ECOWAS Declaration Against Trafficking and ECOWAS Initial Plan Of Action Against Trafficking have obliged Nigeria to engage in a systematic effort to fight trafficking, leading to the establishment of NAPTIP, and the Office of the Special Assistant to the President on Human Trafficking and Child Labor. Series of cooperation activities have been articulated under **clause 5.6.8 (iii)**

(ix) Priority Objectives and Strategies to Fight Child Trafficking

- Widespread collaboration between relevant government agencies and the various NGOs and CBOs working in the field of child trafficking.

ing and enforcement of the provisions of the Law.

- Establishment of resettlement and rehabilitation centres for rehabilitation and resettlement of children who are victims of trafficking.
- Appropriate funding, from both internal and international sources, for anti-trafficking programmes.

8.6.4 Measures to protect children from all forms of exploitation

Most of the steps taken in this direction have been in the form of laws, which have been strengthened over the years, and in massive public awareness campaigns on the dangers of child abuse and exploitation. Institutional measures, such as the setting up of Child Rights Clubs, the Children's Parliament and others mentioned variously in this Report, all point to the heightened awareness of the issues involved in child rights protection in Nigeria.

8.6.5 Measures to protect children from sale, trafficking and abduction

Both legislative and administrative measures have been adopted to stem the incidence of child trafficking and abduction in Nigeria:

(i) Legislative measures-

- Criminal and Penal Codes, which have provisions prohibiting abduction, child stealing and trafficking of human beings.
- Enactment of the *Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003*.
- The *Child's Rights Act, 2003*

(ii) Administrative Measures

- Training of Police, Immigration and other personnel for better efficiency in preventing child trafficking and enforcing the law
- Institutional reforms in the Police and Immigration Departments to make them more effective and responsive.
- Bilateral and multilateral arrangements with other Countries including neighboring Countries, with a view to fighting the problem of trafficking in persons and collaboration with other Countries.
- Collaboration with NGOs, CBOs, and other donor Agencies, with a view to sharpening and increasing effectiveness of the strategies for combating child trafficking in Nigeria.

8.7 Children - Victims of Harmful Social and Cultural Practices –Article 21

The Federal Ministry of Health has since 2004 commenced the commemoration of the -Female Genital Mutilation (FGM) Day on the 6th day of February. In year 2005 as part of their programmes to mark the International Day of Zero Tolerance and to commemorate the -Female Genital Mutilation (FGM) Day, series of activities and intervention involved training about 120 nurse tutors on integration of FGM prevention and management into the schools curricula of Nursing/Midwifery/Public health Nurses/ community Health Officers in four health zones, namely South East, South West, North East and South South.

Other interventions include:

- A Joint ministerial press briefing on FGM

of alternative employment opportunities to circumcisors in

- Symposium for secondary school teachers and journalists on FGM
- Sensitization visits to the lawmakers, policy makers, gate keepers, traditional/religious leaders and market women leaders to create awareness and behavioral change
- Production and distribution of I.E.C materials.
- Electronic and print Media round table discussions

These activities have created an increase in the level of public awareness nationwide, while some eleven states including Edo, Delta, Ogun, Ondo, Ekiti, Osun, Cross Rivers, Bayelsa, Rivers, Ebonyi and Oyo have passed legislation prohibiting FGM.

The Federal Ministry of Women Affairs also in commemorating the annual 16 days (25th November ó 10th December) of Zero Tolerance Activism on Violence Against Women in October/November, conducted a sensitization training program for about 50 Police Officers on the issues of violence against women and the need to change the perspective that domestic violence - particularly is not a domestic issue but a violation that calls for sanctions.

8.7.1 Children belonging to a minority group - Article 26

By the Constitution of Nigeria, all citizens whether or not they belong to minority ethnic group have equal rights. Specifically, it prohibits discrimination against any citizen on the grounds, among others, of his or her ethnic group. Also all indigenes belong to a specific Nigerian Community, and as such, there is no special indigenous group in Nigeria

8.7.2 Children who need special protection- Article 26

Children who need special protection on account of being in risky or vulnerable conditions and situations such as children in institutions, street children, child beggars, children infected or affected by HIV/AIDS and other orphans are observably increasing due to the current poverty level and socio economic situation of the country.

However, the Government machineries as well as civil society organizations and Faith based organizations, UN Agencies and developmental partners are jointly carrying out programmes to cater for the needs of these children and to give them psycho social support

8.7.3 Emerging or unforeseen problems - Article 26

Emergence of orphanages and unregistered institutions catering for children and pregnant teenaged girls for the purposes of marketing babies to unsuspecting adopters are on the increase, this is also coupled with an increasing trend of abducting children for ritual purposes.

Other emerging trends include:

- Increasing number of trafficking of children for organized prostitution in destination countries
- Booming cases of baby trading
- Increasing cases of Pedophiles
- Use of children for drug production (Indian hemp) and trafficking

the child – Article 31(CRA, Section 19)

The duties of the child as stated in the Charter are rightly retained in section 19 of the CRA. Children under the Act are given responsibilities which include working towards the cohesion of their families and community, respecting their parents, superiors and elders at all times, placing their physical and intellectual capacities at the service of the nation, contributing to the moral well being of the society, strengthening social and national solidarity, preserving the independence and integrity of the country, respecting the ideals of freedom, equality and humaneness, and justice for all persons, relating with others in the spirit of tolerance, dialogue and consultation, and contributing to the best of their abilities in solidarity with and in unity with Africa, and the world at large.

To this end, the Act mandates parents, guardians, institutions and authorities in whose care children are placed, to provide the necessary guidance, education and training to enable the children live up to these responsibilities.

In implementing Section 19 of CRA, the child's responsibilities are accentuated through the establishment of the following institutions and programmes:

- Child's Rights Clubs
- Children's Parliament
- National Children's Day
- Anti-child trafficking clubs, and creation of peer educators
- Teachings of interfaith based organizations and programmes
- Print and electronic media children oriented programmes
- Social and moral responsibilities integrated into the school system curriculum of schools and the school prefect systems
- Establishment of boys/girls scouts and brigades
- Establishment of unity Schools
- Sports programmes/inter house sports
- Celebration of the annual -Day of the African Child

Part III - Conclusion

It is evident from the analysis contained in **Cluster 1** of this Report that with the inauguration of democratic governance in Nigeria in May 1999, concerted efforts have been made to evolve a comprehensive legal and institutional framework for the promotion and protection of the rights of the child in Nigeria.

These efforts have culminated in the enactment of the *Child's Rights Act 2003*. This substantive Act domesticates the provisions and broad themes of the AUCRWC in Nigeria, namely, the rights of the child to survival, development protection and participation.

Information contained in **Clusters 5, 6 and 7** of this Report indicated clearly that there are various socio-cultural religious economic, political and legal impediments to the promotion and protection of the rights of the child in Nigeria.

However, the analysis of steps taken to promote the guiding principles under Articles **3, 4, 5, 7, 12 and 26 of the AUCRWC**, confirm the commitment of all the levels of government in Nigeria to ensuring that the majority of Nigerian children no longer suffer from discrimination.

The health and welfare of Nigerian children remain major areas for intervention for survival, optimal development and achievement of full potential in life. The programmes and strategies outlined above are the main areas of focus by the government in collaboration with development partners, especially UNICEF, ILO, WHO, NGOs and the private sector.

Although a lot of human and material resources have gone into the health and welfare sectors, more still needs to be done. The large population, vast area of coverage, high disease burden, high level of illiteracy and poverty are compounding factors which militated against attainment of the goals of the well articulated **National Health Policy** and the **Social Development Policy**.

Sustaining the present political will and democratic dispensation including a motivated work force, especially in the health sector, will bring about a rapid realization of the provisions of the AUCRWC. This will be enhanced by the implementation of the *Child's Right's Act, 2003* and its subsequent adoption by the states, and the government is committed to making the desired changes necessary in these areas.

The statistical figures, trends, volume and analysis contained in **Clusters 5 – 8** of this report revealed a measure of inadequacies in budgeting, management, planning, monitoring and evaluation in the implementation process of the above core rights guaranteed to children, but the data disaggregated indicates that Federal Republic of Nigeria demonstrated fairly, its willingness to discharge its obligations through putting in place such policies, programmes, and institutional infrastructure including principal legislative and administrative measures for the realization of these objectives.

Finally, government's success in the critical areas recorded in this report is essentially due to the collaborative and cooperative efforts of development partners, donor agencies and the aggressive and sustained campaigns/initiatives embarked upon and being organized by the Civil Society Groups nationwide, and it is hoped that this will be sustained in moving the nation forward on the realization of children's rights as stipulated in the AUCRWC.

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 - UNDP (2004):- Human Development Report : Cultural Liberty in today's Diverse World.

1. Development of the Initial and First AUCRWC Country Periodic Report - Writing Process

Activity	Date	Status
Activities 1-2 <ul style="list-style-type: none"> Consultative Meeting of the NCRIC (National Child Rights Committee) Information and data gaps required for the development of the Reports identified. A framework for the production of first draft developed. 	21 st -23 rd September 2005	Completed
Activities 3-4 <ul style="list-style-type: none"> Consultants collated and documented relevant information and data required for the report based on the developed framework 1st draft of the Report developed Newspaper advert and call for Memoranda from the public 	15 th -29 th May 19 th .May 2006	Completed
Activities 5-6 <ul style="list-style-type: none"> Meeting of core drafting team to validate consultants input and incorporate information and responses from the general public based on the newspaper advert. Second draft produced UN/NGO's meeting, additional input from UN Agencies and that of Civil Society Organizations integrated into the second draft Third draft produced 	30 th May – 1 st h June 2006 1 st -3 rd June 2006	Completed
Activity 7 <ul style="list-style-type: none"> Meeting of the State Child Development Directors to obtain sub-national input into the third draft Fourth draft produced 	22 nd -26 th June 2006	Completed

	Date	Status
<p>Activities 8-10</p> <ul style="list-style-type: none"> • Meeting of the NCRIC to validate the fourth draft and the production of the fifth draft • Validation of Report by Stakeholders and incorporating comments from the stakeholders - finalization meeting • Production of the sixth and final draft. <p>Activities 11-13</p> <ul style="list-style-type: none"> • Production and printing of the Initial and first Country AUCRWC Report • Submission to the Minister and the Federal Executive Council • Submission to the AU Committee of Experts 	<p>4th -5th July 2006</p> <p>6th-7th July2006</p> <p>15th-30th July 2006</p>	<p>Completed</p> <p>Completed</p>

FEDERAL MINISTRY OF WOMEN AFFAIRS

1. The Federal Ministry of Women Affairs is currently compiling Nigeria's 1st and 2nd Periodic Reports on the Implementation of the African Union (AU) Charter on the Rights and Welfare of the Child (AUCRWC), which is to be submitted to the AU Committee of Experts on Child Rights.

2. In view of the above, this advertisement is placed to invite Federal, state and Local Government establishments, the academia, development agencies, media organisations, NGOs, Civil Society Groups, concerned individuals, and the general public to forward their memoranda on the implementation of the African Union (AU) Charter on the Rights and Welfare of the Child to which Nigeria is a signatory.

Inputs are expected to include reports, statistics, data and impact assessment of programmes, social reforms, positive and negative outcomes of interventions, legislation and projects undertaken since year 2001.

Completed reports (along with copies of relevant legislation, statistical data and relevant benchmarks for monitoring progress) should be sent based on the clusters as stated hereunder:

General Provisions of the Charter	Relevant AUCRWC Articles
General measures of implementation	1, 43
* Definition of the Child	2
* General principles	3,4,5,7, 12 and 26
*Civil rights and Freedom	6, 7, 8, 9, 10 and 16
* Family environment and alternative care	16, 18, 19, 20, 24, 25 and 27
* Basic health and welfare	5,13,14,20 and 26
* Education, leisure and cultural activities	11 and 12
* Special protection measures	15,16,21,22, 23,25,26,27 and 30

3. In addition, submission of reports on measures and the best practices that have positively enhance the situation and the well being of children at the National, state or Community levels are welcome.

4. All submission must be typed and forward by hand, postal or electronic mail not later than 15th June, 2006 to:

African Union (AU) Charter on the Rights and Welfare of the Child (AUCRWC)

Periodic Report Secretariat

C/o Director, Child Development

Federal Ministry of Women Affairs

Federal Secretariat Complex, Shehu Shagari Way,

P.M.B 229, Garki-Abuja

Website: www.unicef.org.

E-mail Address: uemekaebigbo@unicef.org or naijawomen@yahoo.com.

5. Copy of the AUCRWC may be accessed on unicef's website www.unicef.org. For further clarification or enquiries, please call 09-5233643.

III Composition of NCRIC, SCRIC & LGCRIC (Sections 260–268 of CRA 2003)

S/NO	Composition	Functions	Proceeding/Secretariat
NCRIC	<ul style="list-style-type: none"> Permanent secretary of the Federal Ministry of Women Affairs (Chairman) One Person each from the ministries of Women Affairs and Youth Development, Education, Health, Information and National Orientation, Justice, Labour and Productivity, Foreign Affairs, National Planning Commission, Nigerian Law Reform Commission, Nigeria Prisons Service, Nigeria Police Force, Nigeria Immigration Service, Nigeria Broadcasting Commission, News Agency of Nigeria Two persons from NGOs on the rights and welfare of the child. Three persons representing a wide spectrum of the relevant discipline from the academic institutions Three child care experts from various disciplinary backgrounds One person representing the NUJ One representative from the UN Agencies- UNICEF, UNESCO, ILO, and WHO 	<ul style="list-style-type: none"> -Initiate actions that will ensure the observation and promotion of the rights and welfare of the Nigerian child as provided for in the Act, African Union (AU) Charter on the Rights and Welfare of the Child and other international treaties -Continuously keep under review, the state of implementation of the rights of the child. -Develop and recommend to the Federal Government, States and Local Governments committees, through their respective State and Local Government Committees specific programmes and projects that shall enhance the implementation of the rights of the child. -Collect and document information on all matters relating to the rights and welfare of the child. -Commission inter-disciplinary assessments of the problems relating to the rights and welfare of the child -Encourage and coordinate the activities of International, Federal, states and local government institutions and bodies concerned with the right and welfare of the child. -Organize meetings, conferences, symposia and other enlightenment campaigns for advocacy on the rights of the child 	<ul style="list-style-type: none"> -The National Committee shall determine its own quorum and regulate proceedings at any of the meetings. -The secretariat shall be the Federal Ministry of Women Affairs

		<p>and,</p> <ul style="list-style-type: none"> -Co-ordinate the activities of and collaborate with State NCRIC Committees. -Prepare and submit periodic reports on the state of implementation of the rights of the child for submission to the Federal government, the OAU and United Nations. -Perform such other functions relating to the rights of the child as may be assigned to it 	
SCRIC	<ul style="list-style-type: none"> ▪ Permanent secretary of the Federal Ministry of Women Affairs (Chairman) ▪ One Person each from the state ministries of Women Affairs, Education, Health, Justice, Youth and Sports, Labour and Productivity, State Commissioner for Women, Nigeria Prisons service, Nigeria police Force, Nigeria Prisons Service, State Agency For mass Literacy, Family Court Judges at the High Court, Family Court Magistrates. ▪ One child care expert ▪ One person from the State approved children institution ▪ One person representing State branch of the NUJ ▪ One person from the State council of chiefs ▪ One person representing State branch of Christian Women Association ▪ One person from State branch of the Federation of Muslim 	<p>The SCRIC shall perform the same functions as the NCRIC with the following differences:</p> <ul style="list-style-type: none"> -Develop and recommend to the State and Local Governments committees, through their respective Local Government Child Right Implementation Committees specific programmes and projects that shall enhance the implementation of the rights of the child. -Commission inter-disciplinary assessments of the problems relating to the rights and welfare of the child in the state - Coordinate the activities and collaborate with the Local Government Committees -Prepare and submit periodic reports on the state of implementation of the rights of the child for submission to the National Committee -Perform such other functions relating to the rights of the child as may be assigned to it 	<ul style="list-style-type: none"> -The State Committee shall determine its own quorum and regulate proceedings at any of the meetings. -The secretariat shall be the State Ministry of Women Affairs

Grade 10 and Expanded Features		Association from Parent's Teachers Association		
		<ul style="list-style-type: none">Two persons from an NGO on child rights in the StateOne person representing State Branch of the National Union of Teachers		
LGCRIC	<ul style="list-style-type: none">The Secretary to the Local Government - as ChairmanThe Supervisor for Health and Social Welfare in the local GovernmentThe Supervisor for Education in the Local GovernmentThe Information Officer in the Local GovernmentThe Children Development Officer in the Local Government AreaOne representative of the District or Village Heads in the local government areaA community development officer in the local government areaRepresentative of the National Union of teachers in the local government areaRepresentative of the Parents and Teachers Association in the local government areaOne representative of the heads of market menOne representative of the heads of market womenOne person to represent the opinion leaders in the local government areaTwo persons to represent two community based organizations	<ul style="list-style-type: none">-Initiate actions that will ensure the observation and promotion of the rights and welfare of the Nigerian child as provided for in the ACT, African Union (AU) Charter on the Rights and Welfare of the Child and other international treaties-Continuously keep under review, the state of implementation of the rights of the child.-Develop and recommend to the Local Government specific programmes and projects that shall enhance the implementation of the rights of the child.-Collect and document information on all matters relating to the rights and welfare of the child.-Commission inter-disciplinary assessments of the problems relating to the rights and welfare of the child in the Local Government Area-Organize meetings, conferences, symposia and other enlightenment campaigns for advocacy on the rights of the child and,-Prepare and submit periodic reports on the state of implementation of the rights of the child for submission to the State	<ul style="list-style-type: none">-The Local Government Committee shall determine its own quorum and regulate proceedings at any of the meetings.-The secretariat shall be the office of the Chairman of the Committee.	



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	representing the Council of Women Societies in the local government area	Committee -Perform such other functions relating to the rights of the child as may be assigned to it	
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IV List of Laws and Policies cited, in the Report

1. **Child's Rights Act, 2003**
2. Ebonyi State Law 010 (2001) on the Abolition of Harmful Traditional Practices Against women and Children (2001)
3. Enugu State Law (2001):- The Prohibition of Infringement of a Widow's and Widower's Fundamental Rights Law 2001 No. 3
4. Edo State Female Genital Mutilation (FGM) Prohibition Law 2000
5. Edo State Criminal Code (Amendment) Law 2000
6. Zamfara State Sharia Criminal Procedure Code Law, (2000)
7. Yobe State Sharia Criminal Procedure Code Law 2000
8. Cross- River State Girl Child Marriages and Female Circumcision (Prohibition) Law 2000
9. National Human Rights Commission Act No.22, 1995
10. Births, Deaths etc (Compulsory Registration) Act No. 69 of 1992.
11. National Commission for Refugees Act (Cap 244, Laws of the Federation of Nigeria 1990).
12. Bauchi State Hawking by Children (Prohibition) Edict 1985 Cap 58
13. Children and Young Persons Laws (1943, 1958)
14. The Labour Act, 1974
15. The UBE Act
16. Bauchi State Law on Withdrawal of girls from Schools
17. Trafficking in Persons Prohibition Law Enforcement and Administration Act 2003

NATIONAL POLICIES

- National Policy on Malaria Control (2005)
- National Guidelines on Micronutrients Deficiencies control in Nigeria (2005)
- National Guidelines and Strategies for Malaria Prevention Control During Pregnancy (2005)
- National Strategic Framework and Plan for VVF Eradication in Nigeria (2005-2010)
- National Reproductive Health and Strategic Framework and Plan (2002- 2006)
- National Policy on HIV/AIDS (2003)
- National Policy on HIV-AIDS (2003)
- National HIV/AIDS and Reproductive Health Survey (2003)
- National Policy on Food and Nutrition in Nigeria (2001)
- National Water Supply and Sanitation Policy (2000)
- National Policy on Women (2000)
- National Policy on Health
- National Policy on Sexual/Reproductive Health (2000)

Special Education (1999)

- National Policy on Education (1999)
- National Policy on the Elimination of Female Genital Mutilation (FGM) (1998)
- Child and Maternal Health Policy (1994)
- National Policy on Breast Feeding (1994)
- National Adolescent Health Policy (1994)
- National Policy on Child and Maternal Health (1994)
- National Health Policy (1989)
- Social Development Policy (1989)