



# Convention on the Rights of the Child

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## Committee on the Rights of the Child

### Consideration of reports submitted by States parties under article 44 of the Convention

Third and fourth periodic report of States parties due in 2008\*

Nigeria\*\*

[19 May 2008]

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\* According to information transmitted to States parties concerning the processing of reports the present document has not been edited before being sent to the United Nations translation services.  
\*\* Annexes can be consulted in the files of the secretariat.

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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
AU	African Union
AUCRWC	African Union Charter on the Rights and Welfare of the Child
BCG	Bovis, Calmette and Guerin
BFO	“B” Field Office
CACA	Community-based Action Committee on AIDS
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
CFO	“C” Field Office
CIDA	Canadian International Development Agency
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	Cerebro-Spinal Meningitis.
CSO	Civil Society Organization
CWIQ	Core Welfare Indicator Questionnaires
CYPA	Children & Young Persons Act
CYPL	Children and Young Persons Law
DFID	Department For International Development
DPT	Diphtheria, Pertussis and Tetanus
DRF	Debt Relief Fund
ECOWAS	Economic Community of West African States
EFA	Education For All
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness and Response

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FCT	Federal Capital Territory
FGM	Female Genital Mutilation
FMI & C	Federal Ministry of Information and Communication
FME	Federal Ministry of Education
FMF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
FMWA & SD	Federal Ministry of Women's Affairs and Social Development
FGN	Federal Government of Nigeria
FOS	Federal Office of Statistics
FRCN	Federal Radio Corporation of Nigeria
GEP	Girl-Child Education Programme
GER	Gross Enrolment Ratio
HI	Hearing Impaired
HIV	Human Immuno – Deficiency Virus
HSS	Health Sentinel Survey
HSRP	Health Sector Reform Programme
HTP	Harmful Traditional Practices
IECD	Integrated Early Childhood Development
IDP	Internally Displaced Persons
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illness
IMNHC	Integrated Maternal New-born and Child Health Strategy
IMPAC	Massive Promotion and Awareness Campaign
IMPC	Integrated Management of Pregnancy and Childbirth
IMR	Infant Mortality Rate
IOM	International Organization for Migration
ITN	Insecticide Treated Nets
JAMB	Joint Admissions and Matriculation Board
LACA	Local Government Action Committee on AIDS
LEA	Local Education Authority
LGAs	Local Government Areas
LGCRIMC	Local Government Child Rights Implementation and Monitoring Committee
MDGs	Millennium Development Goals
MFCT	Ministry of Federal Capital Territory
MICS	Multiple Indicators Clusters Survey

MR	Mentally Retarded
NACA	National Agency for the Control of AIDS
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
NPA	National Plan of Action
NPC	National Planning Commission
NPE	National Policy on Education
NPHCDA	National Primary Health Care Development Agency
NPI	National Programme of Immunization
NPopC	National Population Commission
NSAD	Nigerian Sports Association for the Disabled
NTI	National Teachers Institute
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
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PTF	Petroleum Trust Fund

RHS	Recommended Home Solution
SACA	State Action Committee on AIDS
SAGEN	Strategy for Enhancement of Girls' Education in Nigeria
SCRIC	State Child Rights Implementation Committee
SD	Standard Deviation
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
STDs	Sexually Transmitted Diseases
STUMEC	Students Mentoring and Counselling
SUPEB	States Universal Primary Education Board
TCRN	Teachers Registration Council of Nigeria
UN	United Nations
UNCRC	United Nations Committee on the Rights of the Child
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activity
UNICEF	United Nations Children's Fund
VH	Visually Handicapped
VPD	Vaccine Preventable Disease
VVF	Vesico-Vagina Fistula
WASH	Water, Sanitation and Hygiene
WOFEE	Women Fund For Economic Empowerment
WHO	World Health Organization
WHOPES	World Health Organization Pesticide Evaluation Scheme

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## Preface

The Federal Republic of Nigeria in the last nine years of democratic governance has recorded significant increase in awareness and political will at all levels to recognize, respect and protect children's rights.

Accordingly, the initiatives and reform programmes of the current administration have created a positive and conducive programming environment for achieving increases in the enjoyment of children's rights through accelerated programmes, increased investments in children and women development issues, and allocation of disaggregated quality resources. These interventions are a manifestation of Nigeria's commitment to achieving the targets of the Millennium Development Goals. To this effect, the Nigerian government has put in place institutional and legal mechanisms to achieve protection services to children and women, and empowerment through building capacities among families and communities.

The well-being of children in any nation is a very important and inevitable foundation for the successful human development of that country. Recent findings 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 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.

In reordering priorities and strengthening public management, no group deserves greater attention than the country's estimated 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 Convention on the Rights of the Child into reality and to ensure its effective and practical implementation.

It is against this background, that this 3rd<sup>and</sup> 4th consolidated CRC Country Report seeks to highlight the general and specific measures adopted in the implementation of the Convention since 2004. This Report identifies the progress which the country has made in promoting and protecting rights of children guaranteed under the Convention.

The preparation of this report was facilitated by funding from the Office of the Senior Special Assistant to the President on the MDGs and UNICEF.

**Hajia Saudatu Usman Bungudu**  
**Honourable Minister of Women's Affairs and Social Development**  
**Federal Republic of Nigeria**  
**Abuja**

**May 2008**

## Part 1

### 01 Introduction

#### 01.1 Background and Period of Report Coverage

Nigeria as a member of the United Nations ratified the *Convention on the Rights of the Child (CRC)* on **March 21, 1991**. Nigeria is therefore obligated to submit periodic reports on progress recorded in the implementation of the Convention in the country, as stipulated in **Article 44** of the Convention.

This 3rd and 4th consolidated periodic report builds on the second country periodic report of 2004 considered by the Committee on the Rights of the Child at its 1023rd and 1024th meetings, held on 26th of January, 2005. At its 1025th meeting, an 86-point Concluding Observation and Recommendation was adopted for improvement of the next report.

The Committee welcomed the initiatives taken by the State party to reform its laws relating to children to bring them in line with the requirements of the Convention, in particular, the adoption of the Child's Rights Act in May 2003. In addition, the Committee noted the adoption of the following laws aimed at enhancing the implementation of the Convention on:

- (a) The Anti Human Trafficking law, in July 2003; and
- (b) Various state legislation addressing child rights, including the Ebonyi State Law on the Abolition of Harmful Traditional Practices against Women and Children (2001); Edo State Female Genital Mutilation Prohibition Law (2000); Edo State Criminal Code (Amendment) Law (2000); Cross River State Girl-Child Marriages and Female Circumcision (Prohibition) Law (2000).

The Committee welcomed the establishment of the Children's Parliament in Nigeria both at the national and state levels and of the Child Rights Information Bureau (CRIB) in the Ministry of Information and Communication. It also acknowledged the ratification of the 1973 ILO Convention No. 138 concerning Minimum Age for Admission to Employment and the 1999 ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour by Nigeria in October 2002. The Committee further noted with appreciation, the ratification of the African Charter on the Rights and Welfare of the Child by the State party in July 2001.

It acknowledged challenges faced by the country especially the longstanding ethnic, religious and civil strife, economic constraints including poverty, unemployment and the heavy debt burden, which may have impeded progress to the full realization of children's rights enshrined in the Convention.

The Committee, among other things, highlighted the following in the Concluding Observations:

- The slow process of adoption of the CRA 2003 and the fact that many existing legislations in Nigeria, particularly the religious and customary laws, do not fully comply with the principles and provisions of the Convention
- Apparent lack of coordination, sufficient resources allocated to, and authority vested in, the Department of Child Development, Federal/State Ministries of Women Affairs/NCRIC and NHRC entrusted with monitoring compliance with the Convention

- Lack of information about a comprehensive, rights-based and time-framed National Plan of Action
- Inadequate information about measures to address the severe lack of financial resources allocated to the protection and promotion of children's rights/maximum extent of available resources
- Apparent lack of comprehensive and up-to-date statistical data and national data collection system for disaggregated data analysis, formulation, monitoring and evaluation of progress made as well as impact assessment of policies/programmes with respect to children, especially the vulnerable ones
- Lack of information on a systematic plan to introduce training and awareness among professional groups working for and with children
- Inadequate information about measures to address the existence of a wide variety of minimum ages and/or ambiguous definitions of a child in domestic legislation of the states of the Federation that is below an internationally acceptable standard
- Apparent absence of concrete information on the actual enjoyment of the principle of non-discrimination by children, especially the vulnerable ones
- Inadequate explanation about measures that address the continuing applicability of death penalty in many states of Nigeria for crimes committed by persons under 18 years of age, contrary to Articles 6 and 37 (a) of the Convention
- Absence of information on existing standards and procedures for quality assurance and adequacy of resource availability in both the private and public day care facilities/centres consistent with the principles and provisions of the Convention
- Apparent lack of comprehensive and well-resourced policy programme for the promotion and protection of the rights and welfare of Orphans and Vulnerable Children; and
- Lack of information on adequate measures taken to prevent and control the prevalence of violence, abuse, ill-treatment and neglect of children, and in the promotion of non-violent forms of conflict resolution and discipline in all sectors of the society

In articulating this 3rd and 4th consolidated Country Periodic Report, the Committee's Observations and Comments have been substantially taken into consideration and the legislative, administrative and other measures employed in implementing the rights guaranteed under the Convention from year 2004 to 2008, are considerably highlighted. However, some legal and administrative measures put in place and reported in the 1st and 2nd CRC report remain relevant and have been documented in this report, because there have been no significant changes.

## **02 Demographic Situation of Nigeria**

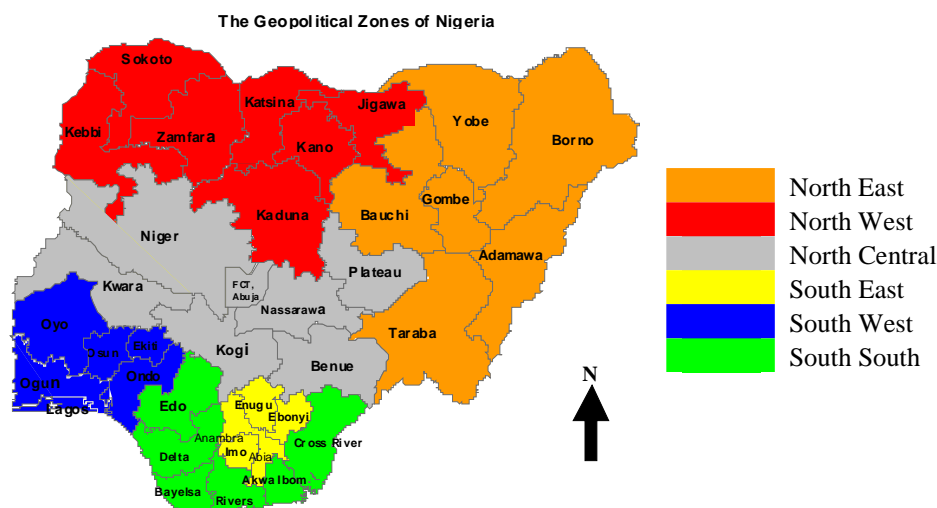
### **02.1 Geography and Administrative Structure**

Nigeria lies between 4°16' and 13°53' north latitude and between 2°40' and 14°41' east longitude and has a land area of 924,000 sq. km, one of the largest in Africa. The geography varies greatly from tropical rainforest in the South to dry savannah in the North which is flat and sparsely vegetated. Nigeria is hilly and mountainous in the South East, along the border with Cameroon and also in the centre where the Jos Plateau rises to 5,000 feet above sea level. Nigeria is bordered to the West by the Republic of Benin, to the North by the Republic of Niger, to the North East by the Republic of Chad, to the East by the

Republic of Cameroon, and to the South, by the Atlantic Ocean. The average rainfall ranges from about 500 mm/year in the North to over 2,000 mm/year in the South.

Figure 0.1

### Federal Republic of Nigeria: States and Zones



## 02.2 Population of children

### 02.2.1 Total Population Figures

Nigeria has a total population of 144,483,655 with an annual growth rate of 3.2% in 2007. Nigeria is a multi-ethnic and multi-linguistic nation. The major ethnic groups are the Yoruba in the South-West, Igbo in the South-East and Hausa/Fulani in the North.

### 02.2.2 Children Population Projections

Taking the definition of a child in the Convention, and as affirmed by the *Child's Rights Act 2003*, as anyone under the age of 18, children make up approximately 72 million of the population based on Nigeria's 2006 Census. Table 0.1 below disaggregates children's population by gender and three (3) different age groups.

Table 0.1

#### Population of Children by age groups (millions)

Age	Male	Female	Total
0–5	14 475 295	13 785 708	28 261 003
6–11	12 403 167	11 812 294	24 215 461
12–17	9 946 215	9 472 388	19 418 603
<b>Total under 18</b>	<b>36 824 677</b>	<b>35 070 390</b>	<b>71 895 067</b>

Source: NPopC – Median Variant Projections from 2006 Census.

### 02.2.3 Early Childhood Mortality Rates

The *infant mortality rate* is the probability of a child dying before his/her first birthday. The *under-five mortality rate* is the probability of a child dying before his/her fifth

birthday. In MICS3, infant and under-five mortality rates are calculated based on an indirect estimation technique-the brass method.

Table 0.2 provides estimates of child mortality by various background characteristics. In Nigeria, the infant mortality rate is estimated at 86 per thousand live births, while the under-five mortality rate is 138 per thousand live births. The Nigerian male child has greater probability of dying as an infant or as under-five than his female counterpart, 92 versus 79 per 1000 at infant and 144 versus 131 per 1000 live births at under-five, respectively. Infant mortality rate decreases from rural to urban sectors of the population (94 to 62 per 1000), from the non-educated to secondary school or higher educated mothers (94 to 63 per 1000), and from the poorest to the richest households (101 to 64 per 1000). There is considerable geopolitical zonal variation in infant mortality rates from 68 per 1000 in the South West to 101 per 1000 in the North West; North-South disparity is also evident.

Table 0.2

**Infant and under-five mortality rates, MICS 3, Nigeria, 2007**

	<i>Infant mortality rate*</i>	<i>Under-five mortality rate**</i>
<i>Sex</i>		
Male	92	144
Female	79	131
<i>Geopolitical Zones</i>		
North Central	74	117
North East	84	135
North West	101	166
South East	88	142
South South	71	111
South West	68	106
<i>Area: Sector</i>		
Rural	94	153
Urban	62	96
<i>Women's education</i>		
None	94	153
Primary	84	134
Secondary +	63	97
<i>Wealth index quintiles</i>		
Poorest	101	165
Second	99	162
Middle	92	150
Fourth	73	114
Richest	54	81
<b>Total</b>	<b>86</b>	<b>138</b>

Source: MICS 3, 2007.

\* MICS indicator 2; MDG indicator 14.

\*\* MICS indicator 2; MDG indicator 13.

## 03 Preparatory Process for the 3rd and 4th Periodic Report

### 03.1 Preparatory Process

The FMWA&SD being the coordinating Ministry responsible for ensuring compliance with the UN Committee's Recommendations and implementation of the provisions of the Convention engaged key stakeholders, namely, officials of State and Federal Ministries, NGOs, UN Agencies, particularly UNICEF, ILO, UNDP, WHO, UNFPA and UNODC in order to produce a comprehensive and timely report.

Against this background, series of interventions were undertaken to accelerate the report writing process, by the employment of a transparent and participatory approach that draws the attention of all sectors of the civil society to the rights of the child through constructive dialogue which included:

- A process that ensured full ownership by the Federal and State Ministries of Women Affairs as the concerned ministry in charge, and real participation of the Ministries of Finance and National Planning
- Ensuring the input of the youth/children in relation to selected questions from the UN Committees guidelines
- Regular participation of civil society in the different steps of the process
- Encouragement and involvement of other UN Agencies to provide inputs with respect to their mandates and the questions of the guidelines that belonged to their programme of cooperation
- Ensuring that a precise time frame planned for the report writing was followed and respected; and
- Ensuring the use of the Concluding Observations of the CRC Committee on the 1st and 2nd Country Periodic Report so as to integrate answers in the 3rd and 4th Country Periodic Report

Annex 1 of this report provides information on the detailed work plan followed to complete the report writing process.

### 03.2 Interventions

#### 03.2.1 Constitution of the NCRIC

Following Nigeria's Ratification of the CRC in 1991 and in compliance with **Articles 4 and 41** which stipulate that "**Member States shall undertake to disseminate the Convention's principles and take all appropriate legislative, administrative and other measures for the implementation of the Rights recognised in the present Convention**", the government constituted the NCRIC in October 1994, as the administrative body saddled with the responsibility of ensuring timely reporting on of all treaties and Conventions ratified by Nigeria.

The members of the NCRIC are drawn from a cross-section of governmental and sectoral ministries including: Women's Affairs and Social Development, Education, Information and Communication, Health, Finance, Planning, Youth Development, Labour and Productivity, Justice, Foreign Affairs and Internal Affairs (Immigration, Prison Service).

Representatives of NGOs, the print and electronic media, academia, judiciary and legal consultants were chosen from each zone of the Federation. The National Assembly, National Bureau of Statistics, Nigeria Police Force, National Agency for the Prohibition of

Trafficking in Persons, National Human Rights Commission and other human rights based organisations are also represented.

As a first step in the report writing process, a meeting of NCRIC held from 26th–30th June 2007. The presentations, support documents and strategies formulated at the meeting had the input of all members present, and at the end a blue print for a comprehensive report writing process was produced. The following were the outcomes of the meeting:

- Information and data required for the development of the 3rd and 4th CRC Country Periodic Report were identified, and
- A framework for the production of the CRC Country Periodic Report was 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 on the 1st and 2nd CRC Country Reports and indicated how the report should contain sufficient information to provide the UN Committee of Experts on Child Rights with a comprehensive understanding of the implementation of the Convention.

### **03.2.2 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, the Daily Trust, Guardian and This Day newspapers) between 15th and 27th July, 2007 respectively. Text of the published Newspaper advert is shown as Annexure I1.

### **03.2.3 Meeting of the Core Drafting Team**

The meeting of the core drafting team which held on 8th and 9th August 2007. The team worked on a zero draft, and produced the first draft of the Report.

### **03.2.4 Appointment of Consultant**

To facilitate the report writing process, a consultant was appointed to collate information on studies, current statistics, reports, research and evaluations at the National and sub-national levels that are pertinent to the development of a comprehensive report and to ensure that data sources and information are credible. The consultant integrated information on current statistics, reports, studies, research, evaluations and inputs and worked closely with the core drafting team to finalize the **first draft**.

### **03.2.5 Sub-National input**

The first draft was subjected to the scrutiny of the Child Development Directors from all the States of the Federation in order to have further sub-national inputs into the document. The meeting held on 28th and 29th August 2007 in Abuja. Various sub-national inputs were incorporated to enrich the document and the **Second draft** was developed.

### **03.2.6 Consultative Meetings with Children’s Parliament, NGOs and UN Agencies**

In compliance with the provisions of the Convention, the Ministry of Women Affairs & Social Development in the report writing process, consulted at separate meetings with Children’s Parliament, members of the Civil Society as well as UN Agencies for their inputs on the 4th and 5th October, 2007.



The broad objective of the meetings was to incorporate the input of children, international organizations, development partners and members of the civil society in Nigeria into the **second draft**. The **third draft** periodic report was thus developed.

### 03.2.7 NCRIC meeting to validate the third draft

The NCRIC meeting held on the 14th and 15th of February, 2008 to review the 3rd and 4th draft and fill the data gaps as well as to ensure data sources and information and credible. Additional information on current statistics from reports, studies, research and evaluations were integrated into the third draft and the **fourth draft** was produced.

### 03.2.8 National Stakeholders' Validation Workshop

The Stakeholders' Validation Workshop held on the 27th of March 2008, to allow all members of the NCRIC and other Stakeholders involved in the report writing process from its commencement, to look at the **fourth draft** Report, make their input and validate its contents.

Participants were drawn from the children's parliament represented by the Senate President and the Speaker, and a cross section of governmental and sectoral ministries like Women Affairs and Social Development, Sports, Information and Communication, Health, Finance, Labour and Productivity, Justice and Internal Affairs, National Human Rights Commission, the Nigeria Police, Prisons, Civil Society organisations from the 6 geo-political zones of the Federation, consultants/experts on children issues, data analysts, officials of the sectoral ministries, Child Development officers and United Nations Agencies in Nigeria( UNICEF, WHO, UNODC, UNHCR, ILO, and UNESCO).

At the end of the validation workshop, inputs from all stakeholders were integrated into the **fourth draft** report and the **fifth draft** was produced.

### 03.2.9 Finalization Meeting

The meeting to finalize the report took place from 14th to 18th April, 2008. It was convened to integrate all relevant inputs made by the stakeholders into the **fifth draft** and finalize the report. At the end of the finalization meeting, a comprehensive report was produced as the **final draft**.

### 03.2.10 Production and printing of final report for submission

The FMWA&SD as the umbrella body in charge of the report writing process submitted the **final draft** through the Minister of Women's Affairs & Social Development for submission to the UN Committee on the Rights of the Child.

## Cluster 1

### General Measures of Implementation : Articles 4, 41, 42 and 44

#### 1.1 Introduction

##### 1.1.1 Evolution of Legislative Actions in Implementing the Provisions of the Convention

Prior to the ratification of the **CRC** in 1991, child right issues were guided by various legislations at the Federal and Regional levels up to 1961 and at Federal and State levels after 1961.

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

In 1993, a draft *Children's Bill* was made based on the principles of the **CRC**, but it was never enacted into law until the end of the military era in 1999. Since the inauguration of democratic governance in Nigeria in May 1999, concerted efforts have been made to evolve a legal framework for the protection and promotion of the rights of children.

These efforts have culminated in the passage 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** in Nigeria and strengthens the various states legislation dealing with individual aspects of child protection, including the prohibition of Street hawking and begging; Child abuse (including sexual abuse); Child trafficking; Child labour and other forms of exploitation. Harmful Traditional Practices such as Female Genital Mutilation (FGM); scarification and child marriage; withdrawal of children from schools mainly for commercial purposes or marriage; abuse and exploitation of the *Almajirai children* (Pupils of the traditional system of Koranic education) were also prohibited.

### **1.1.2 Institutional Framework for the Implementation of the CRC**

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 childcare and juvenile justice.

In 1993, as a result of the movement for the advancement of women's rights, and as a consequence of the Children's Summit of 1990, a Child Development Department (CDD) was created in the National Commission for Women located in the Presidency, to cater solely for issues concerning children. This bestowed formal recognition to the responsibility of the Government to systematically cater for the needs of children as a core professional mandate.

The Commission later evolved into the Ministry of Women Affairs and Youth Development in 1996, and has since then vigorously pursued the promotion and protection of children's rights at all levels in Nigeria.

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

The NCRIC is also mandated by the *CRA 2003* to oversee the implementation and monitoring of the provisions of the **CRC** 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 – Articles 4 and 41

### 1.2.1 Measures to bring national legislation and practice to implement the CRC

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

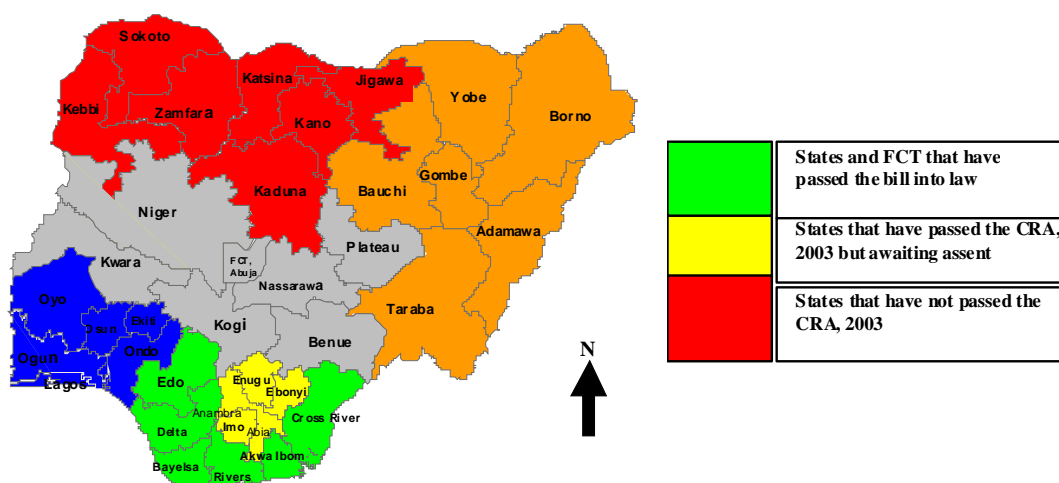
The implementation measures adopted in this regard include legal, policy, administrative, institutional, promotional/educational and judicial.

#### (a) Legal and policy frameworks

- The Constitution of the Federal Republic of Nigeria (1999)
- Child's Rights Act 2003
- National Child Policy of 2007 and its Strategic Plan of Action/implementation framework 2007/2008
- National Plan of Action on OVC and its Guidelines and Standard of Practice, 2007

Figure 1.1

#### Status of Passage of Child's Rights Laws in Nigeria



- African Charter on Human & People's Rights (Ratification) Act CAP 10. Laws of the Federation of Nigeria 1990
- National Human Rights Commission (NHRC) Act 1995
- Trafficking in Persons (Prohibition) Law Enforcement and Administration Acts, 2003 and as amended in 2005
- National Commission for Refugees Act (Cap 244, Laws of the Federation of Nigeria 1990)
- Universal Basic Education (UBE) Act 2003 (Amended in 2005)
- National Agency for Food & Drug Administration and Control Act
- Criminal Codes (Federal and States)
- Sharia Penal Codes (States)

- Borstal Institutions and Remand Centres Act, Cap 38, Laws of the Federation 1990
- Child Rights Laws passed and now in force in Abia, Anambra, Bayelsa, Edo, Ebonyi, Ekiti, Imo, Jigawa, Kwara, Lagos, Nasarawa, Ogun, Ondo, Oyo, Plateau and Taraba
- The Laws have been passed by the state legislators in Rivers and Osun states awaiting the assent of the governors
- Ebonyi State Law No. 10 (2001) on the Abolition of Harmful Traditional Practices against Women and Children
- Adamawa State Protection of Women and Children's Rights to Inheritance Law 2003
- Adamawa State Secondary Schools Standardization Law 2006
- Adamawa State Maternity Assistance to Women and Child Care Law 2001
- Malpractices Against Widows and Widowers (Prohibition) Law 2005, Anambra State
- Bauchi State Hawking by Children (Prohibition) Law 1985, Cap 58
- Bayelsa State FGM (Prohibition) Law of 2004
- Cross River State Girl-Child Marriages and Female Circumcision (Prohibition) Law 2000
- Cross Rivers State Prohibition of Domestic Violence and Maltreatment against Women Law No. 10 of 2004
- Enugu State FGM (Prohibition) Law of 2004
- Enugu State Prohibition against Infringement of Widows and Widowers Fundamental Human Rights Law
- Ebonyi State Law No. 10 of 2001 on the Abolition of Harmful Traditional Practices against Women & Children
- Edo State Female Genital Mutilation (FGM) Prohibition Law 2000
- Edo State Criminal Code (Amendment) Law 2000
- Edo State Inhuman Treatment of Widows (Prohibition) Law of 2004
- Lagos State Street Trading and Illegal Markets (Prohibition) Law, Cap 183
- Lagos State Adoption Law 2003
- Lagos State Administration of Estate Law 2004

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

Concerns have been raised regarding certain provisions of the Shari'a legal system operating in some Northern States of 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 **CRC** 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 in Sections 126 to 141 of the Sharia Penal Code; Qisa means punishments inflicted upon the offenders by way of retaliation for causing death of or injuries to person; taklif means the age of puberty. Note: Hudud offences include sexual offences like zina (fornication)”*.
- 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.

(b) *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’s 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 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

- Establishment of the Child Rights Information Bureau (CRIB) in the Federal Ministry of Information and National Orientation in 1995 (now Federal Ministry of Information and Communication) to implement the information/communication goals of the United Nation’s Convention on the Rights of the Child, AU Charter on the Rights and Welfare of the Child, Convention on the Elimination 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’s 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 and appointment of a Special Rapporteur on child rights in the Commission
- Establishment of Juvenile Welfare Desks at Police Divisional Headquarters across the country; and
- FCT, Abia, Ebonyi, Benue, Borno, Oyo, Plateau, and Enugu states have functional Child Rights Implementation and Monitoring Committees

(c) *Popularization*

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

- Circulation of simplified and abridged versions of the CRC and CRA across the country. These have also been translated into the three major Nigerian languages- Hausa, Igbo and Yoruba
- 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
- Advocacy visits to traditional and religious leaders, opinion and community leaders on child rights issues by the Minister of Women Affairs and Social Development
- “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
- Capacity Building of NGOs, CBOs and child care givers delivering psychosocial support and services for orphans and vulnerable children
- Establishment of National Task Force on Human Trafficking
- Development of a draft National Policy on Child Labour
- The formation of Child Rights Clubs in primary and post primary schools across the country
- The opportunity provided by FMWA&SD, FMI&C, 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 selected through a competition organised by an NGO promoted by the Governor's wife; and
- The inauguration of the Children's Summit in 2000, which has now evolved into the Children's Parliament at national and state levels

(d) *Law Enforcement*

- There are currently Juvenile Welfare Centres at Police Divisional Headquarters across the Country, with an officer of the rank of a Commissioner co-coordinating their activities nationwide.
- 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.
- Establishment of Child Labour Monitoring System in Cocoa Plantations (Ondo State).
- 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.
- Some NGOs support the work of NAPTIP and Law Enforcement Agents in the prevention and protection of children in exploitive situations.
- NAPTIP National Investigation Task force made up of several Law enforcement agencies' representatives has as at the time of reporting, investigated 578 trafficking cases. The agency has secured the court conviction and jailing of 17 child traffickers in various High Courts while about 50 cases are at various stages of prosecution in different courts across the country. In 2006 alone, there were about 8 convictions in which traffickers received various sentences ranging from 1 year up to 35 years in a certain case; one of the reported cases was of a woman convicted for forced labour and slavery under the NAPTIP Act.

(e) *Accession to Other regional and International Instruments on Children*

- The African Charter on the Rights & Welfare of the Child 2001 (domesticated in Nigeria)
- Nigeria has ratified the Palermo Protocol and the Convention on Trans-national Organised Crime (TOC) in 2003
- Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography signed but not ratified
- Optional Protocol to the CRC on the Involvement of Children in Armed Conflict signed but not yet ratified
- ILO Convention 182 was ratified by Nigeria in 2000

(f) *Participation*

Opportunities for the participation of children in matters that concern their rights and welfare have progressively increased over the years since the ratification of the Convention and especially with the establishment of the Children’s Parliament.

(g) *Mandate of the children’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 draft child evolving bills and present to the National Assembly for adoption
- To deliberate and adopt child-friendly recommendations and forward to relevant authorities for consideration
- To receive reports from peers and deliver same to the relevant Authorities through the Child Development Department and
- To monitor Issues involving Child Survival, Development, Protection and Participation

(h) *Composition of the Nigerian Children’s Parliament at the National Level*

The Federal Republic of Nigeria consists of 36 States and the Federal Capital Territory. At the national level, each state has two representatives, one each in the Senate and the House of Representatives, giving a total of 74 members in the national children’s parliament.

(i) *Officers of the Children’s Parliament*

Table 1.1

**Composition of the Nigerian 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 Seven Relevant Committees of the Senate and House	
Namely Committees on:	
Survival	
Development	
Protection	
Participation and	
Information, media and publicity	
Ethics, Rules & Business	
Water & Sanitation	
*(In Zamfara State there is a committee on Sharia Implementation)	
Deputy Chairpersons of the Relevant Committees in the Senate and House	Deputy Majority and Minority Leaders of the Senate and House
Senators of the Upper House	
Representatives of the Lower House	
Sergeant At Arms of the Senate	Sergeant At Arms of the House
Coordinators	

(j) *Highlights of Children's Parliament activities during the reporting period (2004–2008) are as follows:*

- The Senate President participated in the British Council "Road to Davos" Programmes at Horsley Park in London in January, 2008
- Two members of the Parliament attended the commemoration of Martin Luther King Jr organised by the American Corner in January, 2008
- The Children's Parliament produced two editions of its Newsletter with guidance from an editorial advisory committee with members drawn from the Federal Ministry of Women's Affairs and Social Development and other relevant line Ministries in 2007
- The Senate President and the Speaker were among the Nigerian delegation to the United Nations General Assembly (UNGASS) (Plenary Session on Children) in New York, USA in December 2007
- Two children parliamentarians presented a live programme on HIV/AIDS on national television as part of activities marking International Children's Day of Broadcasting 2007
- Two members of the Senate of the Parliament led the Nigerian delegation to the 5th World Summit on Media for Children in Johannesburg ,South Africa, from March 23rd to 28th 2007
- The Children's Parliament led by the Senate President and another official presented the views of Nigerian children to the Constitution Review Committee in 2006

- The Senate President and Speaker were in the African children delegation to the 2nd Children's World Water Forum held in Mexico City, Mexico in March 2006
- Members of the Parliament attended the National Conference on Water in 2006
- The Children's Parliament Special Committee participated as observers at the 52nd Commonwealth Parliamentary Conference held in September 2006, in Abuja
- Members of the Nigerian Children's Parliament facilitated some activities in November, 2006 to mark 30 years of Abuja as Nigeria's Federal capital
- In year 2005, 2006 and 2007, sessions of the Parliament deliberated on issues like compulsory use of insecticide treated nets in boarding schools, Almajiri, HIV/AIDS, child trafficking, passage of the CRL and establishment of Children's Parliament in the States, water and sanitation. Resolutions from these sessions were submitted to appropriate authorities for action
- Five members of the Children's Parliament participated in the International Children's Festival in Hamamnt, Tunisia from August 22nd – September 1st, 2005
- Media chat with Nigerian President to mark International Children's Day of Broadcasting on yearly basis since 2004
- The Senate President is a member of the United Nations Global Taskforce on Water, Sanitation and Hygiene (WASH) representing the entire African Children. He is also a member of the New Partnership for Africa's Development (NEPAD), among other Government bodies
- Members of the Nigerian Children's Parliament were Special delegates at the Global Conference on Information and Communication Technologies for Education and Development
- Other activities the children participated in are further captured under Cluster 4. (4.3)

(k) *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:

- Development of the Integrated Maternal, New born and Child Health Strategy in the FMOH and its launch in March 2007
- Formation of Social Mobilization Committees, at national, state and local levels, on immunisation 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 interventions 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 rehydration therapy for diarrheal diseases
- Integrated Management of Childhood Illness (IMCI); and
- School Feeding Programme in Abia, Benue, Enugu, Imo, Kogi, Nasarawa and Osun States

### 1.2.2 The mechanism for implementation

The provisions of the *Child's Rights Act, 2003*, supersede all other legislations in the Federation relating to the rights of the child. Having been enacted at the national level, the states are expected to formally adopt the Act.

At the institutional level, the NCRIC is the apex body charged with the responsibility of monitoring compliance with the Act and the **CRC**. The body comprises representatives of government ministries/agencies responsible for monitoring and implementation of the rights enunciated in the **CRA**. 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 **CRC** and advise the Government on how best to ensure the well-being of the Nigerian child.

The **National Human Rights Commission** established under the National Human Rights Commission Act, No. 22 of 1995 is responsible for human rights promotion, and monitoring as well as investigation of violations of the rights of children, as provided under 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 Commission also has the responsibility to monitor compliance with the **CRC**, **AUCRWC** and the **CRA** and provide legal aid to children whose rights have been violations.

Also the National Human Rights Commission, together with the Nigerian Bar Association (NBA) and other Stakeholders are working with the Judiciary for the establishment of the "Family Court" through which the provisions of the **CRA** and the Child Right's Laws (CRLs) of the States will be enforced.

### 1.2.3 National Plan of Action

In 2003, the Federal Government of Nigeria inaugurated a medium term reform and development agenda, the National Economic Empowerment and Development Strategy (NEEDS). NEEDS was further developed into NEEDS II. (NEEDS II and the Seven Point Agenda of the present government are being harmonized to come up with a medium term plan 2008–2011 for Nigeria.) NEEDS 1 & II is Nigeria's Poverty Reduction Strategy Paper and a blue print for social justice, economic growth and value orientation. The sectoral interventions indicated in the NEEDS document are to improve Primary Health Care Development Delivery, Universal Basic Education, Water Supply and Sanitation, tackling HIV/AIDS, generate wealth and create employment for women.

The implementation of the strategy document would benefit children directly and indirectly. The State and Local Government Areas have inaugurated their State Economic Empowerment and Development Strategy (SEEDS) and Local Government Economic Empowerment and Development Strategy (LEEDS) respectively.

A more comprehensive, rights-based National Plan of Action with the time frame up to 2011, which will extensively cover all areas of the Convention and incorporates the objectives and goals of the outcome document entitled: "A World Fit for Children" of the

2002 United Nations General Assembly Special Session for Children, as well as the Millennium Development Goals, is being articulated and to be finalized by the Federal Ministry of Women's Affairs and Social Development and the National Planning Commission. Line Ministries of Health, Education, Labor, NAPTIP – the Agency on the fight against trafficking, NGOs and members of the children's parliament shall be involved in finalizing the National Plan of Action. A transparent and participatory process will be employed in the preparation of the document. The Plan of Action will ensure allocation of sufficient human and economic resources for its implementation.

#### **1.2.4 Measures to train professional groups on the provisions of the Convention**

Efforts have been made and are still on-going to sensitize States Legislators about the provisions of the Convention, in order to facilitate the passage and implementation of the CRL in those States that are yet to adopt and adapt it.

Sensitization and training of professional groups and bodies responsible for the protection of children's rights are on-going. These include social workers, police, prisons, judicial officers, media personnel, civil society groups, health workers, child care givers and teachers on the provisions of the CRC and the Child's Rights Act 2003.

##### **The following are examples of training efforts during the reporting period:**

- Training of Judicial Personnel at the National Judicial Institute, law enforcement officers, NGOs, and relevant desk officers in line ministries as well as State Child Rights Implementation Committee members is on-going in those states that have passed the CRLs
- Development of Training Manuals to build capacity of law enforcement officers, investigators and child-care givers; and

#### **1.2.5 Data Collection**

With funding from the World Bank, Nigeria completed a Master Plan for the National Statistical System in 2005, the implementation of which is designed to span five years, 2005–2009. The implementation of the master plan resulted in the merger of the Federal Office of Statistics (FOS) and the National Data Bank to form the National Bureau of Statistics. The plan's key objective is to strengthen the capacity of the national statistical system to generate reliable, timely and relevant statistical data to support policy making as well as monitoring of the achievement of Nigeria's development objectives.

Several reform activities have taken place at the NBS, notable among them being the introduction of digital technology into data collection and processing which translated into the reduction of incidence of error, reduction of processing time by 80% and overall credibility of the process. In the reformed NBS, there is a fully fledged department that deals with Child related statistics.

Apart from data collection processes conducted by the NBS, UNICEF entered into a Cooperation Agreement for the establishment of the Convention on the Rights of the Child (CRC) Chair in the Department of Public Law, University of Lagos.

The priority of the Agreement is to generate a baseline data on various issues affecting the rights of children and youths in Nigeria through the conduct of a National Baseline Survey on child protection indicators/thematic issues particularly child trafficking, sexual exploitation, child labour, child / youth in conflict with the law, orphans and vulnerable children. Data generated through the baseline survey will be employed to formulate laws, policies and programmes for the effective implementation of the Convention.

In addition, the following are some of the surveys conducted during the reporting period:

- CWIQ, **2006**
- Survey on Refugees and Internally Displaced Children, **2007**
- Documentation of Innovative Intervention on the Almajiri Child protection in Nigeria, **2007**
- Survey/Directory of Orphanages in Nigeria, **2007**
- Survey on Youth Friendly Services, **2007**
- Recently Concluded Census **2006**
- MICS 3, 2007
- National Baseline Survey on Child Protection Issues, **2008**
- Situation Assessment and Analysis of OVC in Nigeria **2008**

### **1.2.6 Budgets and budget trends**

Budgetary allocations on children's issues 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 2004–2008 are given in table 1.2 below, which shows increasing allocations to children issues.

The financial resources for education are 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 organisations and individual households make important financial contributions to education.

### **1.2.7 Debt Relief Savings Allocations**

On June 30th 2005, Nigeria's huge debt burden of USD 19,293,207,575 was wiped off Nigeria's debt profile by the Paris Club. The savings that accrued to both Federal and State governments were in the proportion of 75% and 25% respectively. The federal government invested the saved funds into various sectors and cross-cutting issues such as gender, HIV/AIDS, youth programs and urban slum upgrading which directly or indirectly impact positively on the lives of Children. Table 1.3 shows debt relief funds allocations and examples of spending in various sectors of the economy.

Table 1.2  
**Budgetary allocation and trends of federal Budgets in Relevant MDAs 2004-2008 in Naira (₦)**

<i>Ministry/Department and Agency</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>Total</i>
Federal Ministry of Education	376 129 175	14 648 213 337	166 621 653 758	189 199 774 929	<b>370 845 771 199</b>
FGC, Unity Schools Colleges	39 994 246 509	15 278 149 876	18 188 656 002	19 032 813 542	<b>92 493 865 929</b>
Universities & FST Colleges	12 283 338 699	*	78 771 112 001	87 600 179 082	<b>178 654 629 782</b>
UBE	343 766 001	*	6 749 414 750	8 415 300 000	<b>15 508 480 751</b>
Special Education for the Handicapped Studies in Secondary Schools	*	*	*	*	*
Federal Ministry of Health	26 410 000 000	20 000 000 000	106 940 000 000	*	<b>153 350 000 000</b>
National Programme on Immunisation (NPI)	6 000 000 000	10 288 195 030	7 903 552 523	24 191 747 553	<b>48 383 495 106</b>
Primary Health Care	2 530 000 000	*	10 288 271 244	*	<b>12 818 271 244</b>
National Action Committee on Aids (NACA)	1 500 000 000	1 470 000 001	250 000 000	3 220 000 001	<b>6 440 000 001</b>
Federal Ministry of Women's Affairs and Social Development (Child Development Department)	82 500 000	277 500 000	415 780 000	576 980 000	<b>1 352 760 000</b>
Federal Ministry of Water Resources	37 497 754 831	73 074 011 548	80 103 630 703		<b>190 675 397 082</b>
Federal Ministry of Housing	2 848 500 000	10 392 032 796	7 995 000 000		<b>21 235 532 796</b>

*Source:* National Assembly, Abuja: Yearly Appropriation Act (2004–2007).

\* Figures not available.

Table 1.3  
Debt Relief Savings Allocations to MDAs 2006

	<i>Sector</i>	<i>2006 (₦ BN)</i>	<i>2007 (₦ BN)</i>	<i>Examples of Some of the Projects Executed</i>
1	Education	18 221 707 736	15 353 043 361	<ul style="list-style-type: none"> <li>• 145 000 Teachers given in-service training while 40 000 have been recruited nationwide for the Teachers scheme</li> <li>• Scaling up of Nomadic Education programmes with a focus on Health Care</li> <li>• The development of new improved curriculum for Primary &amp; Secondary school levels</li> <li>• Equipment &amp; Training at selected colleges of Education</li> </ul>
2	Health	21 288 000 000	15 348 000 000	<ul style="list-style-type: none"> <li>• Refurbishing and building of selected referral centres and procurement of vaccines for immunization &amp; equipment for cold storage</li> <li>• 166 new Primary Health Care centres and 207 rehabilitated across the country</li> <li>• 400 000 insecticide treated bed nets over 1 million dose of Anti-malarial (Ts) and two million doses Sulfadoxine-Pyrimethamine (SP) provided</li> </ul>
3	Agriculture	9 400 000 000	15 000 000 000	<ul style="list-style-type: none"> <li>• The construction and subsidized distribution of on-farm storage bins to mitigate post harvest losses</li> </ul>
4	Water Resources	19 215 849 154	13 848 572 250	<ul style="list-style-type: none"> <li>• Rural water projects worth 20 billion</li> <li>• Boreholes and small earth dams</li> </ul>
5	Power & Steel	16 961 839 096	10 108 550 527	
6	Housing	495 000 000	3 000 000 000	<ul style="list-style-type: none"> <li>• Investment in cross-cutting issues such as urban slum upgrading</li> </ul>
7	FCT	-	1 800 000 000	
8	Women & Children Affairs	1 000 000 000	1 015 000 000	<ul style="list-style-type: none"> <li>• Gender mainstreaming Training &amp; Advocacy programmes to ensure the adoption of CRC provisions in the Nigerian Legal framework and funding for gender research</li> </ul>
9	Youth	990 000 000	1 000 000 000	<ul style="list-style-type: none"> <li>• Agricultural Entrepreneurship Farming &amp; Leadership Training Programmes</li> </ul>
10	NACA	-	1 000 000 000	<ul style="list-style-type: none"> <li>• 79 000 doses of anti-retroviral drugs (ARVs) procured for HIV/AIDS patients</li> </ul>
11	Works	9 855 000 000	-	<ul style="list-style-type: none"> <li>• Approximately 4 000 km of rural roads nationwide</li> </ul>
12	Environment	1 485 000 000	-	<ul style="list-style-type: none"> <li>• Desertification Projects</li> </ul>
13	Conditional Grants	-	20 000 000 000	
14	Safety Nets	990 000 000	10 000 000 000	
15	Monitoring & Evaluation	1 000 000 000	2 000 000 000	
	<b>Total</b>	<b>99 912 395 986</b>	<b>109 473 173 138</b>	

Source: Nigeria MDG Progress report 2006, Office of the Senior Special Assistant to the President on MDGs.

### 1.25 Collaboration between Groups and Individuals on the Implementation of the CRC

The past five (5) years have witnessed greater collaboration between the FMWA&SD, NGOs and UN Agencies like UNICEF, ILO, UNDP, WHO UNFPA, UNODC as well as other government ministries and agencies on the promotion and protection of children's rights in Nigeria.

The FMWA&SD 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 in 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) to rally the media to mount enlightenment campaign for combating child labour and child trafficking.

The University of Lagos' CRC Chair, in collaboration with NBS and with the support of UNICEF, is currently carrying out a National Baseline Survey on Child protection issues, which started in 2004 and will be completed in 2008. ILO/IPEC made some funding contribution in 2005.

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 collaborated with the FMWA&SD 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 Convention – Article 42

Efforts are continuing by government to publicize the Convention by translating it into the major local languages and disseminating the provisions through radio and television programmes etc.



#### 1.4 Reporting obligation – Article 44

The submission of this Periodic Report demonstrates Nigeria’s sincere commitment to discharging her reporting obligations under the Convention.

### Cluster 2

#### Definitions: Article 1

##### 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 1** of the Convention. 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 states as follows:

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

- (a) *Children;*
- (b) *Adoption, fostering, guardianship and wardship;*
- (c) *Approved institutions, remand centres and borstal institutions; and*
- (d) *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 counselling 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 Government 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 person below the age of 18 from enrolling into the armed forces either voluntarily or by conscription.

*(vi) Criminal Liability*

Section 204 provides that “No child shall be subjected to the criminal justice process or to criminal sanctions, 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”.

*(xi) Deprivation of Liberty and Imprisonment* Section 221 (1) a and 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 Psycho-tropic substances.”

### **Cluster 3**

#### **Guiding Principles: Articles 2, 3, 6 and 12**

##### **3.1 Non Discrimination – Article 2 (CRA Section 10)**

The 1999 Nigeria Constitution under Chapter IV, and specifically in **Section 42 (1) (a), (b), (2) and (3)**, provides for non discrimination on the basis of gender, religion, ethnicity, age or circumstances of birth against any citizens including children. By this provision, all organs of government are obligated to protect children against all forms of discriminatory practices in Nigeria. For instance, the Court of Appeal’s decision in the celebrated case of *Karimatu Yakubu v. Paiko* buttresses this. The Court allowed the appeal in favour of a teenage girl on the grounds 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 North of Nigeria.

The Nigerian Government has domesticated the CRC through the passage 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, 18 states already mentioned have passed the **CRLs** (*Ref. fig. 1.1*).

### 3.1.1 Steps taken to eradicate discrimination

The following steps are being taken at all levels of government to stamp out discrimination:

- 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 school enrolment of the girl-child and automatic scholarships for girls in the states of Zamfara, Bauchi, Katsina, Yobe, Sokoto and Borno
- Provision of scholarships for girls in twelve states of the country by various NGOs
- Girl-Child Education Projects (GEP) across the country
- Schools for refugees and displaced children have been established in the border towns of Akwa Ibom, Bayelsa, Bauchi and Ogun States
- Establishment of 14 Schools in Leprosy settlements nationwide, 28 schools for physically challenged children in Delta, Rivers, Akwa-Ibom, Bayelsa, Cross-River, Niger, Plateau, Kogi, Sokoto 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 some NGOs
- Establishment of shelters for trafficked Children in Edo, Kano, Akwa Ibom, Sokoto, Lagos and the FCT
- Prohibition of child 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

### 3.1.2 Challenges

A major constraint on meaningful planning for physically challenged children is the dearth of accurate data. To address this gap, the Federal Government has included 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 and disadvantaged children
- Lack of emphasis in public enlightenment programmes to draw the attention of the public to the plight of disadvantaged children
- Lower school enrolment for disadvantaged children
- Insufficient personnel and educational facilities for physically challenged children
- Effort to prevent discrimination against physically and mentally challenged children need scaling up

### 3.2 Best Interest of the Child – Article 3 (CRA Sections 1 and 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 their safety, health and welfare.

In every decision affecting the child, the various possible solutions must be considered and due weight given to the child’s best interest. The Nigerian courts and other agencies in settling conflicts of interest, usually base their decisions on what is best for the child. This applies when administrative authorities intervene 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 Measures taken to deal with cultural practices affecting children

Specific measures taken by the Government to combat 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
- There are on going efforts across the country by NGOs to scale up children participation in decision making in schools – particularly in the areas of school administration, drafting school’s time table, choice of prefects and involvement in Parent/Teachers Association meetings

### 3.2.3 Challenge

The acceptance of child participation at community level is still low; and therefore poses a challenge to implementation of best interest of the child principle.

## 3.3 Rights to Survival & Development – Article 6 (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
- To take the project to the grassroots level with the establishment of at least two registration centres per local government area

(ii) The commission now operates a total of 2,322 R/C, that is 3 per LGA in all the 774 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.

### 3.3.2 Strategies to promote birth registration in Nigeria

Within the reporting period, the National Population Commission evolved an Action Plan to create birth registration systems that are permanent and sustainable, which include 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 have been put in place to facilitate birth registration in rural communities.

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 for three years. Payment of fees had hampered the level of birth registration in the past.

#### 3.3.2.1 Short term strategies

In July 2007, the Vice President, Federal Republic of Nigeria flagged off a National Campaign on Birth Registration in Abuja. The launch brought together government representatives from the National Population Commission, Federal Ministries of Women

Affairs and Social Development, Information and Communications as well as Health. Also represented at the launch were the Speaker of the Federal House of Representatives, Parliamentarians and donor partners like CIDA. UN agencies and the Country Representatives of UNICEF, WHO, and UNFPA, as well as over 500 participants drawn from CSOs, traditional rulers and the media were also present.

The nationwide campaign and launch by the Vice President demonstrates government's commitment to increasing birth registration coverage across the country as well as providing an enabling environment for an effective and smooth implementation of a comprehensive birth registration programme in Nigeria.

Between October and December 2007, the Federal Radio Corporation of Nigeria (FRCN) – '*Radio Nigeria*', the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) and UNICEF launched a three-month radio campaign on child trafficking and economic exploitation of children linked with birth registration. The campaign was broadcast to more than 60 million listeners of Radio Nigeria during more than 20 hours of prime network airtime.

Within the same period, a backlog of nearly 10 Million vital/birth registration forms were processed. The findings, processing methodology, characteristics of birth in Nigeria, current birth registration status and other lessons learned on best practices are being documented in a draft comprehensive report which will show the level of births registered in Nigeria from 1994–2007.

With the successful campaign and strong commitment of government coupled with the processing of the huge number of vital registration forms in the country, it is expected that a sustainable systemic monitoring mechanism for documenting births of children born in Nigeria is being institutionalized. It is on record that birth registration coverage of 28% in 1999 (MICS 1999), rose to 30.2% in 2006 (CWIQ 2006) and 47% in 2008 (the full report of NPopC evidencing the current coverage is yet to be published for public access).

### **3.3.2.2 Long term strategies to promote birth registration in Nigeria**

The modalities and frameworks for a sustainable systemic monitoring mechanism for documenting births of children born in Nigeria developed since the last reporting period is still being employed as part of a long term strategic approach in Nigeria. These are to:

- Include every part of society, especially local communities
- Involve every stakeholder by raising awareness of the importance of birth registration
- Enforce and publicize existing legislation
- Ensure coordination between relevant government ministries and institutions involved in birth registration processes
- Provide necessary social infrastructure to facilitate birth registration in rural communities
- Integrate birth registration in other governmental activities and provide sufficient resources for the programs and service delivery
- Improve the capacity of the relevant government officials
- Provide the resources required to ensure universal and effective system of birth registration
- In collaboration with partners, embark on strong and virile resource mobilization strategies in and outside the country and involving government, legislators,

development partners/donor agencies, health and education sectors, civil society networks, children parliament and other stakeholders

- Strengthen institutional capacity of the NPopC (Vital Registration Department) to collate, analyze, process and generate birth registration data consistently at the states and country levels
- Establish a network between the 3 registration centres in LGAs and child delivery institutions to ensure that all children are registered at birth

### 3.3.3 Main causes of high mortality and morbidity among children

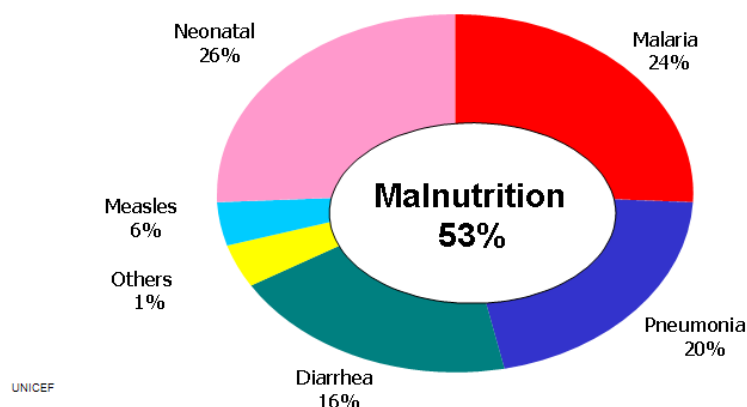
The causes of high infant mortality and morbidity among children are mainly:

- Malnutrition/poor nutritional status
- Neonatal diseases
- Malaria
- Pneumonia
- Diarrheal diseases
- Measles and other vaccine preventable diseases

Figure 3.0

Estimated distribution of causes of under-five deaths

## Why we lose our U5s?



**Most U5 diarrhea deaths result from dehydration, replaceable (with SSS, ORS, ORT)**

Source: Federal Ministry of Health, 2006.

#### (i) Malnutrition/poor nutritional status

Malnutrition of children and poor nutritional status is the highest cause of deaths of children in Nigeria. The weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight*. Stunting is a reflection of chronic malnutrition as a

result of failure to receive adequate nutrition over a long period and recurrent or chronic illness. Wasting is usually the result of a recent nutritional deficiency.

Table 3.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during the survey. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population.



Table 3.1  
**Child malnourishment percentage of under-five children who are severely or moderately undernourished, Nigeria, 2007**

	Weight for age: % below -2 SD	Weight for age: % below -3 SD*	Height for age: % below -2 SD	Height for age: % below -3 SD**	Weight for height: % below -2 SD	Weight for height: % below -3 SD***	Weight for height: % above +2 SD	Number of children
<i>Area: Sector</i>								
Rural	28.5	10.0	38.5	22.0	11.3	3.6	8.6	7 790
Urban	19.0	5.1	26.2	14.4	9.8	2.4	6.5	4 007
<i>Geopolitical zones</i>								
North Central	21.0	6.7	29.8	15.4	11.4	3.2	5.8	1 713
North East	24.3	9.1	31.4	19.6	11.9	3.8	14.7	2 581
North West	41.2	17.1	56.6	38.0	15.5	5.4	9.0	2 466
South East	16.7	4.3	22.9	11.6	7.2	2.1	5.4	1 065
South South	20.0	4.5	26.4	11.5	8.2	1.8	3.3	1 992
South West	20.3	3.9	28.5	11.9	7.5	1.6	5.6	1 981
<i>Age</i>								
< 6 months	5.0	1.1	10.8	3.9	6.8	1.3	11.6	1 119
6–11 months	23.3	8.4	21.8	10.7	14.5	4.5	10.2	1 240
12–23 months	33.2	11.9	41.5	21.8	15.5	4.0	9.3	2 344
24–35 months	28.3	11.5	35.8	22.0	11.0	3.4	7.2	2 476
36–47 months	25.9	7.8	39.8	23.4	9.2	3.4	7.2	2 660
48–59 months	23.9	5.0	37.9	22.4	7.0	2.1	4.8	1 958
<i>Mother's education</i>								
None	33.5	13.3	45.0	27.6	13.3	4.7	11.7	4 461
Primary	23.7	5.9	32.5	17.7	9.1	2.4	5.8	3 159
Secondary	16.9	4.4	23.7	11.5	9.1	2.1	5.4	4 028
Non-standard curriculum	40.7	18.2	44.1	26.9	16.8	5.6	8.8	149
<i>Wealth index quintiles</i>								
Poorest	32.1	13.8	43.6	27.5	13.4	4.3	13.0	1 855
Second	32.8	11.7	43.2	26.3	12.2	4.5	9.3	2 142

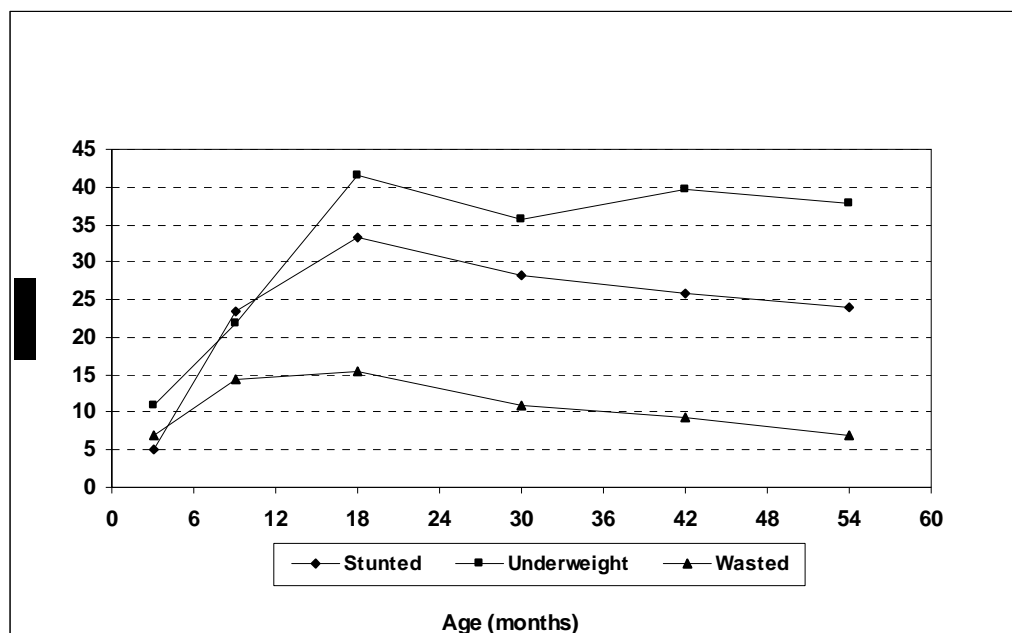
	<i>Weight for age: % below -2 SD</i>	<i>Weight for age: % below -3 SD*</i>	<i>Height for age: % below -2 SD</i>	<i>Height for age: % below -3 SD**</i>	<i>Weight for height: % below -2 SD</i>	<i>Weight for height: % below -3 SD***</i>	<i>Weight for height: % above +2 SD</i>	<i>Number of children</i>
Middle	28.9	9.6	39.4	20.7	11.7	3.6	8.0	2 347
Fourth	20.7	4.9	29.7	15.4	8.3	2.2	6.4	2 698
Richest	16.3	4.4	21.5	11.7	9.6	2.1	4.9	2 756
<b>Total</b>	<b>25.3</b>	<b>8.3</b>	<b>34.3</b>	<b>19.4</b>	<b>10.8</b>	<b>3.2</b>	<b>7.9</b>	<b>11 797</b>

\* MICS indicator 6; MDG indicator 4.

\*\* MICS indicator 7.

\*\*\* MICS indicator 8.

Figure 3.1  
Percentage of children aged 0–59 months who are undernourished, Nigeria 2007



Source: MICS 3, Nigeria 2007.

(ii) *Neonatal diseases*

Neonatal and perinatal diseases are the next set of causes of child deaths. The perinatal mortality rate measures the risk of dying from the 28<sup>th</sup> 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. At the time of writing this report, there was no current nationally representative data available for this rate. The neonatal mortality rate estimates the probability of dying within the first month of life. This rate 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 48 per 1000 live births (NDHS 2003).

(iii) *Malaria*

Malaria is another leading cause of death of children under age five in Nigeria. It contributes to anaemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), are dramatically reducing malaria related mortality among children. MICS3 results indicate that household availability of mosquito nets in Nigeria is 4.7 per cent and of insecticide treated nets, 4 per cent.

The use of ITN is still very low. Results indicate that 4.1 per cent of children under the age of five slept under any mosquito net the night prior to the survey and 3.5 per cent slept under an insecticide treated net (Table 3.2). ITN use among children under five is more prevalent in the urban than rural areas (5.5 versus 2.6 per cent); it declines rather steadily as age of child increases and improves as family wealth appreciates. Gender disparity in ITN use is slightly in favour of the female (3.7 versus 3.3 per cent).

However, the intensive advocacy campaign by the Children's Parliament on ITN use, coupled with positive response from the National Assembly is yielding positive results. The use of ITN has also been made compulsory in all boarding schools in the country.

Table 3.2

**Children sleeping under bed nets**

<i>Percentage of children aged 0–59 months that slept under an insecticide treated net during the previous night, Nigeria, 2007</i>							
	<i>Slept under a bednet*</i>	<i>Slept under an insecticide treated net**</i>	<i>Slept under an untreated net</i>	<i>Slept under a net but don't know if treated</i>	<i>Don't know if slept under a net</i>	<i>Did not sleep under a bednet</i>	<i>Number of children aged 0–59 months</i>
<i>Sex</i>							
Male	3.8	3.3	0.4	0.1	0.8	95.4	8 396
Female	4.5	3.7	0.5	0.3	0.8	94.7	8 153
<i>Geopolitical zones</i>							
North Central	3.8	2.6	1.0	0.2	0.9	95.2	2 041
North East	3.4	3.0	0.3	0.1	1.0	95.6	4 070
North West	2.5	1.8	0.6	0.1	0.3	97.3	4 668
South East	6.8	5.4	0.7	0.7	1.2	92.0	1 292
South South	8.5	7.9	0.3	0.3	0.5	91.0	2 263
South West	3.3	3.1	0.0	0.2	1.7	95.0	2 215
<i>Area: Sector</i>							
Rural	3.3	2.6	0.4	0.2	0.8	95.9	11 550
Urban	6.2	5.5	0.5	0.2	0.8	93.0	4 999
<i>Age</i>							
0–11 months	5.7	5.2	0.4	0.2	0.8	93.5	3 374
12–23 months	4.7	3.7	0.8	0.2	0.8	94.6	3 187
24–35 months	3.4	2.8	0.4	0.3	0.7	95.9	3 427
36–47 months	3.9	3.2	0.5	0.2	0.8	95.3	3 727
48–59 months	3.0	2.6	0.3	0.2	1.1	95.9	2 833
<i>Wealth index quintiles</i>							
Poorest	1.1	0.7	0.3	0.0	1.0	97.9	3 214
Second	2.2	1.5	0.6	0.1	0.6	97.2	3 389
Middle	3.6	2.8	0.4	0.3	1.0	95.4	3 293
Fourth	5.3	4.8	0.3	0.2	0.8	93.8	3 339
Richest	8.5	7.6	0.6	0.3	0.7	90.8	3 315
<b>Total</b>	<b>4.1</b>	<b>3.5</b>	<b>0.5</b>	<b>0.2</b>	<b>0.8</b>	<b>95.0</b>	<b>16 549</b>

Source: MICS 3, 2007.

\* MICS indicator 38.

\*\* MICS indicator 37; MDG indicator 22.

(iv) *Pneumonia*

Pneumonia is a cause of death in children and the use of antibiotics in under-five children with suspected pneumonia is a key intervention. Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest and a blocked nose. The MICS 3 question was limited to children who had suspected pneumonia within the previous two weeks and whether or not they had received an antibiotic within the previous two weeks.

Table 3.3 presents the use of antibiotics for the treatment of suspected pneumonia in under-five children by sex, age, region, residence, and family wealth. Over 46 per cent of Nigeria's under-five children with suspected pneumonia during the two weeks prior to the survey had received an antibiotic. The percentage was considerably higher in the urban than in the rural sectors (over 59 versus less than 41 per cent). The southern zones show higher percentage figures of antibiotic treatment of pneumonia particularly the South East with 63 per cent, which declines to 38 per cent in the North East. Antibiotic treatment of suspected pneumonia is very low among the poorest households (under 30 per cent) and among children of illiterate mothers (35 per cent). Age of child does not seem to be a factor.

Table 3.3

**Antibiotic treatment of pneumonia**

Percentage of children aged 0–59 months with suspected pneumonia who received antibiotic treatment, Nigeria, 2007.

	<i>Percentage of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks*</i>	<i>Number of children aged 0–59 months with suspected pneumonia in the two weeks prior to the survey</i>
<i>Sex</i>		
Male	47.3	173
Female	45.4	154
<i>Geopolitical zones</i>		
North Central	40.2	62
North East	37.9	79
North West	52.4	77
South East	63.2	16
South South	47.6	68
South West	56.9	23
<i>Area: Sector</i>		
Rural	40.6	225
Urban	59.2	101
<i>Age</i>		
0–11 months	55.7	63
12–23 months	35.1	62
24–35 months	33.6	64
36–47 months	58.5	82
48–59 months	45.2	56

	<i>Percentage of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks*</i>	<i>Number of children aged 0–59 months with suspected pneumonia in the two weeks prior to the survey</i>
<i>Mother's education</i>		
None	35.2	134
Primary	53.0	91
Secondary	54.8	96
Non-standard curriculum	64.0	5
<i>Wealth index quintiles</i>		
Poorest	29.4	60
Second	35.7	64
Middle	42.3	67
Fourth	51.7	60
Richest	67.8	77
<b>Total</b>	<b>46.4</b>	<b>327</b>

Source: MICS 3, 2007.

\* MICS indicator 22.

(v) *Diarrhoea diseases*

Diarrhoea related diseases are still the major cause of under five mortality while dehydration from diarrhoea is a major cause of death among young children in Nigeria According to NDHS of 2003, Children aged 6–11 and 12–23 months have the highest prevalence of Diarrhoea (27% each).

Table 3.4

**Percentage of children with incidence of diarrhoea in 2003 and 2006**

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

The proportion of children in the North East having diarrhoea was more than five times that of children in the South West (35.1% as against 6.4%). Generally, incidence of diarrhoea has been observed to have drastically reduced both at sector and zonal levels

between year 2003 and 2006. Table 3.4 according to the 2006 CWIQ survey shows diarrhoea 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 diarrhoea (6.0 per cent) while the lowest rate was recorded for South-South zone (4.0 per cent).

(vi) *Measles and other vaccine preventable diseases*

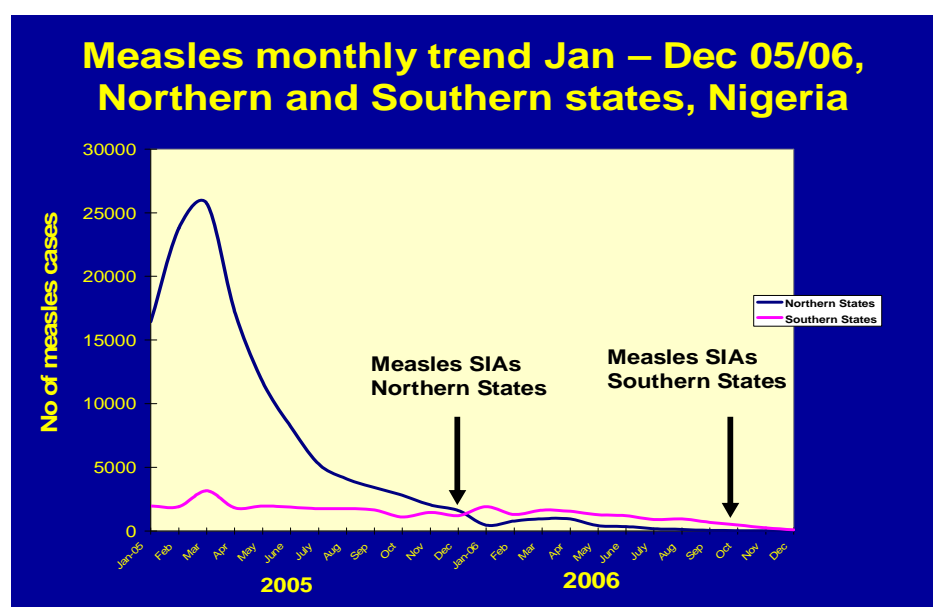
The traditional Vaccine-Preventable Diseases (VPDs) include: tuberculosis, diphtheria, whooping cough, poliomyelitis, measles and tetanus, while yellow fever, hepatitis-b, haemophilus influenza-b and pneumococcus are some of the newer ones. Of the VPDs, Cerebro-spinal meningitis (CSM) is not included in the basic immunisation schedule, although it is an important cause of morbidity and mortality in Nigeria among children. The campaign to eradicate poliomyelitis is now entering its final stage in Nigeria, but the scourge of measles infection is still high and worrisome to most parents and care givers. In spite of the situation, proactive plans are on to implement nation-wide measles follow-up campaigns in the last quarter of 2008, while isolated vaccinations for control of outbreaks have been on going.

Regarding prevention and control efforts of VPDs, Nigeria has achieved some successes (See figure 3.3 below) which include:

- Improved routine immunisation coverage for the VPDs
- Successful implementation of integrated measles campaigns in 2005/6, with drastic reduction in measles cases
- Implementation of case-based surveillance for measles in all states with about 89% LGAs reporting in 2007
- Improved monitoring and supervision

Figure 3.2

**Measles monthly trend – Dec. 2005–2006**



Source: Measles Surveillance Feedback Report, May–December 2006.

### 3.3.5 Preventive measures taken to reduce child's death

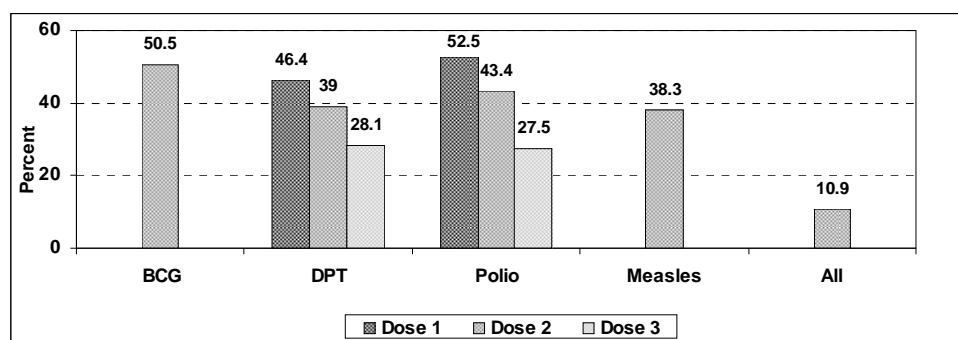
#### *Immunization*

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months.

The percentage of children aged 12 to 23 months who received each of the vaccinations is shown in Figure 3.3.

Figure 3.3

**Percentage of children 12–23 months who received immunizations by age 12 months, Nigeria 2007**



Source: MICS 3, 2007.

Approximately 51 per cent of children aged 12-23 months received a BCG vaccination by the age of 12 months and the first dose of DPT was given to 46 per cent. The percentage declines for subsequent doses of DPT to 39 per cent for the second dose, and 28 per cent for the third dose (Figure 3.3). Similarly, fewer than 53 per cent of children received Polio 1 by age 12 months and this declines to fewer than 28 per cent by the third dose. The coverage for measles vaccine by 12 months is over 38 per cent. The percentage of children who had all eight recommended vaccinations by their first birthday is just 11 per cent.



Table 3.5  
**Immunization by background characteristics**

<i>Percentage of children aged 12–23 months currently vaccinated against childhood diseases, Nigeria, 2007</i>													
<i>Background characteristics</i>	<i>Percentage of children who received</i>									<i>All</i>	<i>No Vaccinations</i>	<i>% age with Vaccination cards</i>	<i>No. of children</i>
	<i>DPT</i>				<i>Polio 1</i>				<i>Measles</i>				
	<i>BCG</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>					
<i>Gender</i>													
Male	52.6	48.8	40.3	28.7	37.8	54.9	45.3	29.7	43.9	16.0	38.0	17.9	<b>1 656</b>
Female	50.2	48.4	41.3	30.6	37.2	56.3	46.5	29.0	44.2	16.9	38.0	18.5	<b>1 530</b>
<i>Residence</i>													
Urban	41.3	38.2	31.0	20.6	26.5	48.0	39.6	24.8	33.4	10.5	46.1	14.1	<b>2 237</b>
Rural	75.2	72.8	63.5	50.8	63.2	73.4	60.6	40.1	68.8	30.3	18.9	27.8	<b>950</b>
<i>Zones</i>													
North Central	68.9	63.5	56.1	38.7	44.7	77.4	70.1	46.8	60.1	28.9	19.3	25.0	<b>330</b>
North East	39.0	38.7	30.8	24.4	35.6	39.3	28.4	20.3	37.1	13.7	52.6	8.1	<b>758</b>
North West	21.1	19.6	12.7	7.7	11.3	31.4	25.1	17.2	17.0	3.2	63.3	6.1	<b>970</b>
South East	88.1	80.9	73.4	51.7	64.3	81.5	63.9	35.1	66.8	20.4	9.6	32.4	<b>262</b>
South South	74.3	71.1	60.4	39.9	46.1	75.1	65.5	39.5	58.9	20.8	14.9	37.0	<b>455</b>
South West	84.2	79.7	72.2	59.8	70.5	87.0	74.7	46.0	77.3	35.6	10.1	29.8	<b>412</b>
<i>Mother's education</i>													
No education	24.3	20.7	15.6	9.5	14.1	33.3	26.9	16.9	19.0	5.1	63.3	5.5	<b>1 491</b>
Primary	69.6	65.1	55.5	40.6	50.0	72.7	59.8	36.6	57.7	21.1	19.6	23.6	<b>752</b>
Secondary	84.3	82.9	72.3	55.9	68.5	79.5	66.9	45.0	75.8	32.5	9.6	36.0	<b>883</b>
Non-standard curriculum	20.5	25.9	14.6	5.1	6.6	40.4	34.5	18.6	25.3	3.4	59.6	4.2	<b>59</b>

<i>Percentage of children aged 12–23 months currently vaccinated against childhood diseases, Nigeria, 2007</i>													
<i>Background characteristics</i>	<i>Percentage of children who received</i>										<i>No Vaccinations</i>	<i>% age with Vaccination cards</i>	<i>No. of children</i>
	<i>DPT</i>				<i>Polio 1</i>				<i>All</i>	<i>Measles</i>			
	<i>BCG</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>					
<i>Wealth quintile</i>													
Lowest	21.2	18.9	15.8	9.6	11.6	30.3	24.8	14.9	17.7	5.4	67.1	6.0	<b>6.0</b>
Second	31.5	30.7	24.9	14.9	17.4	41.8	35.0	22.2	25.5	8.6	54.2	10.2	<b>10.2</b>
Middle	45.0	39.8	29.7	18.8	25.7	53.3	42.8	26.9	33.6	8.4	38.9	14.6	<b>14.6</b>
Fourth	72.7	68.2	59.3	47.0	59.1	73.1	60.3	38.4	61.9	25.4	20.2	28.9	<b>28.9</b>
Highest	85.4	83.7	72.4	56.6	72.4	78.2	65.5	43.7	79.6	33.4	10.8	30.6	<b>30.6</b>
<b>Total</b>	<b>51.5</b>	<b>48.6</b>	<b>40.8</b>	<b>29.6</b>	<b>37.5</b>	<b>55.6</b>	<b>45.9</b>	<b>29.4</b>	<b>44.0</b>	<b>16.4</b>	<b>38.0</b>	<b>18.2</b>	<b>18.2</b>

*Source:* NBS; MICS 3, 2007.

*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).

### 3.4 Respect for the views of Children – Article 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 uphold children's rights to participation, and freedom to express their views in all matters affecting them. These include the *CRC*, *CEDAW*, *AU Charter on the Rights and Welfare of the Child*, *National Child Policy (2007)*, *the National Gender Policy (2007)*, as well as the *Child's Rights Act (2003)*.

#### 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 with 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. To date, all the 36 States and the Federal Capital Territory have functional Parliaments.

### 3.5 Provision of information to children and promotion of their participation – Article 12

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 children in need of special protection measures, 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 publications that promote 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 publications are contained in Sections 35 and 36 of the *CRA, 2003*.

## Cluster 4

### Civil Rights and Freedom: Articles 7, 18, 13, 14, 15, 16, 17 and 37

#### 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 regulated by the National Population Commission. In addition to the legal provisions the following measures were taken during the reporting period:**

- The Vice-President of Federal Republic of Nigeria in July 2007 launched a nationwide campaign on Birth Registration
- Publicity and wide coverage was given to birth registration through a 3month consistent airing of radio and television jingles
- 810 persons made up of Birth Registrars, Birth Notifiers, Birth Attendants, Midwives and Comptrollers from 26 States were trained on qualitative and quantitative data collection process on birth registration
- Processing of about eight million vital registration forms, indicates increased birth registration coverage in Nigeria

- Journalist from the print and electronic media were exposed to improved advocacy, social mobilization and programme communication techniques and strategies on birth registration
- In accordance with the provisions of **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
- 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
- About 120,000 copies each of birth registration instructional posters and leaflets on “frequently asked questions” were printed and distributed in all 36 states of the Federation and the FCT

#### **4.1.2 Measures to prevent non-registration of child births**

- 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
- Establishment of a network between the 3 registration centres in LGAs and child delivery institutions to ensure that all children are registered at birth

#### **4.2 Preservation of Identity – Article 8 (CRA Section 5 (2))**

All Nigerian families identify their children by the names given; some are identified by the tribal markings on the face and tattoos on other parts of the body. The latter practice prevalent in some parts of the country is now prohibited by **Section 24 CRA 2003**.

#### **4.3 Freedom of Expression – Article 13 (CRA Section 3 (1) and (2))**

##### **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 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. The parliament has been institutionalized and provides a platform for children to dialogue with the President of Nigeria and other leaders on a regular basis key officers of the Children’s Parliament participated in the following national and international programmes:

- Biannual sessions of National Children’s Parliament since **2004** till date
- Defence of the 1<sup>st</sup> and 2<sup>nd</sup> CRC Periodic Report before the UN Committee on the Rights of the Child – January **2005**
- Week of Young Child celebrated in 6 states Lagos Ogun, Oyo, Kwara, Abia and Sokoto States, **2005**
- Children Summer camps, **2005**
- Nigerian Children’s Day Celebration – May **2005, 2006 and 2007**
- Day of the African Child – June **2005, 2006 and 2007**
- International Day of Broadcasting – December **2006, 2007**

- Sensitization meeting for Media Executives on the Child’s Rights Act – January **2006**
- Regional Conference on the “almajiri child” May, **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 2006 Children’s Day Celebration (May 27, 2006)
- Launching of the National Children’s Parliament’s Website by the Honourable Minister of Women Affairs and Social Development on June 16, **2006**
- International Children’s Camping in South Africa, August, **2007**
- Advocacy visit by the Leadership of the National and states children’s parliament to Vice President, Senate President and Speaker of House of Representatives, February, **2008**

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. 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.

#### **4.4 Freedom of Thought, Conscience and Religion – Article 14 (CRA Section 7)**

The Nigerian Constitution and the CRA guarantee the Nigerian child’s freedom of thought, conscience and religion. Nigeria is a multi – religious state, 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 promote religious tolerance amongst children with diverse backgrounds, Unity secondary schools have been established in each State of the Federation.

#### **4.5 Freedom of Association and Peaceful Assembly – Article 15 (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 freedom of association and assembly by all children.

These provisions are given practical effect by the formation of clubs like the Girl’s Guide, Boys’ Brigade, Boy Scouts, Child Rights and Debating Clubs, frequent inter-schools sporting activities and assembly of Nigerian Children.

#### **4.6 Protection of Privacy – Article 16 (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.

## Cluster 5

### Family Environment and Alternative Care: Articles 5, 9, 10, 11, 18, 19, 21, 25, 27 and 39

#### 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 responsibilities, 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.”*

The FMWA&SD 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, of three small scale industries to be located 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 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 there are plans to distribute to the remaining 17 states of the Federation and the FCT.

##### 5.1.2 Support for single parents

Due to social stigmatisation, single mothers often do not make their status public. There are still no reliable disaggregated data on single-parent families. However, this information was part of the questionnaire in the last Census exercise which report is yet to be disaggregated for public use as at the time of this report. **NEEDS II** document has proposed a framework for providing support to vulnerable groups, especially single parents and teen aged mothers.

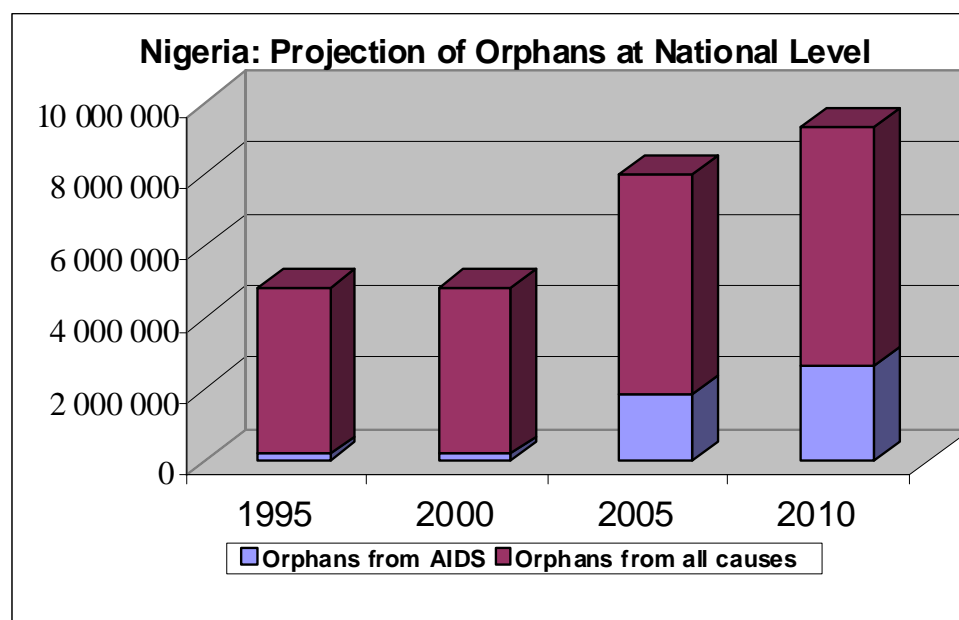
##### 5.1.3 Orphans and vulnerable children responses

Orphans and children made vulnerable by HIV/AIDS include children who have lost both parents due to any cause of death and children affected by HIV/AIDS. This includes children living with HIV-infected parents and those in foster families affected by HIV/AIDS. The national HIV/AIDS Sero-prevalence was 4.4% in Nigeria, with series of different AIDS epidemic emerging at state levels. According to the 2006 report published

by the Federal Ministry of Health, there were about 2.9 to 3.3 million adults living with HIV/AIDS. The number of children orphaned and others made vulnerable by the HIV/AIDS epidemic has increased drastically since 2003. The estimated orphan population in Nigeria was 7 million in 2003, out of which 1.8 million was due to AIDS (figure 5.1). It is projected that the numbers will increase exponentially to 8.2 million by 2010.

Figure 5.1

#### Nigeria Projection of Orphans at National Level



#### 5.1.4 Core principles and strategies for responding to the phenomenon

In response to the growing phenomenon of OVC, the following strategies are being applied:

- Strengthening the protection and care of orphans and other vulnerable children within their extended families and communities
- Strengthening the economic coping capacities of families and communities
- Enhancing the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers
- Fostering linkages between HIV/AIDS prevention activities, care and support for people living with HIV/AIDS, and efforts to support orphans and vulnerable children
- Targeting the most vulnerable children and communities, and not only AIDS orphans
- Give particular attention to how gender role make a difference and address gender discrimination
- Ensuring the full involvement of children and adolescents as part of the solution
- Strengthening the role of schools and education systems
- Reducing stigma and discrimination
- Accelerating learning and information exchange

- Strengthening partnerships at all levels and build coalitions among key stakeholders
- Ensuring that external support does not undermine community initiative and motivation

#### **5.1.5 National response**

A costed 5 year National Plan of Action on OVC has been developed. National Guidelines and Standards of Practice on Orphans and Vulnerable Children were also developed as Nigeria's efforts to accelerate and scale up the implementation of the National Plan of Action (2006–2010). The Guidelines and Standards of practice was developed to ensure that improved and qualitative programmes and services are implemented for the protection, care and support for children considered most vulnerable in Nigeria based on guiding principles of the CRA and CRC. Essential Service and Monitoring Checklist for OVC programmes have been developed to track interventions and programming for OVCs.

Government focal points, NGOs & CBOs providing psychosocial support and care for OVC are being capacitated to deliver more for orphans through the developed training manual and numerous training programmes going on across the country in collaboration with development partners and donor agencies.

Other interventions include:

- Establishment of community networks and partnerships to promote community based care, social protection and support services for Orphans and Vulnerable Children (OVC)
- Promotion of vocational and entrepreneurial skills acquisition for income generation and empowerment of child care givers
- Strengthening capacity of care givers to provide qualitative care and support services for OVC resident in orphanages and other child care institutions
- Procurement of educational and recreational materials including construction equipment for OVC shelters
- Capacity building of young and vulnerable children on peace building, life and management skills and as peer educators
- Establishment of a national steering committee and a technical working group to provide policy and technical direction to the OVC response based on the costed National Plan of Action. Similar coordination structures are being established at state levels
- Development of monitoring and reporting tools on Situation Assessment and Analysis of OVC
- Development of policy and advocacy action plans to mobilize resources and support for the implementation of appropriate OVC intervention programs by conducting a Situation Assessment and Analysis of OVC. The survey will provide important information on the trend, magnitude, characteristics and circumstances of OVC; and
- The FMWA & SD as a sub-recipient under the Global Fund Round 5 Project has recorded the following achievements:
  - From March 2007 to March 2008 a total of 498 CBOs and caregivers were capacitated to deliver improved care and support services to OVC and other vulnerable children across the country
  - 2,500 copies of advocacy package on OVC were disseminated to create awareness on OVC phenomenon in the country



- Two advocacy skills training sessions for Federal and States' OVC unit staff were held with support from EHANSE Project
- Advocacy visits, sensitization and awareness creation meetings were conducted at Communities, Local Government Area (LGAs) and State levels in 16 States targeting policy makers, legislators, traditional and religious rulers, women and youth groups/leaders and the OVC themselves. The States are Adamawa, Akwa-Ibom, Anambra, Benue, Borno, Delta, Enugu, Kano, Katsina, Kogi, Lagos, Nasarawa, Niger, Ogun, Rivers and Taraba
- 50,000 copies of OVC Vulnerability Index (OVI) were developed and disseminated to impact selection and disbursement of funds to OVC in dire need of support. The OVI helps to determine OVC who are greatly in need of immediate help through objectively verifiable criteria in line with the widely circulated Guidelines and Standard of Practice (SOP) and the costed National Plan of Action on OVC
- OVC Funds Disbursement Committees (OFDC) made up of key stakeholders with defined Terms of Reference (TOR) have been constituted at Federal and State levels
- Educational and health care support services are being provided to 64 orphans and vulnerable children within each of initial 12 benefiting States

## 5.2 Illicit transfer and non-return of children – Article 11

There is no disaggregated information on the separation of children from their parents as a result of detention, imprisonment, exile, deportation, illicit transfer or non return. 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. A survey was carried out in 24 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 development of a comprehensive survey report of the National Baseline Survey on Child Protection indicators is ongoing and would be completed by July 2008, but the results of the pilot survey are documented in this report.

### 5.2.1 Status of street children

The pilot survey undertaken by the **UNICEF CRC Chair National Baseline Survey on child Protection issues** revealed that more than 50 per cent of street children covered in the three pilot states were reportedly living with Malams (Islamic teachers) while 17.6 per cent lived under the bridge. Those found living or staying in their parental homes were between 6 to 10 per cent. Majority of those living with Malams were in Adamawa State (62.5 per cent) and Kano State (94.1 per cent) while 50 per cent of the children lived under the bridge in Lagos. These children (23.4 per cent) were found to have stayed on the street for up to 6 months; whilst less than 10 per cent of them had stayed between 3 to 4 years on the street. Table 5.1 illustrates 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
	With Malam	10	62.5	16	94.1	0	0.0	26	55.3
	Other places	0	0.0	1	5.9	0	0.0	1	2.1
<b>Total</b>		<b>16</b>	<b>100.0</b>	<b>17</b>	<b>100.0</b>	<b>13</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
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 stalls	2	12.5	0	0.0	2	15.4	4	8.7
	Vehicles parked outside	0	0.0	0	0.0	1	7.7	1	2.2
	Motor parks	3	18.8	0	0.0	0	0.0	3	6.5
	With Malams	11	68.8	14	82.4	0	0.0	25	54.3
	Other places	0	0.0	3	17.6	4	30.8	7	15.2
Length of stay on the street	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
<b>Total</b>		<b>16</b>	<b>100.0</b>	<b>17</b>	<b>100.0</b>	<b>14</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>

Source: Pilot Survey (2006) – 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 per cent) followed by automobile accidents and kidnapping (50 per cent); in Kano State (71.4 per cent) had ailments such as fever, skin diseases and hunger, (64.3 per cent). About 80 per cent of street children were faced with the problem of arrest/harassment with sexual harassment being a major issue in Lagos State.

Table 5.2  
Problems faced by street children

Problems faced on the street	State			Total %
	Adamawa %	Kano %	Lagos %	
Accident	50	10.0	40	<b>100.0</b>
Arrest/harassment	20	0.0	80	<b>100.0</b>
Kidnapping	50	0.0	50	<b>100.0</b>
Sexual harassment	0	0.0	100	<b>100.0</b>
Molestation	14.3	42.9	42.9	<b>100.0</b>
Trafficking	66.7	33.3	0	<b>100.0</b>
hunger	28.6	64.3	7.1	<b>100.0</b>
Disease	28.6	71.4	0	<b>100.0</b>
Other problems	0	0.0	0	<b>0.0</b>
No problem	25	75.0	0	<b>100.0</b>

Source: Pilot Survey (2006) – 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
<b>Total</b>		<b>15</b>	<b>100.0</b>	<b>14</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>40</b>	<b>100.0</b>
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
	Don't 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
<b>Total</b>		<b>5</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>10</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>
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
<b>Total</b>		<b>5</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>10</b>	<b>100.0</b>	<b>15</b>	<b>100</b>

Source: Pilot Survey (2006) – 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, 62.5 per cent of street children in the three pilot states had no formal education. In Kano State, all the street children interviewed had never attended a

formal school while 66.7 per cent never attended in Adamawa State. The situation was different in Lagos State where 91 per cent attended school. Those who never attended school in Adamawa State indicated inability to pay school fees as the major reason for not attending, while terminations by parents as well as other reasons were reported for Lagos State. Again, most children (45.2 per cent) reported that their parents were not interested in their education followed by parents being poor (19.4 per cent) as the reasons why they were not currently in school.

Apart from the CRC Chair National Baseline Survey, UNICEF in 2007 facilitated the documentation of “Innovative child protection intervention on the almajiri child”. The survey report is an assessment of the complex causes, dimensions, trends and manifestations of unmet rights of the “almajiri-child” phenomenon and its impact on the Nigerian society. It documented innovative interventions and good practices as strategic responses to the plight of the almajiri-child (the traditional Koranic education pupil, an immigrant or a traveling student or child).

The information documented in the report/survey is knowledge based, problem-solving, informative and experience sharing. It is policy-driven and action-oriented in focus. It is being employed as an advocacy tool for programming, creating fresh policies and legal interventions for vulnerable and at-risk children. The recommendations indicated in the document called attention of programmers, opinion leaders, human right activists, policy makers, parliamentarians, child care givers and all stakeholders to the plight of the vulnerable/street children and the Almajiri – child.

#### 5.2.4. Children placed in institutions

A survey to assess Institutional Child Care Centres in Nigeria was conducted by States Ministries of Women’s Affairs in collaboration with UNICEF in 2003. 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 with specific reference to 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 by UNICEF’s zonal offices sampled for the assessment. The disaggregated data was indicated according to UNICEF zonal office locations.

Table 5.4

#### **Distribution of States by UNICEF Zonal Offices for the assessment**

<i>Name of zone</i>	<i>States</i>
A – Zone	Abia, Akwa-Ibom, Anambra, Bayelsa, , Benue, Cross-River, Ebonyi, Enugu, Imo, Rivers
B – Zone	Delta, Edo, Ekiti, Lagos, Ogun, Ondo, Osun Oyo
C – Zone	Sokoto, Kebbi, Kaduna, Niger, Kogi, the FCT, Katsina, Zamfara, Kwara
D – Zone	Kano, Jigawa, Yobe, Adamawa, Bauchi, Borno, Plateau, Gombe, Taraba, Nasarawa

Figure 5.2  
Survey States by Zones

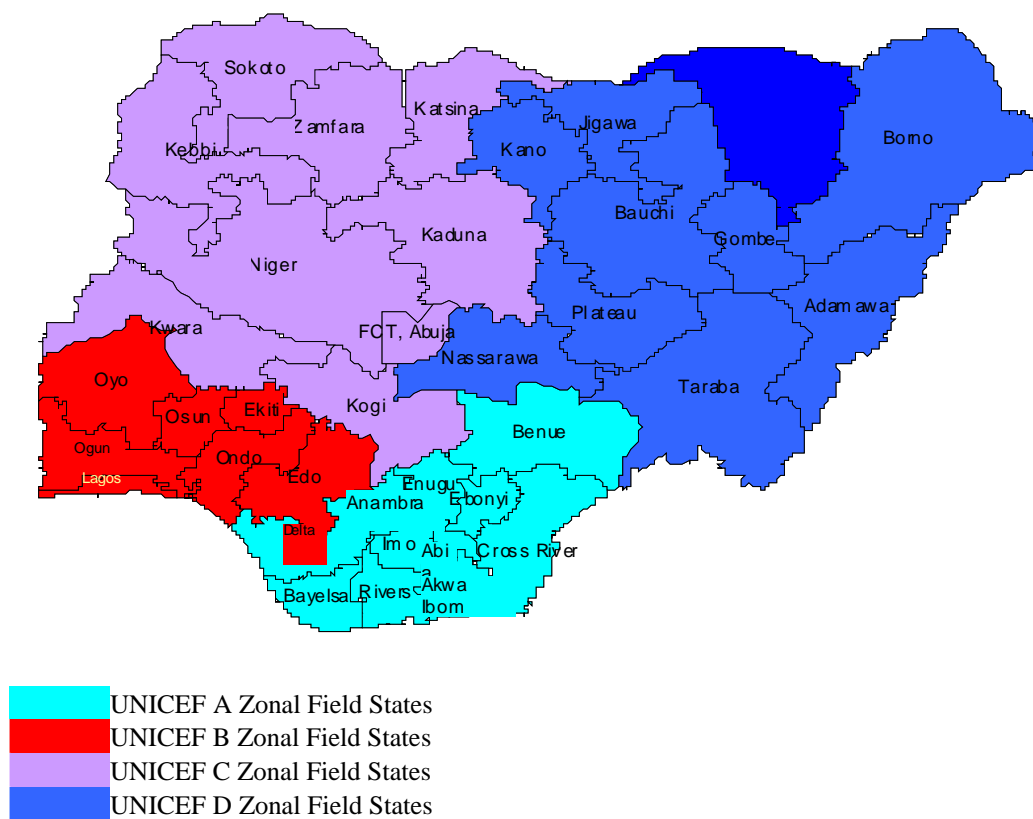


Table 5.5  
Types of Centres

Zones	Ownership of centres			Total
	Orphanages	Rehabilitation centres	Remand homes	
A	30	22	8	60
B	21	7	9	37
C	19	7	8	34
D	17	32	19	68
<b>Total</b>	<b>87</b>	<b>68</b>	<b>44</b>	<b>199</b>

Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

Table 5.6  
Ownership of Centres

Zones	Ownership of centres		Total
	State Governments	Private sector	
A	36	24	60
B	19	18	37
C	20	14	34
D	60	8	68
<b>Total</b>	<b>135</b>	<b>64</b>	<b>199</b>

Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

#### 5.2.4.1 Profile of institutional child care centres

The findings indicated that in the 36 states and the FCT, the profile of the institutional child care centres showed in table 5.5 that orphanages accounted for 44 per cent, rehabilitation centres, 34 per cent and remand homes only 22 per cent. A total of 68 per cent are owned and run by various States and Local Governments spread across the country 38 per cent of which are situated in the urban areas, 26 per cent in the semi urban areas and the remaining 36 per cent in the rural areas.

Table 5.7 shows that a total of 8,614 were residents in the centres studied. 61 per cent were boys, and 39 per cent girls. The centres in the “D” zonal field States topped the list with the greatest number of centres and those in the “A” zonal field States took the lead in terms of residents. The least numbers were reported from centres in the “C” zonal field states with the “B” zonal Field states at the bottom ladder in terms of numbers of residents.

Table 5.7  
Number of children in institutional child care centres

Zones	Number of children in institutional care centres		Total
	Male	Female	
A	1 882	1 496	3 378
B	981	689	1 670
C	1 099	601	1 700
D	1 202	517	1 866
<b>Total</b>	<b>5 243</b>	<b>3 371</b>	<b>8 614</b>

Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

Table 5.8  
Geographical spread of centres

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

Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

Table 5.9  
Zonal 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
<b>Total</b>	<b>87</b>	<b>63</b>	<b>24</b>

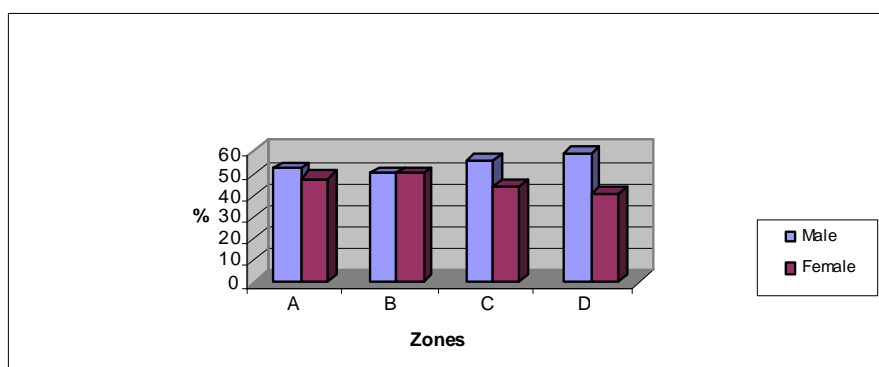
Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

Table 5.9 shows that of the 87 orphanages studied in the country, 37 per cent were in the “A” field zonal states, the least number representing 19 per cent was in the “D” field zone. 72 per cent of the orphanages are owned and run by private individuals, NGOs and Faith Based Organizations, compared to 28 per cent belonging to State governments.

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

### Orphanages

Figure 5.3  
Gender distribution of children in orphanages by zones

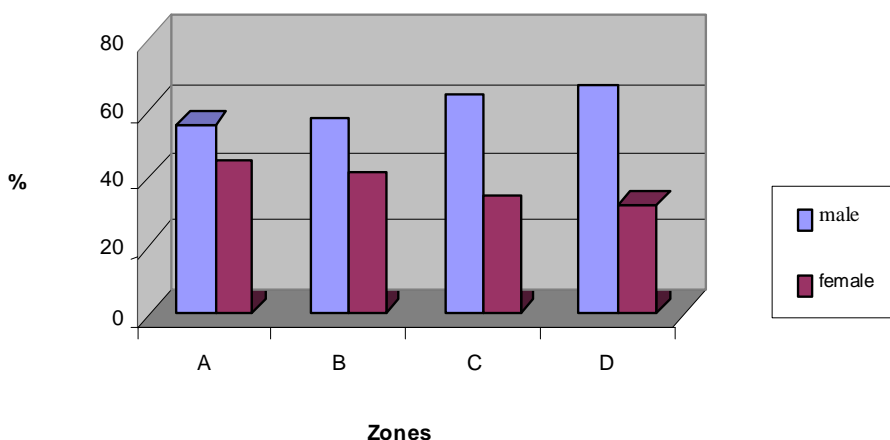


Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

**Rehabilitation centres**

Figure 5.4

**Gender distribution of residents in rehabilitation centres by zones**



Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

Table 5.10

**Zonal distribution and ownership of rehabilitation centres**

Zones	Centres	Ownership	
		Private	State
A	22	14	8
B	7	5	2
C	7	2	5
D	32	9	23
<b>Total</b>	<b>68</b>	<b>68</b>	<b>38</b>

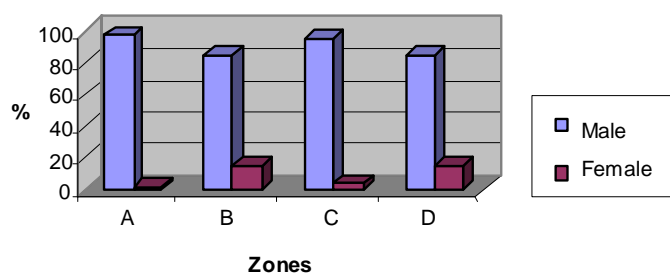
Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

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

**Remand Homes**

Figure 5.5

**Gender distribution of inmates in remand homes by zones**



Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.



Table 5.11  
**Zonal distribution and ownership of remand homes**

Zones	Centres	Ownership	
		Private	State
A	8	-	8
B	9	-	9
C	8	-	8
D	19	-	19
<b>Total</b>	<b>44</b>	<b>-</b>	<b>44</b>

Source: Assessment of Institutional Child Care Centres in Nigeria, 2004.

Comparatively, only 11 per cent of children resident in orphanages were aged between 2 weeks and 3 years, the largest numbers were recorded from the “A” and “D” zonal field States. 10 per cent are in the 3–5 age bracket, while 22 per cent are in the 6–11 age range. The prevailing rate came from children aged between 11–18 years, 37 per cent, formed the core number of children in the institutional child care centres and these reside mostly in the rehabilitation centres. The remand homes also act as places of protection for destitute, mentally retarded, lost and found children, those beyond parental control and those in conflict with the law, whose ages range from 3 to 18 years with a few above 18 years.

In some “D” zonal field States, adults are still accommodated in certain child care centres. About 20 per cent of residents in the centres are above 18 years. There is 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 physical disabilities which have left most of them incapable of reintegrating into the larger society.

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

The Borstal Institutions and Remand Centres Act Cap 38, LFN, 1990, mandated the setting up of remand centres and correctional centres and put the ambit of ownership on the Federal Government. Some states run approved schools and remand homes.

#### 5.2.4.2. Measures in place for effective management of centres

For effective management of 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’s Affairs for counseling and community re-integration of children.

In recognition of the need to create an appropriate and enabling environment for the survival, development and protection of all children in institutional child care centres, the Child Development Department of the Federal Ministry of Women Affairs, has developed and published 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 per cent of children had both parents absent from the household. 12.9 per cent was recorded for the urban areas and 10.2 per cent for the rural areas. About 3 per cent of these categories of children were not living with their mothers while 6 per cent had their fathers absent from the household. Higher absent rates of both parents were observed in the Southern zones than in the Northern zones. For example, the south west zone recorded the highest rate (16.3 per cent) followed by south East zone (14.4 per cent) while the lowest rate was recorded for the North West zone (7.0 per cent).

Table 5.12

#### Percentage distribution of children separated from parents by sector and zones

	<i>Both parents absent</i>	<i>Fathers only absent</i>	<i>Mothers only absent</i>
<b>Over all</b>	<b>11.0</b>	<b>5.6</b>	<b>2.9</b>
<i>Residence</i>			
Urban	12.9	6.6	3.1
Rural	10.2	5.3	2.8
<i>Zones</i>			
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 East	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.

### 5.3 Family Reunification and Children Deprived of Family Environment – Article 25 (CRA Sections 126-129)

A 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 guide for rehabilitation and re-integration of victims of human trafficking and child labour in the country.

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. This also includes taking charge, supervising, controlling and coordinating the rehabilitation, reintegration and reunification of victims of child trafficking in the country.

Between 2004 and 2007 the Counselling and Rehabilitation Department of NAPTIP undertook the following major activities:

- **Rehabilitation:** Under the programme of Rehabilitation, 1781 victims were received by the department. Of this number, 19 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. 118 have been rehabilitated while the remaining 1613 are awaiting rehabilitation

- **Re-Union:** 249 victims were re-united with their parents of these victims, 16 were handed over to the Embassies of Ghana, Togo and Benin Republic for onward re-unification with their families
- **Family tracing:** Two victims rescued from Benin Republic were re-united with their parents after a difficult tracing process spanning one year and three months
- **Counselling:** In all, 218 victims as well as 71 traffickers were counselled
- **Shelters:** Currently, 7 transit centres for trafficked children have been established in four of the six geo-political zones in Nigeria and the FCT. The shelters are structured 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

##### 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 willfully refuses to do so, the court can order such a person 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. Administrative measures are further put in place, through which government, in collaboration with CSOs, CBOs, FBOs, NGOs and the private sector, is 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 abandoned or when parents refuse or evade maintenance.

Such children may be placed with any orphanage or Motherless Babies' Home across the Federation. 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 up keep.

## 5.5 Adoption and Periodic Review of Placement – Articles 21 and 25 (CRA Sections 125 – 148)

### 5.5.1 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 where the child resides. A Nigerian child cannot, therefore, 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.

Nigeria has not ratified the Convention on the Protection of Children and Cooperation in Respect of Inter-country Adoption adopted in 1993 at The Hague. Nigeria has no mechanism for monitoring the welfare of Nigerian children subject to inter-country adoption.

### 5.5.2 Information on placement and treatment of children in certain situations

#### (a) Children in situation of abandonment

The 2006 Core Welfare indicator Questionnaire (CWIQ) Survey indicated that 0.4 per cent of children were orphans who have lost both parents. In addition, about 3.4 per cent lost their fathers while 1.3 per cent lost their mothers. At the zonal levels, only the North West and North Central states recorded rates below the national average while the highest rate (0.7 per cent) was recorded for the South East. The South East zone recorded the highest rates (9.5 per cent) for children who lost their father while South-South recorded the highest (2.1 per cent) for children that lost their mother.

Table 5.13

#### Percentage distribution of children who are orphans by sector and zones

	<i>Both Parents dead</i>	<i>Fathers only</i>	<i>Mothers only</i>
<i>Over all</i>	0.4	3.4	1.3
<i>Residence</i>			
Urban	0.4	3.7	1.4
Rural	0.4	3.2	1.3
<i>Zones</i>			
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
South West	0.4	3.4	1.3
South South	0.5	6.0	2.1

Source: NBS CWIQ 2006.

*(b) 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 reality.

The campaign provided a child-focused framework for country-level programs around four urgent imperatives (Prevention, PMTCT Plus, Paediatric Treatment and Protection Care and Support for OVC) 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:

**(a) Prevention:** Limit the spread of AIDS through forthright national leadership, widespread public awareness and intensive prevention efforts to protect children and adolescents from infection.

**Prevention activities:**

- Behaviour change communication
- School-based and community-based life skills
- Balanced and comprehensive prevention strategies
- Youth friendly health centres
- Peer educators
- Counselling, testing and control of STIs
- Communication materials and media
- Participation
- Strategies responsive to risk factors
- Inclusion of HIV/AIDS risks and vulnerabilities in emergencies

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

**Interventions: PMTCT Plus Services:**

- Testing
- ARVs for HIV Positive women and children
- Single/-dose ARVs for PMTCT
- Safe delivery
- Support group for positive women/information on staying negative
- Follow-up programme for families
- Home based care
- Nutritional support and infant feeding
- Development of policies, guidelines and training
- Integration into MCH services

(c) **Paediatric treatment:** Paediatric HIV drug formulations and cotrimoxazole to prevent opportunistic infections in infants integrated into public health and child survival programmes.

**Interventions: Paediatric Services:**

- Cotrimoxazole for HIV Positive children
- Linkages to child survival (Vitamin A, infant feeding, immunisation, ITN, ORT, Antibiotics for ARI)
- Paediatric formulations, pricing
- Forecasting, supply management
- Training of health workers
- Operational support for clinics/centres
- Treatment of opportunistic infections
- Nutritional support

(d) **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:**

- Education: school fees, books, uniforms, assessments, vocational training
- Nutrition + food
- Health care
- Family/home support + community-based responses
- Economic and psycho-social support
- Prolong lives of parents
- 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 and Neglect of Children – Articles 19 and 39 (CRA Section 50)**

### **5.6.1 Measures in place to protect the child from all forms of physical and mental violence**

(a) *Legislative measures*

In respect of physical violence against 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**).

The *Childs Rights Act*, however, 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:**

(21) *“No person under the age of 18 years is capable of contracting a valid marriage, and accordingly, 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 – Who marries a child, or*

(a) *To whom a child is betrothed, or*

(b) *Who promotes the marriage of a child, or*

(c) *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 passage into Law. The bill has several sections defining violence against women and prohibiting such acts of violence against women and the girl - child. 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
- 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

(b) *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 2005, as part of programmes to mark the International Day of Zero Tolerance Activism on Violence Against Women and to commemorate the ‘Female Genital Mutilation (FGM) Day’, a series of activities and intervention including training of 120 nurse tutors were carried out. This training covered the 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 by the Ministers of Health and Women's Affairs and Social Development
- 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 behavioural 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 eleven states of Edo, Delta, Ogun, Ondo, Ekiti, Osun, Cross Rivers, Bayelsa, Rivers, Ebonyi and Oyo have passed legislation prohibiting FGM.

The FMWA & SD also in commemorating the annual 16 days (25<sup>th</sup> November – 10<sup>th</sup> December every year) of Zero Tolerance Activism on Violence Against Women, conducted a sensitization training program for 50 Police Officers on the issues of violence against girls/women. The programme aimed to change the perception that domestic violence is a domestic issue and to underscore the point that such violation should attract 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 FMWA & SD has established a temporary shelter for female victims of violence 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 created pilot juvenile complaint desks in police stations across the country. The NHRC has the mandate to receive and investigate complaints on violence against children. The special rapporteur on child rights handles some of these complaints. The Nigerian Police, Immigration and Custom Service have also established special units to handle cases of violence against children.

(c) *Social and educational measures*

Information dissemination about the dangers of violence against children forms a significant part of the mass awareness programmes of the 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.

(d) *Early marriage*

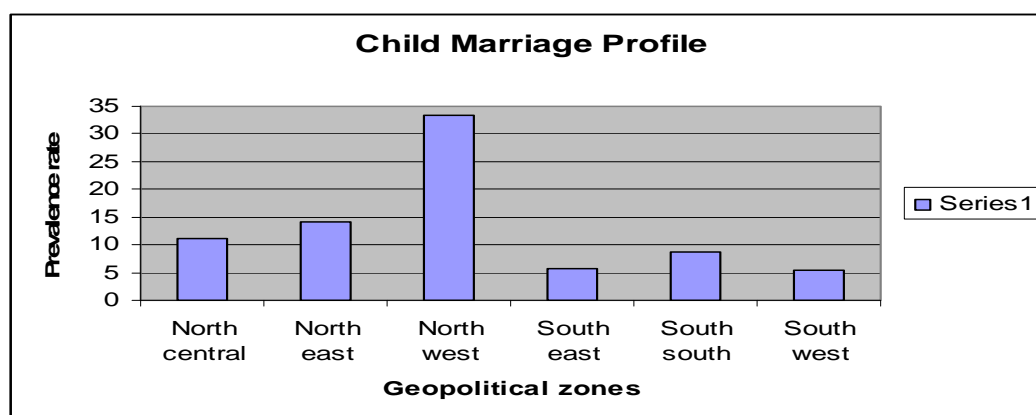
Studies show that child marriage survives in an environment of poverty where parents view the act as a leeway out of poverty for the child and the entire family. Culture, tradition, religion, inappropriate understanding and non-awareness of the right of the child are other factors associated with child marriage. **Sections 21 and 22 of CRA prohibit child marriage or betrothal of a child.** The section complements steps taken by some states that have passed laws against withdrawing children from school for marriage.

Early marriage as shown in figure 5.6 is still prevalent in the northern part of the country. The highest incidences are recorded in the Northwest zone 33.3%, North East 14.3%, North Central 11.2%, South-South 8.6%, South East 5.8 and the lowest in the South West with 5.4%.



International Agencies and NGOs are working in the Northern part of the country where the practice is endemic to keep children in school since a correlation exists between girls' education and age at marriage. This initiative is succeeding as there has been 10 to 15% increase in girls primary school enrolment in some Northern states while withdrawal rates have dropped [Capacity for Universal Basic Education (CUBE) and Girls' Education Project (GEP). DFID 2006 Facts Sheet on Nigeria]. Further public enlightenment, by test cases and constant review of programmes will advance the advocacy.

Figure 5.6

**Child Marriage Profile**

Source: Early marriage Profile, MICS3, 2007.

**5.6.2 Measures prohibiting injury to and abuse of children***(a) 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 34**)
- Prohibition of Bodily harm and tribal marks (**Section 24, CRA 2003**)

At the 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.

*(b) 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.

### 5.6.3 Measures prohibiting 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 Qur,anic 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. The Commission has been very active in the area of giving redress to aggrieved and violated persons including children who suffer any violation of their rights.

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

In compliance with the 1993 Vienna declaration and programme of action adopted at the world conference on Human Rights, the Nigerian government adopted a National Action Plan (NAP) in 2005 to progressively monitor compliance with all her International Human Rights obligations to the benefit of her people. An extensive part of the NAP document is dedicated to the rights of children. For effective implementation and monitoring of the interest of children, a Human Rights Commissioner was appointed a Special Rapporteur on the rights of children. The Rapporteur is to be assisted by programme officers from other relevant governmental and Non-governmental agencies. The rapporteur's mandate is to monitor and collate data on Child-Rights abuse in response to the current data gap.

Categories of child abuse and numbers of incidences of abduction as recorded from 2004–2007 are shown in Table 5.14 below.

Table 5.14

#### Categories of child abuse

Year	Denial of access to the child	Neglect	Abandonment	Abduction	Abuse	Total No. of cases
2004	1	3	10	1	1	<b>16</b>
2005	4	9	10	2	6	<b>31</b>
2006/07	-	13	12	1	10	<b>36</b>
<b>Total</b>	<b>5</b>	<b>25</b>	<b>32</b>	<b>4</b>	<b>17</b>	<b>83</b>

Source: National Human Rights Commission: 2007.

### 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 campaigns against child domestic work which includes exploitation of children within the extended family setting for this purpose. These campaigns are currently ongoing.

**CRA 2003, Sections 28 (1) (b) (d); and 30 (2) (a)** provide 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 2004 and 2007, there were several 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

#### 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.

Furthermore, the ***Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003*** prohibits trafficking in 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.

With the amendment to the legislation in 2005 Section 54 established for NAPTIP, a Trafficked Victim's Fund into which all proceeds of the sale of assets and properties of traffickers are channeled for victim's rehabilitation.

### **Administrative measures**

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 inter-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 Labour.

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 Republic and Saudi Arabia. Two coordinating groups and an Anti-Trafficking Network have been set up by NAPTIP, with the support of the United States Department of State and UNICEF to facilitate synergy and convergence on combating Child Trafficking in Nigeria.

Anti-Trafficking Networks have 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 sensitisation 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. However, with support of various UNICEF Field offices in the country, four more states (Kogi, Enugu, Anambra, Bayelsa) have been added to the network.

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

The **TIP Act** has so far been circulated to educate, sensitise 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.

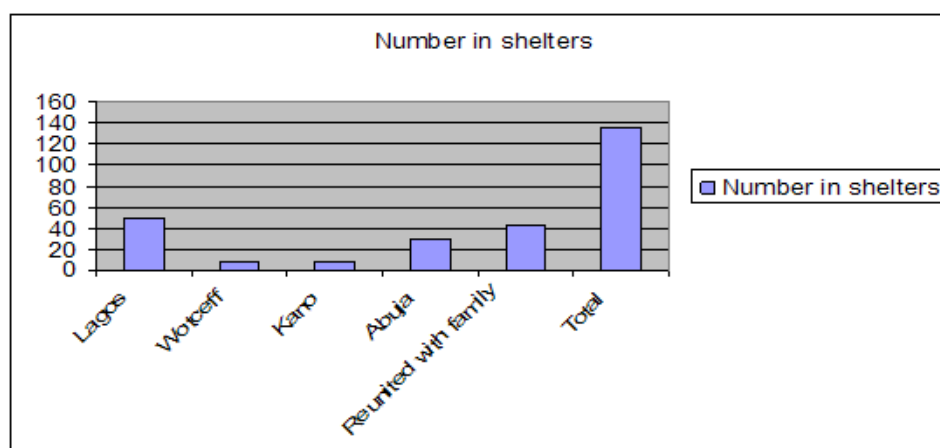
The Immigration Service recently established a specialised Anti-Human Trafficking Department. The Nigeria Police Force also has a unit dealing with internal and external trafficking. Several NGOs have undertaken awareness programmes on the issue of human trafficking, especially of women and children. The impact of Nigeria's cooperation with countries of destination has resulted in an increase in the number of arrests 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 material and technical support to NAPTIP to assist in the rescue, rehabilitation and social reintegration of trafficked persons.

### Efforts to Combat Child Trafficking

(a) NAPTIP works closely with other government ministries, CSOs and development partners in effecting the provisions of the Law. Joint collaborative initiatives have resulted in the design, implementation and monitoring of programmes to rescue, rehabilitate and reintegrate trafficked victims and survivors. In line with international standards, careful plans are developed for reception, sheltering, and counselling of each trafficked person identified. In addition, family tracing mechanism is employed to reunite rescued victims with their families. Arrangements are made for skills acquisition programmes and start up grants/loans for the survivors. Supporting trafficked persons to establish an income-generating activity is employed as a preventive strategy since it has been shown that vulnerability, particularly of children, is increased with increased poverty.

(b) To facilitate its protection programmes, NAPTIP established shelters in Abuja, Kano, Uyo, Enugu and Sokoto. Other Shelters in Lagos and Benin were established with support from IOM and UNICEF. Rehabilitation of trafficked persons is undertaken in close collaboration with local and international organisations that provide both technical and financial assistance. The shelters are staffed and managed by qualified social workers employed by NAPTIP. Figure 5.7 below indicates the number of rescued victims in shelters.

Figure 5.7  
Number of rescued victims in shelters



Source: NAPTIP 2006.

(c) In the same reporting period, as shown in figures 5.8 and 5.9 below, children made up almost 40% (302) of rescued victims while adults from 25 years and above were only 12% of the total number rescued by March 2006. It was also noticed that some of the trafficked victims (100 or 13%) are unaware of their date of birth, and have no birth certificates, confirming the fact that most children trafficked do not have their births registered at birth calling for interventions in this area. The same trend was shown in 2007 with children below 18 years making up 38% of rescued victims.

Figure 5.8  
Age Range of victims

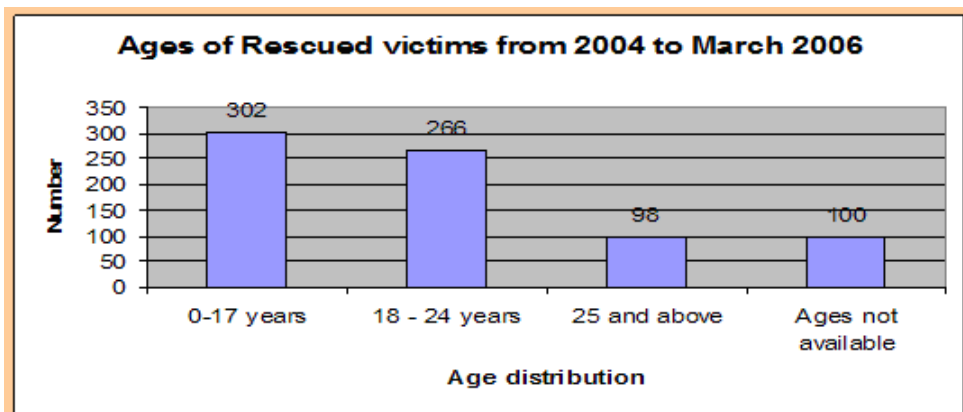
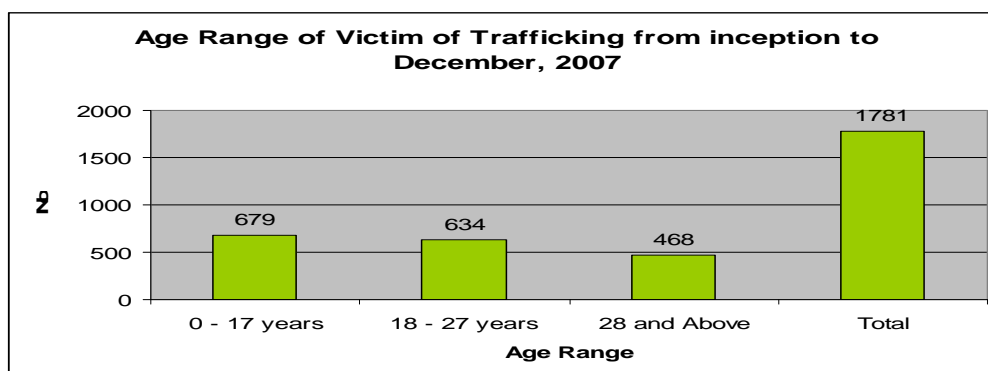


Figure 5.9  
Age Range of victims from inception to December, 2007



Source: NAPTIP Reports, 2007.

(d) Figure 5.10 below indicates the gender dimension to trafficking. It was found that out of the total number of rescued victims from 2004 to 2006, 83% were female compared to 13% who were male. The gender of the remaining 4% was not indicated. It becomes apparent that girls and women are more susceptible to trafficking in comparison to boys in this reporting period.

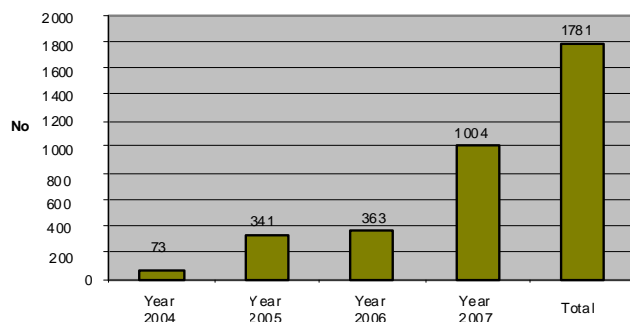
Figure 5.10  
Victims rescued by gender



Source: NAPTIP Reports, 2006.

(e) Based on NAPTIP's 2007 reports, a total of 341 victims were rescued in 2004 and 2005, while 363 and 1004 were rescued in 2006 and 2007 respectively. This phenomenal increase in 2006 and 2007 was due to the level of awareness created by relevant government agencies already mentioned and CSOs which invariably augmented successful arrests of trafficking occurrences. (see Table 5.11 below).

Figure 5.11  
Number of rescued victims from 2004–2007



Source: NAPTIP Reports, 2007.

(f) The level of success recorded in the numbers shown in figure 5.11 can be linked to interagency cooperation and collaborative initiatives existing between the role players involved in the area of rescue and reintegration of child victims of trafficking. The Police have consistently played a commendable role in the rescue of children. This is demonstrated in Tables 5.15 and 5.16 which reveal that the Police were able to rescue 71% or 96 of the number of children rescued in 2006. The Police demonstrated the same leadership role in 2007 with the rescue of 34% or 277. Families and community members also participated in the rescue of children, but the exact numbers of such families is not known.

Table 5.15  
Agency and Organizations involved in rescue of victims – March 2006

<i>Agency/Organization</i>	<i>Number rescued</i>
NAPTIP	21
Police	96
Immigration	16
Individuals	2
<b>Total</b>	<b>135</b>

Source: NAPTIP Reports, July 2006

Table 5.16  
Agency and Organizations involved in rescue of victims – December 2007

<i>Agency/Organization</i>	<i>Number rescued</i>
NAPTIP	142
Police	277
Immigration	258
Individual	14

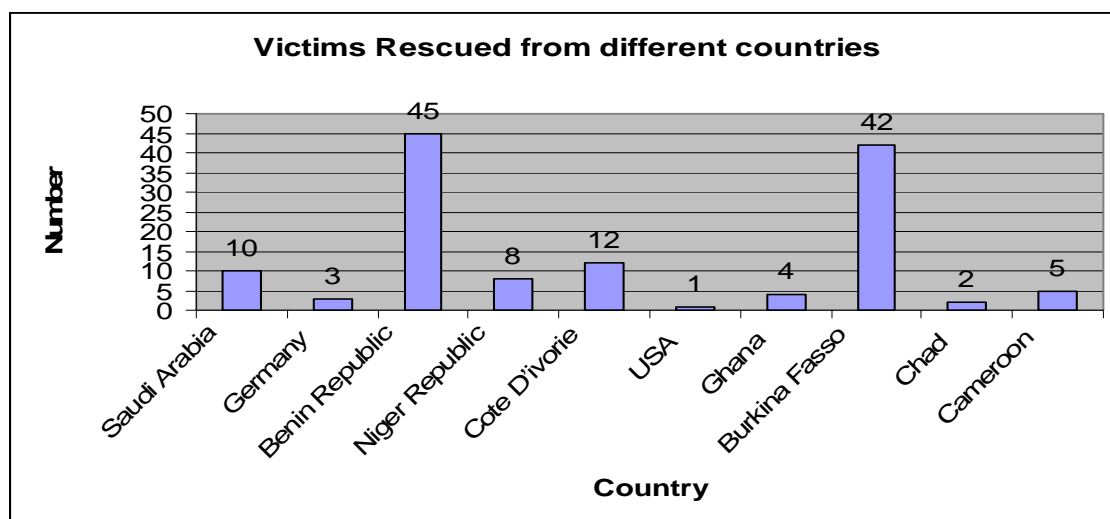
Agency/Organization	Number rescued
SSS	30
NGOs	12
FMWA & SD	7
<b>Total</b>	<b>740</b>

Source: NAPTIP Reports, 2007.

(g) In figure 5.12 below, signing of Bilateral Agreements especially with Benin Republic facilitated the rescue of 45 children from Benin Republic followed by children from Burkina Faso, the least numbers being from Germany and the USA.

Figure 5.12

**Number of children rescued from different countries from inception to December, 2007**



Source: NAPTIP Reports, 2007.

(h) A number of government institutions, law enforcement agencies, civil society organisations, and community-based organisations involved in the fight against trafficking were able to build new skills and strengthen their capacity for advocacy, mobilization, monitoring, and improved service delivery.

Development partners provided specific training as part of efforts to ensure that officials and individuals engaged in recovery services for survivors have necessary skills to undertake better and improved recovery services. Some attention was given to law enforcement and in 2003/2004, the UNODC/UNICRI in partnership with IOM organised a training of trainers workshop on the use of the Interpol Manual on Human Trafficking. Fifty (50) law enforcement officers were guided to support other investigating officers to understand and apply the techniques indicated in the manual.

In 2005, the United States Department of Justice supported the training of NAPTIP Investigators and Prosecutors, while officials of the Counselling and Rehabilitation Unit of the Agency also had improved skills for providing recovery services to trafficked children through programmes organised by UNICEF.



(i) With the framework of the FGN-UNICEF Programme of Cooperation 2002 – 2007, the Protection and Participation section reported the following results under its anti-child trafficking network project in year 2006:

- 97 officers from NAPTIP Lagos and Enugu zonal offices, law enforcement officers, and immigration officers were equipped with improved skills to work effectively in the area of prevention, arrest, reporting, and prosecution of child traffickers and repatriation and reintegration of child trafficking victims
- 45 law enforcement officers comprising NAPTIP, Police and Immigration officers acquired skills on trafficked victim support and are contributing to the overall support for victims of child trafficking in Adamawa, Taraba, Kano, Jigawa, Yobe and Borno states
- 50 Nigeria Police officers in the anti human trafficking units and juvenile welfare desks were equipped with improved knowledge on standardized rehabilitation procedures for the care and support of 990 abandoned babies and child survivors of trafficking from Borno, Edo, Plateau and Lagos states
- Production of a manual on Trafficking in persons infused into the Police Training Curricula has strengthened the capacity of the Nigerian Police to deliver protection services to the vulnerable children and women, facilitates the arrest, prosecution and conviction of traffickers
- 1,204 duty bearers including media executives, parents, market women leaders, NURTW members and children and 520 right holders in Plateau and in 23 LGAs in Lagos, Ondo and Ogun States acquired better understanding of the current trend in child trafficking and its dangers and are providing support towards its prevention in the states
- 700 persons in 14 LGAs of Edo and Delta states, 1,790 school children and teachers, from focus LGA's in Akwa Ibom, Anambra, Bayelsa, Cross River, Imo and Abia states are all in a better position to make informed decisions on various techniques and strategies employed by traffickers in luring victims and are able to protect themselves from traffickers
- Provision of reading materials and skills training equipment for the training of child victims awaiting reunion with families at NAPTIP Transit shelter, Lagos enhanced rehabilitation and reintegration skills and a good learning environment for child victims of trafficking
- Anti-trafficking networks established in 44 LGAs in Adamawa, Taraba, Kano, Jigawa, Yobe and Borno states are actively promoting awareness on child trafficking with prompt response to incidents of child trafficking including facilitation of family tracing and reintegration

(j) Further, in 2006, UNICEF in collaboration with NAPTIP Kano zonal office and other stakeholders from the Northern Nigeria endemic States, selected LGA and communities, 10,568 duty bearers and right holders including traditional/community leaders, religious leaders and groups, market men and women, community members, in and out of school children in five states (Kano, Jigawa, Borno, Adamawa and Taraba States) had improved knowledge on the menace of child trafficking, exploitation/child labour and abuse and these are demonstrating commitment and support towards the prevention of child trafficking at all levels in their states.

(k) In addition, 1,790 school children from the Southern Nigeria endemic States were exposed to the various techniques and strategies employed by traffickers in luring victims and are now in a better position to make informed decision when faced with offers

from traffickers. Quiz competition on child trafficking phenomenon and other protection issues was used as a didactic/informative methodology to impact the knowledge of some 114 children from these endemic states and in particular Uyo in Akwa Ibom State. 31 Law enforcement agents, teachers, School Based Management Committee members and officers of the UNICEF focal Local Government Areas were all equipped to provide a protective environment for children in these states through the monitoring and investigative techniques programmes they were exposed to.

(l) In Kano State, a total of 3565 persons including local government chairmen, community and religious leaders, in and out of school adolescents and young people from 5 LGA (Kura, Bukure, Danbatta, Gezewa and Wudil) had better understanding on the dangers of child trafficking and child labour.

(m) In Jigawa State, members of the Nigeria Police, Nigeria Immigration Services, State Security Services, National Union of Road Transport Workers, traditional rulers, religious leader, representatives of the educational sector, the media, representative of women groups, vigilante groups and children representatives jointly participated in public enlightenment and awareness raising campaigns on the dangers, implications and prevention of child trafficking amongst in –and- out of school children in Gumel, Maigatari, Mallam Madori, Dutse and Hadejia LGAs.

(n) Enlightenment campaigns were also conducted in Takum, Sardauna, Wukari, Bali and Kurmi LGAs in Taraba State and in Maiduguri Metropolitan Council, as well as in Ngala, Bama, Mobbar and Kukawa LGAs in Borno State. Ministry of Women Affairs in collaboration with NAPTIP Kano zonal office further sensitized 300 in and out of school children and young people on the dangers of child trafficking.

(o) In addition, through several in-house training events organised for its departments (Counselling and Rehabilitation, Public Enlightenment and Planning Research and Statistics) in the reporting period NAPTIP focussed on counselling and other skills to enhance support given to trafficked persons. The agency also worked with the Nigeria Police Anti Trafficking Unit and the Nigeria Immigration Service Anti-Trafficking Unit to organise and provide in-house training for their officers.

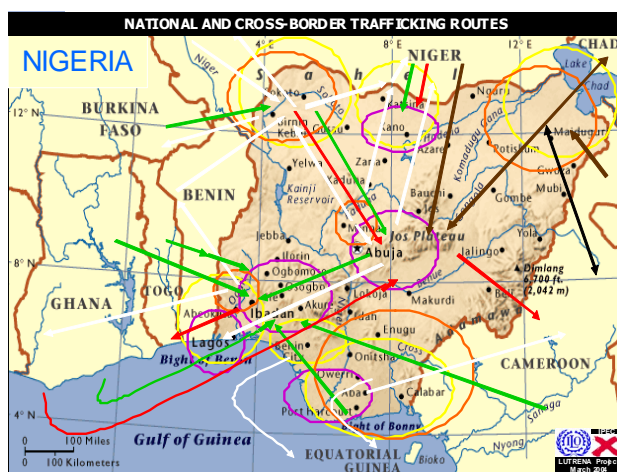
(p) As at December 2007 the following achievements of NAPTIP in collaboration with some UN Agencies like UNICEF, ILO, and UNODC were recorded:

- Increased rescue, recovery and re-integration of children and arrest of traffickers across the country. Joint border sensitization with the Republic of Benin ,(Ministry of Family & Social Services and NAPTIP) on the ills of Child Trafficking and the setting up of a community watch group in both countries resulted in rescue, repatriation and rehabilitation of 33 Beninese children
- Over 1 million children had access to general information on the dynamics of trafficking through sensitization and awareness campaign during the reporting period
- 3,803 young persons had access to vocational training, life skills and counselling on child trafficking issues
- 23,100 duty bearers and right holders in 5 states had improved knowledge and understanding on current trends in child trafficking
- A detailed comprehensive manual for the training of investigative officers and child care givers developed
- Capacity building to relevant institutions to improve data gathering and reporting techniques

- 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 completed, while 21 cases have been filed in different courts across the country
- 17 culprits have been convicted and are serving different 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
  - 7 Transit shelters established in Kano, Benin, Akwa-Ibom, Abuja, Sokoto Lagos and Enugu
  - Situation Analysis and Assessment of child trafficking trends was completed in 22 endemic states
  - With the assistance of the Italian government and ILO/PATWA, a 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 (United States) 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
  - With the support of UNODC, National Task Force on TIP was established to ensure the implement the National Action Plan on TIP
  - An NGO Forum and a Tourist Operators network have also been established in Kano Zone
  - Rescue, recovery and reintegration of about 1,700 children recorded across the country in collaboration with NAPTIP and Community members
  - 1,600 market women at Idi-Iroko and 1,700 Muslim worshipers at the Central Mosque, Seme were exposed to the various techniques and strategies employed by traffickers in luring victims
  - 330 Law Enforcement officers from Nigeria Immigrations, Nigeria Police, State Security Services, Naval and Marine departments, and the Nigerian Army acquired skills on the new trends of child trafficking

- The Country Response to Trafficking in Persons, particularly in women and children was finalized to ensure coordinated intervention for rescue, repatriation and rehabilitation and reintegration of child survivors of trafficking
- Trafficking routes updated by ILO LUTRENA (Child Trafficking Project for Central and West Africa) as shown in Figure 5.6 below

Figure 5.13  
Trafficking routes updated by ILO LUTRENA



Source: ILO Lutrena, 2006.

## Cluster 6 Basic Health and Welfare: Articles 5, 18, 24, 27 28, 29 and 31 (CRA Section 13)

### 6.1 (a) Legislative and Policy Measures on Health and Welfare

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

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 Act 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.

### (b) Policies, Strategies and Plans

Nigeria has developed a number of policies, plans and strategies that provide enabling environment for child survival and development. These include:

- **National Child Health Policy of May 2005:** This 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 stakeholders and provides the framework for planning, management, delivery and supervision of services to address critical problems affecting childcare in the target group
- **National Response Plan of Action on Orphans and Vulnerable Children (OVC), 2006–2010:** This has been developed with the establishment of an OVC Unit in the FMWA & SD. The National Plan of Action on OVC when fully implemented would address the needs of OVC at various locations in the country
- **National ARV Plan:** Measures to reduce mother-to-child transmission of HIV included 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

Since the submission of the last report other notable policies, plans and strategies that have been developed include:

- National Policy on Female Genital Mutilation (2005)
- National Policy on Malaria Control (2005)
- National Health and Insurance Scheme (2005)
- National Policy on Infant & Young Child Feeding (2005)
- National Guidelines on Infant & Young Child Feeding (2005)
- National Strategic Plan for Implementing Global Strategy on Infant & Young Child Feeding (2006) on Infant & Young Child Feeding (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)
- National Policy on Adolescent Health and Development (2006)
- National Maternal, Newborn and Child Health Strategic Document (2007)

### (c) Provision of Health Services

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 organised 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, is provided for in Nigeria. These include health education; nutrition information, safe water and sanitation, reproductive health including family planning; immunisation against five major

infectious diseases; provision of essential drugs; disease control and treatment of common illnesses. Nigeria has also established a minimum health care package that ensures minimum health interventions are provided to children at the first level of care

- Secondary Health Care, which provides specialised 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 specialised, referral services to the primary and secondary levels of health care delivery system, is situated in the domain of the federal and state governments

## 6.2 Children with disability

### 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 2006 census postulations, is as follows:

- Deafness
- Deaf and Dumb
- Blindness
- Crippled
- Mental Disability

Special education facilities are the most comprehensive services provided by the States to meet the peculiar needs of children with severe disabilities. The **National Policy on Education (2004)** makes provision for such education, stating that it is intended to equalise educational opportunities for all children, irrespective of their physical, mental or emotional challenges. Alongside the Federal and State Governments, NGOs and religious organisations have been especially active in the provision of education, welfare and rehabilitation services for the physically challenged children. The various governmental and non-governmental organisations also operate vocational training centers, special schools and homes for physically challenged children in different parts of the country.

Table 6.1

#### Percentage breakdown of types of disability of children 0–14 years

Age Group	Any challenge	Crippled or lame	Dumb	Deaf	Blind	Other
0–4	0.3	42.2	7.4	9.9	3.1	39.4
5–9	0.4	36.1	21.3	18.0	2.7	29.8
10–14	0.5	30.7	15.4	18.7	12.4	31.6

Source: 2006 CWIQ (NBS).

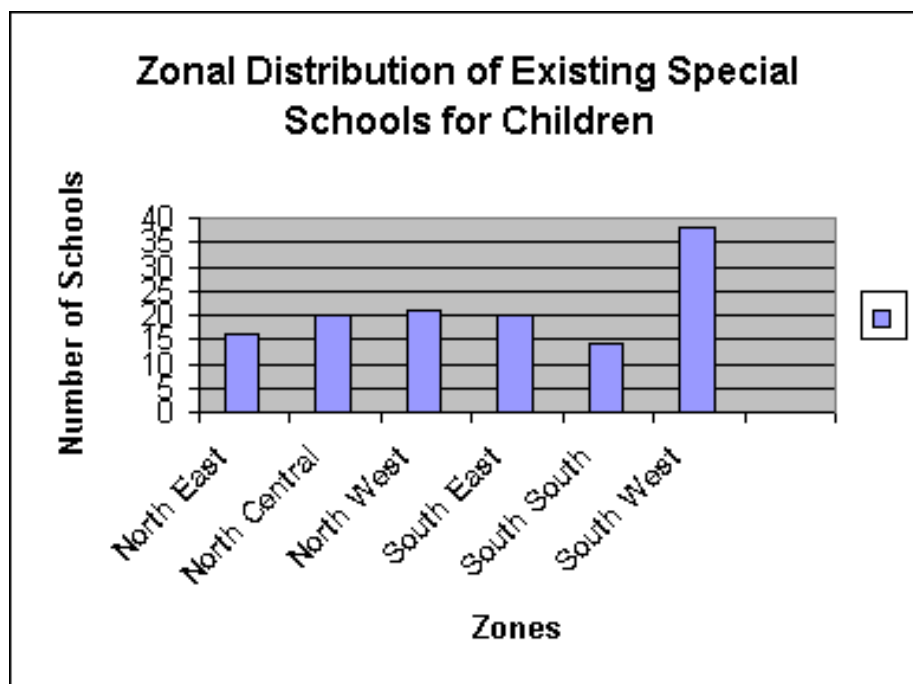
In all, there are several institutions providing special education for physically challenged children. These cater for their various needs, although schools for those with

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 children (see Figure 6.1). Overall, the number of institutions is still insufficient to meet the educational needs of physically challenged children.

Figure 6.1

**Zonal Distribution of Special Schools for physically challenged children**



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

Table 6.2 below shows the distribution of population of physically and emotionally challenged children by literacy status. 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 6.2

**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
<b>Male</b>						
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
<b>Female</b>						
6-9	85 339	100	44 379	52	40 961	48

Age	Total Disability	%	Literate	%	Not Literate	%
10–11	23 064	100	11 009	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.

The rate of disability of children per 1000 is 3.1 and 3.0 for ages 0–5 and 6–11 respectively, but this 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. (See table 6.3 and 6.4).

Table 6.3  
**Number and percentage distribution of persons 6–24 with disability by educational attainment**

Total population 6–24 with disability	Number	Percentage
Literary status		
Pop. 6–24 with disability	2 947	100
Illiteracy	1 381	46.9
Literacy	1 566	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
<b>Total</b>	<b>1 566</b>	<b>100</b>

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

Table 6.4.  
**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.

### 6.2.2 Measures to protect the rights of physically and emotionally challenged children

- Most 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** prescribe 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 Immunisation and Food Fortification Programmes** effectively put in place annual plans to detect, control and eliminate the 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 organisations and Faith Based Organisations. 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 specialised services for the physically challenged children.

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

### 6.2.4 Strategies for more effective intervention in favour of physically and emotionally challenged children.

- Capacity building for caregivers and teachers, with a view to ensuring self-actualisation for the physically and emotionally challenged children is ongoing
- Intensification of advocacy activities by government and non-governmental organisations, 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
- Creation of more specialised teacher-training colleges to handle children with special needs
- Equipping the public schools with modern facilities to meet the need of children with special needs

#### **6.2.5 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** provides for equal 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 CSOs have been especially active in the provision of education, welfare and rehabilitation services for physically and emotionally challenged children.

### **6.3 Health and Health Services – Article 24 (CRA Section 13)**

#### **6.3.1 Steps taken to reduce under-age marriages**

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** Child marriages and betrothals are prohibited. Most of the States in the country take various steps to reduce under age marriages, including:

- More advocacy workshops highlighting the negative impact of under-age marriages
- Radio and television programmes and discussions
- The introduction of Universal Basic Education with emphasis on free and compulsory education for all children up to age 15
- Programmes that encourage enrolment and retention of the girl-child in schools, especially GEP supported by UNICEF and DFID
- Most states in Northern Nigeria e.g. Bauchi, Zamfara and Kano have enacted laws on compulsory education for girls, and against their withdrawal from school for marriage

#### **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 – particularly:

##### *(a) Policy issues*

- Passage of Child Rights Laws: CRLs in States of the Federation have given the backbone for development and enforcement of several policies, plans and strategies towards improvement of the Health of the Nigerian Child
- Development of a National Health Bill: The bill recognises the need to ensure equitable access to health services by all especially the vulnerable groups including

women and children. This clearly defines the responsibilities of the three tiers of government in the provision of primary health care services among others. This bill will also ensure that children have increased access to basic health services. The Bill is in its final stages of being passed by the National Assembly

- Development of a Ward Minimum Health Care Package: This package contains minimum list of interventions to address the major health problems of Nigerians including children at first level of care. It contains a strategic thrust for the delivery of high impact child survival interventions at primary health care level. The passage of the National Health Bill will facilitate effective implementation of the Ward Minimum Health Care Package and remove economic and physical barriers to minimum set of high impact interventions in child health. Several states have declared free medical health services to mothers and children

(b) *Programmes*

- 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
- Research programmes are also going on, on children with learning disability in collaboration with an NGO (the Child Care Trust)
- Ultimately, **Section 13** of the *Childs Right Act, 2003* guarantees every child the enjoyment of the best attainable state of physical, mental and spiritual health
- Integrated Management of Childhood Illness Strategy through the PHC centres is now being expanded to cover families and communities both in the rural and urban areas. Coverage has also expanded from 6 pilot States in 1999, 24 States in 2003 and 33 States in 2007 including the FCT
- The National Programme on Immunisation organizes national and sub-national immunisation days all through the year and provides vaccines for routine immunisation. There is an intense campaign to eradicate Poliomyelitis. Since the submission of the last report this programme has embarked on immunisation plus days. These are periodic National or Sub-National days during which children under five years of age are offered child survival and development interventions such as Vitamin A, ITN, ORS, de-worming tablets along with Polio vaccines
- 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
- HIV/AIDS programmes focus on massive awareness creation, the availability of treatment with Anti Retro Viral (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 neonatal and survival of the mother
- Micronutrient control programme focuses on iodization 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 free to under-five and pregnant women at affordable prices to other groups
- The Federal Government has set into Motion mechanisms to get 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 centers to ensure ready availability of essential drugs. Also the role of the National Agency for Food, Drugs and Administration Control (NAFDAC) is combating the menace of fake and sub-standard drugs, contributes to child survival

Despite these vertical programmes, marginal improvement has been recorded in terms of childhood mortality rate. In order to make significant progress in reduction of childhood mortality rate, the country is now paying more attention to integrated health care delivery system through the IMNCH Strategy– 2007 that ensures a continuum of care along the life cycle from home/community through primary facility to referral hospital. In line with the above, the National Programme on Immunisation has been merged with the National Primary Healthcare Development Agency (NPHDA) to curb waste and promote synergy.

(c) *Mortality rates*

In MICS3, infant and under-five mortality rates are calculated based on an indirect estimation technique; the so-called Brass method. The data used in the estimation are: the mean number of children ever born for five year age-groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age-groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

Table 6.5 provides estimates of child mortality by various background characteristics. In Nigeria, the infant mortality rate is estimated at 86 per thousand live births, while the under-five mortality rate is 138 per thousand live births. The Nigerian male child has greater probability of dying as an infant or as under-five than his female counterpart, 92 versus 79 per 1000 at infant and 144 versus 131 per 1000 live births at under-five, respectively. Infant mortality rate decreases from rural to urban sectors of the population (94 to 62 per 1000), from the non-educated to secondary school or higher educated mother's (94 to 63 per 1000), and from the poorest to the richest households (101 to 64 per 1000). There is considerable geopolitical zonal variation in infant mortality rates from 68 per 1000 in the South West to 101 per 1000 in the North West; North-South disparity is also evident.

Under-five mortality rate is constantly about 160% higher than infant mortality rates across segments of the population; thus variations in under-five rates follow the same pattern as those of infant rates across sex of child, residence, levels of education, wealth status and geopolitical zones.

Table 6.5  
**Infant and under-five mortality rates in Nigeria, 2007**

	<i>Infant mortality rate*</i>	<i>Under-five mortality rate**</i>
<i>Sex</i>		
Male	92	144
Female	79	131

	<i>Infant mortality rate*</i>	<i>Under-five mortality rate**</i>
<i>Geopolitical zones</i>		
North Central	74	117
North East	84	135
North West	101	166
South East	88	142
South-South	71	111
South West	68	106
<i>Area: sector</i>		
Rural	94	153
Urban	62	96
<i>Women's education</i>		
None	94	153
Primary	84	134
Secondary +	63	97
<i>Wealth index quintiles</i>		
Poorest	101	165
Second	99	162
Middle	92	150
Fourth	73	114
Richest	54	81
<b>Total</b>	<b>86</b>	<b>138</b>

*Source:* MICS3, 2007.

\* MICS indicator 2; MDG indicator 14.

\*\* MICS indicator 1; MDG indicator 13.

(d) *Access to safe water, sanitation and hygiene*

Table 6.6 below gives a breakdown of Nigerians' access to safe drinking water by place of residence and geographical zones. The data cover the periods 1999, 2003, 2006 and 2007.

Generally, the percentage of Nigerians that has access to safe drinking water rose from 42.3% in 2003 to 49.1% in 2007. More urban and rural dwellers now have access to safe drinking water. Latest figures show that access of urban dwellers increased from 64.6% in 2003 to 76% in 2007 while that of rural areas rose from 29.8% to 37.4% within the same period.

Except in the South East zone where access to safe drinking water dropped from 68.8% in 2003 to 54.3% in 2007, there was remarkable increase in access to safe drinking water in the geo-political zones. The South West recorded the highest percentage (71.1%) in 2007, a substantial improvement from the figure of 51.1% in 2003. The North East showed the most dramatic improvement from 21.6% in 2003 to 42.5% in 2007.

Table 6.6  
Access to safe drinking water

		1999	2003	2006	2007
National		54.2	42.3	50.9	49.1
Place of residence	Urban	70.6	64.6	72.8	76.0
	Rural	48.2	29.8	39.6	37.4
Geo-Political Zones	North Central	–	34.4	48.5	42.2
	North West	66.9	37.9	50.2	42.5
	North East	49.1	21.6	30.3	42.0
	South West	59.3	51.1	73.1	71.1
	South East	38.4	68.8	40.3	54.1
	South-South	–	53.7	45.5	54.1

Source: MICS 1999, NDHS 2003 and NBS CWIQ 2006, MICS 3, 2007.

According to MICS 3, 2007, overall, 49 per cent of the population has access to improved drinking water sources – 76.0 per cent in urban areas and 37.4 per cent in rural areas. Comparing the national and urban figures in 2006 with year 2007, a slight variation was recorded in the level of access to improved drinking water. The situation in the Northern states is still considerably worse than in the South. Zonal disparities in availability of improved sources remain the same within the reporting period.

Hygiene and sanitation interventions are public health prescriptions which include access to safe drinking water, hygienic disposal of human waste and the promotion of good hygiene practices. The Water, Sanitation and Hygiene (WASH) initiative promotes the washing of hands with soap. The programme is targeting mothers and other primary care givers to create a hand washing place within the home. This package is being practised together with the treatment of diarrhea with ORS and zinc supplementation. Likewise, low cost water treatment materials are ensuring that there is safe drinking water for every member of the household resulting in reduction of risk infection in U5s. The construction of latrines and the safe disposal of excreta are also part of the widespread intervention at the community level.

(e) *Routine immunisation coverage*

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. Table 6.7 indicates the percentage of children aged 12–23 months currently vaccinated against childhood diseases. There is still a wide disparity between the urban (41.3%) and rural areas (75.2%). There is increased attention to routine immunisation 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. This was most manifest in the North Central zone with 68.9% coverage and indicative of the positive massive and aggressive programme on going within the country. A lot of effort is still being required to combat the low level recorded in other northern zones- with an all time low of 39% in north east and 21.1% in North West.

Table 6.7  
Percentage of children aged 12–23 months currently vaccinated against childhood diseases

<i>Background characteristics</i>	<i>Percentage of children who received</i>								<i>Measles</i>	<i>All</i>	<i>No Vaccinations</i>	<i>% age with Vaccination cards</i>	<i>No. of children</i>
	<i>DPT</i>				<i>Polio 1</i>								
	<i>BCG</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>					
<i>Gender</i>													
Male	52.6	48.8	40.3	28.7	37.8	54.9	45.3	29.7	43.9	16.0	38.0	17.9	1 656
Female	50.2	48.4	41.3	30.6	37.2	56.3	46.5	29.0	44.2	16.9	38.0	18.5	1 530
<i>Residence</i>													
Urban	41.3	38.2	31.0	20.6	26.5	48.0	39.6	24.8	33.4	10.5	46.1	14.1	2 237
Rural	75.2	72.8	63.5	50.8	63.2	73.4	60.6	40.1	68.8	30.3	18.9	27.8	950
<i>Zones</i>													
North Central	68.9	63.5	56.1	38.7	44.7	77.4	70.1	46.8	60.1	28.9	19.3	25.0	330
North East	39.0	38.7	30.8	24.4	35.6	39.3	28.4	20.3	37.1	13.7	52.6	8.1	758
North West	21.1	19.6	12.7	7.7	11.3	31.4	25.1	17.2	17.0	3.2	63.3	6.1	970
South East	88.1	80.9	73.4	51.7	64.3	81.5	63.9	35.1	66.8	20.4	9.6	32.4	262
South-South	74.3	71.1	60.4	39.9	46.1	75.1	65.5	39.5	58.9	20.8	14.9	37.0	455
South West	84.2	79.7	72.2	59.8	70.5	87.0	74.7	46.0	77.3	35.6	10.1	29.8	412
<i>Mothers education</i>													
No education	24.3	20.7	15.6	9.5	14.1	33.3	26.9	16.9	19.0	5.1	63.3	5.5	1 491
Primary	69.6	65.1	55.5	40.6	50.0	72.7	59.8	36.6	57.7	21.1	19.6	23.6	752
Secondary	84.3	82.9	72.3	55.9	68.5	79.5	66.9	45.0	75.8	32.5	9.6	36.0	883
Non-standard curriculum	20.5	25.9	14.6	5.1	6.6	40.4	34.5	18.6	25.3	3.4	59.6	4.2	59
<i>Wealth Quintile</i>													
Lowest	21.2	18.9	15.8	9.6	11.6	30.3	24.8	14.9	17.7	5.4	67.1	6.0	6.0
Second	31.5	30.7	24.9	14.9	17.4	41.8	35.0	22.2	25.5	8.6	54.2	10.2	10.2
Middle	45.0	39.8	29.7	18.8	25.7	53.3	42.8	26.9	33.6	8.4	38.9	14.6	14.6

<i>Background characteristics</i>	<i>Percentage of children who received</i>										<i>% age with Vaccination cards</i>	<i>No. of children</i>	
	<i>DPT</i>				<i>Polio 1</i>				<i>Measles</i>	<i>All</i>			<i>No Vaccinations</i>
	<i>BCG</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>					
Fourth	72.7	68.2	59.3	47.0	59.1	73.1	60.3	38.4	61.9	25.4	20.2	28.9	28.9
Highest	85.4	83.7	72.4	56.6	72.4	78.2	65.5	43.7	79.6	33.4	10.8	30.6	30.6
<b>Total</b>	<b>51.5</b>	<b>48.6</b>	<b>40.8</b>	<b>29.6</b>	<b>37.5</b>	<b>55.6</b>	<b>45.9</b>	<b>29.4</b>	<b>44.0</b>	<b>16.4</b>	<b>38.0</b>	<b>18.2</b>	<b>18.2</b>

*Source: NBS; MICS 2007.*

*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).



(f) *Exclusive breastfeeding*

In **Table 6.8**, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0–3 months and 0–5 months), as well as complementary feeding of children 6–9 months and continued breastfeeding of children at 12–15 and 20–23 months of age.

Just 11.7% of children aged less than six months are exclusively breastfed. At age 6–9 months, 41 per cent of children are receiving breast milk and solid or semi-solid foods; by age 12–15 months, 78 per cent of children are still being breastfed and by age 20–23 months, 31 per cent are still breastfed. Girls were slightly more likely to be exclusively breastfed than boys at ages below six months and still had the higher level for timely complementary feeding at ages 20–23 months; this trend is neutralized at ages 12–15 months and completely reversed at ages 6–9 months. Urban children received higher levels of exclusive breastfeeding and complementary feeding than their rural counterparts and levels of exclusive or augmented breastfeeding increases as level of education of the mother increases. Level of exclusive breastfeeding of children under six months of age increased at the highest wealth quintiles; but relatively fewer children in these wealth classes were still being breastfed at the higher ages.

Table 6.8

**Percent of living children according to breastfeeding status at each age group, Nigeria, 2007**

		Children 0–3 months		Children 0–5 months		Children 6–9 months		Children 12–15 months		Children 20–23 months	
		Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	Percent receiving breast milk and solid/mushy food**	Number of children	Percent breastfed***	Number of children	Percent breastfed***	Number of children
Area: Sector	Rural	12.5	836	10.5	1 259	36.9	778	79.4	1 269	35.9	427
	Urban	18.1	318	14.8	474	49.4	365	73.0	425	21.3	251
Geopolitical zones	North	34.3	131	30.9	215	49.9	158	82.0	155	41.2	82
	Central	10.3	286	8.1	392	41.0	254	62.9	445	30.9	162
	North East	9.5	390	6.7	571	24.2	317	90.4	674	57.4	116
	North West	9.0	85	6.5	133	62.7	83	57.8	90	8.0	82
	South East	12.1	148	11.6	226	53.2	161	67.3	172	15.7	129
	South-South	21.6	114	15.7	195	41.2	170	84.2	158	27.5	107
	South West	10.3	570	7.9	808	27.8	471	79.6	1 001	49.6	219
Mother's education	None	13.8	235	12.2	380	48.3	271	81.3	303	30.9	197
	Primary	21.4	327	17.7	512	52.4	387	69.1	350	12.9	258
	Secondary	3.3	23	3.2	34	19.3	14	82.0	40	100.0	4
	Non-standard curriculum										

		Children 0–3 months		Children 0–5 months		Children 6–9 months		Children 12–15 months		Children 20–23 months	
		Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	Percent receiving breast milk and solid/mushy food**	Number of children	Percent breastfed***	Number of children	Percent breastfed****	Number of children
Wealth index quintiles	Poorest	10.3	242	9.0	347	30.0	207	76.3	438	42.6	86
	Second	10.6	266	11.3	371	37.2	239	81.8	402	45.7	105
	Middle	14.2	248	10.2	386	35.5	213	78.9	321	44.9	117
	Fourth	13.5	207	10.9	324	40.4	245	81.3	273	20.0	177
	Richest	23.8	190	17.7	305	59.3	240	69.0	261	17.6	192
<b>Total</b>		<b>14.0</b>	<b>1 154</b>	<b>11.7</b>	<b>1 733</b>	<b>40.9</b>	<b>1 143</b>	<b>77.8</b>	<b>1 694</b>	<b>30.5</b>	<b>678</b>

Source: MICS 3, 2007.

\* MICS indicator 15.

\*\* MICS indicator 17.

\*\*\* MICS indicator 16.

(g) *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.

(h) *Maternal, newborn and child health*

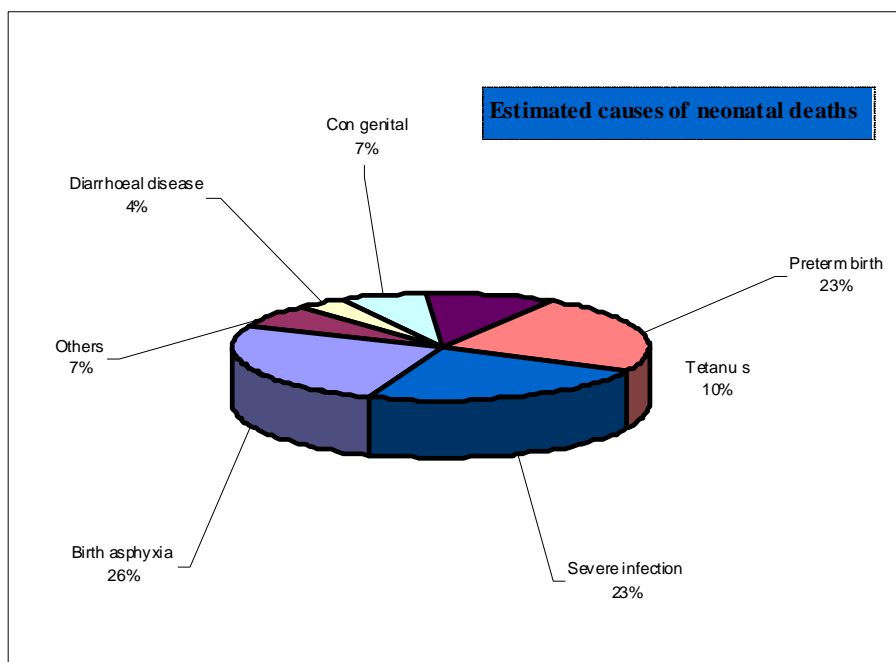
The Maternal Mortality Rate (MMR) in Nigeria is estimated to be 800/100,000 live births (IMNHC 2007). Wide variations exist across the geo-political zones. The North East has the highest MMR of 1,159/100,000 live births compared to 165/100,000 live births in the South West Zone, an almost 10fold difference. There is a marked urban-rural variation in MMR with 351/100,000(urban) to 828/100,000 (rural).

The estimated distribution of the causes of neonatal deaths are identified in Figure 6.2 and indicated as birth asphyxia (25.6%), followed by Preterm birth (23.4%), severe infection (23.1%) and the lowest being diarrhea disease at 3.9%.

Maternal deaths, still births and new born deaths are strongly linked in terms of place of death and delay in access to care. In figure 6.3, the estimated maternal morbidity patterns shows that 23% of maternal deaths were due to Hemorrhage, followed by infection 17% and anaemia, malaria, obstructed labor, toxemia.eclampsia/hypertension and unsafe abortion at 11% while others including HIV/AIDS account for 5% of maternal death.

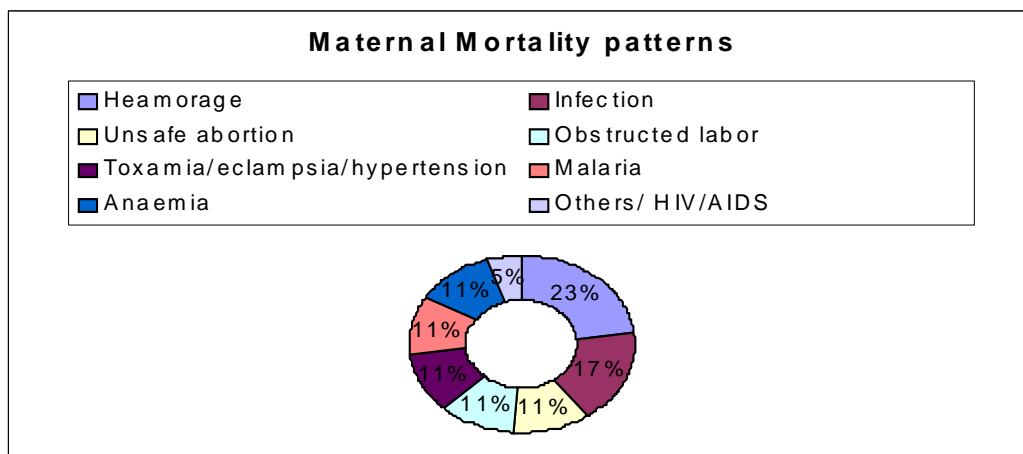
Inadequate coverage and low quality of essential obstetric care underlies the high maternal mortality rates in the country. Poverty has significant implications for health and development. Low income household generally have poorer health status. The incidence of poverty is higher in the rural areas where the MMR is also higher than in the urban area. The distance from the place of dwelling to a health care facility is another reason for most women not accessing health care services.

Figure 6.2  
**Estimated distributions of the causes of neonatal deaths**



Source: Integrated Maternal New Born and Child Health Strategy (IMNHC), 2007.

Figure 6.3  
**Maternal mortality patterns**



Source: Integrated maternal new born and child health strategy (IMNCH), 2007.

### 6.3.3 Measures to improve the status of maternal, newborn and child health situation

In recognition of the high U5MR and MMR, the government since the 1990's has adopted the Integrated Management of Childhood Illnesses Strategy (IMCI) and recently Integrated Maternal New Born and Child Health Strategy (IMNCH) to reduce childhood morbidity and maternal mortality. To date the IMCI is being successfully implemented in 33 States.

Within the reporting period, the Nigerian government has shown a greater commitment to substantially reducing maternal, newborn and child mortality as well as meeting the MDG targets. The implementation of some interventions calling for a scaled momentum includes exclusive breastfeeding, adequate complimentary feeding, oral dehydration therapy and the treatment of acute respiratory infection.

Table 6.9 indicates the U5 deaths being prevented through achievement of universal coverage with individual interventions.

Table 6.9  
Estimated U5 deaths prevented

	<i>Estimated under-5 deaths prevented</i>	
	<i>Number of deaths</i>	<i>Proportion of all deaths (%)</i>
<i>Preventive intervention</i>		
Breastfeeding	1 301	13
Insecticide treated nets	691	7
Complementary feeding	587	6
Zinc supplement	459	5
Clean delivery	411	4
Hib vaccine	403	4
Antenatal steroids	204	3
Newborn temperature management	227	2
Vitamin A	225	2
Tetanus Toxoid	16.1	2
Nevirapine and replacement feeding	150	2
Antibiotics for premature rupture of membranes	133	1
Measles vaccine	103	1
Anti-malaria treatment in pregnancy	22	<1
<i>Treatment intervention</i>		
Oral rehydration therapy	1 477	15
Antibiotics for sepsis	583	6
Antibiotics for pneumonia	577	6
Anti malaria	467	5
Zinc	394	4
Newborn resuscitation	359	4
Antibiotics for dysentery	310	3
Vitamin A	8	<1

*Source:* Lancet Series on maternal Survival, 2006; Adapted from Lancet, 2003.

Priority interventions for morbidity and mortality reduction during the immediate post partum period include:

- Promotion, protection and support for exclusive breastfeeding
- Detection of complications (e.g breathing difficulties, infection, jaundice, complications of prematurity, birth injury and other malformations)
- General monitoring of the well being of the mother and neonate

Other areas of focus are:

- Infection prevention and control
- Rooming-in
- Information and counseling on home care
- Advice on danger signs
- Emergency preparedness and birth readiness
- Immunisation
- Sleeping under ITN
- Proper cord and eye care
- Administration of Vitamin k
- Identifying and management of the low birth weight babies

### **6.3.3.1 Measures to scale up high impact intervention for maternal, newborn and child health**

#### *(a) Integrated Management of Pregnancy and Child birth (IMPC)*

The “Making Pregnancy Safer” Initiative through the Integrated Management of Pregnancy and Child birth (IMPC) offers opportunities for addressing early newborn care. The clinical guidelines for the integrated management of childhood illnesses (IMCI) have also been expanded to include the new born in the first 7 days.

#### *(b) The National Health Insurance Scheme (NHIS)*

The implementation of the NHIS started in 2005 focusing initially on public sector employees. The potential for this scheme to improve access for the poor and informal sector is dependent on how quickly it can build up a sizeable number of contributors. The NHIS was established to support secondary and tertiary health payment systems.

#### *(c) Health Service Delivery System*

Health services are provided through the various hospitals and clinics owned by Federal, State and Local governments. The Local government is responsible for Primary Health Care (PHC) which includes comprehensive health centres, primary health care centres, health clinics and health posts. Overall, the number of PHC facilities indicates reasonable availability with less regional disparities than is the case with hospitals. There were over 13,000 public sector PHC facilities and almost 7000 private PHC facilities. Although the population/PHC facility ratios are higher in the north east, northwest and south – south, the disparities are not as marked. More importantly, there are relatively more public sector PHC facilities in the north compared to the south.

(d) *Health Management Information System*

The Health Management Information System was established in 1990s and has been significantly revised to ensure that standard forms are available to both public and private health care. Information thus generated by the health system is designed to flow upwards from the community (collected by Junior Community health extension workers) through the local government and the state ministries of health to the Federal Ministry of Health. The information collated and exchanged is employed to improve the health care systems in the country.

(e) *Health Sector Reform Programme (HSRP)*

There is an ongoing Health Sector Reform Program in Nigeria (HSRP). The HSRP is the Federal Ministry of Health led fundamental realignment/transformation of the organization, management and financing of the Nigeria Health care system driven by its new bold vision and anchored within the wider regeneration of Nigeria as encapsulated in NEEDS 11.

The HSRP is the government's response to dealing with the outlined organisational, systemic and financial challenges facing the national health system. The comprehensive reform is structured along seven strategic thrusts:

- Improving stewardship role of government
- Strengthening the national health system and its management
- Reduction of disease burden
- Improving availability of health resources and their management
- Improving access to quality health services
- Improving consumer awareness and community involvement
- Promoting effective partnership, collaboration and coordination

In addition, many of the professional regulatory bodies have been reconstituted. For example, the Medical and Dental Council Malpractices Tribunal is now functional. These professional bodies are empowered to ensure that high standards are maintained in the health profession.

Reducing the distance to health consumer's travel to the health service delivery point is another objective of the health sector reform programmes. The national Primary health care Development Agency is building and equipping an additional 200 PHC Centres across the country to improve consumer access and provide quality health care. The Debt Relief Fund (DRF) is being used to fund this activity in addition to other ancillary activities aimed at achieving the health related MDGs in Nigeria (See table 6.10).

(f) *The National Health Bill and Fiscal Responsibilities Bill*

The National Health Bill, designed to successfully revamp the Primary Health Care System and implement the Integrated Maternal New Born and Child Health Strategy (IMNCH), is already before the National Assembly awaiting passage into Law. When passed, it will enhance the financing of health care, especially at the PHC level.

Recently there is a draft Fiscal Responsibilities Bill (FRB) at the National Assembly which when passed will create the framework within which Nigeria's economic policy will be managed. The Bill seeks to compel all tiers of government to adhere to principles of sound public expenditure management. It prescribes rules for financial and assets management and financial reporting.

(g) *Resources Allocated*

The Federal budgetary component of health expenditure has increased from the 1999 N16 billion to N63.2 billion of the year 2002 budgeted expenditure. The Federal figure for 2006 was about N102 billion representing a 40% increase. The health appropriations in 2006 also included the deployment of N21 billion from the debt relief fund towards the achievement of health-related MDGs from the debt relief gains in table 6.10 below.

Table 6.10

**Health Specific Debt Relief Fund (DRF) appropriation breakdown (2006)**

<i>Allocation(₦b)</i>	<i>Initiative</i>	<i>Activity</i>	<i>Executing MDA</i>
5.5	Immunisation Programme	Procurement of vaccines for routine immunisation through UNICEF	NPI
8.45	7,850 primary health care	Construction and equipping of 200 PHC centres and the rehabilitation of 150 old PHCs	NPHCDA
	0.645 maternal and child	Capacity building for doctors and nurses and procurement of drugs and equipment and supplies for MNCH	CDPA/FMOH
1.38	Roll back malaria	Insecticide treated bed nets (ITNs) and drugs	FMOH
0.51	Tuberculosis/Leprosy control	Anti tuberculosis treatment using the Directly Observed Treatment Short course (DOTS) therapy	National TB and leprosy referred to Teaching hospital Zaria
4.75	HIV&AIDS	Anti-retroviral (ARV) drugs, test kits, training workshop	FMOH
0.21	Tracking the implementation of MDG Policies	Procurement and distribution of software for tracking, monitoring and evaluation of the implementation and health related millennium development goals	FMOH
0.21	M&E	Monitoring and Evaluation	Presidency

*Source:* Federal Ministry of Health, Department of Planning Research and Statistics, 2007.

(h) *Health education*

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. The HIV prevalence among 15–24 years old rose from 5.7% in 1999, to 5.9% in 2001, and decreased from 5.4% in 2003 to

4.8% in 2005. The decrease has been comparatively more rapid among 15–19 than among 20–24 year olds indicated in the Nigeria MDG Report 2006.

In the UNICEF/FGN 2002 – 2007 Programme Plan of Cooperation, the **Adolescent Health, HIV/AIDS Prevention, Care and Support project** under 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 initiatives into the NYSC scheme.

Under this scheme and based on the defined objectives, UNICEF in collaboration with the NYSC recorded the following results by the end of year 2007:

- A total of 119,263 (55% males and 45% females) youth corps members acquire scientifically correct and culturally sensitive information on RH issues and HIV/AIDS prevention, care, and support through the conduct of IEC seminars in 37 NYSC camps nation-wide.
- 7,438 volunteer corps members (41% females) acquired peer education skills in HIV prevention and are currently training and mentoring peer educators in schools and conducting HIV/AIDS prevention and care outreaches in communities of primary assignment nation-wide.
- 3,868 corps members (32% females) received HIV/AIDS voluntary counselling and testing as part of UNICEF's collaboration with Global HIV/AIDS Initiative in Nigeria (GHAIN) on the NYSC reproductive health and HIV/AIDS prevention, care and support project. Although a fewer number of females were tested, more positive cases (24) were reported among them compared with males (10).
- 169 orientation/master trainers acquired improved knowledge and skills on Reproductive health issues, HIV/AIDS and life skills. These trainers were deployed to 9 camps to provide accurate and complete information on HIV and AIDS, Reproductive health issues and life skills to about 40,000 Nigerian graduates on 9 camps. 1800 Peer educator trainers enlisted are expected to train and mentor about 72,000 young secondary school students on HIV, AIDS, Adolescent Reproductive Health and peer education issues over a period of one year.
- 48 government officials working with youths/NGOs (including state directors of youth development and youth development officers from 27 UNICEF Focus LGAS) acquire skills and knowledge on youth friendly planning and programming.
- 251 young persons acquired different skills at the Youth Resource Center, Delta. 289 were counselled and submitted to HIV/AIDS testing. Referral services were provided to 7 youths who tested positive.
- 360 young persons from Oyo and Lagos State, had improved knowledge in conducting community outreaches in Rights, HIV/AIDS and Gender issues.
- A total No. of 666 trainers acquired knowledge and skills on HIV and AIDS, Reproductive health issues and life skills for provision of training of corps members in camp.
- Information exists for the development of NYSC HIV AIDS workplace Intervention.



- 66,400 Young People age 15–19 in 30 LGAs of Adamawa, Bauchi, Borno Gombe, Plateau, Nassarawa, Taraba, Kano, Jigawa and Yobe states acquire information and skill to practice healthy behavior or Reproductive health and HIV prevention.
- 2108 Faith Based Youth organization members in 42 focus communities in Abia, Akwa-Ibom, Anambra, Bayelsa, Benue, Cross-River, Ebonyi, Enugu, Imo and Rivers, acquire knowledge and skills on HIV AIDS prevention, access to services, care and support.
- 111 primary health care providers (NGOs, state and LG directors of youth, PHC providers in the NE, NW, NC states acquired updated knowledge and skill for provision of youth friendly services.
- 30,409 corp members, camp officials and persons from the camps mammy markets in Delta, Edo, Ekiti, Lagos, Ogun, Ondo, Osun and Oyo, were sensitized on the key things to know on RH/HIV/AIDS.
- 47 out-of-school/street children had their experiences documented and 15 of them were reunited with their families in Lagos, Ogun, Ondo, Delta, Sokoto and Kano States, while others are being supported to go back to school.

(i) *Measures to ensure adequacy 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 counselling services. There is a national reproductive health guideline/strategy. Government and NGO's collaborate in advocacy and awareness creation programmes on reproductive health including HIV/AIDS.

Peer Educators Initiative which involves training of teachers and pupils on environmental health, sexual health and HIV/AIDS has been introduced in the schools with the aim of involving children in counselling of fellow children under the supervision of teachers.

(j) *Prevalence of HIV/AIDS*  
*Administrative and Policy measures*

- In addition to the introduction of the Prevention of Mother-to-child Transmission (PMTCT) of HIV programme, HIV Counselling and Testing Centres (HCT) have been established in most states of the Federation
- The PMTCT programme, which began in six tertiary sites in 2002, has expanded to 230 sites, and about 400,000 pregnant women have benefited from it
- HIV/AIDS control has been integrated into the country's PHC system and decentralised to the LGAs, with responsibility for HIV control put in the hands of women

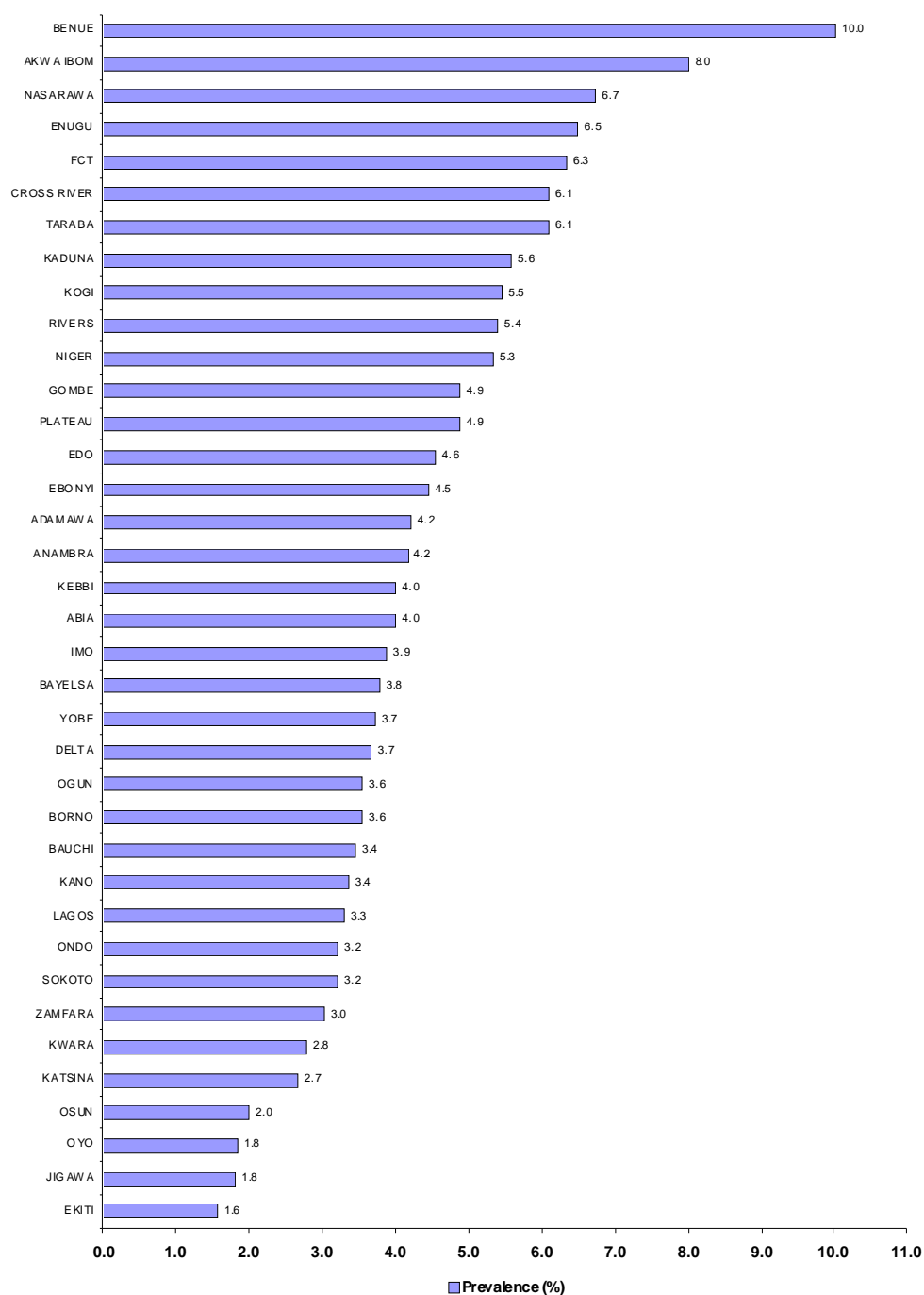
HIV sentinel surveillance was established to monitor trends in the epidemic and assess the impact of the response. The 2005 HIV and Syphilis Sentinel Survey was conducted from August 29 to November 26, 2005. The objectives of the survey were to determine HIV prevalence among pregnant women attending 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 Figure 6.4. 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). 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 to 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.

Figure 6.4  
HIV Prevalence – Country Situation (HSS 2005)



Source: Health Sentinel Survey 2005.

In order to address the grossly inadequate treatment regimen for children infected with HIV/AIDS government developed a Pediatric Anti-retroviral Therapy (ART) Guideline, a draft pediatric ART training manual and National Pediatric Framework. Also the demonstration phase of 'Early Infant Diagnosis' for early detection of HIV/AIDS in HIV-exposed infants has been concluded.

### **6.3.4 AIDS orphans**

#### **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. This was followed by the creation of OVC units at National and State levels.

### **6.3.5 Care of children affected by HIV/AIDS**

The priority objectives and strategies needed for improved care of children affected by HIV/AIDS would require a multi-sectoral approach. Consequently Nigeria's OVC National Plan of Action 2006–2010, was launched in May, 2007. The launch of the Plan of Action has provided the needed impetus and framework for the acceleration of the national response to the orphans and vulnerable children situation by all stakeholders. 3000 copies of the NPA have been widely disseminated among key stakeholders.

UNICEF, in collaboration with the Federal Ministry of Women's Affairs and Social Development, implemented activities based on defined objectives in the OVC NPA using the most appropriate combination of the strategy mix of advocacy, capacity building, service delivery, programme communication and empowerment. Key results achieved are as follows:

- A baseline survey on the situation of orphans and vulnerable children in Nigeria is at data collation and analysis stage, under the coordination of the Federal Ministry of Women's Affairs and Social Development
- A coalition of civil society organisations in 10 northern states provide care and support services to 25,000 orphans and vulnerable children in 30 LGAs/communities
- 27 NGO members of the Children and AIDS coalition from Sokoto, Kebbi, Kaduna, Niger, Kogi, Katsina, Kwara, Zamfara and FCT, during an interactive session, acquired knowledge and skills on establishing, running and sustaining of OVC support groups and also developed a guide for the whole process including monitoring in CFO focus LGAs
- Political leaders were mobilised to allocate adequate national resources to the care of orphans and children made vulnerable by HIV/AIDS
- Capacity of families and communities was strengthened to support and care for orphans
- Community-based responses were stimulated and strengthened
- Awareness was raised in communities on the need to create an enabling environment for orphans and children made vulnerable by HIV/AIDS
- Sustainable communication initiatives aimed at reducing stigma and discrimination were supported
- The involvement of the global community and development partners was facilitated

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

Sections 21–25 of the CRA seek to address HTP 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 e.g. Celebration of International Day of Zero Tolerance and Sensitization of school children and Youth Corp members
- Mass media sensitization and partnership in information dissemination
- Legislation by State Houses of Assembly against some of these harmful practices
- Training programmes to re-orientate practitioners in Female Genital Mutilation (FGM) and to provide alternative employment opportunities for them
- Girl child education and adult literacy campaigns

### 6.3.7 Measures to ensure equitable distribution of medical services and equipment

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

- Development of Ward Minimum Health Package to replace Minimum District Health for all Packages
- 328 completed Model Primary Health Care Centers have been completed between 2001 and 2006 nationwide; while 246 are still under construction

## 6.4 Social security and Child Care Services – Articles 26 and 27

### 6.4.1 Social security and Child Care Services and Facilities

The National Child Policy was developed by the Federal Ministry of Women's Affairs and Social Development, in collaboration with other stakeholders. The thrust of the National Child Policy is to provide a window of opportunities for the various levels of government, civil society groups, development partners and other stakeholders to contribute meaningfully to the promotion and protection of the best interests and welfare of the Nigerian Child. In developing the strategies that would be employed for its implementation, mechanisms that would provide 'protective, preventive, and transformative' social protection services for children were articulated.

Planned and specific social protection strategies that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, enhance the social status and rights of the marginalized; with the overall objectives of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups were all indicated in the document. The strategies developed have been forwarded to the National Planning Commission to ensure these are integrated into the NEEDS II document for effective implementation.

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

In 2005, 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 childcare services exist between the Federal and State Ministries of Women's Affairs & Social Development. In year 2006, new initiatives on women empowerment by the Ministry of Women's 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 to achieve food security at the household level, and above all to defeminize poverty, which in turn impacts the lives of children.

The FMWA&SD is also planning a revolving loan for women in business – tagged as the Business and Development Fund for Women (BUDFOW).

#### **6.4.4 Measures to assist parents and others to implement right to adequate standard of living**

The agricultural sub-component of the National Policy on Women 2000 sought to, inter alia, remove the obstacles to women's access to land, loans/credit and other productive inputs.

In 2004 the SMEDAN Scheme was initiated to lend weight to the above policy by strengthening women's access to special revolving loans through finance houses. An example is the establishment of the Nigeria Agricultural Cooperative & Rural Development Bank (NACRDB) which provided Micro Credit Schemes especially for women. While there is no disaggregated data to measure the success of these initiatives, it is noteworthy that finance houses have recorded appreciable successes in the recovery and recycling of the micro revolving loans and more women in urban areas/cities have easier access to loans which has considerably enhanced the average standard of living.

### **Cluster 7 Education, Leisure and Cultural activities**

#### **7.1 Child's Right to Education – Articles 28 and 29 (CRA Section 15)**

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

###### *(a) Legislative and Administrative*

- Measures put in place by government to ensure child right to education include the development of policies in education to strengthen and direct quality delivery of educational services to all children. The Policies developed include the National Policy on Integrated Early Childhood Development (IECD), Minimum Standards for IECD, School Health Policy, and National Policy on Gender in Basic Education and Policy on School Based Management Committees for improved school management.
- A Teacher Education Policy is being finalized by FME. The Federal Ministry of Education (FME) has developed a Ten Year Strategic Plan to raise attainment in the classroom and beyond. World Bank/DFID is currently engaged in the development of State Education Sector Plans in three states — Kano, Kwara and Kaduna, while DFID/UNICEF/FME is engaged in the development of State Education sector plans in another three states — Niger, Bauchi and Jigawa. Education component is adequately reflected and covered in the National Economic Empowerment

Development Strategy (NEEDS), State Economic Empowerment Development Strategy (SEEDS), the President's 7 Point Agenda as well as increased budget allocation for the education sector.

(b) *Budgetary Allocation*

Between 2004 and 2007, a total of N15.58 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. State governments across the country have maintained a regime of budgeting for and funding such infrastructure 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.

Additionally considerable sums out of Nigeria's savings on debt relief by the Paris Club were spent on education. **See Table 1.3 for Debt Relief savings spending information.**

Also the Federal Government in December 2006 provided N18.2billion from the Debt Relief Fund, to address the boy's dropout rate as well as address the educational needs of *Almajiri*. The promulgation of the *Child's Rights Act* and the *UBE Act* is strengthening these efforts.

### 7.1.2 Measures for the improvement of the quality of education

Measures to improve quality of education to include:

- Improvement of school infrastructure through various government institutions i.e. Education Trust Fund, Universal Basic Education Commission grants to schools and FME Debt Relief Funds
- In service teacher training programmes through National Teachers Institute (NTI), National Commission for Colleges of Education (NCCE) and UBEC
- Improvement of sanitation in schools including provision of safe water and construction of latrines through the DFID, EU and UNICEF/FME funded programmes
- Promotion of school health and hygiene in schools through integration into the curriculum, child to child, child to parent, and child to community strategies and introduction of school health clubs
- Improvement of school management through the establishment of School Based Management Committees (SBMCs), every public school in Nigeria is mandated by law to establish an SBMC to plan, coordinate and manage schools effectively
- Provision of teaching and learning materials to schools
- Introduction of school based teacher training programmes, student tutoring mentoring and counselling programmes and role models to improve the quality of teaching and learning

- Introduction of competitions to promote academic excellence, for example, International Olympiad competitions and recognition of the best performing teachers among others
- Child Friendly Schooling imbibed as a policy by UBEC

### 7.1.3 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. The government of Nigeria in order to improve teaching standards and assess quality has implemented the following:

- Revision of NPE in 2007
- National School Inspection – Operation Reach All Secondary School (ORASS) and Operation Reach All Primary School (ORAPS)
- There is also a Federal Teachers Scheme (FTS) for primary schools in rural areas
- The minimum teaching qualification now is NCE (Nigerian Certificate in Education)

### 7.1.4 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. There is a Special Needs Education Division in the FME that caters for special needs children. Early 2007, N2billion was released for procurement of brailing machines and to train teachers in sign language. The Universal Basic Education Commission has a scheme for supporting educational institutions for special needs children.

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

### 7.1.5 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 infrastructure, 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 organisations (both Christian and Islamic) have been involved, through the policy of return of schools to religious organisations by state governments, to enhance efforts aimed at addressing the problem of uneven distribution of schools.

#### **7.1.6 Corporal Punishment in Schools**

Provisions of the *Child's Rights Act 2003*, in Sections 11 (a) (b) and 221 (i) (b) and CRLs, which prohibit corporal punishment in Nigeria are being implemented in some states. In addition, the FMWA&SD has carried out sensitization workshops across the country to disseminate findings and recommendations of the UN Secretary General's report on Violence Against Children.

#### **7.1.7 Adequacy of Teachers and Facilities**

Pupil-Teacher Ratio (PTR) remained constant from 1998 to 2004 at about 1:39.20, but has now risen to 1:40.36 in 2005 due to increased intake of pupils through Basic Education Programme (FME Baseline 2004 and 2005). A total of 299,386 qualified primary school teachers were recorded in 2005. Oyo state had the highest number of qualified teachers amongst the states with 24,679, representing 8.24%. This was followed by Lagos state with 21,471 (7.17%), while Zamfara state recorded the least with 1,249 qualified teachers. Generally, female qualified teachers pre-dominated in the Southern states as against their counterparts in the north.

#### **7.1.8 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. Efforts have been made to deploy teachers to the rural areas with better incentives. The National Teachers Institute (NTI) has the mandate to train and re-train teachers for the UBE programme. The Teachers Registration Council of Nigeria (TRCN) has the mandate to register teachers in Nigeria for harmonization and professionalisation of the teaching profession.

The TRCN 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 TRCN 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 TRCN has also reviewed teacher education curriculum to make it more relevant and effective for the 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.

A new Teacher Education Policy has been approved by the country with a view to ensuring the quality and professional competence of teachers in the basic education sub-sector of the school system. UNESCO Nigeria Country Office is in the forefront of relevant initiatives through the Teachers Education initiative for Sub-Saharan Africa project.

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 curricula 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 there are more primary and secondary schools in the South West, and South East geopolitical zones of the country than in the other 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 accessibility to schools by children in rural areas or from poor socio economic background/families.

All states in Nigeria practise the policy of free primary and junior 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 the 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.

### **7.1.9 Primary school Enrolment and Completion**

#### *(a) Primary School Enrolment Rate*

The National School Census (NSC) has become a major source of educational data in the country. The UBE/FME has conducted two of such surveys so far – the maiden census which was conducted in 2003 and the latest in 2006. In terms of technical quality, there is a marked improvement in the standard of reporting of the 2006 NSC data when compared with the 2003 version.

The 2006 NSC revealed a Net Enrolment Rate [NER] of 80.60% suggesting that a substantial proportion [19%] of the primary school age population [6–11 years] nationwide is not enrolled in primary schools. This represents 4.7m Nigerian children aged 6 to 11 that do not have access to primary education (Table 7. 1 and 7.2).

A comparison of the 1999 MICS data with the 2006 NSC will show that the system recorded an overall improvement in GER from 81% in 1999 to 90% in 2006.

Both GER and NER varied tremendously across states and school ownership [public versus private]. Gender participation still favours males but the gap appears to have been narrowed marginally from 12% in 2003 to 10% in 2006. There were, however, wide variations in gender gap across the states and zones. While wide gender gaps (in favour of males) still exist in the North, with the North West zone presenting the worst case scenario, they seem to have disappeared in the South. More females than males are denied their rights to lower basic (primary) education in the North.

Table 7.1  
Enrolment trends in NFE from 1999–2004

Year	Male (M)	Female (F)	MF
1999	663 323	604 374	1 267 697
2000	721 948	675 004	1 396 952
2001	5 144 611	414 610	5 559 221
2002	8 931 379	502 316	9 433 695
2003	7 349 089	397 046	7 746 135
2004	8 717 683	446 410	9 164 093

Source: FME/UBE 2005 National School Census [NFE].

(b) *School Enrolment and budgetary allocation*

Total Enrolment in Primary School (Classes 1–6) was 22,115,432 in 2005, comprising 12,189,073 Male and 9,926,359 Female. Enrolment is lowest in the northern states, particularly Zamfara, Sokoto, Kebbi, Yobe, Borno and Niger States. Only 299,386 primary school teachers possess the prescribed requisite teaching qualification, with the largest number concentrated in the south west (Oyo, 8.24%, Lagos 7.17%) and lowest percentage in Zamfara State. Percentage Allocation to FME from the National Budget nosedived from 10.68% in 1999 to 4.41% in 2005 and picked up again to 8% in 2006.

#### 7.1.10 Primary school completion rate

Primary Six Completion Rate was 67.5% in 2005 while Transition Rate to Junior and Senior Secondary Schools were 35.4% and 14.7% respectively in 2005. Completion rate rose from 58% in 1990 to 69.2% in 2004 and dropped to 67.5% in 2005.

Table 7.2 shows the primary school completion rate in year 2006. The national primary school completion rate is 12 per cent. The result shows 10.5 per cent completion rate in the rural areas and 16.1 per cent 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 per cent) while the least rate (5.8 per cent) was recorded for North West. Tables 7.3 (a) and 7.3 (b) indicate the primary and secondary school enrolment by gender and geo-political zones.

Table 7.2  
Primary school completion rate (2006)

Background characteristics	Completion rate
National	12.0
<i>Sectors</i>	
Urban	16.1
Rural	10.5
<i>Zones</i>	
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 7.3 (a)

**Primary School Enrolment by Gender and Geo-political zones**

	<i>Gross enrolment</i>	<i>Net enrolment</i>
Overall	94.7	<b>62.4</b>
<i>Gender</i>		
Male	98.4	<b>64.0</b>
Female	89.7	<b>60.4</b>
<i>Residence</i>		
Urban	109.3	<b>75.4</b>
Rural	89.3	<b>57.5</b>
<i>Zones</i>		
North East	69.7	<b>44.6</b>
North West	66.8	<b>43.5</b>
North Central	116.48*	<b>73.3</b>
South East	126.2*	<b>82.4</b>
South West	117.4*	<b>82.9</b>
South-South	116.5*	<b>77.3</b>

*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 per cent as indicated in tables 7.3 (a) and (b).

Table 7.3 (b)

**Secondary School Enrolment by Gender and Geo-political zones**

	<i>Gross enrolment</i>	<i>Net enrolment</i>
Overall	76.1	<b>45.9</b>
<i>Gender</i>		
Male	78.2	<b>45.9</b>
Female	72.9	<b>46.0</b>
<i>Residence</i>		
Urban	93.0	<b>59.8</b>
Rural	68.5	<b>39.8</b>
<i>Zones</i>		
North East	47.1	<b>26.3</b>
North West	42.8	<b>25.8</b>
North Central	83.1	<b>46.4</b>
South East	96.8	<b>59.9</b>
South West	97.8	<b>65.2</b>
South-South	102.6*	<b>58.9</b>

*Source:* NBS CWIQ Survey, 2006.

### 7.1.11 Vocational Information 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.

Former Federal Trade Centres, which were mainly for training artisans, have now been transformed to Federal Science and Technical Colleges, with their programmes now incorporated into the UBE programmes. This now opens the way to produce qualitative low and middle level manpower for the country. Additionally, **government has introduced Vocation Educational Initiative**, which seeks to incorporate into the educational curricula at both the Secondary and Tertiary levels entrepreneurship programme.

### 7.1.12 Children's Exclusion from school

Provision of Non Formal Education option to meet the learning needs of children, girls and boys, who have never been to school or second chance schooling opportunity for school drop outs has been made. The FGN Gender Education Project and integration of traditional Qur'anic Schools in the Universal Basic Education addresses issues of gender, geographic and economic disparities by integrating children excluded from mainstream basic education. The DFID/UNICEF assisted Girls Education Project in six states (Bauchi, Borno, Jigawa, Sokoto, Niger and Katsina) funded by DFID to the tune of £26million provided a great leverage for improving access and participation of girls in basic education in northern Nigeria. Integration of modern subjects such as English Language, Mathematics, Basic Science and Social/Life Skills Education into traditional Qur'anic School Curriculum also provide opportunity for Almajirai children to receive quality basic education alongside the traditional Qur'anic Education. The FGN ownership of the Girls Education Project and commitment of the MDG Debt Relief Allocation to basic education to address gender issues was a major policy push.

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.

The National Policy on Education has approved the integration of formal education curriculum into the Islamiya/Quranic Education. Also there is a Radio programme in 14 local languages and primers have been developed for the non-formal sector.

NGOs also collaborate with various States and Local governments in working with children excluded from schools.

The FMWA&SD has also established two (2) Drop-In-Centres in Ebonyi and Sokoto States to enable children who drop-out of the Formal school system, to acquire basic literacy, numeracy as well as life skills.

### **7.1.13 Measures Taken to Remedy the Low Quality of Education and to Ensure Better Internal Efficiency in the Management of Education**

(a) Education Reform commenced in 2006 to address issues of internal efficiency and management of the education system. Directives were given to all primary and secondary schools to establish School Based Management Committees (SBMCs) to improve governance, planning and monitoring of school projects and administration. In addition, a Child Friendly Schooling Framework was adopted by the Government for school operation and management and the Inspection Division of the Federal Ministry of Education was re-awakened to its responsibility as the quality control arm and watchdog for the entire education system. Operation Reach All Secondary schools (ORASS) was conducted to assess status of schools prior to the 2006 Reform and introduction of measures to streamline the negative outcomes reported from the exercise.

(b) Special capital funds were provided under the UBE programme to states to build additional classrooms and renovate existing ones to create adequate learning spaces for children. Government embarked on a series of initiatives to increase quality and number of teachers for basic education. These include: certifying all qualified teachers through the National Teachers' Registration Council, reviewing of the Teacher Development Minimum Standards to ensure qualitative product turn out, introduction of the School Based Teacher Development programme as continuous measure to orientate and refresh teachers' skills on the job and aggressive training of teachers by NTI under the PTT programme. The NTI has also begun the Special Teachers' Upgrading Programme (STUP) for selected unqualified Teachers who have been in the Education system for a long time.

(c) The STUMEC (Student Mentoring and Counseling) and Role Modeling in Girls Education Project Communities was introduced in schools with the prospect of scaling up participatory measures to encourage children (especially girls) to stay in school during the period of compulsory education. Further, non-formal education programmes were introduced to address the high illiteracy rates as well as integration of core subjects into traditional Qur'anic Schools and provision of functional literacy education to out of school girls in non formal education settings. Flexible non formal education arrangements exist in all LGAs through the National Commission for Mass Literacy and Non Formal Education (NMEC) and its state agencies to provide basic, post, and functional literacy to interested out-of-school children, youth and adults.

(d) In 2006 the HIV/AIDS unit of FME developed a Strategic Plan for tackling HIV/AIDS for 2006–2010 target periods (The National Education Sector HIV & AIDS Strategic Plan — NESP — (2006–2010). The NESP aligns with the National Policy on Education (NPE), National Policy on HIV & AIDS, National Economic Empowerment and Development Strategy (NEEDS) and The Millennium Development Goals (MDGs). It targets all the sectors of education and addresses such thematic areas as:

- Planning, coordination and resource mobilisation
- Prevention of new infection
- Impact mitigation
- Enabling policy environment, and Monitoring and Evaluation

## **7.2 Child's Right to Leisure, Recreation and Cultural Activities – Article 31 (CRA Section 12)**

### **7.2.1 Leisure, recreation and cultural activities for children – Article 31**

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 (NACHIFEST).

During such national programmes, selected children have the opportunity to participate 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 socialisation 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 22, 30, 32–40 (CRA Section 21–52 CRA)**

#### **8.1 Legal Measures**

Provisions guaranteeing special protection measures for children are contained in parts III, IV, and V of the Child's Rights Act 2003. The implementation of the provisions of Part III (Sections 21–25) of the *Child's Rights Act* has improved with the adoption of the Act by many states of the Federation.

Part III provides for the protection of the rights of the child through the prohibition of:

- Child 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.

**Part IV (Sections 41–49)** of the Act provides for additional protection through civil and welfare proceedings. Thus, it makes provisions for securing assessment orders in relation to ascertaining 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 empowers 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 protective or corrective order, if he has reasonable grounds for believing that the child:

- Is an orphan or is deserted by his relatives and or neglected
- Has either the guardian or one or both parents imprisoned, ill-treated or battered by his parent or guardian or imprisoned
- Mentally deranged, or otherwise severely handicapped; or
- Found begging for alms in any circumstance or found 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**

### **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. 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 operation 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.

### **8.2.1 Refugee Children**

The armed conflicts in Sierra Leone and Liberia caused an influx of refugees into Nigeria, 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.

In 2006, with assistance of the United Nations High Commissioner for Refugees in Nigeria a number of refugee children have been repatriated back to their home countries. National and International CSOs have been able to augment government efforts towards the promotion and the protection of the rights of women and children within the camp. Refugee children enjoy equal rights as nationals with regards to all the rights enshrined in the CRC, for instance:

- **Education:** Refugee children have access to existing primary and post primary schools. Public schools are free for refugees. Refugee children also have access to extra curricula activities such as sports and cultural activities. In 2006, UNHCR Nigeria country office in collaboration with African Refugee Foundation (AREF) and the institute of Peace Education Finland organized Peace Education activities for refugee children. A day care centre is also established for over 200 refugee children who were not of primary school age.
- **Health & Nutrition:** Refugee children have access to the national health services. Every year immunization against Polio, yellow fever, measles and other vaccine preventable diseases are conducted for all children and adults in the camp, through the National Expanded Programme of Immunization. Free pre-natal services were offered at the government hospitals in Ijebu-Ode and Oru for pregnant women. After delivery, children are immunized progressively from first week to the ninth week.
- **Family Tracing:** In 2006, in collaboration with the International Committee for Red Cross (ICRC), over 300 requests for family tracing were received from refugees in Nigeria and about 265 messages from other countries were distributed in the camp.
- **Birth Registration:** Refugee children have access to birth registration through the National Population Commission.

(a) *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

(b) *The domestic laws 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 Rehabilitative care for victims of armed conflict, torture and neglect

(a) *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
- Reintegration into their families

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

(b) *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 National Commission for Refugees, 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 centers for some of the children that are internally displaced.

### 8.2.3 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 in extreme circumstances, military personnel. These personnel evacuate the vulnerable groups to safer environment where Psychological, 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.

## 8.3 Children in Conflict with the Law

### 8.3.0 Problems of Child Justice Administration in Nigeria

Most child offenders often come from broken homes and lack parental guidance. Normally, poverty and lack of education dominate their backgrounds. Some child offenders 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."

Up to two-thirds of all child 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, recreational facilities and facilities for personal hygiene. Sometimes the ages of child offenders are difficult to determine because of the non availability or evidence of registration at birth.

Child 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.

### 8.3.1 National Response

In response to the problems, the *Child's Rights Act, 2003* was enacted to provide for a new system of child justice administration and the care, support and protection of vulnerable children and those in conflict with the Law. The child justice administration system in Nigeria as contained in the CRA is an admixture of both the justice and welfare models stated in relevant international instruments and standards. It accommodates the basic requirements for the constitution and professionalisation of handlers of the child justice system administration, and provides for both non-custodial and custodial institutional measures for children in conflict with the law. It further provides for the

protection of children in need of care and special attention. Actions taken in implementing the provisions include:

(a) The CRA, 2003 and the various CRLs have provided for mandatory free legal representation/aid for children. Mechanisms have been put in place to provide children free legal service delivery through establishment of pro-bono services by the Nigerian Bar Association. Also similar free legal service delivery is being rendered by various NGOs, the respective Offices of the Public Defender and the various zonal offices of the Legal Aid Council.

(b) Family Courts are being established in Nigeria as the platform for effective implementation of the child justice administration. A family court is already established and functioning in Abia.

(c) Diversion programmes are currently being introduced into the child justice system. Specifically Alternative Dispute Resolution mechanisms are being strengthened to ensure that all disputes/conflict involving children are settled through victim-offender conferences and family conferences. Magistrates handling children are also being encouraged to adopt diversion programmes.

(d) Advocacy strategies are being employed with parliamentarians and policy makers to ensure the provisions of the CYPL, the Penal Code, the Criminal Procedure Code and the Sharia Penal Code are reviewed and brought in conformity with the provisions and standards of the CRC and CRA.

(e) The CRA and CRLs have all excluded the application of death penalty to persons below 18 years.

(f) Relevant professionals and child care givers are acquiring improved knowledge on appropriate national and international standards to ensure better care and support for children in conflict with the Law and other vulnerable children.

(g) Both the Social Welfare and the Child Development Departments have in place programmes on rehabilitation and re-integration of vulnerable children.

### 8.3.2 Children Deprived of their Liberty – Article 37

The provisions of the *Child's Rights Act* are consistent with those of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) which prohibit incarceration of children unless there is no other way of dealing with them satisfactorily.

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**)
- Prohibition of joint trial of children with adults under any circumstance (**Section 205 CRA**)
- The separation of children from adults in detention in all circumstances (**Section 222 CRA**)

## 8.4 Administration of Child Justice System in Nigeria

The broad strategies indicated in the last country report remains relevant to the current child justice systems. The main features are:

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

The Nigerian child justice 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 lost or abandoned children.

Priority is being given to the provision of adequate number of institutions and trained personnel to handle child offenders. Other specific priority objectives and strategies for assuring the full protection and re-integration of children in conflict with the law and other vulnerable children will focus on the following areas:

#### (a) *Crime and Delinquency Prevention*

The machinery for monitoring and preventing juvenile crimes is being strengthened at all levels of the society, with the goal of minimizing offending or delinquent behaviour in them. This has multifaceted benefits for all:

- For the child, assuring his growth as a good and responsible adult citizen
- For the society, assuring order, peace and security

#### (b) *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 is being 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 social welfare personnel in schools to, among other things, reduce victimization, criminality and anti-social behaviour within the schools and communities

The scheme works with schools on Whole-Scale 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.

#### (c) *Community Participation and Ownership of the Child Justice System*

This is being 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

- Establishment of Community Crime and Delinquency Committees to facilitate community awareness, 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

(d) *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 of these 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

(e) *Establishment of Child-Friendly Facilities in Rural and Urban Centres*

Strategies adopted in the implementation of this objective include:

- Establishment of child welfare 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

(f) *Diversion Programmes*

Adoption of diversion programmes designed to divert children away from the formal judicial proceedings and towards community support is being emphasized by the Child Justice system. This is with a view to providing alternative ways of dealing with child offenders, especially first offenders and those whose offences are of a minor nature.

Such programmes 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

To further actualize the strategies, all officers dealing with children's cases, namely, police, social workers, child development officers, child psychologists, judicial officers, and other personnel, are being specially trained in the handling of diversion programmes. UNICEF has had extensive consultation and interventions with the various stakeholders

(Federal Ministry of Justice, Nigeria Police, Nigeria Prison Service, National Human Rights Commission, Nigeria Bar Association, Legal Aid Council and several Civil Society Organizations) to promote reforms in child justice administration within the last five years based on the Protection and Participation programmes of the FGN/UNICEF programme of Cooperation between year 2002–2007 and the bridging year-2008. The results of the collaborative initiative included the setting up of a National Technical Committee to strengthen the child justice systems and coordinate the establishment of family courts systems in Nigeria including monitoring the application of free Legal services to trafficked, vulnerable and at risk children. With the intervention of the National Technical Committee the Conference of All Nigerian Judges conference which held in November 2007 commit to set up Family Courts to improve legal protection for children in Nigeria. Other results of the initiative and programme of cooperation are indicated below.

**Results achieved in year 2005–2007:**

- About 1,500 members of the Nigerian Bar Association made up of lawyers, judges and magistrates in year 2006, had improved knowledge of legislative reforms and developments in the child justice system and are equipped to provide legal representation and services to vulnerable children and those in conflict with the Law.
- 100 care-givers in Osun, Oyo and Kaduna states, and from 8 institutional child care centers including almajirai care givers acquired skills and knowledge on child's rights and are better equipped to give care and conducive environment for children deprived of primary care.
- 370 children in conflict with the law in Borstal training institution had access to life skills, anger management, and conflict resolution/provision of psychosocial counseling/pro bono services as a result of the exposure of 50 Borstall institution care givers to the CRC principles, diversionary measures and current child justice administration.
- 80 children, women and youths in Kaduna and over 600 vulnerable children, young persons and women in Enugu, Anambra and Rivers State had access to free legal aid and counselling services.
- Coalition of NGOs and government partners comprising of Representative of the Ministry of Justice, Women Affairs, the Prisons, Police, Nigerian Bar Association, Legal AID Council, Taraba National Youth Council and other Human Rights Based NGOs in Plateau and Taraba State provided free legal services and counselling to over 200 indigent children who were in conflict with the law.
- Awareness creation on child justice administration through provision of mattresses, pillows and beddings to children and young people in children's and young people's homes improved the resident's living conditions and challenged the care givers on providing improved and better care of the children in the Plateau, Nasarawa and Taraba States institutional child care centres.
- 80 care-givers in Osun and Oyo have improved knowledge on managing children in institutions and are providing better and a more protective environment to children in their care.
- All Judges in Nigeria are committed to the setting up of Family Courts in Nigeria as a result of the advocacy visits to the Chief Justice of the Federation and the Director General of the National Judicial Institute.
- Skills and knowledge of over 2000 members of the NBA members made up of lawyers, magistrates, judges and other law enforcement officers were enhanced on

the provisions of the CRA and delivery of protective services and care for children in conflict with the law and other vulnerable children through distribution of 1800 copies each of the *'Profile of Diversion Programmes in Nigeria'* and *'Standards of Pro bono Services in Nigeria'* at the 2007 Nigerian Bar Association Conference.

- The established technical working group is currently coordinating, monitoring and improving the provision of *Pro bono* services within the NBA and other role players in the Child Justice Administration.
- The setting up of a coordinated mechanism to monitor, collate and analyze data on recovery services for children in conflict with the Law and other vulnerable children resulted in successful provision of free legal representation, rescue and recovery services for over 1005 vulnerable children and those in conflict with the Law in year 2007.
- Key information on the care and protection services for children in institutions is made available at all levels of the Child Justice Administration in the country through the developed *'Assessment Tool to assist National and State government in the implementation of Child Justice Administration'*.
- About 500 Children, young persons, and women in conflict with the law in, Ebonyi, Anambra and Rivers states received free legal aid and counselling services. 29 of them were released from prison custody.
- The coalition on Child Justice Administration in Plateau and Taraba State recovered and reintegrated a total of 192 (158 boys and 34 girls) children in conflict with the law and in need of care and protection in the state and in the 3 focus LGAs.
- Establishment of a state child justice administration committee comprising of FIDA, SMWAD, NHRC, NBA, NGOs, Police, Prison, FBOs and the media in the Jigawa, kano, Adamawa, Gombe, Bauchi, Plateau, Nassarawa, Borno, Taraba and Benue States is reinforcing provision of Probono services, counselling and legal aid for children in conflict with the law and in need of care and protection.
- Interactive session of key stakeholders on Child Justice Administration also in Jigawa, kano, Adamawa, Gombe, Bauchi, Plateau, Nassarawa, Borno, Taraba and Benue States (Directors of Child Development, Chairman of the Nigerian Bar Association, Legal Aid Council and Human Rights NGOs) is promoting access to sustainable justice for children in conflict with the law and in need of care protection among the stakeholders.
- 100 Children in conflict with the law from kogi, kwara, Niger, Kaduna, Zamfara, katsina, kebbi and Sokoto States acquire improved knowledge based on the different provisions of the CRA and are better informed on their responsibilities.
- 12 Police Area Commanders from 12 states and 24 Juvenile Welfare Desks Officers from 24 states of the Federation had improved knowledge on counseling, care and protection of children at the Police stations and are better positioned to effectively and efficiently deliver improved recovery services for children in conflict with the law and other vulnerable children.
- Improved data management and information processing techniques to assess situation of children in conflict with the law at the Juvenile Welfare Desks offices across the country was put in place in year 2007.

#### **8.4.2 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 Labour Act CAP 198 LFN (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, Jigawa, Kwara, Edo, Bayelsa, Lagos, Oyo, Osun, Ondo and Abia States
- The Nigerian Law Reform Commission in its report on the reform of Family law in Nigeria submitted to the FGN made specific provisions for parental responsibilities that are actionable when breached

#### **8.4.3 Measures to Promote the Child's Sense of Dignity and Worth**

The Child Justice system presently applicable ensures that 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 is to 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.

#### **8.4.4 Educational, Health and Recreational Facilities provided in remand Homes**

The facilities provided in these homes are still inadequate. 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



*(a) How Conditions in such Institutions are Monitored (Section 198 CRA)*

- Staffs of the institutions 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
- Members of children's families have rights of visits
- Health officers, mainly doctors and sanitation officers visit these homes from time to time
- Periodic reports from the officers to their parent Ministries

*(b) 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 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

**8.4.5 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 persons below 18 years, and in accordance with the **CRA**, even death penalty cannot be recorded against a child.

**8.5 Children of Imprisoned Mothers****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 – Articles 32, 34 (CRA Sections 28 and 33)****8.6.1 Legal Measures to Criminalize the Worst Forms of Child Labour**

*(a)* The *Labour Act CAP 198 LFN 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 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 *Convention*. 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.

(b) *International Cooperation measures*

International treaties and protocols on women and children ratified by the Government as at December 2001 include:

- ILO Convention 138 on Minimum Age
- Optional Protocol to the Charter on Elimination of All Forms of Discrimination against Women
- ILO Convention 182 on Elimination of the Worst Forms of Child Labour
- 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

The country has commenced the ratification process of the following:

- Optional Protocol on the Involvement of Children in Armed Conflicts
- Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography

## 8.6.2 Children and Drug Abuse – Article 33

(a) *Studies and Information on the Use of Drugs by Children*

In 2003, a UNODC sponsored IDU Survey in Port Harcourt and Kano and a 2005 follow-up survey conducted in Calabar, Benin, Maiduguri, Kaduna, and Ibadan, (with a total of 546 subjects) – indicated that the average age of injecting drug users (and non-injecting users of injectable drugs like heroine) was 31 years. Both studies demonstrated that injecting drug use had probably spread to many of the major towns and cities all over the country. It showed that abuse of pentazocine in Nigeria by both oral and injecting methods has become a public health problem, in need of urgent attention, and that Nigerian drug addicts engage in high risk behaviours that predispose them to HIV infection.

Maisandari ward of Maiduguri Metropolitan Council is an environment where many almajirai inhabit. A resident psychiatrist performing his residency in Maiduguri decided to take on one tsangaya (a koranic educational setting for children) as a case study determining a correlation between almajiranci and substance abuse. Drug use and other forms of high risk behaviour have not yet been studied among this group of homeless children. The aim of the project was to determine the prevalence and socio-demographic correlates of drug use among the Almajiris. The methodology employed was a cross-sectional survey, using a multi-stage sampling technique. Confidential interviews were conducted in informal community settings on 340 male Almajiris aged 5 to 16 years.

Results of the study indicated an overall prevalence of drug use was 66.2%. The most frequently used drugs were stimulants (49.7%), volatile solvents (21.5%), cigarettes (19.1% and cannabis (18.5%). The least used were alcohol (3.1%), sedatives (3.5%) and dried pawpaw leaves (5.3%). Children from polygamous homes had a higher prevalence of drug use than those from monogamous homes. This was true for all the drugs but was significant for volatile solvents, cannabis and sedatives. Use of cannabis had a significant relationship with polygamous family type, loneliness and separation of parents. These factors were also significant for use of volatile solvents.

The study provides the first substantive evidence of the high prevalence of drug use among the Almajiris of Nigeria, calling for appropriate government intervention.

(b) *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.

There are over 2,000 Drug Free Clubs in Nigeria, undertaking awareness campaigns, public lecture series, talk shows, drama presentations, quizzes, and peer education to create behavioral changes amongst young people.

Drug education has been introduced into the primary and secondary curricula in a collaborative initiative between NDLEA and the National Education Research Development Centre of the Federal Ministry of Education.

The combined effect of the provisions of the CRA, CRLs and the NDLEA Act, shows that Nigeria has the legal framework for controlling the sale, use and trafficking of drugs and psycho-tropic substances by children. These legislation, have abundant provisions in terms of structures and procedures for treatment, counselling, recovery and re-integration of children involved with drugs and psycho-tropic substances.

Officials of the NDLEA also carry the campaign to high-population areas, such as market places, religious houses and community centres. In addition, psychiatric centres have been established 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 which carries out sensitization campaigns and counseling.

All these efforts have resulted in the recertification of Nigeria by the United States.

### **8.6.3 Measures to combat Sexual Exploitation, and Sexual Abuse of Children – Article 34 (CRA, Sections 31 and 32)**

At the time of developing this report, comprehensive information on the country's recent efforts in combating sexual exploitation and sexual abuse is yet to be finalized. UNICEF Nigeria and the University of Lagos entered into a Cooperation Agreement on 12 December 2003, for the establishment of the Convention on the Rights of the Child (CRC) Chair in the Department of Public Law, University of Lagos. Pursuant to this agreement, a UNDS team (comprising UNICEF, ILO-IPEC and UNODC) and the University of Lagos identified priority issues for the implementation of the Cooperation Agreement. The first priority is the generation of baseline data on various issues affecting the rights of children

and youths in Nigeria through the conduct of a National Baseline Survey on Child Protection thematic issues.

The scope of the Baseline Survey covers the protection and participation issues as they affect children and women in Nigeria. It specifically includes three main thematic areas of interest namely:

- Sexual exploitation and sexual abuse of children
- Child trafficking
- Child domestic work, child labour in construction industry and agriculture
- Youth violence, youth crime and Drugs, Militia and Area boys; and
- Child/youth in conflict with the law, orphans and vulnerable children

The survey was carried out in 24 States of the federation and data analysis concluded. The report documenting the demographic situation, socio-economic patterns, trends, interventions and programmes being implemented to combat the above mentioned child protection thematic issues, will be ready by July 2008.

### **Part III**

## **Conclusion**

The 3rd and 4th CRC Country Periodic Report has attempted to capture in graphic detail, efforts made by Nigeria towards the attainment of the objectives of the CRC regarding the well-being of the Nigerian child. Essentially, Cluster 1 covers the general measures adopted by the country to effectively comply with Articles 4, 41, 42 and 44 of the CRC, which include institutional, legislative and policy frameworks as well as budgetary provisions during the current reporting period. It is apparent from the facts contained in the Cluster that since the last report, Nigeria has made remarkable progress in her bid to promote and protect the interest of the Nigerian child.

With the enactment of CRLs in 13 more states, and several others making spirited efforts to do the same, chances are that in the nearest future the contention over minimum age for the child will be completely resolved across the country. This is because the provisions of the CRA are comprehensive and supersede all other enactments. A guiding principle for dealing with children's issues remains that at all times the best interest of the child should be paramount.

By ratifying *CEDAW* and *CRC*, and domesticating the *AUCRWC*, Nigeria has undertaken to work towards the elimination of discrimination against children with respect to their participatory rights and has thus established a normative framework for children's participation. The formation of the National Children's Parliament in 2000 is a clear demonstration of this. With 37 functional chapters, this forum has provided the Nigerian child a useful platform for free expression on all issues of national life. Lobby groups, children's clubs, newsletters and magazines have also become popular channels for children's participation.

It is hoped that the planned survey by the Ministry of Education on physically and emotionally challenged children will provide data for planning interventions so as to minimize their exclusion. Government is also demonstrating visible commitment to birth registration through short and long term strategies.

Information contained in Cluster 5 shows clearly that a lot is being done in the area of family environment and alternative care for children. It enumerates the efforts the different arms of government, international agencies, and CSOs are making in re-

integrating and rehabilitating vulnerable and at-risk children and women. In areas where there is paucity of data, there is currently ongoing National Baseline Survey on child protection indicators and National Situation Assessment Analysis of OVCs in Nigeria. Issues ranging from rehabilitation centres, Borstal homes, reintegration of trafficked children, child marriage and the extent of government administrative intervention and execution are also enumerated in this cluster.

Clusters 6 and 7 document in detail Legislative, policy, administrative and strategic measures taken by the Nigerian government to promote and protect the rights of the Nigerian Child to health and welfare as well as education and leisure. In the health sector, challenges facing the country such as mother-to-child transmission of HIV/AIDS, high maternal and child mortality rates, malnutrition, and childhood diseases are being addressed within the framework of the IMNCH.

Though substantial progress has been made in the area of health education, enrolment rates school infrastructure, introduction of leisure and competitive recreational education, inadequate funding however remains a big challenge.

Cluster 8 highlights government's commitments to and efforts at guaranteeing special protection measures for children in need of care and protection through the application of international standards in the legislative and administrative processes. It also documents government's efforts at addressing the issue of paucity of data on child protection indicators through partnership with development partners and the academia.

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## Annexes

### Work plan for the development of the 3rd & 4th CRC country periodic report

**June 2007–April 2008**

<i>Activity</i>	<i>Data</i>	<i>Status</i>
<i>Phase 1</i>	26th–30th June 2007	Completed
<b>Activities 1–2</b>		
Core drafting team develop the framework collates and document relevant information and data required for the report based on the developed framework		
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.		
Zero draft of the Report developed		
<b>Activity 3</b>	15th–22nd July, 2007	
Newspaper advert and call for Memoranda from the public		
<i>Phase 2</i>	2nd July–30th July	
<b>Activity 4</b>		
Generation of relevant/current materials for 1 <sup>st</sup> draft		
<b>Activity 5</b>	8th and 9th August	
Core Drafting Team meeting		
1 <sup>st</sup> draft developed		
<b>Activity 6</b>	28th–29th August	
State Directors Meeting		
<b>Activity 7</b>	4th October	
Embassies/UN Agencies Forum		
<b>Activity 8</b>	4th–5th October	
NGO/Children's Forum		



<i>Activity</i>	<i>Data</i>	<i>Status</i>
<i>Phase 3</i>	14th February–16th February 2008	
<b>Activity 9</b>		
Core Drafting Team meeting to develop 3 <sup>rd</sup> draft		
NCRIC Meeting		
<b>Activity 10</b>	26th–27th March	
National Stakeholders Validation Meeting and reparation of the final draft		
<b>Activity 11</b>	April/May 2008	
Editing/printing and submission		

### **Federal Ministry of Women's Affairs & Social Development call for memoranda**

1. In line with the provisions of article 44 of the UN Convention on the Rights of the Child to which Nigeria is a signatory, the Federal Ministry of Women's Affairs & Social Development is currently compiling Nigeria's combine 3rd and 4th Periodic Reports on the implementation of the convention. The report is to be submitted in May, 2008.
2. In view of the above, memoranda are hereby invited from Federal, State and Local Government, the Academia, Development Agencies, Media Organizations, NGOs, Civil Society Groups, Faith Based Organizations, concerned individuals and the general public on the implementation of the United Nations Conventions on the Rights of the Child.
3. Inputs are expected to include reports, statistics, data and impact assessment of programmes, social reforms, positive and negative outcomes of interventions, legislations and projects undertaken since 2004. In addition, report on measures and best practices that have enhance programme design and implementation for the well being of children at the National, State or Community levels are welcome.
4. Completed reports (along with copies of relevant legislation, statistical data and relevant benchmarks for monitoring progress) should be based on the clusters as shown below:

<i>General Provisions</i>	<i>Corresponding CRC Articles to Report on</i>
General measures of implementation	4, 41, 42, 44
Definition of the child	1
Guiding principles	2, 3, 6, 12
Civil rights and freedom	7, 8, 13–17, 37
Family environment and alternative care	5, 9, 10, 11, 18, 19, 21, 25, 27, 39
Basic health and welfare	23, 24, 26, 27
Education, leisure and cultural activities	28, 29, 31
Special protection measures	22, 30, 32–40

5. Submissions must be typed and forwarded by hand, postal or electronic mail not later than 6<sup>th</sup> August, 2007, to the following addresses:

Convention on the Rights of the Child  
Periodic Report Secretariat  
C/o Director, Child Development  
Federal Ministry of Women's Affairs & Social Development  
Federal Secretariat Complex, Shehu Shagari Way,  
P.M.B 229, Garki – Abuja.

Website: [www.fmwa.gov.ng](http://www.fmwa.gov.ng) or <http://abuja.crcnigeria.org>

E-mail Address: [dcd@fmwa.gov.ng](mailto:dcd@fmwa.gov.ng). or [rosabull@yahoo.com](mailto:rosabull@yahoo.com) or [ochanya54@yahoo.com](mailto:ochanya54@yahoo.com) or [barmontsafe@yahoo.com](mailto:barmontsafe@yahoo.com)

6. Copy of the CRC may be accessed on unicef's website [www.unicef.org](http://www.unicef.org).

For further clarification or enquiries, please call 09-5233643, 08056837595, 08037877574, and 08058302966

*Permanent Secretary*

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