ACERWC
African Committee of Experts on
the Rights and Welfare of the Child

CONTINENTAL STUDY ON THE STATUS OF CHILDREN WITH DISABILITIES IN AFRICA

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ACRONYMS AND ABBREVIATIONS

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACPF	African Child Policy Forum
ACPHR	African Charter on Human and Peoples' Rights
ACRWC	African Charter on the Rights and Welfare of the Child
ADP	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa
AU	African Union
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organisations
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IDP	Internally Displaced Persons
NGOs	Non-Governmental Organisations
NHRIs	National Human Rights Institutions
OPDs	Organisations of Persons with Disabilities
OVC	Orphans and Vulnerable Children
RECs	Regional Economic Communities
RMs	Regional Mechanisms
SSIGs	Semi-structured Interview Guides
UN	United Nations
UNICEF	United Nations Children's Fund

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EXECUTIVE SUMMARY

The Continental Study on the Status of Children with Disabilities in Africa is part of the flagship project called “Strengthening Good Governance and Human Rights in Africa – African Governance Architecture” implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in cooperation with the African Committee of Experts on the Rights and Welfare of the Child (hereinafter ‘the ACERWC’ or ‘the Committee’) and the GIZ Global Project on Inclusion of Persons with Disabilities. The study has methodically examined the overall and salient situation of children with disabilities in Africa vis-à-vis the realisation of their rights as enshrined in: a) the African Charter on the Rights and Welfare of the Child (ACRWC), b) the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa (hereinafter ‘the Africa Disability Protocol’ or ‘ADP’), and c) other pivotal supplementary instruments such as the United Nations Convention on the Rights of the Child (CRC)[1] and indeed the United Nations Convention on the Rights of Persons with Disabilities (CRPD).[2] Accordingly, existing legal, policy and institutional barriers, as well as facilitators, to the fulfilment of the rights of children with disabilities in Africa have been analysed, including good practices observed in this regard in countries selected as case studies in this analysis. The study also builds off of an increasing jurisprudence and initiatives of the ACERWC on matters concerning children with disabilities in Africa such as, but not limited to, the recently adopted Guidelines for Action on the Rights of Children with Disabilities in Africa.

The consultant, an Africa-based Disability Rights expert with over 16 years of advanced research expertise and lived experience in the field, has adopted a qualitative assessment methodology in order to gather relevant data for the study. Semi-structured Interview Guides (SSIGs) and Focus Group Discussion (FGD) tools were developed to generate primary data. These tools were subsequently shared with the ACERWC’s Working Group on the Rights of Children with Disabilities for the latter’s appraisal and approval prior to their dissemination to key informants and African Union (AU) Member States selected for case studies, in consultation with the ACERWC. Secondary data were gathered from desk analysis of a wide-catalogue of relevant documents, reports and scholarly writings such as State Party reports to the ACERWC, including shadow reports, studies of various governmental and non-governmental organisations, concluding observations and recommendations of the ACERWC as well as other treaty bodies such as the CRC and CRPD Committees, to mention but few. In terms of the case studies, ten African states; namely, Mauritania, Guinea, Tanzania, Ethiopia, Namibia, Lesotho, Central African Republic, Democratic Republic of the Congo, Algeria, and Egypt were sampled for this continental assessment based on:

i. Geographic representation of each region - East, Central, West, South and Northern Africa,

ii. Preliminary document reviews of specific disability-related matters and State practices, e.g., situation of children with albinism, refugee children with disabilities and those in IDP settings.

Six of the selected ten Member States completed and timeously returned their respective responses to interview questions sent to them via the ACERWC's Secretariat. These States were: the People's Republic of Algeria, the Arab Republic of Egypt, Kingdom of Lesotho, the Republic of Namibia, the Federal Democratic Republic of Ethiopia, and the Democratic Republic of Congo (DRC).

Interview guides were dispatched to key informants identified by the consultant from across Africa on the basis of five categories of expertise, i.e.,

i. Organisations of persons with disabilities (OPDs), national and international non-governmental organisations (NGOs/INGOs) and civil society organisations (CSOs);

ii. National Human Rights Institutions (NHRIs);

iii. Children with disabilities or organisations of/for children with disabilities;

iv. Organisations or associations of parents and/or guardians of children with disabilities.

v. Independent experts, researchers/scholars and universities working, directly or indirectly, on the particular thematic area of this study.

The preliminary Draft Report was then presented virtually at the ACERWC's 40th Ordinary Session held in Maseru, The Kingdom of Lesotho, on 22 and 25 November, 2022. Afterwards, an in-person Validation Workshop was conducted in Nairobi, Kenya, on 21 and 22 February 2023, attended by Disability Rights and Child Rights experts from across Africa. The Report, revised after Validation, was also presented at the ACERWC's 41st Ordinary Session held in Maseru, The Kingdom of Lesotho. The current Final Report is therefore an outcome document of reviews, comments and feedback received at the abovementioned sessions.

The findings of the Continental Study on the Status of Children with Disabilities in Africa have, in no ambiguous terms, revealed interrelated barriers and facilitators to the realisation of the rights of children with disabilities, summarised as follows together with some recommendations:

A. Clear reference to children with disabilities lacking in most national laws, policies, and normative frameworks

Several Member States of the AU, including those identified in this study as samples, do have laws, regulations, policies, and institutional frameworks pertaining to children, in general. However, most of these existing normative frameworks – even those addressing ‘vulnerable children’ – fail to expressly mention children with disabilities. This has, in and of itself, created a normative lacuna in the fundamental provision of legal and policy protection of the rights of children with disabilities.

B. Duplication of efforts and inadequate synergy/collaboration among stakeholders

Different duty-bearers and right holders, ranging from governmental (the primary duty-bearers) to NGOs, NHRIs, OPDs and those working for/with children with disabilities, are making notable contributions throughout Africa. There is also a significant increase of disability-specific stakeholders, particularly since the advent of the CRPD which, as at the writing of this Draft Report, is ratified by 50 of the 55 Member States of the AU. The study revealed, nonetheless, that while such an upsurge in the number of organisations focused on promoting the rights of children with disabilities is a commendable step forward, efforts of these stakeholders are frequently duplicated and fragmented. In a sector where resource constraints are often cited as the paramount Achilles’ heel, fragmented and unsynchronised interventions both at national and regional levels are more likely to have a not-so-constructive impact at last.

C. Continuum of exclusion of children with disabilities and/or their organisations from mainstream policy development discourses

The study shows that there is a continuum of non-inclusive practices in the practical active participation and inclusion of persons with disabilities, more so children with disabilities, during mainstream discourses of national development policies, strategies, legislations and directives, especially at decision-making levels. Organisations promoting self-representation, such as national and regional OPDs, local and international NGOs/CSOs, parents and caregivers of children with disabilities are ipso facto excluded from decision-making processes on policies that affect them either directly or indirectly. It is difficult to imagine comprehensive, effective roadmaps addressing the challenges of children with disabilities in Africa where their voices are not heard to begin with.

D. Inadequate budgeting

According to the study, there is severely insufficient budgeting for children with disabilities. All studied states, for instance, have either no designated budgeting practices expressly addressing children with disabilities or, if they happen to have one, the budget is generally allocated for what is often referred to as “vulnerable” or “at risk” children without defining what those terms would constitute. Disability is ipso facto of a multi-faceted type by definition, as also unpacked in the current study, and children with disabilities are diverse, hence requiring specific, unequivocal budget line of their own if their rights are to be realised.

E. Infinitesimal and/or no disaggregated data on children with disabilities

The study found that there is an acute paucity of reliable and disaggregated data when it comes to children with disabilities in Africa. The number of children with disabilities, disaggregated in terms of age, sex, types of disabilities, is barely available at both governmental and non-governmental levels in the studied countries. Literature and reports show that this holds true to almost all AU Member States. Given the evident fact that what is not counted is not accounted for, the absence of reliable disaggregated data on children with disabilities is tantamount to categorical denial of the protection, promotion and realisation of their essential rights to life, healthcare, education, social protection, livelihood, participation and meaningful inclusion. States are thus advised to, as a matter of priority, establish standardised multi-sectoral system for disability identification, assessment, and determination.

F. Intersectionality, children with multiple disabilities and children with disabilities in aggravated circumstances of marginalisation are forgotten

Children with disabilities who are in aggravated circumstances of marginalisation, such as inter alia children with multiple disabilities, girls with disabilities, children with albinism, children in conflict and crisis situations, refugee and internally displaced children with disabilities, are either omitted or forgotten in legislative or policy frameworks meant to protect and promote the civil and political, economic, social, and cultural rights of children. This major oversight has resulted in failure to pre-empt and tackle the exceptional plights of such children in all spheres, including their registration at birth.

G. Social stigma and pervasive discrimination

In all the studied countries, deep-rooted societal misconceptions and prejudicial (at times, even fatal) myths about disabilities are, to date, prevalent to a shocking extent. Findings of this study too show that one of the leading causes of discrimination, marginalisation, dehumanisation, oppression and violation of the human rights of persons with disabilities, not least children with disabilities, is the continued pervasive societal misconception and ignorance about the definition, prevalence, causes of and perspectives to disabilities. Children with disabilities continue to be hidden by their parents because it is believed, in most African states, that disability is a curse, a result of sin, witchcraft and so forth. It is still not uncommon in Africa to find some key stakeholders themselves – ranging from policy makers to parents, caretakers, siblings and families who are supposed to provide protection for children with disabilities – dwelling in the misconceptions described above.

But not all is doom and gloom. Even though there evidently is a long way to go in ensuring full protection of the rights of children with disabilities in Africa, this Continental Study on the Status of Children with Disabilities has highlighted that there is a clear, progressive paradigm shift in the definition, understanding and legal/policy protection concerning children with disabilities. The fact that nearly every Member State of the AU has ratified the ACRWC, the CRPD, CRC and other fundamental contemporary normative frameworks, hence gradually working for the domestications thereof, is an encouraging step forward in and of itself. Africa has also adopted its own, context-tailored, continental, disability-specific treaty – the Africa Disability Protocol – as recently as January 2018, which thus far is signed by 13 countries and ratified by 5.[3] The adoption of the ADP by the AU was not an easy gain. It emanated from decades of concerted, consistent endeavours of advocacy by the continent's disability rights movement in which organisations working with/for the rights of children with disabilities had a pivotal role. At regional, sub-regional and national levels, there is therefore a departure from charity-based approaches addressing persons with disabilities, in general, and children with disabilities, in particular, as objects of benevolence, towards progressive perspectives recognizing the notions of non-discrimination, justice, equal opportunity, equity and government responsibility.

The study revealed that the national censuses in Africa are also beginning to recognize the prime importance of having data disaggregated by, inter alia, disability prevalence, types of disabilities, age and gender. In some instances, census task forces have included persons with disabilities, thereby practically curbing one of the root causes of discriminatory practices, i.e., absence of self-representation and misrepresentation of disability, including indeed children and youth with disabilities.

SECTION I: SETTING THE SCENE

CHAPTER ONE:
INTRODUCTION AND STUDY BACKGROUND

1.1. Introduction

This Report presents the results of the Continental Study on the Status of Children with Disabilities in Africa which assessed and analysed the state of protection, promotion and fulfilment of the rights of children with disabilities in Africa as recognised under international and regional human rights instruments, in particular the African Charter on the Rights and Welfare of the Child (hereinafter the 'ACRWC' or the 'African Children's Charter'). The Report is comprised of eight chapters detailing: a) existing legal, policy and institutional frameworks on the rights of children with disabilities in Africa and implementation thereof, b) barriers hindering children with disabilities in Africa from enjoying their rights, c) challenges faced by Member States, d) available care, protection and other services for children with disabilities in Africa, e) protection of children with disabilities in most vulnerable situations, f) best practises, g) role of various stakeholders at national and regional levels, and finally, h) conclusions, insights and recommendations.

1.2. Background and Significance of the Study

According to a 2021 report of the United Nations Children's Fund (UNICEF), there are nearly 240 million children with disabilities around the world (that is, 1 in 10 of all children worldwide),[4] 80% of whom live in the developing world.[5] Children with disabilities are a highly diverse population group,[6] including those with physical, sensory, intellectual or mental disabilities, and are amongst the most stigmatised and marginalised of all the world's children.[7] Thus, ensuring their full and effective participation in society through education, social interactions, and preparing them to become citizens of active, meaningful involvement in their communities is vital. However, the widespread stigma and marginalisation against children with disabilities across Africa hinder their ability to live a dignified life on an equal basis with others.

As noted by the African Child Policy Forum (ACPF), "[i]n Africa, children with disabilities are often deprived of resources, services, and experiences that could have enabled them to develop to their fullest."[8] Negative attitudes towards impairments have resulted in stereotypical treatments aimed at harming children with disabilities, as well as increasing their chances of vulnerability to discriminatory practises. Similarly, cultural attitudes are also influenced by negative or stereotyped depictions of persons with disabilities, specifically children, in folklore, books, films, and/or television programmes.[9] These rampant negative preconceptions of children with disabilities are considerably notable causes that hinder their access to basic services such as health and education.[10] Discrimination on the basis of disability against children can take many forms, including cultural prejudices, socio-economic, legislative or administrative exclusions, as well as environments that are inaccessible to children with disabilities.

Cultural prejudices often reflect the guilt, shame, or even fear associated with the birth of a child with an impairment. As reported by Save the Children International in 2001, where there is a cultural reverence for bloodlines, babies born with physical or intellectual impairments are often hidden away or abandoned because they are considered to be a sign of impurity or sin.[11] Discrimination against children with disabilities persists, particularly in the areas of health, education, livelihood, recreation, and access to public services.[12]

Regarding the right to health, for instance, amongst the millions of children with disabilities, only a few of those living in developing countries such as those in Africa have effective access to health, rehabilitation, or support services.[13] Children with disabilities are reported to have disproportionately higher rates of social exclusion and poor mental health when compared to their peers without disabilities.[14] Moreover, children with disabilities' access to rehabilitation services such as assistive devices, and medical rehabilitation, speech therapy, hearing therapy and physiotherapy are restricted due to allocation of inadequate resources by governments.[15] Likewise, realising sexual and reproductive health rights (SRHRs) of persons with disabilities, particularly of children with disabilities, requires adopting measures specifically aimed at tackling societal stereotypes that children with disabilities are asexual, developing youth-and-disability-friendly health care that is appropriate, respects confidentiality and privacy.

In relation to the right to education, 98% of children with disabilities in developing countries do not attend school.[16] Reports indicate that '[i]n the majority of countries in sub-Saharan Africa, less than 5% of children with disabilities attend their primary school'.[17] Even for those who attend primary school, there are very few secondary schools that can accommodate children with disabilities since most of the emphasis on inclusive education has been placed at the primary school level.[18] This implies that only a few children with disabilities have the opportunity to continue with secondary and higher levels of education.

While the few children with disabilities who manage to access primary education will wish to continue with secondary and higher education once leaving primary school, others may welcome the opportunity to prepare for the working world. However, children with disabilities can barely find work even after reaching adulthood, and even if they do, it is likely to be of lower status, less secure and more poorly paid than their peers without disabilities.[19] On the other hand, many more children with disabilities enter the informal sector of the economy. This may involve performing domestic tasks, assisting with home-based work or tending animals at home, while outside the home it is likely to mean performing menial tasks or even begging.[20]

Reports indicate that children with disabilities face intersectional challenges in exercising their rights.[21] In this regard, it has been noted that disability intersects with socioeconomic marginalisation, inequalities linked to gender and displacement, as well as mobility, participation, and denial of agency challenges.[22] The realisation of the rights of children with disabilities is further hindered by the overall lack of dependable statistical data on disability, which limits the development of effective strategies to protect the rights of children with disabilities.[23] As noted by the 2021 UNICEF report on children with disabilities, effective realisation of their rights requires coordinated undertaking by public and private entities, focusing on the major barriers that hinder achievements.[24] However, significant barriers remain, including inadequate policies and standards; negative attitudes; lack of provision of services; problems with service delivery; inadequate funding; lack of accessibility; lack of consultation and involvement; and lack of data and evidence, as identified in the 2011 World Report on Disability.[25]

Since the 1980s, the global community has made notable commitments to the human rights of persons with disabilities, especially for children with disabilities, through consistent advocacy efforts and various international, regional, national, and local organisations. OPDs, non-governmental organisations (NGOs), and civil society organisations (CSOs), including advocates focused on the rights of children with disabilities, at local/grassroots, national, regional and international levels,[26] have worked to ensure that disability rights-related commitments are reflected in major human rights instruments. Milestone disability-specific treaties, such as the 2006 Convention on the Rights of Persons with Disabilities (CRPD), which entered into force on 3 May 2008, have also emerged. The increased traction of such commitments has translated at regional levels with, for example, the adoption of the first-ever disability-specific treaty in Africa; namely, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (hereinafter, the 'Africa Disability Protocol' or 'ADP'). The Africa Disability Protocol was officially adopted in January 2018 at the 30th Ordinary Session of the Assembly of Heads of State and Government of the African

Union, in Addis Ababa, Ethiopia. Particularly, the UN Convention on the Rights of the Child (CRC) was a precursor to all other core UN human rights treaties by incorporating an explicit reference to 'disability' as a prohibited ground for discrimination and dedicating a standalone provision recognising the rights of children with disabilities.[27] The ACRWC followed shortly thereafter by acknowledging particular concerns of children with disabilities, with a specific provision expressly addressing the rights of children with disabilities.[28] The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, otherwise known as the 'Maputo Protocol', also followed suit in dedicating a specific provision on protection of women with disabilities, which is applicable to the girl child with a disability.[29]

Nevertheless, despite the commitments made by African States to recognise the rights of children with disabilities through ratification, adoption and formulation of the global, regional, and domestic instruments, there is still a continuum of significant lack of effective implementation.[30] Considering the persistent barriers to achieving the rights of children with disabilities, there is a need for Africa to adopt a systematic approach to addressing these challenges sustainably. In an attempt to rectify these barriers, the monitoring organ of the African Children's Charter, the ACERWC, adopted a resolution in 2020 to establish a Working Group on the Rights of Children with Disabilities. The Working Group aims to promote the inclusion of children with disabilities in all spheres of life by using a child rights-based approach that ensures the protection of their rights and welfare as enshrined in the African Children's Charter and other regional and international human rights instruments.

It is, therefore, in this regard that the GIZ implemented the Project Strengthening Good Governance and Human Rights in Africa – African Governance Architecture, within the current cooperation with ACERWC and together with the GIZ implemented Global Project on Inclusion of Persons with Disabilities. A pivotal component of the collaborative Project is this Continental Study on the Status of Children with Disabilities in Africa.

The Continental Study has analysed the status of children with disabilities in Africa, strictly from a human rights perspective by applying a child rights-based approach. In doing so, it explores both enabling conditions and barriers that prevent the continent's children with disabilities from enjoying their rights and achieving their full potential. It also identifies possible existing facilitators (if any) and best practises in the implementation of the rights of a thus far side-lined group in African societies. As mentioned hereinbefore, nearly all African States have committed to ensuring disability rights, including the rights of children with disabilities, through ratifying major international and regional instruments such as the CRC, ACRWC, CRPD, and the Maputo Protocol on the Rights of Women in Africa. Whereas, relatively nascent instruments such as the Africa Disability Protocol are in want of fast-tracked ratifications by Member States of the AU, with only five of the fifty-five Member States having ratified the ADP as at the writing of this Report. The present study thus aims to provide evidence-based findings and recommendations to highlight ways in which obligations of African States will rectify prevalent instances of injustices, neglect and exclusion that children with disabilities continue to face across the continent due to paucity of targeted implementation of the rights recognised in those legal instruments, including national policy and legal frameworks.

Furthermore, the findings of the study look into the ACERWC's role in the execution of its mandate to protect and promote the rights of children with disabilities in Africa. These findings, and recommendations thereof, will help guide key stakeholders including, but not limited to, Regional Economic Communities (RECs), Regional Mechanisms (RMs), National Human Rights Institutions (NHRIs), local and international CSOs/ NGOs, OPDs, child-led and/or child-focused organisations and universities/research institutions to revamp the development, reformulations and/or reforms of laws, policies, programme priorities, implementation and accountability for the protection of children with disabilities in Africa.

1.2. Study Objectives

This study is an attempt to, inter alia, begin bridging evidence and knowledge gaps within African Union Member States as to what the status of implementation of the rights of the children with disabilities in Africa is like. The overarching objective of the study is to provide comprehensive evidence of findings on existing challenges, facilitators, and best practises which can further be broken down into nine specific objectives as follows:

1. Explore existing national, regional and international legal and policy frameworks on the rights of children with disabilities in Africa using the African Children's Charter and relevant jurisprudence of the ACERWC as the principal guiding frameworks;

2. Analyse the level of implementation of such laws and policies to ensure the effective protection and promotion of the rights and welfare of children with disabilities in Africa;

3. Identify the barriers that hinder children with disabilities from fully enjoying their rights as enshrined in the African Children's Charter and other regional and international human rights instruments;

4. Thematically assess the challenges States Parties to the African Children's Charter and other relevant international instruments face in the process of ensuring the protection and promotion of the rights and welfare of children with disabilities in Africa;

5. Analyse the practical risks and the adverse impacts caused by the non-enjoyment of the rights and welfare of children with disabilities in Africa;

6. Identify the available care, protection and services for children with disabilities in Africa, both from the private and public sector and assess the adequacy, effectiveness and quality of such services;

7. Gather best practises and case studies in relation to various measures adopted by the AU Member States to enhance the protection and fulfilment of the rights of children with disabilities;

8. Identify the role of relevant stakeholders in ensuring the effective protection and promotion of the rights of children with disabilities in Africa; and,

9. Provide insights and recommendations to the ACERWC, AU Member States, RECs, NHRIs, CSOs, OPDs and other relevant stakeholders on how they can work in synergy, coordination and more effectively to ensure the promotion and the protection of children with disabilities in Africa.

1.4. The Research Question

Based on the foregoing backdrop and stated objectives, the main research question addressed by this study is thus: "What is the status of implementation of the rights of children with disabilities in Africa?"

Having unpacked the main research question thematically, the study then answers the following sub-questions, as part of the principal research question:

- How have the African States recognised the rights of children with disabilities in their domestic legal and policy frameworks pursuant to the African Children's Charter, the thematically categorised rights therein and the jurisprudence of the ACERWC?

- What legal, institutional, and practical barriers/challenges exist that hinder the full realisation of the rights of children with disabilities in the African States?

- What public/private care, protection, and services are available to children with disabilities, and if so, whether such are adequate, effective, and rights-based?

- What are the risks and the negative impacts caused to children with disabilities by the non-enjoyment of their rights?

- What actionable best practises exist in the context of Africa regarding the realisation of the rights of children with disabilities, which can be recommended to various stakeholders in their work on the promotion and the protection of children with disabilities?

CHAPTER TWO: METHODOLOGY

The study employed the qualitative research method to gather relevant data. By involving primary and secondary data collection tools, this technique allowed analysis of the compatibility of normative prescriptions with the existing practises. In the case at hand, the practices of the AU Member States in ensuring their legal obligations to effectively realise the rights of children with disabilities was analysed. This method helped provide a meticulous contextual understanding of challenges, as well as experience of children with disabilities in Africa, considering their rights by seeking observations of purposively selected experts/key informants in the field from across Africa. Comprehensive Semi-structured Interview Guides (SSIGs) and Focus Group Discussion (FGD) tools were developed to generate primary data. These tools were subsequently shared with the ACERWC's Working Group on Children with Disabilities for the latter's appraisal and approval prior to their dissemination to key informants. To pre-empt any language barriers that may arise, the Data Collection Tools were expert-translated beforehand to other official languages of the AU, where needed (e.g., French), through the support of the ACERWC's Secretariat. Similarly, responses provided by key informants in languages other than English were translated prior to their analyses by the consultant.

2.1. Data Sources and Sampling

The data used in the study has been gathered from both primary and secondary sources. As sources of primary data, a total of ten African nations were sampled as case studies, selected in consultation with the ACERWC's Working Group on the Rights of Children with Disabilities in Africa, on the basis of:

a) Geographic representation of the five sub-regions of the continent, among which two countries are selected from each region considering their experience so far in implementing the African Children's Charter (either good practises or otherwise);[31]

b) Preliminary document reviews of specific disability-related matters and State practises, e.g., situation of children with albinism, refugee children with disabilities and internally displaced children with disabilities.[32]

Accordingly, Member States of the AU identified for case studies were: the Islamic Republic of Mauritania, the Republic of Guinea, the United Republic of Tanzania, the Federal Democratic Republic of Ethiopia, the Republic of Namibia, the Kingdom of Lesotho, the Central African Republic

(CAR), the Democratic Republic of Congo (DRC), the People's Republic of Algeria and the Arab Republic of Egypt.

Six of the selected ten Member States have timely completed and returned their respective responses to interview questions. These States are: Algeria, Egypt, Lesotho, the Namibia, Ethiopia, and the DRC.

Key informants were identified through a purposive sampling technique taking into consideration the knowledge research participants have about the subject under inquiry, and then using the snowball sampling method in which identification of additional key informants relied upon referrals of the initial informants identified through purposive sampling method. Thus, interview guides were dispatched to thirty-one key informants identified by the consultant from across Africa based on five different categories of expertise and/or constituencies, for example:

- OPDs, NGOs/INGOs, and CSOs;
- NHRIs;
- Children with disabilities or organisations of/for children with disabilities;
- Organisations or associations of parents and/or guardians of children with disabilities.
- Independent experts, researchers/scholars and universities working, directly or indirectly, on the thematic area of this study.

The circulation of approved Interview Guides to stakeholders in the selected sample States were done via diplomatic protocols of the ACERWC Secretariat. See Annex: List of Key Informants.

Additionally, secondary data was obtained through detailed literature review or document analysis of a wide catalogue of authoritative sources identified from online and offline databases. These included, but were not limited to, reports of governmental and non-governmental organisations, State Party reports and shadow reports to the ACERWC and treaty bodies of, for example, the CRPD, concluding observations and recommendations, particularly of the ACERWC, and scholarly writings.

2.2 Data Analysis Method

Data gathered for the study were thematically analysed, guided by the four General Principles of the African Children's Charter,[33] and informed by Article 1 of the Charter on General Measures of Implementation. These enabled the consultant to consolidate and thematise the issues under analysis. The ACERWC Guidelines on the Form and Content of Periodic State Party Reports were also used as a core reference for that purpose, augmented by children with disabilities' specific rights implementation Reporting Requirements under the Committee on the Rights of Persons with Disabilities Reporting Guidelines.

2.3 Ethical Considerations

For the purposes of this study, the consultant incorporated an information section in each data collection tool which explained the type of data to be collected, the purpose of the data, the way the data will be used, and to whom it will be shared. Respondents were accordingly given enough information to make an informed decision about whether they want to be part of the study or not. Participants were also informed that they have the full right to decline or participate in the study.

Protecting the privacy of research participants was an obligation of all those who are involved in the study. Individual names and information of each respondent remain anonymous and shall not be revealed as the results of the study are presented or when datasets from this project are shared with other stakeholders. Most importantly, as this study was about children with disabilities, exceptional caution has been undertaken when selecting key informants such as OPDs, associations of parents, guardians, and caretakers by vetting the credibility, authenticity, and representation of informants before they were shortlisted and contacted. Biodata and personal information of each respondent remained anonymous and not revealed as the results of the study were presented or when datasets from this project are now shared with other stakeholders.

SECTION TWO: PRESENTATION OF FINDINGS

CHAPTER ONE: EXISTING LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS ON THE RIGHTS OF CHILDREN WITH DISABILITIES IN AFRICA AND IMPLEMENTATION THEREOF

1.1. International and Regional Normative Frameworks

When defining "persons with disabilities," the CRPD and the ADP, adopted in December 2006 and January 2018 respectively, take the approach of describing attitudinal, societal, institutional, and environmental barriers hindering persons with disabilities from fully enjoying their rights. According to the CRPD, "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."[34] The ADP further classifies these various barriers into "…. environmental, attitudinal and other barriers" and, unlike the CRPD, adds "short-term disabilities" as well in its definition of persons with disabilities.[35]

As previously stated in the introduction, the World Health Organisation (WHO) estimates that 15% of the world's population, or around a billion people have disabilities, of which 80% live in developing countries.[36] The latter figure, which is reiterated by various global authoritative sources, including UNICEF,[37] is indicative of the correlation between poverty and disability, as disability is both a cause and consequence of poverty. The frequency and effects of disability are greatly influenced by factors related to poverty, including subpar healthcare and dangerous environments. These poverty correlating factors include inadequate medical care and unsafe environments, which contribute to the incidence and impact of disability, and further complicate efforts for prevention and response.[38] Thus, making the realisation of the rights for children with disabilities through prevention and intervention efforts challenging.

Under international and regional normative frameworks as well as jurisprudence, the history of disability is one of exclusion, stigmatisation, and discrimination. Prior to the advent of the CRPD, the United Nations had made several attempts to ensure its commitment to the human rights of persons with disabilities, as it took decades to prepare the political and legal foreground for the CRPD's adoption. On 30 March 2007, the CRPD had the highest number of signatories, in the history of UN conventions, on its opening day for signatures - with 82 signatory states. The Convention is also unique in taking a different approach of conceptualising disability, introducing a human rights-based perspective to disability as opposed to the individualisation, medicalisation and charity-oriented outlooks. Put otherwise, the CRPD marked a notable ‘paradigm shift’, deviating from centuries’-old misconceptions viewing persons with disabilities (children with disabilities indeed included) as ‘objects’ of charity, medical treatment and social welfare, towards their fundamental recognition as right-holders and duty-bearers capable of claiming those rights and making decisions for their lives.

Similarly in Africa, adopting the continent’s first-ever disability-specific treaty, the Africa Disability Protocol, was no easy task either. Long before the CRPD was introduced, the AU (the erstwhile OAU) had adopted the Agreement for the Establishment of the African Rehabilitation Institute (ARI) in 1985.[39] Thereafter, in 1990, the ACRWC was adopted and subsequently entered into force in 1999.[40] The ACRWC contained a specific article dedicated to the rights of children with disabilities, that is Article 13, albeit this provision is not at par with contemporary conceptions and proper terminologies of disability rights as discussed throughout the current study. Further, in the first AU Ministerial Conference on Human Rights held on 8 May 2003 in Kigali, Rwanda, concerns regarding the rights of persons with disabilities were raised, with calls for developing a protocol on the protection of the rights of persons with disabilities and the elderly.[41] This call led to the establishment of a Working Group on the Rights of Older Persons and People with Disabilities, replacing the Focal Point on the Rights of Older Persons in Africa[42] by the African Commission on Human and Peoples’ Rights at its 45th Ordinary Session held in Banjul from 13-27 May 2009. The newly created Working Group then developed two draft protocols – one on the rights of older persons and the other a draft protocol on the rights of persons with disabilities – at an expert meeting held in Accra, Ghana. However, this process was paused for further reflection following the 49th Ordinary Session of the African Commission held in Banjul, Gambia[43] due to criticisms that the process was: a) exceeding the Working Groups’ mandate of drafting a concept paper to guide the decision on the adoption of a Protocol; and b) not being sufficiently inclusive of persons with disabilities themselves as the primary owners, leaders, and participants of the process.[44] Having rectified these issues, the Africa Disability Protocol was eventually adopted in January 2018 after a decade-long process of drafting, consultations and validations, spearheaded by organisations of persons with disabilities. Although nearly every AU Member State (including all the states selected as sample cases for this study) have ratified the CRPD,[45] the need for a continental disability rights legal framework was found evident, as the CRPD did not sufficiently address issues unique to Africa such as, inter alia, persons with albinism, harmful traditional practises, and the constructive role that African values of communal living (e.g., Ubuntu) can play for disability inclusion.

In relation to children with disabilities, there are no standalone international or regional human rights instruments to date, aimed at protecting the rights of children with disabilities. However, the

CRC, which entered into force on 2 September 1990, prohibits the use of disability as a ground of discrimination, while recognising and promoting the human rights of all children, including children with disabilities.[46] The CRC is ipso facto the first international human rights instrument to have expressly recognised and promoted the rights of children with disabilities in a specific provision, then followed by the ACRWC.[47] Both the CRPD and the Africa Disability Protocol also provide for the recognition and promotion of the rights of children with disabilities and layout state obligations under Article 7 and Article 28, respectively.

According to the CRC General Comment No. 9, at least 150 million children live with disabilities, with more than 80% of children with disabilities living in the developing world, including Africa. Children with disabilities are disproportionately affected and discriminated against based on two factors: age (childhood) and disability. Particularly in Africa, children with disabilities are often kept from school, and discriminated against from taking part in family activities, cultural or recreational activities and, in general, participation. Both the CRC and the ACRWC espoused a ‘special needs’ and ‘special measures’ approach rather than the rights-based and ‘specific measures’ approach taken by the CRPD and ADP. It is important to also note that in the CRC and ACRWC frameworks, the State’s obligation to ensure the rights of children with disabilities is stipulated with the consideration that this obligation is subject to ‘available resources’ which might lead to limited action taken by the State Parties. It is therefore crucial to conjunctively apply both the mainstream human rights instruments addressing children’s rights (the ACRWC and CRC) and the instruments specifically targeting persons with disabilities (the CRPD and ADP) when analysing the rights of children with disabilities.

The ACRWC’s provisions are set on the cardinal principles of the best interest of the child; non-discrimination; life, survival, and development; and child participation.[48] The CRPD, having embraced the principles integral to the African Children’s Charter, adds the following pillars nuanced from a disability-rights vantage point as well – hence complementing both the CRC and the ACRWC:

- Respect for inherent dignity,
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity,
- Accessibility,
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Every child with a disability has universal economic, social, and cultural rights. These include, but may not be limited to, basic health and welfare, education and leisure, family environment and alternative care, and access to public highways, buildings, and other places. All children, with no exception to children with disabilities, have the rights to healthcare facilities and services and preventive measures. This right is recognised and protected under both the ACRWC[49] and CRC.[50] Although national healthcare systems are responsible for providing medical care and rehabilitation services, including assistive devices, to persons with disabilities, in most African countries the availability of such services is usually limited to urban areas, if available at all.[51] Every child with a disability has the universal civil rights and freedoms to: name and nationality, preservation of identity, freedom of expression, freedom of thought, conscience and religion, freedom of association and peaceful assembly, the right to privacy and the right not to be subjected to torture or other cruel inhuman or degrading treatment or punishment and not to be unlawfully deprived of liberty. Both the ACRWC[52] and CRC[53] provide for the right of every child to be registered, hold a name, and acquire a nationality immediately after birth. However, children with disabilities in Africa are rarely registered due to lack of awareness in society and the social stigma associated with giving birth to a child with a disability. It is also important to note that non-registration of children with disabilities curtails the enjoyment of their human rights; they are not known to health and social services, or schools.[54]

The ACRWC[55] and CRC[56] provide for the rights of the child to freely express her/his opinion, seek, receive, and impart information and ideas of all kinds to enable the participation of children with disabilities. Knowledge is power and that power should be shared through making works available in disability-formats and cognisant of universal design for all, including children with disabilities. Everyone has the right to access information.[57] Freedom of association is another way to ensure the participation of children with disabilities, both the ACRWC[58] and CRC[59] recognise the rights of every child to freedom of association and freedom of peaceful assembly. However, in Africa, children with disabilities cannot fully realise this right as seeking, receiving, and imparting information is not easily accessible to children with disabilities because of the inaccessibility of the media and other information outlets.

As enshrined in the ACRWC[60] and the CRC[61], every child with a disability will be protected from arbitrary or unlawful interference with her/his privacy. In today's digital world, internet users, regardless of age, face pronounced privacy risks. However, children are most susceptible to such violations of privacy. Especially in Africa, where children's right to privacy is given little to no regard, children with disabilities are often targeted and at greater risk of being victims of violence due to stigma, deep-rooted pejorative traditional beliefs and ignorance, as their abusers view them as easy victims.[62] Likewise, violence and abuse against children with disabilities take many forms, including infanticide and 'mercy killings', physical, sexual and emotional violence, neglect, social isolation and virgin rape, particular to girls with disabilities. Thus, although the right to freedom from exploitation, violence and abuse is stipulated in the CRC[63] and ACRWC[64], there are significant barriers to full realisation.

According to UNESCO, 90% of children with disabilities in developing countries do not attend school.[65] Specifically in Africa, fewer than 10% of children with disabilities receive education[66] even though the essential right to education of children with disabilities is enshrined under the CRC[67], ACRWC[68] and further strengthened by the CRPD[69] and ADP.[70] Primary education for children with disabilities is available in many African countries, albeit they are often segregated, labelled as 'special', and frequently private. It is important to note, though, that the intended effect of inclusive education per se, where due attention is accorded, is not the provision of 'special needs'-oriented measures reinforcing adverse discrimination, but rather making facilities accessible, systemic reforms and training of teachers thereby creating enabling learning environments and eliminating disabling barriers.

All children have the right to be raised in a family environment, as per both the ACRWC[71] and CRC,[72] hence maximum resources must be exerted to ensure the recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. However, across Africa when a couple has a child with a disability or disabilities, the situation often leads to divorce, separation[73] or abandonment of the child as most parents fear the social stigma. The physical inaccessibility of public transportation and other facilities, infrastructures, schools, healthcare facilities, shopping areas, recreational facilities and so forth, is a major factor for the exclusion of children with disabilities. The right of children with disabilities to accessible services (both public and private) is recognised in the ACRWC[74] and adequately qualified both in the CRPD[75] and ADP.[76] This, in turn, translates to disability-exclusive education, healthcare, leisure, sporting activities and many more.

In summary, State parties to both the ACRWC and CRC also have the following obligations[77] for effective implementation of the rights of children with disabilities:

- Undertake a comprehensive review of domestic laws and related regulations in order to ensure that provisions of those international treaties are applicable to all children, including children with disabilities who should be mentioned explicitly, where appropriate;

- Provide for a national plan of action that integrates provisions of the treaties, where such plan of action must be comprehensive, including plans and strategies for children with disabilities, and should have measurable outcomes;

- Set-up and develop mechanisms for collecting data which are accurate, standardised and allow disaggregation, and which reflect the actual situation of children with disabilities;

- Create an earmarked budget to ensure that funds are targeted at agreed areas of need for children with disabilities;

- Create a focal point for persons with disabilities, explicitly including children with disabilities, to ensure that efforts are coordinated in each relevant ministry and high level multi – sectoral coordinating committee;

- Recognise the importance of international cooperation and technical assistance in order to freely access and cultivate an atmosphere of, inter alia, knowledge-sharing, the management and rehabilitation of children with disabilities;

- Develop an independent monitoring mechanism such as NHRIs, which are independent, able to provide adequate human and financial resources, well known to children with disabilities and their caregivers; accessible and have appropriate legal authority to receive, investigate and address the complaints of children with disabilities in a manner sensitive to both their childhood and to their disabilities;

- Support and cooperate with NGOs so they participate in the provision of services for children with disabilities and to ensure that they operate in full compliance with the provisions and principles of the convention; and

- Disseminate knowledge by conducting systematic awareness-raising campaigns, producing appropriate material, such as a child-friendly version of international treaties in print, Braille, Sign Language, audio, etc. and using the mass media to foster positive attitudes towards children with disabilities, emphasizing on the appropriate use of correct terminologies to avoid further misconception/miscommunication.

1.2. National, Constitutional, Legislative and Policy Frameworks

State parties to the aforementioned international and regional normative rights frameworks, for better implementation and observation of the rights of children with disabilities, have the duty to make comprehensive reviews of their domestic policies and legislations. All Member States studied in this Report have ratified the key international and regional treaties discussed above; namely the ACRWC, CRC and CRPD, among others. Thus, the implementation of normative frameworks is expected to have domestic effects and form an integral part of the national laws of each studied State for the protection of children with disabilities. The following section outlines and examines existing national, constitutional, legislative and policy frameworks of the studied states.

1.2.1. People's Democratic Republic of Algeria

According to a 2006 survey by the Ministry of Health, Population and Hospital and the Office of National Statistics, 2.5% of the Algerian population have some form of disability, although there is no recent disaggregated data on the status of disability. The 1989 Constitution has faced multiple amendments since its inception, notably in 1996 and 2008. However, as of the latest Constitutional revisions in November 2020, there are no provisions relating to the rights of persons with disabilities, including children with disabilities. Further, Algerian legislature protects the rights of persons with disabilities under the Disability Law of 2002, albeit concerns regarding the language used in the legal document can be raised. Nevertheless, according to the Constitutional Council's decision of 20 August 1989, international and regional commitments enacted by the Algerian Government prevail over national legislation. Algeria ratified the ACRWC on 8 July 2003.

Related to civil and political rights, the Algerian Constitution states that, "the Algerian nationality is defined by law" and as such Ordinance No. 05 - 01 of 27 February 2005, establishes the principle of maternal transmission of nationality. Thus, legally the father or the mother, the doctor or midwife or anyone who witnesses a birth must register it within five days after the birth at the state registrar; otherwise, they face sanctions. It is to be understood that legislation applying to children in this case is to apply to all children, including children with disabilities. However, the Algerian legislation on registration, name and nationality make no specific stipulation when it comes to the rights of children with disabilities. Overall, there is limited recent and age-disaggregated data on the prevalence of disabilities. It should therefore be noted that children with disabilities may not be registered because of domestic societal stigmas and lack of overall disability awareness.[78]

All Algerian children are guaranteed the right to freedom of expression under Article 36 of the Constitution stating that "freedom of conscience and freedom of opinion is inviolable." However, it is important to note that this right of the child can be restricted by the legislature to protect the best interest of the child, safety, moral and psychological balance. The educational component of freedom of expression is supported by the civic education programme, where children can develop their skills to effectively exercise freedom of expression and respect for the view of others. Thus, freedom of expression is also enshrined in the child's school life, as the child is made to participate in various extra-curricular activities including school councils, clubs, election of class representatives, and participating in associations related to culture, science, and/or sports.

The freedom of association and peaceful assembly is enshrined in the Algerian Constitution under Article 33. Furthermore, the Association Act No. 12-06 of 12 January 2012 proclaims freedom of association for peaceful purposes. Act No. 12 - 06 further reaffirms civil society as a key partner of the state, enabling its activities to be extended in the areas of promotion and protection of the rights of vulnerable groups (women, children, persons with disabilities). Neither the Constitution, nor Act No. 12 reference freedom of association as it pertains to children with disabilities. Children with disabilities are among the groups whose rights civil societies work to promote and protect.

The right to the protection of privacy is provisioned under Articles 39 and 40 of the Constitution of Algeria. Overall, the privacy and honour of citizens are inviolable and protected by law, the secrecy of the correspondence and private communications in any form is guaranteed and the home is inviolable. However, while any search can take place only as provided under the law and in compliance thereof, searches and investigations are required to be conducted based on the terms and conditions provided by the Code of Criminal Procedure. However, it is important to note that no specific protection of the rights of privacy of children, including the rights of children with disabilities, is explicitly provided for.

Since 1982, Algeria has protected children's freedom from exploitation, violence, and abuse following the establishment of the Directorate of National Security (DGSN). The DGSN engages in awareness programmes for the public, in schools and across the country. Headed by the National Bureau of Child Welfare, child protection brigades care for children in mortal danger, offenders, and child victims of all forms of violence. In 1998, the Neighbourhood Police was introduced as part of its priority action to improve the relationship between the citizen, the police and victims needing attention. In 2005, the Algerian Government partnered with UNICEF to develop a National Strategy to combat violence against children following a 2000 study which identified emerging issues of child abuse, child labour, street children, abandoned children, single mothers and domestic violence. The National Strategy focuses on areas related to the prevention of violence; intervention of actors; child protection and reintegration of victims. Within this Strategy, children with disabilities are explicitly mentioned and concrete actions to be taken are outlined. These actions include ensuring the functioning and psycho-pedagogic coaching of “special needs” schools and developing an annual plan to train and inform officers and agents of the brigades of minors. Currently, there are three national centres training school workers including teachers, “special needs” educators and social workers, reinforced across three national branches, as well as by a National Centre of Cross - training for specialised staff. Follow up surveys are scheduled to be conducted by 2025 by the Algerian Government and UNICEF. In the age of digital media and the internet, Algeria has joined the Strategy of International Telecommunication Union (ITU) based on the Algerian child protection framework to limit children’s exposure to certain contents on the internet including exposure to extremist political opinions, paedophilia, pornography, arms sales, and drug related activities.

The Act 05 - 04 of 6 February 2005 - The Code of the Organization of Prison and the Rehabilitation of Prisoners - under Article 50 provides for “special treatment” for pregnant mothers and mothers of infants. These mothers are provided provisions of a balanced diet, ongoing medical care as well as visits and close parlours. Furthermore, according to Article 51 of the same Act, the administration of the penal institution, with the coordination of the departments responsible for social affairs, arranges for the placement of the new-born in a place suitable for ensuring its care and education. All these provisions, however, make no mention of the rights of children with disabilities born in such contexts. Thus, it is important to read these provisions as applying to all children, including children with disabilities.

Related to education and vocational training, Article 4 of Act No. 08 - 07 (2008) outlines a framework for education and vocational training. This legislation provides equal opportunity in accessing public service training and vocational education, as well as the implementation of “special arrangements” for the training of people with disabilities and specific populations. Furthermore, Executive Decree No. 08- 02 (2008) and Executive Decree No. 08-83 (2008) set the conditions for the creation, organisation, and functioning of support institutions through employment and the conditions for the creation, organisation and functioning of sheltered work facilities, respectively. Similarly, under the Sport Act No. 13-57 of 23 July 2013, the legislature on the organisation and development of sport activities, guarantees the participation of people with disabilities in sport and physical activities. These activities consist of practice of a recreational sport, competition and leisure tailored to specific physical rehabilitation of people with impairments for the purpose of social integration.

In line with its commitment to the ACRWC, the Algerian Government issued the Executive Decree No. 12-05 of 4 January 2012 on the status and type of educational institutions and inclusive education for children with disabilities. Starting in the 2010-2011 school year, the early detection programme and early childhood education for children with disabilities ensures the establishment of childcare for 3- to 6-year-olds with disabilities. The programme is based on the development of sensory and psychomotor abilities and compensation for these children's disability with the aim of ensuring their regular education. Further, an Algerian education system programme 'Education for All: Towards Inclusion of Children with Disabilities', was adopted in 2010 - 2012. This was designed to promote best practises of stakeholders from associations and institutions involved in the education of children with disabilities by promoting their participation and inclusion in mainstream schools. However, due to existing social stigmas, fear, and misconceptions surrounding children with disabilities, they are often marginalised and alienated from education.[79] Concerns related to implementation, include, for example, that although Algeria reports the existence of integrated classes for children with visual impairments, the ACERWC, in its observations, underlined that classrooms are indeed in specialised settings placed within mainstream schools. The Committee further reported an overall lack of resources, including trained teachers for children with intellectual disabilities, transportation system and accessibility of school buildings for pupils with disabilities, untrained teachers who support children with disabilities, and the fact that children with multiple disabilities are not often accepted within training centres. Thus, the right to education for children with disabilities in Algeria is far from being fully realised.

When it comes to the health and welfare of children with disabilities, albeit general measures were adopted, no specific mention of children with disabilities could be found. However, in 1985, the Algerian health system underwent major reforms related to the health and welfare of children with disabilities focusing on rehabilitation of existing health facilities, intensive construction of new health facilities, and allocation of human and financial resources to the health sector. According to Chapter V of Act No. 85-05, the protection and promotion of health specifically mentions the right to maternal and child health. The reform also focused on increasing the number of "Mother and Children" institutions and the inclusion of maternity wards, perinatal programmes, and neonatal units in general hospitals. Although there is no specific mention of children with disabilities, this falls under the right to health and welfare of children with disabilities as the lack of proper perinatal and neonatal services are one of the causes and consequences of disabilities. Further, the promulgation of Executive Decree No. 05-435 (2005) standardised the organisation and operation of neonatal and perinatal services as a step in the right direction. National nutrition and immunisation programmes are also implemented to reduce infant mortality and ensure the welfare of the child. Despite these incorporated services in the health system, the ACERWC[80] raises concerns regarding the inadequate amount of allocated budget, particularly focused on disability-related issues in this regard.

Due to Algeria ratifying the ACRWC and the Constitutional Council's decision (1989), international and regional commitments entered by the country prevail over the national legislations. Thus, although there are no direct legislative or policy measures enacted to ensure children with disabilities' right to be protected from harmful practises, the Algerian Government must take all appropriate measures to eliminate such practises in accordance with Article 21 of the ACRWC.

Lastly, the Algerian Constitution, under Article 58, stipulates that the family, the basic unit of the society and natural environment that ensures harmonious growth of the child, enjoys the protection of the State and the society. In terms of alternative care, based on labour regulations in force, nurseries and kindergartens are notably subsidised from enterprises' welfare funds and these rights are afforded to all workers. According to an Executive Decree initiated in September 2008, foundations and principles of the creation and operation of early childhood care facilities, formulas, and modalities of support for children with disabilities have been laid out. Accordingly, "special units" have been adapted and incentives in terms of teacher support are provided by the government. No child shall be separated from her/his family or parents except by court order and, according to Ordinance No. 72-03 (1972), the court can pass such a decision when the health, safety and the life conditions of the child may be compromised. When both parents are deemed unfit, the court may decide for the temporary or permanent placement of the child with a third party or any of the institutions provided for in the Ordinance, and parents who are required to provide child support, should contribute to her/his maintenance unless poverty is proven.

1.2.2 Central African Republic

For a country in an acute crisis since early 2013,[81] there is no conclusive, readily available data on the status of persons with disabilities living in the country, including for children with disabilities. According to UNICEF's Situation Report of July - August, 2022,[82] around 1.4 million children still need humanitarian assistance. A 2008 study conducted by UNICEF and the University of Wisconsin School of Medicine and Public Health found that 31% of children between the ages of 2 and 9 have various types of disabilities. According to the Human Rights Watch Report (2015), persons with disabilities are disproportionately affected by these conflicts, as they are unable to flee and lose everything including their wheelchairs, homes, and livelihood.[83] A 2017 Human Rights Watch Report also emphasises that persons with disabilities are at a higher risk as they are unable to flee violence, are especially vulnerable to attack while fleeing, and face unsafe and unhealthy conditions in displacement camps.[84] The 2016 Constitution of the CAR, under Article 6, provides that the

“State ensures greater protection of the rights of minorities, indigenous people and persons with disabilities.” The CAR ratified the ACRWC on 07 July 2016.

In relation to civil and political rights, under the 1961 Nationality Code of Central African Republic, any person born in the CAR is Central African and has the right to a name. Thus, every child’s birth is mandated to be registered in accordance with Law No. 97013 on the family code (11 November 1992), and the Presidential Decree No. 16.370 (28 October 2016). However, none of these legislations make specific stipulations to the rights of children with disabilities but are to be applied as rights given to every child, which includes a children with disabilities as well. [85] Further, several reports indicate that children in the CAR are often separated from their parents while fleeing the conflict, as children with disabilities are prone to separation or abandonment. Alternative care given in cases of separation or abandonment at the IDP centres lacks proper and accessible provisions for children with disabilities.

In accordance with Article 7 of the ACRWC, every child who is capable of communicating his or her own view shall be assured the right to express his or her opinions freely. However, since CAR is engaging in an active conflict, ensuring the rights of children with disabilities to freely express themselves is rarely a topic. One potential factor is that both the government and aid organisations are concerned in providing overall humanitarian support, thus barely addressing the rights of children with disabilities to freely express themselves. Unfortunately, these assistance interventions are not designed to specifically reach persons with disabilities, including children with disabilities. Further, despite obligations under the ACRWC, CRC, and CRPD, the Central African Republic has no specific legislation ensuring the rights to freedom of association of children with disabilities.

The right to privacy is enshrined in Article 19 of the CAR Constitution. Article 10 of the ACRWC also provides that no child shall be subject to arbitrary or unlawful interference with his privacy. However, it is common for children with disabilities in the CAR to be accused of witchcraft and are therefore subject to abuse. Similarly, although clearly stipulated in the ACRWC, children with disabilities in CAR are still subjected to harmful practises due to deep-rooted social stigma and discrimination. Reportedly, children with disabilities are mostly neglected and struggle to flee from attacks,[86] as terrains are harder to navigate without assistance and lack of understanding of the situation of children with disabilities, in particular children with intellectual disabilities. This is in violation of their right to freedom from exploitation, violence, and abuse. To make matters worse, parents abandon children with disabilities while fleeing the conflict and their children are left at the mercy of the armed groups, if at all they are fortunate to be spared. Thus, overall, protecting the children with disabilities’ rights to privacy and protection from harmful practises will need more resources, legislative and policy back-up to effectively realise such rights.

Finally, again due to active conflicts in CAR, ensuring the rights of children with disabilities to education has reportedly been difficult. The schools in IDP centres are often inaccessible for children with disabilities, as they do not have trained teachers who can accommodate children with disabilities. Additionally, parents are cited to feel scared to send their children to schools at the IDP centres in case a new attack arises and there is a need to flee.[87] All in all, children with disabilities struggle to realise their right to health and welfare. For example, health care facilities within IDP centres remain nearly impossible for persons with disabilities to access, including children with disabilities. This is partly due to the lack of attention given to the provisions needed to realise the inclusion of children with disabilities within aid distribution and facilitation plans.[88]

1.2.3. Democratic Republic of the Congo

According to a 2019 study,[89] 10.5 million people, approximately 15% of the DRC population is living with a disability and 5% of children grow up with disabilities. The DRC Constitution, under Articles 45, 49 and 215, respectively, recognises and protects persons with disabilities, particularly related to children and education. Specifically, Article 45 prohibits discrimination of children with disabilities in education and Article 215 states that duly ratified and promulgated international and regional treaties have primacy over domestic legislation. Additionally, the DRC has adopted the Protection and Promotion of the Rights of Persons with Disabilities Act that entered into force on 1 June 2022. The DRC ratified the ACRWC on 8 December 2020.

According to the 2006 Constitution of the DRC, Congolese nationality is exclusively obtained either by origin (birth) or acquisition. The Child Protection Code (2009) provides that identity is acquired at birth and consists of name, place and date of birth, gender, parents' name, and nationality. Thus, every child's birth is mandated to be registered in accordance with Law No. 073/84 on the Code of the Congolese Family of 17 October 1984. Although these legislations make no specific provisions for the rights of children with disabilities, the rights they stipulate are to be read as extending to children with disabilities. [90]

Under Article 7 of the ACRWC, every child in the country who is capable of communicating his or her own view will be assured the right to express his or her opinions freely. However, persons with disabilities in the DRC face discrimination, low access to education, facilities, and information. As a response to minimal concrete steps, the DRC's Ministry of Human and Disability Rights, led by Irène Esambo, proposed a Disability Rights Bill in March 2020[91] to ensure protection of various rights of persons with disabilities, not least the right to freedom of expression for children with disabilities. Likewise, the DRC Constitution provides for the freedom of association of all persons and the government is cited to generally respect this right. However, it was reported that cumbersome registration processes for civil societies have made it difficult for some civil societies to exist. Association of persons with disabilities, including children with disabilities, are made even more difficult as accessibility to facilities, building and information is a significant barrier. Thus, the government should emphasise the need to improve accessibility to such barriers.

The right to privacy in the DRC is enshrined under Article 31 of the DRC Constitution, including for children with disabilities. Article 10 of the ACRWC provides that no child shall be subject to arbitrary or unlawful interference with his privacy. However, many children with disabilities in the DRC are subjected to abandonment, accusation of witchcraft, abuse, and violence, as per respondents in the current study. Aside from what has been stipulated by the ACRWC, no concrete legislative and policy measures are available for the protection from harmful practises against children with disabilities in the DRC. Per available literature and local NGO responses for this study, there are also significant challenges of access to justice for children with disabilities to receive the justice they deserve in cases of exploitation, violence, and abuse.

A Congolese OPD Report, published in December 2020, asserted that the right to access to justice for persons with disabilities was not respected.[92] Children with disabilities who are in conflict with the law, including children with disabilities of imprisoned mothers, rarely have access to an inclusive treatment as required by the ACRWC. Furthermore, complaints of persons with disabilities, including children, are not taken seriously and police officers or officials who play a role in the judiciary system ask persons with disabilities for money to investigate.[93]

According to the Ministry of People Living with Disabilities, cited in the Annual Report on Human Rights of the DRC (2021), less than 1% of children with disabilities attended school. Further, while persons with disabilities may attend public, primary, and secondary schools, as well as access higher education, there are no reasonable accommodations requiring educational facilities to support their full and equal inclusion. There are reports, nonetheless, that the DRC Government has in recent years begun efforts to standardise Sign Language across the country due to the different signs used across provinces.

The right to health and welfare, enshrined under Article 14 of the ACRWC, provides that every child shall have the right to enjoy the best attainable state of physical, mental, and spiritual health and the State shall undertake to pursue the full implementation of this right. Aside from what is provided under the ACRWC framework, the DRC does not have any specific legislative provision to ensure that persons with disabilities, including children with disabilities, have access to health facilities and attainment of physical, mental, and spiritual health.

1.2.4. The Arab Republic of Egypt

According to the UNDP, 12 million people, 1.8% of the Egyptian population, live with disabilities. Similarly, WHO reported that 45% of persons with disabilities living in Egypt are under 18 years of age. The Egyptian Constitution, under Article 81, recognises and protects the rights of persons with disabilities including rights related to health, economic, social, culture, entertainment, participation in sports, and education. In compliance with its ratification of the ACRWC, Egypt adopted the Law on the Rights of Persons with Disabilities, Law No. 10 of 2018. Under Article 4(6) of this Law, children with disabilities have the right to express their views freely on all relevant matters, with due consideration of their views according to their age and maturity on an equal basis with other children. Egypt ratified the ACRWC on 9 May 2001.

Every person is provided with a first and last name according to the Civil Code of 1948.[94] The Nationality Law of 1975 provides that any child born from Egyptian national(s) acquires an Egyptian nationality, while the Child Law of 2008 provides for the right to a name and the right to nationality, under Articles 5 and 6, respectively. Under Article 57, the Constitution further provides that the right to private life is inviolable and safeguarding mechanisms should be set-up and may not be infringed upon. However, Law No. 10 of 2018, promulgating the Law on Rights of Person with Disabilities, makes no mention of the right to privacy of persons with disabilities, including children with disabilities.

Aside from being a State Party to the ACRWC, Article 4 Paragraph 14 of Egypt's Law on the Right of Persons with Disabilities provides for "a safe environment for persons with disabilities, and protection from being subjected to economic, political or commercial exploitation, violence, torture, abuse, negligence, humiliating treatment or the impact on any of their rights and for the investigation of the abuse they are subjugated to." In cases where mothers are imprisoned with a child with disabilities, Chapter V, Section III of Law No. 10 (2018) requires them to have the rights to legal and criminal protection for the persons with disabilities. Law No. 10 (2018) has no specific provisions to protect children with disabilities from and eliminate harmful social and cultural practises. Thus, this right is not realised. Similarly, Law No. 10 provides for rights to social protection of persons with disabilities, including children with disabilities, but no specific provisions are made to rights of family environment and alternative care.

As for the right to education, in line with the ACRWC, CRC and CRPD, the Law on the Right of Persons with Disabilities provides for the right to inclusive education under Chapter III. This right is additionally strengthened by the State through Law No. 10 which provides for the rights to vocational preparation and training of persons with disabilities, including children with disabilities, under Chapter IV.

Further, Article 75 of the Constitution provides that every child has the right to free association and freedom of peaceful assembly in conformity with the law. However, according to responses received for the current study, there is a belief – including at policy making levels in Egypt – that children with disabilities do not have equal rights with their peers without disabilities as they should. The responses received from the Government of Egypt reveal that associations of persons with disabilities, including associations of children with disabilities, require significant capacity building and institutional development in order for children with disabilities to effectively exercise their rights.

1.2.5. The Federal Democratic Republic of Ethiopia

According to the World Report on Disability, 17.6% of Ethiopia's 110+ million population, which is approximately 20 million people, are persons with disabilities. Albeit no specific disaggregated data on children with disabilities is available to date, some studies indicate that 30% of persons with disabilities in the country are children and youth under the age of 25. Article 41(5) of the Constitution of Ethiopia sets out the State's responsibility for the provision of "necessary rehabilitation and support services to the physically and mentally disabled". Under Article 9(4) and Article 13(2) of the Ethiopian Constitution, all international agreements ratified by the Ethiopian Government automatically become part of national legislature. Ethiopia ratified the ACRWC on 2 October 2002 and has promulgated it as the African Charter on the Rights and Welfare of the Child Ratification Proclamation No. 283/2002. The CRPD was also ratified by Ethiopia on 7 July 2010.

In terms of the realisation of civil and political rights, the Ethiopian Constitution provides that nationality can be acquired by birth where both or either of the parents hold an Ethiopian nationality, while every child is entitled with the right to a name and nationality without discrimination on the basis of identity. The Nationality Proclamation of 2003 provides that nationality can be acquired through birth or adoption. Moreover, every child born is to be registered in accordance with the Registration of Vital Events and National Identity Card Proclamation No. 760/2012 and its amendment Proclamation No.

1049/2017. However, these legislations make no specific reference to children with disabilities. In practise, parents interviewed for the current study shared that although some parents of children with disabilities have birth certificates, most noted facing challenges when trying to obtain one from Public Notaries. According to one parent, based in Addis Ababa:

> "I was asked to bring verifications from my local district, which I did not know the location of because I am a single parent of a daughter with disability and could not leave my daughter to go places, I thus asked the authorities to make an exception and treat her case differently. But I was told I was [out of] luck since my daughter's disability is not a visible physical one, but mental disability, and [we were told] to go home".[95]

At local levels, ascertaining the right to nationality for children with disabilities, in particular, children with intellectual disabilities, proves to be a major challenge for reasons of accessibility and attitudinal barriers posed by the local authorities.

Freedom of expression is guaranteed under Article 7 of the ACRWC, including for children with disabilities. To realise this right, Ethiopia reported to ACERWC that a framework known as the Child Parliament Guideline mandates 10% of children's parliament members to be "children with special needs" in order to ensure the rights to freedom of expression of children with disabilities. According to the 2018-2019 Report of the Ministry of Women, Children and Youth, around 8,428 child parliaments and 55,511 school clubs have been established, consolidated by the expansion and strengthening of youth association forums. It is important to note the aforementioned requirement in these practises that 10% of each child parliament should be composed of children with disabilities. Additionally, there are policy frameworks which underline that children of all ages can participate in different in-and-out-of-school associations and children's parliaments have been established in all regions to ensure the freedom of association of children, including children with disabilities. However, the right to participation for children with disabilities in Ethiopia is not being realised. For instance, it was reported by respondents in the current study that children with disabilities, particularly children with Autism and intellectual disabilities, do not have access to events outside the few "specialized" centres established by parents of the children, such as the Joy Centre for Autism. One parent shared their frustrations related to this by saying, "my daughter is able to participate in events only regarding Autism through the Joy Centre. Other than that, she has never been able to participate in anything, let alone to get assistance".

As for the right to education, a National Road Map on Special Needs Education[96] was developed, as part of the Ethiopian Education Development Roadmap (2018-30), to provide strategic direction for the Government and partners in planning, implementing, and monitoring programmes for persons with disabilities, including children with disabilities. The Ministry of Education has also developed a guide for children with intellectual disabilities which is currently being implemented in primary and secondary schools, as both "specialised" and mainstream schools for children with disabilities are available in Ethiopia. According to Ethiopia's State Report to the ACERWC in 2020, there are 628 Inclusive Education Resource Centres (IERCs) established across the nation to facilitate the education of children with "special needs." However, accessibility to such educational resources remains a significant issue, despite the fact that the Centres were designed for students with disabilities, as also confirmed by participants of the present study. Additionally, while the Government of Ethiopia has listed technical and vocational educational training (TVET) as one of the priority areas to produce competent, motivated, adaptable, and innovative youth to the workforce, there's little or no specific evidence of measures and stipulation to afford these rights to children and youth with disabilities.

The National Child Policy of Ethiopia clearly stipulates children's rights to play, leisure, recreation, cultural and artistic activities as a major policy direction. However, the Policy makes no specific stipulation for children with disabilities' right to play, leisure, recreation, and cultural activities. In practise too, parents participating in the study reported that none of them have seen any such efforts being made, and one parent noted that she was "thrown out from playgrounds, swimming pool areas, and schools because [her] son was different."

In realising the right to be safeguarded against harmful practises, Ethiopia's policy instruments indicate that the Government is focused on eradicating practices such as female genital mutilation (FGM) and early marriage, still prevalent in rural Ethiopia. However, these policy directives do not address the harmful social and cultural practices against children with disabilities. Article 36 of the Ethiopian Constitution provides for the right of every child to know and be cared for by her/his parents and legal guardians. While the Family Code under Article 219 provides for the authority of parents to be joint guardians and tutors of their minor children during marriage. In cases where both parents are unable to provide for the child due to divorce, death and/or other causes, courts can place the child for care and guardianship to relatives, and in case the child cannot be placed with relatives for care, the court can order her/his placement in institutions of assistance established for the purpose. These provisions make no specific stipulation to children with disabilities but apply by extension. Respondents of the current study indicated that parents of children with disabilities are, more often than not, unable to provide for their children and hence may resort to begging, thereby leading to homelessness and destitution of their children.

The Ethiopian Constitution, under Article 26, provides that everyone has the right to protection of privacy, including children with disabilities, while Article 10 of the ACRWC ensures that no child shall be subject to arbitrary or unlawful interference with his privacy. Ethiopia has adopted various guidelines to ensure that children's privacy is protected in all sectors, whereas ethical guidelines in the health sector require that children's privacy should be protected in health care services. The National Research Ethics Review Guide also mandates for the seeking of informed consents and, in case of children under the consenting age, consent to consult with their parents or legal guardians. Although these mechanisms are set out in guidelines, they are reportedly rarely observed in instances involving children with disabilities.

The Government of Ethiopia is reportedly undertaking justice reform, which includes the revision of the Criminal Procedure Code to address issues of torture and degrading treatment of persons, including children. The revision is expected to improve the investigation procedures related to the abuse and neglect of children with disabilities, and provide alternative mechanisms for handling such cases. The Government has also prohibited corporal punishment at home, schools, and alternative care institutions, as required in the ACRWC. Within the justice system, the Ethiopian Criminal Code gives recognition to the "special situations" of children in conflict with the law and a specific section of the Criminal Procedure Code provides rules of procedures that are exclusively designed to address juvenile offenders. Detention is used as a last resort and for the shortest period, the law also puts stronger emphasis on the conditions of children being detained with corresponding duties to set up separate detention facilities. In compliance with this provision, the Government has established various policies at different institutional levels, including juvenile detention centres that are separate, with their investigation units, staff prosecutors and child-friendly benches. Further, children imprisoned with their mothers are given resources by the State such as providing food allowances until the child reaches 2 years old. Upon reaching the age of 2, the Prison Administration Commission, in collaboration with Addis Ababa Women and Children Bureau, will arrange for the children to be placed in shelters, where their basic needs and school are provided for until the release of the parent. It must be underscored, nonetheless, that these measures contain no specific provisions for the rights of children with disabilities who are in conflict with the law.

To realise the right to health and welfare, the Ethiopian Ministry of Health manages physical rehabilitation centres with the aim of increasing the accessibility of the centres to persons with disabilities, including children with disabilities in health institutions. However, most maternal and children's wards remain physically inaccessible with stairs, no elevator systems, and no wheelchair ramps. According to Ethiopia's first Periodic Report (2021) to the ACERWC, the

Ethiopian Government has established 26 governmental and non-governmental rehabilitation centres to provide physical rehabilitation services for persons with disabilities, including children with disabilities. Multiple respondents in the current study, especially associations of persons with disabilities, stated that access to rehabilitation, assistive technologies, and general health services still remain out of reach for the large majority of children with disabilities across Ethiopia.

1.2.6. The Republic of Guinea

According to the General Population and Housing Census (GPHC) of 1996, 23,629 children aged 6 to 12 live with disabilities in Guinea. Article 19 of the Guinean Constitution stipulates that persons with disabilities should be provided with assistance and protection by the State, community, and society. Further, duly ratified and promulgated international and regional treaties have primacy over domestic legislation under Article 151. Guinea ratified the ACRWC on 27 May 1999. However, interviews conducted for the current study show that the services provided by the State are “almost non-existent.” Further, necessities such as health, inclusive education, sexual and reproductive health, and access to assistive technology devices, are rarely acquired by persons with disabilities in Guinea.

Through Guinea’s Civil Code, a Guinean nationality is acquired at birth. According to the Child Code of 2008, any child shall be registered immediately after birth and has the right to a name and nationality. Although this legislation makes no specific provision on the rights of children with disabilities, these rights are to be read as extending to children with disabilities.[97] Further, although Guinea adopted and ratified the ACRWC, according to Guinea’s Reports to the ACERWC, there are difficulties in ensuring the respect for the views of children as child/parent dialogues are extremely difficult given the lack of awareness in understanding the importance of the rights to freedom of expression of children, in particular children with disabilities. Per interview responses in the current study, in situations where the rights of persons with disabilities are generally recognised, matters pertaining to children with disabilities still remain secluded, as they are either subject to aggravated marginalisation or are overprotected by parents due to societal judgements. Likewise, parents who want their child with a disability to participate within society through events or activities, the children are unable to do so due to public services not being reportedly disability-friendly. In June 2011, on the Day of the African Child, the Children’s Parliament of Guinea was officially established, and youth associations have been established for several years in all parts of the country. However, no specific quota allocation in the children’s parliament or youth association is stipulated for children with disabilities.

Under Article 12 of the Guinean Constitution, everyone has the right to have his/her privacy protected. The obligation to protect a child's privacy relies on the parents or guardians of the child. According to respondents in the current study, protecting the rights of girls to their privacy is where the problem often arises. Girls of menstruating age come under a lot of pressure and their privacy is violated for fear of unwanted/teen pregnancies. This scenario gets worse when it comes to girls with disabilities. It was reported by Guinean NGOs who participated in the current study that children with disabilities are sometimes exploited by family members. Parents may take their pregnant children with disabilities to witchdoctors or traditional healers for abortion. The people who practise such rituals would claim that they have "healed" the child by saying to the parents that "the foetus has turned into a snake and gone away." In other cases, the children are subjected to begging and, at times, prostitution. Thus, the situation of children with disabilities in Guinea, particularly for girls with disabilities, remains stagnant and is predicted to worsen due to social stigmas.

Guinea adopted Act No. L/2018/021/AN of 15 May 2018 on Equal Opportunities for Persons with Disabilities. This law, which was promulgated by Decree No. D/2018/108/PRG/SGG of 13 July 2018, was intended to ensure equal opportunities for persons with disabilities and to protect and promote the rights of persons with disabilities. The Guinean Constitution, Penal Code, and Criminal Procedure Code also make strong stipulations regarding the abuse and mistreatment of persons, including children. Guinea has also ratified the CRC's Optional Protocol on Sale of Children, Child Prostitution and Child Pornography as a measure to protect children from exploitation. Based on interviews conducted for the present study, additional actions have been taken by Protection Services in Guinea to protect children with disabilities from being abused and exploited, for example, with begging. In cases where a child with a disability is in conflict with the law, Chapter II of the 2008 Children's Code addresses provisions related to the juvenile court, juvenile judge, the special chamber for minors, the Court of Appeal, and the Court of Assizes for minors. The Code also stipulates that pregnant women and mothers of infants shall have separate detention quarters commonly called the Women's Calle. Additionally, the women receive assistance from certain NGOs, including health care and food aid. However, no specific provisions for the rights of children with disabilities who are in conflict with the law have been stipulated in the aforementioned mechanisms.

To realise the right to education, an Inclusive Education Project in Guinea was developed as a component of the education sectors programme with the responsibility to: train educators of children with disabilities across a range of specialisations; provide walking and hearing technical aid and support, as well as require educational materials in reception structure.[98] To this end, a National Orthopaedic Centre is also established to ensure the rights of children with disabilities to habilitation and rehabilitation through affordable, reliable, and appropriate life-changing assistive technologies. Currently, FITMIMA Guinea – an association of persons with disabilities in Guinea - is the only centre in the country offering specialised education, particularly to children with intellectual disabilities. Despite the effort, only a few primary schools can accommodate children with disabilities, and there are no secondary institutions specialised or equipped to cater for children with disabilities. The Government created a Ministry of Technical Education and Vocational Training as early as 1996 to meet the growing need for skilled labour to build the country. However, there are no specific stipulations made to address the rights of children and youth with disabilities to access training and preparations for employment. Related to education is the right for children with disabilities to participate in play, recreation, leisure, and sporting events. In Guinea, Article 12 of the ACRWC is observed by reserving playgrounds in primary school buildings. However, the availability of these playgrounds varies depending on the area, as these playgrounds are also not accessible to children with disabilities.

1.2.7. The Kingdom of Lesotho

Overall, there is no conclusive data on the status of persons with disabilities in Lesotho. According to a 2006 survey and a subsequent Report in 2009 by the Bureau of Statistics related to citizens and disabilities, 3.7% of the total population lives with disabilities. The Constitution of Lesotho mandates the recognition of the rights of persons with disabilities and their right to freedom from discrimination while also expressly recognising disability as a prohibited ground of discrimination. Other provisions are also stipulated in Article 33, which provides for rehabilitation, training, and social resettlement of persons with disabilities. As of 12 March 2021, with the adoption of The Equality Act, 2021 (Act No. 2 of 2021), Lesotho has promulgated the equality of opportunity and treatment of persons with disabilities. Additional policies and laws protecting children with disabilities reported by interviews for the present study include the Orphans and Vulnerable Children (OVC) Policy as well as the Sexual Offense Act (2003), which imposes harsher sentences for perpetrators of violence, and the Lesotho Anti-Human Trafficking in Persons Act (2011). Lesotho ratified the ACRWC as well on 29 September 1999.

The Lesotho Constitution, under Chapter IV, promulgates that every person born in Lesotho and those born from citizens of Lesotho (known with the demonym ‘Basotho’) are granted citizenship. The Children’s Protection and Welfare Act of 2011 further provides that every child born acquires a name and a nationality. Both the Registration of Births and Death Act (1973) and the Child Protection and Welfare Act (2011) mandate universal birth registration and compulsory registration within three months. Although Lesotho legislation makes no specific provisions for the rights of children with disabilities, these rights are to be read as extending to children with disabilities.[99]

The Children's Protection and Welfare Act (2011) also provides that a child may express his/her opinion freely and that weight be given to the child's opinion in accordance with their age and maturity. The Act also allows a child to be heard in decisions that affect his/her well-being, such as custody disputes, adoption applications and during restorative justice proceedings. However, at the local and national levels, societal attitudes around children's opinions are very low, as Basotho children are considered as socially inferior to adults. This social attitude is further worsened when related to children with disabilities, as the stigmas and superstitious beliefs around disabilities are still persistent.

If a child with a disability is in conflict with the law, the Children Protection and Welfare Act prohibits publication of details of a child appearing in court and requires court evidence provided by a child to be given via camera. However, in practise, these rights are not effectively protected due to the societal belief that children are of inferior status, more so children with disabilities. The Constitution of Lesotho, under Article 11, provides for a right to a private and family life, while the Children Protection and Welfare Act, under Section 10, provides for a child's right to live with parents where it is in the child's best interest to do so. Section 20 of the same Act also provides for the responsibility to provide care, guidance, and maintenance to the child on the parents. Where parental responsibilities are impossible to be carried out by the parents, residential care facilities should take charge of the child; Section 175 of the Act and the Standards of Care Guidelines regulate these facilities. However, in situations where children with disabilities are in the care of the State, the Government is obligated to ensure their protection from harmful practises against them.

Under Article 8 of the Constitution, the right to freedom from inhuman treatment and degrading punishment is codified. The Children Protection and Welfare Act, under Section 16, provides for protection from child abuse, torture, and degrading treatment. Although these legislations make no specific provisions for the rights of children with disabilities, they are to be read as extending to the latter. When these rights are violated, children with disabilities are thus able to seek justice through the Lesotho criminal justice system. The Constitution of Lesotho, under Article 26, provides for equality and justice for all its citizens. Article 12 also provides that anyone charged with a criminal offense has the right to a fair trial. Although the Children Protection and Welfare Act states the criminal age is 14, the official criminal age of children in Lesotho varies according to the law under which they are being persecuted. Further, Part XIV of the Children Protection and Welfare Act provides for restorative justice practises, including where Village Child Justice Committees are established. The Village Child Justice Committees are headed by the village Chief and employ a range of alternative dispute-resolution measures at the community level. Related to imprisoned mothers, infants of imprisoned mothers are detained with their mothers in regular prison cells until they reach the age of 2 years. However, the implemented Acts and current frameworks neglect to specifically address children with disabilities and their interaction with the justice system.

The realisation of economic, social, and cultural rights is necessary for children with disabilities to live their life to the fullest. The right to education is protected under Article 28 of the Lesotho Constitution, which ensures education for all to realise their full development and makes primary education free across the country. The Education Act (2010) requires that children with disabilities be included in mainstream schooling wherever possible. The Government of Lesotho also operates a vocational training centre for people with disabilities, which offers courses in woodwork, leather work, sewing, electrical and metal works. Outside the class, children with disabilities are guaranteed by law the right to participate in play, recreation, leisure, and sporting events. The Constitution of Lesotho under Article 35 ensures a citizen's participation in cultural activities is protected under Section 12 of the Protection and Welfare Act, which provides a child's right to sports, cultural and artistic activities. The Sport and Recreation Act (2002) covers children's involvement in sport and establishes sports clubs and foundations to give children opportunities to develop skills outside of school-based learning. However, in practice, children with disabilities struggle to physically access most school buildings, as they do not contain ramps or other assistive measures, as stipulated in the Buildings Control Act of 1994. Further, when children with disabilities have access to classrooms, it was cited by interviews that societal stigmas persist, including with teachers, who believe that children with disabilities "cannot learn in a regular classroom."[100] During the COVID-19 pandemic, students with disabilities were "literally forgotten", as per respondents in the current study.

In terms of ensuring the right to health for children with disabilities, the Constitution of Lesotho, under Article 27, provides that the Government is obligated to develop laws and policies for the protection of health. Section 11 of the Children Protection and Welfare Act further protects a child's right to health, without discrimination on any basis including disability.

Key informants in the present study shared that the implementation of the foregoing policies and laws, particularly related to advocacy efforts, the Child Protection Union, and the Children's Court, remains a challenge due to limited resources needed to efficiently provide detailed directives on the violation of the rights of children with disabilities. The informants underlined that children with disabilities and their families who file complaints through the justice system follow the same process as children without disabilities. Through the Persons with Disability Equality Act, there is a noted provision included for the establishment of a Disability Advisory Council, which supposedly handles violations against persons with disabilities, including children. The Sexual Offences Act (2003), although a step in the right direction, does not "adequately address or stipulate how cases of sexual abuse against children with disabilities must be handled."[101] Reportedly, Sign Language interpreters and 'play therapy evidence' are not admissible in Lesotho courts. Thus, access to justice for children with disabilities cannot be realised. The establishment of the already adopted Disability Advisory Council must be prioritised, according to interviewees in the current study. The Lesotho National Federation of Organisations of the Disabled (LNFOD) shared that their advocacy work has established Disability Inclusion Clubs across districts including Maseru, Mohale-Shoek, Berea, Leribe and Mafeteng. The Clubs aim to inform students, eliminate discrimination on the basis of disability, and train teachers on engagement strategies. LNFOD also conducted trainings with "authorities in the Department of Education to mainstream disability issues, which led to the adoption of the Disability Inclusive Education Policy."[102]

1.2.8. The Islamic Republic of Mauritania

Mauritania's 2017 Initial Report to the CRPD Committee indicates that approximately 33,920 people, that is 0.96% of the country's population, are persons with disabilities. Children under the age of 15 constitute 18.4% of the total number of persons with disabilities in Mauritania.[103] Despite these statistics, the Mauritian Constitution, neither directly nor indirectly, addresses the rights of persons with disabilities, including children with disabilities. However, Ordinance 2006-043 on the Promotion and Protection of the Rights of Persons with Disabilities was issued in 2006 pertaining specifically to persons with disabilities. Further, Article 80 of the Mauritanian Constitution states that duly ratified and promulgated international and regional treaties have primacy over domestic legislation. Mauritania ratified the ACWRC on 21 September 2005.

Beginning with birth rights, citizenship is fundamental to fully realise the rights of persons with disabilities. The 2006 Mauritanian Constitution, under Article 57, provides nationality to persons born in Mauritania, while Law No. 2011 - 003 mandates the registration of Mauritanian children upon birth. According to observations of the UN Committee on Economic, Social and Cultural Rights (December 10, 2012), birth registrations are cumbersome in Mauritania as a marriage certificate is a requirement to register a birth of a child, setting aside children born outside of wedlock. Societal culture in Mauritania creates significant barriers to the complete acceptance of having a child with a disability, which makes registration hard because children with disabilities are often hidden. Despite this, the provisions mandating the registration of children at birth also apply to children with disabilities, as these rights are afforded to every child.[104]

According to responses provided to this study by a Mauritanian OPD, social attitudes towards the expression of opinions by children, in general, are not positive in the country, and even more so for children with disabilities, as they are considered inferior due to the persistent social stigma.

To ensure civil and political rights, the Mauritian Constitution provides for freedom of association. Although the Government curtails this right at times, the registration procedures needed for associations and civil societies are also a complicated requirement for operation, per interviewees in the current study. Hence, this right is barely exercised.

The Mauritian Constitution, under Paragraph IV of Article 13, mandates that the honour and the private life of the citizen, the inviolability of the human person of his/her domicile and of his/her correspondence is guaranteed by the State. However, protecting the right to privacy of children, including children with disabilities, is not a reported priority for the nation as per responses received from key stakeholders for this study. Article 6 of the 2006-043 Ordinance on the Promotion and the Protection of Persons with Disabilities requires the Mauritanian Government to take appropriate measures to enable persons with disabilities to have access to their rights on an equal basis with others. Reportedly, Children with disabilities in Mauritania are subject to harmful social cultural practises because of negative social attitudes and stigma related to disability. Notable harmful practises include forced marriages and labour, 'circumcision' and begging. Nevertheless, local associations are cited to assist children in these situations to curb such practises, particularly related to children with disabilities living on the streets. The Mauritanian Government has apparently not taken concrete actions to ensure that children with disabilities are protected from these practises. Although a State Party to the ACRWC, Mauritania's domestic legislations stipulate no specific protection for children with disabilities from exploitation, violence, and abuse. Study responses provided by a local NGO revealed that women with disabilities, including girls, are often subjected to 'rape, racial discrimination, and theft'. While men with disabilities, including boys, resort to begging and are exploited by 'Koranic masters' who often take advantage of persons with disabilities. Although NGOs continue to denounce such practises by working with the Ministry of Children to create programmes aimed at cooperatives related to selling certain products, their grievances remain unheard. Children with disabilities' access to justice in Mauritania remains out of reach, particularly for victims of rape, exploitation, racism, and exclusion. NGOs providing support to persons with disabilities in this regard, including those who responded to the current study, reported having backlogs of pending cases with no legal action taken by the State for years.

Ensuring children with disabilities' access to education is required for the full realisation of their economic, social, and cultural rights. In light of this, Mauritania's Act 2001-054 of 19 July 2001 makes primary education mandatory and establishes the relevant rules, as well as the penalties applicable in the case of a failure to respect these rules. The Government has also set up a Centre for training and social promotion of children with disabilities. The Centre's missions include the training of children with "special educational needs" in relation to a disability or disabling illness, and the training of trainers in Sign Language and Braille writing. The Centre is also involved with the development of modules for teaching and management of children with disabilities, strengthening of the capacities of teachers for integrated education, and the introduction to Braille writing for parents of Blind children. Besides, the Mauritanian Act 98-007 (1998) on Technical and Vocational Training stipulates that technical and vocational training is the responsibility of the State. However, persons with disabilities in Mauritania, including children with disabilities, continue to lack access to training facilities that ensure preparations for employment as they are very few in number. It was reported by respondents for the current study that young people with disabilities, particularly those in socially marginalised communities, lack the documentation to formally enrol in the Mauritanian education system. For example, it was reported that "many children with disabilities suffer from lack of national documents and registration." It is evident that children from historically marginalised backgrounds and communities in Mauritania are unable to realise their rights to education due to tribal tensions. Similarly, persons with certain disabilities, including those with physical disabilities, who hold diplomas do not access jobs. This is particularly true of women with disabilities.[105]

Outside the classroom, children have the right to participate in sports. In Mauritania, there are associations supporting persons with disabilities' access to sports, such as the Mauritanian Paralympics Association. These associations are governed by Law 73.157 of 2 July 1973. On request, the associations can benefit from tax exemptions on equipment to carry out their activities based on a declaration demonstrating the public usefulness of such equipment. According to key informants to the present study, the Mauritanian National Orthopaedics and Rehabilitation Centre comprises a team of physiotherapists and specialised doctors, and its orthopaedic, physiotherapy and follow-up services enable it to provide rehabilitation and surgical operations for persons with physical disabilities.

In realisation of the right to health and welfare for children with disabilities, Mauritania has adopted the 2001 Primary Health-Care Policy[106], as stated in the Concluding Observations of the Committee on the Rights of the Child, Mauritania. This policy framework handles health-related issues of disabled persons and identifies disabled persons as priority targets, with the aim of ensuring essential, quality care is available and accessible to much of the population that needs it, particularly disabled persons. The Government has also established a service for the disabled through the Department of Social Affairs of the Ministry of Health and Social Affairs. Their main tasks are to take on cases related to persons with disabilities, including, as the law states using derogatory language, the "blind", "deaf" and "dumb", the "motor and mentally-disabled", and "persons cured of leprosy"'. Respondents for the current study reported that overall, there are no specific measure in place to ensure effective access to such services. For example, during the COVID-19 pandemic, families of children with disabilities struggled to access health services at hospitals.

1.2.9. The Republic of Namibia

According to a 2011 Namibian Population and Housing Census Report, 4.7% of the total population, i.e., 98,413 people, are persons with disabilities. To date, the Namibian Constitution makes no reference to the rights of persons with disabilities, including children with disabilities. However, the Affirmative Action (Employment) Act 26 of 2008, in its effort to address past injustices under Section 18(c), designates persons with disabilities as "groups that should be addressed." Also, Act 26 of the 2004 National Disability Council was adopted to address the rights of persons with disabilities. Under Article 144 of the Constitution, duly ratified and promulgated international and regional treaties have primacy over domestic legislation. Namibia has ratified the ACRWC on 23 July 2004. Per responses provided for the purposes of this study, the Government utilises the observations and ACERWC recommendations to "inform and improve its programming and policies."[107] Namibia is currently in the process of submitting its second report to the ACERWC.

The 2015 Child Care and Protection Act, under Sections 2(1), 5(2), 9, 130 (3), and 154(2) provide protections and actions provided by the State with regards to children in Namibia. Reportedly, this Act established a National Advisory Council comprised of Executive Directors from various key government ministries, the Ombudsman, and NGOs. The Council provides oversight and coordinates the provision of services to all children, including children with disabilities. Furthermore, the Act established the Children's Advocate within the office of the Ombudsman, which has the role of ensuring the implementation of the Act, including cases of children with disabilities. Complaints or cases related to children with disabilities, particularly concerning discrimination, can be reported through social workers to the Children's Advocate in relation to treatment of children with disabilities across Namibia. Sources for the present study recalled that the Children's Advocate has taken the Government to court on some issues that are not implemented well.

The Namibian Constitution defines family as "the natural and fundamental group unit of society and is entitled to protection by society and the State." Combined with the Child Care and Protection Bill, these frameworks promote the protection of the family and provide that parents have a responsibility to provide care, support, and protection for their children, and to meet their material, health, education, and relative needs, with the best interests of the child as a core principle. However, poverty, inequalities in wealth and disparities in development inherited from Apartheid have placed considerable burdens on Namibian families and make raising children as prescribed in the Child Care and Protection Bill difficult, according to respondents in the present study. The Government supports family-based care for children where separation is an issue, and children cannot stay with their parents, and although adoption and foster care placements are options, traditional kinship care placements are encouraged. It is also important to note that, as with many of the provisions in the economic, social, and cultural rights discussed in other sample states of the present study, the Namibian legislative and policy measures also do not make specific provisions pertaining to the rights of children with disabilities, but rather the rights in these provisions apply by extension to children with disabilities.

The Namibian Constitution, under Chapter II, provides people born in Namibia with nationality, both for persons born before or after Namibia's independence. Further, the 1963 Birth, Marriage and Death Registration Act No. 81 provides for the registration of birth within 14 days for urban areas and 28 days for rural areas. In the case of Namibia, children with disabilities, particularly persons with disabilities in rural areas, including children with albinism, are oftentimes hidden from society and discriminated against. [108]

The Child's Act No. 33 (1960), Criminal Procedure Amendment Act No. 24 (2003), and the Child Care and Protection Bill are the primary legal frameworks related to the child justice system in Namibia. Under these frameworks, no child under the age of 7 is deemed legally competent, children arrested under the age of 16 shall be released to a parent/guardian while awaiting trial, and all children under 18 years old are tried in special, closed courts. Within the Namibian child justice system, social workers are noted to be an integral part. Concerning expecting mothers, the Correctional Service Act No. 9 (2012) makes special provisions for the sentencing, treatment, and accommodation of expectant mothers and mothers of infants and young children in prison. Under the current Namibian criminal justice system, there are provisions enacted to ensure that persons with disabilities have access to the justice system. Within court proceeding, study sources revealed that court cases involving persons with disabilities are heard ‘in camera’ or ‘in-private’ as they are viewed as ‘vulnerable witnesses’. However, the implementation of legal instruments is cited to be limited due to lack of resources as well as overall neglect of children with disabilities. This neglect is exacerbated by the fact that some children remain hidden and abused, and the overall reported lack of State and/or NGO-supported facilities to accommodate children with disabilities. To rectify some of the persistent gaps, the Ministry of Gender reportedly provided subsidies, or cash transfers, to registered NGOs that provide certain services including day care facilities, as well as the monitoring and evaluation of the available access to services for children with disabilities.

The Namibian Constitution, under Article 8, guarantees that no person shall be subjected to torture, cruelty, inhuman or degrading treatment or punishment. Namibia has taken some legislative and policy measures to combat violence, exploitation and abuse of children, including the National Agenda for Children, National Plan of Action on Gender-Based Violence, Rape Act No. 8 (2000), Combating of Domestic Violence Act No. 4 (2003), and Combating of Immoral Practice Amendment Act No 7 (2000). Due to reported social values, corporal punishment is cited as one of the most persistent acts of violence against children. The Government has thus enacted the Education Act (2001) and the Child Care and Protection Bill to prohibit the administration of corporal punishment at home, in schools, or institutions, in line with the ACRWC provisions.

According to Article 13 of the Namibian Constitution, the right to privacy is protected primarily with respect to State searches, which must be conducted in a manner respectful of children’s right to privacy. The identities of children involved in court proceedings are protected by the Criminal Procedure Act 51 (1977) and the Child Care and Protection Bill, and all matters involving children must be held in-camera. Furthermore, adoption records are kept confidential, with possible access for the child at a later stage in his/her life. However, according to the State’s Initial Report to the ACERWC in 2014, there is a gap in the privacy laws of Namibia to provide for the protection of children’s privacy in the context of the internet and social media.

Freedom of association and peaceful assembly is guaranteed under Article 21 of the Namibian Constitution. However, the Constitution makes no specific stipulation to the freedom of association of children with disabilities. Literature shows that Namibia has created several platforms to facilitate respect for the rights of children to freely express their opinions and participate in decision-making. For example, some notable actions taken through national legislation include the Education Act No.

16 of 2001, which established the Learner Representative Council at Namibian Schools and the “YouthPaper”, which is an effort to insert youth voices in a major daily newspaper.

The Ministry of Education of Namibia provides the right to education for children with disabilities through a combination of mainstream and special schools. Namibia has established a dedicated Division of the Ministry of Education responsible for “specialised and inclusive education programme” where children with disabilities are given the option to attend either mainstream or “special schools”, depending on the severity of their disability. The Division also ensures that teachers are trained to teach children with disabilities, and such teachers are placed both in the mainstream and “special schools” with a specialised curriculum. Currently, specialised schools catering to children with disabilities are established in five regions of Namibia including Khomas, Omusati, Oshana, Ohangwena, Hardap, and one unit in the Caprivi Region, per responses for the current study, and these are implemented under various policies related to education including the Education Sector Policy on OVC, the Early Integrated Childhood Development Policy, and the Integrated Policy on Early Childhood implemented by the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW). Reportedly, through the Ministry of Gender, Namibia has established programmes to “provide study grants and lobbying institutions of higher learning to increase the allocation of quotas in certain fields to young people with disabilities.”[109] According to Namibia’s Initial Report to the ACERWC (2014), education is also offered to children in hospitals, although the reach of the hospital schools is limited and needs to be expanded. The Government has reportedly allocated budgetary provisions for the establishment of special schools for children with hearing, visual and speech impairments, as well as provisions of assistive devices. The Affirmative Action Act provides that persons with disabilities be empowered by various institutions and the government to seek employment after education in both ordinary positions and targeted ones for persons with disabilities. As per respondents in the present study, during COVID-19, schools were reported as the main hotspots for contracting the virus and thus, children with disabilities struggled to maintain their access to education. In response, the Ministry of Education introduced the use of six or more educational delivery television channels to continue education of children around the country, partnered with UNICEF to provide instructional materials to 600,000 students, including providing resources in Braille to 6,700 students, as well as promoting the ‘Namibia Reads’ phone application. The Government adopted six distance learning delivery models such as ‘radio, television, papers, SMS, social media, and learning platforms’ provided by CSOs and the Government. The Government also collaborated with One Africa TV in April 2020 to launch a ‘free series of educational content under the #LearnOnOne brand and was made available on #LearnOnOne YouTube channel’.

Looking into the right to health, rehabilitation and habilitation, the Namibian Ministry of Gender reportedly provides "community-based rehabilitation programs where communities are mobilised to provide support and appropriate care for persons with disabilities, including children."[110] To comply with its obligations under inter alia the ACRWC, Namibia has also enacted policies that ensure the reduction of infant and child mortality rate and provide children with necessary medical assistance and health care. These policies focus on primary health care, the provision of adequate nutrition and safe drinking water, combating disease and malnutrition within the primary health care framework, awareness raising activities on the importance of health and welfare for families and community leaders, and encouraging CSOs to engage in activities of ensuring the welfare and health care rights of children are protected. Overall, the Namibian government works to achieve these goals through the National Policy on Community Based Health Care and Guidelines. However, the policy direction does not make specific provisions for children with disabilities, but the measures are to apply by extension. The Namibia Policy on Orthopaedic Technical Services (2001) was developed to address the gross lack of access to prosthetics and orthotics, especially in rural areas in Namibia. The guiding principles of this policy are equity, availability, accessibility, affordability, community involvement, sustainability, inter-sectoral collaboration, and care. To support the realisation of the policy objectives, the mandated Ministry of Health and Social Services restructured the management of its orthopaedic technical services and built new orthopaedic workshops in regions with large rural populations to improve availability in those areas.

Children with disabilities in Namibia, including children with albinism - most of whom reside in the rural parts of the country - are subjected to harmful practises. Nonetheless, there are no specific legislative or policy measures to address these concerns, as most abuse-related interventions are focused on addressing issues of commercial and sexual exploitation and abuse, sale, trafficking, and abduction of children without making explicit references to children with disabilities.

Notable welcomed actions by the Government of Namibia reported by interviewees for the purpose of this study include: the monthly grant between 250-1,300 Namibian Dollars per child per month by the Ministry of Gender Equality and Welfare; establishment of the Women and Children Protection Units by the Ministry of Safety and Security; and grants for national organisations providing services to children. Beneficiaries include the Children with Learning, Speech, and Hearing (CLASH), Onyose Trust, parents of children with disabilities, and The EHAFO Trust. These initiatives display the Government's commitment to realise the rights of children with disabilities, albeit it remains far from attaining satisfactory results in ensuring the full inclusion and meaningful participation of children with disabilities.

1.2.10. The United Republic of Tanzania

According to a 2017-2018 Household Budget Survey, over 3.3 million people in Tanzania are persons with disabilities, with over 600,000 of them being children with disabilities. Based on interview responses given for the present study by a Tanzanian OPD, persons with disabilities in the country experience various forms of discrimination and violence, with about two-thirds of the victims being children.[111] Albeit the Constitution of Tanzania barely makes explicit reference to the rights of persons with disabilities, there are multiple domestic legislations. National legislations protecting persons with disabilities include inter alia the 2006 Rights and Privileges Act, the 2010 Persons with Disabilities Act, the 2011 Children's Act, and the 2019 Law of the Child Act. The Republic of Tanzania ratified the ACRWC on 16 March 2003. Specifically related to alarming attacks on persons with albinism, the Government is reportedly in the process of adopting a National Action Plan on Albinism following the African Union's Continental Plan of Action on Albinism and Implementation Matrix. The UN Resolution 47/8 also guides the State on how to protect children with disabilities from harmful practises related to witchcraft and ritual attacks.[112]

The Tanzania Law of Child Act of 2009, under Article 6, provides for the right of a child to a name and nationality. Furthermore, the Birth and Death Registration Act under Chapter 108 mandates the registration of every child after birth within 3 months. Respondents in the present study pointed out that children with disabilities are often hidden from society and rarely registered due to family and cultural dispositions on the birth of a child with a disability, including children with albinism. Both the Law of the Child Act (2009) and the Tanzania Children's Act (2011) provide that a child should be raised within the family environment, and every parent should be responsible to care and protect the child. In instances where biological parents are deceased, parental responsibility may be passed to a relative of either parents or a custodian by way of court order or any traditional arrangement. Where either of these parental options are unavailable, the State has initiated an intervention concerning Most Vulnerable Children (MVC), given the growing number of children orphaned in Tanzania as a result of HIV/AIDS but not limited to the latter.

The right to freedom of expression is guaranteed under ACRWC and Article 18 of the amended 2005 Tanzania Constitution. The Constitution states that every person has the freedom to express one's opinion and views, seek, receive, and impart information, communicate with others without being interfered against in such communication, and to be informed at any time of various events important to one's life and other members of the community. Further, Section 11 of the 2019 Law of the Child Act ensures the child's right of opinion and that no person shall deprive a child capable of forming views the right to express an opinion, to be listened to and to participate in decisions that affect the child's well-being. To this end, Tanzania has created platforms for children to use public media, especially to raise awareness of children with disabilities and killings of children with albinism, among other harmful practises against children. However, a reported challenge with ensuring the right to the freedom of expression of children, including children with disabilities, is parents' unwillingness to let their children participate in these platforms. Intertwined with the right to freedom of expression is the State's duty to ensure children with disabilities' right to assembly. Under the Tanzanian Constitution, the State must provide every person the freedom to associate with others and to peacefully assemble with the goal of publicly expressing their concerns and views. The formation of Junior Councils in communities and children's clubs in schools and various social life circles to discuss matters of their well-being are practical examples of the right to freedom of association of children. However, there is no specific piece of national legislature to ensure the freedom of association of children with disabilities.

The Tanzanian Constitution enshrines the respect for a person's dignity under Article 12. Further, the Law of the Child (2009) and Children's Act (2011) have provisions prohibiting subjecting children to torture, or other cruel, inhuman punishment or degrading treatment including any cultural practice which dehumanises or is injurious to the physical and mental well-being of the child. These acts allow parents to discipline their child as is the cultural practice, in such a manner that shall not amount to injury to the child's physical and mental well-being. However, corporal punishments in schools and violence against child offenders and victims while in police custody remain a challenge, and affect children with disabilities even more because of the social stigma attached to disability.

Following the ratification of the ACRWC, Tanzania has taken the following measures to ensure the protective rights of children in conflict with the law. The adoption of the Strategy for Progressive Child Justice Reform (2013 - 2017) provides guidelines on the establishment and implementation of community rehabilitation programmes for young offenders and children at risk of offending, designating official magistrates who refer children's cases to juvenile courts, as well as legal aid programmes. The Law of the Child Act (2009), the Prisons Act (1967), the Prisons Standing Order and the Criminal Procedure Act (1985) provide safeguards to parents or caregivers incarcerated with their children. The Government also provides legislative and administrative measures to provide enhanced treatment to expectant mothers, as well as mothers of infants and young children who have been found guilty by law. To ensure full implementation of the above legal infrastructures, Tanzanian officials developed the Child Protection Policy and Procedures for Prisons (2015) Policy, which aims to promote good practises by setting standards for the protection of children and provides children with appropriate safe environment and/or protection while in the care of Tanzania Prisons Service (TPS). However, within these legislative and administrative measures, there are no specific stipulation for children with disabilities who happen to be in conflict with the law, but the provisions do apply by extension. Systematic barriers reported by interviewees in the present study include the lack of disability training for law enforcement, as well as inadequate sentencing when crimes of attacks and violence against children with disabilities are perpetrated. Other barriers include access to information about the justice system for victims with disabilities and their families due to low literacy rates and/or limited knowledge and awareness about legal representation within the relevant governmental agencies such as the Office of the Ombudsman. Per responses accorded to this study, improvements to the justice system for children with disabilities have been made, including the acceleration of court cases (speedy trial).

As for children with disabilities' right to education, Tanzania has adopted several measures to ensure access to education for children with disabilities, including the New Education and Training Policy (2014). The New Education Training Policy provides for increased access to education, facilities, and governmental educational infrastructures to children with "special needs, including children with disabilities", with the overall goal of providing equitable access to quality education in inclusive settings. Further, the Educational Support and Resource Centre (ESRAC) was created to encourage inclusive education, focusing on the detection and identification of "children with special needs, including those with disabilities" and developing the National Strategy for Inclusive Education (2018-2021) with guidelines on early identification and interventions for children with special needs. The objective of such early interventions, according to the policies, is to increase capacity building for teachers, and material support for pupils. However, the fact that there is no specific budget allocation to children with disabilities is a challenge and interferes with the full realisation of their rights, say interviewees of the present study.

Tanzania has been conducting vocational training and life skills mentoring to children transitioning to youth but do not or cannot continue formal education for numerous reasons. The Vocational Educational and Training Authority (VETA) mandates the provision and regulation of vocational education. A Skill Enhancement Programme (SEP) was developed to support employees in companies, both public and private, contributing to the Skill Development Fund (SDL), and the arrangement requires training costs to be shared equally between employers and the VETA. Furthermore, apprenticeship programmes encourage the transition of the youth to the work environment. However, these measures do not stipulate particular measures to ensure access to training and preparation for employment of children and youth with disabilities. The Government of Tanzania has developed a curriculum that includes personal development and sport as one of the subjects taught in schools, provided for the construction of leisure centres, and prepared basic minimum standards for pre-primary and primary schools to ensure recreation, leisure, and participation of children in cultural activities. Moreover, the Ministry of Education and Vocational Training is mandated to monitor the continued implementation of the extracurricular activities aimed at enhancing children's realisation of these rights. These measures, however, make no specific stipulation to ensure the realisation of the rights of children with disabilities to participate in play, recreation, leisure, and sporting events.

Related to realising the right to health and welfare, Tanzania enacted policy measures to reduce infant and under-five mortality rates by improving maternal and child health with specific attention to immunisation and malaria prevention, as well as increasing access to water and sanitation in rural areas. Policy frameworks such as the National Health Policy (1990) and legislations such as the Public Health Act and the Health Professional Act which work to control epidemics, infectious diseases and environmental health protection, govern the practice and conduct of health professionals. These legislations, however, do not refer to children with disabilities as a constituency in their own right. Interviews for the present study indicate that Tanzania is making efforts to improve the quality of life and ensure access to medical and rehabilitation treatment of persons with disabilities through the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT). CCBRT is also engaged in extensive maternal and new-born health care (MNHC) activities in an effort to address children with disabilities. According to Tanzania's Initial Report (2006) to the ACERWC, assisting devices such as hearing aids, crutches, wheelchairs, tricycles, and white canes are provided by the Department of Social Welfare.

Across many parts of rural, semi-urban and urban Tanzania, an alarmingly concerning trend to this day is the belief that the sale of body parts of children with albinism to witchcraft practitioners can make one rich, thereby exposing the children to harmful traditional practises, atrocities and even killings. To eliminate this harmful practise, Tanzania adopted legislative measures such as the Law of the Child (2009) and the Children's Act (2011), administrative measures, as well as relentless campaigns raising awareness on the rights of persons with albinism and providing temporary shelters for children with albinism. However, an ACERWC Report of an Investigative Mission on the Situation of Children with Albinism in Temporary Holding Shelters in Tanzania[113] discloses that these holding shelters are more like detention centres than safe houses and are used as escape mechanisms for parents to rid themselves of the responsibility of caring for their children with albinism. To challenge these barriers, organisations such as Under the Same Sun Tanzania are conducting continuous grassroots awareness raising events related to the rights of children with albinism, including provisions of targeted services for the latter, e.g., sunscreens, sheltered employments, and bringing perpetrators of the crimes to justice in collaboration with law enforcement.

1.3. Implementation of Normative Frameworks and Decisions of the ACERWC

The ACERWC derives its mandate from the ACRWC. Article 32 of the ACRWC established the Committee with the aim of promoting and protecting the rights and welfare of the child. Provisions of the Charter, consecutive to Article 32, address the composition, election, candidacy, terms of office, the ACERWC Secretariat, and privileges and immunities of the Committee. Among the primary mandates of the Committee are to collect and document information, commission interdisciplinary assessment of the situation of the African child (case in point being the present Continental Study on the Status of Children with Disabilities in Africa), encourage national and local institutions, give recommendations to governments, cooperate with other African, international, and regional institutions and organisations, etc., pursuant to Article 42 of the ACRWC.

As dwelt on in the preceding sections of this chapter, all the sample study Member States have ratified the ACRWC, with the mere exception of reservations on Articles 24, 30 (a-e), 44 and 45(1) made by Egypt, and on Article 9 by Mauritania. State parties to the Charter submit reports to the Committee on measures they have adopted for the implementation of the Charter in accordance with Article 43 of the ACRWC. Thus, each Studied State is obliged to submit its Initial Report within two years of the entry into force of the ACRWC and a Periodic Report every three years after the Initial Report. It should be noted and encouraged that all of the sample studied states, except the CAR and DRC whose reports were due on 08 December 2022, have submitted their Initial Reports to the Committee.[114] Nevertheless, protracted submissions of initial reports by all the Studied Member States are observed, and only Ethiopia, Guinea and the Tanzania have hitherto submitted their periodic reports. What is more, matters pertaining to children with disabilities are insufficiently addressed, if at all they are, in the reports of most states and the Committee's recommendations on this specific thematic area since its establishment have not been as comprehensive either. The assessment of the current study suggests that the Committee's shortcomings in this regard are often, and validly, attributable to capacity constraints and expertise on Disability Justice.

Member State reports reviewed for the purposes of this study outline the ACRWC normative frameworks and implementation strategies in their respective jurisdictions. For example, Algeria's

Constitution gives the ACRWC a supranational norm, as the State calls for the alignment of its legal instruments to reflect the principles set out in the Charter, albeit no particular reference is made to disability and/or children with disabilities in the Algerian Constitution. Whereas, in the DRC, the rights of children with disabilities are included in national legal instruments, particularly the Constitution, the Law on the Protection of Children, the Organic Law on the Protection, and the Law on the Promotion of the Rights of Persons with Disabilities.

In Egypt, the ACRWC is the accepted normative standard, with the Constitution making references to the rights of persons with disabilities. Explicit references to the rights of children with disabilities are implemented under Law No. 10 on the Rights of Persons with Disabilities. The Ethiopian Constitution protects the rights of persons with disabilities, including children with disabilities under Article 41(5). Regional and international human rights instruments ratified by Ethiopia are also part of the national laws, per Article 9(4) of the current Constitution. With the aim of aligning national instruments to reflect the principles of the ACRWC and other ratified treaties such as the CRPD and CRC, Proclamation No. 568/2008 on the Rights of Persons with Disabilities to Employment and the Building Proclamation No. 624/3009, among other Proclamations, expressly stipulate the rights of persons with disabilities, including children.

The Constitution of Guinea and Lesotho give the ACRWC a supranational norm, as both constitutions protect the rights of persons with disabilities, including children. In Mauritania, the Constitution affords the ACRWC a supranational norm, which is strengthened through Ordinance 2006–043 on the Promotion and the Protection of Persons with Disabilities. However, the situation on the status of children with disabilities in Mauritania remains dismal, as issues of forced labour and slavery of children with disabilities remain in some parts of Mauritania (see Section Two, Chapter One). The national instruments reflecting ACRWC principles should thus be realigned to expressly, and as a matter of urgency, address children with disabilities in such contexts.

The last two studied states, Namibia and Tanzania, also give the ACRWC a supranational norm according to their respective Constitutions. Namibia has established the National Disability Council to protect the rights of persons with disabilities and children with disabilities. While in Tanzania, national instruments such as the Rights and Privileges Act (2006) and 2010 Persons with Disabilities Act protect and promote the rights of persons with disabilities, including children with disabilities. It is important to note that all the studied states need to devise effective mechanisms to align their national instruments with the ACRWC's principles, with particular attention to the rights of children with disabilities. Three of the ten studied states have submitted recent communications alluding to children with disabilities to the ACERWC in accordance with Article 44 of the Charter.[115] Egypt submitted two communications, one of which concerned a child with a disability on 31 March 2016, where the Committee found the communication inadmissible based on the Revised Guidelines for the Consideration of Communications. While on 15 December 2015, Mauritania was provided with recommendations on measures to implement the decision of the Committee and report back. On 17 June 2019, Tanzania submitted its communication about the status of children with albinism in the country and was given recommendations on measures to implement the decision of the Committee and revert.

CHAPTER TWO:

BARRIERS HINDERING CHILDREN WITH DISABILITIES IN AFRICA FROM ENJOYING THEIR RIGHTS

Disability-based barriers are hindrances, general and/or specific, that curtail persons and children with disabilities from fully accessing their fundamental rights on account of their disabilities. Disability-specific barriers mean that persons with disabilities, by the mere dint of their disabilities (long or short-term), are excluded from accessing rights, entitlements, and duties accorded to their fellow citizens who may not happen to have disabilities. Disability-related stigma, discrimination, and multiple barriers such as legal and policy barriers, institutional barriers and social, economic and cultural barriers disproportionately hinder children with disabilities from enjoying their rights on an equal basis with their peers without disabilities. Because of these, mainly systemic, impediments which could and should have been ameliorated, children with disabilities all over Africa are denied access to education, health care, justice, adequate standards of living including housing, access to clean water and sanitation, mobility, information and so forth.[116] Ableism, a flawed mindset undermining the capabilities of persons with disabilities and instead favouring persons without disabilities – tacitly or explicitly – even on matters pertaining to disability rights, is at the very root of the multi-faceted societal, structural (institutional) and environmental barriers some of which are explained below.

2.1. Legal and Policy Barriers

Legislative and policy frameworks which do not expressly prohibit discrimination and exclusion based on disability create legal barriers for persons with disabilities, including children with disabilities, to realise their rights. As previously explored for the purposes of this study, all participating Member States have ratified the ACRWC and under the Charter, children with disabilities are encompassed in all provisions for the protection and promotion of "every child". Further, in the views of Member States, implementation efforts are adopted through national normative frameworks and domestication of the ACRWC as a supranational norm. When combined with the constitutions of the Member States examined in the present study, these frameworks could be tapped into in the creation of legal and policy foundations towards realising the rights of children with disabilities. Notable cases in point in this regard, among the studied states, are the Constitutions of Algeria, the DRC, Egypt, Ethiopia, Lesotho, Namibia, and Tanzania, which promulgate the rights of persons with disabilities, including children with disabilities.

In legislations of the studied states adopting medical or welfare provisions within their conceptualisations of disability, the adopted models often portray persons with disabilities as a misfortune. More recently, with the advent of the CRPD, acceptable definitions of disability include social and rights-based approaches and disability is defined within the contexts of the social environment and the barriers encountered by persons with disabilities, as opposed to barriers posed by their impairments themselves. The same can be applied to children with disabilities. The social and rights-based dispositions towards disability are inherently distinct from alms-oriented, individualisation and medicalisation of disability because they:

- Provide a framework and language through which persons with disabilities can describe their experiences;
- Allow naming and challenging discrimination, ableism, exclusion and inequality;
- Offer a means by which the question of disability can be explained and understood in terms of wider socioeconomic conditions and relations; and.
- Provide a basis for support and collective engagement of persons with disabilities.

Conversely, the ACRWC jurisprudence is increasingly adopting social and rights-based models for the protection and promotion of the rights of children with disabilities. The African Disability Protocol, Africa's first-ever disability-specific treaty adopted on 29 January 2018 in Addis Ababa, is another instrument embracing these contemporary approaches to Disability Justice, albeit the Protocol has yet to enter into force as it has not been ratified by the required 15 Member States as per Article 38(1) of the same.[117] Disability Justice is a term that centers intersectionality and the ways diverse systems of oppression amplify and reinforce one another. A disability justice approach centers the priorities and approaches of those most historically excluded groups, such as women, people of colour, and, immigrants.[118] Disability Justice has ten principles listed below:[119]

a) Intersectionality
b) Leadership of Those Most Impacted
c) Anti-Capitalist Politic
d) Cross-Movement Solidarity
e) Recognising Wholeness
f) Sustainability
g) Commitment to Cross-Disability Solidarity
h) Interdependence

i) Collective Access

j) Collective Liberation

Hence, it is imperative to continue promoting the ratification of the ADP as the disability justice instrument it ought to serve and to derive the benefits it will afford persons with disabilities, particularly children with disabilities, in realising their rights.

In terms of realising legal justice for children, Juvenile Justice is a subject that must be part of national legal frameworks and legislations, particularly for children with disabilities, as they face greater challenges in undergoing legal proceedings. The Continental Conference on Access to Justice for Children in Africa, held in South Africa in May 2018, unpacked the various challenges African children with disabilities face in obtaining justice during legal processes either as defendants or plaintiffs.[120]

Policy frameworks to protect and promote the rights of children with disabilities exist in almost all the Member States examined in this Report. While policies to ensure access to education, health, the justice system, the right to play, sport, and recreation, as well as public building and transportation to children with disabilities are available in most studied states, these policy directions are barely translated into meaningful actions. The adoption of ill-defined, inadequately evidenced policies and ambiguous positions taken by governments often exclude and/or fail to ensure the protection of the rights of children with disabilities across all the five regions of the continent covered in this study.[121] These legislative and policy barriers are exacerbated by administrative or institutional barriers which further contribute to the perpetuation of marginalisation and discrimination of children with disabilities, their families, representatives as well as other key stakeholders such as OPDs and rights defenders.

2.2. Institutional Barriers

Institutional barriers fundamentally originate from attitudinal drawbacks or awareness limitations of policy-makers and legislators, which are then reflected in laws, policies, strategies, or practices discriminating against persons with disabilities.[122] In addition to the legal and policy barriers discussed above, institutional barriers related to discrimination against persons with disabilities can range from environmental, communication and information and leadership barriers. It can be observed in preceding sections of this Report that almost all studied Member States cited inaccessibility of basic services such as education, health care, justice, social services, play and recreation, sports, transportation, etc. to persons with disabilities.

Although some of the studied states' national legislations are reported to incorporate physical accessibility-related provisions for children with disabilities focused on buildings and transportation standards, many schools, hospitals, health centres, courts, recreation centres, buses, trains, churches, and/or mosques, etc. do not adhere to such standards, according to responses received from all studied states. Schools in the studied states, for example, are not only physically inaccessible to children with disabilities, but they also lack trained teachers in inclusive education practices. This barrier is further exacerbated by the lack of assistive technologies that enable educators to deliver education to children with disabilities effectively. Likewise, national health care and justice systems of the examined states remain inaccessible and disability-unfriendly, and the professionals in the respective fields are not adequately trained to offer services to children with disabilities.

While physical inaccessibility, lack of properly trained professionals, and assistive technologies are reported as major impediments, these are almost always coupled with inaccessible communication methods. For example, Sign Language interpretations, as well as access to data and information might not be available for children with disabilities. Thus, many parents have little to no information about schools that can offer education to their children with disabilities. Parents may also opt for traditional medical solutions instead of going to hospitals or healthcare centres when their children with disabilities need medical interventions. Most parents of children with disabilities in the studied states do not also have access to prenatal and neonatal services information or are unaware of where to seek these services from. For example, the lack of trained physicians and/or hospitals familiar with Sign Language and/or the lack of health centres that have Sign Language interpreters cause significant communication barriers for Deaf children. Member States must, therefore, live up to their duties to invest in closing the communication and information gaps through research, training, meaningful budgeting and active engagement of OPDs.

As reported in the present study, the justice systems within the selected Member States are marked by barriers towards the realisation of rights for children with disabilities. Children with disabilities and their families in all the studied states are not considered stakeholders in both criminal and civil justice systems and, as a result, do not have information and effective communication methods in place by law enforcement and courts. In situations of abuse or neglect, many children with disabilities and their parents/guardians are unaware or misinformed about how to report cases of abuse. In the rare instances where cases are filed, the situation gets even worse than better as complainants with disabilities are not often taken seriously, they are rather deemed non-credible and/or are asked to pay fees to process their complaints. This has been reportedly the case in the DRC, for example, where persons with disabilities are unduly asked to pay money for police officers to investigate their complaints.

The combined ramifications of attitudinal, environmental and institutional barriers added to limitations and, in most cases, absolute absence of communication and information facilities in the justice systems across Africa results in the travesty and denial of Disability Justice. Even when these barriers are acknowledged, Member States remain hesitant to improve due to lack of political will and interest – thus pointing to the fact that the principal underlying factor is leadership instead of the often-scapegoated resource constraints.

2.3. Socio, Economic and Cultural Barriers

As alluded to in previous sections, social and cultural barriers can be defined as attitudinal barriers, where persons with disabilities are considered “less”, in need of assistance or charity, seen as “abnormal” and/or “special”, and thus by extension, society denying them the empowerment needed to participate, decide and engage on their own. A plethora of social practices and traditional beliefs in Africa stigmatise persons with disabilities, which then lead to violations of basic human rights including access to food, education, work, independent decision making (autonomy), and access to justice, to mention but few.[123]

Interviews in the present study show, in no ambiguous terms, that children in Africa undergo negative attitudes from society and loved ones as their opinions are not considered because they are believed to have inferior capacity. Thus, children with disabilities in the Continent do not only have a disproportionately less chance of not accessing their fundamental rights, but they are also subjected to bodily harm, sexual abuse and even death because of social practices and traditional beliefs. For example, as reported by the selected Member States for this study, children with disabilities are rarely sent to school because parents, caretakers and the community do not see the need for them to be educated, or they believe that the children are incapable of going to school. These practices translate into societal neglect and ostracisation, as well as destitution due to the effects related to limited employment opportunities once children with disabilities reach adulthood. In instances where children with disabilities are sent to school, they are often subjected to abuse, bullying and condescending treatments by their peers and teachers.

Related to the right to health, the situation for children with disabilities in the studied states and the Continent at large continues to be dismal. For example, often times parents and caretakers of children with disabilities rarely take the children to hospitals and/or health care centres as they believe their fighting chances are very low or the costs would be better spent elsewhere. Studies have also suggested that physicians may withhold medical and/or rehabilitative services from children with severe impairments because of assumptions that they are "too disabled" to benefit from treatments, both in the relatively high-income and low-income countries of the Continent.[124] The overall nonexistence of access to services and infrastructures is not the only problem that stems from the deep-rooted attitudinal drawbacks in Africa. Active harms are also inflicted on children with disabilities because of these negative attitudes, as mentioned above. Children with disabilities are killed or exposed to infanticide, at times referred to as 'mercy killings', because they are deemed to have brought bad omens or are cursed by God or gods. Body parts of children with albinism are sought after for sale in Tanzania, DRC, Malawi, etc. leading to further violence and killings, as their limbs are believed to be needed by witchcraft practitioners in those countries. For girls with disabilities in the studied states – and across Africa - sexual violence is common and they are considered either asexual or as having no sexual desires. These erroneous beliefs, in turn, subject girls with disabilities including girls with albinism to multi-layered sexual violence such as targeted rape resulting in sexually transmitted diseases and unwanted pregnancies.

It is also integral to consider, as underscored in various sections of this Report, that parental poverty continues to be a major barrier to the protection and promotion of the rights of children with disabilities in Africa. As mentioned in previous sections of the current Report, based on data gathered from respondents of the study, the incidence of disability is highly influenced by poverty because disability can both be the reason for and the consequence of poverty.[125] For example, key informants from nearly all studied states reported that parents would only declare their children with intellectual and multiple disabilities when they heard that they could receive monthly allowances for this reason. Otherwise, they would not have disclosed their children with intellectual and multiple disabilities.

2.4. Budgeting for Children with Disabilities

There have been many persuasive publications on the benefits of investing in children with disabilities. When investing in providing children with disabilities with the proper tools, confidence and surroundings, we are supporting an entire generation who can contribute to global economies throughout their adult life.[126] Abundant literature also reiterates that the exclusion of children with disabilities costs more than planning and costing for inclusion from the start, thus making inclusive budgeting for children with disabilities economically wise.[127] Budgeting for inclusive education, investing in families of children with disabilities, inclusive health care and rehabilitation services and inclusive social protection will not only ensure the protection and promotion of children with disabilities, but the society's well-being at large, as studies have time and again established with evidence.[128] An International Labour Organization (ILO) research shows that developing nations lose as much as 7 percent of their national GDP due to practices excluding persons with disabilities from their labour markets, rooted fundamentally in prevalent societal ignorance about the merits of inclusion, on the one hand, and the untapped potentials of citizens with disabilities (not least, children and youth with disabilities), on the other.[129]

Another reason for the paucity of budgeting for children with disabilities is the acute lack of proper national data on the prevalence of disability disaggregated by types of disabilities, age and gender, hence making disability-inclusive planning and budgeting impossible. Inadequate budgets then create barriers related to awareness raising activities, and the ripple effect, as well as vicious cycle of exclusion, goes on. Thus, investing in programmes that promote inclusion and actively remove barriers to participation for children with disabilities can mitigate the long-term costs of exclusion. Member States can afford more protections and promotion of the rights of children with disabilities through the effective domestication of international and continental standards on disability rights, such as the CRPD and ADP, as adaptation costs are often higher than inclusive designing from the outset.

Reviews of initial and periodic reports of the studied states reinforce the foregoing assertions. For example, according to the initial Report of Algeria, the Ministry of National Solidarity, Family Affairs and Status of Women allocates budgets for activities of inclusive education, social life and awareness raising about the situation of children with disabilities. However, looking into the budget breakdown, activities conducted and reaches of the same Report, one can see that no attention has been given to children with disabilities but rather, they are covered under the blanket terms of children with no specific measures taken or planned.

In response to interview questions of the present study, a Congolese (Democratic Republic of Congo) organisation of persons with disabilities known as ACPDH (Congolese Agency for the Promotion of Rights of Persons with Disabilities) mentions the difficulties it faces in accessing funding to implement programmes to promote the rights of children with disabilities. The Agency also highlights the fact that lack of funds has affected collaborations and synergy among various stakeholders like the Government, OPDs, CSOs and national human rights organisations. To improve budgets allocated to support persons with disabilities in the DRC, including children, Organic Law 22/003 includes the creation of a National Support Fund dedicated to the empowerment and accessibility of persons with disabilities. However, these actions remain stalled, pending the Prime Minister's signature of implementation, as per interviewees reached for the present study.

In its response to the same interview questions, the Embassy of the Arab Republic of Egypt in Addis Ababa emphasises the Constitutional clause on the allocation of a percentage of the government expenditure to health and education, which are supposed to benefit children with disabilities too. It further draws light to the 2019/20, 2020/21 and the extension of the 2021/2022 budgets, which set several measures and stimulus packages with the aim of supporting children and their families, individuals and sectors negatively affected by COVID-19. A billion Egyptian Pounds has also been allocated to educational programmes for persons with disabilities. These allocations, nonetheless, are not corroborated by mechanisms ensuring their efficacy in attaining their intended goals of inclusion. Similarly, a reply received for the present study from the Ethiopian Human Rights Commission calls for attention to the inaccessibility of health services, including sexual and reproductive health and participation in play, recreation and sport to children with disabilities, citing budget constraints as the major bottleneck making these services inaccessible.

A response from an NGO in Mauritania emphasises on lack of funding for implementing legal and policy frameworks on children with disabilities. The Initial Report of Guinea stresses the same; while Lesotho’s Report states that the allocation of the national budget for persons with disabilities, including children with disabilities, is infinitesimal. The Initial Report of Namibia too states that there are insufficient facilities, human and financial resources to ensure that the rights of children with disabilities are protected; whereas Tanzania’s Periodic Report mentions that there are no specific funds allocated to implement existing legal and policy frameworks regarding children with disabilities but that the State allocates funds to “all Most Vulnerable Children (MVC)” which does not guarantee a sufficient amount is allocated to ensure the rights of children with disabilities.

From the above experiences of the studied states, it is only valid to infer that disability support funds are insufficient and are not deemed a priority.

CHAPTER THREE: CHALLENGES FACED BY MEMBERS STATES

Members States to the ACRWC, including the studied states, have reported certain challenges they face in ensuring the rights of children with disabilities. The barriers mentioned above in Chapter 2 of this Report are mutatis mutandis indicated by states too as hindrances to protect and promote the rights of children with disabilities effectively. Socio-cultural or attitudinal barriers are particularly said to pose tremendous difficulties in the implementation of activities aimed at protecting children with disabilities. These barriers reported by the studied states are manifested through, inter alia, low birth registration rates, unavailable country-specific disability-disaggregated data and statistics, low education enrolments, lack of accessible and effective health care, virtually no access to play, leisure, sporting activities and inaccessible justice systems when concerning children with disabilities.

The studied states have also pin-pointed challenges in institutional capacity, rooted in widespread poverty and societal ignorance about disability, which reflect in the state apparatuses and structures alike. More often than not, governmental focal points mandated to address disability rights are unclear on their enacted mandates, affected by stringent budget constraints, lack of capacity and professionals who understand the rights of persons with disabilities, misuse of resources provided for children with disabilities, and display limited political will to properly ensure that the rights of children with disabilities are indeed protected. For example, responses to the present study from many of the interviewed states reveal the gaps in institutional capacities needed for the realisation of such rights as the way the respondent states answered interview questions were inconsistent, rushed, unsubstantiated with proper research and/or even inaccurate compared to their own previous reports and existing practices, including good practices, in those states.

In other instances, such as the CAR, it appears that ensuring the rights of children with disabilities is ranked low on the State's priorities, including with aid agencies providing humanitarian interventions during and post the civil war that started in early 2013. Similarly in the DRC, another State being ravished by conflict, the Government reports that socio-cultural or attitudinal challenges related to community, family and teachers make it impossible for the State to protect and promote the rights of children with disabilities. According to the responses of Egypt for the present study, the State is faced with the challenges of perceptions and/or societal attitudes including those of teachers and parents. The Egyptian Government cited an overall lack of capacity of implementing ministries, departments, as well as OPDs and CSOs, and misuse of the limited funds provided for children with disabilities as its major Achilles' heel.

Likewise in Ethiopia, the Human Rights Commission reported prevalent derogatory perceptions among members of society, families, and care-providing professions, institutional incapacities and paucity of political will, regulatory mechanisms, accountability frameworks, and lack of coordination among different stakeholders related to children with disabilities. In Guinea, interviewed representatives of the Government identified widespread poverty and limited resources, absence of disability-friendly infrastructures, children with disabilities'-focused social policies, programmes, monitoring, evaluation and accountability mechanisms. They also reported frequent delays in fund distribution allocated for the few projects conducted for the betterment of children with disabilities. Further, the de-prioritisation of inclusive education components in the National Development Budget (NDB) and the negligence by authorities in disability-inclusive decision-making are cited as additional challenges, aggravated by poor involvement of the civil society and the lack of donor interests in the sector.

In Lesotho, the State identified challenges in effectively protecting and promoting the rights of children with disabilities, including inadequate allocation of national budget resources to people with disabilities, including children, the lack of physical inaccessibility to many services, as well as the severity of societal stigmas around disabilities including the beliefs that disabilities are contagious and that children with disabilities do not have capabilities to represent themselves. These challenges are in addition to the country's difficult topography and terrain, which create mobility barriers for persons with disabilities, including children and their parents, making it increasingly difficult for them to access lifesaving services. Interviews from Lesotho also revealed that hospitals are often understaffed, while some specialised doctors, such as physiotherapists, occupational therapists, audiologists, and eye doctors/ophthalmologists do not exist in the country. An NGO response from Mauritania reaffirms the above-mentioned challenges while particularly exemplifying 'racial discrimination' of children with disabilities in historically marginalized communities.

Namibia, too, reported the lack of capacities, negative perceptions from the society, family and professional care providers, as well as insufficient facilities, human resources and finances as some of the challenges faced by the State in ensuring the rights of children with disabilities. The situation in Tanzania is similar to Namibia and others, combined with specific challenges related to children with albinism. Cited challenges faced by the State also include:

- Existing negative and harmful cultural beliefs against children with disabilities;
- The proliferation of negative social beliefs about body parts of children with albinism;

- Heavy caseloads and backlogs of cases facing courts in the state causing inordinate delays in investigating and prosecuting, especially cases concerning children with albinism; and

- Financial and human resources constraints facing law enforcement and social welfare agencies.

In the words of the African Report on Children with Disabilities: “data and statistics on children disabilities are not credible or reliable, are not appropriately disaggregated on the basis of disability, gender and age where needed, and do not accurately capture the number of children with disabilities or their needs.”[130] The lack of reliable and disaggregated data on children with disabilities stems, inter alia, from very low registration of the birth of children with disabilities across the continent. This, in turn, is rooted in the persisting negative attitude and social stigma in almost all African states, including the studied states. Parents hide their children with disabilities and rarely register them on national registries of respective Member States for fear of being subjected to societal stigmas. Further, the data gaps can be attributed to the lack of standardised definitions related to disability, the general lack of nationally representative data, as well as ambiguities on the distinction between degrees and types of impairments, for which there is still no Africa-specific, contextualized tool of data disaggregation, except the international Washington Group of Questions on Disability Data Disaggregation.[131]

Based on extensive document reviews and responses received for the present study, this is a notable absence in all studied states. For instance, the Central African Republic (CAR) has no conclusive, readily available data on persons with disabilities, including children. Although Algeria is in a similar position with no available appropriately disaggregated data based on gender, age, type, or severity of disability, a 2006 survey conducted by the Algerian Office of National Statistics reported that 2.5% of the Algerian population live with a disability – a figure contested by several NGOs and OPDs as severely under representative. This exact status-quo of either unavailable or inaccurate data is observed in all of the studied states.

CHAPTER FOUR:

AVAILABLE CARE, PROTECTION AND OTHER SERVICES FOR CHILDREN WITH DISABILITIES

The importance of family care to children with disabilities is visibly recognised by both the ACERWC and global standards.[132] It is in the best interests of children with disabilities to be raised in a family environment. As highlighted in previous chapters of the present Report, children with disabilities in the selected Member States are marginalised and discriminated against when receiving care and protection. Children with disabilities have the lowest rate of enrolment in schools, receive poorer to no health care, are at a greater risk of poverty, and are disproportionately subjected to violence, exploitation and exclusion from society and family life as these resources are constrained in the studied states as well as throughout the Continent. These outcomes are attributed to insufficiently enforced legal protection, systemic discrimination, ableism, ill-equipped and untrained care-providing professionals, family members and communities.

According to a UNICEF document, it is important to have care reforms with children with disabilities at the centre of the agenda.[133] This is because families that care for children with disabilities receive little to no, among others, material and psychosocial support, leaving a significant number of children with disabilities to be placed in institutional care, as domestic adoption and foster care for children with disabilities are rarely available in Africa. When children end up in institutional care facilities, it is known to be harmful to their physical and psychological well-being and may expose them to physical and psychological abuse, resulting in life-long effects.[134] It is also important to note that parents and caretakers of children with disabilities find it very hard to gain employment due to the negative stigma associated with disabilities – a situation known as ‘discrimination by association’. Therefore, not only are children with disabilities discriminated against in receiving services and care, but also their parents/guardians face job market discrimination because they are marginalised.

Through the examination of initial and periodic reports submitted to the ACERWC by Member States, on the one hand, and interviews conducted for this study, on the other, it appears that all the states, except Namibia and Egypt, have resorted to the provision of institutionalised care as a form of alternative care and that is detrimental to the children. Children with disabilities in in institutional settings are said to be prone to physical, emotional, and sexual abuse at the very hands of professionals who are supposed to be providing them care. To prevent such abuse and harm from occurring, reforms to these institutionalised centres can ensure the protection and care of children with disabilities. Some suggested concrete steps forward, based on available literature and research in this regard, include: developing an inclusive vision of care reform and prioritising the needs of children with disabilities and their families, capacity building workshops for social workers, involving paraprofessionals and community volunteers, alerting law enforcement and monitoring organs including OPDs on the demerits of institutionalisation. Other recommended measures are enacting legislation and the development of guidance for case management related to children with disabilities who do not have parental care and protection. When these actions are adopted, together with increased engagement of children, caregivers, parents, and OPDs, and the recognition of diversities of children with disabilities, only then will norms around available care and protection for children with disabilities begin to change,

In the cases of Namibia and Egypt, the State provided notable cash transfers and cash assistance to families of children with disabilities. Algeria also offers social allowances for families from low incomes, including families of children with disabilities. Neither of these states have, however, made a paradigm shift from institutionalised care settings, and their cash transfers programmes are also not available and/or well-managed, as per interviewees in the present study.

CHAPTER FIVE:

PROTECTION OF CHILDREN WITH DISABILITIES IN MOST VULNERABLE SITUATIONS

In general, children across the world are vulnerable due to their salient circumstances as children. All children, including those with disabilities, should thus be exceptionally protected by their families, caretakers, communities, and the State. However, needless to say, some children are especially vulnerable to violations of their rights because of an aspect of their identity or circumstances, such as disability, multiple disabilities, and peculiar, compounded vulnerabilities arising from disability-gender-age-based violence, or because they have no family.[135] It is established in the present study that disability is one of the grounds for pervasive, consistent, prevalent discrimination in all the selected Member States. With that being said, nonetheless, the situation of children with disabilities in exceptional circumstances warrants a discussion of its accord. This Chapter, therefore, dwells briefly on aggravated vulnerabilities of the following categories of children with disabilities on the basis of reviews of the ACERWC jurisprudence, responses of interviewees for the study and available literature.

5.1. Children with Intellectual Disabilities

According to Inclusion International, there are 130 million persons with intellectual disabilities around the world, with 10 to 15 million of them residing in Africa.[136] Children with intellectual disabilities are disproportionately affected in accessing education, health care, the justice system, as well as family and social services. Children with intellectual disabilities, girls in particular, are exposed to sexual violence as they are believed to not be able to comprehend what happened and report cases to relevant authorities. Parents rarely register their children with intellectual disabilities for fear of severe societal prejudice. All the studied states reported absence of institutional capacities, inclusive curricula, and trained professionals needed to effectively educate children with intellectual disabilities. Inalienable human rights, including the right to life, are pervasively denied to children with intellectual disabilities across Africa, with little to no accountability measures.

5.2. Children with Albinism

Albinism is a rare, non-contagious, genetically inherited condition present at birth, which results in a lack of pigmentation in the skin, hair and eyes, causing vulnerability to sun exposure and bright light.[137] As underscored in the ACERWC's Investigation Mission Report on the Situation of Children with Albinism in Tanzania, the peculiar breaches of the rights of persons with albinism can be categorized into three key areas, namely: security, displacement and discrimination.[138] While children with albinism, as all children with disabilities, are discriminated against in the protection and promotion of their civil, political, economic, social and cultural rights, they face salient threats to their right to life and security as they are subjected to physical violence, brutal atrocities, and killings. These threats to life are because the body parts of children with albinism are superstitiously believed to lead one to many riches. Therefore, sections of society with such beliefs pose existential threats to persons with albinism, especially children. Children with albinism are also subjected to displacement, as they often flee their homes – at times with their parents and acquaintances – to spare their lives and in search of safety.

According to the responses of Under the Same Sun (UTSS) and its partner, the Africa Albinism Network (AAN), for the present study, children with albinism need concrete and specific measures that are beyond legislation and policy rhetoric to protect them from the evident existential dangers posed on their right to life, security and bodily integrity. The AU reacted similarly in 2019 with the adoption of a continent-wide policy known as the AU Plan of Action on Albinism and its Implementation Matrix. Further, the UN Human Rights Council, on 12 July 2021, adopted Resolution [139] on the elimination of harmful practices related to accusations of witchcraft and ritual attacks in relation to discrimination against persons with albinism. As of the writing of the current Draft Report, none of the studied states ratified the AU Plan of Action on Albinism and have yet to domesticate it.

All AU Member States and, as a matter of time-sensitive priority, those where atrocities against children with albinism are frequently reported, such as Tanzania, Malawi and the DRC, should undertake and implement measures to protect and promote the rights of their citizens with albinism. More importantly, the states must diligently work on awareness raising of the issues faced by children with albinism in accessing inter alia education, healthcare, justice, social services, and registration at birth. Appropriate and sufficient budget allocations should be made to ensure a nationwide reach of such urgent awareness raising efforts aimed at securing the solemn right to life of children with albinism.

5.3. Rural Children

In Africa, the level of poverty is often related to the geographical location and the specific settings that an area is classified under. Urban areas have relatively better infrastructure and access to resources and services, while rural areas are least developed, with inadequate infrastructures and limited access. Children with disabilities in rural areas tend to face more challenges than those in urban areas of the continent. In rural areas, environmental and physical barriers are much more visible because those areas are left out of economic and infrastructural developments, making it harder for children with disabilities to navigate through their environment. Legal and policy frameworks barely trickle down to regional or rural areas, while the socio-cultural and pejorative attitudes towards children with disabilities are higher because of lower literacy levels in general.

As can be gathered from initial and periodic Reports to the ACERWC by Member States covered in this study, it is evident that children with disabilities in rural areas are disproportionately affected by multi-faceted forms of violence. However, measures to ensure that their rights are protected have not been outlined. It is thus imperative that African states underscore and then plan, in a targeted manner, to ensure the rights of children with disabilities in rural areas.

5.4. Girl Children

Article 6 of the CRPD recognises that “girls with disabilities are subject to multiple discrimination, and in this regard state parties shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms”. Further, in accordance with Article 6(2) of the CRPD, “State Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women and girls, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention”. Nevertheless, even though all the studied states have ratified the CRPD, evidence suggests that girls with disabilities are exceptionally excluded from sexual reproductive health services as they are perceived to be asexual or as having no sexual desires. These perceptions, in turn, lead to sexual violence against most girls with disabilities in Africa, including the studied states. The belief that sexual intercourse with girls with albinism would cure sexually transmitted diseases, including HIV/AIDS, makes girls with albinism exposed to gruesome violence, as per respondents of the present study. All these challenges are observed in all the selected Member States, whereas barely any of them have reported taking effective and tangible measures to this end.

5.5. Children with Multiple Disabilities

Children with multiple disabilities have a combination of more than one disability, such as intellectual, physical, sensory, mental, and neurological impairments, including speech impairments, brain injuries and more.[140] Chronic diseases, too, which are broadly defined as “conditions that last one year or more”[141] could lead to multiple disabilities. Children with multiple disabilities may most likely, but not necessarily in all circumstances, need assistance throughout their lives. Resulting from the absence of reliable and disaggregated data on children with multiple disabilities in Africa, not least in the selected Member States, it is near to impossible to understand the prevalence of multiple disabilities in children. Further, the overall lack of prenatal and neonatal health services and the low number of trained doctors specialised in cases of multiple disabilities make early detection and follow-up on multiple disabilities unavailable throughout the continent.

As reported by interviewees in the studied states, when a case of a child with multiple disabilities occurs, they are not registered at birth, causing additional barriers for them to access education, health care, justice, and social services, which, in the first place, are also not accommodative at all of children with multiple impairments. Besides, there are no legislative and policy frameworks in the studied states, including within the ACERWC jurisprudence itself, that can ensure the protection and promotion of the civil and political, economic, social, and cultural rights of children with multiple disabilities. The ACERWC and its Member States are strongly advised to conduct in-depth research and collect at least some baseline data on children with multiple disabilities in Africa with the aim of recognising, protecting and promoting their fundamental rights.

5.6. Children with Disabilities Involved in Child Labour

According to a UNICEF Advocacy Brief, children with intellectual, psychological, emotional, and developmental disabilities are especially vulnerable to being forced into child labour, and are more likely to face threats of violence, neglect, and abuse.[142] Children with disabilities are also exposed to the worst type of exploitation, including trafficking, sexual exploitation, domestic enslavement, and begging. The ACRWC protects children from labour under Article 15,[143] however, none of the studied states have the legal and policy frameworks, let alone the practice, of providing the relevant protection for children with disabilities.

5.7. Children with Disabilities in Conflict and Crises Situations

A January 2022 report of the UN Secretary-General’s Special Representative on Children and Armed Conflict, children with disabilities have been overwhelmingly left out of international action on children in conflict and crisis situations.[144] Likewise, the Human Rights Watch reports that children with disabilities and their families often face disproportionate risk of harm during conflicts and crisis situations, compared to children without disabilities.[145] Children with disabilities are at a greater risk of attack while fleeing conflicts, including abandonment by their families or caretakers. Conflicts disrupt the lives of everyone, but their ramifications on children with disabilities are heightened because even IDP and refugee camps have limited, if any, options for inclusivity.

Responses to the present study from states such as the CAR, the DRC and Ethiopia indicate that children with disabilities in conflict and crisis situations and their families often fall victim to poverty, creating challenges in affording basic needs, even after hostilities have ended. They are also subjected to their assistive devices being destroyed, with no solutions offered afterwards by the states or humanitarian agencies. Conflict and crisis situations are reported to affect the mental health of children with disabilities more than they would affect children without disabilities. This vulnerability to mental health challenges further causes them to be excluded from education and access to sanitation and health care facilities in makeshift camps.

The ACRWC, under Article 22, stipulates the rights of children in conflict and crisis situations.[146] Three of the Member States selected for the present study, i.e. the CAR, the DRC, and Ethiopia were/are in active conflicts when the research team undertook data collection but have not reported legal or policy frameworks laid out to protect the rights of children with disabilities in conflict and crisis situations. The rest of the studied Member States, too, have no legal or policy framework to protect the rights of children with disabilities in conflict and crisis situations.

5.8. Children with Disabilities in IDP and Refugee Settings

In Ethiopia alone, almost 59% of refugees are children.[147] Albeit there is no data on the number of refugee children with disabilities, then latter are exponentially affected when communities are forced to leave their homes due to war, civil conflicts, or natural disasters as also mentioned in preceding sections and sub-sections. Persons with disabilities, more so children, are neglected, hidden, and excluded in refugee camps, if they make it to such camps at all. Refugee children with disabilities are often not counted in refugee registration due to misconceptions and social stigma, thus have little to no access to education, health service and social services provided to IDPs by development and relief programmes.

The ACRWC, under Article 23, provides for the rights of refugee children.[148] It should however be noted that none of the studied states have legislative or policy frameworks to ensure that the civil and political, economic, social, and cultural rights of refugee children with disabilities in their jurisdictions are particularly protected. What is more, the African Union’s Convention for the Protection and Assistance of Internally Displaced Persons in Africa (otherwise known as the Kampala Convention) that entered into force on 6 December 2012, has the main objective of providing protection and assistance of IDPs to Africa. The convention states the obligation of States to provide special protection and assistance to IDPs with disabilities, hence, the obligations described are to be read as extending to children with disabilities.[149]

CHAPTER SIX: BEST PRACTICES

The disability landscape in Africa is changing gradually but for the better. Although the past many decades and centuries for children with disabilities in Africa have been characterised by exclusion, invisibility, isolation, ableism (a misconceived mindset that persons with disabilities are inferior to persons without disabilities), direct and indirect systemic violence, there is a gradual paradigm shift occurring within cultures, norms and nations, and differences are beginning to be valued as opportunities while recognition of the rights of children with disabilities are increasing.[150] This is mainly due to the steady, concerted endeavours of persons with disabilities and their organisations at global, continental and, importantly, national and grassroots levels, the advent of widely accepted international and regional binding normative frameworks such as the CRPD, ADP, etc., and a growing evidence-based research, knowledge and advocacy focus such as the current Continental Study on the Status of Children with Disabilities in Africa.

While a lot remains to be done in terms of burgeoning best practices in States parties to the ACRWC as well as within the ACERWC itself concerning children with disabilities, the present study has attempted to document some encouraging practices already being observed in the studied states. The ongoing recognition and incorporation of provisions promoting and protecting the rights of persons with disabilities, including children with disabilities, in domestic legislation is one such good practice noted in the study. Member States to mention in this regard are the DRC, Egypt and Ethiopia. Although they are not among the selected studied states, the Governments of Uganda and Kenya have adopted exemplary approaches to defining disability in their respective Constitutions, using the social and human rights models of disability. Per a response of the Arab Republic of Egypt to interview questions asked by the present study, the promulgation of Egypt's Law 10/2018 marked a departure from an alms-welfare framing of policies addressing citizens with disabilities to usher in a new approach that addresses the notions of equality, discrimination, equal opportunity, and government responsibility.

Another example of national best practices are new institutional and policy frameworks being introduced in, for example, Lesotho, Namibia, the DRC and Ethiopia, each of which have established disability focal points in ministries mandated to, inter alia:

- Promote strong policies and systems that respect the rights of persons with disabilities, including children;

- Scaling up high quality and accessible services;
- Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions.

Other good practices by State parties to the ACRWC identified include the following:

- In terms of due representation, there are some important best practices by state parties to the ACRWC. For instance, in Togo, the National Children's Advisory Council has set up an inclusive advisory council for children with disabilities, which includes regional and national advisers and two children with disabilities. In Mauritania, children with disabilities are represented in the National Council for Children as well. In Guinea and Benin, children with disabilities are represented in the children's parliament.
- In education sector planning, Togo and Benin indicated during validation workshop of the present study that their Education Sector Plan has duly incorporated inclusive education. Likewise, there is an inclusive education thematic group in the implementation of the education sector plan in Togo. The existence of a ten-year education program on inclusive education which could be a pillar for inclusive education for children with disabilities is also a notable best practice in Guinea.
- There are also some great practices on the collaboration between government and OPDs and NGOs in some State Parties. For instance, in Guinea, Togo, Benin, Senegal and Mauritania, governments have worked in collaboration with the CSOs to implement pilot projects for inclusive education. Further, in Benin and Mauritania, the support of OPDs and NGOs has ensured the promotion of special education by organisations and some private schools to achieve inclusive education. In Guinea, too, there is a synergy of action between the OPDs and NGOs in the context of promoting inclusive education.
- In terms of access to basic services, Senegal and Mauritania have devised a mechanism whereby persons with disabilities have cards that allow children to access various basic services such as health, education, and transport, among others. The card also allows families of persons with disabilities to obtain monthly allowances.

It cannot be overemphasised, though, that the capacity limitations of these focal points, exacerbated by the continued, unfounded, systemic undermining of meaningful self-representation of persons with disabilities in leading these institutional mechanisms, remains an Achilles heel adversely impacting sustainable progress.

CHAPTER SEVEN:

ROLE OF VARIOUS STAKEHOLDERS AT NATIONAL AND REGIONAL LEVELS

Different stakeholders at national, regional and international levels have the duty to play distinct as well as cumulative roles in ensuring the protection and promotion of the rights of children with disabilities, as presented in the sub-sections below based on findings of the present study. The various stakeholders at all levels are supposed to coordinate for better results and resource utilisation effectively. However, oftentimes in African states, including the studied states, the continuum in lack of synergies and tendencies to work 'in silos' often leads to scattered efforts, thereby eventually affecting the entire role of all stakeholders as change agents.

7.1. Line Ministries and Departments

Ministries or departments tasked to be the focal points for disability are, in principle, responsible for developing national and general policies and recommending policies, strategies, programmes, and projects to be adopted in order to ensure the protection and promotion of the rights of persons with disabilities, in general, and children with disabilities, in particular. The focal points also prepare annual reports and submit them for review prior to onward submissions to regional and international treaty bodies such as the ACERWC and the CRPD Committee. They are also responsible for the coordination of activities and projects with national and regional OPDs; national, regional and international NGOs or CSOs; national and international human rights institutions and grassroots establishments, including families, schools and communities.

Other parallel line ministries and departments, on the other hand, have the duty to ensure that their activities, plans and strategies are harmonised for the protection and promotion of the rights of children with disabilities. These ministries and departments ought to coordinate with the ministry, department or focal point specifically mandated for disability rights where activity overlaps happen or for the purpose of raising awareness on the situation of children with disabilities.

7.2. National and Regional Organisations of Persons with Disabilities

National and regional OPDs play an indispensable role in self-representation and advocacy for the rights of children with disabilities. National and regional OPDs also engage in the drafting of conventions, charters and national instruments protecting and promoting disability rights; examples in this regard are the CRPD and ADP, both of which were drafted with active involvement and leadership of OPDs. Such organisations should also be actively engaged in designing mainstream frameworks for service provisions such as education, health, rehabilitation and vocational training. OPDs, aside from advocacy work and service provision, can assist in activities of identifying needs, expressing views on priorities, evaluating services and public awareness, as also underlined by all respondents of the present study.

7.3. National, Regional, and International Non-Governmental Organisations and Civil Society Organisations

In all the studied states, national, regional, and international NGOs and CSOs can be differentiated based on their registration types in that particular jurisdiction. For example, some organisations in Namibia, such as the Association for Children with Language, Speech and Hearing Impairments of Namibia (CLaSH), provide screening, diagnosing, and providing assistive devices in the cases where the Government is not able to. Both NGOs and CSOs in the studied states aim to organise and mobilise members and resources with the aim of protecting and promoting human rights, but disability rights are often not a priority to most. Thus, national, regional, and international NGOs/CSOs have the responsibility to increasingly engage in projects or activities that promote and protect disability rights. These projects and activities can range from complementing government/ministry efforts to promoting disability rights, localising international efforts to promote the rights of children with disabilities, monitoring the implementation of activities to promote the rights of children with disabilities, and advocating and raising awareness on issues faced by children with disabilities. Respondents in the present study from each of the ten sampled states pointed out that since the COVID-19 pandemic, involvement and engagement of international NGOs have been dwindling.

7.4. National and Regional Human Rights Institutions

National and regional human rights institutions (HRIs) help monitor the implementation of the rights of children with disabilities regarding education, health care, justice system, physical accessibility or social services. The institutions can also engage in awareness raising activities in order to promote and protect the rights of children with disabilities. National and Regional HRIs are often granted affiliate/association/observer status before the ACERWC and other treaty organs with the aim of assisting the latter in the execution of their mandates. In accordance with the ACERWC Guideline[151] for granting affiliate status to HRIs, for example, once an HRI is granted an Affiliate Status, it can be involved in the following activities:

- Attend and actively participate in the Open Sessions of the Committee, particularly in Sessions where State Party reports are considered;

- Upon the Committee's approval, attend the closed Sessions of the Committee as it deems necessary;

- Table an agenda before the Committee pursuant to Rule 33 of the Rules of Procedures of the ACERWC;

- Access the State Party reports in a timely manner, as well as other documents that the Committee decides to be shared;

- The HRI can also submit an alternative/independent report to the Committee following the submission of the report of the country they are established;

- Whenever necessary, a HRI can submit thematic briefings on child rights issues which need the attention of the Committee;

- Assist in the dissemination and implementation of the concluding observations and recommendations of the Committee that have been forwarded to State Party concerned;

- Assist the Committee's undertakings such as investigative, follow-up or fact-finding missions in the country of the Affiliate/ Associate NHRI of child rights in the State Party;

- Follow-up on the implementation of the decisions of the Committee on communications concerning the country the Affiliate is established in; and,

- Collaborate with the Committee in other child rights activities such as studies and reports.

Evidently, interventions of human rights institutions on disability matters, at both national and regional levels, has yet to be satisfactory as stated in various sections of the present study.

7.5. Caregivers

Needless to say, caregivers, including but not limited to, parents, families, teachers and community-based establishments, are essential in promoting and protecting the rights of children with disabilities.

Parents and family members have an indispensable role in ensuring the development and well-being of children with disabilities; providing disability-friendly basic necessities; delivering moral and ethical trainings; ensuring that education is provided and the health of children with disabilities are properly catered for. For example, in Namibia, caregivers are required to ensure that children with disabilities have access to services such as national registration, information and education in close collaboration with teachers. Community-based support systems also play crucial roles where parents and families are not available, for one reason or another, to ensure the protection of the rights of children with disabilities.

7.6. The AU, ACERWC, RECs and Other Key Regional and Sub-Regional Organs

The AU, as part of its mandates to ensure the protection of human rights across the Continent as per its Constitutive Act, adopted the ACRWC with the aim of protecting the rights of children, including children with disabilities. As detailed in previous chapters, the ACERWC receives and assesses state reports periodically, reviews measures undertaken, assesses if the measures are adequate, reviews the challenges faced by the member states in implementing the rights of children, including the rights of children with disabilities, and provides recommendations thereof. As per the ACRWC, the Committee also has the role of considering communications from any person, group or NGO recognised by the African Union, by a Member State, or the United Nations relating to any matter covered by the Charter. Regional Economic Communities, other key regional and sub-regional organs ought to exert efforts to ensure collaboration and synergy between the activities implemented across the different organs; harmonise the protection and promotion of the rights of children with disabilities in the internal and external activities of the RECs, other key regional and sub- regional organs and synergise the efforts of awareness raising on the issues faced by children’s disabilities.

CHAPTER EIGHT: CONCLUSIONS, INSIGHTS AND RECOMMENDATIONS

The promotion, protection, and fulfilment of the rights of children with disabilities in Africa require coordinated efforts and collaboration by all stakeholders. Collaboration, in contrast to working 'in silos', would, in turn, demand the cumulative involvement of stakeholders in all and various stages to establish a constructive system that works to safeguard Africa's children with disabilities. Where coordination exists, there are harmonised interventions that complement each other and result in the intended outcomes of protecting and promoting disability rights, in general, and the rights of children with disabilities, in particular.

However, it is common to see efforts of various stakeholders in the African human rights and disability rights sector scattered, with minimal impact and missing their objectives. This phenomenon is true for all Member States selected for the present study. The AU, RECs, other regional and sub-regional organs, and States, through their various line ministries and departments, rarely involve other stakeholders in the planning, executing, and monitoring activities. Aside from the budgetary constraints, negative perceptions and lack of awareness, the lack of reliable disaggregated data on the status of children with disabilities in Africa and the acute paucity of synergised and accountable regional and national mechanisms is a major contributing challenge in ensuring the protection, promotion and fulfilment of the rights and welfare of children with disabilities across the Continent.

The strategies, plans and activities developed without the meaningful involvement of national and regional OPDs, national, regional, and international NGOs/CSOs and caregivers of children with disabilities end up being ineffective and do not offer a well-rounded solution. Hence, when decisions are made without consulting the concerned stakeholders – in this instance, children with disabilities – the outcome is assured to be of no avail.

While national and regional human rights institutions are mandated to autonomously point out inconsistencies, infringements and malpractices on the rights of children with disabilities, they are often critiqued - including by respondents in the present study - of working under the influence of states, thus failing to monitor the activities of the latter impartially. The dearth of synergy between national and regional OPDs and national, regional, and international NGOs/CSOs is almost always evident in the duplication of activities and unnecessary resource investments in 'reinventing the wheel'. Disability inclusion, which is already characterised by inadequate budgeting, does not benefit from duplication of or scattered efforts. Interviewees for the present study highlighted that national and regional OPDs and national, regional, and international NGOs/CSOs fail to synergise and collaborate either because they do not see the big picture and sustainability attained through synergised and collaborative efforts or due to the overall competition of resources, or due to both of these factors.

With a view to encouraging collaboration and synergy among the various stakeholders in the promotion, protection and fulfilment of the rights and well-being of children with disabilities in Africa, the Committee – through the present study – recommends that:

- the AU, ACERWC, RECs and other regional and sub-regional organs encourage the involvement of stakeholders such as OPDs, NGOs and CSOs in the planning, executing and monitoring activities to protect, promote and fulfil the rights and welfare of children with disabilities;

- line ministries and departments of Member States implement policies, plans and strategies in transparent manners and develop inclusive working systems that encourage the involvement of OPDs and NGOs/CSOs in the planning, executing and monitoring of their activities on disability rights;

- national and regional OPDs and national, regional, and international NGOs/CSOs engage in trust-building activities and platforms with each other with aim of collaborative and synergised disability development regimes;

- national OPDs, NGOs and CSOs, through the auspices of national, regional and international frameworks, design awareness raising and sensitisation programmes tailored for specific local contexts, targeting community members, religious leaders, educators, family members and others to break the perpetual cycle of disability-focused societal stigma and promote the importance of registering children with disabilities at birth, so that they can realise their rights;

- there be effective inter-ministerial coordination taskforces that directly report to and are supported or driven by governments at the offices of high-level officials, for instance Office of the President. This demonstrates political will and reinforces effectiveness. The meaningful implementation of national plans of action and strategies is determined by the positioning of the focal points and coordination mechanisms within the overall government structures.

- taskforces take note of the fact that children with disabilities experience disability differently (that they are not a homogenous group) and accordingly respond to each of the challenges confronted by them. Approaches of such taskforces should be intentionally intersectional; identifying children with different disabilities and responding to their respective challenges. In doing so, representation of adults and children with lived experiences of disabilities is pivotal.

- self-representation of persons with disabilities and implementation of evidence-based interventions be prioritised. Member states and other stakeholders should work to ensure the inclusion of qualified persons with disabilities within the public administration.

- Member States ensure adequate support to OPDs, NGOs, NHRIs and other groups working to improve the inclusion and access of children with disabilities to basic services. Member states should also establish proper mechanisms for auditing funds/budgets and should ensure that these funds are used for their targeted purposes and that there is prosecution of those who happen to misuse them.

- NGOs, CSOs and NHRIs be more proactive and apply for observer and affiliate status before the ACERWC to play an active role in highlighting the challenges of children with disabilities, recommending possible solutions to address those challenges and influencing decision-makers at all levels. These stakeholders should consistently use such platforms to share and learn from best practices as well.

- Media outlets be sensitised on the correct terminologies they should use when referring to and/or reporting on children with disabilities and their content should be accessible and friendly to children with disabilities.

- Member States are recommended to lead by applying appropriate policies and legislation. Further, the study recommends that governments make sure that political and institutional barriers which limit the enjoyment of rights and protections afforded to children with disabilities are ameliorated and, through time, eliminated altogether. For Member States undergoing conflict and crisis situations, it should be noted that there is an urgent need to reinforce commitments under, inter alia, the Kampala Convention. Article 9(2)(c) of the Kampala Convention stipulates the duty of states to provide “special protection” for persons with disabilities in situations of internal displacement.

END NOTES:

1 All Member States of the African Union are State parties to the UN Convention on the Rights of the Child.

2 Of the 55 AU Member States, 50 have ratified the CRPD.

3 As at October 2022, the ADP has been signed by Angola, Burkina Faso, Cameroon, Central African Republic, Gabon, Mali, Malawi, Mozambique, Niger, Nigeria, Rwanda, South Africa and Togo. Whereas the five AU Member States that so far ratified the Protocol are Angola, Burundi, Mali, Kenya and Rwanda.

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5 World Health Organization, World Report on Disability (2011) available at <https://www.who.int/publications/i/item/9789241564182 > accessed 16 June 2022 [hereinafter WHO], p. 261.

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7 UN Secretary General's Study on Violence against Children; Thematic Group on Violence against Children with Disabilities Summary report, Violence against children with disabilities (2005), p. 4.

8 ACPF, The lives of children with disabilities in Africa: A glimpse into a hidden world, The African Child Policy Forum (2011), Nafisa Baboo, p. iv.

9 UNICEF, Promoting the Rights of Children with Disabilities (2007), p. 17.

10 D. Thulani et. al., 'Interventions to reduce the exclusion of children with disabilities from education: A Zimbabwean perspective from the field', Cogent Social Sciences, vol. 7 No. 1 (2021) Available at <https://www.tandfonline.com/doi/epub/10.1080/23311886.2021.1913848?needAccess=true> Accessed 16 June 2022).

11 H. Jones, Disabled Children's Rights: A Practical Guide (2001), Save the Children: Sweden.

12 M. Wickenden 'Disabled children and work: An overview of a neglected topic with a specific focus on Ghana' (2021) ACHA Working Paper 7, Brighton: Action on children's harmful work in Africa, p. 12 available at <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/16425/ACHAWorkingPaper7.pdf?sequence=1andisAllowed=y> accessed 16 June 2022; A.M. Smith, 'Persons with disabilities as a social and economic underclass', Kansas Journal of Law and Public Policy, vol. 12(2003), p. 15.

13 UNICEF (n 9), p.15.

14 S. Baird et. al., 'Intersectionality as a framework for understanding adolescent vulnerabilities in low- and-middle-income countries: Expanding our commitment to leave no one behind' (2021) The European Journal of Development Research 33, p. 1154 available at <https://doi.org/10.1057/

s41287-021-00440-x> accessed 19 June 2022.

15 See M. Schneider and G. Saloojee, 'Monitoring childhood disability' in A. Dawes, R. Bray and A. Van Der Merwe (eds.), Monitoring Child Well-Being: South African Rights-Based Approach (2007), p. 197; United Nations Department of Economic and Social Affairs 'Disability and development report: Realizing the Sustainable Development Goals by, for and with persons with disabilities' (2019), p. 52 available at <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf> accessed 19 June 2022.

16 United Nations Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities and its Optional Protocol, From exclusion to equality: Realizing the Rights of Persons with Disabilities (2007), p.1.

17 Handicap International 'Education, girl, disability: an equation to solve - Ensuring the right to education for girls with disabilities in the Sahel' (2021) available at <https://handicap-international.ch/snuploads/document/factsheetGirlsEducationDisability-EN.pdf> accessed 16 June 2022, pp. 1-3.

18 Institute of Development Studies 'Disability Inclusive Development Tanzania Situational Analysis' (2020) available at <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15509/DID%20Tanzania%20SITAN%20%20June%202020.pdf?sequence=1> accessed 16 June 2022, pp. 5, 21-22.

19 United Nations Handbook for Parliamentarians (n 15) p. 21.

20 Ibid.

21 S. Baird et. al., 'Intersectionality as a framework for understanding adolescent vulnerabilities in low- and middle-income countries: Expanding our commitment to leave no one behind' (2021) The European Journal of Development Research 33, p. 1147 available at <https://doi.org/10.1057/s41287-021-00440-x> accessed 19 June 2022.

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27 See Convention on the Rights of the Child, General Assembly resolution 44/25 of 20 November 1989, arts. 2 and 23.

28 African Charter on the Rights and Welfare of the Child, OAU Doc.CAB/LEG/24.9/49 (adopted 1990, entered into force 29 November 1999), art. 13.

29 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 11 July 2003, available at: https://www.refworld.org/docid/3f4b139d4.html, art 23.

30 Shimelis Tsegaye Tesemma. Policy brief summary promoting inclusive education for

girls and boys with disabilities in West and Central Africa (2020) p.1 available at <https://www.inclusive-education-initiative.org/sites/iei/files/2021-02/Policy-Brief-Summary-EN-Inclusive-Ed-in-West-and-Central-Africa.pdf> accessed 19 June 2022; ACPF, Educating children with disabilities in Africa towards a policy of inclusion (2011), p. 3.

31 E.g. Guinea (West Africa), Central African Republic and the Democratic Republic of Congo (Central Africa), Namibia (Southern Africa), Mauritania, Algeria and Egypt (North Africa) were selected with this consideration.

32 See, e.g. the ACERWC Investigative Mission Report on the Situation of Children with Albinism in Temporary Holding. Shelters – Tanzania. Available at https://www.acerwc.africa/wp-content/uploads/2018/07/Investigative_Mission_on_the_Situation_of_Children_with_Albinism_A4.pdf

33 These principles are: (a) Non-discrimination of children (article 3 of the Charter); (b)The best interest of the child (article 4(1) of the Charter); (c) The right to survival, protection and development of each child (article 5 of the Charter); and (d)The right to participation (article 4(2) of the Charter).

34 Convention on the Rights of Persons with Disabilities General Assembly Resolution 61/106, December 13, 2006 (Hereinafter referred as CRPD), Article 1, Paragraph 2

35 Protocol to The African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, adopted on the 13th ordinary session of the Assembly on January 18, 2018 (Hereinafter referred as African Disability Protocol (ADP), Article 1, Paragraph 12

36 United Nations, Disability Fact Sheet, International Convention on the Rights of Persons with Disabilities, United Nations, New York 2006 available at <https://www.un.org/disabilities/documents/toolaction/pwdfs.pdf> accessed September 01, 2022

37 Supra note, 4. UNICEF, p. 7.

38 Promoting the Rights of Children with Disabilities, UNICEF Innocenti Digest No. 13(2007), Page 5

39 Disability Rights in the African Regional Human Rights System (2011 - 2012), Helen Combrinck - The African Disability Rights Yearbook, page 362 (Available at <https://www.saflii.org/za/journals/ADRY/2013/9.html#pgfd-1064982> last accessed on August 31, 2022)

40 African Charter on the Rights and Welfare of the Child, OAU Doc.CAB/LEG/24.9/49 (adopted 1990, entered into force 29 November 1999), article 13

41 Kigali Declaration, 2003, Paragraphs 19 and 20

42 143 Resolution on the Transformation of the Focal Point on the Rights of Older Persons in Africa into a Working Group on the Rights of Older Persons and People with Disabilities in Africa - ACHPR/Res. 143 (XXXXV)09

43 The final Communique of the commission can be accessed at <https://www.achpr.org/

sessions/info?id=158 >

44 Kamga, Supra note 10, page 223

45 The CRPD is ratified by Algeria ratified on Dec 04, 2009; Central African Republic (CAR) on Oct 11, 2016; The Democratic Republic of Congo on Sep 03, 2015; Egypt on Apr 14, 2008; Ethiopia on July 07, 2010; Guinea on Feb 08, 2008; Lesotho on Dec 02, 2008; Mauritania on Apr 03, 2012; Namibia on Dec 04, 2007 and United Republic of Tanzania on Nov 10, 2009

46 See The Convention on the Rights of the Child, The General Assembly resolution 44/25 of November 1989 (Hereinafter referred as CRC), Article 2 and 23

47 African Charter on the Rights and Welfare of the Child, OAU Doc. CAB/LEG/24.9/49 (1990), entered into force November 29, 1999 (Hereinafter referred as ACRWC), article 13

48 ACRWC, articles 3, 4, 5 and 7

49 ACRWC, article 14

50 CRC, article 24

51 ACPF, Missing Voices: Children with Disabilities in Africa; Bob Ransom (2011), page 41; available at <https://africanchildforum.org/index.php/en/sobipro?sid=153 > last accessed on September 13, 2022, p. 33

52 ACRWC, article 6

53 CRC, article 7

54 UNICEF, Innocenti Digest, supra note 4, page 4

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56 CRC, article 13

57 Statement of the Special Rapporteur on Freedom of Expression and Access to Information in Africa on Persons who are blind or otherwise print disabled; December 10, 2018; available at <http://hrlibrary.umn.edu/africa/afchild.htm > last accessed on September 07, 2022

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61 CRC, article 16

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63 CRC, article 19

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66 World Vision UK, 2007 as quoted under ACPF - Ransom, Supra note 51, page 34

67 CRC, article 28

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69 CRPD, article 24 (3 - c)

70 ADP, article 28 (4 - i)

71 ACRWC, article 29

72 CRC, article 18

73 ACPF - Ransom, supra note 51, page 29

74 ACRWC, article 13 (3)

75 CRPD, article 9

76 ADP, article 15

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78 The following legislative and policy frameworks are according to the initial report (2014) of Algeria to the African Committee of Experts on the Rights and welfare of the Child (ACERWC)

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80 Supra Note 79, paragraph 57

81 International Crisis Group, Central African Republic, accessible at , https://www.crisisgroup.org/africa/central-africa/central-african-republic., last accessed February 3, 2023.

82 Available at <https://www.unicef.org/media/128471/file/Central-African-Republic-Humanitarian-SitRep-August-2022.pdf >

83 Human Rights Watch Report of April 25, 2015; Available at < https://www.hrw.org/news/2015/04/28/central-african-republic-people-disabilities-left-behind > Last accessed on September 17, 2022

84 Central African Republic, People with Disabilities at High Risk, Human Rights Report June 21, 2017; available at <https://www.hrw.org/news/2017/06/21/central-african-republic-people-disabilities-high-risk> Last accessed September 17, 2022

85 Central African Republic (CAR) hasn't submitted both its initial report and periodic report to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) which were due on August 01, 2018 and August 01, 2021 respectively.

86 Supra note 84

87 Central African Republic: People with Disabilities Left Behind; Human Rights Watch Report of April 25, 2015; Available at < https://www.hrw.org/news/2015/04/28/central-african-republic-people-disabilities-left-behind > Last accessed on September 17, 2022

88 Human Rights Watch Report, Supra Note 84

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90 Democratic Republic of Congo (DRC) hasn’t submitted both its initial report and periodic report to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) as they aren’t due yet. While the initial report is to be submitted on December 08, 2022; the first periodic report is expected to be submitted on December 08, 2025.

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92 Annual Report on Human Rights in 2021; available at <https://www.state.gov/reports/2021-country-reports-on-human-rights-d s/democratic-republic-of-the-congo/> Last accessed September 20, 2022

93 Ibid.

94 Egypt submitted its initial report to the African Committee of Experts on the Rights and welfare of the Child (ACERWC) in 2008.

95 Respondent E_1, The Joy Center for Autistic Children.

96 Ministry of Education, ‘Ethiopian Education Development Roadmap (2018-30)’, July 2018, Accessible at https://planipolis.iiep.unesco.org/sites/default/files/ressources/ethiopia_education_development_roadmap_2018-2030.pdf, last accessed on February 8, 2023

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98 Respondent G_2, the Guinean Association of Persons with Disabilities

99 The following legislative and policy frameworks are according to the initial report (2014) of Lesotho to the African Committee of Experts on the Rights and welfare of the Child (ACERWC)

100 Respondent $L_{2,}$ Lesotho National Federation of Organizations of the Disabled (LNFOD)

101 Ibid.

102 Ibid.

103 Government of Mauritania, Initial Report to the ACERWC (2017).

104 Mauritania submitted its initial report to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) in 2016.

105 Respondent M_1, a Mauritanian NGO focused on disability

106 K Chembe & B Fagbayibo ‘Country report: Republic of Mauritania’ (2018) 6 African Disability Rights Yearbook 184-212, Accessible at https://www.adry.up.ac.za/country-reports-2018/mauritania#pgfId-1102283, last accessed on February 7, 2023.

107 Respondent $N_{1,}$ Government of Namibia

108 The following legislative and policy frameworks are according to the initial report (2014) of Namibia to the African Committee of Experts on the Rights and welfare of the Child (ACERWC)

109 Supra note 107.

110 Ibid.

111 Respondent T_1, Federation of Associations of Persons with Disabilities in Tanzania (SHIVIAWATA)

112 United Nations Human Rights Council Resolution 47/8, on elimination of harmful practices related to accusations of witchcraft and ritual attacks.

113 The ACERWC Investigative Mission Report on the Situation of Children with Albinism in Temporary Holding Shelters - Tanzania. Available at <https://www.acerwc.africa/wp-%20content/uploads/2018/07/Investigative_Mission_on_the_Situation_of_Children_with_Albinism_A4.pdf > last accessed on September 17, 2022

114 State reports can be found on the African Committee of Experts on the Rights and Welfare of the Child <https://www.acerwc.africa/initial-and-periodic-reports/ >

115 These communications can be found on the ACERWC website at <https://www.acerwc.africa/table-of-communications/>

116 ACPF (2014), supra note 75, page 5.

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134 Ibid.

135 The website of Child Rights International Network on Children in Vulnerable Situation; available at < https://archive.crin.org/en/home/rights/themes/children-vulnerable-situations.html > Last accessed, September 28, 2022

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137 Report on the Investigative Mission on the Situation of Children with Albinism in Temporary Holding Shelters - Tanzania of the African Committee of the Experts on the Rights and Welfare of the Child (ACERWC), March 2016; available at <https://www.acerwc.africa/wp-content/uploads/2018/07/Investigative_Mission_on_the_Situation_of_Children_with_Albinism_A4.pdf > last accessed on September 29, 2022

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140 Website of Education Corner: https://www.educationcorner.com/multiple-disabilities.html

141 Chronic Diseases are conditions which last for a duration of one year or more and which require continuous medical care and/or limit activities of daily life. Definition by the National Center for Chronic Disease Prevention and Health Promotion, available at < https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States.>

142 Child Labour and Disability: Advocacy Brief; availabe at < https://www.unicef.org/rosa/media/13541/file/Advocacy%20Brief%20-%20Child%20Labour%20and%20Disability.pdf >

143 ACRWC, article 15(1) states: "Every child shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's physical, mental, spiritual, moral, or social development."

144 Human Rights Watch Report (2022), Supra Note 91

145 UN: High Risk in Conflicts for Children with Disabilities ,Human Rights Watch Report of February 2, 2022; available at < https://www.hrw.org/news/2022/02/02/un-high-risk-conflicts-children-disabilities> Last accessed at September 29, 2022

146 ACRWC, article 22 (2): "State parties to the present charter shall take all necessary measures to ensure that no child shall take direct part in hostilities and refrain in particular, from recruiting any child." While Sub - article 3 provides: "State parties shall, in accordance with their obligations under international humanitarian law, protect the civilian population in armed conflicts and shall take all feasible measures to ensure the protection and care of children who are affected by armed conflict. Such rules shall also apply to children in situations of internal armed conflicts, tension and strife."

147 UNHCR 'Ethiopia Refugee Child Protection Strategy 2021-2025, 23 February 2022, Accessible at < https://reliefweb.int/report/ethiopia/unhcr-ethiopia-refugee-child-protection-strategy-2021-2025#:~:text=As%20of%20March%202021%2C%20the,of%20the%20total%20refugee%20population>, last accessed 8 February 2023.

148 ACRWC, article 23 (1) states: "State parties shall take all appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law shall, whether unaccompanied or accompanied by parents, legal guardians or close relatives, receive appropriate protection and humanitarian assistance in the enjoyment of the rights set out in this charter and other international human rights and humanitarian instruments to which the states are parties."

149 African Union Convention for the Protection and Assistance of Internally Displace Persons in Africa, Kampala Convention, available at < https://au.int/sites/default/files/treaties/36846-treaty-kampala_convention.pdf >

150 ACPF (2014), supra Note 75

151 Guidelines for Granting Affiliate/Associate Status to National Human Rights Institutions Before the African Committee of Experts on the Rights and Welfare of the Child, Section 6

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