

**Social Development
and
Urban Poverty**

**Proceedings of a Workshop
Held at the Kentucky Hotel,
Harare, Zimbabwe**

22 – 26 February, 1993

**School of Social Work,
Zimbabwe**

Social Development and Urban Poverty

**Paper presentations and edited proceedings of a
Workshop held in Harare, Zimbabwe
22nd – 26th February, 1993**

edited by Nigel Hall

Contents

<i>Acknowledgements</i>	<i>i</i>
Aims and Focus of Workshop.....	1
Principal's Welcome Address.....	3
Official Opening Address.....	5
 Keynote Address.....	 7
 Position Papers	
• Looking for an Appropriate Method of Engaging the Underclass S J G Clarke.....	17
• The Personal is Political: International Politics, National Politics and Community Participation Maureen Sibbons.....	25
 Country Papers	
<i>Botswana</i>	
• Urban Poverty and Social Security: the Botswana Perspective Gloria Jacques.....	33
<i>Lesotho</i>	
• Poverty Among Children in Lesotho: the Need for Social Services Limakatso Chisepo.....	47
<i>Malawi</i>	
• The Structural Adjustment Economic Reform Programme and Urban Poverty in Malawi Milton Kutengule.....	53
<i>Mozambique</i>	
• Urban Poverty, Intervention Strategies and the Role of Social Work in the Framework of Structural Adjustment: concepts, approaches and experiences Gabriel Dava.....	63
• Policy and Programmes to Alleviate Urban Poverty: Approaches and the Mozambican Experience Antonio Siba-Siba Macuacua.....	71
<i>Swaziland</i>	
• Proposed World Bank Low Income Housing Project for Mbabane and Manzini – 1993 Thandi F Khumalo.....	77
<i>Zambia</i>	
• Structural Adjustment and Personal Social Services in Zambia: The Case of Urban Poverty Robert Tembo.....	81
<i>Zimbabwe</i>	
• Structural Adjustment: Zimbabwe Claudius Kasere.....	89

Aims and Focus of Workshop

Workshop on Social Development and Urban Poverty

Dates: February 22 – 26, 1993

Venue: Kentucky Airport Hotel, Harare, Zimbabwe

Contact: Editor, Journal of Social Development in Africa, School of Social Work, P Bag 66022, Kopje, Zimbabwe, Tel: 750815.

Sponsors: Overseas Development Administration (British Development Division Central Africa)

Organisers: Journal of Social Development in Africa, School of Social Work

Participants: To be drawn from Southern African countries: Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. Also participants from University College, Swansea.

Aims of the Workshop:

- a) To discuss issues of social development with specific reference to urban poverty.
- b) To facilitate an exchange of experiences on problems of poverty in southern Africa.
- c) To examine the social consequences of structural adjustment programmes, especially as they relate to urban poverty.
- d) To discuss the implications of urban poverty for social work education and practice, in particular, fieldwork.

Focus of the Workshop:

- The Workshop will focus on the problem of urban poverty, looking at issues such as definition of problems, intervention strategies, social policy, the way forward, analysis of students' experiences while on fieldwork, etc.
- Country structural adjustment and economic reform programmes will be reviewed.
- The Workshop will also address the issue of popular participation and accountability, with the objective of making central and local governments more accountable than they are.
- Specific services such as housing, health, community services, personal social services, social security, research, etc, will be evaluated in their relation to urban poverty.
- Fieldwork, with its implications for social work education and practice, will be examined.

Papers will be two-pronged:

- a) Focus on country with discussion of urban poverty, extent of problem, intervention strategies, etc.
- b) Focus on fieldwork regarding its role in training social workers and urban development; and social development training with special reference to fieldwork.

“Structural Adjustment and Personal Social Services in Zambia: The Case of Urban Poverty”

Robert Tembo *

Introduction

Following independence in 1964, the Zambian governments invested substantial amounts into the provision of social services. There were two main reasons for such a huge investment. Firstly, the new government felt that during the colonial period expenditure on social services particularly for Africans was low. Secondly, it was decided to expand social services, particularly education and health facilities, to ensure that as many people as possible had access to them.

As a result of this exercise many Zambians had benefited considerably from these services which have until recently been provided free of charge. For instance, the total number of hospitals and health centres increased from 354 in 1964 to 1,006 in 1988 an increase of over 160%; the number of in-patient beds and cots more than doubled during the same period, while life expectancy at birth rose from 41,8 years for men, 45 years for women in 1969, to 50,4 years and 52,5 years in 1980 for men and women respectively (Matondo, et al, 1993:1). In education, the government created 880,000 places between 1964 and 1984 (Lungwangwa, 1992:2). Such benefits, however, have been shortlived. With the economic quagmire Zambia is experiencing and the implementation of the Structural Adjustment Programme to address the problem, public expenditure on social services has been severely cut back. This has obviously threatened continued improvement in the social services, and in most cases has eroded the gains made in the provision of such services. The problem has been compounded by the introduction of user charges on social services, thereby further limiting the access of the majority of the people to such services.

The MMD government, upon assuming power in late 1991, made a fundamental departure in the conceptualisation of the government role; it is pursuing a goal of reduced government role with regard to social services through budget cuts, deregulation and transfer of responsibility to the individual. This is a departure from a trend where the government was responsible for not only identifying the needs for social services, but planning, funding and monitoring programmes to meet the needs so identified. This has especially been so in the areas of health and education on which this paper focuses.

The philosophy of the new government is based on the principle that the welfare of the public is primarily the responsibility of the individual, families and communities in which they live. The role of government will be to adopt policies and programmes aimed at “creating an enabling environment” for economic growth. This hinges on the assumption that it is economic growth within the free enterprise system that creates real job opportunities and which allow individuals and families to become and remain economically and socially self-sufficient. In the process, economic growth reduces the size of the poverty population.

☞ This paper argues that the policy package resulting from the implementation of the structural adjustment programme in Zambia has aggravated the deterioration of personal social services such as health and education. It demonstrates, for example, that the impact of government restraint will fall disproportionately on the urban poor as access to schools, health services, etc is curtailed. The question is, given cuts in health and education budgets, will the urban poor be sufficiently healthy, educated and trained to earn a living in Zambian society, which is becoming fiercely competitive?

* Lecturer, Department of Social Development Studies, University of Zambia, Lusaka.

Definitional Issues

Any discussion of urban poverty must start by defining those who are poor. It is imperative to establish a dividing line between the rich and the poor and among the various categories of the urban, if not for analytical purposes but at least for adopting appropriate measures to address urban poverty. It must be mentioned, however, that when quantifying the urban poor in Zambia, definitional problems abound and data are often scarce and unreliable. Any single definition is arbitrary and subject to disagreement. The situation has not been helped by a lack of an official working definition of vulnerable or disadvantaged population groups.

Efforts have been made to redefine poverty using income for quantification purposes. In this case it is taken to be a lack of income. This means that some sort of poverty line has to be defined. The standard way of doing this is in relationship to food expenditure. For instance, the amount of expenditure which should be sufficient to procure a nutritionally adequate diet is calculated. The urban poor are automatically those who fall below the Poverty Datum Line (PDL). However, as Mushota (1993) argues, arriving at the PDL is always a complex exercise, particularly in a country such as Zambia where no official PDL has been established and no social welfare system based upon monetary support to the urban poor functions. Also, our economy is characterised by high inflation.

The Prices and Incomes Commission (PIC) has undertaken steps toward defining the PDL as the *"the money value of goods and services needed by a household to support a minimum standard of living"* (Mushota, 1993). The PIC pegged the PDL at K421 per month in 1987, taking the April 1987 prices in calculating the PDL. This figure was arrived at on the assumption that 60% of the household budget of six members (two adults and four children), is used on purchasing food.

In May 1990 the PIC put the PDL at K3,500 while Chanda (1992) calculated the PDL for November 1992 at K20,000. By February 1993, the Zambia Congress of Trade Unions put their estimate of a basic income of an average family (ie, six members) at K29,000.

In spite of the lack of an official PDL, some researchers have found a high incidence of poverty in urban areas in general. Siadwazi in 1991 (quoted by Mushota, 1993), for instance, concluded that *"in urban areas more than 40 % of the population or about 15 million (in 1990) live below the poverty datum line"*. During the period 1986-1990 the cost of living has increased by over 600%, affecting the urban centres most. As a result the low income group have to spend 60% of their incomes to maintain a minimum standard of living. Hence, the urban poor are presently experiencing a high level of insecurity as only a few have access to regular incomes high enough to sustain them (Mushota, 1993:42).

In this paper, when we talk about the urban poor, we shall be referring to the following categories of people:

- (a) certain female-headed households, especially those with little education, skills and those without employment
- (b) children, especially those on streets
- (c) youths, particularly the unemployed
- (d) the unemployed and those in relatively low-paying jobs.

Although poverty is generally experienced by many urban households, those headed by females are more vulnerable. This is so because, as Mushota (1993) discovered, most of the female households are either divorced or widowed, usually in their mid-thirties and early forties and therefore with children of their own still in their infancy or below teenage stage. Also, there is low level of education among most female household heads. This makes it difficult for them to set themselves up in rewarding business ventures or secure well-paying jobs. As a result of this, most female-headed households are economically and socially at the bottom of the rung.

Children are the ones who are most vulnerable and who bear the brunt of hardships, especially because their well-being is subject to the vicissitudes of the adult world. For example, the shortage of income in most urban households to purchase required amounts of food has manifested itself in the upsurge in cases of malnutrition among children. At the same time, many children are increasingly getting involved in income-generating activities through child labour. As a result, the number of street children the country has shot up. UNICEF (1991) estimates that there are 17,800 street children in Lusaka alone. Street children are normally in public places such as markets, shopping centres, public bars and bus stations. To these children, the streets offer all the necessary economic benefits. Some of them resort to criminal activities to survive. These merely use petty trade such as cleaning cars as a cover up to engage in criminal activities such as pick-pocketing and theft from motor vehicles.

Every year approximately 160,000 youths leave the education system before they are able to care for themselves (Ministry of Education, Youth and Sport, 1989). The greatest concentration of youths is, and has been for some time, in urban areas. According to Mudenda (1989):

"... the Zambian youth usually undergoes a period of transition characterised by restlessness, heightened mobility (sometimes from the rural to the urban areas) and a tendency to go from job to job. Some do housework; some may work for a relative. Others may engage in black market activities, dealing or prostitution. The youth is constrained, in many ways, in identifying and or engaging in income generating projects as he has little or no capital, education and work experience and may have few or no influential contacts".

Job opportunities for these youths in the formal sector are bleak. Formal employment, while guaranteeing regular incomes, is not a sufficient condition against poverty. In the absence of other sources of income, one is poor simply because one occupies the lowest-paying formal jobs. For the unemployed, the situation is even more problematic. They are unable to meet their own and their families needs. With the harsh economic measures being implemented by the MMD government, the number of unemployed people has gone up. For example, during the second quarter of 1992, formal employment in parastatals and private companies declined by 1,3%. Retrenchment in the civil service will also contribute to rising unemployment. Already, 17,000 jobs in the civil service have been cut and another 45,000 will go in the next two years (Weekly Post, 1992:2).

Background to Structural Adjustment Programme in Zambia

Zambia's economic problems commenced with the Arab oil embargo of 1970 which unfortunately coincided with low copper prices on the metal market. After this period, the Zambian economy underwent a steady decline. Problems such as shortage of foreign exchange became common. It is against such a backdrop that Zambia become increasingly dependent on the International Monetary Fund (IMF) resources. Between 1973 and 1978 the IMF granted Zambia loans, with conditionalities requiring the government to put ceilings on the money supply, government credit and devaluation of the Kwacha. For instance, the Kwacha was devalued by 10% in 1976 and by 10% in 1978 (Mwansa et al, 1991:16).

After about ten years of loose arrangements with the IMF, the government and the IMF agreed on a major package to be started in 1983 but to intensify in 1985. Hence in October, 1985 the government adopted the Structural Adjustment Programme. The programme had the following features:

- (a) Foreign exchange auctioning: this was intended to establish a realistic exchange rate for the Kwacha and to introduce a more rational method for the allocation of foreign exchange. It was

also meant to discourage imports and force both producers and consumers to utilise local materials and goods (Mwansa, et al, 1991).

- (b) Decontrol of prices: it was aimed at improving the profitability and viability of enterprises so as to forestall redundancies.
- (c) Upward adjustment of interest rates.
- (d) Wage freezes.
- (e) Decontrol of imports.
- (f) Restriction on government expenditure to reduce the budget deficit.

When this prescription for measures started taking root, the cost of living for the average Zambian shot up. The price of maize meal was increased by about 120%. This led to bloody food riots on the Copperbelt where over 15 people were killed and property worth more than US\$2 billion was destroyed. Following these riots, the government in 1987 abandoned the programme and inaugurated the so called New Economic Recovery Programme (NERP). In the light of this, most donors withheld aid to Zambia. After a couple of years of "going it alone", the government returned to the IMF for fresh talks on the Structural Adjustment Programme.

When the MMD government under President Chiluba assumed power in November 1991, they continued with the Programme, although they have taken bolder steps in following its prescriptions than the Kaunda government. For instance, they have completely removed food subsidies on maize meal, the staple food, a measure which the latter was reluctant to completely implement for fear of social disorder.

Current Situation of Personal Social Services and their Impact on Urban Poverty

The SAP currently being implemented aims, among other things, to reduce the government deficit through phasing out subsidies and reducing total social sector expenditure.

As a result 'user charges' have been introduced, requiring people to contribute to the cost of health services and their children's education. With an emphasis on macro-economics, the Structural Adjustment Programme has glossed over aspects of Zambia's social nature, yet these are also important for the development of the country. For instance, Young, et al (1990) says:

"... 50% of Zambians live in and around major cities and towns. This means that strategies based on agriculture production and the removal of subsidies for key consumer goods to the urban population is both limited in benefit and potentially explosive. At the same time, the negative effects of structural adjustment are not evenly distributed in the society. The burdens fall heavily upon the poor and within that category, most heavily upon women and children".

UNICEF, for instance, has expressed concern at the alarming upsurge in nutrition-related child mortality as well as the long effects of cut-backs in health and education.

• Health and Urban Poverty

The Health sector has suffered considerably as a result of cut-backs. For instance, expenditure on health declined by 26,8% in 1988 (Matondo, 1993).

There are persistent shortages and often non-availability of essential drugs in health centres and major hospitals. Some of the patients admitted to hospitals are discharged prematurely and given prescriptions to purchase drugs from chemists. It is the poor who are hard hit by this situation because

they are not in a position to buy the drugs. As a result, the poor are not using these services as much as in the past. The situation has been compounded by the introduction of user charges whose effects again fall disproportionately among the urban poor as access to health services is curtailed. The health situation for the urban poor has consequently deteriorated.

Health surveys have produced some alarming data – for instance, increases in child mortality. Mortality figures show increases in the incidence of diseases such as tuberculosis (Mushota, 1993). The deterioration of health services also affects women directly as consumers of such services and indirectly as those who must compensate for the cutbacks. Because of childbearing and their traditional role in child care, women often need greater access to health care services than do men. When these services deteriorate, the effect on women's health and that of their children can be severe. In addition, it often falls on women to care for sick family members when hospitals are in crisis (Contact, 1992).

Musumali (1992) accentuates the point on the effects of the Structural Adjustment Programme on health saying that: "... there have been several incidents where doctors could not perform emergency operations because they had no rubber gloves. Why? The government had cut health expenditures". He further says that a number of private clinics have emerged in Zambia in recent years as a result of the run-down public health institutions. Unfortunately, they charge exorbitant fees, making it difficult for a poor Zambian to have access to such clinics.

One fact of urban poverty which is related to health is the inadequacy of housing and the attendant environmental and sanitary services. Many of the urban poor live in shanty residential areas which contain dilapidated and overcrowded housing whose inhabitants lack access to an adequate supply of clean water or to waste and garbage disposal systems. The off-shoot of such a situation is the incidence of certain diseases among the people. These include diarrhoea, dysentery, cholera and tuberculosis. Cholera has broken out in urban and peri-urban centres of Zambia more often than in rural communities because overcrowding, unsanitary conditions and social contacts are frequent and commoner. In Kitwe, on the Copperbelt, the epidemic claimed over 500 lives within a period of less than two months. In Lusaka, despite anticipation of its outbreak, the disease was reported on 3rd November 1992 and claimed at least 170 lives by the first week of January 1993 (Mushota, 1993). It is evident that Zambia's poor sanitary conditions have had serious adverse effects on the lives of the urban poor.

A related aspect of health is the nutritional status of the urban poor. Because of low incomes, it is evident that most of the poor households in urban areas cannot afford to eat regularly, let alone have balanced meals. Kajoba (1993) says that Zambia more than any other country in the Third World has witnessed a drastic decline in real income. Real GDP per capita by 1985, for instance, was 44% lower than it was in 1976. It is most likely that the situation has worsened since then in view of the galloping inflation which currently stands at an annual rate of 170% (Financial Mail, 1993).

In the face of acute shortage of income among poor households, there has been an upsurge in cases of malnutrition among children and adults.

"Malnourishment inevitably creates a cycle of diseases related to vitamin deficiencies. Because of the high and usually prolonged incidence of malnutrition, the urban poor have always been haunted by vitamin deficient-related diseases in general" (Mushota, 1993).

As a consequence, we should expect to find an equally high rate of morbidity and mortality among this category of urbanites.

In short, the effects of structural adjustment on the health situation of the urban poor are clear and obvious: fewer Kwacha for maternal and child health, less for the prevention of infectious diseases, less for hygiene and sanitation measures in shanty residential areas, and less for nutrition, leading to consequent increases in the incidence of diseases.

- ***Education and Urban Poverty***

Access to educational services is a basic social service at least as crucial for the poor as their access to health services. As Sandbrook (1985) rightly pointed out: "... *if the children of the poor cannot gain educational credentials, their chances of social mobility are bleak*".

Education enhances one's ability and overall human performance; it is an investment in oneself and as such it has a rate of return. Unfortunately, as a result of the economic crisis and the subsequent implementation of structural adjustment, most children of the urban poor are finding it difficult to have access to this important social service. As early as 1974, the World Bank's Urban Poverty Task Force discovered that although it is generally assumed that urban dwellers as a whole benefit from the urban bias in the location of schools, such is not often the case:

"While school enrolment ratios in urban areas are typically higher than those in rural areas, these averages mask marked educational disadvantages for the urban poor, who usually have about the same lack of access to education as their rural counterparts" (World Bank, 1974:3).

The effect of the current economic policies has been a sharp decline in the financial allocations to education. From a high of 40% of the national budget in the 1970s, education by 1992 was receiving only 16% of the national budget (Lungwangwa, 1992). Hence Zambia has seen a decline in expenditure per pupil, and a reduction in the quality of education offered.

School fees have been reintroduced, and because of low incomes, most poor parents or guardians cannot afford to send their children to school. Those children who manage to linger on do so under very difficult conditions, leading to poor performance (Mushota, 1993). The result is low literacy rates. Thus the vicious cycle of urban poverty is reinforced and passed on to the next generation of the poor.

In addition, user charges or school fees are likely to roll back the advances made on female education because poor families which have limited resources will tend to invest in their son's education first since they lose their daughters in marriage. This is bound to aggravate the position of women as they are already disadvantaged in terms of employment. Most of the women are unemployed because they lack good education and skills.

The deplorable state of education in Zambia is summed up by Musumali (1992) who expressed concern that:

"If this situation (of cutbacks on education expenditure) continues, Zambia is going to become a nation of illiterates. The poor are especially severely affected in this respect. It is difficult to send a child to school today in Zambia because you must pay what they call boarding fees or school fees. You also have to provide the textbooks, which may not even be available in the country. At times the parents have to organise to get teaching aids, which may also not be available in the country".

Conclusion

This paper has discussed the effect of Structural Adjustment on the provision of two basic personal social services – education and health. It is clear that some decisions resulting from the implementation of this economic policy package, such as reduced government expenditure on the social sector have occasioned a deterioration in the quality of these services. The introduction of user charges has meant that accessibility to these services, especially by the urban poor is curtailed. As a sequel, the poverty of these people is reinforced.

The problem has been that in pursuit of economic growth through such measures as lowering government expenditure, devaluations, liberalisation, etc, the government has tended to ignore the negative impact of such measures on the vulnerable groups of our society, especially the urban poor. It must be emphasised that many of the urban poor will require assistance beyond what the market forces and the private sector can offer. There are certain things which market forces cannot do and therefore which governments must do. The government needs to assume a responsibility for improving the life circumstances of the neediest in our society. There is no need to turn back on the poor.

Some of the measures which the Zambian government must put in place to uplift the living standards of the urban poor include:

- a) Setting a minimum level of wellbeing which will be maintained even in times of economic difficulties. At the present moment no such level exists and as a result we have some people earning as little as K1,000 per month.
- b) Ensure basic investments in basic education and health care. These should not just be seen as social investments, but economic investments as well. They are bases on which socio-economic development depends. Think, for instance, of the thousands of workdays which are lost through absenteeism resulting from the poor health of some workers.

These and other measures (which this workshop should identify) will help restore the “safety nets” which weakened as a result of the poor economic climate in general and cuts in personal social services in particular. Consequently, the living conditions of the urban poor will change for the better.

References

- Chanda, D (1992) “28 years of the Zambian Economy: Prosperity and Crisis”, paper presented at the Zambia Orientation Course held from November 2-13, 1992, University of Zambia, Lusaka.
- Contact (1992) No 123, December 1991– February 1992, World Council of Churches, Geneva.
- Financial Mail (1993) January 19-25.
- Kajoba, G (1993) “The Continuing Problematic of Zambia’s Socio-economic Development in the Second and Third Republic”, paper presented at the CODESRIA Conference on “Social Change and Development in Zambia”, held on 19-20th January, 1993, at Christian Centre, University of Zambia, Lusaka.
- Lungwangwa, G (1992) “Education in Zambia in the 1990s”, paper presented at the Zambia Orientation Course held from November 2-13, 1992, University of Zambia, Lusaka.
- Matondo, P and Ngulube, T (1993) “Narrowing Rural-Urban Disparities: A Health Development Challenge for the Third Republic”, paper presented at the CODESRIA Conference on Social Change and Development in Zambia, held on 19-20 January, 1993, at Christian Centre, University of Zambia, Lusaka.

- Ministry of Education, Youth and Sport (1989) "Basic Education in Zambia: Past Experiences and Future Strategies to Attain Quality Education for All", draft document for presentation at the Regional Conference on Basic Education for All, Nairobi.
- Mudenda, S (1989) "Policies to cope with the unemployment problem: an overview", paper presented at the "End of Year Institute for African Studies Workshop on the Zambian Economy and Policy Shifts since 1984", 14-17 December, Siavonga.
- Mushota, R (1993) "Urban Poverty and Social Differentiation: An Empirical Perspective", unpublished paper.
- Musumali, C (1992) "A Testimony from Zambia", in CCPD Debt Resource Material No 2, World Council of Churches, Geneva.
- Mwansa, L; Osei-Hwedie, K; Mufune, P (1991) "Crisis, Adjustment and Social Change in Zambia: the Case of the Urban Poor", unpublished paper.
- Sandbrook, R (1985) **The Politics of Basic Needs**, Heinemann, London.
- UNICEF (1991) "Report on street children in Zambia", Lusaka.
- Young, R and Loxley, J (1990) **Zambia: An Assessment of Zambia's Structural Adjustment Experience**, North-South Institute, Canada.
- Weekly Post (1992) October 30 – November 5.
- World Bank (1974) "Education: Sector Working paper", December.



This work is licensed under a
Creative Commons
Attribution – NonCommercial - NoDerivs 3.0 License.

To view a copy of the license please see:
<http://creativecommons.org/licenses/by-nc-nd/3.0/>

This is a download from the BLDS Digital Library on OpenDocs
<http://opendocs.ids.ac.uk/opendocs/>