

GOALS AND STRATEGIES FOR CHILDREN IN THE 1990s:

AFRICAN PROSPECTIVES

By Reginald Herbold Green

Frustrations and failure will mount if we do not immediately summon the courage to revise the ways we think and take action... saving hundreds of thousands... who are at risk of dying... is an immediate imperative. But it must be only one stage in progress toward other activities, and one element in the truly comprehensive approach.

- Cheik Amadou Kane

Since the human being is the centre of all development, the human condition is the only final measure of development. Improving that condition is essential for the poor and vulnerable human beings who comprise the majority of our peoples in Africa. Africa's men and women are the main factors and the ends for whom and by whom any programme and implementation of development must be justified.

- Khartoum Declaration

I.

SSA In The Global Context: Economic, Social, Demographic

Sub-Saharan Africa's people comprise under a tenth of the world's population - 500 million - in almost a third of its countries - 47 including Namibia and the Sahara Democratic Republic. The average population of about 10 million is somewhat misleading as 215 million live in five countries with 20 million to over 100 million (Nigeria, Ethiopia, Sudan, Tanzania, Kenya) while about 11 million live in the 15 with under 2 million inhabitants each. About 250 million live in countries with 5 to 15 million inhabitants.

SSA economies are poorer than those of any other region with an average output per head of the order of \$500 or less. This again is misleading for two reasons. First, about 40% of SSA's people live in countries whose per capita

output on current exchange rates is below \$250 (significantly below the \$300 odd of India and China or Haiti). Second, the proportion in absolute poverty (comparable to the bottom 40% of the Indian household income distribution) is of the order of at least 40% for SSA as a whole and regularly over 60% in several cases (e.g. Mozambique, Namibia, probably Sudan and Ethiopia) as well as rising to that level in more during drought disasters (e.g. several Sahel States and Ghana in 1983). SSA therefore is the poorest region in the world nationally and in percentage of human beings living in absolute poverty.

It also is the only region whose 1990 per capita output will be significantly below 1970 because of growth rates of output somewhat below population in the 1970s and even more so in the 1980s. While serious data problems exist, an average per capita fall of 20% would appear to be of the right order of magnitude. Latin America and the Caribbean have also had per capita falls in the 1980s but less general and less sharp, and from higher initial levels.

The region's people are somewhat less literate, less formally educated and with less access to public health services than in other regions albeit on average the difference with Asia is not large and until the 1980s was diminishing. More clearly SSA has higher birth rates, higher death (and especially infant mortality) rates and higher population growth than any other region. Life expectancy at birth is in the low 50s, infant mortality over 100 (with only Botswana and Cape Verde under 70) and under 5 over 175 (with only the same pair of countries under 100). Crude birth rates average slightly under 50 and crude death rates somewhat under 20 with population growth of the order of 3 to 3½% a year. (For comparison India U5MR is 152 with life expectancy at birth 59, crude birth and death rates 32 and 11 and annual population growth 2.2%.)

It is necessary to warn that SSA demographic data are sketchy, fragile and often unanalysed. In particular official UN U5MR and IMR as well as life expectancy estimates are at present seriously biased and will continue to present an inadequately gloomy picture until 1983-92 census round data are available and used in projections. At present most estimates are based on projections of trends between a 1960s and a 1970s census and therefore cannot take into account the loss of life expectancy and life resulting from the 1980-1989 depression years.

In summary most Africans live in countries which are somewhat smaller in population than those typical of other regions and very substantially poorer in output per capita. In absolute poverty terms Africans are up to 20-25% of all absolutely poor people versus under 10% of all absolutely poor, not so poor and not poor people.

Humanly, Africans tend to live less long and especially to be more likely to die before 5 and have slightly less likelihood of access to literacy, primary education and public basic health services than Asians and radically less than residents of other regions. Because of sustained negative per person output growth (low absolute growth exacerbated by rapid population increases which are themselves largely the result of poverty, low educational access and high Under 5 mortality) the relative position of Africans has, on average, worsened economically, nutritionally, socially and demographically since 1980. They remain on a downward trend as the 1980s close with, at most, a slowing of the rate of decline and more exceptions - i.e. countries and groups of poor people clawing upward.

The Colonial Heritage

Most of SSA had a later, shorter and less intensive colonial era than Latin America and the Caribbean and even than Asia with the exception of China, Japan and Thailand. That fact is often lost to sight because of the relatively recent advent of independence (beginning with few exceptions at the end of the 1950s and still incomplete) compared to Latin America and - with a much lesser temporal gap - Asia and the Caribbean. A reinforcing factor in the perception of lengthy, pervasive colonialism is the numbers of expatriate personnel in SSA relative to other regions and the pervasiveness of external policy advice (or 'advice') in virtually all African states throughout the post-colonial period.

The socio-cultural impact of colonialism in Africa was more severe than in most of Asia (the Philippines is a clear exception with several centuries of feudal Spanish social relations overlaid by a thin, brittle social and institutional surface painting from the USA) albeit much less so than in Latin America and the Caribbean where the indigenous populations (even where in a majority) have never regained self-determination. In general it is fair to

say that political structures and processes beyond community level were usually either broken by conquest or distorted and eroded by co-optation. Household, community, patronage and kinship/ethnic group structures were less systematically damaged and often adapted (perversely it can be argued in the case of 'tribes') to new roles within (but often subversively so) the colonial political, institutional and economic system.

However, effective colonial rule in SSA was usually brief enough (well under 100 years in most cases, and barely 60 in a substantial number of areas) not to lead to new imported or syncretic social or political structures with territorial bases as did happen in Latin America, the Caribbean (except Haiti) and the Philippines among more colonial import based and India and Sri Lanka among more indigenously influenced cases. Damage or destruction was rarely followed by effective rooting of imported or regrouping of indigenous systems. Arguably this was exacerbated because pre-colonial African states had usually had relatively brief lives, often were ethnic group based but territorially migratory and rarely corresponded closely to the post-colonial territorial states.

A factor in this result of destruction without reconstruction was the abortion of the late 19th Century flowering of black and creole African elites on the West Coast from Dakar to Luanda and also in Cape Town and Lorenzo Marques. These played substantial modern economic sector, middle level employment and even second level political (up to an Acting Governor in the Gold Coast) roles. Had this process continued - as it did in the Indian Subcontinent - arguably much more firmly rooted political and social systems at territorial level and greater African middle level economic participation and human investment (education and employment) levels would have pertained at independence. Why the reversal occurred (Intensified economic exploitation? Elite unemployment in Europe? Enhanced interest in national grandeur exemplified by greater physical presence in colonies? Rising levels of racism?) is not clear; the fact that it happened is readily identifiable as are the probable consequences sketched above.

The colonial economic impact was uneven and ambiguous. It is not at all clear whether output grew much faster than population over 1850-1960 in West Africa or 1900-1965 in Eastern and Southern Africa and The Horn. On average 2 to 3% output and 1.5% to 2% population growth trends are probably as good colonial

era guesstimates as can be produced, but with 1925-1945 output growth barely matching population because of a sustainedly hostile external economic environment.

This record is probably better than that of the immediate pre-colonial decades. Colonial rule did, on balance, increase law and order defined in terms of ordinary people being able to get on with producing and living with less danger of violent interference and it suppressed the slave trade. As pre-colonial intervention (often amounting to pre-colonial neo-colonialism) had greatly exacerbated violence up to and including full scale inter state wars in Africa and had created the demand side essential to the long distance slave trade, this is not praise of colonialism nor an assertion as to what pre-European intervention growth rates in - say - the 1600s or early 1700s may have been.

Colonial rule also led to an expansion of production for export and of infrastructure to service it. These did not primarily benefit Africans when settlers or foreign private enterprises were the producers albeit both they and the construction/operation of the infrastructure did provide some employment. When - as in West Africa and in the late colonial period more broadly - the main export crops were largely produced by African smallholders or small planters, the gains were greater and more integral to altering African production patterns. Compared to Asia, African economic participation was truncated at fairly low scale and income levels.

The same after the 1890s and before the 1950s was also true of employment and (relatedly) education. The numbers and levels accessible were limited both as to wage employment and as to education. The latter was largely functional in the sense of being related to spiritual needs and expected economic roles of Africans; the latter being one reason for its expansion and upward extension after 1945.

On nutrition, poverty and health the colonial period usually provided real but limited gains. In most SSA countries the land frontier was open until the late 1960s or the 1970s - export and domestic industrial input production rarely competed for land with domestic food production in any absolute sense albeit the increase on both fronts seems to have been at the expense of raising women's total workloads in many countries. Famine prevention (market

broadening and at least minimal government safety nets) was generalised in colonial SSA in the 1930s, providing a form of security pre-colonial SSA states had usually found beyond their capacity. However, especially in the 1925-45 period, nutritional levels may have worsened with falls in wage employment and in real commodity prices as well as settler/plantation land alienation among the basic causes.

Poverty patterns therefore altered in structure more than they changed in average levels. Certainly some groups became clearly non-poor especially among middle sized cash sale oriented farmers and ranchers as well as middle traders and clerks. The flowering of West and Southeastern African black elites in the late 19th Century, while cut short, did not in general end with their return to poverty. Some groups were made poor - notably those who lost land in settler colonies and traditional elite leaders of resistance. But most Africans simply remained poor - as small farmers with limited access to income beyond household self-provisioning, as wage earners (often male migrants to towns which led to social dislocation and weakening of the rural economy more often than to an investible surplus to plough back into agriculture or herding) or in the small scale (petty) "informal" commercial and service sector. Less disorder and violence and - after the 1920s - better security against starvation did benefit them but neither substantial rises in cash and kind incomes nor access to education and health care were common outside major cities until the 1950s twilight of the colonial era. While starvation and near starvation during crises were radically reduced, malnutrition probably was not although the open land frontier limited it largely to orphans, aged without family and labour short female-headed households.

The Transitory Transition

SSA's states became independent from 1957 (Ghana) through 1990 (Namibia). However, in virtually every case the actual period of transition was five years or less. In itself that might not have posed a massive challenge - the period between a firm time table for independence and its arrival was not usually markedly longer in Asia or the Caribbean. Nor was independence at the end of armed struggle (Angola, Guinea Bissau, Mozambique, Zimbabwe) unique. Indonesia in Asia and most Latin American states followed the same route.

However, the initial instability of Latin America (except Brazil with its negotiated separation from Portugal) and Indonesia should be borne in mind.

The SSA context was different:

- a. African cultural and political superstructures were more fractured and less reintegrated than in Asia and the settler dominated Latin American state model had no real parallels;
- b. rapid transition left non-integrated Western institutional models which had not had time to be adapted or put down roots and with very few fully trained - let alone experienced - Africans to run them;
- c. the African economies territorially and the African business cadres in particular were weak and heavily externally dependent (more so than in the larger Asian states or even the Caribbean);
- d. in the poorest territories - which the colonial powers had never found it worthwhile to exploit economically (e.g. Burkina) - there was next to no dynamic economic base at all;
- e. education, health, pure water and extension services - while varying sharply in extent and quality from state to state - were generally thin on the ground, recently expanded from very small bases and overwhelmingly dependent on expatriate or settler personnel.

This was a narrow and shaky objective base - a fact often obscured by the genuine mass popularity of initial independence movements or coalitions whose internal fractions and fractures were largely hidden by their common commitment to independence. Further, most colonial states believed that economic and policy control would remain in their hands via foreign enterprises, expatriate professional personnel and installation of pro-metropot, Europeanised political elites. The last often led to severe tensions even before independence while the first two were a continuing source of external and internal strain after. The colonial powers that doubted their ability to sustain neo-colonialism (Portugal, South Africa) had to be

dislodged by armed struggle while the second strongest African settler group (Southern Rhodesia) sought to sustain white independence as the strongest (South African) continues to do.

However, while the violent later transitions to independence and a few of the earlier quasi-consensual ones (e.g. Cameroon, Guinea) were marked by chaos and varying degrees of violence, most independent African states made the initial transition with more serenity than might have been expected. Similarly they did, at least until the 1970s, operate production growth in a largely export oriented context plus gradual (or even rapid) expansion of access to basic services more rapidly and arguably more competently than their colonial predecessors. In the poorest states that arguably was an achievement from so low a base as to be very inadequate but in others, e.g. Kenya, Tanzania, Ghana, Malawi, Cote d'Ivoire, Cameroon, Botswana and Zambia the economic and social achievements of the first decade of independence were by no means negligible.

In retrospect that transition was weaker than it appeared:

First, the external economic environment was basically favourable and the departing colonial regimes had left undone much export and easy import substitution development which would have been possible and profitable even in their strategies;

Second, the buildup of services started from a low base and in a favourable fiscal context (rising export and import base for trade taxes) concealing its potential resource availability limitations if pushed to universal access especially in a leaner fiscal context;

Third, independence coalitions unravelled as fractional interests diverged and were rarely succeeded either by genuinely broad based, rooted single parties or multi-party competition - an evaluation leading (except perhaps in Southern Africa) to a high number of coups, of military governments and of governments isolated from civil society and tending to authoritarianism;

Fourth, rapid indigenisation of personnel combined with rapid governmental, social service and economic expansion led to many senior personnel with limited training and/or experience. While in some states learning on the job

proceeded well in the 1960s and 1970s this was not universally true (Ghana's and Uganda's civil services - once the best in Anglophone Africa - were empty shells like white ant attacked furniture well before 1980). Further, the repeated shocks of the 1980s overtaxed even the best African personnel and led to rapid erosion of ability to cope even when this had been impressive during the briefer, less severe shocks of 1973-75.

Fifth, a parallel process of erosion or corrosion (and in several cases downright perversion) afflicted imported, weakly rooted institutions. Genuine indigenisation by adaptation and internalisation was uneven and more often than not the exception rather than the rule.

Sixth, the commitment to mass access to basic services and poverty alleviation was usually, though not always (vide Tanzania), a more fragile plant than it appeared. When resources were scarcer the slogan of elites was all too often "what we have we hold" and for the poor as in sinking four class liners "they put them down below where they'd be the first to go".

Seventh, in from the late 1960s the average weather patterns became less favourable and population pressure began both serious erosion of the traditional long rotation system (so-called "shifting cultivation") and pushing the crop land frontier into marginal pastoralist areas and pastoralists into even more marginal savannah verge/bad year neo-desert areas.

Eighth, urbanisation (from 5% in 1960 to 17% in 1970 to 25% in 1980 to about 33% in 1990) raised the food surplus per peasant household needed to feed urban areas even as relatively static technology, environmental degradation and use of poorer land prevented sustained growth in productivity in most countries.

II.

1960's Through 1980's: From Progress to Disaster

In the 1960's most of SSA had growth of overall output in excess of population. In the 1970's the picture was more mixed by country and sub-period. A number of countries including the major mineral exporters (eg. Zambia) and ill managed economies (eg. Ghana) as well as those torn by war (eg. Angola, Mozambique, Ethiopia) had declines in per capita output, moreover the approximate balance between population and output growth and the decade came from a good 1976-79 following crises in 1974-75 and quite poor average 1970-73 performance. Typically output per person rose 10% to 20% in most SSA economies in the 1960's, rose 10% to fall 20% in the 1970's and fall 15% to 30% for as 1960-1988 outturn in the range of +5% to -30% for most economies.

Food production has fared even worse. In the second half of the 1960's it rose perhaps 2% (population 2.5 %), in the 1970's somewhat under 2% (population 3%) and in the 1980 about 2% (population at or above 3%). This suggests on average 20% fall in food output per capita over 25 years. Even assuming an increase in net food imports from 1% to 6% of consumption (in calorie terms) leaves a 15% per capita fall in consumption. As even in the 1960's SSA was characterised by "hungry seasons" in poorer rural areas (and for poor farmers in many more) and significant urban malnutrition, the trend confirms micro and sketchy material studies following malnutrition at crisis levels (frequently over 33% moderate and severe in under 5's).

The increased land pressure has speeded up environmental degradation. So too has the increased fuel pressure relating to urban as well as rural dwellers. This is especially true because most peasant African agricultural systems are ill adapted to extensive, short (or no) rotation cultivation and - together with deforestation and debushing for fuel - this interacts negatively with the drought cycle. For example in the 1960's the harmattan desert wind reached Accra quite briefly and carried little dust. By 1989 it could last for ten weeks and carry so much dust as to blot out buildings under 200 metres away. That is the result of forest belt destruction and more intensive cultivation of the interior savannahs.

Social indicators appear to be behaving rather differently from ecological, nutritional and output. In many countries their rise continued well into the 1980's and even to date. Unfortunately many of these gains are unreal:

- a. quality is not measured - rising school enrollment - (by no means any longer universal) can hide disastrous quality declines;
- b. in the 1980's government health service visits per person per year have declined in many countries (catastrophically in Ghana and Zambia) in addition to quality falls;
- c. serviceability means that certain capacity gains - notably in rural water supply - are not mirrored in numbers actually able to use the facilities; eg. in Tanzania on average 25% of rural water supply systems were non-functional at any one time by 1985 and about 50% had more than short outages in any one year;
- d. life expectancy and infant mortality data are normally estimated and projected from the last two censuses. If previous downward trends have stagnated or reversed since the last census, then the supposed progress is a spurious artifact of the estimation process. On the ground data suggest that this is the case in eg. Ghana and Tanzania (at least until 1985), Malawi and Zambia, Mozambique and Angola.

There are a few positive - uneven - trends. These include immunisation/vaccination and access to oral rehydration (albeit used lags at 20% odd as 50% knowledge/access). So too - in a rather despairing way - has emergency food relief distribution. The record of few deaths from starvation unless war interacted with drought which began in the 1920's and 1930's has been maintained despite the much greater relief needs of the 1980's. (Ethiopia was an exception to the development of capacity to avert drought deaths. It may still be - vide 1973-4 - even though the levels of life last in the 1980's were clearly vastly increased by the war situation both directly and in its diversion of reserves.)

These are valuable gains - they save lives. That is a first priority - the dead cannot look forward to an improvement in their human condition. But by themselves they cannot answer the question "Survival for what?"

SSA data are notoriously fragmentary, inconsistent with each other and bad. They are not even reasonably comparable across countries at any one time nor necessarily so in the same country over time. The following tables, nonetheless, seek to present selected data giving an empirical feel for the situation and evolution described.

Poverty, Survival and All What?

In SSA today poor people are more numerous absolutely and relative to total populations than at any time since 1960 and probably since the mid-1940's. (The mid 1940's were in themselves a worse context - at least on average household income - than the early 1920's.) Because absolute poverty is endemic in households with high ratios of children to economically active adults the proportion of children in absolute poverty is higher than for Africans as a whole - fairly certainly near half in urban and about two thirds in rural areas.

Poverty did not intensify uniformly. First, urban poverty exploded upwards as the brief 1960's rise of real minimum wages to near a household's basic needs basket was held down to that level in the 1970's and radically eroded in the 1980's and as urbanisation outstripped urban job or remunerative "informal" sector opportunity growth. Second, victims of drought, war and of population growth pushing into poorer and more vulnerable (and drought prone) land moved rapidly from vulnerability to absolute poverty. Without the resources to rehabilitate their livelihood most remained absolutely poor. These two categories comprise up to 50 million persons each or, together, 20% of SSA's population.

It is not very useful to argue whether inequality has increased or decreased in the 1980's. Because economic decline has been characterised by very rapid erosion of real wages and - usually - by real received grower food prices (whatever the official price) rising relative to wages, it is quite likely household income inequality fell with poor urban households often becoming poorer than most peasant ones. However, that is scant comfort for the new poor or the barely not poor whose real incomes have fallen. Much less is it any consolation to those already in absolute poverty who have been pushed yet deeper into the morasse. Further it almost certainly does not hold in most countries for basic services which have been eroded from the periphery (geographic but in the income level as well as the purely physical sense) inward.

Table 1. Selected quality of life indicators: 1960 - mid-1980s ^{a/}

	<u>Ghana</u>				<u>Low income sub-</u>
	<u>1960</u>	<u>1970</u>	<u>Late</u> <u>1970s</u>	<u>1980s</u>	<u>Saharan Africa</u> <u>(1982)</u>
Average life expectancy at birth	45	49	55	53	48
Infant mortality rate	132	107	86	107-120	118
Child death rate	27	21	15	15-30	24
Access to health facility <u>b/</u>	-	-	-	30	45
Public health facility visits per person per year	-	-	0.7	0.4	2(f)
Health budget as % of GDP	-	1.2	-	0.26	0.95
Access to pure water <u>c/</u>					
Rural	-	14	14	48	14
Urban	-	86	86	75	62
Total	-	35	35	60	22
Access to excreta disposal <u>d/</u>					
Rural	-	40	40	30	25
Urban	-	92	95	65	69
Total	-	55	56	44	32
Average calorie availability as a % of requirements	92	97	88	68	91
Child malnutrition (moderate/severe)	-	-	36	50-55	40
Primary education enrolment ratio <u>e/</u>	38(46)	64(75)	69(80)	-(80)	69(-)
Adult literacy	27	30	-	35-45	44
Education budget as % of GDP	-	3.9	-	0.85	2.81
Proportion of population below absolute poverty line <u>f/</u>					
Rural	-	-	60-65	67- $\frac{1}{2}$ - 72- $\frac{1}{2}$	65
Urban	-	-	30-35	45-50	35

Sources: World Bank, Comparative Analysis and Data Division, Economic Analysis and Projections Department (June 1984), World Development Report 1985; UNICEF, Statistics on Children in UNICEF Assisted Countries (April 1985); UNICEF Ghana, Situation Analysis of Women and Children (July 1984).

SELECTED QUALITY OF LIFE INDICATORS - SOUTHERN AFRICA 1984 AND 1986 AND SOMALIA 1984

	Angola	Botswana	Lesotho	Malawi	Mozambique	Swaziland	Tanzania	Zambia	Zimbabwe	Somalia ^d
Population (millions)	8.5/9.0	1.1/1.1	1.5/1.6	6.9/7.2	14.0/14.3	0.6/0.7	22.0/23.3	6.5/6.9	8.5/9.1	5.5
Under-5 mortality (per 1,000 births)	325-375 ^a (Same)	100/96	145/140	280/270	325-375 ^a (Same)	185/178	185/179	135/132	120/118	174-210
Infant mortality (0-1) (per 1,000 births)	200 ^a (Same)	75/79	110/112	160/153	200 ^a (Same)	125/120	110/107	85/82	75/74	146-180
Infant and child malnutrition (%)	NA/NA	32/31	NA/NA	31/30	NA/37	NA/31	(50)/40	28/NA	NA/NA	16
Average calorie intake relative to requirements (%)	87/86	(94)/95	100/100	97/95	79/68	(108)/NA	101/99	89/85	89/84	(105)
Access to health services	(30)/30	(89)/89	NA/NA	80/80	(30)/30	NA/70	(70)/76	75/75	71/71	(20)
Access to safe water	21/28	(76)/65	(14)/14	(41)/51	(13)/13	48/45	(47)/50	46/47	(52)/52	33
Primary enrolment (%) (1982) ^c	66/61	76 ^b /93	71/127	46/41	46 ^b /45	84 ^b /110	87 ^b /68	94/84	131/126	15
Adult (over 15) literacy (%) (1982)	28/29	61/73	70/62	(36)/52	27/55	(61)/70	85 ^b /93	69/84	69/81	16
One-year-olds fully vaccinated (%)	TB 40/59	70/67	91/91	72/79	(46)/45	95 ^b /91	(84)/82	87/82	88/76	31
	DTB 8/20	82/64	59/82	66/54	(56)/32	79 ^b /94	(58)/62	49/64	68/63	22
	Polio 55/44	77/60	64/80	68/55	(32)/32	60 ^b /74	(56)/62	47/46	63/63	22
	Measles 62/44	75/62	63/73	64/42	(32)/39	51 ^b /74	(82)/67	56/55	55/53	36
Life Expectancy at birth	(41)/44	55/56	50/51	46/47	(45)/47	54/50	52/53	52/53	56/57	45-49
GNP per capita	490/480	960/840	530/470	180/170	(230)/170	790/670	210/180	470/390	760/680	(350)

() = 1980 (or nearby year). Somalia re-estimated to include unrecorded remittances.

^a Re-estimated on fragmentary data taking into account impact of war. Standard projections showing 245 under-5 mortality for Angola and 255 for Mozambique assume continuation not reversal of rapid 1975-1980 immediate post-independence period gains.

^b 1983

^c Net ratios except for Tanzania, Zambia and Zimbabwe.

^d Includes estimates from various unpublished UNICEF studies at various dates 1982 through 1986.

Sources: 1984 Statistics on Children in UNICEF Assisted Countries, UNICEF, 1986, The State of The World's Children 1987, Oxford for UNICEF, 1987, UNICEF, Children On The Front Line, 1989 for 1988, except for GNP per capita taken from World Bank World Development Report 1986, OUP. WED/FAO Rural Household Survey, 1983.

Table 3

Selected Indicators Low and Middle Income SSA¹

<u>Indicator</u>	<u>1965</u>	<u>1987</u>
GDP/Capita	290	330
	<u>(1965/80)</u>	<u>(1980/87)</u>
GDP Growth	5.1	0.4
Food Production Growth	1.7	1.2 ²
	<u>1965</u>	<u>1984</u>
Daily Average Calories	2096	2101 ²
	<u>1974</u>	<u>1987</u>
Cereal Imports (000,000 t)	3.96	7.81
		(1985/87)
Food Production Per Capita	(79-81 = 100) ³	107
Growth of:	<u>(1965/80)</u>	<u>(1980/87)</u>
Govt. Consumption	8.3	-1.0 ⁴
Private Consumption	3.9	1.1 ⁵
Investment	9.3	-8.3
External Trade Growth		
Imports	5.0	-5.8
Exports	6.6	-1.0
Population Growth	2.7	3.2
	<u>1965</u>	<u>1987</u>
IMR	160	115
Life Expectancy At Birth	NA	51
	<u>1965</u>	<u>1987</u>
% Urbanisation	14	27

Notes

1. From World Bank, World Development Report 1989, OUP for World Bank.
2. The 1965-87 food production and population growth trends (corrected for food imports) would give a decline of the order of 25% not a nominal increase.
3. 1979-81 were on or below trend line output and 1985-87 above.
4. -4% per capita and up to -6% if corrected for higher debt service share.
5. -2% per capita.

TABLE 4

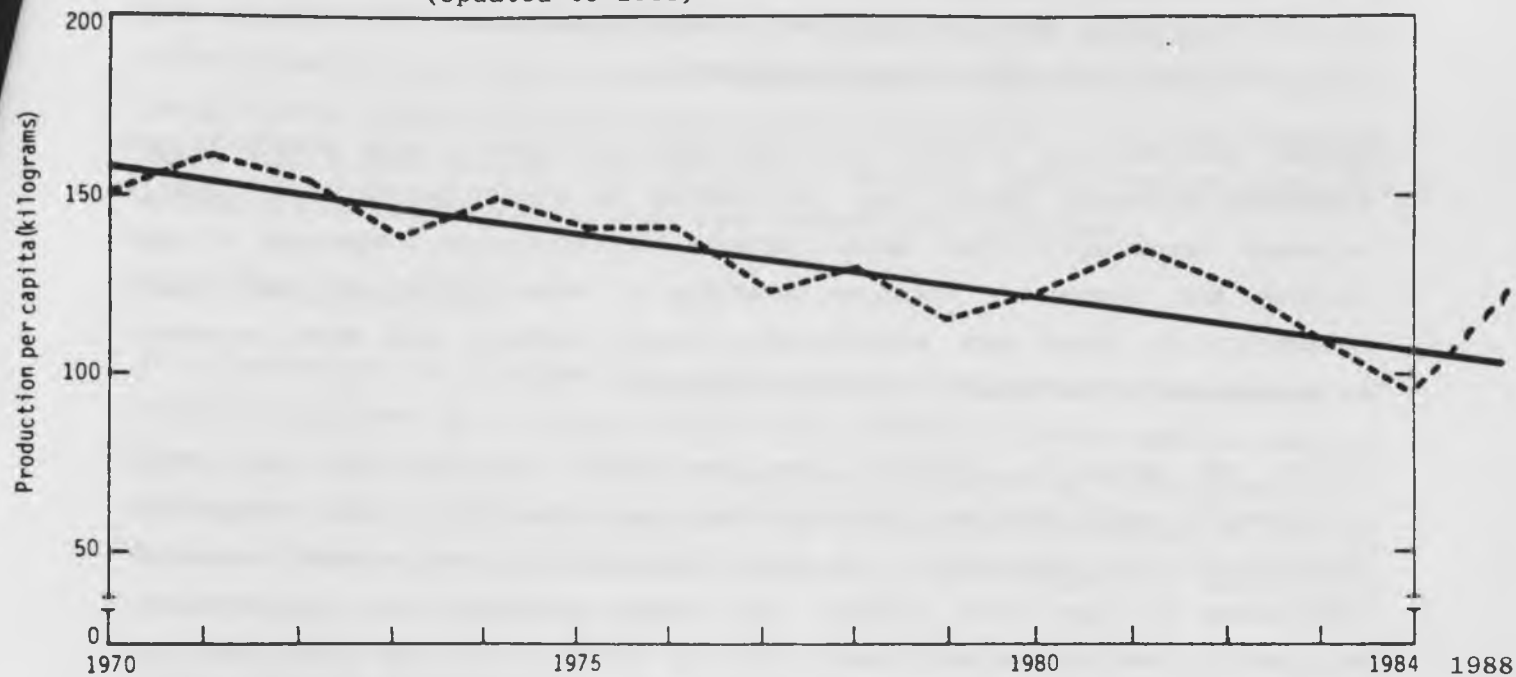
RATES OF ENVIRONMENTAL DEGREDDATION

Countries	Sand dune encroach- ment	Deterioration in rangelands	Forest depletion	Deterioration of irrigation	Rainfed agricultural problems	General assessment
Benin	o	*	*	o	*	*
Burkina Faso	o	*	*	*	**	*
Cape Verdi	*	*	o	*	**	*/**
Chad	**	**	*	**	**	**
Djibouti	*	**	*	*	NA	*/**
Ethiopia	*	**	**	*	*	*/**
Gambia	*	*	**	**	*	*
Ghana	o	*	*	o	*	*
Guinea	o	o	*	*	**	*
Guinea Bissau	o	o	*	*	*	*
Kenya	o	**	**	*	*	*
Mali	*	**	**	*	*	*/**
Mauritania	*	**	**	*	*	**
Niger	*	**	*	**	*	*/**
Nigeria	o	*	**	o	*	*
Senegal	*	**	*	*	**	**
Somalia	*	*	*	**	*	*
Sudan	**	*	*	*	o	*
Tanzania	o	*	*	*	*	*
Uganda	o	**	o	o	*	*
United Rep. Cameroon	o	*	*	o	*	*
Zimbabwe	o	*	*	o	*	*
Mozambique	o	*	**	**	*	*/**

KEY: o = Stable, * = Some increase, ** = Significant increase, NA = Not applicable

Source: (Adapted) "Desertification Control Bulletin", United Nations Environment Programme, Number 10, May 1984, p. 26 and national data. Updated to 1988.

Figure 1 Grain production per capita in 24 African countries affected by drought, 1970-1984
(Updated to 1988)



Source: World Bank, *Toward Sustained Development in Sub-Saharan Africa: A Joint Program of Action* (Washington, D.C., 1984), p. 14, based on data of the Food and Agriculture Organization of the United Nations (FAO), except that the 1984 figure is a projection using data from FAO, the United States Agency for International Development and the United States Department of Agriculture.

Similarly the claim that Africans have survived while true for most does not necessarily give grounds for much optimism. Certainly it is an achievement and one largely won for themselves by poor Africans. But:

First, many have not survived. The direct and indirect effects of recession in Africa probably mean that at least 2 million persons a year die who would have lived had late 1970's trends continued.

Second, the price of survival has been high in eroded living standards and increased necessary labour time. The latter has fallen particularly heavily on women (especially urban women) because the increasing inadequacy of wage incomes and increasing relative scarcity of wage employment has forced households to have more economically active members and more secondary (overwhelmingly "informal") sources of income.

Third, the means to survival have been rural (agricultural) and urban ("informal") self employment/non-recorded wage employment. Both sponges are dangerously near saturation. In many SSA countries the outward thrust of population has put crop growers onto lands suitable only for extensive pastoralism and herders onto lands which in drought years are death traps for their herds. Further this process has speeded up environmental degradation. In Kenya alone 500,000 people are estimated to be on unsuitable lands of this type. In urban areas the pettiest of petty trading and casual, unskilled labour have helped eke out survival but much of the increase in numbers appears to have shared income and work (and poverty) with nominal, if any, production gains. Neither process can continue indefinitely and probably not to 2000.

Similarly the nature of the food problem has caused a debate where too extremes are that 20-25% of SSA's people are dependent on imported grain and that food shortages are marginal, transitory urban problems. Neither contention holds up, but the doomsday scenario the former serves to illustrate is less unrealistic than the latter's facile optimism.

About 5 to 6% of SSA's total food consumption (in calories) is imported in a normal year. 20 to 25% relates to grain in a drought year. However, if food production continues to rise 2% a year and population by over 3%, then by 2000 food imports needed to avoid further deterioration in nutritional standards could be 15 to 20% of normal (20 to 30% of drought) year totals - a trebling which cannot reasonably be foreseen as providable by food aid and/or out of earned import capacity (exports).

The present problem is most dramatic in cities because rural households seek (not always successfully) to keep household provisioning requirements out of normal year production; because in drought years surplus in most rural areas is very low and - as noted earlier - because the rise in the urban proportion of population has far outstripped rises in food producer productivity. It is not transitory but on a rising trend with normal weather years now producing alleviation but not fully adequate domestic urban supplies in most countries (e.g. Ghana, Nigeria, Cote d'Ivoire), surpluses in only a few (e.g. Tanzania, Kenya and - abstracting from refugees - Malawi), while regular surpluses across the weather cycle are very rare indeed (e.g. Zimbabwe).

Why? What Went Wrong?

It is necessary to consider what went wrong not so much for the purpose of attributing blame as to learn how to avoid repeating errors and to identify them, when made, in time to make corrections before costs of doing so (or of continuing not to do so) escalate. As Rector Rui Baltazaar of Eduardo Mondlane University put it "We must look our mistakes squarely in the face to avoid falling into repeating them".

First, African governments made policy and project errors and were slow to identify or to draw back from them. That these were often on foreign advice (often from the same institutions which now criticise them) does not make the African government's judgement correct nor does it shift the cost off Africas. Much of the problem has been bad data, bad analysis and worse monitoring.

Second, in at least some African states corruption, concentration on the interests of small elites and not unrelated escalation of military-police and administration budgets have been objectively inefficient either for national economic growth, for empowering poor people to income less poor or for extending access to basic services. More generally the reduction of absolute poverty has been a clear priority in a minority of countries and an explicit goal integrated technically and operationally into central social and economic policy almost nowhere. Further, what poverty focussed expenditure there has been has too often centred on subsidies (often not very efficient ones in share of benefit going to poor people) and to minimum wages with little real emphasis on production by poor people.

Third, the external economic environment of the 1980's was miscalculated (by SSA in company with almost all international and Northern forecasters). This led to investments which in the new context did not pay off even if they would have in the old and in ways of providing government services and of importing/producer consumer goods which government revenue and national import capacity could no longer sustain. More serious, most states which had successfully adjusted to 1973-75 shocks and resumed rapid growth over 1976-79 (a majority) not only sought to replicate their 1973-75 response in 1979-80 but either persisted in it or descended into febrile crisis containment well into the 1980's when it should have been clear a new strategic approach was essential to curb decline, let alone create a basis for recovery and new, transformed development.

Fourth, overall the 1980's have been marked by more severe, wider spread and lengthier droughts than the 1960's or 1970's. Especially in Southern Africa and the Horn the intensity of war has increased with major negative social and economic costs far beyond direct military expenditures and battle casualties.

The basic causes of the sudden nosedive in most SSA economies after 1979 are fairly clearly external. Nothing else can explain why SSA wide and most country indicators turned down at the same time with little or no correlation to overall economic or social policy. But that does not say that SSA can expect exogenous changes to put matters right. First, neither the terms of trade nor the rate of growth of trade in commodities is likely to improve in the 1990's. Second, a decade (or longer) of problem overload and crisis management has shaken morale and self confidence of managers who had been able to cope with the less stringent demands of the 1970's. Until that is made good, coherent articulation and competent implementation of any strategy or policy will remain problematic. Third, the trying conditions of the 1980's pinpointed weaknesses which had been bearable in easier times. Failure to address worryingly low growth of food production and failure to see that self reliance and economic transformation required more exports (to limit debt and donor dependence) are two examples. The droughts, wars and lower import capacity triggered the slow food production growth time bomb and the end of commercial and stagnation of real concessional finance interacted with the weakening export base to create import strangulation in many economies. Fourth, the interaction of population growth and ecological degradation reached a perceived crisis point in several states in the 1980's

perhaps because the cumulative impact passed a tipping point, perhaps because of its interaction with enhanced drought, perhaps because it was more clearly seen (or a bit of each). There is no going back to 1960 or 1974 or 1979.

The initial reaction of most SSA governments when it became clear 1981 and after would not resemble 1975 and after in the global economy or domestic resource availability was to seek to implement "belt tightening" and "austerity" programmes of varying levels of coherence and credibility. These stop gaps led to a variety of domestic or externally guided stabilisation and recovery programmes (of which in a sense the 1985/6 African Priority Programme for Economic Recovery was the clearest and last continental manifestation). Few were successful even at halting decline more than transitorily.

Thus over the 1980's more and more SSA states have opted - with varying degrees of belief - for International Monetary Fund/World Bank modelled and/or endorsed Stabilisation and Structural Adjustment Programmes. Some followed on failed national attempts on not totally dissimilar lines (e.g. Tanzania) and others on overall economic policy gaps of up to a decades' duration (e.g. Ghana).

Stabilisation, Structural Adjustment and All What?

The 1980's in SSA have been marked by a rapid cyclical rise in Stabilisation Programmes, usually under IMF tutelage, and Structural Adjustment Programmes, slightly less uniformly under Bank guidance. By 1989 about 30 SSA countries had some variant of internationally recognised SA programme plus 2 to 4 "do it yourself" variants and over 1980-89 a few more had been in and out one or more times. The dialogue and debate (not to say slanging match) on Stabilisation/Adjustment has been intense and sustained. Reasonably so since a combined sequence requires major socio-political as well as political economic changes and is likely to last a decade. Unfortunately much of the debate has been so polemic as to shed more heat than light and to spread more smoke than focussed illumination. Several points need to be made.

First, massive imbalances in macro and sectoral economic aggregates are not sustainable. This is no less true of nutrition, of basic health services and of poor peoples' livelihoods than of trade accounts and government budgets. In the 1980's in SSA many imbalances have been or become so extreme as to be unsustainable and quick turnaround efforts have (unlike the 1974-75 period) had few successes.

Second, the basic choice is between planned and unplanned adjustment e.g. Ghana was adjusted over 1973-1981 under regimes with no coherent economic policy just as much as (indeed more than) Botswana in 1982 under a quick response, overall, self run stabilisation exercise.

Third, there are major contradictions between the macro, monetary, short turn, demand management (cutting) stabilisation model of the Fund and the macro and sectoral, real, medium term, supply expansion structural adjustment model of the Bank and muddling the two into one (or describing the Fund's programme and calling it the Bank's strategy) is distinctly unlikely to lead to reasoned discourse or policy and praxis improvement.

Fourth, because Fund/Bank approved programmes do in fact secure more external resource support, a purely national adjustment is likely to require harsher initial demand cuts and to place more severe limits on a rapid sustained restoration of growth (e.g. Zimbabwe, Algeria).

Fifth, the makeup of resource alleviation and the policy priorities in a stabilisation/adjustment programme will determine who is empowered to produce what, for how much reward and which services are available to whom, how and where. Within fairly wide limits these sub-macro decisions will determine the positive or negative impact of a structural adjustment exercise on particular groups of absolutely poor people, on children and on vulnerable groups in real danger of being plunged into absolute poverty. (A stabilisation programme's short term impact is likely to be negative in respect to most poor people's real household income and access to basic services levels.)

Sixth, the record of structural adjustment programmes varies widely. On average it is problematic and clearly below and slower than expectations and needs.

The basic debate on Structural Adjustment (beyond that portion which is cross monologues of the deaf) has several facets. The simplest turns on tidying up on the basis of experiences and ensuring that real resource availability recovery comes sooner - a field in which the Bank, at least nominally the Fund, critics and African governments can and should find much useful common ground.

The role of industry and of different types of exports (beyond or instead of traditional primary products) debates are partly of priority and sequence but partly of developmental vision over a 10 or 20 year perspective (beyond structural adjustment at least as usually perceived). So too is the role of economic regionalism. The Bank, critics and African governments have begun dialogues in these areas in which it would appear there is some hope of emergence of contextual syntheses.

The appropriate degree of state intervention, state ownership of productive enterprises, scope of state services, and user charges are issues on which there are both ideological and practical differences. The Bank believes greater acceptance of market forces is desirable in principle and that most African state interventions have been either counterproductive or served only small elite groups. It is opposed in principle to state ownership of directly productive enterprises, albeit relatively pragmatic in respect to reform (or joint venturisation) of successful, unsaleable or strategic ones if it believes the state is capable of devising and acting on a reform programme. The Bank does not in fact believe most SSA states go beyond its idea of how much in the way of public services should be provided. Its argument is that using too many people to pay properly, with too few supporting resources on too many services, some of which are not effective, results in less actually being done than were there a contraction in size and scope using rather more resources to have a real impact on a limited range of services which are efficient for reaching specified goals. The Bank believes (has believed for at least two decades) user charges are a good thing and is ideologically unwilling to accept that, in SSA, access, administration and collection problems make them at best a marginal tool for efficiency, but a potentially lethal one against poor people.

There is evidence that SSA governments have intervened counterproductively with ill chosen instruments, have spread themselves too thin and own more enterprises than they can monitor or manage (and often some rather unsuitable ones). Few states or critics would deny this so that there is room for interim agreement, although on the role of the state there are some basic disagreements. On fees because the Bank's position is ultimately ideological there are more contradictions, albeit it must be said many SSA governments and critics have been slow to see even the functional problems and have attempted or adopted some unwise fee positions and structures in haste which at least a number (e.g. Mozambique in the health field) are already regretting at leisure.

There is a somewhat different dialogue on the international context. The Bank does not oppose (but advocates and has worked for) more soft resource transfers, larger debt writeoffs, less industrial economy protectionism and better commodity terms of trade. But - realistically - it declines to project these will be achieved let alone build programmes on that assumption until they are actually in hand. This may make its advocacy less effective but for it - as for an SSA government - to plan on the basis of a desired or a more just external economic context until it happens is a recipe for disaster.

Structural Adjustment and Poor People

Poor people in SSA are in the vast majority of cases becoming poorer. This process began before structural adjustment programmes but has not been reversed in most of them. This is especially true on the basic service access side where budget balancing and debt service funding have led to real expenditure cuts in the early years of most programmes (not all e.g. Mozambique, Tanzania and among nationally designed ones Zimbabwe). In respect to poor peoples incomes while some have benefited, some been hampered and the balance is unclear except where significant (over 4% a year) growth has been regained and held in which cases on balance most, but not all, poor people's real household incomes have risen. In general it is easy to demonstrate certain groups of absolutely poor people have usually fared ill under structural adjustment (especially urban workers and some informal sub-sectors) and some vulnerable groups have been pushed into absolute poverty (e.g. fired - "redeployed" in the Bank's rather cynical terminology - workers) and that (at least until 1985) basic services fared ill in budget adjustments. It is harder to argue that continuation of pre-adjustment trends would have been good for poor people or even less bad than the actual outturn.

For that reason three points deserve central attention:

First, if empowering poor people to produce more and to have access to basic services is central to development then a basic test of any structural adjustment programme is whether (and how) it targets, allocates resources to and furthers that end in practice. That "things would have been worse otherwise" is by no means an adequate defense.

Second, Structural Dimensions of Adjustment approaches and even analyses like Adjustment With A Human Face are too narrow in concentrating on those absolutely poor people and/or less poor vulnerable group members directly adversely affected by structural adjustment programmes. It is not enough to mitigate damage and indeed these groups may either not be operational categories for programming or many not be those most in need of assistance in rehabilitating their livelihoods or gaining access to services. In fairness, both the Bank's SDA unit and the largest Programme to Mitigate the Social Costs of Adjustment (Ghana) implicitly accept this point in part and do focus on programmes targeted against absolute poverty and for basic service restoration more broadly.

Third, therefore to be acceptable any structural adjustment programme should have priority targets (backed by resource allocations and policies) relevant to reducing absolute poverty e.g. access to basic services, minimum wage, small (and especially small female) farmer oriented extension and input programmes, adoption of labour intensive techniques. Further these should be integrated into the core strategy and operated within all sectors and most programmes not treated as (usually optional or dispensable) add ons if additional finance beyond the core becomes available.

III.

Killing The Elephant: Prospectives On Retrieving The Future

To assert that the present contextual and processual starting point in most SSA countries is broadly positive is misguided optimism. The one region to most of whose countries that may apply is Southern Africa on the condition that peace is about to break out - not yet a safe assumption. The passenger who asked at Kampala how to go by train to Dar es Salaam was told that the station attendant wouldn't start from Kampala and especially not that day of the week. Like him Africans do not have the luxury of choosing their starting point - it has to be here in Africa and now in late 1989. The appropriate attitude is (with apologies to wildlife conservationists!) perhaps that of the Tanzanian lake district proverb:

Rabbit where are you going?
 I am going out to kill the elephant.
 Can your really do that?
 Well, I'll try and try again.

Nor is survival enough. The UNICEF poster of the young girl answering "What do you want to be when you grow up?" by saying "Alive" has its priorities in the right sequence. For the dead there is no future. Survival matters. But it is not enough. The continuing struggle is for fuller and more human lives - for UNICEF with a particular focus on children and women - not for bare physical survival.

Macroeconomic Necessities

SSA economies need to grow 5% a year in the 1990s (versus an average of barely 2% in the 1980s) and within that total food production needs to grow 4% (against a 1965-1985 trend of about 2%). On the one hand that is a modest goal - it will still leave 1990 per capita output at or below 1970 levels overall. But, as the bracketed figures indicate, it is also an ambitious target though one achieved on the overall output side by a majority of states in the 1960s and late 1970s and almost reached by a few on the food production side for most (but not all) years.

Without that pattern of growth the base for human investment/basic services, empowering poor people to produce more (eradicating absolute poverty by - say - 2010) and financing needed fixed investment simply will not be available. Like law and order, significant output growth per person is not everything but without it there will be little else.

To achieve those growth rates SSA will need to be able to import 4 to 6% more per year even with import substitution in food and basic manufactures. For a majority of countries that growth cannot be financed by 4 to 6% export growth (a highest plausible average) so that external financial transfers must rise. Even in relatively well financed, tightly run recovery and transformation programmes like those of Mozambique, Ghana and Tanzania import capacity constraints remain severe and in any case 5 to 6% annual resource flow increases are needed. Assuming increased debt writeoff or deferral sine die (which appears to be the trend) overall gross resource transfers to SSA will need to double by 2000 to sustain the growth process posited. This is not desirable and may not be feasible but the survival of recovery and transformation depends on the import growth cited and 10% + export growth to finance it autonomously is quite impossible for more than a handful of countries before 1990 even with export diversification and rapid buildup of intra-African trade.

Fiscally the overall requirement is for recurrent budgets (excluding interest) of 15 to 18% of GDP albeit for very poor countries this may be too low. Of that about one-third is needed for basic human investment/social services, one-third plus for economic and infrastructural services and one-third minus (a ceiling) for administration, security, defence and general services (including pensions and consumer subsidies). A majority of SSA economies can finance such levels domestically by 2000 but whether they can also cover 5% of GDP for interest payments is much less clear so that external recurrent budget support will continue to be needed.

Gross investment levels of 20-25% of GDP (one-half more than typical today) will be needed to sustain this macroeconomic scenario. (The net level implied is 10 to 15%). Given the external balance gap posited, this requires domestic savings of 10 to 15% of GDP (by no means generally unattainable) with the balance grant or concessional transfers.

The two highly problematic variables in this scenario are import capacity and a fortiori food production. Most SSA economies have demonstrated a capacity to grow 5% and - in that case - to raise recurrent revenue to at least 15% of GDP and savings to 10%. But, as noted, the import capacity condition implies both export increases of over 5% annually (not achieved on a sustained basis at any time since the 1960s by more than a minority of SSA states) and rapid increases in real resource inflows. Further, both requirements are in real (export or transfer sums divided by the import price index) terms so are sensitive to terms of trade declines or rapid global inflation.

Food growth at 4% a year cannot be achieved by switching away from industrial and export crops. Even if these were static, redistributing present agricultural growth entirely to food would only yield about a 2.5% annual rate. Further, without at least 4% growth in the agricultural subsectors other than domestic food production neither industrial nor export growth requirements can be met.

Food output growth is a necessary condition for national food security in all but a handful of export rich states (e.g. Botswana) as well as for household food security for poor peasant households (over 50% of all households on an SSA wide basis including those 10% to 25% above the absolute poverty line). How to achieve it is much harder to posit.

In the short run improved simple input and access to transport requirements backed by accessible markets (to buy as well as to sell), reasonable prices (e.g. market set with an effective floor price for grains) and broadening use of best known peasant techniques (including involving peasants who now use them as part-time popularisers and demonstrators) might bring the growth rate up to 4% for several years - especially where (e.g. in Tanzania) medium quality land remains available and the trend food production growth rate has been at or over 3% for almost three decades or (e.g. Mozambique) war devastated security may be at least partially restored.

In the medium term cost effective, user friendly technical improvements will be essential. These are not available "off the shelf" in more than a few cases so that sharp improvement in efficiency of research (and less generally of resources devoted to it) is needed beginning now if higher growth rates are

to be sustainable. In parallel extension services need to be raised in quality and ability to teach. (In many countries especially in Western and Central Africa and the Horn more are needed but not more of the same.)

Issues relating to the invisibility of women and women's economic opportunities/work overload discussed below are particularly relevant to this sector.

Empowering Poor People

Macroeconomic balance and sustained growth is necessary to enabling poor households to claw their way out of absolute poverty. It is not enough to achieve that end.

Four more components are needed: enabling poor people to produce more; providing broader (toward universal) access to basic services; allowing/encouraging participation and self-organisation by poor people and creating structures of accountability (for private as well as public sector officials, managers and decision takers).

The first element is essential. Unless it is central to economic policy (not an afterthought with paste on special projects) poor households will not be able to generate adequate incomes (in kind and cash) to escape from absolute poverty.

The three areas in which increased production by poor people is needed are small scale agriculture, small ("informal") non-agricultural activities and wage employment (formal and informal). The common feature is that in each area specific gains can be won but only if identifying targets, ways and means and specific resource requirements is integral to the overall economic policy decision-making and implementation process, not a side show.

In general there is no reason to suppose such reorientation would reduce growth and in many cases it would increase it as well as making it less import intensive. But it would require very substantial reorganisation of overall as well as specific conceptualisation and organisation. For example, wage employment can be expanded rapidly if more labour intensive ways of

effectuating priority targets - e.g. in road and building, maintenance, rural construction, housing - are identified and adapted. To do so needs different technology, new training of managers and workers, organising rural projects seasonally (and having a "desired project bank" for use in drought years), creating an environment (incentives, inputs, tools, credit) in which artisan-led "informal" construction teams can flourish.

Basic services (health, education, pure water, extension) currently have a less peripheral role in economic decision-taking because "human investment" is a recognised category. But not all human investment is directly relevant to poor people and both the theory and practice often concentrate on the other end of the spectrum (e.g. universities and consultancy hospitals) creating an imbalance in favour of the not so- or not poor.

Further, human investment traditionally has been narrowly defined. Reducing women's workload by reducing the time needed to tend the sick and take them to health posts or to collect water has not usually been taken into account any more than the truism that uneducated, malnourished, often ill people cannot work very long, hard or productively.

Participation is needed at several levels for interacting reasons. First, poor people know better what they want/need than outsiders (even though the poor people do not know fully or perfectly and the outsiders have their uses). Second, the vital resource needed to reduce absolute poverty is the labour of poor people. Third, asking users (would-be beneficiaries) will often reduce or allow early correction of design and operation failures. Fourth, resources are scarce relative to demands on them so that unless they are participating in an organised way in lobbying and operating the decision-taking/resource allocating process poor people (and definable, operational sets of poor people) will continue to get crumbs not main courses from the table. All of these factors indicate the importance of self-organisation (from community to national level) of groups of poor people either by themselves or with not so poor people. Outsiders cannot in practice cause and sustain significant changes in resource allocation decisions except under very special circumstances unless they are closely linked to real domestic civil society forces concerned with achieving the same objectives. Noblesse oblige domestic

concern plus external agencies is no substitute for participation increasingly grounded on self-organisation, least of all in contexts of severely constricted or contracting resources.

Accountability is necessary to ensure that what is supposed to be/agreed to be done actually is done with acceptable levels of timeliness, completeness and competence. (One of four clinics, three years late with next to no drugs is an example of failing all three tests.) Ultimately accountability requires that errors be set right by reform or removal, by election or ombudsperson, by legal processes or by public disapprobation. It is the effective process and practice of calling to account which is needed not any particular route to or form of achieving it.

From SSA To Operational Levels

The difficulty with concise SSA summaries is that they oversimplify reality and, for most particular countries or areas (geographic or social) within countries, at least somewhat distort it. With broad scenario target or ways and means formulations they can be - at best - guidelines from which contextual (time, place, person) policies and practices can be constructed.

Certain differences - urban/rural, inter urban, intra rural, gender - are widely recognised albeit not always well delineated (e.g. in most of SSA so far as effective consuming power is concerned 50% or more of the urban population is as poor as all but the poorest rural households and is probably more subject to malnutrition). These affect planning, targetting and acting within a country.

At one level intra country differences are even better known. The resource availability parameters (in general and for basic services in particular) of Botswana, Zimbabwe, Tanzania, Mozambique and Somalia are certainly known to be totally different and in certain ways this is taken into account in conceptualising what is possible and targettable.

But there is a danger of reductionism in such exercises. Additional clear contrasts exist:

- a. state of peace or war and nature of war?
- b. strength of civil society and relation with (or alienation from) government?
- c. demonstrated priority (or otherwise) given to - e.g. - health care and within it to primary health care?
- d. general and specific institutional and personnel capabilities?

On pure financial resource criteria and war/peace criteria Mozambique might be supposed to resemble Somalia in terms of what is possible. This is not so. In Mozambique primary health care has always been a government priority and civil society expects it to be provided - in Somalia the reverse is true on both counts. In Mozambique the government health service is a functioning group of organisations with clear purposes, moderate morale and a not inconsiderable capacity to cope - not so in Somalia outside a few urban hospitals. In rural Somalia many rural communities (defined as people rather than places) are - or at least were up to 1988 - well organised with capacity to provide and to finance partially new services (e.g. external organisation/primary health care networks) but in rural Mozambique many rural communities are so shaken by war and consequential dislocation as to limit their ability to cope beyond immediate household livelihood rehabilitation needs and most of the others are too poor to make significant financial contributions (or even in many cases labour time ones until familial sector production is restored).

Thus entirely different models of interaction among communities, government and external agencies are needed in respect to primary health care extension in Somalia and Mozambique. In practice this does take place but almost intuitively so that. e.g., rather foredoomed efforts to use government channels in Somalia and, e.g., failure (including until recently by the Ministry of Health) to identify finance for previously community supported basic health workers/animators in Mozambique as a priority input to

rehabilitating community participation are frequent even by relatively socially sensitive actors like UNICEF.

A more mundane example is the difference in appropriate ways (for external agencies or communities) of relating to centralised, partially decentralised and basically decentralised systems and with transitions from one to another. In general the decentralised are most accessible to communities but least convenient for national civil society groups or external actors with limited personnel. Specific means of coping are rarely both evident and operationally satisfactory (vide UNICEF's reflection process in Ghana).

Failure to examine these social - institutional - civil/governmental dynamics differences with a view to their impact on instrument selection leads to, at best, overgeneralised prescriptions. These are not all as blatant as the ideological vendetta against taxpayer (and donor) financed primary health care waged over the 1980s by many World Bank officials and consultants. A much more subtle example is the Bamako Initiative or at least the frequently reductionist ways suggested for implementing it.

Community participation in health and health care is not at issue. Nor is the need to mobilise more resources for health services including rechanneling some going inefficiently (from the payer and social viewpoints) into private practice (modern and/or traditional). But:

- a. community structures and openness to poor households vary widely - with clear implications for how committed to ensuring access to health services on the basis of need they are likely to be;
- b. community resources (financial, administrative, labour time, food, materials) vary tremendously (even within a district let alone a country or SSA) - with evident resultant divergences in levels and makeup of possible input;
- c. cash payments may be much harder to raise than payments in food (for staff) in materials (for buildings) or labour (for building maintenance or construction or on health workers' family food plots) and direct tying of contributions to individual health service use may be inferior to

annual phased contributions (a form of insurance) or to communally raised ones (which can be progressive as to incidence);

- d. the outlooks of the community contribution supporters range from ideological opponents of full social financing of social services through pragmatic overuse minimisers/resource availability maximisers to radical opponents of government involvement in community affairs. While the first and last group (for very different reasons) want to "let government off the hook" on its duty to provide universal access basic health care and education the middle one (e.g. UNICEF) most certainly does not.

Seeking a crudely reductionist of Bamako to centrally set fees for specific uses (e.g. drug costs) and to pay these cash flows from the community to the centre and to enforce that model generally is, at best, an absurdity. It may be necessary and workable on occasion (e.g. Somalia, Benin) but in other cases (e.g. Mozambique, Tanzania) it would set back primary health care development even though more flexible, decentralised community chosen means of involvement and support could be devised, accepted and implemented.

A Bouquet of Sectoral/Sectional/Special Topics

Macro issues matter. If macro balances are unmanageable imbalances and overall trends point the wrong way, no amount of sectoral project and special programme soundness can do more than limit deterioration, share losses less inequitably and help absolutely poor people survive (or more accurately reduce the number who fail to survive). However, macro policies in general can help enable but not cause and without special topic/sectional/sectoral articulation and implementation can neither have an absolute poverty reduction (or any other distributional) strategic thrust nor be efficient in achieving desired macro targets and trends.

Six topics are sketched here. Doubtless at least six more could be prioritised and perhaps one or two arguably could be downgraded. However, all included are important generally and in their implications for the well-being of mothers and children (especially poor mothers and children) and appear to be on or close enough to decision-takers agendas to repay policy focussed

attention now. They include: community participation, population, urbanisation, human resource development, women and household food security.

Community participation has in part been discussed under empowering poor people to produce more and to win more effective access to basic services. The pitfalls of rigid, centralised, extractive approaches to it have also been sketched in respect to some readings of the Bamako Initiative.

Community participation suffers from being defined in totally contradictory ways - usually implicitly - leading to excessively incoherent dialogue and inconsistent/unsuccessful implementation. If the argument is for participation in production, poor people already do as far as they are able but at inadequate levels of productivity - empowerment by expanding employment, improving access to inputs and infrastructure, human resource development/basic service access are needed not rhetoric or coercion. (Price incentives may well be relevant if present price patterns run contrary to productive efficiency, but are perhaps best viewed as non-physical infrastructure.) If it is for acting to carry out government policies, there is little likelihood rhetoric or coercion are much more relevant albeit explication often is. Participation in design, discovering how the policy relates (or could relate) to community needs and empowerment are likely to be much more relevant priorities. If seen as a means to resource mobilisation, extracting the resources for central use (even if nominally in support of the community) then except under rather special circumstances the words have been turned on their heads. Poll taxes and drug charges may at times be necessary, the basic community may under some circumstances be the best collection device, but they are no more (or less) community participation than community members' payment of sales taxes embodied in the prices they pay at local shops.

Full community participation has to be grounded on some form of community self-organisation. How is a contextual issue: local party branches, local councils, autonomous community associations, savings and credit societies, women's co-ops, water supply management and maintenance committees are all appropriate for certain forms of participation in some contexts. This necessarily implies that its ends must be community chosen - which does not rule out external (local, national or external) advice, education, dialogue,

cooperation. It does mean the community bodies must have social and political space to decide and to act in non-trivial ways.

Steps toward community participation can be based on officials of non-community bodies asking/listening/responding without a clear community organisation base, but that process will normally lead either to quasi-formal community organisation or to a low level plateau.

Population is an emotive topic, but too serious to be passed by in silence. Rapid population growth raises demand on resources more than it raises supply. Large numbers of children (especially in female-headed households) are causally associated with poverty (in both directions, i.e. large households lead to poverty and vice versa). Frequent, closely spaced pregnancies have negative impacts on maternal and child health and on female income earning/food raising. These are simple facts. The bucolic vision of a mouth coming with a pair of hands appended has some relevance to low intensity, open land frontier agriculture in a largely self-provisioning household based economic system subject to high infant and child mortality and old age security dependent on surviving children. (Even then, child spacing would probably be more 'efficient' than a rapid succession of pregnancies and was, in fact, widely practiced in many pre-colonial African societies.) It poses very serious problems even at household level in much more cash oriented, relative land scarcity rural or in urban contexts.

Lower population growth rates are demonstrably desirable as is child spacing (whatever the "completed family" size). The problem is creating contexts and designing policies which empower people to act in ways leading to that result. In general head-on population growth reduction policies seem to be a rather small part of the answer. True, education and dialogue are needed to overcome religious, traditional social and male chauvinist (or traditional female role linked natalist views. True too, access to family spacing/planning advice is needed if technical knowledge and/or material inputs are lacking and demand for them exists and is rising. But five measures are - logically and historically - likely to be more crucial:

- . reducing infant and under five mortality in order to reduce the births needed for any desired family size and reduce the 'overshoot' caused by risk avoidance;

2. moving to universal primary and adult education (especially but not only for women) to increase options open to and knowledge controlled by women and to increase the expense of bringing up children;
3. increasing women's economic opportunities (urban and rural, employment and self-employment) for much the same reasons;
4. increasing levels of nutrition and of catastrophe mitigating food supply - perhaps primarily because of impact on IU5M mortality but also because this seems to reduce the perceived security need for children;
5. broadening alternative routes to old age security to reduce the need to have many living children so that at least one has done well enough to be able to support his aged relatives.

Child spacing - in contrast to direct total birth reduction calls - does relate directly to the first and reinforces the second and third of these points. Equally it has deep (if somewhat withered) roots in most African cultures so is less likely to arouse vehement ideological hostility.

Urbanisation in SSA is inevitable and (given constraints on land and technology availability) desirable process in Africa. The true policy problems relate to pace and cost.

Urban bias in access to basic services and - where it remains - in access to above absolute poverty cash and kind incomes create excess and excessively rapid urbanisation. The answer to the first is fairly evident; the second includes facilitating rural-rural migration (larger than rural-urban in many SSA countries) from relatively overpopulated to relatively underpopulated areas (e.g. from the Owerri Plateau to the Middle Belt in Nigeria or from Kilimanjaro-Meru to Southern and Southwestern Tanzania).

Urban overhead costs: notably water, sanitation, roads, transport, housing, policing - are higher in real resource terms per household for equal benefit per household in urban than in rural areas. Unless the faces of the poor are to be, almost literally, ground into the dust or mud much of the 'excess' cost will have to be met socially. The problems are designing ways to achieve

actual access for poor people (so that they are not shoved into absolute poverty) while holding resource and technical/managerial demands to affordable levels. Both private sector participation (e.g. contexts favourable to artisan-led informal building teams dealing with would-be owners) and community participation (e.g. neighbourhood supported pure water projects or project segments replacing polluted water and/or expensive private water carrier services) do have roles to play, but a socially defined strategy and context are needed for them to do so in ways beneficial to poor households.

Women's economic activity options in urban areas need priority attention. Certainly urban SSA women are much more economically active in 1989 than 1969 (especially in Eastern Africa, the Horn and parts of Southern and Central Africa) but dominantly in low productivity residual sectors such as very petty trade and as an enforced survival strategy. Unlike women's role in agriculture, this problem (and its interaction with reducing other parts of urban women's workload) is not at all well researched on any articulated basis and is - with few exceptions - still remote from actual decision-takers' agendas.

Urbanisation requires increases in production per peasant household. This is easily illustrated numerically. If 90% of all households grow food and 10% do not then on average each food growing household must produce 111% of its own needs. If the percentages change to 60% and 40% that average ratio rises to 167% implying a required average food producing unit production growth of about 50%. Failure to achieve that kind of growth is the prime reason for SSA's food crisis and import increases and why outside drought disaster years' food crises - and/or food import use is rather more an urban than a rural problem.

Human Resource Development as it relates to access to basic services in the context of empowering poor people to escape from absolute poverty has been sketched above. In that context prioritisation and sequencing are of major and often unrecognised importance.

A concrete example illustrates this problem clearly. If primary education enrollment is below - say - 90% (80% for girls) and adult literacy below 75% (60% for women) while continuing (vocational/practical skills) adult education and extension are weak is universal access, formal pre-primary education an

immediate priority? (Indeed is it even conceivably feasible?) If only a small largely urban formal pre-primary sector is possible, should it be public or - since in fact places will go overwhelmingly to children of not poor families - private? Can enhancing women's economic options, child socialisation and pre-primary familiarisation with the language of instruction be furthered by community (neighbourhood) financeable day care centres? If so, what supervision, teacher training and specific material resource inputs from the government or donors are necessary/desirable/achievable?

But human resource development is not - and should not be - focussed purely on basic services. A functioning health system needs consultancy and training hospitals and an education system empowering an economy to meet macro and poverty reduction targets needs secondary, specialised professional and tertiary level institutions. The real issues are ones of interaction and balance and tend to be quite country specific, e.g. present 'excess' levels of university graduates in some countries and subjects.

At both the basic service and the higher levels, user charges tend to be an issue which results in misallocation of scarce resources (research, managerial and administrative and decision-taker). In countries as poor as all but a few in SSA, half of users can afford to pay negligible amounts and all but perhaps 10% can pay much less than full cost (and with a cost cap). Simple schemes (with waiver provisions and exemptions for certain services as well as total charge caps and blanket exclusion of poverty groups) like Zimbabwe's or those of the Ghana Christian Health Association can yield modest revenue with no major damage to access by poor people. More complex and broadly based ones - e.g. Mozambique - tend to yield negligible funds at massive costs in relation to exclusion and also administration, collection, and decision-taking/reviewing time. Full costing or anything like it for universities (or non-boarding secondary schools) is practicable without excluding 90% of the relevant age group whatever its other qualifications (which is nonsense in economic efficiency terms) only if it is financed by employers (present or prospective) or loans. The former is a promising but limited route; the latter (judging by industrial economy experience and typical African graduate incomes) would yield significant revenues, at best, after a significant lag and would suffer from high location/collection expenses and low collection rates. One is forced to wonder whether the game

is worth the candle and, given the social tensions caused, whether it even can be a positive sum game.

Women are not a problem or an issue. Rather women have problems which raise issues as to how they can be empowered to reduce/overcome them which are of human, household and macroeconomic priority. The central problems are total work overload (uniformly in rural areas and generally - if not universally - for poor urban women), access to productive income (including household provisioning) opportunities and to basic services and full participation in civil society. These problems are inter-related but the most basic is often that of total workload. If wooding (fuelling), watering, cooking, cleansing, household chores and caring for the sick take up 10 to 12 hours a day (not uncommon) then time available for earning or producing household income is very limited and that for utilising adult education opportunities and/or participating in civil society beyond the household is still more limited (to the point of non-existence for many poor women according to their own accounts and to common sense). Per contra limited participation in civil society often precludes fully effective or secure access to land, to credit, to control over labour time and to securing priority attention to reducing women's overall workload, to ensuring that employment generation strategy includes women, to redesigning extension services to take account of gender divisions (and interactions) of labour and to speeding the reduction of a bias in results against women in most levels of educational enrollment in most SSA countries.

Two points in respect to workload require articulated attention to identify promising ways forward. First, recognition that time is fungible so that provision of nearby pure water, reduction of illnesses to be tended (e.g. by vaccination, oral rehydration) and by introduction of affordable time saving food processing techniques are relevant to increasing income earning/household provisioning activity and effective access to, e.g. adult education, women's cooperatives, civil society groups; second, detailed articulated studies of workload patterns and known/affordable time saving innovations available.

The workload patterns and detailed gender divisions of labour and of income and expenditure (especially but not only in agriculture) are urgently needed. Not all women's agricultural work is on products they use to feed their households or to sell. Some "male produce" is processed and sold by women who keep the proceeds for their budgets. African household budgets (like

labour time) have gender divisions by type of expenditure (and like labour time they vary from area to area and shift over time).

There is also a danger of confusing appearance with reality. For example, whether women (especially those who are de facto or de jure heads of household) have secure access to land cannot be determined by looking at whether formal land tenure allocations are to them. In some traditional systems, the obligation to provide wives, widows, unmarried sisters and even more distant relatives with land rests on male relatives whose land allocations are partly determined by the extent of such obligations and who normally honour them. Per contra formal allocation of user rights or even legal title to land to women may mask a reality of male control over female labour time, allocation of the land by crop and male 'acquisition' of most of the output. The former system is doubtless patriarchal but can provide secure access; the latter is probably no less patriarchal in substance and clearly provides less security.

Household food security turns on entitlements (i.e. production, income to purchase or emergency food provision systems whether direct or via employment creation). National food security (physical availability of food) is a necessary condition for overall household food security but, for two reasons, not a sufficient one. First household food security requires physically accessible food not just supplies in a far off port or inaccessible farming area. Second, physical availability does not nourish those without entitlements in cash or to own production.

Routes to answering the first additional condition turn on improvements in domestic information flows, marketing institutions (public or private) and transportation. They are usually by no means trivial to enhancing food security - unsaleable or unmoveable surpluses rotting in isolated areas or port godowns while acute physical food shortages exist elsewhere even for persons who could afford to pay for food if a functioning national market using all available supplies existed are endemic.

However, the increased access to the entitlements issue is the more general one in most of SSA. As the majority of malnourished households are poor the 'obvious' answer "produce more" is relevant. However, at household level whether this should be more food to eat, more crops (food or non-food) to sell

to buy food or more non-agricultural income is an empirical question answerable in terms of what activity (or mix of activities) will in fact raise food entitlements most. For example, in Northern and Upper Ghana enhanced production of cotton and tobacco and a fairer price for women shea nut collectors are part of the answer to enhancing household food security through reducing pressures to sell food. That pressure is intense because some basic needs require cash and, at present, many households have no alternative way of acquiring it.

In urban areas more or more productive employment/self-employment is central to raising entitlements. This may involve such disparate elements as raising the real minimum wage, providing access to tools and raw materials for artisans and shifting street and building maintenance to labour intensive modes. In both urban and rural areas employment expansion - including but not limited to public sector social and economic infrastructure - targetted to be accessible and attractive to poor household members (including and with specific attention to actual employment of women) can play a useful supporting role.

That role may be most important in maintaining entitlements during climatic or economic crises. However, it is also relevant (at least on a seasonal basis) in poor rural areas and urban neighbourhoods. Further, cost efficiency and managerial capacity maintenance/development usually require a basic programme and a bank or shelf of desirable projects ready to be used to expand rapidly when needed not a stop/go approach repeatedly starting late with poor managerial capacity and distinctly sub-optimal project selection and execution.

Both because it generates output and because it maintains participant self-respect (and the viability of the commercial food distribution system), work for food approaches to providing entitlement safety nets are superior to free food distribution under most conditions with food for work approaches intermediate. But in severe famines or isolated areas (or when no work schemes can be put into effect promptly) limiting malnutrition and ensuring survival dictate free food distribution. Whether general use of targetted food supplementation supplies is nutritionally effective or practicable is highly contextually specific with a relatively depressing general picture outside health care programmes built around ante-natal and well child clinics

and emergency entitlement preservation packages (e.g. Botswana). Food subsidies are inferior in most cases to income enhancement - combined if feasible with "fair price shops" which are cost covering and provide adequate incentives to acquire needed private sector participation (e.g. at retail level in the Maputo/Beira "abastacimento" ration system in Mozambique).

For households (or isolated individuals) who cannot earn nutritionally adequate entitlements because of age, infirmity, civil dislocation or war and/or very high dependency/worker ratios (poverty of labour power), direct income support whether in cash (which poses major problems in most SSA contexts but may not be as non-feasible as is usually supposed, e.g. it could be operated in Maputo) or in food is needed. The basic barriers to more effective action are identifying all (almost all) intended beneficiaries and excluding almost all not so poor or not poor benefit seekers and fiscal burden. (Physical inability to secure or move the food may or may not be another key obstacle in any specific case.) Innovative identification procedures involving community and decentralised government participation can sometimes reduce the first barrier to manageable proportions. The second is probably surmountable only if many households/isolated individuals without own entitlements can call on and receive extended family or broader social group support. That depends in large part as to whether safeguarding and raising food entitlement for other households is effective. For example, if a peasant household has been empowered to produce more food and to increase cash from sales of crops and from wage income it is much more likely to be able to honour its social obligation (which usually does exist) to provide food to related households whose food entitlements cannot cover nutritional needs. The less food deficit households there are, and the firmer the food security of the others, the more weight the extended family system and its agnates can bear in respect to structurally food insecure households and isolated individuals. For example, Mozambique's providing initial food, seeds and tools packages to households who provide new family context for orphaned children is grounded in part on this approach.

Toward Child Survival and Development

Up to this point the analysis and strategic guideline setting has ranged from macro through sectoral to gender and household levels with no direct reference to children. For this there are three basic reasons.

First, unless macro and sectoral directions of change are positive it is - at least in SSA - inconceivable that sustained progress can be made in ensuring child development, albeit in the short term low cost technical innovations (e.g. immunisation, oral rehydration, breast feeding and growth charts) can sustain or even improve survival levels. That is worth doing, but the ways to doing it are moderately clear and it is neither enough nor even sustainable unless broader contextual trends are altered.

Second, children are most unlikely to be radically better off than their households and, in particular, their mothers. Children in absolutely poor households are and will continue to be absolutely poor until the household is able to escape from absolute poverty. Outside intervention can improve survival - and perhaps adult welfare - chances. That is worth doing but cannot ensure well fed, well clad, well housed, school attending children in chronically malnourished, rag clad, shack dwelling households needing whatever pittance children can contribute to household survival.

Third, UNICEF's 1989 Strategies For Children In The 1990's and the pending United Nations Convention on the Rights of the Child set out in 1990s targets and overall normative and social goals with considerable clarity and articulation. Abbreviated summaries would serve only a limited purpose.

Targets: Global Thru' Provincial

The UNICEF global targets are a starting point. To be the basis for programming they need to be tested against country and provincial/district contexts and sub-targets set - preferably in a national dialogue involving civil society groups, government and external cooperating partners and endorsed by the government with as much formality and publicity as possible. The SSA regional targets are, in themselves, less important albeit they should be aggregated from the national ones and used as a basis for emulation.

Because SSA is the region with the worst human conditions - especially in respect to infant mortality and morbidity - as well as the least resources per capita some of the global targets may not be feasible. An evident example is pure water for all (with consequential eradication of guinea worm) by 1995. In such cases a hard but attainable target is more useful than one certain to be missed. In other cases while possible targets will require special effort in SSA because the present is so far from the goal and/or progress is slow and erratic. Maternal tetanus vaccination is an example.

Certain targets need institutional forms directly linked to them. Ante natal/well child clinics are an example as are community health workers/demonstrators/animators selected by the village or neighbourhood. Where the communities cannot initially support them, securing interim outside funding is a priority.

In the case of IMR and U5MR rates the bases used should be current country estimates not the standard UN projections. Because these project the trend between the last two censuses, they currently show lower IMR/U5MR estimates than actually exist and show them to be falling even when the reverse is all too evidently the case, e.g. Sudan, Angola, Mozambique, and at least until 1986 Uganda. Per contra when mid and late 1980s censuses are available the recorded data will show a jump in many cases and the projections will show rises even if the rate is indeed falling. To avoid false optimism as to the starting point and unrealistic disappointment in the 1990s, up to date country based estimates should be used in target setting and monitoring.

Actual targets with identified institutional channels and programmes are needed in respect to women's workload, access to income and empowerment to improve household nutrition. These will in part have to be district specific and (especially as to income and nutrition) differentiate between urban and rural. Without workload reduction (including nearer health posts and pure water as well as affordable new technology) women will not have the time to take up literacy and continuing education, to devote more time to infant and young child care nor to produce and earn to improve child and family nutrition.

Additional targets will be needed especially in respect to particularly prevalent and deadly diseases. One general case is malaria but others of concern in several countries include bilharzia, river blindness, yaws and yellow fever.

In pastoral economies main animal disease vectors may need specific attention because of epidemics' (pandemics') disastrous consequences on nutrition. Indeed in cases in which community based health care is relatively strong and veterinary service/drug availability very low (e.g. Somalia) using the community health workers' as a channel for providing basic veterinary as well as human drugs deserves exploration.

Aids cannot be ignored. However, it is not realistic to set quantitative targets. Even full scale screening is well beyond typical budgetary feasibility and intensive care and death delaying drugs even more so. Hospice or family care is about all that is possible on that front. What is practicable is education and more particularly mobilisation to make it less ineffective aimed at limiting the number of new infections.

Broader Targets: Household and National

As has been argued, overall macroeconomic targets in respect to growth, food production, government recurrent revenue, empowerment of small farmers to produce more, employment, minimum wages, exports, external resource inflows (including terms and conditions), and debt writeoff (or rescheduling on a long term, 2% or less interest basis) do have direct consequences for poor people and, therefore, poor children. Whether specific targets should be set by province/district and nationally for most as well as regionally is not - or should not be in question. But they rarely are set with much seriousness or local input. This may be the area in which civil society groups and UNICEF can make the most useful input with a watching brief on labour intensive employment, poor farmer friendly agricultural development (especially as it relates to household self-provisioning and to women) and overall food production targets, instruments and resource allocations.

To assert that all policies and projects must have a direct micro effect on poor households is hardly plausible. Measures to raise growth (which often

include large dams and factories), to augment exports (which may or may not be labour intensive and/or offer markets to poor producers) and bolster the government revenue base are necessary for the creation and sustaining of a context in which households can claw their way out of absolute poverty. That they are not sufficient calls for participation and mobilisation to influence how resources, incomes, import capacity and recurrent revenue are used not a simplistic opposition to dams, fertiliser factories, integrated textile mills, medical schools and multi-rate sales taxes exempting basic food. Much more productive is likely to be a positive approach insisting on attention to and resources in support of small scale production, wage employment and basic services as well as of self-organisation and accountability.

On exports (and market access), aid and debt the primary need is usually external advocacy - a role which may be more effective if civil society groups and UNICEF in several African states act jointly helping to inform and to articulate UNICEF's global efforts.

Children In Peril: War, Drought, Stabilisation

War and drought are among the largest causes of Infant and Under 5 Mortality in SSA. In two sub-regions: Southern Africa and the Horn and certain countries elsewhere in SSA the price of war is appalling. The Southern African case has been articulated in Children On The Front Line and its indications of the overall costs and the impact of war on children is relevant even to civil wars with forces employing a lower degree of casual brutality and conscious terrorism than South Africa's proxies.

The cure lies in ending the war. All actors with power to speed that result have an obligation to exercise it. In the meantime three priorities exist:

- a. building up emergency programmes and channels first to ensure survival and then rehabilitation of individuals and households, especially re-establishment of their economic base;
- b. keeping as much of normal civil basic services and poor household production oriented programmes operating as possible to serve those less

directly affected and to maintain a base for rapid re-expansion when peace (or a much lower level of hostilities) is achieved;

- c. planning before peace what priority reconstruction actions are and what resources will be needed/can be used to carry them out.

Drought's impact - especially when so severe and in cases in which assistance to affected households is grossly late and or grossly inadequate resulting in abandoned homes and mass refugee movements - is in some ways analogous to war. The three priorities are the same.

One major obstacle to effective action on these priorities is the artificial separation of disaster (survival) relief from development assistance with the intermediate rehabilitation component lost between two bureaucracies. Another is the failure - by SSA governments almost as much as external cooperating bodies - to have monitoring and policy review/activation structures so that prompt response to disaster is possible. The absurdities of the bureaucratic rigidities and of the regular lateness of reaction (even in countries with ongoing war emergencies or repeated drought cycles) and speed of disengagement before rehabilitation is even well begun are more than conceptual, institutional and managerial inefficiencies. They kill people who could have been saved and leave in absolute poverty households who could have been helped to rehabilitate their livelihoods.

Therefore the creation of permanent negative shock monitoring, contingency planning bodies able to respond rapidly on the basis of using existing institutions and opening or expanding pre-identified programmes (as in Botswana) should be a priority in all SSA countries now without them. Where they are weak the priority is to strengthen them. These should include representatives of or liaise closely with civil society bodies and international cooperative partners.

Stabilisation does have overall negative initial consequences. Cutting private and public consumption is most unlikely to leave the poor untouched. Indeed while they have the poorest access to services and the lowest household income margins above bare survival, they also have the least market or political power and are thus likely to bear a disproportionate share of initial costs.

Four approaches to mitigating (realistically total avoidance is rarely practicable) this type of disaster - and disaster it is to those most severely hit whatever the longer term gains to others - are:

- a. rapid start-up of adjustment type programmes to restore growth and therefore limit the extent and duration of consumption falls;
- b. immediate import support finance (including food aid) targetted on uses of particular value to poor households and to maintenance of basic services;
- c. using a period of institutional change and policy alteration to push for adoption of specific interventions valuable to poor people and especially poor children (e.g. those in GOBI or the CSD more generally).
- d. monitoring human condition changes of poor households, however approximately, on a quick reporting basis and intervening rapidly to reverse negative results.

While perhaps inadequately conceptualised and working under extreme data/personnel/resource limitations in a war setting, the Mozambican stabilisation/adjustment programmes have sought to act on those priorities. While there have been adverse consequences for some Mozambicans particularly in part of 1988, these have been more limited and more speedily reversed than could have been predicted and the overall trends for poor people have been positive (in itself a reversal of trend).

Mobilisation: From Campaigns to Structures

The need for more and more innovative mobilisation of knowledge and support at all levels from key decision-takers to the poor households to be empowered is now fairly widely accepted - which it was not a decade ago. However, the practice still tends to be episodic and campaign oriented. That, by itself is not enough.

To have a head of state visit a primary health clinic and to organise a national vaccination/immunisation campaign are valuable in and of themselves. They are frequently essential starting points. But they should be seen as such rather - than as sometimes appears to be the case - as primarily ends in themselves and means to be replicated annually or (more generally) at longer intervals with falloffs inbetween.

What is needed is structures so that mobilisation is continuing, not followed by demobilisation. This means steady follow through in normal channels (and their upgrading) after initial campaigns - e.g. maternal and child vaccination/immunisations within an expanding ante-natal/well child component of primary health care. But the structures tend to go beyond government institutions into civil society at national, district and primary community (village, neighbourhood, workplace levels). How to do this necessarily varies - often within the same country on geographic lines much more complex than urban-rural - beginning to do it more generally is an important target for the 1990s.

Self Reliance: Desirable and Imperative

The bulk of the resources to transform the human dimension of African lives will be African or they will not be transformed. The bottom lines for this are that externally driven transformation is not lasting (and most unlikely to relate effectively to African human needs) and that - perhaps fortunately - external resources and resource allocation priorities will not be adequate to cause a donor driven or even a primarily donor fuelled transformation.

Resources in this sense goes beyond finance, physical inputs and personnel. It also comprises institutions, strategic priority setting, sequencing, programme design, project articulation, choice of technology (in the broadest sense) and implementation. In many cases these resources are even less adequate today than the more usually cited financial-physical-personnel trio.

Mobilisation - to support action, to participate in it and to use, opportunities (whether for vaccination or new crops, continuing education or community infrastructure rehabilitation/development) must also be overwhelmingly African. The history of community development, basic needs, small farmer and similar programmes in African bears eloquent testimony for domestic mobilisation if any innovation is to grow, put down roots, flourish

or survive vicissitudes. Mobilisation needs to interact with institution building and with community participation - too many otherwise useful programmes are in and for but not of communities and too many interventions are on a campaign basis with little institution building so that results plateau or erode and presently another campaign is needed and usually proves harder to motivate (a not uncommon feature in vaccination/immunisation and oral rehydration programmes).

Interaction with external actors is an area in which most SSA states and civil society institutions are weak - weaker than they need be. Failure to set out goals and proposed strategies, sequences, programmes, institutions and budgets and to negotiate when (not if) these are rejected or counterproposals made weakens African and raises foreign influence. Often the results are counterproductive, nearly always they take the locus of decisions further away from poor African households, inevitably they weaken African commitment to and sense of ownership of what is agreed and done. And done in this context requires monitoring by Africans even more than by external partners - many externally run programmes do not (for whatever reason) bear much resemblance to what the African side thought had been agreed.

A warning is in order. Africans are committed to the welfare of children and believe in social action (from household to state levels) to assist poor people to survive and to escape from poverty. That commitment is reflected in official circles (e.g. the 1988 Khartoum "Human Condition Declaration") and in some states' strategic praxis (e.g. Tanzania, Botswana, Zimbabwe, Mozambique, Cabo Verde).

But most African political leaders and economic decision takers do not see reduction of poverty as a central economic strategic elements. In part this relates to not perceiving basic service access and empowering poor people to produce more as central to economic recovery and development or to being unable to work out how this could be done. But in part it relates to the simple fact that the weight of poor people and their organisations are usually rather light in African civil societies and decision taking groups and, as a result, self interests of decision takers are not on their side. Explanation and information can help overcome the first two problems, only pressure by and dialogue from poor households and their African advocates can lead to broadly based, rapid or sustained progress toward reducing or replacing the last.

External Support: A Necessary Input

That said SSA cannot pull itself back to 1970 much less achieve human condition - and in particular rapid child welfare and development progress solely from its own resources. The damage from post 1980 (or longer) shocks and stases (external or self imposed) is too great for that and the level of resources (physical, human, institutional) above bare survival and crisis containment too narrow. External roles can be summarised as augmenting, complementing and catalysing.

Augmenting means providing additional resources to fill gaps in an ongoing or potentially ongoing effort. Funding basic drugs within a basically functioning rural PHC programme (e.g. Tanzania from 1986) or providing a health budgetary and financial analysis expert for a health ministry planning and management team (as proposed in Mozambique) are examples.

Complementing is providing an additional programme which would not otherwise exist either because domestic resources are too thin and otherwise committed to allow it or because those who want it prioritised do not have adequate influence on domestic resource allocations to get it. The external donor - community nexus PHC in Somalia and the supplementary feeding programmes of child health clinics in Ghana are examples.

Catalyzing involves mobilising and demonstrating (probably in part mobilising by demonstrating). The UNICEF building of an effective constituency for, belief in the practicability of and - more slowly - significant local resource allocations to mass immunisation/vaccination is an outstanding example.

Put differently external actors may be able to do a number of things. One is to mobilise support externally e.g. for finance, for personnel, for debt reduction, for better trade conditions both as to access to markets and as to terms of trade. Another is domestic advocacy working with domestic actors with similar concerns; a perfectly proper activity albeit one usually in danger of becoming too coercive or failing to allow the promoted programme to be domesticated. They can also include developing (e.g. a malaria vaccine) or transferring (e.g. improved pit latrine) technology as well as finance, specific physical inputs and personnel for operations, training and programme design.

Different external actors have different strengths and weaknesses. Some non governmental organisations (and some smaller, nominally more technical intergovernmental bodies) have special abilities for external and -less uniformly - domestic support mobilisation. In addition they frequently find it easier to work with basic communities and poor people's organisations and to identify/transfer appropriate technology than do the "big battalions" of the international financial institutions and major bilateral donors. The latter, per contra have much better access to finance and greater technical capacity to deploy on debt reduction and Northern market access issues if a civil society and governmental base for finance, debt and trade changes exists. The case for a division of labour, for identifying and acting on complementarity and for financially larger bodies using those with other strengths as programming channels is strong.

So is the case for clarity to Africans. External advocacy should be identified as such to avoid ill founded hopes it means the institution can provide the resources sought itself - a constant danger for UNICEF whose advocacy role has come to be very much larger than its financial size would suggest. The same applies to domestic advocacy, catalytic resource injections in new programmes and "pilot" operations. The external actor, should make plain the limits (in scope, time, resource transfers) of its own possible role and stress the need for a parallel African build-up to "joint venture status" with the external cooperating partner seen as necessarily and desirably becoming the junior partner relatively rapidly.

Envoi

Most Africans have survived. Development as well as survival interventions are moving forward in much of SSA. In Southern Africa and the Horn the chances of a "peace dividend" before 2000 look much stronger than even a year ago and even more so in contrast to 1985. More countries and more poor people have begun to reverse the negative trends symptomatic of the nearly region wide reality and perception of malaise that built up to a peak over 1983-86. But time is not on the side of infants and young children or of poor households. Those under five dying who should be surviving number in excess of 3,000 a day. Both aid fatigue on the part of donors and adjustment fatigue in SSA are growing and have already reached dangerously high levels

in many countries. Demonstrable progress is needed rapidly to reduce fatigue and refresh those seeking rehabilitation and renewed development. Absolute poverty reduction in general and child survival, welfare and development are among the areas in which such progress can be made as well as being of human and economic priority importance in themselves.

- à luta continua
Falmer and Lewes
August 1989