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**TOWARD FOOD SECURITY FOR UNEMPOWERABLE HOUSEHOLDS:  
An African Conceptual and Contextual Articulation**

**By Reginald Herbold Green**

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Here... two loaves and  
five small fishes... but  
what is that among so many.

- "Feeding of the five thousand"  
Gospel According to St. John

Pessimism of the intellect  
Optimism of the will

- Antonio Gramsci  
Letters From Prison

**Food Security: Physical Stocks/Entitlement Flows**

Food security has two aspects - physical and entitlement. The basic physical issues turn on adequacy of national, local and household stocks. The reasons for inadequacy at national level usually turn on a decline in output (or sustained stagnation) combined with inability to raise commercial imports without gap-filling food aid. Local and regional inadequacy turn on the same considerations plus physical isolation whether natural or from deterioration or destruction of transport infrastructure.

Entitlements gaps at national level turn on lack of an adequate total of production (net of exports) plus commercial purchases plus food aid caused by inadequate purchasing power. The local and household sub-cases are analogous. At household level either inadequate production and low levels of cash income or low cash income forcing sales out of initially barely adequate food production are the main causal situations. The same situations can apply at national level where grain or sugar exports exacerbating domestic deficits may be compelled by needs for non-food imports (e.g. petroleum products) or debt service. Nationally, but neither

regionally nor at households level physical access adequacy does ipso facto satisfy the entitlements adequacy question.

Within the household entitlement gap category - in SSA perhaps 40 per cent of all households four-fifths or more of whom (33 per cent plus of all households) live in absolute poverty - the ways back to food security differ for three main sub-categories:

1. households empowerable to produce their own food (and enough other income not to be forced to sell it);
2. households empowerable to earn enough income to purchase food security (possibly in conjunction with partial household self-provisioning food production);
3. households (or isolated individuals) who cannot, either temporarily or permanently, be empowered to earn or to produce.

The first two sub-categories' definition carries clear implications for appropriate strategies - enhanced production by poor households (whether in the rural family sector or its urban analogue usually called the "informal" or artisanal sector) and enhancement of real wages out of higher labour productivity (whether flowing from raising real wages to "efficiency" levels, better labour relations, macroeconomic policy or more competent management).

In the short term, however, some households which are in these sub-categories may not yet be empowered and therefore temporarily fall in the unempowerable cluster so far as survival needs and mechanisms for meeting them are concerned. However, even then their empowerment potential does have implications for how food support (in cash or kind) can best be transferred to them until they are empowered. For example, if they are drought afflicted farmers or refugees/dislocated households re-establish livelihoods, support should be available within walking distance of their homes to enable them to stay on/return to the farm and thus to maintain and/or to rehabilitate it. Subject to time and organisational constraints, part time (or part household) waged employment related to restoring agricultural production or infrastructure is more appropriate than price subsidies or donations because it does contribute to the empowerment

process both at household and at physical/economic/infrastructural environment levels.

### Who Are The Unempowerable?

Unempowerable households and isolated individuals (or one person households) in Sub-Saharan Africa are predominantly:

1. Refugees (up to 2 million households);
2. Internally Dislocated by Violence (up to 4 million households);
3. Victims of Natural disaster (up to 4 million households - depending on the year);
4. Single Adult (overwhelmingly female headed) Households with structurally insufficient producing/earning capacity not included in previous categories (perhaps 5 million households - no serious continental estimate);
5. Aged person and handicapped headed households not in previous categories and not supported by kin households (perhaps 2 million households).

This is 15 million households or 85 to 105 million persons - up to 15 per cent to 20 per cent of all Sub-Saharan Africans and of the order of two-thirds of absolutely poor Sub-Saharan African human beings. As the estimated numbers and household sizes are conservative the actual share may be higher.

Two significant groups are omitted: isolated children ("street children" in the narrow definition of ones with no regular family residential or partial support links) and those without access to land/employment adequate to reach the poverty line although they do have adequate household labour power. The former category is - contrary to current tendencies to globalise the case of Rio de Janeiro - very small, especially excluding war-dislocation-disaster orphans. The latter is usually supposed to be large but this belief appears to be based on rather amorphous and tenuous assumptions that:

1. poor landless households or urban unskilled workers (whether formal or "informal") with two or more earning members habitually live in

absolute poverty and serious under-nutrition - as opposed to being poor which is unchallengeable;

2. real wages are any longer a useful index for measuring consumption of households when, demonstrably, the typical African household with a waged (formal or informal) member uses that wage as a (usually major) building block in a complex structure of income flows;
3. empowerment of most of this group of households by agricultural and artisanal extension-input supply-infrastructural and market improvement on the one hand and relatively cost efficient labour intensive works on the other is impracticable except in the very long run.

None of these assumptions is supported by much general empirical study. In fact it would be much more plausible to argue that these households (of the order of up to a third of absolutely poor households and up to 40 per cent of persons since these are complete and therefore large households than many in the previous groupings) are empowerable ones in the relatively short run if financial, organisational, limited training/extension and complementary input (e.g. hand tools) can be provided. The World Food Programme, ILO and UNICEF have ample case histories to justify that contention. True, the "if" is a large one. However, if it cannot be met for a transitional period, the probability that relief or charity or welfare support finance for these households could be mobilised indefinitely is nil.

The basic failing of policy in respect to these potentially empowerable household flows from their invisibility at the macro policy level and a somewhat naïve belief that highly imperfect and fragmented markets are powerful enough by themselves to draw in these households without special enabling measures to enable them to gain market access. These weaknesses would matter less if 8 per cent to 10 per cent output growth trends could be projected rationally or if the more dynamic sectors in SSA were highly labour intensive. Neither condition is, or is likely to be, met.

Of the temporarily or permanently unempowerable group - especially refugees, dislocated persons and victims of natural disasters - perhaps three-quarters of the first two groups could be empowered within 2 to 5 years after the end of the war causing their plight and up to ninety per cent of the natural disaster afflicted could be within 2 years of the

termination of the disaster (usually drought). That the actual experience is much worse is a failing of vision as to how to empower and of the rigid division between disaster relief/emergency survival and production enhancement programmes and - especially - external resource transfers with livelihood rehabilitation usually very much a missing middle.

On that basis the medium to long term unempowerable households may total 8 million with 40 million members or perhaps 30 per cent of absolutely poor Sub-Saharan Africans. This exercise - its lack of precision aside - is not a numbers game. The basic strategy and instruments for providing food security to empowerable and unempowerable households should be quite different. It is both humanly and productively folly to seek to provide permanent "open air relief" to the former households and both expensive and ultimately futile to seek to make enhancement of earning capacity the main road to food security for the latter.

#### A Further Identity Sketch

About 60 per cent of unempowerable household members in SSA are children, 25 per cent adult women and 15 per cent adult men. These proportions probably hold for refugees and internally displaced persons as well albeit not for victims of natural disaster which may be nearer 51-26-23. The proportion of women and children is above that in the population as a whole - usually 45 per cent to 50 per cent and 26 per cent to 30 per cent.

In the case of children this does not mean that, on average, the unempowerable absolutely poor households are of above average size. The empirical evidence is that the reverse is the case. A, usually limited, group of low income families do indeed fall into absolute poverty because of above average numbers of children or crippled and aged dependent adults. But, in general, absolutely poor female headed households are below average in size as are those headed by handicapped persons and aged persons.

In the case of women the higher proportion is the result of the high proportion of female headed households who exist in absolute poverty (and of the high proportion of female headed among absolutely poor households).

Approximate data for Maputo between 1988 and 1991 suggest that in that case the proportion of absolutely poor persons fluctuated between 30 per cent and 50 per cent - slightly lower than the proportion of households. The

fluctuation relates primarily to swings in the real level of the salario minimale (minimum wage) which by affecting wage earner households purchasing power directly, and that of the artisanal sector indirectly because they are its major market, had a - perhaps surprisingly - massive impact on the proportion of fairly readily empowerable poor households.

Of the 'hard core' 30 per cent absolute poverty afflicted households about two-thirds appear to be headed by women without formal sector jobs, somewhat under a third by aged and handicapped person headed households, and most of the balance by above average sized families headed by a minimum or other low wage earner (male or female). As about 25 per cent of households are female headed this implies that 80 per cent of them are existing in absolute poverty.

The three main clusters of households in the 30 per cent have one key characteristic in common - a low ratio of effective labour power to household size taking both quantity and quality (in terms of remuneration) into account. The quality factor is underlined by the limited number of households with a formal sector employee member living in absolute poverty. Even though the salario minimale stood at about two-thirds of the household absolute poverty line when the 30 per cent level was achieved, versus under a half when it had risen to 50 per cent by mid-1988, late 1990 and late 1991, the wage was crucial as a foundation on which a total structure of household incomes could be erected. Similarly, it is probable that if data were available it would be found that skilled artisans and professionals among the aged and handicapped could often maintain households incomes above absolute poverty levels.

It is that ratio of labour time/quality to mouths to feed that identifies unempowerability. In principle, skilling could alleviate the problem. But it would not, in Maputo or most of SSA, by itself create the jobs to provide the income. Low cost employer of last resort schemes would also be relatively ineffective because to the extent they can - under their various constraints - adults and older children in these households are working not unemployed. The vast majority are not destitute in the literal sense nor are they either work avoiders nor work seekers - they are gainfully, fully employed but in a context and at productivity levels that makes their best not good enough to provide basic food entitlements. Thus last resort employment schemes would help only to the extent they paid more than

present economic activities. Since the requisite wage would then be at or above the salario minimale they would, unfortunately, then cease to be self-targeting. That would be equally true of rural areas where it is likely that the make-up of unempowerable households largely in the same three clusters would also hold true. Certainly the Botswana Rural Income Survey shows that pattern.

### Why are The Numbers Rising So Fast?

Absolute poverty - or at least the perception of absolute poverty - has risen very rapidly in Sub-Saharan Africa over the past decade for most countries and for longer in the chronic economic unsuccess cases such as Madagascar and Ethiopia since 1950, Zaire since 1960, Sudan since the mid-1970s and 1961-1983 Ghana. The perception is not wrong but is exaggerated. Absolute poverty became more visible for at least two reasons not closely related to absolute levels. First, prior to the 1980s (or earlier in the non-success cases) Sub-Saharan Africa was both less urbanised and few urban African households were absolutely poor. The collapse in real wage levels and the mass influx of war and drought refugees to towns changed that. Urban poverty is much easier to see. Second, the absolute poverty bred by war and drought creates loud crises blaring from television screens. The quieter crises of landless or - more usually - inadequately landed peasant households has no such headline shock impact.

However, there have been increases both in absolute numbers and in proportions of people existing in absolute poverty. One cause is the economic unsuccess of the 1980s, albeit in the absence of war or drought its food security aspect - as opposed to basic service or manufactured goods access - has not been massive in rural areas. Second, the first half of the 1980s were abnormally drought stricken and the whole of the 1980s in Angola, Ethiopia, Somalia, Sudan, Mozambique and Namibia (as it then was not), as well as the first half in Uganda and its final years in Liberia, were war blighted.

The unravelling of extended family links has played a complex and crucial role. In a rural setting with strong kinship and community ties the aged, the infirm, the mentally handicapped, widows and orphans do have socially binding claims which are usually met - unless economic distress has wiped out the abilities of kin to respond. In an urban setting kinship groups become less binding; the household a narrower group; the number of isolated



individuals with no one on whom to call much greater. How great the change has been varies from town to town (townships around Kinshasa and Lusaka seem near anomie whereas those around Dar es Salaam, Maputo and Accra do not). But it also varies from neighbourhood to neighbourhood (very vividly so in Luanda).

One dramatic piece of the unravelling relates to female headed households. Traditionally these could not exist in most SSA cultures. An unmarried or divorced woman had binding claims on her male relations; a widow on her husband's kin. The price has been described as perpetual minority but at least it usually paid for a roof, land to till and - at worst - food donations. Modernisation has proceeded in a way disastrous in many contexts to women and their children. Equal access to land, jobs, education and inheritance women still do not have. But neither do they any longer have kin claims which it is socially unpardonable not to meet. Freedom to head a household for an uneducated woman with several children is only too likely to mean freedom to eke out a bare and precarious existence.

Longer life expectancy is sometimes cited but probably for the wrong reasons. Persons over 60 still tend to be 3 per cent to 5 per cent in almost all countries. The greater life expectancy arises primarily from falls in the infant and under-five mortality rate. This does raise the dependents to earners ratio. But it does so among children rather than - at least to date - the aged.

These factors and trends are not ones to give great cause for optimism - but need not lead to unbridled pessimism. Economic success in most cases in the 1990s will mean 4 per cent to 6 per cent annual GDP growth - in some, not all, contexts, enough to halt the rise of absolute poverty but unless production by poor people is a strategic target not enough to lower it rapidly. In any case growth cannot directly empower low labour to mouths' ratio households. Droughts may be less widespread and prolonged but on that no prognostication is safe. The wars of the Horn and of Southern Africa seem likely to be over by the mid-1990s but civil chaos may engulf some other states - e.g. Zaire, and a pessimist might argue Malawi and Kenya.

Urbanisation and the weakening of extended family links may be slowed - they will not be reversed except perhaps in economically revitalised rural

areas. New forms of community/neighbourhood solidarity may grow in more urban neighbourhoods but probably slowly and unequally. Women's rights to access to land, education, water, fuel and jobs are rising - but painfully slowly and unevenly.

On balance the need for safety nets will increase moderately to rapidly. Given their present inadequacy, the needed trend of safety net growth is a steeply rising one.

### Why Bother?

For empowerable households the economic case for interim survival support and action to empower is exceedingly strong. Wasting SSA's most abundant resource can hardly be sound economic policy. Their return to production - leaving aside social, political and human consequences - would increase output, urban food security, exports and government revenue while reducing both relief and import requirements.

In respect to unempowerable households the economic case for providing food security is negligible. A thoroughgoing triage approach would be analogous to Nassau Senior's comment on the Irish famine that it had not been severe enough to reduce population to sustainable levels.

It could be argued that children who are neither mentally nor physically handicapped are different - they can be empowered if fed, clothed and educated. In principle there is something in this but the economics behind it are ultimately not convincing in most present African contexts. The challenge of providing basic education, work training and employment (formal or informal) or self/family self employment for children of non-poor, poor and absolutely poor but empowerable households is quite daunting by itself.

Nor is the political case usually very strong. Absolutely poor people - especially unempowerable ones - rarely have the time or energy to organise themselves into effective pressure groups. The aged, the crippled, female headed households and orphans are not the spearheads of riots or coups, let alone of sustained insurgencies or revolutions.

The social and morale costs of malign neglect may be higher. However, they are complicated, nearly impossible to quantify and problematic. In general, socio economic policy is neither made nor promulgated on this kind

of consideration, and is even less likely to be implemented whole-heartedly if it is.

Some African governments and some external development agencies appear to share that analysis and to conclude not to bother. The case for "bothering" lies not in production nor in normal political economics but in what Adam Smith called the "moral economy" or in John Donne's "Ask not for whom the bell tolls; it tolls for thee".

It is a moral, human solidarity case. Originally it was embodied in the ethical imperative for charity held by almost all religions (if not always practiced by their followers) and by almost all traditional African kinship and extended family codes of conduct. While depersonalised to some degree (though also broadened, even globalised) in 'modern' societies, with their greater depersonalisation, fragmentation of households, mobility, individual freedom and individual risk, that human imperative still has a place in most persons, peoples and, even, most governments values and priorities. "Live Aid", "Band Aid" and their extended family are among the more dramatic concrete illustrations as, at a different level, is the fund raising capacity and the moral and intellectual influence of UNICEF.

The imperative is broader than "there but for the grace of God go I" at least if that is interpreted in terms of fear. If read as a thanksgiving and an affirmation of an obligation to the less favoured, it is the same imperative as that of Smith and Donne. The contention that how a society treats its weakest and least fortunate members tells one a great deal about its nature, dynamics and self-image is, at bottom, valid.

#### Toward Directed Food Security Support

Given resource constraints, food security support to alleviate absolute poverty must be directed (a less a human term than targeted). This is relatively easy for rural displaced persons and refugees in camps. It is practicable also for rural households still in place where whole districts or identifiable areas within them need temporary assistance. Botswana, Tanzania and - in the mid-1980s at least - Zimbabwe, are examples of countries in which such direction to these groups (whether of food, temporary wage employment, materials or a combination) has worked relatively well. The disaster cases almost always have involved war and/or

poor transport infrastructure combined with low vehicle fleet maintenance capability, not just natural disasters.

But directing support to female headed households and to the aged and the handicapped, let alone low income urban households with above average numbers of children is much harder. Directing it to absolutely poor people without clear guide-lines on where to look is virtually impossible.

Standard poverty mapping - whether by physical location or socio-economic clusters of characteristics is not directly effective for these households. They are not geographically concentrated in rural areas nor are urban neighbourhoods homogeneous (there are rich households in Nima/Mamobi, Accra's worst slum, and absolutely poor ones in the high rise flats of Maputo's and Algiers' cimentos, i.e. ex-European cities). To know dependency ratios, house size and nature of materials, distance from water, schools and clinics, etc., does help to identify characteristics of poverty and to analyse what can be done - especially in the medium term. It does little to identify a list of households in need of safety nets.

"Employer of last resort" schemes and "inferior" (perhaps better titled "unpreferred") staple grain or root subsidies are self-targeting. But if physical or mental inability to work or a low ratio of working hands to hungry mouths is basic to a household's absolute poverty, then these instruments can be of very limited help to the majority of absolutely poor households.

What criteria will identify most absolutely poor households on the ground and provide the basis for a list (or lists) of safety net recipients? At least four do exist:

1. clinical malnutrition especially for pregnant and nursing mothers and young children, but if local NGOs are involved perhaps more widely;
2. aged households - assuming a rough and ready test based on appearance and feebleness is acceptable;
3. handicapped households - again on the basis of common sense observation (a clinical approach would eat up most of doctors' and nurses' time);

4. female headed households with no formal sector job - workable if there are very local level governmental/neighbourhood units with records and contacts and/or reliable community organisations.

Each criterion is in principle workable. Each has problems and limitations. For example, the clinical nutrition approach is even potentially effective only if MCH (or analogous) clinics do reach most absolutely poor households - condition contrary to fact in many, especially but not only, rural cases. The female headed households without formal sector wage test requires reliable records and reliable record keepers - uncommon in urban and still more (at least in forms readily accessible to the state) rural areas. In rural areas in any event, absence of formal sector wage income is not a very powerful indicator of absolute poverty.

Whatever the problems of identification in urban areas, they (like those of benefit delivery), are exacerbated in rural ones. Or rather they are unless community ties are strong enough that with education and limited support the community can - and will - identify and organise support for its absolutely poor households. In that context rural absolute poverty alleviation may, in fact, be easier than urban if - a big if - state channels will trust local communities and develop workable links with and requisitioning and reporting systems for them. The Tabora type food security/nutrition/child health programmes in Tanzania illustrate that this approach is not impossible to use, but by itself cannot indicate how generalisable it is beyond central and southern rural Tanzania.

#### From Categories To Recipients

No categorisation, however accurate can work as a means to providing food security unless and until it can be turned into a list of known, registered, located households entitled to food security payments. For which categories this can be done and how (if at all) varies from country to country.

Female headed households can be identified fairly readily and accurately if the criteria used is no resident adult male and there is a reasonably good existing or readily creatable low level administrative unit structure or a broadly based non-governmental body (e.g. church, mosque, neighbourhood association, women's association) which can provide reliable data.

Vertical leakage (non-absolutely poor registered) will arise in the case of

larger self-employed traders and of households in receipt of substantial regular remittances from an absent member. These can be limited if - and only if - the recording body understands it is compiling a very poor people's roster and has good enough rapport with households to identify "non qualifiers" and good enough rapport with the government to be believed by (and not try to deceive) its agents. It is confidence which is the real problem, not identification as such, since neighbourhood members will know fairly well who is very poor and who is not, if common sense criteria not an open ended "Who is poor?" conceptual basis is employed in data collection.

Aged person headed households are, in principle, harder to identify accurately in the absence of reliable, complete birth registers. That absence can be assumed in all SSA countries. Even today birth (and death) recording varies from incomplete to fragmentary.

But the same conditions for a usable register apply as for female headed households. If the cutoff age is 60 and simple observation and question criteria are provided then while a number of 57-59 headed households will doubtless be registered (and by no means necessarily by knowing intent to deceive), and a lesser number of 60-62 left out, a usable approximation is possible.

Again vertical leakage can be limited by specifying scales of self-employment or pension which disqualify. These are likely to be well known at local level.

Disabled person headed households pose rather similar identification issues. A set of tests (loss of all or part of limb, one or both eyes, partial or full paralysis, etc) that are readily understood and applied can be produced and applied. So can pension, employment in para-professional or professional post, substantial household enterprise disqualification tests. Mental disability - except in extreme cases of self-evident retardation or abnormality - may be harder to cover. These extreme cases are unlikely to be heads of household and usually cannot be served other than by "institutionalisation" in (preferably) a kin group or (if necessary) a 'modern' institution, not by a general transfer payment approach.

This category is more open to manipulation than others - especially as real clinical testing is not practical nor a plausible use of scarce medical personnel. However, most African cultures do not view shamming inability to work very favourably so the problem should be manageable if the relations between people and officialdom are positive.

Children, more or less by definition, are not household heads. Two sub-categories are identifiable: children without homes and absolutely poor children in homes.

The former are largely orphans who have not become part of another (related or otherwise) family and secondarily strictly defined street children with no substantial household links. SSA reality means that institutional care is impracticable on both cost and personnel counts - at least as a general solution. Common sense indicates that the children can hardly be helped effectively outside some institutional frame. The only apparent way forward is facilitating their entry into new households, probably with initial and - if it is a poor household - continuing grants.

Absolutely poor children in households are normally in absolutely poor households. If female headed, aged headed and disabled headed constitute over 75 per cent of such households then over 75 per cent of absolutely poor children will already be identified.

A parallel identification process is possible if Mother and Child (or post natal, or well child or growth monitoring) clinics are widely used. A test either of serious weight for height shortfall or several months growth faltering (or a shorter period of weight loss) can be applied as the clinics already keep records with the requisite data.

Since feeding a child without feeding other children and adults in a household is impractical (except by institutionalisation away from the household), the relevant response to moderately and/or severely undernourished children is a household food security payment.

Because the realities of food security for children require family food security (as do those for anaemic and weight gain faltering pregnant women), a clinic based registration system for them is likely - if its lateral coverage is relatively strong - to identify indirectly many absolutely poor households falling in the basic clusters. This is the case

because most African cultures give high priority to feeding children except under triage conditions. While other factors mean mild underweight is common even in poor or less poor households, severely and - probably - 'moderately' underweight children are fairly closely associated with household absolute poverty.

Temporary unempowerable households fall primarily into victims of natural disaster and of war. These are the areas in which - as noted - the most experience in food security provision and the least imperfect safety nets exist.

Vertical leakage, other than by fraud, is not likely to be perceived as a serious danger in this context. Few households in drought or flood stricken areas or in displaced persons/refugee camps are above the absolute poverty line. Therefore area coverage with all households eligible is likely to be the most practicable route. In camps registration is possible; in natural disaster cases in which it is desirable to enable households to remain on and rehabilitate their places of livelihood/homes queuing at a delivery point in a stricken district, ward or parish is usually the least unsound practicable option.

These households - more accurately a majority of them - have different labour availability characteristics than the permanently unempowerable ones. Whether this makes a work for food (in cash or kind) approach suitable is a contextual question. In the case of displaced persons/refugees there may or may not be substantial useful work to be done. Flood victimised households and returning refugees and displaced persons need to use their labour power in clearing, rebuilding and planting. It is in the context of food security during drought that work linked food security has the most scope. It has been used successfully in Botswana and Zimbabwe. However, in both cases it paralleled broad food distribution programmes. While the rationale for these varied, the reality is that low labour power to total household size does not vanish when there is a drought so that some parallel mechanism to work for food will remain necessary.



Distributing What, How: Questions Of Method

Food security is often perceived as literally distributing food to households or even individual persons. That approach is relatively naïve and often highly cost inefficient:

1. households rarely allocate 100 per cent of additional income to food - more food received will mean less spent on food, so that literal food distribution does not evade fungibility;
2. households rarely starve themselves deliberately, so that an absolutely poor household's decision to juggle added income to provide some soap, cooking fuel, cloth as well as more food is likely to be correct and should be respected. Absolutely poor households need entitlements not to be taken "into care" as mentally inadequate;
3. unless there is also a physical food shortage (national or local), entitlement failure can be closed by cash payments to the benefit of the domestic food trade (and growers if direct food for assistance is imported) and with very substantial savings on administrative and parallel delivery system costs.

These considerations imply that normally both grant and work based food security systems should transfer cash not food. The question of "fair price" shops to limit markups in situations of commercial rings (surprisingly common, although by no means omnipresent, in SSA) is parallel and complementary, not alternative. As noted above, so is minimum and other low wage policy because allowing these to fall so low that normal labour to household size ratio households are pushed into absolute poverty will hopelessly overload any safety net to the short term perceived benefit of employers.

Food stamps are sometimes seen as a middle way between physical food and cash. Why is not evident - the worst of both worlds might be a more appropriate general judgement:

1. unless a two channel system for absolutely poor and nearly destitute is used, the absence of substantial cash payments in addition to stamps will make the most needy unable to utilise them fully;

2. in practice stamps are saleable - at a discount which transfers some of the resources used away from the intended beneficiaries;
3. all of the theft prevention and accounting problems associated with cash payments arise for food stamps plus additional counterfeiting ones;
4. unless the stamps are readily and promptly redeemed from dealers they will be taken at a discount (whatever the law may say) to the disadvantage of the intended beneficiaries.

A broad case for grants/payments in food arises if - and only if - a severe physical food shortage and/or a highly oligopolistic or very weak commercial food distribution system exists. These conditions frequently - but by no means always - are met in war, flood and drought calamities. Otherwise they are the exception - usually very much the exception.

#### Toward A Workable Administrative Structure?

To act on the food security needs of unempowerable households requires an administrative structure capable of:

1. identification of beneficiaries - laterally able to reach the majority and vertically able to screen out most unqualified claimants;
2. registration to enable a system of payments to known persons by known routes;
3. delivery to beneficiaries - whether of cash or food - via channels limiting leakage to a minimum and ensuring prompt, regular receipt by intended beneficiaries;
4. holding costs to levels not disproportionate to the transfers made.

This is no easy task as the experience of rich country social security systems, not least the USA food stamp system, demonstrate.

It is even more of a challenge in SSA which far from suffering from general over-administration has very fragile and weak systems with inadequate bureaucratic capacity to ensure that once policy decisions are made it is possible to carry them out. Certainly some decisions are for show and others blocked by powerful opponents. However, the commonest cause of non-

implementation is administrative inadequacy often compounded by failure to articulate how to act before a decision is taken and acting rapidly - or perhaps more accurately randomly - without a clearly worked out, step by step plan, because a publicly announced, popular decision creates great pressure for instant action.

The preceding section suggests that identification is practicable if small (e.g. Ten House) administrative and civil society/government liaison units exist. This is the case even if they are unofficial if mutual trust exists between them and officialdom. NGOs (civil society bodies) can be a useful back-up but their ability to be the main registration route is open to doubt.

Clearly these conditions do exist in some urban areas (e.g. Mozambique, Tanzania, Mauritius) but not in others (e.g. Zambia, Nigeria, Zaire and - unless a neighbourhood association net could be linked to the government apparatus - Ghana). The position in rural areas also varies albeit most villages do have official or parallel civil society structures capable of providing the needed data and, perhaps, channelling the resources to intended beneficiaries.

Equally the lateral efficiency of health service identification depends on the actual clinic coverage and on the willingness of health service personnel to carry out the extra work of recording and transmitting data on apparent cases of eligibility. As most of these personnel are grossly underpaid, this may well require an honorarium for the extra work.

Registration requires a check of initially identified households' eligibility and the compilation of a register. This task is front end loaded - once the system is up and running, additions and deletions are less onerous. The central register(s) should probably be national or provincial and on a computer both for reasons of accuracy and of control over 'leakage'. But sub-registers are needed at paying office level - presumptively cities and district headquarters. Related to the register is issuance of an identity/payment card to the household member who is to receive the payment - normally the head of household, unless it is in fact socially acceptable to pay to the senior adult female in the household as the person customarily responsible for seeing that there is food in the pot. Review need not be more than annual, only household expansion (e.g. marriage) or disintegration (e.g. death) is likely to remove eligible

households, except in the unusual context of rapid growth of minimum and low wage formal sector employment.

Delivery should probably be monthly. Where banks are accessible (most urban and some - most in, e.g. Mauritius or Tanzania - rural areas) they should be used because few administrations are capable of making large numbers of repetitive, small sum cash payments promptly, dependably and with low 'leakage'. With an identity/payment card plus another piece of identification (which most SSA households do possess) a bank can make routine payments. However, if the nearest bank branch or mobile agency is over - say - 20 kilometres from a recipient, an alternative channel is needed, e.g. a district Treasury office, a post office or a school. In these cases a fee to the institution or an extra work honorarium to the officer responsible (finance clerk, postmaster, headmistress/master) will be needed. Delivery also involves a recording system so that the District-Provincial-National offices have accountable/auditable evidence of delivery and a record of non-delivery (non-claim) allowing checks on reasons.

Costs need not be unbearably high (10 per cent of transfers may be a reasonable target) if - but only if - a fairly simple set of equipment and a limited number of full time personnel are used. More important, low unit and proportional cost depends on a large number of recipients since much of system costs are fixed, or at least have a large minimum size relative to payment per beneficiary.

These notes suggest setting up a system is either impossible (no reliable identification channels) or relatively straightforward and simple. The latter is misleading as anyone who has ever set up an administrative system - not least in SSA - will know. However, an articulated, step by step, sequenced, costed, targeted procedure can be worked out. If the personnel and equipment - especially for the initial high cost/high personnel requirement initial identification/registration period - are identified and met then implementation can proceed. Snags will arise but not necessarily failure nor interminable delays. Expanding an existing system poses similar tasks but is likely to be easier because both a core structure and experience already exist. For example, Botswana's supplementary food and supplementary work schemes provide experience relevant to - e.g. - an old age pension system.

### Can It Be Financed?

The question of financial sustainability needs to be answered before a final decision to proceed is taken. To set up a scheme, achieve initial success and fold it for lack of continuing finance is worse than doing less and keeping it up.

Except for equipment, travel and any initial expatriate training personnel the costs are in local currency. That helps if - and only if - the Recurrent Budget is relatively close to balance. That situation pertains in, e.g. Mauritius, Malawi, Botswana and Namibia but clearly not in, e.g. Tanzania and Mozambique (excluding counterpart funds) or Zaire (however one counts).

Beyond the pure question of the state of the Recurrent Budget lie two others. How high a priority is food security for the unempowerable? If the answer is "low" (and in some SSA states that clearly is the answer) no serious programme will be sustainable. If the answer is "high" (an answer that does apply in, e.g. Tanzania, Namibia, Botswana and Mozambique) the question of what other high priorities (e.g. primary education, primary health services, accessible pure water, agricultural and other vocational extension and calamity relief) compete and how much they need must be evaluated realistically.

The second question is sustainability of revenue flows usable for the food security programmes. This is especially pertinent if the initial source is counterpart funds from external assistance (e.g. balance of payments support food) sold for local currency. The amounts may be subject to wide fluctuations and while "safety nets" are now mildly in vogue with donors, that was not true three years ago and a judgement is needed on whether it will remain true three years from now.

A rough and ready cost illustration is possible. A country has a population of 10,000,000 - 25 per cent urban and 75 per cent rural. Per capita Gross Domestic Product is \$250. 30 per cent of the population exists in absolute poverty - five per cent and 25 per cent rural. Monthly income per person to stay at or above the absolute poverty line is \$10 and the average income (including non-official transfers and earned income) of the absolute poverty households is \$6 per person.

That implies cost per year (\$000,000)

	<u>Urban</u>	<u>Rural</u>	<u>Total</u>
Transfers	24.0	120.0	144.0
System	<u>2.4</u>	<u>12.0</u>	<u>14.4</u>
Total	<u>26.4</u>	<u>132.0</u>	<u>158.4</u>

That is one per cent of GDP for urban and six per cent total. If basic recurrent revenue plus counterpart funds allocated to recurrent uses is 30 per cent of GDP then the requirements are about three per cent of revenue for urban and 21 per cent for total coverage.

These are, quite bluntly, daunting proportions. The urban component is financeable - the rural on the face of it is not. However, this may - if most rural absolutely poor are calamity victims receiving interim assistance - not be the case in the sense that an urban system plus a top up rural (via grants to village councils and NGOs to bolster traditional family support mechanisms) one may be viable when added to existing calamity relief operations.

#### Efficiency: Lateral Coverage - Vertical Leakage

Efficiency in respect to food security for the unempowerable has two distinct aspects:

1. reaching a substantial majority the intended beneficiaries (lateral coverage);
2. avoiding excessive costs from administration plus fraud plus erroneous provision to ineligible beneficiaries (vertical leakage).

The two interact. On the positive side a necessary condition to hold unit administration costs down is a large number of beneficiaries, i.e. broad lateral coverage. Similarly, cost control is a necessary condition for fiscal sustainability - and therefore for any coverage at all. However, some of the interactions are negative. Attaining very high coverage either of households not members of the three main unempowerable clusters or of those widely scattered (either absolutely or in neighbourhoods or areas where few households are absolutely poor) will often have high unit administrative costs for identification and/or delivery. Because judgemental and less appropriately handled by relatively clear cut rules

the unusual unempowerable household cases are more subject to honest error and to fraud in identification. Similarly, very tight criteria designed to ensure no ineligible beneficiaries reach the roster are likely to result in exclusion of eligible ones (e.g. requiring production of an official birth document or physical incapacity certificate).

### Reaching The Eligible

Lateral coverage turns - as discussed above - on identifying the dominant clusters of absolutely poor households; using neighbourhood as village level units to turn that identification into rosters of eligible beneficiaries and delivering the benefits with certainty and timeousness.

If unwaged female, handicapped and aged level households comprise - say - 75 per cent of all absolutely poor households and MCH clinic screening can cover another 10 per cent, then 85 per cent can be identified in urban areas if the administrative system can handle registration. That is a large "if" because even a fairly rapid recording/check with the lowest level of administration or neighbourhood civil society groups takes time if, e.g. 45,000 households of 150,000 in a city of 1,000,000 need to be identified.

In cities characterised by apparently largely unorganised and unadministered exurbs - e.g. Dakar/Pekine, Accra, Lagos, Kinshasa, Nairobi and Khartoum - it is not self-evident that registration as proposed is feasible. Testing in hopes of disproving that contention would require applied sociological research on what community structures that could be linked to a central registration system existed and whether they would feel enough sense of responsibility to absolutely poor households and to the state to provide relatively complete, relatively accurate data.

For the 15 per cent (perhaps higher in some urban areas) who are medium term unempowerable households but neither fall into the main three clusters nor are reached by MCH weight screening the problems of lateral coverage are more severe. In a city of 1,000,000 with 30 per cent absolute poverty they might number 6,500-7,000 households. Clearly a system with 75 per cent to 80 per cent coverage should not be discarded because it fails to reach 100 per cent. 25 per cent non take up of benefits is not all that uncommon in rich country systems. But neither can on the order of 50,000 human beings in great need in a city of 1,000,000 be brushed aside as a

minor administrative imperfection. The best may well be the enemy of the good but undue complacency is the enemy of both.

For the "atypical" absolutely poor households the main benefits administration is probably unsuitable for achieving initial identification. To do so would require not only more staff but different procedures from those for the three central clusters. A referral system - analogous to the MCH based malnutrition one - offers better prospects.

Two avenues may be open. One - if it exists and has a real urban capacity - is social welfare which presumably works on a case basis and largely with absolutely poor households. The constraint is that in many SSA countries social welfare is a near nonexistent department with very limited programmes and still less individual household contact.

The other (alternative or complementary) avenue is civil society groups, e.g. churches, mosques, Red Cross societies, trade unions with concerns beyond their members (who are unlikely to be absolutely poor) women's groups and neighbourhood associations. Many of these do care for indigent persons and some have rehabilitation and livelihood programmes for small clusters, e.g. of street children. To the extent their outreach exceeds their means, they can refer households known to them to be absolutely poor. To the extent livelihood rehabilitation is practicable on a small group basis but otherwise the persons do become unempowerable, finance to their work (e.g. street children protecting-skilling-housing toward livelihood establishment by several churches in Maputo) may be appropriate.

One special cluster is fairly easy to identify: low wage households with above average size. Any competent local level unit can cite wage earning households with one low wage and an above average number of dependents. Checking with the household (e.g. see pay slip and dependents) is relatively simple and disbursements can be as a wage supplement via employers.

The above procedural sketch suggests that rural coverage will normally be far harder to attain than urban. For one thing distances are greater, households more disbursed and transport more limited. Setting up systems in 10 to 15 cities and large towns is one thing; doing so in 125 districts articulated to 3,000 odd villages is quite another matter.



Rural Coverage: Uniform? Differentiated? Or Both?

Furthermore, while rural areas do tend to have functioning civil society organisations which could provide data, whether they have a relationship with the state adequate in depth and quality to ensure accuracy is much less uniform (among but also within countries). If rural services have long been exiguous, apparently of low priority to the state and, especially, if tax and fee collection is viewed as state exploitation then the civil society body will (not unreasonably) feel responsible to its members to get as much as possible from the state without great care as to the accuracy of its claims. It would be unrealistic to overlook the reality that precisely that situation pertains to many rural areas in most SSA countries and to some in virtually all.

A second problem arises. The urban absolutely poor households are in general isolated from kin or community support systems able to cope with their needs. State assistance is unlikely to drive out civil society support more than marginally. The same cannot be said - except in calamity (temporary unempowerability) periods - of many, perhaps most, rural areas. Socially it is arguably undesirable to erode social and human support systems by substitution of state ones - not least because some aspects of support require caring and human contact which a financial transfer administration cannot provide. Fiscally any such shift is likely to be disastrous.

These problems are exacerbated because in the rural context aged and female headed households with limited labour and food help may well be able to stay out of absolute poverty whereas few can do so in urban areas. Similarly, while wage income is significant in many rural districts, it does not by and large take the form of long period, full time, formal sector employment. MCH coverage is ubiquitously lower and in many parts of rural SSA is so weak as to be a totally inadequate back-up referral system.

Taken with the fiscal sustainability case cited earlier this does suggest that one easy solution is an urban only system. This may - with modifications - not be as inequitable or as urban biased as would appear on its face.

Some households which can avoid absolute poverty in rural contexts cannot in urban. Community and kin support networks are weaker in urban areas and

more households fall through gaps or tears in the non-governmental safety nets. The urban absolutely poor are arguably both poorer and more vulnerable than the rural.

The immediate common sense rejection of that conclusion turns not so much on rural long term unempowerable households as on the temporarily disempowered victims of calamities. For them - as suggested earlier - special survival support and livelihood rehabilitation schemes different in kind from the transfers to labour short, unempowerable households are appropriate.

Therefore, there is a respectable case for a differentiated system:

1. urban transfer payments to absolutely poor households;
2. rural post-calamity survival and livelihood rehabilitation programmes;
3. selective support to rural community based support networks;
4. perhaps a national old age pension system.

One problem either an urban only or differentially organised urban and rural systems pose is the danger of urban drift. If to be near destitute in the countryside means no assistance while moving to an urban area means a monthly cash subsidy, then it can be argued that all very poor rural households will flee to urban areas. In its extreme form this "moral risk" or pauper influx argument assumes perfectly self-sufficiency family farming sector households will cease honest labour to live on the dole.

In its extreme form this argument is clearly unsound ethically and inaccurate objectively. A rural household self-sufficient or nearly so in food and housing is very unlikely to leave its home area, and abandon whatever community or family support system it has, to take up what realistically will (taken by itself) be a sub-subsistence payment in an alien setting offering few opportunities for building up complementary income flows.

In the case of near destitute households without family, kin or community support system access, the danger is real albeit the "moral risk" properly defined would appear to be that of discriminating against rural need not of

pandering to rural greed. How serious the problem may be is ultimately a contextual and empirical question.

If any community, kin or family support systems survive, a female headed, aged or handicapped household is likely to be much less unable to survive in a rural than in an urban setting and isolated individual unempowerable persons are much more likely to be accepted as a social responsibility by relatives. That rural-urban migration is dominated by young single persons (until the 1970s dominantly male but now including a substantial female component) followed by family members (or forming of a new complete household) after building a structure of income flows is evidence that the strong not the weak have tended to move except in the context of rural calamity - and even then the weakest and poorest have usually been left behind.

Clearly no system that shifts poor rural people to urban areas where they will be poorer still with substantial fiscal, social, infrastructural and human costs is satisfactory. Three ways are open to limiting such flows:

1. disqualifying short term urban residents;
2. providing rural support on some basis not necessarily identical to urban;
3. making some categories of payment national.

A one year waiting rule (assuming one can determine time of urban arrival) probably makes sense. It will deter movement. Its greatest value is in respect to temporarily unempowerable households because recent arrivals should be encouraged to re-establish rural livelihoods and calamity victims to participate in rural livelihood rehabilitation programmes. Beyond one year (or possibly two) serious problems arise. An absolutely poor household that after two years has not returned to a home community probably either has none to return to (even if rural born) or cannot afford the cost of moving. In the latter case a one-off return home allowance for households eligible on all counts except regular urban residence may be worth exploring.

### Parallel Rural Approaches

Rural parallel systems fall into two clusters. The first is survival and rehabilitation relief for temporarily unempowerable calamity victims. These are usually the majority of near destitute arrivals in cities. Their own future as well as physical food security and national fiscal stability call for rural food assistance and well designed livelihood rehabilitation programmes.

The second cluster of support instruments is for more permanently unempowerable households. It turns on assisting community or family support mechanisms either in traditional or adapted form. One aspect of this - and often the most important - is much broader than the scope of this study. It is improving rural family sector livelihoods generally. The less poor a community or family and the lower the proportion of absolutely poor households, the more likely it is that local support systems (e.g. help in land tilling and house building, food transfers) will function adequately. Most rural (and to a not inconsiderable extent urban) African families and most rural communities, if not themselves in dire need, do view near starving family or community members as their responsibility and failure to care for their needs as a blot on their own social and self esteem. Beggars and starving outcasts - except following calamities - are an uncommon phenomenon in rural SSA.

How to support such systems requires specific knowledge of what they are in what districts. Identifying that is a task for which a skilled (preferably national, indeed provincial) rural sociologist has more to offer than a fiscal administrator or analyst or than an urban oriented social worker.

For example, if the sense of community is intact and a viable district level administration exists but cash is short, then a grant to each district (on a population plus poverty formula) to be allocated for dispersal by villages may be desirable. Alternative mechanisms can build on nutrition education grounded in agricultural production extension and on mother and child clinics. From these an adapted system of community support (including child feeding) with new data and approaches but a continuing tradition of social cohesion - e.g. the Tabara type programmes in Tanzanian can be built.

The strongest candidate for national delivery is an old age pension. The case that any person who has worked to 60 has a claim on society is a compelling one. To limit costs any occupational pension scheme payments can be offset against it. The cost - with two per cent to five per cent over 60 persons - is likely to be bearable; the identification and delivery problems may (or may not) be another matter.

### Limiting Leakages And Overheads

Vertical leakage from administration costs requires first an adequate but limited equipment-staff-delivery system. The problems are inherently those of all service delivery systems in poor countries from agricultural and vocational extension to safeguarding of law and order (police and judiciary). But equally it requires a substantial number of beneficiaries nationally and per office because a high proportion of equipment, salary and transport costs are fixed.

Leakage from fraud is again a general not a specific problem. The same types of checks and built-in safeguards necessary to exorcise "ghost workers" from pay-rolls are relevant to excising "ghost unempowerables" from subsidy rosters. Indeed - unless decentralised to sub-district level - fee collection and accounting systems are much harder to make relatively fraud proof as are physical emergency food distribution programmes if only because larger numbers of people need to have the power to handle cash or to deliver benefits.

Leakage from ineligible registration can be limited by use of criteria which are easy to understand and to apply which do exclude almost all non-eligible households.

The absence of a formal sector wage is a powerful, negative criterion in urban areas. For example, in Maputo 60 per cent of overall but only 20 per cent of food subsidy (cash payment) household income comes from wages and salaries. The female headed, handicapped headed and disabled headed household tests are - in most urban contexts - powerful positive criteria as probably - are severe malnutrition/growth faltering for young children and pregnant women.

The cost of dependence on such tests - as noted under lateral coverage above - is exclusion of 'atypical' eligible households. The cost of

rectifying that by additional eligibility criteria is likely to be burgeoning administrative costs (because time consuming interviewing and checking will be needed) and/or impracticability/unreliability, e.g. if a household income criterion is used as an operational test rather than an analytical and structuring device. Alternative channels via civil society (NGO) bodies and/or social welfare structures may or may not be practicable.

A distinction needs to be made between gross and borderline ineligibility leakage. If 58 year olds receive pensions, and legless small traders just above the absolute poverty line food security grants, the fiscal cost is the same as if 25 year olds and large stallholders receive them. But the social meaning is quite different if it is almost absolutely poor households rather than not so poor individuals who benefit. A real trade-off exists between raising lateral coverage to levels of over 75 per cent and avoiding - say - 10 per cent borderline vertical leakage.

The vertical leakage problems appear - on the face of it - to be handleable in most contexts unless there are neither official nor community neighbourhood level structures of significant resilience. The rural are more difficult except, perhaps, for the aged. Clearly the presence of service oriented governmental administration at village level is more the exception than the rule (at least unless primary school head teachers can be paid a supplement to operate identification-registration-delivery). The risks of substituting official for community/family support are higher. The formal sector wage test is near useless and the female headed household one weaker (for reasons of remittances and ability to produce food which may be less inconsistent with household obligations than most urban income generating opportunities). This again raises the issue of whether systems should be urban or national and if the latter, whether they should be uniform or differentiated.

#### Two Cases: Namibia Aged and Urban Mozambique

The studies in a companion paper review two cases of operating or potentially operating schemes each facing substantial transformation/extension challenges but each potentially viable. They are:

1. Namibia's old age pension system (nominally universal but probably 60 per cent lateral coverage) inherited from South Africa and dating back four decades;
2. Mozambique's urban food subsidy/supplement scheme still struggling to become fully operational and to reach three of its five household clusters - female headed unwaged, aged and handicapped headed - and very partial in its coverage of the other two - low waged, above average size (government employees only) and MCH referrals (building up but weak in quantity and quality of coverage).

Evidently both of these cases examine partial schemes in the senses that Namibia's is centred on one cluster of - largely - absolutely poor households, the aged; while Mozambique's (quite apart from painfully inadequate lateral coverage) is geographically limited - urban.

The two cases are of interest both because of their differences and of certain similarities. Namibia is a lower middle income country (albeit probably with up to 50 per cent of its households in absolute poverty given the paucity and precariousness of non-wage urban incomes and the number of female headed rural households without remittances). It has a working administrative system in general and an experienced national old age pension registration/delivery system in particular. Mozambique is a country whose average per capita GDP is below the absolute poverty line. War and finance have crippled its administrative system to the point of collapse in some sectors and areas. Absolute poverty exceeds 30 per cent in urban areas and 60 per cent nationally.

In both cases questions can be raised on why the specific coverage attempted is used rather than a different one. Over 60 year old persons are about five per cent of Namibia's population. If up to 50 per cent of all persons exist in absolute poverty this at first glance suggests that even 100 per cent aged coverage would encompass only a tenth of absolutely poor people. This is not as apparent as it seems. The majority of the aged are households heads especially aged women with several children - or more commonly grandchildren - dependent on them. Therefore, the coverage of absolutely poor persons might be as high as two-fifths. Further, because of the history of the pension, black Namibians do accept this aspect of administration as benign and do wish to register. Sorting absolutely poor from less poor rural households and female headed

households with remittances from those without, and developing positive household-community-state administration interaction in urban and ex-urban areas are not achieved and probably cannot be for several years. The existence of widespread church based care and relief networks might facilitate registration but also reduces the severity of hardship and especially the danger of starvation.

In Mozambique perhaps an eighth of the absolutely poor are urban (say 900,000) out of 7,200,000 so that an urban centred food security for absolutely poor households programme - if it were the only poverty alleviation instrument would be anomalous. However, the urban proportion of medium to long term unempowerable may be up to a third since of the rural 6,300,000 (assuming an actual population in Mozambique of 3 million urban and 9 million rural) absolutely poor persons (or slightly perhaps 0.9 million households) up to three-quarters are in households which with peace and a rural livelihood rehabilitation programme could work their way out of absolute poverty while prospects for the largely labour short urban absolutely poor households empowerment are much poorer.

More relevant in terms of political processes and decision taking as of 1989 when the urban food subsidy/supplement programme was outlined and approved there was a very large rural survival programme - Emergencia - budgeted at over \$250 million a year with no real urban counterpart so that a \$20-30 million urban poverty safety net did not appear disproportionate.

#### Namibia: Planned Incrementation

The two programmes have very different approaches - as well as starting points. Namibia has pursued an incremental, thought through, somewhat slow moving approach in an urgent but non crisis context.

Its inheritance was an old age pension system with perhaps 60 per cent coverage, moderate administrative efficiency but gross black-coloured-white discrepancies in payments and with the missing 40 per cent largely in the Ovambo speaking north and exurban Windhoek (politically key areas which support the majority party).

The first step was to freeze the white pension level and announce (and begin) a phased unification by - perhaps - 1993/4 after which the unified entitlement is to rise pari passu with the cost of living. The second was



to determine to reduce the pensionable age from 65 to 60. The third - ongoing - was to move to register the missing pension eligible persons. The phasing of all three steps is designed to avoid sudden shocks - including, but not only, fiscal. On the face of reasonable projections the fiscal burden is sustainable, if and only if, livelihood rehabilitation (rural and artisanal) can move rapidly and both low level wages and employment rise at least modestly to avert the need for larger parallel programmes for other absolutely poor clusters. In that context civil society (church) channelled top up funding could avert destitution and the absolute numbers of non-aged absolutely poor households would decline. The logical next phase would appear to be an analogous scheme for the handicapped persons who are not members of a household or are heading a household. With the electoral cycle coming in 1994/95 there is adequate time for steady, pre-planned implementation to meet political as well as practicability timetables.

#### Mozambique: Crises In Administering Response To Crisis

Mozambique's attempted programme began with a perceived crisis - the 50 per cent (30 per cent hard core) urban absolute poverty levels revealed by the 1988 Maputo survey as highlighted in the 1988/89 national poverty study. The driving force toward action was human concern at top political levels - neither civil disorder related to poverty nor impending elections were present so the narrowly political imperative was low although the desire to be seen to be taking action to mitigate and reduce absolute poverty was stronger.

The urban focus is explicable both given the catalytic data input and the fact that the parallel Emergencia (survival support) and proposed Priority District (rural livelihood enhancement) programmes were totally rural and the former accounted (narrowly defined) for perhaps 25 per cent of total state expenditure. In respect to absolute poverty alleviation there arguably was rural (not urban) bias.

In respect to empowerment the main instrument used was restoration of the real minimum wage to the \$25-30 a month range with the intent (not fully subsequently realised) of keeping it there. At that level few of the 65 to 75 per cent of households with a formal sector wage (plus other income) would be forced into absolute poverty. This paralleled a gradual phasing down of staple food price subsidies.

Haste, and impatience with slow progress, combined with the absence of any prior experience and the very tight personnel and equipment constrictions generic to the Mozambican context have meant that progress has been slow, false starts repetitive and schedules for implementation - until very recently - both ad hoc and based on constantly shifting routes to registration.

Almost certainly this pattern - especially the altering of approaches to reaching persons to register - has resulted in more haste, less speed. So has the tendency to secure, and take seriously, several diverging sets of advice from different expatriate and technical assistance personnel. A coherent step by step approach with a referral mechanism (via MCH clinics) only began to be built in the second quarter of 1991. The amendment of a somewhat confused legal base and the registration (using neighbourhood level administrative data) of aged, handicapped and - ultimately - female headed non-waged households has only begun to be planned and scheduled; reasonably enough, given the need to render the first phase operational and the very limited professional personnel and transport available.

The separate supplement to low wage households of above average size has moved more satisfactorily. It is linked to the Ministry of Finance payroll system (at the price of being for government employees only) so has been able to use existing administrative channels and payment systems. Further easing the process, registration involved selection from an existing list using an extant data base.

Unlike the Namibia case, two further problems confront the programme. A national old age pension poses no residency requirements, an urban food "subsidy" one does. A one year rule has - more or less - been adapted to ensure that rural households in deslocado (war dislocated) camps and afectado (war or drought impacted outside camps) do not move to urban areas. Because urban areas are more secure, and non-wage cash earning possibilities there are greater, such moves would be a real risk even though the subsidy is of the order of one-half of absolute poverty line household budgets.

Even more serious, the programme cannot be financed from domestic revenue. While several bilateral donors have - at times and at least tentatively - been open to financing it from counterpart funds, only one has made a definite commitment and that on a year by year basis. Whether the

programme will survive long enough to be fully operational (say over 50,000 of about 150,000 potentially eligible households), let alone to become an established fact that cannot - politically - be abolished is problematic. The probable 1992/93 election calendar solidifies backing for poverty reduction programmes, but also increases impatience with slow moving start-up, however unavoidable. In retrospect, the late 1989 public announcement of the broad aims and approaches of the programme was a mistake because even with a more rigourously planned approach and refusal to move onto alternative tracks, no large scale operations could have come before early 1991. Still more serious was the failure to draw up and stick to a clear sequence and realistic timetable of steps to full scale implementation.

### Concluding Prolegomenon

To conclude that a coherent, effective safety net programme is now possible for all unempowerable households in all Sub-Saharan African countries would be extreme optimism of the intellect. To conclude no significant aspects could be begun in any would, however, be extreme pessimism of the will.

What appears to emerge from analysis of articulated conceptional sketching set against levels of need and instrumental/fiscal/administrative capacity is nine-fold:

1. greater attention to identifying core medium to long term unempowerable clusters of households is needed;
2. in general these are absolutely labour short (female, disabled and/or aged person headed) and secondarily low income/above average size - or relatively labour short ones;
3. they are certainly a minority of present rural absolutely poor households who can be empowered and therefore need medium term approaches quite different from safety nets;
4. but may be a majority urban absolutely poor households;
5. contextual study is needed to identify numbers and clusters by country (and province) on urban and rural lines;
6. fiscal, administrative and instrumental capacity vary very widely both on average and in respect to particular sub-capacities;

7. as do both perceptions (not always correct) of administrative capacity and incapacity and political decision taker/key analyst perceptions of and priority given to absolute poverty reduction in general and to entitling unempowerable households in respect to food security in particular;
8. pre-implementation mapping of steps with a staged (one category at a time) and, where feasible, incremental approach seem likely to reduce time needed both for initial impact and a fully functioning programme;
9. some programmes in some parts of some countries do appear to have partial, and a chance of less partial, success at fiscal costs which are bearable if the state operated safety net aspect of absolute poverty reduction is given priority (i.e. if triage is rejected operationally as well as rhetorically). While the global - as well as the African - trend is in that direction the radical swings in aid and international finance agency fashions poses a severe risk to programme establishment dependent on external finance (presumptively counterpart flows from food and balance of payment support) in very poor countries.