

### 3.3. REQUIREMENTS FOR ACHIEVING GOALS

#### What Are The Requirements?

It is always easy to begin stating requirements by talking in terms of money. In Africa following a decade of shrinking per capita command over resources, it is particularly tempting to begin by costing programmes in terms of import and fiscal requirements whose attainment depends on external donor support. At some stage that exercise is necessary - no additional external resources, no full attainment of the Summit and African Charter goals is an accurate statement for most African countries. However, that should be the last stage of requirement assessment and is one more suitable to national programming than to continental strategy conceptualization. More resources, by themselves, will not solve the problems nor meet the targets. Until a strategic framework with assessments of real resource requirements and opportunities for reallocation and enhanced domestic resource flows is constructed the net external requirement is not really determinable and - not incidentally - can neither be made convincing to prospective cooperating partners nor made specific enough for them to cooperate with attaining national goals rather than providing a melange of non-coordinated, well intended but externally accountable and often contextually non-fitting initiatives of their own. Donations and dialogue are good catalysts and supporters, but very poor overall designers and providers.

A clear and informed choice to give priority to achieving national goals for its children over the next decade is the basic requirement for success. That choice must include commitment by senior politicians but must also have an informed constituency behind it. Further, the priority must include senior professionals and administrators if a coherent, workable set of programmes is to be articulated and implemented.

The priority needs to go beyond traditional social science - let alone child care - institutions, programmes and professionals. Until child impact criteria and assessments (in the context of absolutely poor household enabling criteria and assessments) are applied to national development plans, macroeconomic policies, structural adjustment programmes and major projects, the goals of the Summit and Charter will not be attained except in a handful of relatively less poor countries. Children

are too important to be ghettoised in a junior ministry or a handful of high profile but ultimately limited (even if - as with immunization - very significant) programmes. The main line macroeconomic and sectoral ministries need to become the main public sector actors - the appropriate role of a Children's Goals unit is as a catalyst, monitor, innovator publicist and coordinator in support of the main actors.

But by the same token children's rights and welfare cannot be furthered if seen as purely a state responsibility. Almost all children live in families and communities. Members of these families are usually members of active civil society groups (religious congregations, co-ops or unions, women's groups, community associations). The degree to which these civil society (or peoples or NGO) bodies are integrally involved in formulation of child life opportunity enhancement (and in turn how much they involve their households members) will determine how much household participation and civil society input there is into implementation.

Children illustrate the need for decentralisation. Outside classrooms and - hopefully brief and infrequent! - visits to health facilities, their lives are in the voluntary, community and households sectors. Only by empowering these sectors can children's lives be made fuller (and longer) and their opportunities and capabilities to respond to them, enhanced.

The most difficult requirements to meet may well be personnel and institutional. If one sees education (child and adult) plus basic health services plus water plus rural livelihood rehabilitation plus household and community oriented nutrition as central to attaining national and continental goals in respect to children, one is talking of thousands of newly trained and tens of thousands of at least partially retrained staff in the larger countries. Continentally the numbers run into scores of thousands largely in health, education, water supply and production extension. Luckily these are not new requirements - they fall within those the World Bank's Long Term Perspective Study has already highlighted under the human investment rubric. But that does not make training - and designing child centred components within training of, e.g. small farm household extension officers - any easier. Institutionally the main requirement is to build concern for children into main line operations (not least the budgetary process and external aid negotiations at the macro level and community oriented medical personnel at the local level) with a

quite limited number of special programmes or functions (e.g. well child services including immunization and growth monitoring). Because that requires looking again at how almost every main department goes about planning, articulating, acting and reviewing such a general sensitization to children is rather more difficult than separate - but ultimately marginal or secondary even if useful - programmes and units to run them.

Ideas, priorities, articulated programmes, institutions and personnel without finance cannot go very far. There are four sources of finance:

- a. reallocation
- b. additional domestic sources
- c. reallocated external funding
- d. additional external resource transfers.

To plan is to choose. To prioritise children's needs and futures means to lower the priority given to at least some other uses. Therefore, reallocation is important.

However, very few African states have any spare resources other than those potentially available from peace dividends. To argue for more priority to primary health care is one thing (and in most African states an important thing), to argue that present expenditures on central hospitals are too high is a very different thing (and in a majority of cases the opposite of reality). Effective reallocation in Africa has in almost all cases had two components:

- a. improving efficiency (services per unit of expenditure) in important sectors outside the new priorities but rarely reducing absolute resource use:
- b. concentrating additional resources generated or mobilised abroad on the new priorities.

Concentration of new resources on new priorities is - if the will to do it and articulated means to act on it are to hand - practicable everywhere. To cut already inadequate resource levels to ongoing activities is, at least in recurrent budget terms, much less generally possible or even desirable.

If African economies achieve average growth rates of 4% to 5% a year then average resources raised and deployed via the budget can rise at least 5% a year. For priority areas the logic of reallocation suggests a 6% to 8% ceiling plus some proportion of any peace or external debt service reduction dividends which can be won. Over 10 years that type of expansion and reallocation out of growth can have substantial impact. On rather more conservative revenue assumptions, Ghana's National Programme of Action sees it as covering over half narrowly defined child goals oriented expenditure.

In addition, some approaches - especially decentralised, participatory ones - can unlock additional resources from beneficiary households and their communities. For example, the community/district personnel/national supporting service based nutrition programmes now covering Tanzania cost \$5 a year per child at budget level. Counting time, materials and food from households and communities the true resource allocation is probably \$10 to \$12.5 per year per child. The example underlines two points - first, community resources (in kind or cash) used by the community within the programme are likely to produce more gains than externally set cash fees controlled by state personnel and second, there is a danger of double counting as the \$5 is the true probably irreducible budget cost without which the \$5 to \$7.5 additional extra budgetary use contribution mobilisation could not and would not be achieved.

However, a build-up based on additional domestic revenue faces a major initial obstacle. In the early years the scope for action will be so constrained a real broad front momentum cannot be generated and both coherence and commitment will be in danger of evaporating. Therefore, front-end loaded external support of national programmes is crucial.

Such support can - indeed should - be partly by reallocation. There is a bias toward large, medium technology, capital - important content - foreign contractor intensive projects which both directly and indirectly benefit few people and have both long term and highly problematic payoff. There is a tendency to revise national submissions by gold plating with high level (frequently expatriate) personnel and imported capital plus operating inputs. There is a tendency to reach first for expatriate staff and consultancy units even when much lesser cost support for remuneration of national civil servants and hiring of national (or other African) consultants would produce at least as good short term results and would be

African capacity building rather than capacity eroding as so much of technical assistance has become. These tendencies are not necessarily anybody's fault - there are understandable technical, ease of action and apparent security of short term results reasons behind them. Nor are they always more pronounced on the donor than on the African side. That should make it easier to accept that they need to be struggled against to reallocate resources to high priority broad front, low unit cost, capacity building initiatives including the goals of the African Charter and national programmes of action.

But external reallocation will in most cases not be enough. Like domestic fiscal growth it builds up slowly since dropping projects under construction is both harder and less evidently desirable than guarding against repeating them. Therefore, additional external resources will be needed.

Before making tentative overall financial assessments it will be useful to explore the types of programmes which directly or contextually are needed to build a dynamic leading to attaining the child survival, development and empowerment goals of the Summit and the African Charter. However, it can immediately be underlined that the figures are heavily dependent on three factors:

- a. how narrowly or broadly the programme is defined for external financial mobilisation purposes;
- b. how weak or strong the present social and basic services programme infrastructure is and what its present forward dynamic (or slow disintegration syndrome) is;
- c. how high and how structurally imbedded is the proportion of absolutely poor households who must be enabled to produce/earn more if their children are to have a meaningful future.

In the case of Ghana, a narrow definition ten year programme in the context of a moderately sound basic services sector which is steadily being rehabilitated and an absolute poverty level of perhaps 20% which may be slowly falling the proposed national programme has a cost of \$30 per capita (\$3 a year) with half already in normal budgetary projections. For Ghana

this is plausible. That would imply \$200 million over ten years - perhaps \$15 million a year additional external support.

But for Mozambique with 65% households in absolute poverty of whom three-quarters require livelihood rehabilitation support to enable them to claw their way back; with a wrecked rural basic services system whose rehabilitation is integrally linked to that of livelihoods and a context in which costing the goals for children outside the struggle against absolute poverty framework makes no sense, the overall cost emerges as of the order of \$2,500 million over five years (\$17.50 per capita per year) and the additional external resource requirement of the order of \$750 million (\$5 per capital annually) but front-end loaded with of the order of \$200 million in each of the first two years.

Thus the national divergences will be very large for both contextual and conceptual/presentational reasons and the continental totals illustrative orders of magnitude not hard programming or negotiating guides.

#### Requirements Reviewed

The most obvious requirements are those directed to children and not generally used by anyone else. The three largest clusters of such programmes are primary education, the health services cluster promoted by UNICEF as GOBI and child nutrition enhancement.

Primary education is effectively available to little over half of Africa's children if one means completion of at least six years in a programme of reasonable quality. Even with generalised urban and selective rural use of double streaming and with improved pass and drop out rates, the cost of efficient (meaning at least household absolute poverty line) teachers' salaries, teacher retraining and raising the average outlay on teaching materials from under \$1 to at least \$5 a year would require an annual increase in recurrent expenditure \$500-750 million a year after initial capital stock replacement, upgrading and expansion of perhaps four times as much.

GOBI (growth monitoring, oral rehydration, breast feeding, immunization) demonstrably saves lives. Further, it does so at low cost and can be operated even in the context of an initially weak, non-community based primary health system. Additional annual expenditure (capital and

recurrent) to generalise it to the 60% of Africa's children who now lack access might be \$3 to \$4 a year per child or \$400-450 million a year.

Nutrition oriented to Under 5's including nutrition education backed by agricultural production advice and including community base child minding and feeding facilities - as operated in Tanzania - has a cost of \$10 to \$12.5 per child per year of which about \$5 falls on the government budget after community inputs. To generalise it in Africa might lead to additional expenditure requirements of \$1,000 to \$1,250 million a year - \$500 million on the budget.

Some programmes for children in particularly difficult circumstances may need to be individual child oriented although even for orphans and for most street children (who do, in fact, have links to usually absolutely poor - home households) finding new homes and enabling existing ones to earn more respectively are usually more desirable and more practicable than institutionalisation. Together these two approaches might - excluding children in war or drought devastated homes needing household livelihood rehabilitation - cost \$50 to \$75 million a year.

Certain other programmes in support of children are deliverable direct to mothers or mothers to be. Examples are ante-natal tetanus immunization, health education (in support of GOBI) and agricultural and nutrition education (in support of child nutrition). Again costs could be fairly modest - perhaps \$1 to \$2 per woman of child bearing age a year or of the order of \$150 million a year additional.

The problem with the previous sketch and its total budgetary cost bill of perhaps \$1,500 million annually - of which one might reasonably expect 20% to be met from reallocation and greater efficiency, 15% from user fees (plus the off-budget item in respect to nutrition) and 40% from additional domestic revenues - is its incompleteness in respect to the true requirements of Africa's children. \$500 million a year [NB there seems to be \$400 million floating in New York drafts but whence it arrived or what it comprises thy servant knoweth not] in additional external resource for those uses would be welcome, useful, a contribution to increasing child welfare. But it would not be part of a coherent, overall approach.

### General (Household Oriented) Programmes

Pure water, absolute poverty reduction through more production by poor people (especially extension services geared to raising household capacity to produce) and adult education are inherently household, not child, oriented. Yet without at least the first two the goals for children cannot be met and, indeed, the free standing, child focused programmes will be much less efficient than in the broader context.

To move to full access to pure water and sanitation over a decade would cost on the order of \$5,000 million a year - \$1,100 million rural, at least \$1,100 million peri urban and outer urban areas; \$2,800 central urban. Even that assumes substantial cost reductions by standardisation on uniform low cost rural equipment and by more efficient construction and operation management. The sanitation costs are about 60% of the total and can only be reduced if effective technology averting the need for water borne urban sewage systems (including treatment plants) can be developed on a very large scale. With total present expenditure (to which the foregoing is additional) less than \$1,500 million a year, reallocation can offer little and the maximum average from general budget growth is \$250-350 million a year. Fees and contributions in labour (including operation and maintenance outside centre city areas) could perhaps provide \$500-650 million a year. The gap of \$4,000 annually - primarily centre city - is daunting. Both import content and cash flow considerations require that it be financed dominantly from external transfer reallocation or additional transfers.

The poor household income growth enabling programme cluster is the most vital component of all - and the hardest to define in general articulated terms or to cost. Clearly it cannot be seen as the whole of services to (let alone investment by) the small family farming plus urban artisanal sectors. But because the basic problem is not one of having production enhancement programmes for very poor households but rather to enable them to have effective access to programmes serving all poor and not so poor households, discrete poverty programmes are unlikely to be a relevant basis for organisation or estimation either.

Components include user friendly extension (artisanal, fishing, forestry and construction as much as agricultural) locked up by relevant research and adaptation. Beyond that they include ensuring effective market access



- which has both small scale physical infrastructure expansion (rural plus urban - both by labour intensive approaches) and enabling competition (public and/or private, by barrier reducing and/or floor price guaranteeing) to provide real incentives to produce. Finally, very poor households need initial working capital: tools, operating inputs (e.g. seed for a farmer, stock for a pastoralist, cloth for a women's garment co-op) and often food to be able to eat well enough to work hard until production is ready to be marketed. If 250 million Africans are in 35 million absolutely poor households (as the 1990 World Development Report suggests), then to overcome this challenge in ten years would cost on the order of \$750 million in the first year and \$1,400 million by the tenth (\$200 per household initial plus \$20 annual costs). For the decade it would be about \$11,000 million. In this case reallocation - both domestic and external - from capital intensive, low benefiting household coverage, problematic payoff projects from emergency survival relief and from military spending could cover perhaps 60% of costs and finance from additional output generated could well approach the remaining 40% level by year 10. Initially however, some \$250-350 million a year of additional external resources directly channelled to absolutely poor household production enabling programmes would be needed.

Continuing adult education beyond literacy - oriented to enabling production of goods and services (including nutrition or wells as much as English or hand tools) with courses chosen on the basis of community demand using available expertise on a part time basis and primary school or other public space in off hours - is part of enabling households to produce more to raise incomes and quality of life. Operationally it is linked to primary school expansion because in that context it is low cost - say \$25 million a year for 1,250,000 additional adult students or 25,000,000 from, perhaps, 15 to 17.5 million households (of about 100 million total) in Africa over the decade.

Primary health services are not limited to young child and mother focused programmes. Children over 5 - as well as adults who are not mothers - require services to achieve household contexts consistent with meeting child goals.

Primary health services - including community based health extension workers through district level supporting hospitals cost perhaps \$ 5 to \$8

a year of which up to \$2 to \$3 relates to previously canvassed child and maternal services. Effectively 500 million Africans do not have access to ordinary primary health care (geographic gaps, limited capacity, doubtful quality, too high charges often promoted - perhaps inaccurately - under Structural Adjustment and Bamako Initiative rubrics) suggesting an additional annual cost of \$2,500 million after an initial facility provision hump is passed. Direct reallocation seems unlikely to produce much (other health expenditures are too low) and user contributions not over 10% to 15%. Measuring related revenue growth is conceptually difficult - together with normal priority expenditure growth it might come to 50% of costs by 2002 leaving a \$1,000 million odd annual need for external resource increases.

The total annual additional budgetary cost of these two and a half programme clusters is of the order of \$8,000 million annually. While it is arguable that by 2002 about 40% could be met by reallocation, 30% from additional revenue based on additional output and 10% to 15% from user charges (leaving a balance of \$1,250-1,750 million additional external resource requirements), the net additional external transfers in the early years of programme build-up would be likely to be of the order of \$2,500 to \$3,000 million annually.

### Contextual Programme Requirements

If one could assume all African households were in a position to commence livelihood expansion, that none was unempowerable and also an absence of natural calamities, the foregoing sections would cover the basic requirements for achieving the Summit on Children and African Charter goals over the next decade. Unfortunately, but inescapably, each of these assumptions is false. Therefore, three major contextual programme clusters - livelihood rehabilitation after war or drought and safety nets for unempowerable households are necessary elements in enhancing child survival, development and empowerment.

About 7.5 to 10 million households in Africa (particularly in Angola, Mozambique, Ethiopia/Eritrea, Somalia, Sudan, Uganda, Chad and Liberia) have had their livelihoods wiped out by war. To enable them to produce requires not merely assisting them to return home but also providing tools, inputs, food until their production is to hand (in the absence of instant crop technology, 9 to 18 months for the 75% or more who are agricultural

households) plus restoration of basic services, infrastructure and effective market access. Households pauperised by extended drought periods (especially ex-pastoralists who have lost their entire herds or flocks) and the pauperised households kept or driven out of the economic system by apartheid probably number another 5 million.

Costing such programme clusters is difficult. The first macro attempt in Mozambique suggests \$175 per household (\$2,000 million overall) spread over 5 years and including demobilised ex-combatants. On that basis the total cost in Africa would be perhaps \$20,000 million or \$3,000 million a year over 7 years. Reallocations from war, refugee and survival programmes should cover half the costs and from larger scale-lower impact projects a tenth. Over 7 years additional revenue from additional output could come to 20% - after year 7 it should balance continuing basic service and small infrastructural requirements. That suggests an initial additional net transfer requirement of \$1,500 million falling rapidly after the third year and negligible after the fifth.

Calamities especially droughts and floods recur. They are not one-off, non-repeated, unforeseeable events. Both African and external emergency structures and perspectives should be adapted to that reality - perhaps on the model of Botswana's inter-ministerial coordinating commission with permanent information and warning systems, procedures and a 'project bank'. To do so would save lives (through faster response) and livelihoods (through enabling households to remain in place and engage in present damage overcoming and future vulnerability reduction work) as well as costs (by averting the costs of late response like airlifts and through speeding household return to self-sufficiency).

Children are among the main victims of calamities especially when they lead to severe food shortages and forced migration interrupting the provision of education and health services. The calamity support transformation suggested would be particularly valuable to them and by 2002 should be less costly than present less effective assistance. Initially however, an additional external cost of \$100 to \$150 million could be envisaged.

Safety nets - beyond calamity relief - are needed for unempowerable, especially but not only unempowerable urban, households. These are primarily those with too little effective labour power relative to non-earning family members (primarily children). Basically they are aged,

handicapped person or single adult (predominantly female) headed. In many African cities they may comprise as much as 20% of the population and in extreme cases such as Maputo 30%. Additional work opportunities will not help because lack of labour power not lack of productive uses for it lies at the root of their absolute poverty.

The means to providing safety nets vary - universal old age pensions are probably immediately relevant in at least three countries (Botswana, Mauritius, Seychelles) beyond the two (Namibia, South Africa) which already have them. Monthly cash payments based on registration linked to unempowerable poverty indicators or more directly to young child and pregnant mother-to-be malnutrition may be more widely applicable. As a permanent system (as opposed to an instant response to calamity) soup kitchens are not particularly appropriate nor - because most of the benefits go to households other than the unempowerable absolutely poor ones - are general food subsidies or food stamps.

If it were desired to reach 1,000,000 such households (assisting perhaps 4,000,000 children to have a chance of meeting the goals) and to pay 33% of absolute poverty line income needs (assuming the households could earn the balance) then about \$25 a month per household - \$300 million a year - would be needed by 2002. In very poor countries this can only be externally financed - perhaps through rice and wheat for urban middle income markets donated, sold at commercial import parity plus with - say \$100-150 million a year channelled to safety net support.

The cost of these contextual services is of the order of \$3,500 million a year. This can become largely recoverable from reallocation, cost savings, peace dividend and enhanced fiscal revenue from related production by 2002. However, in the first two or three years perhaps \$1,500 to \$1,750 million would need to be from additional external resources.

#### But Why Not Add?

It can easily be argued that two areas crucial to the welfare over their adult lives of Africa's children of 1992-2002 have been omitted. Further, it can be argued that these are areas in which the lead time is so long early action is required. The two areas are family planning/child spacing and ecological protection/sustainable natural resource use.

They are not directly and overtly included above because at some point - or border zone - any focused strategic conceptualising and pre-planning exercise must stop if it is not to become an overall social, human and economic perspective planning effort. However, certain key aspects are, in fact, included even if not under the standard rubrics.

The key general determinants of population growth are infant and child mortality and malnutrition, female education, access to basic health services and to pure water, the existence of old age security beyond ones own grown up children, and access to information and to infrastructure for making decisions on child spacing and family size effective. Reducing infant and Under 5 mortality, raising female education, providing near universal access to basic health knowledge and services, linked education/production/organisation initiatives to improve nutritional standards are very much part of the child focused programme strategy outlined in this document. So are at least some aspects of old age security. Child spacing/family planning access is an integral part of pre-natal and maternal health services as well as primary health services more broadly defined.

The ecology strategic thrust is also much less absent than would appear at first glance. In the first place it is true that, whatever levels of technology are accessible, the greater the number of people needing to be fed and in particular the greater the number of poor people seeking to achieve livelihoods from rainfed agriculture on marginal land, the more the danger of ecological damage. Similarly, the less survival in the context of calamities is linked to reducing future vulnerability and, especially, to restoring pre-shock livelihoods, the more ecological damage will become cumulative. Africa's ecological threats in large measure flow from need rather than greed. This is not to argue that development, and especially growth, by itself will overcome them. Rather it is to warn that without an enabling of households to roll back absolute poverty there can be no sustainable reduction of the pace of ecological damage. The same focus in the struggle against absolute poverty is essential to meeting the requirements of, and targets for, Africa's children. The two approaches are, therefore, complementary and symbiotic.

If it is a wish to have an order of magnitude number for access to birth spacing and family size selection education infrastructure and supplies

plus ecology protection measures particularly relevant to poor household production enhancement (especially village, neighbourhood and household based agro-forestry) perhaps \$150 million to \$200 a year for each would be roughly on target.

The education and buildings component of the population focus could be subsumed in the overall primary health care proposals already made - including education focused on men in those cases in which their lack of knowledge leads to opposing their wives' practising birth spacing and family planning. The technical costs might be \$1 to \$2 per woman served. With a target of 60% coverage of 300 million women of child bearing age the annual cost would be about \$200 to \$250 million. That element is highly import intensive and would require external finance - half, however reallocable from less effective present 'population control' projects.

For agro-forestry, the costs depend on the means used. Assuming labour intensive seedling plantations, initial two year maintenance time payments to adopters and effective extension education, a cost of \$15 per hectare for two years might be plausible. \$250 million would in that case support annual plantings of about 7.5 million hectares. That is modest when set against need, but much larger than total present state, commercial and households plantings and replantings. The import content of this programme should be quite low so that exploration of ways to increase overall land rents, and forest product royalties in particular, to finance it with - say - a 20% external support incentive would appear worth exploration.

#### In Sum

The total annual costs (and additional external resource requirements) of meeting the 2002 child goals of the Summit and the African Charter appear to be (in \$000,000 at 1991 prices):

a. Child and Mother focused programmes	\$2000	(\$500)
b. Household Delivery Oriented programmes	\$8000	(\$1750)
c. Contextual programmes	\$3500	(\$1500)
d. Population and Ecology	\$500	(\$200)
Total	<u>\$14000</u>	<u>(\$3950)</u>

The sums of \$14,000 million overall and \$3,950 additional external are rough averages. The former would start lower but rise during the decade

but the latter should start at a high level and decline as reallocation, the peace dividend, user contributions in cash-kind-partial programme operation, and additional revenue from additional output rose.

The totals are large. However, it must be recalled that they include the core of expenditure required for the struggle against absolute poverty because unless that struggle is well on the way to being won by 2002 few, if any, of the Summit/Charter goals are attainable. It is useful to include the poverty focus conceptually both at national levels for overall planning and coordination and internationally to help in comprehension and in securing resource allocations. Whether actual country by country children's goal programme negotiations with external supporting countries and institutions could or should be on as wide a front is not clear and will probably vary among countries and programmes. What is important is the recognition that unless financial resources of this order of magnitude are deployed in support of the programme clusters sketched, the goals for Africa's children cannot be met.