Plan's response to chronic poverty in Sub-Saharan Africa

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Summary: Africa's population dynamic for the next decade is reflected in the high percentage of young people. The passage of these young people into productive adulthood will be the single most important factor in determining Africa's future. Development of the human capital in this younger generation through education and training is the basis for sustainable economic growth. Increased educational levels are tied to other social indicators such as lower infant mortality and economic growth.

Plan's development approach in Sub-Saharan Africa has evolved, in response to ever changing problems and opportunities, from providing relief to alleviate the immediate effect of the Sahelian drought of the early 1970s towards satisfying the basic needs of the chronically poor through designing and implementing projects of basic education, basic health services and nutrition and water and sanitation. Since the year 2000, however, Plan has concentrated on the alleviation of chronic poverty through moving away from directly designing and implementing projects towards local capacity building, partnership and facilitation.

The Strategic Framework for Africa provides a framework for Plan's activities in Sub-Sahara Africa (SSA) for the next decade. The framework contains a thematic analysis of the current situation of African children and sets out a strategic response to chronic poverty based around investment in human capital, building relationship, developing partnerships and learning.

Introduction:

Plan is an international, child-centred development organization working in 60 countries to realise its vision of "....a world which all children realise their full potential in societies which respect people's rights and dignities." Plan's mission is to achieve lasting improvements in the quality of life of deprived children in developing countries through a process that unites people across cultures.

Plan began working in Ethiopia in 1974 and has since expanded into 19 African countries. The evolution of Plan's approach to development in Africa can be divided into three periods of varying length. Plan started its operation in countries that were affected by the Sahelian drought of the early 1970s. The program in the early 1970s and mid 1980s was relief in nature meant to alleviate the immediate effect of the drought. Community participation was minimal during this period. Since the mid 1980s and up to 2000 Plan's program has moved sharply away from relief towards satisfying the basic needs of the chronically poor through providing support for basic education, basic health services and nutrition and water and sanitation. This shift in approach also saw the role of the

community change into a more active participant in the development process. During this period two regional offices, one in Dakar and the other in Nairobi and country offices were established shifting the program authority closer to where the problems being addressed. This move increased the flexibility afforded the regions to design, coordinate, and administer programs affecting children, their families and their communities. Similarly, Plan's management shifted from focus on process and budget to focus on output and outcomes resulting in advanced use of baselines and social indicators. Currently, Plan's program is refocusing from regarding children, their families and their communities as beneficiaries of the development process to actors who can shape the process of their own development, and their own route from chronic poverty. Plan is also moving away from directly implementing projects towards intentional and committed investment in partnership and local capacity building.

1. Analysis of the current situation of Africa's children

Why are children in Africa poor? The simple answer is because they live in families in which the adults are unable to generate enough income to meet their basic material needs. 43% of SSA's population live on less than US\$1 per day and as a result poor parents lack the resources to invest in their children. African children remain chronically poor, and poverty in this continent is intergenerational, being passed on from one generation to the next.

Family structures have changed dramatically in recent years, with many children experiencing the dissolution of their parent's marriage. It is estimated that one-third of SSA's households are headed by women and that children in these households enjoy dramatically less financial security, on average, than children who live with two parents. The problem is especially acute in rural areas as a result of male labour migration and has been exacerbated by HIV/AIDS (Colletta, 1996)

All children, families and communities need to survive and develop, often in the midst of very difficult circumstances. However, living in extreme material and social deprivation with little sense of safety and stability, the survival and normal development of African children is severely hampered. The underfive mortality rate of SSA was 175/1000 in 2000, which translates into a figure of 4.5m dying annually before reaching their 5th birthday. This indicator is particularly significant, as it represents the cumulative effect of the failures of government, communities and families to look after children's welfare. Not only is the SSA rate currently significantly higher than that of any other region, but the improvement in SSA's rate over the past 40 years has also been very small when compared to that of other regions. In 1960, the under-five mortality rates in SSA, the Middle East and North Africa and South Asia were around 250/1000. By 2000, the rate had dropped to 64/1000 in the Middle East and to 100/1000 in South Asia, but remained at 175 in SSA, implying little overall improvement in the

condition of young children in SSA over the past four decades¹ (UNDP 2001; UNICEF 2001a; UNICEF 2002a).

AIDS is devastating the continent and SSA accounts for 70% of all new infections in the world. The number of adults and children living with HIV/AIDS in SSA is estimated to be 28.1 million. (UNAIDS 2001; UNICEF 2001a, Annan 2001). No words can really describe the human suffering behind these figures. HIV/AIDS is reversing the hard won gains in life expectancy and infant mortality rate, education and economic growth of many SSA countries. The attributes of HIV/AIDS — its incurability and its disproportionate prevalence among economically productive adults, especially women, make its effect on the social fabric of African societies particularly devastating. The disease has largely overwhelmed the ability of most affected states to cope. Traditional support mechanisms have been destroyed and children and the elderly are called on to support not just themselves but also their sick relatives, pushing them further into poverty.

SSA's ability to respond to competitive global market conditions is determined to a large extent by its ability to supply a well-trained and healthy labour force. Tragically, however, there has been insufficient investment in this vital resource. The gross primary school enrolment ratios (GER)-the proportion of pupils of all ages in primary education to the total official primary school-age population – indicate that SSA lags behind others. During 1995-99, SSA average GER was 85% for males and 74% for females. At the same time, South Asia averaged 99% for males and 81% for females. The figure for Latin America for the same period was 106% for males and 107% for females. The regional average for SSA conceals some very poor performers as no fewer than 16 countries in SSA has lower ration (GER) than the regional average (UNICEF/2003).

The SSA population dynamic for the next decade is already in place and Sub-Saharan Africa has the youngest population of any region in the world. Children make up an estimated 330m (just over 50% of SSA population) of around 650m (UNICEF 2002a). SSA has the youngest and fastest growing population of any region in the world. 45% of its inhabitants were under age 15 in 1999, compared to a world average of 30%, and were growing at a rate of 2.8% compared with a world average of 1.6%. These levels are anticipated to continue till 2015, when the percentage of under 15s is expected to be 42% and the population growth rate 2.4% resulting in a population of around 900m. This demographic explosion has increased the number of children in the region seeking access to health and education services.

Since the end of the Cold War in 1991, a host of states in Sub-Sahara Africa have been engulfed by civil war, ethnic conflict, cross-border invasion that threatens international peace and security, creating countless refugees most of

them are children. There is a significant and increasing number of children, families and communities that need assistance in their efforts to protect themselves from harm, conflicts and disasters and prevent future hazards from overwhelming their ability to cope. At the end of 2000, there were an estimated 3.6m refugees and over 11 million internally displaced people (IDPs) in SSA, and research shows that over 50 percent are under 18, giving a total number of internally displaced children and child refugees in SSA of around 7.5 million (UNHCR 2001; USCR 2001).

Although all the countries in the region (except Somalia) have ratified the Convention on the Right of the Child (CRC), enforcement of this is very difficult as a result of the appalling socioeconomic situation. Millions of African children are forced to work in the informal sector, in jobs that do not always meet the legal standard, creating one of the most serious child labour problems in the world. The International Labour Organisation (ILO) states that SSA has the highest proportion of working children of any region, with 29% of children between ages 5 and 14 - some 48 million children - being economically active. This ratio is below 20% in all other regions of the world. SSA also has the highest number of very young children at work with 24% of children between 5-9 economically active (ILO 2002). Child trafficking has also become a serious social problem and according to UNICEF an estimated number of 200,000 children are trafficked across West and Central African borders alone. Children are not only used as soldiers fighting on the frontline of African conflicts, but they are also used as spies, messengers, servants and sexual slaves. They are often seen as cheap, expendable and easy to brainwash into making them fearless fighters. The ILO estimates that there are some 120,000 child soldiers in SSA (ILO 2002).

Most Africans do not have access to a communication infrastructure to obtain necessary information to learn and to participate in issues that directly affect their livelihood. The region has only 15 telephones and 0.4 Internet hosts per 1000 people, and most of these are concentrated in South Africa. The figure for Latin America and the Caribbean for the same year is 147 and 3.9 per 1000 people. African societies are vulnerable to war, natural calamities and HIV/AIDS because of their relative isolation. On the other hand, the social and economic life of most people in Africa revolves around greetings, communicating with relatives and with those from the same tribe and participating and contributing in village life. One of the very important aspects of African culture is the oral tradition through which cultural stories, histories and experience are communicated from one generation to the other.

II. Strategic Response:

From a policy perspective, chronic impoverishment among children spells disaster for the present and future of Africa. Plan sees the African child as key to positive change and that is why the child is at the heart of the Strategic framework. Plan aims to provide new skills and to change the behaviour of

African children. An integrated approach, centered on children rather than the traditional sectoral approach will yield greater results. Greater results will be achieved through integration and subsequent reinforcement of interim results. Integration is done at the level of behavioural change. Sustainable development is dependent upon creating a productive workforce from today's young generation.

Investment in education, health care, and job training can increase human capital, and is estimated that it comprises about 80% of the capital of developed countries (Becker 1994). A lesson emerges from East Asia where rising investments in the 1960s and 1970s in primary education established the human capital for the economic growth that followed (Psacharopoulos 1995).

Education is perhaps the single most important variable affecting the health and life expectancy of individuals, because it equips them with the knowledge and the means to choose healthier diets, behaviours, and lifestyles. Widespread literacy helps strengthen all those civil institutions-such as the free press, free elections, unions, political parties, and other representative associations-through which people can participate in the collective decisions that affect their lives. And it is far easier to inform a literate population about issues that affect them, such as how to prevent AIDS, cholera, or unscrupulous scams. Educating girls is particularly important, and is unquestionably a key to reducing poverty. It gives a young woman a sense of personal empowerment and self-confidence to make decisions that affect her life. An educated girl tends to marry later, is more likely to space her pregnancies, will seek medical care for her child and herself when needed, will give better childcare and nutrition and will ensure that her children attend primary school -all important factors in preventing the intergenerational transmission of poverty. Education is also likely to enhance her incomegenerating capacity and will embolden her to claim her rights and those of her children (UNICEF 2000 pov red). The framework is designed to be flexible, able to shift resources as priorities change. For example, twenty years ago AIDS activities would not have been a priority: in ten year's time, investments in primary education might be shifted to secondary education.

The challenge to alleviate child poverty cannot be met without **building relationships and partnerships**, as no one organisation alone can make a lasting impact on the issues which affect African children. Plan works in partnership with governments of host countries, local NGOs, community based organization and international development agencies to bring services directly to the children and their families. By having active collaboration with these institutions, Plan plays a catalytic role, helping maximize joint scarce resources for more equitable development. The main principle underlying Plan's approach to partnership is promoting increased grassroots participation of children and their families in making decisions in the development activities that are taking place in their communities. Plan also plays a role in linking successful NGOs with government ministries that should be delivering services to children. Local NGOs

themselves are beneficiaries as well as partners, and Plan systematically targets their needs for financial and administrative strengthening to ensure their sustainability.

Child sponsorship remains Plan's most powerful tool to facilitate people across cultures to work together to fight the root causes of child poverty. Communication is the most important aspect of child sponsorship and Plan's identity and history is firmly rooted in the potential of children to communicate and connect with their wider world. Typically, this has been done through linking an African child and his or her family via letters with a sponsor and encouraging them to build a relationship to further the understanding of the lives of each other. In 2002, Plan connected almost half a million such families from 19 countries in Sub-Saharan Africa with a similar number in developed countries raising funds for development. However, child sponsorship is not an act of charity. Rather it is an act of partnership and solidarity between individuals/groups of different cultures working towards the same purpose. Properly done, it can be a very effective way to combine socially sound development with education and advocacy. It has the potential to break down cultural barriers and expand the educational horizons of all involved, building sensitivity and understanding among different societies about children's issues. Sponsorship helps people to see the world beyond their borders-and to see it not as passive observers but as active participants in shaping the future. It offers multiple opportunities to learn about other cultures, and to contribute to development effort in constructive and lasting ways. Creating different ways of sponsorship and building relationship between people of different culture can open up a world of knowledge and creativity. However, low literacy and the problems of letter-based communication limit the effectiveness of Plan's mechanism to build relationships.

There is a growing acknowledgement of the importance of children's participation in community and civil affairs, and the ability of modern ICT to make communication and participation pleasurable non-literary affairs. Plan sponsorship mechanism could play an important role in development education and advocacy in favour of African children. However, improvement is needed in the content of the development communication material, illustrating the resourcefulness and resilience of African people, and how their efforts to reduce poverty and create a better life coincide with those of the sponsors. The world is becoming a single neighbourhood and that helping Africa eliminate poverty is not only morally correct but to the self-interest of all. Globalisation will not succeed while the people of Africa continue to be marginalized and remain impoverished to participate in the international market. Eliminating hunger and poverty is therefore a prerequisite for building a world of peace and stability.

Today's children of Africa have the potential to become either a positive or negative force for social change and if Africa is to be stable and prosperous, this important segment of the population must change its attitudes and behaviour toward health, the environment, and the importance of peace and education. The

situation is urgent, given is under the age 15.	the	demography	of Afri	ca	where	45%	of the	population