Gender and adjustment in Sub-Saharan Africa

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INTRODUCTION

This brief report surveys current thinking on adjustment in Sub-Saharan Africa, particularly with regard to poverty and gender considerations. Gender issues are discussed in relation to agriculture and rural development and the social sector reforms under adjustment. The final section looks at gender in relation to programmes designed to alleviate the social costs of adjustment. Where possible, illustrative statistics are provided. However, the data available is often of poor quality and reliability; moreover the methodological problems of making simplistic assessments about adjustment on the basis of these limited data must be stressed.

BACKGROUND TO ADJUSTMENT IN SUB-SAHARAN AFRICA

Since the mid seventies, economic and social progress in Sub-Saharan African countries has been under threat due to a variety of external and internal factors, including rising debt burdens, worsening terms of trade, drought, war and economic mismanagement. The relative contribution of different factors, and their designation as internal or external, remains controversial. The prevailing view of the International Financial Institutions (IFIs) in the early 1980s was that excessive state intervention and distorted incentives, particularly currency overvaluation and pricing structures biased against rural producers, had led to inefficient resource allocation, hampering growth (particularly through exports); and that Sub-Saharan African states had failed to restructure their expenditures in a rational way, in the face of worsening external conditions.

Since the early 1980s, a variety of macroeconomic and sectoral policies have been introduced under the aegis of the IFIs in many Sub-Saharan African countries, linked through conditionalities to external finance. These policies aim to restore financial balance to African economies in the short term (stabilisation) through demand restraint; and to lay down the conditions for renewed economic growth in the medium term (structural adjustment) through the restructuring of incentives and institutions. Since it is difficult to separate out the effects of stabilisation and adjustment and in effect the former is usually a precondition for the latter, 'adjustment' is used here to cover both stabilisation and structural adjustment.

Several years on, and with much controversy surrounding adjustment policies, numerous studies have attempted to measure their impact. Methodologically, this is a highly problematic exercise, principally because it involves controlling for what would have happened without the adjustment policies (the counterfactual problem); and also because the longitudinal data required to make such assessments are not widely available, particularly in Sub-Saharan Africa. Data problems are an even greater constraint to making gendered assessments of the impact of adjustment.

With the growing realisation in the mid to late eighties that the time frame for economic recovery in Sub-Saharan Africa will be far longer than at first envisaged, the focus on adjustment per se has widened into a broader debate about alternative development strategies and transformation. Feeding into this debate are many of the arguments which have been raised in criticism of adjustment programmes, particularly with regard to their consequences for growth, investment, poverty and human resource development and also the sustainability of adjustment. Gender issues need to be vigorously brought into the debate around adjustment, poverty and transformation in Sub-Saharan Africa, as it begins to influence policy formulation.
GENDER AND ADJUSTMENT IN SUB-SAHARAN AFRICA

Advances in thinking and policy on gender

Considerable headway has been made in establishing the importance of gender concerns for Sub-Saharan African development since the beginning of the first UN Decade for Women in 1975. In particular, there is now widespread recognition of the contribution of women to national economies; greater appreciation of the need to look inside the household; greater recognition of gender divisions of labour and women's double burden of work; and considerable evidence of gender biases in control over assets and resources and in the delivery of and access to services.

In recent years, women's bureaux or ministries have been established in many Sub-Saharan African countries, and there have been numerous interventions particularly at project level to assist women. However, these bureaux are often under-resourced and marginalised from the policy making process. The predominant project approach to women and development has been criticised for being too welfare oriented and piecemeal. There is now increasing emphasis on the need to integrate gender concerns at the level of national economic policy making and planning ('mainstreaming'), although the mechanisms and political will for achieving this are not self-evident. (UNIFEM/UNDP, 1990; Elson, 1991.)

Gender and adjustment

Feminists have for some time been pursuing their own critique of adjustment policies, in particular focusing on the multiple roles of women inside and outside the household, and the perceived tendency of adjustment to increase demands on women to earn income, whilst simultaneously increasing the burden of unpaid labour in its various forms. (Commonwealth Secretariat, 1989, 1991; Elson, 1991; Afshar and Dennis, 1992.)

More recently gender issues have begun to enter the mainstream debates about adjustment. Gender biases and 'distortions' are increasingly seen as not simply inequitable, but also inefficient, in that they may hamper effective adjustment. The World Bank in particular has begun, rather belatedly, to look at ways in which gender biases may limit the effectiveness of adjustment. (Collier, 1990; Elson, 1991; Palmer, 1991; Haddad, 1992.)

The evidence about the impact of adjustment on women (and their responses to adjustment policies) is rather limited, due to lack of data and systematic research. While much case study evidence supports the general view that women in Sub-Saharan Africa have been negatively affected under economic crisis and adjustment, it is not always clear that they are systematically disadvantaged vis a vis men. Moreover, there are also instances in which some women appear to have been able to benefit from new opportunities under adjustment. (Commonwealth Secretariat, 1991; Elson, 1991; Gladwin, 1991; Joekes, 1991; Afshar and Dennis, 1992; Haddad, 1992.)
PERFORMANCE OF ADJUSTING ECONOMIES

Macro-economic performance

The growth performance of adjusting countries in Sub-Saharan Africa has been disappointing overall, though highly variable between countries and periods. Table 1 provides some data on growth and investment trends in adjusting Sub-Saharan African countries in the 1980s. Negative per capita growth rates have characterised periods of adjustment in many Sub-Saharan African countries. Another worrying feature of adjustment in Sub-Saharan Africa is that many adjusting countries show declining levels of investment in both physical (see Table 1) and human capital (see section on social sector below), which has serious implications for the restoration of growth and long-term human resource development. However, not all these outcomes can be solely attributed to the impact of adjustment programmes, since economic decline may pre-date the introduction of adjustment policies. Moreover, some argue that excessive delays by Sub-Saharan African governments in implementing adjustment programmes have led to unnecessarily deleterious effects. [Table]

Adjustment and poverty

Relative poverty

With the short or even medium term prospects for significantly improved growth rates under adjustment in Sub-Saharan Africa seeming limited, and growing evidence of declining living standards and other social indicators in many countries, the impact of adjustment on the poor has attracted increasing attention, both inside and outside the International Financial Institutions advocating and financing adjustment.

In Sub-Saharan Africa, the poor are mainly concentrated in rural areas and increasingly in the urban informal sector although the sectoral distribution of poverty varies considerably by country and the situation is constantly changing. (Stewart, 1991; Bourguignon and Morrison, 1992.)

Sectoral analyses of the equity impact of adjustment in Sub-Saharan Africa mostly indicate that the rural sector (and therefore rural poor - usually assumed to be the majority of the poor) will gain, at the expense of the urban sector. (Bourguignon and Morrison, 1992.) Real wages in the formal sector declined by 30 percent during 1980-85 in Sub-Saharan Africa, with probably a similar or greater decline in informal sector earnings (Commonwealth Secretariat, 1993: 12).

However, sectorally focussed approaches to poverty and adjustment often overlook intersectoral linkages, and intrasectoral and intrahousehold distributional changes, which may have important gender implications. Within the agricultural sector, for example, the poor and especially women tend to be concentrated in food production, and receive little if any income through export crop sales. Under adjustment, relative price shifts between crops, especially relative increases in export over food crop prices, thus imply that richer farmers gain more, or lose less than poor farmers:

'All groups in the Cote d'Ivoire suffered a loss in per capita income during 1980-85, but the loss was least (at 1.3 percent per year) among export crop producers and most (at 4.7 percent per year) among food producers. The example of Cote d'Ivoire is supported by similar evidence from Ghana, where among the "hard core" poor, only 17 percent of revenue comes from cocoa, while fertiliser subsidies benefiting food producers were withdrawn.' (Stewart, 1991: 1850.)
Cuts in public expenditure also tend to have a differential impact according to income group. Although public investment and service provision have been much criticised for urban and other (including gender) biases, cuts in these areas are still likely to have a disproportionate effect on the poor, who are more reliant on public provision than higher income groups, unless they are made selectively to protect certain kinds of 'pro-poor' provision. (Lipton and Ravaillon, 1992; Bourguignon and Morrison, 1992.)

**Absolute poverty**

There are considerable conceptual and methodological difficulties in measuring absolute poverty, which hamper assessments of the impact of adjustment on poverty. Single indicators such as income level can be misleading and fail to capture the processes through which people become poor or escape poverty. There are also important, and still poorly understood, behavioural responses mediating the way in which changes in prices and incomes (through adjustment) are transmitted to current living standards. (Lipton and Ravaillon, 1992.)

In Sub-Saharan Africa, though data are weak, levels of absolute poverty are thought to be extremely high at over 50 percent (UNIFEM/UNDP, 1990; Commonwealth Secretariat, 1993). Moreover, the situation of the poor is thought to have deteriorated during the eighties. On the World Bank's own assessment, 'with few exceptions, the evidence supports the conclusion that poverty in Sub-Saharan Africa is severe and has been getting worse' (World Bank, quoted in Stewart, 1991: 1851). Whilst this trend to increasing poverty cannot be solely attributed to the affects of adjustment, at the very least, it raises worrying questions about the impact of adjustment on overall poverty levels.
GENDER, POVERTY AND ADJUSTMENT

Gender and poverty

The relationship between poverty and gender is still poorly understood. Point observations of household income status or consumption are inadequate to measuring individual poverty. Women are affected both by changes the overall income/welfare status of the household and by the complex ways in which this interacts with gender relations. (Kabeer, 1992.)

Some sources claim that women are disproportionately represented amongst the poor in Sub-Saharan Africa, i.e. 50 percent of women fall into the category of poor, compared to 35 percent of men (UNIFEM/UNDP, 1990), but the evidence that women are systematically poorer than men is limited. However, women's ability to escape from poverty is more highly constrained than men's by the burden of unpaid labour, and more limited labour market opportunities. The latter are limited because of lesser labour endowments (education, skills etc) and/or socio-cultural biases limiting their labour market participation (e.g. they may be prevented from doing so by men, or by childcare obligations). (Lipton and Ravaillon, 1992.)

Where women do increase labour market participation, there is little evidence that their burden of domestic labour is reduced. Because of the already long hours worked by women, this may have negative consequences for their well being as well as that of other household members, e.g. of children through reduced regularity of feeding, or the withdrawal of girls from school to substitute for mothers in domestic work and looking after the sick.

Constraints on women's intersectoral mobility

Some analyses of gender and adjustment have attempted to map the sectoral representation of women's economic activity, and examine possible constraints to their mobility across sectors. In relation to Sub-Saharan Africa, such analyses tend to present women as mainly working in the non-tradables (contracting) sector and needing incentives and/or assistance to move into the tradables (expanding) sector under adjustment. The reality is generally much more complex than this, however, as women often work in both tradable and non-tradable production; moreover the distinction between the two is not always clear. (Collier, 1990; Haddad, 1992.)

The recognition that there are barriers to women's intersectoral mobility which may hamper effective adjustment is a significant advance in understanding. It implies the need for countervailing policy interventions. However, there is still limited attention to ways of reducing the burden of women's unpaid domestic labour, or to issues of power and intra-household bargaining.

Areas of economic activity where women are concentrated and which are likely to expand under adjustment, are, for example, work in export processing industries and in agricultural marketing, particularly in West Africa (see below). The expansion of these sectors may benefit the women already working in them, and may also offer incentives for other women to move into them. Even in these expanding areas, however, women are likely to be at lower wage, less secure and less skilled levels of employment than men, or operating relatively small scale units due to their limited control of assets and access to resources. (Joekes, 1991.)
Female headed households

In some areas of Sub-Saharan Africa there seems to have been an increase in the number of female headed households over recent years, although there is no systematic evidence. Female headed households are particularly numerous in Southern Africa. (Palmer, 1991.) It is commonly suggested that female headed households are particularly vulnerable to poverty and the evidence shows that in African countries, with few exceptions, female headed households are indeed relatively poor and over-represented among the poorest income groups (Population Council/ICRW cited in Humphrey et al, 1993). They may be further disadvantaged under adjustment policies due to the limited assets (particularly labour) at their disposal, and to severe constraints on their time.

However, female headed households are a highly heterogeneous group, and there are serious conceptual problems in defining them. Some have access to remittances or other resources through absent males, and run farms fairly autonomously, whereas others have no additional source of income, and very limited, if any, control over assets. There may nevertheless by some types of female headed household which are especially vulnerable to poverty, for example widows. Little systematic work has been done to assess female household heads' ability to escape poverty, in the changing context of adjustment, relative to that of other women. It is controversial whether it is useful to treat female headed households as a group for policy and programming purposes, e.g. for targeting. (Humphrey et al, 1993.)

Intra-household bargaining

At the intra-household level, there are often biases in the allocation of resources as a result of prevailing gender relations (‘gender distortions’), which limit women's independent response to adjustment induced incentives. Thus if incentives to predominantly male cash crop production increase, there may be pressure on land used by women for food crop production, as well as increased demands on their unpaid labour. Depending on their bargaining power, women may be able to resist these pressures and continue to pursue their own account production. Alternatively, they may be compelled to work increased hours for little personal reward if their husband has control of the returns to cash crop production. (Elson, 1991; Palmer, 1991.)

Public expenditure cuts and women

The prevailing gender division of labour makes women responsible for childcare and household management, particularly food provisioning. Reductions in public expenditure which affect food subsidies, as well as health and other social services, are likely to have a disproportionate affect on women. (See section on social sector below.) (Commonwealth Secretariat, 1989, 1991; Afshar and Dennis, 1992.)
Women's coping strategies

Women, particularly low-income women, have been forced by the multiple pressures on them under conditions of economic adjustment to find strategies for coping, at individual and sometimes group levels. These include, for example, reducing the regularity of feeding; substituting for cheaper foods in household consumption; withdrawing girls from school to assist with household labour; increased participation in informal sector activities; and resort to sexual exchange to gain income. There are also examples of group savings and credit initiatives, or labour sharing schemes, which have positive economic benefits, and may improve women's bargaining position within the household.
ADJUSTMENT, RURAL DEVELOPMENT AND GENDER

Adjustment policies in agriculture

A key feature of adjustment policies in Sub-Saharan Africa has been the reversal of previous bias against the agricultural sector, with the removal of price controls and currency devaluation to increase incentives to agricultural, particularly export, production. These policy changes are intended to stimulate agricultural production, particularly for export, and thereby raise rural incomes. However, these gains are a once-off and only occur to the extent that previous policies were actually biased against the rural sector. Also, the widespread prior existence of parallel markets in some countries limits the impact of agricultural price rises, particularly in food production. (Commander, 1989; Duncan and Howell, 1992)

Other major features of adjustment in the agricultural sector include the reduction or removal of subsidies on inputs (especially fertiliser), the reform and privatisation of marketing institutions, and the rationalisation and reorganisation of agricultural services (e.g. input supply, extension, agricultural research etc.) giving a greater role to the private sector. The removal of fertiliser and other subsidies to agricultural producers raises production costs and may dampen the effects of price incentives, particularly for small scale farmers. (Commander, 1989; Duncan and Howell, 1992)

Cuts in public expenditure have also affected agricultural investment, in some cases disproportionately. In Ghana, agricultural expenditure fell from 11 percent of public expenditure in 1981 to 3.5 percent in 1987. (IFAD, 1992: 181.)

Adjustment and women's labour in agricultural production

In Sub-Saharan Africa, women play a key role in agricultural, particularly food, production, for self provisioning and sale. The degree of financial autonomy in women's farming is a key factor in how they respond to adjustment incentives. In broad terms, women's own account (including cash crop) production is more prevalent in West Africa, whereas women's unpaid labour in family food and cash crop production is more characteristic of East and Southern Africa. Where women have financial autonomy (including control over the proceeds of crop sales), any adjustment induced incentives for them to increase production are direct. For women who mainly provide a labour input into increased household production, with little control over the proceeds, the incentive to increase their effort is less clear. (Palmer, 1991.)

Adjustment policies themselves tend to encourage more intensive and inefficient use of female family labour, in response to increased returns to cash crop production, coupled with increasing costs, particularly of hired labour. (Palmer, 1991.) A study of the impact of adjustment on smallholder agriculture in Ghana finds that: 'the incentive appears to be strong to substitute family for hired labour, especially among growers using traditional technologies'. The same study also gives evidence of the declining real returns (efficiency) to this intensification of family labour. (IFAD, 1992: 177-8.)

In Zaire, for example, 'many women have been faced with rising demands on their time from husbands who have increased maize cash cropping. In some areas, women have been sufficiently autonomous to resist these demands restricting the maize supply response. However, in other areas, women have lacked this autonomy and have worked on their husbands maize fields. In these areas, there was not a maize supply response problem but the transfer of women's labour jeopardised household food security, as women dropped the second peanut crop and their family food gardens.' (Elson, 1991: 10.)
Where men previously shared responsibility for household food production, the new incentives under adjustment may result in this responsibility being increasingly shifted onto women, as men move rapidly into new forms of cash crop production. This tendency is noted in certain parts of Ghana. (IFAD, 1992.)

In some cases, however, women have been able to expand their own account production under adjustment. In Nigeria, for example, 'there has been a considerable expansion of women farming in their own right since the SAP [structural adjustment programme] was initiated. Availability of transport, and tractors, purchased in the pre-SAP period, and hired labour, has enabled women to respond to the growth in demand for cassava from the poor urban population.' (Elson, 1991: 11)

Adjustment and access to inputs

Subsidised inputs

In general, small scale farmers, and particularly women, have probably benefitted relatively little from the provision of subsidised fertilisers, credit and other inputs, which has tended to favour larger scale production. Thus, the removal of such subsidies under adjustment is thought to have little impact on women farmers. (Palmer, 1991.)

However, in order to ensure that rural women's, as well as rural men's incomes improve under adjustment, and also to ensure household food security, investment is needed in improving the productivity of women's labour, particularly in food production. (Palmer, 1991.)

Land

Women's land rights in Sub-Saharan Africa are generally less secure than men's, or depend on male relatives. Where women are allocated land, it is often smaller in acreage, of lesser quality and more distant from the home than that allocated to men. In Sub-Saharan Africa, land scarcity is not widespread, but there are localised land pressures, and these may be growing under adjustment, as increased returns to production raise land values. If gender biases in land allocation persist, women are likely to be allocated increasingly marginal lands, as land pressures grow. (Palmer, 1991.)

Issues of land tenure and ownership have received relatively little attention in the implementation of adjustment policies, although there is a general view that private land titles would add to the incentive effect of price policies. Given the relative insecurity of women's land rights, a pressure towards individual ownership and the development of land markets could have the effect of further weakening women's control over land. (Palmer, 1991.)
Adjustment, women and marketing

Particularly in West Africa, women are involved in agricultural marketing, as well as other entrepreneurial activities. In Ghana for example, 86 percent of traders are women. Creating a greater role for the private sector in marketing could lead to benefits for these women. However, it is likely that most women in marketing are running fairly small scale operations. For example, only 1 percent of women traders in Ghana are in the wholesale sector. (IFAD, 1992.)

Increased incentives to market production can lead to an intensification of women's labour in headloading, as for example in Ghana (IFAD, 1992) and Tanzania. 'In the Miranza region [of Tanzania], both men and women used bicycles or ox carts to ferry cotton from the farms. Today bicycles are no longer affordable for the majority of the rural population. Wheelbarrows and ox carts have also become vastly more expensive. Without transport equipment, men have withdrawn from taking the cotton to market, leaving it up to women to carry the cotton in head-loads, adding considerably to their labour burden.' (Elson, 1991: 10.)
Economic adjustment has put severe pressure on public expenditure, including health and education budgets in Sub-Saharan Africa. However, there remains some controversy, as well as technical difficulties, in assessments of public expenditure levels. Whilst some argue that per capita social sector spending declined overall in Sub-Saharan Africa in the early 1980s, others argue that the share of education and health spending in public expenditure has held up remarkably well under adjustment (see Table 2). Social sector expenditure may have been falling prior to the implementation of adjustment policies. It is thus unclear to what extent declines in social sector expenditure and, through this, provision, can be solely attributed to adjustment policies.

However, most would agree that there were severe per capita declines in health expenditure, and also in education expenditure, in some Sub-Saharan African countries, particularly in the early eighties (see Figure 1 and Table 4). (Bloom, 1992; Colclough with Lewin, 1992.) Since 1987, however, at least in Sub-Saharan African countries as a group, education and health budgets in relation to GNP and real GNP per capita expenditures on these services were restored to the 1982 level. (Commonwealth Secretariat, 1993.)

Cuts in expenditure in the social sector have tended to hit non-wage recurrent expenditure first. (See Table 3 for data on falls in recurrent expenditure per pupil in primary education). This has led to a decline in the availability of drugs and other essential equipment in health care and of textbooks and materials in education, hitting the quality of service provision. Even where formal charges have not been introduced, de facto charging, or hidden costs, have come into effect (e.g. patients being forced to buy drugs; parents having to provide textbooks). There have also been serious declines in real wage levels, undermining worker morale and commitment, and leading to a worrying long-term run down in human capital in these sectors. (Bloom, 1992; Colclough with Lewin, 1992.)

Social sector expenditure is not a direct indicator of the level of access of the population to social services, especially health and education, nor of the effectiveness of those services, particularly where there are inefficiencies in the service provision, or where expenditure is highly skewed towards expensive urban based facilities. Furthermore, there are other, wider determinants of health status and educational progress which may themselves be affected by adjustment policies. It is thus difficult to directly and conclusively relate changes in social sector expenditure under adjustment to shifts in the health and educational status of the population.

There has been a reversal or slowing down of the trend of declining child and infant mortality in at least some Sub-Saharan African countries, and an increasing incidence of child malnutrition (Botswana, Ghana) and average daily caloric intake, already below requirements, fell in a number of countries in the 1980s (e.g. Zambia, Ghana) (Unicef, 1987; Commonwealth Secretariat, 1993). However, these trends are not systematically linked to adjustment.

One limited study of the effects of crisis and adjustment on child mortality rates in selected Sub-Saharan African countries concluded that, for adjusting countries (as opposed to non-adjusting ones): 'the analysis ... does not indicate an across the board increase in [child] mortality. Rather, it shows a change in relative levels among
groups that favours the rural nonpoor at the expense of the urban poor, with little net effect at the national level.' (Diop et al, 1991: 47.)

In the 1980s there has been a great expansion of child survival interventions, supported by international donors. This may have cushioned the effects of crisis and adjustment on child health. (Stewart, 1991.)

None of the studies of changes in health status under adjustment address gender issues in a systematic way. Data on changes in women's health status are very limited, both in availability and scope, since the only regularly collected statistic is the maternal mortality rate (or ratio) and even this may not be systematically reported in some countries (Edstrom, 1992). With a few exceptions, there is a lack of time series data on maternal mortality in developing countries, so that it is difficult to assess trends in this aspect of women's health under adjustment. Tables 5a and 5b give some limited data on sub-regional and country levels of maternal mortality.

The Sub-Saharan African region has the highest maternal mortality rates in the world, although some countries (e.g. Zambia) have made considerable progress in improving conditions. At the very least this suggests a need to protect and expand provision of health and related services which could contribute to a reduction of maternal deaths.

Nutritional status data, an important health related indicator, is often not disaggregated by gender. Overall, relating adjustment policies to changes in health status is a problematic exercise, even without looking at gender considerations.

Wider determinants of health, which may themselves be affected by adjustment policies, also need to be considered, such as household income, food security and nutrition; safe sanitation and water supplies; the availability of informal care; and levels of formal and informal education and information, particularly of women who are the principal carers. These wider determinants of health rely heavily on women's time and labour (Leach, 1992; Leslie et al, 1988.)

Adjustment and educational progress

Whilst considerable progress towards universal primary education has been made in Sub-Saharan Africa since independence, there are some indications that under adjustment, this progress may have been slowed. Primary enrollments for 6-11 year olds in Sub-Saharan Africa, as a percentage of that age group, were at 60 percent in 1980; in 1987 this had dropped to 59 percent (Colclough with Lewin, 1992). Table 3 shows declines in primary enrollment rates between 1980 and 1986 for half of the countries listed.

Of particular concern is the persisting gender gap in enrollment in many countries (see Table 3 column 3). Data reveals an association between low overall primary enrollment and low female enrollment, and the gender gap widens at higher levels of education. However, it is difficult to establish causality between declining enrolment and adjustment, and there is no strong evidence on the trends in the gender gap under adjustment (Noss, 1991). It is not clear to what extent declines in the quality of educational provision, which have happened in many Sub-Saharan African countries, may have affected attendance, particularly of girls. (Colclough with Lewin, 1992.)

Under adjustment, the financial and opportunity costs of educating children are probably increasing. In some Sub-Saharan African countries (Zambia, Mali, Sierra Leone and Togo) parental expenditure on each primary school child has increased to reach 7-20 percent of GNP per capita. (Stewart, 1991.) In this situation, there may be a tendency to remove girls, rather than boys from school, where parent cannot afford
to school all their children, although no data exist to confirm or deny this possibility. (Stewart, 1991.)

Pressures on women's time under adjustment may also lead to a tendency to withdraw girls from school. Their labour may be used to substitute for mother's domestic labour, particularly in the care of younger siblings. In most Sub-Saharan African countries, drop out rates for girls are higher than those for boys. (Colclough with Lewin, 1992.)

Social sector reforms under adjustment

Financial pressures and the broad policy directions being pursued under adjustment in Sub-Saharan Africa have led to attempts to rationalise and restructure expenditure, to recover costs by introducing user charges, and to introduce community based service provision. (Korte et al, 1992.)

Restructuring of social sector expenditures

In general, Sub-Saharan African countries spend a small proportion of their revenues on social sectors, compared to developed countries. The proportion of donor financing given to these areas is also low, i.e. 22.6 percent of total aid of DAC donors to developing countries, of which only one third (or around eight percent of total aid resources) is devoted to basic level priority services. (Commonwealth Secretariat, 1993.)

Although most Sub-Saharan African governments have officially adopted the Primary Health Care (PHC) approach, which prioritises rural and preventative provision, expenditure still tends to be highly skewed towards urban and curative facilities. In education, there has been a concerted drive in many Sub-Saharan African countries since independence to provide universal primary education, and considerable progress has been made towards this goal. However, secondary and particularly tertiary levels of education still consume a large share of resources, which are of limited benefit to low income groups. (Commonwealth Secretariat, 1993.)

There is limited evidence on how the structure of health and education spending has shifted under adjustment. There is some evidence that primary education spending may have been relatively protected in a majority of countries in Sub-Saharan Africa, in terms of its share of educational spending (see Table 4). The protection of primary education expenditure seems to have been characteristic of middle income Sub-Saharan African countries, and not of lower income ones, however. Moreover, even where the share of education expenditure is protected, this may coexist with falling per capita expenditure where population growth is high (see Table 4 column 2). (Colclough with Lewin, 1992.)

The level and proportion of health expenditure on facilities specific to women's health needs, especially Maternal and Child Health (MCH) budgets, has not been systematically monitored, and within this the priorities to women's, as opposed to children's, health. Thus the gender implications of expenditure restructuring in health are hard to assess.

Cost recovery

Cost recovery in the social sector has been increasingly advocated under economic adjustment programmes in Sub-Saharan Africa. It is justified largely in terms of the need to increase revenues to improve the quality and scope of services available, given the constraints on government expenditure. It is also argued that cost recovery at
higher levels can subsidise lower level facilities, with positive equity consequences. (Korte et al, 1992; Vogel, 1991.)

Many reservations have been raised about the introduction of user charges or fees, relating to both feasibility and equity considerations. The proportion of expenditure which can be collected through cost recovery schemes is probably quite low, particularly when the extra administrative costs are considered. Cost recovery schemes in the health sector in Africa have tended to be introduced at lower level rural facilities, and thus have introduced further biases against the populations in these areas, which may comprise a large percentage of poor people, and who may already be underserved. Moreover, the administrative costs at lower levels are higher. Advocates of cost-recovery concede that systems of exemption or subsidy for the poor may be necessary on equity grounds, but these will be complex and costly to implement. (Creese, 1991; Korte et al, 1992; Vogel, 1991.)

A degree of maintenance of revenues at collecting facilities is generally considered a necessary factor in cost recovery if the quality of service is to be improved. However, this also may have negative equity consequences, since it limits the possibilities for cross subsidisation. Even if charges were implemented mainly at higher level facilities, as is often suggested on equity grounds, there is little evidence that the political and administrative mechanisms exist to effect reallocation of revenues to lower levels. (Creese, 1991; Vogel, 1991.)

In the health sector, there is some evidence that the introduction of user fees leads to a decline in service utilisation levels. One study conducted in Ghana reported a dramatic fall in utilisation of health facilities following a rise in fees, although there was no evidence that this affected female attendance more than male. After some time, urban rates of attendance rose again, but rural rates did not. (Waddington and Enimayew, 1990.) Another study in Zaire reported a significant drop in the use of maternal health facilities following the introduction of charges. (Stewart, 1991.)

The simultaneous introduction of charges or other hidden costs for access to social services creates multiple pressures on the budgets of poor people, which may also have an opportunity cost in terms of the scope for the purchase of inputs or productive inputs (Korte et al, 1992.) In Sub-Saharan Africa, where women often have major responsibility for spending on health care and education there are gender implications of this increasing shift of costs back to household level. This raises the questions of whose health and education needs will be given priority by households with limited resources, and whose income or assets will be used to pay for services. (Korte et al, 1992; Leslie et al, 1988; UNIFEM/UNDP, 1990)

Community provision

Decentralised forms of service provision, based on community financing have been recently trialled in various countries in Africa (including Zaire, Guinea, Congo, Mali) with bilateral donor support. Paradoxically, whilst low income communities have the most limited resources to support community health provision, they seem to be the main targets for such projects. (Korte et al, 1992.)

Prepayment schemes may deter the poor, and also conflict with other demands for expenditure such as agricultural inputs and school fees. GTZ supported projects in Guinea and Mali have been implemented with consultation fees set low and drugs distributed on prescription at cost price. This has proved to have high acceptability although with the drawback that there it deters acceptance of and compliance with protracted and expensive drug regimes for lengthy disease episodes. (Korte et al, 1992.)
Another problem with these type of schemes is that of adverse selection, i.e. the sick pay all the expenses for health care. Elsewhere, especially in Asia, risk sharing schemes have covered not just the sick but a substantial proportion of the target population group. In Thailand, a health card system, with various cards at different costs and levels of subsidy providing entitlements to specific services or for family treatment has been successfully implemented. (Korte et al, 1992.)

There is still a worrying tendency to see women as the voluntary resource to be tapped, rather than to see community health provision as a means to increase the productivity and welfare of women and their families. The various elements of PHC, which are mainly geared towards child health, may have considerable costs for women in terms of their time and also their productivity. Growth monitoring, improved weaning practices, oral rehydration therapy and breastfeeding in particular may have heavy time costs for women or be required at times which disrupt other activities. If these activities have no clear benefits for the women themselves, there may be a reluctance to participate in them. (Leslie et al, 1988.)

The decentralisation of decision making about health provision which is inherent in moves toward community financed provision also raises issues about the kinds of health provision prioritised by low income communities versus professional judgements about the kinds of health care required.
GENDER AND PROGRAMMES TO ALLEVIATE THE IMPACT OF ADJUSTMENT

Programmes mitigating social costs of adjustment

Since the late 1980s, some initiatives have been taken by both the Fund and the Bank to address the social costs of adjustment. These include special attention to poverty considerations in budgetary allocations, especially with respect to the social sector (see above); food rationing and targeting; public employment programmes; redeployment and resettlement projects for retrenched workers; and feeding programmes. In some countries these initiatives have been incorporated into multisector compensatory programmes.

Since 1987, the Bank's Social Dimensions of Adjustment (SDA) project in Sub-Saharan Africa has attempted to make poverty alleviation, as well as growth, an explicit objective of structural adjustment, through four areas of activity:

- developing methodologies for introducing the social dimensions of adjustment into policy design at macro and sectoral levels;
- selective interventions of the type described above through Social Action Programmes;
- improvement of National Statistical Systems;
- strengthening local capacity and institutions.

Other multilateral and bilateral donors, as well as international NGOs have often collaborated and assisted with Social Dimensions of Adjustment (see below) projects, but there have been considerable delays in the commitment of funds, and in implementation. (Commonwealth Secretariat, 1993; UNDP, 1991.)

Many of these measures have been adopted in Sub-Saharan African countries. The most comprehensive multisector Social Action Programmes have been introduced in Ghana and Madagascar. Programmes are also being developed in Benin, Burundi, Cameroon, Guinea Bissau, Chad, Guinea, Senegal, Mauritania, Uganda and Zaire. Whilst few comprehensive programmes have been implemented, a number of criticisms have already been raised about these programmes. (Commonwealth Secretariat, 1993; UNDP, 1991.)

Weaknesses of compensatory programmes

Public employment schemes

Assistance under Social Action Programmes is often based on political criteria rather than rigorous poverty analysis. The new poor - particularly those retrenched in the public or formal sector - are the main beneficiaries of employment schemes, which are in the main located in urban areas. The long-term or chronic poor are less likely to receive assistance, and in particular those who are unable to work. The temporary nature of many employment programmes limits their ability to provide a proper 'safety net'.
Food subsidies

The level of provision for food subsidies also tends to be limited by budgetary constraints rather than need, so that many of those in need are missed out. Furthermore, the mechanism for targeting is not straightforward. Various forms of targeting, by income, region, or commodity have been attempted. Targeting by income is complex, and targeting by region is thought to be likely to miss the poorest and benefit other groups, than targeting by commodity, whereby a commodity most consumed by the poorest can be selected. However, there may be resistance to the transfer of subsidies away from commodities consumed by better-off urban consumers towards those consumed by the poor. The means of delivery of assistance are also crucial in who actually receives the benefits. Subsidised commodities need to be sold in localities where poor people live, and in small enough units to be affordable by those with limited disposable cash.

Feeding programmes

Feeding programmes through both schools and health clinics have been tried, for children and pregnant and lactating mothers. These have a dual effect of encouraging attendance and providing extra nutrition. When combined with health interventions, feeding programmes are more effective because of the contribution of disease to malnutrition. However, where the health service infrastructure is very weak, as in Sub-Saharan Africa, the scope for using clinics as a delivery point for feeding programmes may be limited without considerable investment in upgrading facilities and extending coverage. For the poorest, the opportunity cost of labour may be such that it precludes attendance of children at school. It is well known that female enrollments rates are, in most instances lower than male, and that this gap widens at higher levels of education.

Also, feeding programmes may simply result in patterns of household food consumption being shifted away from the recipients. It cannot be assumed that by directly feeding women, or girls, they are necessarily getting incremental benefits.

Need to address long-term poverty

Overall, there is a need to address more long-term issues of poverty in Social Action Programmes, rather than providing temporary assistance to the most immediate, and possibly the most vocal, losers from adjustment. Complex systems of limited targeted assistance may not be cost effective, and may miss many of those most in need.

Weaknesses of research and policy making elements of Social Dimensions of Adjustment

The policy making and research aspects of the SDA project include the development of methodologies and the regular collection of data at household and community levels, to both assess the social impact of adjustment and feed into policy making. Fairly sophisticated methodologies for these surveys have been developed, on the model of the Bank's Living Standards Measurement Surveys. However, they have been criticised for being too rigid and unwieldy, and not taking into consideration the limited capacity of national statistical authorities to carry them out, or their other priorities for data collection. The usefulness of the data in terms of feeding into changes in policy design is also not clear. (UNDP, 1991.)

With respect to gender concerns, whilst some data is being gathered at the intrahousehold level, the main focus is still on the household, particularly for the Priority survey which will bear more rapid results. Moreover, it has been suggested
that there is an excessively quantitative bias in the Social Dimensions of Adjustment approach, which may fail to capture processes of change at intra-household level.
CONCLUSIONS AND POLICY RECOMMENDATIONS

Changes in approach to adjustment

The controversy surrounding adjustment policies, and the poor economic performance of many adjusting countries, has led to some modifications in the approaches of IFIs and governments to adjustment. However, the shifts in thinking have not yet been matched by corresponding changes in the implementation of adjustment. Whilst gender concerns have entered the mainstream debate on adjustment, they still tend to be subsumed under more general poverty considerations.

It is now accepted that a longer term approach to adjustment is needed. Various new financial instruments have been created to reflect this, particularly the IMF's ESAF (Extended Structural Adjustment Finance) facility for low income countries; and the CCF (Compensatory and Contingency Finance) facility to compensate for export shortfalls and other contingencies. There has been considerable de facto rescheduling of loans, particularly to low-income LDCs, many of which are in Sub-Saharan Africa. However the overall level of resources for adjustment is stagnant, and this is compounded by continuing high levels of debt servicing. Whilst various debt relief initiatives have been taken, these have not yet had a major impact. Procedures and criteria for implementing adjustment programmes still tend to reflect a short term approach. (Van der Hoeven, 1991.)

The poverty implications of different policy instruments are now much better - though still highly imperfectly - understood, at least at a conceptual level. Sophisticated large scale household survey exercises have been undertaken, particularly under the World Bank/UNDP SDA project, which are now beginning to provide some empirical basis for assessing the social impact of adjustment at a micro level, including some data on the gender impact.

Concern with the ability of Sub-Saharan African governments to implement and sustain adjustment programmes has led to attention to 'good governance'. This has not only technocratic but also political dimensions, in terms of the ability to manage competing demands from different interest groups during adjustment. (Mkandawire, 1992.) However, the process of consultation involved in the negotiation of adjustment loans is still very narrow and closed. (Van der Hoeven, 1991.)

There has been an increase in attention to social sector reforms. Greater selectivity in cuts in public, particularly social sector, expenditure is now being exercised, and various adjustment programmes have indicated that allocations to social sectors should not be decreased, or should be increased. (Van der Hoeven, 1991.) There has been a shift of emphasis towards basic levels facilities: recent Fund programmes have included measures such as rehabilitating rural health services (Ghana); expanding rural health services (Guinea); improving staffing of primary health care facilities (Malawi); and attempts to improve female school enrollment (Malawi) (Commonwealth Secretariat, 1993). It is not clear that there has been a fundamental restructuring of expenditures, however (Van der Hoeven, 1991). Cost recovery and community financing schemes have been implemented in some places, but with limited success, and possibly negative effects on the utilisation rates of poor people (see above).

In many countries in Sub-Saharan Africa, compensatory programmes, financed by IFIs and bilateral donors, have been implemented to alleviate the 'social costs' of adjustment. However, the effectiveness of these programmes have been hampered by delays in funding and implementation; by their limited targeting; and by their 'add on' nature.
Recommendations

- The consultation process involved in the design and negotiation of adjustment programmes needs to be opened up to wider groups, including women's ministries and women's organisations.

- Measures to redress gender biases should be explicitly incorporated into adjustment programmes.

- Resources, particularly credit provision, need to be channelled into supporting and extending women's self-help initiatives, and this needs to be accompanied by group mobilisation.

Agricultural Sector

- If small-scale women farmers are to benefit from adjustment incentives and increase their productivity and incomes, it may be necessary to target subsidised inputs on them, and also improve their access to credit, possibly through special allocations.

- With increasing pressures on land under adjustment in Sub-Saharan Africa, and possible shifts towards private land titles, there is a need at both legal and institutional levels, to promote women's equality of access to land.

- In order to improve women's access to agricultural markets, and bargaining power within them, the promotion of women's marketing organisations, coupled with the provision of business and information skills, is needed.

Social sectors

- Whilst the restructuring of social sector expenditure is imperative within the constraints of adjustment, in order to promote more equitable human resource development there is a more fundamental need for a shift in priorities of both Sub-Saharan African governments and donors towards the social sector.

- Governments and donors need to reallocate expenditures towards recurrent costs in the social sector to reverse the trends towards declining quality of services.

- The health, educational and economic consequences of possible falls or shifts in utilisation of social services need to be looked at much more closely before cost recovery schemes are implemented on a wider scale.

In health provision:

- The extent to which health provision of benefit to women will be provided and/or subsidised must be addressed in the development of community financed programmes. The involvement of women in decision making structures about local health provision and other aspects of community life is crucial in addressing this.

- More emphasis needs to be placed on modes of delivery which reduce the time costs of PHC for women; wider involvement (including by men) in PHC activities; and on PHC strategies which are of direct benefit to women, such as family planning or direct feeding of women themselves, not only children.
In education:

- There is a need for measures (special incentives, scholarships, more local provision of facilities etc.) to encourage and ensure equal access for girls at all, particularly higher, levels. Such measures may be particularly necessary under adjustment conditions, where the costs of educating children are likely to be rising.

**Alleviating the social costs of adjustment**

- There is a need for more active attempts to gear the benefits of targeted assistance to women, rather than assuming that they will benefit as a sub-category of the poor.

- Consideration is also needed of the time costs for women who are the targets of feeding and other assistance programmes, by locating delivery at a level and at times which will not disrupt their productive and other activities.

- If women, as argued above, are more constrained in their opportunities to escape poverty, this implies that they are likely to be disproportionately represented among the long-term poor. The limited targeting and temporary nature of employment programmes thus may have a particular bias against poor women. A more long-term and flexible approach to providing a safety net is needed.

- There is a need for out of school feeding programmes to reach those children, particularly girls, who are not in school.

**Research**

- In research and policy design, gender issues need to be addressed more explicitly, rather than as a sub-category of the poor. Modelling and planning tools, such as Social Accounting Matrices (now being used in some Sub-Saharan African countries to examine distributional outcomes of adjustment) should incorporate gender disaggregated data where available.

- The use of rapid, qualitative, participatory and action oriented research techniques may be of more value than top down quantitative exercises in identifying the implications of adjustment for women. Resources might be usefully geared to community level monitoring and evaluation, for example of service provision, with the involvement of women who are the users of services. This should be tied to some form of accountability of service providers.

- There is a need for a more detailed (gendered) analysis of spending priorities on health and education, at budgetary, community and household levels, to identify gender biases.

- There is a need for more research to investigate the different types of female headed household, and the particular constraints they face in escaping poverty.
Table 1: Macro-economic performance among adjusting countries in Sub-Saharan Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>GNP per capita % change p.a. 1980-87</th>
<th>Investment % change p.a. 1980-88</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo*</td>
<td>-3.4</td>
<td>-1.6</td>
</tr>
<tr>
<td>Ghana*</td>
<td>-2.0</td>
<td>+4.9</td>
</tr>
<tr>
<td>Kenya*</td>
<td>-0.9</td>
<td>-1.1</td>
</tr>
<tr>
<td>Madagascar*</td>
<td>-3.7</td>
<td>-0.7</td>
</tr>
<tr>
<td>Malawi*</td>
<td>0</td>
<td>8.3</td>
</tr>
<tr>
<td>Mauritania*</td>
<td>-1.6</td>
<td>-5.3</td>
</tr>
<tr>
<td>Mauritius*</td>
<td>+4.4</td>
<td>+14.0</td>
</tr>
<tr>
<td>Nigeria*</td>
<td>-4.7</td>
<td>+14.5</td>
</tr>
<tr>
<td>Senegal*</td>
<td>+0.1</td>
<td>+2.0</td>
</tr>
<tr>
<td>Tanzania*</td>
<td>-1.7</td>
<td>+0.3</td>
</tr>
<tr>
<td>Zambia*</td>
<td>-5.6</td>
<td>-4.5</td>
</tr>
<tr>
<td>Cote D'Ivoire*</td>
<td>-3.0</td>
<td>-11.4</td>
</tr>
<tr>
<td>Burkino Faso</td>
<td>+2.5</td>
<td>+4.3</td>
</tr>
<tr>
<td>Burundi</td>
<td>-0.1</td>
<td>+8.8</td>
</tr>
<tr>
<td>Guinea</td>
<td>-0.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Mali</td>
<td>+0.5</td>
<td>+2.8</td>
</tr>
<tr>
<td>Niger</td>
<td>-4.9</td>
<td>-10.2</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>-2.0</td>
<td>-5.1</td>
</tr>
<tr>
<td>Zaire</td>
<td>-2.5</td>
<td>-1.6</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>-1.3</td>
<td>-1.5</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>+0.8</td>
<td>+3.8</td>
</tr>
<tr>
<td>Congo</td>
<td>+1.7</td>
<td>+7.1</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>-0.7</td>
<td>+8.8</td>
</tr>
<tr>
<td>Unweighted Average</td>
<td>-1.2</td>
<td>-0.4</td>
</tr>
</tbody>
</table>

| No. > 0 | 6 | 9 |
| No. < 0 | 17 | 12 |

* countries with an asterisk are 'early intensive adjustment lending countries' according to World Bank classification

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1 This data does not give a comparative picture of the performance of adjusting versus non-adjusting countries, but indicates the actual performance of adjusting countries in Sub-Saharan Africa
Table 2: Shares* of health and education in total government expenditure in Sub-Saharan Africa, 1980-81 and 1985-87, and number of countries with shares declining or increasing over same period

<table>
<thead>
<tr>
<th>Health and Education</th>
<th>1980-81</th>
<th>1985-87</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa:</td>
<td>20.2</td>
<td>18.9</td>
</tr>
<tr>
<td>(13 countries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with share</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- declining</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>- increasing</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

*Regional averages are the arithmetic average of country shares.
<table>
<thead>
<tr>
<th>Country</th>
<th>1980</th>
<th>1986</th>
<th>1986-88</th>
<th>1986</th>
<th>Rising or falling</th>
<th>Annual Rate of Change in Recurrent Education Expenditure per Pupil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>64.0</td>
<td>64.0</td>
<td>51.0</td>
<td>36.0</td>
<td>-5.2</td>
<td>1.4</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>18.0</td>
<td>31.0</td>
<td>59.0</td>
<td>19.2</td>
<td>R</td>
<td>-5.2</td>
</tr>
<tr>
<td>Burundi</td>
<td>29.0</td>
<td>59.0</td>
<td>74.0</td>
<td>17.0</td>
<td>F</td>
<td>-10.3</td>
</tr>
<tr>
<td>Cen. African Rep.</td>
<td>71.0</td>
<td>66.0</td>
<td>62.0</td>
<td>27.0</td>
<td>R</td>
<td>-10.3</td>
</tr>
<tr>
<td>Chad</td>
<td>35.3</td>
<td>43.0</td>
<td>40.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>74.0</td>
<td>70.0</td>
<td>69.5</td>
<td>16.0</td>
<td></td>
<td>-8.3</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>35.0</td>
<td>36.0</td>
<td>61.0</td>
<td>31.3</td>
<td>F</td>
<td>3.3</td>
</tr>
<tr>
<td>Ghana</td>
<td>80.0</td>
<td>72.0</td>
<td>81.0</td>
<td>24.7</td>
<td>F</td>
<td>1.4</td>
</tr>
<tr>
<td>Guinea</td>
<td>31.0</td>
<td>29.0</td>
<td>44.0</td>
<td>17.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td>49.0</td>
<td>35.0</td>
<td></td>
<td>18.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>60.0</td>
<td>65.0</td>
<td>81.0</td>
<td>11.1</td>
<td>R</td>
<td>0.0</td>
</tr>
<tr>
<td>Mali</td>
<td>27.0</td>
<td>23.0</td>
<td>59.0</td>
<td>9.5</td>
<td>F</td>
<td>-3.9</td>
</tr>
<tr>
<td>Mauritania</td>
<td>37.0</td>
<td>51.0</td>
<td>69.0</td>
<td>33.0</td>
<td>R</td>
<td>-3.1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>99.0</td>
<td>84.0</td>
<td>78.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>97.0</td>
<td>77.0</td>
<td>78.6</td>
<td>5.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>27.0</td>
<td>29.0</td>
<td>54.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruanda</td>
<td>63.0</td>
<td>65.0</td>
<td>96.0</td>
<td>22.3</td>
<td>R</td>
<td>4.8</td>
</tr>
<tr>
<td>Senegal</td>
<td>16.0</td>
<td>58.0</td>
<td>69.0</td>
<td>23.0</td>
<td></td>
<td>-10.4</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>52.0</td>
<td>54.0</td>
<td></td>
<td>20.7</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>27.0</td>
<td>15.0</td>
<td>51.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>50.0</td>
<td>49.0</td>
<td>69.0</td>
<td>15.0</td>
<td>R</td>
<td>-3.8</td>
</tr>
<tr>
<td>Tanzania</td>
<td>93.0</td>
<td>69.0</td>
<td>99.0</td>
<td>16.3</td>
<td>F</td>
<td>-0.4</td>
</tr>
<tr>
<td>Tanzania</td>
<td>93.0</td>
<td>69.0</td>
<td>99.0</td>
<td>16.3</td>
<td>F</td>
<td>-0.4</td>
</tr>
<tr>
<td>Uganda</td>
<td>50.0</td>
<td>70.0</td>
<td>83.0</td>
<td>11.8</td>
<td>F</td>
<td>17.0</td>
</tr>
<tr>
<td>Zaire</td>
<td>94.0</td>
<td>76.0</td>
<td>81.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Colclough with Lewin, 1992
Table 4: Changes in government expenditure on primary education in Sub-Saharan Africa, 1980-87

<table>
<thead>
<tr>
<th></th>
<th>primary/total education (%)</th>
<th>primary expenditure per pupil (% change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>severely indebted</td>
<td>+3.7</td>
<td>- 25.3</td>
</tr>
<tr>
<td>moderately indebted</td>
<td>- 1.9</td>
<td>- 23.4</td>
</tr>
<tr>
<td>other</td>
<td>- 3.1</td>
<td>+16.7</td>
</tr>
<tr>
<td>intensively adjusting</td>
<td>+2.3</td>
<td>- 24.4</td>
</tr>
<tr>
<td>other adjusting</td>
<td>+1.4</td>
<td>- 1.7</td>
</tr>
<tr>
<td>non-adjusting</td>
<td>- 1.1</td>
<td>- 1.5</td>
</tr>
</tbody>
</table>

Source: Data from Jespersen (1990) presented by Woodward (1992)
Table 5a. Maternal mortality ratio for Africa and regions

<table>
<thead>
<tr>
<th>Area</th>
<th>Maternal mortality ratio per 100,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (inc Northern)</td>
<td>640</td>
</tr>
<tr>
<td>Western</td>
<td>700</td>
</tr>
<tr>
<td>Eastern</td>
<td>660</td>
</tr>
<tr>
<td>Middle</td>
<td>690</td>
</tr>
<tr>
<td>Southern</td>
<td>570</td>
</tr>
</tbody>
</table>


Table 5b. Maternal mortality ratios for selected African countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Maternal mortality ratio (per 100,000 live births)</th>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cote d'Ivoire</td>
<td>1800</td>
<td>1988-9</td>
<td>Abidjan</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>457</td>
<td>1988</td>
<td>Addis Ababa</td>
</tr>
<tr>
<td>Gambia</td>
<td>2362</td>
<td>1982-3</td>
<td>Farafenni</td>
</tr>
<tr>
<td>Kenya</td>
<td>660</td>
<td>1984-7</td>
<td>Kwale District</td>
</tr>
<tr>
<td>Nigeria</td>
<td>589</td>
<td>1988</td>
<td>Ibadan</td>
</tr>
<tr>
<td>Uganda</td>
<td>400-700</td>
<td>1989</td>
<td></td>
</tr>
<tr>
<td>Zaire</td>
<td>200-800</td>
<td>1980</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>105</td>
<td>1983-88</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO, 1992: 68; Campbell and Graham, 1990, 12

1 Figures for circa 1983

2 The maternal mortality ratio is the number of maternal deaths per 100,000 live births in a given time period. This differs from the maternal mortality rate, which is the number of maternal deaths per 100,000 women in a given time period. The former is an indicator of risk that a given pregnancy will end in death; the latter of the risk to women of pregnancy resulting in death in the time period.

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