

# Chapter Nine: An Overview

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#### Introduction

Social policy and its administration have changed dramatically in Zimbabwe in recent years. When Zimbabwe achieved Independence in 1980 the expectations of the broad mass of the population, who previously had been disenfranchised, were very high indeed. The colonial legacy had left a deeply divided society, and one where inequities at all levels were pervasive. Social development had been neglected at the expense of the majority, while the white colonial regime had entrenched its privileges and "good" way of life for the minority. Yet the country had a well-developed infrastructure in terms of roads, agriculture, industries and services which the new government was able to capitalise on.

Following Independence the new government developed a policy of "Growth with Equity", stressing the need to undertake a vigorous policy of development to counterbalance: "...the grossly inequitable pattern of income distribution and (lack of) benefits to the overwhelming majority of the people in this country" (GoZ, 1981).

Social policy, which previously had existed mainly for the benefit of the white minority now required transformation to deal with the needs of the majority. The inequitable and discriminatory aspects of the existing policies were changed to bring about a more equitable and just situation, based on a socialist ideology.

New strategies, particularly in the areas of health, education, housing, social security, rural development and the decentralisation of social welfare services to districts throughout the country extended social services that previously were unattainable and out of the reach of most

people. A democratic local government structure was set up from village to provincial levels with the aim of encouraging participation from the 'grassroots'. The new government capitalised on the extensive network throughout the country that had been created through the period of the liberation war and the strong support that it enjoyed from the mass of the people.

Yet some of these radical measures were not fully translated into practice. Decision-making tended to remain bureaucratic and not fully participatory; the economy stagnated during the course of the 1980s, leading eventually to the abandonment of rhetorical socialism, and its replacement with 'structural adjustment'; and the introduction of cost-recovery measures meant that many poorer people both in urban and rural areas could no longer afford some of the basic services. However despite these drawbacks, some of the achievements of the last decade are remarkable, and even though there has been a retreat from the extensive nature of many social policies, significant gains have already been made.

## Dramatic Changes: "Growth with Equity" and Rural Development

#### **Equity**

The rural areas were seen to require urgent and drastic measures to counter the serious neglect that had been the result of deliberate marginalisation over the previous decades. Inadequate infrastructure, unemployment, poverty, poor health and overcrowding of the "Tribal Trust Lands" had led to a state of decline of the quality of life for the majority of the people. Through the creation of new local government structures and the implementation of the rural resettlement programme, accompanied by a rapid expansion of primary health care and education in all districts, some progress in the direction of greater equity has been achieved. With government providing technical assistance and skills training, the people were encouraged and mobilised to become directly

involved in the construction of schools and clinics. There has also been a redirection of agricultural services, such as extension, credit and marketing services towards the peasant farmer as well as a rapid expansion of physical infrastructure, particularly roads and water supply, along with the designation of growth points and district service centres. Public works programmes were devised in order to focus on infrastructural development and employment creation in the rural areas. These were expected to emanate from the communities, in which projects were identified for development in areas such as water management, the environment, and infrastructure such as schools, bridges, clinics, etc.

#### Rural Development

The needs of rural people have been identified by the United Nations as:

- land or off-farm opportunities for employment;
- technical support (extension services and adaptive research);
- agricultural inputs: seeds, fertilizers, etc.;
- credit for investment;
- · access to markets; and
- community services; schooling; health care; sanitation and transport (United Nations, 1995:IFAD).

In order to meet some of these identified needs, the Zimbabwe Government embarked on an ambitious policy of resettlement of 162,000 peasant families under the Transitional National Development Plan, although only 52,000 were in fact resettled over a ten-year period. Further assistance has been offered by government to the rural sector through the Agricultural Finance Corporation with the provision of loans and grain storage silos, among other measures.

In addition the Land Acquisition Act of 1992 sought to intensify the resettlement programme by making more land readily available. Government has also made efforts to reorganise land use within the communal areas, improve marketing opportunities, and utilise agricultural extension services more widely. These policies have led to a significant increase of marketed produce from small-scale farming areas and

Communal Areas. Infrastructural development in rural areas, such as electrification, water and sanitation projects, road development, etc., were very successful in bringing the rural sector more fully into the national economy.

Various 'parastatal' organisations were set up by government to develop the rural areas, one of the key organisations being the Agricultural and Rural Development Authority (ARDA), established in 1979 to plan, coordinate and implement agricultural development on all state land nationwide. ARDA is expected to act as a coordinator among government departments involved in the rural areas, especially the Department of Rural Development (Derude), Agritex, Water Development and the District Development Fund. Where agricultural activities can be encouraged on a wider scale, ARDA organises farmers into productive cooperatives and provides training, technical back-up and a marketing infrastructure. However, despite initially high levels of public expenditure, more recently the impact of the structural adjustment programme has been felt. For example, ARDA is mainly dependent on foreign donor funding; since 1982 it has only received Z\$9,6 million from government for rural development, while foreign funders have provided Z\$94 million, helping ARDA to implement 10 of its 15 existing projects. (Horizon, 1995).

The issue of rural development and indeed land is a major issue for social policy within Zimbabwe today and a more serious commitment from the government is necessary if some of the objectives of the rural development programme are to be achieved. It appears that this may be the case with the creation of the new Ministry of Lands and Water Resources, following the recently constituted 1995 Parliament of Zimbabwe.

### **Reforming Health Care and Education**

#### Health

The health care structure during the colonial period was divided on racial lines, with 44% of the national health budget being spent on sophisticated

urban hospitals, which only served about 15% of the population and only 24% on health centres serving the vast majority (UNICEF, 1995:20).

Following Independence, community health workers became the cornerstone of the health system in a vastly improved network of rural clinics and hospitals. Emphasis was placed on primary health care in order to achieve a greater degree of equity and better quality care which could be accessible and appropriate. The implementation of this policy since 1980 led to the creation of the National Village Health Worker programme and a widespread expansion of primary, curative and maternal and child health care services. This included the expanded programme of immunisation and diarrhoeal and disease-control programmes, a national nutrition programme and a child spacing and family planning programme. Significant improvements in village level water supplies and sanitation programmes also benefited the previously neglected rural communities. Health care centres were set up throughout the country with the participation of the community. Health fee exemptions were introduced, initially for those earning less than Z\$150 per month in 1980 and this had the effect of greatly increasing the use of facilities, while manpower training and development focused much more on the demands of rural health care. Today, health care treatment is available free of charge for those in urban areas earning less than Z\$400 per month, while it is free in rural areas. Immunisation, tuberculosis and leprosy treatment and mental health care are provided free to all patients.

The expanded provision of health care has helped to reduce the infant mortality rate from 88 per thousand in 1980 to 61 per thousand in 1990, with the goal under a National Action Plan for Children to achieve a further reduction to 40 per thousand by the year 2000 (Republic of Zimbabwe, 1995:5).

Despite these significant achievements, there are many features of the health care system that undermined equity in health in 1980 that continue to exist in the 1990s, largely because socioeconomic factors continue to bias the delivery of care. As noted in Willmore & Hall (ed.) (1989), the economic profile inherited in 1980 was associated with a pattern of morbidity and mortality that showed great differences with respect to

race, geographical area and class. While race has been a less critical factor in determining health status than income after 1980, geographical (urban/rural) and class differences have persisted, with consequent effects on the distribution of ill health. The inherited inequalities also were reflected in a division between curative and preventive care, with a lack of emphasis on the latter. Despite the significant advances made in expanding and distributing health care to those in need, there is still a strong urban bias in the provision of health services, caused in part by the fact that manpower distribution continues to be biased against the rural areas, conditions of service remain poor in rural areas and a disproporionate amount of the national health budget services the sophisticated urban hospitals in Harare and Bulawayo. In addition to these problems facing the public sector, the private sector absorbs about 1,000 of Zimbabwe's 1,417 doctors, and a significant proportion of the total drug bill, but serves a small section of the population, primarily in the higher income groups (Loewenson, 1989).

Health provision has also been negatively affected by structural adjustment measures. Cost-recovery led to fee collection at health facilities from 1991, while stagnation of salaries and benefits under structural adjustment has encouraged the emigration of Zimbabwean-trained doctors and nurses from Government service and from Zimbabwe, which has resulted in an apparent deterioration in the manpower situation and service quality at health facilities. UNICEF (1994) report an overall decline in 1992 in the outpatient attendance rate among children under five years of age, as compared to the period 1988-91.

#### **Education**

The education sector similarly achieved dramatic results following Independence. Statistics show that only 42% of children of school-going age in 1980 were enrolled in 3,161 primary schools. In the 1980s primary education became free and compulsory, and by 1992, 85% were in 4,565 schools. At the secondary school level, the data shows an achievement of up to 80% enrolment in high schools from 73,000 in

1980 to 673,000 in 1990. Similarly the number of primary school teachers increased by 21,5% and secondary school teachers by 60,3% from 1980 to 1990 (UNICEF,1995:20).

In addition, government actively promoted the establishment of preschools throughout the country through early childhood education and care (ECEC). This was in recognition of the fact that ECEC will assist children to develop social skills and perfom better in the formal school system. By the end of 1992, there were 5,241 ECEC facilities in rural districts, covering 20% of children aged 3-5 years old. The goal of the Zimbabwe National Programme of Action for Children is to expand access to ECEC to 48% of children aged 3-5 by the year 2000 (UNICEF: 1994). A further achievement has been an increase in adult literacy from 50% in 1980 to 62,5% in 1990, a figure which is expected to increase to 80% by the year 2000 (GoZ, 1995:20).

Even though formal education expanded in an exponential way during the 1980s, it still retained elements of the previous two-tier division of the 'academic' and the 'technical' or 'vocational' schools. There is still an overwhelming preference for the academic courses, yet the vocational would be more suitable given Zimbabwe's socioeconomic situation. 'Education with Production' received official backing soon after Independence, but mobilisation of sufficient resources to enable this type of education to succeed never effectively took place. The few schools earmarked for pilot projects were poorly resourced and the revision of curricula was not accompanied by a corresponding endeavour to educate the teachers involved (UNICEF, 1994). Government still needs to find ways and means to promote this type of education more.

Yet as Kadhani & Riddell (1981:72) point out, the failure to provide the skills necessary for full productive employment is only in part the fault of the education system:

"The failures of the education system are intimately connected to the failure of the pattern of development to meet the employment needs of the working population. Change is certainly needed in the education system, but it must be change accompanied by even more far-reaching change in the pattern of economic and social development". Kadhani & Riddell further point out that while the standards of education would be high for those who succeed, an expansion of this (academic) education would not provide the mass of the population with the skills necessary for productive employment. They suggest a universal basic education system that equips people for productive employment, directed principally at the agriculturally-oriented lifestyle of the majority.

Despite the phenomenal expansion of education, Zimbabwe has seen a reduction in real per capita government expenditure on primary education of 32% since the peak in 1990/1 (Chisvo & Munro, 1994) and a similar trend has occurred with secondary and higher education. This situation mirrors what has been occurring in other sub-Saharan African countries.

As English (1994) has pointed out, education is overwhelmingly a public sector endeavour in sub-Saharan Africa and expenditure on education constitutes a significant proportion of total public expenditure. In addition this sector is usually one of the most labour-intensive public service sectors and incurs very large incremental recurrent financing. Due primarily to cost-cutting measures under economic reform programmes, there is the danger that levels of education expenditure will decline and that parents and communities will continue to take on more of the funding responsibility for primary and secondary education, which appears to have occurred during the 1980s and 1990s.

There is a need to develop strategies to counter the negative impact on education systems of the implementation of structural adjustment. The situation in the region is similar to that of Africa generally. UNESCO (1995), for example, has noted that after a period of expansion of over 20 years in Africa, education and training have been marked recently by the emergence of wide disparities between rich and poor, urban and rural areas and girls and boys. Consequently UNESCO has urged African governments to commit themselves to developing an education system that is of a high standard and relevant to the socio-cultural context of each country. In particular education for girls should be treated as one of the highest priorities.

### Social Security, Social Welfare and Housing Provision

#### Social Security

Social security has developed as a protective mechanism in society, constituting various elements. These have been identified by the International Labour Organisation as social insurance, social assistance, benefits which are financed by the general revenues of a country, family benefits, and provident funds; and these must be linked to additional provisions made by employers such as workmen's compensation schemes in respect of accidents or diseases of occupational origin; and to other complementary programmes which have developed around social security (ILO, 1992).

Although social security is relatively new in Africa, many countries have started operating various systems. Social security is defined as "...the security that society furnishes, through appropriate organisation against certain risks to which its members are exposed" (ILO, 1942). In Zimbabwe, racial discrimination in the colonial period had provided social security scemes for the non-African population, such as old age pension schemes, public assistance and occupational pensions for purposes of income maintenance in cases of involuntary loss of income. During this period social security cover was not extended to Africans as it was assumed that their needs could be met through the communal or traditional sector, in effect through their extended families.

After Independence, following decentralisation of the Department of Social Welfare, social welfare assistance was extended throughout the country, although the restrictive nature of its coverage, the difficulty faced by the rural poor in visiting Social Welfare offices, the low payments made and the bureaucracy involved, all acted as disincentives for those applying for the scheme. Other schemes, such as the Workers' Compensation Fund, the War Victims' Compensation and State Services Disability Benefits offer disability pensions once incapacity due to

injury in the particular circumstances is proven, although it is often difficult to make claims and benefit rates can be rather low. An ambitious scheme which was recently introduced, the Pensions and other Benefits Scheme under the National Social Security Authority (NSSA) involves employees contributing 3% of their monthly earnings to a set ceiling, matched by employer contributions. The Scheme has been criticised for not covering those categories of workers who need it most, such as domestic workers. However it is being implemented in stages and these other categories of worker are due to be brought in at a later stage. The Scheme has already suffered allegations of mismanagement and impropriety and has yet to prove its value to the Zimbabwe public.

#### Social Welfare

As already noted, social welfare services have been extended to a much wider cross-section of the population through decentralisation of the Department of Social Welfare to cover most districts throughout Zimbabwe. The Department, which started operations in 1948 offered a limited range of personal social services, including the investigation of cases of juvenile delinquency among the white population. The public assistance programme, started in 1964, was during the colonial period very limited in scope, only providing assistance to a very small number of destitute people. Since then the Department has expanded its functions to include child welfare, adoption and fostering, registration of welfare organisations and provision of financial assistance to old peoples' homes and other residential care establishments.

Generally speaking, social welfare as provided through the Department of Social Welfare has developed from an initial concern with urban social problems – juvenile delinquency and destitution – to a more widespread relief initiative in the provision of public assistance and drought relief. This remedial, but critical, role of the Department absorbs most of its time and resources and has not permitted it to engage to any great extent in developmental activities. These have been left to other Ministries, urban local authorities and non-governmental organisations (NGOs).

A more recent role for the Department, following the launch of the Structural Adjustment Programme, has been implementation of the 'Social Dimensions Fund' which is meant to assist those affected by the programme – principally to assist with the re-training of those made redundant, with funding of projects that generate employment, assisting with the provision of monies to ameliorate "cost-recovery" measures (e.g. payment of school fees), and provision of grants to vulnerable groups in selected cases.

Community development initiatives were pioneered by urban local authorities, NGOs and other Ministries. During the colonial period, increasing problems of urbanisation and industrialisation led to large numbers of unemployed, destitute and marginalised people within the urban areas. Political instability and conflict in the rural areas during the 1970s also encouraged many people to move into urban areas for greater security. Several local authorities attempted to meet this need by providing welfare services to their residents. One of the best examples of urban social provision is found in Zimbabwe's second major city, Bulawayo, where family casework services, youth programmes, cooperatives, women's clubs and pre-schools have all developed to a sophisticated level. Most of the other Municipalities have followed Bulawayo's lead and today employ social workers to administer these welfare services. Financing for this provision has previously come largely from the sale of opaque beer, which in Zimbabwe is a monopoly industry of the Municipal authorities (Gargett, 1977).

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The non-governmental sector (NGOs) dates back to the early days of colonial Rhodesia. Most NGOs originally started by offering remedial services to relieve distress, but following Independence many transformed their activities in the direction of development, with a particular orientation to the rural areas. The NGO sector is a significant feature of Zimbabwean social welfare provision and it provides an essential service to needy communities. However at times there may be problems of duplication of service, or provision of services that do not really meet the needs of local people, or run counter to expectations on the part of government. It is important that NGOs adopt an approach that is genuinely able to work 'from where the people are'. As Ake (1994:29) points out:

"The idea of exogenous development is a contradiction in terms. One of the greatest errors committed by development experts is to believe that it is possible for someone to develop someone else...Development as a process needs to be based on what people really are, not on what they should be. Development is a live experience, not a ready-made one. It is a process which should help people fulfill their potential, express their creativity and become self-assertive".

In this regard Mwansa (1995) suggests that NGOs would provide a better service in the context of social development if states in Africa clearly define their relationship with NGOs in terms of values, ideology and approaches. Occasionally this conflict occurs in Zimbabwe, sometimes due to the reasons described above, but at other times due to a lack of consultation on the part of government with NGOs, and also a lack of coordination between the umbrella body of the NGOs and its constituent members.

#### Housing

As pointed out by the Government of Zimbabwe, improving access to affordable and adequate housing has been a major social policy with the probably unrealistic but ambitious goal of achieving "housing for all by the year 2000". In response to a high demand for housing, Government has embarked on innovative policy initiatives where communities are encouraged to form cooperatives that help to adopt cheaper housing modes with technical assistance provided by local authorities' works departments. The cooperatives pool resources (finance, labour, building material, etc.) in an effort to lower construction costs. This aided selfhelp approach is the cornerstone of government's housing policy. In addition the government has also embarked on mass production of core and shell houses for both low- and middle-income groups using direct labour construction units ('building brigades'). All housing estates continue to be serviced with running water, sewerage reticulation, electricity, roads and drainage and infrastructural standards have been revised to reduce the costs of construction (GoZ, 1995:6).

Lack of affordable shelter is common in developing countries. For example, according to the United Nations Commission on Human Settlements, one fifth of the world's population, or around one billion persons, live in homeless, overcrowded, or squalid conditions. In Zimbabwe there are over one million persons on housing waiting lists and by the year 2000 it is expected that 808,000 more houses will be required. However only 18,667 housing units are being constructed each year. Harare alone presently has a housing backlog of more than 85,000. Although there is a need for further acquisition of land and upgrading and maintenance of existing accommodation, the City Councils are seriously handicapped by lack of resources.

Under the structural adjustment programme, government is increasingly looking towards home ownership and private sector participation in the construction of houses. Local authorities are also increasingly focusing their resources on expanding the supply of serviced stands which will then be developed privately by the home owners.

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Unfortunately this situation is not working well as housing credit is not easily available from the private sector (i.e. the Building Societies) as funds have been diverted away by higher interest rates available through the Post Office Savings Bank (POSB) and consequently mortgage bonds are currently not readily accessible.

Reduced household incomes in the face of spiralling costs will inevitably seriously weaken the ability of individual workers to afford a house on the market. Low-income earners are unable to afford the cheaper "low-cost" core house, which becomes the target of middle-income earners. Increasingly the low-income earners are forced into a situation of homelessness, or insecure, overcrowded rented accommodation, often exploited by unscrupulous landlords. It is only the high-cost luxury houses, often fetching over a million (Zimbabwe) dollars, which remain in demand. Other results of ESAP, such as the decontrolling of prices of basic commodities, have created further hardships. The decontrolling of prices of housing inputs such as cement, bricks, door and window frames, which are in short supply, is bound to make them less affordable to ordinary people. Although the government

has moved to place some materials such as cement on the Open General Import Licence (OGIL), these items may still be difficult to obtain and remain expensive (Hall, 1994). In a situation of financial cut-backs, retrenchments, reduced subsidies and devaluation of currencies, the pressure on low-income (and even middle-income) households to secure and then maintain affordable housing becomes critical. In this time of acute housing shortage, sympathetic policies on the part of government and local authorities would be desirable.

### Poverty, Structural Adjustment and Gender

#### **Poverty**

Poverty is generally understood to be lack of a sufficient level of income to purchase the basic necessities of life, such as health, education, housing, transport, clothing and food. It can also be characterised as a lack of power, within a dominant stronger culture or society.

The problem of poverty is immense: globally one out of every five persons, or more than one billion people live below the poverty line and an estimated 13 to 18 million die annually of poverty-related causes (United Nations, 1984).

Muzaale (1986:42) notes that: "...poverty is a multi-dimensional concept that denotes a universally undesirable condition". He further observes that poverty is on the increase in Africa, both in incidence and intensity, and attributes this to some of the following: inadequate conceptualisations of development and poverty; a failure to identify and emphasise the true underlying causes of the problem; wrong programmatic prescriptions; a lack of organisational requirements for programme implementation, and various combinations of these shortcomings.

The issue of poverty was one of the key issues considered at the 1995 United Nations Social Summit held in Copenhagen. The Declaration and Plan of Action which emerged from these deliberations endorsed the

"20/20" initiative, which calls on donors and the governments of developed countries to allocate a minimun of 20% of their ODA (Official Development Assistance) to priority basic social services, and developing countries to earmark 20% of their national budgets within this area (including for instance, primary health care, basic education, nutrition, family planning and low-cost water and sanitation systems). This was accepted as a resolution at the Social Summit, although it is non-binding, with donors and governments advised to negotiate an agreement between themselves as to how this allocation of resources can best be applied.

The issue of poverty affects Zimbabwe as indeed most other developing countries, and for that matter vulnerable populations within the developed world. In Zimbabwe, the pre-Independence period was characterised by growing marginalisation of the rural economy, particularly in the 'Tribal Trust Lands', where overgrazing, overcrowding and landlessness were common features. Despite the transformed rural development situation, post-Independence Zimbabwe was beset with serious drought from 1982 to 1984 and then again 1992 which left millions of rural peasants destitute.

Although government made attempts to encourage investment in the rural areas through a policy of developing 'Growth Points', where special incentives are afforded to those willing to invest in these areas, this has not been able to counter the urban drift which has led to rapid expansions in the populations of the two largest cities: Harare/Chitungwiza and Bulawayo.

Further strategies are required to offset the serious consequences of poverty, particularly those that encourage the development of an 'enabling environment' for local investment and employment-creation strategies, such as growth-oriented and labour-intensive small production enterprises, an equitable distribution of land, access to credit, public works programmes, etc. (Hall, 1995).

#### Structural Adjustment

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Structural adjustment policies have been introduced in Zimbabwe, as in many other African countries (30 in sub-Saharan Africa) and these have

seriously affected social provision. The intention behind the introduction of SAPs was to improve efficiency of resource allocation, make the economies more robust and promote growth and employment. The policy thrust of SAPs in African countries has been on demand restraint, public expenditure reduction, exchange rate adjustment, contraction of the size of the public sector, trade liberalisation, deregulation of exchange rates, stimulation of domestic production and adherence to the interplay of market forces as a mechanism for optimum allocation of resources (World Bank, 1994).

The SAP in Zimbabwe was officially launched in October 1990, but really started in March 1991 after a meeting with the foreign aid agencies and the World Bank in Paris. The framework of the SAP was spelt out in the January 1991 document: Zimbabwe: A Framework for Economic Reform (1991-95), which stated:

"The fundamental objective of economic reform in Zimbabwe is to improve living conditions, especially for the poorest groups...This transformation entails moving away from a highly regulated economy to one where market forces are allowed to play a more decisive role, while concurrently taking steps to alleviate any transitional social hardships which may arise from this transition" (GoZ, 1991a).

A Social Dimensions of Adjustment (SDA) programme was set up in November 1991 to "mitigate the social costs of adjustment". The objectives of the SDA strategy were:

- to effectively target and design programmes for disadvantaged groups over the economic reform period;
- · to minimise costs to the fiscus;
- to maximise participation and support from third parties, notably NGOs, employee organisations, employer organisations and local authorities (GoZ, 1991b).

The serious consequences of structural adjustment, not only on the more traditional 'vulnerable groups', but on the wider society generally, and

increasing impoverishment due to inflation, rising prices and deepening unemployment, have led many to question the wisdom of applying strictly monetarist policies in a situation where social need is so great. For example Ekouevi and Adepoju (1995) make a plea for these policies to incorporate a greater sensitivity to their social side-effects:

"Without consideration of the human factor in the design and implementation of economic reforms, economic recovery cannot be sustained and social problems would adopt uncontrollable proportions that will in turn continue to hinder economic progress".

They suggest that short-term therapies cannot cure long-term structural problems and therefore suggest the need for the design of programmes and policies around long-term development objectives, which will ultimately result in fundamental changes.

The World Bank does seem to have accepted some of the criticisms levelled at it in recent years. For example a recent policy statement indicates that:

"Economic and social development is at the core of the World Bank's mandate, which is to help countries reduce poverty and improve living standards through sustainable growth and investments in people" (World Bank, 1995:47).

The World Bank stresses that despite the important role of adjustment lending in the late 1980s and early 1990s, the bulk of Bank lending supports specific projects, with adjustment operations diminishing to less that 15% of total Bank lending. The Bank also argues that it has increased its direct "investment in people" from about 5% of total lending in the early 1980s to more than 17% in 1994, with more emphasis on primary education, girls' education and primary health care and programmes to combat HIV/AIDS (World Bank, 1995). It is hoped that the painful lessons of structural adjustment have been appreciated by the Bretton Woods institutions of the World Bank and IMF. These institutions

are significantly responsible for maintaining the inequitable global economic system and need to be made more publicly accountable, and become more responsive to the wishes of the majority of countries as expressed through the United Nations. If this does not occur it is likely that the growing movement to break off ties with these international institutions and develop an alternative African approach to the debt crisis and development will become much stronger.

#### Gender

Greater gender sensitivity is required on the part of policy-makers, particularly as it seems clear that the social costs of structural adjustment are borne disproportionately by women and girls. Kabadaki (1994) also has pointed out that improvement in the quality of life of rural women is likely to result from policies which aim at improving rural conditions, such as improved transportation systems, electricity supply and introduction of intermediate technology. He stresses that in spite of limited funds and structural adjustment programmes, African governments should make an effort to pursue policies which promote integrated rural development.

In Zimbabwe, following the role played by women during the liberation struggle, women's rights were taken more seriously after Independence with Parliament adopting legislation giving women majority status, and inheritance and maintenance rights. However, despite these gains in respect of women's emancipation, there is still much left to be achieved. UNICEF (1995) point out that women's participation in the formal sector of the economy has levelled off at around 13%, and continues to be largely confined to unskilled and semiskilled jobs. In addition, although the gender gap narrowed in primary schools in the previous decade, fewer girls than boys were again being enrolled when education costs rose in the 1990s, as structural adjustment required the reintroduction of tiered school fees. Similarly, in health care, maternal health services were the first to decline in quality and availability, as public service expenditure was reduced by structural adjustment.

#### **Conclusion**

Zimbabwe has seen dramatic improvements in social policy in the years following Independence. Progress was made in achieving greater equity in some of the basic social services such as health and education, in bringing rural development to the people and extending the network of personal social services to cover most of the country. The idealism and socialist zeal which was characteristic of the 1980s and the determination to bring about a transformation of the minority-centred socioeconomic situation of Rhodesia to a more equitable Zimbabwe brought about some significant achievements; however in the 1990s to some extent these initiatives have been undercut by the sobering realities of structural adjustment. As UNICEF, 1995:21) has noted:

"The tragedy is that today some of the remarkable achievements of the last decade are slowly being eroded. Whether the peace dividend on the South African border will be enough to keep Zimbabwe's exemplary social development going strong, even while the country faces huge interest payments on its growing debt, remains to be seen".

#### References

- Ake, Claude (1994) "Exogenous Development: A False Concept", in International Symposium "What Happened to Development?", UNESCO Headquarters, 18 & 19 June.
- Chisvo, Munhamo & Munro, Laughlan (1994) "Review of the Social Dimensions of Adjustment in Zimbabwe", UNICEF, Harare.
- Ekouevi, K & Adepoju, A (1995) "Adjustment, Social Sectors, and Demographic Change in Sub-Saharan Africa", in **Journal of International Development**, Vol 7, No 1.
- English, Linda (1994) "Enhancing Education in Africa: Need for Improved Aid Coordination", in Africa Development, Vol XIX, No 4.

- Gargett, E (1977) The Administration of Transition: African Urban Settlement in Rhodesia, Mambo Press, Gweru.
- GoZ (1981) Transitional National Development Plan, Government Printer, Harare.
- GoZ (1991a) Zimbabwe: A Framework for Economic Reform (1991-1995), Government Printer, Harare.
- GoZ(1991b) Social Dimensions of Adjustment (SDA) A Programme of Action to Mitigate the Social Costs of Adjustment, Government Printer, Harare.
- GoZ (1995) "Social Development in Zimbabwe: Report for World Summit on Social Development, Copenhagen, 11-12 March", Ministry of Information, Posts and Telecommunications, Republic of Zimbabwe Harare.
- Hall (1994) "Housing, Homelessness and ESAP in Zimbabwe", in **Journal of Social Change and Development**, Vol 35.
- Hall (1995) "Social Work and the Eradication of Poverty", in IFSW Newsletter: No 1 Special Edition for the World Summit for Social Development, Oslo.
- Horizon (1995) "State Starves ARDA of Funds for Peasant Help", in Horizon, March/April.
- ILO (1942) Approaches to Social Security. An International Survey Series, M No 18, McGill University, Montreal.
- ILO (1992) Social Security A Workers' Educational Guide, International Labour Office, Geneva.
- Kabadaki, Kyama (1994) "Rural African Women and Development", in Social Development Issues, Vol 16, No 2.
- Kadhani, M & Riddell, R (1981) "Education" in Colin Stoneman (ed) Zimbabwe's Inheritance, The MacMillan Press Ltd, London.
- Kasere, C(1991) "The Social Dimensions of Adjustment: Social Welfare", in Hall, N (ed.) The Social Implications of Structural Adjustment Programmes in Africa. Paper Presentations and Edited Proceedings of A Workshop Held at the University of Zimbabwe, 23rd Sep 2nd Oct 1991, Journal of Social Development in Africa, Harare.

- Loewenson, Rene (1989) Keynote Address: "Implications for Equity and Access: An Overview of Health Manpower Issues in Relation to Equity in Health Services in Zimbabwe", in BWillmore & N Hall (eds.) Health Manpower Issues in Relation to Equity and Access in Health Services in Zimbabwe, Proceedings of A Workshop, 8/9th June 1989, Harare.
- Muzaale, P (1986) "Rural Poverty, Social Development and their Implications for Fieldwork Practice", in Social Development and Rural Fieldwork, Proceedings of a Workshop Held 10-14 June, 1986, Journal of Social Development in Africa, Harare.
- Mwansa, Lengwe-Katembula (1995) "Participation of Non-Governmental Organisations in Social Development Process in Africa: Implications", in **Journal of Social Development in Africa**, Vol 10, No 1.
- UNESCO (1995) Audience Africa: Social Development: Africa's Priorities. Final Report, Paris, 6-10 February.
- UNICEF (1994) Children and Women in Zimbabwe: A Situation Analysis Update 1994, UNICEF, Harare.

Í

y

n

- UNICEF (1995) Profiles in Success: People's Progress in Africa, Asia and Latin America, UNICEF, New York.
- United Nations (1994) "World Summit for Social Development" leaflet, UN Department of Public Information, New York.
- United Nations (1995) "Rural Poverty: The Struggle to Survive", in Social Summit Issues Papers, International Fund for Agricultural Development (IFAD), United Nations, New York.
- Willmore, Brigid & Hall, Nigel (eds.) (1989) Health Manpower Issues in Relation to Equity and Access in Health Services in Zimbabwe, Proceedings of a Workshop, 8/9th June 1989, Harare, Zimbabwe.
- World Bank (1994) Adjustment in Africa: Reforms, Results and the Road Ahead, A World Bank Policy Research Report, Oxford University Press, Oxford.
- World Bank (1995) Advancing Social Development: A World Bank Contribution to the Social Summit, The World Bank, Washington D.C.