Zambia is one of the poorest countries in the world,2 with startling disparities between rich and poor. Eighty-six per cent of Zambians live below the poverty line.3 Significant deterioration in the quality of life has occurred simultaneously with reported economic growth of 6% in 2000. The social divisions between rich and poor are so sharp that it is hard to recognize them as being in one country.4

Social indicators such as maternal mortality, infant mortality, under-five mortality, and crude death rate have worsened or remained static. Although Zambia has had no war, it is in the same category with war-torn countries.1 According to the World Health Organisation (WHO) Life Expectancy Rankings for the year 20005, Zambia’s average life expectancy, which was 52 years in 1990, has dropped to an all time low of 30 years!

The government adopted the much-awaited National Poverty Reduction Action Plan (NPRAP) in 2000, five years after the 1995 Social Summit. The NPRAP states that “the long-term target is to reduce poverty from its current level of 73% to 50% by the year 2004”. Because of delays in adopting the NPRAP, most of its contents are outdated or obsolete. It is unrealistic to hold out the prospect of reducing poverty by 23% in a space of four years from 2000 to 2004 when merely producing the plan has taken five years. Also, the plan assumes the 1996 poverty level of 70%, but the level is now much higher.

Education: without textbooks, chalk, funds or progress

Education levels are falling. Sixty per cent of Zambian children who reach grade six are functionally illiterate. Over 600,000 school-age children are not at school.6 Many school children, especially in rural areas, are turned away because there are not enough schools or classrooms. The pupil/teacher ratio at the primary level is 39:1. In secondary schools, it is 46:1. It is not uncommon to find pupils in rural areas writing on the ground and teachers conducting lessons in open air, without textbooks, blackboards, chalk, or dusters.

Inadequate funding is the main problem. Over the years, government funding for education has been radically reduced. The government reported increases in funding for education from 8% of the national budget in 1991 to 19% in 1998. But because of the decline in the value of the Kwacha, education is receiving less, not more. In the last ten years, allocations for universities and colleges were drastically reduced in real terms. Cost-sharing is also a problem.

The government intended to implement a basic education sub-sector investment program (BESSIP) in 1999. In practice, little has been achieved. The Micro-Project Unit (MPU) at the Ministry of Education, which is responsible for dispensing funds for new and existing primary schools, is charged with excessive bureaucracy. The MPU does not fund secondary school development or higher education. Initiatives to improve skills and vocational training have also failed to change the situation.

Failure of health reforms

As mentioned above, the life expectancy of Zambians at birth has now dropped to 30 years. The HIV/AIDS pandemic, malaria, tuberculosis and simply poverty, ensure the premature deaths of millions of Zambians. Since many deaths in Zambian villages and poor urban neighbourhoods are never recorded, classical indicators may grossly underestimate the catastrophic nature of the problem. President Chiluba has publicly admitted, at least in the case of the HIV/AIDS pandemic, that the situation is out of control.

Despite the devastation caused by HIV/AIDS, malaria is still the leading cause of death. According to the latest statistics, for every 100,000 people in Zambia, 36,623 contract malaria, making Zambia the second malaria country in the world after its neighbour, Malawi.

A reported decline in the number of new HIV infections can be attributed to aggressive awareness campaigns by civil society organisations aired on public broadcasts. These have now been discontinued, however, because they created a furor among so-called traditionalists, church leaders and government officials including President Chiluba himself. President Chiluba is reported to have personally written the Zambia National Broadcasting Corporation (ZNBC), the country’s public broadcaster, to rebuke it for airing what he called “adverts which contradicted the Christian practice”. Consequently, the “offending” adverts, which merely showed young people discussing sex and the use of condoms, have been withdrawn.

Government funding to the health sector has declined in real terms. Often even the small amounts budgeted are not released at all or not released on time. Scores of people are turned away from existing health institutions because they do not have the means to meet the basic cost of medicines imposed by authorities as “cost sharing”. Cost sharing fees have sent many people to early graves.

The government instituted a package of health reforms, but it has now been publicly admitted that the reforms have failed. Rather than improve the quality of health care, they have led to its deterioration.

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4 Life expectancy: 30 years
6 Based on a new indicator developed by WHO which measures healthy life expectancy, Disability Adjusted Life Expectancy (DALE).
Increasing gender inequality

There are widening social disparities between women and men. Illiteracy is higher among women than men. When there is hunger in the home, its first victims are women and their youngest children. Unjust land policies in both modern and traditional tenure systems still restrict the advance of women.

Statistics show that there are no gender disparities at grade one enrolments and in some cases, more girls are enrolled than boys. At all levels, however, girls have a higher drop out rate than boys.

When a family is hit by poverty, girls tend to be sacrificed to spare the boys. The government adopted a Gender Policy in 2000. This was a welcome development, even though it is still just a piece of paper with no bearing on the lives of millions of Zambian women.

Flowers “for export” instead of food

Rural areas are discriminated against in the provision of development spending for social services and infrastructure development. Lusaka province with a population of 1.5 million has 219 doctors, whereas Eastern province with 1.3 million people has only 31 doctors. Rural people cannot easily access health services because they are either non-existent or unaffordable. The distribution of educational resources also favours urban areas. There is virtually no tap water in rural households and rural road networks are badly degraded.

Apart from a few dry areas, Zambia is blessed with a combination of relatively good soils, water and climate. The country is endowed with abundant arable land - 42 million hectares - of which only 14% is cropped. But agriculture, the main rural economic activity, has broken down. The privatisation of agriculture in general and maize marketing in particular, a condition of Zambia’s cooperating partners, has resulted in the liquidation of hundreds of thousands of smallholder and peasant farmers. These small farmers are historically the producers of food crops. Commercial farmers, in contrast, mostly grow crops such as flowers that are sold for hard currency to repay the foreign debt. Withdrawal of government support from farming has harmed, not the rich farmers with access to financing, but the poor farmers who ironically are “the goose that lays the golden egg”.

The “death” of agricultural co-operatives on politically motivated grounds has also had a significant negative impact on village farmers. Co-operatives were the only source of capital for poor farmers. Agricultural production has fallen drastically because small farmers cannot procure inputs. This has led to notable decrease in the overall output of grain, a substantial element in the country’s GDP. A lot of agricultural produce in rural areas goes to waste, either because there are no buyers or roads are impassable.

Unsustainable debt

Despite the unsustainable level of its debt (estimated at USD 7.14 billion in 1997), Zambia has stayed current on debt servicing. Instead of investing in education, health care and other crucial social areas, Zambia has been externalising its meagre resources to creditor countries. Debt relief initiatives have not helped.

Economic development has not progressed as predicted under the Structural Adjustment Program (SAP), with macro-economic indicators well off target. Lately, President Chiluba has halted privatisation of parastatals in the energy sector, questioned the behaviour of the exchange rate market, and even forced the introduction of some controls in the externalisation of currency. This is after he faced the prospect of a completely bankrupt economy.

Conclusion

The major problem with regard to poverty reduction in Zambia is that it is basically donor-based. The recently adopted Poverty Reduction Strategic Action Plan (PRISAP) does not read like a Zambian Plan prepared with Zambia in mind. Foreign influence in the country’s economy is too high. Because of this almost total reliance on other peoples’ resources, government has completely ignored local solutions in poverty alleviation. Schools for orphans and just about everything else must be built with money from abroad. If the donors are not forthcoming, the entire plans are doomed.

It is not true that globalisation leads to the economic development. The preoccupation with preparing an economy to fit global demands rather than meet the basic needs of people is self-destructive. In the final analysis, the economy can only be developed by Zambians.

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