

THE GIRL-CHILD and GOVERNMENT SERVICE PROVISION



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The Girl-Child and Government Service Provision

Edited by
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Introduction

Girls continue to suffer from a second-class experience in education, health and other government services – even though old problems of direct discrimination often have been overcome. The reality for girls is that the contextual and cultural issues that gave rise to past discriminations largely remain. Until governments and donors are willing to take seriously these deeply rooted problems, the greater enrolment of girls in schools will not translate into radically improved futures.

This report uses three case studies to highlight the continuing problems facing girls in relation to key social services – problems that continue despite significant progress in terms of both provision and access. The case studies are based on a common approach of interviewing children, families and service providers to assess the real experience of communities in Tanzania, Costa Rica and Cambodia.

The case studies in this report show, for example, that despite improved enrolment there continues to be a considerably larger drop-out rate for girls than boys. The reasons girls drop out of school are closely linked to their traditional social roles and the expectations not only of the families involved but often of the girls themselves. Girls drop out of school to marry and to care for siblings.

The socialisation of girls re-inforces a limited sense of academic ambition, as parents focus on marriage as their ultimate goal. This combines with the hours needed to fetch water (at least two hours, according to one case study), to care for siblings and to complete housework to contribute to a poorer educational experience often leading to poor academic results.

As the Tanzania case study says: ‘The key gender challenge is not on enrolment but quality of the learning experience and the supportive environment for it.’ Girls, therefore, transfer to secondary school less often than boys. Even in Costa Rica, in many ways the most encouraging of the case-study countries, the workload disparity between boys and girls was found to be stark.

The lower-quality experience of girls in education is, however, not confined to their academic work. Case studies reveal that girls have few opportunities for play and sports during their school day. Socialisation again plays a role in minimising the importance of sports and play in the development of girls.

A pervasive problem for girls is the low level of expectation that they are encouraged to adopt in all areas related to services. Girls are not only often disempowered in relation to their normal daily encounters with service-provision providers, but they are also psychology disempowered in terms of their aspirations.

Interestingly, the World Bank in its *2004 World Development Report* discusses at length the importance of changing power relations between service providers and their customers. Yet the report fails to outline mechanisms that might empower the poor in relation to providers, let alone those that might transform the situation of those who are most comprehensively disempowered – including girls.

Haidy Ear-Dupuy’s chapter on the *2004 World Development Report* notes that if institutions such as the Bank are to move forward seriously on the empowerment of girls in relation to service provision, they must adopt new approaches to child rights and children’s participation.

The papers in this report also suggest that recognition must be given to the wider social and economic problems that tend to have a disproportionate impact on girls. For example, the introduction of user fees has greatly affected the attitude of families to health provision and their ability to utilise those services. The limited supply of drugs to health facilities has also compacted attendance at those facilities into a few days each month, greatly increasing waiting times and leading to girls being taken out of school to care for siblings.

Sadly, therefore, although the mechanics of access to services for girls has improved, the reality of their ability to make the most of these opportunities has not. The problems

identified in the case studies that follow will not simply resolve themselves; action will need to be taken to address the multitude of pressures that create high drop-out rates and limit academic opportunities. The primary responsibility for this action rests with national governments, but other actors, particularly multilateral and bilateral donors/lenders, will play a key role in determining success.

Governments and donors must take seriously the daily experiences of girls in communities like those studied for these case studies; not least among their priorities is the need for public education. The challenge of changing attitudes is daunting but must be faced if the world of the girl-child is to change. It is a challenge for which broad coalitions will be needed, with civil society and faith groups responding to the need for positive messages.

This report, therefore, calls on national policy-makers, and also international institutions such as the World Bank, to act creatively in relation to girls and service provision by:

1. Creating a bench-mark for the treatment of girls in relation to the state and community through the incorporation of the Convention on the Rights of the Child into domestic law and its adoption by institutions such as the World Bank as part of their programme-planning process.
2. Aggressively pursuing public education and awareness programmes that promote the opportunities that are

available for girls in learning and careers and instituting national plans to overcome the low expectations of girls in relation to services.

3. Promoting the principle of ‘empowered siblings’ that families should seek to enable all siblings to make the most of their educational opportunities by achieving the division of household tasks that gives the fairest chance to all.
4. Enabling governments to enhance the monitoring of the labour undertaken by girls in both the formal and the informal sectors and its impact on their education.
5. Encouraging governments to undertake consistent and intentional inclusion of children’s participation, including girls’ participation, in all new social-sector programmes and initiatives.
6. Developing deliberate strategies to create safe environments for girls – in schools and other provision areas.
7. Encouraging all development actors to promote the education of men and boys regarding effective access to service provision for girls.
8. Promoting systematic partnerships and information sharing among all actors involved in the welfare of girls, including UN agencies such as UNICEF, ILO and UNESCO along with the World Bank and state structure.

Cambodia Case Study

Laurence Gray and World Vision

Cambodia

Thirty years of conflict have left Cambodia with weak infrastructure and human resource. Cambodia is a predominantly rural society, with 84.3 per cent of its 14 million estimated population living in rural areas. The remaining 15.7 per cent are urban dwellers who live predominantly in the capital Phnom Penh. The country has the lowest Human Development Index¹ score in Southeast Asia (0.543 in 2000) and is ranked 130 out of 173 countries, with a life expectancy of 56.5 years (54 years for men and 59 years for women), an adult literacy rate of 67.3 per cent (79.5 per cent for men and 57 per cent for women), and a yearly gross domestic product per capita of US\$1,446 and per capita income of US\$240. Conversely, it scores high on the Human Poverty Index (43.3 per cent), with a high level of mortality and child malnutrition, and limited availability of public services.² It has the misfortune to be a regional leader in infant mortality (115 per thousand) and under-five mortality (181 per thousand). Other problems include a high percentage of income spent on food and low access to basic services, especially among girls. According to Unicef, girls start school in higher numbers than boys but are forced to drop out more quickly with many not finishing and less than 20 per cent going on to high school. Family separation, high domestic violence and low observation of the rule of law contribute to the dislocation of children from their communities. Unicef also reports that HIV/AIDS prevalence among the sexually active population is at almost 4 per cent, and the social/economic cost of this tragedy is visible (40,000 AIDS orphans) and growing. Rural urban drift and increased vulnerability to crime or sexual exploitation are also issues, as are homeless and abandoned children and a poorly skilled work force. Despite a decade of progress from the government and development sector greater efforts are needed to improve the situation of Cambodian children, particularly girl children.

Against this background the children of today will be the leaders of tomorrow and will shape the continued emer-

gence of civil society. Children represent the future of all countries and are their human and social capital. Children are able to take part in arriving at decisions that affect their destiny and that of their wider community. How well is the current society represented by its leaders and government institutions? What priority do they place on preparing children for the challenges and opportunities they will encounter if Cambodia is to progress in its development as a nation? To what extent does gender play a role in determining future options?

Research question

The overall question to be researched was threefold, with each element equally important: (1) To what extent does inequality exist in the relative use of government services by boys and girls? (2) What reasons exist for this inequality? (3) What could service providers do to increase access to services by girls?

The focus is on basic services intended for use by all children, in particular:

- Primary schooling
- Use of local health services during times of sickness and also immunisation facilities
- Child protection

The study explores whether there is a difference in the rates of birth registration between boys and girls and whether there are differences in access to other key services that may be available for children.

Demography

Cambodia has an estimated population of 14 million, with a relatively low density of 64 persons per square kilometre. The population growth rate is estimated at 2.5 per cent, and the average size of a household is 5.2 persons.

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Approximately 53 per cent of the population is under the age of 17, which results in a high dependency ratio of 86:1. In the adult population, the majority is women (52 per cent), due to the loss of men during the Democratic Kampuchea (DK) period. Women-headed households represent a quarter of the total (25.7 per cent). Women are solely responsible for generating income and parenting. The major social units are the family and the village.

Ninety per cent of the Cambodian population resides in central lowland regions, with 84.3 per cent of the population living in rural areas. Of the country's remaining urban population, 1.2 million reside in the capital of Phnom Penh. The population is 95 per cent ethnic Khmer, with the remaining 5 per cent mostly Chinese and Vietnamese, although there is a significant Cham community and other groups such as Lao, Thai and small ethnic minorities inhabiting the mountainous zones in the north and northeast of the country. Approximately 95 per cent of the population follows Theravada Buddhism; the remaining 5 per cent are Christians and Muslims.

Recent history

Following US intervention in the war in South Vietnam, the Ho Chi Minh Trail supplying the Vietcong from North Vietnam passed through Cambodia. This led to large scale US bombing of eastern Cambodia, leaving thousands dead, with a corresponding rise of Khmer Rouge insurgents throughout rural Cambodia. King Sihanouk was toppled from power in 1970 by his defense minister Lon Nol, who established the Khmer Republic, which received large-scale US government support until it fell to the Khmer Rouge in April 1975.

During the following four years the infamous Pol Pot led the government of Democratic Kampuchea and the Khmer Rouge in a reign of terror that resulted in social disruption, economic vandalism and decay and substantial loss of human lives. Most educated people were executed, Phnom Penh was emptied, and all Cambodians were forced to work hard in the rice fields and large-scale irrigation schemes. One to two million people died from genocide, starvation or disease in a failed attempt to create a self-sufficient agrarian Maoist state. The destruction from 1975 to 1979 was substantial, and the impact of this period on life in Cambodia is still strong. This period of terror ended when, in response to Khmer Rouge insurgency into Viet-

namese territory, the Vietnamese invaded and captured Phnom Penh in January 1979.

The Vietnamese supported the establishment of the Peoples Republic of Kampuchea under the leadership of Heng Samrin, and the war continued in much of the northeast of Cambodia with the Khmer Rouge-led coalition based near the Thai border. All international development aid was withheld for more than a decade. When Vietnamese troops left Cambodia in 1989, the constitution was revised with the State of Cambodia (which continued to be led by the Cambodian People's Party, the CPP, under Hun Sen) entering negotiations that eventually resulted in the October 1991 Paris Peace Accords. These were termed a "comprehensive peace plan" and resulted in the United Nations' then-largest-ever mission, with the UN Transitional Authority in Cambodia (UNTAC) overseeing disarmament and demobilisation (which was not achieved), repatriation of 350,000 refugees from the Thai border and democratic elections.

The 1993 May elections resulted in a coalition government. Simultaneously, a constitutional monarchy was established, and King Norodom Sihanouk was made the head of state of the Kingdom of Cambodia.

A major conflict between the two main political parties (the CPP and FUNCINPEC) in July 1997 resulted in the ousting of the first prime minister, Prince Norodom Ranariddh. As a result, the international community froze all new aid assistance; business investment and tourism were also seriously affected. At the same time both the International Monetary Fund (IMF) and the World Bank suspended their programmes in Cambodia for reasons of economic mismanagement. The local currency faced serious depreciation, and the government was forced to make major budget cuts, including 20 per cent to the health-and-education budget.

The national elections in July 1998 and 2003 resulted in the continued governance of the coalition government, which was now solely headed by Samdech Hun Sen as the prime minister. In 2003 and 2004 civil security gradually has been stabilised with decreasing incidences of robbery and kidnapping cases, the results of a 'disarmament' campaign launched by the government and the strengthening of military police forces. Furthermore, the surrender of almost all the remaining Khmer Rouge guerrillas in December 1998 resulted in peace and stability for the people of Cambodia for the first time in more than three decades.

In February 1999 the freeze on new international aid assistance was lifted, and the IMF recommenced loans later that year. At the 2000 Consultative Group held in Paris, donors pledged US\$548 million over three years. During the preceding 18 months the government made progress on reform of the forestry sector and illegal logging; public-sector reform; budget reform, including introduction of a 10 per cent VAT; and has implemented a programme for demobilisation. Cambodia was also formally admitted to ASEAN in April 1999 and the Royal Government of Cambodia (RGC) ratified the Mine Ban Treaty in July 1999 after passing national land-mine legislation in May. At the recent Consultative Group meeting the government set an ambitious agenda in the draft Governance Action Plan, which includes revision of the role and structure of the military, natural resource management, fiscal and budget reform, public-sector reform, legal and judiciary reform and anti-corruption initiatives. Whilst the government has demonstrated the 'political will' required for some changes, there is concern that it lacks the political will and institutional capacity to carry out such an ambitious reform agenda. The government has committed itself to promoting democracy, to building civil society and to social and economic reform. However, the restoration of Cambodia's damaged physical, social and economic infrastructure will be a long process.

Economy

The recent peace and stability enjoyed by Cambodia have had a positive affect on the struggling Cambodian economy,³ following falls in growth in 1997 and 1998 (the period of the coup and the regional financial crisis and national elections). The years 1999 and 2000 saw growth of between 4 and 4.5 per cent, according to the IMF. During this period the currency remained stable at 3850 riel to the US dollar, and the government increased its revenue to 11 per cent of the GDP. The GDP in 1999 was US\$3.1 billion and the GDP US\$300 per capita, according to Asian Development Bank (ADB) estimates.

Cambodia's economy historically has been dominated by the agricultural sector. The largest sub-sector is rice, and other significant sub-sectors include fisheries, livestock, timber and rubber. Agriculture, forestry and fisheries account for 48 per cent of the GDP and approximately 80–85 per cent of employment.

There has been significant growth in the industrial and service sectors in recent years. The service sector represents

40 per cent of the GDP, which has until recently mostly consisted of trade, transport and real estate, but of which tourism represents a rapidly growing sub-sector. The garment industry, food and wood processing and shoe manufacturing are the major contributors to industrial output, with the garment industry representing 90 per cent of Cambodia's manufacturing exports and 38.8 per cent of all exports. The export garment and tourism industries are growing rapidly and are increasingly important sources of revenue for Cambodia. The value of these industries combined increased from US\$64 million in 1998 to US\$90 million in 1999.

Whilst significant gains have been made in improving rural infrastructure in some areas, limited government spending in rural areas, particularly in irrigation systems, hinders the development of the agricultural economy. Whilst private foreign investment is increasing, lack of adequate infrastructure, official corruption, poor application of fiscal policy and lack of a skilled labour force will hinder further development of the industrial sector.

Cambodia will remain dependent on foreign aid for its short- and medium-term economic growth, as aid contributes more than 40 per cent to government revenue. However, to achieve long-term economic growth the government must face the challenge of laying the foundations for sound industrial and broad-based economy by increasing taxation revenue; implementing widespread public-sector reform, including trimming the size of civil services; and restoring the human capital of the country.

Method

The study used focus groups when working with children to gain their collective view on questions, which cover issues of gender, participation, abuse and access. In three different locations 30 boys and 30 girls, aged 12 to 16, were selected from two villages (180 children in total). The children were surveyed in groups of 10 in each location. Some focus groups were all male, some all female, and there was one mixed group of five boys and five girls in each location.

The study used semi-structured interviews for household surveys with 20 parents from two villages in each of the three locations (60 parents in total). Interviews were also conducted with members of up to five government facilities in each location. Within each government facility interviews were to be conducted not only with the head of the

facility but also with staff members who work directly with children (for example, teachers, community health workers, staff from the district Ministry of Women's Affairs and Ministry of Social Affairs).

Sampling

Location A

Banan district is one of 12 districts of Battambang, a province located in northwestern Cambodia.⁴ Currently, the Banan Area Development Programme (ADP) targets three out of eight communes of Banan district, Snoeng, Takream and Kanteu I, with a population of 35,779 in 7,007 families. From 2001 to 2005 the number of project targets will be increased to six communes, which will reach a population of 54,053 people in 10,709 families, 66 per cent of the total district population.⁵ Prolonged civil war, which ended in 1996, political unrest, and recent drought have adversely affected the area. Land mines are one legacy which, besides from the human cost, reduce opportunity for farming. Soils become less fertile because of long abandonment and/or inappropriate uses. Irregular rainfall and drought have also caused agricultural production, particularly of the rice crop, to be desperately low.

Infrastructures such as roads, irrigation systems, school buildings and health clinics are in poor condition. Social services are inferior. The situation has adversely affected health, education and the economic and social development of the whole community. For example, over 40 per cent of school-age children are out of school for reasons that include poor financial support from their families; lack of or poor school facilities; and poor services available from teachers. Immunisation has also been inadequate among children under five years of age.⁶

Location B

Prasath Ballang district, located in the north of Kampong Thom province, has a population of 45,200. Its 129.96 hectares is divided for use into 11.696 hectares for agriculture, 27.292 hectares for resettlement and 90.972 for forestry. The district was directly affected by the civil war which caused widespread poverty and devastated its human resources and infrastructure. World Vision Cambodia has been working in Kampong Thom province since October

1993, initially providing emergency assistance to internally displaced people (IDP). Now, there are three ADPs, including Prasath Ballang. The heavy logging of the forest lands has resulted in deforestation, causing increased soil erosion; depleted forest resources for local use; and destroyed the habitat. The area is also susceptible to flooding, and in 1999 there was a major flood which destroyed rice and vegetable production and infrastructure, such as water gates, canals, dams and roads. Flooding in 2000 also destroyed rice seedling, roads and dams in a large area. The district is subject to the effects of drought and flood more than the other two locations and accessing markets to sell produce beyond the province is a greater challenge.

Location C

In 2002 Phnom Penh, the capital of Cambodia, had an estimated population of 1.2 million; it is about 16 times the size of the second largest city, Battambang. The population of Phnom Penh is growing at a faster rate than the population in the country overall, with an estimated 8 per cent per annum (3 per cent migration rate and 5 per cent natural increase). Of the estimated 1.2 million persons in Phnom Penh in 2002, approximately 19 per cent were classified as urban poor (or approximately 215,000 people).⁷ Sangkat Steung Meanchey, the location of the survey sample, contains a significant concentration of urban poor families. In 2002 it consisted of seven villages with a population of 37,138, including 5,590 permanent and 797 temporary families. There were 18,979 children under the age of 18; 11,372 are girls. An estimated 44 per cent of the population was under the age of 15 in 2000, and approximately 15 per cent of the population was between five and nine years of age. Stated another way, there were approximately 16,300 children below 15 years of age in the ADP target area, and one-third were between five and nine years old. In a recent survey conducted by the Urban Resource Centre in Phnom Penh,⁸ a typical poor urban household size is approximately six persons, 17 per cent of these households are headed by women, and women are the majority of the population (54 per cent). The household size is similar to the national average, but there appears to be slightly more females in these poor settlements than the national figure of 53 per cent. Urban poor workers are predominately unskilled, for example, taxi drivers (men) and street sellers (women) along with some factory workers. The average daily household income is US\$3.20. UN-HABITAT suggests that half the urban poor are functionally illiterate.

The population of Phnom Penh has greater access to services due to proximity and choice, but many are not affordable. The range of work options is high, but so is competition for employment or market share. Land is expensive, and squatter communities do not have land titles and risk eviction from their living areas. Children experience the health hazards of poor hygiene and living near open sewers. The poorest do not have access to school and are forced to go on the street to scavenge or beg.

Villages

Villages were selected in areas of existing operations. In location A and B one village was required to have a local school and health centre. The other needed to be further away from these facilities in order to be representative of the different degrees of access to services that Cambodians experience.

Adults

Family Heads of House Holds (FHOHs) were randomly sampled from families in villages where World Vision provides a service. The families were selected randomly but needed to have children of school age.

Children

Children were selected from two villages in each of the three locations. Ages were 10–14 and 15–17, with 50 per cent each male and female. The survey tool was pre-tested with 10 children in an urban location. Adjustments were then made to ensure

- Ease of use
- Management of biases
- Accurate reflection of information gained
- Ease of tracking data or placing data into fields.

Family heads of household

Lack of birth registration was an issue in all areas, with 97 per cent of families saying that their children are not registered. The registered children were all from the urban area surveyed. Certificates can be bought when needed, for example, when a young person reaches majority and wants to get married. However, this method lends itself to corruption,

and birth certificates become a commodity rather than a right.

Concern regarding registration did not surface in small-group discussions, which listed other pressing areas. It should be noted, however, that a birth certificate is a fundamental right, recognition of status, and one of the survival provisions under the Convention of the Rights of the Child signed by the Cambodian government in 1992. Registration at birth protects the child's identity by recording name, age and nationality. It is one important mechanism to prevent the child being trafficked and/or involved in prostitution or hazardous labour.

The survey of the 60 FHOHs across the three locations included 40 from two villages in separate rural areas. The remaining 20 families were from two villages in a poor urban area. Of the families surveyed, 66 per cent had between two and four children under 18. Five per cent had more female than male children. It is possible that some male children had been sent away to earn income and were not with their family at the time of the survey. Girl children are more likely to be kept near the home to assist in household duties and to care for younger siblings. This is also a security measure because girls are more likely than boys to be sexually assaulted. Should this occur, the prospect of finding a successful marriage partner is reduced significantly. Figures from the Ministry of Health give the average number of children per family as 3.1 in urban areas and 4.2 in rural/provincial areas.

Concern was expressed about lack of services available, the quality of staff, the distance needed to travel to obtain services and the costs involved. Government services had limited visibility, especially in rural areas.

Health and education access were the two issues that attracted the most comment, and both were seen as crucial to improved service provision for girls. Fulfilment of improvements also involved expectation of NGOs as well as government services.

Attitudes expressed regarding equal opportunity identify a range of roles that are accessible to both genders. While this is promising, other factors highlighted in the study of cost, priority of boys and security issues for girls, limit the ability of girls to access these roles. The role children, particularly girls, play as part of the family economy is also revealed in the study.

Literacy and education

Adult literacy in Cambodia (the percentage of the population over 15 years of age who can read and write) is estimated at 67.3 per cent. However, there are significant differences in rates for males and females and for people living in rural and urban areas. In urban areas 88.3 per cent of males are literate; the corresponding level for females is 70.8 per cent. In rural areas, where there is less access to schools, 77.6 per cent of males are literate, and the gap between the male and female rates grows to 23.3 per cent. The teenage and young adult literacy rate of 81.6 per cent is significantly higher, as a result of increased access to education over the past 10 years. Literacy rates decline with age, and for females they decline at a significantly more rapid rate than for males. For the age group 55–64 years, male literacy is more than three times that of females. The average years of schooling of adults in Cambodia is low, with females having an average of three years and males an average of 4.7 years.

The quality of primary schooling is very low, and government funding for education is equivalent to only 1 per cent of the GDP. Donors/NGO financing and parental/community contributions finance approximately 75 per cent of the real costs for primary-school education. Only 46 per cent of the villages have a primary school in the village, and the average distance for rural children to travel to a school is 4.9 kilometres. Rural schools often have poor facilities, with only 25 per cent having toilet and water facilities. Many teachers are poorly trained and school classes are overcrowded, with the average student-teacher ratio for primary schools between 48:1 and 55:1.

The country has a high gross enrolment rate, and large numbers of children begin school, although many start a few years later than the official starting age of six years. However, the net enrolment rate is low due to large repetition and drop-out rates. The Cambodian Socio-Economic Survey (1997) showed that 66 per cent of primary-school-age children (6–11 years) were enrolled; however, this rapidly declined as ages increased, with only 14 per cent of 12–14 year olds remaining enrolled in lower secondary and 7 per cent of 15–17 year olds enrolled in upper secondary, whilst post-secondary enrolments were only 1 per cent. The secondary-school enrolment rate is amongst the lowest in the world. High drop-out rates, particularly in rural areas, are linked to a number of factors, including: the ongoing inability of parents

to incur costs associated with schooling, children withdrawing to support family income-generating activities, parental attitudes to the value of education and lack of access to schools.

School enrolment data also reveal significant differences in rates of enrolment for girls and boys. In primary school the differences are less pronounced, with a 3.5 per cent difference in the net enrolment rates for boys and girls. However, by the time children reach upper secondary the disparity is 69 per cent in favor of boys. At the post-secondary level the ratio of boys to girls is 430:1. Lower rates of enrolment by girl children relate to a number of factors, including traditional views on gender roles, the need for girl children to assist their mothers at home, the need to care for young siblings, and the large distances that must be traveled to school, particularly in the case of secondary schools, which in rural areas average 40 minutes away. Security during travel is a major concern for parents of girl children, and girls are unable to access accommodation at pagodas or monasteries closer to schools as boys often can.

Because education is a primary catalyst for both social and economic development, the government needs to face the challenges of redirecting funding to social sectors, including education; increasing the accessibility and quality of school facilities; increasing the quality and salaries of teachers and improving coordination of the education departments within the Ministry of Education, Youth and Sports.⁹

Access

Information from the survey shows that families in the urban area mostly recorded having two school-age children. Larger families were noted in the province, where three school-age children was the most common response. Twenty per cent of families surveyed had five or more school-age children.

The oldest girl in the family was more likely to go to school than boys (46 per cent compared to 38 per cent). However, more boys in the family were likely to go to school than girls. Differences emerged in the spacing between the first of two boys attending school and the first of two girls. Boys indicate 38 and 23 percent, girls 46 and 16 per cent with a space of 20 per cent. This is one indication of the higher priority and access boys have to education.

Barriers to girl's involvement in schools: Poor physical infrastructure, resources and trained staff

Barriers to schooling raised in discussions with FHOHs included livelihood issues of poverty, cost of schooling and lack of school materials. Concern was expressed regarding the lack of qualified teachers in some schools. Lack of schools was noted, especially in the provinces. This was particularly true for secondary schools. It is at this transition point that many girls drop out due to high costs, distance and lack of transportation to schools. Restriction on movement away from the home by protective families increases as girls mature. This is not without foundation, as child rape is the leading crime reported by families to human rights organisations.

With regard to how services could be better accessed by girls, parents gave priority to improved educational infrastructure, especially the availability of primary schools. In addition, the number of qualified teachers is few and needs to increase. (This was the first of 27 issues mentioned by focus groups). Other factors listed included increased affordability of schooling materials and uniform; free schooling in practice; increased numbers of high schools, particularly in provincial areas; increased access to water and number of wells and toilets in the community, which gained higher support in rural areas. Poor road systems and transportation were also noted. Supporting bicycles as an option was mentioned. In the one urban centre of the study school fees and the cost of health care were identified by 70 per cent of respondents as key barriers to increasing girl-child access to services. The survey groups in urban areas also observed the growing social problem of substance abuse in the community and at schools, and this was seen as a barrier to girls attending school due to increased security concerns. Gangs were a concern in locations A and C, with greater concern noted in C.

Budget

A related issue raised in the discussion was the poor budget process used for schools and health facilities, which detail their budget needs in Priority Action Plans. The Ministry of Finance did not act on these plans. In fact, money was transferred in small amounts only after long delays and at subsistence levels rather than at the levels needed to act on the plans. Because of poor systems of disbursement, the funds distributed to schools in August 2003 were from the

2002 plan, and only 60 per cent of that plan had been realised. Funds from the 2003 budget had not been released.

Health

Whilst the health status of the Cambodian population has significantly improved, it still remains one of the worst in the region. Life expectancy of the average Cambodian male is currently 50.3 years and female 58.6 years.

Over the past few years the Ministry of Health has developed and expanded programmes to tackle tuberculosis (TB) and malaria, and has vastly improved coverage of child immunisation programmes. Whilst infant and under-five mortality rates have declined, they remain high at 89 and 115 respectively per 1000 births. Malaria, acute respiratory illnesses (ARI) and TB are the leading causes of mortality and malaria, ARI and diarrhoea have high morbidity rates. Twelve per cent of children under five die as a result of diarrhoeal diseases, malaria and ARI, and 46 per cent of children under five are either moderately or severely malnourished and their growth is stunted. Environmental health factors such as access to safe drinking water and sanitary disposal, which only 24 per cent and 9 per cent of rural Cambodians have, respectively, contribute to high levels of mortality and disease.

Maternal mortality is high. And whilst immunisation of pregnant women against tetanus increased sixfold between 1992 and 1997, it remains low at 35 per cent. Only 16 per cent of deliveries take place in hospitals or health centres, most attended by a TBA. According to the 1998 National Health Survey, over 50 per cent of women had antenatal or postnatal visits or care.

Health-care facilities and health-care providers are not easily accessible. Only 17 per cent of rural Cambodians have a commune clinic in their village; 14 per cent have a trained midwife and 58 per cent have a *khru khmer* (traditional healer). The rate of utilisation of health services is one of the lowest in the world; the average Cambodian averages only 0.35 medical contacts with organised health services each year. Low usage rates are likely to be linked to lack of access, low quality of care due to lack of facilities and/or equipment, poorly qualified staff, high private costs, low household income and lack of parental education. Rehabilitation of health facilities and improvement of health services remain key priorities of the Ministry of Health, but it is

constrained by low funding; the national health budget represents only 1 per cent of the GDP, and most of that goes to pay staff salaries.

Cambodia is experiencing a serious HIV/AIDS epidemic. The estimate for cumulative HIV infections in 1999 was slightly over 24,000, representing 3.75 per cent of the sexually active population (15–49 years), and new infections in 2000 were estimated to be just under 50,000. Significant rates of infection were initially present in population groups such as commercial and indirect sex workers, police and military, but there are signs that the wider population is increasingly affected. Currently 2.4 per cent of married women have tested HIV-positive.

Although extensive education campaigns about prevention of the spread of HIV/AIDS are being conducted by the government and NGOs, it is expected that the number of cases will continue to rise. An increasing number of people will be seeking care and support for HIV/AIDS, and because many people with AIDS cannot afford hospital care, the burden of caring for them and their orphans will place significant stress on extended families and communities over the coming years. In 1998 there were an estimated 50,000 children who had lost both parents in Cambodia, with that number expected to increase significantly due to the HIV/AIDS epidemic. The epidemic will result in a significant loss of human life and also of social and economic capital.¹⁰

Information from the survey (see Appendix) shows that high rates of immunisation were recorded for both males and females, with only 8 per cent of families indicating that their children were not immunised. A gap of 20 per cent emerged between the first and second girl in a family to be immunised compared to a gap for boys of 10 per cent.

All families surveyed indicated that there was no difference in access to health services for boys and girls. However, 5 per cent said there was a difference in access to education.

Health workers were known to 20 per cent of the target group and there was no difference in the number of urban and provincial visits. Health was the most visible of government services listed.

The first of 27 reasons that families listed as barriers to service access for girl children was that regular access to health care and treatment was not possible. Access was sporadic and subject to factors the families could not control: staff not in attendance, the distance to a health centre,

lack of supplies at the health centre, lack of money to pay for service and transportation problems due to floods.

Actions to remove these barriers would include increasing the number of health centres with trained medical staff and supplies; providing free health care and treatment; and increasing community education on health care, sanitation and clean water.

Child protection

The government in Cambodia is unable to recognise and respond to the scale of issues children experience. Country reports indicate that the following areas are most frequently reported to the Cambodian National Council for Children:

- Children's treatment by the juvenile justice system;
- Child abuse, neglect and exploitation, including corporal punishment in schools;
- Child labourers and child migrants;
- Discrimination against girl children, children born outside of marriage and non-nationals who are displaced; and
- Children in welfare institutions.

In Cambodia 70 per cent of working children are not in school. Child labour is widespread, often hazardous and hidden. More children are working away from their home and outside of the family environment, which greatly increases their risk of being exploited. Child workers are younger as more children under 10 are being involved in work. The sex industry is a leading employer of children. Some 30–35 per cent of the prostitutes surveyed were between 12 and 17 years of age. These children are at risk of contracting STDs and HIV/AIDS and of suffering violent physical and/or psychological abuse. Many children are further exploited by being trafficked.

As well as being victims, children are themselves also in conflict with the law. Juvenile delinquency, which has been increasing in Cambodia, is partly fuelled by the increasing availability of amphetamines. The number of children in adult prisons increased from a monthly average of 10 in 1995 to 111 in 1999.

Some progress has been made. In 1996 the government introduced laws to suppress trafficking. Greater application

of laws to protect children from sexual exploitation, trafficking and hazardous child labour has been visible since 2000 as the result of its increased priority among the donor community. Joint initiatives between NGOs and key government departments have also assisted. While these initiatives are valid, they are not for the most part funded by government revenue. The department with most responsibility for the protection of children is weak and poorly funded. The government endorses policies to advance child protection but does not commit budget or train staff to improve standards.¹¹

Visits from local authorities

Information from the survey shows that local authorities were visible to only 5 per cent of the surveyed group through visits.

Health workers were the most visible in both rural and urban locations of the survey (20 per cent). The Ministry of Social Affairs, the Ministry of Labour and the Ministry of Veterans are visible to 13 per cent. In the urban area families were more likely to receive a visit by a factor of 5 compared to rural areas. All visits of education workers were to provincial areas, where 7 per cent knew of their work in the community. Only 1 per cent of those surveyed was aware of Ministry of Women's Affairs work, and this per cent was recorded in a provincial location where there is an active campaign to counter trafficking of women and children. Fifteen per cent of families were also aware of World Vision's activities and concern for children's interests, mostly those in provincial areas.

Government service requests

FHOHs identified 32 different areas of service that should be provided by the government but are not. The most frequent request from the 60 FHOHs was for children's clubs linked to schools. This was supported in all the areas surveyed, receiving 60 per cent approval in provincial areas and 95 per cent approval in urban areas. The need for morality education for children was identified in the urban survey and supported by 25 per cent of this survey group. This issue did not emerge in discussion with the provincial groups surveyed. Other significant requests were for education and health facilities, school materials and uniforms.

The government does not, in the opinion of 10 per cent of those surveyed, provide clean water, but it should. Road construction, sanitation and ambulance services were also featured in the services needed.

Twenty-one government services were identified as potentially helpful to girls. Trained and available teachers were requested by 86 per cent of those surveyed. Health care and non-formal education (80 per cent each), vocational training (66 per cent) and clean water (60 per cent) followed.

Child protection services

Child-protection services provided by government were known to 10 per cent of those surveyed, with 8 per cent saying they were visible in the community and able to be accessed by children. These responses were all from the urban location of the survey; there was no awareness of child-protection services in the province.

Gender differences

Only 8 per cent of those surveyed indicated any difference between the genders in regard to access to education services; no difference registered for health services. Thirty per cent reported that boys need better access to education to help them get jobs and to be better providers in the future. This view received stronger support proportionally in the urban centre surveyed; others indicated support to the concept of equal access to services mostly as a principle. This view was proportionally supported more strongly in the province (37 per cent) than in the urban area (28 per cent). One area where there was greater support proportionally in the urban area (65 per cent) than provincial (45 per cent) was health care.

Equal access

The parents listed 23 occupational roles they believed would be open equally to males and females in the future. Teachers and doctors rated the highest roles for children to aspire to, with 84 per cent of respondents naming them. They were followed by police (48 per cent), commune chief (38 per cent) and politician (30 per cent). Differences in urban and rural locations were in the weight given to roles and activities that are more common in each location.

Policewoman, for example, had 100 per cent support in the urban location but only 20 per cent in the provincial areas.

When asked how boys and girls are perceived in the community and if girls have as much opportunity to achieve as boys, parents were generally positive. Over 74 per cent said that girls have as much opportunity, while 25 per cent said this was not the case. The weighting showed more optimism in the urban area (90 per cent) and not as much confidence expressed in the provincial area (67 per cent). Of the 19 options identified for girls to make a contribution to the future of their country, the highest single category was in the area of education, with health care a close second and national defense third. While there were similarities in support for education and health, there was a marked difference in support for girls contributing to national defense (urban 95 per cent and provincial 20 per cent).

Children's work

Boys and girls both work in the home. The time varies, with boys working between one and two hours a day (with most closer to one hour). Girls work two to four hours a day, with most working three hours. Parents indicated that 98 per cent of their children also work outside the home. It is more common for children to work longer in the provincial areas. According to the survey 19 provincial children were said to work between four and eight hours a day compared to three girls working four to six hours a day in the urban area.

The families had ambitions for boys: doctor (26 per cent), policeman (23 per cent) and teacher (21 per cent); for girls: teacher (45 per cent), doctor (16 per cent) or seamstress (16 per cent). In the urban area the most supported profession for a boy was policeman; in provincial areas it was teacher. For girls, both areas identified teacher as the preferred vocation, while 25 per cent of the provincial families supported the role of seamstress for girls. This role received no support in the urban area despite the proximity of garment factories.

Children's responses to the same questions

The 180 children in the sample group were from the same villages as the parents who were interviewed. In general,

the children's answers followed the same pattern as the parents' responses, with a few exceptions. They saw parental attitudes creating barriers for girls in their development as a greater issue. Children saw more opportunities in roles to which both males and females could aspire. Those careers with over 10 per cent support from the group were teacher (33 per cent), doctor (27 per cent) and policeman (10 per cent). Sixteen children (8.9 per cent) named sewing garments.

Responses to questions on children's work were similar to the comments of parents for both boys and girls, with the exception of the number of children whose work extends past four hours a day. With regard to girls, children estimate 24 per cent work between four and eight hours a day. Parents estimated this number to be 13 per cent.

Attitude difference was also noted in two questions asked only of female respondents, with 4 per cent of girls saying that some Cambodian folk sayings that limit the role of women (suggesting they should stay at home) should be changed or stopped. For example, "Women cannot turn the stone" means that women are not strong and must depend on men. Comments were also made about the fear that families have of girl children learning too much and then wanting to leave the home and not assist in running the household and farming activities. Other comments concerned the reduced opportunity for marriage of educated young women, because men don't want to feel inferior to women. Major barriers to girls' access to services were seen as poor living standards (54 per cent of children), no materials or uniforms (36 per cent), cost (25 per cent) and distance (46 per cent). The need for girls to be at home to work or help out was listed as a barrier by 18 per cent of the children surveyed.

In Location C (urban) 11 per cent of the children indicated that a barrier was fear of drug users and gangs. Action to combat the negative effect of street gangs and drug use was requested by 45 of the children. Other steps for addressing obstacles included providing materials and clothes (24 per cent), primary school construction (24 per cent), free health care (24 per cent), village health-centre construction (13 per cent, mainly at Location A and Location B) and road construction (10 per cent, mainly at Location A and Location B).

Birth registration mirrored the response from adults, with only 3 per cent of the children indicating that they had

birth certificates. School-age siblings of the children interviewed showed 2.5 as the average. The number of immunised children in the family varied from one to seven, with two to three being the most common. These were recorded in higher frequency than the total number of school-age children to account for infants. Patterns of male and female immunisation indicate a greater gap between the immunisation of the first and second females (21 per cent) in comparison to first and second males (6 per cent).

Children were not as aware of visits from the local authority as their parents (4 per cent compared to 13 per cent). Their views of equal access to education were marginally stronger than those of their parents (93 per cent compared to 91 per cent). They had a clearer understanding that education is a right (18 per cent compared to 11 per cent) but less understanding that access to health care is also a right (13 per cent compared to 23 per cent). Children were generally unaware of any local group responsible for child protection, with only 3 per cent indicating knowledge and 100 per cent saying that such a group was not visible in the community.

Children felt that health services could be better accessed by girls if there were more qualified doctors available and enough medical support (17 per cent). Other factors identified included increased availability of school materials and/or uniforms (15 per cent), an increased number of staffed health-care centres (12 per cent) and free health care and schooling attendance (10 per cent).

With regard to the provision of extra services not currently available, children felt that they should have health care (27 per cent), education (20 per cent) and children's clubs (16 per cent).

Children identified 32 occupations that both males and females can perform. Categories with 10 per cent or more of respondents' answers were teacher (22 per cent) and medical doctor (18 per cent). There was less support from children for roles identified by adults, such as commune chief, policeman and government minister. Children were more optimistic than their parents about their opportunities to achieve these occupations (85 per cent compared to 75 per cent). Children think that girls can contribute to the future of the country in 29 identified ways. Those with 10 per cent or more support from children are education (38 per cent), health (16 per cent), culture and arts (11

per cent), national defense (10 per cent) and country leadership (10 per cent).

Services needed by girls that the government could provide to assist their development affirmed the need for health (44 per cent) and education (37 per cent). Vocational training (33 per cent) and employment (10 per cent) were also noted. However, the service that was most often mentioned (by 55 per cent) was access to clean water. This was also supported by parents, but as their fourth priority. It is common for children to be sent to the water collection point and to ferry it back to the family.

Interviews with government service providers

Five government service providers in the areas of health, education and child protection were interviewed in the three locations of the survey (for the five questions, see the Appendix). Responses showed that government service providers are aware of some needs of children with regard to accessing health care, education and protection but are frustrated by lack of facilities and/or budget to respond.

Location A

Health

The deputy health director indicated that a long-running programme to treat gastro-intestinal infection and Vitamin A deficiency in an area with a population of 17,747 had treated children in the area for 15 years. He had no statistics on children receiving health care in general, but he stated that it is free of charge. He observed that parental attitudes play a role in excluding girls from the centre, and that once a girl is past puberty she seldom goes to the health centre due to shyness. Other factors noted are the long distances to the health centre. His suggestions for increasing services were to provide outreach activities in the community on immunisation, HIV/AIDS awareness-raising, sanitation and reproductive health, with medical staff travelling to communities once a month. The barrier he faces in providing necessary services is the lack of response from government to budget requests. He also lacks the expertise to attract donors to support such ventures.

Education

A deputy principal of a primary school with 1,632 students, including 819 girls, stated that the main causes of children dropping out was relocation, long travel distance to school and livelihood issues. Since 2000, 167 children, including 74 girls, dropped out of school. He recommended a non-formal transition programme to assist children to re-enter school. Regarding barriers, he notes that parents "need to be encouraged and need to support their daughters to attend school." While he has many ideas for approaches which could make school more relevant and appealing to families, the government does not provide the resources, and he has few qualified personnel to assist him.

A primary-school teacher in Location A has a class of 46 children, which includes 20 girls. More girls than boys drop out because of poor living conditions, housework, and health problems. Incentives are needed from the government or others to keep girls, especially those with strong potential or performance, in school. He also recommended stronger links between school and vocational training. Lack of resources to offer incentives or support was identified as a barrier.

Child protection

A director of the Ministry of Women's Affairs has been working since early 2003 on an anti-child-trafficking initiative that has had some success in rescuing children (seven girls, 10–12 years old) who had been hired to do farm work but were trafficked into the sex industry instead. The work is funded by the international community and implemented through the government. She observed that boys and girls attend school initially at the same rate, but then girls drop out due to poor living standards and poor parental attitudes. She believes that further work is needed to gain support from families on access to education for girls. Increased services, vocational training, children's clubs, health-care centres, schools and libraries are needed. *Barriers are lack of funds and experienced staff.*

The deputy chief of social affairs shared statistics showing that the office had assisted in four cases of rape against girls this year. They also have records of 145 injured or disabled children, of whom 98 are girls. The injuries or disabilities were the result of land mines and polio. While he did not say how many were the result of each, polio has been

significantly reduced as part of an extensive WHO campaign. Girls are also more likely to gather firewood or collect water. Improved living standards, he stated, would make it easier for children to attend school. Although health care is free, he suggested that the government use strategies such as providing uniforms and materials to girl children to assist their involvement. The biggest barrier he faces is that the government does not respond to his funding allocation requests.

Location B

Health

The commune's health-centre director stated that there is no difference between male and female children in accessing services, with the most common diseases being pneumonia and diarrhoea. He acknowledged that the cost of consultation and treatment is a barrier to all children and recommended free treatment as the most important step in promoting access for girls.

Education

A barrier identified by a primary-school principal of 847 children, including 423 girls, is the need for some children to work on rice production and housework. Meetings are organised on the monthly base with parents to discuss education and to gain support from parents in order to allow children to exercise this basic right. Targeted incentives can assist in overcoming barriers such as transportation of school materials and child-to-child support. These need to come from NGO sources, he says, not the government, because the government has no resources for this.

A colleague from a different primary school observed that girls were dropping out of school because poor living standards require children to do housework and because of lack of interest by parents. Incentives to families of girl children, such as school vegetable gardens, good standards of hygiene and children's clubs, would assist in gaining further support from parents for girls to attend. Gaining resources from government to develop such approaches was seen as a barrier. Lack of awareness of equal access is also a barrier. Women, especially, have to know that men and women have an equal right to education. Incentives are needed to promote girls' continued involvement in school.

Child protection

There are 30 orphans in the district, according to the district social-affairs officer (this is taken to mean 30 that he personally is aware of). They receive some support (5,000 riel, that is, US\$1.50 per month). This officer also responds to the needs of 17 children disabled because of conflict or polio. Researchers noted the low number of orphans recognised in the district or acknowledgement of types of social issues where children may need some assistance from government. Observations on the poor availability of resources from government sources was made by the social-affairs officer, recognising that much more would be possible if funding for vocational training and animal raising was offered. A separate interview with an official from the Ministry of Women's Affairs showed that campaigns exist to combat trafficking and sexual exploitation of girls and women. In this district two local cases of rape have been taken through the courts, with the offenders prosecuted. This is not common in Cambodia, where the law often does not take action in such cases. Resources to run broad-based gender awareness has not been forthcoming from the government. A request for the release of funds for agreed activities on this have experienced processing delays.

Location C

Health

Pneumonia, cough, diarrhoea and skin infections are common afflictions of children. Health problems also result from the proximity of open sewage drains to squatter communities. Other risks include homelessness or injury resulting from fire. A fire recently caused 427 people to be homeless in a village that was part of the survey. Two boys who were trapped in a burning building died. Members of a government service, the fire department, demanded money from villages before taking action to extinguish the fire. This has since resulted in dismissals of two officials, but, as a local newspaper notes, they are still drawing salary. According to the health-centre director, of the 1,335 children to have accessed the centre in the past three months, the rate of girls is higher than boys. The health-centre director observed that this was due to the fact that girls are kept at home longer than boys, who are sent out to work. Free access to health-care and prevention projects was the main recommendation for promoting child health in urban poor areas.

Education

A poor food-security situation for a family is the main cause of children dropping out, according to the principal of a large primary school with 889 students. Access of girls could be enhanced by making education attendance truly free, offering foreign learning, sewing, and anti-drug/anti-gang programmes with students. Linking studies with small business could lead to creative solutions to problems. The elimination of negative factors such as gangs and substance abuse was also noted as an initiative that would increase school access for girls. He expressed commitment to developing a better school but identified problems in finding and communicating with donors, citing lack of experience and knowledge of alternative sources of funding from the government. A colleague made observations on the value of credit programmes improving livelihood issues for families, which in turn allows children, particularly girls, increased access. She voiced her support for incentives such as free schooling materials as one way to increase access for girls.

Child protection

The social-affairs official identified distinctive urban problems such as drug use, street gangs, domestic violence and livelihood issues as barriers to education access. These present special risk to children but also need to be seen as broader public health concerns. She recommended free health treatment and education as ways to encourage more girls to access these services. The difficulty in securing sufficient resource allocation through the government system is a barrier to service delivery. Her colleague also noted lack of priority from parents of child safety, the effects on children of HIV/AIDS and resulting AIDS orphans. The importance of approaches that improved livelihood was recognised. Difficulty was expressed in accessing funds from government sources to meet existing commitments. She would like to see emergency relief and support available to families in distress where there are child protection concerns, as these approaches may promote safety of the child as well as giving greater access to education for girl children. These could lead to livelihood support approaches and small-business grants. It was acknowledged "that this would come from the NGO sector rather than the government sector, as budget requests to carry out child related programmes are ignored."

Observations

This study has focused on the role of government institutions in honouring commitments made to Cambodia's children for their protection and development. Support from the international community has enabled it to make some gains in the health and education sectors. Immunisation rates have increased significantly, for example, and there are more primary schools in place to increase access. Reforms are taking place, and achievement should be recognised. However, recognition is also needed of the concerns and experiences of the 180 children, 60 households and 15 government service providers who contributed to this study. Their experience of access is quite different from the ideal.

All groups recognise barriers to service access for children as a concern and recommend changes at different levels. At the community level opportunity exists for the government and NGOs to foster attitudes that value equal access for both genders. World Vision's regional children at risk study (2003) gives examples of how this is being done in a range of contexts using child-to-child learning and child-participation approaches.

Good governance needs to be tangible

Health-service provision rated as a key area of concern to the groups participating in the study. Some health facilities are closing due to lack of funds. Contributing factors are the lack of transparency in the financial systems for the collection of government revenue. The donor community acknowledges this, and the real impact on this area has not reached those who participated in this study. Part of the difficulty is that the budget has relied on a system of cost recovery, which has not been effectively put in place. It presupposes levels of collection and a level of transparency which does not exist in an environment where government wages remain at below-subsistence levels (US\$15 per month). Mistrust of planning and budget processes has resulted. Funds are reportedly being diverted at different levels of collection. There was also a negative effect on revenue collection from tourism due to the riots and also SARS.

Real wages for real work

The issue of staffing salaries is difficult for the government, with over-employment in the public sector. The belief that the government pretends to pay its staff and staff members pretend to work perpetuates a culture of absenteeism and

corruption, where services that are meant to be free carry a cost. Teachers at all levels collect daily fees; entry to secondary school, according to NGO sources, requires the payment of a minimum US\$20 per month. Teachers also charge for private tuition, which those with sufficient income can take advantage of but not the majority. If teachers do not pass on charges to students to cover living costs, most have second or third jobs that contribute more to their monthly income than their official job. Questions of accountability and quality of teaching follow when the teaching position is not their main source of income.

Incentives needed

Barriers of particular concern regarding equity include the effect of fees on girl-child access. This has been highlighted as a particular concern when children move from primary to secondary school. This transition is accompanied by a high drop-out rate among girls, as boys receive priority from parents. Girls are also needed more frequently in the home or to earn money for the family. The role of incentives to assist girl children's access to education, in particular, was noted in the survey. Incentives could be supported at village and government levels by local authorities, community-based organisations and NGOs as a way to keep more girls in school.

Bicycles and boarding houses

Distance from services and poor transportation systems have been identified as significant barriers for girls, especially when going to secondary school. Accommodation options outside of the family are limited for girls. Boys can stay at pagodas, but girls cannot. In other countries in the region this issue has been addressed through the creation of boarding schools or approved girl-only boarding houses. A further solution offered by children and supported by parents was giving girls access to bicycles.

Roads to riches

Poor transportation infrastructure has been noted as a significant barrier to economic development as well limiting physical access to services. It contributes to poverty, which emerges as a barrier to all children, but particularly to girls, whose options are limited by the work needed to maintain food security for their families. Income to cover school fees is not available in poor families.

Some models in place

Unicef, UNESCO, NGOs and the World Bank operate respected programmes working to advance teachers' skills, train new teachers and develop curricula. The Education Quality Improvement Project (EQUIP) of the World Bank is a good example of what is possible with skilled involvement supported by policy. It builds capacity in 1,000 schools in three provinces and is funded in part by the World Bank. It plans further partnership with the Ministry of Education for a larger project. While this is significant capacity building in education, other groups also work to improve the teaching practice, school facilities and girl-child access. Some models include salary subsidies for teachers; however, because this expense is not absorbed by government, there are questions about how sustainable this approach can be. Other models that build capacity and set standards exist in the health and child-protection sectors. The World Bank, however, has unique development status with governments as a player with a distinct sphere of influence. It is in this area of advocacy that the Bank may be able to link with others and lobby for increased budget management. Effort in this area could promote access to education beyond the 1,000 schools currently in the programme. Attention to the quality of teaching as well as access is needed due to the push to improve school retention. Reducing school drop-out rate is a valid aim, but it is not necessarily an effective measure of learning.

Support to government institutions

Key structural initiatives to strengthen government institutions have had limited success. The World Bank's PRSP (Poverty Reduction Strategy Paper) process for Cambodia began in 2000 and was able to build on established strategy developed in the health and education sectors. It was also able to integrate this initiative with the ADB's poverty reduction initiative (SEDP). The development of a poverty reduction strategy owned by the government of Cambodia is an achievement and a valuable tool to others. It has given donors opportunity to ally their plans with the strategy. Other players include the ADB, the European Union (EU), bilateral aid arms and the consultative group of donors to Cambodia's continued development. The challenge is to have a national strategy that affects the barriers to access at the grass-roots level, such as those identified by the survey group.

The perception of structural adjustment

The PRSP and structural adjustment initiatives have been seen by elements of the Cambodian government as an opportunity to create programme wish lists, with requests for development initiatives to the international community totalling US\$5.7 billion over three years. This is considerably more than the US\$1.5 billion which is more likely the level of commitment over this period. Priority setting is needed for the government as a whole; however, each line ministry appears to be setting its priorities independently. Of most concern to children and their communities, as noted in the survey, are improvements in education and in health care. These clearly do not receive sufficient budgets from government sources, and a recurrent theme in responses from public-sector staff is the problem of accessing operating funds.

Donor cooperation needed

Opportunity exists with the donor community to advocate for greater sustainability for basic services to the Cambodia government. To this end a key priority for the government is to respect the budgetary process and to ensure that mechanisms installed for revenue collection are used. This message needs to be reinforced at every level. All government officials operating services in the community contacted in this study identified lack of resource as a major barrier. Cooperation among donors is essential to give support to this message and to promote much-needed reform. This has been a recommendation of a number of studies including the World Bank's Cambodia public expenditure review, *Enhancing the Effectiveness of Public Expenditures* (January 1999).

A February 2004 report on the 2003 budget from the Finance Ministry shows that some ministries outspent their allocated budgets by as much as 826 per cent, while the four identified "priority ministries" were not able to spend money allocated to them. Spending compared to budget allocation: Health, 79 per cent; Education, 59 per cent; Social Affairs, 96 per cent; and Rural Development, 54 per cent. Spokespeople for those ministries say that this was because the Finance Ministry did not release the funds on time. The report showed that the government gathered less revenue than in 2002 but spent more money.
– Cambodia Daily, February 20, 2004

Regulation and taxation needed

Corruption and a cash economy are said to cost the Cambodian government millions of dollars in lost revenue. *Towards a Private Sector Led Growth Strategy for Cambodia*, a 2003 World Bank study on six sectors of the Cambodian economy, showed potential losses of up to US\$226 million dollars each year to the GDP of the country due to market and administrative distortions. This in turn would generate US\$28 million in government revenue, according to the *Phnom Penh Post* (August 15, 2003). The government needs to build its revenue base and ensure that the private sector can grow in order to provide not only revenue but also employment. The IMF's representative recently said that Cambodia needs a 6 per cent annual growth in its economy to make any serious inroads on poverty. If poverty levels and government financial management are not sufficiently improved, then basic service such as education and health will remain grossly underfunded. In 1997 public-service expenditure from the government's own revenues contributed only one-third of the total spending in this area.

The future

Cambodia, with assistance from the international community, must place the needs of children at the heart of ongoing reform. Its financial commitment to the service sector needs to reflect the seriousness of its commitment. Currently the average family spends US\$100 on health care per year, 10 times the per capita level of the government (US\$1.84). While public health and education are officially free, a widespread informal system of user fees goes unchecked. The low literacy and skill levels and inadequate health base of Cambodia's population need to change for the country to progress. Child-protection standards and services are few. Inaction from government or donors will ensure failure to equip this generation of children to meet the challenges they face now or to prosper in the future. Children themselves see the problems. They have called on the nations to honour the commitments they have made and to work with them for a world safe for children.

We are not the sources of the problems,
We are the resources needed to solve them.
We are not expenses, we are investments . . .
You call us the future, but we are also the
present.¹²

Notes

¹ The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development: a long and healthy life, knowledge and a decent standard of living.

² Human Development Indicators 2002, United Nations Development Programme, 2002.

³ Sources for this section are "Economic Monitor: Cambodia," in *Far Eastern Economic Review*, July 2000, 57; and Cambodia Country Brief – June 2000, Department of Foreign Affairs and Trade, Australia.

⁴ By decree of the RCG a new district, Koh Krolor, has been established, so the number of districts could also be considered 13.

⁵ Banan District Database, Provincial Development Plan, 1998.

⁶ Household Survey, 1999, Banan ADP, World Vision Cambodia.

⁷ Pierre Fallavier, "Reporting on Slums in Selected Cities for the Global Report on Human Settlements 2003 – Phnom Phen", UN-HABITAT, August 2002.

⁸ Ibid.

⁹ Sources for this section are the Cambodia National Population Census, 1998; the Report on the Cambodia Socio-Economic Survey, 1997; Population Matters in Cambodia, June 2000; and the Cambodia Human Development Report 1999 – Village Economy and Development; and NGO Statement to the 2000 Consultative Group Meeting, May 2000.

¹⁰ Sources for this section are the Report on the Cambodia Socio-Economic Survey (1997); Population Matters in Cambodia (June 2000); Cambodia Poverty Assessments, Ministry of Planning (October 1999); NGO Statement to the 2000 Consultative Group Meeting (May 2000); 1999 National Health Survey; and UNAIDS Cambodia Country Profile, 3d ed. (February 2000).

¹¹ Sources for this section are the Socioeconomic Survey, National Institute of Statistics, Ministry of Planning (1996); Unicef Situation Report on Trafficking (1996); Licadho Human Rights Report (1999); and Children in Need of Special Protection (Unicef, 2000).

¹² "A World Fit For Us", under-18 delegates to the Children's Forum, UN General Assembly at the Special Session on Children (May 2002).

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Appendix: Survey tool

Families

1. How many children are in the family? (1–10)
2. Which of the children, if any, have had their births registered? (number and gender)
3. Do all the children of school age attend school? (number and gender)
4. Have all the children been immunised? (yes/no, number and gender)
5. Does the family receive any regular visits from government workers connected with the children or any other form of help? (yes/no, list)
6. Is there a difference between the girls and boys in the family related to attending school or health centres? (yes/no)

7. What reasons does the family give for this difference? (cost, distance, etc.; list)
8. How could access/use of services by girls be increased? (list)
9. Can the family members identify any welfare or other services for children that they think should be provided locally that are not available at the moment? (list)
10. Is the family aware of any local group or groups responsible for the protection and care of vulnerable children – children being injured or otherwise abused? (yes/no)
11. Is this group visible within the community and accessible by children? (yes/no)
12. How does the family perceive the differences between the roles of boys and girls, their future prospects and social roles? (list)
13. How are boys and girls perceived in the community and society? Does the family believe that daughters have the opportunity to achieve as much as sons? (yes/no)
14. What does the family think girls can contribute to the future of their country? (list)
15. Are there any services that the government could provide that would be particularly helpful to girls (such as water)? (list)
16. Do both boys and girls do work in the home? (yes/no)
17. If so, how much? (1 hour – 10 hours)
18. Do the boys or girls also work outside the home? (yes/no)

Children

Sixty children (aged 12–16). The aim was for gender balance in one group and all-male, all-female in the other two groups. For interviews (in groups of 10) with children, the same issues should be raised as with adults but reworded to relate to the children (see below). Girls should be asked why they do not do the same activities (such as school or playing) as boys. Girls should also be asked if they are aware of any agency responsible for their care and well-being outside their family.

1. How many children are in the family? (1 – 10)
2. Have the children in your family had your births registered? (number and gender)

3. Do all the children of school age attend school? (number and gender)
4. Have all the children been immunised? (yes/no, number and gender)
5. Do families in your village receive any regular visits from government workers connected with children or any other form of help? (yes/no List)
6. Is there a difference between girls and boys in families in the village related to attending school or health centres? (yes/no)
7. What is the reason for this difference? (cost, distance, etc.; list)
8. How could the access/use of services by girls be increased? (list)
9. Are there any welfare or other services for children that you think should be provided locally that are not available at the moment? (list)
10. Are you aware of any local group or groups responsible for the protection and care of vulnerable children – children being injured or otherwise abused? (yes/no)
11. Is this group visible within the community and accessible to you? (yes/no)
12. How does your family perceive the differences between the roles of boys and girls, their future prospects and social roles? (list)
13. How are boys and girls perceived in the community and society? Does your family believe that daughters have the opportunity to achieve as much as sons? (yes/no)
14. What contributions do you think girls can make to the future of their country? (list)
15. Are there any services that the government could provide that would be particularly helpful to girls (such as access to water)? (list)
16. Do both boys and girls do work in the home? (yes/no)
17. If so, how much? (1 hour – 10 hours)
18. Do the boys or girls also work outside the home? (yes/no)
19. *Question for girls only:* What do you perceive to be the major barriers to access to services, and what do you think would be necessary to overcome these obstacles? (list)

Local facilities/government services

1. Do you record the gender of children attending/visited, and do these figures show any significant disparity between numbers of boys and girls accessing the service?
2. Have you observed a disparity that does not exist within the statistics?
3. If a disparity exists between access/use of services by girls and boys, are you aware of any reasons why this might be?
4. How do you think that access/use by girls could be increased?
5. What do you think could be done to help girls if more resources were available? What problems exist in finding resources for special initiatives to help girls?

Girl-Child Access to Government Social Services in Tanzania

Zabdiel Kimambo and World Vision Tanzania

Introduction and background

Research background

In order to evaluate the issue of girl children's access to government service provision, some general background is required. This section addresses that need.

Government services at the community level, such as local health and education, were affected in many countries by the processes of structural adjustment and economic reform. Quality of services declined and provision was often cut in order to reduce government budget deficits. Where services were not cut, governments often lacked the resources for increased investment, and in some countries this has led to a growing role for NGOs and other institutions to provide services.

In the last few years there has been a return to emphasising government service provision on the part of donors and also the World Bank/International Monetary Fund (IMF). These outside bodies have pressed governments to increase social service provision and to improve quality. This trend includes the requirement on recipient countries to produce Poverty Reduction Strategy Papers (PRSPs). Donors and the World Bank/IMF also claim that the privatisation of some services (such as water) will improve local access and the quality of provision.

The new emphasis on social-service provision is likely to bring a great deal of attention to bear on the failure of those services. Many stories of corruption and inefficiency

have led to criticism of governments, donors and international financial institutions. The problems of service provision are very complex, however, with problems arising from many causes. It is therefore important to look at the situation "on the ground" and to gain an accurate picture of how the poor are able to access and use local services, particularly health and education.

Children in Tanzania

Tanzania has made important improvements in recent years in maintaining relative stability and improving macro-economic performance. The annual growth rate reached 5.6 per cent in 2001 and was projected to rise to 5.9 per cent in 2002 despite substantial losses in the terms of trade. According to TASOET—the Tanzania Social Economic Trust—the rate of inflation was reduced from 30.2 per cent in 1981 to 5.9 per cent in 2000. Government revenues have increased, and public expenditures have been better controlled. Debt relief has been secured through the Highly Indebted Poor Countries (HIPC) initiative, which is intended to make additional resources available for poverty reduction. The government has articulated the country's key development priorities and strategies in the PRSP which places special emphasis on improving education, health, water, roads, agriculture and good governance – areas that are critical to children's well-being (UNICEF 2001).

Tanzania's macro developments are important achievements. But they have yet to be translated into concrete improvements in the lives of many poor Tanzanian children. At the beginning of the twenty-first century and

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forty-two years after independence, the rights and well-being of children are far from being assured in Tanzania. As the government's review of progress following the 1990 World Summit for Children and report to the Committee on the Rights of the Child make clear, Tanzania has not yet met the 2000 targets (MCDGC 2000; URT 1998), and is far from being on track to meet the 2015 international development targets and Vision 2025 goals.

The situation of under-five children continues to be precarious. According to the Tanzania Demographic and Health Survey, the proportion of births delivered at health facilities and by skilled personnel declined through the 1990s from 53 per cent in 1992 to 44 per cent in 1999. This places both the mother and child at great risk of illness, injury and death. Infant and child mortality rates also increased slightly, such that one in every six children fails to make it to his or her fifth birthday. Data derived from population censuses and national demographic and health surveys indicate that child mortality rates dropped significantly in the period 1960–85 (see Figure 2–1).

However, since the late 1980s the infant mortality rates have increased from 100 to 104 per 1,000 live births, and the under-five mortality rates increased from 160 to 165 per 1,000 live births in the same period. HIV/AIDS is likely to have contributed significantly to the upward trend in the child mortality rates, though its precise impact is yet to be established. Both infants and under-five mortality rates are higher in rural areas than urban areas.

Immunisation coverage in Tanzania has remained generally high over the last decade. Overall, about 70 per cent of

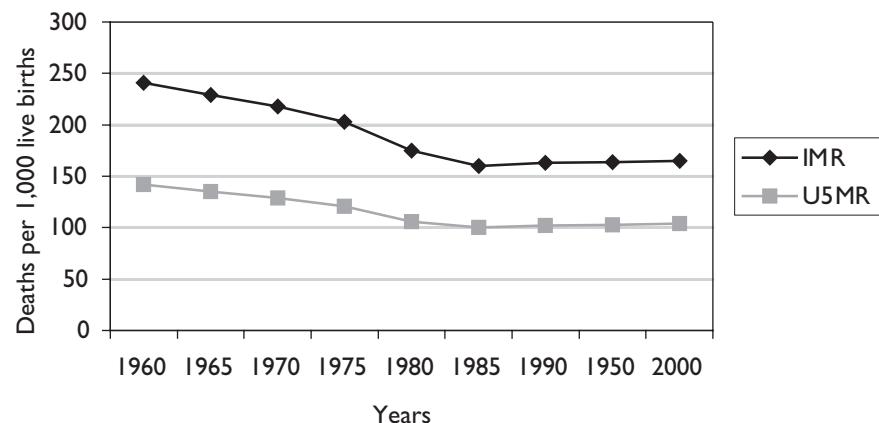
children were fully immunised in the 1990s, suggesting there is still scope for improvement, especially to overcome large disparities between urban and rural areas (UNICEF 2001).

Children between the ages of 7 and 13 years, and in some cases older, have been faring poorly as far as primary education is concerned. Although Tanzania recorded impressive gains in primary-school enrolment in the late 1970s and early 1980s, there were significant declines over the late 1980s and 1990s. School infrastructure in much of the country is dilapidated, teachers are ill trained and poorly motivated, books are scarce, and teaching pedagogy fails to promote real learning.

Gross enrolment rates declined from their peak of 98 per cent in 1981 to 73 per cent in 1989; they increased slightly to 78 per cent in 2000. Similarly net enrolment rates declined from their peak of 70 per cent in 1981 to 54 per cent in 1991; they have increased gradually to 59 per cent in 2000. This implies that close to half of all primary-school-age children (7 to 13 years), or about 2.5 million – both boys and girls – are not in school (Kuleana 1999; REPOA 2000). Girls and boys enrol at about the same rates, suggesting that there is little gender discrimination in primary-school enrolment in Tanzania as a whole.

Official 2001 data from the Ministry of Education and Culture indicate that the average drop-out rate is around 5–6 per cent. Children from poor families tend to leave school earlier than those from better-off families. School mapping and other qualitative studies indicate that attendance is low, and at times up to half of those enroled are not in

Figure 2-1. Infant and under-five mortality, 1960–2000



class. According to a 1996 TDHS survey, in the period 1990–95 the school attendance rate in urban schools was 74 per cent and in rural schools 62 per cent.

The level of examination performance in Tanzania is extremely low. The situation has been poor for many years now. Of those sitting the national primary-school leaving examinations in 2000, less than one-quarter passed with an A or B or C grade. For every student who passed, three failed altogether. Less than half of 1 per cent received an average A grade (UNICEF 2001).

Gender disparities in examination performance in primary education are significant. In 2000, almost 30 per cent of the boys passed, compared to half as many girls, and many more girls than boys received a failing grade. Within subject areas girls do particularly poorly in mathematics, achieving grades that are three or more times lower than boys (NECTA 2000). While slightly more girls than boys complete primary education in Tanzania, these results indicate that the opportunities for learning are not equal across the sexes. The key gender challenge is not enrolment but the quality of the learning experience and the supportive environment for it.

Government efforts to improve children's well-being

Due to the problems and challenges facing Tanzanian children, the government has been implementing a number of programmes and has taken various steps aimed at promoting child development.

In 1990 the government established a Ministry of Community Development, Gender and Children to co-ordinate all issues concerning gender and children. Through this ministry, civil society organisations (CSOs) and non-governmental organisations (NGOs) as well as corporate and individuals are encouraged to assist children through different means. The ministry facilitated the process of formulating a child-development policy for the government of Tanzania, which was officially approved for implementation in 1996. It provides guidelines for communities and institutions seeking to provide for children's rights and to implement the United Nations' Convention on the Rights of the Child (CRC) and the Organisation of African Unity (OAU) Charter on the Rights and Welfare of the Child.

Objectives of the policy

The main objective of the child-development policy is to ensure that all children are provided with all of their basic rights: life, protection, development and participation. Specific objectives are:

1. to define a child in the Tanzanian context;
2. to enable the community to understand and observe basic rights of a child;
3. to enable the community to understand and acknowledge that the initial responsibility of caring for a child is the parents' and not the community's;
4. to provide guidance on issues concerning children's survival, protection, development and participation;
5. to provide direction on the upbringing of children, especially those in difficult circumstances (in need of special care and protection measures);
6. to clarify the role and responsibilities of key actors in the implementation of the policy;
7. to provide appropriate guidance to children on their rights and responsibilities;
8. to ensure that there are laws to protect children's rights; and
9. to encourage active participation of the key actors (duty bearers) of the child-development policy in following up, monitoring and reporting on the condition of children.

Other steps taken by the government in pursuance of the policy include:

- Establishing and running juvenile courts so that children in conflict with the law can be dealt with in a manner that protects and promotes their dignity.
- Formulating and reviewing laws protecting women and children (for example, the Sexual Offences Special Provision Act of 1998).
- Ratification of the CRC and of the OAU Charter on the Rights and Welfare of the Child, and formulation of the child-development policy of 1996.
- Ratification of the ILO convention 138 and 128, the Optional Protocol to the CRC on the involvement of children in armed conflict and the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography.

- Preparing and implementing the National Child Survival, Protection and Development Programme supported by UNICEF.
- Implementing a Time-Bound Programme supported by ILO/IPEC that seeks to eliminate the worst forms of child labour as well as providing direct support to priority target groups in selected districts in the country.
- Envisioning high rates of economic growth and a better educated and more healthy population through the articulation of the country's development manifesto (Vision 2025). The manifesto sets targets to be achieved, including universal primary education, gender equality and empowerment of women in all socio-economic and political relations, access to primary health services for all and universal access to safe water. Other targets are reduction in child and maternal mortalities and macro-economic stability (manifested by a low-inflation economy). Emphasis is on stronger, accountable and transparent systems of governance, with greater public participation in democratic governance.
- Putting priority on achieving debt relief through the enhanced HIPC initiative. To this end a PRSP was submitted to the World Bank and the IMF in September 2000. A progress report submitted in September 2001 confirmed Tanzania's access to the World Bank's and IMF's full amount of HIPC relief. The PRSP has set targets for educational achievement and mortality reductions within a three-year period, with specific activities to achieve these targets.
- Developing a Primary Education Development Plan (PEDP) for the years 2002 – 2006 within the Education Sector Development Programme process. The plan, which has been developed in consultation with NGOs and international development partners, has four broad objectives:
 1. to expand enrolment in primary education to cover all children aged 7–12 by 2004 and to expand the non-formal education programmes;
 2. to revitalise and improve the quality of primary education, with emphasis on improving quality and methods, ensuring the availability of quality learning materials and strengthening educational standards;
 3. to strengthen institutional arrangements within the framework of local government reforms that emphasise devolution of power and resources to local levels, increased democratic participation and transparency; and
 4. to strengthen financial arrangements to ensure that funds made available for education are adequate, effectively and efficiently utilised and accounted for.

Barriers facing a girl-child in Tanzania

Barriers that face girls in Tanzania and limit their access to social services such as education and health are diverse and complex. The following presents some barriers that face girl children in Tanzania.

Household Poverty

According to the Human Resource Development Survey of 1993, over 50 per cent of households in Tanzania fall below the poverty line. When households are poor, girls and women do domestic work such as fetching water, collecting firewood and fodder, marketing and rearing children/siblings. Girls, therefore, have less time to do homework and to take part in other learning activities. This leads to girls' low performance compared to that of boys.

Even with the elimination of school fees for primary education, research in 2000 by Maarifa, a local NGO supported by Oxfam Ireland, demonstrates that costs for uniforms, shoes, books, PTA fees and other supplies continue to deprive many of a basic education. It can be inferred that this affects girls more than boys.

Lack of or inefficient government policies

Absence of policies to address drop out caused by failure in exams and pregnancies continues to affect girls in Tanzania. In one study it was found that each year the Ministry of Education and Culture expels more than 3,000 pregnant primary-school girls (Kuleana 1999). The number is higher because many girls drop out before they are expelled.

Early marriage is yet another problem facing the girl-child in Tanzania. According to the Marriage Act of 1971, the minimum age for marriage is 15 for girls and 18 for boys. Though Tanzania has ratified the CRC, it is evident that

there is governmental inconsistency about the definition of the child and the whole mechanism to implement CRC articles.

In the present and ongoing local government reforms in Tanzania, the village is the lowest level of local governance. There are two primary organs of governance in the village, namely, the village assembly and the village council. The village assembly, which comprises all adult residents (18 years and older) in the village, is an organ of direct democracy at the community level. The law recognises the village assembly as the supreme authority on all matters of general policy-making in relation to the affairs of the village as such, with powers of electing and removal of the village council and supervision of the village council. The village council is vested with all executive powers in respect of all the affairs and business of the village. The village council has powers to make bylaws after consultation with the village assembly before the bylaws are submitted to the district/urban council for approval. Section 9 of the Local Government Finances Act No. 9 of 1982 gives powers to the village council to pass bylaws imposing fees, charges, tariffs, and so forth on economic activities within its jurisdiction, such as retail business, milling, charcoal business, timber sales, butcheries, guest houses, hotels etc. Each village council is required to appoint three permanent committees: the Finance, Economic and Planning Committee; the Social Services and Self-reliance Activities Committee; and the Security and Defence Committee.

The deficiency in these reforms, however, is the place, recognition and mechanisms at grass-roots level that seek to include, protect, develop and listen to children. The local government reforms have systematically excluded over 50 per cent of the population, that is, children under 18 years of age.

Child labour in Tanzania

Child labour is another serious issue that affects children in Tanzania. Between April and June 2000, the Tanzania Labour Force Survey reports, 3.4 million children aged 5–17 in Tanzania were engaged in economic work. Though girls and boys were affected equally, this number points out the challenges faced by children, especially girl children, who by many measures are more vulnerable and marginalised than boy children.

Child domestic workers

Child domestic work done exclusively by girls is one of the most common and traditional forms of child labour. The practice is quite extensive in Tanzania, where many cultures continue to view girls' work in the household as an essential part of their upbringing. Families in urban areas often recruit children from rural villages through family, friends or contacts. While most child domestics come from extremely poor families, many have been abandoned, are orphans or come from single-parent families.

Children work to supplement the family income, to reduce the economic burden faced by their parents, or in order to survive. In many cases, especially when they have been abandoned or orphaned, the child domestic is completely dependent on the employing family. The situation often becomes one akin to slavery. Children report that they are made to eat leftovers, receive little or no pay, sleep on the floor, endure physical or sexual abuse, are isolated from their immediate family and rarely attend school or play with other children their own age. Working hours are long, with no regular days off. A study carried out in Tanzania, for example, showed that the average day is 15 hours long for child domestics who do not live with their employers and between 16 and 18 hours long for those who do (Kibuga 2000).

Infrastructure barriers

Distance to school, absence of roads and transportation, inadequate basic services in communities (water, electricity, fuel, and so on), inadequate basic services in schools, and absence of or poor facilities and design are some of the infrastructure barriers affecting children's education. In 1996, it was estimated that 80 per cent of 3.8 million primary-school students in Tanzania did not have desks and 30 per cent of over 100,000 teachers did not have a desk or a chair. Overcrowding is common. As a result, children and teachers are often uncomfortable and unable to concentrate on learning. According to Ministry of Education and Culture data for 1999, Mwanza region has only 37 per cent of its classroom requirements, whereas Kilimanjaro has 79 per cent.

Pupil-to-teacher ratios range from 34:1 in Mbeya to 430:1 in Igunga District (Cooksey, Blaze and Burian 1998). Lack

Table 2–1. Primary school buildings and furniture required vs. actual, 1999

Type of building/furniture	Required number	Actual number	Shortage (of units)	Actual / required
Classrooms	99,278	57,367	41,911	58%
Staff houses	116,591	26,795	89,796	23%
Toilets	168,928	64,814	104,114	38%
Stores	18,175	5,510	12,665	30%
Tables	208,383	75,397	132,986	36%
Chairs	222,000	80,137	141,827	36%
Cupboards	127,939	30,442	97,497	24%

Source: Ministry of Education and Culture (2000)

of toilet and water facilities is a serious concern, given their importance to ensuring basic health. This is particularly true for girls, most of whom begin menstruating while in primary school (see Table 2–1).

Community beliefs and practices

A number of community beliefs and practices affect girl-child education in Tanzania, including lack of parents' knowledge of the social and private benefits of education, limited roles for girls and women, differential treatment of girls (for example, poor nutrition and health care), lack of economic and social opportunities for educated girls, early marriage and glorification of motherhood, female seclusion and sexual abuse/harassment, domestic violence, female genital mutilation (FGM), and inheritance patterns.

A study by Kandusi (1999) found that approximately three million women (10 per cent) in Tanzania have undergone FGM, mainly in Arusha, Dodoma, Kilimanjaro, Singida and Mara, and in a few places in Morogoro, Iringa, Lindi and Mtwara regions. Before this, girls have to celebrate a rite of passage ceremony, after which they are considered adults. Psychologically the conferring of adult status can lead to educational tensions. Girls can become frustrated with the idea of staying in school, which is associated with childhood, resulting in loss of concentration, poor performance, truancy and finally dropping out. It has also been found that FGM perpetuates early marriage, thereby causing many girls to drop out.

Educational barriers

The poor educational environment for girls is characterised by a lack or absence of parental and societal expectation for girls to perform well, sexual harassment by male teachers and other men outside schools, and inadequate physical infrastructure (such as lack of water and sanitation facilities). This environment contributes to practices such as early marriage, early pregnancy and dropping out of school. Lack of clean water and private toilet facilities (lack of doors) may particularly affect girls during menstruation. The lack of privacy and the unhygienic conditions may cause girls to stay home during this time, missing out on a number of school days each month.

Stereotypical gender roles and prejudices against girls are often perpetuated in school through textbooks and other learning materials, teachers' attitudes and interaction with children in the classroom, designation of tidying and other responsibilities in school, and extracurricular tasks imposed on school children. A study on gender and education revealed that in developing countries as a whole, "textbooks transmit heavily stereotyped images of men and women, with women adopting low profiles and having traits of passivity, dependency on men, low intelligence and a lack of leadership" (Kuleana 1999).

Many teachers maintain that girls are not as smart as boys. A 1997 study in Kenya revealed that both male and female teachers described girls as stupid and lazy and articulated lower expectations for girls. A predominance of male teachers (approximately 75 per cent) means that girls lack

role models. Other educational barriers include school calendars that conflict with girls' domestic or market responsibilities and curricula and instructional strategies not relevant to girls' learning needs.

Economic trends and reforms in Tanzania

During the colonial era in Tanzania the British and German governments concentrated their activities on maintaining law and order and providing necessary services such as transportation infrastructure and urban water systems and electricity. Social services such as health and education were shared between the government and missionaries. After independence in 1961, the national government inherited the colonial pattern of organisation and structure.

In 1967 the government passed a basic statement of Tanzania's long-term development objectives: the Arusha Declaration. This declaration provided a development policy that revolved around socialism, rural development, self-reliance and economic growth. An immediate result of the Arusha Declaration was nationalisation of the strategic activities of the economy. In rural areas programme was put in place to make it easier and more convenient for government to provide social services such as health and education to the people.

Although Tanzania experienced reasonable macro-economic performance until the mid-1970s,¹ unfavourable external conditions wiped out the previous economic achievements and led to the crisis of the early 1980s. The crisis manifested itself in rising inflation – reaching a historically high figure of 36 per cent in 1984 – and a balance-of-payments crisis. It is generally agreed that the economic crisis was caused mainly by trade decline, a fourfold rise in oil prices, a rise in food-grain prices, the war with Uganda, the break up of the East African Community and the severe droughts of 1973–74 and 1981–82 (Maliyamkono and Bagachwa 1990; Sepehri 1992).

It was during this period that the Tanzanian government started negotiations with the IMF and the World Bank which led to the adoption of a series of structural adjustment and economic recovery programmes in the 1980s (Messkoub 1995).

In 1982 the government adopted a three-year structural adjustment programme (SAP), prepared with the cooperation of the World Bank and based on the advice of the Tanzanian Advisory Group. This SAP was an exclusively national effort; it had no World Bank or IMF financial support. At first the SAP did not result in any significant changes in Tanzania's economic performance because the government was reluctant to implement the policy measures. It was not until fiscal year 1984–85 that Tanzania launched its first significant reform aimed at liberalising the economy.

In 1987 the government adopted a three-year economic-recovery programme. During the course of the programme, Tanzania obtained an 18-month standby arrangement with the IMF in August 1986 and a Multisector Rehabilitation Credit from the International Development Agency and donor governments in November 1986. Furthermore, Tanzania became eligible for the rescheduling of loans in the Paris Club, including the postponement and cancellation of existing principal and interest in October 1986. Finally, in July 1987, under the SAP, the IMF approved a US\$67.9 million special drawing rights loan in support of the economic-recovery programme.

In 1996 the IMF approved a three-year credit under the Enhanced Structural Adjustment Programme to support Tanzania's economic-recovery programme for 1996/97–1998/99. The new programme emphasised fiscal performance and structural reforms, namely,

- building administrative capacity for improving development management;
- maintaining a stable fiscal stance and using public resources more efficiently;
- promoting the private sector by deregulating investment and divesting parastatals;
- providing greater support for primary education and basic health care;
- supporting the development of basic infrastructure, especially to give impetus to rural agricultural development; and
- restructuring the financial sector to respond to the needs of the private sector.

The SAPs of the 1980s have not been without costs, both in terms of non-growth economic indicators and the burden that these programmes have imposed on the population. In general, "adjustment policies affected the poor in three broad ways: first they affect their incomes, either through changes in wages and employment, or through

shifts in prices, altering the returns from productive assets; second, they change the prices of their most important purchases; and finally, they shift the level and composition of government expenditures, particularly those in the social sector" (ODI 1986, 1).

SAPs impact on the health and nutrition of women and children

Public expenditure cuts in the 1990s severely affected children, and more important, women and girls who not only had to increase their contribution to cash earnings of the household but also suffer the ill-health consequences associated with hard manual work during pregnancy and increased pressure at home to look after the children and the sick.

SAPs also had an important impact on the condition of women and girls in the household and society. In a great majority of households SAPs made extra direct and indirect demands on the time and effort of women and girls. Women and girls had to enter the labour market to increase the family's income or increase their work on the farm to take advantage of the increased prices for cash crops. At the same time cutbacks in public-health expenditure meant shifting part of the health-care burden onto women and girls.

User fees and cost sharing in the health sector have been introduced at times when rural incomes are dropping, meaning that many more poor households cannot afford to pay and therefore have no access to health services in Tanzania.

A study by TASOET in 2001 observed that 77 per cent of the total funding for a three-year district health project was expected to come from the donor community. Central government was able to contribute only 11 per cent because a larger share of the government's resources were to be used on external debt servicing. The remaining amount was expected to come from local governments (11 per cent) and community members (1 per cent).

The crisis in education

The economic crisis increased the cost of schooling for many families and led to a delay in sending children to school. The proportion of pupils entering primary school at the age of seven (the starting age) declined steadily from 27 per cent of all school entrants in 1981 to 14 per cent

in 1990 (UNICEF 1990, 86). The delay in school enrolment did not seem to have any gender bias.

In the early 1990s children also became economically active outside the home: "The number of children seen on the main roads and the streets of Dar es Salaam and in other towns increased dramatically. Many of the children were seen selling bread and other commodities to make some money for themselves and for their families" (UNICEF 1990, 79).

The crisis has also affected the age at which pupils leave education. The drop-out rate has been increasing since the early 1970s. In 1976 the drop-out rate stood at 18.5 per cent. By 1981 it had risen to 24.2 per cent. Much of the increase occurred at later years of schooling (National Socio-economic Profile of Tanzania 1989).

The disparity in educational attainment continues into the secondary school, where access is limited by the number of available places; only 4.5 per cent of the annual 350,000 primary-school leavers were admitted to secondary schools in 1991 (*Daily News [Dar es Salaam]*, October 1991). Nor can many Tanzanians afford private schools, which have nevertheless experienced a substantial rise in their intake – surpassing that of the state schools in the mid-1980s (Ministry of Education and Culture).

SAPs have introduced the following charges, among others, to the education sector: school fees (secondary schools and tertiary levels), local financing, user charges for government services. These charges have almost certainly put continuous education out of the reach of the majority of poor Tanzanians. These developments have contributed to the growing inequality in Tanzania.

The case study

Approach

This study was conducted in the areas where World Vision Tanzania (WVT) implements community-based development programmes. The method was chosen to enable the researcher to explore a single entity (in this case a single social group within a single institution) and to collect detailed information by using a variety of data-collection procedures. Primarily, the study used in-depth interviews; data

was collected face to face. The study thus was able to elicit more views, ideas and opinions from respondents.

The study looked at the differences that exist between boys and girls in accessing government social services. It focused on services (1) available to boys and girls, (2) the degree to which these services are used, and (3) the extent to which those who are responsible to service provision could increase use by girls. The study covered services that exist within the community, including health and primary education.

Specific areas included the following:

- Available services: What government services are regularly used by children within the local community and also by referral?
- Differing access: Does access by girls differ from access by boys? To what extent? Do girls use the services less often? Are there some services that are accessed by one gender group and not by the other?
- Causal factors: If access differs by gender, what are the causes of these differing rates of usage?
- Remedial action: If needed, what efforts, if any, are being made by service providers (for example, the local school or health clinic) to overcome these differences?
- Further action: What could be done? For example, what do NGOs do in similar circumstances to help ensure access to social provision for girls?

Stated more broadly, the objective for this study was to assess the situation of girl children and how they access different social services that are provided by government at the community level, focusing especially on health and primary education. To this end, the study had the following specific objectives:

- to examine government social services that are available for use by children within the study communities;
- to assess the differences that exists between girls and boys in accessing and utilising these services;
- to ascertain factors that cause differences between boys and girls in accessing and utilising these services; and
- to draw lessons and make constructive recommendations on actions that can be taken to improve accessibility and utilisation of government social services by girls.

Areas studied

The study was conducted in Kwamtoro, Sinden, Lweru, Samuye and Moshono area development programmes

(ADPs). Kwamtoro is a division that is located within the southern part of Kondoa District in Dodoma Region. Kwamtoro ADP operates in three wards with a total of 17 villages. Total population is 33,014, of whom 19,528 are women and 13,486 are men. There are 17,145 children under 18 years of age, of whom 8,950 are girls and 8,195 are boys. Major economic activities within this area are small-scale crop cultivation (maize, sorghum, millet, cassava, groundnuts and sunflower), livestock keeping and bee keeping. The annual income of this population is US\$50, compared with a national average of US\$210.

Sinden ADP is located in Sinden Division, Handeni District, Tanga Region, which is the northern part of Tanzania. Administratively, Sinden Division consists of four Wards that have 18 registered villages. The division covers 1,248 square kilometres with a population estimate of 36,000 people. Economic activities in the division include subsistence farming and livestock keeping. Main crops are maize, beans, cassava, sorghum, cowpeas, banana and rice.

Lweru ADP is located in Bukoba Rural District in Kagera Region, which is in the northwest part of Tanzania. Lweru ADP covers three wards of the Kyamtware Division. The majority of the population in Lweru ADP practices subsistence farming of crops such as coffee, beans, banana, yams and potatoes. Crop production is low.

Samuye ADP is located within Shinyanga Rural District, which is one of the seven districts in Shinyanga Region. Samuye ADP covers 14 villages with total populations of 31,914, of whom 9,531 are adult males and 11,654 are adult females. Maize, sorghum, millet, pad, groundnuts, cassava, sweet potatoes and yellow grains are the main crops. Cattle raising is also a main economic activity of Samuye people.

Moshono ADP is located in Arumeru District, Arusha Region, in the northern part of Tanzania. Moshono Division covers an area of about 1,000 square kilometres and is made up of four wards: Moshono, Mlangarini, Bwawani and Nduruma. The four wards have a total of 14 villages with a total population of 67,798. There are 11,893 children, 22,580 adult males and 33,325 adult females. The greater part of the population in the area is engaged in farming and pastoralism while a small proportion work as labourers in sisal, coffee and flower plantations. They grow banana, cassava, maize, beans, sweet potatoes, tomatoes, eggplants, watermelons, cabbages, cucumbers and onions.

The following primary schools and health facilities were visited in each ADP: Kinyamshindo dispensary and local primary school (Kwamtoro ADP), Misima dispensary and Misima primary school (Sinden ADP), Kabale dispensary and Kabale primary school (Lweru ADP), Usanda dispensary and Shindiga primary school (Samuye ADP) and Nduruma health centre and Nduruma primary school (Moshono ADP).

The sample

The 285 participants in the study included heads or members of households, schoolchildren, children who do not attend schools, health workers, teachers and community leaders. Table 2–2 shows the distribution of the sample.

The following factors were taken into consideration in determining the sample size:

- the number of analysis categories;
- the need for high precision and accuracy of the results;
- manageability of the data;
- reliability and validity of the data; and
- data collection methods and techniques.

The sample was drawn from areas where World Vision Tanzania implements long-term community development projects. WVT has 50 ADPs scattered across 12 regions in Tanzania; these projects affect over three million people (over 1 million children). These projects formed a sample frame for this study. The 50 projects are organised in five WVT administrative zones: Central (9 ADPs), Northern (11 ADPs), Lake (10ADPs), Eastern (11 ADPs) and Kagera (9 ADPs).

To obtain the above sample, a multi-stage sampling procedure was used. First, five WVT projects were selected

from each of the five zones as a simple random selection. AWVT project has an average of 15–30 villages. The second stage involved selecting a village in each project using a stratified random procedure. The third stage was to select households from each village using the following criteria:

- A village had to have at least one primary school and one government health facility.
- A household had to have at least one boy and one girl of school age (above seven).

Also, in each community children who do not attend school were selected, and ten pupils (five boys and five girls) who attend school were selected by their fellow students to represent their school in a focus-group discussion. Finally, community and village leaders were invited to attend focus-group discussions.

Data collection methods

This study employed the following data collection methods in order to extract sufficient relevant information:

- Interviews: In-depth face-to-face interviews used guiding questions.
- Questionnaires: Structured questionnaires with both open-ended and close-ended questions obtained the primary data from primary schools and health facilities.
- Focus-group discussions: Three focus-group discussions were carried out in each community. Two involved children who attend school as well as those who do not, while one involved village and ward-levels leaders. (See Annex 7 for a complete list of leaders who attended and their positions.)
- Document review: Documents reviewed at health centres, primary schools and WVT ADS projects included school attendance registers and monthly, quarterly and annual reports at health facilities and project sites.

Table 2–2. Number and sex of sampled respondents

ADPs	Households	Children at school	Children out of school	Health workers	Community leaders	Teachers
Kwamtoro	F M 8 16	F M 7 5	F M 2 1	F M 1 1	F M 7 9	F M 3 3
Sinden	7 15	5 4	2 5	2 1	6 9	- 2
Lweru	8 14	5 5	- 2	1 1	6 12	4 -
Samuye	9 14	5 5	2 1	2 -	1 3	1 3
Mshono	6 16	5 5	2 3	2 1	5 10	2 3
Total	38 75	27 24	8 12	8 4	25 43	10 11

Source: The Girl Child Research Study 2003

- Consultations: Institutions consulted were UNICEF, Kuleana, Tanzania Media Women's Association (TAMWA), the University of Dar es Salaam and the Tanzania Association of NGOs.
- Pretesting: Before the actual field work, pretesting of the designed interview guide and focus-group discussion questions was done at Bunju area in Dar es Salaam. This helped to improve the questions, estimate the time that would be utilised and the number of research assistants that would be needed.
- Research assistants: About five research assistants were engaged in each of the WVT zones. Before going into the field, the lead researcher familiarised them with background information on the research as well as the research questions, objectives and methodology. Tools for data collection and skills on how to go about collecting data in the interview sessions were facilitated.
- Analysis of data: The analysis of the data was done soon after completion of the field work in all five projects. The raw data was verified, coded and then analysed using SPSS (Statistical Package for Social Science). A descriptive and associative analysis of all independent and dependent variables was performed. The results of the analysis were then summarised, conceptualised, extrapolated and interpreted. The unit of analysis in this survey has been a WVT project community, primary school and health facility located in these projects.
- a programme for professional development of teachers was launched to ensure that all teachers with grade B/C qualifications attain grade A qualifications;
- 2,228 new teachers' houses have been constructed (mostly near rural schools); and
- the transition rate to secondary schools increased from 19.5 per cent in 2000 to 21.7 per cent in 2001.

Despite the above gains, the research revealed that Shindiga, Misima, Nduruma and Kabale primary schools have only a percentage of the classrooms (60 per cent), staff houses (18 per cent) and teachers (61 per cent) that they need.

The Shindiga primary school has a serious overcrowding problem, with 120 pupils in standard III class, compared to a required standard of 45. Some pupils at this school must walk about eight kilometres to school. In addition, the school has no water and only six latrines (of the 30 that are actually needed).

At Misima primary school, through PEDP implementation, 474 pupils enroled for standard I in January 2003. This has seriously affected the whole school system, as standard I alone consists of 10 classes – equivalent to the total capacity of the school. To deal with the situation all teachers in this school have been forced to teach standard I from 8 – 10:30 a.m. while the rest of the pupils (standards II-VII) begin their classes at 10:30 a.m. or later. Misima school has a shortage of teaching books; on average, the book-to-student ratio is 1:8. Focus-group discussion with pupils at the school revealed that the school has no water.

Nduruma primary school has shortages of teaching books, especially for standards III–VII, where a class of 80 pupils are sharing three books. Students indicated that in some classes one book is shared by the whole class. Nduruma primary school is the only school in this study that has access to water for use by pupils at school.

At Kabale primary school the head of the school informed us that the school has only half of the desks it needs. The school has a high number of orphans in the school (118 pupils out of 451), mainly as a result of HIV/AIDS. The school has nothing to offer this large group. WVT, the Lutheran Church and the Roman Catholic Church have been running a programmes in this school to support these orphans. The school also faces overcrowding problems, with over 80 pupils sharing one classroom instead of the required standard of 45. This makes the teachers' work as well

Results

Primary schools

At the time of the study, Tanzania was in the second year of implementing a five-year PEDP that articulates the vision of universal primary education and is anchored in the wider Education and Training Policy, the overarching Poverty Reduction Strategy and the Tanzania Development Vision 2025. The following achievements, among others, were attained during the first year of implementing the PEDP:

- about 1.6 million pupils were enroled for standard I compared to 1.1 million in 2001;
- 12,868 new classrooms were constructed;
- the gross enrolment rate and the net enrolment ratio both increased significantly from 2001 to 2002;
- the government recruited 7,135 qualified teachers and 6,919 pre-service teacher trainees;

as the pupils' learning environment very difficult. In such a difficult learning environment, both boys and girls tend to perform poorly. But it is clear that girls under poor conditions suffer more and perform more poorly.

The above situation has caused an increased presence of NGOs and CSOs in different communities in Tanzania. By conservative estimates the number in Tanzania has risen from about 200 NGOs/CBOs in early 1990 to over 2,000 by mid-1997 (TANGO 1999). During the financial year 2002, for example, WVT constructed 363 classrooms and 154 teachers' houses, provided 2,459 desks and distributed 8,588 textbooks. About 1,000 primary schools in 13 regions benefitted (WVT annual reports for 2002 and 2003).

Another factor mentioned as contributing to poor performance by both boys and girls in primary schools visited was absence of feeding programmes in those schools. Only one out of five schools had a programme. During interviews, some parents and children admitted to not taking a regular breakfast.

Early Childhood Care and Development

In Kagera Region the extent of household poverty is increasing dramatically. Two of the four houses visited had serious roofing problems. Whenever it rains, family members, including children, have to move from one place to another to avoid the leaks.

The majority of rural households that were interviewed consisted of poor families struggling to make ends meet while trying to ensure that their children get milk, nutritious food, adequate clothing, medical care and other basic necessities.

Mr Joseph's story (Case story 1) is typical of the poor households. He is among those parents who admitted that their little children most often go to school in the morning without eating anything. They will eat their first meal at around 3:00 p.m., when they are back from school. Occasionally they have leftovers in the morning.

Case story 1

Thomas Joseph is a father of four children, two sons and two daughters. He lives in Kitwe village (Karabagaine ward in the Bukoba Rural District in Kagera Region). When asked about how he is faring as a parent in meeting his daily necessities and those of family members, he responded:

"My children are doing well at the moment and the two eldest are in their primary schooling. However, at the moment I am not able to buy them shoes so that they can 'comfortably' attend school. I am in a very poor financial situation, and the condition has remained so for many years now. I am a farmer and depend on coffee as the mainstay for my family. But at present I only expect to harvest 60 kilograms of coffee [his annual production level], and, after selling my produce, maybe then I will be able to buy shoes for my two dear [school]children."

However, during our discussion it was very evident that he won't be able to purchase those shoes. One pair of secondhand shoes costs TSHS 3,000 (US\$3.00). His coffee will sell for only TSHS 4,800. What else does he do to sustain his living? His story continues:

"Apart from coffee farming, I engage myself in a small business of selling charcoal that has a good market in town. I buy one bag of charcoal [about 25 kilograms] at TSHS 1,000 here in my village, and by using my bicycle [the main family asset] I take it to town [about 20 kilometers], where I sell it for TSHS 1,700, getting a profit of TSHS 700. However, out of the 700 that I get, 200 will be used to pay levy and another 200 I will use to at least drink some tea, since I usually leave here very early in the morning."

This means, then, that Mr Joseph will take home a profit of TSHS 300 for each bag of charcoal. He indicated that each week he sells three bags, for a profit of TSHS 900. At the end of the month he expects to have earned approximately TSHS 3,900 (about US\$3.90) – if all goes well.

Secondary schools

Two of the five villages visited during the course of this study had a government secondary school within reach and accessible by children who have completed their primary education. In the other three villages the absence of a secondary school was cited as a problem. In Sinden ADP, for example, there is one government secondary school that serves a whole division. Administratively, Sinden Division consists of four wards that are divided into 18 villages. The division covers 1,248 square kilometres with a population of approximately 36,000 people. All of these villages depend on just one government secondary school. Due to absence of secondary schools in this division, very few children are selected for secondary education; chances for girls are very slim. In Sinden ADP three more secondary schools are needed to alleviate this problem, so that each ward would have at least one government secondary school.

Access to water

In four of the five villages visited, water was repeatedly mentioned as the main problem facing the community. There are no nearby water sources and the communities depend largely on distant sources (charcoal dam, shallow wells). In all the villages girls and women were identified as having primary responsibility for ensuring that their family members have access to water. The girls who attend school estimated that they use the following amounts of time every evening seeking and fetching water: in Sinden ADP, up to 2.5 hours; in Lweru ADP, up to 1 hour; and in Samuye ADP, up to 2 hours. These girls spend this time on a daily basis while boy children are either playing or resting.

Poverty

Poverty at the household level greatly contributes to most parents' and guardians' failure to meet the basic needs of their children. Over 85 per cent of interviewed household heads mentioned that they are failing in one way or another to meet some of the educational needs as well as the health needs of their children.

Case story 2

Zelidia K'haoa is the single parent of seven children, three boys and four girls. She lives in Ovada village in Kondoa District, Dodoma Region. Four of her children are attending their primary schooling. When asked about the biggest challenge she is facing at the moment, she responded:

"At school where my children attend there is a school feeding programme that we are told is sponsored by the food organisation. As parents, we are required to pay TSHS 150 each month per child. My single main problem over a number of months has been how to get the required TSHS 600 each month for my four children. I have no money. . . . There is no money here in the village whereby I can get all these funds and pay for my children. One of my daughters fell sick . . . and I had to sell my three chickens to get money and take her to hospital. In fact, my elder son had to help me with some money, and thereby I was able to take my daughter to hospital. Thank God I had those chickens. Otherwise my daughter would have died."

Although TSHS 150 per child might seem little, a parent in poverty cannot afford it. A 2003 report by the government on poverty and human development reveals that the burdens of poverty has continued to weigh heavily on those living in the rural areas; nearly 90 per cent of the poor in Tanzania live in the rural areas. The findings of the report suggest that the benefits of the recent and current economic growth are not equally shared. There is an increasing need for efforts aimed at reducing and eventually eradicating poverty in rural areas.

In four of the five villages visited there are no government pre-primary schools. Private nursery schools in two of the villages charged a monthly fee of TSHS 500, which most parents indicated they cannot afford to pay.

Playgrounds

For children to grow adequately and develop physically they need appropriate areas for various kind of games and activities. In the five villages visited, no playgrounds were available for the children. All school-going children depend on playing grounds that are located within their schools. However, the schools visited were found to lack sports equipment such as nets, balls, and so on. Out-of-school sport activities are almost nonexistent. Youth (17–20 years and older) sports activities do take place as seasonal events at primary-school compounds. At present, there are no inter-school sports competitions, as there

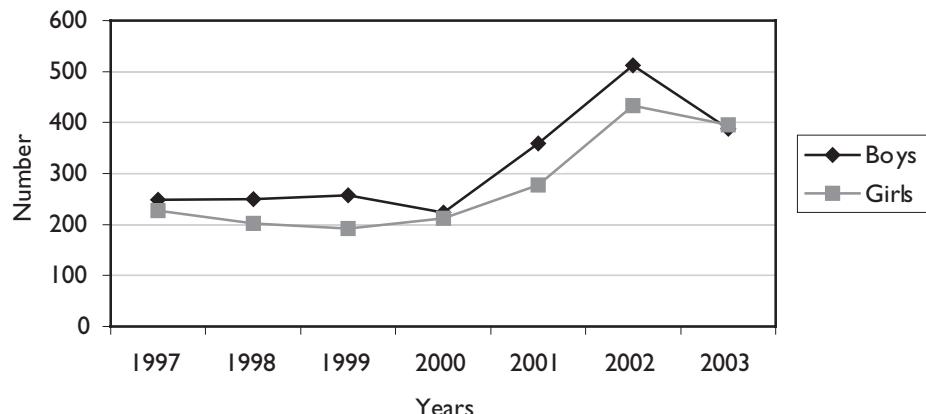
were in the past. Ten children at Kabale primary school in Kagera Region indicated that they wish inter-school sports competitions could be restored as they would provide wonderful opportunities for them to engage in sports activities as well as to interact with fellow students from other schools.

Most girls do not participate in sports and recreational activities. One of the five schools visited did have a playground for girls. Primarily, though, because girls are meant to engage in domestic work at home while boys are playing, playgrounds for girls are a low priority. Most girls do not see sports activities as important. This can be explained partly by the fact that girls know that time at school is valuable for study; they will not get that opportunity at home after school hours. It is also due to the absence of sports facilities for girls at school, as well as lack of motivation by girls themselves.

Social Welfare Services

The Department of Social Welfare, working under the Ministry of Labour, Youth Development and Sports, has the responsibility to prepare and implement welfare systems to take care of children in difficult circumstances, that is, to ensure that children in difficult circumstances receive their rights and basic services. None of the parents interviewed indicated knowledge of any person, organ or committee within the village government structure that is responsible for social welfare, including child protection. None has been visited by any social welfare support organ or personnel at the household level. In other words, social welfare services are nonexistent at the village level.

Figure 2–2 . Primary school enrolments



Source: The Girl Child Research Study 2003

Even during the village-level and community-level focus-group discussions, most leaders had difficulty locating who actually deals with child-welfare issues. The village government structure under local government reforms in Tanzania has three committees: finance and planning, security and social services. Some leaders were of the opinion that children's issues are dealt with under the social services committee while others indicated that it is the duty of the village executive officer to ensure that children are accorded their rights and welfare.

Four of the five villages visited were found to have no by-laws that seek to protect and promote children's welfare. Problems have continued unaddressed. Parents and guardians are able to do whatever they wish with their children, regardless of consequences. With no system to provide child protection, there are few options for dealing with acts of child neglect, abuse, harassment and excessive punishment.

The situation of the girl-child

The situation of the girl-child (as compared to boys) within the sampled communities in accessing and utilising government social services, especially primary education and health, was the subject of analysis and evaluation. A number of issues still face especially girl children.

Primary school enrolment

A total of 1,938 girls in the five primary schools visited were enroled in standard I between 1997 to 2003, as compared to 2,238 boys in the same time period. Thus girls represent 46 per cent of the total enrolment (see Figure 2–2).

This finding is consistent with national findings that suggest there is little gender disparity on enrolment at the national level but acknowledging that disparities do exist in some districts. The sharp increase of standard I enrolment in 2001 and 2002 is a clear outcome of the government-led PEDP. One major component of the PEDP is to increase enrolment by removing all fees at primary schools in the country. As compared to the year 2000, during 2002 the enrolment within the five schools sampled did increase by 180 per cent. However these increases in the numbers of children enrolling in government primary schools are accompanied by acute and serious shortages of teachers, desks, tables, chairs, books and so forth.

Primary school drop outs

A total of 66 students during the 1997–2002 period dropped out of primary education in the five schools that were visited. Of this group, 59 per cent were girls and 41 per cent were boys. An important observation here is that more girls than boys are dropping out.

A number of factors were cited during the research by children and parents as well as teachers as contributing to the drop-out rate for girls. One factor is early marriage and pregnancies. In one school three girls were expelled from studies in 2002 due to pregnancy. This number is very alarming if extrapolated to the over 5,000 primary schools in the country. Other reasons for girls to drop out of primary education include lack of parental support and boy preference. Almost 50 per cent of interviewed parents indicated that girls and women in general have less mental capacities/skills as compared to boys and men; they don't believe that girls can perform as well as boys. Children also cited some of the prevailing myths about girls. A common assertion was that "educating a girl-child is a loss", because she will eventually get married and the parent won't get any returns/benefits.

This logic is also used to persuade girls that they should have limited educational ambitions. Girls are heavily socialised into a very narrow set of life choices revolving around marriage and family. This process leads many girls to view school as unimportant. The cultural pressure on girls to focus on marriage is a major constraint on their chances of progressing through the education system and ultimately participate in wider economic and social activity.

Secondary-school girls

Between 1997 and 2002 a total of 239 students were selected to join government secondary schools within the five villages that were visited during this study. Of these, 106 were girls (44 per cent) and 133 were boys (56 per cent) (see Figure 2–2).

During the interviews only 15 per cent of the households reported having one or more daughters who had proceeded to the secondary level. A number of reasons were mentioned during the interviews as factors that cause girls to perform poorly in their education:

- overworking at home, school and in the community;
- lack of necessary school materials such as uniforms, exercise books and so on;
- sexual harassment and abuse by teachers, fellow students and especially adult men outside the school;
- engaging in sexual relationships while at school;
- lack of time to study and rest at home; and
- low self-esteem.

Harmful traditional practices

Traditional practices often cause physical harm along with multiple psychological and sociological effects on girls. Examples include female genital mutilation (FGM), early marriages, preference for sons, early pregnancy, and dowry or bride price (Girl Child Report 2001). A number of harmful traditional practices were noted found during this study as factors that continue to hinder girls from accessing some of the social services, especially education, as well as other services necessary for their proper physical, mental and emotional development.

FGM in Kwamtoro and Moshono ADPs was cited as a harmful practice that girls in these communities face. Parents, teachers, community leaders, health workers and the children themselves acknowledged the presence of FGM. It was noted, however, that due to continued sensitisation meetings that have for a number of years been facilitated by WVT, there has been a decline in the status associated with FGM and the community celebrations. In the past, they say, many girls would undergo FGM. But now very few girls, especially very young ones (as young as a week old), continue to suffer and the practice has gone underground. The majority of the community members are aware of the physical effects of FGM and the legal consequences.

However, they believe it will take time for the practice to stop entirely.

One primary-school teacher at Sindeni ADP commented that “girls continue to be seen as properties belonging to their households”. He cited this as a main reason for poor performance and/or dropping out by girls, along with early marriage. In most villages it was observed that parent-arranged marriages are the norm. Parents determine to a great extent when, how and who will marry their daughters. Bride price was mentioned as a strong motive behind these arranged marriages. “Most parents are concerned with how much they will receive as a result of their daughters being married”, said another teacher.

The actual practice in recent years has been for parents to arrange for a daughter's marriage while the daughter is still in school. There is also a very close tie between FGM and early marriage. Once the parents have found a husband for a school-going girl, her concentration and efforts to study wane, contributing to failure in examinations. The study found very interesting stories of both parents and children describing marriage of their daughters (or elder sisters) as an achievement. Being married was equated with getting a job. Stories exist of some parents discouraging their daughters from excelling in studies because this could lead them to pass their examinations and make it difficult for parents to fulfil their arrangements to marry off their daughters.

During the study getting married was cited as the main career option for most girls after completing their primary education. Another option mentioned was migration to urban areas and cities, which was also seen as a career achievement for many girls. Migration was perceived as giving girls the economic power to support themselves, as well as their families, through domestic work or, in a few cases, commercial sex work.

When analysing the kind, nature and extent of activities both within the household and outside the home, it was evident that girls constitute the main workforce in support of a number of activities. As a result, girls lack adequate time for rest and study at home. A chain of activities overburdens girls from early in the morning, before they depart for school, while at school, and immediately after they come back from school. The activities in Table 2-3 were cited by those interviewed:

Describing the nature and extent of activities done by boys and girls, one parent from Damuye ADP had this to say: "Girls are weak physically and therefore their activities in the household are those that do not require a lot of energy. Girls have many activities that use less energy, while boys do a few activities that usually require use of physical energy". This is one explanation for why girl children carry out a large number of activities without due consideration for the fact that, as children, they need time to rest, to play and to study while at home.

Table 2-3. Girls' and boys' activities

Activities typically done by girls	Activities typically done by boys
House cleaning (both inside and outside environment)	Fetching water (must use family bicycle)
Washing dishes	Tending family animals (sheep, goats, cattle)
Cooking	Farming activities (seasonal)
Collecting firewood	
Fetching water	
Feeding siblings	
Farming activities (seasonal)	
Tending siblings (especially when the mother is not available)	
Going to market	
Washing clothes (of family members)	

Source: The Girl Child Research Study 2003

Case story 3

Mercy John, a 14-year-old girl, lives in the Samuye ADP area. At the moment she is at standard VII and expected to sit for final examinations in September this year. Describing the different tasks she has to do before going to school and after coming home from school, she said:

“Always I must make sure that I wake up before 6 a.m. The first thing I do in the morning before going to school is to fetch water. Then I prepare porridge for my younger siblings as well as ensuring that all dirty kitchen utensils are cleaned before I leave for school. In the evening, after getting back from school, again I have to go and collect water. It takes up to two hours to collect water from the one source available for water in our village. It usually takes longer because many village members [especially women and girls] go for water at evening hours.

Another activity that will occupy my evening is preparing the family evening meal. While I am cooking, I also wash dishes and clean the surrounding home environment. In the evenings I also must take care of my siblings, especially bathe them and on some occasions change their dirty clothes. I usually finish my tasks at around 9 p.m., very tired and ready for sleeping. Because of domestic tasks I usually don’t have time to study at home. After all, my parents usually say they don’t have money to buy kerosene to put into the lamps so that I can study at night. On Saturdays my main activity is to go into the distant bushes (together with my friends) to find and collect firewood. It usually takes most of my day. We leave at 7 a.m. and return home at around 1 p.m. or 2 p.m. During farming seasons, together with my brothers and younger sisters, we go to the farm before going to school”.

Girls are the future women and mothers in every society. The activities assigned to girls were also attributed to the fact that a society must prepare its children for their future lives. Since it is women’s role to carry out most of the domestic work and tend their family, it is considered logical for girls to do similar work regardless of their ages and educational needs. Such gender imbalances in the society at large have negative and damaging effects on the well-being and welfare of a girl-child.

Access to health services

This study did not find any discrimination or bias in access to health services between girls and boys. Health personnel and community leaders acknowledged that there are biases and discrimination regarding girls’ access to educational services, but no such biases and discrimination exist in girls’ access to health services and facilities.

The study, however, did find that children (both boys and girls) as well as communities in general still face a number of challenges and issues that make it difficult for them to access health services within their villages. This is so for a number of reasons, detailed below.

User fees

The cost of health services was cited by those interviewed as one of the main limits on children’s access to health services within their respective communities. Many Tanzanians living in rural areas are experiencing increased poverty due to HIV/AIDS; falling prices for cash crops, especially coffee; poor infrastructure (roads and communications); and so on. At the dispensary level under-five children are not charged any fee. Fees for older children and adults are confined to the drugs that they receive. This usually ranges between TSHS 100 and several thousand TSHS, depending on the nature of the sickness and the costs of the drugs. However little the amount, though, those interviewed indicated that they find it difficult to pay.

When asked about measures taken if one of the children in the household had fallen sick within the last 30 days, over 37 per cent of respondents said that they had not taken their children to a health facility due to lack of money. Other reasons cited were the poor quality of health services rendered, lack of facilities and/or personnel and corruption. In Kabale dispensary especially, those interviewed indicated that the cost of medicine was an issue of concern for them.

Shortages of drugs

Four out of the five dispensaries visited during the study do not charge any fees. All services rendered are free. (However, under the ongoing health reforms, all health facilities eventually will operate either under a system of user fees or a community health fund.) The main problem cited in these four centres is a chronic shortage of drugs. "It usually takes the first seven days of the month to finish our monthly allocations of drugs," revealed one health official during the interviews. Thus, for approximately three weeks of each month those who visit the dispensary, whether children or adults, will be reviewed by the health worker on duty. If they need drugs, they will be given the prescription and asked to buy the medicine in a pharmacy. Because of this, many parents don't take their children to the health facilities, especially after the seventh day of the month.

Corruption

Respondents indicated that corruption still exists in district and regional hospitals and is one of the main problems they face. "You must give something for your child to receive attention and services at these centres," explained one respondent. In one community where 20 members were interviewed, 12 respondents described the services they receive in the village dispensary as very poor. When asked why, they indicated that it is because of corruption. To receive service in that particular dispensary, you must give something, they reported. "No giving, no service."

Poor quality of services

The quality of services offered through government health facilities locally and at districts and regional hospitals was rated by 87 per cent of respondents as "average" or "poor" quality. Respondents reported lack of medicine, shortages of health workers and inadequate facilities. Bad attitude and unfriendly attention from health workers were common. Centres did not have places to sit and lacked water. However, in one visited within Moshono ADP in Arusha, the majority of those interviewed indicated that though the dispensary needed to be improved for better service delivery, they receive very good attention from health workers. The respondents praised the services that they receive there from health workers.

Slow service

Due to overcrowding, one has to spend long hours in long queues before receiving services. A person may spend up to six hours in the dispensary waiting for services. Under health-sector reforms in Tanzania, a dispensary is supposed to provide health services to 6,000–10,000 people. In one particular incidence a dispensary is currently serving over 18,000 residents from five villages. Lines and waits are particularly long in the first few days of the month, when drugs are available. In fact, once the month's drug allotment is gone, very few community members attend dispensaries.

The Impact of poor health services on girls

Poor health service provision has a very serious, albeit indirect, impact on girls. When a family member is ill, girls stay at home and take care of the family while the mother takes the patient to the clinic. The time-cost of accessing health services is therefore a further pressure that reduces the quality of a girl's experience of education.

Distance to the health facility affects not only health service provision but also the time that girls must devote to caring for family members. Some people have to walk or ride a bicycle up to 40 kilometres to reach a health facility. Table 2–4 presents the distances people in the five areas studies have to traverse to reach a health facility.

Table 2–4. Estimated distances from home to health facility

Health facility	Furthest village served
Misima dispensary (Misenyi ADP)	40 kilometres
Kinyamshindo dispensary (Kwamtoro ADP)	8 kilometres
Kabale dispensary (Lweru ADP)	15 kilometres
Nduruma health centre (Moshono ADP)	10 kilometres
Usanda dispensary (Samuye ADP)	10 kilometres

Source: The Girl Child Research Study 2003

Health workers' views

All the health workers who were interviewed indicated that shortage of personnel, poor working conditions and low salaries are some of the important issues that the government should focus on in order to improve service delivery at local levels. Staff houses and laboratory facilities are needed in these government facilities. In Misima dispensary (Sinden ADP), for example, there were only three staff where six were needed and no laboratory facilities, such as a microscope. The dispensary does not have enough rooms for different functions, and at present the injection section has been combined with wound dressing, both activities taking place at some small room.

Conclusion and recommendations

Though government social services such as primary schools, health facilities (dispensaries and health centres) and secondary schools are available for use by children in the villages visited during this study, they are inadequate in number and lack necessary structural and infrastructural facilities such as personnel, buildings (classrooms, staff houses), furniture, laboratory facilities, teaching aids, books and so on. A number of children and their families find it difficult to access these services due to factors such as long distances, overcrowding, corruption and bad attitude among government workers. Due to significant increases in poverty at the household level, families find it difficult to meet costs associated with the education and health services for their children that have been introduced by the government.

Over the five years from 1997 to 2002 girls in standard I represented 46 per cent of the students in the five primary schools visited. More girls than boys dropped out from primary education due to factors such as pregnancy, early marriage, harmful traditional practices and lack of support from their parents. Fewer girls (by 6 per cent) than boys were selected to join secondary schools over the same time period. Compounding factors included girls' overworking at home and in schools, sexual harassment by adults, sexual relationships while at school, lack of time for study and rest at home and low self-esteem among girls.

SAPs failed to mitigate poverty problems in Tanzania; and the ongoing poverty reduction strategies are yet to record positive changes in the war against poverty, especially in rural areas. Over the last decade there has been a significant increase in poverty in Tanzania, especially in rural areas. For the poverty reduction strategy to become more effective, the ongoing policy discussion and implementation must deliver pro-poor growth. The process should never be just the elite. All Tanzanians from all walks of life, children to adults, need to have a collective vision and participate in the process.

Access to water was cited by a number of respondents as having great potential to alleviate the situation of the girl-child, especially in rural households. More spending by government and development partners in this area is needed. The energy sector also has a wide impact on girls' well-being in rural areas. Rural electrification, bio-gas, solar systems and so on must be high on the development agenda for rural areas, as these will help unlock many girls from the chains of domestic work.

Though the PEDP has entered into its second year of implementation, more funds and resources are still needed to boost the sector. Government needs to increase spending on education. Education as a system needs to provide children with the skills, knowledge, attitudes and values they need to break out of the cycle of poverty and secure sustainable livelihoods. The ongoing poverty reduction strategy needs to encourage recognition of the relevance of education.

More resources are needed to improve the capacity of health facilities (dispensaries and health centres) to deliver much-needed services to the communities. More health facilities should be put in place. The government should aim to ensure that citizens have access to health services in each village. Health facilities should be stocked with enough and appropriate medicine, qualified and motivated personnel and auxilliary facilities such as laboratories. Due to high poverty levels, the majority of poor rural dwellers are finding it difficult to pay user fees. All development partners must seek an alternative financing model, one that takes care of the real situation of the ordinary person in the village.

More measures must be taken by government to ensure accountability of government workers. Good governance principles and ethics need further implementation. Poor working conditions, lack of facilities and low incentives to

government staff contribute to corruption. These factors should be appropriately dealt with. The World Bank and the IMF need to consider these factors high priorities in their technical consultation with government and also follow them up closely.

In all the villages visited there is evidence of an increased presence of CSOs and NGOs. These were highly commended by local citizens. Government as well as donors need to continue to co-operate with different CSOs and NGOs, thereby supporting them as development partners. Government may also choose to fund certain NGOs that prove to have the needed capacity, experience and expertise.

Multiple factors compound the situation of the girl-child in Tanzania. NGOs and CSOs, including World Vision, need to ensure that project/programme design, monitoring and evaluation focuses on addressing girls' specific issues and challenges in the community. More community mobilisation and sensitisation on factors affecting girls' well-being is needed. The World Bank and the IMF can develop or ensure the development of comprehensive

programmes by countries that will address specific girl-child concerns. Empowerment of women and girls empowerment is necessary for fuller emancipation of girls in rural communities in Tanzania.

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Annex I: Questions for interviews with families

1. How many children do you have? Their ages and sexes.
2. Do/did all the girls attend school? (If not, why?)
3. Do/did all the boys attend school? (If not, why?)
4. Do you have a child working/living outside the home? (What does he or she do? What age? What sex?)
5. Have any of your children gone to secondary school or college Boy or girl?
6. What roles are filled by girls at home?
7. What roles are filled by boys at home?
8. Have all the children been immunised? If not, who has not – sex and age?
9. Have any of your children gotten sick in the last 30 days? Boy or girl? What did the family do?
10. What social services for use by children exist in this community? Who provides them?
11. Are there any problems associated with government services in education, health and/or water?
12. Does the family receive any regular visits from government workers connected with the children or any other form of help?
13. What reasons keep girls out of schools?
14. What opportunities exist for girls after school?
15. Does your family believe that daughters have the opportunity to achieve as much as sons?
16. Are there tradition and practices in your community that affect boys and girls in their education?
17. What costs are associated with education for your children?
18. What costs are associated with health care for your children? Can the family meet all of these costs?
19. Have you been referred to a district or regional hospital when a child was sick? (If yes, what difficulties were encountered?)
20. How do you rank the health services you received, at both local and referral centres (Excellent/Good/Average/Poor)? What are the reasons?
21. Are there traditions and taboos related to utilisation of some foods? Are there foods that boys and or girls are not supposed to eat?
22. If there is a difference between the girls and boys in the family in regard to attending school or health clinics? If so, what are the reasons for this difference?
23. What should be done to increase access and use of education and health services by children, especially girls? What should be done by NGOs? by government? by communities?
24. Can you identify any welfare or other services for children that should be provided locally that are not available at the moment?
25. Are you aware of any local body responsible for the protection and care of vulnerable children (children being injured or otherwise abused)? Is this body visible within the community and accessible by children?
26. Are there any social services that the government could provide that would be particularly helpful to children, especially girls?

Annex 2: Questions for interviews with teachers

1. Name of school?
2. How many male teachers? How many females teachers?
3. How many boys in the school? How many girls?
4. What problems does the school face at the moment and how do those problems affect enrolment, performance and attendance of the children in the school?
5. Does disparity occur in enrolment, attendance and performance between boys and girls?
6. What should be done to increase the enrolment, attendance and performance of girls in this school?
7. What do you think could/should be done to help girls if more resources were available?
8. What resources are needed to make schools better places to help more girls?
9. Who are the actors in supporting your local initiatives toward improving education in the community (community, government, NGOs, private, other)?
10. What roles have been played by actors in improving the situation of education in the school and community (separate roles per actor)?
11. What more should the government do to improve education within the community?
12. What should parents do to improve the education of their children, especially girls?
13. What should girls in particular do to improve their educational performance?
14. What should NGOs do differently to improve education in the community?

Annex 3: Question for interviews with health workers

1. Name of the health centre?
2. Number of male staff? female staff?
3. What are the main problems and/or challenges facing this facility that cause it to fail to deliver required service to community members, especially children?
4. Do you record the gender of children attending (or visited), and do these figures show any significant disparity between the number of boys and the number of girls accessing the service?
5. Have you observed any disparity that does not show up in the statistics?
6. What reasons might account for disparity in access and/or use of services by the girls and boys in the community
7. What are some of the costs that parents incur for the health care of their children?
8. Do you think parents are able to meet these costs?
9. How do you think that access and/or use by girls could be increased?
10. What do you think should/could be done to help girls if more resources were available?
11. What harmful traditional practices have you observed in the community that affect girls' health?
12. What should be done to promote primary health care for children within the community? What should be done by government? by parents? by NGOs?

Annex 4: Questions for focus-group discussions with children at school

1. What social services for use by children exist in this community?
2. Are there any problems associated with government services in education or health?
3. Does the family receive any regular visits from government workers connected with the children or any other form of help?
4. Do/did all girls at your village attend school? (If not, why?)
5. Are there any children working or living outside their home? (What do they do? Their ages and sex?)
6. What roles are filled by girls at home?
7. What roles are filled by boys at home?
8. Have there been times when a child was sick and the family failed to take the child to the health centre? (If yes, why? What was the age of the child? the sex?)
9. Who is given attention by the family when sick, a girl or a boy? Why? Are there signs of discrimination?
10. What keeps many girls out of schools (primary, secondary and college)? What keeps girls performing well in this village?
11. What opportunities exist for girls after school?
12. Do families believe that their daughters have the opportunity to achieve as much as their sons? (Do parents expect girls to perform well? Do they motivate their girls?)
13. Do families think girls can contribute to the future of their country? In what ways?
14. In what ways do parents and/or the community express discrimination against girls? (Hint: birth preference of boys vs. girls, inheritance patterns and so on)
15. In order to improve the condition, environment and development of children, especially girls, what should be done?

Annex 5: Questions for focus-group discussions with village leaders

1. Name of the village?
2. As community leaders, how do assess the well-being of children in this community (health, education, moral and so forth)? Is their condition good? bad? Why?
3. What social services exist in the community for use by children? Who provides which services?
4. What are the main problems in the community as far as health services and/or facilities for children are concerned?
5. Are there any practices in the community that indicate girl children are discriminated against by parents? If yes, what practices? How do they lead to discrimination? Why do they continue?
6. Does the community have any child-protection facility (against exploitation, abuse and so on)?
7. Are there any bylaws in the community that protect children? What are they?
8. What more should the government do to improve primary health care for children within the community?
9. What are the main education problems facing children in the community?
10. What are the main problems in the community as far as education services and/or schools are concerned?
11. What needs to be done to solve these problems?
12. What more should the government do to improve education for children within the community?

Annex 6: Questions for focus-group discussions with children who do not attend school

1. Why do you not attend school? What happened (separate the reasons for the girls and the boys)?
2. What suggestions would you make to parents to prevent similar problems from happening?
3. What suggestions would you make to teachers and schools to prevent similar problems from happening?
4. What suggestions would you make to government to prevent similar problems from happening?

Annex 7: Community leaders who attended focus-group discussions

Name	Sex	Position
Samuye ADP		
Adam Msigala	M	Primary Court Magistrate
Rashid Seff	M	Village Chair
Paul Katobesi	M	WEO
A. Kimambo	F	Project Coordinator
Sindenzi ADP		
Ramadhan Omar	M	Village Chair
Gwando Hussein	M	WEO
Rukia Kizinga	F	WEO
Yahaya Senkondo	M	Village Chair
Fatuma Magimbi	F	CRS
Waziri Selemani	M	ADP Member
Rashid Kivuma	M	ADP Member
Salim Ngaido	M	VEO
Emmanuel Thomas	M	Community Sponsorship team
Habiba Mtunguja	F	ADP Member
Suphian Kopwe	F	ADP Member
Rehema Omar	F	ADP member
Salehe Duri	M	ADP member
Kingazi Francis	M	Police Officer
Patricia Martin	F	Police Officer
Kwamtoro ADP		
Amina Mamuya	F	ADP nurse
Paul Joseph	M	Community Sponsorship team
Gawa Mologa	M	Extension Worker
Magdalena Max	F	Community Sponsorship team
Ally Songo	M	ADP Member
Ally Mwangi	M	ADP Chair
Margaretha Gatwasana	F	Village Chair
Aggrey Kundya	M	ADP Member
Joseph Wenga	M	WOE
Wilfrida John	F	Teacher
Theresia Daame	F	ADP member
Emelia Joseph	F	ADP member
Hussein Hussein	M	ADP Chair

Fabiana John	F	ADP member
Pius Majengo	M	ADP Secretary
Kaminyonge Ramson	M	ADP staff
Lweru ADP		
Winifrida Clemence	F	ADP member
Sophia Protace	F	ADP member
Protace Mbaiya	M	Primary Court Elder
Adventina Emmanuel	F	Village Government Member
Peter Kalokola	M	ADP member
Gasper Nestor	M	Primary Court Councillor
C. Ngaiza	M	ADP Chair
L. Mutalemwa	M	Primary Society chair
Kabone A. R	M	Health worker
Romward Clemence	M	ADP member
Njunwa Spidion	M	Community Sponsorship team
Audax Makuka	M	Subvillage chair
Khalfan Kapyabuhama	M	Party Chair
E. Mganga	M	Project Staff
Regina Kasabago	F	Community Sponsorship team
Joscar Leornard	F	Community Sponsorship team
Joshua Jackson	M	Community Sponsorship team
Stella Gosbert	F	ADP member
Moshono ADP		
Suzan Mrema	F	ADP Nurse
Obed Kalle	M	Community Sponsorship team
Samson Guakali	M	Community Sponsorship team
Alphonse Abel	M	Community Sponsorship team
David Mungure	M	Clinician Officer
Jane Sirikwa	F	WEO
Wilfred Laizer	M	ADP Chair
Jacob Mushi	M	Project Coordinator
Mkumbwa Ramadhani	M	Head Teacher
Scolastica Bura	F	Head Teacher
M.Vomo	M	ACDO
Eliamani Soxe	M	Party Chair
Elia Pallangyo	M	VEO
Mary Lema	F	Sponsorship Department
Anna Mrosso	F	ADP Secretary

Note

¹ Annual average growth in real GDP was 3.9 per cent during 1966–75, to which growth rates in sectoral value added contributed as follows: agriculture 2.3 per cent, economic services 4.8 per cent, manufacturing 6.5 per cent and public services 9.5 per cent. Inflation averaged 7.5 per cent annually, and the external current account deficit averaged 4.5 per cent during the same period.

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Public Services and the Girl-Child in Costa Rica

World Vision Costa Rica

Introduction

The establishment of the International Convention on the Rights of Children creates the Doctrine of Integral Protection. This doctrine highlights the progressive recognition of the rights, duties and guarantees of children and adolescents as persons and as active subjects who deserve the full exercise of their rights.

In the Costa Rican case, the influence of the Doctrine of Integral Protection is materialised in the approval of the Code for Children and Adolescents in 1998, which recognises the set of rights, duties and responsibilities of minors and reconstructs a national system and local systems for the protection of the rights of children and adolescents.

However, these efforts are limited due to the picture of social deterioration that Costa Rica is undergoing, as minors are victims of a society that lacks a solid basis of moral and spiritual values. The Costa Rican family appears to be a weak, defenceless structure in the face of the social and economic issues that the country is going through.

In the first place, the state must ensure for the child population a healthy living environment that provides them with emotional and physical well-being. The Code for Children and Adolescents states: "It shall be the general obligation of the State to adopt the administrative, legislative, budget and any other measures necessary to guarantee the full effectiveness of the fundamental rights of minor persons" (Law 7739, art. 4). The state, therefore, cannot cite budget limitations as a reason for neglecting the obligations mentioned above. Nevertheless, the human and budget limitations present in services offered by the state to children make it impossible for attention and quality to be optimum.

In the face of this everyday struggle, two different discourses are heard in the national domain: the discourse on reality (the degree of protection achieved) and the discourse on standards (the degree of protection due)—the discourse on "being" and the discourse on "being obliged to be". Minors in a disadvantaged social situation are affected by a large number of negative situations which the Costa Rican state is not meeting as promptly as necessary, for want of a good political will that would make it possible to establish and implement programmes of prevention and adequate treatments.

Hand in hand with the existing legal standards and their unfavourable outcomes goes the process of socialisation characteristic of every human culture. An individual learns attitudes, principles, values and patterns of relating which vary according to the historical, economic, social and cultural conditions in which he or she lives.

Socialisation includes, among other things, learning behaviours and values according to each person's sex. Early on, differences are shown in the treatment given to girls and boys, and one learns to "be a man" or to "be a woman". For example, boys are allowed greater spatial mobility, are encouraged to be independent and to engage in physical activity that can even be rash and violent, as well as to be detached from home responsibilities. Girls, on the other hand are prepared to take on home responsibilities, to care for others—even above the satisfaction of their own life needs—to be submissive and dependent.

Programmes have been recently created in Costa Rica that seek to overcome gender inequities and to look for solutions; this involves prioritising actions in this stage in life that will allow for changes in socio-cultural patterns with a view to gender equality and equity. This search for equality and equity of opportunities and rights for boys and girls

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requires the generation of conditions that will make it possible for them to define their identities for the construction of autonomous life projects. Despite these advances in the area of gender, the road ahead is difficult, as it involves breaking social and cultural patterns that are deeply rooted in Costa Ricans.

While it is true that public policies in Costa Rica seek to make sure that public services, such as education, health and access to justice, are actually carried out, both institutional inability and the processes of socialisation limit the use of these services, not only by girls but by the whole child population located in rural areas with features of marginal areas.

and inequity and discrimination in the enjoyment of education, health, family and recreation. Low-income families have experienced an increase in inequities in the access to social care services, which significantly affects boys and girls.

The educational system, even though it welcomes children in their first learning years, is failing to foster mechanisms to keep that learning going. The health system has lost its social purpose and has become a business. In the rural areas centres lack specialised education and equipment to treat more than the most basic diseases.

Many rulers in Costa Rica have been unable to distinguish actions oriented towards adults and those oriented towards children. Laws, policies, programmes and projects do not set a clear difference between a social service offered to the child population and one offered to the adult population.

In the presence of such threats to the emotional and physical well-being of children, one begins to harbour doubts concerning the role of the Costa Rican state. What investment is being made by the state to watch over the rights of children? What actions are being taken to offer high-quality services to children? And what do children think? Is their opinion taken into account by governmental entities?

Given these concerns, those who are involved in the issues of minors realise that the efforts of the public sector are inadequate to care for this population, and that it has become necessary to set forth a policy that integrates both the public and private sectors for the sake of the well-being of children.

Children in rural areas suffer the problem of poverty to a more serious degree. Poverty is a scourge that does not discriminate by sex. The issue of access to services by the girl-child population is compounded by significant factors that must be taken into account, namely, certain environmental conditions for these minors (family, community and work environment) where the adequate and appropriate mechanisms of protection to face the challenges are insufficient.

The programmes carried out by the Costa Rican state in the area of children are contaminated by bureaucracy, lack of effective policies and lack of commitment, zeal and sometimes knowledge of the problem by the professionals who are responsible for the fulfilment of the rights of children.

Research objectives

In general, the research aimed to evaluate access and use of the public services available to the girl-child population of the Chorotega zone and the communities in the northern border belt of the country (the Huetar-Atlantic Region). The study was based on the assumption that there are factors that affect access to state services and their use in different ways for girls and boys.

Specifically, the study concentrated on education, health, recreation and culture, all of which are considered primary rights in the Code on Children and Adolescents (see Part II, "Rights and Obligations"):

- To get to know the supply and demand for public services for the girl-child population, in terms of interests, needs and conditions.
- To identify the factors that may be influencing access to and use of state services by the child population, especially by girls.
- To set recommendations for the providers of public services for actions that can be taken to improve the access of the girl-child population.

Importance of the topic

Costa Rica is undergoing a series of transformations that have resulted in an increase in social problems, and thus in the rise of serious barriers for the fulfilment of children's rights—barriers such as child labour, sexual exploitation,

The Costa Rican situation

The socio-economic picture

The Costa Rican state seeks, through certain public policies, to ensure the access of the child population to basic services, defined as health, potable water, education and housing. The purpose is to strengthen a social network that ensures the well-being of children and their families, working as a support tool in the fight for their rights.

However, governments in the last twenty years have resorted to approaches to development that have focused on macro-economic stability, considering economic development as an appendix of economic growth. Thus, the social policy must prioritise the strengthening of social development as an objective of economic policy. Juridical reform has contributed to this in the issues of children's rights, as it has expressed the commitment of the Costa Rican state.

General data from Costa Rica's Ministry of the Treasury indicate that these social policies demand from the state the investment of important resources. With respect to the GDP, the proportion of these resources in the period 1999–2001 went from 5.5 per cent to 6.4 per cent in social assistance; from 4.7 per cent to 5.5 per cent in health; and from 4.1 per cent to 5.2 per cent in education (see Table 3–1).

Despite this investment made by the state, the situation of minors in the cantons studied reflects a series of factors that lead to questioning the effectiveness of the policies in the area of children. One can note, among others,

deterioration in financial income, lack of employment sources, increase in cost of life, lack of job training and low educational level. These aspects contribute to the disintegration or disorganisation of the families, and children are the most affected population; socio-economic deterioration can be noted in the Chorotega and Northern Hueter zones, where the conditions of life and access to basic health services for both boys and girls—and generally speaking, for all the inhabitants of the area—are limited.

The health sector

Sixty years ago Costa Rica made a clear choice for social guarantees as the basis for social peace and economic growth. The Constitution established the Costa Rican Social Security Fund as the entity in charge of watching for the services of health and social prevision.

In the mid-nineties, in order to achieve better access by the Costa Rican child population to health services, the implementation of the Basic Teams for Integral Health Care (EBAIS) started as a mechanism to decentralise health services and bring them closer to the people. It is worth noting that the rate of infant mortality decreased from 14.8 per thousand in 1990 to 10.2 per thousand in 2000 (see Table 3–2).

A series of programmes is currently promoting adequate feeding for children. Still, these programmes do not consider the fact that investment in school lunchrooms is inadequate. Much of the child population does not receive food at home, and they expect the school to offer feeding. Data such as that in Table 3–2, which show a decrease in the percentages of malnourished children, do not mean that the problem has been solved.

Table 3–1. Social investment as a percentage of GDP, 1998–2002

Sector	1998	1999	2000	2001	2002
Education	4.47	4.10	4.70	5.15	5.49
Health	4.77	4.73	5.02	5.38	5.65
Social assistance	5.88	5.50	5.96	6.30	5.86
Housing	1.56	1.46	1.49	1.67	1.73
Total	16.85	15.92	17.31	18.69	18.89

Source: Development's Observatory, University of Costa Rica, 2003

Table 3–2. Evolution of health indicators

Health	1990	1995	1996	1997	1998	1999	2000
Infant mortality rate (%)	14.8	13.2	11.8	14.2	12.6	11.8	10.2
Births with medical assistance (%)	95.2	97.7	97.9	97.8	98.1	98.2	98.3
Malnourished children (%)	4.8	3.8	4.2	4.0	3.7	3.4	3.2

Source: MIDEPLAN

The education sector

Primary and secondary education is free in Costa Rica. The programmes presented by the Ministry of Education aim for the education received by children and adolescents in the coming years to influence the evolution of the labour force and the development of the nation.

Access to and use of schools by the child population in the areas studied seems limited by factors such as distance, lack of family motivation, low educational level in the parents and restricted income.

Children in rural areas come from fathers and mothers whose educational level is minimal. This results in a home environment in which education is not perceived as a tool for personal development that will be useful in the future but as a mere obligation.

Low income in these families forces girls to work. Some of them combine their school activities with work, but in many cases they stop studying, thus increasing the school drop-out rates.

This educational problem generates different kinds of pressures on the system and leads to a reflection on the need to increase both the quality and the quantity of formal education in order to provide girls with the basic tools to enter a labour market that demands more qualified workers. It is the responsibility of the state to create training opportunities for this population in order to raise their access to better, more highly paid jobs.

Methodology

Identification of the research process

The first activities were carried out in order to gather information on topics such as child labour, school dropouts, family environment, recreation, and public policy and protection mechanisms in Costa Rica. The study was done by reviewing literature and statistics on these different topics. Interviews were scheduled with people in five cantons in the northern area of the country (Chorotega and Northern Huetar Regions): La Cruz, Santa Cruz, Upala, Abangares and Los Chiles.

As a part of this work of contextualization of the research object, representatives and officers of public entities were interviewed so that the reconstruction of the local national scene would contribute towards the field work to be carried out afterwards.

Gathering data

In order to collect specific information from the cantons being studied, various instruments were applied in two stages. In the first stage we visited five communities in each canton, in order to achieve an adequate representation. Afterwards, three communities were chosen for a follow-up of the information gathered (see Table 3–3).

In these communities we interviewed previously selected families in order to obtain a diversified sample from which we obtained a picture of the inhabitants of these areas in

Table 3-3. Interviews, April 28–May 28, 2003

Canton	Communities visited	Number of families interviewed	Participating children
La Cruz	Caoba Santa Cecilia Dos Ríos	42	50
Upala	Méjico Fósforo San Jorge	40	50
Los Chiles	Pavón El Parque Los Chiles	45	15
Santa Cruz	Ostional Corralillo Veintiseis de Abril	40	35
Abangares	Colorado Raízal Bebedero	45	45
	Total	212	195

the country. In each community visits were made from home to home, and we found much openness among the people interviewed.

Group dynamics were held with girls and boys at the time of visiting the schools. The children interviewed were in fourth and fifth grades, that is, between ages 10 and 12.

The officers interviewed were from both the communities and the local offices and the central offices (in the capital city, San José). Many of these schools do not operate regularly, so it became necessary to look for other sources that would provide the required information.

In the second stage we proceeded to apply instruments that would provide information to complement the data obtained earlier. Interviews with 37 teachers in 13 communities in the cantons under study (including two communities in adjacent cantons), 20 personnel in health centres at eight communities (including two communities in adjacent cantons) and 57 adults in general from 14 communities (including two communities in adjacent cantons)

allowed us to obtain a clear picture of the situations that favour or limit the use of public services (see Annex 2).

The cantons

The research focused on the northern area of Costa Rica. According to data from the State of the Nation Report for 2001, the Northern Huetar Region has shown one of the highest poverty rates in the country in recent years, and the cantons of Upala and Los Chiles are among those whose development is lowest. The study centred upon La Cruz, Santa Cruz and Abangares, three cantons in the province of Guanacaste, a region that shows the highest consolidated deficit in housing and the lowest coverage in social services.¹

Throughout the process, inquiries and interviews held in nearby cantons were included. These are cantons like Cañas and Carrillo (in the Chorotega Region), which present very similar conditions to the cantons under study and enrich the diagnosis of the panorama of the whole region.

La Cruz

The canton of La Cruz is located next to the border with Nicaragua, 25 minutes from the Peñas Blancas border point. This area has one of the lowest development rates in the country. Out of a population of 16,496, 3,823 belong to the urban zone and 12,673 to the rural zone. They are served by five EBAIS and one health centre.

Upala

This canton is located in the northern zone of the country. It is characterised by high poverty rates. Even though it includes ample land for agriculture, its residents have faced problems with their crops that have resulted in loss and malcontent among the inhabitants. Upala's total population is 41,102, of which 6,166 make up the urban sector and 34,936 the rural sector. They have 10 EBAIS and one regional hospital.

Los Chiles

This canton, located in the northern area of the country, is one of the five poorest in the national territory. It includes a very high immigrant population from Nicaragua. The total population is 19,732, of whom 16,779 are in the rural area and 2,953 in the urban one. They have seven EBAIS.

Santa Cruz

This canton is located in the province of Guanacaste, in an area that is for its dedication to tourism. It can now be reached from San José in three and a half hours by the new Tempisque Bridge. Of the total population of 40,821, 10,295 are in the urban area and 30,526 make up the rural area. They have 12 EBAIS and one integral health centre.

Abangares

This canton is also in the province of Guanacaste. This canton is closer to the central areas of the national territory than the other cantons studied. Its urban area has 4,203 inhabitants, and the rural area has 12,073, for a total 16,276 residents. They have four EBAIS and one health centre.

Synthesis of the data gathered

Once the information was gathered, we studied the results—both of the field work and of the local and national indicators. The analysis of the information is based on quantitative variables and then extends to a qualitative level that offers a critical reading of the social phenomena and the institutional conditions behind the various scenarios.

Results

The present research shows that in the regions under study children face a series of difficulties that affect their opportunities to access and make adequate use of public services. These are some of the limitations that the communities face. Children represent the most vulnerable population in the whole panorama under study, both in the zones of the Chorotega Region and in the cantons of the border belt of the Costa Rican territory that belong to the Northern Huetar Region.

The picture described below is based first of all on information gathered before community visits. In the second place, it is based on data obtained from visits during interviews made with families, governmental officers, teachers and health personnel, and from group dynamics with children in the communities. In a parallel way we provide some features observed on the basis of experience of the working teams of World Vision Costa Rica throughout its presence in the area.

Education

Access

In terms of access to education, the percentage of enrolment for both sexes is even; in cycles I and II, according to the Ministry of Public Education (MEP) Department of Statistics, it is made up of 52 per cent boys and 48 per cent girls.²

Comparing these figures to the enrolment figures of the MEP shows that the composition of the enrolment is quite

similar to the national average, which is 51.7 per cent men and 48.3 per cent women. Thus we can assume that in terms of access there is no significant difference in cycles I and II.

According to MEP data for the year 2002, at a national level, 95.3 per cent of girls of school age were enroled, whereas the percentage for boys was 94 per cent.³ For junior high school (cycle III), 60.4 per cent of the girls were enroled, compared to 57.8 per cent of boys. In the cantons under study, the balance of enrolment for cycle III was 52 per cent for girls and 48 per cent for boys. However, enrolment for secondary school is much lower than for primary. In fact, access to secondary education is more limited, as the total enrolment in these cantons is 22,921 for primary and only 10,557 for secondary. This reflects the limited coverage of secondary education in the area being studied. In 2002, there were 32 high schools in these cantons, in contrast with 325 primary schools. Despite the existence of complementary programmes offered by the MEP, such as the TV High School, these initiatives do not succeed in reducing the negative indicators in terms of coverage.

In the face of these inverted percentages between primary and secondary school in terms of the composition of the enrolment by sex, it is worth asking why boys attend the secondary school in lesser proportion when they make up a slightly higher majority of the population. One likely influence is the high rate of male child labour in these

communities. The child population engaged in work is less likely to attend school (see Table 3–4).

These data indicate that the number of adolescent boys who are working is much higher than that of adolescent girls working, and that the percentage of adolescent boys working who do not attend school is higher than that of girls in the same situation.

If remunerated child labour affects adolescent boys more than adolescent girls in terms of education, this may account in large part for the majority of girls in the secondary schools; in the cantons under study the differences between the rates of male and female child labour are high (see Table 3–5).

Upala, Los Chiles and La Cruz are the cantons in the study that are most strongly affected by child labour, especially for boys. And it is in these cantons that female enrolment in the secondary school is much higher than the male one. The fact that many children and youth value production activities over education evidences the economic difficulties that many families are experiencing.

Use

In 2002, in cycles I and II, 86.6 per cent of the girls passed, in contrast to 80.5 per cent of the boys. This is consistent with teacher interviews, in which 46 per cent indicated that both sexes perform equally, 49 per cent asserted that

Table 3–4. Activity and lack of school attendance

Condition of activity and school attendance	Population, 12–14 years old			Population, 15–17 years old		
	Total	Boys	Girls	Total	Boys	Girls
Working	10,280	8,593	1,687	41,426	32,399	9,027
Do not attend school	8,214	7,067	1,147	34,260	27,407	6,853
%	79.9	82.2	68.0	82.7	84.6	75.9
Not working	487,221	242,844	244,377	150,957	78,036	72,921
Do not attend school	66,514	27,762	37,752	19,690	13,445	6,245
%	13.7	11.8	15.4	13.0	17.2	8.6

Source: Table 3–4 is based on the study *Trabajo infantil y adolescente peligroso en Costa Rica* by the International Program for the Eradication of Child Labor/International Labor Organization (IPEC/ILO), 2003, in turn based on the 2000 housing census

Table 3–5. Working adolescents

	Los Chiles	Upala	La Cruz	Abangares	Sta. Cruz
Boys	21.3%	20.4%	17.8%	13.7%	8.2%
Girls	3.6%	4.5%	2.9%	2.2%	2.4%

Source: Table 3–5 is based on the study Trabajo infantil y adolescente peligroso en Costa Rica, IPEC/ILO, 2003.

girls perform better, and only 5 per cent asserted that boys perform better.

According to the MEP, for the year 2002, at a national level, 87 per cent of girls passed, while 83 per cent of boys passed. These figures are quite close to the data shown in the area under study. Those who fail have to take make-up exams or repeat the course.⁴

In the cantons studied, drop-out rates for girls in primary school reached 4.24 per cent, while those for boys reached 5.42 per cent. These percentages are higher than the national averages, which are 3.6 per cent for girls and 4.2 per cent for boys. In secondary school the percentage of dropouts is even more marked: 10.2 per cent for girls and 13.2 per cent for boys. These figures are more comparable to national averages.

According to the teachers interviewed, the main cause for absences is that parents do not send their children or force them to attend. However, this is more evident in the case of boys (63 per cent of the teachers asserted this), than for girls (49 per cent) (see Figure 3–1). Even though this situation could initially be interpreted as neglect by the parents, we should reflect on the root causes of this phenomenon.

In the context of the complex economic situation of many families, having to send their children to school is a heavy burden. Many parents prefer for children to occupy themselves in activities that will help support the family, either through remunerated work or otherwise.

Not being able to purchase the necessary items for sending their children to class limits and discourages both children

Figure 3–1. Main reasons why children do not attend classes

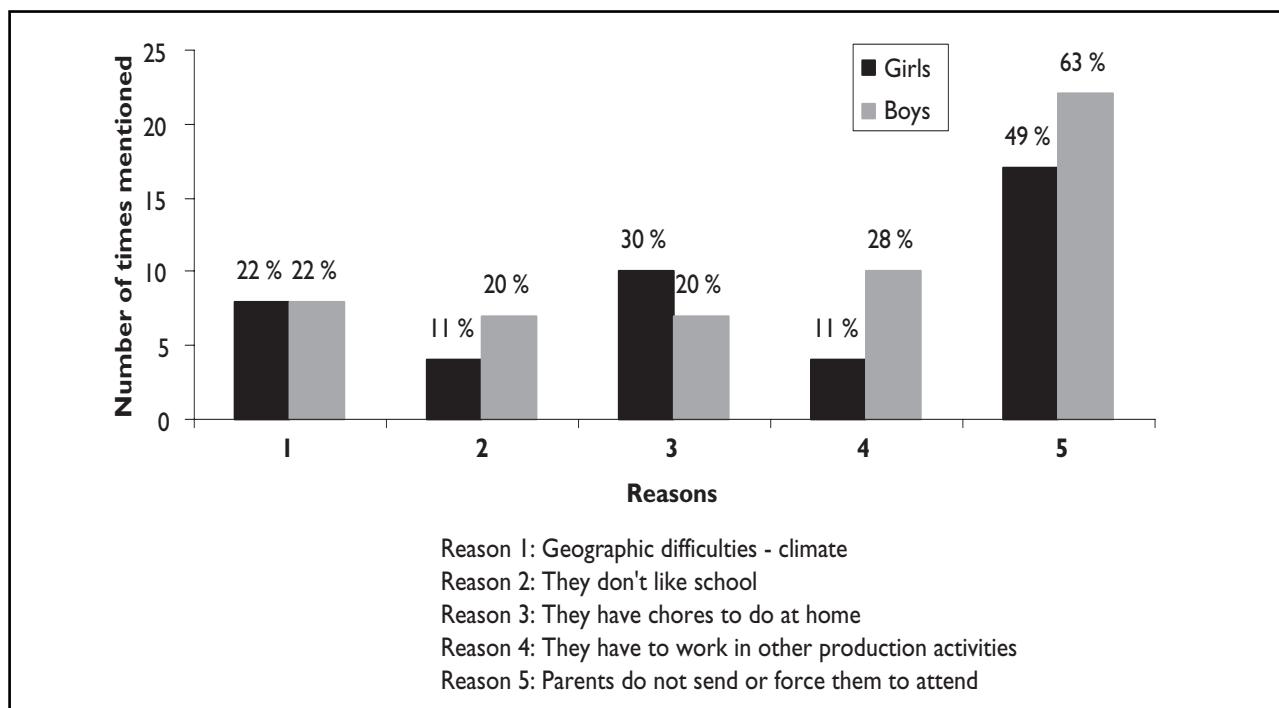
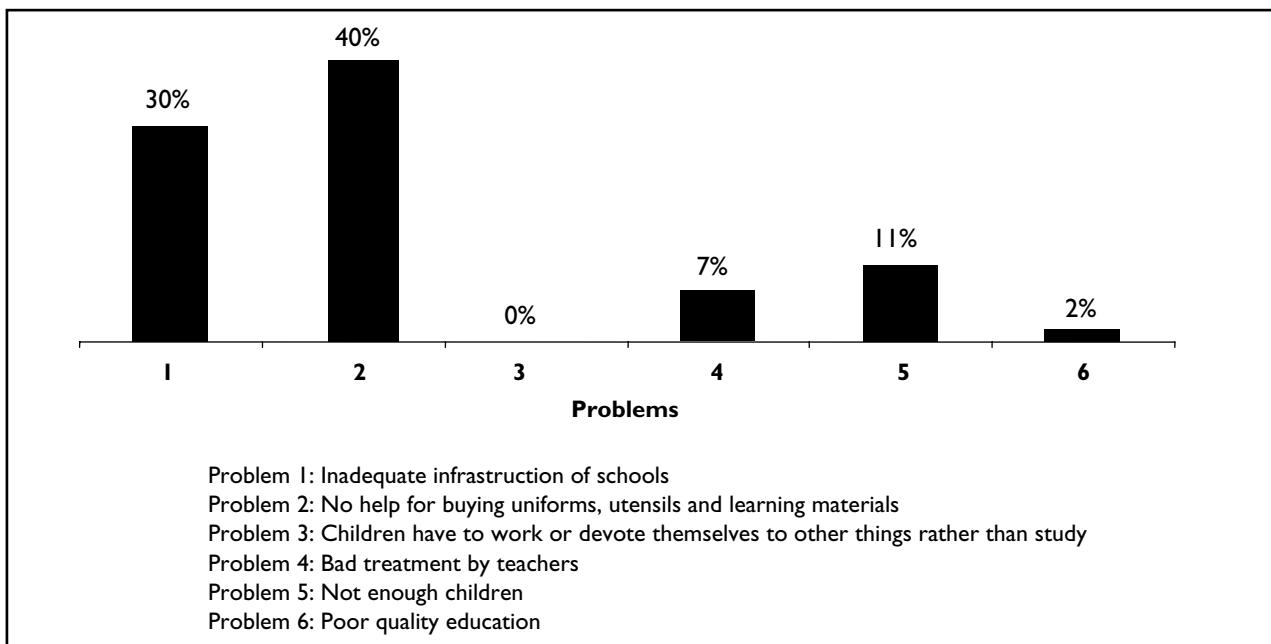


Figure 3–2. Educational problems of children, according to population interviewed



and parents. Of the population interviewed in the second stage of the research, 40 per cent indicated that the major problem concerning the education of the community's children is that they cannot afford uniforms, school articles and the necessary learning materials (see Figure 3–2).

Twenty-two per cent of the teachers reflected this same concern; in fact, it was the concern most frequently mentioned by teachers (see Figure 3–3).

The second most frequently mentioned reason for girls not attending class—mentioned by 30 per cent of the

Figure 3–3. Parental concerns, as perceived by teachers

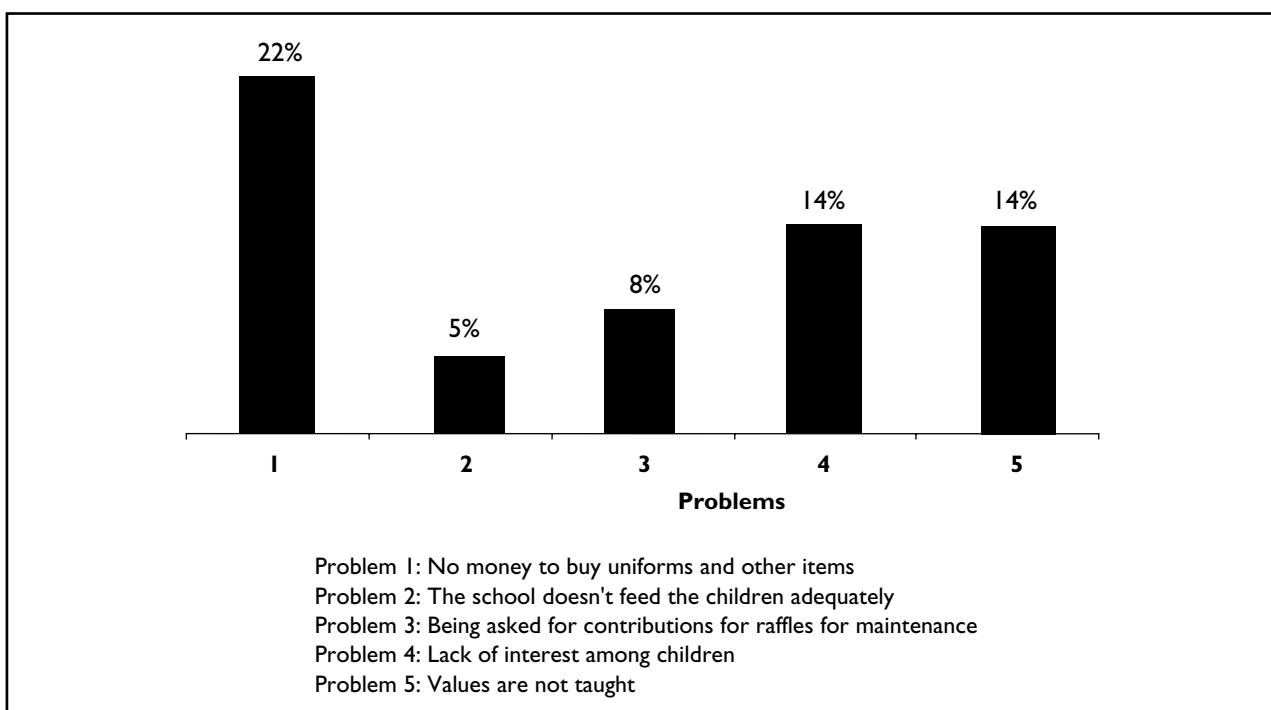


Table 3–6. Household chores and lack of school attendance

Condition of activity	Population, 12–14 years old			Population, 15–17 years old		
	Total	Boys	Girls	Total	Boys	Girls
Household chores	24,073	5,389	18,684	41,912	5,731	36,181
Do not attend school	17,550	3,512	14,038	36,069	4,728	31,341
%	72.9	65.2	75.1	86.1	82.5	86.6

Source: Table 3–6 is based on the study Trabajo infantil y adolescente peligroso en Costa Rica, IPEC/ILO, 2003.

teachers (see Figure 3–1)—is that they have to complete household work.

Girls who asserted that they are devoted to household chores are less likely to attend school (see Table 3–6).

The data show that the number of girl children who do housework at home is much larger than that of boys, and that these girls are less likely to attend school. Interviews with families confirmed that, in general, girls help with housework more frequently than boys.

Specifically, the female child population faces working conditions that the ILO would rate as questionable and deficient. Washing clothes and dishes, sweeping, cooking, and so forth are household activities, which are not remunerated and are not considered to be a formal job. The activities carried out by boys and girls show the inequalities that exist between them. Child labour is also directly related to poverty and demographic factors.

The family interviews in the first stage of the research yielded interesting results. In the case of La Cruz, 100 per cent of the girls help with home chores, as compared to 55 per cent of the boys. Most of the child population is between 6 and 15 years of age. This shows that the difference does not lie in the young age of minors, since it is in the 0–5 range that a low number of children is found. So it is probable that cultural patterns determine this situation.

Santa Cruz is similar, with 100 per cent of the girls helping at home, as compared to 43 per cent of the boys. Only 10 per cent of the girls and 14 per cent of the boys are between 0 and 5 years of age, so this confirms that boys do not help due to gender.

This big cultural difference between girls and boys in the allocation of roles in the family is the main factor that af-

fектs girls' education. In rural areas many of these discriminatory roles are not just tolerated but also replicated by many of the social actors at the local level.

As far as boys are concerned, the second reason for not attending school most often cited by teachers (28 per cent) (see Figure 3–1 above) is that they have to work in other production activities.

According to the IPEC/ILO study, child labour directly affects the education of girls and boys, mainly in rural areas. The cantons that show a higher rate of child labour than the national average are mostly rural; it is mainly in these areas that early incorporation into the labour force takes place in a more intense way. These are mainly border and coastal cantons.⁵ In Costa Rica, 71.2 per cent of the economically active population between 12 and 17 years of age is rural.⁶

Other related factors could influence the attendance and performance of girls and boys in the educational system. Many homes in the cantons under study are headed by fathers or mothers who have not finished primary or secondary school. This is a big limitation for children, because parents are their models and references in terms of education. The level of encouragement and assistance such fathers and mothers can give their children is lower than in homes where parents have reached high academic levels.

The data of the Information System of Target Population (SIP)⁷ indicate that of the 28,120 female-headed families under the line of poverty, 16.8 per cent of the mothers have no school education, 70 per cent have an incomplete or complete primary school education, and 5.4 per cent have an incomplete secondary school education. Thus, only 7.8 per cent have completed secondary school.

The third most frequently cited reason for not attending school, for both sexes, is geographic and/or climatic difficulties. This was mentioned by 22 per cent of the teachers interviewed (see Figure 3–1 above). This evidences that very often the state is not meeting the needs of road infrastructure and public transportation required in rural areas.

Another factor that comes into play, according to some teachers and to the observations made by World Vision staff throughout the years, is that on days the school lunchroom is not offering services, attendance goes down considerably. This problem was highlighted by 5 per cent of the teachers (see Figure 3–3 above). This is an indicator that poverty, as an external factor, is a major influence in the use of the educational services by children; for many children, the food portion given them at the school lunchroom is the main motivation for attending school. In addition to revealing the inadequacy of the educational service, this shows the inability of the state to create the basic conditions to generate a minimum level of food security in many communities.

Coverage and quality in the educational service

Ninety-five per cent of the population interviewed asserted that there is a school near their home. Likewise, 90 per cent said that school-age children with whom they live attend that school. This indicates that coverage in the area under study, at least for cycles I and II, can be rated as positive. However, problems in rendering the service of education manifest themselves in many ways.

Eighty-six per cent of the teachers mentioned the lack of teaching materials as a limitation at the schools where they work. Inadequate infrastructure (the physical conditions of the facilities, recreational space, furniture, computing rooms, and so on) was mentioned by 54 per cent, and the inadequacy of the school lunchroom by 25 per cent (see Figure 3–4).

A report published by the daily newspaper *La Nación*,⁸ referring to a study by the World Bank, states that students in Costa Rica's Central Valley are the ones that attend classes with the best conditions whereas those in the northern area attend classes with the worst conditions.

According to this study, the Los Chiles canton occupies the last place (out of 81 cantons) in terms of the conditions in which the students receive their education. Upala is 79, Abangares 73, La Cruz 52 and Santa Cruz 36; Santa

Cruz is the best rated among those included in the present analysis.

The research involved the 81 cantons in Costa Rica, and the indicators assessed were the number of students per teacher, the percentage of classrooms in good conditions, the number of teachers of computing and languages, and the number of scholarships.

For many teachers, poor involvement by parents is a very visible problem. As indicated above, this is not necessarily a sign of lack of interest but reflects economic factors and the low levels of education achieved by the parents.

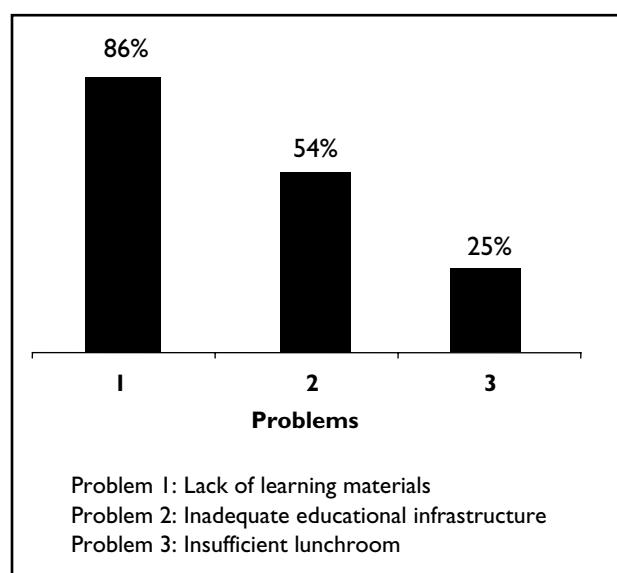
Fourteen per cent of the teachers said that one of the main complaints they received from parents concerns their children's lack of interest in studies (see Figure 3–3 above). This means that, in addition to the difficulties that low-income children in rural areas have to undergo in order to attend school, it is likely that they do not find the educational system or the study programmes attractive. This tends to be more visible for boys, as 20 per cent of the teachers said that boys don't like school, which is almost twice the perceived rate for girls (see Figure 3–1 above).

Health

Access

Data from the State of the Nation Report indicate that the Basic Teams for Integral Health Care (EBAIS) cover 82

Figure 3–4. Main limitations of the schools, according to the teachers



per cent of the population. However, this coverage is only in geographic and demographic terms and does not include the quality or the frequency of the services given at these centres.

As with education, most of the population (85 per cent) asserted that there is a health centre at a reasonable distance from their home. However, *closeness* does not necessarily mean *easy access*, especially in the rainy season. It is sometimes impossible to reach the centres due to the condition of the roads or the weather. For many families, travelling to the closest EBAIS can take all day. This again reveals the institutional inability to offer road infrastructure and adequate transportation services.

Poverty can also influence access to health centres. For many parents, travelling to the health centres carrying one or two children involves great financial sacrifice (for transportation and food, for lost wages and so forth).

The health centres offer their services on a very limited basis. This limitation was mentioned by 50 per cent of those interviewed. In many communities services are given only one day a week, and in some places only one day every two weeks. In many communities there is also no access to medicine except on those days.

Personnel in the health centres in the area being studied serve a population that includes immigrants and illegal foreigners. It is difficult to foresee the flow of these foreigners when health authorities are developing their plans and services become saturated. This was mentioned by 20 per cent of the personnel interviewed.

In the remotest communities, health personnel highlighted the fact that they make efforts to visit patients at their homes. This has some impact, but it needs to be more widely promoted.

Use

According to the health personnel, the main reasons both girls and boys are treated are colds and flu (mentioned by 37 per cent of the health personal), respiratory infections (30 per cent), diarrhoea (20 per cent), and asthma (13 per cent). Diarrhoea is of special interest because it is an indicator of the conditions of hygiene in which many families live. Poverty too may be partly responsible, because it does not allow an adequate environment to preserve and

treat food. Poor infrastructure can also be a factor, especially limited access to potable water. Even though 92 per cent of the population interviewed asserted that they have access to water, this does not mean that the water is always drinkable.

The three main limitations mentioned by the health personnel interviewed are the lack of specialists, the lack of medical equipment and limited capacity for attention (see Figure 3–5).

In Upala, for example, there are only 15 technical assistants for primary care, one podiatrist and one social worker for a population of 41,102 inhabitants.⁹

In terms of service by the health centres, the main problems mentioned by the population are slowness, inadequate hours, inability to care for problems beyond basic ones and, to a lesser degree, lack of medicines (see Figure 3–6).

The EBAIS do not have adequate equipment and are dependent on each community's organisation. It is at this point that one becomes aware of the differences between rural and urban areas, between marginal areas and the higher classes.

The conclusion is that the problem is not one of access but of lack of capability and infrequency in service.

Recreation and culture

Girls have a right to play. But for many girls, play is a brief and infrequent activity with work activities. For some girls, mainly those who live in remote areas, recreation areas do not exist. Instead, they meet in places that are dangerous because of distance from their homes and because of inadequate infrastructure.

Of the general population interviewed, 88 per cent said that there is no recreation park near their home, and 39 per cent said that there are no sports grounds nearby (see Figure 3–7).

Even more notable, 97 per cent of those interviewed said there is no public library in their community. This does not necessarily mean that a library does not exist (there may be one in the larger communities), but people are unaware of its existence.

Figure 3–5. Main limitations on meeting basic health needs

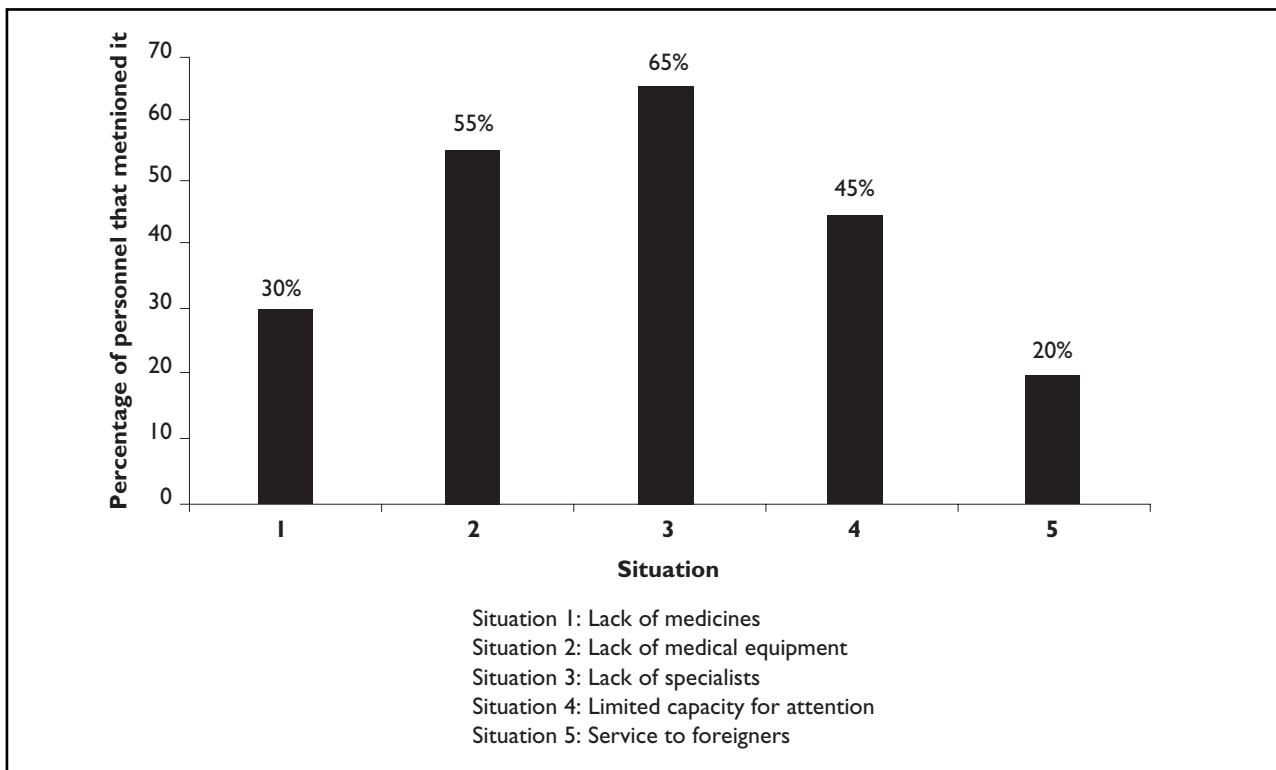


Figure 3–6. Main problems in health care, according to population interviewed

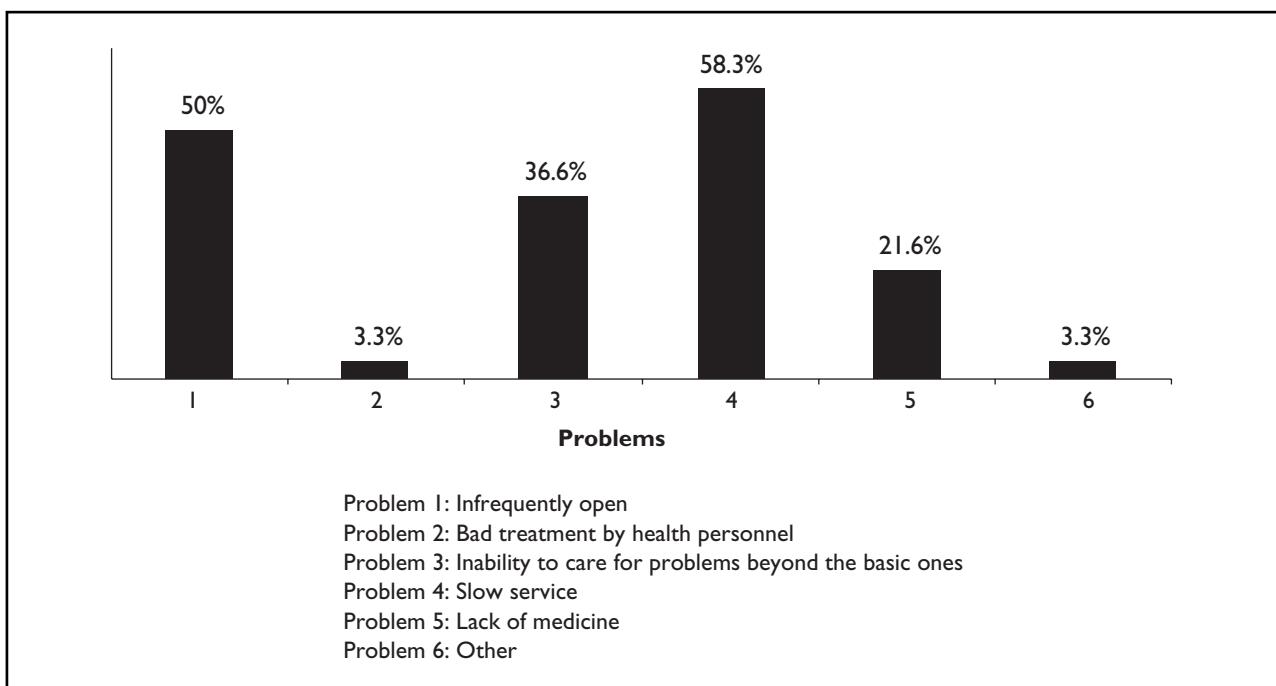
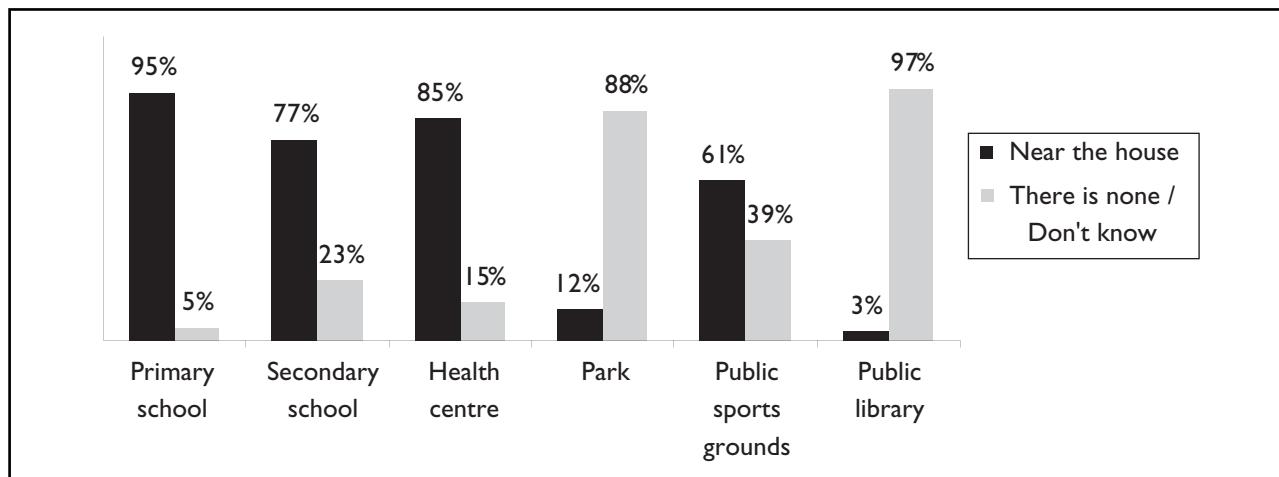


Figure 3–7. Access to services in the community, according to the population interviewed



Of the population interviewed, 37 per cent said that their children do not participate in sports activities, while 78 per cent said that their children do not participate in arts groups.

In these communities, as in many other rural communities, the few organised recreational activities that children have access to take place at school, with the limitations that this involves in terms of resources, schedules and infrastructure.

In Upala, for example, only one person represented the canton at the 2003 National Sports Games. The fact that only one athlete qualified for this tournament says something about the limitations of this canton in terms of sports programmes, infrastructure, incentives for athletes, and so on.

for the secondary school (cycle III); the number of schools for this stage in learning is very limited in the cantons included in this study.

The composition of the enroled population, both for primary and for secondary schools, indicates that there are no significant differences in access to education in the area under study. If anything, access to secondary education is more favourable for girls, especially in those cantons where child labour more clearly affects boys.

One of the major factors that limit girls in their educational process is the obligation to do household work. In the communities under study, the majority of female children do housework; boys are not so obliged, and a high percentage of boys do not do any house chores. This discriminatory treatment by parents affects girls' school performance (which, nevertheless, is still higher than the boys'), in terms of both grades and attendance at classes.

Conclusions

This chapter is based on the assumption that there are factors that affect access to state services and their use in different ways for girls and boys. First of all, it is worth highlighting that the study found no legal blocks or usual practices in the rendering of education and health services that were gender discriminatory. In terms of access, there are successes and failures.

We determined that the educational system provides good coverage for primary school (cycles I and II) but not

Concerning the use of educational services, both girls and boys face great limitations. They constantly need to deal with geographic and/or climatic difficulties in order to reach their schools. Poor roads (or no roads at all) and flooding rivers are only two instances of how vulnerable these communities are due to the state's inability to offer an adequate infrastructure of roads and good public transportation services.

Limitations at the school facilities also affect the right to a good education for children. Poor facilities, inadequate furniture, lack of educational materials, inadequate service in the school lunchroom and lack of safe spaces for recreation

are some of the problems that have placed the cantons under study among the lowest in Costa Rica in terms of conditions for receiving education.

Together with institutional inadequacy, poverty is a major factor that affects the education of children. For many parents, keeping children at school can become a considerable burden. In general, parents are unable to buy school materials, uniforms and other items. Hunger too is a serious obstacle.

Poverty in families results in the need for children to work, either in production activities or in their own homes. In this context, providing for the home or helping their parents in household work takes priority over education.

Many of the phenomena that influence the rendering of educational services are also present in health services. In terms of coverage, there is geographic and demographic distribution of health centres. However, the quality and availability of service are not the best at many of these centres.

As with education, many health centres serve communities where roads are poor, public transportation inadequate and geographic and climatic difficulties limit access by the population to these centres. Actions that attempt to counter this situation have had limited impact.

In many communities the health centres only operate one day a week or even one day every two weeks. This means that sick children may spend several days without treatment.

The inadequacy of infrastructure in many communities also directly affects health. One important instance is that access to potable water is not always ensured.

Poverty also works against many families in their access to health services. Reaching the closest health centre can involve tremendous effort in terms of transportation and food. Likewise, spending a day to go to the health centre means missing one day's work. Often this means that there will be no wages to devote to eating on that day.

The main limitations that health centres face are the lack of medical equipment, the absence of specialists and the lack of medicines. All these factors mean that care is limited to basic problems.

Finally, the capacity is saturated because health centres also serve immigrants, especially Nicaraguans, who are irregular residents of the area and who are not registered in the health system.

In terms of recreation, one can assert that, except for the larger communities, the population has limited access to recreational spaces such as sports facilities and public libraries.

Most of the recreational activities available to children revolve around school facilities, with all the limitations that educational services face.

Notes

- ¹ *La Nación* (daily newspaper), “Los del centro viven mejor” [Those in the Central Region live better], based on the book *Asimetrías económicas, sociales y políticas de Costa Rica*, November 3, 2003.
- ² Translator's note—The school system in Costa Rica is made up of four “cycles” with a total of 11 grades. Primary school includes cycles I and II (grades 1–6); secondary school includes cycle III (grades 7–9) and cycle IV (grades 10–11).
- ³ MEP, *Indicadores de equidad de género: tercer informe* [Gender equity indicators: Third report], July 2003.
- ⁴ *La Nación*, November 11, section “Viva”.
- ⁵ IPEC/ILO, *Trabajo infantil y adolescente doméstico en Costa Rica* (2003), 38.
- ⁶ Ibid., 37.
- ⁷ Instituto Mixto de Ayuda Social (Joint Institute for Social Assistance).
- ⁸ “Informe revela abismo entre estudiantes” (Report reveals gap between students), *La Nación*, November 9.
- ⁹ ASIS, Upala Health Area.

Recreation

Where do children in your home play?

- Outside the house
- Inside the house
- At the village square
- At the school
- Other

Does the community have recreation areas available? Yes No

Do you think that the places where children play are safe? Yes No

Family

Do all boys and girls in the family help with home chores? Yes No

What do boys do?

What do girls do?

Do the boys work out of home? Yes No

Do the girls work out of home? Yes No

Do you think that boys and girls are enjoying the same rights

At home?

Outside the home?

Other

Is there inequality between boys and girls in your community? Is there any discrimination? Yes No

Explain:

Is there any type of help or service that boys and girls ought to receive that does not exist in your community? Yes No

Explain:

Dynamic with boys and girls

Access to health and education services and recreation areas

Game: musical chairs

Materials: Tape recorder (music) and chairs

Duration: 15 minutes

Development: Place chairs in a circle, one chair for each child. While the music plays, the children go around the circle. When the music stops, they sit on the chairs. After each round, remove one chair, so each round a child is excluded from the game. Between rounds, and when the consultant thinks fit, ask the following questions:

Health

1. Who likes going to the doctor?
2. Have you been sick?
3. How do you get cured?
4. Do they take you somewhere to get cured?
5. If you are taken to a health centre, is it close or far away from home?
6. Do you have to wait long before the doctor sees you?
7. Are the staff at the centre friendly?
8. Has it been necessary for you to spend the night at the health centre? Who do you stay with?

Education

1. Who likes attending school?
2. How do you feel at the place where you receive lessons?
3. Do both boys and girls go to the school you attend?
4. Do you know any boys or girls who do not go to school?
5. Why don't they go to school?
6. What subjects do you study at school?
7. Is your home close or far from the school?
8. How do you go from your house to the school?
9. How do you go back from the school to your house?

Recreation

1. Who likes to play?
2. Where do you play?
3. Who do you play with?
4. Do you like practising sports?
5. What is your favourite sport or sports?
6. Where in your neighbourhood do you practise?

Work inside and outside the home

Game: happy faces – sad faces

Materials: Happy faces, sad faces, and balloons

Duration: 15 minutes

Development: Every child chooses a happy face from a bag marked with a happy face and a sad face from a bag marked with a sad face. The happy face will mean YES and the sad one will mean NO. The consultant asks the children questions; they lift up the happy face or the sad face to respond. These are the questions:

1. Where do you live?
2. Do you have a mother?
3. Do you have a father?
4. Do you help with house chores?
5. Do boys at home do the same things as the girls?
6. Do you like helping at home?
7. Do you work outside the house? In what? Why do you work?
8. Do you know of any boy or girl that works out of the home?
9. Can you work and study at the same time?
10. Do your parents agree with the fact that you work?

Annex 2

Questionnaires, Stage II

Questionnaire for schools, Stage II

(according to the opinion of those interviewed)

Date of the visit

Name and role of the person giving the data

Community:

Type of School: Pre-School Primary school Secondary school

Number of teachers giving classes:

Number of girls enroled in the preceding school year (2002):

Total enrolment By grade

Passed Passing postponed for exam

Definitive failure (repeat course)

Number of drop outs: Number graduated:

Girls who never enrol again (approx.):

Number of boys enroled in the preceding school year (2002):

Total enrolment By grade

Passed Passing postponed for exam

Definitive failure (repeat course)

Number of drop outs: Number graduated:

Boys who never enrol again (approx.):

Extra-curricular activities in the school (e.g., sports teams, art groups, etc.)

For girls:

For boys:

Coed:

Name of the person interviewed:

Role at the school:

Date:

1. Which are absent from classes more often—girls or boys?

Girls Boys Both the same

2. What are the main reasons why girls are absent from classes? (List from most common to least common)

Geographic and/or climatic difficulties

They don't like the school

They have to do house chores

They have to work in other production activities

Their parents don't send them or don't force them to go

Other (specify):

3. What are the main reasons why boys are absent from classes? (List from most common to least common)
 - Geographic and/or climatic difficulties
 - They don't like the school
 - They have to do house chores
 - They have to work in other production activities
 - Their parents don't send them or don't force them to go
 - Other (specify):
4. Which have the best school performance?
 - Girls Boys Both the same
5. Does class attendance decrease when the school lunchroom cannot serve all the children?
 - Yes No
6. What are the main limitations at the school? (You may mark more than one.)
 - Lack of educational materials
 - Inadequate infrastructure
 - Insufficient lunchroom service
 - Insufficient number of teachers
 - Other (specify):
7. What are the main concerns and/or complaints you receive from parents concerning their children's education?
What is the response of the school?

Questionnaire for health centres, Stage II

(according to the opinion of those interviewed)

Community:

Type of centre:

Number of days per week it offers service to the population:

Number of children received for examination during the last month (according to records)

Name and role of the person who supplied record data:

Name of the person interviewed:

Role at the centre:

Date:

1. During the past month, have girls or boys been received more frequently?

Girls Boys Both the same

2. What are the main reasons children come to the centre?

Girls:

Boys:

3. Who brings the girls to the health centre? (Number from most common to least common)

Mother

Father

Both parents

Other relatives

Other people (not related)

The girls come by themselves

4. Who brings the boys to the health centre? (Number from most common to least common)

Mother

Father

Both parents

Other relatives

Other people (not related)

The boys come by themselves

5. What are the main limitations for meeting the basic health needs of the children? (You may check more than one.)
 - Lack of medicines
 - Lack of medical equipment
 - Lack of specialists
 - Limited capability for attention
 - Other (specify):
6. Which are more often involved in activities related to health care—girls or boys? (e.g. prevention campaigns, vaccination, etc.)
 - Girls Boys Both the same
7. Have you ever felt that girls and boys are treated differently at the health centre?
 - Yes Why?
 - No Why
8. What remarks can you make about the access and use of health services by girls and boys, in terms of frequency of use, the limitations and the cultural factors that might lead that population to use or not to use a health centre?

Questionnaire for residents in general

Community:

Name:

Date:

1. How many people under 15 live with you?
 Girls Boys
2. Do you have access to potable water?
 No Yes
 If yes, where? At home Somewhere else in the community
3. Do you have electric power at home?
 Yes No
4. Near your home (at a reasonable distance to walk or with easy access by bus), is there a
 Primary school? Yes No
 Secondary school? Yes No
 Health centre? Yes No
 Park? Yes No
 Public sports grounds? Yes No
 Public library? Yes No
5. Do your children (or the children who live with you)
 Attend school (primary or secondary)? Yes No
 Use or have used the community health services? Yes No
 Participate in sports activities (at school, in teams, etc.)? Yes No
 Participate in art groups (of the school or otherwise)? Yes No
 Participate in the programs of other entities (specify):
6. What do you think are the main problems concerning the health centre that serves your community? (You may check more than one.)
 - How infrequently they serve the population
 - Health personnel do not relate well to people (bad treatment)
 - Unable to care for problems beyond the basic ones
 - Slow service
 - Lack of medicines
 - Other (specify):

7. What do you think are the main problems concerning children's education in your community? (You may check more than one.)

Inadequate school infrastructure

Nobody helps parents buy uniforms, utensils and educational materials

Children have to work or devote themselves to other things instead of studying

Teachers don't relate well to children (bad treatment)

Not enough teachers

Poor quality in education

Other (specify):

Annex 3

Types of tasks carried out by children

Table A3-1. Children's tasks

Work activities	Descriptions
Household chores:	
Laundry Washing dishes, glasses, utensils Sweeping Cooking Making the beds	These activities are considered homemaking chores and are carried out mainly by girls. The reasons for this lie in the socio-cultural aspect of machismo. As described by the boys: "These are activites that women do." "They do this because they're girls." "I don't do that because I'm a boy, not a little woman."
Taking care of brothers and sisters	Families in the various communities are large. Children make up most of the household group. In some cases parents are away from home for a few hours, and both boys and girls care for the younger ones. Both boys and girls say that this activity does not cause any displeasure.
Gathering garbage and burning it	No municipal garbage collection exists in the communities visited. Garbage is burned in holes near the homes. It is mostly boys who perform this task.
Fetching firewood	Firewood is used for cooking in many homes. Both boys and girls gather firewood.
Economic support activities:	
Gathering eggs	Gathering eggs is the major and almost only source of income for the families in the Ostional area. An association exists; its "rule" is that both sons and daughters of its members will work in this activity. If the collection is good, the children earn about five thousand colones, which they turn over to those in charge of caring for them.
Tasks on the plantations	In Upala and Los Chiles, children help in agricultural tasks. Some receive significant payment accompanying their parents as helpers.
Fishing for tilapia	Women household heads in Raizal fish, especially because widespread unemployment forces their husbands to move to other areas to seek work. The women are helped by their children, mostly daughters. The work is physically exhausting.
Salespersons at stores Selling food (empanadas, cookies, sandwiches)	In Colorado and Los Chiles girls (usually) sell food to help with household expenses.

World Development Report 2004 and Girl-Child Service Provision

Haidy Ear-Dupuy / WVI

Introduction

The urgency of meeting the needs of the poor has never been clearer as international financial institutions (IFIs) such as the World Bank and the International Monetary Fund (IMF) renewed their commitment to meeting the Millennium Development Goals (MDGs) and to work towards pro-poor policies at the September 2003 annual meeting. At the release of the World Development Report 2004 (WDR 2004) the World Bank made a clear stand for reforming institutions and changing the power structure and offering more choices in order to provide better services for the poor. This analysis of the WDR 2004 examines the Bank's commitment to improving services and asks whether or not the WDR 2004's proposal for change would meet the needs of one of the poorest group of people in the world, the girl-child. Though it can be argued that all children in the developing countries can be categorized as the poorest, the girl-child is highlighted here because of a common understanding that in working to overcome barriers that would hinder the most disadvantaged group of all (girls) it would help us to leverage the situation to reduce barriers for all other disadvantaged groups.

Focusing on this traditionally most disadvantaged group enables us to highlight other sectors of society that also fall in the same vulnerable category. In general, women and children have been under-served, particularly in developing countries. The World Bank, primarily a financial institution with strong economic focus, tends to seek investment opportunities based on the ability of the group or sector to yield the most economic returns. However, criticisms from civil society organisations (CSOs) (ranging from sector-specific NGOs to trade and religious groups) in the last two decades have led the Bank to expand its investment in social development projects. In working towards

fulfilling its commitment to the MDGs, the Bank has legal and formal engagements with client countries' governments as well as less formal ties to CSOs and the private sector. The relationship between the Bank and its various stakeholders is just as complex as the development issues that it seeks to tackle on the global scale.¹ Searching for ways to help the poor meet their basic needs and countries to expand their economies through increasing their Gross National Product (GNP) can be quite challenging, especially in an environment of less financing for development. The Bank turns to the private sector to fill the financing gap that is left by rich countries not contributing to their allotted share (0.7 per cent) of their GNP to development aid.²

How the Bank perceives that services can be delivered to the poor in the most effective and efficient manners, especially through involving the private sector, is present in the WDR 2004. The in-depth discussion of power relations among the poor, the service providers and the government provides insight into the Bank's ultimate plan to reduce the role of governments in providing public services and to focus instead on privatizing basic services such as education, health, and provision of basic amenities such as electricity, water and sanitation.

Throughout the chapters of the WDR 2004 the Bank consistently presents examples of successful private-sector provision of basic services. Arguments proposed by the WDR 2004 for the liberalization of public services are presented as empowering the poor and freeing governments from the burden of managing public institutions. The range of options for the poor, as well as the governments, appears endless; many creative solutions, private or public or a combination of the two, are highlighted. The WDR 2004 focuses on offering choices for the poor and choices for

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governments. In introducing the role of the private sectors in providing services such as education, health and basic amenities such as water and electricity, the Bank hopes to induce private investments in rural areas, easing the burden of public financing of these services.

However, meeting the needs of the poor is more complex than just introducing choices and removing governments from public service provision. The Bank is right to address the imbalance of power between the clients and the service providers; however, in pursuing changes in the power structure by shifting the power balance to favour the poor, the Bank needs to be aware that someone will have to address the resultant capacity gaps. That is, while giving more choices to the poor is a good source of empowerment, the Bank must not forget capacity building. Whether the task of supplying information and building capacity for poor citizens is left to governments, CSOs or the Bank, there is no denying that once there are more choices and options available to consumers, the once uninformed and undereducated consumers must take charge. In a sense the consumers become managers of their own destiny, which translates to more responsibility for a group of people that already spends most of its time just making ends meet. In looking to provide services to meet the needs of the poor and most vulnerable, are the Bank and the governments ready to provide the assistance (financial, political and moral) that will be required to empower the poor? In focusing on choices for governments and for parents, has the Bank overlooked the youngest stakeholders of all, the children? Will the new role of service provision have space for the children, particularly the girls, to participate?

In order to provide the poor with the necessary resources as well as the information and knowledge needed to be more effective and informed consumers, extensive resources are needed. Given that the international community is having difficulties meeting the MDGs and that most countries in Africa and certain countries in Asia are off track to meet the 2015 targets, what is the likelihood that the poor will receive the necessary support? In analyzing the WDR 2004's discussion of service for the poor, this chapter will inevitably touch on more issues than those of the girl-child. The complexity of the problem rests with the interconnections of themes such as power relations, accountability, serving and meeting the needs of girls, and discussing where the responsibility for service provision should rest.

Who empowers the poor?

While the most positive aspect of the WDR 2004 report is recognizing the importance of putting the poor (as clients) in the "driver's seat", when it comes to service provision the report does not adequately address a comprehensive approach to empowerment of the poor. One might describe this incomplete empowerment as putting the poor in the driver's seat without first finding out if the poor have ever taken driving lesson (which requires money), or worse, whether there is a car for them to drive? By focusing only on structural institutional reforms the Bank misses the opportunity to address the role that governments have in empowering their citizens through a rights-based approach. Providing public space for citizens' participation in decision-making processes should be a focus in the WDR 2004, but instead the emphasis is on empowering the poor vis-à-vis the service providers rather than their governments. In stressing the relationship between the citizen and the service provider, there is a sense that the Bank is avoiding the discussion of citizens' rights vis-à-vis their governments. By eschewing the discussion of the poor's rights to expect the power bearers to reallocate or redistribute rights, the Bank's call for a short route to accountability could potentially weaken citizens' links to their central government.

Restructuring power relations can be tricky and usually obligates governments, policy-makers, and those in power to recognise the needs and the rights of the poor. Though World Vision recognises that the World Bank is not a human rights organisation, it also realizes the important role and opportunities the Bank has in working with governments in developing countries in order to improve the conditions of the world's poor. In "Doing the Rights Thing: The World Bank and the Human Rights of People Living in Poverty," World Vision calls for the Bank to work with governments that have already made commitments to rights, particularly those who have signed the Convention on the Rights of the Child (CRC), to implement programmes that would serve both development and the rights of their people.³ Though countries might not actively seek help in meeting their rights obligations – and some might prefer to forget about rights all together – the Bank can offer to work with countries or, at least, not support projects that would further reduce the rights of citizens. In describing this lack of a real will by the WDR 2004 to change the power imbalance, Brendan Martin of Public World writes that the report makes "a powerful case for global redistribution of

power and wealth. But it fails to draw this conclusion itself, which leads to several subsidiary weaknesses.”⁴

Incomplete empowerment can be illustrated in examining education for the girl-child. This could be called the Cinderella scenario; that is, the girl can attend school only after all the chores are completed. Mere recognition from governments, teachers and parents that girls need to attend schools is not enough. To empower girls fully and to give them opportunities for a better tomorrow, adults must work to reduce the workload for girls at home in order to allow them more time to concentrate on school-work. Empowering girls requires poor parents to forgo domestic and sometimes economic assistance. In most poor countries children are labour assets as well as insurance for parents. Giving children the opportunity to attend schools and to tend to their schoolwork means loss of income and help as well as taking on additional costs in supplies and other items necessary for school. Who is to be responsible for meeting the costs of more girls attending school? A rights-based approach to education for girls requires cooperation and assistance from the community and local and national government. Via the commitments made in the MDGs, the IFIs such as the World Bank, the IMF and the United Nations, as well as bilateral donors in developed countries, are responsible for ensuring that parents have what it takes to educate their children, particularly girls. Complete empowerment of the poor means that there should be coherence in the support – economic, social and political – of families from the community to the IFI levels.

Parents and community members should also be ready and willing to seek the children’s inputs into policy formulations that could potentially affect girls (political support). In accepting the principle that girls have a right to basic education, governments, teachers and parents should also recognise other aspects of rights for girls (social support). Some might argue that a discussion of service provisions for the poor would not be complete without discussing the rights of the poor to ask for better services. Financial support for those who do not have the means to send their children to schools must be an obligation for local and national governments, through the use of grants or concessional funding from the Bank (economic support). Indeed, the Bank’s support of Education for All and its plan to put countries on a Fast Track Initiative to meet the needs of basic education for all primary school education by 2015 is a commendable step. Greater collaboration

among the Bank and UNICEF and UNESCO to work towards a more holistic approach to education of children – that includes rights – would generate greater momentum for reform of the power relations.

Empowerment of girls is also incomplete if other aspects of education are not addressed, such as the ones omitted by the WDR 2004: curriculum design, pedagogical methods, textbooks, teacher training, school construction and new information technologies. Though the WDR 2004 calls them “proximate determinants of success,” having gender-friendly curricula, teachers with understanding of gender issues and separate and private toilet facilities are extremely important to retention of girls in schools. Moreover, ways of utilizing new technologies to enable girls to obtain remote schoolings can also contribute to empowerment of the girls and address the gender-equality dimension of the MDGs.

The Bank is presently one of the largest investors in human development. The Human Development and Social Development, Gender and Inclusion categories made up 20 per cent of the \$US11.2 billion budget in fiscal 2003.⁵ However, efforts by the Bank to empower the poor fall short of giving them the rights to voice their ideas and opinions when it comes to objections against World Bank–funded projects. For instance, the Bank provided funding for an independent review of the extractive industry – the Extractive Industry Review (EIR). The strong recommendations put forward by Dr. Emil Salim and the independent experts to stop projects in mining, oil and gas that violate human rights were rejected by the Bank’s management.⁶ Additional reference to human rights is also found in the EIR’s recommendation that requires projects to first seek “prior and informed consent” of the local and indigenous people before oil, gas and mining projects are undertaken. The Bank refuted this statement because it could violate local laws. The Bank’s eschewing its responsibility to support the rights of project-affected people is contradictory to the WDR 2004’s call of “empowering the poor” and “putting the poor in the driver’s seat”. This is a prime example of incomplete empowerment – recognising that the poor need to have a say vis-à-vis the private sector and yet at the same time taking no responsibility for helping the poor become empowered against unjust laws, whether local or national.

Full Bank support for holistic empowerment of the poor is crucial to making the poor effective managers of service

provisions. Presently, Bank support for empowering the poor remains incomplete. For example, the report recognises that “freedom from illness and freedom from illiteracy” are important for the poor to escape poverty, but it fails to identify freedom from oppression and abuse. One can be healthy and educated but still be poor if governments, institutions and rules are not there to protect and to offer economic, social and political opportunities. Amartya Sen points out that the holistic approach to freedom does not include only health and education but also “freedoms [that] depend also on other determinants such as social and economic arrangements as well as political and civil rights” (for example, the liberty to participate in public discussion and scrutiny).⁷ This freedom to participate can only be realized if those who hold the power provide the means for citizens to have access to both information and development decision-making; governments and development institutions such as the World Bank have special roles in ensuring that the poor receive protection while advocating for their rights in all dimensions (economics, social and political). The brilliance of the WDR 2004 is overshadowed by the missing component, which leaves a large and hollow space that begs for completion and clear conclusions. In order to fill the gaps in meeting the basic service needs of the poor, the Bank and other multilateral institutions (the United Nations, IMF, World Trade Organization, etc.) should seek for coherence in their approach to financing development. For instance, empowerment of the poor economically must be accompanied by working with governments to discuss openly the rights of some oppressed citizens. Governments that advocate economic development and strengthening the national and global economy should find every opportunity to address how voices of the poor can be heard at all levels. The World Bank, as one of the leading lenders to poor countries’ governments, has an opportunity to demonstrate leadership by endorsing recommendations put forward by reports such as the EIR, as well as to take the WDR 2004 one step further in acknowledging that poor clients need more than money to empower them; they also need political security to voice their concerns without fear of persecution.

If the WDR 2004 were to argue sufficiently for empowerment of the poor, it would have to question the current political system. It would address the deeper institutional reform that is necessary to make services work for the poor, not just separating public services from the responsibility of the government. What are the political implications for an institution like the Bank to work with governments

on improving the rights of their citizens? Would the Bank then work closer with its client countries to coordinate programmes that better empower the poor? Would the Bank consistently review its lending operations to ensure that all funding support to projects and programmes reinforces its belief in holistic empowerment of the poor? These are important questions of power relations that need to be addressed when we seek to empower the poor vis-à-vis the current situation of power imbalances.

The role of government

While the WDR 2004 has in-depth analysis of the power relations, it does not do enough to support the citizen’s connections to his or her government. In describing the failure of public services, the WDR 2004 proposes a new paradigm of decentralisation while admitting that decentralisation usually produces mixed results. The report also makes circular argument for reducing the role of the government while at the same time strengthening its regulatory power. For example, in the discussion of making decentralisation work (chapter 10), the central government’s role is described as essential to success of decentralisation: “Decentralization fails or succeeds in the interplay of its fiscal, administrative, and local capacity features. The centre’s role is crucial to all three elements and, more broadly, for the design and implementation of decentralization.” Another statement that demonstrates the tautological argument of the solution proposed by the WDR 2004 concludes: “Ultimately, the centre is both the regulator and the facilitator of decentralization.” In a sense, the central government must learn to phase itself out and at the same time be present and strong in order to regulate and facilitate. The challenges in such a transition often lead to a budget cut, usually in the soft or social sectors.⁸ There was no discussion on solutions; the WDR 2004 offered choices to governments and cited good examples of how public services can work through privatisation.

The WDR 2004 suggests removing the responsibility for services provision from the government by introducing the market approach. Argument for liberalizing the traditionally public-sector goods away from the government fails to recognise that water, electricity, health and education fall into areas of natural monopoly and public goods. The high entry fees to businesses and efficiency gains from

economies of scale of setting up water, electricity and sometimes hospitals make them very difficult to privatize without losing the efficiency benefits gained from natural monopoly. The public-good nature of health and education (some even argue, water) is what leads governments to make the decision to provide these services to their citizens. Education, health and basic education should not be only for those who can afford them, but they should be available for all. This concept puts the responsibility for providing these basic services on the government. If the natural monopoly were to be liberalized, then government must be strong enough to ensure that there will be sufficient competitions in the market for water, electricity, education and health. In remote villages of 100 to 1,000 people, it would be quite difficult for more than one electricity or water company to compete for the market. If we were to accept the logic that transferring public services to the private sector would produce more competition and hence lower prices for the poor consumers, we would be wrong. For example, Manila Metropolitan's water privatisation gives us a picture of two wealthy and powerful families working with foreign companies to provide services – without competition – to the people. Another example of water privatisation can be found in Cochabamba, Bolivia, where foreign companies Bectel (US) and Edison (Italy) gained a 40-year concession to run the Cochabamba's water company. The citizens' uprising in April 2000 protesting water price increasing more than 200 per cent is perhaps the most widely known example of peoples' protest to privatisation of these once-public services.

The report recognises that because of market failure, basic services are a public responsibility. However, because governments have failed the poor too, there is not much left but for the poor to take charge. The strong emphasis on separating government policy-makers from service providers leads one to conclude that the alternative proposed is to make the poor more powerful by cutting out the government from providing services and thus putting clients' demands directly to the service providers (whether private contractors, community based organisations or some combination). The report, however, failed to include a comprehensive framework for empowerment of the poor through a rights-based approach that would enable them to have political space to manoeuvre vis-à-vis their governments.

There is little indication of confidence in the *WDR 2004* in a central government's ability to provide services to its

citizens. Instead, trust is placed in the private sectors, which can provide the capital and the expertise needed to serve the poor. The proposed structural changes would place more responsibility on the poor, asking them to take charge of their own needs – without providing them financial, political and social support. While it seems like a positive step to have trust and confidence in the poor to manage and bring their consumer power to bear on the companies, the move to empower the poor can fail completely if there are budget constraints. The *WDR 2004* recognises that this "soft budget constraint" can weaken the "relationships of voice and client power". In placing confidence in consumers' power, who will provide the technical, financial and political support to strengthen the voices of poor consumers?

In addition to the inconclusive discussion of the power relations, the *WDR 2004* addresses services as if they were nameless and faceless. For instance, the first sentence of the nearly 300-page document reads, "Too often, services fail poor people – in access, in quantity, in quality." The report did not use "public services", though it is obvious through later readings that the *WDR 2004* attributed the failure to serve the poor to incompetent governments and unmotivated public service workers. While the government role in providing services is often unclear, according to the *WDR 2004*, the responsibility of making services work nonetheless rests on them. The difficulties faced by developing countries' governments are not well understood. The reality of insufficient funds and budgetary cuts – sometimes in response to recommendations and/or commitments to reform in order to meet the requirements for loans from multilateral institutions such as the World Bank and the IMF – are not discussed. The Bank, through its loans to developing countries, often attaches conditionalities that require a government to divest its properties, such as water and electric companies, in order to free the market and reduce the government's fiscal burdens. This supply-side approach to policy-making usually leaves the employees, often among the poorest in the country, out in the cold. A more responsible and perhaps "people friendly" approach would be to analyze both the demand and supply for public services and to open the discussion to both sides of the markets by bringing in the consumers and producers before a government makes a unilateral decision – particularly one that would put it in a more favourable light with the multilateral financial institutions. Joseph Stiglitz, the 2001 Nobel Prize-winning economist, calls it "balancing out the discussion."⁹

Accountability

Instead of finding ways to make governments more responsive to their poor citizens the report sees decentralisation as an entry point to changing the “relationships of accountability”. The WDR 2004 recommends that the central government distribute the power to regulate services to local governments as well as providing the resources. The report suggests that the “long route of accountability” from the citizens to the central governments be shortened so as to strengthen the link between the clients to the service providers. This “short route of accountability” suggests that the clients have to take charge in the “assessment and operation of schools, use the demand-side subsidies to increase access for poor people, and make the provider resources dependent on the clients’ choice.” The proposal assumes that the poor have access to information, that they know how to utilize the information, and that they have choices. The new short route of accountability does not have a large role for the government. Making the poor deal directly with service providers assumes that clients are on the same level of power as the service providers.

The reality in rural areas of developing countries is that the poor do not always have access to unbiased information; information is not always available in their language or in the form that is comprehensible to the lay person. In most rural areas the poor have very little choice. Some live so far from schools that they don’t have the choice to attend another institution if they find that the closest one does not respond to their needs. Some parents even prevent their girls from attending schools because of the distance from their home. Furthermore, some poor and indigenous communities have been marginalised for so long that they do not have capacity to coordinate, formulate and mobilise their political interests. For instance, while conducting research in Cambodia’s Tonle Sap Lake Community of Prek Toalin in 1997, I entered the poorest part of the village to seek opinions on certain governmental policy reforms. The responses to all of my questions were met with: “I don’t know.” “I don’t have an opinion.” Generally, marginalised groups do not trust outsiders. The Bank can work with governments and civil society or community groups to empower the poor by training and capacity building. For instance, the children would benefit from empowerment training if the Bank were to utilize a United Nation’s framework of rights such

as the CRC as guidance in establishing its programmes on education.

In seeking to address who is responsible for basic service provision, the WDR 2004 referred to human rights. However, the WDR 2004 points out that the human rights argument does not clearly identify responsible agents for service provisions. “The notion of health and education as basic human rights provides a strong basis for public responsibility, but ambiguities remain” (chapter 2). It is unclear whether governments are required to provide the services or to finance them. This lack of clarity on the role of governments leaves them vulnerable to criticisms from both groups, those who support public service provision and those who support private service provision.

World Vision’s Christian belief values an individual’s life irrespective of the person’s buying power. In following Christ, World Vision seeks to create a society in which everyone can access basic services. Our mission of life for all children, in all its fullness, leads us to examine the intricate linkages between the poor and the various levels of responsible agents. As God’s children, we all have a responsibility to feed the hungry, clothe the naked and shelter the homeless. All signatories function under the United Nation’s Declaration of Human Rights, where basic amenities such as food, water and shelter are addressed. Those in positions of power have the obligation to ensure that the poor can avail themselves of certain basic provisions.

Box 2.1 of the WDR 2004 quotes Gauri and discusses the Universal Declaration of Human Rights (1948) as the basis for government taking responsibility for health and education. Through taking an economics argument for making services work (as opposed to a social or political argument), the WDR 2004 is “informed by the guidance on participation and empowerment that international human rights instruments provide. In addition, rights reinforce poor people’s claims on resources overall and on those allocated for basic services in particular – key elements of the effective ‘voice’ of poor people discussed here.” The authors assume that equipping the poor with money to buy services and giving them the chance to choose are enough to rescue most of the failing services. These two assumptions imply that the poor are as equipped with information and power as the service providers, and that the poor have access to choices. As we have seen, the reality of life in poor rural and urban areas is far different.

Services and the girl-child

The services addressed in the WDR 2004 are education, health, drinking water, sanitation and electricity. The clients that are identified in the WDR 2004 are “the poor”, yet this group is defined only along economic lines, with very little recognition of the gender dimension to poverty. One line in Box 1.1 of the WDR 2004 tries to define the poor across income levels, with only one line recognising that “gender can exclude women from both household and public demands for better services.” The report lacks gender sensitivity and does not adequately address the issues of how improvement in basic education, health, and amenities can be designed to better meet the needs of the most vulnerable group of all – the girl-child. Because most of the studies cited by the WDR 2004 look at the aggregate poor, there is not enough information to look at the possible impacts on various marginalised groups such as women, children, boys, the elderly and others. There is not much analysis on how the prescribed approach to changing the power relations between the clients and the service providers might affect different subgroups of poor people.

After five paragraphs in a text box defining the poor, the report fails to identify in each chapter (on different services) who and what is meant by “the poor”. The poor are clumped together as one group throughout the report, a voiceless entity – faceless, sexless and ageless. It is rather disturbing that a report that seeks to improve service provisions for the poor by their empowerment does not conduct primary interviews with poor communities and marginalised groups. Studying “the poor” by income, gender and age categories might have provided information about what these groups of poor people see as their responsibilities and the responsibilities of the policy-makers and the service providers.

The description of making education better for the poor tends to focus on enrolment and retention. Not much emphasis is placed on making the school environment and teachers more conducive to girl-child participation. If utilized, the CRC can be an important tool to assess the right conditions for girls to attend schools. Article 12 of the CRC specifically points to children’s participation in matters that affect them directly.

Chapter 8 of the WDR 2004, on health and nutrition services, assumes that once the poor are empowered, either

by introducing co-payments for medical services or subsidies through “market segmentation, tier pricing, and product differentiation”, services will then meet the needs of the poor. It neglects the importance of reforming the physical environment in which health is delivered to make it work for one of the most vulnerable and disadvantaged group of all, the girl-child, particularly teens. In developing countries where young girls often do not have access to accurate information on issues related to their health, it is important to have arrangements in which children up to 18 years of age, for instance, can receive health care and health education geared to their needs and focused on their questions. Children and young adults often need to work out personal issues with some guidance from health experts.

The WDR 2004’s recommendation for reform

In drawing conclusions about how services can best be reformed, the WDR 2004 proposes decentralisation. This strategy would increase efficiency in service provision by bringing politicians and policy-makers closer to clients. However, the report recognises that this can work only if political, fiscal and administrative decentralisation are implemented simultaneously or in order. The final message for reform of the services is contradictory. While the WDR 2004 points to governmental failure in service delivery, it suggests that the way to improve service provision is by decentralisation, which requires the central government to direct the process in three areas: deconcentration, delegation and devolution. It is interesting to note that governments, which according to the WDR 2004 have failed the poor in service provisions (with the exception of Vietnam, Cuba and the United Kingdom), would be entrusted with the responsibility to ensure that decentralisation would work to meet the needs of the poor.

The WDR 2004 extensively discusses the power relations and the services that have mostly failed in serving the poor. However, it does not adequately address the profile of the poor. Groups such as women and the girl-child are not incorporated in the analysis of service provision – particularly in health and education. The arguments made by the

WDR 2004 for improvement of services for the poor would have more conviction if the authors had called for a holistic approach to empowering the poor – recognising, for example, that the poor need political empowerment as much as economic empowerment. Calling for decentralisation and strong budgetary reforms and control by central government places the *WDR 2004*'s recommendations in line with the World Bank's usual approach, which undermines the governments by first starving them of funds by means of budgetary reforms and shying from true empowerment of the poor by not supporting the rights-based approach to development that would enable the citizens to hold their governments (and the international donors, in the case of the MDGs) accountable for public service provisions. The proposal put forward by the *WDR 2004* could potentially weaken the citizens' claims on the state and further weaken government responsibility to the people and thus undermine the empowerment of the poor in relations to their governments and the service providers.

Conclusion

Providing services for the poor effectively includes many aspects of human development. The Bank's team has completed a fairly comprehensive report describing the many kinds of services and the multiple options for governments. The illustration of the power relationship among clients, governments and service providers is clear, but the report's discussion of empowerment is incomplete. It does not address the social and political ways that the poor can be empowered. It does not differentiate among the different groups of poor. And most of all, it does not provide any analysis of how the most disadvantaged groups – such as the girl-child – can benefit from the proposed changes.

In seeking to empower the poor, the *WDR 2004* makes the economic argument that the poor will have power in relation to their service providers once basic services are privatized; that is, by using their purchasing power. However, the report did not provide other dimensions of empowerment – the social and political. The report's weakness, in a sense, is not what it says but what it does not say. By eschewing the political rights of the poor, the Bank is hiding under the implicit assumption that other aspects of citizens' rights will follow economic rights.

Accountability for providing services to the poor is not adequately addressed. Using the economic approach to empower citizens is incomplete and can lead to a false sense of development. By definition, the poor are poor because they do not have economic resources; to use a market approach to provide services only exacerbates the problem. World Vision proposes that the Bank work with governments to discuss how a rights-based approach can be incorporated into basic services such as education, health, and water provision. We propose that by using the CRC to empower children to participate fully in school and for teacher training, the Bank can strengthen its education programme, giving it a better chance to meet the needs of marginalised groups, such as girls.

In order to meet its MDGs commitment, the Bank and its member countries must seek to address how governments can be strengthened in an era of decentralisation. It will take more than the contributions of IFIs. Governments, citizens, private companies and CSOs all have roles to play. Just as there are many stakeholders involved in development, there is more than one dimension to empowering the poor. Putting the poor in charge means that governments and authority figures have to be willing to provide the political space, the technical expertise and financial support to enable the poor to be an effective driver. Moving together as a global community with equal political and social power can provide opportunity for the poor to succeed economically – creating change for a more profitable and equitable world.

Notes

- ¹ For more details on the various kinds of Bank engagements with CSOs, see "Issues and Options for Improving Engagement Between the World Bank and Civil Society Organizations" (World Bank, 2002).
- ² The United Nations has set a target of 0.7 per cent of GNP by developed countries for Overseas Development Assistance (ODA).
- ³ For more discussion of how Bank can help countries meet human rights obligations, see "Doing the Rights Thing: The World Bank and Human Rights of People Living in Poverty" (World Vision, September 2003).
- ⁴ Brendan Martin is the director of Public World, a non-profit consultancy based in London, and also the facilitator for the World Bank's e-dialogue on the *World Development Report* in June and July 2003.

- ⁵ The *World Bank Annual Report 2003*, vol. I, *Year in Review*.
- ⁶ Alan Beattie, “World Bank Chiefs Reject Proposal to Quit Oil and Coal Finance,” *Financial Times* (February 3, 2004).
- ⁷ Amartya Sen, *Development as Freedom* (New York: Anchor Books, 2000).
- ⁸ The United States experienced this in 2000–2004, when social expenditures such as education were cut in order to increase military expenditure.
- ⁹ Joseph Stiglitz, “IMF Variant of Market Economy Is a Mythical Version, That’s Why It Failed,” *The Indian Express* (January 15, 2004), 7.

