

Chapter 18

'The land is growing old'

In the early part of 1980, when the international airwaves were buzzing with alarm about whether the Kampuchean people would manage to plant in time for the monsoon, the weather in Africa was also causing anxiety. Poor rainfall was only part of the problem: dark economic, political and military clouds were as pervasive as drought and often interconnected. In April, the world was alerted—by a television report, in what had become the set pattern for the exposure of mass tragedy in the late twentieth century—to terrible starvation in a northern pocket of Uganda. The famine in Karamoja was a gruesome example of what could happen in a drought year when random events penetrated the closed world of a traditional society, upsetting its precarious contract with nature.

The 350,000 people of the semi-nomadic Karamajong had lived for generations by cattle-herding, raiding, and growing a little food in their arid homeland. They had little contact with any modern institutions—except for a few mission posts, a borehole here and there, and a rough road masquerading as a highway to the better developed parts of the country in the south. During the 1979 war in which President Idi Amin was ousted, his troops fled northwards; en route, they raided an armoury in the town of Moroti. Some of the stolen guns fell into the hands of Karamajong herdsmen, and replaced the spears they normally used for cattle-raiding. A series of violent encounters took place and most of the tribesmen lost their herds to the masters of the guns. When the worst drought in a century struck their land, their usual safety valve for times of hardship—trading cattle for food from farming people to the south and west—had disappeared.

At least 25,000 people died in Karamoja before the machinery of relief was mobilized. Most of the police posts, health centres, schools and other emblems of the flimsy administrative apparatus were abandoned when the area became unsafe. Gun-toting raiders terrorized the countryside. The various UN and voluntary agency partners in the belated and messy relief operation which finally took off in May 1980 had to build warehouses, repair roads and bridges, set up and staff health and feeding centres, operate and guard convoys of food vehicles. The bulk of the food came from WFP, most of the vehicles from Unicef. The awkward logistics and insecurity throughout Uganda—food supplies were occasionally ambushed



Ethiopia: an estimated 6.4 million people in 1986 became in need of food and other emergency assistance because of prolonged drought. At Sekoto, a town of 120,000 people, the eight available wells were open for a few hours each morning, so women lined up their earthenware jars the previous day. (UN/Isaac)



In one of the worst-affected drought areas, in Ethiopia, a mother comforts her severely-malnourished baby at a special feeding centre. (UN/Isaac)

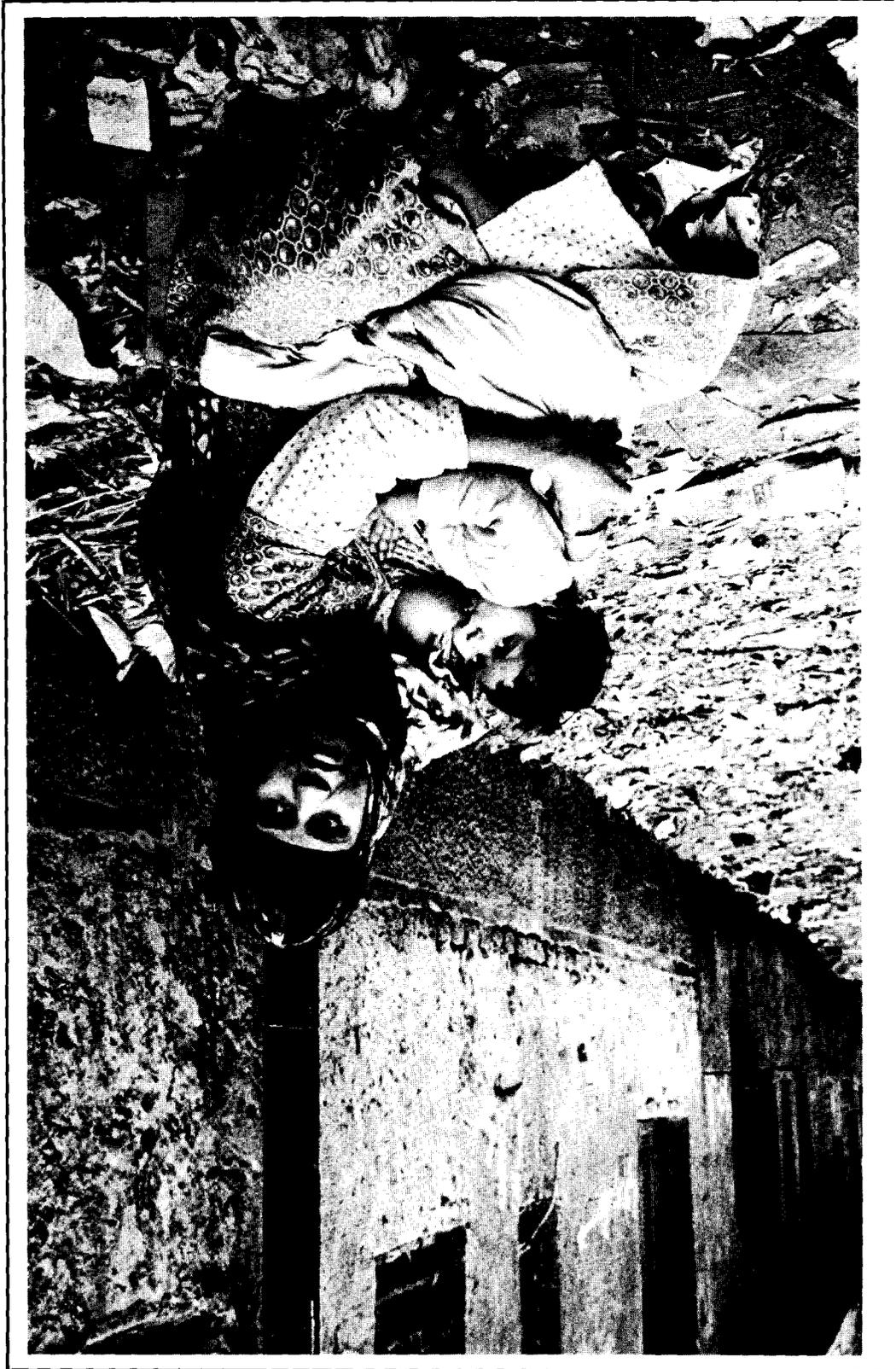


Civil war, Lebanon, 1976. For these children, the only source of water was an inch of pipe protruding from a wall.
(Unicef/Hewett)

Opposite:
An Egyptian mother feeding her baby. WHO and Unicef are strong supporters of breast-milk as the ideal nutritional mix for babies. Breast-feeding also has anti-infective and contraceptive properties, and fosters bonding between mother and child. (Unicef/Wolff)



Chad's campaign against seven diseases (diphtheria, measles, polio, tetanus, tuberculosis, whooping cough and yellow fever) used local chiefs, musicians, radio announcements and banners to convince women to bring their children to vaccination posts. (Unicef/Clifton)



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On 3 December 1985, Turkey completed its nationwide vaccination drive. More than 80 per cent of Turkey's five million under-fives were protected against immunizable disease. (Unicef/Isaac)

A Pakistan father gives oral rehydration salts (ORS) to his child after making a simple mixture at home; dehydration caused by diarrhea kills about five million children a year in developing countries. (Unicef/Thomas)

and some agency personnel lost their lives—made it one of the most difficult and acrimonious of relief operations.

By late 1980, 250,000 people, mostly women and children, were dependent on emergency relief and medical care; but the authorities and their international helpers had the famine under control. More than 15,000 children were receiving Unicef milk and food supplements at posts run by the British Save the Children Fund. The situation remained tenuous through most of 1981, during which the Unicef team, headed by Cole Dodge, an American who had gained his experience in Bangladesh and Ethiopia with Oxfam, set up an imaginative monitoring system to signal to the local authorities any lapse in children's health. Mothers brought their children to be weighed and measured regularly at bush clinics, and when their growth began to falter or decline, supplementary feeding was restarted.

Simultaneously, crisis deepened in the desert lands of the Horn of Africa, calling for another international rescue effort. In 1977, Somali forces had invaded south-eastern Ethiopia in an attempt to conquer the Ogaden, an area inhabited by Somali-speaking nomads but incorporated within Ethiopia's territory. The military campaign ended disastrously for Somalia in March 1978; but within the Ogaden guerilla warfare and armed resistance to Ethiopian forces continued. By early 1979, well over 100,000 nomads had fled hundred of miles from their homes in the Ogaden, driving their camels across the Somali border and pitching their sapling and hide tents in refugee camps.

Although the Somalis did not hesitate to care for their ethnic kin, the refugees were a heavy burden for an impecunious desert nation. Almost all the camp inhabitants were women and children whose menfolk were either waging war or trying to save their livestock by herding them in the vast desert grazing grounds. As 1979 gave way to 1980, the same drought which spelled starvation away to the south-west among the Karamajong began to cut a swathe all across the Horn. The failure of the rains to regenerate the pastures compounded the disruption of the fighting. By June, 1.5 million victims of hunger had sought food, safety and grazing in Somalia. At the peak of the influx, pathetic family groups were emerging from the desert haze at the rate of 1500 people a day.

Half the refugees—around 700,000—were kept alive by UN rations. Few of the thirty-five camps were close to a road system or health infrastructure of any sophistication. In places whose normal climate did not support sedentary life, vast concentrations of people had to be supplied with food, water, health and nutritional care. The entire UN and international voluntary agency community, co-ordinated by the UNHCR, was once again mobilized to help the Somali authorities. Only when the rains returned in 1981 and the pasture finally began to recoup did the Ogadenis begin to melt back towards their homeland.

In Ethiopia, every year, starting in 1971, was a food shortage year,

threatening millions of people with worse than hunger. Since time immemorial, starvation has been a common feature of life in the Ethiopian countryside. Famines of terrible scale and severity have periodically wiped out large populations. As a result of the famine of 1973–74 in the northern provinces of Wollo and Tigre 300,000 people lost their lives. Such was the impact of this disaster on the regime of Emperor Haile Selassie that the elderly monarch was forced off his throne. To avoid another similar disaster, the post-revolution Government set up an early warning system for harvest prospects, and entrusted emergency operations to an expanded and powerful Relief and Rehabilitation Commission (RRC). Unicef provided some assistance towards this food monitoring system, and in the wake of the 1973–74 famine, increased its co-operation with water supply, health, nutrition, and other basic-services programmes.

As the decade progressed and rainfall was consistently low, the RRC's annual predictions of food scarcity in certain areas began to take on a numbing monotony. Annually, Ethiopia was forced to rely on large amounts of imported food aid, used for relief and food-for-work rehabilitation schemes; simultaneously, the Government was trying to exert its control over Eritrea and Tigre in the north and the Ogaden provinces—Sidamo, Bale, and Haraghe—in the south-east. It had also embarked on the long struggle for rural development in a countryside ground to dust by centuries of feudal neglect.

The 1980–81 famine in Karamoja illustrated one kind of contemporary African tragedy: a disastrous collision between an ancient equilibrium and the collapse of the post-colonial political system. The constant challenge of hunger in Ethiopia illustrated another: a conspiracy between climatic perversity, land shortage and agricultural backwardness. In a country with a modern system of food production, stockpiled resources, the organizational capacity to mount relief for the destitute, the means of regulating food prices and moving surpluses around, drought is a cause for anxiety but not—as in Ethiopia—of seemingly uncontrollable loss of human life.

The crowded landscape of northern Ethiopia is a topographical extravaganza of rugged escarpments, plunging gorges, table-top mountains and mighty rivers inhabited by people whose way of life and farming systems had scarcely altered since the days of King Solomon. Even in years when the weather was kind, the farming communities in the peaks and valleys of these highlands pursued a life of great hardship and declining prospects.

In recent decades, land hunger and population pressure had forced the people to over-graze, over-crop, deplete the woodland, and reduce the steep mountainsides to eroded infertility. Much of Ethiopia offered a testament to rural deprivation: few roads, no modern bunding or irrigation techniques, no tools or implements belonging to the post-mediaeval era, no fertilizers or agricultural incentives of any kind. Until the downfall of Selassie and the introduction of land reform, the only contact of most

Ethiopian peasants with authority was with a landlord who took away a portion—sometimes a very high portion—of the crop in rent. The process of impoverishment was already so far advanced that there was absolutely no margin left. In this environment a minor failure of the rains could cause widespread distress. A major failure could precipitate a whole society towards disintegration.

In 1979, the country's perennial state of drought suddenly took another downwards turn. The RRC estimated that over five million people faced the risk of famine, not only in the north, but in the provinces of the Ogaden; all these areas were still in a state of upheaval caused by guerilla warfare and banditry. In the south, hundreds of thousands of people left their homes and livelihoods and had thrown themselves on the mercy of RRC relief. In the face of the overpowering combination of drought and hostilities, government services in the area had virtually ceased to function.

In Bale province, the RRC had already set up farming settlements for 100,000 families from the northern highlands—people whose land and livelihood had been lost in the 1973 famine, and who had spent the past few years trying to establish themselves in very different savanna terrain. Now the RRC hurriedly set up settlements for another 166,000 families. With assistance from Unicef, the RRC introduced some extremely basic and extremely necessary services: water supply, health care by volunteer trainees, educational instruction of the most rudimentary kind for adults and children.

In 1981, the rains returned to Bale. At least the new settlements, like their predecessors, could begin to farm co-operatively as a means of support preferable to food handouts. However frail the initial viability of the resettlement schemes, the Ethiopian Government had begun to believe that in less populous parts of the countryside they comprised the fastest way of reducing pressure on the environmental desolation of the northern highlands. Neither this, nor any other solution, could have been introduced in time to avert the tragedy of 1984.

Across the other side of the continent, a number of countries were victim to a different kind of environmental crisis, but one with similar underlying characteristics. The countries of the Sahel, the southern fringe of the Saharan desert—Senegal, Mauritania, Mali, Burkina Faso (then Upper Volta), Niger and Chad—were also experiencing a disruption of the delicate relationship between man and nature. Here too the climate was conspiring with unnatural pressure on a very different environment. At the height of the long 1968–74 drought in the Sahel, thousands of nomadic herdsmen were forced to migrate southwards. Their waterholes dried up and their pastureland was baked to dust. Their wealth and food supply—their cattle—lay dead on the trail behind them. Slowly bringing up the rear was the onward, inexorable march of the Sahara desert itself, moving at an average rate of some three-and-a-half miles a year.

The length and the severity of the drought, combined with short-sighted

livestock development policies, had deepened an environmental crisis beyond the point of recovery. Previous years of plentiful rainfall, borehole drilling, and cattle vaccination programmes intended to improve the trade in livestock—one of the region's few natural resources—had encouraged the pastoralists to build up their herds. When the rains failed, traditional ways of coping with hardship failed with them. There were no spare grazing lands to go to; all were already overused. The great press of animals around the boreholes stripped the vegetation; its loss further lowered the water table; the remaining trees and bushes withered; without the protection of grass and scrub the land could not hold back the sands of the desert, blowing down from the north on the hot, dry, *harmattan* wind.

When the rains returned to the Sahel from 1975 onwards, they fell sporadically, rarely in sufficient force to regenerate the pastures or the herds. By 1983, many of the desert tribesmen who once cut such fine figures in their indigo robes and self-possession were reduced to a half-life offering themselves for labour on farm or work site. The transformation of pastoralist to cultivator or even urbanite was brusque and traumatic: for those who endured such humility, it represented the destruction of an entire way of life.

In Mauritania, half the nomad population 'settled'. Society was turned upside down: within ten years, a country whose people were four-fifths nomadic, living on milk and animal products, became three-quarters sedentary, suffering the petty indignities of urban squalor. Of Moorish descent, the nomads mixed uneasily with the black agriculturalists of the river basins. In Mali, these too were in deep trouble: the Niger and Senegal Rivers reached their lowest flood level in decades, and by 1981, 800,000 people had set up makeshift dwellings on the edges of the towns.

Burkina Faso, like Mali and Mauritania, received no appreciable rainfall for a decade. Many of the young able-bodied succumbed to the lure of better prospects in Ghana and Ivory Coast. Chad, a country of geographical and ethnic extremes, stretching from the Sahara in the north to equatorial forest in the south, was riven not only by ecological disaster but also by civil war. Senegal, the most prosperous of Sahelian countries, watched its agriculture and its peanut exports go into precipitous decline. All the countries of the Sahel, some of which had been well able to provide most or all of their food requirements before the 1968–74 drought, were now dependent on imports and international charity.

In many of the countries of the Sahel as well as in Ethiopia and Somalia, in Sudan, and in Angola where drought and civil disturbance were exacting an equally terrible penance, rates of child death and disease were among the highest in the world before the 'loud emergencies' struck. One-quarter of babies born to Ethiopian mothers died before reaching their first birthday; in Burkina Faso, the equivalent figure was one-fifth; in Mali, thirty-five per cent; mostly from the dreaded diarchy of malnutrition and

infection. In none of these countries was there a network of modern health services worthy of the name. If one in ten mothers at the moment of delivery received the attention of a fully-equipped and trained midwife, that was already a cause for national self-congratulation. With so little in the way of a social infrastructure, with the countries' economies so impoverished and with so many pressing emergencies compounding the day-to-day problems of keeping their administrations running, the ways in which international help was offered needed to be tailored to their special needs, otherwise it could not be absorbed.

Relief and development problems were all part of an interlocking conundrum, as Unicef and other international aid organizations tried to explain to constituencies which demanded instant solutions to long-term problems. The devastating effects of drought were a testament to development failure; yet children and families could not be allowed to starve while national and international development experts puzzled over where the administrations and their external advisors had gone wrong in country after African country. At the same time, experience was showing that no-one could afford to ignore some of the negative longer-term effects of measures taken to stave off immediate suffering; beneficent food aid given at the wrong season or in the wrong quantities could depress agricultural prices, reinforcing a country's dependency on relief; deep boreholes could upset a fragile ecological balance between nomadic pastoralists and their means of support, encouraging over-grazing and environmental degradation.

Within emergency programmes, Unicef stuck to the role it knew best and was best appreciated for: supplementary foodstuffs, milk and high-protein mixes for the severely undernourished children and mothers admitted to camps and feeding centres; extra rations for pregnant and nursing mothers; basic drugs, immunizations, and medical supplies; training and equipment for community health workers and child-health aides; drilling rigs and personnel for water supplies; kitchen utensils and shelter materials.

Within the camps whose populations seemed set to stay for the foreseeable future—in Somalia, in the planned settlements in southern Ethiopia, in the makeshift settlements of the Sahel—the basic-services strategy could offer a low-cost approach to the problems of relief and development at the same time. Unicef also tried to maintain its regular programme support for mothers and children not immediately caught up in the trauma of drought and severe food shortage, but whose own fate was wrapped up with those who were because services which rarely met the people's needs at the best of times were now under even greater strain. Late in 1980, a sense of urgency and impotence about the deepening anguish of Africa led Unicef to begin to consider how to step up existing programmes and offer the worst-affected countries more in the way of co-operation.

At this time, a new Unicef witness to the mounting tragedy, the Norwegian

actress and film star, Liv Ullmann, visited famine victims in Ethiopia, Somalia and Djibouti. In late 1979, Ullmann had been one of a much-publicized group of international personalities who, under the auspices of the International Rescue Committee, had undertaken a 'march' to the Thai-Kampuchean border to draw attention to the plight of Kampuchean refugees. The sincerity with which she publicly expressed her wish to continue to do something helpful for suffering Mankind brought an invitation to her from Jack Ling, Director of Information at Unicef. Early in 1980, she took up an honorary appointment as a Unicef Goodwill Ambassador.

'Ambassador' Ullmann made her first visit to programmes in Bangladesh, India, Sri Lanka and Thailand early in 1980. To her advocacy for children she brought the luminous quality which had earned her such a following as an actress. She managed to combine the capacity to talk seriously to a Head of State with an instinctive rapport with the child of the slum or refugee camp, a child whose dirty hand she took in her own and whose wrinkled bottom she sat on her lap. Liv Ullmann was not only a woman of beauty and international renown, but an articulate and intelligent spokeswoman on children's behalf, sometimes a formidable one. She felt very personally the small, intimate tragedies she witnessed in a dusty encampment or a squalid shanty town, and she could communicate that feeling to television audiences, legislators, even to diplomats and bureaucrats. The plight of the children of Africa became Ullmann's cause. She travelled all over Europe and North America, making public appearances, describing the images which had seared her own imagination: the pathetic lines of mothers and children waiting patiently in the grey sand of the Ogaden; the small naked boy collecting scraps of food in a little can.

A special session of the Unicef Executive Board met to discuss the problems of Africa in late January 1981. Its main purpose was to obtain the Board's permission to step up aid to certain countries, including those in the Horn, Uganda, Angola, Sudan, and Chad; newly-independent Zimbabwe was also on the list, and the Sahelian countries were added soon after. The cost of these additional programmes was over \$50 million. The argument in their favour was that these were not emergency programmes in the usual sense, but regular basic-services programmes made doubly urgent by the refugee migrations, by drought, by other 'exceptional circumstances'. Included in these were the effects on Africa of the deepening worldwide economic recession.

As if drought, conflict and food shortage were not enough, the worsening terms of global trade and other spin-offs from Western recession were inflicting further blows on Africa's depleted circumstances. A world in dark times meant a Third World in darker times. From inflation, declining commodity prices and poor international credit ratings children all over the world—and specially in Africa—were showing visible signs of suffering.

The effects of global recession on the condition of the world's most vulnerable inhabitants was becoming a major challenge of the third Development Decade.

In December 1980, the UN General Assembly adopted an International Development Strategy for the 1980s. The strategy reflected many of the 'alternative' lines of thought which had emerged during the previous decade. As far as Unicef was concerned, the important feature was the new emphasis on development as an integral process, combining economic with social and humanitarian dimensions.

During the past twenty years, there had been a gradual convergence between the idea of development as a process which raised the GNP, improved the national balance sheet and credit rating, built new roads and factories, and strengthened the country's administrative structure, and the idea of development as a crusade to end the hunger, poverty and ill-health endured by millions of the world's inhabitants. Unicef and many other international and nongovernmental organizations with a humanitarian purpose had helped to bring this convergence about, drawing upon the programmes of co-operation in which they were engaged to illustrate the importance of social and human dimensions to the success of the overall development process. Among the many antecedents to the new emphasis in the strategy for the third Development Decade were the General Assembly's endorsements of the Unicef Board's 'Child Emergency' declaration in 1974 and its basic services strategy in 1976. Also among them were the precepts of 'RIO', the 1976 Report to the Club of Rome on Reshaping the International Order. The strategy called for a rapid acceleration in efforts over the next ten years to reduce infant mortality below fifty per 1000 births; to overcome mass illiteracy; and to provide greater access to water and sanitation and primary health care.

The ink was barely dry on the General Assembly resolution adopting these goals before they began to appear unrealistic. The year of 1981 was not far advanced before the developing countries began to feel the full chill of world recession, as did the budgets of governments and organizations offering them aid. In many industrialized countries, growth had slumped and unemployment risen to higher levels than at any time since the Great Depression of the 1930s. Their economic misfortune soon reverberated in developing countries, particularly those dependent on richer trading partners to buy their primary products and finance investment in their manufacturing industries on concessionary terms. In the early 1970s, when the prices of oil, food grain and fertilizers shot up, many countries both developed and developing had experienced economic shock. But except in Africa, most managed to sustain enough growth to keep their output and their incomes steady. The blight of the early 1980s was far more severe.

Industrial and agricultural output, employment opportunities and personal income went into reverse for the first time since the 1960s.

Forced to retrench, governments everywhere began to cut back on social services expenditure, all too often the first casualty in times of hardship. Programmes supported by Unicef began to feel the effect. Shortage of foreign exchange meant lower imports of vital drugs and medical supplies; fewer spare parts and fuel for such public works as water-supply installations; and deterioration in already weak transport systems. At the same time, better-off countries reduced their expenditures on foreign assistance, especially for anything which appeared to offer no obvious return on economic investment; they were also less willing to offer loans on slow, low repayment schedules. Some Third World countries which had reaped the temporary benefit of high oil prices and become *punch drunk on credit and imports*—countries such as Nigeria and Mexico—now found themselves descending into a trough of debt. In certain countries, merely the cost of debt servicing was absorbing half or three-quarters of annual export earnings.

Not only did the poor suffer first and most from the cutbacks in government programmes, but their own survival margins were reduced. Work was more difficult to find, earnings lower and the small amounts of cash people without any stable employment managed to glean by petty trading or casual hire bought much less. With less purchase on the means of subsistence, their health and nutritional margins also shrank. The most vulnerable are always the women and children; in villages and shanty towns all over the developing world, their well-being was the hidden casualty of the downward curves showing up in company reports, stock and commodities markets, and international lending institutions. In his 1981 *The State of the World's Children Report*, James Grant commented bleakly: 'Not for a generation have expectations of world development, and hopes for an end to life-denying mass poverty, been at such a low ebb'.

The gloomy outlook obscured the very real progress that had been made in the developing world over the previous three decades. Average incomes had doubled. Average life expectancy had risen from forty-two to fifty-four years. The proportion of people who could read and write had increased from thirty per cent to fifty per cent. Primary school enrolment had reached sixty-four per cent from forty-seven per cent in 1960. The death rate of infants and children under five had dropped markedly. Even the birth rate was declining, although not as markedly. The problem now was how to sustain, and accelerate, these rates of progress in dark times. As the recession deepened, the targets set for the third Development Decade, and the RIO targets for the end of the century—life expectancy of sixty years or more, infant mortality at fifty per 1000 births or less, seventy-five per cent literacy, time in school for every child in the world—began to sound like hopeless fantasy.

There was, however, a glimmer of hope. The new perspective which linked the social and humanitarian to the economic dimensions of development might come to the rescue of the weakest members of the world community. In years gone by, the deep distress among society's least well-off which followed an economic downturn had been regarded as inevitable, almost a part of natural law. Now it was at least permissible to suggest that, for sound economic and developmental reasons and not only out of humanitarian concern, a safety net must be provided to keep the poor from bearing the full brunt of misery; this should be a part not only of domestic but also of international development policy.

The ideas which had seen expression in Unicef's 1974 'Child Emergency' declaration now sounded almost conventional, even economically respectable. But the problem was that they only did so among a relatively small circle of those on the international development circuit. Among national policy-makers all over the developed and the developing world—whatever the indications were that the world's trading systems, financial systems, productive systems, and marketing systems required overhaul—the tendency was to take the same old belt-tightening measures which discriminated against, rather than protected, the poorest. Under duress, even if they held out no guarantee of success, tried methods were the best form of 'adjustment', of trimming the world's economic sails. Grant at Unicef began to look for ways of giving currency to the alternative view: that with the necessary leap of imagination, policy-makers could hold a safety net under mothers and children without damaging their development targets; in fact, the contrary.

The fears that the poor of the Third World were suffering the worst effects of the current global recession were borne out by a study undertaken by Unicef in conjunction with a team of economic planners at Cornell University. The study was organized by Richard Jolly, Unicef's new Deputy Executive Director for Programmes and a well-known economist in his own right. Derived from a number of case studies from countries around the world and published in 1983, Jolly's report described the human cost of a phenomenon still normally described by planners and policy-makers in narrowly economic terms—inflation and interest rates, debt and deficit. Although data from the least developed countries was also least developed and therefore most difficult to assess, there was clear evidence to show that there were parts of the world where, as an effect of recent economic trends, weight-for-age among children dropped; the number of babies born underweight, and therefore more vulnerable, had gone up; and the numbers of children being deserted by their parents because of poverty were soaring. These findings were nothing more nor less than what had been regarded previously as strong supposition; but their documentation, and their presentation in economic form—and, in due course, in economic fora—helped to sharpen the case.

Jolly and his team made two basic recommendations: adjustment, or belt-tightening, policies must not neglect the need to preserve minimum levels of nutrition and household income; and countries should embark on campaigns to help place a safety net under child health by concentrating resources on low-cost, high-effect interventions. The most tragic aspect of the response to world recession was that 'There seems to have been a systematic sacrifice of the "social" sectors to the "economic" in the erroneous belief that "social" means "uneconomic". The fact is that both by hard-headed economic calculation and by the most elementary tenets of human welfare, investment in the health, skills and well-being of children is the most essential investment of all'.

Up to the time he arrived at Unicef and for a year or two afterwards, Grant had constantly reiterated the theme that there were low-cost routes to social advance, tried and proven in certain parts of the world under widely different economic and political systems; that Unicef's basic-services strategy offered a mix of low-cost ways to improve the lives of the poorest communities by fusing their resources with technical expertise, and multiplying their impact by combining them in one package.

During 1982, Grant began to look around for a way to generate a global campaign based on these ideas. The basic-services strategy was gradually becoming more widely accepted, as was the concept of primary health care to which it was closely related; but implementation seemed to him distressingly slow in a world in which approximately 40,000 small children were still dying every day. Under the pressure of worsening prospects for the world's children in the early 1980s, the safety net needed to prevent the poorest from sinking into the pit of chronic ill-health and malnutrition would not be meshed unless more effort was made, nationally and internationally. That effort required a focus. The 'child emergency' had been the focus of the 1970s. Grant wanted to narrow the focus down more precisely.

On the one hand, any selection of health and nutritional activities to be singled out must have obvious, documentable benefits for children, both as separate measures and in tandem. On the other, they must be non-controversial or they would not gain the adherence of government partners in the developing world or donors in the industrialized world; and they must be easily communicable to the widest possible audience so as to generate the kind of support which would override economic objections, political disinterest and the sense of malaise currently afflicting the entire international development movement. In this context, Grant showed his special appreciation for the need to popularize any issue he wanted to put across. In an era when mass media exposure had the power to influence the course of history, the kind of international crusade needed to make a significant impact must be highly communicable and easily understood. The complexities of development theories, of the values of basic services

and planning for the needs of children, might sit well with technicians, professional experts and policy specialists—none of whom Grant had any intention of ignoring. But something extra, something simpler and catchier, was needed to bring the debate into the public and political realm.

In September 1982, a group of health and nutrition experts from WHO, FAO, the World Bank, USAID and a number of other agencies and academic institutions, as well as Unicef itself, met in New York at Unicef's invitation. For two days, they examined the various ways to tackle the twin problems of child hunger and poor health around the world and what kind of success they were having. Technical aspects, communications aspects, costs, acceptability, marketability, government and professional attitudes: pros and cons of different strategies, from food subsidies to family spacing, fuel-efficiency to female literacy, were touched upon.

After the discussion had gone backwards and forwards for a day and a half, someone jotted down on a piece of paper an acronym for the four measures that seemed most promising: 'GOBI'. 'G' was for growth in the young child, which needed to be constantly monitored to see that it was progressing normally; 'O' for oral rehydration, a simple way of replacing the life-sustaining fluids lost in bouts of childhood diarrhoea; 'B' was for breast-feeding, whose decline needed to be arrested; 'I' was for immunization against childhood diseases. GOBI caught the imagination of Jim Grant; it stood for a package of part-nutritional, part-medical, low-cost measures already within the gamut of primary health care. All seemed suited for easy promotion to mothers via the information networks of the modern world which, in recent years, had begun to reach even into the humblest of Third World homes. Transistor radios graced almost every household; commercial companies had their outlets even in the remotest of markets and the crudest of village stores. If these media could be used to promote patent medicines and infant formula, they could also be used to promote primary health care for mother and child.

GOBI came to head the list of Grant's prescriptions for improving the lot of children. The ingredients for what was to become Unicef's call for a world-wide 'child survival and development revolution' were falling into place. The context in which Unicef launched the campaign for GOBI was *The State of the World's Children Report*, issued with maximum public fanfare in December 1982, the thirty-sixth anniversary of Unicef's creation.

While Grant was evolving a new strategy for tackling the 'silent emergency' of child death and disease around the world, another 'loud emergency' forced its way onto Unicef's agenda.

In early June 1982, Israeli troops entered southern Lebanon. As they advanced northwards towards Beirut, it became evident that an all-out military campaign was underway to deny permanently the use of Lebanese

soil to armed Palestinian activity and to eliminate its leadership from their Lebanese haven. The campaign went on for months and plunged much of the country into turmoil. This chapter in the continuing conflict in the Middle East was not the first in which Unicef was involved, but it was the first in which its role was of special significance.

Beirut's geographical position and its pre-eminence at the hub of Middle Eastern banking and commerce had made it the natural choice for Unicef's Eastern Mediterranean Regional Office. For many years a handful of staff served programmes in countries stretching from Syria in the north to the southern tip of the Arabian peninsula and Sudan, and across north Africa as far as Morocco. With the exception of certain less well-off or very poor countries—the two Yemens and Sudan—Unicef's programme support for most of these countries was modest and had run along conventional lines: support for courses in midwifery or nutrition; help in procuring vaccines and drugs for disease campaigns; in the early days, a pilot milk plant or a weaning food factory in each country; the occasional push for girls' or women's training; and, in co-operation with the UN Relief and Works Agency (UNRWA), social welfare for children in the shabby settlements housing Palestinians uprooted from their land in 1948. Assistance was also given to Israel, for day-care services, weaning food development, and emergency relief in the West Bank and Gaza; although since 1966, Israel's primary relationship with Unicef became that of donor rather than recipient. This was co-ordinated with the Unicef National Committee for Israel, run by Mrs Zena Harman, a previous Executive Board Chairman and one of Unicef's longstanding senior affiliates.

After OPEC's action of 1973–74 and the sudden infusion of wealth into oil-producing Arab nations, Unicef tried to raise its visibility in the Middle East in the hope that Arab governments now engaged in an overnight development splurge would choose to profit from Unicef's international experience to help bring down their high infant mortality rates and upgrade their health and social services networks. In addition, those casting around for ways to use their wealth in the Third World would be encouraged to use existing multilateral mechanisms rather than create their own or concentrate only on bilateral aid to other Moslem countries. The stepping up of Unicef's Middle Eastern activity was assigned to Jim McDougall, Regional Director from 1967 to 1976. Some of the North African countries began to respond. Others showed reluctance.

During the Lebanese civil war of 1975–76, the efforts of McDougall's expanding regional team were diverted into emergency relief. He despatched his staff to Beirut's bazaars to buy up drugs and dried milk for distribution to families made helpless and homeless. Other supplies were flown in from the UNIPAC warehouse in Copenhagen. Relief goods were distributed through local Red Cross teams, UNRWA, and the official Lebanese relief mechanisms: every effort was made to be even-handed to all parties and

religious groups in the labyrinth of Lebanese allegiances, and adhere only to the principle of helping children in need.

In late 1976, the savagery of the fighting forced McDougall to evacuate the staff—except those Lebanese who preferred to stay—by convoy through the battle lines. His deputy, Rachid Koleilat, stayed on throughout the fighting, and managed to maintain a relief operation of a kind. For those who left and those who stayed the experience was traumatic; McDougall's health deteriorated under the strain of responsibility for staff members dispersed to Amman, Damascus, Cairo and Cyprus. His strong right hand at this time was a solid and unflappable Swede, Gullmar Anderson, another of that pioneering species who are often found in the ranks of today's international humanitarian organizations, always in trouble-spots which everyone else is trying to leave. For Anderson, as for many other UN staff in Beirut, the evacuation of 1976 was the first experience of a kind which later became almost routine.

The office was reopened early in 1977, and François Rémy took over. Political and military calm was never re-established in a city now divided into a Christian east and a Moslem west with a strip of no-man's-land between. Although Unicef's programme co-operation reverted to a more typical long-term character, the problems of working in a country unable to resist the forces of violent disintegration became an ever-present burden. It became increasingly difficult not to become demoralized or swept up in powerful currents of anger, and to keep lines open with all the quarrelling parties. Yet in this complex situation, neutrality was critical if children of all groups were to be reached.

In mid-1978, Lebanese relief officials estimated that 1.3 million people—well over a third of the country's population—were displaced, at least temporarily, and that half of these were children whose families were destitute. The area of greatest flux was next to the Israeli border, south of the Litani River and east of the ancient port city of Tyre, where constant flare-ups between Israeli and Palestinian fighters had recently erupted in all-out war. Caught in military cross-fire, villagers fled northwards to Sidon and Beirut to shelter with relatives until calm returned. On the city peripheries, they swelled the straggling camps and squatter settlements of a vastly augmented 'poverty belt'. Witness to the ebb and flow of so much suffering, it was hard for the Unicef office to concentrate its attention anywhere else in the region. The areas where need was greatest and which were militarily most contentious were one and the same.

In 1978, Unicef became involved in water-supply and health-care reconstruction carried out by the Lebanese Government in the war-created poverty belt around Beirut and in a wide arc through the countryside from north to south. Its contribution was technical and advisory; most of the finance came from USAID. As a result of this experience, in 1980 Unicef was asked by the Lebanese Government to take on the management of a

\$47 million programme funded by Arab governments for the reconstruction of hospitals, schools and water systems in southern Lebanon. This was a reversal of the normal role; usually Unicef made some contribution in material or technical support for a project run by a government department or its contractees. In southern Lebanon, Unicef contracted local labour and ran the project while the Government paid the bills. Although the operational role was one it normally took pains to avoid, the circumstances of southern Lebanon demanded an exception. Unicef personnel and vehicles could move through an anarchic mosaic of politico-military enclaves with relative impunity. Faced with an almost total breakdown of services of all kinds, the needs of the people were clearly acute, and the programme could also create jobs and revitalize local industry.

In October 1980, Unicef set up an office in Qana, south of the Litani River, east of Tyre, and within easy reach of a battalion of UNIFIL forces (the UN Interim Forces in Lebanon), whose engineers were very helpful. The programme was placed under the supervision of Gullmar Anderson. Over the course of the next twenty months, contracts were awarded to local Lebanese firms and construction was completed at 143 sites. Work continued even when shells and rockets flew overhead during artillery duels: Anderson did not want to let the momentum of the programme slacken. Schools, hospitals and dispensaries were rebuilt and re-equipped. Wells were drilled, and pipelines laid from the Litani River to village standpipes and health centres where faucets had not run for years. Gastro-enteric infections and scabies, diseases connected to water availability, began to decline and cleanliness improved along with that vital ingredient of public health: morale. An important link in the water supply system for 200,000 people was a new pumping station in the hills near Tyre built over a large spring once used by Alexander the Great.

Unicef had just completed the installation of two new pumps at Ras el Ain when the Israeli campaign of June 1982 began. In the first days of the fighting, the pumphouse suffered a direct hit and the station was completely destroyed.

The scale of the war and resulting crisis began to emerge as the Israeli Army moved through southern Lebanon. François Rémy was away; Anderson took charge of the office in east Beirut and began to buy relief goods off the shelf and distribute them through the authorities and voluntary organizations. At Unicef headquarters in New York, a task force under Margaret Catley-Carlson, Deputy Executive Director for Operations, began to examine emergency supply routes into Lebanon. The port of Beirut was under fire, as were those at Tyre and Sidon. Damascus, capital of Syria, was only two hours by road from Beirut. Rémy therefore flew to Damascus to receive relief supplies—blankets, baby food, milk, utensils, drugs—air-lifted from Unicef's supply centre in Copenhagen.

Within a few days, UN Secretary-General Javier Pérez de Cuéllar appealed

for international emergency assistance at the urgent request of the Lebanese Government. On 15 June, Grant announced a ninety-day Unicef relief effort costing \$5 million, and called upon national committees and donors to lend support. Rémy in Damascus, Anderson in Beirut, and staff in Qana were authorized to spend what they must on procuring and distributing relief in the areas affected by military activity. The same day, the first convoy of tents, blankets, food and medical goods left Damascus and arrived at Baalbek in the Bekaa Valley. This area was a traditional sanctuary for Palestinian refugees and was now inundated by 55,000 new arrivals fleeing the Israeli advance. Unable to proceed beyond areas under Syrian control, the convoy unloaded its forty-one tons of cargo for distribution.

By this stage, the Israeli forces had encircled west Beirut, home of its Moslem population, including the Palestinian camps and fighters of the Palestinian resistance movements. These settlements now bore the brunt of the Israeli onslaught. In the south, the fighting had left its share of casualties and destruction, but after a period of tension and delay, relief organizations including UNRWA and Unicef were able to deliver supplies and provide shelter to the 400,000 people left homeless by the destruction.

West Beirut presented a more difficult problem. Under the Geneva Conventions, relief cannot be denied to enemy civilians by one or other party to a conflict. A siege, however, does not make nice distinctions between combatants and civilians because its weapons include the closure of supply lines of food, water and other life-sustaining items. Bombs and shells can be targeted; the closure of supply lines cannot. For this reason, this ancient form of military campaign is difficult to accommodate to the codes of conduct applied in contemporary warfare. Unless the 200,000 'civilians' in west Beirut were prepared to sacrifice their homes, withdraw voluntarily, and leave the 'military' to their fate—which most were not—they faced peril and extreme hardship. For the next days and weeks, the bombardment and siege continued.

It was not a hermetically-sealed siege. Food supplies were available in west Beirut, although they were outside the means of many inhabitants. Two relief convoys, organized by Unicef but bringing in supplies from many UN agencies and using trucks from the UN peace-keeping forces, were allowed to enter west Beirut under Lebanese Army escort. The arrival of the first, on 22 June, gave the people an important psychological boost. Other convoys, organized by the Red Cross, as well as by the joint efforts of UN agencies, were also permitted entry as the weeks wore on. Relief personnel and journalists were also allowed to move across the divide between east and west. But as the siege continued inconclusively, movement into the west became more and more restricted, and as fears mounted that Israeli troops would launch a direct attack, the Palestinian fighters in the city mined the entry routes. The difficulty of moving backwards and forwards continually increased.

The critical shortage in west Beirut was water. By early July, the taps were dry: the main cock at the principal source of supply, the Ashrafiye pumping station in the eastern sector, had been turned off. A water engineer on Unicef's staff, Raymond Naimy, a Lebanese of Christian background, had envisaged this possibility. Before the siege began, he had armed himself with maps from the city water department showing the locations of old artesian wells. He also built up a store of pumps, rigs and spare parts. At the end of June, as thirst threatened and public health deteriorated, Naimy became the *de facto* water department of west Beirut.

With a scratch crew of fourteen, Naimy managed to set up an alternative water-supply system. He brought disused wells into commission, even drilled new wells in the city streets, and assembled groups of 1000-litre steel water tanks at strategic points. Two Unicef tankers made nonstop deliveries of water from the wells to the tanks while women and children lined up. When the electricity supply was also closed down, Naimy scoured apartment complexes for generators to keep his pumps operating. Naimy's team not only managed to keep the communal tanks topped up and family water jars from running dry; they laid on water at five temporary hospitals, and cleared 250 tons of garbage from the streets every day. A few cases of typhoid fever were reported, but no serious epidemics of gastro-enteric disease. Raymond Naimy was regarded as a local hero.

On 8 July 1982, Jim Grant arrived in Damascus to make his own tour and assessment of Lebanese relief needs. Accompanied by Rémy, he drove into west Beirut, visited emergency installations and talked with relief officials. He was deeply impressed by the dedication and energy of the Unicef staff, particularly those in west Beirut who remained in the beleaguered city and refused the offer of evacuation to somewhere safe. On 10 July, he drove to Tyre and Sidon to see the damage sustained in the south, including the ruins of the Ras el Ain pumping station, which he promised would be repaired.

On 14 July, Rémy returned to west Beirut. Angered by the closure of the mains water supply, he tried to use diplomatic pressure through the UN system to get the taps at the Ashrafiye pumping station turned on again. When this failed, he used the international press to make a public furore. This decision labelled him as partisan which was touchy for an organization dedicated to neutrality; he had taken a risk, but the taps were turned on. Rémy stayed on throughout the next two months, and with Naimy and other members of the Unicef team, was one of the earliest witnesses to the desolation in the Sabra and Chatila camps after the massacres of September. In October, after a long and exhausting tour of duty, he left Beirut. Charles Egger was invited out of retirement to replace him temporarily; his place was eventually taken by another longtime Unicef career officer, Victor Soler-Sala.

On 10 August, Grant launched a \$60 million rehabilitation programme.

Its main emphasis was the reconstruction of water, health and education facilities in southern Lebanon. Under Anderson's leadership, Unicef simply picked up the original programme, dusted off the debris and began again.

In Beirut itself, as in much of southern Lebanon, the most agonizing price of the war was paid by thousands of families who had lost not only some of their members, their homes and all their possessions, but also any sense of physical and emotional security after such a long period of fighting flaring up again after each supposed peace agreement. Thousands of children had been orphaned. Thousands of children had been severely wounded, bearing irreparable damage in their bodies and minds. Many of them needed shelter, foster care, physical rehabilitation, hope, love. Amidst the continuing turmoil of Beirut, many unsung heroes are trying to help such children overcome the scars of growing up among constant and bewildering bloodshed. These children are also the target of Unicef assistance. And will remain so.

In a tiny, half-deserted cluster of huts that passes for a village, a widow twenty-three years old with three children sits in the sand and gazes at her last possessions: a straw tent, a metal pot, a few balls of white yarn, two goat skins, a few rags of clothes and a pair of rubber flip-flop sandals. Her face is the face of a woman of fifty, her expression one of fixed, trancelike resignation.

This image comes from a village called Tin Taylout, thirty miles north across the sand dunes from Timbuktu, a town with a rich and romantic past at a crossroads of trans-Saharan trade. In 1984 and 1985, Timbuktu became a mecca for a different kind of traveller: Western journalists in search of the unending, repetitious images of a continent in crisis. With minor variations, the picture of the young woman in circumstances reduced to zero, with a baby at the breast and two other toddlers to care for, could have come from any one of twenty-five countries on the continent. The year 1984 was the one in which the detested clichés of hunger and suffering clinging to Africa took on their grimmest reality in modern times.

Throughout 1984, as drought deepened not only in its usual trans-continental path across the Sahel and into the Horn of Africa but also in countries far to the south, food shortage was widely predicted and international alarm bells rang. Every international organization whose business had anything to do with famine, including Unicef, tried—in fits and starts—to build up its operational capacity in Africa as far as resources would allow; thousands of food cargoes were despatched; medical teams were sent to relief camps; efforts to keep track of children's nutritional condition were increased.

Soul-searching conferences about mistaken development policies and fund-raising appeals for African emergencies became almost monotonous

sign posts along the route to mass tragedy. Representatives of international aid organizations clamoured at foreign office doors for more attention to Africa's needs; journalists and well-known figures—Liv Ullmann among them—toured countries at the agencies' invitations and broadcast the needs of people living on little but parched land and empty promises. But aid on the scale required was slow in coming forward. In mid-1984, Unicef told its Executive Board that in response to special appeals it had made for Angola, Chad, Ethiopia, Ghana and Uganda totalling over \$20 million, only \$2.5 million had been pledged. By this time, thirty million people in Africa were suffering acutely, at least four million of whom had abandoned their homes and villages in the hope that they could find shelter and something to eat elsewhere. 'The land is growing old', said an old Somali woman in despair, offering her own version of the process of population pressure and soil erosion, now fatefully compounded by the longest absence of rain in living memory.

But it took, yet again, a television report to bring home to the world the enormity of the abyss into which millions had fallen and to ignite a response on a scale which came anywhere close to pulling them out. The short seven-minute film, made by cameraman Mohammed Amin and BBC reporter Michael Buerk, and screened throughout the day on BBC television in the UK on 23 October, began with these words: 'Dawn, and as the sun breaks through the piercing chill of night on the plain outside Korem, it lights up a biblical famine, now, in the twentieth century. This place, say workers here, is the closest thing to hell on earth'. 'This place' was the same barren, mountainous, over-peopled, over-farmed, over-grazed landscape which in 1973 had destroyed hundreds of thousands of lives from starvation, and brought a dynasty crashing in its wake. Hunger had not disappeared, in spite of governmental determination that such a calamity should not occur again. Another series of disastrous drought years had led to another, a bigger, tragedy.

A year after widespread hunger began to gnaw apart the fabric of life in northern Ethiopia, the words spoken by Michael Buerk and the images that accompanied them blew away public and official apathy to Africa's plight. In October 1984, it was the turn of Western television audiences to stare in glazed disbelief as children with ravaged faces and stick-like limbs died before their eyes. Once again, it was the vast outpouring of public generosity and public horror inspired by these images which forced Western governments into large-scale efforts and contributions. Those African governments which had hesitated to discover or confess the pitiable condition of some of their people now found the spotlight of international compassion cast upon them. As usual, the spotlight was remorseless in casting blame and failure on governments and international organizations which exist in order that such things should never happen.

The prolonged public attention on Africa's misery had a benefit beyond

the generosity it inspired—attention and generosity fuelled by a remarkable effort led by the popular singer, Bob Geldorf. It prompted an unusually probing portrayal of the ultimate spectacle of underdevelopment in remote, rural regions in poor, economically backward, and usually invisible countries. Until the journalists set off on their pilgrimage to Timbuktu, many people did not know that the legendary city really existed; still less did they know that it was in a country called Mali where 150 children out of 1000, even in normal times, died before they reached their first birthday, and where the remorseless advance of the desert was swallowing arable land and people's ancestral homes.

Places like Korem in Ethiopia, which had hardly ever appeared on a map before, now entered many people's geographic vocabulary. When camel caravans set off from the Red Sea hills not with exotic loads of myrrh and sandalwood but with grain for starving nomad families in the Sudanese interior, over-used words such as poor, backward, neglected, developing took on new and dramatic meanings.

Over the years, the international aid community had become more experienced and more imaginative in its responses to disaster. The media and the public, too, had become more discerning: more exacting on the one hand, more willing on the other to take into account the complexities of operating relief programmes in places where port facilities and transport were lacking, road surfaces appalling, health personnel in very short supply, and security ill-assured. Even to those uninitiated in the scene and philosophy of development, whose response to Africa's tragedy was at the simple emotional level of saving children from starving to death, the way in which a 'loud emergency' had built to a climax from a 'silent emergency' was plainly evident.

All the obstacles which stood in the way of a militarily precise and efficient rescue operation were the same obstacles which development ought to be eradicating, and was not. In Africa, economic and environmental deterioration had set in at a pace so fast that, at least for the time being, the development process was quite unable to stem it.

There had been development in independent sub-Saharan Africa in the past generation, some of it very conspicuous development. Every country, however poor, could point to modern factories, dams and highways, hospitals and universities, and growing cadres of professional, administrative and technical experts. Much of this represented real progress. But the reverse side of the coin was the lack of investment in the rural areas, dependence on primary commodities with undependable market values, declining food production per inhabitant, mounting debt and growing unemployment. Development had brought modern goods and services within the reach of some people in every country. But in the process, others had moved closer to the abyss. Drought had merely helped to accelerate the crisis.

The tragedy of Africa in the 1980s is a crushing indictment of modern man's chosen course of self-improvement, a course which has failed the poorest and most vulnerable. The vast majority of such people are women and children. The women and children of Africa are losing an unequal battle against powerful elements over which they have no control.

Within the complex skein of Africa's crisis, and of the combination of political, economic, agricultural, fiscal and social responses it demands, Unicef has at most a cameo role to play. To co-ordinate the UN response through all its various agencies and institutions, Secretary-General Pérez de Cuéllar set up a special African emergency office in January 1985 under Bradford Morse, Administrator of UNDP. By the end of the year, nearly \$3 billion in food and financial aid had been mobilized. Within the overall effort, Unicef's essential role was to highlight the ravages of the crisis on African women and children, and to use its programme co-operation to offset such ravages where it could.

At the end of 1982, in his *The State of the World's Children* report, James Grant launched a new Unicef global campaign to revolutionize children's prospects of survival and better health throughout the first, critical years of their lives by focussing on certain basic health-care measures. As drought strengthened its grip on Africa during 1983 and 1984, the most glaring priority for children was survival. But survival and better health are inseparable. In the relief camps of Korem, Bati, Mekelle and other famine staging-posts in northern Ethiopia in late 1984, an overwhelming impression was the sound: coughing, an endless cacophony of dry, muted coughing, and otherwise the silence of despair. One signal of starvation, of profound debilitation, is a cough, lungs pained and infected and unable to function. Another is the soundless loss of the body's life-sustaining fluid because, in its weakened state, the most minor germ takes hold of the body in a convulsive diarrhoeal purge. A third is the quick hold a fatal epidemic of almost any disease takes on the weakened bodies of children already suffering from advanced malnutrition. In other words, children do not usually die of 'starvation': they die of simple ailments which hunger makes mortal.

Alongside its traditional help with special child-feeding, supplies of essential drugs for medical relief, and drilling wells to provide water supplies in villages and relief camps, Unicef also made a special effort to help control diarrhoeal disease and offer support for health-care measures which would act as a buffer against the worst effects of prolonged hunger. In Burkina Faso, a crash immunization campaign against measles and tuberculosis reached two-thirds of the country's children through 'Vaccination Commando' teams. Tons of oral rehydration mix—sodium and potassium salts and glucose—were airlifted to Ethiopia to offset the body

fluid losses from gastro-enteric outbreaks among relief-camp children.

In north-east Uganda, where drought had caused such devastation among the Karamajong four years before, regular weighing and measuring of the children to signal any worsening in their condition was still in operation, and it was working. Every few months, the results of careful plotting on their charts showed that it was time to begin distributing rations again. All the children were systematically inoculated against measles, a disease commonly associated with malnutrition.

Further south, in Botswana, harvest failure was as bad as anywhere on the continent. But a similar nutritional watchdog and food-ration system was in place. A Unicef survey in mid-1984 revealed that over seventy per cent of the country's preschool children attended health clinics monthly, and ninety-five per cent of children in rural areas possessed health cards with their growth curve plotted along them. With this kind of gain in spreading health services, Botswana could cushion children against hunger. This success in avoiding tragedy went widely unremarked: horror stories did not emerge from Botswana so it was not on the journalists' famine itineraries.

One programme supported by Unicef in Ethiopia which did not go unnoticed was a variation, on a small scale, of the food-for-work schemes which are a stock-in-trade of international relief. These employ people on public works—digging irrigation channels, bunding hillsides, cutting roads—and pay their wages in food. One of the unwritten rules of institutional humanitarian effort is not to give out cash directly. There is a paternalistic fear that it will be squandered, that the poor cannot be trusted to spend other people's money on what is in their own best interests. Yet it is by no means uncommon to find that, in areas where drought has reduced many families to destitution, there is still food for sale. The problem is that those who need it cannot afford to buy it. In Gondar province, the observation that trucks of food still plied their way to urban markets while rural people went hungry led to the notion that, with cash in hand, poor families might manage. Simple calculations indicated that the cost of shipping and trucking food into the province and getting it to the worst-hit communities was at least as high as giving out the equivalent of a social security benefit.

In late 1983, discussions between Unicef and the Ethiopian Relief and Rehabilitation Commission led to the decision that, in a few communities on an experimental basis, cash-for-work would be given out instead of food-for-work. The 1000 families involved built feeder roads, cleaned springs and prepared seed beds against the return of rain; with their pay, they were able to stay in their villages and maintain their families' minimal food and welfare needs. A survey after six months revealed that the idea was an unqualified success.

In Mali, on an equally small experimental scale, livestock doomed by drought were bought at a reasonable price and slaughtered before they

perished on the hoof. Their nomad owners were employed in an enterprise to dry the meat and tan the skins, the food products were given out, and some floor-level family income was maintained.

In Africa in 1984, according to the best estimate that rough data can provide, five million children died from hunger, malnutrition and related sickness. This is a terrible toll, and it is only the most conspicuous statistic about a tragedy that left many millions more children in a permanently depleted physical and mental condition. Yet the figures of child death represent a rise of only twenty-five per cent over previous 'normal' years. It is intolerable that any child should die of hunger in the late twentieth century, and shocking that the 'normal' toll should be so high. But, given the dimensions in which the tragedy was conveyed, the margin between what is normal and what happens when Africa is visited by climatic calamity is almost startlingly narrow.

What surprised many observers, as it had done when the spotlight was more narrowly focussed on Kampuchea five years before, was the incredible resilience of people depicted as helpless and destitute. In April 1985 in Sudan, famine was thought to threaten nine million people. Catastrophe was predicted for the agricultural people of the western regions and failure to solve transport bottlenecks ground relief efforts nearly to a halt. Although thousands died and hundreds of thousands suffered, starvation on the expected scale did not occur. By extraordinary stoicism, by resorting to the roots and wild berries of the desert, people managed to survive almost unaided. Africa's food providers, most of whom are women, have a lesson to teach the experts.

Africa is the world's oldest continent, and its inhabitants are among the world's most accomplished survivors. The adaptation that many African peoples have made to the uneven intrusions of modernity—the demands of the cash economy, urbanization, the erosion of traditional societal and cultural norms—is far more imaginative than many outsiders and national policy-makers looking at local problems through Western-trained eyes are prepared to recognize. In Zimbabwe, at the end of 1984 and a ruinous drought, the peasant farmers brought in a maize crop regarded by the Ministry of Agriculture as a miracle: they had produced food which no-one thought it was possible to grow. They had planted at a critical moment when an inch of rain unexpectedly broke the drought; and they had taken advantage of fertilizers, pesticides, credit and specialized seeds, put at their disposal by a far-sighted agricultural policy. As a result, the small farmers had brought in Zimbabwe's biggest harvest in four years of independence.

In Africa, eighty per cent of the family food supply is sown, weeded, harvested and stored by women. Ironically, it is they and their helpers, their children, who most often go hungry. These women and children are Unicef's special constituency. Not only as consumers, but as producers, women and children are special players in the unfolding drama. The

economic planners cannot afford to go on ignoring them.

In the words of the Somali woman: 'The land is growing old'. With the right approach, the land could grow 'young' again. The rural-development strategies which have failed Africa so conspicuously must be abandoned in favour of something better. In Tin Tylout village across the sand dunes from the fabled town of Timbuktu, there must be more for the children to inherit than a straw tent, a metal pot, a few balls of white yarn, two goat skins, a few rags of clothes, and a pair of rubber flip-flop sandals.

There must be, and there will.

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