

The
**Chronic
Poverty
Report
2004–05**



Chronic Poverty
Research Centre

Acknowledgements

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The Chronic Poverty Research Centre
Institute for Development Policy & Management
University of Manchester
Harold Hankins Building
Precinct Centre
Oxford Road
Manchester M13 9QH
UK

Tel: +44 (0) 161 275 2810
email: info@chronicpoverty.org
www.chronicpoverty.org
Fax: +44 (0) 161 273 8829

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Chapter One

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About the Chronic Poverty Research Centre (CPRC)

CPRC is an international partnership of universities, research institutes and NGOs.

CPRC aims

- to provide research, analysis and policy guidance
- to stimulate national and international debate
- so that people in chronic poverty will have a greater say in the formulation of policy and a greater share in the benefits of progress

Director: Professor David Hulme, Institute for Development Policy & Management, University of Manchester, UK

Deputy Director: Dr Andrew Shepherd, Overseas Development Institute, London

Chronic Poverty Research Centre Partners

The list of partners with links to websites, people, emails and telephone numbers can be found at www.chronicpoverty.org

Action on Disability and Development

Vallis House
57 Vallis Road
Frome
Somerset
BA11 3EG
UK
www.add.org.uk

Bangladesh Institute of Development Studies

E-17 Agargaon
Sher-e-Bangla Nagar
Dhaka 1207
Bangladesh
www.bids-bd.org

Childhood Poverty Research and Policy Centre

Save the Children
17 Grove Lane
London SE5 8RD
UK
www.childhoodpoverty.org

Department of Economics and International Development

University of Bath
Bath
BA2 7AY
UK
www.bath.ac.uk/econ-dev/

Development Initiatives

Old Westbrook Farm
Evercreech
Somerset
BD4 6DS
UK
www.devinit.org

Development Research and Training

PO Box 1599
Kampala
Uganda
www.drt.or.ug

Economic Policy Research Center

Makerere University
PO Box 7841
Kampala
Uganda
www.eprc.or.ug/

Gujarat Institute of Development Research

Gota
Ahmedabad 380 060
Gujarat
India
www.gidr.ac.in

HelpAge International

PO Box 32832
London N1 9ZN
UK
www.helpage.org

Indian Institute of Public Administration

Indraprastha Estate Ring Road
New Delhi 110002
India

Institute for Development Policy & Management

University of Manchester
Harold Hankins Building
Precinct Centre
Oxford Road
Manchester
M13 9QH
UK
www.idpm.man.ac.uk

Institute of Development Studies

University of Sussex
Brighton
BN1 9RE
UK
www.ids.ac.uk

International Development Department

University of Birmingham
Birmingham B15 2TT
UK
www.idd.bham.ac.uk

Overseas Development Institute

111 Westminster Bridge Road
London SE1 7JD
UK
www.odi.org.uk

University of the Western Cape

Programme for Land and Agrarian Studies
School of Government
P. Bag X17
Bellville 7535
South Africa
www.uwc.ac.za/plaas

Welcome to The Chronic Poverty Report 2004–05

This report comes to you from the Chronic Poverty Research Centre, one of a new breed of Development Research Centres supported by the UK Department for International Development. The CPRC is a virtual centre – an international partnership of universities, research institutes and NGOs from Bangladesh, India, Kenya, South Africa, Uganda and the UK.

Development research, like all other activities supported by DFID, must contribute to poverty eradication and the achievement of the Millennium Development Goals. Research should not only be aimed at an academic audience, it must reach out to meet the needs of policy-makers and practitioners. This Chronic Poverty Report is designed to do just that. We hope it will stimulate thinking and debate on the ways that policy and practice can change so that the hundreds of millions of people living in chronic poverty are included in development progress.

Working in policy-relevant research throws down new challenges. Researchers – used to developing and testing hypotheses, gathering data, creating analytical frameworks and producing findings – have to be much more responsive to the policy agenda and timeframes. For NGOs – used to starting with an advocacy position and picking out the evidence to back it up – it means a much more integrated approach to research and policy work.

For all involved, this requires a degree of boldness. Short, intuitive messages may understate the complexity or diversity of an issue, but they are what is needed by policy-makers. And the dynamics driving policy are often so tightly bound to specific timeframes that they cannot wait for research findings to be perfected.

The Chronic Poverty Report 2004–05 is characteristic of policy-relevant research. Its objective is to open up the debate, not to present completed and closed findings. It is one plank in a raft of outputs including technical working papers, journals, newsletters, conferences, public meetings and, increasingly, direct engagement with policy-makers and practitioners on how to make development work for people in chronic poverty. A second Chronic Poverty Report will be coming out in 2006.

We hope you will find The Chronic Poverty Report useful. A visit to the Chronic Poverty Research Centre website, www.chronicpoverty.org, will provide you with detailed background papers, information on CPRC partners and working methods – and if you are interested in chronic poverty and what can be done about it, we would like to hear from you.

David Hulme

David Hulme, Director, CPRC

Andrew Shepherd

Andrew Shepherd, Deputy Director, CPRC

Paul Spray

Paul Spray, Head of Central Research Department DFID

Overview

Between 300 and 420 million people are trapped in chronic poverty. They experience deprivation over many years, often over their entire lives, and commonly pass poverty on to their children. Many chronically poor people die prematurely from health problems that are easily preventable. For them poverty is not simply about having a low income: it is about multidimensional deprivation – hunger, undernutrition, dirty drinking water, illiteracy, having no access to health services, social isolation and exploitation. Such deprivation and suffering exists in a world that has the knowledge and resources to eradicate it.

This Report's concern about chronic poverty leads to a focus on poverty dynamics – the changes in well-being or ill-being that individuals and households experience over time (Chapter 1). Understanding such dynamics provides a sounder basis for formulating poverty eradication policies than the conventional analysis of national poverty trends.

The chronically poor are not a distinct group. Many different people suffer such deprivation (see Chapter 2); people who are discriminated against, stigmatised or 'invisible': socially-marginalised ethnic, religious, indigenous, nomadic and caste groups; migrants and bonded labourers; refugees and internal displacees; disabled people or those with ill-health (especially HIV/AIDS). In many contexts poor women and girls, children and older people (especially widows) are likely to be trapped in poverty.

While chronically poor people are found in all parts of the world (see Chapter 3 for an overview and Chapters 6 to 10 for specific regions) the largest numbers live in South Asia (135 to 190 million). The highest incidence is in sub-Saharan Africa, where 30–40% of all present day 'US\$1/day' poor people are trapped in poverty – an estimated 90 to 120 million people. East Asia has significant numbers of chronically poor people, between 55 to 85 million, living mainly in China.

Within countries there are often distinct geographies of chronic poverty, with concentrations in remote and

low-potential rural areas, politically-marginalised regions and areas that are not well connected to markets, ports or urban centres. There are also concentrations of chronically poor people in particular slum areas in towns and cities as well as the millions of homeless people sleeping in streets, stations, parks and burial grounds.

The causes of chronic poverty are complex and usually involve sets of overlaying factors. Sometimes they are the same as the causes of poverty, only more intense, widespread and lasting. In other cases, there is a qualitative difference between the causes of transitory and chronic poverty. Rarely is there a single, clear cause. Most chronic poverty is a result of multiple interacting factors operating at levels from the intra-household to the global. This is illustrated by Maymana and Mofizul's story (Chapter 4): their chronic poverty is an outcome of ill-health, widowhood, a saturated rural labour market, disability, social injustice and poor governance. Some of these factors are *maintainers* of chronic poverty: they operate so as to keep poor people poor. Others are *drivers* of chronic poverty: they push vulnerable non-poor and transitory poor people into poverty that they cannot find a way out of.

There are several important maintainers of chronic poverty.

1. **No, low or narrowly-based economic growth** means that there are few opportunities for poor people to raise their incomes and accumulate assets.
2. **Social exclusion and adverse incorporation** interact so that people experiencing discrimination and stigma are forced to engage in economic activities and social relations that keep them poor – poorly paid, insecure work; low and declining assets; minimal access to social protection and basic services; and dependency on a patron.
3. **In disadvantaged geographical and agro-ecological regions** poor resources, weak economic integration, social exclusion and political marginality create 'logjams of disadvantage'.
4. **High capability deprivation, especially during**

childhood – poor nutrition, untreated sicknesses, lack of access to education – can diminish human development irreversibly.

5. **In weak, failing or failed states** economic opportunities are few, lack of health services and social protection means that people can easily fall into desperate poverty, children go uneducated, violence destroys assets and discourages investment, and poor people have few means of asserting their rights.
6. **Weak and failed international cooperation** over the 1980s and 1990s has deepened poverty through structural adjustment and over-rapid economic liberalisation, allocated aid away from countries with large numbers of chronically poor people and blocked off trade opportunities for poor countries.

Not all chronically poor people are born into long-term deprivation. Many slide into chronic poverty after a shock or series of shocks that they cannot recover from. These include ill health and injury, environmental shocks, natural disasters, violence, the breakdown of law and order, and market and economic collapse. These are the *drivers* of chronic poverty. When shocks are severe and/or repeated, when people have few private or collective assets to ‘fall back’ on, and when institutional support (social protection, public information, basic services, conflict prevention and resolution) is ineffective, such processes are likely to trap people in poverty.

The knowledge now available about chronic poverty must be used to mobilise public action and reshape development strategy. While there are many policies that are potentially beneficial for the poor *and* for the chronically poor, many people living in chronic poverty are not ‘just like the poor but a little bit further down the poverty spectrum’. Overcoming chronic poverty requires policy-makers to reorder their priorities and set their sights higher than the current consensus on poverty reduction policy.

Development strategy needs to move beyond the bounds of its present emphasis on economic growth – hundreds of millions of people are born poor and die poor in the midst of increasing wealth. Chronically poor people need more than ‘opportunities’ to improve their situation. They need targeted support and protection, and political action that confronts exclusion. If policy is to open the door to genuine development for chronically poor people, it must address the inequality,

discrimination and exploitation that drive and maintain chronic poverty.

Action on chronic poverty needs a framework to:

Prioritise livelihood security A much greater emphasis is needed on preventing and mitigating the shocks and insecurities that create and maintain chronic poverty. This is not only about providing recovery assistance but also about giving chronically poor people a secure position from which to seize opportunities and demand their rights. Thus, social protection policies are of great importance.

Ensure chronically poor people can take up opportunities It is crucial both to promote broad-based growth and to redistribute material and human assets, so that chronically poor people can take up economic opportunities.

Obwaavu obumu buba buzaale. Abaana babuyonka ku bazadde baabwe, ate nabo nebabugabira ku baana.
– Some poverty passes from one generation to another as if the offspring sucks it from the mother’s breast.

Source: group of disabled Ugandan women

Take empowerment seriously Policy must move beyond the cosy rhetoric of participatory approaches, decentralisation and theories about rights. It needs to address the difficult political process of challenging the layers of discrimination that keep people trapped in poverty.

Recognise obligations to provide resources Chronic poverty cannot be seriously reduced without real transfers of resources and sustained, predictable finance. The political in-

difference to meeting national and international obligations on poverty eradication needs to be challenged and ways found to foster social solidarity across households, communities and nations.

The need for policy change must not mask the fact that it is the chronically poor themselves who are the leading actors in overcoming their poverty. To date, when their existence is recognised, the chronically poor are perceived both in policy and the popular imagination as dependent and passive. Nothing could be further from the truth. Most people in chronic poverty are striving and working to improve their livelihoods, and the prospects for their children, in difficult circumstances that they have not chosen. They need real commitment, matched by actions and resources, to support their efforts to attain their rights and overcome the obstacles that trap them in poverty.

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