

# The Face of Chronic Poverty in Uganda as seen by the Poor Themselves

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## Abstract:

This study examines the factors influencing chronic poverty in Uganda. The findings are based on participatory poverty assessments conducted in 23 peri-urban / urban and 57 rural sites in 21 districts. It examines definitions of chronic poverty, the types of people who are chronically poor and why; opportunities and constraints for moving out of poverty; the effects of government policies; and suggestions for improvements.

Chronic poverty was described as a state of *perpetual need* “due to a lack of the basic necessities” and the “means of production”; social support; and feelings of frustration and powerlessness. For many, it was inter-generationally transmitted and of long duration. Multiple compounding factors, such as attitude, access to productive resources, weather conditions, HIV/AIDS, physical infirmity and gender, worsened the severity of poverty. The major categories of the chronically poor included the disabled, widows, chronic poor married women, street kids and orphans, the elderly, the landless, casual labourers, refugees and the internally displaced and youth. Factors that maintain the poor in poverty included the lack of productive assets, exploitation and discrimination, lack of opportunities, low education and lack of skills, ignorance, weather, disability or illness, and disempowerment. For the chronically poor, GOU policies and practices - taxation, land tenure, market liberalisation, civil service reform and privatisation - were reported to maintain them in poverty. Aspects of local governance, such as corruption, poor information flow, lack of consultation, and high taxation were also maintainers of ignorance and poverty. The chronically poor do not participate in development opportunities, because they lack confidence, prerequisite assets or capital, and therefore they remain poor. Women may be doubly or triply disadvantaged.

Examination of the impact on government policies on the chronically poor revealed that even when these policies are pro-poor they either do not reach those living in chronic poverty or the chronically poor cannot benefit from these policies. Careful targeting may be required. Poor implementation of “good policies” was also shown to contribute to the chronically poor “missing out” on development. Efforts to relieve corruption and to heighten information flow to the poor would greatly assist. Enhancing opportunities, the chronically poor’s capabilities and their ability to access these, as well as facilitating empowerment of them were recommended as key in moving people out of chronic poverty. Lastly, insecurity has devastated the lives of people, especially in northern Uganda. The poor here requested the government to uphold the second pillar of the Poverty Eradication Action Plan and secure their future.

**Key Words:** chronic poverty, qualitative data, policy, intergenerationally transmitted poverty

## INTRODUCTION

In Uganda, poverty is recognised by the government, civil society organisations and the poor themselves as a lack of the means to satisfy basic material and social needs, as well as a feeling of powerlessness (Ministry of Finance, Planning and Economic Development [MFPED], 2000a and 2002). It is a complex, multi-dimensional phenomenon that is not uniform across all locations, situations or groups. The participatory poverty assessments performed in 1998 and 2001 (MFPED, 2000a) found that the poor use more than 100 indicators to describe poverty. The poor report that the major factors influencing poverty include lack of material assets, limited human capital and restricted access to basic services, limited productive opportunities, insecurity, isolation, lack of information and powerlessness (MFPED, 2000a).

Although Uganda is still one of the poorest countries in the world, it has undergone impressive macroeconomic growth and stability during the past decade, averaging 7% increase in GDP per capita. Linked to this, consumption, or income, poverty has decreased from 56% of the population living below the poverty line in 1992 to 44% in 1997 (Appleton, 1999) to an estimated 35% - or 7.7 million people- in 2000 (Okidi and Mugambe, 2002; MFPED, 2002a). In addition to this 35% of the population who cannot meet their general daily basic needs, a significant proportion cannot even meet their daily basic food needs - 26% of the total population lived below the food poverty line in 1996 (MFPED, 1998). The Government of Uganda (GOU) refers to this latter group as the *hard core poor*.

These gains in poverty reduction have occurred in a supportive policy environment, in which *eradication of poverty* is the stated vision of the country (Musevini, 1996). The Poverty Eradication Action Plan (PEAP) (MFPED, 2002) has been the overarching platform for development in Uganda since 1997. The PEAP sets out a comprehensive framework for addressing the causes and dimensions of poverty in Uganda as indicated and monitored equally by both quantitative data (Eg. demographic, welfare, income/consumption household surveys, and sectoral statistics) and qualitative data (participatory poverty assessments). The PEAP guides policy and resource allocation across all sectors to achieve the 4 inter-related goals, or pillars, of: (i) Rapid and sustainable economic growth; (ii) Good governance and security; (iii) Increased ability of the poor to raise their incomes; and (iv) Enhanced quality of life of the poor. These 4 pillars, supported by 15 crosscutting principles, operate across all sectors. The ring-fenced Poverty Action Fund, which allocates earmarked funds to the 5 priority poverty areas of: agriculture, roads, primary education, primary health care, and water and sanitation, is a key driver of the implementation of the PEAP.

However, despite these economic gains, a continued reduction in overall poverty, and a supportive policy environment with accountable pro-poor policies and programs, a significant number of people in Uganda remain poor- living well below the poverty line, and remaining poor for many years. For these chronically poor people, emergence from poverty is most difficult and is least likely.

Chronic poverty, as defined by Hulme, Moore and Shepherd (2001), is poverty, as measured by household consumption, which is of extended duration (set arbitrarily at 5 years). In addition, to the duration of poverty, the chronically poor are also likely to experience severe poverty (usually measured as the degree below the poverty line) and to be impacted on by many inter-related factors that compound their situation of poverty.

These multiple variables appear to be the major reasons why poverty is so entrenched in the lives of the chronic poor. This paper utilises the multi-dimensional definitions identified by the chronically poor themselves, rather than just income or consumption poverty.

In Uganda, the chronic poor, in terms of household consumption levels, have been referred to as the “*poorest of the poor*” and the “*hard core poor*”. The *poorest of the poor*, referred to as the chronic poor in terms of severity of poverty by Okidi and Mugambe (2002), are the 20% of the population with the lowest consumption rate per capita, while the *hard core poor* are referred to in GOU documents as those people living below the food poverty line (MFPED, 1998).

Utilizing household panel survey data from 1992 to 1996<sup>1</sup>, Okidi and Mugambe (2002) estimated that within the poorest 20% of households in the population, 54% remained poor for the 4 years of the survey. This constituted approximately 13% of the overall population (note this is probably an underestimate) while 34% of the population were estimated as being below the poverty line. The movement out of poverty favoured those households with consumption expenditures close to the poverty line- 68% of individual households within 5% of the poverty line in 1992 had moved out of poverty by 1996, compared to only 31% of those with expenditures less than 50% below the poverty line in 1992. During this period, 57% of the households in the panel were the *churning poor* – moving in and out of poverty over the 4 year period- suggesting that a high vulnerability to poverty exists in Uganda.

This panel household survey data also indicated the location specificities of chronic poverty in Uganda (Okidi and Mugambe, 2002). Of those who were persistently poor for the 4 years of the surveys, 82% lived in rural areas, making chronic poverty in Uganda a predominantly rural phenomenon. From this data, the majority of the chronic poor live in Eastern Uganda (41%) and in Northern Uganda (30%) – the two areas in which regional insecurity has persisted for over a decade.

From household consumption data, a profile of the chronic poor can be generated using the poorest 20% of the population as a proxy for chronic poverty (Okidi and Mugambe, 2002; MFPED, 2000b, 2002). Children, elderly women, and people in large households make up the majority of the chronic poor. The majority of the chronically poor are self-employed in the agricultural sector (70% of the chronic poor), many of whom are women. Northern Uganda is the poorest region in the country, with 7 of the country's 10 poorest districts (UNDP, 2000). Poverty levels in the North are not declining like in other regions - the poverty headcount decreased by only 8% between 1992 and 2000, compared with 37% in the East, 47% in the West, 56% in the Central Region, and 38% overall in Uganda; and 44% of the poorest 20% of the population in the entire country live in the Northern Region.

This paper builds on the quantitative data on chronic poverty highlighted above and in Okidi and Mugambe's paper (2002) by utilising the qualitative data elucidated from the participatory poverty assessments (PPA) undertaken by the Uganda Participatory Poverty Assessment Project (UPPAP) (MFPED 2000a and 2002b) to provide a deeper understanding of chronic poverty from the point of view of the local people in the PPA sites, including the chronically poor themselves. The paper examines the findings on chronic poverty from 80 of the 96 site individual reports from Phase I (1998-9) and Phase 2 (2002) of the Uganda Participatory Poverty Assessment Project (UPPAP).

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<sup>1</sup> 818 households that were surveyed annually (4 times) between 1992 and 1996 (MFPED, 1998)

## METHODOLOGY

This paper analysed qualitative data on chronic poverty from the site reports resulting from engagement with communities during two rounds of PPA under the Uganda Participatory Poverty Assessment Project (UPPAP) (MFPED, 2000a and 2002b). During the PPAs, information was gathered by directly engaging local people about their perspectives on chronic poverty, as well as indirectly from information offered on the duration, severity and multi-dimensionality of poverty during general dialogue and activities.

### **Objectives**

The objectives of the study were to:

1. Define chronic poverty according to the people in rural and urban sites
2. Examine chronic poverty in Uganda in terms of severity, duration and multi-dimensional compounding factors
3. Identify the categories and identifying features of people who were most often chronically poor; and compare with the *churning* or *transient poor*
4. Identify the drivers and maintainers of chronic poverty in Uganda
5. Examine possible interrupters of chronic poverty
6. Investigate the involvement of the chronic poor in development in Uganda, including the impact of government policies

Gender and location – rural / urban and geographic locality- were considered as crosscutting factors throughout the analysis for this paper.

### **Sites**

This paper utilizes the findings on chronic poverty from 80 PPA sites from Phases I and II of UPPAP. These rural and urban sites were chosen purposively to represent the different facets of poverty in Uganda- including representation of the 4 regions of Uganda, the different agro-ecological zones, disadvantaged groups, livelihoods, remoteness, areas of insecurity, and areas with different consumption growth rates from Uganda Household Surveys (MFPED, 2000a and 2002b).

A breakdown of the sites included in shown in Table 1.

**Table 1: PPA sites studied for this report**

Total no. sites	No. PPA I sites	No. PPA II sites	No urban sites	No peri-urban sites	No. rural sites	No districts represented <sup>2</sup>
80	24	56	19	4	57	21

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## ***PPA Methodology***

Typical PPA methodology was utilized during the initial data collection, focusing on visual and verbal tools to promote local people to analyze their own realities (McClellan and Lwanga-Ntale, 1998; Robb, 1999; Chambers, 1997). Ugandan researchers, including those from national organizations and academic institutes as well as district officials, worked together with local people from the PPA sites over a period of 7 to 10 days to generate and compile the relevant information. For each site, the information was compiled into a detailed PPA site report consisting of qualitative data concerning the definition, causes and impact of poverty as well as an analysis of the impact of government policy on the lives of the poor and chronically poor. These site reports also included all the visuals, case studies and focus group dialogues produced during the researchers interactions with villages.

## ***Identifying the Chronic Poor***

Information concerning chronic poverty was derived from: (i) specific discussion of this *type of poverty*, during PPA II site visits, in community meetings and focus groups with women, men, children, and with individuals and groups of people identified by the community as chronically poor – eg. the disabled, widows, the elderly and orphans; (ii) wealth rankings by analysis of the *always* and *usually poor* ranks determined by communities; (iii) analysis of households in communities that had been subject to several years of impoverishing events, such as conflict and drought; and (iv) analysis of case studies of individuals who reported being in poverty for many years.

## ***Synthesis of Data***

Teams of Ugandan researchers extracted the qualitative data referring to chronic poverty from each of the PPA site reports. A 5-10 page summary report on aspects of chronic poverty was produced based on the following research questions:

1. Who are the chronically poor? What are the distinguishing characteristics of people who live in chronic poverty? How do these differ from the characteristics of the transient poor?
2. What factors are responsible for keeping particular categories of chronically poor people in that state?
3. How are development policies and programs “failing” or “missing out” on chronically poor people?
4. What suggestions are made by chronically poor people themselves and by other stakeholders in development for getting out of the situation of chronic poverty?

From these summary site reports, a database of all information was compiled. The findings reported below in this paper are those expressed by the chronically poor or by people in poor communities about the chronically poor. Direct quotes from local people participating in the PPAs are included in this paper.

## FINDINGS AND DISCUSSION

### *What is Chronic Poverty in Uganda?*

#### **The poors' definition of chronic poverty**

In Uganda, chronic poverty was defined by the poor as: (i) A persistent situation like *"rain that soaks the poor and does not stop"* in which *"one survives marginally"*, with *"problems that follow you"*, *"living hand-to-mouth"* and in *"perpetual need"* *"due to a lack of the basic necessities"* of life and the *"means of production"*; (ii) Lack of social support; and (iii) Feelings of negativity, frustration and *"powerless"* to *"influence the things around [one]"* because *"one has no source of life"*.

The *"basic necessities of life"* included food, clean water, shelter, bedding, clothes, health care, and access to services and capital. While productive assets (*"means of production"*) included primarily land, but also tools and livestock, especially for pastoralists. Large families or many dependents with which to share limited household resources also held households in poverty.

The differences between the definitions of chronic poverty and that of overall poverty, as given by local people in PPA sites, seem to be the perpetual nature and persistence of poverty and the feeling of *"just surviving"* with no sign of escape, in which many factors prohibit a person or household's ability to improve their situation.

In urban areas, particularly in Kampala, lack of money or cash *"to meet the needs in a town [urban] environment"* was synonymous with poverty, and when this situation lasted, with chronic poverty.

*"Lack of social networks"* in general, and particularly for women, the loss of a husband, and for the elderly, loss of adult children, equated with chronic poverty. Social exclusion, either by one's self or by members of the community, discrimination, lack of respect and neglect were also seen as a feature of chronic poverty experienced by the physically and mentally disabled, widows, orphans, casual labourers, uneducated youth and single-mothers. Such lack of support lead to chronically poor people making statements about their poverty such as: *"A situation in which one is tortured silently, yet without help"*.

The feelings of negativity cited by the poor as defining chronic or *"hard-biting"* poverty include: hopelessness, helplessness, uselessness, worthlessness, resignation, defencelessness, and with *"nothing to do"*. This is summed up in the following quotation: *"Poverty is being unable to help yourself. It is having no choices to make in life. It is a state of helplessness"*.

There was also a feeling of resignation to poverty amongst the chronic poor expressed in many sites that once a person becomes poor there is no escape, as summed up by this man in Buwoya, Bugiri District: *"Poverty is like ..... words written in a fountain pen, you cannot erase it"*. And: *"Poverty is like a leopard ..... that comes to devour you and you can not do anything to defend yourself"*. There was also a feeling that the chronically poor had no opportunity or other means to move out of poverty.

A difference between the poors' definition of chronic poverty as compared with overall poverty in psychological terms was the resilience and determination to work hard in order

to escape poverty that was exhibited by the churning poor; compared to the resignation exhibited by the chronic poor, as described above.

### **Duration of poverty**

In the PPA summary site reports, there is little direct mention of the duration of chronic poverty, except for intergenerationally transmitted (IGT) poverty and specific circumstances, such as weather conditions and conflict.

### **Intergenerationally Transmitted Poverty**

IGT poverty was referred to as *“stagnant”* by the chronically poor– being of long duration and continuing between generations. According to the poor, IGT poverty occurred when children are born into a family that is chronically poor and that does not own productive assets. Such children are likely to remain poor and trapped in poverty for all of their lives. Reference in the site reports included quotes such as *“poverty is inherited”* and the fact that *“when one is born poor, one stays poor”*: In the site report from Kisarabwe peri-urban site in Masindi District, a researcher observed that chronic poverty in this community *“is the kind that stretches from parent to child or broadly from one generation to other. This is the kind of poverty that could be easily traced from one generation backwards and can be predicted to another generation ahead”*.

The quotes concerning the intergenerational nature of chronic poverty portray a sense a resignation to poverty and disempowerment, which may act as a psychological barrier to moving out of poverty, as exemplified by this young man in Ruwe village in rural Arua District: *“As the heir of my father’s household, I inherited poverty; not anything more than that!”* In Kampala city, living in the slums was felt to condemn the next generation to a similar life of poverty in the same slums: *“Children are born in slums, grow up in slums and produce their own children in slums who also grow up in the same environment with no hope of a better life”*.

Moore (2001) in her paper outlining a framework for analysis of IGT poverty in developing countries examined the transfer, extraction, or absence of transfer of IGT capital (human, socio-cultural, social-political, financial/material and natural/environmental) between generations. This paper adopted this framework to analyse the qualitative data from the Uganda PPA site reports. Notably, the flow or absence of transfer of IGT capital occurred from the adult middle-generation to the elderly (the grandparents) and the young (the children), as discussed below.

In many sites in Uganda, poor adults and youth viewed parental investment in the education of children as a means of halting the intergenerational transmission of poverty. In wealth rankings, characteristics of the richer categories included education, and the ability to educate their children. On the other hand, some of the causes of chronic poverty were cited as lack of education and illiteracy, particularly for women. Although primary education tuition is free (under Universal Primary Education [UPE]), the chronic poor still have difficulties educating their children because they are unable to afford the cost of subsidiary items – scholastic material, uniforms, sundry fees and charges levied by schools. In other cases, children are removed from school in order to provide labour for the family – boys in productive or income-generating work and girls in domestic chores. For orphans and street children, particularly in urban areas, not only do they not have support or the means of financing their education, but also the opportunity cost of attending classes is high. In other cases, particularly in Northern Uganda, in Bundibugio and in pastoralist communities, some parents stated that they do not value education. This is particularly the case for girls who are seen by some ethnic groups as *“not belonging to*

*her home of birth so getting last priority to social opportunity” – she is seen as of value to her future husband’s family- and therefore may be removed from school at an early age to “marry off” in order for the parents to earn bride price.*

Children’s health care by parents is also a transmissible human capital that is passed between generations. The poor cited poor nutrition of children and the elderly as contributing to their persistent poverty due to limited provision of food or to neglect by parents or grandparents. Poor nutrition can have severe effects on the long-term physical and mental well-being of children (Moore, 2001; Engel *et al*, 1996). For the children of the chronically poor in the Ugandan PPA sites, lack of food at school compromised their education. Where food for lunch is not supplied at school, children reported being unable to concentrate and learn in class, or to not attending afternoon classes so they could search for food. In Moroto District where food is offered in schools due to the drought, the District Education Officer reported that *“schools have become feeding centres ..... when there is food at home, no one goes to school”*.

For the elderly, financial and emotional support from their adult children was important to their well-being. When this support was removed, often as a result of the death of the children, the elderly were likely to become poor and over years, chronically poor. This situation was exemplified by a poor elderly woman in Kitende, Wakiso District, who lamented: *“ I am an old woman and used to get support from my sons and daughters but they have all died of AIDS leaving me with 6 orphans to look after. I have found it very difficult to pay school fees, feed them, cloth and pay their medical bills. This has been worsened by my inability to carry on farm activities due to old age. I just pray for the government to offer some support for my grand children”*.

HIV/AIDS was also cited a major factor contributing to chronic poverty of families in Uganda. For example, when the bread-winner of a household becomes ill with AIDS, he or she can no longer engage in productive work, does not earn an income, and spends household resources in order to obtain medical treatment. By the time the person dies, the household is poor, often with little or no means remaining for moving out of poverty. In many cases, both parents in the family will die of AIDS, leaving the children with few financial or material assets, and no parental support.

The absence of transfer of productive assets between generations was cited as a major cause of poverty, particularly for male youth in rural areas. Where the father had no assets, such as land or cattle, to pass onto the sons, male youth felt that this locked them into poverty. Some quoted that they would be unable to marry, as they could never afford the bride price. Migration to urban areas in search of work was a coping strategy for male youth. In many rural areas, customary land tenure has led to fragmentation of land, such that each generation of sons inherits smaller and smaller parcels of land, the soil of which has often been exhausted by poor and intensive agriculture methods. Polygamy and large families exacerbates this situation.

Women of nearly all ethnic groups in Uganda, cannot inherit productive assets, such as land, cattle and fishing tools, due to traditional norms and customs. In most cultures, they are not able to own such assets and must rely on access through their spouse or male relatives. Poor women cited this practice as making them vulnerable to chronic poverty.

The attitude of inevitability of a child being poor because his or her parents were poor, as depicted in the quotes above, allows a *culture of poverty* (Moore, 2002) to span generations, such that the next generation is unable to move out of poverty because



*“poverty is all [they] have known”* (also discussed by Lewis, 1959). Negative attitudes, low self-esteem, lack of confidence, feelings of inferiority and exclusion from political and governance processes – as expressed by the poor and chronic poor in Uganda- may also be transmitted between generations limiting socio-political capital. Apathy and resulting laziness in the form of lack of aspirations and motivation were said to *“pass to the offspring”* of some chronic poor. The chronically poor also reported that they did not participate in community meetings because they felt they had *“no voice”* and that *“no one listens”* or *“represents their views.”*

Linked to the above argument, is the paucity of information in maintaining the poor in chronic poverty- as cited by the chronic poor in PPA sites. With regard to IGT poverty, the poor note that their leaders keep them in ignorance. However, in some cases, they recognise that this is how it has always been and will continue. This complacency may also be transferred between generations.

Degradation of the environment is also a cause of chronic poverty and the transmission of poverty between generations, particularly in subsistence-based rural communities. It was attributed by the poor to poor farming techniques, exhaustion of the soil as a result of land pressure and fragmentation, lack of information and skills, and poor agriculture extension services.

### **Insecurity and conflict**

In Soroti District, insecurity caused by cattle raiding that occurred in the late 1980s and early 1990s was blamed for the persistent poverty of many households. Loss of the cattle at that time left many people chronically poor as without their cattle they have no wealth – no assets to be sold for income when needed, no food or milk, and no oxen for opening up land or to plough the earth to plant crops for consumption and market.

In addition, in Kitgum District, the villagers cited the 15-year LRA insurgency as the major contributing factor of chronic poverty. The insurgency has led to loss of property, disability, death and abduction of loved ones, physical and psychological trauma, and displacement. In addition, the people have a fear of movement - even to cultivate gardens, to send children to school or to access markets. A similar situation exists in some parts of Moyo (due to incursions of rebels from Sudan), in Moroto (cattle- raiding Jie and Turkana tribes) and Bundibugyo (local insurgency).

### **Weather**

Drought was stated as driving people into chronic poverty and maintaining them in this state for many years, even after the breaking of the drought. Specific mention was made of (i) the 6-year drought in Kitgum District, (ii) poverty persisting since the 1998 drought in parts of Rakai District, (iii) 3 years of drought in Naio (Moroto District) has led to 3 years of bad harvest and food insecurity; and (iv) the periodic droughts since 1979 other areas of Moroto District.

### **Seasonality**

Usually chronic poverty is associated with long duration of constant poverty but in some areas of Uganda people have been severely poor at given times every year for most of their lives. It can be argued that this seasonal poverty – in terms of food shortages, disease, restricted access to services and markets, and property loss - is also a form of chronic poverty because the household has periods of poverty at the same time of the year for many years (Humble *et al*, 2000). In some cases, seasonal weather patterns and

agricultural practices may either maintain households in chronic or *chronically transient poverty*. Examples of the seasonal nature of poverty include the following:

**Table 2: Seasonality of poverty**

Season	Cause	Impact
Dry season	Lack of rain	No water for animals and crops; crop failure; food shortages; begging for food; reduce food quality and intake; coping mechanisms like eating dregs from local brewing; foraging in forest
Rainy season	Floods	Malaria, and other illnesses; spending savings on treatment; missing planting season; food insecurity for next year - One woman in Butema remarked, <i>“the children and we the parents fall sick and we have to spend the few savings on treatment, only to recover after the planting season, then poverty increases in the household”</i>
Rainy Season	Floods, hilly terrain, denuded soil	Floods and landslides – washing off topsoil- reducing soil fertility and production; destroys crops, shelters, and property; food is scarce – <i>“seasonal nature of this condemns them to chronic poverty”</i> (Researcher)
Rainy season	Rains; poorly constructed roads	Roads are impassable reducing access of people to markets and health services, and reducing access of service providers and business people to people in isolated villages
Rains	Seasonal rains, wind and currents – the <i>“Geyana”</i>	Low fish catch, food insecurity, lack of employment and income

### Severity of poverty associated with chronicity

Severity of poverty is usually associated with the chronicity, or long duration, of poverty (Hulme *et al*, 2001). This severity of poverty is usually taken as the degree to which a household is below the consumption poverty line. Okidi and Mugambe (2002) in their review of chronic poverty in Uganda using panel household survey data, noted that those households in the severest poverty - with annual per capita consumption the furthest below the poverty line - were least likely to move out of poverty during the 4 years of the analysis from 1992 to 1996.

In this paper, qualitative data from the PPA site reports does not yields information on severity of poverty in the above money-metric terms, but it does allow insight into what the poor regard as leading to severe poverty. These same factors often act as constraints to moving out of poverty.

Many of the PPA site reports spoke of the *“hard biting poverty”* – this is a reference to the perceived severity of poverty. In general, chronic poverty was seen as revolving around lack of productive assets, or lack of access to such assets, - particularly land, cattle in pastoralist communities of the Banyarwanda and Karimajong, and boats and decent nets in the fishing communities, such as those along Lake Victoria in Rakai, Bugiri and Kalangala. The chronically poor in rural areas saw that without these assets, their households were *“condemned to a life of poverty”*.

The severity of poverty is linked to not having the means to provide the *“basic necessities of life”* – shelter, food, bedding, clothes, medical care. Homelessness or having shelters in poor condition was an key indicator of chronic and severe poverty in all sites, as exemplified in this quote by a child in Kakabayo, Rakai District: *“Even when it rains, it is as*

*if they are outside because their house gets wet and so soaked that even mosquitoes start breeding from it."*

There was a link between severity of chronic poverty and lack of food, as highlighted by this old woman in Lorikumo, Moroto District: *"Look at me, do you see any flesh on me? What explains [poverty] more than having nothing to eat?"*

Not being able to provide sufficient food was seasonal in some areas as caused either by a decrease in food availability in the dry season or loss of crops due to floods in the rainy season. In rural sites in Kitgum, Moroto and Moyo Districts, the food insecurity situation was permanent as a result of inability to cultivate due to the effects of drought, insecurity and the fear of insecurity. For example, in Moroto, cattle-raiding, the fear of raids and the lack of rain has lead people to make the following statements: *"This year the sorghum did not grow beyond the knee, you can go to the gardens and see the dried stems for yourself"*.

In Kitgum District, the 15-year insurgency by the Lord's Resistance Army (LRA) and the 6-year drought has taken their toll. Even when the people do manage to cultivate a few meagre crops, they may not realize any food for their family, as expressed by this poor man in Bura, Kitgum District: *"We would have realised some little harvest from the little time we spent in our gardens when we sneaked from the bush to cultivate, but this was all looted or burnt up by the rebels. Some times when the situation was really tense, we abandoned our crops in the gardens and took refuge in town"*.

A coping mechanism of the poor in times of food shortage is to reduce the quality and quantity of food eaten- for example, by reducing the number of meals consumed in one day. Women in particular did this and the chronically poor report persistent under-nourishment.

As mentioned above, a prime example of the severity of poverty is the inability to be productive or to earn sufficient income to meet basic needs during most of their lifetime. This takes 3 forms: (i) Those not having the means to be productive as a result of physically weakness or incapacity – examples include the elderly, the disabled, and the chronically ill; (ii) Those with limited education, skills, knowledge or tools to produce effectively – examples include casual labourers, poor women, and widows and orphans who have little social support and who have had all their land and assets *"grabbed by the relatives of their deceased husband"* or father; and (iii) *"The lazy poor"* who reportedly do not want to take opportunities through laziness, resignation, alcoholism or poor self-esteem.

Much mention was made of the severity of poverty in households in which the breadwinner had contracted and died of HIV/AIDS. It was revealed in the majority of the districts assessed that when the breadwinner has AIDS, chronic poverty appears and increases in severity even after his death. Four factors may influence the severity of poverty: (i) The need to use productive resources to pay for treatment, including the sale of land; (ii) Weakened physical condition of the sufferer such that s/he can no longer work to produce food or to generate an income; (iii) Upon death, leaving his/her family in a state of poverty, without any capital and few assets to survive, and in many cases leaving orphans to be cared for by ailing grandparents; and (iv) Stigmatisation of those with HIV and AIDS.

Another aspect of poverty that can be associated with severity is negative attitudes that act as barriers to improving well-being. This attitude manifests in the following ways: (i) the

feeling of “hopelessness” – a resignation to a life of poverty; (ii) laziness and consequently, an inability to take opportunities to work hard; and of (iii) excessive drinking of alcohol by men and drug taking by male youth in order to “*forget their misery*”.

### **Compounding Multi-dimensional Factors**

In all cases where chronic poverty was mentioned in the site reports, there was never just one factor that influenced poverty. There were always multiple, interlinked and overlapping factors causing and maintaining the state of chronic poverty. Examples of the compounding nature of multiple factors on poverty are given below.

It is evident from the PPA site reports that the 3 major compounding factors in Uganda are:

- ?? Lack of productive assets and basic necessities, or affordable access to these.
- ?? Lack of human capital, either in terms of health, education, literacy, skills, physical strength, and knowledge.
- ?? Mental attitude in terms of laziness, resignation and low self-esteem that inhibits participation in decision-making, in taking opportunities as they are presented, or in searching for opportunities for employment, for production or for developing human capital. Also discrimination and exclusion by others is relevant.

This summation of the life of a casual worker in the Madhivani Tea Estate in Jinja District epitomises the complexity of poverty and the multiple factors that retain the household in poverty for many years: “[It is a] *persistent situation of personal crisis for lack of essentials such as food, paraffin, a match box, firewood and medical care while at the same time one is living in terrible conditions whereby the house is leaking and everyone is living in fear of expulsion from the land, discrimination and stigmatization and exploitation [from employer]*”.

Three inter-linked factors causing and maintaining poverty that were often cited by poor men, women, male youth, the elderly and the disabled alike were lack of education, illiteracy, and disempowerment. This not only precludes the chronically poor from seeking out and gaining information, knowledge and productive skills, it also precludes them from participating in development opportunities and from participating in decision-making and planning opportunities, if the consultation is offered to them.

Also being a female can also be an additional factor that deepens and extends poverty. Examples of cultural gender discrimination that exacerbates and prolong poverty in Uganda include: (i) grabbing of land and other assets from a widow by the relatives of her late husband in most districts; (ii) keeping girls from attending school in some instances; (iii) women not being permitted to inherit land, or own land or productive resources; (iv) husband’s not allowing wives to work or even to grow crops in districts such as Ntungamo; and (v) women’s lack of participation in household and community decision-making, in general. The case study below highlights some of these factors:

#### **The case of a widow doing casual work**

*I came to Mubende with my late husband who was a soldier and we stayed in the army barracks. Later after he died I never went back home and I never inherited any of the property. Now I am out of the barracks all by my own renting and earning by digging in other people’s gardens. The little money I get is used to pay my rent and buy food. I have no beddings and all I sleep on are gunnysacks.*

Woman – Katogo village

An example of the three factors that compound the chronic poverty faced by women, particularly elderly widows in districts in central Uganda (Eg. Rakai, Masindi, Wakiso, Kampala, Mubende and Bugiri), to deepen and prolong their poverty are: (i) Physical weakness and incapacity to produce sufficient income or food, forcing them to sell assets to support themselves or to rely on the support of family and well-wishers. (ii) Often having to support their grand-children who had been orphaned by the death of parents due primarily to HIV/AIDS in some districts and insecurity in districts of the North and in Bundibugio – see quotation below. (iii) Being in a position in which they no longer commanded the respect of the community due to the fact that they were no longer seen as productive or useful.

*“Our money is spent on treating the HIV/AIDS patients and looking after the orphans yet we are unemployed”*, revealed an elderly person in Kiwafu urban area in Wakiso District.

Another example of a group in which many factors influence their well-being is the case of the disabled. Firstly, they often do not have access to productive resources. Secondly, they are often not able to engage in productive and income generating activities due to physical or mental impairment. In addition, they face discrimination by the community as they are viewed as non-productive members of the society. Also the disabled feel that they have neither representation nor voice in decision-making, including regarding matters that affect their well-being. Disabled women report *“double discrimination”* because they are women and because they are disabled, saying that the *“even their fellow disabled criticize us and say that by marrying [us] - a fellow disabled - is like adding injury to injury”*.

The combination of drought and insecurity in areas of northern Uganda also compounds poverty, as discussed elsewhere in this paper.

Also in the case where a bread winner contracts HIV and dies of AIDS, factors of physical weakness, inability to provide the basic necessities, and discrimination invariably will leave the family impoverished - are discussed above.

Often material and non-material factors work together to cause, but particularly to maintain, people in chronic poverty in Uganda. The lack of productive assets, coupled with the lack of information, few human capabilities and opportunities, and the lack of social support often leads to a feeling of hopelessness and resignation, as expressed by this woman in Kigungu town; *“I am poor because I have nothing in my house; no husband, no blanket, no cooking utensils. I have to beg for food. I can't pay fees for my child. Besides, I am always sick!”*

### **Who are the chronic poor?**

In wealth rankings in the PPA sites the chronically poor were referred to by a number of names:

- ?? *Very poor (Ngikepathak and ekulyakit jik in Moroto, and abamanani in Bugiri);*
- ?? *Those with no cattle (Ngikuliak also in Moroto);*
- ?? *Those living from hand-to-mouth (zenkolawo ze ndya in Kampala);*
- ?? *The poorest poor (Abahayahaya in Bugiri);*
- ?? *Destitute (Bakateyamba in Bugiri);*
- ?? *“Helpless” migrant men were called Balunkupe in Jinja;*
- ?? *Chronic poor (Lu engatakitos ican kakere in Iteso in Kumi);*
- ?? *Lazy poor*

## Identifiers of chronic poverty

The following factors were commonly cited as identifying a chronic poor person: Those who are:

- ?? Physically weak or incapacitated such that they are incapable of earning an income or being productive due to illness, old age or disability
- ?? Homeless or living in poor housing conditions
- ?? Wearing tattered or shabby clothes
- ?? Unclean and did not bathe, with sores and infestations- children describe such men as these men as having *“jiggers in their feet, lice in their clothing and hair, and fleas, bedbugs, cockroaches and mice in their huts”*
- ?? Eating poorly
- ?? Lazy or drunk
- ?? Ignorant and lacked education and skills
- ?? Without productive assets

The following characteristics identified a chronically poor household, which includes individuals with many of the features above. A chronically poor household, as described by children in Basabala in Wakiso District sums up most of the key features of chronically poor households:

- ?? Living in a grass thatched house with weeds growing on the roof
- ?? Head of household spending most of the resources on drinking alcohol
- ?? Lacking basic needs and productive assets in the household
- ?? Domestic violence where there is *“no peace in the house”*.

In some cases, the features of a poor rural community in which chronic poverty was evident were described as:

- ?? Inaccessible or remote – often with lack of a passable, all-weather road
- ?? Lacks social services – particularly school and health unit.
- ?? Lack safe water sources and poor sanitation
- ?? Limited shelters and poor housing
- ?? Limited assistance from district authorities
- ?? Many households with large families
- ?? Lack cooperation, sectarianism and discrimination
- ?? Seasonal food shortages
- ?? Insecurity

## Categories of chronic poor

The following categories were considered in the PPAs to contain individuals who suffered the most from poverty and who were therefore chronically poor with little chance or hope of rising out of poverty. The key categories cited and the reasons for chronic poverty are listed below.

### (i) The Disabled<sup>3</sup>

They lack physical or mental capabilities, are restricted in their abilities to earn an income or produce food, and face exploitation, marginalisation, neglect (particularly in the case of children) or discrimination, which reportedly excludes them from accessing and benefiting from development activities and from participating in decision-making processes. The disabled also complained that facilities were not provided by the GOU to assist them, most

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<sup>3</sup> A paper on Chronic Poverty and Disabled in Uganda has also been prepared under the CPRC-U (Lwanga-Ntale, 2003)

notably schools were ill-equipped to teach disabled children. The following quote sums up the situation of many disabled people in Uganda: *“My friend, disability is so painful, even if you get a lot of money, whether you read and finish all the degrees, as long as you are disabled, people will still point at you and say ‘that disabled’”*.

**(ii) Widows**

In all districts, not only do these women no longer have their husband's to rely on financially and socially, the relatives of the late husband *“grabbed”* land and other assets upon the death of the husband, leaving the widow impoverished with children or orphans to support. Such women depend on friends for support and resort to petty trade as coping mechanisms.

**Case Study of a widow in Butema, Bugiri District**

*“My husband died in 1982 and is survived by eight orphans. Three of these orphans dropped out of school and got married, three are in school and two are dead. Life has never been easy for me since the death of my husband; I have to meet all the household needs, yet my health is also poor. My husband and I had land and a grass-thatched house. When he died, his relatives took the land and I managed to buy a plot in the neighbourhood. They also took our bed and I have had to replace the bedding too since they got worn out.*

**(iii) Chronically poor married women**

They were cited as poor due to cultural and traditional practices that leads to their subordination in the household. As a result, women lack of control of productive resources and income. Her dual production and reproduction roles were also cited as impacting on women's well-being. Women also report that they are subject to gender discrimination in society. Examples given were discrimination of local council courts against them, siding with the husbands in cases of domestic violence or stealing of money; and lack of inclusion of poor women in local governance despite in representation by women councillors.

**(iv) Street kids and orphans**

They often have no productive resources, as these may have been *“grabbed”* by relatives of their parents. They may have little social support, are unable to attend school, must spend most of their time seeking income, and may resort to *“negative coping strategies”*, such as stealing. Street kids are mainly found in urban areas. They report being marginalised by the public.

**(v) The elderly<sup>4</sup>**

They are *“worn-out”* as they have little physical strength to engage in productive activities. They may be ill and need to sell assets to pay for medical care. If they have orphan dependents this puts serious constraints on their limited resources. Many elderly people, as well as general community members, felt that the elderly no longer commanded the respect of the community, leading to a feeling of exclusion. Those who have no social support were deemed as the poorest group of the elderly. Many in the latter circumstance expressed feelings of hopelessness.

**(vi) The landless<sup>5</sup>**

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<sup>4</sup> A paper on Chronic Poverty and the Elderly in Uganda has also been prepared under the CPRC-U (Najjumba-Mulindwa, 2003)

<sup>5</sup> A paper of Landlessness and Chronic Poverty in Uganda has been prepared (Nabbumba, 2003)

In some urban and particularly rural areas, those without any land are amongst the chronically poor. They are unable to grow food, to provide for their families, and to engage in income generating activities, such as cropping, livestock rearing and brick-making. The landless often must resort to begging or casual labour to survive. In order to grow food, the landless must either hire land, borrow land or squat – ventures that are precarious in both the long-term and short-term. In Kicece, Ntungamo District, where land fragmentation and landlessness are a major problem, 6.1% of the community squat on the land of others.

**(vii) Casual and unskilled labourers**

They lack the skills, information and education to seek better opportunities, and lack their own productive assets. These people report to do “*donkey work*” for “*peanuts*” – that is they do unsavoury work, under poor, possibly exploitative conditions, for low wages just to make ends meet and because they are unable to access other opportunities. The livelihood of these chronically poor is precarious.

**(viii) Refugees and internally displaced people (IDP)**

Refugees and IDPs, especially those in camp situations, were regarded as chronically poor in most cases because: (i) they had no assets, particularly land, having had to leave all their assets behind when they fled their homes due to insecurity; (ii) they were regarded as foreigners or outsiders by the host community; (iii) they lacked social capital, often having lost family members in the conflict; (iv) may be traumatised; (v) are discriminated against and so are denied access to development activities and in the case of refugees, access to justice and pro-poor GOU programs; and (vi) may depend on relief aid or begging. In Palebek Camp in Kitgum District, the IDPs said: “*We ran to the camps to save our lives, but entered into poverty*”. The host community of this camp in Kamama also reported that they were poorer since the camp was established because they had given up land for the IDPs.

**(ix) Youth**

Particularly male youth in rural areas reported that they were poor and saw little chance of moving out of poverty as they were uneducated, unskilled, and without resources. Many of these youth blamed their poverty on the poverty of their fathers. Female youth from poor families reported taking up domestic work in urban areas, which placed them in situations of vulnerability to social poverty and sexual and financial exploitation.

In many sites, the disabled were seen as the worst effected by chronic poverty as their “*ability to fend for themselves is retarded*”, followed by widows, and those elderly who have no social support. All these groups were seen to stay longer in poverty and suffer more deeply. Within households, women were seen as poorer than men.

It should be noted that not all disabled, or all widows, or all refugees etc are chronically poor but these people are, depending on the situation, vulnerable to poverty and to this poverty becoming and remaining chronic.

Other groups of chronically poor mentioned in the PPA site reports included ethnic minorities, such as the Batwa, the terminally ill, single mothers, female and child-headed households, factory workers, drunkards, tax-defaulters, beggars, lazy people, retrenched, and migrants.

**Where do the poor live?**

According to 1999/2000 household survey data, 96% Uganda’s poor live in rural areas (Okidi and Mugambe, 2002). From the PPA reports, although there were similarities, there



were differences in the face of chronic poverty between urban and rural areas. In urban areas, lack of employment opportunities and the subsequent *lack of cash to get by in the city*”, coupled with ignorance, exploitation and large families were cited as the reasons for persistent poverty. While in rural areas, the focus of the chronically poor was the lack of productive assets, followed by factors limiting human and social capital.

Regionally, the highest proportion of people living below the poverty line live in Northern Uganda – 65% in 1999/2000 (Okidi and Mugambe, 2002). Although some decline in poverty headcount occurred in the North between 1992 and 1997, poverty is now increasing - 5% increase from 1997 to 2000. Forty-four percent of the country’s poor live in the North. Like Okidi and Mugambe’s (2002) paper, the PPA reports highlight insecurity, either due to Lord’s Resistance Army (LRA) insurgency or cattle-raiding, as the primary cause of chronic poverty in the region, as discussed below. In Kitgum District, for example, a feeling of desperation is portrayed. All aspects of the people’s lives have been impacted by insecurity- their human capital (nutrition, mental and physical health, education), their social capital (family, networks, community support) and their financial/material capital (production, assets, homes) have all been undermined by vicious acts of insurgency and the fear of insurgency.

### ***Why do some people in Uganda stay poor?***

Chronic poverty, and poverty in general, was said to happen by *“birth or by accident”*- when by accident, it can have a rapid onset or occur slowly over time. The causes of poverty can be divided into the forces that cause people to become poor – the drivers - and the forces that keep people in poverty – the maintainers of poverty- although there is considerable overlap (Hulme *et al*, 2001). The Uganda PPAs revealed that chronic poverty for a given individual or household is driven and maintained by multiple, overlapping factors, which makes escape from poverty more difficult.

### **Drivers**

In general, the factors (See Appendix 1) that drive people into chronic, long duration poverty in Uganda include the sudden loss of (i) employment, (ii) of the ability to earn through injury, (iii) of productive resources, particularly land and cattle, due to insecurity, *“grabbing”* by relatives, and forced sales to meet a crisis, or (iv) the sudden loss of social support, like a bread-winner or family support, in the case of the elderly, through death, injury, illness or abandonment. Weather calamities, such as drought, flood and accompanying landslides, can also lead to impoverishment through loss of property and production.

Factors that were cited as causing chronic poverty more gradually and maintaining households in poverty included traditional practices, such as dowry and funeral payments, social and cultural norms for women and girls, long-term illness, and gaining additional dependents in the household, such as orphans upon the death of parents due to AIDS or insecurity or additional wives and children due to the practice of polygamy.

### **Maintainers**

Other factors cited in the PPA reports as maintaining people in poverty (See Appendix 1) included lack of productive assets, such as land, cattle for pastoralists, and boats and fishing gear for fishers; or lack of access to these resources, particularly land. This prohibits income generation and the ability to take up development opportunities that require an asset base or contributions. Relatively high and unfair taxes, market dues and

licences, in the case of fishers are also maintaining factors. Exploitation of the poor by employers and the lack of employment opportunities as a result of low education levels, few skills, and ignorance about production, income-generation opportunities, development initiatives, government policies, and credit access do not allow the poor to change their situation. Persistent drought and seasonal flooding, as well as prolonged insecurity and remoteness<sup>6</sup>, where services cannot access the people and the people cannot access services, goods or information, maintain poverty. As does, long-term illnesses, such as HIV/AIDS and tuberculosis, and living with a physical or mental disability. Lack of social support, as in the cases of orphans, widows and the elderly, negative attitudes and low self-esteem leading to lack of motivation and disempowerment, as well as discrimination and social exclusion - of the disabled, elderly, widows, orphans, ethnic minorities, women and girls- maintain people in poverty.

### **Insecurity**

There are clear links in the PPA reports between chronic poverty and insecurity. However, those affected by insecurity, such as insurgencies in the north and Bundibugyo, and cattle rustling in Moroto, Kumi and Soroti feel that the government has not done enough to protect them – even though, as one PPA researcher noted, security of person and property is “enshrined in Pillar 2 of the PEAP”.

In Kitgum District, for example, a feeling of desperation is portrayed. All aspects of the people’s lives have been impacted by insecurity- their human capital (nutrition, mental and physical health, education), their social capital (family, networks, community support) and their financial/material capital (production, assets, homes) have all been undermined by vicious acts of insurgency and the fear of insurgency.

### **Government Policies**

The local people consulted during the PPAs saw the central government as responsible for reducing poverty but expressed dissatisfaction that the GOU was not doing enough, as exemplified below.

*“When government increases taxes, tells people to build schools, pay for their own medical treatment, improve their own roads, and find markets for their own produce .....what do you expect people in such circumstances to do? Instead of redeeming people from poverty, government condemns them to more poverty...”*

Rural Woman, Moyo , 1999

For the chronically poor, some GOU policies and practices were reported to maintain the poor in poverty. The policies cited include taxation, land tenure, market liberalisation, civil service reform and privatisation.

The chronic poor complained of multiple and unfair taxes. Of particular note, was the feeling that the graduated tax assessments were high and unfair, and associated with nepotism and corruption of local collectors. In addition, tax collectors harassed and imprisoned the poor when they were unable to pay. And the chronically poor reported that graduated tax is not adjusted even after the household suffers an economic shock, leading to further impoverishment. *‘Even the elderly are taxed.’*

Many people complained that land tenure and insufficient information about their rights and the Land Act contributed to poverty in some areas. It was stated that there is a need

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<sup>6</sup> A paper has been prepared on Chronic Poverty in Remote Rural Areas of Uganda (Ssewaya, 2003)

for sensitisation of the public on the Land Act. The chronically poor cite cases of eviction from land that they have been squatting on for over 12 years without compensation – illegal under the Act. Local politics and corruption has prevented fair implementation of the Act. Also exploitative landlords seem to flaunt the Act by charging multiple and unreasonable ground rent. The poor have no avenue for redress.

During the last decade, globalisation has seen policies such as market liberalisation, and the privatisation of government enterprises being implemented in many less developed countries. As a generalisation, the market liberalisation policy may have more effect on the transient poor and those better-off groups than on the chronic poor, although the author speculates that it is possible some people have become chronically poor as a result of market liberalisation. Men from less poor backgrounds approved and benefited from economic liberalisation due to the increased return from cash crops, such as cotton in Kumi, coffee in Kabarole, and coffee, beans, sorghum and ground nuts in Bushenyi Districts. On the other hand, the women and the chronically poor were sceptical about the benefits of market liberalisation because traditional food crops, which they tend to grow and sell, are sold in smaller quantities, and bring lower prices. In general, the poor complain about the lack of suitable markets, the cost of market dues, and the lack of marketing and price information. All of which are felt to hinder the poor from moving out of poverty.

The negative economic impacts were noted as specific to geographic regions and livelihoods. Those most affected are likely to be small-holding cash crop framers, in crops such as cotton, and local fishers. The latter find it hard to compete with multinational companies that have large boats, modern techniques and refrigerated storage. In a few sites where in the past cash crops such as cotton had been grown in the past, people reported that they were better off before the liberalisation of markets for agriculture produce occurred in Uganda as farmers were supplied seeds for cash crops and received other subsidies, they knew that there would be a market for their crop, and that they would fetch a fair, set price for the crop upon sale. In Bugiri, the cotton cash crop has been replaced by maize, which brings a price so low that household expenses are not covered. Other negative impacts reported include closure of some industries, exploitation by middlemen and market tenderers, increased cost of agricultural inputs, and declining production due to the unavailability credit and inputs. In addition, competition from large wealthy large land-holders and “*foreigners*” (ie. People from outside the district) has meant that the small-holder using traditional hoes cannot compete and produce sufficient crops. Also privatisation of co-operatives has had a negative impact on farmers- “*the privatisation of co-operatives has left money in the hands of the buyers while we are left with just peanuts (Kitgum).*”

The policy of privatisation of government parastatals was seen to encourage corruption and nepotism on one hand, and to provide an opportunity to increase employment, local supply and efficiency of operation - at least in theory - on the other hand. However, some people saw privatisation as leading to loss of local jobs, often with workers being laid off with inadequate compensation packages. In fact, in Wakiso the people report that this process has “*created hard core poor*” as it is the unskilled labourers who loss employment opportunities.

### **Governance**

Local people saw good governance as a prerequisite for individual, household, community and national development, whereas poor governance was seen as causing and maintaining poverty in many districts. While decentralisation and lower level local councils

and councillors (LCs) were usually looked upon favourably by the poor, aspects of local governance, such as corruption, poor information flow, lack of consultation, and high taxation were seen as maintaining the people in ignorance and poverty.

In more cases than not, the poor said that LCs did not adequately represent them, they did not consult them to determine their views, particularly about planning for development, and they did not disseminate information nor feedback from higher levels. As the LC channel is the most accessible to the people, failure of LCs to convey information is seen as a major contributing factor to chronic poverty.

In some areas, LCs and their police colleagues were corrupt in the settling of disputes, taking a fee to hear cases before the local court and taking bribes to fix the outcome. The chronically poor are least likely to be able to pay these charges and so effectively cannot access justice. In particular, widows are disadvantaged by these corrupt practices as they cannot afford to have their cases heard against relatives who “grab” all their land.

Although corruption was not mentioned in all sites, it did come across as a source of disgust and frustration for the poor and was seen as a feature of governance in Uganda that maintains the poor in chronic poverty. Specifically, practices mentioned included improper tendering, nepotism, embezzlement, failure to monitor programs and projects, district favouritism, poor information flow and failure of the central government to deal with corrupt officials. One practice that particularly impacted the poor was the non-transparent processes that “greedy leaders” use for distributing the benefits of development programs and diverting funds meant for the poor whereby the benefits end up in the pockets of the LCs and their friends and relatives. A classic example was Entandike grant scheme in the late 1990s, the funds from which did not reach the intended beneficiaries, the poor, with LCs countering local protests by stating “*it is their money and does not belong to the voters!*”

### **Barriers to Participation**

One of the hypotheses concerning the maintenance of the chronically poor in this state is that they do not participate in decision-making and in development. The chronically poor report that in most cases they do not participate in development opportunities due to them excluding themselves from community meetings and planning; or being excluded by others.

In general, the chronic poor, but in particular, women, the disabled, youth and orphans state that they have no effective representation and that they have “no voice”. This is due to local councillors (LCs) not inviting these people to attend community meetings, not informing them of development opportunities, and representatives failing to visit, consult or feed information back to their constituents. Secondly, the chronically poor feel discriminated against, and lack confidence to voice their opinion. They feel “powerless” to influence decisions. In some cases, people simply cannot access the meetings or training sessions held due to insecurity, distance, remoteness, impassable roads, unaffordable transport costs, physical weakness, illness, or inability to forfeit the time –as noted by one researcher: “*The chronically poor spend most of their time looking for daily survival needs. Their labour is their only asset. To expect them to participate in development activities is equivalent to taking away their only asset. The opportunity cost of participating in such activities is too high for them.*”

A second line of argument is that the chronically poor lack productive resources or productive capacity (physical strength, skills or knowledge) and so cannot make the

mandatory start-up contributions demanded. For example, the Plan for Modernization of Agriculture (PMA) supports the “*active poor*” who own some land and tools and who can purchase and utilise the improved seed distributed or make use of knowledge gained from demonstration plots. Lack of capital and collateral were cited as barriers for inclusion in development programs as the chronically poor cannot afford the membership or the regular contributions.

Lack of organisation into groups, and the capability to do so, were also cited by the chronically poor as a barrier to accessing development initiatives, particularly credit and savings schemes. The general ignorance of the chronically poor and lack of access to information further inhibits involvement in development.

### **Women**

Women are affected by poverty in different ways (See Appendix 2). They tend to be poorer than men, materially and non-materially, within the household. They also seem to be more effected by factors that maintain them in their situation of poverty– marriage to a poor man being one of these factors. Also boys are favoured over girls for education, meaning the girls have less chance to obtain an education and to develop employable skills – all factors linked to chronic poverty.

Women remain trapped in poverty as a result of cultural norms and gender roles. They are seen in rural areas as a “*source of labour*” and the property of men, as exemplified in this quotation by a poor Karamajong man with no cattle: “*A woman paid for with cattle becomes an asset to the man’s family. In hard times, she becomes the sole survival option for the man.*”

In addition, women are not allowed to inherit or own land or cattle in pastoralist communities, which denies them control of these assets. This tradition leads to relatives of the dead husband (or father, in the case of orphans) “*grabbing*” the land, leaving the widow with little or nothing.

In some tribes and sites, a husband will not allow his wife to cultivate nor to work outside the house. In addition, even when a woman does earn income, a man may demand this for his own use. Women also view mistreatment, neglect and excessive alcohol consumption by husbands that drains away the household resources as causes of chronic poverty.

### **What do the chronic poor find it more difficult to move out of poverty than the transient poor?**

This section highlights some of the differences between the transient poor or *churning* poor – those who move in and out of poverty (at least in income/consumption terms)- from the chronically poor – those who are always or usually poor, according to local communities in the PPA sites (See Appendix 3). It can be assumed that the features mentioned may determine an individual’s or a household’s ability to move out of poverty and may offer insight for policy development.

The most striking feature seemed to be the inability of the chronically poor to resist shocks that further impoverish them. They were described as “*a child who is just beginning to walk*” because they are always falling over and have difficulty getting up. On the other hand, the transient poor were said to be more resilient to such events, as they have material and social buffers. In addition, multiple factors constrain the chronically poor from moving out of poverty, while the maintaining factors for the transient poor tend to be fewer.

The transient poor tend to be able-bodied, capable of hard work and with a resilience and determination, compared to some of the chronically poor who are not physically strong -the elderly, disabled and chronically ill. The transient poor have some assets – a small plot of land or a boat or a few head of cattle - which enables them to be productive, to generate income and to take advantage of development opportunities. They also reportedly have gained some education and skills, and usually have family who can assist with labour and as a social support. The chronically poor may be resigned to their plight and not motivated to seek out opportunities and work, whereas the transient poor were said to be motivated. The transient poor are better able to access social services and development opportunities.

### ***What can be done?***

Despite remarkable progress economically, significant reductions in poverty, and the development of a conducive pro-poor policy environment over the past decade, Uganda remains one of the poorest countries in the world. Therefore, a major challenge for the GOU, under the PEAP, will be to reach the chronically poor, who constitute over 50% of those living below the poverty line, and to enable them to move out of poverty. If the GOU fails to do this then it is unlikely to achieve its Millennium Development Goals (MFPED, 1999).

This section analyses the current policy situation in Uganda and offers recommendations, mainly given by the poor themselves, and also by local government officials and service providers regarding mechanisms of reducing poverty for the chronically poor.

### **Reaching the chronically poor**

The chronically poor have proved difficult to reach and to include in development in Uganda despite pro-poor policies and dedicated resource allocation to priority poverty areas such as education, health, agriculture, provision of clean water, and rural feeder road rehabilitation. The reasons for this include their being unable to participate in development, policies target the *assetted* poor, exclusion, remoteness, ignorance due to lack of information, and the inferior social position of, for example, women, the disabled, orphans, ethnic minorities and the elderly. The findings of the PPAs demonstrate some of these difficulties and call upon the GOU to better target the chronically poor.

Education is seen as one of the key interrupters of the cycle of IGT poverty for many of the poor. The GOU's Universal Primary Education (UPE) policy provides free tuition for all children and as such has allowed many children from poor households, including girls, to attend. However, access to education for children of the chronically poor, orphans and disabled children is still compromised. The chronically poor reported that they are unable to afford unofficial charges levied by the schools and the cost of scholastic materials and uniforms. Therefore, these children can attend school but they are unable to participate or they just drop out, as related by an orphan girl in Bura Ward, Kitgum: *"I do not have an exercise book or pen so when the other pupils take out their books to write, I just look at them and I have nothing to do"*. Chronically poor parents reported removing their children from school because they were required as domestic labour or to earn income for the household.

The poor applauded the GOU for abolishing cost sharing in primary health care facilities in 2001, however this has not unilaterally lead to the chronically poor receiving adequate health care, despite the reported increase of 20-30% in attendance at health centres

(Neema, 2003). The major reason is the lack of drugs in public health facilities. The poor are either “*given a free Panadol despite their illness*” or referred to private clinics or drug suppliers whose prices are unaffordable. They then resort to self-medicating or traditional practices. Another repercussion of the abolition of user fees has been the disbanding of Village Health Committees, as there are no longer funds for paying the committee members’ allowances. This has meant that there is no quality control of health services by the village, and so service quality has, therefore, reportedly deteriorated.

The Plan for Modernisation of Agriculture (PMA) is a key plank of the third pillar of the PEAP tenet as the majority of the poor live in rural areas and rely on agriculture. Many people in rural areas spoke positively of the PMA’s intent, however there is fear that the chronically poor will miss out as it only targets “*the active poor*” or more “*progressive farmer*” – those who have productive assets or can access such assets, particularly land. As discussed above, most of the chronically poor do not have access to land or their access is tenuous, they are unable to contribute towards seeds, cannot in many cases even attend training, which is held at sub-county level due to cost of transport and distances for the less able-bodied. Also it is felt that despite all its potential benefits, if the PMA does not help farmers find markets and to market effectively the efforts of the PMA will be wasted.

Researchers, district officials and the poor themselves suggested that the implementation of government policies should be more carefully targeted, not simply aiming at the average poor but specifically focused to ensure that the chronically poor also benefit, or specifically benefit. It was also suggested that special programs are developed for the disabled, youth and women that focus on providing income generation opportunities, and training. And there be programs that support orphans to gain an education and the elderly to survive (Eg. food relief in drought-stricken areas).

### **Implementing pro-poor policies**

Despite the GOU’s pro-poor policies, there is concern amongst District and lower government officials that it is the implementation of the policies that fail the poor. Corruption and limited capacity at local government level to implement programs under Decentralisation are the major barriers to effective implementation at lower levels.

Building capacity and optimising transparent and accountable operation of local government will contribute to effective policy implementation. There were suggestions that local LCs should be compensated for performing their role, so that they do not siphon off the proceeds meant for development. The LC I Chairman of Baito in Arua: “*We are doing voluntary work and are not paid, yet we are also poor; so we have to benefit from the projects*”. In addition, district officials suggested that poverty reduction programs adopt an holistic approach at the district level rather than as is the case now of disjointed sectoral programs.

The poor also suggested that specially targeted poverty reduction programs should be monitored to ensure that the chronic poor actually benefit and are not further impoverished, as has happened in some instances through the LC system (LCs syphoning off benefits meant for the poor) and the introduction of market dues.

### **Enhancing Opportunities**

The World Development Report 2000/1 (World Bank, 2000) emphasises 3 areas of focus that will enable poverty reduction to proceed. These areas are particularly pertinent for addressing chronic poverty in Uganda.

Key barriers to moving out of poverty were cited as a lack of opportunities for employment, production or income generation- due to lack of productive assets, lack of financial capital, low human capital and ignorance. The chronically poor requested access to credit with favourable terms (extended repayment periods, security guaranteed, low interest) and / or grants or concessional loans, in the form of cash or kind – start-up capital, farm inputs, improved seeds, and livestock. It was also suggested that special, well-monitored schemes for the chronic poor are established that meet the special needs of different groups. Further provision of teaching on adult literacy, productive skills, life skills and guidance on choices, financial and resource management by the government was also suggested. Improved access to education by removing additional non-tuition charges and improving quality and access, and provision of adequate drugs to health centres and exemptions for all treatment for the chronically poor, or at least certain categories thereof – elderly, disabled, orphans and the terminally ill- would go a long way to improving human capital.

The major request of the poor was for facilitation of improved agriculture productivity and post-harvest enterprises in rural areas. They suggested effective extension services to provide advice on marketing, improving yields, and riddance of pests. It is unclear from the PPA site reports whether the chronic poor made this request given that they usually do not own land. A suggestion was made to the PMA to extend its mandate to cover off-farm businesses, such as vending of produce or post-harvest processing and value-addition. The chronically poor could find employment outside the self-employed agriculture sector, which is the poorest sector. Changing sectors was associated with moving out of poverty (Okidi and Mugambe, 2002).

If the chronically poor are expected to benefit from development opportunities, financial barriers such as co-contributions and unfair and regressive taxation must be addressed.

### **Empowering the chronically poor**

The poor stated that they would appreciate being consulted on developing priorities for planning and resource allocation at the local level, as well as on programs and initiatives that are designed to benefit them or that will impact on their lives.

The chronic poor requested access to information on development opportunities, government policies, their rights, avenues of redress, income generating activities, credit, sanitation and services. Researchers felt that access to information would lead to empowerment of the chronic poor. It was felt that without consultation and information flow to the poor, government programs would be *“hollow and will not eradicate poverty in this country”* (Kagoma Gate, Jinja).

Assistance with forming groups that could access opportunities, community mobilisation and co-operation were also mentioned.

It was suggested that guidelines are produced to ensure clearer representation of the chronic poor by LCs; as well as participation in decision-making would facilitate movement out of poverty. It was also suggested by researchers and the poor that local government officials and service providers be offered incentives to improve service delivery.

### **Improved security**

The chronic poor in sites in Kitgum, Bundibugio and Moroto requested the government to create conditions that guarantee their safety. Internally displaced people wanted security



guaranteed so that they could go home, preferably with a start-up grant from the government. The people in Bura Ward in Kitgum said: *"We can only confidently settle in our homes when we hear that Kony (LRA rebel leader) is dead, otherwise, any thing can happen any time."*

## References

- Appleton, S (1999). *Changes in Poverty in Uganda, 1992-1997*. Centre for Study of African Economics
- Chambers, R. (1997). *Whose Reality Count? Putting the first last*. London. Intermediate Technologies Publications
- Engle, PL, Castle, S and Menon, P. (1996). *Child development: vulnerability and resilience*. IFPRI, FCND Discussion paper No. 12.
- Hulme, D, Moore, K and Shepherd, A (2001). *Chronic Poverty: meanings and analytical frameworks*. CPRC Working Paper 2, Institute of Development Policy and Management, University of Manchester, UK (ISBN-1-904049-01-X)
- Lewis, O. (1959). *Five families: Mexican case studies in the culture of poverty*. New York, Basic Books.
- Lwanga-Ntale, C. (2003). *Interim findings from the field on chronic poverty and disability in Uganda*. Chronic Poverty Research Centre-Uganda
- McClean, K (1999). Draft Uganda Participatory Poverty Assessment Report.
- McClean, K and Lwanga-Ntale, C. (1998). *Desk Review of Participatory Approaches to Assess Poverty in Uganda*. UPPAP Report (MFPED)
- Ministry of Finance, Planning and Economic Development. (1998). *Poverty trends in Uganda. 1992-1996*. Discussion Paper no. 2.
- Ministry of Finance, Planning and Economic Development. (1999). *Uganda Vision 2025. A strategic framework for national development*.
- Ministry of Finance, Planning and Economic Development. (2000a). *Learning from the poor*. Uganda Participatory Poverty Assessment Report. Republic of Uganda.
- Ministry of Finance, Planning and Economic Development. (2000b). *Uganda Poverty Profile: What we know about the poor*. Discussion Paper 3
- Ministry of Finance, Planning and Economic Development. (2002a). *The Poverty Eradication Action Plan (PEAP)*
- Ministry of Finance, Planning and Economic Development. (2002b). *Participatory Poverty Assessment – Phase II*.
- Moore, K. (2001). *Frameworks for understanding the intergenerational transmission of poverty and well-being in developing countries*. Chronic Poverty Research Centre Working Paper 8.
- Nabbumba, R. (2003). *Landlessness and Chronic Poverty in Uganda*. Chronic Poverty Research Centre-Uganda
- Najjumba-Mulindwa, I. (2003). *Chronic poverty among the elderly in Uganda: perceptions, experiences and policy issues*. Chronic Poverty Research Centre-Uganda
- Neema, S. (2003). *Chronic Poverty and Health in Uganda- Evidence from existing data sets*. Chronic Poverty Research Centre – Uganda
- Okidi, JA and Mugambe GK (2002). *An overview of chronic poverty and development in Uganda*. Chronic Poverty Research Centre Working Paper 11.
- Robb, C. (1999). *Can the poor influence policy? Participatory poverty assessments in the developing world*. Washington. World Bank.
- Ssewaya, A. (2003). *Chronic poverty in remote rural Uganda: Research findings from Kisoro District*. Chronic Poverty Research Centre-Uganda
- World Bank. (2000). *World Development Report 2000/2001. Attacking poverty*. Washington, World Bank.

## APPENDICES:

### **APPENDIX 1: General Maintainers and Drivers of Chronic Poverty in Uganda**

The grouping of factors influencing chronic poverty in Uganda – the causes and effects cited in the PPA site reports - listed below were grouped by the author.

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups or locations
<b>Physical Assets:</b>		
Loss of productive assets through insecurity, “grabbed” by dead man’s relatives, forced migration, forced sale “at give-away prices” in times of crisis	?Lack of productive assets (land, cattle for pastoralists, fishing boats and gear for fishers) ?Land fragmentation ?Lack of land does not enable one to benefit from certain development programs	Cultivators, Fishers, Pastoralists
	Poor quality inputs- hoe for cultivators, cheap, illegal small seine nets for fishers <i>“We lack jobs here, our employment has been the hoe, but it has also lost value; so what can we do but just sit?”</i> Man in Busanzi urban site, Bugiri	
	Limited agriculture outputs and returns <sup>7</sup> ?? Limited market access – poor roads ?? Lack of market information ?? Low yields – pests, lack of quality inputs ?? Lack of extension ?? Low prices ?? Insecurity – destruction of crops and cattle-rustling	
	Giving up arms in government buy-back – unable to protect themselves against cattle-raiding Turkana and Jie – feelings of vulnerability as well as loss of property, life and wealth when a raid occurs	Karamajong in Moroto
Eviction from land by multi-national company (Mubende)		
Come from an asset-poor family (See Section 3.1.2)		All Youth
	Poor / no housing – unhygienic conditions, diseases	

<sup>7</sup> These factors are probably more indicative of the transient poor – see Section 3.2.3

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups or locations
	Live in slums – poor housing, lack services, poor sanitation, insecurity – leading to intergenerational poverty as stated by a researchers in Luzira in Kampala city: – <i>“children are born in slums, grow up in slums and produce their own children in slums who also grow up in the same environment with no hope of a better life”</i>	Kampala
<b>Financial assets and the likes:</b>		
URA stopped illicit cross-border trade with Kenya and Democratic Republic of Congo; and smuggled goods confiscated		Arua, Moroto
	Taxation and dues/licence fees ?High, unfair and multiple taxes and dues- Eg. Graduated tax, market dues, numerous fishing licences, income tax. ?Psychological disturbance due to harassment from tax collectors ?Arrests of bread-winner due to failure to pay tax	
	Lack of access to acceptable credit Lack of capital	
	Lack of cash	Urban areas, particularly in Kampala
Payment of traditional expenses, such as dowry, funeral expenses, and <i>“cleansing rites”</i> , such as in Arua where the maternal uncle can demand substantial productive assets from his nieces and nephews upon death of his sister.		
Came from a poor family (See Section 3.1.2)		All Youth
Loss of job - retrenchment	Lack of employment opportunities, long term unemployment Unstable, lowly paid casual labour often with no continuous income flow	Mostly in urban sites
<b>Geographical Capital:</b>		
	Remoteness and poor access – usually poor roads	Kisoro, Bundibugio, Masindi, Mubende, Kapchorwa
	Poor soils – degraded and exhausted	
Drought – loss of seasons crop	Continued drought – crop failure, lack of food, poor nutrition, ill-health, physical weakness	Rakai, Moroto, Kitgum
Floods and landslides - loss of property and crops	Seasonal flooding- loss of crops and property, loss of top soil and	Kisoro, Bundibugion

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups or locations
	decreased soil fertility, worsening sanitation, impassable roads, livestock stop producing (milk, eggs), increase of human disease	Bwaise in Kampala
<b>Health and nutrition:</b>		
Illness – acute (Eg. Malaria, cholera) and onset of chronic disease		
	Chronic, long-term, terminal illness ?Physically weak and incapable of production ?Sale of assets for treatment ?Inaccessibility to health facilities and cost of drugs ?Inability to meet obligations, such as educating children ?Anxiety ?Leaving family with debt and/or lack of assets and a breadwinner	Those suffering from tuberculosis, HIV/AIDS
Impairment due to severe injury, birth deformity, diseases like polio	Living with physical or mental disability, which means a constrained ability to earn an income and produce and discrimination	Disabled
	Old age leading to lack of productive capability, loss of social status, “burden” of dependents, sale of assets, feelings of helplessness and hopelessness	Elderly
	Lack of food or poor diet- leading to poor nutrition, physical weakness and disease	
<b>Education and training:</b>		
No access to education for children	Illiterate, uneducated	
	Ignorance “Obutamanya” (people in Butema)= Ignorance / lack of knowledge – Even “lack even the knowledge about how to get out of poverty itself” – Researcher in Butema, Bugiri  “obwavu no butamanha” implying that “poverty is ignorance, which limits choice and leads to wrong choices”	Usually rural people
	No access to production information , and information about development opportunities for adults	
	Lack of skills for employment and production, planning, personal resource management	
<b>Social and political aspects:</b>		

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups or locations
Having responsibility of dependents upon death of relatives. Eg. Orphans from death of parents due to insecurity or HIV/AIDS	Having large families due to lack of family practice, culture, polygamy	Women and men
A man taking additional wives and children into family-polygamy – Eg. <i>“I am a person with disability, I have two wives, I have just married the second one because the first is also disabled. I thought the second wife would solve my problems, but I have just added burden of three children to myself. I cannot manage.”</i> Disabled man in Godia, Arua		
Death of parents	Orphanhood and poverty due to children being too young – <i>“a tender age when they have not developed the powers to have full control over their assets”</i> ; assets of parents are grabbed by relatives; limited productivity skills; lack of support-often relatives are too poor-; unable to complete education as must work; turn to delinquency and being street kids- they may be marginalised.  <i>“As orphans, we really have a lot of problems, we are forced to work. Now with the insecurity and poverty problems, even relatives cannot entertain you for a long time, so you have to move up and down. Sometimes those who are abducted by rebels are even better off!”</i> Female orphan in Kitgum	Orphans, street kids
	Discrimination, social exclusion and stigmatization  <i>“Double discrimination”</i> if born poor and disabled- It is triple discrimination if also a woman! A disabled woman in Jinja said: <i>“...even the fellow disabled criticize us and say that by marrying a fellow disabled is like adding ‘injury to injury’.”</i>  Disabled woman in Jinja town: <i>“My friend, disability is so painful, even if you get a lot of money, whether you read and finish all the degrees, as long as you are disabled, people will still point at you and say ‘that disabled’</i>	Disabled adults and children, orphans, those with HIV/AIDS, prostitutes, ethnic minorities, such as Batwa, women, girls, refugees, internally displaced, cultivators in pastoral communities

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups or locations
	Selfisolation	Women, elderly, disabled, ethnic minorities
	Neglect by husbands, guardians, parents	Women, orphans, street children
	<p>Exploitation:</p> <ul style="list-style-type: none"> <li>?Orphans by guardians</li> <li>?Disabled women by men</li> <li>?Disabled people in general</li> <li>?Casual workers by wealthy – low wage, withholding money, payment in food</li> <li>?Rural growers by business people at local markets or farm-gate</li> <li>?Youth by employers</li> <li>?Female adolescents by men in place of employment – sexual harassment</li> <li>?Factory workers in Jinja town by employees – Poor conditions eg. Locked in with no lunch for 12 hrs; laid-off with no notice or compensation in favour of Indian/foreign workers</li> <li>?Contract workers in Mwera Tea Estate in Mubende - contract worker exploitation and violation of employee rights - blocking access to social services and denial of ability to supplement earnings; denial of conjugal rights- information withheld when signing up – not aware of all deductions and contractual regulations; treated like slaves and overworked and unfairly paid (Eg. 85 bundles x 15 canes /day expected if not met then forfeit 1 days pay – a casual worker may work for 7 days but only end up being paid for 3); exposed to elements, snakes etc with no protection</li> <li>?Casual labourers in Kabira sugar plantation at Kagoma Gate in Jinja</li> </ul>	Orphans, disabled, women and girls, casual labourers, contract workers, factory workers
	<p>Anti-social behaviour [author's judgement]</p> <ul style="list-style-type: none"> <li>?Excessive drinking of alcohol uses household resources, reduces productive output and income generation, leads to neglect of family and disturbance in the household</li> <li>?Drug addiction – mainly marijuana- attitude of spending money now, laziness and not having to work, can lead to theft as easy money</li> </ul>	<p>Mainly men</p> <p>Male youth</p>
	<p>Lack of participation</p> <p>Lack of voice</p>	All but mainly women, disabled, youth, elderly

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups or locations
<b>Security:</b>		
Insecurity leading to loss of property, displacement, death and injury		Moyo, Masindi, Kitgum, Moyo, Arua, Bundibugio, Moroto, Soroti
	<p>Prolonged insecurity leading to killing of children and spouses, continued loss of property and productive assets, fear of movement, traumatised due to atrocities witnessed, anxiety about loved ones abducted, disablement – physical and impairment-, breakdown in community organisation and support – “every man for himself”- depletion of labour forces, food insecurity</p> <p>Poor old man in Atango, Kitgum- “You see, the rebels came and took away all the strong young men, many of whom were killed when they were attempting to escape back. They then turned to the children and abducted them en masse’. They finished all the young people who could work and left us the old so helpless. That is why we are poor and have no hope for the future”.</p>	Kitgum, Bundibugio, Moroto
Loss of property		
	Lack of property in new location	
Robbery / petty theft		Youth blamed
<b>Psychological Factors:</b>		
	<p>Negative attitudes that “kill hope and initiative” that “glues them [the poor] into poverty”</p> <p>?? Laziness and idleness</p> <p>?? Lack of interest in opportunities</p>	Male youth Drunkards
	Low self-esteem, lack of confidence	Widows, disabled, elderly, poor women, some youth
	Anxiety and depression about situation, leading to disempowerment and uncertainty about the future	Men, Youth, elderly Widows, poor women
	Effects of discrimination, social exclusion and stigmatization – see above	
	Effects of exploitation – see above	



## **APPENDIX 2: Drivers and maintainers of poverty for women**

<b>Drivers of chronic poverty</b>	<b>Maintainers of chronic poverty</b>	<b>Specific groups</b>
<b>Physical Assets:</b>		
	Women seen as labour source for men – household	
	Not allowed ownership of land	
	Lack of access to productive resources	
<b>Financial assets and the likes:</b>		
Having no job		
	In some cases, forbidden to earn income or work outside the household by husband	
	Not allowed by husband to control any income earned	
<b>Health and Nutrition:</b>		
	Reproductive role – women expected to reproduce until “ <i>all the eggs God put in them get finished</i> ”, which weakens women	Mentioned particularly in rural areas and in Moyo, Kumi, Kitgum
	Will put themselves last in times of food shortage- leading to anaemia, under-nutrition, weakness and illness, and lack of ability to perform productive and reproductive roles	
<b>Education and training:</b>		
	Boys favoured for education where money is tight  Acholi and Karimajong in northern Uganda feel that it is a waste of time educating girls as belonging to another family where she will in the future be married	Kitgum, Moroto,
	Unskilled	
	Uneducated, illiterate	
	Ignorant	
<b>Social and political aspects:</b>		
	Marriage to a man who is poor or who neglects his family	
	Early marriage of girls – failure to get an education, may marry man who is poor	Girl youth
Polygamy Unfaithful husband	Polygamy Unfaithful husband – leaving wife to fend for herself	
Death of husband – lack of support, relatives grab land		Widow

Drivers of chronic poverty	Maintainers of chronic poverty	Specific groups
	Death of supportive children – lack of support	Widow, elderly women
	<p>Male dominated culture</p> <p>?Not able to inherit or control land - <i>“for us women are nothing, men control land”</i>- Women in Godia, Arua</p> <p>?Not able to control productive assets, <i>“even when the woman is given a cow by a development program”</i>(researcher, Arua)</p> <p>?In some cases, not able to control income she has generated in household</p> <p>?Women are men’s property- <i>“ A woman paid for with cattle becomes an asset to the man’s family. In hard times she becomes the sole survival option for the man.”</i> Poor man who lost cattle in Naio, Moroto</p> <p>?Women are men’s labour force</p> <p>?Not able to fish or go near water in fishing communities</p> <p>?Not allowed, by husband, to work outside household</p> <p>?Not allowed, by husband, to cultivate <i>“When I cultivate and want to sell some produce, the man says, if you want to sell, go and cultivate on your father’s land”</i>- Woman in Buwoya, Bugiri</p>	Moroto
Disharmony in the household	Neglect of wives by husband, abandonment	
Corruption- Eg. Women seeking redress from local LC courts may have to bribe to have favourable decision and with no money they loose case- examples of typical cases include land grabbing by dead husband’s relatives and domestic disputes		
	Lack of participation in household and community decision-making	
	Not marrying -	Disabled woman
<b>Security:</b>		
	Domestic violence and lack of peace in the household	More reports in urban areas
<b>Psychological factors:</b>		
	Lack of self-esteem and confidence	

### ***APPENDIX 3: Features that may distinguish between the chronic and the transient poor***

<b>Features of chronic poor</b>	<b>Features of transient poor</b>
No education	May have some education
No productive skills	May have some skills but rather lack opportunities for employment
No land, no cattle (pastoralists), boat (fishers) or and few other productive resources	Small land, a few cattle in pastoralist community, or a boat in a fishing village
No resilience to cope with shocks	More resilient with some buffering capacity to cope with shocks
Often food insecure	Usually has food
May be unmotivated, disempowered, lazy, resigned and not work hard or want to work at all	Prepared and motivated to work hard
Works for others as a casual labourer	Works for oneself or employed – more opportunities to earn income
Does not participate in community decision-making	More likely to participate
Excluded from social services – cannot afford nominal charges for health and education	Can usually access services
Often cannot access development opportunities	Can access development opportunities
Only associate with the chronic poor – so no advisers	Associates with less poor who may be are motivators and able to advise
May not be able-bodied Without energy	Able-bodied and physically strong, energetic
No access to capital or credit	Can access credit
No house or poor housing	House
Do not own assets	Have some assets
Lack social support – no spouse, children, relatives to support them	Family – labour and social support
No alternatives for survival	Can adopt alternative means of survival