

Investigating Chronic Poverty in West Africa

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INVESTIGATING CHRONIC POVERTY IN WEST AFRICA

1. Abstract

The West African sub-region comprises of seventeen countries with a variety of ethnicity, culture and traditions. It is also unfortunately a sub-region currently scarred by internal strife and civil war. It has a population of approximately 250 million people, with just under half of this population living in Nigeria. West Africa consists largely of low-income countries with Gross National Income per capita ranging from US\$1330 in Cape Verde to US\$180 in Guinea Bissau and US\$130 in Sierra Leone in 2000 (Table 1). The median Gross National Income per capita in 2000 was US\$330. The 2002 report of least developed countries by UNCTAD defines generalised poverty as “a situation in which a major part of the population lives at or below income levels sufficient to meet their basic needs and in which the available resources in the economy, even when equally distributed, are barely sufficient to cater for the basic needs of the population on a sustainable basis” (UNCTAD 2002, p. 39). The low-income per capita figures in West Africa are suggestive of widespread or generalised poverty. On the basis of the purchasing power parity US\$2 a day poverty line the incidence of poverty amongst ten West African countries that are least developed ranged between 60% and 94% during 1995-2000 (Table 2). It would therefore be correct to state that there is generalised poverty in several West African countries. This evidence of widespread poverty in the region is suggestive of a substantial proportion of the population being poor over extended periods of time.

This review seeks to examine the dimensions of poverty in general and chronic poverty in particular in West African countries. In a number of West African countries nationally representative survey data has only recently become available. The preparation of poverty reduction strategy papers by several countries in the sub-region as part of the HIPC initiative has created an incentive for the collection of nationally representative data on living conditions. Thus several countries have nationally representative household surveys. Very few, however have large longitudinal or panel data sets on living standards. Ghana and Cote d’Ivoire appear to be the only exceptions in the sub-region¹. An investigation into the incidence and causes of chronic poverty and the profile of the chronic poor ideally requires a longitudinal or panel data set. In recent years researchers have developed methodologies to investigate the incidence of chronic and transient poverty using cross-sectional data (Chaudhuri 2002, Gibson 2000). Unfortunately, these data sets do not provide information to conduct an analysis of the determinants of movements in and out of poverty. However, these methodologies are an important first step in drawing policy makers’ attention to the phenomenon of chronic poverty.

¹ The 1987/88 and 1988/89 household surveys conducted in Ghana had a panel component. However no analysis has been conducted using the panel component of the data set because of a problem with identifiers.

Table 1. Growth Performance in the West African sub-region.

	GNI per capita (US\$)		GDP growth rate	
	1990	2000	1980-90	1990-99
Benin	360	380	2.5	4.7
Burkina Faso	290	230	3.6	3.8
Cape Verde	980	1330		
Cameroun	970	570	3.4	1.3
Cote D'Ivoire	780	660	0.7	3.7
Gambia	320	330	n.a.	n.a.
Ghana	390	350	3	4.3
Guinea	460	450	n.a.	4.2
Guinea Bissau	220	180	n.a.	n.a.
Mali	270	240	0.8	3.6
Niger	310	180	-0.1	2.5
Nigeria	270	260	1.6	2.4
Senegal	720	500	3.1	3.2
Sierra Leone	260	130	n.a.	n.a.
Togo	430	300	1.7	1.5

Source: World Bank **Attacking Poverty** World Development Report 2000/2001.
African Development Bank **Statistics on African Countries**.

Table 2. The Incidence of Poverty in West Africa: International Comparisons.

	Population Living on less than US\$1a day		Population Living on less than US\$2 a day	
	Incidence of poverty	Average consumption of the poor	Incidence of Poverty	Average consumption of the poor
	%	1985 PPP \$ a day	%	1985 PPP \$ a day
Benin	17.8	0.96	63.6	1.45
Burkina Faso	61.6	0.73	88.2	0.94
Chad	81.7	0.53	93.7	0.70
Gambia	35.6	0.89	78.0	1.21
Guinea	64.9	0.70	89.2	0.90
Guinea Bissau	78.8	0.56	92.9	0.74
Liberia	47.0	0.82	83.0	1.09
Mali	71.6	0.64	91.1	0.83
Niger	74.4	0.62	91.8	0.80
Senegal	15.1	0.97	59.8	1.50
Sierra Leone	60.4	0.73	87.7	0.95
Togo	66.4	0.69	89.6	0.89

Source: UNCTAD (2002) **Least Developed Countries. Escaping the Poverty Trap**, Geneva.

In the absence of longitudinal data proxies for chronic poverty may be sought. One possible proxy is extreme poverty². Extreme poverty is not the same as chronic poverty because the fact that a household has low consumption expenditure at a point in time does not mean that it has been or will remain poor for an extended period of time. Analyses on poverty dynamics using panel data from Uganda (Okidi and Mugambe, 2002) and Cote d'Ivoire (Grootaert and Kanbur, 1995) show that households in extreme poverty can move out of poverty although they have a lower likelihood of doing so compared to households with consumption expenditures nearer to the poverty line. The high incidence of extreme poverty in West Africa (ranging between 15.1% and 81.7%)³ is suggestive of a high incidence of chronic poverty. If the likelihood of a household in extreme poverty of moving out of poverty is in the region of 10-30%, this implies that a not insignificant proportion of the extreme poor in West Africa have been below the poverty line for extended periods of time.

Another possible proxy for chronic poverty is the anthropometric indicator of height-for-age of children. It is a measure that captures food deprivation over an extended period of time and its effects. It is not quickly reversed if food intake is temporarily improved.

2. Background to West African Economies

2.1. Economic Performance and Structure

Most economies in the sub-region have tended to grow faster in the 1990s than in the 1980s. This has not always translated into substantial improvements in Gross National Income per capita measured in United States dollars (Table 1.) The depreciation of the nominal exchange rate vis a vis the dollar for most of these countries may partly explain the dramatic drop in Gross National Income per capita for many of the countries.

In many countries in the sub-region there has been an increase in agriculture's share of the Gross Domestic Product (Table 3). Agriculture is more important in Gross Domestic Product compared to the average for sub-Saharan Africa and for low-income countries (Table 3). Industry's share of Gross Domestic Product has expanded in a number of countries between 1990 and 2001. In many of these countries industrial activity is driven to a large extent by the mining sector, for example Nigeria and Ghana. The services sector is the largest sub-sector in many of the economies, although in a number of them its relative contribution to Gross Domestic Product has declined (Table 3).

² For international comparisons, the population in extreme poverty are those with consumption expenditures below purchasing power parity US\$1 a day. In national household surveys the practice is to estimate two poverty lines. The lower poverty line defines the extreme poor.

³ The population in extreme poverty for international comparison is defined as those with consumption expenditures below purchasing power parity US\$1 a day.

Table 3. Structure of Production in West Africa

Structure of Production	Agriculture		Industry		Services	
	1990	2001	1990	2001	1990	2001
Benin	36	38	13	15	51	47
Burkina Faso	32	35	27	17	45	47
Cameroun	25	46	29	21	46	33
Chad	29	39	18	14	53	48
Cote D'Ivoire	32	24	23	22	44	54
Ghana	45	36	17	25	38	39
Guinea	24	25	33	38	43	37
Mali	46	38	16	26	39	36
Niger	35	39	16	18	49	44
Nigeria	33	30	41	46	26	25
Senegal	20	18	19	27	61	55
Sierra Leone	47	49	20	31	33	21
Togo	34	39	23	21	44	40
Sub-Saharan Africa	18	15	34	29	48	57
Low income Countries	29	23	31	32	41	45

Source: World Bank **World Development Report 2000/2001 and 2003**. Washington D.C.

The structure of production does not reflect the structure of employment. In all the countries except for Cape Verde, Cameroon and Cote d'Ivoire more than half of the workforce is employed in the agriculture sector (Table 4). In Burkina Faso for example it is estimated that approximately 84% of the workforce is employed in agriculture. This contrasts with the sector's contribution of 35% to the Gross Domestic Product. The much lower share of Gross Domestic Product compared to the proportion of the work force employed in agriculture is suggestive of low levels of agricultural productivity as measured by output per person.

Table 4. Labour Force by Sector

	Agriculture	Industry	Services
Benin	54	10	36
Burkina Faso	84	5	11
Cameroun	49	15	36
Cape Verde	35	36	29
Cote D'Ivoire	49	14	37
Chad	72	7	21
Gambia	80	9	11
Ghana	52	19	29
Guinea	74	13	13
Guinea Bissau	75	9	16
Mali	80	3	17
Niger	86	2	12
Nigeria	64	13	23
Senegal	77	7	16
Togo	67	12	21

Source African Development Bank **African Development Report 2001**. Abidjan.

The West African countries implemented structural adjustment programmes in the 1980s and 1990s. Most of them qualify for HIPC relief and many have completed their poverty reduction strategy papers (Table 5). Official development assistance as measured as a share of GNP and per capita has declined for most countries in the sub region (Table 6). Aid dependency as measured by the ratio of official development assistance to GNP is high for some countries, despite the decline in the ratio. Compared to the average for low income countries and sub-Saharan Africa official development assistance per capita and as a share of GNP is relatively high in the sub-region (Table 6).

Table 5. West African Highly Indebted Poor Countries (HIPC) (in million US Dollars)							
	<i>Reduction in NPV Terms</i>			<i>Nominal Debt Service Relief</i>			Date of Approval
	Original HIPC Initiative	Enhanced HIPC Initiative	Total	Original HIPC Initiative	Enhanced HIPC Initiative	Total	
Countries that have reached their Completion Point							
Burkina Faso	229	324	553	400	530	930	Apr-02
Countries that have reached their Decision Points							
Benin	0	265	265	0	460	460	Jul-00
Cameroon	0	1,260	1,260	0	2,000	2,000	Oct-00
The Gambia	0	67	67	0	90	90	Dec-00
Ghana	0	2,186	2,186	0	3,700	3,700	Feb-02
Guinea	0	545	545	0	800	800	Dec-00
Guinea Bissau	0	416	416	0	790	790	Dec-00
Mali	121	401	522	220	650	870	Sep-00
Niger	0	521	521	0	900	900	Dec-00
Senegal	0	488	488	0	850	850	Jun-00
Sierra Leone	0	600	600	0	950	950	Mar-02
Countries still to be considered							
Cote D'Ivoire ¹	345	2,519	2,519	800	3,950	3,950	Mar-02 ²
Liberia	...	...	...	...	...	...	...
Togo	...	...	...	...	...	...	...
Notes:							
1. It is suggested that debt relief under the original framework be overtaken by HIPC relief under the enhanced framework							
2. Preliminary Document Issued							
<i>Source: Heavily Indebted Poor Countries (HIPC) Initiative: Status of Implementation, IMF/World Bank</i>							

Table 6. External Financial Flows and External Debt.

	ODA Dollars per capita		ODA as % of GNP		External Debt
	1990	2000	1990	2000	US\$million
Benin	57	38	14.8	9.2	1598
Burkina Faso	37	30	12	15.5	1332
Cameroun	39	26	4.2	5	9241
Chad	55	17	18.1	10	1116
Cote D'Ivoire	59	22	7.5	7.6	12138
Ghana	38	32	9.7	9.6	6657
Guinea	51	21	11	9.8	3388
Mali	57	33	20	13.5	2956
Niger	51	19	16.4	14.4	1638
Nigeria	3	1	1	0.5	34134
Senegal	112	44	14.9	10.8	3372
Sierra Leone	15	36	7.9	16.2	1273
Togo	74	30	16.3	8.6	1435
Sub-Saharan Africa	36	20	9.9	4.1	
Low income Countries	9	9	2.6	1.3	

Source: World Bank **World Development Report 2000/2001**, Washington D.C.

2.2. Social Indicators

Adult illiteracy rates have fallen in the 1990s, but the rates remain high compared to the average for sub-Saharan Africa. Adult illiteracy rates have declined for both men and women however a wide gender differential remains (Table 7). In some countries more progress appears to have been made in reducing male illiteracy rates compared to illiteracy rates amongst women.

Infant mortality rates have declined in all countries (Table 7). However in many countries in 2000 the infant mortality rate was higher than the average of 102 deaths per 1000 live births for least developed countries.

HIV/AIDS is a health problem in many West African countries. It is estimated that the seroprevalance rate is 11% in Cote d'Ivoire, 8% in Cameroun, 7% in Burkina Faso, 6% in Togo and 5% in Niger. Life expectancy in Cote d'Ivoire is estimated to have declined by about 8 years because of HIV/AIDS. Labour migration, low education, poor understanding about how the disease can be spread, low use of condoms, low nutritional levels and health care systems that are not careful about not using syringes on more than one person are some of the factors that can explain the spread of the disease. HIV/AIDS has had a damaging impact on the work force and livelihoods. In Burkina Faso market gardening in some regions has declined as a result of the disease. Cotton, coffee and cocoa production in Cote d'Ivoire has been negatively affected by the spread of the disease. It has been estimated that the labour loss in Cote d'Ivoire and Cameroun could rise to 11.4% and 10.7% respectively because of the HIV/AIDS epidemic (IFAD,2001).

Table 7: Social Indicators in West Africa

	Illiteracy Rate (%)				Infant Mortality Rate (per 1,000)		Access to safe water (% of popn)	
	Total		Female		Total			
	1990	2000	1990	2000	1990	2000	1990	2000
Benin	71.9	59.7	84.0	75.3	99.2	83.8	55	63
Burkina Faso	83.6	76.1	92.0	85.9	109.8	91.8	70	..
Cape Verde	36.2	25.8	45.6	33.8	68.0	52.4	51.9	74
Cameroun	37.4	24.1	46.4	30.0	89.8	82.2	34	62
Cote D'Ivoire	66.2	52.9	76.5	61.2	97.2	84.2	69	77
Gambia	74.4	63.4	80.4	70.6	138.0	119.0	64	62
Ghana	41.6	28.5	53.0	37.1	79.4	64.8	65	64
Guinea	..	..	..	..	139.4	118.0	52	48
Guinea Bissau	71.8	61.2	88.6	81.0	145.0	125.0	22.5	49
Liberia	60.6	46.0	76.8	62.3	142.8	91.8	46	..
Mali	74.4	58.6	81.3	65.6	139.0	124.0	11	65
Niger	88.6	84.1	94.9	91.6	147.6	130.0	55.2	59
Nigeria	51.4	36.1	61.9	44.2	100.6	82.6	47	57
Senegal	71.7	62.6	81.4	72.3	71.2	59.0	44	78
Sierra Leone	..	..	..	..	190.2	153.6	39	28
Togo	54.0	42.7	71.1	59.2	93.4	78.2	59	54

Source: African Development Bank, **Statistics on African Countries**. Abidjan.

Table 8. Nutrition in West Africa

	Daily calorie intake per capita		
	1980	1990	2000
Benin	2024.0	2318.0	2557.6
Burkina Faso	1671.0	2228.1	2292.6
Cameroun	2556.0	2110.5	2255.4
Cape Verde	2555.7	3009.2	3278.1
Cote D'Ivoire	2821.7	2423.8	2590.0
Chad	1637.3	1694.6	2045.8
Gambia	1643.5	2467.3	2473.5
Ghana	1701.3	1829.3	2698.8
Guinea	2269.0	2271.7	2353.4
Guinea Bissau	1897.8	1897.8	2333.1
Liberia	2504.2	2504.2	2076.3
Mali	1733.7	1733.7	2402.6
Niger	2139.4	2139.4	2088.5
Nigeria	2046.9	2376.1	2850.1
Senegal	2207.1	2207.1	2257.3
Sierra Leone	2087.0	2087.0	1863.4
Togo	2281.4	2281.4	2329.0

Source FAOSTAT

Access to safe drinking water increased in most countries (Table 7). The exceptions are the Gambia, Guinea, Sierra Leone and Togo. The decline in access to safe water in Sierra Leone is not surprising since the country had a civil war during most of the decade of the 1990s.

Daily calorie intake per capita in most West African countries has increased (Table 8). Liberia, Guinea and Sierra Leone however have lower calorie intakes per capita in 1999 compared to 1980. These are countries that have experienced wars and civil strife that displaced some of the rural population and made the provision of support services to rural communities impossible.

2.3. Politics in West Africa

The West African sub-region has been characterised by armed conflict and undemocratic changes in the political regime that have on some occasions been accompanied by civil unrest and the loss of life. A few countries have experienced civil wars and coup d'états that started in the 1980s, for example Chad and Liberia. There have also been instances of ethnic conflict, which though localised, destabilises the communities that are affected. The 1990s saw a shift to a democratic political regime in several West African countries after years of either one party or military rule. Unfortunately at the same time the sub-region has been afflicted by internal conflict (Table 7). The number of countries that are experiencing internal conflict has increased in the 1990s. The effect of the war and disturbances has been to destroy the livelihoods of several hundreds of thousands of people living in the affected areas. Countries not involved in internal conflict have still been affected by the internal strife in neighbouring countries as they have had to receive refugees (Table 7). In some instances the war has crossed borders causing instability in neighbouring countries.

Table 9 Asylum Seekers, Refugees and Others of concern to UNHCR

Country of Asylum ¹	Refugees ²	Asylum-Seekers ³	Returned Refugees ⁴	Internally Displaced ⁵	Total Population of concern	Countries with Conflict
Benin	4,799	226	-	-	5,025	
Burkina Faso	457	250	-	-	707	
Cameroon	41,186	2,577	1	-	43,764	On-going (Bakassi Peninsula)
Côte d'Ivoire	126,239	2,324	-	-	128,563	September 2002 - on-going
Gambia	8,133	224	-	-	8,357	
Ghana	11,792	2,397	42	-	14,231	1981,1994,2002
Guinea	178,444	874	-	-	179,318	2000
Guinea-Bissau	7,332	371	-	-	7,703	1999
Liberia	54,760	-	2,548	196,116	253,424	1985-1988;1990-1996; 2000
Mali	8,439	804	-	-	9,243	
Niger	83	446	-	-	529	1991 to present. Regional civil war
Nigeria	7,200	132	2	-	7,334	On-going (Bakassi Peninsula)
Senegal	20,707	2,640	2,457	-	25,804	Casamance region (on-going)
Sierra Leone	10,501	274	92,330	-	103,105	1991-1996; 1997-2001
Togo	12,257	78	-	-	12,335	
Total	492,329	13,617	97,380	196,116	799,442	

Notes:

Governments, based on their own definitions and methods of data collection, generally provide the data.

A dash (-) indicates that the value is zero, not available or not applicable.

¹ Country or territory of asylum or residence.

² Persons recognized as refugees under the 1951 UN Convention/1967 Protocol, the 1969 OAU Convention, in accordance with the UNHCR Statute, persons granted a humanitarian status and those granted temporary protection.

³ Persons whose application for asylum or refugee status is pending in the asylum procedure or who are otherwise registered as asylum-seekers. In countries with various stages in the asylum procedure, a case (person, family) may have been counted more than once (see also Table 15).

⁴ Refugees who have returned to their place of origin during the year (see also Table 4 and 8).

⁵ Persons who are displaced within their country and to whom UNHCR extends protection and/or assistance, generally pursuant to a special request by a competent organ of the United Nations.

Source: UNHCR Report

Table 10: Poverty and Inequality in West Africa

	Survey Year	Population below Poverty Line (%)			Survey Year	Population Below \$1 a day	Poverty gap at \$1a day	Population Below \$2 a day	Poverty gap at \$2a day	Survey Year	Gini Index
		Rural	Urban	National							
Benin	1995			33.0							
Burkina Faso					1994	61.2	25.5	85.8	50.9	1998 ^{a,b}	55.1
Cape Verde											
Cameroun	1984	32.4	44.4	40.0	1996	33.4	11.8	64.4	31.2	1996 ^{a, b}	47.7
Cote D'Ivoire	1995			36.8	1995	12.3	2.4	49.4	16.8	1995 ^{a,b}	36.7
Gambia											
Ghana	1992	34.3	26.7	31.4	1999	44.8	17.3	78.5	40.8	1999 ^{a, b}	40.7
Guinea	1994			40.0						1994 ^{a, b}	40.3
Guinea Bissau											
Liberia											
Mali					1994	72.8	37.4	90.6	60.5	1994 ^{a, b}	50.5
Niger	1989-93	66.0	52.0	63.0	1995	61.4	33.9	85.3	54.8	1995 ^{a, b}	50.5
Nigeria	1992-93	36.4	30.4	34.1	1997	70.2	34.9	90.8	59.0	1996-97 ^{a, b}	50.6
Senegal	1992	40.4		33.4	1995	26.3	7.0	67.8	28.2	1995 ^{a, b}	41.3
Sierra Leone	1989	76.0	53.0	68.0	1989	57.0	39.5	74.5	51.8	1989 ^{a, b}	62.9
Togo	1987-89			32.3							

Notes:

a. Refers to expenditure shares by percentiles of population

b. Ranked by per capita expenditure

Source: World Development Report 2003, The World Bank

3. Poverty and Inequality in West Africa

Inequality as measured by the Gini coefficient is high in the sub-region (Table 10). Increasing economic growth rates in the region is necessary but not sufficient for poverty reduction within the context of high inequality. Measures will have to be implemented to improve upon the income distribution. Redistribution of income through transfers will not be enough to address the problem of inequality. What is required is an improvement in the distribution of assets such as roads that improve market access, electricity and safe drinking water, and socioeconomic infrastructure such as such fully equipped schools and health clinics.

The incidence of poverty has traditionally been measured by estimating poverty lines derived from household surveys or using the international poverty lines of purchasing power parity US\$1 or US\$2 a day. The US\$1 a day gives the incidence of extreme poverty. Estimates of the incidence of poverty using these two poverty lines can be found in tables 2 and 10. Estimates of the incidence of poverty using nationally representative household surveys are lower compared to estimates obtained using the international poverty line. The incidence of poverty in rural areas is higher than in the urban areas.

Poverty is a multidimensional phenomenon that encompasses not only the individual's physical conditions as measured by consumption expenditure or income. Low levels of income and/or consumption expenditure impacts and is influenced by low levels of educational attainment and low health status. Poverty also encompasses the individual's social interactions and state of mental well-being. This multidimensionality is captured in participatory poverty assessments where the communities present their perceptions of what is poverty and how it impacts on their lives. These participatory assessments reveal that the low levels of health status, education attainment and assets, and limited access to basic utilities and sense of exclusion from the main stream of society can lead to a vicious circle of destitution and poverty that is difficult to emerge from.

The human development and human poverty indicators of the UNDP are attempts to obtain quantitative measures of human development and poverty that are not based solely on Gross Domestic Product per capita⁴. Estimates of these indicators for several of the West African countries can be found in Table 11. The West African countries are amongst the bottom 25% countries of the human development scale consisting of 173 countries. The human development index for all the countries in the table with the exception of Cameroon is higher in 2000 than it is in 1990. However over the ten year period the improvement in the index for several West African countries may be described at best as being marginal. The countries that may be described as registering a substantial improvement in the index are Mali, Cape Verde and Benin (Table 11).

⁴ In addition to Gross Domestic Product per capita, the human development index and human poverty index both incorporate health and education (knowledge) variables (UNDP, 2002).

Table 11. Human Development and Human Poverty Indicators

Rank	Country	Human Development Indicator		Human Poverty Index
		1990	2000	2000
100	Cape Verde	0.626	0.715	20.8
129	Ghana	0.506	0.548	28.7
135	Cameroon	0.513	0.512	30.0
141	Togo	0.465	0.493	37.9
148	Nigeria	0.425	0.462	34.9
154	Senegal	0.380	0.431	45.2
156	Cote d'Ivoire	0.415	0.428	42.3
158	Benin	0.358	0.420	46.8
160	Gambia			48.5
164	Mali	0.312	0.414	47.3
166	Chad	0.322	0.365	50.5
167	Guinea Bissau		0.349	
169	Burkina Faso	0.290	0.325	
172	Niger	0.256	0.277	62.5
173	Sierra Leone		0.275	
Source: UNDP Human Development Report				

It is interesting to observe that Cote d'Ivoire, Cameroon and Senegal have Gross National Income per capita that is higher than the West African average (Table 1). At the same time they rank lower in human development index scale than does Ghana, a country that has a per capita income that is close to the average.

3.1. Poverty Profiles for selected West African countries

This section provides a summary of the poverty situation in West African countries for which information was available.

3.1.1. Burkina Faso⁵

Burkina's absolute poverty line in the 1998 survey of household living conditions was set at CFAF 72,690 per adult per year as compared to the 1994 line of CFAF 41,099. The household survey showed that in 1998, 45.3 percent of Burkina's population fell below the below the poverty line as compared to 44.5 percent in 1994. According to the survey, poverty in Burkina Faso is predominantly a rural phenomenon. Rural poverty contributed 94% to total poverty in 1998. There was no change in the incidence of rural poverty between 1994 and 1998.

The three poorest out of the ten administrative regions are the North, Centre-North and Centre-East regions with headcount ratios exceeding 50%. The regions with the highest probability of being poor were the Centre East (0.75), the North (0.66) and the South-West (0.61).

⁵ This section draws heavily from the **Poverty Reduction Strategy Paper, Burkina Faso** (2000), May

Poverty by Socio-economic Group

On the basis of the classification of households by socioeconomic group, the incidence of poverty increased between 1994 and 1998 for all groups except households headed by cash crop farmers and households headed by a person who was not working.

Farmers had the highest incidence of poverty and contributed the most to poverty. The incidence of poverty amongst food crop farmers increased from 51.5% to 53.4% whilst it declined from 50.1% to 42.4% for cash crop farmers. Public sector employees had the lowest incidence of poverty.

Low agricultural productivity largely because of short fallow periods and inadequate use of fertilisers were singled out in the poverty reduction strategy paper as important in explaining poverty amongst farmers. Population growth of 2.8% has put pressure on a fragile environment leading to degraded soil and water resources. The dependence of agriculture on rainfall which has a highly variable pattern contributes to increasing vulnerability to poverty.

Poverty and Socio-Economic Indicators

Primary school enrolment rates rose between 1994 and 1998 from 35.2% to 40.9%. These enrolments are still quite low. The gross primary enrolment rate for boys increased from 40.6% in 1994 to 46.7% in 1998. Gross primary enrolment rates for girls increased from 29.3% to 34.7%. Adult literacy rates are also quite low and are estimated at 24.8% for men and 12.9% for women in 1998.

There has been no significant improvement in health indicators. The child mortality rate increased between 1993 and 1999 from 204.5 deaths per thousand live births to 219.5 deaths per thousand live births in 1999. The incidence of infant and child mortality is higher amongst the poor compared to the non-poor. In 1993 it is estimated that the child mortality rate amongst the very poor and non-poor was 199.2 and 223.9 respectively compared to the national average of 204.5. Malnutrition as measured by the height for age ratio was 35% for the very poor and poor households compared to a national average of 33.3% in 1993.

The seroprevalence rate of HIV/AIDS is estimated at 7%. This is quite high for the sub-region.

The causes of poverty in Burkina Faso are largely attributed to both ecological and geographic factors such as low economic growth, high illiteracy rates, insufficient technical capacities, poor planning and inefficient public service and poorly co-ordinated external assistance. In the rural areas, causes of poverty are mostly agro-based. Some of the causes are:

1. Low productivity of agricultural and non-agricultural activities. This is evidenced by very low-per hectare yields especially in vulnerable regions; lack of modern and timesaving equipment and proper farming techniques.
2. Sharp price fluctuations of agricultural outputs within a given year and from year to year.
3. Poor storage facilities and inadequate and poor infrastructure.

4. Lack of access to productive capital, employment and financial services.

A study conducted by FoFack (2002) identified the determinants of poverty in Burkina Faso during the post-devaluation growth period in the 1990's using a probit model with binary outcomes over two reference periods. Notably the key identified determinants of poverty were burden of age dependency, asset ownership structure, household amenities and finally, spatial location of households.

The burden of age dependency had a strong correlation with the probability of being poor. The preponderance of age dependency ratio points to a continuously large burden of demographic factors, especially in an environment where poorer households have structurally low income and the distribution of growth is skewed. The age dependency ratio remains the strongest predictor of rural poverty with the largest marginal effect on the probability of being poor.

Other significant determinants of rural poverty include asset endowment (both physical and human development assets). In the urban areas, gender-type variables, male and female literacy rates, and household amenities appear to be the most significant determinants of urban poverty. Household asset ownership is significant as a poverty determinant over time.

Qualitative Assessments

The perception of poverty varies between urban and rural areas. In the urban areas, poverty is attributed to climate-related hazards, low purchasing power, large family size and mediocre governance. Rural poverty is linked more to laziness/lack of initiative, absence of project assistance, permanent failure and chronic poverty.

3.1.2. Sierra Leone⁶

Sierra Leone has been involved in a ten-year civil conflict, that has affected the economic situation and worsened the incidence and severity of poverty in all regions of the country. The conflict has also resulted in both internal and external displacements of at least three million people.

There is no current nation-wide statistics on household expenditure for determining the incidence and depth of poverty in Sierra Leone due to the prolonged nature of the civil war. Poverty profiles compiled for Sierra Leone in 1994 were based on 1989/90 household surveys and it adopted the international standard definition of poverty—expenditure less than one US dollar per day. By this measure, 81.6% of the population was considered poor. Incidence of poverty was as high as 88.3% in the rural areas compared to 70.9% of those in small towns and 76.6% in large towns.

The incidence of poverty was found to be highest in the Northern province at 85%. . This province also had the highest poverty gap.

⁶ This section draws heavily from **Interim Poverty Reduction Strategy Paper, Republic of Sierra Leone** (2001), June

A poverty gap of 0.58 was estimated for the country in 1990 implying that an average income of all the poor was insufficient to cover about 50% of the minimum household food requirements. The poverty gap was highest in the rural areas (0.64), and lower in the urban areas at approximately 0.3.

Poverty by professional category

Poverty in Sierra Leone was prevalent among occupations such as professional and technical employees (85%), administrators/managers (83%), sales workers (82%). Occupations with low headcount poverty indices were production/transportation (77%) and agriculture/forestry (78%). Severity of poverty was above 50% among professionals, sales and service workers whilst agric and production/transportation recorded severity indices averaging 43%. Although agriculture recorded lower a poverty index, its contribution to poverty was higher (18%) compared to 2% to 3% averages among professional and technical workers.

Poverty by Social Amenities

The ten-year conflict in Sierra Leone destroyed the educational infrastructure. The UNDP Human Development Report of 1998 noted that of every ten Sierra Leonians, only three can read and write. Primary school enrolment declined from 50% to 42% in 1999. In the northern and eastern provinces, only 28% and 35% enrolment rates in primary school was recorded.

The illiteracy rate is 89% among women and 69% among men. A UNICEF report estimates that about 67% of school going age children are currently out of school. The pupil teacher ratio at the primary level is over 60:1 in most schools in safe areas.

Life expectancy in the country is the lowest in the world—38 years. This is due to very high infant, child and maternal mortality rates. Infant and child mortality rates of 170 and 286 per 1000 respectively were recorded in 1998 whilst maternal mortality of 1,800 per 100,000 live births was recorded in 1999. These figures are the highest in any country of the world.

According to a 2000 Baseline Service Delivery Survey (BSDS), about 65%, 60% and 80% of the population are without access to safe drinking water, health services and sanitation, respectively.

Food Poverty

Food poverty is prevalent in Sierra Leone. Most households are faced with inadequate food supply due to low production levels and very low incomes. Bad road networks, lack of farm inputs and restricted access to major markets have all constrained agricultural production. The conflict devastated Sierra Leone and disrupted agricultural activities countrywide leading to the displacement of about 500,000 farming families, destruction of rural infrastructure and service centres.

The result of these events is a low daily per capita supply of calories of about 2,035 Kcal compared to 2,663 in developing countries. Malnutrition is also prevalent with 25% of under-five children and 35% of children being underweight and stunted respectively.

Poverty by women and children

Women constitute about 51% of Sierra Leone's population. However, they have limited access to formal employment, land, credit, training and technology. Therefore they resort mainly to petty trading and food production to earn a living for themselves and their dependants.

Due to the conflict situation, women were subjected to gender-related problems such as sexual assault, stress and the psychological strain of carrying unwanted pregnancies. This reduced their status, welfare, self-confidence and self-esteem resulting in increased vulnerability to trauma and depression.

Women headed households constituted a small fraction of households in Sierra Leone in 1989/90, i.e. not more than 2.5%. It is estimated that the incidence of poverty amongst households headed by women was lower at 76.1% compared to households headed by men at 81.7%.

The civil unrests in Sierra Leone has created street children and child soldiers who were used in various aspects of the armed conflicts. Orphaned children and child labour has become very common in Sierra Leone with about 16% of children living with neither biological parent. A survey revealed the active participation of children aged between 5-14 years in paid (2%) and unpaid work (48%).

The causes of poverty Sierra Leone are diverse due to the ten-year exposure to armed conflict. The most prominent cause of poverty is bad governance and economic mismanagement. There has also been an increased vulnerability from the civil war, which destroyed infrastructure, increased uncertainty and risk, and reduced investor confidence as well as donor-supported development activities in the country. The mining sector (bauxite and diamonds) was closed and remained inaccessible as rebels attacked miners. These negative activities culminated in loss of national income, unemployment and exports. The transport sector was hardest hit with about 75% of privately owned vehicles burnt and boats sunk along the coastal areas. Infrastructure was also destroyed as bridges were blown up and trenches dug in roads with private outlets to farms.

Data on employment is virtually non-existent, but it is estimated that unemployment is the highest among youths between 18-35 years. The informal sector has taken the slack and it accounts for at least two-thirds of the labour force. The war has created feelings of insecurity and large numbers of farmers in the rural areas feel unsafe to engage in farming activities whilst those who can farm have limited access to land and farming equipments.

3.1.3. Cote d'Ivoire⁷

Cote d'Ivoire has an estimated population size of 15,366,672. Foreign residents, most of whom are from neighbouring countries account for 26% of the total population. Cote

⁷ This section draws heavily from **Interim Poverty Reduction Strategy paper, Republic of Cote D'Ivoire**, (2002), January

d'Ivoire has a high dependency ratio. It stood at 142:100 in 1998. The infant mortality rate was 11.2% in 1999 and maternal mortality was 597 deaths per 100,000 live births.

Cote d'Ivoire has two poverty lines—a higher relative line of CFAF 162,800 and a lower poverty line (the threshold of extreme poverty) of CFAF 95,700 in 1998. Based on these measures, the poverty rate in Cote d'Ivoire declined from 36.8% in 1995 33.6% in 1998.

Poverty in Cote d'Ivoire is unevenly distributed geographically. Rural areas are more susceptible to poverty—42% in 1998 compared to 23% in the urban areas. The rising poverty in the urban areas is most pronounced in Abidjan—rising from 0.7% in 1985 to 5.1% in 1993, 20.2% in 1995 before declining to 11.1% in 1998.

About 10% of the entire population is in extreme poverty. The concentrations of extreme poverty are to be found especially in villages in rural savannah (21.6%) and in the eastern forest (15.1%). Rural savannahs' contribution to national extreme poverty was 40% in 1998 compared with 27% in 1995. Extreme poverty in Abidjan declined to 0.9% in 1998 compared to 3.8% in 1995.

Poverty by socio-economic groups

The 1998 survey on living conditions indicated that poverty mostly affected 50% of food-crop farmers, 45% of export farmers and 33% of households with agricultural workers. Poverty affected 25% of workers in the informal sector with nearly 30% of self-employed workers in the private informal sector.

It was also estimated that over 50% of the poor were women.

Grootaert, Kanbur and Oh (1997) found that human and physical capital endowments as well as demographic and other socio-economic characteristics are important factors that determine changes in living standards of households over time. In the urban areas of Cote d'Ivoire, human capital—the skills learned through education and not the degrees or diplomas received—was found to be the most important factor to determine welfare changes. Other factors include size and composition of the household. In the rural areas however, physical capital—amount of land and farm equipment owned—were the most important determinants of welfare changes over time. In conclusion, the paper noted that in the urban areas, education is the most important factor that provides higher welfare levels and helps households to manage risks associated with economic declines better. In addition, support must be provided for large households. For the rural areas, it was recommended that support must be targeted to smallholders in periods of economic decline as well as promote non-farm activities to supplement their incomes.

*Qualitative Assessments of Poverty*⁸

Poverty was perceived as having three dimensions. On the basis of the monetary and financial dimension of poverty an individual or community was poor because of insufficient resources to meet basic needs. It was recognised that basic needs would vary

⁸ This section makes use of material found in the interim poverty reduction strategy paper (Republic of Cote d'Ivoire, 2002).

on the basis of location and socially accepted norms or values. The second dimension of poverty considered was accessibility. An individual would be poor because of no or limited access to basic social services and goods. The third dimension of poverty was at the psycho and sociological level. Poverty was perceived as a state of mind i.e. frustration and exclusion. This feeling of exclusion was not limited to the individual but applied also to communities.

Several causes of poverty were identified using the qualitative approach, i.e. economic, demographic and social. Under the heading of economic causes, participants differentiated between domestic and external causes. Some of the domestic causes that were identified were the following:

- ?? The state's weakness as exemplified by poor allocation and use of resources and accumulation of domestic arrears.
- ?? Deficient and decaying basic infrastructure
- ?? High schooling and health care costs
- ?? Ineffective organisation of marketing and weak distribution chains for agricultural products, particularly food.
- ?? Minimal civil society involvement in implementing economic and political reforms.
- ?? Growing insecurity that created a disincentive to investment.
- ?? Disregard for laws and regulations, with some of the perpetrators going unpunished.

Some of the external causes that were identified were:

- ?? The drop in world prices for major export commodities.
- ?? The instability in the exchange rate and oil prices
- ?? The burden of external debt.

Some of the demographic factors that were identified were the high population growth rate, high morbidity due to typhoid, cholera and HIV/AIDS. Cultural traditions that did not encourage girls to attend school and the exclusion of women from inheritance rights were also identified as causes of poverty.

In addition to these major classifications of the causes, miscellaneous causes included natural disasters.

3.1.4. Gambia⁹

The Gambia is one of the poorest countries in the World and ranked 160th (out of 173) in the UNDP Human Development Index (HDI) for the year 2002. The poor are classified into two groups, the poor and extremely poor. The extremely poor are those with expenditure less than the cost of a basket of food providing 2,700 calories adult equivalent unit. Poor households are those with expenditures above the food poverty line but which include the cost of food and other items such as clothing and travel. Gambia has different poverty lines for Banjul, Urban and Rural areas because the costs of both

⁹ This section draws heavily on information contained in **The Republic of The Gambia**, (2002).

food and other items vary considerably within each area. The total proportion of poor households, (i.e. poor and extreme poor) made up 33% of the population in 1998.

Approximately 20% of the population were in extreme poverty in 1998. Extreme poverty in Gambia is highly concentrated in the rural areas with about 34.8% of the rural community living in extreme poverty. This compares with 15% in the urban areas and just 4% of those in the Greater Banjul area. A regional distribution of poverty shows that the highest levels of extreme poverty, about 50% can be found in the Lower and Upper River Divisions. About 81% of those living in Banjul are above the poverty line.

There is a high correlation between poverty of the households and its sizes. For instance, most non-poor households consist of less than 5 members, which is the case for only 10% of extremely poor and 20% of poor households. Over 19% of extremely poor households have more than 16 members compared with just 4% of non-poor households.

Poverty by socio-economic groups

Sixty four percent of the poor were working in agriculture. In agriculture the highest incidence of extreme poverty was amongst groundnut farmers. This was attributed to the declining world market prices for groundnuts and the failure of farmers to diversify to other agriculture or non-farm activities.

There is a higher incidence and severity of poverty among female-headed households since the great majority (over 78%, of the women) work in the agricultural sector. The average earnings of men in the Gambia are consistently higher than those of women, irrespective of their poverty status and type of occupation. The only sectors where women had higher earning power than men were Transport, Storage and Communications and Finance & Real Estate.

Poverty and Social Amenities

In the Gambia, children under five are vulnerable to poor feeding practices, inadequate care and increasing exposure to infections often due to poor environmental sanitation and hygienic practices. The Lower River, Central River and Upper River divisions in the Gambia that has been identified with high poverty indices have the highest malnutrition rates in the country.

Data on the nutrition status of children is obtained from the Gambia Nutrition Surveillance Programme that has been collecting data since 1984. Data is collected from selected rural households. Stunting among children declined from 23% in 1996 to 19% in 2000 whilst the proportion of underweight children declined from 21% to 17%. Higher prevalence of stunting was recorded in the Central River Division region that has a high incidence of extreme poverty.

The poverty reduction strategy paper mentions that overall access to health facilities by the population is poor. However, the location of health facilities has been targeted at poorer regions. The paper also observes that the most unfavourable health behaviour and worst health outcomes are to be found in the regions with the relatively favourable health

system indicators. It is proposed that factors such as maternal education may be important in explaining these outcomes.

The literacy rate of the population aged 10 and above increased from 26% in 1985 to 37% in 1998. Literacy in Gambia is highly correlated with poverty. For instance, around 23% of 15-24year olds who are literate live in extremely poor households compared to 44% in non- poor households. Women have much lower rates of literacy compared to men across all the poverty status groups. For instance, in 1998, only 12% of women in extremely poor households were literate compared to 32% of men in the same category.

Gross enrolment rates amongst the very poor households for children aged between 7 and 12 stood at 39.9% for girls and 50% for boys in 1998. This compares for rates of 52.1% for girls and 57.9% for boys of that age amongst the poor and 57.6% for girls and 62.9% for boys amongst the non-poor. The enrolment rate of girls increased to 71% in 2000. On the other hand the gross enrolment rate for boys declined from 82% in 1998 to 77% in 2000. Thus the narrowing of the gender gap in primary enrolments is due to both an increase in the enrolment rates for girls but a slowing down in enrolment rates for boys.

Perceptions of the poor through Participatory Poverty Assessments

Since 1998, Gambia carries out participatory poverty assessments twice a year—in the dry and rainy seasons. Poverty perceptions vary across urban, rural, regional and gender classifications. The urban dwellers perceive poverty as the inability to afford utilities and to pay school fees whereas the rural dwellers consider lack of farm inputs and implements as well as limited access to infrastructure and facilities such as education, health and communication as being the causes of poverty.

Rural men and women have the same perceptions of poverty in terms of their inability to produce adequate supplies to maintain their families, a state of ill health and loneliness. In addition, women view poor dieting and clothing as indicators of poverty whilst men consider issues such as shelter and low income as sign of poverty.

Poverty in Gambia is attributed to slow economic growth and skewed income distribution, modest scope and quality of public social services such as health, education, water supply, and absence of focused social programs to address extreme poverty in the form of multiple deprivations. The absence of social safety nets leaves the burden of poverty on households and individuals. Weak social risk management mechanisms reinforce the spiral of poverty and dependence within households and communities.

3.1.5. Ghana¹⁰

In Ghana a nationally representative Living Standards Survey was conducted in 1998/99, the fourth since 1987. Poverty is measured using consumption expenditure as the welfare measure. Two poverty lines were constructed—an upper poverty line of 900,000 cedis per adult equivalent per year and a lower line of 700,000 cedis per adult equivalent per

¹⁰ This section makes use of information drawn from the poverty report of the Ghana Statistical Service and the report of the fourth household survey.

year. The upper poverty line incorporates essential food and non-food consumption whilst the lower poverty line focuses on what is needed to meet nutritional requirements of household members. Households that fall below the lower poverty line are regarded as being in extreme poverty since allocation of their entire expenditures to food alone would not be enough to meet their minimum nutritional requirements.

In 1998/99, poverty in Ghana declined to 39.5% from 51.7% in 1991/92. However, the decline was not evenly spread across the 7 ecological zones (Accra, Urban-Coastal, Forest, Savannah and Rural-Coastal, Forest, Savannah) in the country. For instance, whereas poverty declined in Accra and the urban and rural forest zones, the incidence of poverty in rural savannah increased over the period. Poverty in Ghana is a rural phenomenon. The contribution of rural poverty to the total is about 70%.

Extreme poverty, defined as those unable to meet their minimum nutritional requirements even if they devote their entire budget to food, is very high in Ghana. In 1998/99, over 25% of the population could not meet their basic nutrition needs. About 59% of people living in the rural savannah zone were classified as extreme poor compared to 2% of those living in Accra (the capital).

The pattern of poverty shows marked differences across regions. Greater Accra has the lowest poverty rate of 5% , with the Northern, Upper East and Upper West registering the high rates of 84%, 88% and 70% respectively.

Vulnerability to poverty in the northern communities is predicated upon food security. This part of the country tends to have a single rainy season. The dual rainy season in the south of the country reduces somewhat the food security constraint.

Poverty and Gender

Households headed by women are not significantly poorer than households headed by men (Oduro, 2002). However women tend to be less educated than are men. In 1998/99 it was estimated that about 41% of women aged 15 years and above had never attended school compared to 21% of men. Amongst the very poor, 75% of the boys attend primary school compared to 69% of the girls. Thus even though poverty in households headed by women is not significantly different from that of households headed by men, women are less endowed with human capital and are discriminated against in terms of access to other forms of capital. Thus they are more likely to be poor compared to men.

Poverty by Economic Activity

Households involved in food crop farming experienced the highest incidence of poverty—59%, followed by those in Export farming—39%. About 35% of households headed by food crop farmers were found to be living in extreme poverty in 1998/99. This is an increase of 2 percentage points compared to 1991/92. The other groups that experienced a high incidence of poverty are those in households headed by someone involved in non-farm employment (29%) and Public Sector Employment (23%). Households headed by an individual involved in private formal employment registered the lowest incidence of poverty of 11% in 1998/99.

Poverty by Social Amenities

In 1997, anthropometric measures for Ghana showed that the underweight prevalence rate amongst children under 5 years was about 23.3%, stunting was 25.1% and wasting was 6.8%. Households with access to safe water increased from 50.5% in 1992 to 66.8% in 1997. However in the urban areas the proportion of the poor that obtain drinking water from natural sources increased. There was a fall in the proportion of the urban poor that use electricity over the same period. The gains in access to electricity and safe drinking water were amongst the rural poor and not amongst the urban poor. The urban areas are expanding at a rate faster than is the provision of basic infrastructure and utilities and this can explain why the access of the urban poor to utilities is declining.

Use of health facilities declined amongst the very poor between 1991/92 and 1998/99. In the rural areas 65% of the very poor did not consult a health personnel or attend a health centre, hospital etc when they fell ill. This was an increase of about 4 percentage points compared to the situation in 1991/92. In the rural households whose consumption expenditure fell below the upper poverty line but lay above the lower poverty line, 62% did not consult any one when they fell ill compared to 55% in 1991/92.

Qualitative Poverty Assessments

Ghana conducted a Participatory Poverty Assessment between 1993 and 1994 with the involvement of fifteen communities (six urban and nine rural picked from 9 regions of the country). They were selected to give a representative picture of the living conditions of the poor in Ghana. The overall objective of the study was to advance social policy formulation by understanding the processes that generate poverty in different environments and among different social groups.

The values that define poverty, vary from one community to another as well as from the national definition. To collate views on poverty, a wealth-ranking exercise for households, individuals and communities was carried out, followed by interviews. The results indicated that poverty is basically regarded as lack of:

- ?? *Physical assets* for production (grinding mills, access to land, fishing equipment etc.) and non-productive assets such as type and condition of housing one lives in to facilitate a higher standard of livelihood and social status.
- ?? *Human assets*: labor is of utmost importance in poor urban and rural communities especially because of the intensity of manual work in farming activities. In urban areas, the possession of marketable skills (more than formal education) was frequently cited as a key asset that distinguished the poor from the non-poor.
- ?? *Social assets*: An individual's social status and network is a critical resource. Social network is critical for support in times of need and one can access the level of support from a kin only when a crisis arises.
- ?? *Activities*: In some rural communities the necessity to engage in casual 'by-day' labor was seen as indicative of being poor. On the contrary, the capacity to assist with community projects, and to help disadvantaged kin was seen as an indicator of wealth in most rural communities.
- ?? *Level of consumption*: the diversity of diet that one has together with access and frequency are indicators of wealth in the urban centers. Another key element in

the rural and urban south areas was the quality of clothing of an individual and his or her children.

- ?? *Access to services:* The capacity to educate children beyond primary level was a frequent indicator of wealth for the urban and rural south. Access to health facilities and the ability to pay are important indicators of wealth.

Rural poverty, especially in the north, is often regarded as community poverty, with almost everybody experiencing low incomes and lacks basic necessities such as water, roads, clinic and schools. For this reason whole communities are often described as poor. According to the residents of one community in the Northern sector of the country, other surrounding communities were better off because they had access to:

- ?? Water; for dry season gardening, human consumption, saving time for women
- ?? A market-place; provides income from petty trading for women
- ?? Good farmlands with an abundance of quality land, forage and pasture for livestock, and economic trees for income-generation for women, e.g. sheanut trees and dawada wa.
- ?? Presence of schools; this makes them more educated.
- ?? Medical facilities.

The communities perceived different types of poverty. The chronically hungry, also described as the extreme poor consisted of “God’s poor”/ They were in that condition due to a combination of unfavourable circumstances. This group comprised of the aged, disabled, widows and children. Another group of poor that was identified in the participatory assessments were those that were chronically poor but did not have age or health related disadvantages. This group was considered poor because of the lack of physical or social assets. The third category was the “deprived but hardworking members” or the “hand to mouth” group. This category comprises the majority of members in the communities surveyed. In poor rural communities, especially in the north, they may be particularly vulnerable to seasonal fluctuations and their living conditions can be almost as difficult as those of the perennially poor.

In the participatory assessments carried out as part of the preparation of the poverty reduction strategy paper, 36 communities were interviewed. Notable differences between men and women were observed regarding the causes of poverty. For example men emphasized the need for support to agriculture whilst women emphasised the provision of basic needs. Women also identified the lack of access to land and other assets as a causal factor.

3.1.6. Nigeria¹¹

Nigeria has a large economy characterized by rural, agricultural-based traditional sector. The country is enriched with natural resources (cocoa and rubber) and produces about 1.8 to 2 million barrels of oil per day

¹¹ This section draws heavily on information from Canagarajah S. and Thomas S. (2001).

Nigeria has no official poverty line. However, a study by Canagarajah and Thomas (2001) selected one based on per capita expenditure in 1985 on nineteen major food items in the household surveys from April 1985 to March 1986 and eleven categories of major non-food items. The household expenditure survey established two poverty lines. The upper poverty line of 394.41 naira per person per year is equivalent to two thirds of mean per capita expenditure. The lower poverty line of 197.71 naira is equivalent to one third of the mean expenditure. Individuals/households who fell below the lower poverty line were categorized as extreme poor and those in-between the two poverty lines were referred to as moderate poor.

Characteristics of the Poor

The headcount index of the poor in Nigeria declined from 43% in 1985 to 34% in 1992. In the rural areas, the number of poor people fell from 26.3 to 22.8 million whilst those in the urban areas increased from 9.7 to 11.9 million. The northern parts of Nigeria are the poorest compared to the Southern parts. Regional distribution of Nigeria showed that poverty is predominantly a rural phenomenon with about 36.4% of the poor living in the rural areas poor. On a state-by-state basis, poverty increased in the Northern sectors of the country compared to declines in all other states. In Sokoto, poverty increased by about 6 percent from 46.9 to 52.6% in 1985 and 1992 respectively. Approximately 14% of the population was below the lower poverty line. The incidence of extreme poverty was higher in rural households.

According to the survey data, of all rural households, 9% are female headed and they represent 5.4% of all poor in rural areas. Among male-headed households in rural areas, both depth and severity of poverty is greatest in polygamous households and affects a large number of women. Such households make up 27% of all rural households but contribute about 37% of the rural poor. A similar poverty status pattern exists in households in the urban areas except that the depth and severity of poverty in single, male-headed households exceeds that of other households and represents about 3 to 5 times greater than in female headed households.

Poor households have an average household size of 7.5 compared to 3.8 in non-poor households for urban areas. In the rural areas, the average household size for poor households was about 6.8 and 4.2 for non-poor households. Even though expenditures in non-poor households are about 45 times that of poor households, the poor spend almost twice of their expenditure on food.

Household heads with no education had a higher incidence of poverty (39.5%) in 1992 compared to 22.8% of household heads with post secondary education. In the rural areas, 51.9% of households' heads without education are poor with 37.8% in the urban areas. Source of employment gives a strong indication of the poverty status of a household. Wage earners were the least poor in Nigeria (28.4%) compared to self-employed (35.1%) and other jobs (36.5%) in 1992. Poverty fell from 52.5 to 35.1% for working households, from 18 to 16.4% in agricultural households and increased from 4 to 10.7% for service worker households in 1985 to 1992.

3.1.7. Benin¹²

Estimates of the incidence, depth and severity of poverty in Benin are obtained from separate studies for urban and rural households. The urban surveys cover the period 1995-96 and 1999 whilst the rural surveys cover the periods 1994-1995 and 1999-2000.

Urban poverty declined between the two periods from 28.5% to 23.3%. This contrasts with the upward trend in the incidence of rural poverty. The rural headcount index increased from 25.2% in 1994-95 to 33% in the period 1999-2000.

In addition to estimating the incidence of poverty using monetary indicators, non-monetary indices of poverty were constructed based on the definition of human development of the UNDP. The non-monetary poverty indicator deteriorated between 1996 and 2001 rising from 43.4 to 49. In 2001 there is a significant difference between the rural and urban non-monetary poverty indicators (Table 12). The deterioration of the non-monetary poverty indicators occurred within the context of an increase in the supply of social services. In the poverty reduction strategy document it is observed that the worsening of the indicator at the same time as the supply of social services has increased is due to the "...lack of initial consultations with the people and the absence of synergy in the actions taken..." (Republic of Benin, 2002 p. 13).

Table 12. Non-Monetary Poverty Indicators in Benin.

	1996	2001	Rural	Urban
Risk of death between 1-4 years (%)	8.9	7.5	7.9	6.5
Illiteracy Rate above 6 years (%)	59.5	67.2	80.2	48.6
Lack of access to potable water (%)	28.3	38.4	48.0	24.1
Lack of access to health services i.e. more than 5 km away (%)	39.0	48.6	66.0	23.2
Children under 3 years that are under weight. (%)	29.2	22.9	25.4	17.9
Non-Monetary Poverty Indicator	43.4	49.0	59.0	34.7

Source: Republic of Benin (2002)

Gender Dimensions

Gross primary enrolment rate of boys was 94.4% in 2000 compared to 65.2% for girls. Just over a third of the girls complete primary school compared to 53% of boys. The gender differences in enrolment and completion rates are reflected in the adult literacy rates of 57% for men and 34% for women.

There is no significant difference in the incidence of poverty on the basis of the gender of the household head. However the gender differences in education suggest that women may have a higher incidence of poverty.

¹² Information for this sub-section is obtained from Republic of Benin (2002).

Qualitative Poverty Assessments

The consultations with local government representatives, civil society and other groups involved amongst other things identifying who the poor were and what the causes of poverty were.

The groups that were identified as being most affected by poverty were:

- ?? Rural women
- ?? Craftsmen
- ?? Farmers without land
- ?? Inhabitants in areas without market access
- ?? Children and girls in difficult social situations
- ?? The uneducated and unemployed youth
- ?? Handicapped or elderly persons with no means of support

Several factors were identified as causing poverty. These were:

- ?? Lack of financial resources and difficult access to microfinance.
- ?? Limited number of income generating activities.
- ?? Land tenure problems particularly in the south of the country.
- ?? Lack of market access.
- ?? Inappropriate agriculture and fishing tools and techniques.
- ?? Socio-cultural impediments.
- ?? Difficult access to safe drinking water and primary health care.
- ?? Illiteracy and failure to complete school.
- ?? Poor organisation and equipment of rural populations.
- ?? Environmental deterioration.
- ?? Inadequate employment programmes for the handicapped and caring for the elderly.
- ?? Silting and deterioration of waterways.
- ?? Poor management of development programmes and community funds.

3.1.8. Guinea¹³

The last comprehensive household survey was conducted in 1994/5. In the poverty reduction strategy paper it was indicated that another was scheduled to take place in 2002. Information on demographic developments was obtained from the demographic and health surveys conducted in 1992 and 1999.

In 1994/95 it was estimated that approximately 40.3% of the population had consumption expenditure levels below the national poverty line. The incidence of poverty ranged between 62% in Haute Guinee and 7% in Conakry. Rural households accounted for 88% of the national poverty.

Food crop farmers account for 68% of the poverty in Guinea. Farmers in some parts of the country, especially Haute Guinee are disadvantaged in terms of remoteness. Very few

¹³ This section is based on information obtained from Guinea's Poverty Reduction Strategy Paper (Republic of Guinea, 2002).

farmers own vehicles or bicycles to transport their produce to the main vehicular routes or the markets.

In the 1996 census recorded 25% of the adult population as being literate. Adult literacy rates are higher in urban communities. Education and health indicators follow closely the trends observed in income poverty. Infant mortality in rural areas in 1999 was estimated at 116 deaths per thousand live births. This contrasts with a rate of 74 in Conakry and 79 in other urban locations. About a third of rural children suffered from chronic malnutrition compared to 19% for children in Conakry and 22% for children in other urban locations.

The gross primary school enrolment ratio is 28% for children in poor households compared to 64% for the non-poor. There is a correlation between education of the household head and poverty. Sixty-two percent of households headed by persons with no education were poor, compared to 42% of households headed by a person who had completed primary education and 5% for households headed by university graduates.

Poverty and Gender

Using the 1994/95 household survey, Shaffer (1998) finds that the incidence, depth and severity of poverty is significantly lower for households headed by women compared to households headed by men. Stochastic dominance analysis is conducted to find out if this relationship holds irrespective of where the poverty line is drawn. It is found that except at very low levels of consumption expenditure the poverty incidence curve of households headed by women lies everywhere below the incidence curve of households headed by men. Much as it is interesting to compare the poverty trends on the basis of gender of the household head it is recognised that it does not reveal very much about the poverty status of women either individually or as a group. Shaffer (1998) thus probes the investigation of gender differences in poverty by examining intra-household resource allocations. The measure that is used to probe into this is anthropometric data. The proportion of children that are either stunted or wasted is higher for boys than for girls. A higher proportion of men are found to be underweight compared to women. Thus the data from the household survey would suggest that women are not at a disadvantage compared to men.

However other socioeconomic indicators suggest otherwise. The adult literacy rate of women in 1996 stood at 15% compared to 37% for men. In 1999 the gross primary enrolment rate for boys was 67.6% compared to 39.9% for girls. Women not surprisingly are therefore underrepresented in the formal sector economy. They are involved mainly as food crop farmers and can spend between 15-17 hours a day working.

Qualitative assessments of poverty find that women are perceived to be more deprived and have a lower level of well-being compared to men (Shaffer, 1998). In the participatory group discussions the consensus was that women spent longer hours working if the time spent on domestic work is added to that of income generating activities. They were also considered to be at a disadvantage because they had less decision-making authority.

Poverty and the Distribution of Socio-economic Services

Inequality in the distribution of health and education services is important in explaining the patterns in poverty and socioeconomic indicators. In Haute Guinee, the region with the highest incidence of poverty, the average distance of schools from homes was 16 kilometres. Conakry has about 20% of the population and in 1999 had 48% of the doctors and 51% of the midwives. Eighty percent of the residents in Conakry have access to safe water compared to 49% in other urban communities and 45% in rural communities. The distribution of electricity for lighting is even more skewed. The national average is 19%. Less than 1 percent of rural households use electricity for lighting compared to 87% of the households in Conakry.

3.1.9. Mali¹⁴

The poverty reduction strategy paper of Mali identified three ways of conceptualising poverty. These are:

- ?? Poverty of living conditions. This is defined as the lack of food, education and other basic needs.
- ?? Monetary or income poverty. Poverty is defined as the lack of sufficient funds that results in low levels of consumption.
- ?? Potential poverty. This defines poverty on the basis of access to capital, i.e. land, equipment, credit, employment etc.

Because of the unavailability of data at the time of preparing the poverty reduction strategy paper the discussion on poverty was limited to poverty of living conditions.

An index was developed based on the provision of basic needs to the communities. The value of the index ranged from 0 points for the poorest community to 20 points for the least poor. The incidence of poverty was arrived at by setting the upper poverty line at 10 points and the lower poverty line (to identify extreme poverty) at 5 points.

Using this definition of the poverty line 63% of the poverty was identified as being poor. Twenty-one percent of the population was below the lower poverty line, i.e. in extreme poverty. The incidence of poverty was lowest in the District of Bamako, the capital city, with a rate of 28.6%. The highest incidence of poverty was in Kidal region which had a rate of 92.8%. The incidence of poverty in rural communities was 75.9% compared to a rate of 30.1% for urban communities. Rural poverty contributed 88% to total poverty.

The Kidal region is characterised by drought and desertification and the lack of basic infrastructure. There is insufficient drinking water points and insecurity of food supplies. In the Kayes region which has an incidence of poverty close to the national average, only a fifth of the localities have primary education services. The conditions in these regions contrast with the Bamako region which according to the report “has the best conditions in all sectors (education, health, drinking water..)”¹⁵. Despite this the capital city is faced with the problems of unemployment, sanitation and illness.

¹⁴ This discussion is based on the Poverty Reduction Strategy Paper (Republic of Mali, 2002).

¹⁵ Republic of Mali, 2002 p. 16.

3.1.10. Senegal¹⁶

Several sources provide the basis for the assessment of the poverty situation in Senegal. The first is the First Household Budget/Consumption Survey of 1994. The second is the Core Welfare Indicators Questionnaire of 2001. This is a sample of 6624 households and is representative at the regional level. In addition are the Survey on Perceptions of Poverty and Participatory Poverty Assessments conducted in 2001.

On the basis of the 1994 consumption survey the incidence of poverty was estimated at 57.9%. The Core Welfare Indicators Questionnaire Survey updated the 1994 estimates to 53.9% in 2001. The incidence of poverty in rural areas is estimated to range from 72% to 88%. The incidence of urban is relatively lower ranging between 44% and 59%.

There is some correlation between poverty and the education of the household head. Almost 90% of the households in lowest quintile of consumption expenditure have no education. Adult literacy rates in 2001 are estimated to be 39.6%. Sharp gender differences exist. The adult literacy rate for men is 51.1% compared to 28.9% for women. The adult literacy rate is higher in urban communities compared to rural, i.e. 57.2% compared to 24.1%. In Dakar the adult literacy rate was found to be 60%.

The gross primary enrolment rate was 70% in 2000. Again gender gaps are evident with an enrolment of boys of 73.9% and an enrolment rate of girls of 64.8%.

Qualitative Poverty Assessments

The Survey of the Perceptions of Poverty was conducted during August and September of 2001. The participatory assessments were conducted in the ten regions of the country in both urban and rural communities.

A higher incidence of poverty was obtained from the Survey of the Perceptions of Poverty compared to the estimate obtained from the Core Welfare Indicators Questionnaire. Approximately 65% of the households considered themselves to be poor and 23% considered themselves to be very poor. Sixty-four percent of the households considered that poverty had worsened over the last five years.

The perception surveys recorded a lower incidence of poverty amongst households headed by women compared to households headed by men. The report rightly acknowledges that this does not imply that women are less poor than men. The IFAD study on poverty in Western and Central Africa provides a number of possible reasons for the lower incidence of poverty amongst households headed by women that is observed in several West African countries (IFAD, 2001). These are:

- ?? Women have greater freedom of action and better access to resources compared to when they are married.
- ?? They use resources more efficiently.
- ?? Some women headed households receive income transfers from absentee husbands.
- ?? Women take more initiative in mobilising resources.

¹⁶ This discussion is based on the Poverty Reductions Strategy Paper (Republic of Senegal, 2002).

A number of factors were identified in the perception of poverty surveys as being the causes of poverty. The first set of factors is natural factors. This includes:

- ?? Successive droughts
- ?? Coastal erosion
- ?? Soil degradation.

In the urban communities the shocks that contributed to poverty were the death, retirement or loss of employment of the main income earner in the household.

Other factors that were identified were:

- ?? Usurious practices and divorce
- ?? Movement of population due to conflict etc.
- ?? The 1994 devaluation
- ?? Implementation of structural adjustment policies.

3.1.11. Togo

A household budget conducted in 1987/89 facilitated the computation of a national weighted average poverty line of 35,600 CFAF. The derivation of the poverty line was based on the minimum per capita yearly income necessary to cover expenditures for an average daily food intake of 2,050 calories plus some minimal non-food expenditures. Poverty in Togo is unequally distributed across the country; about 69% of the rural population in the Savannah areas live in poverty. Both depth and severity of poverty are also greatest in the rural areas, particularly in the Savannahs and Kara. The capital city, Lome has a high poverty gap index, indicating the existence of pockets of deep poverty in the city.

Vulnerability reflects the dynamic nature of poverty and mostly means defencelessness, insecurity and exposure to risk. In Togo, the prevalence of vulnerability is linked to the type of assets held—the more assets individuals or households have, the less vulnerable they become. Some assets, which provide alternate stores of value against poverty, are jewellery, granaries, concrete productive investments, human investments (education and health), collective assets (irrigation systems, wells), and claims on others for assistance (kinship networks, friendships, savings clubs, patrons, credit).

Vulnerability to poverty is reflected through three mediums: natural—droughts, population growth etc.; social—poor health, limited access to health/education facilities, malnutrition, high dependency ratios etc. and economic—low returns to labour, isolation/remoteness, poorly integrated markets, lack of employment, conflicts etc. Due to the inter-relation between households and communities, vulnerability is often determined by interaction of all these categories. The most vulnerable groups in Togo include women (especially pregnant and lactating) and children (especially below five years of age), displaced families and girls on their own.

Family displacements in Togo have engineered vulnerability through forced eviction for the creation of national parks, government-sponsored resettlements for projects and dams

and violent civil strife's. Another group of displaced persons in Togo are girls on their own who must contribute to their own upkeep by working, street children of which majority are girls from poor rural families sent to work in urban households as domestic servants.

To alleviate the plight of the poor in Togo, the Government instituted a Social Affairs Directorate and charged it with formal responsibility to assist the most vulnerable groups. However, these agencies are understaffed and poorly resourced with no transport facilities for outreach activities. These handicaps have rendered the agencies with low morale making it difficult to make any difference in the welfare of vulnerable groups.

There is a shortfall in assistance to the poor that is partially filled by NGOs including religious organizations. Their role is becoming increasingly important, especially for the delivery of integrated rural services at the grassroots level. In 1994, NGO expenditures were over 3.9 billion CFAF (higher than government expenditures for rural development). The NGO efforts are still not adequate, therefore the vast majority of the Togolese have no choice but to rely on traditional safety nets.

The poor depend on the extended family system as a safety net. However, its effectiveness can be quite limited. Very poor people are likely to have very poor relatives who may be unable to offer much help. In addition, westernisation is promoting an individualistic and materialistic philosophy of life which is in direct opposite to the principles from which the extended family derives its strength. The assistance provided by the extended family is often complemented by community-based associations, such as tontines, which function either as systems of labour sharing or as savings clubs.

The perceptions of the poor with regard to poverty alleviation vary among regions in terms of importance but have underlying similarities. The underlined problems have been highlighted as areas in which government may consider when formulating policies for poverty alleviation.

- ?? *Access to land*—is an issue that has been identified as a national priority, it has also a markedly regional dimension.
- ?? *Soil degradation*—loss of soil fertility and therefore reduction in yields was a disturbing phenomenon everywhere. Participants proposed the establishment of regional land use plans that would help farmers identify environmentally acceptable and profitable crops and the promotional usage of organic fertilizers.
- ?? *Water*—accessibility is a problem particularly in the Savannah areas during the dry seasons not only for human use but for farming and animal husbandry. Community participation in planning, managing and maintenance was considered essential for a sustainable solution in all cases.
- ?? *Food security and crop production*—cereal banks are perceived as a promising way to cope with food shortages in the north. Rural communities need to be trained in stock management to prevent post-harvest losses and waste. The promotion of diversification of crops and counter seasonal activities (e.g. horticulture) was suggested.

- ?? *Credit*—improving access to credit is one of the main priorities for both the rural and urban poor. Micro-credit programs were suggested for promotion in order to improve farmers' access to agricultural inputs and means of production (tools, animals, land). The credit schemes could help artisans and micro-entrepreneurs start or expand their businesses.
- ?? *Transportation*—construction and maintenance of feeder roads was considered important. This could be financed through the establishment of regional road maintenance funds.
- ?? *Education*—improvement in the quality of schools was advocated in addition to increasing enrolment rates.
- ?? *Health*—the implementation of the Bamako Initiative has greatly improved access to health, and it should be sustained. Drug procurement and distribution, however, was still problematic in some areas and had to be improved. It was suggested that pharmaceutical kits should be set up for all villages.

3.1.12. Niger¹⁷

Niger has several surveys conducted since 1994 that contains data for the analysis of changes in living standards. Unfortunately they are not comparable. Separate poverty lines were estimated for urban and rural communities in 1994. This was to take account of the differences in prices between urban and rural communities. The urban poverty line was set at CFAF 75,000 and the rural poverty line was set at CFAF50,000. A lower poverty line to capture extreme poverty was set at two thirds of the upper poverty lines.

On the basis of these poverty lines, 63% of the population was poor and 34% were in extreme poverty. Rural poverty contributed more than 80% to national poverty. The incidence of urban poverty was 52% and the incidence of rural poverty was 66%.

Poverty and Health

Access to safe drinking water is put at 52%. However the poverty reduction strategy paper mentions that this could reasonably assumed to be lower if the break down of water pumps is factored in. The departments of Diffa and Toura have coverage of less than 45%.

Some of the health indicators have deteriorated in the 1990s. The proportion of children that is stunted rose from 32% in 1992 to 40% in 2000. The probability that a child will die before its fifth birthday is higher in rural households. Vaccination coverage tends to be lower in locations that register high infant and child mortality rates.

Similar rural urban differences occur in the access of women to anti-natal care. 36% of rural women obtain anti-natal care compared to 89% of urban women. A significantly lower proportion of women in the lowest wealth quintile obtain anti-natal care (29%) compared to 77% of women in the highest wealth quintile.

¹⁷ The discussion is based on the poverty reduction strategy paper (Republic of Niger, 2002).

The participatory poverty assessments emphasised the need to provide child birth services. Whilst it was recognised that there had been an improvement in the provision of health services over time, several difficulties with the health service sector were pointed out. Some of these were the high cost of drugs and the unpleasant attitudes of health care providers.

Poverty and Education

Gross school enrolment rates in 2000 ranged from 23.6% in Zindar region to 99.9% in Niamey. The rural gross school enrolment rate was very low at 28% compared to 89% for urban areas. The lowest wealth quintile had a gross enrolment rate of 21% compared to a rate of 78% for the wealthiest quintile.

There is a gender gap in school enrolment rates. The poverty reduction strategy paper mentions that boys from poor families have about double the enrolment rate of girls from poor families. The gender gap tends to close in the wealthier quintile groups.

The adult literacy rate is estimated at approximately 20%. There are wide urban-rural and gender differentials. The adult literacy rate for women was estimated at 10.6% compared to 30.4% for men in 1999.

Poverty and Gender

The gender human development index is very low. It stood at 0.203 in 1996 and only rose to 0.284 in 1999. Women are disadvantaged in terms of education. Rural women are at a particular advantage health wise as measured by the use of anti-natal care and assistance from health service workers during child birth. They tend to have lower incomes than do men. Their contribution to the running of the household through the provision of domestic services is not adequately taken account of. The poverty reduction strategy paper mentions that the requirement that girls participate in housework is partly responsible for their low school enrolment rates.

Qualitative Poverty Assessments

A participatory poverty assessment was conducted in June 2001 amongst 5 villages in which 1363 people participated. Poverty was perceived as being manifested in different forms. Poverty meant dependence, marginalisation, scarcity, restriction of rights and freedoms and incapacity to take decisions.

The causes of poverty that were identified during the participatory poverty assessments were:

- ?? The population increase. This was presented as the increase in the number of mouths to feed.
- ?? Successive droughts, locusts and pests.
- ?? Degradation of the production capacity, i.e. soil degradation and insufficient water supply for livestock.
- ?? Isolation. Many communities are not accessible by road. Government officials would therefore not be able to visit the villages and apprise themselves of the problems facing the communities. They would therefore be less likely to

- motivated to deal with their problems. In addition isolation or remoteness limited the opportunities to diversify income earning activities especially for women.
- ?? Significantly less solidarity and assistance.
 - ?? Shortage of capital and income.
 - ?? Chronic and incurable diseases such as AIDS.
 - ?? Lack of opportunities for practical and vocational training. This hampers the ability to diversify income earning activities and thus move out of poverty.

3.1.13. Summary

In all the countries for which information was available to the authors, the incidence of poverty was highest in rural households. Rural poverty contributes the most to poverty in West Africa. Despite the seemingly clear cut rural-urban divide on the basis of the incidence of poverty, there are some regions and localities within countries where the incidence and depth of poverty is greatest, for example, the Centre-North region of Burkina Faso and the Haute Guinee region of Guinea. In urban locations, despite the lower incidence of poverty pockets of extreme poverty are to be found. The fourth household living standards survey in Ghana found an increase in the proportion of urban households that did not have access to safe drinking water. Bamako has pockets of extreme poverty even though it has the lowest incidence of poverty in Mali.

A major theme running through the description of poverty in West Africa is the unequal distribution of access to basic services. This is an important causal factor in explaining the inequality observed in educational attainment levels and health status of the population. Social norms and rules also play a part in explaining the gender biases in educational attainment in the sub-region. The participatory assessments highlight the importance of factors other than the quantum of services provided. For example human development indicators in Mali have not improved despite the increase in the provision of basic services. The participatory poverty assessments point to poor quality of services provided and corruption as some reasons for this.

Low agricultural productivity and the inability to accumulate capital and other assets by households and individuals are another set of causal factors to explain rural poverty. The participatory assessments reveal that many of the poor are involved in economic activity but are constrained by inadequate equipment and tools, inadequate storage facilities, difficult access to markets and to credit. Women farmers are disadvantaged in terms of access to information about innovations because they do not tend to be targeted by extension agents.

The difficult natural conditions in much of the sub-region coupled with the low level of provision of basic services and utilities and the low level of assets of many households suggests that vulnerability to poverty is high. This is compounded by the increased level of armed conflict and insecurity in the sub-region. The armed conflict has destroyed infrastructure, disrupted the provision of basic services and utilities and creates a disincentive for investment. A number of the poverty reduction strategy papers, for

example Guinea and Mali, specifically discuss the issue of security and its impact on production and poverty.

The coping mechanisms of the household are not adequate to prevent them from falling into poverty or to move out of it. Poor households that do not have links with more favourably asset endowed households find it difficult to recover from shocks, both predicted and unpredicted. In some countries it has been observed that westernisation and the development of the nuclear family system may be undermining the fabric of the extended family system that is an important institution in the coping strategies of West African households.

Income poverty, low education and skills, poor health status, poorly functioning informal safety nets, remoteness, exclusion, insecurity and unpredictable weather conditions together provide a cocktail that contributes to the persistence of poverty in many communities in West Africa. The participatory assessments reveal the multidimensionality of poverty and how this feature of poverty explains why it is that poverty can persist over extended periods of time.

4. Chronic Poverty in West Africa

Chronic poverty may be described as the state of being poor over an extended period of time. The transient poor are those who move in and out of poverty during the period being investigated.

Several classifications of chronic poverty abound in the literature (Carter and May (1999), Hulme, Moore and Shepherd (2001), Jalan and Ravallion, (2000) and Murdoch, 1994)). Chronic poverty is associated with lack of adequate assets that will generate income to allow the household or individual to achieve an income or consumption level above the poverty line. Hulme, Moore and Shepherd (2001) and Jalan and Ravallion (2000) define two categories of the chronic poor. The first group consists of those households or individuals that are always poor at each observation period. The second group is the usually poor. This comprises of households or individuals that have mean consumption expenditure over the time period they are being observed below the poverty line, but sometimes have consumption expenditure above the poverty line. Hulme, Moore and Shepherd (2001) provide two categories of the transient poor. The first group have mean consumption expenditure close to the poverty line with expenditures fluctuating around the poverty line. The second group of the transient poor have mean expenditure above the poverty line, but are sometimes poor.

The gradation of chronic and transient poverty provided by these writers is similar to the discussions emerging from the participatory assessments where variations in how poor a poor person can be is recognised.

4.1. Studies on Chronic Poverty in West Africa

Studies on chronic poverty in West Africa have been handicapped by the lack of longitudinal data. The panel component of the 1987/88 and 1988/89 Ghana Living Standards Surveys has not been utilised for this purpose.

The Cote d'Ivoire Living Standards Surveys conducted each year between 1985/86 and 1987/88 contained a panel element. Each year half of the households in the sample were maintained. Thus three panels containing 800 households each were created for the period 1985/86, 1986/87 and 1987/88 (Grootaert and Kanbur, 1995).

The incidence of poverty in Cote d'Ivoire is estimated to have increased from 30% in 1985 to 34.8% in 1987 and 45.9% in 1988 (Grootaert and Kanbur (1995)). There was a fair amount of mobility amongst households. The increase in poverty was due to some households remaining below the upper poverty line, whilst some initially non-poor households fell below it. At the same time some very poor households were able to change their status to non-poor. A lower proportion of the extreme poor households were able to cross the upper poverty line compared to households with welfare levels below the upper poverty line, but above the lower poverty line (Table 13). With the worsening of economic conditions as reflected in the increase in the incidence of poverty, it may be observed from the table that the proportion of households in poverty that were able to cross the poverty line decreased significantly.

Table 13. Poverty Dynamics in Cote d'Ivoire

	Percent of very poor that became non-poor	Percent of households between the upper and lower poverty lines that became non-poor.	Percent of non-poor households that fell below poverty line.	Percent of poor that remained poor
1985-86	26.9	44.73	4.93	61.4
1986-87	21.55	37.5	19.7	59.5
1987-88	6.15	19.27	24.5	84.2

Source estimated from Grootaert and Kanbur (1995)

In the absence of longitudinal data, recourse will be made to proxies of chronic poverty to obtain some understanding of the incidence of chronic poverty in West Africa. Three proxies will be examined. These are the proportion of the population in extreme poverty, the proportion of the population that is undernourished and the proportion of children that is stunted.

Using the purchasing power parity US\$1 a day, there is a high incidence of extreme poverty in West Africa suggesting that chronic poverty is a critical aspect of poverty in the region (Table 1). However using national poverty lines derived from household surveys the incidence of poverty in West Africa is much lower. The incidence of extreme poverty ranges from 6% in Burkina Faso to 34% in Niger.

The Food and Agriculture Organisation of the United Nations provides statistics on the proportion of the population that is undernourished. This statistic is a measure of the proportion of the population with a food intake below that necessary to meet the minimum energy requirements on a chronic basis. The calculation is based on the amount of food available in each country and a measure of inequality of distribution of household income/consumption expenditure surveys. In the 1990s the proportion of undernourished in the population declined in all countries table 14 with the exception of Liberia, Sierra Leone and Senegal. Thus on the basis of this indicator the incidence of chronic poverty in the late 1990s ranged between 7% in Nigeria and 39% in Niger.

The third proxy of chronic poverty is the proportion of children that is stunted. On the basis of this indicator the incidence of chronic poverty in West Africa ranges between 19% in Senegal and 46% in Nigeria (Table 14).

Thus Niger ranks as having the highest incidence of chronic poverty in West Africa when the national poverty line and proportion of population that is undernourished are used as proxies of chronic poverty. On the other hand Nigeria is ranked as having the highest incidence of poverty when the proportion of stunted children is the relevant proxy, but ranks as having the lowest incidence of poverty when the proxy is the proportion of the population of that is undernourished.

Table 14. Measures of Chronic Poverty in West Africa.

Percent of undernourished in total population ¹			% of children that are stunted ²
Country	1990-1992	1998-2000	1990-1995
Benin	19	13	25
Burkina Faso	23	23	37
Cameroon	n.a.	n.a.	35
Cape Verde	n.a.	n.a.	16
Cote d'Ivoire	18	15	22
Gambia	21	21	19
Ghana	35	12	26
Guinea	40	32	26
Liberia	33	39	n.a.
Mali	25	20	n.a.
Niger	42	36	40
Nigeria	13	7	46
Senegal	23	25	19
Sierra Leone	46	47	34
Togo	28	23	22

Source 1. FAO **The State of Food Insecurity in the World 2002**

2. UNDP **Human Development Report, 2002**

This exercise highlights the multidimensional aspect of poverty and how different ways of conceptualising poverty can yield quite different results concerning the incidence and depth of poverty. Second, it also highlights the need for data sets that will allow a rigorous analysis of the incidence of chronic poverty and the mechanisms underlying the persistence of poverty over extended periods.

Who are the Chronic Poor in West Africa?

In the absence of longitudinal data sets designed to address this issue, the participatory poverty assessments may contain information to answer this question.

Using a concept obtained from the participatory studies in Ghana, the person in chronic poverty is the “beggar with two bags”. This is someone who has to beg in both the season of hunger and the season of plenty. The aged especially those without adult children to provide support, disabled and orphans fall into this category. However the participatory studies from across the sub-region also suggest that chronic poverty is not limited to these groups, but is a phenomenon that affects able bodied persons in their productive years. These persons are in chronic poverty because of low agricultural productivity and low skills and face constraints in generating sufficient alternative income from non-farm activities. Households in remote locations in the sub-region have a high likelihood of being in chronic poverty. Their remoteness implies they will probably have limited access to basic services, utilities and markets. In the urban areas street children and persons without a continuous source of income are likely to be poor for extended periods of time.

5. Relevance of Studies on Chronic Poverty in West Africa

Analysis of movements of an individual or household’s welfare over time will provide useful insights into what determines movements into and out of poverty and why some households remain poor. Using static welfare analysis based on cross-section data, the poor can be differentiated on the basis of how far their consumption expenditure or income lies below the poverty line, and/or on the basis of gender, educational attainment, ownership of assets or occupation type. Poverty dynamics provide an additional dimension to the nature of poverty in a country.

Understanding chronic poverty is important for the design of the poverty reduction strategy papers. This type of information would be useful in determining the target group for safety net programmes. It would assist in making decisions regarding how resources are to be allocated between safety net programmes and programmes dealing with chronic poverty. A decomposition of poverty into its transient and chronic components for households in Pakistan found that transitory poverty dominated (McCulloch and Baulch, 2000). Simulations were conducted to find out what the effect of income smoothing measures and increases in mean income would have on poverty reduction. It was found that income-smoothing measures would have a greater effect on poverty reduction than would an increase in mean incomes because of the large transitory component in total poverty (McCulloch and Baulch, 2000). The increase in the proportion of non-poor that

became poor in Cote d'Ivoire between 1987 and 1988 suggests that there are not enough or adequate safety net mechanisms to protect incomes and expenditures during economic downturns. The poverty reduction strategy papers have been criticised for not focusing enough on safety nets. Knowing the types of households that are chronically poor and the conditions that can cause a household to become chronic poor is important for the design of poverty reduction strategy papers.

6. Present Difficulties with Research on Chronic Poverty in West Africa

In many West African countries household surveys are conducted infrequently. For example in Ghana in the last ten years three household surveys were conducted, two of which collected information that would allow for the estimation of poverty based on income or consumption expenditure. The last household survey was conducted in 1998/99. The major difficulty hampering research on chronic poverty in West Africa is the lack of nationally representative longitudinal data sets. The attempt to arrive at an estimate of the incidence of poverty in West Africa shows clearly the lack of data sets to conduct rigorous investigation of the issue.

7. Conclusion and Recommendations

Compared to Eastern and Southern Africa there is a dearth of studies on the incidence, causes and profile of chronic poverty in West Africa. Understanding why some households or individuals remain poor is important information needed for the design of programmes that will make a dent into the widespread incidence of poverty in West Africa. It is recommended that:

- ?? A panel element should be introduced into the next household survey to be conducted in any West African country.
- ?? That not more than a three-year period should separate each survey.
- ?? Small scale surveys that are not necessarily nationally representative should be considered as an alternative. Not being nationally representative limits the relevance of the results of the small scale survey to the general cases. However some insights could be obtained from the results of the small scale survey that might be useful.
- ?? Qualitative participatory assessments that investigate poverty dynamics should be conducted to complement the household surveys that will have a bias towards collecting quantitative data.

References:

Canagarajah S. and Thomas S. (2001), “*Poverty in a Wealth Economy: The Case of Nigeria*” in **Journal of African Economies**, Vol. 10, Number 2, July.

Chaudhuri, S. (2002) **Empirical Methods for Assessing Vulnerability to Poverty**, Department of Economics, University of Columbia.

FoFack H. (2002), **The Nature and Dynamics of Poverty Determinants in Burkina Faso in the 1990s**, May.

Gibson, J. (2001) “*Measuring Chronic Poverty without a Panel*” **Journal of Development Economics**, Vol. 65, pp. 243-266.

Grootaert, C. and R. Kanbur (1995) “*The Lucky Few Amidst Economic Decline: Distributional Change in Cote d’Ivoire as Seen through Panel Data Sets*” **Journal of Development Studies**, Vol. 31, No. 4, pp. 603-19.

Grootaert, C. Kanbur R., Oh G. (1997), “*The Dynamics of Welfare Gains and Losses: An African Case Study*”, **The Journal of Development Studies**, Vol. 33, No. 5, June 1997, pp. 635-657.

Ghana Statistical Service (2000) **Poverty Trends in Ghana in the 1990s**. Accra.

Hulme, D. Moore, K. and Shepherd A. (2001), **Chronic Poverty: Meanings and Analytical Frameworks**, CPRC Working Paper 2, July.

IFAD (2001) **Assessment of Rural Poverty. Western and Central Africa** Rome.

Jalan, J. and M. Ravallion (2000) “*Is Transient Poverty Different? Evidence from Rural China*” **Journal of Development Studies**, Vol. 36, No. 6, pp.82-99.

McCulloch, N. and B. Baulch (2000) “*Simulating the Impact of Policy upon Chronic and Transient Poverty in Rural Pakistan*” **Journal of Development Studies**, Vol. 36, No. 6, pp. 100-130.

Murdoch, J. (1994) “*Poverty and Vulnerability*” **American Economic Review**, Vol. 84, No. 2, pp. 221-225.

Norton A, Bortei-Doku Aryeetey E., Korboe D. Tony D. K., **Poverty Assessment in Ghana-Using Qualitative and Participatory Research Methods**, Poverty and Social Policy Discussion Paper, PSP 83, 1995

Oduro, A.D. (2002) **Poverty in Ghana. An Analysis of Trends in the 1990s**. mimeo.

Okidi, J.A. and G.K. Mugambe (2002) **An Overview of Chronic Poverty and Development Policy in Uganda** Chronic Poverty Research Center, Working Paper No.11.

Shaffer, P. (1998) *'Gender, Poverty and Deprivation: Evidence from the Republic of Guinea World Development*, Vol. 26, No. 12, pp. 2119-2135.

UNCTAD (2002) **The Least Developed Countries Report 2002. Escaping the Poverty Trap.** United Nations, Geneva.

World Bank (1994) **Benin. Toward a Poverty Alleviation Strategy** Population and Human Resources Operations Division. Report No. 12706-BE.

World Bank (1995) **Senegal. An Assessment of Living Conditions, Economic Report** Africa Region Report, No. 12517-SE, Washington D.C.

World Bank (1996) **Togo-Overcoming the Crisis, Overcoming Poverty, A world Bank Poverty Assessment.** Population and Human Resources Operations Division. Report No. 16333, Washington D.C.

Yaqub, S (2001) **Intertemporal Welfare Dynamics** Background paper to the UNDP Human Development Report

Poverty Reduction Strategy Papers:

Republic of Burkina Faso (2000) **Poverty Reduction Strategy Paper**

Republic of Cote D'Ivoire, (2002), **Interim Poverty Reduction Strategy paper,**

Republic of The Gambia (2002) **Strategy for Poverty Alleviation (SPAII)**

Republic of Guinea (2002) **Poverty Reduction Strategy Paper.**

Republic of Mali (2002) **Poverty Reduction Strategy Paper.**

Republic of Niger (2002) **Poverty Reduction Strategy. Full Poverty Reduction Strategy. Prepared by the Government of Niger,** Niamey.

Republic of Senegal (2002) **Poverty Reduction Strategy Paper.**

Republic of Sierra Leone (2001) **Interim Poverty Reduction Strategy Paper,** , June