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Health, Resilience and Sustainable Poverty Escapes

Question and Answer Audio Transcript

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Presenters

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Julie MacCartee: Thank you for the excellent presentations. We have about half an hour for questions, and so we'll take some from our in-person audience and our online audience. I'd like to try the method of taking two questions simultaneously just to kind of get through as many as we can. And also, feel free not just to question but to share some concise comments if you have seen strong relevance to your work or examples that might contribute to this discussion.

So, are there any in-person questions? I can shuttle over to you… All right. And if you're willing, please state your name and organization as well.

Audience: Hi, good morning. My name is Jackie. I'm with AVSI Foundation and I have a question mostly for Vidaya. You mentioned conversion factors, so I'd like it if you could give us an example of what those conversion factors might be. Thank you.

Julie MacCartee: Great. And if we have one more in-person, I can take that now too.

Audience: David Hughes, working for an organization called Evaluation Metrics. That was a fascinating presentation and thank you very much. I'm – my question really relates to what is happening in the future, because demographically we're going to see a doubling of populations in Sub-Saharan – in many countries in Sub-Saharan Africa. And I wonder what is being done to address poverty amongst youth, whereas health-wise they may not have major needs but they definitely have education needs.

And then, the second piece is what is being done to preserve skills within these countries to be able to address the growth needs necessary? Andrew mentioned the loss of skills from Malawi, but it's not just Malawi; it's happening all across the board. Thank you.

Vidaya Diwakar: Thanks for your questions. With regard to the conversion factors – so, this really operates from the individual up to the systems level. So, some examples include adverse or beneficial social norms – so, beneficial social norms really enabling women-headed households, women as well with regards to increased mobility, increased – over time increased empowerment, and so forth to really take advantage of their resources and assets, both tangible in terms of land but intangible in terms of education and so forth, to then work towards sustainescapes. Because it's one side of the coin to have these assets, but then making use of it in this – in an enabling environment is quite critical. Other examples include the degree of pro-poor growth as well in the country. So, it really varies depending on the level you're looking at.

With regards to the futures work and poverty amongst youth, I'll let Andrew as well answer this in more detail, but one key finding in our studies was really the importance of education across countries – but not just any education; it was particularly secondary education – in sustaining poverty escapes. So, here is where you see, yes, the importance of secondary education, but then also in some countries like Kenya there were a lot of risks or sometimes households misapplying resources to formal schooling, wherein TVETS or skills development might have provided better results. So, that's also something in mind.

And relatedly, secondary education skills, but then also combining this with some level of empowerment as well, so then the youth and leaders of tomorrow can really make use of those skills. Yes. Andrew?

Andrew Shepherd: Thank you. Yes, David. Good question. Just building on what Vidaya has said and thinking about Kenya as one example, in Kenya education has been valued very, very highly for a very long time, and as far as we can see it's still valued very highly. And it may be that some of the academic education which is provided in the schools is not quite what people need to escape poverty and stay out of poverty. So, I think there are issues about the content of education which need to be addressed.

Another thing that we found there was that – and this applies elsewhere as well to some extent – is that a huge amount of social capital is used up in getting kids through education. So, one individual might support, of course, their own children but also their siblings through school, and possibly the children of their brothers or sisters or whatever. So, a huge amount of social capital is used. And again, this means that families are not able to save and invest economically. And what we noticed in the Kenyan data set very strongly was that when these obligations to see children through school had finished, that was the point at which the household might take off economically, because they would have the resources to invest.

So, the Kenyan government has committed itself to providing free secondary education, which I think would – if implemented – it hasn't been implemented yet, but if implemented would hugely reduce the burden on families to support their kids through school. And I suppose that's the kind of, in a sense, fairly obvious next steps in towards the future.

But on the skills side I think, again, our research findings suggest that having a practical skill can be much more important than having an academic education. Often, practical skills – the system for acquiring practical skills is pretty creaky. The training, vocational education system is in many countries not working well, very expensive, and doesn't create

good outcomes because often the private sector isn't involved in the governance of what happens of the content of syllabuses and so on.

So, what we've found is that people are acquiring skills but they acquire them informally, often through migration. And I think Vidaya mentioned that people will migrate, they'll acquire a skill along the way, they'll acquire some business acumen, and they'll come back and they'll make some investments in the maturer part of their life and contribute to their community's economic development like that. I mean, I think in a number of countries now there's a big push on TVET. So, TVET has been very much the neglected part of the education system, but governments have woken up to this and they are really making a big push. And I think this is something that the international community can support very strongly.

Julie MacCartee: Great. Thank you very much. I'd like to toss it back to our online audience for a couple of questions.

Female: Yeah. So, we have a number of great questions, including some from Andrew Cline, who wanted to know if trust of the health system emerged in the qualitative work as a constraint to engaging with health insurance and services.

Andrew Shepherd: Did you say "trust in the health system"?

Female: Mm hmm.

Andrew Shepherd: Yes. I think implicitly yes because people are skeptical about the results of going to the public health system, and so they still choose to go to private practitioners. So, "yes" I think is the short answer to that. Not universally, clearly. And I mentioned various situations in which the quality of health services had been significantly improved and I think over time that's going to have an impact on people's trust in the system.

Julie MacCartee: All right. Any more questions from our in-person audience? I'll throw one over here.

Audience: Thanks. Hi, David Chalmers with USAID. Thanks very much for the presentation. Very informative comment in response to Andrew's question on what explains recent health gains in Malawi and why that's not contributing to poverty backsliding in the way it is in other countries, and then a question. The comment in brief – so, I worked in Malawi for four years until recently, so I have perhaps a little bit of insight into that. And while I'm a little biased, I think in this particular case a lot of the answer actually has to do with USAID and other donors. And that's not always the case, but in Malawi it really is. You're talking about by some measures the poorest country in the world: GDP per capita around $300.00. And while

government's investing a relatively high portion of its own resources compared to other countries it's still negligible compared to what the donors are putting in which, is over well over 90 percent of the total response. You've had tremendous progress on HIV/AIDS and Malaria, but we're investing $80 million-plus a year through PEPFAR. Thanks in large part to our support Malawi was the first country to really roll out Option B+ nationwide, allowing HIV-positive mothers to get on ARVs regardless of their viral load. And similarly, in malaria it's just a massive response; it's really making a difference.

So, I think that's probably where most of the answer is similarly with the recent El Niño-related crisis. You had almost half the country receiving food assistance, most of which was supported by us. And I think you would have seen a lot more health shocks, particularly related to nutrition and food security, if it hadn't been for that response.

In terms of training, I would question a little bit the notion that you have nationwide a well-trained health cadre. I think that's actually a huge challenge and ties in quite a bit to what you were highlighting on education and the importance of secondary education. So, we're actually using a substantial amount of PEPFAR resources to invest in secondary education, which takes that further away from health than you normally would, but it's exactly for that reason, that secondary education is so critical to having folks with enough of a basic level of education to move up.

I think there's interesting things happening around pay-for-performance, but real sustainability challenges when you have such a high portion of the health budget coming internally. And that's why I think the Feed the Future programming is so critical, and the portfolio response USAID is working towards with other donors is such a critical piece of the solution. So, just a couple quick thoughts on that having recently just been there.

The question is – the recent research on mental health and sort of aspirations and self-esteem you highlighted, I think, is really interesting and really important and has been neglected for a long time. So, the question essentially is: Can you speak a little bit more about what that means programmatically? How can USAID and other donors best address those issues as part of the type of portfolio response you've highlighted as so important? Thanks.

Julie MacCartee: I guess I'll go ahead with one more question in person before you can address the mental health question. Here you go.

Audience: Hi, my name is Julie Kurtz. I work at IFPRI. My question is primarily for Lynn and somewhat related to your question. I'm looking more at the

psychology. You mentioned the stigma that is around certain health conditions, around alcoholism. I was wondering about the sort of psychology of poverty and how much that relates more generally speaking, and how much it may or may not differ regionally, geographically, core communities that are in cities or have more exposure to extreme wealth compared to poorer communities that may or may not be more content based on their isolation or proximity to other communities. So…

Julie MacCartee: Thank you. Excellent.

Andrew Shepherd: Thank you, David, for the comment on Malawi. That's very useful. Yes, I mean, I think the donors are supporting the health services in a massive way, and it's good – I mean, in a way it's good that the research came out the way it did. It's having an impact, which is impressive. And it's wasn't something that we were looking for, in a sense, so it's – I mean, it's kind of doubly valid in a way.

The question on mental health: I can't give you a really good answer to that. I wish I could. But I think there's a couple of issues that I'd raise. One is what I mentioned in the presentation, which is that mental health issues are often related to other aspects of development. This is not something which should be confined within the health sector in terms of responses. So, I think that developing a broader awareness through poverty research or through whatever other means are available of the impacts of mental health and the choices that there are in terms of how it can be addressed would be the way to go, would be at least one way to go. So, building aspects of non-mental health programs – building mental health into aspects of non-mental health programs, I think, is an important thing to try to do.

I think the other thing is that it's a very difficult issue in the sense that it's culturally – how mental health is handled culturally is highly varied and very controversial and often difficult for Westerners to comprehend or to sympathize with. So, there are all sorts of elements of traditional medical practice which Western practitioners would be very skeptical about. There are aspects, there are human rights issues for people suffering mental health conditions. And I guess that some of the successful programs that – the task-sharing programs that I mentioned incorporate traditional practitioners and others from the local communities.

Now, along the way to doing that I guess you're going to have to make compromises. You're going to have to develop mutual understanding. It's not going to be a straightforward process. And I think when you don't have clear policies or guidelines on how that can be done it's a highly

innovative process. But it's something that, again, it's going to have to be done over the coming period. Thank you.

Lynn Michalopoulos: Yes, thank you for both of those questions. Just trying to piggyback on what you're saying, I think that in terms of mental health programs and how do we actually do this, it needs to be adapted to the context and making sure that, again, that it's not based on Western conceptualizations of mental health, Western conceptualizations of what treatments will work, although we don't want to throw out things that we do know that have worked in other contexts. And so, some of the work that I've done previously, some of the research has been adapting evidence-based treatments that have been developed here and have shown to be effective, and then adapting them in different contexts – so, in Zambia and Uganda.

That's not the end result though, because you can do an RCT and show, "Oh, this was effective and we showed that post-trauma symptoms were reduced or depression was reduced." However, it needs to be scaled up. And so, working with ministries, having the buy-in, and building capacity within the country – because looking at the number of psychologists, the number or psychiatrists, the number of social workers within a lot of these contexts is little to none. And so, really being able to train lay health workers, which we've shown you can do, to adapt these programs is something that can be done as a start. It's not the end result, but I think kind of building up the capacity.

I think it's an excellent question that you asked in terms of the psychology of poverty. I don't know how to actually answer that but I would say, yes, I think that there's an impact on mental health problems on functioning, on people's level of suffering in terms of being poor. But I'd actually – I don't know of studies that have been done. I feel like I have more of a context of in the United States, but in different contexts I don't know that answer. So – but that's a great question. I think that research should be done because I think that there could be definitely an influence. Thank you.

Julie MacCartee: Great. Thank you. We'll take a couple from our in-person audience and then come back to the in-person room.

Female: Great. So, we have a question from Ragunathan Nariyanan. I hope I'm not slaughtering his name. But kind of otherwise put, the presenters talked a lot about the importance of holistic integrated solutions, but what sort of recommendations do they have for how to actually do this, given that so much programming is siloed?

Julie MacCartee: And a second one?

Female: Oh, another one at the same time? From Nephro Faltas, in terms of the resilience impacts of disability, whether there were data on whose disability within a given household yielded the greatest negative impact, or was the disability question just simply 'Yes or no, was someone in the household disabled?'"

Vidaya Diwakar: All right. Thank you. I'll address the disability question specifically. I mean, so, in our work there was oftentimes found to be a triple whammy, so to speak, wherein if your primary income earner or a major – the key breadwinner or primary income earner in the household – firstly, your household loses income if you suffer a severe disability often. Sometimes, this then, is aggravated by others in the household who engage in care work and then lose some – there are some opportunity costs of that care work as well that results in reduced income for the household. And then, also, of course the costs of treatment and so forth. So, there's multiple aspects to this. So, yes, if the primary income earner was affected, this tended to have more severe consequences.

With regards to as well who is disabled, I mean – so, we've done a separate – Andrew alluded to this – we've done a separate deep dive into disability and poverty dynamics in rural Bangladesh. And here what we've seen in one of our studies is, really, when you compare even amongst chronically poor individuals, when you compare chronically poor women with disabilities, they consistently experience outcomes that are even considerably worse than chronically poor men with disabilities. So, lower outcomes in terms of even receipt of social transfers, in terms of more vulnerable employment, across a range of indicators. So, there's also this, again, here a gender dimension to bear in mind.

Andrew Shepherd: Yeah. And developing integrated programs or holistic programs, it's a really good question. And I think the answer should be context-specific, because the capacity to integrate different dimensions of development varies a lot from one country to another, possibly within countries from one locality to another, depending on how effective the government, what kind of other agencies you have working in a location, and how they relate to each other and how – are there effective coordination mechanisms, and so on. So, I think the context varies a lot.

It's often quite expensive to do holistic or integrated programming. So, there are cost barriers. And this means that the integration or the degree of holistic work which you can undertake should be highly targeted, should be targeted at what is really essential. So, there's been – I mean, there are some examples. I think you can – if you have a particular program, you can consciously be aware of the risks that that program may not produce the outcomes that you want it to, or aware of some of the synergies that

could be produced if you expand your program into another area of work, related area of work.

So, I think that's the kind of logic that I would want to promote. Examples of this would be social protection systems, which are aware that if they are providing people with cash transfers, these cash transfers are going into accounts. Can you make a step to including a financial inclusion component into your program? That can be very difficult to do that because financial inclusion and social protection have different rhythms and different requirements. But if you can get social protection providers working with financial inclusion providers, you can achieve a synergy for people on the ground.

I think we've pointed out the way that the non-farm economy is neglected in policymaking and quite often in programming as well. There are – by contrast, there are more agriculture-focused programs. But as we've seen in our research, getting out of poverty and staying out of poverty is often a matter of diversifying your portfolio as a household. Perhaps the agencies supporting agriculture could diversify their portfolios a little bit as well – so, I think doing agriculture-plus. People talk about social protection-plus, social protection-plus-plus. What about agriculture-plus? It's probably be happening here and there around your programs in USAID. But I think that would be a way to go.

I think the other aspect of this is focusing on particular people or households or communities and overlapping interventions. So, just making sure that interventions which are produced by different agencies or which originate from different policies are having an impact in those same communities or same households.

Julie MacCartee: *[Inaudible]* On that note, I'd like to put in a plug that – on behalf of Agrilinks and Marketlinks, we are always interested in hearing and receiving success stories or lessons learned – failure stories, if anyone's willing – about things like integrated programming and also on reflections on what you hear in any of our seminars. So, I just wanted to put in an open invitation to anyone, really, in the development community. We do accept public submissions for blog posts and resources on these two websites. So, if you're interested, you can always submit things directly on the website yourself. Or, if that's a little too confusing or you're not as tech savvy, you can always e-mail me or Scott to submit your reflections or your resources to Agrilinks and Marketlinks.

Let's see. All right. We have, yeah, maybe a few minutes left for a few more questions. So, I see there's two in-person questions I'll get. I'll get one over here and one over here.

Audience: Lisa Kingston from World Vision. I just wanted to – this builds upon what we've been discussing, but do you think we're at a tipping point in terms of trauma-informed programs? The reason I ask that is we tend to talk about alcoholism, and there was a few other points, but the amount of sexual, gender-based violence, the violence in general – and again, I'm suggesting – I know that we should not be applying Western techniques or activities necessarily, Western-focused, but what applies to that environment. But I mean, I guess my question is – and we can't answer this probably today, but how much of this is foundational to successes in communities? And do we think it's at a tipping point where we're going to see a shift in investment in this area? I know definitely in Kenya we don't have the number of mental health workers or other folks, just para professionals in general. And the private sector has stepped in at certain occasions, like the post-election violence. But definitely, I see this as potentially could change some things foundationally for the way we approach our programs, whether it's agriculture or in any resilient programs. Thanks.

Julie MacCartee: Thank you. I'll move over here as well.

Audience: Thank you. So, my question builds off of the demographic shift question, and then also the comment that Andrew made about the urban/rural disparity or health disparity. And so, I was wondering if you could make some – expand on that a little bit more, and also comment on what are some knowledge gaps or research opportunities with respect to individual health system or country-level programming or policies in terms of resilience, health, health systems, and poverty, and particularly focusing on the urban poor.

Lynn Michalopoulos: Okay. You can – can I keep talking? Okay. So, I think that that's a great point. And yes, we do need to be very careful, which I've reiterated, in terms of what our thoughts are in terms of how people are experiencing shocks and stresses. But I will – as an example, there's some work that colleagues of mine have done with the Applied Mental Health Research Group at Johns Hopkins University, and the methods that they have used – and I've done a lot of work with them – is to – when they go into a context, to ask individuals using qualitative methods, "What are some of the problems that people in your community experience? And how do they cope with those problems?" And just ask them to list them. And so, you're not going in with any preconceived notions of "Do you have post-traumatic stress disorder? Or do you have symptoms of depression?" Oftentimes, in some of the context there's not a word for "depression" or "post-traumatic stress disorder." But what they have found and what we've found in a number of different contexts is that symptoms that look very similar – psychosocial problems that look very similar to depression, anxiety, post-trauma systems – emerge from these qualitative findings.

And so – and at the same time, alcohol use, substance abuse are oftentimes co-occurring.

And so, I think that you are right, that there is this tipping point in terms of when people experiencing not only large scale covariate shocks but also idiosyncratic, whether it's gender-based violence, someone that becomes sick in the home, child abuse – all of those things can be co-occurring and can have an impact of some of these co-occurring issues. And I have colleagues that actually just wrote a paper in *The Lancet* that talks about how there's really been a gap in looking at co-occurring issues of mental health and substance use in low and middle income contexts. So, I think that you're absolutely right. And so, with that, we do need to really focus on trauma-informed care and integrate them in these different approaches.

Andrew Shepherd: "Is there a tipping point?" was the question as well. Do you think there is?

Lynn Michalopoulos: Yes.

Andrew Shepherd: Do you?

Lynn Michalopoulos: I mean, what do you mean – am I understanding what you mean by "tipping point"?

Audience: *[Inaudible]*

Lynn Michalopoulos: I hope so. And – I hope so. That's all I'll say.

Andrew Shepherd: What I see in the donor world is a huge focus on gender-based violence, and I think that's been translated into lots of programs in lots of different countries. I don't see the same happening with mental health more generally in the donor world. Yeah? So, I – in terms of mental health services initiatives and so on, I don't see a tipping point. But maybe there are specific areas within that.

The other – I mean, I may be wrong about that. I hope I'm wrong. But –

Audience: *[Inaudible]*

Lynn Michalopoulos: Well, you're talking about the outcomes of gender-based violence.

Audience: Yeah.

Lynn Michalopoulos: Yeah. So, I mean, I know the National Institute of Health has – there's growing support in mental health projects in different contexts that are not just US-based. But it's hard to get funding. But I think that there is a

growing recognition of what the outcomes of different types of shocks and stressors, different types of traumatic events that people are experiencing.

Andrew Shepherd: Which has got to be a good start. But maybe the tipping point is somewhere down the line.

On the other question about the demographic shift and urban/rural differences, I mean, the example that I gave from Niger, I'm – to be honest, I'm not quite sure why there is that disparity. I had a quick consultation with Vidaya and she said, "Well, maybe it's because urban health services are more overcrowded." It could be that in some cases governments have given more attention to rural health services and left urban populations more to the private sector. I think that's something that we'll have to look into a little bit more. Do you want to add?

Vidaya Diwakar: Yeah. Also, I mean, from our field work in Nepal it was really interesting because one of the urban areas we explored was – I mean, we had to change our focus from that original urban-specified area because there was a municipality which was classified as a town more recently but really resembled a rural area, and they themselves were quite – they were not appreciative of being classified more in the town/city category because that resulted in a loss of funds that they could have otherwise accessed in the original specification. So, that was – and they didn't even have – they didn't have really good – they didn't have paid roads, better infrastructure to accompany that shift. So, it was just in name due to proximity and these other factors. But they weren't too happy with that. So, that's partly – so, it is related to the investments that might be accrued more to a rural area.

Also, again, it is – based on some of our work as well in the urban areas that we've explored, there is a lot of over-congestion because the population densities as well are much higher there. So, even though they might be more – there might or might not be more facilities, the quality and so on suffers oftentimes because of that overcrowding.

Based on the knowledge gaps and research opportunities – I'll begin by answering this for the urban part – I mean, one thing just to keep in mind rather than answering it is the various links that continue to be maintained between urban and rural areas. So, there is seasonal migration. There's all these strong links in Niger. Most of – most households did engage in some form of within-country – a lot of households engaged in some form of within-country migration – so, going to – remaining during harvest times but then going to towns during other times as well to complement household incomes. So, those links are quite important, I think, to expound on.

Andrew Shepherd: Yeah. And I would say that the issue of urban poverty dynamics – so, looking at people, understanding why people are upwardly mobile or becoming impoverished in an urban setting, is something which has not been focused on, including by ourselves, partly because we've been very focused on extreme poverty and there's much less extreme poverty in towns, at least by current measures. But there's a whole debate about the measurement of poverty in urban areas, which would suggest that poverty lines probably ought to be higher and so on. So, I mean, this is an area that this research has opened up, and I think there's scope for a lot more work on urban poverty and urban poverty dynamics and the reasons for people's well-being trajectories and so on in urban areas.

In terms of research gaps, Vidaya mentioned migration. And one of the issues that I keep coming back to – we find migration is such an important part of the story of escaping poverty sustainably in so many countries. And it's international migration but it's also within-country migration. And it's urban-rural or it's rural-rural and it's – all kinds of migration can play an important part.

We have some understanding of the processes, and there's a long tradition of research on migration. But when it comes to what governments can or should do, there's often an unresolved debate. Governments don't want to encourage migration. Even among the researchers that we work with, if we talk about migrant support programs in Cambodia, for example, I was told that I shouldn't use the term "supporting migration" because this would not be looked on favorably by government. Whereas, migrants face lots of challenges and they leave people at home who face lots more challenges in many cases. So, I think researching what can support migrants in the process of migration ought to be an important aspect of research on poverty reduction going forwards, and there's very little out there.

Another gap, related gap is what kind of policy measures and programmatic interventions support the informal sector – the urban informal sector but also the rural non-farm economy that Vidaya was talking about? We actually – there are a couple of really good examples. So, the Chinese Town and Village Enterprise is a very good example. Latin America Territorial Development. But if you look around for other kind of strong success stories, strong models, they're either not there or they're not reported on. So, I think a process of stronger searching or experimentation on what works in the informal sector would be very useful.

Vidaya Diwakar: Really quickly, one last point as well. When Andrew was speaking about migration as well – in – again, in Nepal, what we saw – and in the Philippines as well to some extent – in urban areas, women sometimes had

lower mobility or lower freedom of mobility. So, one quote from Nepal I remember is just, like, "People will think badly of me if I go out here alone," was what a woman said. So – and oftentimes, as well, when people do, when women do migrate internationally and so on – for example, in Nepal and the Philippines, Nepal more so – domestically, to engage in domestic work in international migration, there was – this was often associated with some compromise of their dignity, sexuality, and so on. So, then when they returned home they were actually – they found it more hard to procure investments, to start their own businesses and so on, so often had to re-migrate, again under precarious conditions. So, it was quite a vicious cycle there. So, it's important as well in these migration cycles and supports to really incorporate this full life cycle and these gender dimensions once more.

Julie MacCartee: All right. We are at time so I'm going to wrap up. Please be on the lookout for the recording, transcript, and some other related resources in your in boxes in about a week's time if you want to share with your colleagues or review any of the content. And I would like to extend a sincere thank you to the large group of people who helped put this together, especially the Feed the Future KDAP project. And most importantly, I'd like to thank our audience for attending, for asking great questions, and for helping continue these seminars and webinars into the future. So, thank you all.

[Applause]

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