FEED THE FUTURE

AGRILINKS | MARKETLINKS




Health, Resilience and Sustainable Poverty Escapes

Speakers: Christine Gottschalk, USAID Center for Resilience
Tiffany Griffin, USAID Center for Resilience
Vidya Diwakar, Chronic Poverty Advisory Network
Andrew Shepherd, Chronic Poverty Advisory Network
Lynn Michalopoulos, USAID Consultant

Moderator: Julie MacCartee

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Tiffany Griffin, USAID Center for Resilience

Tiffany Griffin leads the resilience measurement, monitoring, evaluation and analysis work for the USAID Center for Resilience. Previously, she was manager for impact and learning for the Democracy Fund, a private foundation in Washington, D.C., as well as a monitoring and evaluation specialist at USAID supporting the Feed the Future initiative. Using mixed-methods approaches and systems modeling, Tiffany has applied research techniques typically confined to the lab to complex real-world contexts. Prior to her food security work at USAID, Tiffany worked in the U.S. Senate on domestic health policy as well as on domestic food and nutrition policy. Tiffany Griffin received her doctorate in Social Psychology from the University of Michigan and has Bachelors of Arts degrees in Psychology and Communications from Boston College.

Vidya Diwakar, Chronic Poverty Advisory Network

Vidya is a mixed-methods researcher at the Chronic Poverty Advisory Network, specializing in gender-disaggregated analysis of poverty dynamics, conflict and education. She has particular experience in South Asia but has also led various policy-oriented research projects on poverty dynamics in sub-Saharan Africa and East Asia.

Andrew Shepherd, Chronic Poverty Advisory Network

Andrew has been with CPAN since its inception in 2011, and with the ODI, where CPAN is now hosted, since 2002. He has three decades of work on poverty, having led the production of three Chronic Poverty Reports – and with the next report forthcoming. He previously directed the Chronic Poverty Research Centre, and has worked for UNICEF in Sudan and as senior lecturer at Birmingham University. His major developing country experience has been in Ghana, India, Sudan, Tanzania, Kenya and Uganda.

Lynn Michalopoulos, USAID Consultant

Dr. Lynn Michalopoulos is currently working as a consultant with the USAID Center for Resilience, providing expertise and technical support related to resilience measurement and analysis, especially as it relates to psychosocial factors. Dr. Michalopoulos is also currently an Associate Professor at Columbia School of Social Work. Her research focuses on how trauma outcomes vary across cultural and contextual contexts, especially among non-Western low and middle income countries. Dr. Michalopoulos has conducted extensive research in Zambia, Uganda and South Africa where she has provided technical support and expertise related to the integration of psychosocial measures and evidence-based mental health interventions into programming.

Overview of Presentation

Context, methods, and motivation

- The context: getting to zero extreme poverty
- Q-squared research
- Poverty trajectories across countries

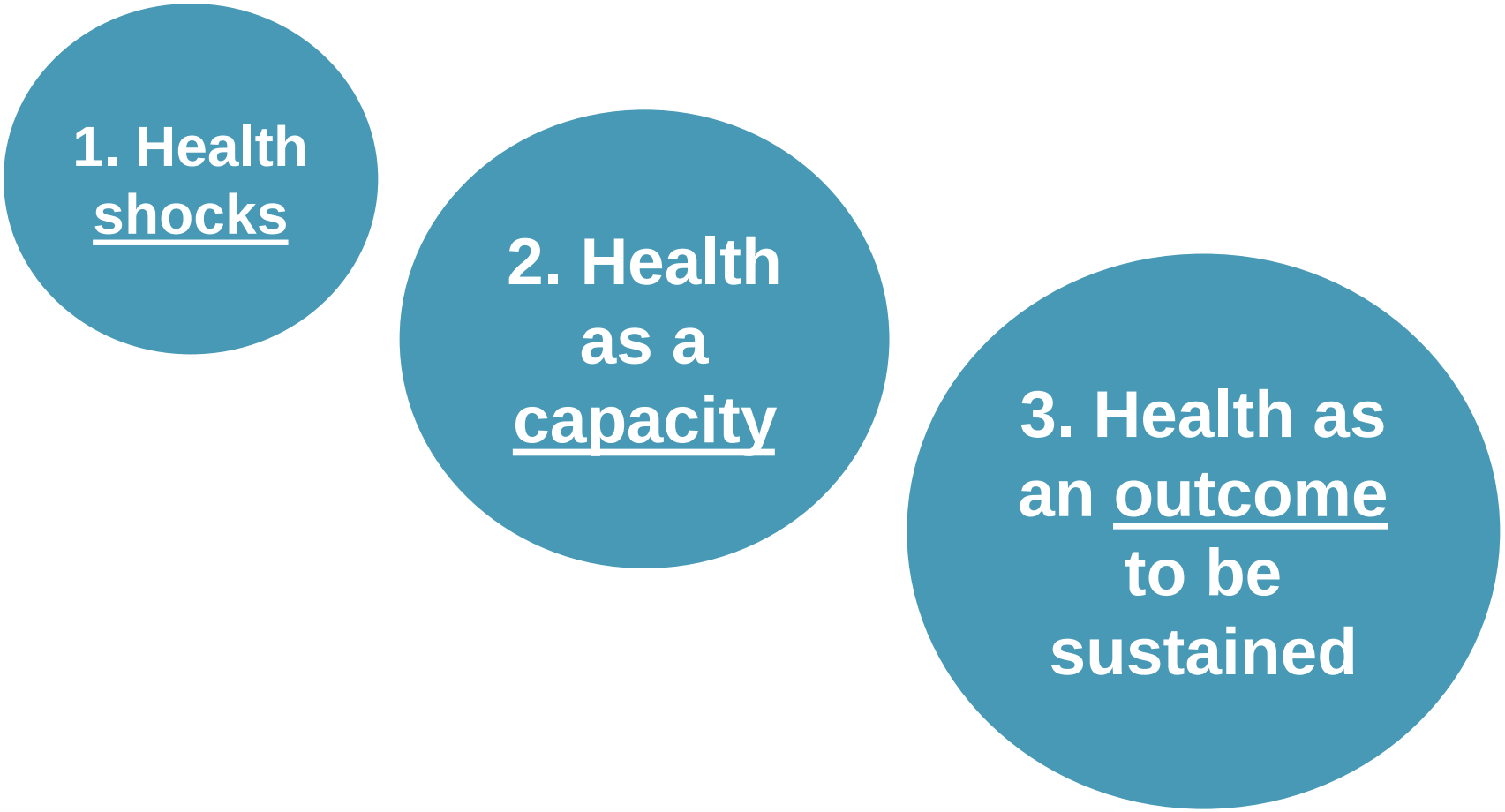
General findings across country studies

- Endowments, resources, assets
- Conversion factors and enabling context
- Shocks and stressors

Health, resilience, and sustainable poverty escapes

- Findings: health shocks, barriers, coping strategies
- Implications: health insurance, quality and coverage, expanding support for ill health, critical links

Health and Resilience Conceptual Framework



TOP TAKE-AWAYS

Overall and health-specific findings

1. **Sustained escapes** vary in prevalence across countries

2. **Agriculture** remains important amidst decreasing land size and incomes

3. Adverse gender- and other **social norms** can prolong chronic poverty

4. **Conflict-climate** nexus associated with high rates of impoverishment

5. **Health shocks in sequence** propel poverty descents

6. **Coping strategies** to ill health vary in absence of health insurance

7. **Health insurance**, quality services, and links critical

Context, Methods and Motivation

The Context:
Building Resilience to get to Zero Poverty

Source: The Chronic Poverty Report 2014-2015: The Road to Zero Extreme Poverty

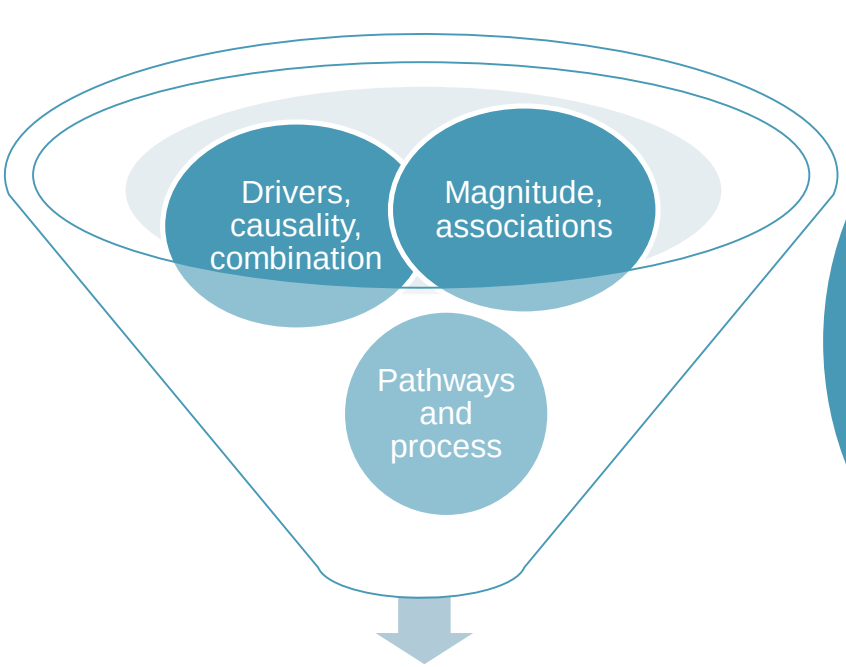
Income sources from livelihoods, non-market production or in-kind transfers can lead to...

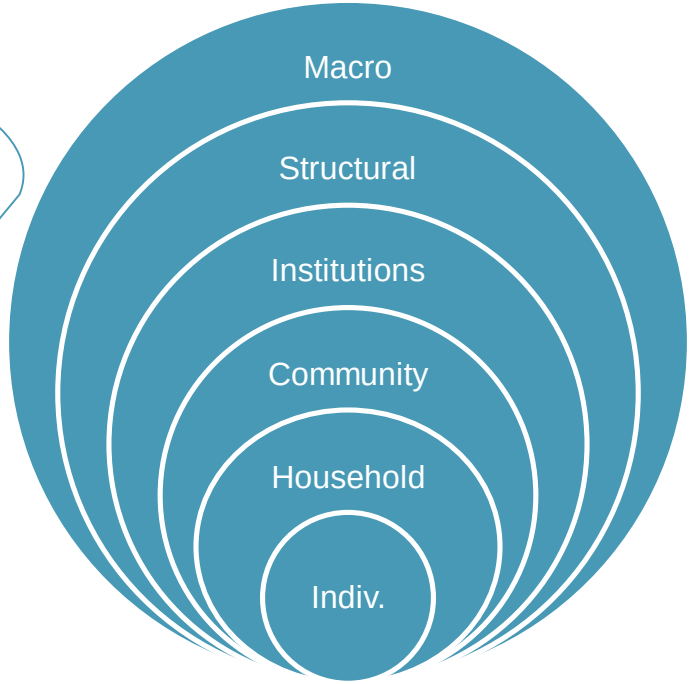
individuals accruing tangible and intangible **assets**, which...

with beneficial **conversion factors** can sustain escapes from poverty.

Source: Diwakar and Shepherd (2018)

Mixed Methods for Poverty Dynamics



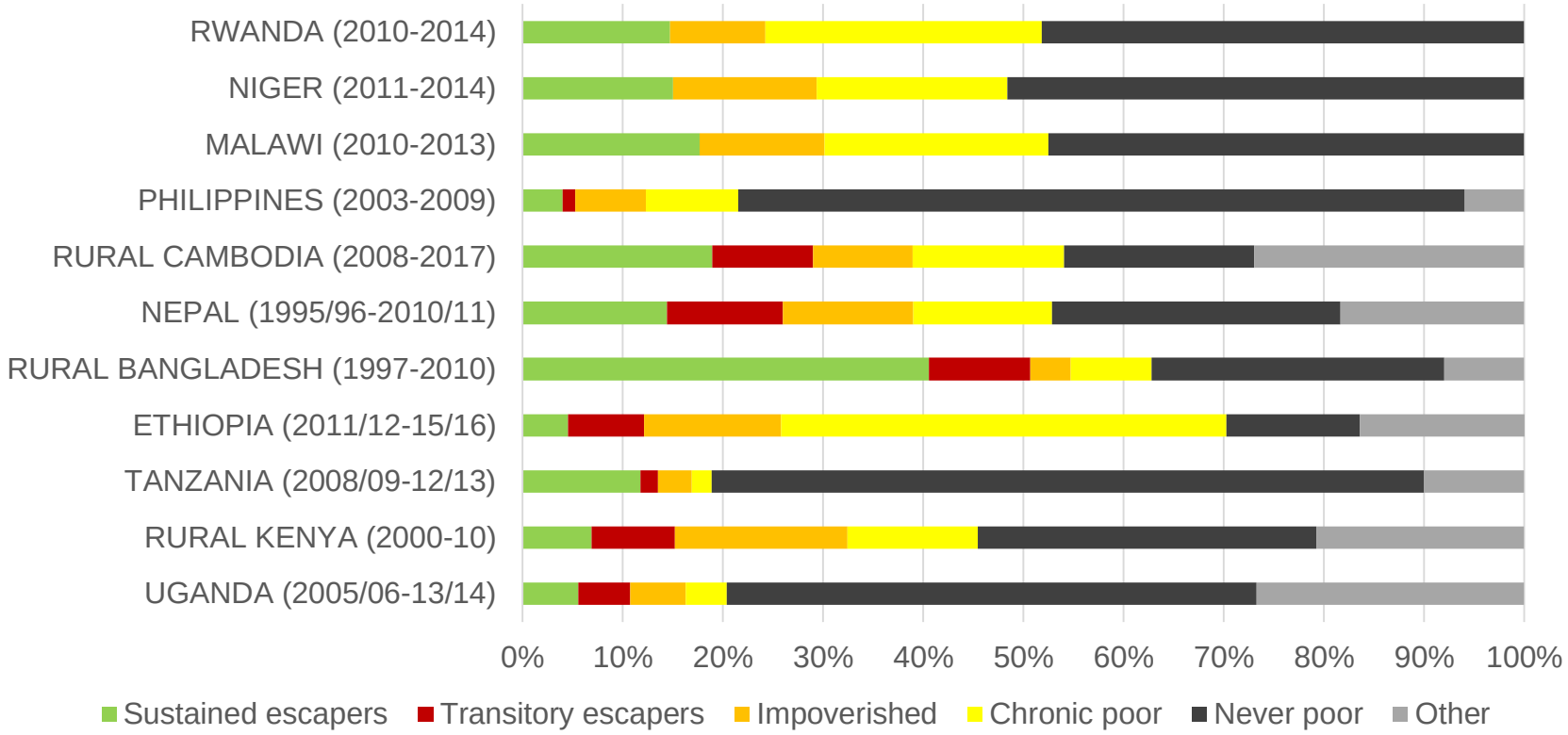


Policy options
Policy gaps
Evaluations

Poverty dynamics **across** **Contextualised levels of analysis**

Poverty Dynamics in Africa and Asia

Using national poverty lines



** Note: Niger, Malawi, and Rwanda have only two waves, and so examines poverty escapes instead of "sustained" escapes over a longer period of time. Rates of impoverished and chronic poor in Tanzania are particularly low on account of an effectively low national poverty line in the panel dataset.*

Key Findings

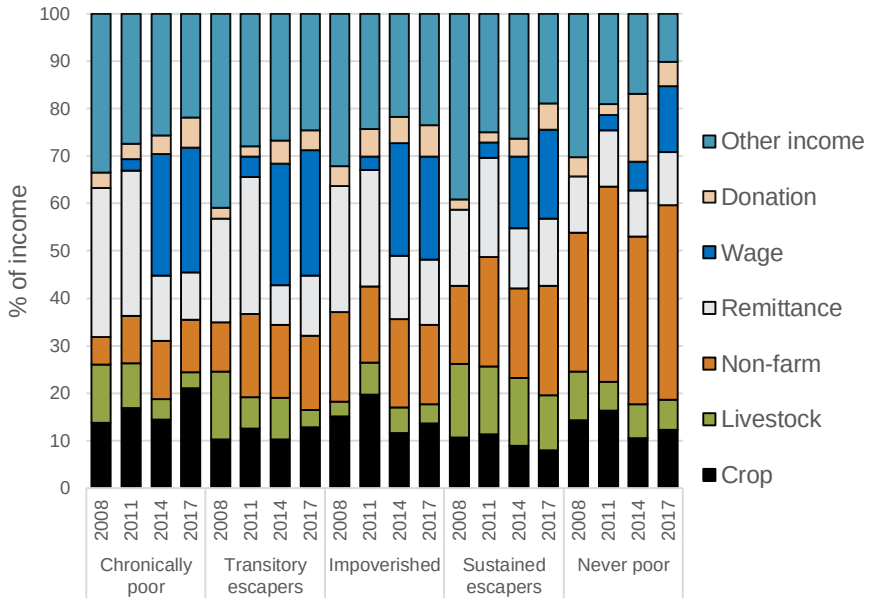
Tanzania, Malawi, Ethiopia, Rwanda, Niger, Uganda, rural Kenya, Philippines, Nepal, rural Bangladesh, rural Cambodia

Key Findings: Endowments and Resources

Agriculture is important amidst decreasing land size and incomes

Rural Kenya, 2000-2010

Rural Cambodia, 2008-2017

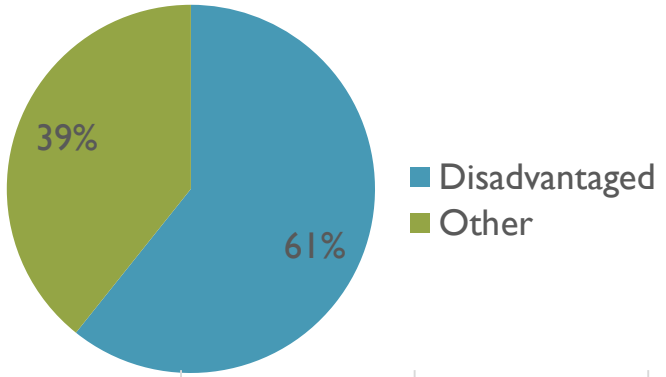


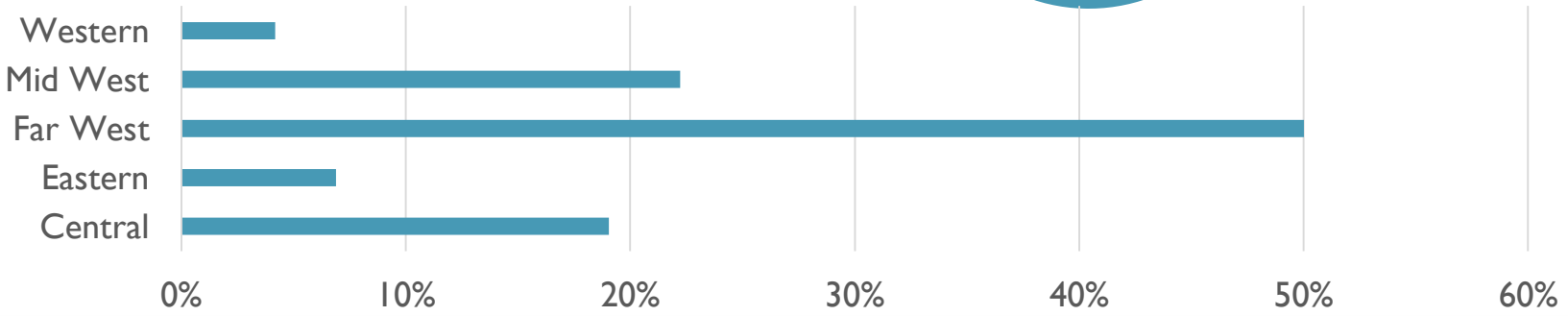
Key Findings: Conversion Factors

Adverse social norms prolong chronic poverty

*"People start treating you with respect once your economic status improves… but if your economic status is poor then people start ignoring you… **I have seen other people being discriminated just because of their poor economic status**"*
(Ketan, Dailekh, Nepal)

Chronic poverty by ethnicity (pie chart) and region (bar chart below), Nepal, 1995-2010





Key Findings: Shocks and Stressors

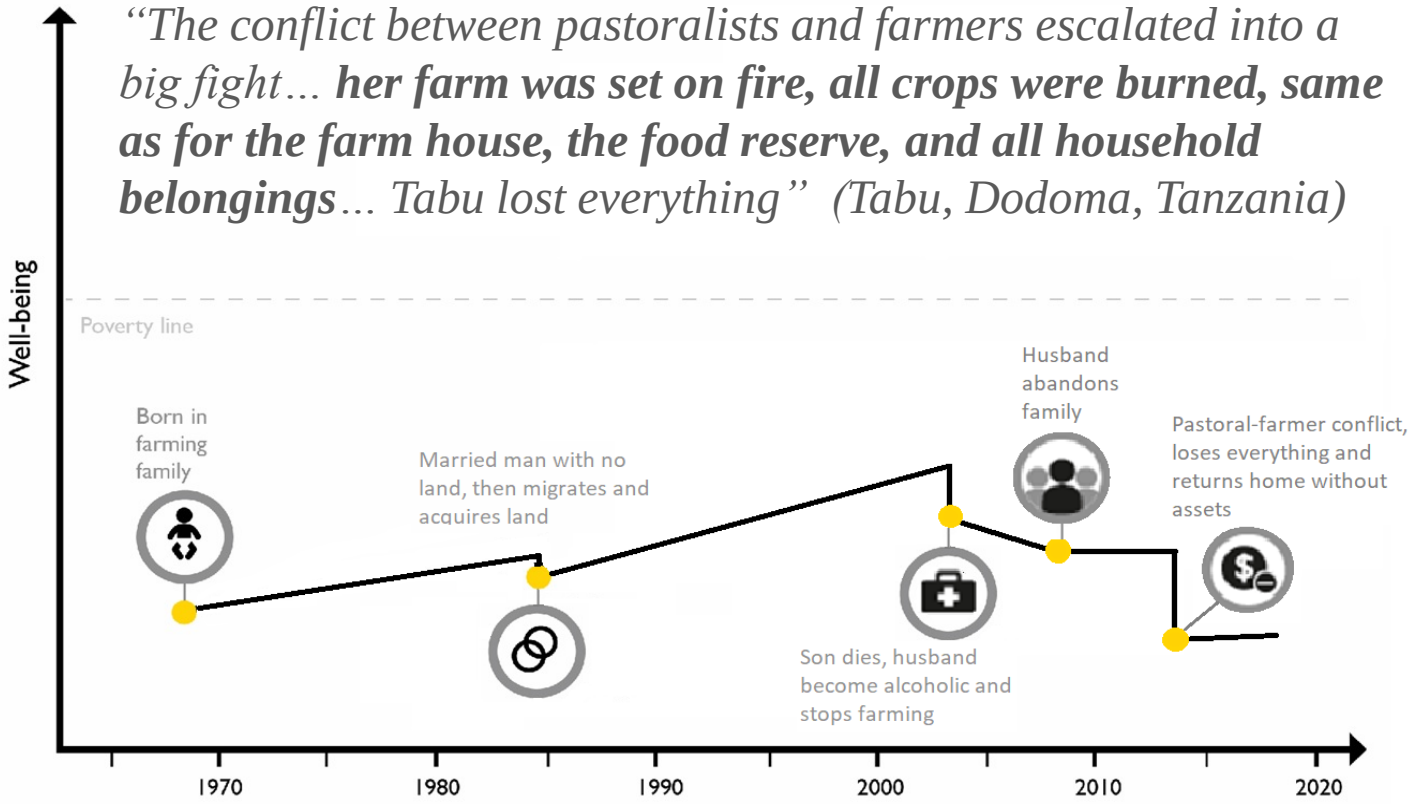
Changing climate conditions linked to conflict

TABU

Born 1967

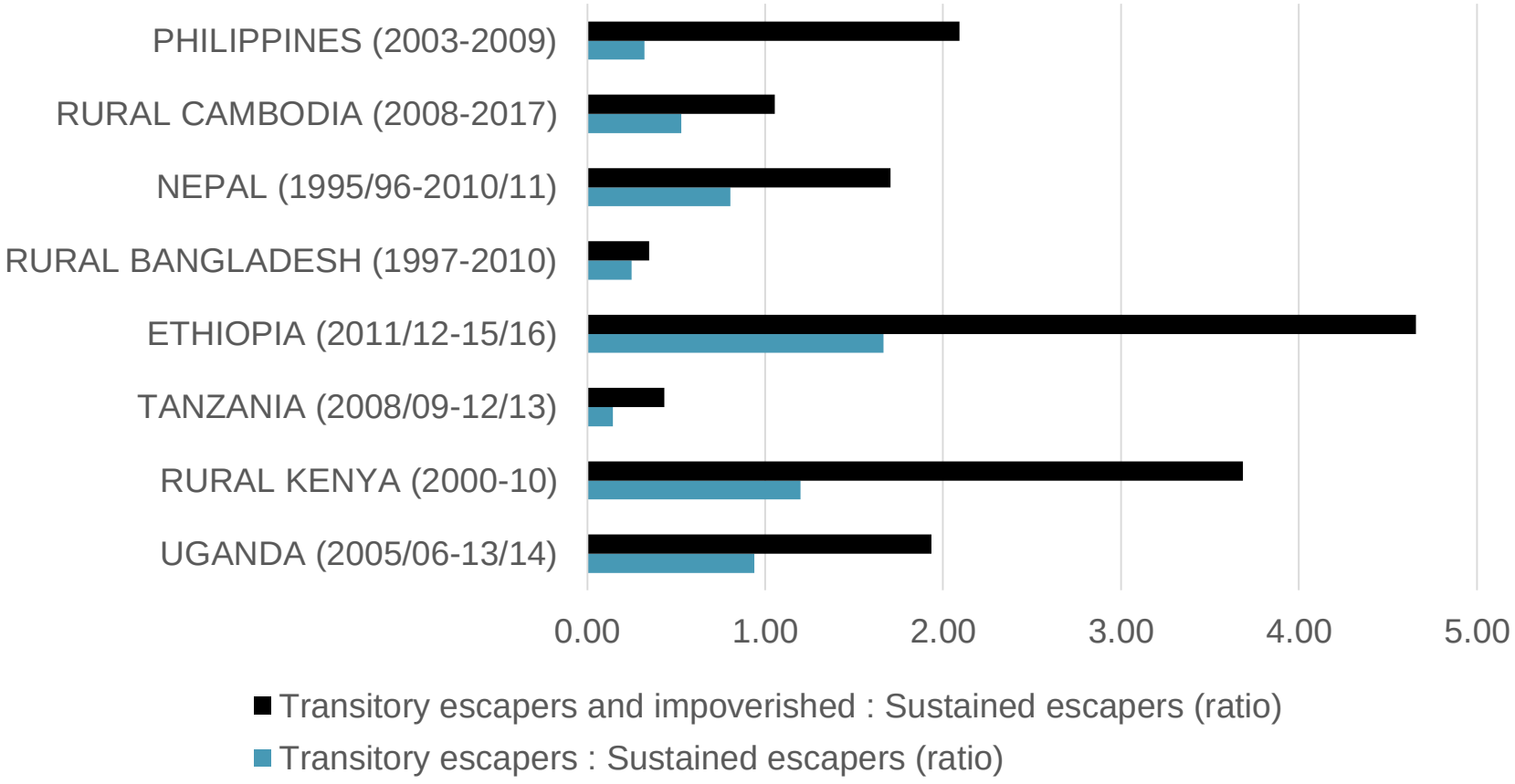
Dodoma

*"The conflict between pastoralists and farmers escalated into a big fight… **her farm was set on fire, all crops were burned, same as for the farm house, the food reserve, and all household belongings**… Tabu lost everything" (Tabu, Dodoma, Tanzania)*

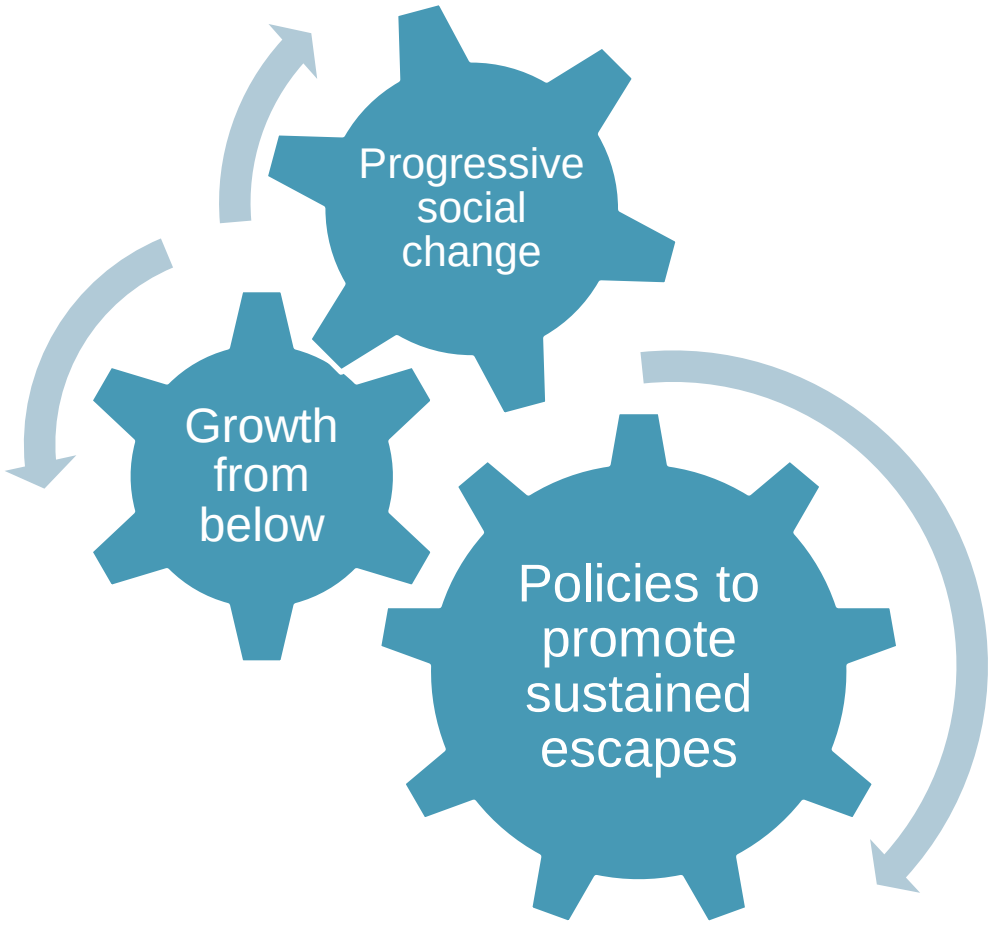


Big Picture Policy Implications

A note on impoverishment ratios



Big Picture Policy Implications



- Sustained escapes are commonly produced by **combinations** of factors
- **Female-**headed households constrained yet still exert agency
- Policies need to address the major reasons for transitory escapes: this means improving existing policies and **innovating**
- Generally neglected policy areas require new focus with **context** specificity

Health, Resilience and Sustainable Poverty Escapes

Key findings and policy and programming implications

Tanzania, Malawi, Ethiopia, Rwanda, Niger, Uganda, rural Kenya, Philippines, Nepal, rural Bangladesh, rural Cambodia

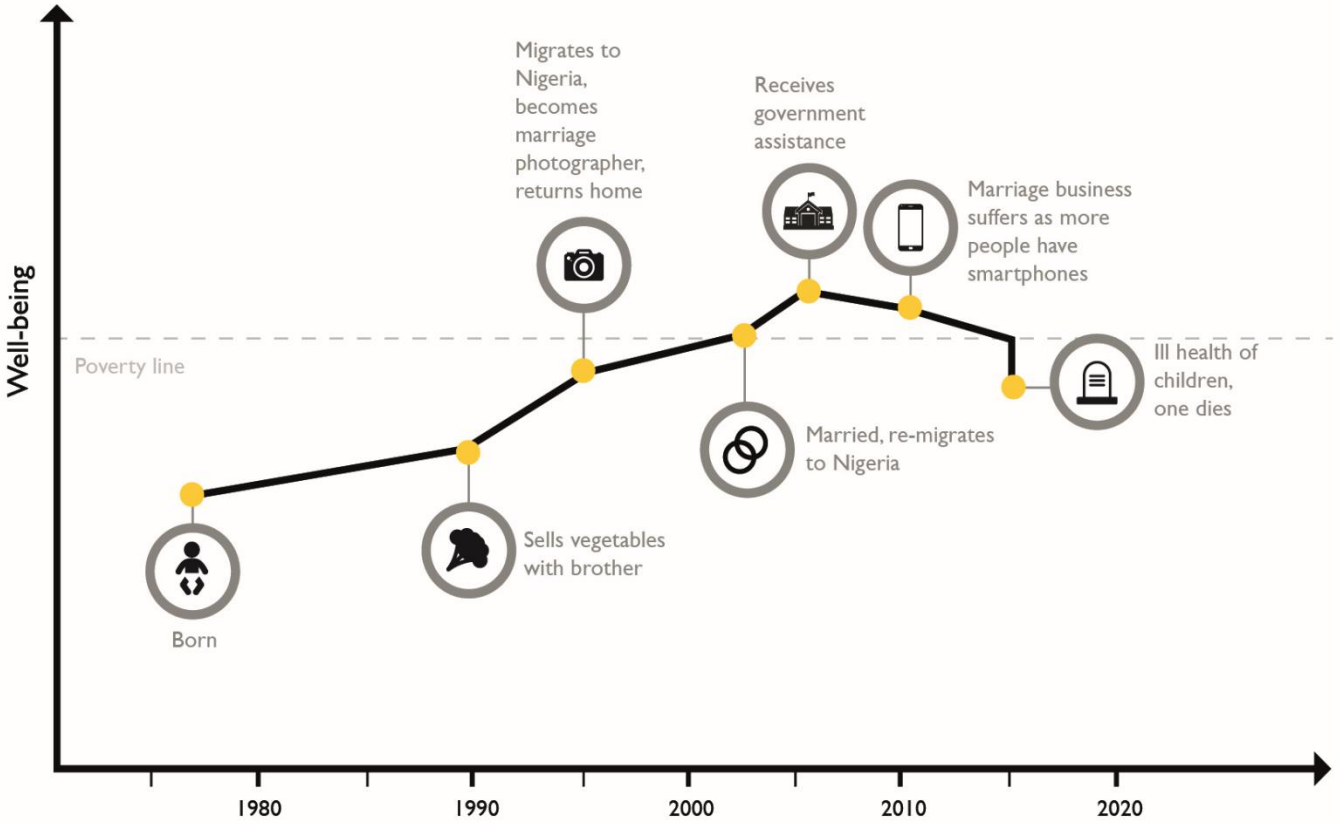
Multiplier Effects and Sequences

Key finding 1/3

MUSTAPHA

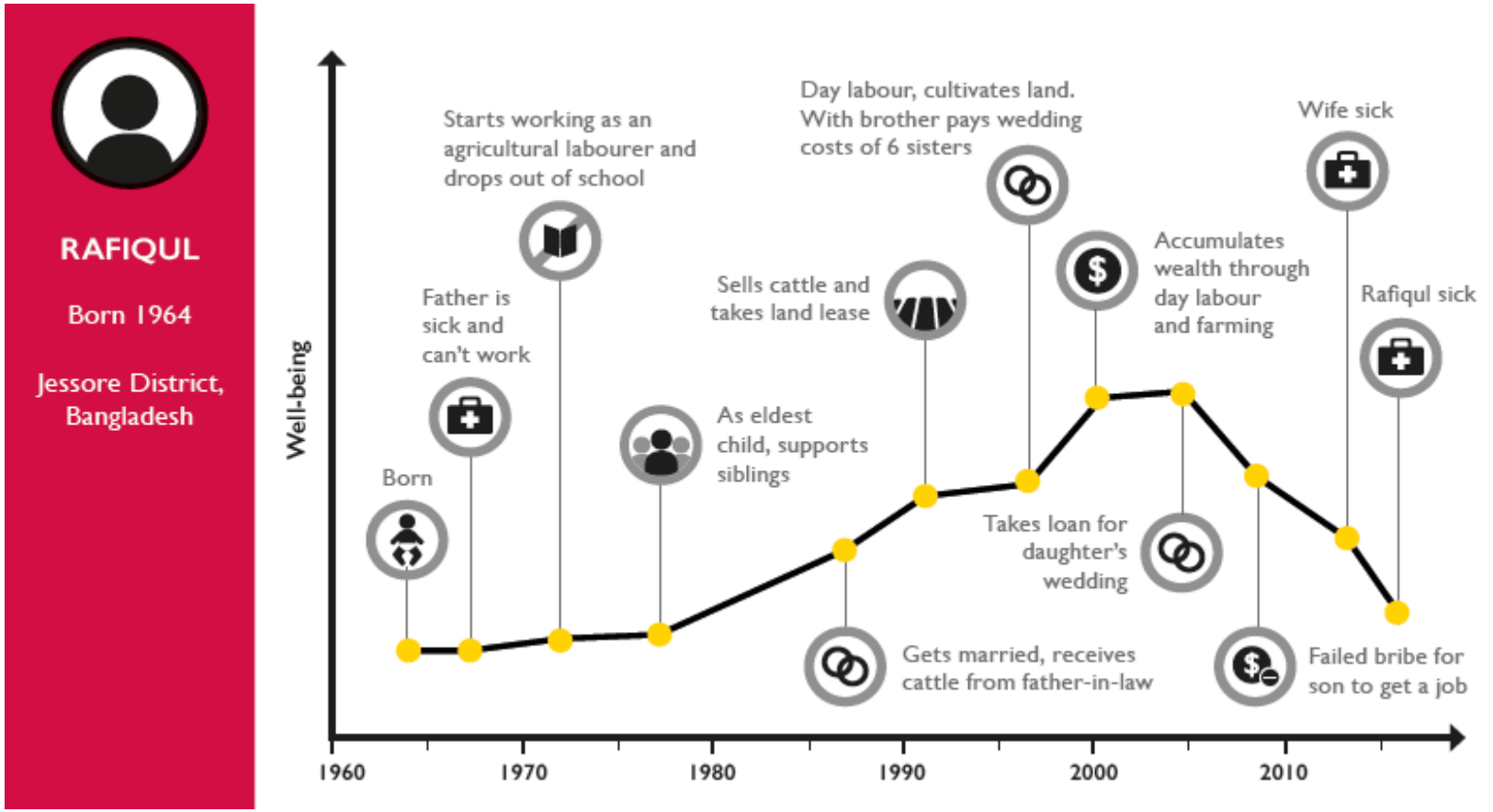
Born 1977

Urban Zinder, Niger



Multiplier Effects and Sequences

Key finding 1/3



Barriers to Healthcare

Key finding 2/3

- Health insurance coverage
- Quality of health services
- High opportunity costs, user costs

Stella mentioned that a key benefit of being married was that her husband paid for private medical care which was closer to her house. This was especially important in the rainy season:
'During **the rainy seasons the roads became impassable** and so if her child was sick instead of going to free hospital (2-3km) she was able to have the **money to go to the private clinic which was closer** to her house - walkable distance."
Source: LHI with Stella (F, 40 years old, transitory escaper) in rural Malawi

Coping Strategies for Health Shocks

Key finding 3/3

- Health **insurance**
- Relying on **savings**
- Selling **assets** such as livestock
- Support from social **networks**
- **Loans** from informal moneylenders

Meas (sustained escaper, rural Cambodia) had surgery for a tumor on her spine in 2018, costing USD 5-6,000. She drew down on savings, borrowed from family and USD2,000 from AMK microfinance, and USD1,000 from her husband's employer

Coping Strategies for Health Shocks

Key finding 3/3

- Health **insurance**
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Redo (rural Ethiopia): "*When the doctor referred my mentally-ill daughter to a big hospital in Addis Ababa, I had to spend Birr 11,000. Then my son got sick and I had to spend Birr 7,000 for medication. I had to sell my only ox to cover these expenses*."

Coping Strategies for Health Shocks

Key finding 3/3

- Health **insurance**
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*In 2017, Dindo began to suffer from severe stomach pains. He became immobilized and was hospitalized for treatment of **stomach cancer**. Dindo has been staying at home this year and has stopped driving his tricycle. His wife, **mother and two sisters now take care of him**. His mother, who used to work in rice fields, stopped work because of worsening rheumatism.*

*Dindo's family meet subsistence needs through **provisions by his brother**, and his two sisters' husbands who work in Legaspi city on minimum wage salaries. But the family is unable to raise money for treatments and has foregone a number of scheduled appointments and medications due to lack of funds. -- LHI with Dindo (M, transitory escaper), rural Philippines*

No One-Size-Fits-All Policy Context

Implications 1/4

Rwanda

- **Compulsion**: required health insurance premiums for all but poorest two segments
- Improving quality of public health **services**
- **Public works** which cushion shocks for the very poor
- But: targeting errors; financial sustainability

Kenya

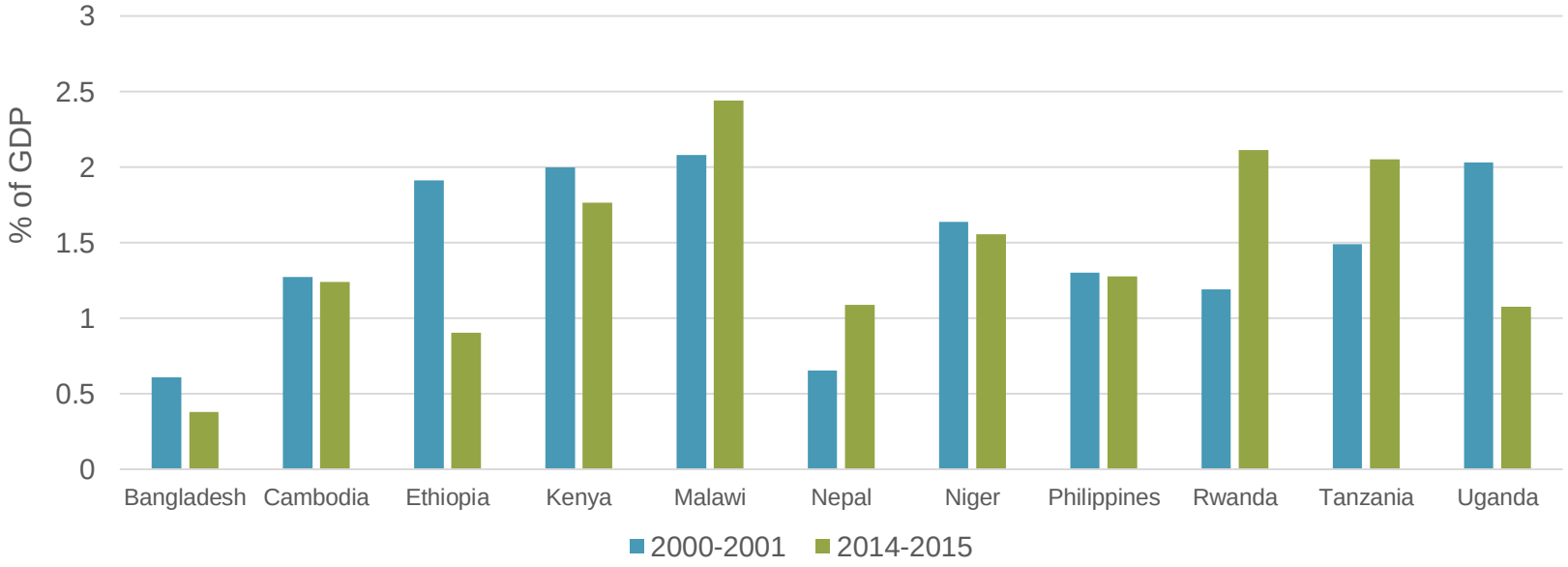
- 2010 constitution and **devolution** of power
- Counties where **governors active** in promoting health services
- Several counties **upgraded health facilities**
- But: Wide variations; health budget may not reach hospitals

Universal Health Insurance

Implications 2/4

- Developing a new health insurance program
- Expand health insurance to more effectively provide safety nets
- Financing health insurance for the poor

Domestic general government health expenditure (% of GDP)



Universal Health Insurance

Implications 2/4

- Developing a new health insurance program
- Expand health insurance to more effectively provide safety nets
- Financing health insurance for the poor

Tanzania's Community Health Funds was designed partly to increase local revenue for health and improve the quality of health services through empowering local communities. Its income stems from member contributions matched by central government grants. However, lack of clear guidelines for its implementation has created variations in CHF schemes. In some areas, local authorities relied on private companies or NGOs for one-time support.

Tanzania's new Health Financing Strategy is expected to improve health sector outcomes and help advance health coverage for the poor. Its core reform is in creating a mandatory Single National Health Insurance for all citizens, financed through cross-subsidization between the rich and poor. Its explicit objective is to establish a pro-poor financing mechanism.

Source: Wang and Rosemberg, 2018, unless stated otherwise

Improving Health Systems
Implications 3/4

- Expand coverage of health services
- Improve quality of healthcare

In a study in Cambodia, 'three configurations of HEF were examined for their ability to attract beneficiaries to initiate care at public health facilities and their degree of financial risk protection:

- HEF covering **only hospital services**
- HEF covering **health centre and hospital services**
- Integrated Social Health Protection Scheme (iSHPS) that **allowed non-HEFB community members to enroll in HEF**. The iSHPS also used **vouchers** for selected health services, **pay-for-performance** for quantity and quality of care, and interventions aimed at increasing health providers' degree of **accountability**.'

Source: Jacobs et al., 2018, in Shepherd, 2018

Expanding Support
Implications 4/4

Different forms of ill health
- **Chronic** illnesses
- **Alcoholism**
- **Reproductive** health
- **Mental**-health problems

Malawi, Niger, Rwanda, and Uganda comparison:
1) *Rwanda and Malawi- dramatic fall in maternal mortality ratios since 2000*
2) *Uganda experienced just a small decrease*
3) *Improvement in Niger was almost negligible.*

Expanding Support
Implications 4/4

Different forms of ill health
- **Chronic** illnesses
- **Alcoholism**
- **Reproductive** health
- **Mental**-health problems

Example: Interventions to break the cycle of poverty and mental ill health in Uganda: Mental Health and Poverty Project

Critical Links

Example: Linking Community Based Health Insurance with the Productive Safety Net Program in Ethiopia

'Individuals covered by both programs, as opposed to neither, are 5 percentage points more likely to use outpatient care, … 21 percentage points more likely to participate in off-farm work, … and participation in both programs is associated with a 5 percent increase in livestock, the main household asset, and a 27 percent decline in debt' (Shigute et al, 2017)

TOP TAKE-AWAYS

Overall and health-specific findings

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Questions and Answers

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Contact:

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Scott Fontaine sfontaine@usaid.gov for Marketlinks-related questions

Comment on today's topic:

Agrilinks or Marketlinks

Annex

Country	Country report	Panel data (years/households)		Qualitative data (sample/ date)		
Rural/ urban	**Source**	**Dataset and years**	**N**	**LHI**	**FGD**	**KII**
Bangladesh (R)	Scott and Diwakar, 2016	Chronic Poverty and Long Term Impact Study: 1997/2000, 2006, 2010	1193	60 (2016) 24 (2016)	0 6	0 18
Cambodia (R)	Bird et al., forthcoming	Agriculture, Rural Development and Poverty Reduction Survey: 2001, 2004, 2008, 2011, 2014, 2017	852	60 (2018)	36	24
Ethiopia (R)	Mariotti and Diwakar, 2016 Woldehanna et al., 2018	Ethiopian Rural Household Survey: 1994, 1995, 1997, 1999, 2004, 2007, 2009 Living Standards Measurement Survey: 2011, 2013, 2015	1056 3388	23 (2016) 75 (2017)	2 8	3 10
Kenya (R)	Scott et al., 2018	Tegemeo Agricultural Panel Survey: 2004, 2007, 2010	1243	60 (2017)	4	15
Malawi (R & U)	Da Corta et al., 2018	Malawi Integrated Household Panel Survey 2010, 2013	1720	40 (2018)	8	23
Nepal (R & U)	Diwakar, 2018a	Nepal Living Standards Survey: 1995, 2003, 2010	434	40 (2017)	8	18
Niger (R & U)	McCullough and Diwakar, 2018	Living Standards Measurements Survey - National Survey on Household Living Conditions and Agriculture	3436	40 (2018)	8	14
Philippines (R & U)	Diwakar, 2018b	Family Income and Expenditure Survey: 2003, 2006, 2009	6519	40 (2018)	8	19
Rwanda (R & U)	Da Corta et al., 2018	Enquête Intégrale sur les Conditions de Vie des ménages: 2010, 2014	1920	79	12	XX
Tanzania (R & U)	Da Corta et al., 2018	Living Standards Measurement Survey – National Panel Survey: 2008, 2010, 2012	3079	20 (2017) 60 (2017)	8 24	15 29
Uganda (R & U)	Scott et al., 2016	Living Standards Measurement Survey – National Panel Survey: 2005, 2009, 2010, 2011, 2013	1398	24 (2016)	6	21