

What is chronic poverty?

Who are the chronically poor, why are they in poverty, and what can we do about it?

Findings from the Chronic Poverty Research Centre, 2000-2011



Chronic Poverty
Research Centre

CHRONIC POVERTY RESEARCH PROGRAMME SUMMARY

The Chronic Poverty Research Centre (CPRC) was funded by the Department for International Development (DFID) from 2000 to 2011. It was a multi-country, multi-disciplinary and multi-partner research programme focusing on the lives of the world's poorest people. This summary paper highlights key findings and provides a gateway to CPRC's ground breaking research.

About this summary

This summary **highlights** and **links to evidence** for the key findings and policy recommendations of the Chronic Poverty Research Centre. Click on the endnote references to view the evidence behind each research finding, and follow the hyperlinks in the bibliography to access original evidence. For a fuller overview, see the final CPRC synthesis paper: [Tackling chronic poverty](#) (Shepherd, 2011)



What is chronic poverty?

- **Chronically poor people experience deprivation over many years**, often over their entire lives, and frequently pass poverty on to their children. This distinguishes chronic (or persistent) poverty from transitory poverty – where people move in and out of poverty or only occasionally fall below the poverty line.¹
- **Chronic poverty is different from severe poverty.** Severe poverty figures show poverty levels at a single point in time. In contrast, chronic poverty is defined by its **duration** – usually more than 5 years. Most severely poor people are also chronically poor, but some chronically poor people are not severely poor.²

What is the scale of the problem?

- Despite high rates of economic growth and poverty reduction over the last decade, **a large number of poor people remain chronically poor.** In 2008, CPRC estimated that among the 1.4 billion living in extreme poverty on below \$1.25 a day, **between 320 and 443 million** lived in chronic poverty.^{1,10}
- As countries reduce absolute poverty, **more of the poverty which is left behind is chronic**¹¹ (for example in Bangladesh, where most remaining poverty is now chronic).¹²

- **Although chronic poverty tends to decline as societies get richer, this can happen very slowly.** As it declines, chronic poverty also becomes more concentrated in socially and political marginalised communities and reBloggions (for example among Scheduled Tribes in India,¹³ in Northern Uganda,¹⁴ and among ethnic minorities in Vietnam¹⁵).
- **Descents into poverty slow down poverty reduction.** In four of CPRC's country analyses (Burkina Faso,¹⁶ rural India,¹⁷ Senegal,¹⁸ and South Africa¹⁹) more people were entering poverty than escaping it.
- Finally, **the longer people live in poverty, the less likely it is that they will escape it.**¹¹⁶ Therefore if chronic poverty is not addressed quickly, it becomes more difficult and costly to tackle.

About CPRC

This summary links CPRC's key findings and recommendations to its primary and secondary research and analysis: 214 peer-reviewed [working papers](#), 41 published journal articles, and 10 [books](#). All of CPRC's papers and 28 summary policy briefs are available at www.chronicpoverty.org

Key data sources: CPRC's key primary research consisted of quantitative analysis of panel datasets from 17 countries,¹ and qualitative work in 7 countries drawing on focus groups, life histories and interviews.³ This work identified the scale and nature of chronic poverty, key characteristics of the chronically poor, and drivers of poverty entrances and escapes. CPRC combined and sequenced their qualitative and quantitative research in an innovative 'Q-squared' approach (see p.4). CPRC's key primary research was supplemented by large scale secondary analysis and synthesis work, and smaller scale primary qualitative and quantitative research, particularly country case studies.

Quality of evidence: CPRC peer reviewed all published papers. Additionally, in 2011, nine papers were externally peer reviewed for the DFID Project Completion Report. One paper was rated excellent, seven above average and one average.

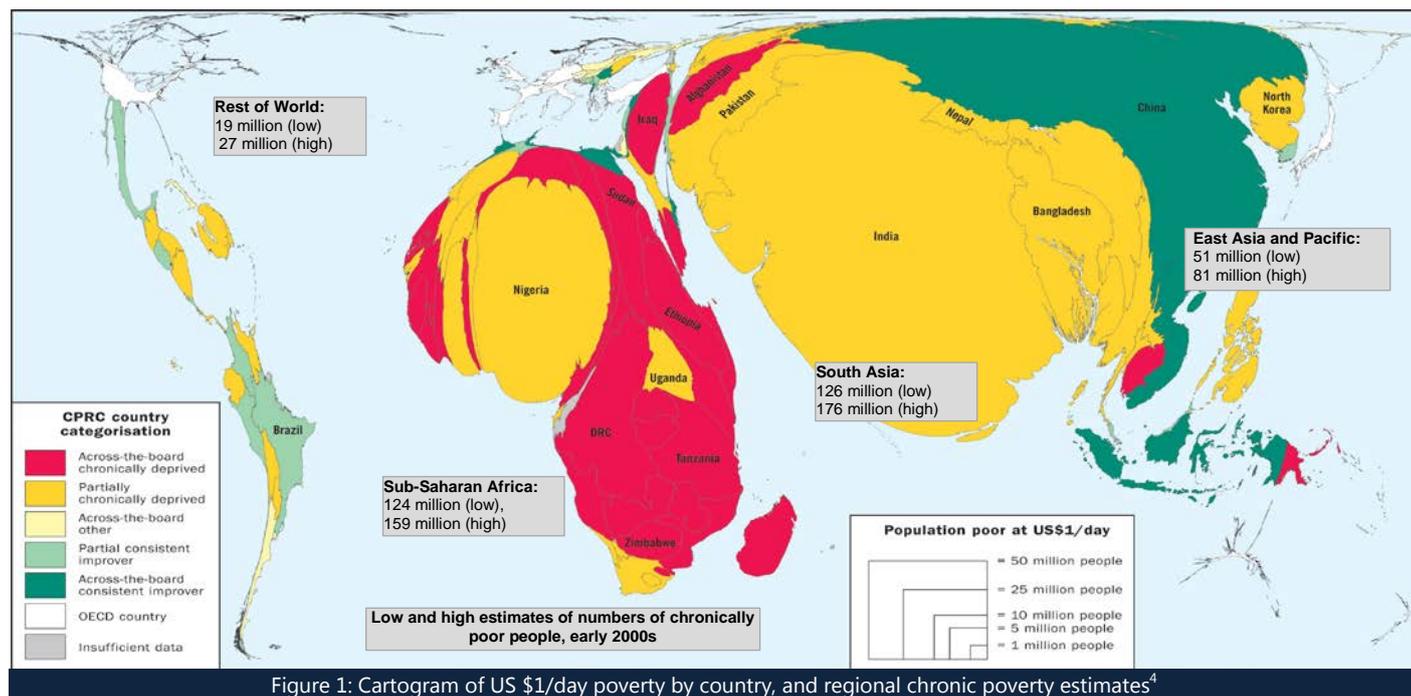


Figure 1: Cartogram of US \$1/day poverty by country, and regional chronic poverty estimates⁴

Who and where are the chronically poor?

- The chronically poor mainly live in sub-Saharan Africa and South Asia** (see map above). Chronic poverty is deepest in sub-Saharan Africa, where a high proportion of people remain poor over long periods of time.¹⁰
- They are mainly economically active.** It is not lack of work but the poor quality and insecurity of work that traps people in poverty.²⁰ The chronically poor are landless people, agricultural labourers, very small farmers, pastoralists, and casual workers in the urban informal sector.²¹ However, a significant minority are not economically active - people who are dependent on others for their livelihoods (particularly older people, orphans and people with disabilities).²¹
- They lack assets** including incomes, livestock and land. They also have fewer opportunities to use what assets they have (for example due to high start-up costs, or barriers to accessing credit).²² They also lack human assets such as education.²³
- 80% live in Chronically Deprived Countries (CDCs)** (full classification on p.15 [here](#)),⁵ which have experienced sustained deprivations for decades.²⁴ Violent conflict matters hugely for chronic poverty: of the 32 countries CPRC classify as 'across the board chronically deprived',²² are **fragile states**.²⁴ However, a significant minority live in wealthier and more stable countries, including China and India, as chronic poverty tends to persist even as absolute poverty falls.¹⁰
- Women and girls are particularly at risk of experiencing chronic poverty** due to the many gender-specific deprivations, dangers and vulnerabilities they face – including early and forced marriage, discriminatory laws and social norms, and lower levels of education and assets.²⁵ Female-headed households are often disproportionately chronically poor,⁷ and statutory rights to land and inheritance are frequently not enforced (see p.7).¹⁰¹
- Many chronically poor people live in rural areas or remote regions.**²⁶ Remoteness limits opportunities and keeps people poor. It is also often linked to discrimination against minority groups (e.g. in Northern Uganda¹⁴). A minority of chronically poor people live in **under-served urban areas**.⁶
- They often face discrimination.** The chronically poor are disproportionately ethnic minorities, migrant and bonded labourers, refugees and internally displaced people.^{27,117} These groups **lack agency and voice** - the ability to articulate their interests, bargain for higher wages, and assert their rights, for example to access basic services.²⁸ A lack of political commitment to targeting minority groups and regions limits the effectiveness of poverty reduction programmes. Power and politics are therefore crucial components of chronic poverty.²⁹
- They often have larger families** than the less-poor (especially in South Asia). However, there is not always a clear link between household demographics and chronic poverty (particularly in Sub-Saharan Africa), and where land is abundant larger families can mean more labour and so more wealth (e.g. in Northern Ghana).³⁰
- They often fall into poverty suddenly, and escape it slowly and gradually.** CPRC's poverty dynamics research in Bangladesh, Tanzania and Senegal found that people frequently fall into poverty very quickly as a result of shocks (see p.4). Ill health is a particularly frequent cause of downward mobility.³¹ However, when escaping poverty, assets often accumulate over years or generations. This is often interrupted by small reversals in fortune.³²
- They experience many different deprivations at the same time.**³³ Rather than a single factor, it is often the combination of low incomes, few assets, little education, poor health and social marginalisation that locks people in poverty.
- They pass chronic poverty onto their children** for all of the reasons described above – unable to provide their daughters and sons with the assets, nutrition, education and healthcare necessary for living healthy, productive lives.³⁴
- Their opportunities and those of their children are often damaged over the long term.** Living in chronic poverty increases the chances of health problems (often chronic and long term),^{35, 115} illiteracy³⁶ and ultimately dying early – often from easily preventable diseases.³⁷

What causes chronic poverty?

A person in chronic poverty is usually there for many reasons. There are five major poverty traps, which interact and reinforce one another, locking people in chronic poverty over long periods of time and across generations.

1. Insecurity and poor health trap

Shocks such as conflict and violence,³⁸ economic crises,³⁹ illness³⁵ and natural hazards all cause insecurity, which can trap people in poverty. Chronically poor households lack the assets and entitlements to cope with shocks and mitigate risk – and risk avoidance and damaging responses to shocks can lock them into low-return, exploitative activities.⁴⁰ Although assets play an essential role in protecting against insecurity, CPRC did not find evidence for an asset-based poverty trap.⁴¹

2. Limited citizenship trap

The chronically poor often do not have a meaningful political voice, legitimate political representation, or power.⁴² As a result, they lack a stake in society or sense of citizenship – limiting their opportunities to assert their rights or bargain for better wages.⁴³

3. Spatial disadvantage trap

People living in areas that are remote and poorly integrated, that face political disadvantage and that are poorly endowed with natural resources all lack access to services and productive work, trapping them in poverty.²⁶ People living in Chronically Deprived Countries and under-served urban areas also experience this trap.⁴⁴

4. Social discrimination trap

As well as suffering from discriminatory social norms around class, caste, ethnicity²⁷ and gender roles²⁵ the chronically poor are often bound into negative social relationships (e.g. patronage and exploitative work) that limit their choice and opportunities, even while protecting them from destitution.²⁰

5. Poor work opportunities trap

Limited employment due to low economic growth is only a part of this trap. Many chronically poor people (women in particular) are employed, but are 'adversely incorporated' into labour markets; working in exploitative or unhealthy work, with little or no job security and low wages. These jobs permit survival but not savings or asset accumulation, and often increase health shocks.²⁰

What works to tackle chronic poverty? Four pillars and '4 Ds' for the post-2015 agenda

CPRC research proved that chronic poverty can be tackled. The five poverty traps can be mitigated through four pillars of interventions, together with four important **enabling conditions** (the '4 Ds'). Together these can address chronic poverty, and should be at the centre of the post-Millennium Development Goals global development framework.

The '4 Ds' are: recognising the importance of **differentiated** policy responses, investing in high quality **disaggregated data**, seeking to understand poverty **dynamics**, and considering the **duration** of poverty (particularly inter-generational poverty).

- **Differentiated policy response: local policy to deal with the different causes of poverty.** CPRC's work on poverty dynamics illustrates the multiple and contextual factors driving people into and helping them escape poverty (see p.4). The historic, political and economic context of each region determines which combinations of measures will be most effective. Therefore national and sub-national policy and action are much more important than international policy and action in reducing chronic poverty.⁴⁵ Local policy responses should also focus on integrating remote areas into the national or global economy.²⁶
- **Data: investing in better data and disaggregating it to understand poverty dynamics.** There is no alternative to investing in regular panel data collection. Panel surveys, with accompanying qualitative research, are essential to measure and understand deprivation and wellbeing over time (see p.4 for more details). However, although several new panel surveys have been launched over the past decade, panel data is still patchy and currently only available in about 40 developing and transitional countries.⁴⁶ Improving data is especially important as large-scale programmes are rolled out, so their impacts can be monitored closely, reported in the media and debated politically. **Disaggregating data** is also essential – to understand the different experiences of the chronically poor in terms of severity, duration, dimensions of deprivation, occupations, gender, age and socioeconomic status.⁴⁷

Four pillars for tackling chronic poverty

CPRC research identified four major categories of interventions to address chronic poverty:

1. **Effective social protection** programmes: improving existing programmes, establishing new ones and in the long term moving from patchworks of programmes to comprehensive systems supporting the vulnerable. See page 4 for discussion.
2. **Inclusive economic growth** that incorporates chronically poor people on good terms. The quality, not just the quantity, of jobs is essential. See page 5 for discussion.
3. **Human development:** beyond basic health and education. Moving beyond basic service provision to strengthening demand for services, linking education to economic development, and investing in equitable access to post-basic services. See page 6 for discussion.
4. **Progressive social change.** Addressing discrimination and increasing the voice of girls, women and other socially and politically marginalised groups is essential to tackle the structural causes of chronic poverty. See page 7 for discussion.

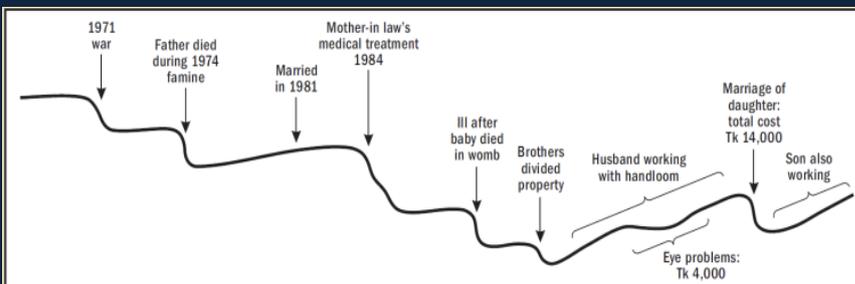
Poverty dynamics and duration

Panel data, life histories and the Q-squared approach

Poverty dynamics are the changes in wellbeing people experience over time. CPRC pioneered a **combined and sequenced qualitative and quantitative (Q-squared) approach** to collecting data on poverty dynamics. This approach considerably enhances understanding of the causes of poverty, and the factors that lift people out of and drive people into poverty. It provides information on *how* social mobility happens, not just *how much* poverty reduces or increases. It also illustrates and explains differences between qualitative and quantitative assessments of household wellbeing, highlighting the importance of non-monetary wellbeing.

In **Bangladesh** the Q-squared approach included a three-phase study across 102 villages in 14 districts, building on former household surveys.⁴⁸ Qualitative focus group discussions were followed by a quantitative panel data survey, in turn followed by life history interviews. This study was part of broader poverty dynamics work on patterns of poverty exits and entrances in Bangladesh.⁴⁹

Life histories provide rich insights into how people perceive the trajectories of their lives. This example shows the changing life circumstances of Fuljan from Bangladesh.⁵⁰ It demonstrates the multiple causes and rapid nature of her descents into poverty, and the much slower, more gradual improvements in her quality of life. These were a result of both improved economic opportunities in her family and the removal of factors keeping her in poverty.



In Bangladesh, life histories demonstrate that poverty exits are commonly correlated with long term improvements in socioeconomic wellbeing, allowing people to benefit from land assets, business and agricultural and salaried activities, loans and property division. People on upward trajectories out of poverty are less likely than those on downward trajectories to have experienced violence, conflict, migration, illness or disability.

In **Tanzania**, agriculture is usually necessary but not sufficient to escape poverty. Generally, people escape through adopting non-farm activities (salaried employment and non-farm businesses) to complement agricultural income. Favourable marriage was frequently cited as a major poverty escape route.⁵¹

In **Senegal**, exit from poverty is easier for people in towns (60% escaped over a 30-year period compared to 25% in rural areas). Education, and especially gaining a qualification, is central to most poverty escapes. Internal and external migration for jobs and education, and securing support from a relative, are important in many stories. Young people often escape poverty through attachments to sporting, religious or cultural organisations or patrons.⁵²

CPRC also conducted poverty dynamics and Q-squared research in Zimbabwe,⁵³ Kenya,⁵⁴ Uganda⁵⁵ and Pakistan.⁵⁶

Useful CPRC resources on poverty dynamics:

Policy Brief: [Untold stories: the human race of poverty dynamics \(2008\)](#); Policy Brief: [The value of panel data in chronic poverty analysis \(2011\)](#); [Life Histories Resource Pack \(2011\)](#); and two books on poverty dynamics.⁹

Four pillars to tackle chronic poverty

CPRC identified four pillars of interventions important to tackling chronic poverty. These pillars build on CPRC's primary quantitative evidence, which demonstrates who the poor are and major correlates of poverty; and qualitative evidence, which identifies the factors driving people into poverty and helping them escape it. The pillars also draw on large scale secondary analysis and synthesis work, supplemented by smaller scale primary research, particularly qualitative case studies.

Pillar 1: Social protection

- CPRC research found that social protection interventions (including cash transfers, employment guarantee programmes, input distribution programmes and subsidised access to services) can be **crucial policy instruments for tackling chronic poverty** (discussed in full in Chapter 3 of the [Chronic Poverty Report 2008-09](#) and in a 2011 [synthesis paper on social transfers](#)).

- Qualitative and quantitative research and evaluations in South Africa and Brazil found that **social protection reduces vulnerability⁵⁷ and contributes to poverty reduction and prevention.⁵⁸** Not only does it play a crucial survival role, it can improve food security, provide seed money for new businesses, support self-employment or informal agricultural activities, permit investments in property and fund education for household members.⁵⁷ CPRC also synthesised wider evidence that social protection can help people build assets and human capital.⁵⁹
- CPRC published **7 policy briefs** outlining evidence that social protection can reduce chronic poverty, does not promote dependency, can stimulate micro-level growth and is affordable even in low income contexts:

- **Policy Brief 22:** [Social assistance and the 'dependency syndrome'](#)

- **Policy Brief 20:** [Do social transfer programmes have long-term effects on poverty reduction?](#)

- **Policy Brief 14:** [Social transfers: stimulating household-level growth](#)

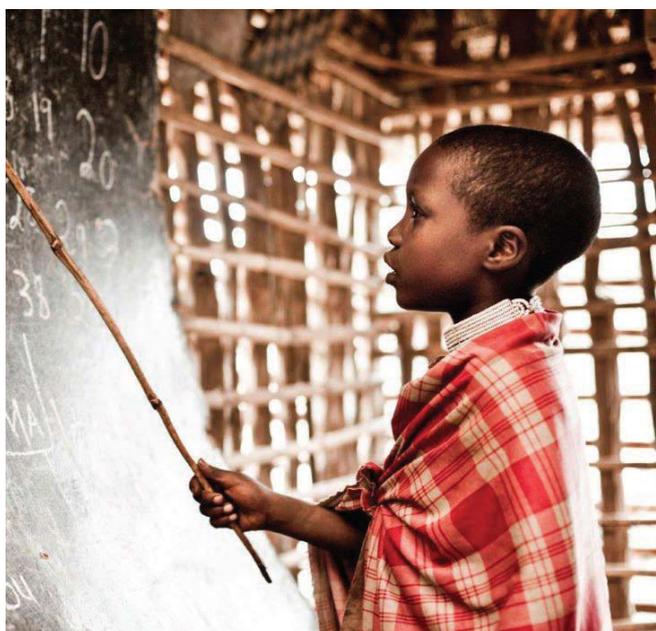
- **Policy Brief 10:** [Supporting escape from chronic poverty: policies in action](#)

- **Policy Brief 9:** [Social protection: top priority to end chronic poverty](#)

- **Policy Brief 3:** [Tackling obstacles to social protection for chronically poor people](#)

- **Policy Brief 2:** [Social protection transfers for chronically poor people](#)

- CPRC's [Social Assistance Database](#) (2010) provides details of over 100 social assistance programmes in 52 countries; including dates, agencies involved, cost, target population, type and level of transfer, and monitoring and evaluation details.



What can policy makers do?

Drawing on evidence from country case studies and comparative research as well as secondary analysis and synthesis, CPRC highlighted the following lessons for designing effective social protection programmes.

Technical lessons

- **Integrating** transfers into wider development strategies is important, rather than designing stand-alone initiatives.⁶⁰ A 2006 review of PRSPs found that social protection programmes were fairly piecemeal and reflected donor priorities and a project-based approach.⁶¹ Complementary **asset accumulation and protection** interventions are one example of joined-up programming.⁶⁰ Bangladesh's BRAC programme is a lesson in how to break down the barriers between agencies working to develop assets, markets and protection.⁶²
- **Long term** programmes with **regular and reliable payments** and **larger transfers** are necessary to secure consumption and at the same time enable investment in productive activities.⁶³
- **Channelling** funds in certain ways can improve household allocation of resources (e.g. making transfers directly to women).⁶³
- **Investing in education and health services** alongside social protection programmes is important, to ensure they are accessible to the poorest and of sufficient quality.⁶³

Political lessons

- **Elections are important moments**, along with other political windows of opportunity, for new social protection policy and programming.⁶⁴
- **Decisions about targeting are political**, often reflecting discourses on dependency, and donor and national priorities, rather than the needs of the poorest.⁶⁴ CPRC research found little evidence for the theory that more closely targeted programmes erode political support and ultimately reduce available funding.⁶⁴
- **Linking social protection with local patronage structures has mixed results.** It can perpetuate inequality and unequal power relations,⁶⁶ but in some cases can benefit the poor, as local forms of accountability may supersede exploitative relationships.⁶⁷
- **Discourse about the poor is important.** If social protection is to be politically sustainable, it is essential to challenge perceptions that cash transfers promote dependency and are wasted on the 'undeserving poor'.⁶⁸
- **The institutional location of a social protection programme is important.** Although social development ministries may seem the natural home, they often lack central political influence.⁶⁴ However, Ministries of Finance may be less focused on poverty reduction.⁶⁷ Joined up management is therefore essential.
- **Social protection can help build a social contract between state and citizens.**⁶⁷ However, there are many challenges for donor agencies in attempting to promote progressive social contracts.⁶⁸

Pillar 2: Inclusive Growth

CPRC's work on growth is summarised in Chapter 4 of the synthesis report [Tackling Chronic Poverty](#) and **3 policy briefs** on economic growth:

- **Policy Brief 21:** [Growth and poverty reduction: policy implications from qualitative research in Tanzania](#)

- **Policy Brief 17:** [Agricultural growth and poverty reduction in Tanzania](#)

- **Policy Brief 8:** [Escaping chronic poverty through economic growth](#)

Why is economic growth not enough to tackle chronic poverty?

Economic growth is essential to reducing both income and non-income dimensions of extreme poverty.⁶⁹ However, although growth benefits the chronically poor, it does so less than it benefits the poor as a whole, and much less than it benefits the wealthy.^{70, 119} The **severely poor benefit least**, and rising living costs hit them hardest.⁷¹ This is because the chronically poor are frequently **locked out of economic growth**:

- They cannot afford to invest in **high-risk, high-return** economic activities – low assets and multiple vulnerabilities mean that failure would be catastrophic; and the poorest people are often too poor to access credit or insurance markets.⁷²
- Jobs and livelihoods are often **limited and insecure**, as the chronically poor frequently live in remote, poorly connected regions with little access to markets; or locations with a high risk of violence or low agricultural productivity.²⁶
- They are often locked into **exploitative working relationships**, with no security and very low wages, because there are no alternatives for survival.²⁰
- They are trapped in **low-skilled jobs** due to low levels of education;⁷ and children are often at work rather than at school, which perpetuates poverty across the generations.⁷³
- They often work in **unhealthy or dangerous jobs**, which can cause health problems that limit their working potential and perpetuate poverty.⁷⁴

What can policy makers do?

- Recognise that fast growth is less important for reducing poverty than **sectorally balanced growth** that emphasises labour intensive sectors such as agriculture, making growth less vulnerable to volatility and shocks;^{75, 118} or **more equitable, better governed growth** (as in Ghana⁷⁷).
- Pay attention to the **quality**, not just the quantity, of jobs:
 - Deepen labour markets to give people options outside insecure casual labour.⁷⁸ This can include encouraging the growth of **small and medium sized enterprises** to improve demand for labour.⁷⁹
 - Get people into **higher return markets** by investing in **education** to upgrade their skills and increase their chances of salaried employment.⁸⁰

- Invest in broad based **agricultural and rural labour markets** where so many of the poor work.⁷⁵
- Focus on **assets**. Assets such as land and livestock play an essential role in preventing people from falling into poverty, and helping people escape it.²² This includes designing **social protection** programmes and making financial services accessible to the very poor.
- Focus on **taxable growth**, to enable redistribution and fund initiatives to address chronic poverty. Few governments or donor agencies are systematically developing policy to affect growth distribution.¹²⁰
- Invest in **infrastructure** and **improving access** to information, services and employment opportunities, to connect poor people to markets.⁷⁰ Accompanying anti-discrimination measures are also important to overcome the stigma frequently faced by people living in deprived regions.⁸²
- Focus on **youth and young adults** – evidence suggests that this is the age where it is most possible for chronically poor people to include themselves beneficially in growth.⁸³

Further policy lessons can be found in CPRC primary research on the political and technical obstacles limiting the success of growth and poverty reduction strategies in **Tanzania**,⁸⁴ **Uganda**⁸⁵ and **Nicaragua**.⁸⁶



Pillar 3: Human development

CPRC research on human development includes substantial work on the intergenerational transmission of poverty³⁴ as well as **3 policy briefs**:

- **Policy Brief 27:** [Chronic poverty reduction in Uganda: National budgets and delivery of social services](#).

- **Policy Brief 13:** [Fighting chronic and extreme poverty in Bangladesh: implications for the second generation Poverty Reduction Strategy Paper](#)

- **Policy Brief 10:** [Supporting escape from chronic poverty: policies in action](#)

Human development findings are also referenced in Chapter 4 of the [Chronic Poverty Report 2008-09](#), and in Chapter 4 (Section 2) of the final [Tackling Chronic Poverty](#) synthesis report.

Human development and the chronically poor

Health and education enhance wellbeing and capabilities in multiple ways. They also help tackle the specific obstacles faced by the chronically poor:

- **The chronically poor spend proportionally more on health care than wealthier groups.**⁸⁷ This often results in households selling important assets, which can result in downward spirals that trap them in poverty.³⁵
- **Education is a versatile asset that cannot be taken away,** and so is valuable even in conflict situations.⁸⁸ Poor teenagers and young adults are especially able to make use of investment in education and skills.⁸³ Education can also create pathways out of rural poverty through increasing agricultural productivity, enabling households to engage in non-agricultural rural activities (often a major escape route from poverty), and facilitating successful migration to urban areas.⁸⁹

Barriers to accessing services

There is a vicious cycle at work here. Chronic poverty is caused and deepened by poor health and low levels of education; but being chronically poor makes it harder to access health and education services.⁸⁷ This is due to problems both on the supply side (services being available, affordable and accessible) and on the demand side (the poor taking advantage of services available to them).

- **State services often exclude the poor,** without the investment or infrastructure to provide full coverage and reach the most vulnerable. The poorest often have no access to basic health and education, and when they do gain access, services are often lower quality than services available to the less-poor.⁹⁰ The poor are less likely to start school, and more likely to drop out.⁸⁷
- The chronically poor are often **physically hardest to reach** with public health and education services, as they are more likely to live in remote and poorly integrated areas.²⁶
- **Hidden costs** such as school uniforms, transport, long distances and the need to take time away from work or household commitments prevent the poor from accessing free or low cost services.⁹¹
- **Social discrimination** excludes certain groups from accessing education and health.⁹² People may exclude themselves because of shame and stigma, particularly surrounding illnesses such as HIV and mental ill health.⁸⁷
- **Limited workers' rights leave the poor at greatest risk,** as they are more likely to be found in dangerous livelihoods such as rickshaw pulling, with high risks of injury.⁹³

What can policy makers do?

Tackling chronic poverty **involves moving beyond basic education and healthcare** to overcome these obstacles.

1. Policy should **address the barriers** preventing the chronically poor from accessing health and education services. Social protection, inclusive economic growth and anti-discrimination policies all play essential roles in this. Human development policies that can help break down these barriers include:
 - Improving **public health measures** (particularly for the poor in dangerous livelihoods) – for example through improving rights to healthcare, and improving access to credit and health insurance.⁹⁴
 - **Anti-discrimination** campaigns which include the street-level bureaucrats tasked with implementing reforms.⁹⁵
 - Improving the **capacity of local authorities** to deliver basic services, particularly in under-served regions.⁹⁶
 - **Increasing demand for services** through initiatives such as school meals programmes and flexible and non-formal education.⁹⁷
2. Policy should remain focused on achieving universal primary education and basic health for all; but **measures to move beyond primary education and healthcare** are also essential. These include:
 - Investment in **skills-based rather than academic education,** with stronger links to the labour market.⁹⁸
 - **Extending the instruments** that have been successful in promoting primary school enrollment and retention to include post-primary education.⁹⁹
 - Investment in **broader (including reproductive) health services,** to prevent people falling into chronic poverty, and improve their chances of escape.¹⁰⁰



Pillar 4: Progressive social change

CPRC research demonstrated that poverty is a **result of social and structural causes and traps, not the fault of the poor themselves** (see p.3). 'Progressive social change' directly challenges the **social orders** (caste, gender, race and class relations) and the **social practices** (lower pay for women, seizing the assets of widows, child labour and debt bondage) which perpetuate chronic poverty.

CPRC's work on progressive social change includes its extensive research on women and girls²⁵ (including the flagship [Stemming Girls' Chronic Poverty](#) report), as well as work on inheritance,¹⁰¹ the intergenerational transmission of poverty,³⁴ and adverse incorporation.²⁰ This work is summarised in Chapter 5 of the [Chronic Poverty Report 2008-09](#) and in **5 policy briefs**.

- **Policy Brief 25:** [Chronic poverty, girls and social institutions](#)
- **Policy Brief 19:** [Safeguarding inheritance: challenges and opportunities in African societies](#)
- **Policy Brief 15:** [Curbing dowry practices: an anti-poverty imperative](#)
- **Policy Brief 12:** [Progressive social change - women's empowerment](#)
- **Policy Brief 5:** [The politics of what works in reducing chronic poverty](#)

What can policy makers do?

Measures to promote progressive social change run through the three previous pillars for chronic poverty reduction. However, there are four additional policy recommendations:

1. Improve **inheritance mechanisms** for the poor.¹⁰¹ CPRC's work demonstrated the crucial importance of **assets** to escaping chronic poverty.²² **Land** is a particularly important factor in determining long-term wellbeing, especially for women.¹⁰²
 - It is essential to assist the poor in transferring assets to the next generation, through legally sanctioned, transparent, and equitable inheritance mechanisms. This may involve reforming property rights and legal frameworks.
 - Reforms should be accompanied by outreach activities to raise awareness of rights and registration processes.¹⁰³
2. Focus on **increasing women's agency** - to reduce both chronic poverty and the intergenerational transmission of poverty.
 - Breaking the poverty traps faced by girls and women requires **reforming or dismantling social institutions** to address discrimination.
 - Women are still systematically excluded from owning and inheriting assets due to gender discrimination, and the poorest women are least likely to inherit assets.¹⁰⁴

Governments should **revisit legislation on inheritance and women's assets, including ownership of property and natural resources.**¹⁰¹

It is not just whether women can inherit, but the amount of inheritance received that affects wellbeing.¹⁰⁴

- Reform cannot stop at inheritance, but must also consider **marital and divorce laws, cohabitation rights** and **purchasing rights** to ensure women have equal rights to own assets and to retain them after separating from partners.¹⁰⁵
 - However, legislation alone is not enough to change national practices.¹⁰⁶ **Local level engagement** should focus on changing social norms, building support for upholding equitable laws and principles, and improving community arbitration mechanisms.¹⁰⁷
 - Specifically targeting **teenage girls and young women** is important, to break the intergenerational cycle of poverty before they have children.¹⁰⁸
3. Create an enabling environment for **social movements**. Although their power to change policy and programmes is often limited, they can help change the terms that societies use to debate poverty and social change.¹⁰⁹
 - Supporting **stronger relationships** between social movements and political institutions is important – to give social movements a voice in policy spheres.
 - When social movements consciously promote inclusive organisational structures and address the constraints on women's engagement, they can also play a role in **supporting women** to participate in decision making.¹¹⁰
 4. Support internal and international **migration** and **strategic urbanisation**. Internal migration in particular can offer a major pathway out of rural poverty through offering a route to better work opportunities. Migration can also help shake up relationships and social orders, for example helping women escape gender roles, or helping lower caste people escape employment constraints in India.¹¹¹
 - Migration can be supported through legislation on the free movement of labour, and reforming public services to include migrants.¹¹¹
 - However, migration offers threats as well as opportunities. It is important to provide support for organisations that protect migrants, and challenge negative attitudes towards migrants through initiatives such as public information campaigns.¹¹²

These reforms are difficult and long term, and many 'fracture points' exist that prevent social reform benefitting the chronically poor.¹¹³ Success requires the support of **social and political leaders** for progressive social change.¹¹⁴ Elites need to be convinced that social structures underpin chronic poverty, and that policy discussion should move from a focus on 'the poor' to a focus on class, ethnicity and caste.

The future of chronic poverty research

The work of CPRC continues through the [Chronic Poverty Advisory Network](#) (CPAN), which aims to increase awareness of chronic poverty and use evidence to improve the effectiveness of policies and programmes. This has resulted in Policy Guides on [Agriculture](#), [Education](#) and [Energy](#), with further guides on Middle Income Countries and Employment forthcoming.

Research building on CPRC's work on poverty traps and asset dynamics will shortly be published in a Special Issue of the [Journal of Development Studies](#), (Vol 49, Issue 7, 2013).

Notes

- This research summary was written by Melanie Punton, Department for International Development (DFID), with inputs from Andrew Shepherd, Director of CPRC, and several DFID colleagues.

- Highlighted sources indicate important CPRC research to aid readers in locating evidence. **Key primary evidence is highlighted in red.** **Key secondary and important primary evidence is highlighted in yellow.**

- Photo sources: p1 © Giacomo Pirozzi / Panos Pictures; p.5 © Andrew McConnell / Panos Pictures; p.6 © Randy Plett / istockphoto; p.7: © G.M.B. Akash / Panos Pictures (2008).

- CPRC utilised **national panel data** from 17 countries where relevant data was available, to estimate chronic poverty using a forecasting method (proportion of entire population chronically poor divided by proportion that was poor in first wave); then extrapolating to the region. **Population data** are from the 2005 Medium Variant from World Population Prospects: 2006 Revision Population Database (UNDESA Population Division). **US \$1/day poverty rates** are taken from the 2006 World Development Indicators. This methodology and details of datasets utilised is fully explained in CPRC (2008). **Annex E: Estimates of regional and global numbers** (pp.140-141) in [Chronic Poverty Report 2008-09: Escaping Poverty Traps](#), and earlier calculations explained in CPRC (2005) [Measuring chronic poverty](#) (pp.91-127) In [Chronic Poverty Report 2004-2005](#)
- Using severe poverty as a proxy captures between 60% and 90% of the chronically poor. See [McKay, A. and Perge, E. \(2010\). Is severe poverty a good proxy for chronic poverty? Evidence from a multi-country study.](#) *CPRC Working paper 179*
- Qualitative research was undertaken in Bangladesh, Senegal, Tanzania, Zimbabwe, Kenya, Uganda and Pakistan (see p.4 for more details).
- This cartogram depicts each nation state – regardless of its actual land area – as proportional in size to the number of absolutely poor people (below US\$1/day), in each country. The **US\$1/day poverty rates** are from World Bank's World Development Indicators 2006, and refer to latest available year. For countries with no data, and OECD countries, CPRC estimates are used. The **population data** are from the 2005 Medium Variant from World Population Prospects: 2006 Revision Population Database (UNDESA Population Division). The **country colours** refer to the CPRC classification of each country, as described in the cartogram legend. The classification is based on a cluster analysis according to the level of, and change in, average welfare/deprivation, using data covering at least 20 years between 1970 and 2003. The analysis uses four welfare/deprivation indicators – GDP per capita, child mortality, fertility, and undernourishment. (See [Chronic Poverty Report 2008-09: Escaping Poverty Traps](#) p.20 for more information).

- CPRC's list of Chronically Deprived Countries corresponds closely with UNCTAD's Least-Developed Countries and UNDP MDG's Top Priority Countries lists, and is fully explained in [Chronic Poverty Report 2008-09: Escaping Poverty Traps](#) p.15.
- This is likely to grow as urbanisation increases. In 2008, UNFPA reported that more than half the world's population lives in urban areas and this proportion is predicted to increase to two thirds by 2030. A number of articles on chronic poverty in urban areas can be found in a [Special Issue of Environment and Urbanisation](#). (Vol. 17, No. 2, October 2005), including the introduction by Mitlin, D (2005). 'Chronic poverty in urban areas' (an earlier open access version is available as [CPRC Working Paper 29](#)).
- CPRC analysis in Bangladesh, Uganda and Vietnam found that female headed households were more likely to live in chronic poverty. See [CPRC \(2005\) Measuring chronic poverty](#) (pp.91-127) In [Chronic Poverty Report 2004-2005](#)
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