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**The economic trigger:
Enabling gendered social inclusion processes
and outcomes amidst poverty escapes
in Niger and Malawi**

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The economic trigger: Enabling gendered social inclusion processes and outcomes amidst poverty escapes in Niger and Malawi*

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Abstract

This mixed methods paper explores social inclusion of poor women and children in Niger and Malawi. We identify social inclusion outcomes focused primarily on access to education and health, and supported by gendered processes of inclusion in economic and financial activities. This point of departure allows us to understand how social and economic processes affect social inclusion outcomes in health and education of poor and near-poor children. There are cases where economic services like financial inclusion are quite strong among women, and others where they are not, which has varying effects on the social inclusion of children. The paper examines the gendered intersection of these spheres and policies to promote social inclusion and consequently both social cohesion and sustained poverty reduction.

A key message of this study is that despite much higher levels of human development investment in Malawi than Niger, economic inclusion is needed in both countries to activate inclusion in human development services and better outcomes. For children to be socially included in education and health, their mothers need to be economically included and households need to be supportive. The economic inclusion women benefitted and derived agency from was sometimes a product of the entire household, through the channel of improved welfare and assets, or through targeted assistance or permanent employment in the context of otherwise vulnerable marital arrangements in both countries. It was crucially the interactive process of a supportive household with women's economic inclusion that fostered socially inclusive outcomes for children.

Keywords: Social inclusion, poverty, gender, health, education

JEL Classification: I14, I24, I31

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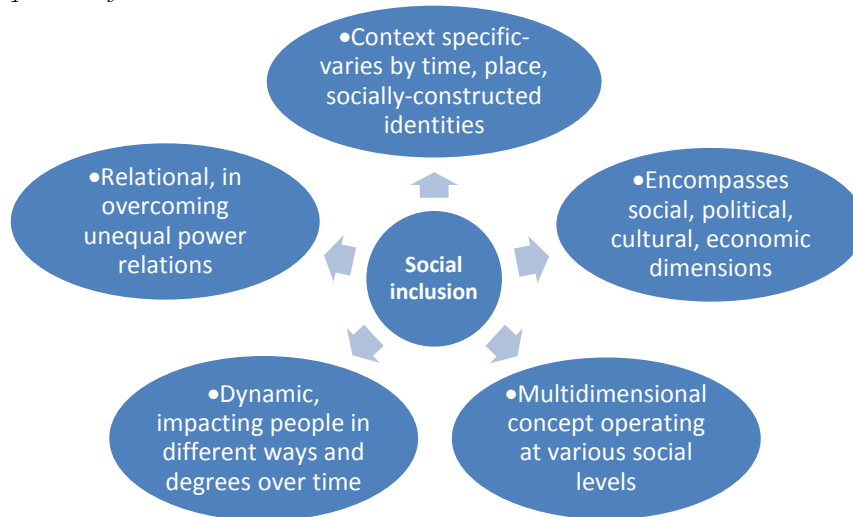
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1. Introduction

Social inclusion is generally defined as the process of improving the “ability, opportunity, and dignity” of “people disadvantaged on the basis of their identity” to take part in society (World Bank 2013). While the exact definitions vary, social inclusion is largely recognized to have the features outlined in Figure 1.

Figure 1: Components of social inclusion



Source: Summarised from Jenson, 2010; Larsen, 2014; de Haan, 2015

Social inclusion of marginalized groups in society is both an outcome and a process, related only partly to poverty and inequality (Silver, 2007). Yet in its warped form of adverse social inclusion or even social exclusion, chronic poverty can emerge. Adverse inclusion occurs where, for example, poor people may manage vulnerability in contexts of “highly imperfect markets, corrupt state practices, and patriarchal norms” by maintaining forms of social capital that “produce desirable short-term immediate outcomes and practical needs” at the expense of social capital that can help support their needs over the longer term (Wood, 2000). While a social exclusion lens would endow primacy to the structures that create conditions of marginalization and being ‘left out’ or ‘left behind’, adverse inclusion instead draws attention to exploitation and subordination processes that link agency with this structure (Hickey and du Toit, 2007).

Poverty reduction requires not only overcoming social exclusion, but going beyond that to prevent adverse inclusion and nurture beneficial forms of inclusion. Promoting beneficial social inclusion can also help ensure that households and individuals build the capabilities and be accorded the opportunities that can enable them to over experience sustained escapes from poverty. Beneficial social inclusion can moreover lead to a host of other development outcomes, including improving cooperation within and across group boundaries, so promoting social cohesion (see Box 1 for definitions).

This study explores social inclusion of poor women and children as both process and outcome. It asks: How do social and economic inclusion of women affect social inclusion outcomes in health

and education of children in households escaping poverty? It also explores what policy implications of the research may be drawn, with a focus on the inclusion of the poorest households and communities and how this can in turn strengthen social cohesion. The hypothesis underlying these questions is that **to get beneficial inclusion in opportunities and access to human development services for children in contexts where women remain the primary caregiver, these women need to be able to exercise some choice, which means having a degree of power often enabled through processes advancing their economic inclusion.** This point of departure allows for investigation into how inclusion processes of women affect social inclusion outcomes in health and education of children in households escaping poverty. This life cycle, intersectional approach has implications for policies that can nurture social inclusion and thereby reduce poverty while promoting social cohesion of societies at large.

Box 1: Definitions used in this study

Poverty dynamics refers to movements around the poverty line, and includes impoverishment, chronic poverty, initial escapes from poverty, transitory and sustained escapes from poverty.

Chronic poverty refers to long-term poverty that persists over many years or even a lifetime and is often transmitted intergenerationally (Shepherd et al., 2015).

Sustained escapes from poverty refers to households that escape poverty and then subsequently remain out of poverty over the long term (Diwakar and Shepherd, 2018).

Social inclusion is typically defined as “is the process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity.” (World Bank, 2013).

Social cohesion is defined here as “the extent to which people are co-operative, within and across group boundaries, without coercion or purely self-interested motivation” (Burns et al., 2018).

Niger and Malawi were chosen for this study for comparative purposes. Even though both are different in many ways climatically, economically, politically, and socially, there are also certain similarities that we focus on for this paper. Sub-Saharan Africa is home to a large concentration of global poor (and poorest); both countries are LDCs and have high poverty incidence, and relatively low rates of poverty reduction. They have been recipients of comparable levels of overseas development assistance (USD1215.8m for Niger and USD1543.8m for Malawi in 2017) at least recently (analysis of OECD, 2019); and in terms of data availability, both countries have similar a similar range of years of panel data availability and qualitative fieldwork focused on understanding poverty dynamics from previous research (da Corta et al., 2018; McCullough et al., 2018). The fieldwork on sustained escapes from poverty revealed the primacy of marital arrangements (including divorce and remarriage) in both countries in determining social inclusion and child wellbeing outcomes.

Yet, while both countries began the early 2000s with similar \$1.90 poverty headcount ratios (76.5% in Niger and 72.8% in Malawi), poverty reduction has comparatively been much faster in Niger, with poverty rates declining to 46.3% in 2013, but relatively negligible reductions in Malawi at 70.4% in the same year. Poverty reduction in Niger has been driven by a large share of GDP growth benefiting households during the periods of growth in agriculture and services between 2005 and 2014 (Garba et al., 2016). These differential poverty reduction rates render an investigation into social inclusion processes and outcomes particularly relevant in helping widen the base of households experiencing sustained poverty escapes on the road to zero poverty.

The following sections assess the literature on measures of social inclusion and how this relates to social cohesion, before introducing the Niger and Malawi policy contexts around social inclusion outcomes in health and education, with a particular focus on women and children. This is followed by an overview of the analytical approach used in this study, presentation of the quantitative and qualitative research findings around social inclusion in Malawi and Niger, and discussion of how public policies can foster inclusion among the poorest and in turn strengthen social cohesion.

2. Social inclusion, social cohesion, and poverty: Definitions and relationships

This section briefly reviews measures of social inclusion, and then proceeds to examine how social inclusion could theoretically promote social cohesion, with consequences for poverty eradication.

2.1 Measuring social inclusion

The theoretical ambiguities around the definition of social inclusion, as well as its multidimensionality and dynamic nature render it a difficult concept to derive a unified measure or even a common set of indicators. This gives rise to its varied measures in the literature, such as the World Values Survey, regional barometers in Latin America and Africa as well as the EU's Laeken indicators and the development of the EU-SILC, Civicus, Global Civil Society, Minorities at Risk, and wider databases like the Indices of Social Development combining over 200 indicators from various sources to develop composite indices (de Haan, 2015; Engsted, 2013).

Pragmatic considerations in measuring social inclusion encourage the use of existing datasets, such that results may be compared with minimal cost (Levitas, 2006). However, **there are problems in using large groups of indicators from datasets: it can be difficult to distinguish between measures, indicators, and risk factors; there may be concerns around quality and relevance of indicators; and there is “danger of stigmatising certain groups in defining their behaviour or situation as socially excluded” or included** (Levitas, 2006; Dorling and Simpson, 2000; Watt and Jacobs, 2000). In the case of the social inclusion and poverty nexus, these problems may be amplified due to debates around which indicators measure ‘poverty’ and which measure social inclusion or exclusion, especially where there are only a few

indicators available in datasets that may directly reflect participation in social and cultural life (Morgan et al., 2007; Bak, 2018).

Its multidimensionality has also led some to restrict their measures of social inclusion and exclusion to certain areas. For example, Larsen (2004, in Bak, 2018) focuses on finances and consumption, social relations, professional and political participation, recreational activities, and health. **An underlying thread across measures is an emphasis on “disparities, usually defined in terms of equitable or egalitarian access to services, income and well-being” (Jenson, 2010, p. 20).** A typical key component of a social inclusion or exclusion framing focuses on groups being excluded or adversely included, sectors in which these dynamics prevail, processes driving inclusion or exclusion and the levels at which these operate, and the agents involved (Mathieson et al., 2008).

2.2 Linking social inclusion to social cohesion and poverty eradication

A social inclusion lens to our investigation “offers an analytical framework that can bring together a series of meso-level concepts – such as class, ethnicity, and gender – in ways that make explicit the linkages between them in relation to persistent forms of poverty” (Hickey and du Toit, 2007). Exploring social inclusion can moreover contextualize poverty within social systems and structures and so transcend the methodological individualism of current poverty discourse (da Corta, 2008). Social inclusion is thus a key concept in understanding poverty dynamics, and in particular the persistence of poverty for some individuals and households, and also the ability of others to escape and remain out of poverty.

Social inclusion is also an integral component of social cohesion. **Burns et al. (2016) define social cohesion as “the extent to which people are co-operative, within and across group boundaries, without coercion or purely self-interested motivation”.** This builds on typical characteristics of a cohesive society provided in the literature, such as one that “works towards the wellbeing of all members, fights exclusion and marginalization, creates a sense of belonging, promotes trust, and offers members the opportunity of upward mobility” (OECD, 2011).

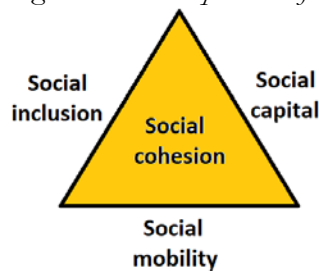
In this framework, **social inclusion, as well as public policies and interventions that foster inclusion of the poorest can directly contribute to a cohesive society.** A study of 20 OECD countries found that individuals with lower literacy proficiency are more likely to “report poor health, to believe that they have little impact on political processes, and not to participate in associative or volunteer activities” and also often less likely to trust others—key indicators of social cohesion (OECD, 2013). Improving the terms for the poorest to take part in society and access quality human development services can strengthen social cohesion by fighting marginalisation and improving their multidimensional wellbeing and sense of belonging. Empowering marginalized groups to take advantage of opportunities through beneficial social inclusion can also help build trust and level the playing field so that opportunities for upward mobility may accrue to all within society.

Social cohesion has thus “been mobilized as a quasi-concept by those who seek to protect and advance social inclusion” (Jenson, 2010). It has been put forth as a quasi-concept, a hybrid

insofar as it is both realistically based on analysis of data, but also vague and accordingly flexible to different forms of political action (Bernard, 1999). Evidence suggests that “more egalitarian societies and settings, in part sustained by equality-seeking social policies, are correlated with positive outcomes such as good health, child development and labour market adjustments in the face of structural challenges” (Jenson, 2010). Thus, the relationship is two-way: **social inclusion may be understood as a key component within social cohesion, but social cohesion can also be a critical driver of social inclusion processes and outcomes.**

The constitutive components of social cohesion are also interlinked, with consequences for poverty reduction (Figure 2). Social inclusion can contribute to equitable distribution of resources and access to capabilities and rights and promote human capital development and social mobility, with poverty-reducing effects. Beneficial inclusion, for example in education, can help build networks that mobilise the social capital of the poorest. This social capital can also be an instrument through which poor individuals gain access to work and other opportunities that drive their upward social mobility and improve prospects for social inclusion of their offspring. Improving social capital also tautologically enhances cooperation with others, and so can improve social cohesion (Oxoby, 2009). Thus, promoting social inclusion is a way to increase investments in social capital that are conducive to poverty reduction and social cohesion.

Figure 2: The components of social cohesion



Source: Reproduced based on OECD, 2011

An understanding of social cohesion as it relates to social inclusion can be framed according to the type of social disparities it measures. One typology proposed is around access to financial resources, economic activity, education and human capital, health, and technology (Jensen, 2010). In this paper, we explore social inclusion focused primarily on access to education and health as outcomes, and supported by gendered processes of inclusion in economic and financial activities, some of which may be affected by access to technology. As noted earlier, this point of departure allows us to understand how social and economic processes affect social inclusion outcomes in health and education of poor and near-poor children—the focus of this study. **There are likely to be cases where economic services like financial inclusion are quite strong among women, and others where they are not, which would have varying effects on the social inclusion of children.** It is thus critical to examine the gendered intersection of these spheres in research and policies to promote social inclusion and consequently social cohesion for sustained poverty reduction.

3. Context: Social inclusion in Niger and Malawi

Against this conceptual backdrop and adapting Jenson's (2010) framing, **Table 2 provides select national indicators around social inclusion in Malawi and Niger.** Youth literacy rates remain strikingly low in Niger, as do other basic indicators of school enrolment and child health. Niger also fares consistently worse in the health outcomes explored. Yet, according to \$1.90 a day headcount measures, poverty rates in Malawi (71.4%) lag far behind Niger (44.5%) in the latest survey years, and Malawi was also more unequal in its income distribution. These figures mirror a stronger pace of poverty reduction in Niger compared to Malawi over the preceding decade, often attributed to GDP growth experienced by households engaging in agriculture and services in Niger (Garba et al., 2016). However, the observed strong reduction may be skewed as poverty measured in 2005 was at the height of a severe famine in the country.

Table 1: Select economic, education, and health indicators in Niger and Malawi

Access to...	Indicator	Niger	Malawi
Economy	GINI index	34.3 (2014)	45.5 (2010)
	Poverty headcount ratio, \$1.90 (2011 PPP)	46.3 (2013)	70.4 (2013)
	Unemployment rate, youth (% of total labour force ages 15-24, modelled ILO estimate) [†]	0.5 (2017)	8.0 (2017)
Education	Youth literacy rate (% aged 15-24)	23.5 (2012)	72.9 (2015)
	School enrolment, primary (% net)	63.8 (2016)	96.3 (2009)
	School enrolment, secondary (% net)	17.0 (2015)	31.4 (2016)
Health	Life expectancy at birth (years)	60.1 (2016)	63.2 (2016)
	Mortality rate, under-five (per 1,000 live births)	91.3 (2016)	55.1 (2016)
	Births attended by skilled health staff (% of total)	39.7 (2015)	89.8 (2016)

Source: WDI (2018); PovcalNet (2018); UIS (2018)

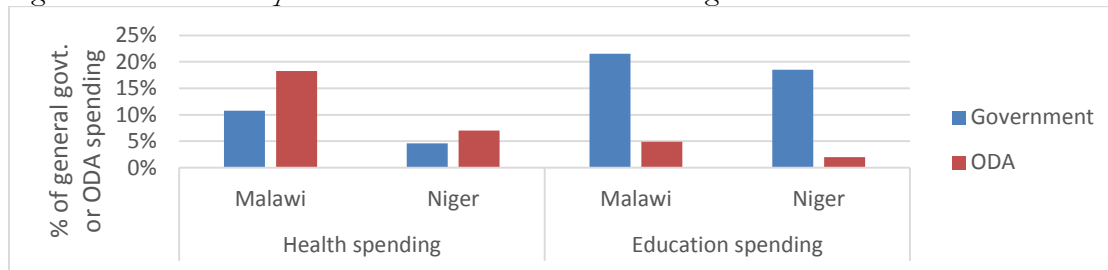
The better human development outcomes despite higher income poverty rates in Malawi compared to Niger could partly reflect funds allocated to the sector. For example, 10.8% of general government expenditure in Malawi was allocated towards domestic health in 2015, compared to just 4.6% in Niger (Figure 3). The variation is even wider when exploring domestic general government health expenditure per capita, where Malawi spent USD31 in current prices, compared to Niger's USD14 in 2015. Overseas development assistance followed a similar pattern, where the largest aid to Malawi was in the basic health sector, comprising 18% of aid received and totalling USD282 million in 2017, compared to 7% of aid or USD85 million in Niger. In basic education, too, Malawi received USD76 million, compared to USD24 million in Niger (author's analysis of OECD, 2019). With lower human development funding in Niger, it is no wonder that outcomes in health and education in turn are also affected.

Other factors that have affected social inclusion for the poor include the political factors such as development of democracy in both countries, with Malawi having a slightly

[†] These statistics are often disputed by national analysts (Reuters, 2017), and point to the need for better quality unemployment data.

longer history of competitive party politics; the presence of conflict in Niger, and relatedly horizontal inequalities for example between various ethnic groups; and social factors included those related to religion which has important implications for family size and contraception practices. These clearly contribute in varying degrees to two dissimilar contexts, but its exploration is beyond the scope of this study. Instead, as noted earlier, the present paper focuses on a subset of factors which operate more strongly at the micro-level, embedded in household-level welfare, intra-household relationships, and specific outcomes in health and education for children in households escaping poverty.

Figure 3: Government expenditures in health and education in Niger and Malawi



Source: based on data from WDI (2018); analysis of data from OECD (2019)

Finally, the policy scene also impacts human development outcomes for the poor. The following sub-section thus explores policy and programming measures around health and education in Niger and Malawi that have attempted to develop inclusive outcomes.

3.1 Niger

To help improve education outcomes in Niger, in 2016 a presidential promise was made to provide free and compulsory education for all children until the age of 16 years (Theirworld, 2018). A local language curriculum is also being piloted to help improve literacy rates (World Bank, 2014). Student retention and skills training programs are in place, for example an UNFPA 'Safe Spaces' programme that began in 2013 to return adolescent mothers in 40 communities in the country to school, and a 2011 World Bank programme that almost quadrupled the number of people in vocational training (UNFPA, 2013). However, many of these programmes lack pro-poor targeting to ensure that the poorest or most marginalized children and adolescents are included, let alone on beneficial terms. This, coupled with years of underinvestment in education has resulted in a system with weak outcomes. As a result, The UN Education Index, which compares the expected years of schooling to the average number of years that citizens actually attend school, places Niger last amongst 189 countries in 2017 (UNDP, 2018).

In health, the government developed *mutuelles assurance santé* in Niger (Leer, 2017), with integrated community case management (iCCM) strategies. Some donors have made efforts to improve the reach of more recent programmes to improve child health. For example, USAID between 2009 and 2014 developed a Children's Health project to extend iCCM strategies within the Tahoua Region, by training leaders within care groups on childhood diseases, and helped improve the use of protocols around childhood illness and care (USAID, 2015). However,

more generally, access to healthcare for the poor and thus poor children has been restricted by high user fees, including the need to pay for fuel and other expenses even where ambulances are available (Chambers and Booth, 2012). While user fee exemptions exist for certain groups such as children under five (Olivier de Sardan and Ridde, 2013; Diarra and Abdoulye, 2015), households with children beyond this age group continue to face high user fees.

Social protection efforts can help overcome some of these concerns by targeting children in poor or vulnerable households. The social protection program in Niger covers more than 80,000 chronically poor households through regular transfers over two years, and was designed to encourage parents to send children to school and visit health centres. Yet coverage remains low. Data from 2016-18 indicates that in Zinder, only 1.44% of households were reached, with a transfer of 10,000 FCFA per household per month. The social protection program also includes a cash for work component, which also requires scaling up (Shepherd, 2018). Finally, while the social safety net program has had observable impacts on improving nutrition and child food security, it has seen limited improvement of children's education or cognitive development (Premand, 2016).

3.2 Malawi

Inclusion in education in Malawi is shaped by the National Education Policy in 2013, which articulates the need to mainstream inclusive education and ensure equitable access to quality and inclusive primary and secondary education (Government of Malawi, 2013). This was followed by the 'Inclusive Education in Malawi' project launched by the government in 2015 which targets children in and out of school with a focus on marginalized girls, children with disabilities, and children in ultra-poor households in an effort to raise awareness, build capacity, and facilitate identification and inclusion of otherwise excluded learners in school. The project is currently being evaluated (STC, 2018). There are also various other attempts to improve education outcomes especially for girls including improved sanitation facilities, mother groups, 50:50 quotas for girls in community secondary schools (Government of Malawi, 2014). However,, even the "most progressive gender laws are not usually enforced" and suffer from weak implementation and monitoring (Government of Malawi, 2014). As such, social inclusion of women remains far from realization. Moreover, while gender inclusion has been relatively more of a policy priority, there have been less strong attempts to identify children with special needs and other vulnerable or left behind groups in education policy.

In the health sector, successes over the years have been linked to "scaling up evidence-based interventions, such as community-based family planning (FP) and integrated community case management (iCCM) for childhood illness and expanding support to community health providers. This has resulted in more equitable access to essential health services (Devlin et al., 2017). These efforts have been underpinned by the Health Sector Strategic Plans, the latest of which continues to provide medium term goals to move the country towards universal health coverage that is of quality and equitable ("Malawi launches health sector strategic plan II", 2017). Even so, social inclusion of poor children in health continues to suffer, as

revealed by research on the role of poverty in constraining children's access to basic needs including quality of healthcare (Bhatia et al., 2017).

In Malawi, too, social protection plays a role in improving health and education outcomes for the poor. Promisingly, **Malawi's focus within social protection over the last decade has shifted away from safety nets and towards longer-term, coordinated programming to assist poor households to deal with shocks**, underpinned by the 2012 National Social Support Policy (Scott and Chinsinga, 2018). Its associated National Social Support Programmes I and II covers cash transfers, school meals, public works, village savings and loans, and microfinance interventions (Government of Malawi, 2018). However, the school meals program suffers from limited resources and so covers just under half of public primary schools, with implementation fragmented and with limited links to other programs. Even so, it is insufficient to assess the efficacy of social protection programs in education by focusing purely on education outcomes. For example, the Early Childhood Development Centres in the country are noted to have helped lower stunting and child deaths, while also increasing enrolment of young children in early education programmes (UNICEF, 2017).

In both countries, sectoral policy and programming initiatives in health and education remain inadequate in their explicit coverage of poor and vulnerable children. In this context, families may seek upward mobility less through the direct benefits accrued from social policies and programmes, and instead shift to a primary focus on adapting their economic strategies within and beyond the household. We hypothesize that to provide human capital investments and ensure social inclusion outcomes of children, women in particularly within these contexts might rely on economic inclusion processes to increase their decision-making power. In what follows, we explore panel and qualitative data in Niger and Malawi to examine the extent to which these gendered social and economic inclusion processes have affected the inclusion of children in education and access to healthcare.

4. Social inclusion and sustainable poverty escapes in Niger and Malawi

This section introduces analysis of the panel survey data and qualitative field data analysed for this study. The panel surveys analysed were:

- Living Standards Measurements Survey - National Survey on Household Living Conditions and Agriculture (ECVM/A), a nationally representative survey of 3,436 households across Niger in 2011 and 2014.
- Living Standards Measurements Survey - Malawi Integrated Household Panel Survey (IHPS), which interviewed 3,104 households in Malawi in both 2010 and 2013.

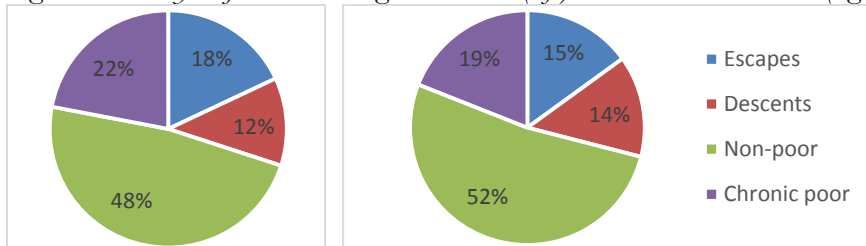
In addition to the quantitative analysis, this study makes use of focus group discussions, key informant interviews, and 40 life histories per country with men and women, undertaken as part of a separate study on understanding the drivers of sustained poverty escapes. The districts where the fieldwork was carried out were:

- In Niger: two rural and two urban sites in the Zinder region.
- In Malawi: two rural and two urban sites in Balaka and Mchinji districts.

This study newly analyses the qualitative fieldwork and panel datasets with a social inclusion lens, supported by secondary literature on poverty reduction in both countries, to understand drivers for social inclusion processes and outcomes with regards to the human development of children.

Panel data analysis using the national poverty line in both countries reveal a large share of poor (Figure 4). **In both countries, around half of the sample was poor in at least one of the two survey years, when using national poverty lines.** In Niger, 22% of households were chronically poor, while in Malawi, this figure drops slightly to 19%. Many households escaped poverty (18% in Niger and 15% in Malawi) over the survey years, though a smaller share also fell into poverty (12% in Niger and 14% in Malawi) over the survey years, though a smaller share also fell into poverty (12% and 14%, respectively).

Figure 4: Poverty trajectories in Niger 2011-14 (left) and Malawi 2010-13 (right)



Source: Author's analysis based on panel datasets

Box 2 outlines the methods of quantitative and qualitative analysis. The econometric analysis seeks to uncover social inclusion outcomes for children in households that were chronically poor or that had escaped poverty, as well as the characteristics of the household and women within that had supported these outcomes. **The panel analysis relies on two-wave data, to assess determinants of mobility amongst households that have escaped or descended into poverty over the survey period, regardless of pre-survey poverty status. The life histories go beyond the respective survey periods of both countries, to explore whether an escape from poverty is thereafter sustained over time.** It also explores social inclusion processes as well as outcomes for these individuals that had sustained escapes from poverty, or who were chronically poor.

Box 2: Overview of methods of analysis

Quantitative analysis

Logistic models are employed in this paper, using poverty trajectories constructed from both panel years. Given the important role that women play in human capital investments of children, in the panel data we explore the attributes that may affect these investments, including individual factors such as education, intra-household factors relating to marital status, and aspects beyond the household such as degree of engagement in economic or financial activities. We regress only on the latest survey year given the availability of more variables of interest for this study.

In our equation, as per data availability:

$$\Pr(HD_i = 1 \mid \beta, v_i) = F(\beta_0 + \beta_1 \text{Economic}_i + \beta_2 \text{Financial}_i + \beta_3 \text{Marital}_i + \beta_4 H_i + \beta_5 X_i)$$

for $v_i = (1, Economic_i, Financial_i, Marital_i, H_i, X_i)$

where HD_i is the probability that the child i attends school, or receives treatment in the event of his or her ill health,

Economic is a vector specifying the per capita expenditures of the household, asset value, formal assistance received, and whether the child's mother is engaged in permanent employment,

Financial is a vector indicating whether the household receives remittances, credit, or opens an account with a financial institution,

Marital is a vector reflecting the marital status of the mother,

H is a vector of individual- and household-specific controls (sex of child, age of child, sex of household head, education of father and mother, share of children in the household, and number of household shocks), and

X is a vector of regional variables.

Qualitative analysis

Our study also relies on 80 life histories conducted in rural and urban Niger and Malawi, undertaken as part of separate country studies to explore drivers and processes that affect the ability of households to sustain escapes from poverty (see McCullough and Diwakar, 2018, and da Corta et al., 2018). Initial analysis of the panel dataset in that instance identified areas of each country with high shares of sustained escapes in which to undertake focus group discussions, life history interviews, and key informant interviews. Wellbeing in the qualitative work was classified following a participatory wealth ranking exercise, with women and men selected for life history interviews based on whether their household had experienced a sustained or transitory escape from poverty, and a smaller selection who had been chronically poor.

In this present study, we re-analyse the qualitative dataset to explore processes that foster economic and social inclusion amongst women in both countries, and how this affects the inclusion of their children in health and education. We adopt critical realist and process tracing methods in this exercise, analysing pathways of poverty escapes in the life histories in terms of macro and meso social and economic contexts to gain a meaningful interpretation of the drivers of sustained escapes identified in the life history interviews. The timing of actions taken is crucial, as policies, economies and norms change (da Corta, 2018).

4.1 Niger

4.1.1 Cycles of marriage, livelihoods, and socio-economic inclusion processes

Marriage and re-marriage as a norm

As much as 64% of women in Niger at or above the age of 12[†] were married in the 2014 survey.

The fieldwork reveals a context where multiple marriages were the norm. According to Issoufou (LHI, Niger dataset) the first marriage was typically a 'familial marriage' arranged and paid for by the parents of the groom, as an exchange to compensate children who were working

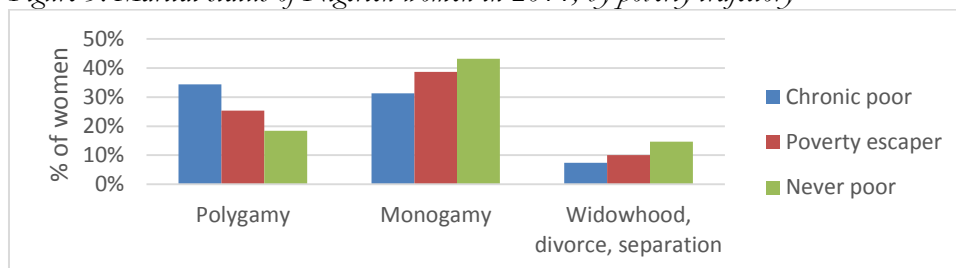
[†] In the surveys in both Niger and Malawi, the youngest individuals identified to be married were 12 years old.

and helping support their families before marriage. For less wealthy families, this marriage may be a way of reducing household size and demands on the household, and a form of adverse inclusion precipitating separation or divorce, particularly where the woman was young.

In the fieldwork, in some instances the second marriage was perceived as a ‘love marriage’, and a sign of economic status and prosperity. However, this positive perception was typical of non-poor households. More generally, of households that were married in 2014, survey results indicate rates of polygamy that were higher amongst the chronic poor (52%) compared to households escaping poverty (40%) or never being poor (30%) (Figure 5). **Relationships between co-wives in the fieldwork varied widely, from mutual support to adverse inclusion within a polygamous marriage and even open hostility.** In one instance, Nadia (LHI, Niger dataset) husband treated her well, but “the problem with him is that his first wife did not like my presence at all in the house. She was jealous. One day, after the birth of my second child, while I was taking a shower in the bathroom, I was sitting on a stool rubbing when my co-wife poured boiling water on me. All of the right part of my body was burnt up. I was transferred to the hospital.” Nadia later got divorced. Her situation was managed through the agency she was able to exercise at the time, as a young girl from a well-off birth family. The strength of her family network was a critical determinant in her narrative, with relatives pressure leading to her husband finally accepting the divorce.

Across the fieldwork, divorce and remarriages were common. Fatima (transitory escaper) got married for the first time at the age of 13, but felt that she was too immature and so returned to living with her mother. She is currently on her seventh marriage. In the panel survey, widowhood, divorce, and separation was more common amongst women who were never poor (15%), compared to the chronic poor (7%) (Figure 5). Similarly, **in the fieldwork, divorce was common where the wife and/or her birth family was relatively better off.** This reflects two concurrent trends. First, with large numbers of children creating additional pressures for divorced mothers, never-poor women would be better able to cope with the costs of childrearing and so have more negotiating power in choosing divorce or separation. Second, other divorced women and their children would typically return to living with birth families or male relatives who can provide care, and in these instances may have been subsumed within non- or never-poor households. In these situations, it was especially the strength of social networks and the quality of the social relationships constituting these networks that supported women in their exercise of agency to choose divorce or separation.

Figure 5: Marital status of Nigerien women in 2014, by poverty trajectory



Source: Author's analysis based on LSMS data

Economic and financial inclusion of women has fostered upward economic mobility and these have been critical factors in social inclusion processes. Nigerien women's engagement in economic activities varies; in some households, **often amongst the chronic poor, women are secluded. Social and financial exclusion can be deeply interlinked in these situations.** Fatima (LHI, Niger dataset) who is chronically poor states: "I don't know how my husband proceeds to have it as men do not usually tell their wives what they are doing especially for money questions. He is doing his best to earn money but he doesn't have to tell how he earns it. Women have no explanation to get regarding this question." Women's seclusion contributes to a relative absence of social networks from which they can draw. This lack of social capital in turn acts as a constraint on their ability to exercise negotiating power within the household, thereby reinforcing adverse gender norms.

However, **women from more liberal and typically slightly wealthier families engage in petty trade, where financial inclusion fosters wider social inclusion processes.** Since 2003, Selma (LHI, Niger dataset), a sustained poverty escaper, has been producing oil using peanuts just after the harvest when peanuts are cheap and many weddings are celebrated, so experiencing increased demand while keeping costs low. Her economic inclusion into these activities has provided her with funds to buy livestock as a safety net, and contribute to naming ceremonies and marriages, thus improving the terms of her social inclusion within the community and in turn increasing her economic decision making power within the household in a virtuous cycle.

Initial business and social support programs for working women were typically accessed through women social networks in the village or extended family. For Habsaitou (LHI, Niger dataset), women-only savings groups helped her start her small business selling maize flour and baobab leaves. There was relatedly an intricate reciprocal relation of gifts exchange for family celebrations that provided women with funds for investments as a key modality for financial and economic inclusion. Rabi (LHI, Niger dataset) notes that "Biki is a kind of savings because if you gave money or a present to a woman, [later on] when you give birth, she will give you two times what you gave her the first time... With that money, we are buying livestock. Personally, I bought one goat from the money I earn from the naming ceremony."

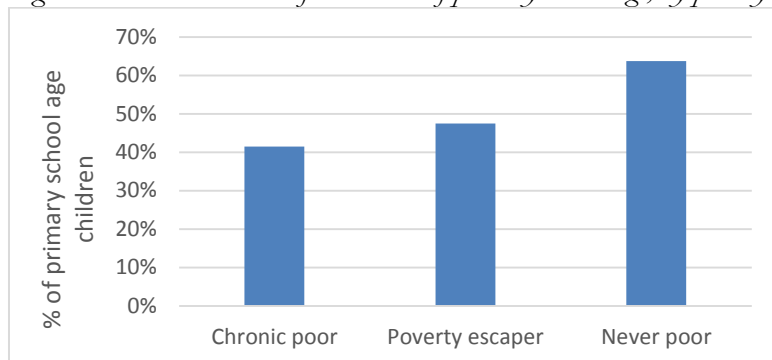
These **gift exchanges and savings groups are forms of beneficial social inclusion, but conditions can quickly change depending on the degree of social inclusion of its constituent members.** Selma (LHI, Niger dataset) recalls she did not receive money from one savings group she joined due to some misunderstanding between members, which she hints may have been due to illiteracy by noting that this experience showed her that "it is important for girls to attend school to learn at least reading and writing." Her statement reflects how her own economic inclusion has improved her drive to ensure social inclusion through educating children, especially daughters.

4.1.2 Education: Poverty and gender constraints remain critical in promoting social inclusion outcomes in schooling

Resource constraints loom large

Even where parents may be willing to educate children, poverty affected attendance rates. **Primary-school age children in households that were not poor in any survey year were more likely to attend school in the year preceding the survey (64%),** compared to the chronic poor (41%) or even households that escaped poverty (47%) (Figure 6). However, just 59% of children attending school in this age group were able to read a short text in any language, although 93% were able to write a letter in any language and 95% were able to do a calculation in any language. Actual figures may be lower, as this data was self-reported rather than based on any early grade tests. The low rates of literacy are cause for concern, as this basic skill impacts economic inclusion through reduced earnings and employment, and impedes access to secondary schooling which is associated with sustained escapes from poverty (Diwakar and Shepherd, 2018). It is also concerning as low literacy rates are linked to less tangible areas including lower trust levels, less participation in associative activities, and other markers of social cohesion (OECD, 2013).

Figure 6: Attendance rates for children of primary-school age, by poverty trajectory, 2014



Source: Author's analysis based on LSMS data

Resource constraints had the largest impact on preventing social inclusion outcomes in education. In this context, begging has been a common alternative. Idriss (LHI, Niger dataset) recalls: “I was a Koranic student; the only means of livelihood was begging and parental support... Before leaving for studies, parents would give us money to face certain expenses; but most of the time we took refuge in begging”.

In the panel data, the most common reason for children not studying in formal school was to take up work instead (59%), more typical for children in households escaping poverty (69%) compared to the never poor (61%) and chronic poor (55%). These differences could reflect the need for additional labour through collaborative family relationships that could promote sustained escapes from poverty (Diwakar and Shepherd, 2018). Relatedly, regression analysis reveals a positive relationship between per capita incomes and asset value, and school attendance for primary-school age children in households that had escaped poverty.

Together, these findings suggest that the stage of poverty escape is important in determining enrolment:

- 1) Households might temporarily sacrifice schooling to initially help ensure escapes from poverty, contributing to adverse economic inclusion of children. Thus, even if children might be enrolled, they may temporarily drop out to engage in household labour.
- 2) Thereafter, the improved economic inclusion of the entire household, and possibly even a sustained escape from poverty, acted as an impetus for investments in children's education.
- 3) Having escaped poverty, the need to educate children remained strong, even in the face of critical barriers like exams between primary and secondary which have to be paid for as well, creating a double barrier that more generally led to mass exclusion from secondary education in the fieldwork. Fortunately, sustained escaper households now have an adequate level of funds to maintain schooling. Households that succeeded in escaping poverty would even tolerate temporary debt and commonly sell assets such as livestock, land, and household items to fund children's schooling, which might temporarily re-impovertish some.

The household-level narrative above ignores key gendered processes within the household, which also led to gendered outcomes in school attendance. In the fieldwork, for example, the education of girls typically came to an end upon marriage. In the panel data as well, even in households that had escaped poverty, older girls of primary-school age remained more likely than boys to stop schooling to engage in household labour. Moreover, permanent employment of mothers was associated with a reduced probability of girls' attendance in school according to the regression results. This may possibly reflect the **increased burden for girls who may be expected to take up domestic chores when mothers go for work**. This is particularly unfortunate as regression results and national data indicate that girls already experience a lower probability of enrolment in Niger.

In spite of these continued constraints to girls' education, the fieldwork highlights instances where some NGOs offered second chance education for women, accessed through existing women networks. As a result, Habsaitou (age 41, LHI, Nier dataset) happily noted "I can read now. Before that, I can neither read nor write."

Rural and urban differences

Differences also emerge depending on area of residence. **In rural areas, quality concerns prompted self-exclusion.** Rabi's children do not attend school: "We do not have an idea of its importance. We haven't experienced any change in our life. The school is so far from there. Our children will suffer a lot, and they will not succeed. Even if they go there to study, teachers are using them to carry water for them, wood and they are not doing serious things related to education".

This lack of schooling in turn exacerbates economic exclusion and unemployment, and has led to uneducated young people engaging in youth gangs. These "palais" gangs form a safety net, an adverse network originating in Zinder when a leprosy clinic in 1999 caused an

outbreak and resulting stigma prevented inhabitants in the area from securing job or schooling. Today, the palais gangs often beg during the day, and after sundown engage in violence including rape. They are seen to be destroying the social fabric of the country and contributing to regional instability (Keenan, 2016).

4.1.3 Health: Economic stability can endow agency to vulnerable women and induce positive health outcomes

Economic inclusion in access to maternal and child healthcare

The economic and social inclusion of mothers also had effects on maternal and child health outcomes. Across life histories, maternal health complications were the most prevalent health issue, with cases of preeclampsia and C-sections regularly exerting a drain on household resources. **For life-threatening conditions, interviewees noted that people are often referred to the Zinder hospital, where the wait time for treatment was perceived to be lower for those with insider contacts, again reflecting the importance of inclusion in social networks.** Once more, the agency women are able to exercise in ensuring social inclusion in health for their children is a product of the strength of their social networks and relationships.

Economic stability and inclusion is important in maintaining access to healthcare in times of need. Descriptively, only 41% of children in chronically poor households had their health issues consulted in the event of ill health preventing their normal activities, compared to 68% in never-poor households. Regression results confirm this association between economic and health inclusion, where an increase in per capita expenditures and asset value was associated with an increased use of health services in households escaping poverty. Relatedly, **to pay for health shocks, both women and men in the fieldwork drained savings, while women often also sold assets including livestock. It is often women in the fieldwork that paid for their own and their children's health costs.** Haowa (LHI, Niger dataset) for example sold all five goats she had in 2017 to pay for her son's surgery. Nefissa's (LHI, Niger dataset) mother rather than husband regularly bought her the insulin medication she required for her diabetes.

Women's use and control of resources remains important

Indicators of financial inclusion vary in their impacts on health, depending on the source and formality. In times of ill health, men would collect money or take loans from pre-existing social networks of friends or extended family, typically along male lines and based on trust. There was a **notion of 'friends' helping, indicative of the value of community aid in times of distress, but also tied to a lack of trust in formal financial institutions.** Social cohesion writ large in these contexts would be affected, if viewed broadly beyond trust between individuals to also account for the institutions and infrastructure underpinning societal relations.

Interestingly, receipt of remittances in households escaping poverty is associated with a reduced probability of accessing healthcare. Exploring the reason for remittances, **the majority of households in Niger received remittances for education, reflecting household priorities in promoting schooling often at the expense of health capital.** Choosing to devote these

transfers for school costs, families might instead self-medicate for health issues. This substitution effect towards self-medication is interestingly the key reason from survey data that individuals did not consult anyone in the event of ill health. If so, financial inclusion enabled through remittances has resulted in a form of adverse social inclusion with regards to health outcomes.

Again, economic inclusion endows vulnerable women with agency through which to induce positive health outcomes. In regressions, widowed, divorced, or separated women are less likely than other women to consult health providers in the event of ill health of girls, indicative of adverse inclusion of these vulnerable women in households escaping poverty. However, **for widowed, divorced, or separated women who experience an increase in asset value, their children have an increased probability of consulting health services.** Permanent employment for polygamous mothers also increases this probability. It is telling that these aspects where women in polygamous marriages or who are divorced, widowed, or separated may exert more control, for example over household assets and own employment, are those that also promote social inclusion in health of children. Indeed, in several narratives, while husbands would cover some health costs, such as of their wives' treatment in the hospital, it was then her assets, savings, or her children that would contribute to paying the debt.

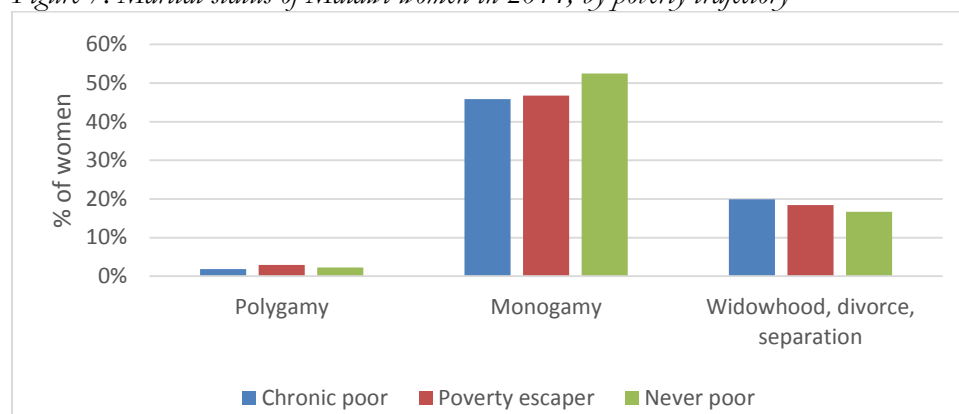
4.2 Malawi

4.2.1 Patterns of family formation, livelihoods, and socio-economic inclusion processes

Family models and causes for concern

Certain trends in marriage rates and inclusion processes in Malawi mirror Niger. In 2013, 51% of women were married. Like in Niger, rates of monogamy were higher amongst the never poor (51%) compared to the other trajectories (Figure 7). In contrast, rates of polygamy were small and relatively consistent across poverty trajectories, and only slightly higher amongst the never poor (4%) compared to other trajectories when restricting the sample to households with self-reported Muslim heads.

Figure 7: Marital status of Malawi women in 2014, by poverty trajectory



Source: Author's analysis based on LSMS data

Divorce in Malawi, slightly higher amongst the chronic poor than other groups though not at statistically significant levels, has created family models where it is relatively common for children in the household to have different fathers. Children in the fieldwork typically were under the care of the mother, with biological fathers rarely paying for their children's education and other costs. The step-father instead would often contribute to the new family's economic wellbeing. In other cases, children belonged to the father, and the mother was forced to leave them. In these cases, women generally chose to live in separation rather than divorce, to maintain contact with children. This normally led to the father having another family and refusing to pay for children. Both models have consequences for children's education and health outcomes.

The patterns of family formation are also problematic insofar as issues around legal divorces and custody of the children are not very well regulated. For example, Rose (LHI, Malawi dataset) received funds from friends and so also experienced beneficial economic and financial inclusion that enabled her to hire a lawyer to divorce her husband and access some of her marital property. The Magistrate ordered the husband to pay Rose 50,000 every month in immediate support while they waited for the Zomba High Court ruling. However, the husband did not honour the order. Even once the Zomba Court ruling was made, ordering the property portfolio to be shared, the husband still refused to obey. Rose suspected that her rich and powerful husband bribed the officials who were expected to enforce the order. Even though Rose experienced beneficial financial inclusion and support through her network of friends, her relative degree of inclusion compared to her husband was inadequate to guarantee beneficial outcomes within the legal process.

Gendered social and financial inclusion processes

Helping reduce gender-based inequalities, the majority of social and financial inclusion programmes in the fieldwork were received by women. **Chronically poor and other poor women were sometimes members of or benefited from of multiple programmes.** Dorothy (LHI, Malawi dataset) explained that people in her community would feel sorry for her and try to link her with some social protection programs. In this manner, she received support from three organisations: Chifundo foundation for the payment of secondary school fees, United purpose for emergency support during the crisis of 2016/7 when she got maize cooking oil beans, and the Andiamo Youth Cooperative Trust, through which her husband learned to mould bricks and build a house.

However, there were also various delivery problems with financial help programs. Mary (chronic poor) explained that government programmes 'are halved, with much less effect'. For example, the input subsidy programme for fertilisers was to be shared among four people, having little impact. The programmes were also scattered geographically with community leaders providing access. In these circumstances, social exclusion of certain men or women also result in their financial exclusion. Finally, the poorest households unable to buy a phone or with insufficient funds for its bills were automatically excluded in programs that were accessed through mobile phones. Even for households like Nsandalire's (LHI, Malawi dataset) that

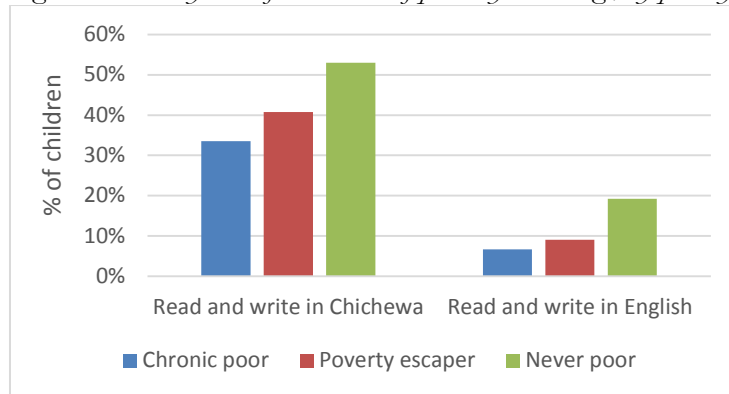
manage to temporarily overcome this technological source of exclusion, she was unable to benefit from social cash transfers as a jealous woman smashed her phone through which she would previously get a message to collect money.

4.2.2 Education: Overcoming poverty and marital vulnerability through economic inclusion paves the way for social inclusion through enrolment

Resource constraints prevail

Again, poverty status affected enrolment rates, though to a much lesser degree than in Niger, with 82% of primary-school age chronically poor children enrolled compared to 86% amongst the never poor. These relatively higher rates may reflect Malawi having had free basic education for longer than Niger. Even so, basic skills were limited across poverty trajectories. Just 45% of children in households escaping poverty were able to read and write in Chichewa, a figure dropping to 38% amongst the chronic poor (Figure 8). Again, these figures are based on self-reported data, and so are likely to be overstated. **FGD participants observed that over the last decade or so government has changed the school curriculum several times. When not accompanied by investment in teachers' capacity to deliver them, repeated curriculum change "greatly contributes to the lowering and deterioration of the quality of education in the country, making it possible for a child who has gone through eight years of primary education to be illiterate".**

Figure 8: Literacy rates for children of primary school age, by poverty trajectory, 2013



Source: Author's analysis based on LSMS data

Accordingly, **the transition years between primary and secondary school was a key point at which many children dropped out of school.** In the fieldwork, dropout more generally was attributed to poverty and resources constraints, especially in situations where there were multiple dependents in the household. Similarly, in the 2010 survey, where questions on non-attendance were posed and at a time when tuition fees were still present in Malawi, the most common reason for never having attended school was that the household had no money for fees or uniform (34%), a figure that was even higher for children who temporarily stopped schooling (40%) or dropped out (54%). As much as 41% of children temporarily stopped schooling because of their own illness.

Marriage or pregnancy additionally caused 18% of girls to altogether withdraw from school. The fieldwork confirmed this, where there were large numbers of pregnancies at a young age, some before marriage. Stella (LHI, Malawi dataset), for example, dropped out of secondary school following her pregnancy and fell steeply into poverty, engaging in ganyu labour[§] and farming a 1-acre farm with little knowledge of how to farm. She said, ‘It was the worst period of her life’. She was married after her husband finished secondary school, but he soon left her and Stella was again forced to do ganyu in order to feed and educate her children. Related reasons cited for dropouts in the fieldwork included parents’ divorce, or sometimes death, leading to single-parent households.

Economic and financial inclusion has mixed intra-household effects on education

In this setting of resource scarcity, the degree of financial inclusion again affected education outcomes of children. **Remittances were dropped from the regression results as they were a near-perfect predictor of school enrolment, reflecting the primary use of remittances in providing funds for education and the Malawian view of education as an investment.** Households which opened an account at a bank, microfinance institution, village savings organization, or other financial institution were associated with an increased probability of enrolment.

Amongst households escaping poverty, and also for the subsample of boys, **receipt of credit was associated with a reduced probability of child enrolment. This could reflect children, especially boys, being withdrawn from school in order to contribute to household income in instances where credit is taken out to support economic activities.** In 2002, Gladys (LHI, Malawi dataset), a sustained escaper, got a cash loan from a microfinance institution to renovate her house and buy fertilizer for maize production, which helped her out of poverty. “This was my push. I tell you that year I produced more maize up to about 30 bags and also had a lot of groundnuts and sold and used the proceeds to reinvest into farming by buying extra land but also fertilizer” she recalls. Labour of children could help in situations of increased workloads. This has strong parallels to Niger, where children- especially girls- often in households escaping poverty took up household work instead of continue schooling. However, in the long run, these sustained escapers in the fieldwork tended to treat children’s schooling as an investment, particularly worth embarking on whereupon they had escaped poverty and at that point willing to take out loans contributing to the short-run economic decline of the household.

Moreover, as in Niger, education outcomes in Malawi were affected by the marital status and targeted economic inclusion of mothers. **Assistance for widowed, separated, or divorced mothers increases the probability that children in households escaping poverty are enrolled in primary school, according to regression results.** For example, Mary (sustained escaper), who is divorced, receives social cash transfers that help her take care of the school needs of her two grandchildren. She uses the money for buying clothes, books, pencils and school uniform and to pay a school development fund for the two kids. However, Mary notes

[§] Ganyu labour typically refers to short-term rural labour relationships, and is a key source of livelihoods for poor households (Whiteside, 2000).

that while “this has helped to improve our lives in this respect but... this money is not enough... It is very difficult to make ends meet. The kids have to be well dressed for school. We need soap and lotion on a daily basis for the kids to be presentable at school.” In these contexts of inadequate social transfers, it is the quality relationships with relatives and wider social networks that provide resources to enable socially inclusive outcomes for children.

Relatedly, **generally the fieldwork pointed to an absence of subsidies and limited government programs to help in education, coupled with high costs of schooling in terms of fees but also transport, uniform, and food costs which caused many children to drop out of school**, also confirmed in survey results noted above. So economic inclusion is offering pathways for some vulnerable women to improve social inclusion outcomes for their children, though the level of the transfer remains inadequate to effect long-lasting change.

4.2.3 Health: Targeted assistance for vulnerable women can improve health wellbeing of children

Targeted assistance overcomes negative outcomes

In spite of health reasons constituting a considerable share of temporary non-attendance in primary school, only 57% of children with an illness were treated. **Regression results indicate that girls were less likely to have their illness consulted, as were older children.**

Regression results indicate that remittances again are associated with a reduced probability of health consultations for children in households escaping poverty, and even less so for these children living in rural areas. Assistance for rural households escaping poverty is also associated with a reduced probability of healthcare consultations, suggesting that perhaps child health may not be prioritised. However, **when the households of widowed, divorced, or separated mothers receive assistance in the survey data, they were more likely to have their children’s health issues consulted**, possibly a reflection of targeting to these women and the conditions of the assistance.

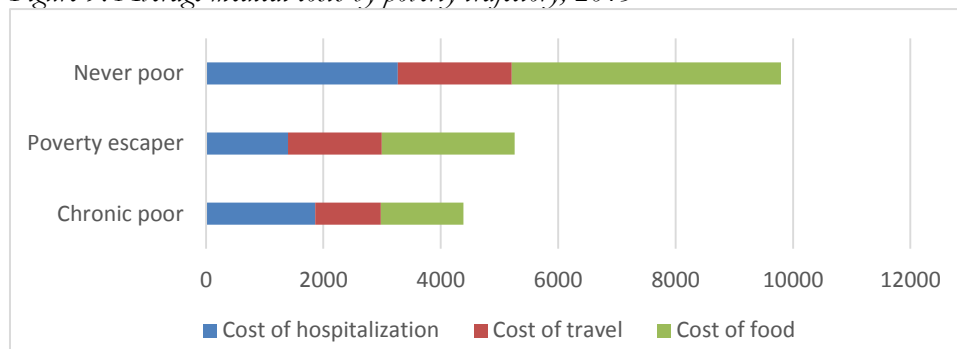
Substitution effects towards self-medication reduce use of public health facilities

In households with women in polygamous marriages, opening a financial account makes it even less likely that the child will receive healthcare. So **there is some form of substitution, whether to self-medication or altogether away from health services, that accompanies financial inclusion and contributes to adverse social inclusion outcomes in health.**

Why might this substitution emerge? **In the fieldwork, households mention high costs of hospitalization, and especially amongst the chronic poor an inability to pay for hospital treatment.** This usually resulted in households opting out of treatment. Exploring hospital costs for households with members that were hospitalized in the year before the 2013 survey, we observe that 42% of hospital-related costs were in the form of hospitalization, compared to just 27% for sustained escapers. Moreover, hospital-related costs constituted 7.5% of per capita

expenditures amongst the chronic poor, compared to 3.9% amongst sustained escapers (Figure 9).

Figure 9: Average medical costs by poverty trajectory, 2013



Source: Author's analysis based on LSMS data

The delivery of the health services also depended on geographical location, with scattered facilities and few hospitals. The access to the facilities depends on the transport links and ability of households to pay of transport. Even with access, local health services were often underfunded, and did not provide many medications which were instead available from private pharmacies. It is then logical that improved financial inclusion might create a substitution effect whereby these mothers choose to treat health conditions through a more effective pharmaceutical market rather than public healthcare facilities.

5. Discussion and policy implications

Table 2 below summarizes the key findings from the work, while Table 3 complements this summary by presenting statistically significant results around marital status and economic and financial inclusion across the sample of households escaping poverty, and also amongst the rural subset and subset of girls where sample sizes are sufficiently large to allow empirical analysis.

Table 2: Social inclusion processes and outcomes in Niger and Malawi, key findings

Issue	Niger	Malawi
Marriage	In Niger, there were cycles of marriages and re-marriages. Early marriages precipitated divorce in many instances in the fieldwork, where women, particularly from wealthier families, would return and be cared for by their birth families in between marriages. In polygamous marriages, relationships between co-wives in the fieldwork varied widely, from mutual support and care to adverse inclusion and even open hostility.	Divorce in Malawi created family models with children in the fieldwork typically under the care of the mother. In other cases, children belonged to the father, and the mother was forced to leave them. Here, women generally chose to live in separation rather than divorce, to maintain contact with children. This normally led to the father having another family. In both models, biological fathers often refused to pay for children.

Economy and finances	<p>Nigerien women's engagement in economic activities also varied; in some households, often amongst the chronic poor, women were secluded. Women from more liberal and typically slightly wealthier families though engaged in petty trade. Initial business and social support programs for these women were typically accessed through women social networks or extended family. Social and financial inclusion was deeply interlinked.</p>	<p>Helping reduce gender-based inequalities, most social and financial inclusion programmes in the fieldwork were received by women. Chronically poor women sometimes would benefit from of multiple programmes. However, there were also various delivery problems with financial help programs, linked to inadequate funds and a reliance on mobiles for payment that excluded the poor who were unable to access or use this technology.</p>
Education	<p>These processes affected children's inclusion in education, with poverty often a key constraint to school attendance. For children who sought schooling amidst resource constraints, begging was a common alternative. Otherwise, lack of education if translated into unemployment also led to engagement in youth gangs, an adverse network with implications for lowering social cohesion.</p>	<p>The fieldwork pointed to an absence of subsidies and limited government programs to help in education, coupled with high costs of schooling (fees, transport, uniform, food). Assistance for vulnerable mothers increased the probability that children are enrolled, in regression results. Economic inclusion was thus offering pathways for some women to improve inclusion outcomes for children, though the level of the transfer remains low.</p>
Health	<p>Outcomes in health, too, were affected by welfare and inclusion. Women often paid for children's health costs, typically by selling assets. Women in polygamous marriages or who were divorced, widowed, or separated often saw lower health outcomes for their children; however, an increase in household assets and permanent employment promoted social inclusion in health of their children, suggesting that economic inclusion has endowed vulnerable women with agency through which to induce positive health outcomes.</p>	<p>There was some substitution, whether to self-medication or away from health services, that accompanied financial inclusion. This was linked to high costs of hospitalization and treatment; scattered facilities dependent; and local health services often underfunded, not providing many medications which were instead available from private pharmacies. Improved financial inclusion created a substitution effect whereby these mothers choose to treat health conditions through a more effective pharmaceutical market rather than public healthcare facilities.</p>

In Table 3, the education outcome of focus refers to whether the child of primary-school age is enrolled or currently attending school. The focus on primary education was chosen given the small numbers of children attending secondary school in a comparative context. The health outcome explores whether the child who had fallen ill received any treatment for their illness.

In Niger, per capita expenditures, asset value, and assistance are associated with an increased probability of school attendance. Per capita expenditures, an increase in assets for widowed, separated, or divorced (WDS) mothers, and permanent employment for polygamous mothers are also associated with an increased probability that children receive treatment for ill health. However, permanent employment alone is associated with a reduced probability of enrolment in Niger for girls, while receipt of remittances and WDS mothers are associated with reduced probability of health consultations for children.

In Malawi, too, various factors affect health and education outcomes. Assistance for WDS mothers are associated with positive outcomes in education and health. An account with a financial institution for any member of the household is also associated with positive outcomes in education enrolment. Receipt of credit, however, is associated with negative probability of enrolment. Finally, WDS mothers, receipt of remittances or assistance, an account at a financial institution and accounts interacted with the presence of polygamous mothers are all associated with negative health outcomes.

Table 3: Summary of statistically significant results around marital status and inclusion

	Niger		Malawi	
	Education	Health	Education	Health
Positive	<ul style="list-style-type: none"> · Per capita expenditures*** · Asset value*** · Assistance** 	<ul style="list-style-type: none"> · Per capita expenditures*** · Asset value x WDS mother** · Permanently employed mother x Polygamous mother** 	<ul style="list-style-type: none"> · Any account* · Assistance x WDS mother* 	<ul style="list-style-type: none"> · Assistance x WDS mother ***
Negative	<ul style="list-style-type: none"> · Permanently employed mother (F)* 	<ul style="list-style-type: none"> · WDS mother (F)* · Remittance*** 	<ul style="list-style-type: none"> · Credit* 	<ul style="list-style-type: none"> · WDS mother** · Remittance* · Any account* (R) · Assistance* · Any account x Polygamous mother**

*Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$*

The text that follows discusses key findings stemming from these and qualitative results and draws out policy implications.

5.1 Interactive processes of supportive households with economic inclusion are critical for social inclusion outcomes of children through women's agency

To get beneficial inclusion in opportunities and access to human development services for their children in contexts where women remain the primary caregiver, women need to be able to exercise some choice, which means having a degree of power and security. **Women in Niger and Malawi have developed agency and economic security through households and through quality social relationships through which they were able to exercise decision-making but also beyond through their economic inclusion in wider society.** The economic inclusion they benefitted from was sometimes a product of the entire household, through the channel of improved welfare and assets observed in Niger, or through permanent employment or targeted assistance—such as school feeding programmes or supplementary feeding for malnourished children- in otherwise vulnerable marital arrangements in both countries. It was crucially the interactive process of a supportive household or wider social network along with women's economic inclusion that fostered socially inclusive outcomes for their children. In contexts of high rates of divorce in both countries and remarriages particularly in Niger, the household unit could also comprise the birth family that women returned to between separation or divorces or upon widowhood.

POLICY AND PROGRAMMING IMPLICATIONS

A key policy implication is around promoting the economic empowerment of women either in poverty or near the poverty line, through direct programmatic and policy action. However, in Niger, systemic barriers around poor implementation of laws and policies continue to restrict efforts around gender equality (Shepherd, 2018). In Malawi, similarly, while the legislative framework around gender equality is relatively strong, many laws are new or inadequately implemented (Scott and Chinsinga, 2018). Economic empowerment programmes thus need to be undertaken in a policy and legislatively coherent manner such that they ensure proper functioning of institutions that protect women's rights. This may require increased advocacy. Some promising initiatives are underway to this end, including efforts by various development partners to design national advocacy strategies on a regional basis for women's economic empowerment in West Africa (Baiden, 2017). National Financial Inclusion Strategies are already underway, for example in Niger (2014-2018). In these efforts, it is important to incorporate informal financial inclusion, where group cohesion and trust are important components that can propel the economic empowerment of women (Baiden, 2017).

A stronger programming focus on empowering poor adolescent girls and young women in contexts of adverse social norms is also needed. Current interventions for youth employment programmes in Malawi for example do not help women overcome social barriers to entering the workforce and so they benefit less from these programmes compared to men (Ismail, 2018). Removing harmful and often intangible socio-cultural barriers are critical but needs to be done in a culturally sensitive way. In Niger, NGO initiatives in to address early marriages include focusing on sexual and reproductive health rights, keeping girls in school for longer, and increasing income generating activities and life skills education for girls (LASDEL,

2017). As Shepherd (2018) notes, such initiatives are culturally sensitive by taking “a holistic approach that tackles the roots of the problem, rather than condemning directly the practice”. Importantly, fostering social change should take place through a negotiated approach, involving men and local leaders in efforts to transform discriminatory social institutions and propel sustained escapes from poverty.

Another key policy area is around supporting beneficial intra-household relationships that promote agency building and social inclusion of children. This requires context-specific approaches. In Malawi, the observation that many biological fathers in the fieldwork locations would not pay for children requires an effective court process to enforce legislation and also a change in social norms. However, demand for legal services may be low amongst the poor, suggesting an area for awareness raising (Gloppen and Kanyongolo, 2007).

In Niger, the fact that chronically poor women are more likely to be in polygamous households would suggest that there are ripple effect for child outcomes. Particularly in situations where husbands cannot afford to marry several wives, polygamy may not produce beneficial outcomes for the family. Of course, this is a sensitive cultural issue in Niger, one which requires a strong local discourse that can be supported by religious scripture. In a context where many women may be secluded or restricted to the domestic sphere, the radio is a way in which to build knowledge and empower Nigerien women to take part in this discourse (Heywood, 2018).

5.2 Informal financial inclusion can help to empower women with inclusive outcomes for their children in terms of human development, but formal financial inclusion has a long way to go

In contrast, most indicators of financial inclusion (remittances and account with a financial institution) except for credit had generally positive impacts on education. However, they had consistently negative impacts on ill health treatment, indicating strong substitution effects. A household account with a bank or other financial institution was associated with positive outcomes in enrolment in Malawi, especially for girls. However, these accounts were associated with a reduced probability of health consultations in rural Malawi. It could be that households relied on these formal accounts for productive purposes, rather than human capital expenses. Moreover, remittances, which were most often received to support children’s education in the panel data, were associated with negative outcomes for social inclusion in health across Malawi and Niger indicative of a preference for education when there are choices to be made in the context of resource constraints.

Credit was associated with reduced probability of enrolment in Malawi, where the reasons for receiving a loan were most often for economic activities rather than human capital development. However, the fieldwork also revealed other important informal sources of beneficial financial inclusion, such as the reciprocal biki practice in Niger, and more generally reliance on family and friends for credit and loans based on trust that households would draw upon as an investment base or in times of health shocks. There were thus clear differences in the use of loans depending on their source and whether they were formal or informal, with different effects on social inclusion outcomes in health and education of children.

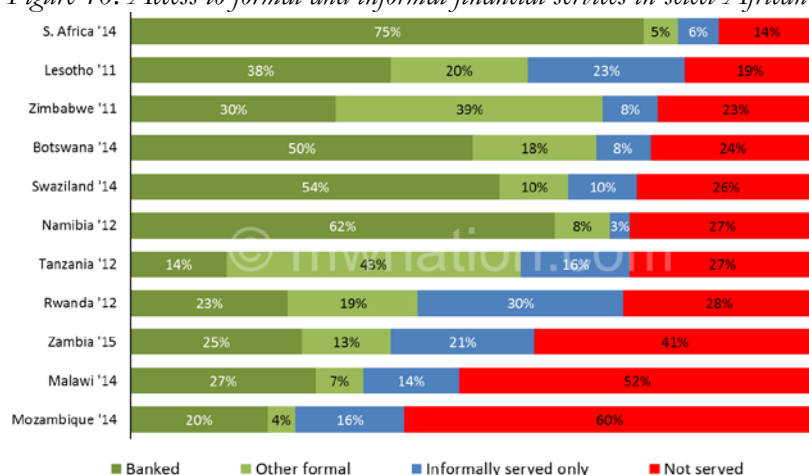
POLICY IMPLICATIONS

In this context, financial inclusion interventions need to expand and strengthen to nurture social inclusion in human development. Part of this has to do with inadequate supply, as well as a lack of trust especially in formal financial institutions as observed in the fieldwork. The latter is sometimes linked to perceptions of institutions' predatory nature due to high interest rates and seizing the assets of loan defaulters. Households would instead rely on family and community-based social networks to manage health and education costs, and among these prioritised education. Given that health can be a significant source of impoverishment, government efforts to achieve universal health coverage are an important complement to household efforts to prioritise investing in the education of their children.

Supply is also weak. For example, a Finscope Malawi 2014 survey indicated that over half of Malawian adults (52%) lack access to formal or informal financial services, a rate that was higher than many other countries in sub-Saharan Africa (Figure 10). This low rate was attributed mainly to a lack of affordability but also lack of awareness of financial products (FinScope, 2014).

Given the greater benefits and appreciation of informal financial inclusion, programmes to expand this will help poor households, and where targeted to women, will greatly help increase the agency of women. The positive effects of VSLAs in Malawi indicate the potential, where cluster randomized trials indicated the positive and significant effects of VSLAs on number of meals per day, household expenditure, and number of rooms in the dwelling due to an increase in savings and credit that has led also to increased household income (Ksoll et al, 2016). Some studies of VSLAs, such as by Beaman et al. (2014) in Mali, moreover find that women in treatment villages become more forward looking as a result of the intervention.

Figure 10: Access to formal and informal financial services in select African countries



Source: Phiri (2017)

Finally, there is again a need to bring men into gendered financial inclusion interventions to mitigate adverse effects of women's increased negotiating power. A systematic review of savings promotion schemes in Sub-Saharan Africa also notes reduced programme effectiveness for women that they attribute to intra-household bargaining power (Steinert et al., 2018). "It may therefore be desirable for future saving promotion programs to mobilize not only women but

also male household heads, thus seeking to ensure intra-household consensus on changes in household financial management and budgeting.” (Scott and Chinsinga, 2018, based on Steinert et al., 2018).

5.3 Vulnerable women and their children benefit from targeted assistance

Widowhood, divorce, and separation were associated with lower social inclusion outcomes. This was particularly interesting given that descriptively these vulnerable women were more commonly living in never-poor households in Niger. This discrepancy reaffirms the need to move beyond a dichotomous depiction of the wellbeing of these women purely based on the monetary thresholds of their households. These women experience adverse inclusion within their households, related to lower intra-household negotiating power, inequalities and patriarchal norms, and weaker psychological resources. As such, we need to understand their nuanced individual vulnerabilities even within ‘better-off’ households and to target these groups of adversely included women as especially vulnerable.

Children’s role in household escapes from poverty is a strong part of the narrative, and often reduces investments in their education in favour of contributions to household monetary welfare. It is typically only as the escape from poverty is accomplished that investment in children begins more seriously. This speaks to the debate about the priority for human development or economic development. Clearly both are needed, but even with the higher public expenditure of Malawi in human development, our results indicate that a lot of household level economic support is needed to see children through school. In resource-constrained households, and particularly at critical points when households may have to pay for exams and continuation, many children drop out and engage in labour. So without that economic support for households that can help free up resources for human capital investments, human development is likely to reap only limited gains for the poor.

POLICY IMPLICATIONS

Promisingly, the research indicated that adverse social processes contributing to vulnerability can be at least partly offset through economic inclusion. Assistance (direct cash transfers, scholarships, public works, etc) on its own and especially in households with widowed women is associated with improved social inclusion outcomes in health and education in both countries, testament to the importance of safety nets. At the moment though, the programs and social capital available (social protection, financial inclusion) are rarely enough to keep children at school, so transfers would need to be bigger to achieve this objective. **In this context, more widespread and substantial targeted cash transfers can help promote education continuity in both countries, which is necessary in improving attainment and higher enrolment.** However, these forms of targeted assistance need to broaden in scope, to include also near-poor households in contexts where children would otherwise contribute to household labour often at the expense of schooling in households escaping poverty.

More generally, there is a need to see escaping poverty as a process (just as chronic poverty is over time). Escaping poverty is something which can take years and where there can be reversals,

where one member of a household will benefit when another does not. Targeting, however, assumes the transition from one state (poor) to another (non-poor) is rapid and linear. Moreover, there is often an opposition between targeting and universal provision. What we would suggest is something in between – a loosening of targeting so that it is more inclusive, and also moves towards being inclusive of the vulnerable near-poor on certain issues which drive their vulnerability, such as around the presence of shocks including disasters (Diwakar et al., 2019).

5.4 Beyond the wife and mother, for a holistic approach to promoting social inclusion

The focus of this paper on the economic inclusion of mothers, linked to their marital status, reflects a status quo where women remain the primary caregivers, typically responsible for human capital investments in children, and in social contexts where their separation or widowhood could contribute to heightened vulnerability. However, it is critical to acknowledge the primacy of the individual woman in this exercise, before her socially-constructed roles as a wife and/or mother because it is precisely her inclusion as an economic actor which has knock on effects on her and her children's inclusion in human development services and outcomes. This paper attempted to steer the discussion accordingly to women's agency amidst social constraints, enabled through supportive household and wider social relationships and decision-making and also in broader economic and financial spheres. As noted earlier, it was importantly this interactive process that fostered socially inclusive outcomes for children in health and education (but not always through formal financial inclusion).

Complementing the results so far discussed, there are other positive forces in promoting social inclusion worth mentioning. According to regression results, **female-headed households are associated with positive social inclusion outcomes within the subset of households escaping poverty**, when controlling for marital status. This mirrors literature which points to women spending more of their income than men on investments in the human capital of their children, including on health and education (Hoddinott and Haddad, 1995; Bussolo et al., 2009).

The education of parents, including fathers especially in rural areas, is another such force, reaffirming the intergenerational effects of education on wider human capital outcomes observed in much of the literature (Black and Devereux, 2011), even independent of economic effects. In the fieldwork, Issoufou (sustained escaper) felt that his second wife understands him more than his first wife, which he attributes to her having attended Koranic school. He notes that she usually goes to the health centre to vaccinate her children, compared to his first wife who did not attend school.

In the fieldwork, ethnicity also emerged as an important predictor of schooling in one of the life stories. Members of the nomadic ethnic group Fulani were in the past forced by their sultan to send their children to boarding schools to help fight prejudice of parents against education. Mahmoud (LHI, Niger dataset) recalls: “parents in this school environment are replaced by schoolmates, with whom we eat and sleep together. The presence of the other children, the other villages, gives us more courage to stay in school. Here, the family is replaced by children with whom we share the same reality. Our school is made up of many students... from different

localities in the Zinder region. But there are also other students whose parents are from the same village.” This **regulation created conditions leading to the formation of future networks and provided routes into education for some nomadic children.**

POLICY IMPLICATIONS

However, education needs to be more widespread amongst these ethnic groups for it to contribute to reducing horizontal inequalities and thus improving social cohesion. Unfortunately, the pastoral-settled conflicts in Niger, links of some Fulani to Boko Haram in Nigeria (Banjo, 2014), and militant elements within the Fulani suggest that social cohesion risks continue to loom large in Niger and neighbouring states. While there is now a peace agreement between Fulani and Mahamid Arab Communities in the Diffa region of Niger, wherein the communities for example commit to respect access rules to pastoral resources, oppose theft of livestock and resort to authorities for negotiated dispute resolution, a stable and long-lasting peace requires addressing instigators of the breakdown of social cohesion. Fulani in some conflicts have been used as a scapegoat, an easy target on account of their vulnerabilities and lack of education (Sandner, 2018). In this setting, a renewed commitment to education would help address improve their social inclusion and social cohesion. For some in the tribe, though, cattle rearing is viewed as a better investment than education, as cattle is a source of wealth that can drive improved wellbeing even for individuals without education, but not vice versa (Titus, 2014). This then requires that education be tied strongly to labour market links to improve the benefits of education for the poor.

The question is: how can this be done? How to provide an education which overcomes parents’ resistance to it? The boarding schools in the Fulani situation appears to have eventually had that effect on a small scale. Other examples from neighbouring countries can be build on. For example, the Education Sector Support Programme in Nigeria (ESSPIN) has amongst its activities supported provision of basic education in non-formal settings such as Islamic and nomadic education, leading to an additional 96 thousand children (69% girls) brought into school (ESSPIN, 2017). This was achieved through continuous **community sensitisation efforts by school-based management committees and civil society** organizations through the support of ESSPIN. However, the unit cost per child was higher for nomadic children (for example, £30 for children of the Jigawa nomadic community, compared to £14 for children in public primary schools) (ESSPIN, 2017). Other research in Nigeria also indicates positive welfare and nutrition effects from nomadic education extension programmes (Yusuf et al., 2015). In this context, though there may be a high short run cost to equity, this needs to be balanced with the clear long term benefits of social inclusion, social cohesion, and poverty reduction.

For education to promote beneficial social inclusion, moreover, **disenfranchised or marginalised groups need to have some degree of civic participation.** “Providing citizens and migrants with the proper space to voice their concerns is fundamental to the creation of a sustainable, socially cohesive society” (OECD, 2011). Niger is making some inroads in this area. Around the issue of youth gangs, the Zinder youth ministry in 2014 helped organize a forum for palais members to articulate their grievances. However, these and other efforts suffer from a lack

of resources that some critics believe reflects the government's disregard of the palais problem (Keenan, 2016). Promoting these forums while improving the social inclusion outcome of marginalized and poor youth is important in conflict prevention efforts that can result in improved social cohesion alongside stronger poverty reduction.

6. A final word on social networks and its links to inclusion and cohesion

Social networks have underpinned all the areas discussed. These **networks have played an important role during crises, typically mobilized around patriarchal lineage in terms of accessing credit or loans, and also through women's financial groups. They have equally offered a springboard for upward mobility**, for example for households engaging in the biki practice and using the proceeds to invest funds. In addition to these effects on helping prevent impoverishment and promote sustained poverty escapes, the social networks in Niger and Malawi have also acted as a catalyst for wider inclusion processes, particularly around financial services often targeted towards women through NGOs and other programmes. These various networks have strengthened social cohesion, through stronger trust and relationships between friends, family, and the wider community.

However, a word of caution as these very **networks can also be a source of impoverishment**, such as when families are required to pay as a provider in socio-cultural obligations including in biki-type exchanges. They can also contribute to the continuation of early marriages and adverse gender norms. Moreover, the breakdown of these networks can pose a threat to community-level social cohesion. Selma (LHI, Niger dataset) recalls a time when she was part of a women's group when "some problem occurred, there was misunderstanding between members" and she did not receive her savings. Promoting education and literacy are ways to help minimize these threats but need to be accompanied as noted above by efforts to strengthen civic participation and promote a negotiated approach to dispute resolution.

Finally, this paper has focused on household-level relations enabled through economic and financial markets and inclusion, with implications for social cohesion. Analysing the governance arrangements underpinning these larger market forces and public infrastructure, including in health and education, were beyond the scope of this present study, but critical considerations in promoting social inclusion and cohesion. Quality concerns around public health facilities, as well as the perceived deteriorating quality of education in Malawi attributed to repeated reform of school curriculum are examples of governance issues highlighted in the fieldwork that remain to be addressed. Even alongside pro-poor governance reform, it is critically the **policies that foster beneficial financial and economic inclusion targeted towards the most vulnerable individuals and households that can in turn offer promising avenues for children to be beneficially included in human development services and ensure that poverty escapes are sustained for future generations.**

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Annex

Table A1: Summary statistics of children less than 17 years old, Niger, 2014 values

	All	Chronic poor	Poverty escapers	Never poor
Child receives health treatment	50.09%	37.23%	47.36%	62.78%
Child is enrolled	34.48%	28.19%	31.90%	45.00%
Per capita expenditures (1000s)	221.40	116.77	253.98	351.30
Asset value (1000s)	9320.42	34.69	65.55	28300.00
Female child	48.14%	45.79%	45.09%	50.70%
Female household head	5.94%	3.94%	6.90%	9.04%
Age of child	8.76	8.69	8.99	8.80
Primary education of father	14.80%	10.14%	8.64%	24.21%
Primary education of mother	12.33%	7.35%	7.26%	21.03%
Mother in polygamous marriage	18.96%	23.59%	17.23%	14.62%
Widowed, divorced, separated mother	1.64%	0.77%	2.20%	2.76%
Permanent employment of mother	11.50%	6.03%	9.20%	22.46%
Remittance received	44.74%	39.21%	55.41%	49.53%
Assistance received	21.58%	23.63%	29.66%	18.36%
Share of children in household	56.54%	61.47%	56.29%	51.21%
Number of negative shocks	1.18	1.17	1.10	1.11
Urban residence	15.58%	2.97%	10.18%	37.26%

Table A2: Summary statistics of children less than 17 years old, Malawi, 2013 values

	All	Chronic poor	Poverty escapers	Never poor
Child receives health treatment	57.16%	55.31%	50.88%	61.00%
Child is enrolled	68.46%	64.78%	61.56%	67.89%
Per capita expenditures (1000s)	110.93	57.80	131.97	184.59
Female child	51.09%	50.15%	48.89%	50.79%
Female household head	27.65%	31.41%	24.17%	21.69%
Age of child	8.50	9.70	9.71	9.46
Primary education of father	92.66%	56.75%	63.57%	122.95%
Primary education of mother	102.64%	69.51%	88.68%	142.47%
Mother in polygamous marriage	9.83%	9.43%	7.82%	6.11%
Widowed, divorced, separated mother	11.78%	14.07%	11.06%	10.24%
Permanent employment of mother	4.82%	2.16%	4.34%	8.47%
Remittance received	8.64%	11.42%	8.86%	11.45%
Account at financial institution	27.93%	14.43%	19.58%	45.01%
Credit received	28.16%	22.88%	26.71%	27.03%
Assistance received	46.61%	42.11%	51.40%	39.89%
Share of children in household	52.92%	55.03%	52.60%	49.39%
Number of negative shocks	4.11	4.13	4.35	4.14
Urban residence	14.04%	8.00%	7.82%	21.18%

Table A3: Regression results, Niger

VARIABLES	Outcome: child is enrolled				Outcome: child received treatment for ill health			
	SE	SE M	SE F	SE R	SE	SE M	SE F	SE R
log(per capita expenditures)	1.125*** (0.263)	1.378*** (0.380)	1.091*** (0.409)	1.231*** (0.289)	0.682*** (0.247)	0.965*** (0.335)	0.200 (0.402)	0.153 (0.291)
log(asset value)	0.0981*** (0.0259)	0.0997*** (0.0366)	0.132*** (0.0431)	0.0982*** (0.0272)	0.0169 (0.0372)	-0.00170 (0.0559)	0.0288 (0.0464)	0.0207 (0.0383)
Female head of household	-0.146 (0.241)	-0.219 (0.324)	-0.158 (0.408)	-0.257 (0.265)	0.442 (0.364)	0.518 (0.441)	0.271 (0.664)	0.246 (0.393)
Female child	-0.219** (0.108)			-0.304** (0.122)	0.0445 (0.135)			0.0713 (0.162)
Age of child	-0.0159 (0.0271)	-0.0143 (0.0363)	-0.0431 (0.0422)	-0.0347 (0.0303)	- (0.0187)	-0.0636** (0.0257)	- (0.0312)	-0.0530** (0.0232)
Primary education of father	0.0788 (0.234)	0.173 (0.331)	0.0368 (0.359)	0.470* (0.281)	0.231 (0.316)	0.392 (0.390)	0.270 (0.558)	0.753* (0.409)
Primary education of mother	0.175 (0.226)	-0.179 (0.341)	0.703** (0.334)	-0.0998 (0.265)	0.241 (0.376)	-0.0190 (0.440)	0.368 (0.576)	0.168 (0.473)
Mother in polygamous marriage	-0.0288 (0.143)	-0.138 (0.186)	0.0311 (0.226)	-0.0688 (0.162)	-0.0142 (0.170)	0.0924 (0.222)	-0.301 (0.294)	-0.206 (0.204)
Widowed, divorced, or separated mother	-0.0535 (0.344)	0.460 (0.466)	-0.666 (0.588)	-0.109 (0.391)	-0.511 (0.561)	0.00908 (0.701)	-1.512* (0.909)	-0.289 (0.823)
Permanent employment of mother	-0.0646 (0.156)	0.240 (0.227)	-0.376* (0.221)	-0.190 (0.185)	0.104 (0.201)	0.161 (0.273)	0.126 (0.331)	0.153 (0.297)
Remittance received	0.0301 (0.117)	-0.0491 (0.159)	0.193 (0.184)	0.0313 (0.129)	-0.446*** (0.150)	-0.521** (0.206)	-0.366 (0.246)	-0.428** (0.176)
Assistance received	0.349** (0.140)	0.526*** (0.196)	0.142 (0.227)	0.323** (0.149)	0.231 (0.165)	0.227 (0.216)	0.336 (0.271)	0.290 (0.182)
Share of children in household	0.343 (0.381)	0.344 (0.542)	0.127 (0.564)	0.728* (0.422)	0.302 (0.475)	0.446 (0.666)	-0.292 (0.785)	1.091* (0.565)
Number of shocks	-0.00662 (0.0511)	-0.0588 (0.0733)	0.0195 (0.0736)	-0.00628 (0.0634)	-0.0734 (0.0567)	-0.0922 (0.0737)	-0.0876 (0.0890)	-0.105 (0.0766)

Urban residence	0.856*** (0.186)	0.606** (0.240)	1.242*** (0.287)		0.279 (0.182)	0.238 (0.236)	0.645** (0.311)	
Region controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Constant	-14.91*** (3.274)	-18.35*** (4.741)	-14.35*** (5.058)	-16.10*** (3.602)	-7.573** (3.063)	-11.70*** (4.081)	-0.302 (5.034)	-1.636 (3.623)
Observations	677	363	314	537	426	250	176	309

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table A4: Regression results, Malawi

VARIABLES	Outcome: child is enrolled				Outcome: child received treatment for ill health	
	SE	SE M	SE F	SE R	SE	SE R
log(per capita expenditures)	0.711* (0.432)	1.082 (0.828)	0.942* (0.514)	0.547 (0.417)	0.0803 (0.379)	-0.269 (0.537)
Female head of household	0.291 (0.279)	1.120* (0.629)	0.0602 (0.355)	0.249 (0.311)	0.177 (0.369)	0.832** (0.424)
Female child	-0.256 (0.199)			-0.229 (0.217)	-0.330 (0.256)	-0.781*** (0.291)
Age of child	0.0901 (0.0579)	0.0545 (0.0931)	0.114 (0.0746)	0.105* (0.0632)	-0.0355 (0.0291)	-0.0723** (0.0327)
Primary education of father	0.459** (0.205)	0.521 (0.391)	0.650** (0.254)	0.481* (0.261)	-0.213 (0.173)	-0.591** (0.241)
Primary education of mother	0.147 (0.173)	0.276 (0.310)	0.108 (0.217)	0.170 (0.220)	0.151 (0.165)	0.644** (0.261)
Mother in polygamous marriage	-0.130 (0.402)	-0.552 (0.579)	0.532 (0.579)	-0.204 (0.455)	0.0109 (0.413)	-0.137 (0.477)
Widowed, divorced, or separated mother	-0.253 (0.351)	-0.893 (0.639)	-0.0121 (0.512)	-0.224 (0.367)	-0.522 (0.509)	-1.465** (0.587)
Permanent employment of mother	-0.114 (0.627)	-0.381 (0.784)		-0.0211 (0.689)	0.972 (0.696)	0.808 (0.761)
Remittance received	Omitted	Omitted	Omitted	Omitted	-1.356***	-1.910***

Account with a financial institution	0.471 (0.289)	0.637 (0.496)	0.588* (0.338)	0.464 (0.310)	(0.480) -0.304 (0.291)	(0.582) -0.832** (0.387)
Credit received	-0.397* (0.206)	-1.090*** (0.374)	-0.197 (0.302)	-0.395* (0.220)	-0.0279 (0.274)	0.450 (0.328)
Assistance received	0.294 (0.207)	0.754* (0.389)	0.179 (0.324)	0.260 (0.222)	-0.437 (0.285)	-0.851*** (0.321)
Share of children in household	1.406** (0.685)	-1.107 (1.375)	2.564*** (0.861)	1.667** (0.733)	-0.451 (0.836)	-0.304 (1.006)
Number of shocks	0.0432 (0.0450)	-0.0287 (0.0617)	0.0863 (0.0589)	0.0473 (0.0511)	-0.0114 (0.0520)	0.0656 (0.0641)
Urban residence	0.0609 (0.474)		-0.395 (0.553)		0.903* (0.468)	
Region controls	Yes	Yes	Yes	Yes	Yes	Yes
Constant	-8.028 (5.179)	-12.06 (9.497)	-11.99* (6.183)	-7.740 (5.045)	1.215 (4.464)	5.844 (6.353)
Observations	453	155	215	296	136	120

Robust standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1; Note: gender-disaggregated subsamples dropped in health regressions due to small sample sizes