ODI Working Paper 242

CPRC Working Paper 47

Fracture Points in Social Policies for Chronic Poverty Reduction

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October 2004

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Acknowledgements

This paper is the result of seed corn funding from the Reaching the Very Poorest Policy Team in DFID and was commissioned through the Chronic Poverty Research Centre (research grant R7847). It was designed as a scoping study for future in-depth analysis of the political economy and administrative barriers to effective policy innovation for marginalised, vulnerable and chronically poor people in India and Uganda.

The authors would like to thank Maia Green, David Booth, Andrew Shepherd, Keith Mackiggan, Mandy Helsop, Sylvia Beales and Lorraine Wapling for their comments on an earlier draft. The opinions expressed, and any errors in this paper, remain the authors' own.

ISBN 0 85003 736 0

Contents

List of boxes

List of tables

List of figures

Acronyms and Abbreviations

DALYs	Disability Adjusted Life Years
MDG	Millennium Development Goals
NGO	Non Government Organisation
UN	United Nations

Summary

Policy failure is complex. It is not simply a case that policy, once formed, is poorly implemented, it is also that certain problems fail to get onto policy agendas at all in the first place. This paper shows that this failure is particularly acute where the concerns of the chronically poor, marginalised and vulnerable are concerned. Even where issues make it onto policy agendas, there are barriers to policy formation. There are further barriers to new policy being accepted sufficiently widely - by both the general public and by 'street level bureaucrats' – that they are prioritised and properly resourced for implementation.

This paper examines the fracture points, or areas of weakness and failure, in social policy formation – from agenda setting through to policy formation and its legitimisation. It suggests why it is that despite clearly identified severe and widespread problems, which have been shown to drive and maintain poverty and which are also clearly associated with marginalisation and vulnerability, policy makers may still fail to generate adequate responses. Social policies have been selected as the focus of this study because they are generally weakly addressed by the development and poverty policies of both donors and developing country governments.

Five illustrative case studies in the paper identify the political economy and administrative barriers to policy innovation and implementation in Uganda and India, and from this analysis we draw conclusions of broader application. (The full case studies are presented in full in Bird et al. (2004) 'Illustrative Case Studies of the Fracture Points in Social Policies for Chronic Poverty Reduction'. London: ODI and CPRC, which can be found on the ODI and CPRC websites.)[1] The selected issues are disability; mental illness; alcohol dependency; inheritance systems that privilege inheritance through the male line, and dispossess women as a result; and the near destitution of older people without support. These have not been selected because they necessarily affect a larger number of people than other issues or because they necessarily have the strongest causal link with chronic poverty, marginality or vulnerability, but rather because they represent a wide range of different groups of people and the policy responses to them are illustrative of the different fracture points in the policy formation and implementation process. Nevertheless, these issues *are* of considerable importance to many poor people in developing countries, and may prevent more orthodox approaches to poverty reduction – growth, health, education – from having their intended effects.

Although the case study problems affect different (but sometimes overlapping) groups of people, they have some elements in common. They affect groups of people widely – but often wrongly – identified as being the dependent or economically inactive poor. They are multi-faceted and deeply embedded socially and culturally. Responses are contested, and successful policy requires linked interventions by a number of organisations, making implementation both complex and difficult. In addition, ameliorating the impact of any of these problems requires long-term social change.

The case studies illustrate that some of the identified issues have made it onto policy agendas, despite the difficulties, and that at least some implementation has occurred. International 'actor networks' and 'epistemic communities' can certainly help in both raising the profile of an issue amongst policy makers and shifting thinking around it but the importance of domestic political processes and social movements should not be underestimated. Donors can support positive changes through interventions at the international level which encourage the development of change focused networks which will influence the belief systems of country-level policy makers and elites and ensure that country-level social movements are supported by a flow of empirical evidence in usable forms. They can also ratchet up their positive impact by adopting new professional

1. ODI website: www.odi.org.uk; CPRC website: www.chronicpoverty .org.

incentives and institutional norms which reward development professionals for their role in supporting the development of truly pro-poor policy within the international community and at the country level.

This paper shows that in order to understand why policy responses to social problems tend to be weak in developing country contexts, it is important to understand the policy context and possible fracture points in the policy process. Although there may be technical, administrative, managerial and budgetary causes for policy failure, the policy process is a political and social process and it is these elements of the process that are fundamental in both blocking policy agenda setting and policy formation.

The political processes surrounding policy agenda setting and policy making appear to be strongly influenced by the dominant poverty and development discourses in many instances. National discourses are significantly influenced in developing countries by donors, and what we see is that the dominant discourse of both the international development community and national country governments still largely focuses on economic stabilisation and growth, with policies for social development and asset creation for the poor concentrating largely on untargeted investments in the health and education sectors (although there are exceptions, e.g. in India, where there is a stronger focus on reducing income poverty). This world view results in an expectation that growth will result in significant and sustained poverty reduction with any remaining poverty being largely residual.

The dominance of this way of thinking does not encourage a focus on investment or policy agendas 'outside the box'. The 'box' which delimits the areas of accepted focus can also be described as the 'framework of possible thought' (Chomsky, 1987). Issues which fall outside this box or framework are regarded as subversive or irrelevant. Research findings which identify such issues are rigorously interrogated and may even be intentionally and systematically undermined by the knowledge communities allied with the dominant paradigm. Dominant poverty and development narratives may interact with, and support, elite perceptions. These elite perceptions commonly reinforce categorisations of the poor as deserving and undeserving. These categorisations are used to justify the limited attention and low budgetary allocations given to particular issues and groups.

The categorisations of deserving and undeserving poor, in turn, determine the framing of certain research questions, so that some questions are emphasised and work on them funded, while others are not even fully articulated. A lack of research funding for these low priority areas limits the generation of empirical evidence which might challenge their perceived unimportance. The framing of research questions and the availability, or otherwise, of empirical evidence has an interactive relationship with both agenda setting and policy formation.

The poor articulation of the needs of marginalised groups is also due to poor mobilisation around social movements, co-opted and low capacity leadership, weak identification as constituencies by elected leaders, and poor or partial representation by interlocutors. These contribute to weak agenda setting. Support from international NGOs, the international labour movement, cross-national faith-based networks, members of international epistemic communities (e.g. members of the women's movement) and the international community can all provide support to both social movements and the leaders of civil society. This support may take the form of information, resources and/or capacity support. Similar attention on the international and cross-national groups to encourage them to interrogate their motives and forms of engagement has the potential to improve their effectiveness, when speaking on behalf of the poor, vulnerable and marginalised.

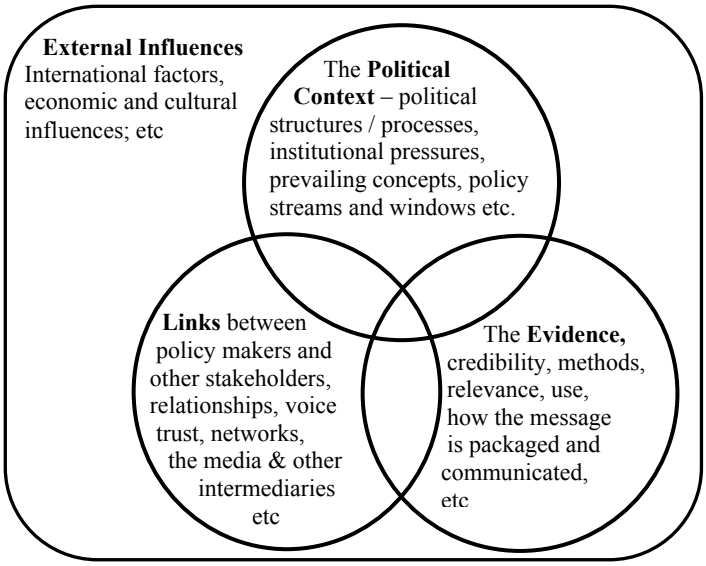
Even where an issue has moved onto policy agendas in developing countries, either through domestic political activism and the work of social movements, or through the work of researchers – either working locally through 'actor networks' or with international allies through 'international

epistemic communities', vested interests, within the international development community and the national polity may argue persuasively against policy innovations. The likelihood of this happening at the national level is heightened by a lack of vertical solidarity between national elites and others and where the chronically poor, marginalised and vulnerable groups have low political capital. The box below presents the relationship between research and policy innovation, and the material in Annex 1 describes how researchers might increase the likelihood of their work feeding into effective policy change processes.

Box 1 Relationship between research and policy innovation

There is a dynamic and complex relationship between research and policy, shaped by multiple relations and reservoirs of knowledge (RAPID, 2004). In many policy agenda setting and formation processes research findings and technical information will have limited influence. In other words, evidence based decision-making is not always the dominant approach. However, within these constraints, research findings can make a difference. RAPID suggest that the influence that research is able to have depends on external influences; context – politics and institutions; evidence – approach and credibility; links – influence and legitimacy (ibid). This is represented graphically in Figure 1 below. The RAPID Framework is a generic and perhaps ideal model. The overlap between the spheres may vary and in some cases there will be limited overlap at all. The key questions that researchers (and policy advocates) must ask themselves with regard to these spheres and some suggested ways of increasing the likelihood that policy influence will be effective can be found Annex 1.

Figure 1: The RAPID framework: context, evidence and links



Source: RAPID (2004).

The political economy in many developing countries is such that the need to deliver improved rights for marginalised and vulnerable groups is rarely seen to justify either increased political attention or the devotion of increased resources to those groups. Alternative justifications for greater political and budgetary focus lie in identifying the instrumental benefits of improving their well-being (e.g. increasing the likelihood of achieving the Millennium Development Goals (MDGs) or supporting enhanced productivity and economic growth). However, these links are rarely adequately

understood, and if understood, there is rarely sufficient empirical evidence to support such arguments (due to limited research interest in these issues).

Even once policies have been made, this is far from the end of the story. Many countries have fabulous policies on paper, but a range of factors prevent their implementation. This disjuncture between *policy as written* and *policy as implemented* can result from a lack of policy legitimation which occurs because the policy is politically contested and/or opposed by powerful vested interests. Their intervention may prevent the policy from going any further. Legitimation failure may however be derived from weak downward accountability limiting attempts to communicate policy innovation to the general public and centralising notions of governance preventing consultation with 'street-level bureaucrats'.

Even where there is broad based support for the policy, its practical implementation may be hampered by inadequate constituency building, leading to the policy being poorly tailored to meet the needs of intended beneficiaries. Constituency building can fail where potential beneficiaries are excluded from consultation processes or where they exclude themselves. This self-exclusion is particularly common where pejorative and stigmatising language has been used to describe the policy or its intended beneficiaries. Self-exclusion also occurs where individuals do not perceive themselves to share common characteristics or common interests with members of the publicly identified beneficiary group.

The next stumbling block comes where there has been an insufficient budgetary allocation for the implementation of the policy in question. This may result from inadequate legitimation or because there is insufficient technical information to illustrate how additional spending could generate positive outcomes – leaving budget makers unconvinced that efficiency, effectiveness *or* equity goals can be met through such allocations. Further barriers to effective implementation occur as a result of weak administrative structures, the distortion of policy by street-level bureaucrats (e.g., through behaviour that is discriminatory or seeks to protect vested interests by maintaining the status quo), inadequate human resources and institutional failures (including the impacts of corruption, clientelism and neo-patrimonialism).

The fracture points in the formation of social policies identified in this paper will have differential levels of importance in different countries and also within the same country in relation different issues. However, what is likely to be true across sectors and countries is that for relevant policies to be formed, legitimised and effectively implemented policy discourses need to be shifted so that the needs of the chronically poor and marginalised and vulnerable groups are identified as valid. This may be through a process that identifies needs and then designs policy focusing on these rather than on particular groups of people. So, for example, policy attention could focus on increasing school enrolment and retention and improving the relevance of school curricula for all students. A component of such a set of policies could identify and respond to the access problems and education quality failures experienced by children with physical or cognitive impairments. This problem-focused approach would challenge the sometimes unuseful and undifferentiated characterisation of 'vulnerable groups'.

Opening up policy spaces and expanding the 'framework of possible thought' appears to be the crucial first step to validate the interests of social and political movements and to enable the collection and dissemination of improved technical information, raise the profile of currently under-emphasised policy issues and support processes resulting in the legitimation, constituency building, funding and effective implementation of new policies.

As has been shown above, agenda setting, policy change and implementational improvements may be supported by social movements and by researchers involved in 'actor-networks' and

'international epistemic communities'. These can work to shift not only donor opinion but domestic policy - by targeting change agents within key ministries and engaging with domestic civil society. Where barriers to policy change are profound, attempts can be made to change *policy as practiced* by targeting street level bureaucrats. Where effective, this can mean that although *policy as written* remains the same, ground level experiences are profoundly altered. This illustrates that although policy discourses are important, so too is what people *do*.

Throughout this paper, it is emphasised that governments find it difficult to prioritise marginal groups and the chronically poor. They are unlikely to develop and implement policies favouring these groups over larger and more powerful groups, as they would have little to gain and much to lose as a result. To move beyond this impasse requires an attitudinal change which can support processes of social change. These changes in attitudes and socio-cultural behaviour depend on the development of effective lobbies in areas where they are currently absent or weak. It also depends on the creation of fora for debate and the emergence of strong political leadership. Such leadership is unlikely where governments do not have sufficiently grounded experience in tackling the multiple deprivation experienced by the chronically poor or in dealing with complex social problems. It is also unlikely if the international community fails to challenge the current international poverty and development discourses and support the development of pro-poor social and political movements.

These are long term 'projects' – not amenable to short term project funding or current budget support cycles. They require commitments of donors intent across long time periods, and irrespective of government-government relationships. The evolution of epistemic communities around policy issues can be nurtured; this is possible even in difficult policy environments. Donors should recognise that they wield considerable power in shaping what is in the 'framework of possible thought' – power derived not only from the resources they dispense but also from the knowledge they can choose to bring (or not bring) to the table.

1 Introduction[2]

This paper examines the barriers to policy responses to the problems of marginalised and vulnerable groups. The multiple deprivations experienced by some of these groups increases their likelihood of being not only poor, but chronically poor. Although theoretical understanding of the drivers, maintainers and interrupters of marginality, vulnerability and chronic poverty is now considerable and many donors and country governments have a coherent and multi-sectoral approach to poverty reduction, there are some problems that are still only weakly addressed. This paper examines why this is the case, and illustrates, through the use of five case study themes, the political economy and administrative barriers to policy innovation and implementation in Uganda and India.

India and Uganda were selected as focal countries because it was felt that they illustrated the range of policy response from effectiveness and innovation to inertia and failure. These are also countries where in-depth research into chronic poverty has occurred, and therefore where there is some knowledge about the problems faced by the chronic poor.

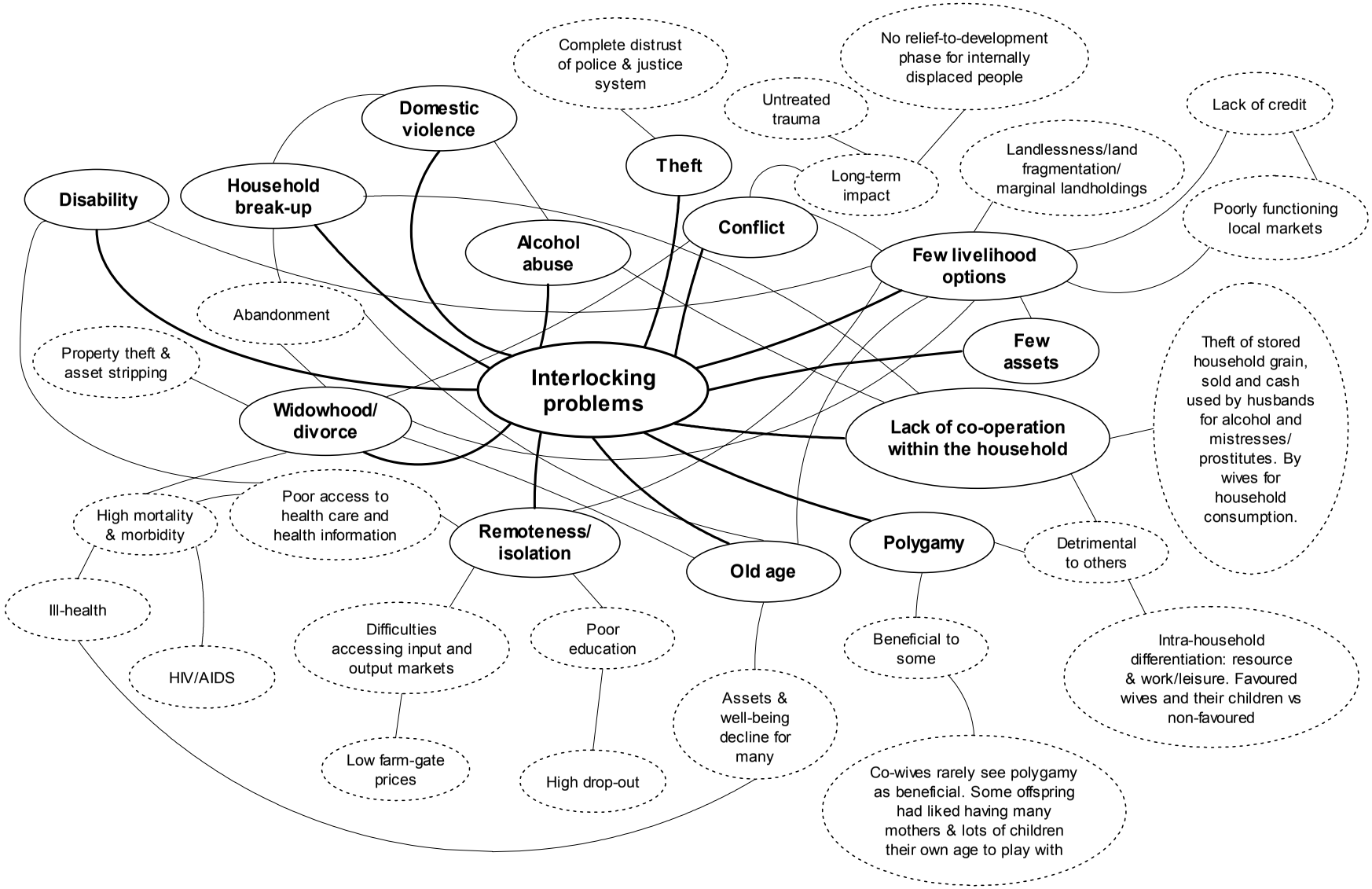
The themes were selected as case studies following research that identified numerous complex and interlocking drivers and maintainers of chronic poverty (see Figure 2) (Bird, 2002; Bird & Shinyekwa, 2003). It became apparent during the research that, although many of these problems have also been identified in participatory poverty assessments and other poverty studies (de Haan and Dubey, 2003; Denninger & Okidi, 2003; Harriss-White, 2002; Lawson et al, 2003; Lwanga-Ntale, 2003; MFPED, 2000; Najjumba-Mulindwa, 2003; Sah et al., 2003), they have received little attention by policy makers or development practitioners. This paper has selected a small number of these 'low priority' problems in order to attempt to understand better why they have not, or have only partially, made it onto mainstream development agendas.

The selected issues are disability, mental illness, alcohol dependency, inheritance systems that privilege inheritance through the male line, and dispossess women as a result, and the near destitution of older people without support. These have not been selected because they necessarily affect a larger number of people than other issues identified in Figure 1 or the Chronic Poverty Research Centre literature, or because they necessarily have the strongest causal link with chronic poverty, but rather because they represent a wide range of different groups of people and policy responses to them are illustrative of the different fracture points in the policy formation and implementation process. Nevertheless, these issues *are* of considerable importance to many poor people in developing countries, and may prevent more orthodox approaches to poverty reduction – growth, health, education – from having their intended effects.

These issues might be divided into three clusters to reflect their degree of neglect in development and poverty discourses. These are: (1) alcohol and mental illness, (2) disability, and (3) women's land rights and social protection for older people. People with alcohol dependence and mental illness tend to be profoundly excluded. They are commonly castigated as being the source of their own problems and therefore sensibly the best source of the solution. The problems associated with alcohol dependence and mental illness have been excluded from the development and poverty reduction map and policy responses in developing countries have therefore been weak. Responses to disability have been less poor, but it is still not routinely included in operational plans for development and poverty reduction. The need for social protection for older people and land rights for women has widespread recognition, but policy makers are stalled in the process of policy design.

2 The research on which this paper is based was conducted through the CPRC (www.chronicpoverty.org) with financial support from DFID, research grant No. R7847.

Figure 2 The interlocking drivers of chronic poverty in rural Uganda



Although they affect different (but sometimes overlapping) groups of people, these problems do have some elements in common. They affect groups of people commonly – but often wrongly – identified as being the dependent or economically inactive poor. They are multi-faceted and deeply embedded socially and culturally. Responses are contested, and successful policy would require linked interventions by a number of organisations, making implementation both complex and difficult. In addition, ameliorating the impact of any of these problems requires long-term social change.

In this paper we use the case studies and a review of the policy and political economy literature (Chapter 3) to examine policy responsiveness and the processes that surround agenda setting to identify some of the possible reasons for weak policy responses to the problems of vulnerable and marginalised groups. (The full case studies are presented in full in Bird et al. (2004) 'Illustrative Case Studies of the Fracture Points in Social Policies for Chronic Poverty Reduction'. London: ODI and CPRC, which can be found on the ODI and CPRC websites.)[3] We suggest that improved policy formation and implementation is needed that responds specifically to the needs of these groups if their rights are to be met and their well-being improved. Recognising the difficulty of persuading key decision makers that these issues should be given greater priority, we present information on the scale and severity of the problems, where such information is available (Section 2.1). However, the marginalisation of many of the groups identified in this paper means that arguing for the need to improve their well-being may not, on its own, carry much weight. We therefore identify instrumental reasons for such policy changes, and suggest that full attainment of economic growth and the millennium development goals (MDGs) may both be compromised in the absence of adequate policy responses (Section 2.2). Fear is an unlikely motivator as the groups discussed in this paper generally pose little threat to elites.

In our concluding chapter we highlight the main points in our argument and suggest possible ways to improve the policy attention given to marginalised and vulnerable groups in policy processes.

3. ODI website: www.odi.org.uk; CPRC website: www.chronicpoverty.org.

2 Why are these Policy Issues Important?

2.1 The policy issues

2.1.1 Alcohol dependence

Alcohol dependence is both a cause and a consequence of chronic poverty. It has serious health implications, and is responsible for 4% of deaths and disability (1.8 million deaths per year and 58.3 million DALYs – disability adjusted life years)[4] (WHO, n.d.), placing it ahead of ether malnutrition or poor sanitation. Amongst men in developing countries it ranks fourth as a cause of disability (FORUT, 2003). It is also strongly linked with other social problems including domestic violence, theft within the household (euphemistically called 'lack of co-operation within the household' in Uganda), marital breakdown (see Figure 1), and risk seeking behaviour.

Little is known about what alters 'constructive drinking' cultures, increasing the prevalence of destructive alcohol dependence. Evidence from Uganda suggests that social fragmentation caused by conflict and the loss of livelihood and purpose caused by land fragmentation and unemployment may both be important contributors. Evidence from India indicates that aggressive marketing by breweries and distillers in the liberalised market environment has led to more people drinking alcohol and in increasing volumes, where previously teetotalism was a widespread norm.

Quantifying the scale of the problem is difficult as few people with alcohol dependence approach health services for help. Also half of all the alcohol consumed globally is informally produced and sold and so is not included in national figures. However, estimates show that pure alcohol consumption in the Asian sub-continent increased by 50% between 1980 and 2000 (Rahman, 2003). In India alcohol consumption is increasing by 15% per year (Arora, 2001) and dependency levels have risen over the past decade and are now at 1-2% of the adult population (Saxena, 1999). Of the households who consume alcohol, between 3% and 45% of their expenditure was spent on it, illustrating that alcohol consumption at the upper end is likely to compromise household well-being. In one rural village in Uganda, between 50% and 70% of households were described as having problems caused by the heavy alcohol consumption of one or more of its members (key informant interview, Buwopuwa, Mbale). It is difficult to assess how representative this is, but there clearly is an acute problem and it is sufficiently widespread for 56% of respondents in the Ugandan participatory poverty assessment (UPPAP) to regard excessive alcohol consumption to be a cause of household poverty, and for 24% to see it as a response to poverty (USAID, 2003).

2.1.2 Asset stripping of widows and divorcees

In both Uganda and India women are rarely owners of land and depend on their husbands, fathers or sons for access. Social practices in Uganda commonly result in widows, divorcees and separated women having assets (including those accumulated during their marriage) returned to their husband's clan. Without land or other productive assets, the woman risks plunging into severe and chronic poverty.

To avoid this, she may have to return to her father's house or move into enterprises with low barriers to entry (e.g. casual labour, artisanal brewing and sex work). Furthermore, the increased prevalence of HIV/AIDS means that more young women with young families are being widowed.

4 The DALY is a health gap measure (potential years of life lost due to premature death or years of 'healthy' life lost in states of less than full health) which combines information on the impact of premature death and disability and other non-fatal health outcomes (WHO, 2001d).

Their health status may make it difficult for them to marry again, so protecting the assets they accessed through their husband becomes doubly important.

Box 2 Property grabbing from a widow in Uganda

'My husband died in 1982 and is survived by eight orphans. Three of these orphans dropped out of school and got married, three are in school and two are dead. Life has never been easy for me since the death of my husband; I have to meet all the household needs, My husband and I had land and a grass-thatched house. When he died, his relatives took the land and our bed.' (Butema, Bugiri District)

'I came to Mubende with my late husband who was a solider and we stayed in the army barracks. Later after he died I never went back home and I never inherited any of the property. Now I am out of the barracks all by my own renting and earning by digging in other people's gardens. The little money I get is used to pay my rent and buy food. I have no beddings and all I sleep on are gunnysacks.' (Katogo village)

Source: Lwanga-Ntale and McClean (2003).

In rural Uganda marital breakdown is common with both women and men ending relationships. Women do not get a share of household land or other assets and former husbands rarely, if ever, support their former wives and children. Therefore, on the breakdown of their marriage, poor women must make a choice between rearing their children themselves or leaving them with their birth father. Mothers commonly make the decision based on where they believe their children will be fed best. To illustrate the scale of the problem, in Bitare, Kisoro District, south-western Uganda, there are 17 widow-headed households in a village of 121 households. In Buwopuwa, Mbale District, eastern Uganda there are 33 in a village of 204 households.

Changing practice around women's land ownership and inheritance would begin to change the choices open to women on separation, divorce and widowhood. However, as illustrated in Box 6 with examples from the Ugandan experience, there are numerous barriers to innovations in policy and practice in this area. Despite these barriers, this is an example of a feasible policy change with substantial benefits for the chronic poor, which has complex implementation challenges attached, but is not itself prohibitively expensive.

2.1.3 Unsupported older people

By 2050 three quarters of the world's older people will live in developing countries. People over 60 will account for 10% of the population in Africa and 23% in Asia and Latin America. However, fewer than 20% of people over 60 in developing countries receive any formal social protection (HAI, 2003c). Traditional safety nets can no longer be relied on; they are in a state of flux and function best in times of plenty (Bird and Shepherd, 2003), and there absence result in large declines in well being for the frail elderly in particular.

Cross-country analysis has found that older people who live alone are more likely to be poor (Masset and White, 2004: 293), and the Chronic Poverty Research Centre has found that older people are disproportionately represented amongst both the severely and chronically poor (Beales, 2002; Heslop & Gorman, 2002; Bird & Shinyekwa, 2004).[5] Although many older people are economically active, some may be too old or frail to engage in casual labour or to farm their land holdings productively, increasing their dependence on transfers. As they grow older, individuals can see a dramatic decline in consumption levels, coupled with increased social and political isolation.

5 The CPRC in South Africa have undertaken a substantial study on pensions and social grants, and their impact the well being of the whole household. Other work by Stephen Devereux has also indicated both the investment potential and the well-being impacts of old age pensions for the whole household.

Older people also have an increasing role in caring for orphans, estimated to number 34 million in Africa alone (Masset and White, 2004: 280), and their vulnerability to shocks makes the inter-generational transmission of chronic poverty likely (Moore, 2001).[6] Between 15 and 30% of the population are currently in elderly headed households (Masset and White, 2004: 280).[7] This is likely to increase as populations in developing countries age, as extended family structures weaken, and as more people of working age die of AIDS. The problem of older people living alone or without family support is therefore likely to grow.

Box 7 highlights the difficulties experienced in persuading policy makers to introduce universal pensions in poor developing countries. However, some low income countries have implemented a universal pension scheme, and with good effect, and it is more actively under consideration in some others than it has previously been.

2.1.4 Disability

Late presentation to health practitioners in the formal sector coupled with poor diagnosis and treatment combine with high levels of work-related accidents, unsafe housing, high levels of morbidity and poor pre- and post-natal care to generate high levels of physical and cognitive impairment in developing countries, particularly amongst the poor. There are estimated to be 600 million people with disabilities globally,[8] 80% of whom are in developing countries (WHO, 2003). Long term disabilities are responsible for 31% of DALYs lost worldwide (Gender and Health, 2002). Conservative estimates suggest that India alone has 18.5 million people living with disabilities (Mohapatra, 2004).[9] Less than 5% of disabled people have access to any kind of rehabilitation service (WHO, 2003) and the lack of basic mitigation (e.g. spectacles for the visually impaired, crutches and wheelchairs for the physically impaired) intensifies the disability experienced.

Disabled people tend to be isolated and excluded from social processes and economic activities, intensifying the negative experience of being disabled (Underhill, 2003; Lwanga-Ntale, 2003). In Uganda disabled people are feared as disability is still associated with witchcraft and many people believe that they can 'catch' disability (ibid.). Customary law means that disabled people are unable to inherit land (ibid.), reducing their ability to head a household. In India, 58% of men and 74% of women attending a government treatment centre were unmarried (Mohapatra, 2004). In a country where almost everyone marries, this illustrates their exclusion. Being single has serious implications in societies where parenting is necessary for adult status and long-term security. Disabled women tend to experience more social and economic exclusion than men with similar disabilities, and, in India, only 29% of the people attending a government treatment centre were women (Mohapatra, 2004).

Disabled people, and their households, are more likely to be poor. Evidence from Tanzania indicates that households with a disabled member are likely to have mean consumption levels of less than 60% of other households and that they have a 20% greater probability of being poor (Masset and White, 2004: 281). Households in India with disabled and chronically sick members tend to be smaller, have smaller operational landholdings, lower grain consumption from own production and greater market dependence for food (Hariss-White and Subramanian, 1999 in

6 For related work on social protection see Barrientos et al. (2003). See also the work by CHIP (Childhood Poverty Research Centre, a collaborative research project between the CPRC and SCF), which provides useful insights into intergenerational poverty and child poverty (http://www.childhoodpoverty.org/).

7 Elderly Headed Households are those where older people are living alone or without an adult of working age.

8 Alternatively expressed as 10% of people (WHO, in Masset and White, 2004: 287).

9 These figures are from the National Sample Survey of India (2000), which estimated that 1.8% of the population or 18.5 million of the population was disabled. DFID suggested a higher figure of 32 million people, which was also seen as a conservative estimate (DFID, 2000).

Mohapatra, 2004). This is partly caused by the higher dependency ratios found in households with disabled members, but is combined with the impact of stigma and exclusion.

Poverty and exclusion combine to affect disabled people's life expectancy. Evidence of 'missing' disabled people amongst poorer groups suggests that they have poor survival chances (Masset and White, 2004: 291) and under-five mortality of disabled children can be as high as 80% in countries where it has otherwise fallen to 20% (DFID, 2000). This is partly due to inadequate treatment and mitigation and partly because families under-invest in the health and nutrition of disabled members.

This illustrates why reducing impairment, for example through improved public health provision, can only be an element of developing country's disability strategies. Attention also needs to be given to reducing the exclusion experienced by people with impairments (i.e. being physically impaired causes exclusion, reduced mobility and limited livelihood options). Interventions do not necessarily have to be expensive as there are intermediate technology mobility aids available and radio campaigns, incorporating drama and public affairs programming, can do much to reduce stigma and exclusion. Improving access to public transport, public buildings and public services can be more costly, but making disability access a prerequisite for all new buildings and transport can institute a gradual improvement. An analysis which lays such expenditure alongside the benefits it will generate through reduced dependency ratios and improved labour productivity may convince policy makers, where the ethical imperative of improving well-being fails to. In Sections 2.2.1 and 2.2.2, we suggest that failing to make such investments may have negative implications for reaching the MDGs and generating economic growth.

Box 5 illustrates that having rights articulated in a country's constitution and provisions for positive discrimination, which reserves places at all layers of government for people with disabilities, does not necessarily translate into reduced stigma and exclusion or improved access to treatment and mitigation.

2.1.5 Mental illness

Mental illness is a pervasive problem in both developed and developing countries. Five of the top ten causes of disability are psychiatric conditions[10] (WHO, n.d.) and amount to 12% of the total global burden of disease (15% by 2020) (WHO, 2001b). Around 10% of adults (or 450 million people) are affected by neuro-psychiatric conditions at any one time, and 25% of people are affected by mental or behavioural disorders during their lifetime (WHO, 2001b).[11] Depression can be as (or more) disabling than several other chronic medical conditions in terms of social, physical and role functioning and days spent in bed (Gender and Health, 2002) and, by 2020, 'depression will disable more people than AIDS, heart disease, traffic accidents and wars combined' (Underhill, 2003).

Poor people are more likely to suffer from depression and other mental illnesses (Araya, 2003). Cross national data shows that common mental disorders are about twice as frequent among the poor as among the rich (WHO, 2001b). Depression has been found to be particularly common in people living in poverty (Araya, 2003). Research in Brazil, Chile, India and Zimbabwe found that women, those with little education, the poor and older people are most likely to suffer from mental disorders (Patel et al., 2001). Relative and absolute poverty contribute to stress, depression and anxiety, indicating the impact that income inequality in a country has on the incidence of mental illness.

10 Unipolar depression, alcohol use, manic depression, schizophrenia and obsessive-compulsive disorder.

11 These figures include Alzheimer's and other dementias, epilepsy, and alcohol and selected drug use disorders and therefore cannot be classified simply as mental illnesses.

Women are particularly vulnerable to high levels of stress due to their multiple roles, violence and unequal power relations with men. Changes in rural societies mean that older people suffer from loneliness and economic hardship, which can lead to increased vulnerability to mental illness (ibid.). Disabled people, indigenous people, those exposed to disasters and war, displaced people, those coping with chronic diseases such as HIV/AIDS and individuals who have experienced the death of a relative are also vulnerable to becoming mentally ill (Patel, 2001; Todd and Patel, 2001, WHO, 2001b).

Mental illness places an enormous burden on relatives who care for mentally ill people, emotionally, financially and in terms of lost wages and diminished quality of life (Underhill, 2003). The mentally ill and their households commonly experience social and economic exclusion, and are likely to experience declines in income and well-being with the declines in functioning associated with the onset of mental illness. Despite the number of people affected, developing country governments have been slow to respond. Inadequate funding means that mental illness often goes undiagnosed and untreated (Araya, 2003) and that services are non-existent or only serve a small proportion of those in need, rarely the poorest (WHO, 2001b, c). This is partly because mental illness is commonly seen as a sub-category of disability and not curable or treatable. It is also because dominant poverty discourses identify the mentally ill as being less deserving of help than other categories of ill people (e.g. people with communicable diseases).

Improved training of front line primary health care staff in the diagnosis and treatment of common mental disorders combined with increased (and regular) availability of appropriate medication and counselling would reduce the symptoms experienced by the mentally ill, improve functioning and aid integration. As with funding to mitigate disability and reduce stigma, governments may find that, even where unconvinced by ethical arguments, a cost benefit analysis would justify spending in this area. Such cost benefit analyses have yet to be done and Box 4 illustrates the weakness of policy response to this issue.

2.2 Is it too soon to tackle chronic poverty?

In this section we suggest that the typical mix of development, growth and poverty reduction policies will fail to reduce the poverty of the chronically poor, and that, by ignoring the specific needs of marginalised and vulnerable groups discussed in this paper, the growth and the achievement of the MDGs might be compromised.

The development strategies of donors and the poverty reduction strategies of Southern governments have largely focused on macro-economic stabilisation, growth and the health and education sectors. Social protection and other social policies have received patchy treatment. One cause of this slow progress has been the concern amongst both governments and donors that policy innovations in these areas will lead to unsustainable expenditures which might slow growth and create dependency.

Unfortunately the current array of policies have had limited impact on chronic poverty and do little to ameliorate the problems of the focal groups identified in this paper. Social sector investments tend to generate lower returns for chronically poor households than for other groups due to their household characteristics (including lack of assets) and poor service quality and access. In proportional terms they are also the least likely to benefit from improved credit markets, although improvements in other markets might help them more. Growth policies rarely focus on the vulnerability and insecurity faced by the chronically poor or tackle the exclusion, discrimination or lack of rights which, along with low asset holdings and low returns on their assets, typically underlie their livelihood insecurity. It will take a long time for traditional growth policies, even when pro-poor, to generate the type of growth which will move the chronically poor out of poverty.

People experiencing mental illness, alcohol dependency and disability, and those in households led by older people or widows, are likely to be the slowest to benefit and – without specific and sometimes targeted policies, which reduce stigma and exclusion and protect and build assets – may not benefit at all.

Reducing stigma and exclusion requires political leadership to initiate improved rights, supported by changes in legislation and shifts in policy discourse. These long-term processes can be complex to direct and manage and cannot be accomplished without encouraging shifts in public opinion necessary for the legitimation of new policies (see *Legitimation* in Section 3.2.1). Increasing the assets of the poor does not have be through zero sum redistribution, but can be through measures which increase the total stock of assets (e.g. increased education spending), improve the functioning of key markets (e.g. credit markets) or generate growth which is pro-poor in a *relative* sense (McKay, 2004).

In the sections below we show that investments in relatively low cost interventions can occur alongside stimulating these long term changes, and we suggest that they are necessary if the specific problems of these focal groups are to be tackled.

2.2.1 What implications do these issues have for meeting the MDGs?

In this section we suggest that, if untackled, the problems identified in this paper may slow progress towards the achievement of key MDGs, for example eradicating extreme poverty and hunger (Goal 1), achieving universal primary education (Goal 2), promoting gender equity and women's empowerment (Goal 3), reducing child mortality (Goal 4), and improving maternal health (Goal 5) (see Table 1).

Alcohol dependence, as we have shown in Section 2.1.1, is a powerful driver and maintainer of chronic poverty. The dependent individual is likely to divert household resources to purchase alcohol, with potentially negative effects on household food security (Goal 1, Target 2) and the availability of cash for investment in productive activities or health (Goals 4 and 5) and education expenditure (Goal 2). Ultimately, the household may lose productive assets, with implications for the inter-generational transmission of chronic poverty. There are further negative repercussions resulting from declines in the drinker's labour productivity and from domestic violence which commonly accompanies chronic alcohol abuse. All these factors combine to drive individuals and their households more deeply into poverty (Goal 1, Target 1). Women of reproductive age with alcohol dependence are at risk of miscarriage, still birth and giving birth to a child with severe cognitive and/or physical impairments. Where widespread, this may have implications for the meeting of the target to reduce child mortality (Goal 4) and achieving universal primary education (Goal 2).

The links between disability and both poverty and premature death suggest that unless the exclusion of disabled people is reduced and treatment and mitigation increased, high incidence of disability may affect country's ability to halve poverty (Goal 1) and reduce child mortality (Goal 4).

Mental illness increases the dependency ratio, reduces labour productivity, and is associated with social and economic exclusion, which in turn reduces livelihood options and isolates individuals and their household from sources of livelihood, supportive patronage and transfers. This may well reduce household income and food security (Goal 1) with implications for the health and educational prospects of household members (Goals 2, 4 and 5).

Increased proportions of developing country populations are over 60. Governments may face a challenge in halving poverty if they do not gear policy specifically to their needs. There are also

instrumental reasons for providing adequate social protection for older people. As we have shown, older people are increasingly responsible for raising orphans. The well-being of many orphans is tied up with that of their elderly carers. Orphaned children are less likely to attend school or receive health care and are less well nourished than other children (Masset and White, 2004: 281). A failure to devise appropriate interventions for older people may have implications not only for them, but may also slow progress towards universal primary education (Goal 2) and reductions in child mortality (Goal 4).

Table 1: Summary of the MDGs

Goal 1: Eradicate extreme poverty and hunger
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is <$1/day
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Goal 2: Achieve universal primary education
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
Goal 3: Promote gender equality and empower women
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015
Goal 4: Reduce child mortality
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Goal 5: Improve maternal health
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
Goal 6: Combat HIV/AIDS, malaria and other diseases
Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS
Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases
Goal 7: Ensure environmental sustainability
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers
Goal 8: Develop a Global Partnership for Development
Target 12: Develop an open, rule-based, predictable, non-discriminatory trading and financial system.
Target 13: Address the Special Needs of the Least Developed Countries
Target 14: Address the Special Needs of landlocked countries and small island developing states
Target 15: Deal comprehensively with the debt problems of developing countries
Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
Target 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
Target 18: In cooperation with the private sector, make available the benefits of new technologies (e.g. ICTs)

Source: Conway (2004: 7).

Widows and divorcees without access to land or other productive assets are more likely to be income poor and food insecure (Goal 1). Their children and other household members will be likely to experience low levels of consumption (Goals 2, 4 and 5). Land ownership endows status (Goal 3)

and enables access to credit which may be an important source of investment for diversification and risk spreading (Goal 1). Given the statistics on AIDS deaths, there is likely to be an expanding number of dispossessed women-headed households unless inheritance systems are reformed.

In this section we have shown that meeting key MDGs may be compromised by the unresolved problems faced by older people, disabled people, the mentally ill, women without land rights and their families, and those dependent on alcohol. In the section below we show why tackling the problems of these marginalised and vulnerable groups may be important for economic growth.

2.2.2 The growth/welfare conundrum

Some development analysts suggest that reducing inequality and improving well-being through redistributive mechanisms will slow economic growth. Indeed, some forms of static redistribution (i.e. as opposed to redistribution through pro-poor growth) may have an adverse impact on growth through their impact on incentives to save, invest or work (McKay, 2004: 10). But we do not know enough about the negative effects of redistributive expenditures to say whether they outweigh the benefits or not (ibid.). What we do know is that development approaches which focus on growth may be less successful at achieving development and poverty reduction than those that focus on support (ibid.).

The poorest are more severely affected by a lack of economic growth than the less poor, as they have fewer strategies for coping (McKay, 2004: 2). However, recent research also suggests that growth benefits the poorest less than it benefits the less poor; a dollar of growth will result in a growth in income of less than a dollar for the poorest and more than a dollar for the richest (Foster and Szekely, 2002 in ibid.: 9). Therefore, at typical growth rates, even where growth is sustained, growth alone will take a long time to lift the very poorest out of poverty (McKay, 2004: 3) and government policies that focus mainly on growth are in danger of increasing inequality, unless growth is specifically encouraged in the sectors containing high concentrations of poor people. Where high levels of inequality (particularly asset inequality) occur, this may slow growth down, as it can be linked to high rates of crime and low levels of personal security. This affects returns on investment, entrepreneurial behaviour and foreign direct investment. High inequality is likely to occur alongside high levels of chronic poverty. So, reducing inequality does not necessarily damage growth and failing to tackle high inequality can, in fact, slow growth down.

We are not arguing that governments rebalance their attention towards social policy issues at the expense of attempting to stimulate growth, but rather that tackling social problems is a necessary component of growth, poverty and development strategies. In the section below we examine how unchecked social problems may damage growth.

How unchecked social problems may damage growth

The problems identified in this paper have been shown to be associated with chronic poverty. Being chronically poor and marginalised limits the contribution an individual can make to economic, social and political processes. Low investments in human capital limit labour productivity; poor access to credit limits opportunities for diversification and entrepreneurialism; political and social marginalisation, involvement in drudgery intensive livelihoods and barriers to mobility reduces engagement in public good activities and social and political movements. Together these limit the contribution that the chronically poor can make to economic and development processes.

Chronically poor parents are more likely to withdraw their children from school and delay their medical treatment, resulting in the intergenerational transmission of chronic poverty, adding to the pool of unskilled labour, and intensifying existing problems of poor labour mobility and low returns

to that labour. This is particularly acute where severe land shortages and fragmentation intensifies rural unemployment and underemployment and drives processes of internal migration.

As we have shown, disability and mental illness have implications for household dependency ratios and the reduced labour productivity of carer(s) and the disabled or mentally ill individual. This, and the impact of stigma and exclusion, including exclusion from education and training, has clear implications for livelihood options, vulnerability and economic growth.

In addition to the clear ethical and rights-based arguments which support the provision of universal pensions to older people in poor developing countries, and the instrumental arguments identified in Section 2.2.1, there may also be efficiency arguments. These focus more on older people's social roles and on demography than on the economic performance of older people themselves, and are therefore deemed unattractive by some lobbyists. Providing pensions for older people is associated with speeding the demographic transition. Fertility rates decline where people predict that their children will not be their sole source of support in old age. Pensions also limit the intergenerational transmission of poverty, particularly where older people are caring for orphans, limiting future state obligations.

Women with permissive access, rather than secure land rights, are unlikely to make long-term investments. Women also experience barriers to accessing credit and this may increase risk-averse land-management practices and cropping decisions, and reduce diversification and entrepreneurialism, limiting returns to both land and labour. Research evidence points to women being more reliable than men in spending income on their children's food security, education and health, but the absence of land rights means that widowed, separated and divorced women are less able to grow food for home consumption, and are more likely to have to have their children fostered by the extended family. Some children fostered by the extended family are well provided for and have good access to health and education services but this is not always the case, and the absence of both parents can combine with poor nutrition and care to intensify the inter-generational transmission of poverty.

Alcohol dependency is associated with lost work days and reduced labour productivity and ultimately with chronic sickness and death. It also results in the diversion of household resources from productive investment in farm and non-farm enterprises, household food consumption and the building of assets and human capital. This not only reduces income, output and tax revenue but also increases costs, both for the household and the state. It also, clearly results in the intra-generational transmission of poverty. Therefore, reducing alcohol dependency not only protects household well-being, and limits the expansion and perpetuation of poverty, it also protects economic growth and government revenues.[12]

In some cases an instrumental argument can be made for changes in certain areas of social policy because the wealthy, for instance, may fear disease transmission from the poor or the violence that unequal societies may breed. However, this argument does not apply here because the groups under discussion, such as the mentally ill, alcoholics or dispossessed women, lack power and therefore the threat they pose to elites is minimal. Middle class people may nevertheless be frightened to enter poor neighbourhoods or regions at night, or at all, because of drunkenness and associated violence. In general, shame may be a more realistic motivation for policy innovation.

12 The benefits of revenue gains (through preventing losses in income and enterprise tax associated with alcohol dependency) and reduced expenditure (on health care for people dependent on alcohol) are not always as clear to governments as the tax collected from formal sector manufacturers and retailers. Indian state governments, for example, gain between 10% and 33% of their revenue from alcohol. Where reducing the costs of alcohol dependence is complex and long-run it can be difficult to persuade governments to tackle dependence vigorously, as they fear the short-term budgetary implications.

3 Policy Responsiveness

In this section we examine the paucity of response to the social policy problems that have been highlighted. First, we identify the processes necessary for effective policy formation and implementation and we suggest some of the barriers to effective social policy in developing countries, then we present summary case studies of policy responses to the identified social policy areas in India and Uganda.

In order to understand why policy responses to social problems tend to be weak in developing country contexts, it is important to understand the policy context and possible fracture points in the policy process. Although there may be technical, administrative, managerial and budgetary causes for policy failure, the policy process is a political and social process and different interest groups exert pressure to shape the policy formation and implementation process (Grindle & Thomas, 1991). These different actors include senior civil servants, politicians, experts, interest groups and social movements, implementing agencies, 'street level bureaucrats', multilateral and bilateral donor agencies, intergovernmental organisations, policy beneficiaries, NGOs and CSOs, the media and the general public. The power and agency of different actors will affect their ability to influence the policy process, for example by resisting (or supporting) policy innovation on a particular issue or the mobilisation of resources to achieve a policy objective around that issue.

3.1 Why is there an absence of policy response?

3.1.1 The problems are poorly understood

In the face of a largely absent policy response to focal issues in this paper, the question arises whether the reasons for this is that these problems are poorly understood. Policy makers may lack information about the nature and scale of the problems, and, as a result, they are seen as being small scale and of marginal interest. The information gap may be caused by inadequate research, or poor dissemination of existing research, or limited representation of the interests of chronically poor people in policy formation processes.

There are numerous barriers that prevent adequate representation of the interests of the chronically poor in national policy debates. Excluded groups and people facing complex social problems rarely form an effective lobby and are therefore a weak constituency. Furthermore, heterogeneity within the chronically poor may hamper the development of social movements representing the interests of members with shared characteristics, for example, youth, the disabled, and widows. Their leaders may be poorly trained, unconnected to networks or they may have been co-opted. Individuals may not acknowledge common interest, may fail to identify common characteristics and may have interests which would undermine those of groups who they might otherwise collaborate with. Atomised and with limited leverage, even through electoral politics, political movements supporting class interests may fail to take hold. Individual chronically poor people may feel that their best hope is through cultivating 'friendships' with patrons. These clientelistic relationships may provide them with some means of accessing (diverted) public funds, but are unlikely to result in the representation of their interests in public fora or in interactions or activities which change the underlying structural causes of their poverty.

The marginalised and vulnerable groups may occasionally find powerful individuals or organisations to speak on their behalf, for example NGO lobbies, parliamentarians or other elected representatives, donors and development researchers. However, they are generally in asymmetric relationships with the powerful, and are unable to control the content or process of their engagement. This can lead to their interests being misrepresented, and their engagement being manipulated to benefit the interlocutor.

In the absence of good access to the policy making process, marginalised and vulnerable groups risk having policies that would benefit them being given limited weight and attention. Organised interest groups will lobby to ensure that policies benefiting them stay high on the agenda. They will make sure that their problems are seen as pressing and that the policies aimed at resolving them are viewed as simple to implement and likely to work.

3.1.2 The problems are not seen as being important

An alternative explanation for the lack of policy response to the focal problems identified in this paper is that they are not seen as being important. This perceived lack of importance can be explained in one of a number of ways.

Not high on donor agendas
The donor community is extremely important in steering development discourse. For many years the Washington Consensus supported a neo-liberal agenda in which the 'rolling back of the state' and the 'enabling' of enterprise were dominant. There was a disinclination to welfare, despite social protection being the third pillar of the World Bank's poverty reduction strategy outlined in the 1990 World Development Report. This is only slowly shifting, and developing countries' poverty reduction policies commonly still focus primarily on growth and the 'economically active poor', with the substantial social sector investments focusing on primary education and curative health care. Policy discourse determines (and is determined by) what is sayable and thinkable (Gasper and Apthorpe, 1996). By establishing a framework of possible thought (Chomsky, 1987), ideas that do not fit into this framework can be dismissed as irrelevant or subversive. Thus alcohol dependence and mental illness are off the development map, development practitioners have been slow to take disability seriously and social protection for older people and land tenure rights for women are recognised as important issues, but commonly not as priorities for immediate action.

The dominant role of donors in setting the framework of possible thought suggests that a study of the sociology and political economy of donor institutions may be necessary before it is possible to explain fully why certain issues are absent from the policy agenda.

Not high on policy makers' agendas
There are many reasons why policy makers could ignore such issues. Most simply, it may be a matter of political arithmetic; there are not enough people affected in any one constituency to create the demand to address the problem. However, following the analysis above, this is unlikely to be the case; numbers of affected voters is at least enough to mean that such issues should figure in the discourse among others (and indeed some of them do).

Problems might be fully understood and the scale and severity of the problem recognised, but policy makers may still be reluctant to respond. This may be because they make inaccurate assumptions about the distribution of benefits from growth and the effectiveness of traditional safety nets. These assumptions may lead them to believe that both the most efficient and the most effective way of generating improvements in well-being for the focal groups addressed in this paper is through economic growth, and that this will eventually result in widely spread income growth either directly or through remittances and other transfers. As we have shown, the household characteristics of the most severely and chronically poor largely excludes them from benefiting from economic growth in the wider economy and traditional safety nets have only ever protected some people, some of the time. Under pressure from the impacts of HIV/AIDS and societal change, these traditional systems cannot be relied on to move people out of chronic poverty or prevent its transmission to the next generation.

Alternatively, policy makers may be reluctant to respond because the national policy process has been distorted by clientelism and neo-patrimonialism. In neo-patrimonial states, a form of citizenship which binds individuals directly to the state above and beyond the ties of kinship, community and faction has failed to develop (Chabal & Daloz, 1999: 6). State service is personalised rather than bureaucratic and functionaries do not necessarily see their roles as legally and professionally distinctive. Private and public roles overlap and the public sector is appropriated by private interests. The failure to institutionalise power enables it to be personalised in this way (van de Walle, 2001: 117), and access to public state institutions is seen as the main means of personal enrichment (Chabal & Daloz, 1999).

For a state to function effectively there needs to be a complete break from the notion that holders of political power have a legitimate claim over the resources that they administer (ibid: 4-5). This misuse of power often occurs in states which have the attributes of a modern state but these are poorly institutionalised so that the ministries and other institutions of government do not function as they should. Personal rule occurs in lieu of formal political institutions (van de Walle, 2001: 117). So, although the state appears to be present and to have control over a given geographical area, it is, in fact, 'an empty shell' (Chabal & Daloz, 1999: 14).

Chabal & Daloz (1999) argue that bureaucratic institutionalisation during the colonial period and beyond failed to overcome the strongly instrumental and personalised characteristics of 'traditional' administration. Furthermore, the state structures and modes of government inherited from the colonial era were illiberal and geared towards enforcing law and order rather than promoting citizen's welfare (van de Walle, 2001: 116-7). These illiberal structures and the weak institutionalisation of political practices, benefit the political elite but undermine 'the developmental state' (ibid.: 116). So, neo-patrimonialism, a weak separation between public and private, and poor institutionalisation of the state prevent the development and implementation of effective pro-poor policy. This is even more the case where the poor are drawn from marginalised and vulnerable groups.

Clientelism is a key feature of neo-patrimonial states. It involves the exchange of gifts, favours and services, patronage and courtier practices (van de Walle, 2001: 118). Clientelism tends to occur where the public realm is narrow or absent, where there are strong clan or ethnic identities, where gift giving or transfers (which include poor to rich transfers where the poor invest in 'friends' or patrons) are important to maintain social networks for social protection, and where patron-client relationships are used to maintain political support (van de Walle, 2001: 118). It is also associated with clan and ethnic politics and where positions of power are valued because of the resources they procure for one's family and kin (ibid.). Specific cases of corruption are often not punished, despite corruption in general being widely condemned. This can be explained by the view which sees clientelism as serving a community purpose and resulting in redistribution rather than in individual enrichment (ibid.). However, the captured public resources rarely have a distribution function and tend to disproportionately benefit the individual official, with little trickling down to the client network. The redistribution that is perceived to take place through clientelistic relationships reinforces patron-client loyalties and blunts class allegiance. The use of state resources to build and support alliances across groups, particularly across different social elites, plays an important role in solidifying the power of ruling elites (ibid.: 19).

Maintaining clientelistic relationships undermines representational relationships between citizens and political leaders, and makes it more difficult for the needs of the poor to be represented in policy fora or responded to adequately by government.

Policy makers are likely to be drawn largely from national elites. Research has shown that where there is limited vertical solidarity, elites are more likely to act to reduce poverty and inequality if

they associate such changes with enhanced personal safety and economic security (Hossain & Moore, 1999, 2002). Arguments in favour of poverty reduction which are based on notions of equity and rights will appeal to policy makers' altruistic qualities but often need to be supported with efficiency arguments which illustrate that policy changes will support economic growth or other pressing objectives (see Sections 2.2.1 and 2.2.2).

Vested interests may argue persuasively against policy innovations. For example, patriarchal clan interests may argue against women's land rights and in favour of the maintenance of the current system, conjuring images of the loss of traditional culture, the adoption of western feminism and the emergence of serial monogamist women, marrying (and then divorcing) simply to gain land. Policies to reduce alcohol consumption may be countered by global beverage manufacturers, concerned about reduced sales revenue, and by Ministries of Finance, concerned about lost tax revenue. Alternatively, policy makers' attention may be diverted by lobbies which are more visible, vocal and persuasive of the urgency of their case.

Not recognised as severe or large-scale problems

Issues may fail to be adopted by policy makers because they are not be seen to be sufficiently severe or large scale and policy makers do not feel they can justify allocating time or budget to the issue. As we have shown, this can be because the issues are poorly understood or because other constituencies and interest groups are more effective or more powerful and therefore more able to dominate the attention of policy makers, it may also be that policy narratives and the 'framework of possible thought' are such that there is low demand for information on these issues, and so little research has been undertaken or it has been poorly disseminated. Donors play a substantial role in framing the possible – in low income countries they bring resources and knowledge to the table. It is therefore likely that a substantial proportion of the neglect of these issues can be attributed to their low priority among donors.

Keeley & Scoones (2000) have shown that for problems to be identified as serious and in need of immediate remedy, policy makers must be linked with researchers in active networks. Where researchers can demonstrate an easily articulated problem, support their argument with empirical evidence of the scale and severity of the problem *and* suggest practical and easily implementable solutions, so much the better. Expressing complex or nuanced realities is less likely to gain the attention of policy makers and researchers therefore tend to trade off rigour for impact by simplify their message and putting into a 'black box' complex or disputed analysis (ibid.: 9).

The interest that policy makers have in particular research findings, and their willingness to take them seriously and feed them into policy processes, depends, in part, on the researcher's membership of networks, but also on whether the research topic and findings fit with the current discourses and lie within the 'framework of possible thought'. If outside this area, the researcher can expect to have their findings contested or ignored, blurring the distinction between the technical and the political (ibid.: 4). What is identified as fact is therefore socially constructed (ibid.: 7).

Complex and expensive: not a political winner

Policy responses to complex problems which are not amenable to single-agency interventions are daunting to policy makers. Policy design is technically complex and implementation is administratively demanding. Achieving success is likely to be expensive, and where the policy is aimed at helping marginalised groups, personal and career rewards can appear distant. These incentives will drive individuals to seek easier sources of success.

3.2 Agenda setting and policy formation.

Having demonstrated the difficulties in getting certain areas of social policy taken seriously by donors and developing country governments, we move on in this section to show that, even where issues are taken up by policy makers, this does not necessarily result in effective implementation. Crosby (1996) has highlighted the many stages that policies must pass through if they are to be widely owned, properly resourced and adequately implemented. These iterative (non-linear) stages are policy legitimation, constituency building, resource accumulation, organisational design and modification, mobilisation of resources and actions, and the monitoring impact (Crosby, 1996:1405).

The problems with legitimising and building constituencies around policies for marginalised and vulnerable people are acute, particularly so for the focal issues discussed in this paper. Tackling social problems, particularly those of marginalised groups, can place heavy demands on public funds. Where policies are contentious, and legitimation has been only partial, the allocation of adequate funds is unlikely. We discuss these issues in the sections below.

3.2.1 Legitimation

If policies are to have widespread support, legitimation processes should not be confined to small groups within parliament and government ministries, but should instead include all stakeholders, including potential beneficiaries and the general public.

One way of ensuring broad legitimation of a new policy is to increase the participation of relevant national stakeholders (government, implementing agencies, parliaments and civil society organisations etc.) in the policy design through consultations. In the long term, the benefits of achieving widely-owned policies through participatory processes includes more successful policy implementation, accelerated learning, heightened responsibility and self-respect and better communication and coordination within the government and between it and other groups (Nelson, 1996: 1558). However, participatory policy making processes often use participation in a purely instrumental way. Problems may be identified in the same way and responded to by the same policy sector, but with the objects of the policy playing some of the roles previously reserved for the state (Keeley & Scoones, 2000: 6). Participatory policy making also requires high levels of administrative and technical expertise within government who may in any case have highly centralised decision-making processes and low levels of trust in civil society. Participatory processes can become monopolised by well-organised and vociferous groups who do not represent the views of either the majority or vulnerable and marginalised groups. Barriers may prevent some individuals or groups participating, for example the demands of productive or reproductive tasks, travel costs, mobility and access problems, impairment making participation difficult and exclusionary cultural norms (e.g. making public speaking by women or youth unlikely). Government may be poorly equipped to identify the sources of exclusion and may have low levels of motivation to overcome them. Decision makers may ignore these groups either because they assume they know what is good for them or because the groups themselves rarely form a powerful constituency and cannot demand their inclusion. Participatory policy making may therefore fail to open up public space, but may instead act to reflect and reinforce key axes of power.

Participation does not guarantee policy legitimacy. Policies that redistribute resources away from privileged groups or reduce opportunities for the distribution of political patronage are likely to be resisted by political elites (Grindle & Thomas, 1990; Nelson, 1989). Poverty reduction policies may be resisted but Hossein & Moore (2002) argue that elites they can be persuaded to support them if they see such changes as being in their interests, for example, if a link is identified between poverty and crime, social unrest or poor economic performance; by describing poverty as having

implications for the country's reputation; or by demonstrating the political gain to be made from pro-poor measures. However, specific pro-poor policies may be rejected if the poor are seen as being 'unworthy' of support. Poverty narratives which divide the poor into deserving and undeserving groups may describe the severely and chronically poor as being in that situation through individual moral failure. Poverty reduction policies are likely to lean towards enabling individual enterprise by the economically active poor (the deserving poor) and away from interventions to support vulnerable groups or groups which are seen as being impoverished through their own actions or failures. This might be particularly true of the mentally ill and alcohol dependent, but is widely applied in poverty discourses to other marginalised groups.[13] This is supported by a poverty discourse which sees poverty as being residual, where the poor have been left behind by development and economic growth, rather than relational, or where poverty is the result of structural causes within the economy or society, including adverse incorporation.

Policy legitimacy is dependent on both the general public and the street-level bureaucrats, who will be responsible for the implementation of policy, being bought 'onboard'. Building this legitimacy can be difficult where policies are regarded as politically or socially radical by these groups and this is more likely to be the case when the public and the bureaucrats are separated by culture or education from the policy-making elite. This disjuncture can make implementation and enforcement difficult, and although legislation can play an important role in protecting rights (e.g. to gender, caste or racial equity) ahead of full public support, it needs to be sufficiently supported to be implementable. Social movements, particularly where supported by well known and respected 'change champions', can change societal attitudes and mobilise support for policy reform. Links with international actors including INGOs, UN bodies, western governments, researchers, the media, religious organisations and trade unions can support change processes through 'transnational advocacy networks' (Keck and Sikkink, 1998), but such links involve a balancing act and, mismanaged, risk the local bodies being labelled by local elites as promoting a 'western agenda'.

3.2.2 Constituency building

Constituency building is important as it encourages potential beneficiaries to support the policy innovation. They can ease implementation by becoming aware of how to claim their rights and by identifying potential implementation problems. However, 'policy narratives' may lead policy makers to believe that certain solutions, recommended by 'experts' (consultants, academics, donor agency staff, and so forth), are inevitable and, therefore, that there is no need for constituency building. Alternatively, policy makers may attempt to build constituencies for a policy, but their use of language may so stigmatise members of the beneficiary group, e.g. 'the disabled', that they do not identify their interests with a policy and exclude themselves from consultations (Sutton, 1999: 14). Even where policy makers avoid stigmatising and disempowering language they may not respond adequately to the difficulties in identifying and including marginalised groups, and so the constituency-building process may be partial. This can lead to poor design and unnecessary problems with implementation.

3.2.3 Resource accumulation

Policies may be designed with inadequate attention to the likely cost of implementation. A lack of negotiation with the Ministry of Finance and other key decision makers early on in the policy design process may lead to inadequate budgetary allocations later. Budget shortfalls may also be caused by an incomplete legitimisation process, which leaves key individuals or interest groups unconvinced that the new policy is a suitable response to a pressing problem. Politics around the

13 The literature on the cultures of poverty (Lewis, 1959; Rigdon, 1998) controversially discusses the way in which the poor can sometimes appear to behave in such a way as to make their poverty worse or perpetuate it.

policy issue may be intense and oppositional, and whatever efforts are put into legitimation, some groups may remain unconvinced. Those opposed to policy change may attempt to block access to necessary resources, thus stalling the reform process (Grindle & Thomas, 1991). Even where legitimation has been thorough, budget allocation may be sub-optimal as even a basic cost-benefit analysis may have been omitted, meaning that the benefits of the new policy may be underestimated.

Participatory budgeting may be used to ensure that money is allocated to policies, including social policies, which have been legitimised. Participatory budget making can increase transparency and therefore reduce corruption and enhance trust in official institutions. However, as we have suggested, participatory processes are vulnerable to elite capture and distortion by unrepresentative but vocal groups and can generate conflict.

Implementation may also be hampered by weak administrative structures, inadequate human resources and institutional failures (including the impacts of clientelism and neo-patrimonialism) in line ministries, local government or contracted organisations. Again, a lack of legitimation at any of these levels may damage implementation. If we take policy to mean what actually happens, as opposed to 'policy as written' we need to consider the role of street level bureaucrats in adopting, adapting or rejecting policy innovation. However, we do not have time in this paper to consider this or other aspects of policy implementation.

3.3 Case Studies

In this section, five summary case studies are presented, highlighting the significant events and processes in the development (or lack of development) of policy responses in Uganda and India to:

- alcohol dependence;
- disability;
- mental illness;
- poverty amongst older people; and
- the absence of land rights for women.

In developing these case studies we have depended on material available in the public arena. Its unevenness is inevitably reflected in the full text of the case studies from which Boxes 3 to 7 are drawn (see Bird et al. (2004) 'Illustrative Case Studies of the Fracture Points in Social Policies for Chronic Poverty Reduction'. London: ODI and CPRC, which can be found on the ODI and CPRC websites)[14], and there remain many gaps in our understanding.[15]

14 ODI website: www.odi.org.uk; CPRC website: www.chronicpoverty.org.uk.

15 This includes an absence of information about constituencies and only patchy information about social movements, which have had their activities poorly recorded in the international literature.

Box 3 Alcohol dependence

Policy formation
Policy responses to alcohol dependence appears to be influenced negatively by the perceptions of the elite who castigate the poor as undeserving, and identify alcohol dependence as a self-created problem related to the cultures of the poor, which is best dealt with through self-help.

It has been difficult to persuade policy makers in Uganda to take alcohol dependence seriously because the problem falls outside mainstream development, livelihood and poverty debates. Domestically, alcohol dependence is identified as a problem largely experienced by poor people and there is reluctance amongst policy makers to do anything that will remove a rare source of solace. The impact of problem levels of alcohol consumption on the families and communities of drinkers seems to be poorly understood – if known, it might provide a counter-point to the solace argument.

India has an ambiguous relationship with alcohol. Unlike Uganda, there is a proactive anti-alcohol social movement, largely rooted in the activities of locally-generated radical women's movements and NGOs. These tend to take a highly moralistic stance against alcohol, perhaps generated by the limited history of widespread constructive or social drinking and the widespread problem of binge drinking, commonly associated with domestic violence and household impoverishment. The Constitution demands that states do all they can to control and reduce alcohol consumption and alcohol use is increasing both in terms of the proportion of the population drinking and their consumption per head. But States are so dependent on revenue from formal sector producers and vendors that introducing and preserving policies which limit or prohibit alcohol production and sale is difficult. Liberalisation of alcohol markets has been associated with the globalisation of middle class norms and behaviours, and, in some circles, alcohol consumption has connotations of modernity and sophistication – this may have something to do with the reluctance to tackle the problems of increased alcohol dependence and binge drinking head on.

Resource accumulation
Prohibition in India has been initiated in some States and then reversed because of the negative impact that it has on State revenues. States have been unable to offset longer-term reductions in health-related costs and increases in revenue associated with productivity gains (from reduced levels of alcohol dependence) against the short term revenue declines from reduced tax take.

Implementation
Implementing prohibition in any developing country is likely to be difficult, as alcohol produced and sold informally has substantial market share, particularly amongst the poor and those living in rural areas. Where enforcement is weak, prohibition *can* result in increased production by the artisanal sector and a resultant reduction in cost of informally produced beers, wines and spirits. Enforcement problems associated with rent-seeking and poor administrative capacity can lead to increased cross-border smuggling and sales and the increased involvement of black market and underground networks in the production, wholesaling, transportation and sale of alcohol.

Effective implementation requires not only successful and widespread policy legitimation but adequate resourcing of enforcement and measures to compensate for the reduced tax base. However, there may be a simple solution; divert a percentage of taxes to earmarked spending to prevent alcoholism and to deal with its consequences – i.e. fund social services, NGOs etc.

Box 4 Mental Illness

Policy formation

- Widespread ignorance about mental illness leads to poor policy formation and resourcing (e.g. mental illness is commonly categorised as a form of disability and is seen as untreatable and incurable).
- Mental health policy is given inadequate attention by policy makers. 52% of African countries and 44% of South East Asian countries do not have any mental health policies in place – possibly due to stigma and the personalised nature of mental illness.
- The 2000 mental health policy replaced the 1964 Mental Treatment Act in Uganda and included the following provisions:
  - standards and guidelines have been developed for the care of adults and children;
  - health workers have been trained in how to recognise and manage common mental disorders;
  - a new referral system and support network has been established;
  - linkages have been improved between mental health services and other programmes e.g. HIV/AIDS;
  - drugs for the treatment of mental illnesses have been included on the essential drugs list;
  - the Mental Health Act has been revised and integrated into a Health Services Bill;
  - mental health has been included as a component on the national minimum health care package; and
  - the Ministry of Health now has a budget line for mental health.

Resource accumulation

- Many developing countries spend less than 1% of their total health budget on mental health (Uganda - 0.07%, Kenya - 0.01%, Ghana 0.5%), compared with 11% in Canada and 6% in USA.

Implementation

- A lack of resources means that mental illness commonly goes undiagnosed and untreated.
- More than 25% of countries do not have access to basic psychiatric medication at the primary care level.
- 75% of the world's population have access to less than 1 psychiatrist per 100,000 people. SE Asia has only 0.3 psychiatric beds per 10,000 population, compared with 0.4 in Africa, 3.6 in the Americas and 9.3 in Europe.
- In Uganda there is a mismatch between policy and implementation.

Box 5 Disability

Uganda

Policy formation
Provisions in the Ugandan constitution mean that disabled people are represented at all levels of political administration through reserved places (including five reserved parliamentary seats – one for each of the four regions of Uganda and one to represent the interests of women with disabilities).

Resource accumulation
Budgets allocated to disability at the local level are too low to cover both awareness raising and targeted interventions.

Implementation
- Disabled representatives at local government levels tend to be ineffective. They are unclear about their role, disability issues are marginalised rather than integrated into the work of local government, and able-bodied councillors are not interested in the issues
- There is a lack of laws to protect disabled people.
- There have been limited attempts to identify and eliminate discriminatory legislation.
- The Universal Primary Education policy specifies that of the four children from each family receiving free primary education, two should be girls (if the family has any) and disabled children should be given priority, however, a lack of resources means that plans to train specialist teachers and establish a network of district level assessment centres are not being implemented. Poor school design prevents attendance and high fees for special schools bars children from poorer families.
- The response to severe mental disabilities is severely under-resourced. Researchers were unable to identify a single organisation working on this area in Uganda.

India

Policy formation
- Legal protection is good. The Persons with Disabilities Act of 1995 makes discrimination on the grounds of disability illegal.

Resource accumulation
- Legislation requires that 3% of all rural development programme expenditure benefits the disabled. Expenditure on the 'disability sector' has increased, with nearly half being spent through NGOs, but data to confirm whether this target is being met is not available.

Implementation
- Coverage and the effectiveness of programmes are patchy.
- Government treatment centres for people with physical impairments are located in urban areas, making access difficult for people from rural areas, particularly for people likely to be excluded because of gender, ethnicity or caste.
- Targeting of services and benefits is poor. Only 61% of the disabled people attending government treatment centres had been issued with disability certificates, which confirm their entitlement to various benefits and concessions. Of those with disability certificates, only half had secured their rights.

Box 6 Women and land rights in Uganda

Policy formation
Having women's representatives at all levels of government in Uganda appears to have had a limited impact in terms of getting women's issues on the political agenda or influencing policy making. There is a 'politics of presence' rather than a 'politics of influence' because:

- the nature of positive discrimination undermines the legitimacy of women's representatives filling reserved seats;
- issues affecting women are hived off for discussion in separate fora;
- women councillors rarely attend public meetings – their husbands veto attendance;
- women tend to be reluctant to defend unpopular or controversial positions – they tend to defend Movement policy and local (male) elite interests;
- women Ministers have been marginalised from decision-making.

There has been increased attention given to women's land tenure rights. However, during the consultation processes around the new Ugandan Constitution, women and marginalised groups saw their interests in land tenure reform sidelined by the conflicting interests of powerful ethnic groups. This also occurred during the drafting of the Land Bill. Policy making in Uganda is not always straightforward, and unpopular bills may be held up in Parliament (e.g. Uganda's Domestic Relations Bill) or have controversial clauses removed (e.g. the key co-ownership clause, removed from Land Bill by President Museveni).

Policy legitimation
Customary tenure practices in Uganda reflect entrenched patriarchy and paternalism a strong advocate is required in order to overcome such powerful forces. However, the Ugandan Government lacks the will to ensure the social legitimation of improved land tenure rights for women. The Ugandan Government is ahead of many other governments in sub-Saharan Africa in terms of promoting poverty reduction and rights, however, where women's land rights are concerned, it appears to have been deflected by a wish to protect traditional culture.

Implementation
The dominance of patriarchal culture in government institutions (from Ministries to Local Government) influences policy implementation. Furthermore women do not necessarily know what their rights are. They may not access or contest their rights because they fear social stigma (may be branded greedy or a traitor) or their local council, acting as gate keeper, may bar access to local magistrates, legal representatives and mediators. However, if they do attempt to contest their rights, the new decentralised tribunals established by the Land Act are not always a good environment in which to do this. They lack resources for training and salaries, which has resulted in a backlog of cases, and they have been used in some instances as an instrument to reinforce social control by local elites. The informal magistrates are prone to be arbitrary and abuse their power. When arbitrating land disputes, lawyers commonly favour the dead husband's family rather than the widow – particularly where she is thought to have HIV.

Box 7 Social protection for older people

Policy formation

- The absence of social protection can be the result of a lack of political will (for instance, as demonstrated by the wide range of experience in different Indian states).
- Poorly designed policies result from a failure to differentiate the poor by age or other characteristics.
- Existing social protection measures are often inappropriate for older people because they are poorly targeted or require contributions that older people cannot make.
- The marginalisation of older people means that they are rarely consulted during policy formation and they find it difficult to mobilise around their interests.
- International development narratives regarding social protection have constrained the 'framework of possible thought'. The World Bank approach to social protection has historically promoted an increased role for the private sector in pension provision despite the lack of evidence that such reforms deliver better outcomes in terms of either development or welfare. However, there is an increasing body of research illustrating the benefits of universal non-contributory pension schemes on both welfare and reduction.
- Politics is central to the formation and reform of social protection policy, but budget constraints and technical/economic are often used as an excuse for taking a particular policy direction.

Policy legitimation

- There is considerable resistance to establishing non-contributory pensions programmes in developing countries. Arguments against include that:
  - they are not economically viable;
  - traditional support mechanisms are adequate for older people;
  - recipients are not seen as deserving or as spending the money well e.g. in Namibia, where there is a pension, the Minister for Health and Social Security has commented on them being 'nothing but a subsidy to liquor stores'; and
  - there are more pressing development priorities.

Resource accumulation

- Limited tax take in low income developing countries constrains the kinds of social protection they can offer unless they gain external support.
- External support may be needed to deliver universal non-contributory pensions in low income countries. A long-term commitment to deliver this scale of support has not yet been forthcoming from donors. However, both India and Nepal – low income countries – have non-contributory pensions, which they fund without external support, illustrating perhaps that they can be afforded where support is broad based, and where tax systems are effective.

Implementation

- Targeted schemes are subject to targeting errors, need highly effective administration and can reduce the political acceptability of the policy.
- A lack of administrative capacity may stop programmes being delivered.
- Programme design determines who benefits, who is excluded and potential problems (targeted or universal, in cash or kind, disbursed by local government officers or direct into a bank or post office account).
- Poor institutional capacity and a small tax base makes implementing non-contributory pension schemes difficult.
- Poorly advertised schemes may mean beneficiaries do not know about their entitlements or how to access them.
- There may be administrative hurdles that prevent people obtaining the paperwork which shows their eligibility to a pension.
- Pension application and disbursement processes my present opportunities for corruption.
- Low literacy may make accessing a pension difficult.

3.3.1 Case studies: concluding points

Alcohol dependence
Understanding how and why 'constructive drinking' cultures change and why the incidence of alcohol dependence increases is a first step to identifying useful policy interventions. Recognising the importance of artisanal alcohol production and sale for the livelihoods of the poor and the benefits that states and local government gain from taxing formal sector alcohol production and sale must be balanced against the highly detrimental impact that alcohol dependency can have on individuals, their households and wider communities and economies.

As with mental illness, policy responses to alcohol dependence tend to be inadequate and there is poor recognition of the two-way relationship between dependence and poverty or the impact that dependence can have on individual and household poverty and on economic growth. Policy interventions in poor developing countries have tended to focus on limiting and controlling formal sector production through registration, controlling price through taxation[16] and occasionally (particularly in India and the Islamic world) controlling availability through prohibition. The scope for a new constructive drinking culture has not been investigated.

Mental illness
Mental illness barely registers as an issue in either poverty or development discourses. Few developing country governments have policies which recognise the linkages between mental illness, poverty and economic growth, and what policy there is tends to so inadequately funded that its implementation does little to either identify and treat mental illnesses or to reduce the exclusion and intensified poverty experienced by the mentally ill and their families. Stigma and fear surrounding mental illness means that much has to change in development and poverty discourses before mental illness is likely to be seen as relevant to development practitioners and policy makers.

Disability
Both India and Uganda have made impressive attempts to reduce the exclusion experienced by people with impairments. Indian legislation makes discrimination on the grounds of disability illegal and the reservations programme expands job and training opportunities for those with registered disabilities. Its network of treatments centres provides physiotherapy and other mitigating support to people with registered physical disabilities. However, many people with physical and mental impairments have been unable to gain registration documents, particularly rural women, and even those with correct documentation have experienced difficulty in claiming their rights (e.g. to reserved places, treatment and social protection). Small pilot schemes to support the integration of children with impairments into mainstream schooling are yet to be evaluated or expanded to give national coverage. In Uganda attempts to reduce exclusion and generate inclusive policy making and practice has included a constitutional requirement that places are reserved for people with impairments at all tiers of government. Unfortunately there is evidence that, as with the representation of women in government through reserved places, this has resulted in the politics of presence rather than the politics of influence (Goetz, 2003). 'Disability issues' (and 'women's issues') are hived off rather than being dealt with in mainstream decision making fora and as part of mainstream policies. The effectiveness of attempts to integrate children with impairments into the education system has been marred by inadequate funding and capacity building and the stubbornly pervasive stigmatising and discriminatory attitudes towards disability. This is a rocky road, despite the promising constitutional, political and legal environment.

16 Although governments with heavy dependence on alcohol-related revenues tend to balance raising taxes to dampen demand with their needs to maintain (and even increase) tax take through increased market size.

Women's land rights

Despite widespread recognition of the importance of women's land rights in international development debates, and vigorous national-level lobbies, attempts to change national asset inheritance and ownership policies, including those to do with land, have met with resistance from vested interests. In Uganda, although substantial policy change has been achieved, the highly contested nature of these policies and the disjuncture between urban educated opinion and that of street level bureaucrats and the general public has contributed to poor legitimation and has meant that *policy as practiced* lags behind *policy as written*. This indicates that, even where social movements are well developed and effective, rapid change in *policy as practiced* is by no means assured. It will be difficult to achieve effective policy in this area if the Ugandan government lacks the political will to challenge the entrenched gender hierarchy.

Older people

State provision of social protection for older people is largely absent in developing countries, despite evidence that kinship networks and traditional safety nets fail to support some of the most vulnerable. There is, however, growing international recognition that old age pensions represent a valid approach to poverty reduction. Successfully implementing universal or means-tested social protection in poor developing countries is made difficult by poor institutional capacity and a low tax base – in addition to the various fracture points in the policy formation and legitimation processes already discussed. However, what is clear is that the affordability and sustainability of social protection for older people is as much a political as it is a technocratic or economic decision. India has a number of interventions which provide income transfers to older people. These are not universal and do not provide national coverage, and there are problems with leakage and mis-targeting, however, they are widely acknowledged to generate welfare benefits for recipients and their families. Uganda does not have social protection for older people.

4 Implications

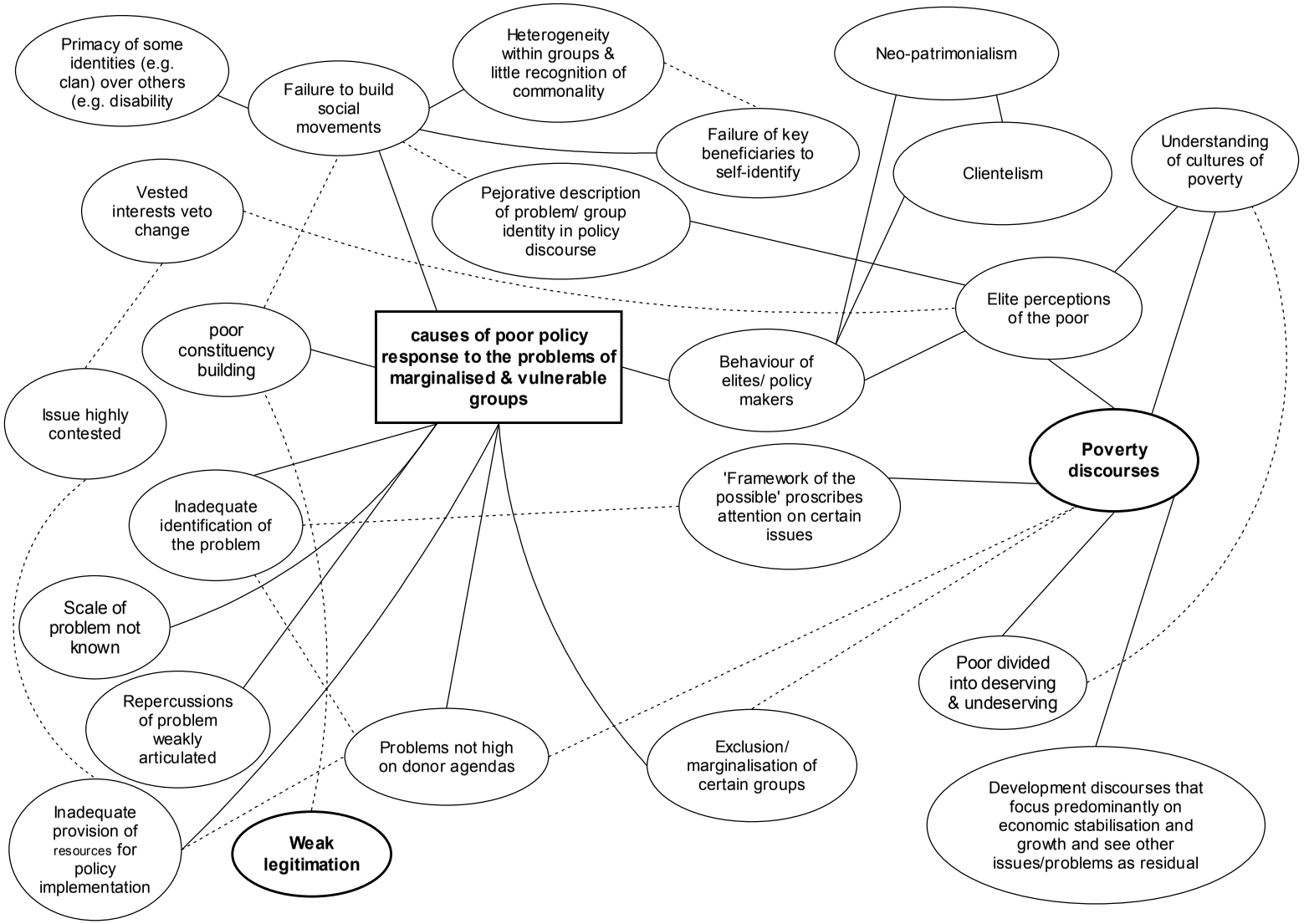
Key contributory factors to the absence of effective policy responses to some of the needs of marginalised and vulnerable groups has been shown in this paper to include:

- development discourses that focus on economic stabilisation and growth, with policies for social development and asset creation for the poor focusing largely on untargeted investments in the health and education sectors, with remaining poverty anticipated to be largely residual;
- poverty discourses which identify certain groups as 'undeserving';
- the 'framework of possible thought' being such that certain issues are regarded as subversive or irrelevant;
- poverty discourses and elite perceptions being such that certain research issues are not funded and certain questions not asked;
- delivering improved rights for marginalised and vulnerable groups is rarely seen as sufficient to justify increased expenditure and the instrumental benefits of improving their well-being (e.g. increasing the likelihood of achieving the MDGs or supporting enhanced productivity and economic growth) are inadequately understood;
- poor articulation of the needs of marginalised groups due to poor mobilisation around social movements, co-opted and low capacity leadership, weak identification as constituencies by elected leaders, and poor or partial representation by interlocutors;
- a lack of legitimation of policy because it is politically contested and/or opposed by powerful vested interests;
- inadequate constituency building, with potential beneficiaries being excluded from consultation processes or excluding themselves (particularly common where pejorative and stigmatising language is used or where individuals do not perceive themselves to share common characteristics or common interests with beneficiary group members);
- insufficient budgetary allocation to particular policies because inadequate legitimation of that particular policy has occurred or because there is inadequate technical information to illustrate how additional spending could generate positive outcomes;
- implementation failures caused by weak administrative structures, distortion of policy by street-level bureaucrats (e.g., through behaviour that is discriminatory or seeks to protect vested interests by maintaining the status quo), inadequate human resources and institutional failures (including the impacts of clientelism and neo-patrimonialism, and, again, weak legitimation).

These issues are illustrated in the figure below. These factors will have differential levels of importance in different countries and also within the same country in relation different issues.

This illustrates that for relevant policies to be formed, legitimised and effectively implemented policy discourses need to be shifted so that the needs of these groups are identified as valid. This may be through a process that identifies needs and then designs policy focusing on these rather than on particular groups of people. Opening up policy spaces and expanding the 'framework of possible thought' appears to be the crucial first step to enable the collection and dissemination of improved technical information, a raised profile for related policy issues and the legitimation, constituency building, funding and effective implementation of new policies.

Figure 3 Key factors influencing poor policy responses to the problems of marginalised and vulnerable groups



Lobbying for policy change need not only involve social movements. Researchers involved in 'actor-networks' can also encourage policy change and implementational improvements by promoting and disseminating certain research findings, however, their effectiveness is affected by the power of the researchers recruited to the network and the reliability of their work (Keeley and Scoones, 1999: 9). International 'epistemic communities' can shift not only donor opinion but, by targeting change agents within key ministries and engaging with domestic civil society, can also promote domestic policy change (ibid.: 17). Alternatively, by targeting street level bureaucrats, they can change *policy as practiced* to such an extent that although *policy as written* remains the same ground level experiences are profoundly altered. So, while policy discourses are clearly important, so too is what people *do*. It is worth identifying what can be done to overcome the resistance of domestic elites to introduce and implement certain types of policy.

We have seen how difficult it is for governments to prioritise marginal groups and the chronically poor. Governments with little to gain and much to lose are unlikely to develop and implement policies favouring these groups over larger and more powerful groups (Conway, 2004: 5). To move beyond this impasse will require attitudinal changes which support processes of social change. These depend on the development of effective lobbies in areas where they are currently absent or weak, the creation of fora for debate and strong political leadership. This leadership is unlikely where governments do not have a strong core of social policy, as some of the issues identified in this paper require integrated responses involving social services (i.e. social work) or where the international community provides insufficient support in helping to change international poverty and development discourses and by supporting the development of pro-poor social and political movements.

These are long term 'projects' – not amenable to short term project funding or budget support cycles dependent on the current poverty discourse. However, opportunities to support progressive change through such mechanisms should be watched for: they may arise around legislation change (as happened with women's land rights in Uganda). They will require commitments of donor intent across long time periods, and irrespective of government-government relationships, something which may be better accomplished through trust funding,[17] or NGOs. The evolution of epistemic communities around policy issues can be nurtured; this is possible even in difficult policy environments, although it might be difficult to retain focus on these issues as the priority issues in circumstances where more 'fundamental' policies need to be nurtured on course. However, donors should recognise that they wield considerable power in shaping what is in the 'framework of possible thought' – power derived not only from the resources they dispense but also from the knowledge they can choose to bring (or not bring) to the table.

17 An example would be the ILO's Global Social Trust, designed to assist countries develop social security schemes.

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Annex 1 Practical Steps to Maximise the Research-Policy Linkage

Evidence from RAPID confirms the findings of this paper. RAPID suggest that researchers need to be politically literate and know about the context that they are working in. They need to have built a robust evidence base and to know the networks and key actors involved in the geographical and/or sectoral area that they are working on. They also need to be aware of the external influences (RAPID, 2004). Once they have developed this contextual understanding they need to develop effective approaches which build on this knowledge. Some of these are outlined in the table below.

Table 2: How to influence policy and practice

What you need to know	What you need to do	How to do it
Political Context:		
▪ Who are the policymakers? ▪ Is there policymaker demand for new ideas? ▪ What are the sources / strengths of resistance? ▪ What is the policy-making process? ▪ What are the opportunities and timing for input into formal processes?	▪ Get to know the policymakers, their agendas and their constraints. ▪ Identify potential supporters and opponents. ▪ Keep an eye on the horizon and prepare for opportunities in regular policy processes. ▪ Look out for – and react to – unexpected policy windows.	▪ Work with the policy makers. ▪ Seek commissions. ▪ Line up research programmes with high-profile policy events. ▪ Reserve resources to be able to move quickly to respond to policy windows. ▪ Allow sufficient time & resources
Evidence:		
▪ What is the current theory? ▪ What are the prevailing narratives? ▪ How divergent is the new evidence? ▪ What sort of evidence will convince policymakers?	▪ Establish credibility over the long term. ▪ Provide practical solutions to problems. ▪ Establish legitimacy. ▪ Build a convincing case and present clear policy options. ▪ Package new ideas in familiar theory or narratives. ▪ Communicate effectively.	▪ Build up programmes of high-quality work. ▪ Action-research and Pilot projects to demonstrate benefits of new approaches. ▪ Use participatory approaches to help with legitimacy & implementation. ▪ Clear strategy and resources for communication from start. ▪ Face-to-face communication.
Links:		
▪ Who are the key stakeholders in the policy discourse? ▪ What links and networks exist between them? ▪ Who are the intermediaries and what influence do they have? ▪ Whose side are they on?	▪ Get to know the other stakeholders. ▪ Establish a presence in existing networks. ▪ Build coalitions with like-minded stakeholders. ▪ Build new policy networks.	▪ Partnerships between researchers, policy makers and communities. ▪ Identify key networkers and salesmen. ▪ Use informal contacts.
External Influences:		
▪ Who are main international actors in the policy process? ▪ What influence do they have? ▪ What are their aid priorities? ▪ What are their research priorities and mechanisms?	▪ Get to know the donors, their priorities and constraints. ▪ Identify potential supporters, key individuals and networks. ▪ Establish credibility. ▪ Keep an eye on donor policy and look out for policy windows.	▪ Develop extensive background on donor policies. ▪ Orient communications to suit donor priorities and language. ▪ Try to work with the donors and seek commissions. ▪ Contact (regularly) key individuals.

Source: Court et al. (forthcoming, 2005).