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Poverty, Vulnerability and Exclusion in Ghana: A Socially-responsive Methodological Approach

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Abstract

In identifying vulnerabilities that predispose people to chronic poverty and/or exclusion, causal factors to determine the vulnerable groups have always been a challenge to the change agent's concerned. It is only in rare cases that people succeed in teasing out important causal issues. This is rather disturbing as policy will neither be coherent nor proactive without a clear acknowledgement and appreciation of the adversities and challenges responsible for causing and/or perpetuating chronic poverty. In particular, those at risk are likely to be missed out if the causal factors are not properly identified. There is high diversity in the issues underlying vulnerability and exclusion. Using a socially-responsive methodology which includes such criteria as incidence, severity, and marginalisation, poverty issues could be captured in a broader context to enable wider inclusion of vulnerable and excluded groups in society. The paper argues that a deployable and acceptable methodology will necessarily entail trade-offs. In particular, it takes account of existing gaps in the identification of the poor, vulnerable and excluded.

Keywords: Socially-responsive, poverty, vulnerability, exclusion, Ghana

Introduction

Poverty is a widely used and understood concept but its definition has suffered wear and tear of the time. The term 'poverty' can be considered to have a cluster of different overlapping meanings depending on what subject area or discourse is being examined (Gordon and Spicker, 1998). Inadequate access to water, for example, forms a central part of peoples' poverty, affecting their basic needs, health, food security and basic livelihoods. Poverty is no longer seen as simple lack of income or, at the national level, low per capita Gross National Product. Poverty is about deprivation in wellbeing and should be recognised as multi-dimensional with complex interactive and causal relationships between the dimensions (Nkum, 1998; Ahmad, 2003).

It is incorrect to assume that poor people are solely concerned about inadequate financial or economic assets and opportunities (e.g. income, savings, credit, remittances, insurance instruments etc.). Poor people are also concerned about deprivation and challenges in other essential

livelihood assets which may include a combination of some or all of the following (NDPC 2004): **financial/ economic barriers** (inadequate access to investment capital, constrained job market, low access to productivity-enhancing technology); **natural/ environmental barriers** (unfavourable or inequitable land tenure arrangements, inadequate access to productive water sources, pollution of water sources, erratic rainfall, windstorms, wild fires, pest plagues, crop diseases, livestock diseases, deforestation, infertile or degraded soils, flooding, unregulated surface mining, geographical remoteness); **human asset barriers** (malnutrition, high fertility or dependency rates, poor sanitation, low immunity to disease, education and skill); **physical asset barriers** (homelessness and unsafe accommodations, poor standard construction; and **social barriers** (gender, cultural, governance/ participation).

The International Institute for Sustainable Development defined livelihoods as the activities, assets and entitlements that poor people use to survive (Elliott, 1999). Livelihoods encompass the material, human and social conditions and how these either allow people to live well or prevent them from doing so. It comprises the capabilities (especially education, health), assets (including natural, human, social, human and physical capital) and activities required for a means of living (Chambers, 1997; Rakodi, 1999). Sustainable livelihoods, thus, comprise: ability to recover from shocks; ability to maintain levels of financial and institutional resources when external support is withdrawn; ability not to deplete natural resources, including water resources. Experience shows that, in any competition over access to resources, whether these be natural resources or man-made services and livelihood opportunities, those in poverty do less well than others, unless there are agents acting on their behalf to manage to secure their relative interest *vis-à-vis* those with more economic, social and political clout (GWP, 2003).

The Second World Water Forum and Ministerial Conference (The Hague) acknowledged that the right to land and access to water for example is the key to breaking out of the poverty trap (Rahaman and Varis, 2005). This is because when poor people are directly asked about poverty, in the majority of cases, they identify the lack of access to water as one of the key causes of poverty and improving access to water as one of the top priorities in reducing poverty (Annamraju, Calaguas and Gutierrez, 2001). This is why the World Summit on Sustainable Development (WSSD) in 2002 recommended that water issues should be harmonised with overall sustainable development objectives of nations into national poverty reduction strategies. Issues relating to the degradation of soils, forests, biodiversity, and water quantity and quality have been analysed in relation to environmental costs and protection measures, but the interactions

between these phenomena and livelihood systems, based primarily on the natural environment, have been insufficiently noticed (Essaw, 2008; Biswas, 2004).

Conceptual underpinnings of poverty, vulnerability and exclusion

The past two decades have seen an increased debate about social protection with several key donor institutions, such as the World Bank, United Nation Development Programme (UNDP) and International Monetary Fund (IMF), heavily involved in facilitating participatory policy development in the name of 'Poverty Reduction Strategy Papers' (World Bank, 2000). With growing recognition that economic growth strategies by themselves are no panacea to deepening poverty and vulnerability in the developing countries, attempts in poverty reduction have generally been geared towards a holistic response to the Millennium Development Goals (MDGs). While the desire sounds noble, inadequate access to water, declining agricultural prices, growing unemployment, lack of job-creation, deteriorating real wages, and the effects of HIV/AIDS, have created a complex tapestry of challenges against the 'war on poverty'. However, optimism continues to grow in looking towards social protection as an effective and alternative avenue to addressing social shocks and stresses (Chronic Poverty Research Centre, 2008).

As policy makers, donor agencies and the international development organisations muster support in combating poverty, there is an increased need to establish the relationship between water poor, vulnerability, and exclusion in an attempt to identify the groups that are most likely to be affected by shocks and adversaries that predispose people to vulnerability and exclusion.

Several commentators have provided broader overviews of the meanings of poverty (Ajulu, 2001; Alcock, 1997; Chambers, 1983; Myers, 1999; Mensah, 2008). From a basic needs perspective, poverty, in absolute terms, is understood as inability of an individual, community, or a nation to satisfactorily meet their basic needs. Relative poverty, on the other hand, is defined as a condition in which basic needs are met, but where there is an inability to meet perceived needs and desires in addition to basic needs (Burkey, 1993: 4).

Hulme (2003) also described poverty as chronic when an individual experiences significant capability deprivations for a period of five years or more. The distinguishing feature in his definition of chronic poverty is its extended duration. The period though debatable, five years of poverty in individual's life is enough evidence of poverty perpetuation. While it is possible to assess chronic poverty in either absolute or relative terms, most

existing work, focus on chronic absolute poverty. Such a focus is consistent with the approach of most poverty analysis in developing countries. But, it should be noted that Yaqub (2002) argues that chronic relative poverty (i.e. always being in the bottom quintile of a country's income distribution) may be as hard, or even harder to escape than chronic absolute poverty.

In Ajulu's (2001) assessment, poverty is about "social exclusion". To Biswas (2004), poverty is about inadequate access to water for various uses. Biswas' definition places the "unfair" treatment of the poor who often have to live in "undesirable" marginal areas, more at risk from flood, water-related diseases and do not have alternatives open to them, as do the wealthy. All these can place the poor within a tapestry intertwined with such issues as powerlessness, isolation, vulnerability, spiritual and material deficiencies, all of which are the real causes of poverty. As Adjapawn and Makuwira (2006: 232) contend:

"the poor are in some ways trapped in some sort of a cage, highly restricted and limited in exercising their physical, mental, social, and spiritual freedom. The limiting factors can emanate from both macro and micro-levels in the form of people, systems and structures so powerful that they exploit the powerless to their advantage".

Every attempt to define poverty implicitly emerges with factors that contribute to its causes. Poverty could therefore be summed up as; deprivation in wellbeing and other essential livelihood assets, including: natural resources, human capability, basic physical assets and supportive social systems. These issues have expression in material deprivation, isolation, alienation, dependence and domination, lack of decision-making power and freedom of choice, vulnerability and insecurity.

The term used in development circles that most closely corresponds to social exclusion is vulnerability, meaning insecurity, defenselessness and exposure to risks and shocks (de Haan 1998, 15). The concept of vulnerability (*susceptibility, insecurity*) attempts to construct a dynamic view of poverty and is concerned with the sensitivity of people's wellbeing to adversity. Adversities (also referred to as shocks) may take the form of (sudden) crises or trends/prolonged difficulties. Crises, in turn, may be recurrent (e.g. cyclic) and predictable -- such as the "lean season" and cerebro spinal meningitis (CSM) -- or sudden and unexpected -- such as earthquakes. Examples of adverse trends and prolonged difficulties in the wider environment are deforestation and chronic illness of the main breadwinner. Vulnerability is particularly concerned with the inability to recover from such adversity.

According to Sen (1999), the determinant of deprivation is not what people possess but what enables them to meet social conventions, participate in social activities and retain self-respect. To Sen, gender differences should be considered in poverty analysis since men and women experience poverty or exclusion in difference ways. Exclusion is first, about the barriers in society that alienate some segments of society, rendering them voiceless and/or prohibiting them from exercising their rights and participating in the development process. Exclusion is also about depriving people from sharing in the benefits of development (i.e. the “national cake”). People may be excluded from key economic resources as well as from institutions especially those responsible for healthcare, education, water and sanitation, agriculture and information. Exclusion may be either active or (more commonly) passive (e.g. holding “dialogues” in elitist language). Self-exclusion is not uncommon and often results from other factors such as stigmatisation, a history of failed promises/ policies and sheer loss of hope. Much exclusion and conflict arise from poor access to dependable, timely and continuous information on social entitlements and poverty-relevant policies (NDPC, 2004).

The operational definition of poverty as “deprivation of wellbeing and other essential livelihood assets”; “vulnerability as inability to recover from adversity” and “exclusion as barriers in society that alienate some segments, rendering them voiceless and/or prohibiting them from exercising their rights and participating in the development process” will serve as basis through which the causal factors predisposing people to various forms of vulnerability and exclusion will be anchored in the derivation of a socially responsive methodology in the subsequent sections.

In the North, the socially excluded represent 10-15 per cent of the population. However, in Africa, over 50 percent of the population of most countries live in absolute poverty (46 per cent in sub-Saharan Africa are without access to safe water, 52 per cent are without access to sanitation, 35 percent are not expected to survive to age 40, 41 per cent of adults are illiterate, and 31 per cent of children under the age of five are underweight (UNDP, 2000, 171). Where such a large majority is unable to meet basic needs or enjoy social rights, the social exclusion classification seems to be meaningless.

Poverty situation in Ghana

In explaining poverty, the Ghana Living Standards Survey (GLSS) uses economic index, those surviving on a per capita income of less than two-thirds of the national average to define poverty. The poverty lines were estimated using the cost of basic needs method in order to pay for a food basket providing 2900 kilocalories per adult equivalent. Those deemed to be

in extreme poverty or below the 'hard core' poverty line incomes are below one third of the national average. Majority of the poor in Ghana are engaged in food crop cultivation as their main economic activity as opposed to private formal and public sector employment. The definition has been broadened by the National Development Planning Commission (NDPC) to include non-income factors such as education, health, access roads and other social and economic indicators.

Analysing the poverty trends in Ghana, the Ghana Statistical Services statistics indicated that in 1991/92 the share of the Ghanaian population living in poverty reduced from 51.7 percent to 39.5 percent in 1998/99, and by 2005/2006, it was reduced further to 28.5 percent. Though there is a decline, still about 28 percent of the Ghanaian populace is still poor earning less than a dollar a day (Coulombe & Wodon, 2007). The spatial distribution of poverty per the GLSS report of 2008 revealed that despite the decrease, income disparities and regional disparities exist and the actual number of impoverished people in Ghana is more a rural problem than urban.

According to Coulombe and Wodon (2007), more women have been seen to be more prone to poverty than men and such groups are mostly faced with problems such as low income, malnutrition, illiteracy, and endemic diseases and increased prevalence of HIV/AIDS. This poses a lot of questions: For example, are all women poor and vulnerable? Which category of women constitutes the poor and vulnerable? Are all men free from vulnerability?. Identification of the poor and vulnerable have mainly been associated with women and children in general, people with various forms of disabilities, etc. A single parent who may be a male and living below a dollar a day is likely to be left out. These and many concerns, such as who constitute the poor and vulnerable, necessitated the need for an all-inclusive methodology that will be responsive to this call.

Approach adopted

Ideas from the conceptual underpinnings of poverty, vulnerability and exclusion informed the design of a responsive methodology aimed at identifying vulnerable groups. The design of the methodology became necessary following consistent shortcomings in the social protection dimensions of the District Development Plans of Ghana. The National Development Planning Commission (NDPC) Guidelines for the preparation of District Medium-Term Development Plans, for example, had sections which address the theme of vulnerability and exclusion (V&E). However, identification of vulnerable groups appeared to be treated as an afterthought by Districts -- a mere add-on to sectoral (or so-called thematic) planning without subjected to scrutiny.

A review of selected Medium Term Development Plans (MTDPs) across the country demonstrates little connectivity between the situation analysis stage and the identification of priority V&E groups. With a few notable exceptions, Districts either made no real effort to consult widely or else they merely substituted the views of Assembly representatives, local leaders and public officials for those of the V&E. Yet, there is abundant evidence that the realities of primary stakeholders and those of their typically non-representative leaders and officials differ significantly. The dearth of consultation is largely explained by:

the impression among senior officials that technical expertise is superior to the opinions of poor people ("we know best" syndrome);

in some cases, active resistance centred on unwarranted fears:

that participation is time-intensive and will derail project timeframes;

that the public will not share the DA's views and that public involvement will, therefore, cause DAs to lose control over planning;

Closely related to the above, the review also revealed a conspicuous absence of systematic frameworks for diagnosing vulnerabilities and causes of exclusion.

Thus, the real value of the methodology lies in its transparency and potential to stimulate diagnostic dialogue and to foster democratic engagement around otherwise hidden vulnerabilities and causes of exclusion. In this respect, it is important to note that prioritisation has always happened in the identification of the vulnerable groups in the District Development Plans in Ghana, but in a rather opaque, arbitrary and undocumented way. The main difference is the introduction of the livelihood framework that provides vital inputs of rationality, transparency, participation and accountability to an otherwise arbitrary process.

The design of the methodology recognised that structured tools alone cannot suffice for identifying and prioritising the V&E as well as for planning satisfactory responses to their situations. It thus, combines structured diagnostic tools, consultations with primary stakeholders and guided collaboration and consensus building among district stakeholders. The diagnostic framework includes hazards from water barriers which have the potential to leave the majority of the populace in Ghana vulnerable to various forms of threats, such as poor health, droughts or flood, and pollution.

To assist in assessing the level of social policy literacy among the stakeholders, participants from selected Districts across the country and mainly from the Northern, Upper East, Central and Eastern Regions were encouraged to share their functional understandings of the concepts of poverty, vulnerability and exclusion. Participants' appreciation of the

concept of exclusion was generally adequate and included expressions such as: “non-involvement in decision-making”; “non-participation in policy making”; “lack of access to the decision-making process”; “social and economic disenfranchisement”; “lack of access to the benefits of development”; “non-access to common resources”; “not catered for by *de facto* policy”; “overlooked in planning”; “untouched by public policy”; “denial of information on national/ topical issues”; “sidelined as a result of unfortunate social, economic and other circumstances”; “ignored in the development process ... and in the distribution of the national cake”. Water poor issues were conspicuously missing in their analysis.

When asked to identify significant adversities/ vulnerabilities predisposing residents in their localities to chronic poverty and/or exclusion, participants tended to skip this step and simply jump into listing the groups they considered as vulnerable. Only in the rare cases people succeed in teasing out important causal issues. This was rather disturbing as policy will neither be coherent nor proactive without a clear acknowledgement and appreciation of the adversities and challenges responsible for causing and/or perpetuating chronic poverty. In particular, those at risk (as opposed to those who have already suffered shocks) are likely to be missed out if the causal factors are not properly identified.

Though the causal dimensions were not adequately appreciated by participants, a wide range of vulnerable groups were nevertheless identified by the stakeholders. Groups mentioned included: lepers; people with physical impairments; people with mental illness; sex workers; abandoned and neglected children; single mothers; widows; fostered girls; women accused of witchcraft and cast out of their home communities; adolescent girls from poor households; the aged with limited means of financial and social support; and sufferers of onchocerciasis. From the foregoing: There is high diversity in the issues underlying vulnerability and exclusion. Eliciting the issues/ challenges responsible for causing chronic poverty needs time, and facilitation of the process cannot be rushed.

While some of those affected/ at risk exist in organised or clustered groups, most are simply hidden within the countless residential communities. These pose a major challenge to targeting and will require community-level involvement to pinpoint effectively.

If poverty strategies are defined as “policies and practices that promote the livelihoods and welfare of people suffering from unacceptable levels of poverty” (NDPC, 2004), then it can be argued that, to have a holistic approach to addressing poverty, identification of the vulnerable groups should be based on principles of inclusion, fairness, and transparency. The

question is: How should the poor, vulnerable and excluded in society be identified to ensure inclusiveness?

Socially responsive methodology for identifying the V&E groups

As noted from the preceding discussion, when stakeholders from the selected Districts were asked to identify significant adversities/vulnerabilities predisposing residents in their localities to chronic poverty and/or exclusion, they tended to skip this step and simply jump into listing the groups they considered as vulnerable. Such a mishap is not peculiar to the stakeholders from Ghana. As noted from the literature, causal factors that predispose people to vulnerability are often ignored.

In response to addressing this gap, three socially responsive criteria were employed as indicative of social efficiency in the identification of the vulnerable groups. These are: *incidence*, reflecting the relative numbers *directly* affected/ threatened by the issues; *severity*, reflecting the seriousness of the adversity/ situation -- the most severe case being where the lives of those directly affected are significantly threatened; *marginalisation* (neglect), reflecting the extent to which the issues/ groups are ignored by policymakers and implementers. The real value of the three criteria lie in its transparency and potential to stimulate dialogue and to foster democratic engagement around otherwise hidden vulnerabilities and causes of exclusion.

Diagnostic framework for eliciting hazards predisposing people poverty

To have a holistic approach to addressing poverty and the identification of vulnerable groups, the application of the diagnostic framework (Table1) provides the basis to ensuring that the principles of inclusion, fairness, and transparency inherent in the socially responsive criteria - incidence, severity and marginalisation - is applied.

This section presents, in stepwise format, the detailed activities required to execute the methodology systematically. There is a need, therefore, for a systematic methodology to facilitate a more objective diagnosis of V&E issues and to capture and feed the priorities of V&E groups into the design process.

The groups whose situations the methodology aims at improving may be collectively described as the primary stakeholders. These comprise the current poor, those excluded from the decision-making process, and those at significant risk of slipping into chronic poverty. Other interest groups may be classified as secondary stakeholders in the sense that while they are important in the decision-making process, their own lives will not be affected directly by the methodology. The standpoints of secondary

stakeholders can differ significantly from the experiences of primary stakeholders. For that reason, primary stakeholders need to be deliberately identified and also consulted separately.

The causes of vulnerability and exclusion are not just diverse, but also overlap and interact in complex ways. Recent consultations show that the continuing marginalisation of V&E issues is not simply the result of the failure to match policy rhetoric with dedicated funding, but is also reinforced by a weak appreciation among policymakers and implementers of the complex causes and varied manifestations of V&E. The causes span a wide range of livelihood assets categories as follows:

- natural/ environmental factors;
- financial/ economic bottlenecks;
- human capability barriers;
- accessibility constraints;
- life cycle challenges;
- gender and cultural/attitudinal challenges;
- governance/ participation barriers; and
- water barriers.

Planning for vulnerability and exclusion should begin with a deliberate recognition and analysis of the multiple processes that drive people into poverty and keep them poor. The causes are not just diverse, but also overlap and interact in complex ways. The modified framework on Table 1 is designed to assist in eliciting and investigating the key hazards and challenges predisposing citizens to chronic poverty and exclusion. When tested in a 20-District trial, the framework proved helpful in identifying the less visible vulnerabilities and sources of exclusion as well as groups who are not-so-poor but are at significant risk of falling into chronic poverty if action is not taken to protect them from foreseeable adversities. In this way, the framework identifies broader vulnerabilities affecting wider populations, while allowing for the most affected to be pinpointed for more specific support. The discussion then moves down to the micro level to capture the views of primary stakeholders and to sharpen the targeting of citizen groups most affected by the key challenges diagnosed.

Table 1: Diagnostic framework for eliciting significant hazards and conditions predisposing people to chronic poverty or exclusion

Livelihood Dimensions	Key hazards and challenges	Prelim screening of hazards and challenges (max 2 constraints per category)	Identity of groups significantly affected/ at risk (associated challenges in parentheses)
1 Natural/ Environmental hazards and challenges which threaten people's wellbeing or subject them to exclusion	Flood Crop failure Fire outbreak Pest and disease outbreak	Flood Crop failure	Small Scale farmers (A) Food Traders (B) Residents of Flood areas (C)
2 Financial/ Economic barriers and challenges threatening people's livelihoods and wellbeing			
3 Barriers and challenges undermining Human Capability ³			
4 Vulnerabilities/ causes of exclusion associated with Accessibility			
5 Causes of vulnerability associated with Life Cycle ⁴			
6 Gender and Cultural/ Attitudinal barriers which threaten wellbeing or subject people to exclusion			
7 Governance/ Participation barriers which threaten people's wellbeing or subject them to exclusion			
8 Water barriers which threaten people's livelihoods and wellbeing			

Source: Adapted NDPC (2004)

It is important, in planning support to address V&E, to carefully identify the challenges and hazards that lead to V&E in a location specific (the District, community, etc). In this regard, it should be noted that self-exclusion is, indeed, a form of exclusion, and it is important to identify the root causes/ reasons for self-exclusion in order that it may be properly addressed. Declaring self-exclusion and self-induced vulnerability as unworthy of attention will only perpetuate the problems.

The facilitator should encourage detailed discussion of the issues mentioned in Column 2, with the aim of enhancing understanding of the nature and nuances of the vulnerabilities and causes of exclusion. At this stage, precision is much less important than achieving a shared appreciation of the causes of V&E. A dedicated note-taker should be assigned to record important opinions raised during the discussions, paying particular attention to connections between the diverse adversities.

Where the challenges identified in Column 2 are more than 16, it is helpful to undertake the prioritisation in stages. Under each of the eight broad categories listed in Column 1, a preliminary screening can be performed by asking the stakeholders to highlight (in Column 3) the 2 most significant

³Health and knowledge/ skills

⁴"Life cycle" barriers acknowledge that poverty experienced at certain critical points in an individual's life (especially pregnancy/childhood, adolescence, marriage and old age) can have consequences extending over the rest of the person's life as well as over the lives of other members of the household. For example, lack of child immunisation services can lead to long-term impairment. Similarly, overly expensive marriage and funeral rites can result in long-term impoverishment for households.

causes/ constraints. This will generate a maximum of 16 highlighted issues to be carried forward to the next stage ("Most significant" issues distinguish those challenges with a disproportionately **high propensity** to cause/perpetuate vulnerability or/and exclusion.) While an appreciation of the broad range of vulnerabilities and nuances is undoubtedly important, it is nevertheless necessary to acknowledge resource limitations and to prioritise among these for the purpose of investment.

The method recognises that while there are variations in the level of deprivation confronting discrete V&E groups (and requiring concentrated targeting), there are also broad vulnerabilities which predispose wider populations to significant risk and which require a more diffused approach to targeting and investment. Stakeholders (Fig 1) should be carefully selected to include all categories of interest groups at all levels (national, regional, district, community, household, and individuals)

Pair-wise matrix for ranking vulnerable and excluded groups

While an appreciation of the causes of vulnerability and exclusion is undoubtedly important, it is nevertheless necessary to acknowledge that resource constraints will limit the realisation of social development goals and rights for the foreseeable future. This raises the need for rationing and for prioritising the agreed issues mentioned as adversely affecting social protection outcomes in the District or the community concerned. It has to be acknowledged that estimating and comparing the diverse dimensions of vulnerability and exclusion is not easy. However, applying a pair-wise ranking procedure can greatly assist in simplifying this task and in generating useful discussion around the adversities identified. The prioritisation criteria recommended for application with the pair-wise procedure are:

incidence (magnitude) -- this permits a comparison of the relative numbers directly affected;

severity (seriousness) -- this compares how serious or life-threatening the issues are;

marginalisation (exclusion/ neglect) -- this compares the relative degree to which the issues being compared are neglected by policymakers and implementing agencies.

Participants could be put into three groups and assign one prioritisation criterion per group so that you have an "*Incidence Group*", a "*Severity Group*" and a "*Marginalisation Group*" to deliberate on the issues separately or one group could discussed the three criteria separately. The groupings should be done in such a way that those from broadly similar organisations (e.g. NGOs) and with the most similar mandates are distributed across the groups. The groups should be of approximately equal size. Ideally, there should be at least five to ten participants per group.

Each group appoints one member as a facilitator and another as a note-taker. The note-taker's role is to listen quietly and intently to the discussion within the group and jot down important points. By "important points", it is meant comments and views that are relevant to policymaking. Using the pair-wise ranking tool (Table 2) each group compares two adversities at a time and using an established ordinal scale which is used as the criteria of measure. The ordinal scale (Likert scale) that is used for scoring is, to a large extent, subjective.

Example: The facilitator for the *Incidence Group* asks his/her team, "which of the 2 adversities (A or B) directly affects more people in the District or the community concerned?" Opinions are expressed and discussed. The note-taker records important comments. When consensus has been reached within the group, the answer to the question is recorded on the group's copy of the pair-wise matrix. The facilitator then moves onto comparing the next 2 adversities (say A vs. C) and so on till the pair-wise matrix has been completed.

In plenary, the results from the three groups (Incidence, Severity and Marginalisation) should be transferred onto Table 3 and added up as provisional composite scores. Each note-taker should present a summary of the key points from their group discussion. Consensus should be built after compiling the provisional composite scores. The agreed results are then recorded in the last column and these constitute the identified vulnerable groups in the community or the district concerned. The methodology could be applied in geographical location specific. It is important to note that some of prioritisation and analysis of vulnerability and exclusion are already happening but only in an entirely opaque, arbitrary and undocumented way.

Table 2: Pair-wise matrix for ranking V&E groups (specify criterion i.e. Incidence or severity or marginalisation)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Criterion Score (e.g. Incidence)
A	-	2	1	2	2	2	1	1	1	2	2	2	2	2	2	2	26
B	1	-	1	1	1	2	2										20
C			-														23
D				-													19
E					-												
F						-											
G							-										
H								-									
I									-								
J										-							
K											-						
L												-					
M													-				
N														-			
O															-		
P																-	

Source: Adapted NDPC (2004)

Table 3: Priority Ranking of V&E Groups

V&E Groups	Incidence Score	Severity Score	Marginalisation Score	Provisional Composite Score	Consensus Rank
A	26	24	23	73	2 nd
B	20	28	26	74	1 st
C	23	19	20	62	3 rd
D	19	18	22	59	4 th
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
P					

Reflection and conclusion

An important feature of the diagnostic process is that participants were encouraged to explain and debate how the issues identified adversely affected (or threatened) social development outcomes in the District. The ensuing discussions were lively and increased shared learning about the policy significance and connections between the diverse adversities and challenges identified.

Following the identification of the key V&E issues, participants proceeded to list the groups most affected by the issues and to provisionally prioritise the groups. Several participatory scoring and ranking tools (and variants thereof) were tested in the trials. The main ones were scoring with seeds and

pair-wise ranking. After several trials, it was established that the *pair-wise ranking* tool (Table 2) best meets District demands for clarity, transparency and effectiveness. The tool does take more time to work through, mainly because it generates considerably more sharing, debate and consensus-building.

The overwhelming opinion from the District trials is that the methodology offers a more structured and more effective framework for diagnosing the nuances of vulnerability and exclusion. Participants noted that the methodology had enabled them to unpack and dialogue more fully on a much wider range of less visible adversities and social development challenges (such as regressive funeral practices, high “bride price”, the breakdown of traditional support systems, corruption, non-consultative representation, governance and political intolerance, various forms water barriers without means of protection) that are significant in their Districts³. By contrast, the unsystematic approach applied in developing the V&E sections of the MTDPs often produced scant lists of adversities confronting vulnerable and excluded members of society. Target beneficiaries were typically the most “visible” groups (e.g. disabled people, HIV/AIDS sufferers, women, children), and interventions were dominated by infrastructural items, such as school buildings.

District stakeholders perceived further that the *shared learning* preceding the application of the methodology had also proved helpful in identifying V&E groups who are not-so-poor at present but who face significant risks of slipping into chronic poverty if action is not taken to protect them from foreseeable adversities. Notwithstanding the positive attributes of the methodology, some participants noted that it does require careful and experienced facilitation.

In conclusion, vulnerability is multi-dimensional as well as highly dynamic. In other words, it is usually produced by a *combination* of shocks/ adversities and characterised by *constant changes* in the range, form and intensity of these shocks. The complex and interwoven nature of vulnerability and exclusion poses practical difficulties in the identification and measurement of vulnerability, and also implies that any effort at targeting the poor, vulnerable and excluded in society should carefully follow a methodology that will be all-inclusive in the identification of the vulnerable groups rather than mere listing by a small group claimed to be experts.

³Such vulnerabilities (and the groups most affected by them) are consistently missing from the District plans because of their invisibility.

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