

# The bottom billion in Africa: group and sector-based inequalities

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## Question

Who are the bottom billion in Africa? Amongst which groups do we find the largest inequalities? Who is most likely to be left behind in the following thematic sectors: Nutrition, climate change, jobs, access to health (including sexual and reproductive health and maternal health services); education (especially for girls); coverage of social protection and ability to experience civic freedoms (voice and accountability)? Consider intersectional variables like gender, disability, sexual orientation, youth, and ethnicity.

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# 1. Summary

Africa remains one of the most unequal regions in the world. Progress in tackling inequality throughout the continent is uneven, with the risk that some sub-regional areas are left behind – with high inequality, and medium, low or negative growth (Ngepah, 2016). Inequality remains the highest in Southern Africa, with rising inequality in East Africa (Ajide et al., 2019; Bicaba et al., 2016; Lynch et al., 2015). At the same time, regional averages obscure variation observed across different countries (FAO, 2020; Bhorat et al., 2016).

Inequality dynamics are evident not only in across-country inequality but also in within country inequality (Bicaba et al., 2016). Inequalities consist of vertical income inequality patterns and group-based inequalities ('horizontal inequality') (Lynch et al., 2015). Key segments of the African population that are at high risk of being left behind are those at the very bottom of the income distribution spectrum – who are primarily women, children, rural residents, particular ethnicities and persons with disabilities, among other vulnerable groups (Ngepah, 2016; Lynch et al., 2015). Multiple forms of deprivation often overlap and reinforce one another ('intersectionality') (Lynch et al., 2015).

This rapid literature review explores group and sector-based inequalities in Africa. Given the breadth of this topic, this paper does not seek to provide any conclusive findings, but rather is illustrative, with examples from various countries in Africa. The vast majority of available studies focus on countries in Sub-Saharan Africa (SSA), with much more limited discussion of North Africa. Health and education are among the sectors that receive more substantial research coverage in relation to vertical and horizontal group-based inequalities. As such, this report has a greater focus on these service sectors and geographically on SSA.

## Sector inequalities

**Health:** Inequalities in healthcare have often been linked to differences in economic status, with the poor facing greater challenges accessing healthcare than the less poor (Kabia et al., 2018). There is evidence throughout SSA of inequalities in the use of maternal and child healthcare services, access to HIV-specific care and treatment and preventive care (Ilinca et al., 2019).

Women are disproportionately affected by HIV/AIDS, comprising 59 percent of the African population (ages 15 years and up) living with the virus in 2017 (Mac-Seing et al., 2020; Gaddis, 2019). Among them, widows tend to have the highest prevalence, followed by divorcées (Gaddis, 2019). The sexual and reproductive health and rights of people living with HIV are undermined by laws criminalising the transmission or non-disclosure of HIV transmission, which jeopardise their health service utilisation (Mac-Seing et al., 2020).

Several African countries also have laws prohibiting homosexual activity - and support or aid to lesbian, gay, bisexual, transgender and queer (LGBTQ) persons, such as in Nigeria, that impact negatively on the access of LGBTQ communities to health care services (Izugbara et al., 2020). Even in countries, such as in South Africa, where there are constitutional guarantees for sexual minorities, LGBTQ communities experience discrimination, stigma and violence, which undermines their use of healthcare services (Izugbara et al., 2020). Evidence of exclusion, particularly from sexual and reproductive health services, is high in relation to gay and bisexual men, and less for lesbian or bisexual women, transgender, or intersex persons (Poku et al., 2017).

Research suggests that persons with disabilities (PWD) are often marginalised by sexual and reproductive health programmes (Mavuso and Maharaj, 2015). People with disabilities in SSA experience barriers related to physical and communication accessibility, negative attitudes of health professionals, and financial costs (Mac-Seing et al., 2020). A recent study on the intersection between gender, disability, and poverty in Kenya finds that despite pro-poor policy promoting free maternal healthcare, women with disabilities were left behind (Kabia et al., 2018).

Older people also experience a range of vulnerabilities, such as reduced mobility and worsening vision, which can be exacerbated during emergencies (Barbelet et al., 2018). A study of droughts in East Africa finds that health services often neglect the needs of older people in emergencies, with various barriers and lack of tailoring to their particular needs (Barbelet et al., 2018).

**Education:** High inequality in Africa is driven in large part by unequal human capital distribution, particularly in terms of primary, secondary and post-secondary education (Ngepah, 2016). There are regional variations within Africa, with North Africa exhibiting the highest secondary enrolment rates and Central Africa exhibiting the lowest (Bhorat et al., 2016, 28). Alongside problematic enrolment rates, particularly in secondary and tertiary schooling, the quality of education given to children who attend school is often considered poor (Bhorat et al., 2016). Of particular concern are the cases of Nigeria, Ethiopia and Zambia, where over half of Grade 4 and 5 students fall below the minimum learning threshold (Bhorat et al., 2016, 29).

Research finds that there are wide wealth inequalities in primary education, particularly in West Africa, and in secondary education. Inequalities persist and increase in higher education. In Malawi, for example, the rich are over 400 times more likely to gain access, although access is low for all demographics (Ilie and Rose, 2016, 450). There has been limited progress on average, in Africa, in achieving gender parity in secondary schooling, with a widening of gender inequality in tertiary educational enrolment (Bhorat et al., 2016). This is in contrast to other regions of the world, where there is growing gender parity at higher levels of education (Bhorat et al., 2016). Wealth and gender interact in Africa, with the poorest, youngest women chronically underrepresented in secondary and tertiary education (Ilie and Rose, 2016). Further, throughout SSA, millions of children with disabilities are left out of educational opportunities (Dubin, 2020).

A case study of Nigeria also finds that while there has been some progress in narrowing inequalities in education, wide inequalities between ethnic groups persist and have increased (Lynch et al., 2015). This intersects with rural-urban distinctions, with urban residents also more likely to be in school (Lynch et al., 2015).

**Employment and entrepreneurship:** Enterprises of poor households in Africa tend to be smaller than those of the non-poor, with less staff and less returns (Beegle and Bundervoet, 2019). The enterprises of the poor are more likely to be rural, with more than 80 percent of household enterprises of the poor in rural settings (Beegle and Bundervoet, 2019, 164). While there is variation within Africa of the extent to which household enterprises are owned by women or men (Beegle and Bundervoet, 2019), female-owned household enterprises are often less profitable and less likely to grow (Campos and Gassier 2017).

In terms of labour force participation, women remain at a disadvantage in SSA, with approximately 75 percent of working-age men participating in the labour force, compared to only half of working-age women (Doctor and Ndavi, 2017, 3). Gender differences in educational attainment often lead to gender gaps in employment and earnings (Bhorat et al., 2016). In addition, African women spend a disproportionate amount of time on unpaid domestic and care

services, which affects not only their participation in paid employment outside the home, but also the time and labour constraints of female farmers and entrepreneurs (Gaddis, 2019).

**Food security:** The prevalence of undernourishment (PoU) in Africa had fallen from 24.5 percent in 2000 to 18.2 percent in 2014, but since then has started rising to 20 percent of the continent's population, or 256 million people (FAO, 2020, 3). The rise in the PoU was strongest in Western (3.4 percentage points) and Central Africa (1.9 percentage points) (FAO, 2020, 3). In terms of the actual numbers of undernourished people, the greatest deterioration between 2014 and 2018 occurred in Eastern and Western Africa, with the largest number of undernourished living in Eastern Africa (FAO, 2020). Children, pregnant women and the elderly are the most vulnerable victims of malnutrition (Adeyeye et al., 2017).

The upward trend in undernourishment in Africa (2014-2018) is confirmed by the rise in the prevalence of moderate or severe food insecurity within the population, particularly evident in Southern Africa (FAO, 2020). While the number of stunted children under the age of five has fallen over time globally, it has risen steadily in Africa. Developments in the subregions vary, with Northern Africa seeing a decline in the number of stunted children, while the numbers in Southern Africa remain unchanged (FAO, 2020). Although Eastern Africa has the highest number of stunted children in Africa's subregions, it is making the most progress in declines in prevalence (FAO, 2020). While the average prevalence of stunting is similar across sub-Saharan Africa's subregions, there is much variation between countries, with higher stunting rates in rural areas (FAO, 2020).

In addition, research demonstrates substantial inequalities in child stunting across SSA, with greater incidence of stunting among children living in households with low socioeconomic status (Asuman et al., 2019). Older children are also considered to be more at risk of stunting or malnourishment, in part due to weaning from breastfeeding (Asuman et al., 2019).

While rural areas face many challenges with nutrition and food security, there is also research that finds that food insecurity is increasingly becoming an urban challenge with poor urban neighbourhoods in SSA demonstrating high levels of household food insecurity (Battersby and Watson, 2018). A study of food security in Nigeria also finds that female headed households in Nigeria are more vulnerable than their male headed households (Kassie and Ndiritu, 2013).

**Climate change:** Western and Eastern African countries are projected to be most affected with widening inequalities stemming from climate change (Baarsch et al., 2020). Countries characterised by high poverty rates, high population density and a large share of population living from agriculture may be particularly affected (Baarsch et al., 2020). Climate change presents a high risk to food security (Masipa, 2017).

Low-income women and female-headed households are considered to be among the most vulnerable to climate change, with evidence that such households tend to suffer greater losses in the face of climate-related shocks (Rao et al., 2019; Djoudi, 2015). Older people, who may have specific nutritional requirements, are also particularly affected by emergency situations, stemming from climate change, in terms of food security and nutrition (Barbelet et al., 2018). Feeding and other nutrition programmes largely focus on the needs of lactating mothers and children under the age of five, however, with older people tending to be left out of emergency food distribution lists (Barbelet et al., 2018). Older people's mobility-related vulnerabilities are also found to be exacerbated during shocks and emergencies (Barbelet et al., 2018). Older

women are particularly affected by the effects of climate-related events, with an increase in domestic work burdens (Barbelet et al., 2018).

**Social protection:** Around half of the sample of SSA countries selected could be considered pro-poor in terms of their social protection targeting, with Southern Africa most prominent in terms of extensive coverage and targeting of the poor (Bhorat et al., 2017, 184-185). In North Africa, the most commonly targeted groups are poor households, followed by children, then people with disabilities (Bilo and Machado, 2020). Social protection in the sub-region is traditionally characterized by a reliance on contributory social insurance schemes and universal food, fuel, and utility subsidies (Bilo and Machado, 2020). There is a growing consensus, however, that non-targeted subsidies disproportionately favour the wealthy over the poor and that targeted cash transfer programmes can be more effective in reaching vulnerable groups. While there are various cash transfer programmes that promote children's school enrolment in the region, there are few programmes, however, that support child nutrition or that cater to children who are not school-age (Bilo and Machado, 2020). A study of pro-poor health financing interventions in Kenya also finds that women with disabilities living in poverty are unable to take advantage of these programmes and policies as they face unique access barriers (Kabia et al., 2018).

**Institutions and voice:** Although African countries often score poorly on governance indicators, there has been a positive trend recently in 'voice and accountability' (Bhorat et al., 2016). A study of women's empowerment and access to resources in Africa finds regional variations. Women from Southern African Countries have a higher score than their counterparts from East, Central, and West Africa (Abekah-Nkrumah and Lawson, 2020).

In SSA, a region with the highest number of ethnic groups per country, effective institutional infrastructure has the potential to mediate competition among ethnic groups, for example through fair and equitable elections and effective policies for public service delivery (Ajide et al., 2019). A study on the mediating effects of institutions in SSA on ethnic-linguistic and religious diversity and inequality finds that the institutional framework in the region does not effectively lessen the effect of these diversities on inequality (Ajide et al., 2019).

## 2. Trends in inequality

### Global variations

Despite being one of the fastest growing regions in the past decade, Africa remains one of the most unequal regions globally, with ten of the world's nineteen most unequal countries in the region (FAO, 2020; Odusola et al., 2017; Bhorat, 2016) (See Figures 1 and 2). The distribution of Gini coefficients as illustrated in Figure 3 also indicates the greater average levels of inequality in Africa compared to the rest of the developing world. Sixty percent (30 out of 50) of the African countries in the sample fall above the median Gini coefficient of all developing economies (Bhorat et al., 2016, 4).

**See: Figure 1: Inequality in Africa (34 countries) vs. other developing economies over a 20-year period**, source: Borat et al., 2016, p.3, based on World Income Inequality Dataset, 2014; World Development Indicators, 2014,

<https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

**Figure 2: Ranking of the most unequal countries**



Source: see Odusola et al., 2017, 3, based on World Development Indicators, <https://www.undp.org/content/dam/rba/docs/Reports/Overview-Income%20inequality%20Trends%20SSA-EN-web.pdf>

**See: Figure 3: Distribution of Gini Coefficients - Africa and other developing economies**, source: Borat et al., 2016, p. 4, based on WIDER Inequality Database, 2014; World Development Indicators, 2014,

<https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

## Regional variations

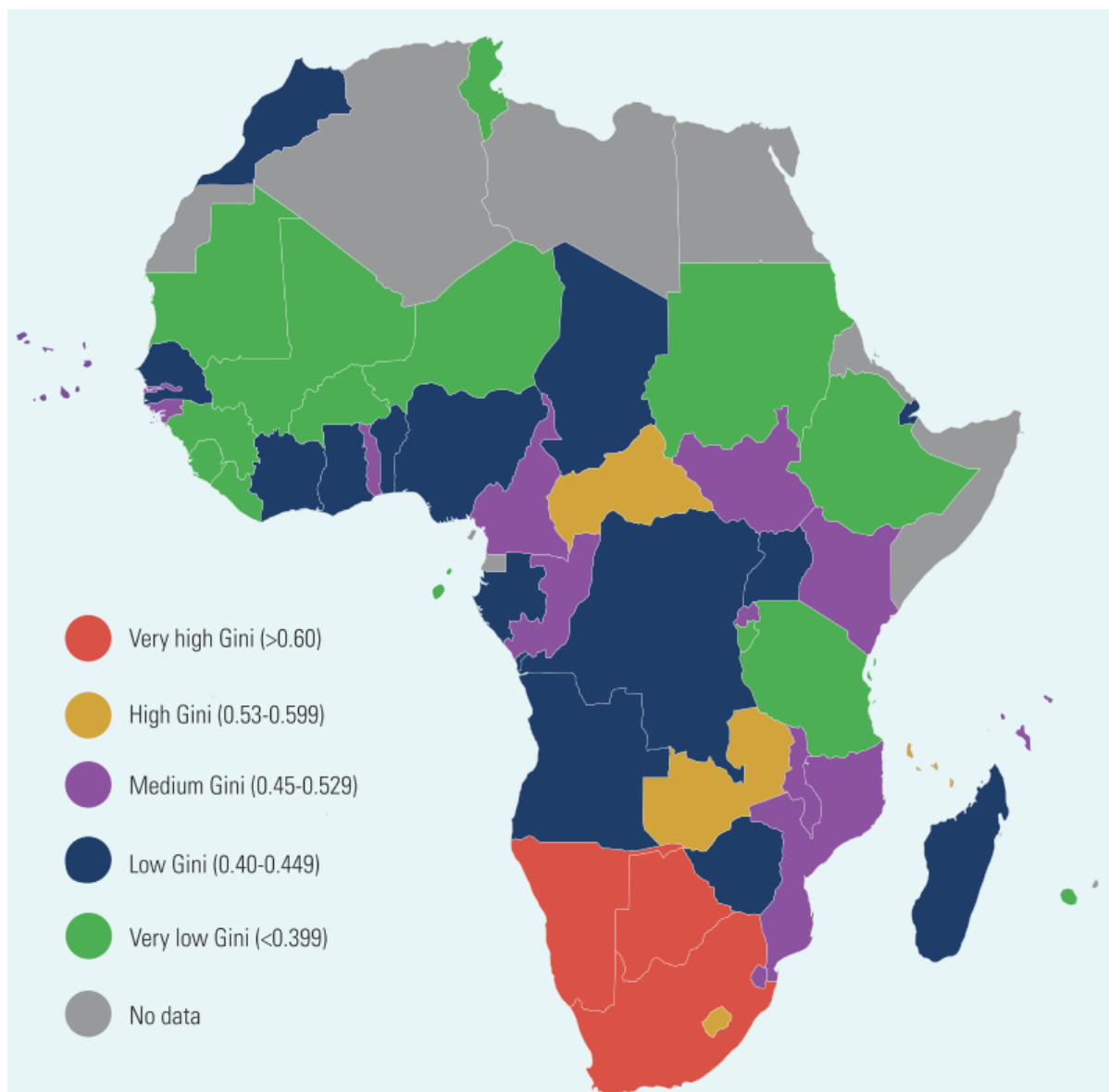
Progress in tackling inequality and with the Sustainable Development Goals throughout Africa is uneven, with the risk that some sub-regional areas of Africa are left behind – with high inequality, and medium, low or negative growth (Ngepah, 2016). Gini coefficient measures demonstrate a high but relatively stable inequality for the Africa region as a whole and varied pattern among sub-regions. Inequality remains the highest among Southern African countries, like South Africa, Botswana and Lesotho, with rising inequality in East Africa, which contains some of the world's fastest growing regions (Ajide et al., 2019; Bicaba et al., 2016; Lynch et al., 2015) (See Figure 4).

**See: Figure 4: Inequality among Sub-Saharan Africa (SSA) Regions, (Gini coefficients, %) 1995 – 2010**, Source: Bicaba et al., 2017, p. 6, based on the AfDB AEO database, [http://www.opensaldru.uct.ac.za/bitstream/handle/11090/819/2016\\_170\\_Saldruwp.pdf?sequence=1](http://www.opensaldru.uct.ac.za/bitstream/handle/11090/819/2016_170_Saldruwp.pdf?sequence=1)

Regional averages within Africa hide much of the variation observed across different countries (see Figures 5 and 6). Data reveals that countries such as Comoros, Egypt, Gambia, Malawi, Madagascar, Niger and Zimbabwe, for example, have experienced a narrowing of the income distribution over time, evident in declining Gini coefficients (FAO, 2020; Bhorat et al., 2016). In contrast, other countries, such as Angola, Côte d'Ivoire, Ethiopia, Sierra Leone, South Africa and Uganda have experienced a rise in inequality since the 1990s (FAO, 2020; Bhorat et al., 2016). South Africa remains the most unequal African country and one of the most unequal in the world (Bhorat et al., 2016). Low levels of income inequality exist in Burundi, Ethiopia, Mauritania and Tanzania (Ajide et al., 2019).



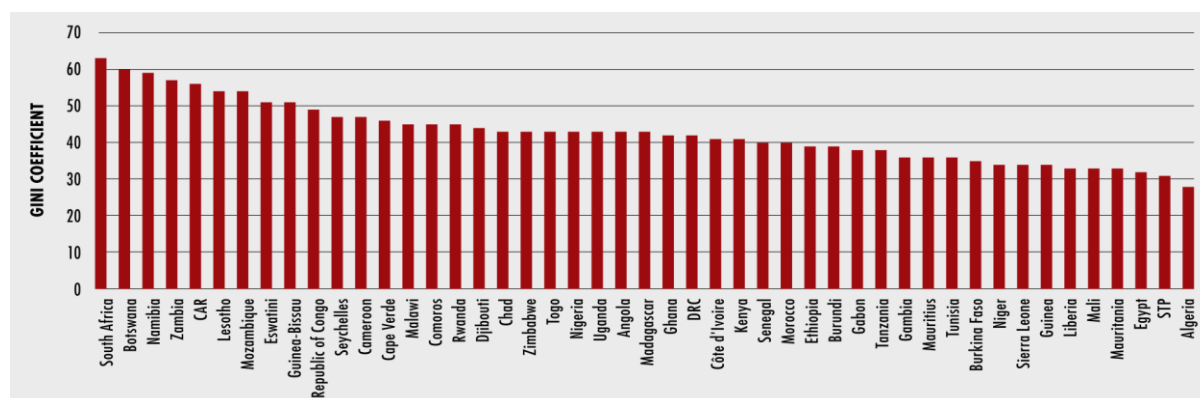
Figure 5: Country-based mapping of income inequality in Africa



Source: Odusola et al., 2017, viii, based on World Bank figures, <https://www.undp.org/content/dam/rba/docs/Reports/Overview-Income%20inequality%20Trends%20SSA-EN-web.pdf>



**Figure 6: Gini coefficient for African countries**



Source: FAO, 2020, 48, based on World Income Inequality Database (WIID), licensed under the [Creative Commons Attribution-Non Commercial-Share Alike 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) (CC BY-NC-SA 3.0 IGO)

## Demographic variations

Inequality dynamics are evident not only in across-country inequality but also in within country inequality (Bicaba et al., 2016). High-inequality countries, such as South Africa, Botswana and Namibia, also have the highest shares of income accruing to the richest 10% and the lowest share accruing to the poorest 10% (Ngepah, 2016). Africa's high level of inequality poses a serious challenge to realizing the overarching goal of 'leaving no one behind' (LNOB) by 2030 (Oduola et al., 2017). The LNOB principle means ensuring that every individual achieves the full extent of rights and opportunities and that progress is inclusive (Lynch et al., 2015).

Income inequality produces varying effects on different social classes of society (Baloch et al, 2020). Inequalities in the region thus consist of vertical income inequality patterns and group-based inequalities (Lynch et al., 2015). Key segments of the African population that are at high risk of being left behind are those at the very bottom of the income distribution spectrum – who are primarily women, children, rural residents, particular ethnicities, and other vulnerable groups such as displaced persons (Ngepah, 2016; Lynch et al., 2015).

Given the substantial disparities observed on the continent, attention needs to be paid to the most disadvantaged groups who are at highest risk in order to achieve reductions in inequality (Heaton et al., 2016). Multiple forms of deprivation often overlap and reinforce one another (Lynch et al, 2015). Attention thus also needs to be paid to intersecting inequalities, as policies aimed at eradicating one form of inequality (e.g. gender-based inequality) may be less effective at reducing overall inequality if not accompanied by policies that also aim to address other forms (e.g. ethnic-based inequality) (Elu and Loubert, 2013).

## Gender

Gender inequality is prominent in Africa (see Figure 7). This is evident for example in the gap between male and female labour force participation and in income levels (FAO, 2020; Ngepah, 2016). Thirty-seven percent of employed women in Africa were poor in 2018, compared to 30 percent of employed men (see FAO, 2020, 49). Fewer women find wage employment, and they are more likely to find part-time, seasonal and/or low-paying jobs. In Malawi, for instance, 90 percent of women and 66 percent of men work part-time, respectively, and more than

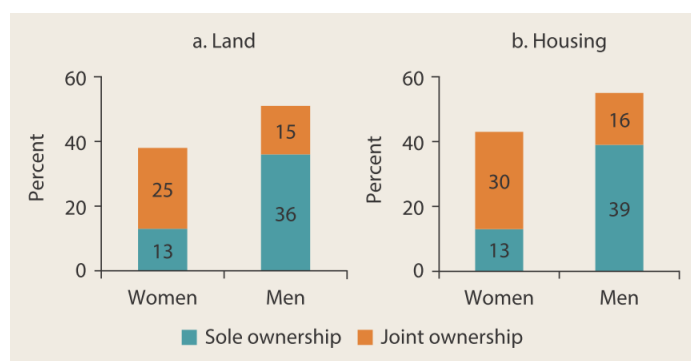
60 percent of women are in low-wage jobs compared to fewer than 40 percent of men. In Ghana, 4 percent of women find wage employment as compared to 15 percent of men, with men’s wages being 31 percent higher than women’s wages in urban areas and 58 percent higher in rural areas (see FAO, 2020, 49).

**See: Figure 7: The Gender Inequality Index, upper half of the global distribution, 2014,**  
 Source: Borat et al., 2016, p. 33, based on United Nations Development Program, Data from the Human Development Report, 2014,  
<https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

Inequalities in the labour market can be attributed in part to uneven human capital distribution (Ngepah, 2016). While Africa’s drive to achieve universal primary education and other gender-informed policies have helped to close the gender gap in primary education and literacy rates of women and girls, there are still significant gaps in further education (Ngepah, 2016). See the section on education under Sector inequalities.

Evidence also indicates that women generally have significantly lower access to land, lower livestock assets and less access to productive resources and financial services, in addition to less control over income earned (see FAO, 2020, 49; Gaddis, 2019) (see Figure 8). Further, data collected on Africa demonstrates that 38 percent of men have a bank account at a financial institution, compared with only 27 percent of women. This average masks regional variation: men are more than twice as likely as women to have an account in Chad, Liberia, Mali, and South Sudan, for example, while there are no gender gaps in Lesotho, Namibia, and South Africa (Gaddis, 2019, 148).

**Figure 8: Land and housing ownership in Africa by gender**



Source: Gaddis, 2019, 148, based on Country Demographic and Health Survey data, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](https://creativecommons.org/licenses/by/3.0/)

The status of women and their control over resources impacts not only their own well-being, but also impacts children as they usually play a key role in the food security and welfare of their children and families (FAO, 2020; Gaddis, 2019).

Gender-based inequalities intersect with other characteristics to produce greater inequities. Older women with disabilities, for example, are less likely to access services adapted to, and advocate for, their needs (Barbelet et al., 2018). See the section on the health sector. Gender and ethnicity also intersect, evident for example in intersectional gender analysis in Mali. While Illelan women in Northern Mali carry a higher societal role, they tend to face more barriers in adopting

livelihoods in their pastoral communities and to experience stronger mobility restrictions than Iklan women (Djoudi, 2015).

### **LGBTQ communities**

LGBTQ persons are a vulnerable population in Africa, due in large part to their pervasive social exclusion from, and the resulting inequities in access to, opportunities and services (Izugbara et al., 2020). Sexual orientation and gender identity (SOGI)-related exclusion and abuses have significant effects on the sexual and reproductive health and general welfare of LGBTQ persons (see the section on [health](#) under Sector inequalities). Documented effects include: poor health outcomes; forced displacement; low educational attainment; high unemployment rates; poor access to quality livelihoods, housing, health and financial services; exposure to violence including arrests, detention, beatings, ill-treatment, and sexual assault (see Izugbara et al., 2020).

### **Ethnicity**

Particular ethnic groups are among marginalised groups, often intersecting with wealth inequalities (Lynch et al., 2015). Nigeria, for example, has more than 250 ethnic groups, with varying languages and customs, with Nigerians far more likely to define themselves in terms of their ethnic affinities than any other identity (see Lynch et al., 2015). A study on the four major ethnicities in Southern Nigeria finds that ethnicity plays a key role in determining the welfare and living standards of individuals and households (Lynch et al., 2015). For example, the Hausa and Fulani, particularly those in rural areas, are far more likely to fall into the bottom quintile than the Yoruba (Lynch et al., 2015). They are also less likely to attend school than the Yoruba (Lynch et al., 2015).

### **Disability**

Data on disability is generally limited, but often intersects with poverty to exacerbate inequalities in and access to educational and health services (Ilie and Rose, 2016). See the sections on [education](#) and [health](#) under Sector inequalities.

### **Rural-urban location**

Poverty is much higher in rural areas than urban settings, with large deficits in availability and access to resources and services in rural areas (Besada et al., 2017). In Benin, for example, the likelihood of being among the poorest 40 percent of society is greatly dependent on urban/rural and regional location (Lynch et al., 2015). Inequalities between urban and rural areas has increased significantly over time (Lynch et al., 2015).

## **3. Sector inequalities**

Group-based inequalities are evident in various sectors of development, such as education, housing and access to services (Lynch et al., 2015).

## Health

Poor health can lead to low income and low income can lead to poor health (Sibanda and Doctor, 2013). Despite improvements in health services, social health inequities persist within vulnerable populations based on wealth, education and urban-rural factors (Mac-Seing et al., 2020). Research on differences in maternal health service utilisation in low and middle income countries demonstrates that living in urban areas and being better off economically positively influenced the use of skilled birth attendants and the likelihood of delivering in a health facility (Mac-Seing et al., 2020). A systematic review of the utilisation of sexual and reproductive health services in sub-Saharan Africa finds that youth, people living with HIV and people with disabilities are particularly vulnerable populations that are often excluded from studies. It emphasises that an intersectional analysis of these demographic groups can make health inequities more visible (Mac-Seing et al., 2020). Inter-sectoral analysis is also relevant as disparities in health and access to health services between regions and subgroups are affected by other sectors, such as social protection, employment, education, housing and infrastructure (Umuhoza and Ataguba, 2018; Sibanda and Doctor, 2013).

## Wealth

Socioeconomic inequalities in health have been documented in many countries in Africa (Umuhoza and Ataguba, 2018). Health inequity has often been linked to differences in economic status, with the poor facing greater challenges accessing healthcare than the less poor (Kabia et al., 2018). Key factors of socio-economic inequality in health care use relate to household expenditure, educational achievement, household characteristics and living standards (Ilinca et al., 2019)

A study comparing socioeconomic inequalities in six Southern African countries (Malawi, Mauritius, South Africa, Swaziland, Zambia and Zimbabwe) finds that with the exception of Mauritius, adults from poorer households report significantly poorer self-assessed health compared to their richer counterparts (Umuhoza and Ataguba, 2018). A study conducted in Kenya finds that not only do poorer individuals have worse health than wealthier population groups, but they are less able to access necessary care services. Health care utilization increases with socio-economic status (Ilinca et al., 2019). This is reflective of socioeconomic inequalities throughout sub-Saharan Africa, with evidence of inequalities in the use of maternal and child health care service, access to HIV-specific care and treatment and preventive care (Ilinca et al., 2019).

In the case of preventive care and inpatient care in Kenya, age and gender intersect with wealth factors to influence access (Ilinca et al., 2019). There is a higher concentration of young adult and adult household members in richer households, with greater access, while poorer households tend to have more young children or older adults in their composition (Ilinca et al., 2019). Richer Kenyans also use privately owned care facilities (outpatient and inpatient) more frequently than lower socio-economic status individuals do, even after controlling for differences in care needs (Ilinca et al., 2019).

Other research also finds that children in wealthier households in Africa have better nutritional status and lower mortality rates (Heaton et al., 2016). Children also have improved nutritional status and lower mortality if their mothers have greater education, which allows for better ability to access, understand, and respond to health information (Heaton et al., 2016). Research in Northern Kenya found that even in areas that lack formal education, maternal health knowledge,

regardless of education, results in reduced infant illness (Heaton et al., 2016). Educated mothers are also more likely to have secure employment and to utilise health care services more (Heaton et al., 2016). Children in rural areas are also at greater risk of death and undernutrition, with such areas often lacking the more developed infrastructure and public services available in urban areas (Heaton et al., 2016).

## **Gender**

Access to affordable reproductive health care is a key concern for poor African women and their families. While maternal mortality rates have declined by about one-third between 2000 and 2015, Africa continues to face a maternal mortality crisis with significant numbers of women dying from often preventable conditions during pregnancy and childbirth (Gaddis, 2019). In 2015, African women experienced a high lifetime maternal-death risk of 1 in 36, compared with 1 in 200 in South Asia and 1 in 6,000 in high-income countries (Gaddis, 2019, 146). Most maternal deaths can be prevented by ensuring that pregnant women have access to prenatal care, skilled care during childbirth, and postpartum care following delivery (Gaddis, 2019).

The majority of people worldwide living HIV/AIDS live in sub-Saharan Africa, with women disproportionately affected by the epidemic. They comprise 59 percent of the African population (ages 15 years and up) living with the virus in 2017 (Mac-Seing et al., 2020; Gaddis, 2019). Among them, widows tend to have the highest prevalence, followed by divorcées, and then by remarried widows and divorcées (ex-widows and ex-divorcées). In the low-prevalence country of Ethiopia, for example, 0.9 percent of women in their first marriage tested positive versus 8.1 percent of widows; whereas in the high-prevalence country of Zambia, the percentages are 12.3 percent versus 57.2 percent, respectively (Gaddis, 2019, 147). The sexual and reproductive health and rights of people living with HIV are undermined by laws criminalising the transmission or non-disclosure of HIV transmission, which jeopardise their health service utilisation (Mac-Seing et al., 2020).

## **LGBTQ communities**

Several African countries currently have laws that impact negatively on LGBTQ communities and their access to health care services (Izugbara et al., 2020). For instance, homosexual activity among men attracts the death penalty in Sudan, Mauritania, Somali, and parts of northern Nigeria; life imprisonment in Uganda, Tanzania, and Sierra Leone; and long jail terms in Kenya, Malawi, Senegal, and Gambia. In Nigeria, heterosexual family members, allies, and friends who support or aid gay and lesbian men and women risk a 10-year jail sentence (Izugbara et al., 2020). The passage of the Same Sex Marriage (Prohibition) Act in 2014 resulted in an increase in fear on the part of members of sexual minorities to seek out healthcare, with a significant consequence being a large decline in the number of men taking HIV tests (McDonnell and Samman, 2020). Liberal attitudes and robust constitutional guarantees for sexual minority rights in South Africa and Cape Verde have also failed to fully shield their LGBTQ communities from discrimination, stigma and violence (Izugbara et al., 2020).

Criminalisation of homosexuality contributes to the reluctance of HIV service providers to engage with members of sexual minorities. In Malawi, for example, health providers refuse to offer sexual and reproductive health services to LGBTQ communities as they would be seen as aiding and abetting homosexuality (Izugbara et al., 2020). Evidence of exclusion within the health sector in Africa, particularly sexual and reproductive health services (including those relating to HIV), is

high in relation to gay and bisexual men, and less for lesbian or bisexual women, transgender, or intersex persons (Poku et al., 2017). Exclusion manifests in denial of service; stigmatising and humiliating behaviour on the part of health care providers; and the corresponding reluctance on the part of LGBTQ individuals to seek health services. Such reluctance and fear in seeking medical attention on the part of gay, lesbian and transgender populations extends to lack of treatment for physical and sexual violence (Poku et al., 2017).

## **Disability**

Research suggests that persons with disabilities (PWD) are often marginalised by sexual and reproductive health programmes (Mavuso and Maharaj, 2015). People with disabilities in SSA experience barriers related to physical and communication accessibility, negative attitudes of health professionals, and financial costs when accessing sexual and reproductive health services (Mac-Seing et al., 2020). Women with disabilities, in particular, face multiple layers of discrimination because of interactions between gender and disability, resulting in weaker access to healthcare services compared to women without disabilities (Kabia et al., 2018). Adults with disabilities in SSA, particularly women, were at heightened risk for HIV (see Mac-Seing et al., 2020, 6).

A recent study on the intersection between gender, disability, and poverty in Kenya finds that despite pro-poor policy promoting free maternal healthcare, women with disabilities were left behind (Kabia et al., 2018). One of the factors contributing to the exclusion was the low education status of women with disabilities, with many not having received any form of education or having attained only primary level education (Kabia et al., 2016). The personal and environmental factors faced by women with disabilities living in poverty identified in the study include (Kabia et al., 2018):

- Their role as primary household providers and caregivers: women with disabilities often opted to forgo seeking free healthcare services as they lacked childcare and the opportunity cost of lost income was too high.
- Limited mobility: the need for someone to accompany them to health facilities results in greater transport costs, particularly when facilities were a long distance away, contributes to women with disabilities forgoing antenatal and skilled delivery services.
- Layout and equipment of health facilities: they are often disability-unfriendly, with an absence or shortage of sign language interpreters and guides in public health facilities; the absence of ramps, narrow doors, disability unfriendly delivery beds and examination tables, and toilets that are inaccessible to people in wheelchairs.
- Negative healthcare worker attitudes: prejudice and negative attitudes by healthcare workers and other health system workers, including surprise that women with disabilities are sexually active, discouraged them from accessing services.

A study of sexual and reproductive health services in Durban, South Africa also finds that persons with disabilities are marginalised by sexual and reproductive health programmes, resulting for example in unmet need for contraceptives and lack of support for living with HIV and AIDS (Mavuso and Maharaj, 2015) Gender compounded the negative experiences for women with disabilities (Mavuso and Maharaj, 2015). While some women said they were satisfied with the services and that their reproductive health needs were met, others, particularly women with visual disabilities reported different experiences. Health care providers also expressed surprise of the need of women with such disabilities for family planning services. Information on sexual



and reproductive health matters is also not widely available in formats accessible to them, such as large print, braille and audio compact disks for those with visual disabilities (Mavuso and Maharaj, 2015). Men with disabilities also reported that health services were not well equipped to deal with their reproductive health needs (Mavuso and Maharaj, 2015). Negative attitudes from public health providers discourages both men and women with disabilities from seeking services (Mavuso and Maharaj, 2015).

Similar to the study conducted in Kenya, male and female respondents in this study identified transport and the layout and equipment of health facilities as barriers to accessing services (Mavuso and Maharaj, 2015). Many respondents rely on public taxis for transportation to reach sexual and reproductive health services, which is very challenging for them. Where public transportation is available, many people with disabilities require someone to accompany them, increasing costs (Mavuso and Maharaj, 2015). The set-up of facilities, including the need to climb stairs and lack of ramps also makes it difficult to access services (Mavuso and Maharaj, 2015). Respondents also noted that condoms are placed in areas that are out of reach for persons in wheelchairs, resulting in some being reluctant to take them, increasing incidents of unprotected sex (Mavuso and Maharaj, 2015).

## **Elderly**

Older people are generally more susceptible to ill-health, disability and injury. They face a range of vulnerabilities, such as reduced mobility and worsening vision, which can be exacerbated during emergencies (Barbelet et al., 2018). A study of droughts in East Africa finds that health services often neglect the needs of older people in emergencies, with various barriers and lack of tailoring to their particular needs (Barbelet et al., 2018). In rural areas, distance and quality of services were key barriers, whereas in urban areas, affordability was the key barrier (Barbelet et al., 2018).

## **Education**

High inequality in Africa is driven in large part by unequal human capital distribution, particularly in terms of primary, secondary and post-secondary education (Ngepah, 2016).

While much progress has been made with the achievement of a primary enrolment rate above 80 percent in Africa, the poor quality of educational systems and weak post-primary education enrolment rates undermine the development of human capital (Bhorat et al., 2016). Figure 9 illustrates the gap between primary and secondary school enrolment rates of countries in SSA and North Africa (Arab states) against the rest of the regions of the world, with the secondary school results revealing the much larger gap (Bhorat et al., 2016). The secondary schooling enrolment rate in Africa was around 55 percentage points below the median for the world as a whole (Bhorat et al., 2016, 28).

**See: Figure 9: Conversion rates from primary to tertiary education, 2011**, source: Bhorat et al., 2016, p. 31, <https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

There are regional variations within Africa, with North Africa exhibiting the highest secondary enrolment rates and Central Africa exhibiting the lowest (with an almost 50 percentage point difference in primary and secondary enrolment) (Bhorat et al., 2016, 28) (see Table 1).



**See: Table 1: Enrolment rates in Africa, 2011**, Source: Bhorat et al., 2016, p. 28, based on World Development Indicators, 2014,

<https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

A study on access to higher education in SSA and South Asia over the past 15 years finds that progress in SSA has been slow with only 4 percent of young people gaining access in 1999, increasing to just 8 percent by 2012 (Ilie and Rose, 2016, 439). Progress has been faster in South Asia, increasing from 8 to 23 percent over the same period (Ilie and Rose, 2016, 439).

Higher education net attendance rates are generally lower in sub-Saharan African compared with South Asian countries, with no more than 2 percent of young people enrolled, on average, in countries such as Malawi, Mozambique, Niger, Rwanda, Sao Tome and Principe, and Tanzania. The three African countries with the highest rates are Namibia (14 percent), and Comoros Islands and Congo (both at 9 percent) (Ilie and Rose, 2016, 443).

Alongside problematic enrolment rates, the quality of education given to those children who attend school is poor, with over one-third of pupils covered in the Brookings's Institution's Learning Barometer (2012) falling below the minimum learning threshold. There is, however, substantial variation across countries (see Figure 10) (Bhorat et al., 2016, 29). Of particular concern are the cases of Nigeria, Ethiopia and Zambia, where over half of Grade 4 and 5 students fall below the minimum learning threshold. Even in the upper-middle income countries of Namibia and South Africa, this figure is over 30 per cent (Bhorat et al., 2016, 29).

**See: Figure 10: Per cent of schoolchildren not learning effectively while in school – Africa,,** source: Bhorat et al., 2016, p. 29, based on Center for Universal Education at Brookings, 2014, <https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

The effects of children not learning effectively in school is evident in comparisons of African students with those in other developing countries. Ranking countries from worst to best, Figure 11 shows that the five African countries (Tunisia, Botswana, Morocco, South Africa, and Ghana) fall at the bottom of the distribution. Over half of Grade 8 pupils in these five middle-income African countries score poorly on mathematics and science, falling below the intermediate international benchmark (Bhorat et al., 2016, 30).

**See: Figure 11: Grade 8 mathematics and science results – Global**, Source: Bhorat et al., 2016, p. 30, based on TIMMS, 2011, <https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

## Wealth

Research finds that there are wide wealth inequalities in primary education, particularly in West Africa. In secondary education, there are also high levels of wealth-driven inequalities in SSA (see Figure 12), with access for the richest under 80 percent, and with less than 60 percent of the poorest accessing secondary education (Ilie and Rose, 2016, 450). In Malawi, for example, the gap between the rich and poor in access to secondary education reaches 35 percentage points, but access for the richest is still relatively low, at 48 percent (Ilie and Rose, 2016, 450). Inequalities persist and increase in higher education, with the rich are over 400 times more likely

to gain access, although access is low for all demographics (Ilie and Rose, 2016, 450). Even in countries where access to both primary and secondary school access is high, there are wide wealth differences. In Zambia, for example, where there is near-universal access to primary education, wealth gaps widen at secondary education (at 40 percentage points in favour of the wealthiest) which persist into higher education, where the wealthiest are more than 30 times more likely to access higher education (Ilie and Rose, 2016, 452).

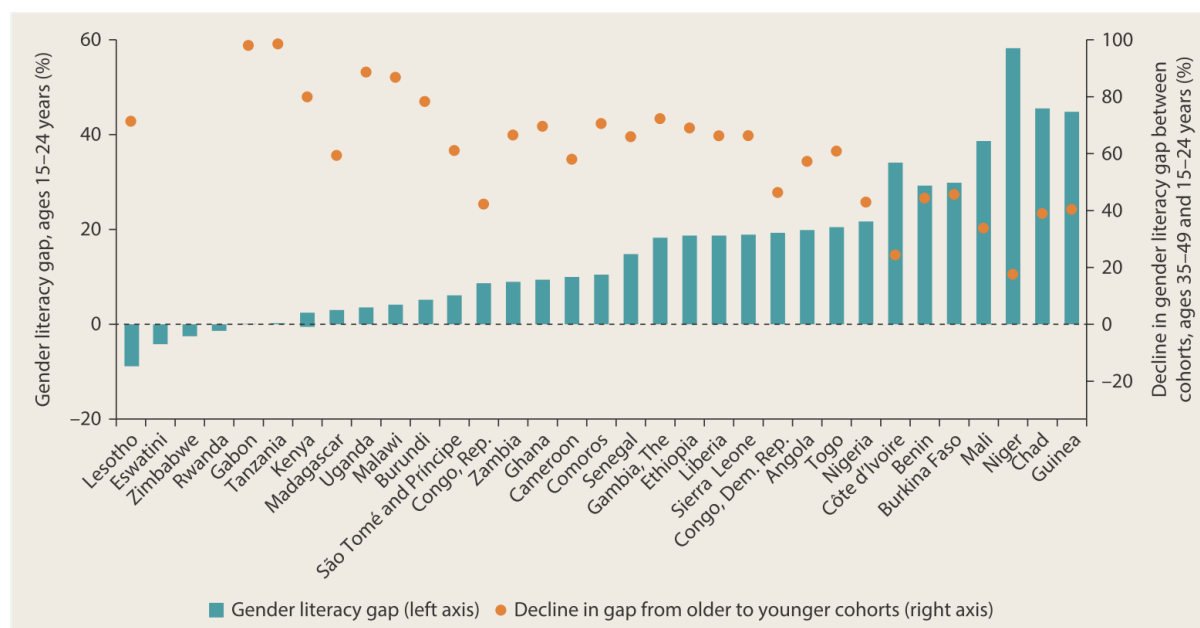
**See: Figure 12: Wealth gaps and participation in education in SAA and South Asia**, Source: Ilie and Rose, 2016, p. 451, based on Demographic and Health Survey data, <https://link.springer.com/article/10.1007/s10734-016-0039-3>

## Gender

An important driver of gender inequality is access to education, which remains essential in determining individual's labour market outcomes (Bhorat et al., 2016; Ngepah, 2016). Africa's drive to achieve universal primary education has helped to close the gender gap in primary education and improve literacy rates of women and girls (Ngepah, 2016). There has been limited progress on average, however, in achieving gender parity in secondary schooling, with a widening of gender inequality in tertiary educational enrolment (Bhorat et al., 2016) (see Figure 13). Adult women thus continue to be significantly disadvantaged in educational attainment and literacy compared to adult men. The average gender literacy gap across African countries is 25 percentage points, with some countries exhibiting literacy gaps between young adult men and women (ages 15–24 years) of over 30 percent (see Figure 14) (Gaddis, 2019, 146).

**See: Figure 13: Ratio of girls to boys enrolment in school**, Source: Bhorat et al., 2016, p. 34, based on The Economist, 2013, United Nations data, <https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

**Figure 14: The literacy gap between men and women in Africa**



Source: Gaddis, 2019, 146m based on Demographic and Health Survey data, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](https://creativecommons.org/licenses/by/3.0/)

A study of education in SSA and South Asia finds that across 35 countries in the regions, young men under the age of 25 are, on average, more likely to gain access to higher education than young women in the same-age group. (Ilie and Rose, 2016, 444). In countries where access is limited to a very small proportion of the under-25 population overall, the proportions of both young men and women enrolled in higher education are very low. In such contexts, it is likely to be only the richest, whether male or female, who have any chance of gaining access (Ilie and Rose, 2016, 445). Countries that exhibit higher levels of overall higher education access also display larger gender gaps in favour of young men. Namibia is an exception in the study, being the only one where young women are significantly more likely to attend higher education (Ilie and Rose, 2016, 445).

The persistent gaps in post-primary school education is in contrast to other regions of the world, where there is growing gender parity at higher levels of education (Bhorat et al, 2016).

Educational human capital distribution in Africa still largely favours males (Bhorat et al., 2016; Ngepah, 2016). There are also regional within Africa, however, with the gender gap in school attendance or enrolment particularly pronounced in the Sahel region (Gaddis, 2019).

### Ethnicity and race

A case study of Nigeria finds that while there has been some progress in narrowing inequalities in education, wide inequalities in education between ethnicities persist and have increased (Lynch et al., 2015). This intersects with rural-urban distinctions, with urban residents, the wealthy and the Yoruba and Igbo being more likely to be in school. Specifically, the likelihood of a young Fulani having four or less years of education is 24 percentage points higher than that of a young Yoruba (Lynch et al., 2015, 39). The probability of a Hausa child in the bottom quintile not attending school is around 90 percentage points higher than for those in the top quintile,

whereas a Fulani child in the bottom quintile is nearly 239 percentage points more likely not to attend school in 2013 (Lynch et al., 2015, 27).

In South Africa, white students continue to have an advantage relative to other 'race' groups in access to education and the development of reading, writing and numeracy skills (Walton et al., 2015).

## **Disability**

In sub-Saharan Africa, millions of children with disabilities are left out of educational opportunities (Dubin, 2020). Due to the lack of data available, however, there is no clear estimate of the number of children with disabilities in SSA. According to the World Bank, only 10 percent of children with disabilities receive any type of schooling, with children with disabilities in SSA three times less likely to complete primary education (see Dubin, 2020).

Similar to many trends throughout sub-Saharan Africa, the gap between people with disabilities who never attended any school compared to people without disabilities who never attended school in Zambia is as high as 25 percentage points (see Dubin, 2020, 262). A study of Uganda finds that adolescents with disabilities are twice as likely to be out of school as adolescents without disabilities (see Dubin, 2020, 262). There have been various efforts to address these barriers, such as in Kenya, where there has been significant progress in advancing the rights of disabled children (i.e. the passage of the Special Educations Needs Policy of 2009). The Government of Zambia also launched an inclusive education pilot programme for blind children in 2011, which has contributed to greater enrolment of children with disabilities (Dubin, 2020).

## **Intersectionalities**

While there has been progress in terms of access to education for young men and women, wealth inequalities undermine the improvement in gender equality. Wealth-driven gaps are larger than the magnitude of gender gaps (Ilie and Rose, 2016). The achievement of the global goal of equal access for men and women is likely to centre on access for the richest young men and women, leaving the poorest behind (Ilie and Rose, 2016). The poorest youngest women are chronically underrepresented in secondary and tertiary education in Africa (Ilie and Rose, 2016). This is confirmed in research that looks at the interaction between wealth and gender in SSA and South Asia (see Figure 15). In 24 of the 30 countries studied, where at least some of the poorest are enrolled, poorest young women are least likely to be in higher education. In some of the higher enrolment countries, the gap between poor young women and poor young men and wealthy young men is particularly stark (Ilie and Rose, 2016). In Guinea, for example, less than 0.1 percent of poor young women are enrolled compared with 1.1 percent of poor young men and 15 percent of rich young men. In Nigeria, the net attendance rate for poor young women is just 0.4 percent compared with 13 percent for young rich males (Ilie and Rose, 2016, 446).

**See: Figure 15: Interaction between wealth and gender – SSA and South Asia**, source: Ilie and Rose, 2016, p.446; based on Demographic and Health Survey data, <https://link.springer.com/article/10.1007/s10734-016-0039-3>

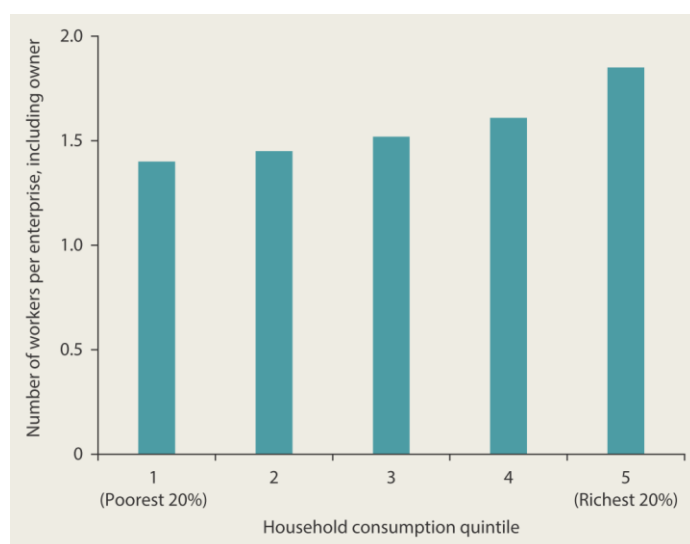
Ethnicity is another demographic characteristic that can intersect with wealth and poverty to affect access to education. In Benin, for example, while gaps in school attendance are reducing overall, particular in terms of gender, they persist across wealth quintiles, location and ethnicity – with the most disadvantaged regions and ethnicities, namely Alibori and Betamaribe, being left behind in terms of school attendance (Lynch et al., 2015).

## Employment and entrepreneurship

### Wealth

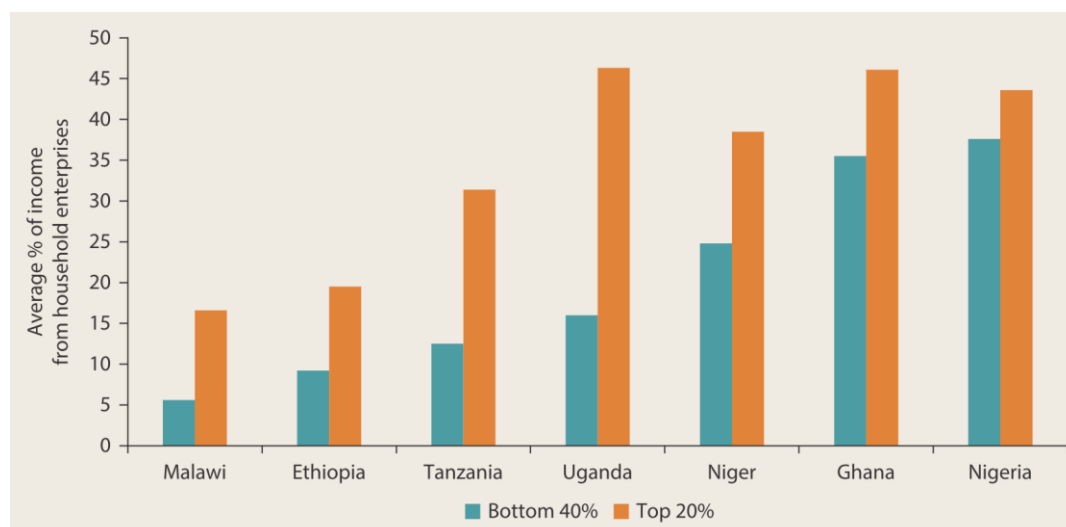
A study on household enterprises in Africa finds that while household enterprises generally do not create much employment, enterprises of poor households tend to be smaller than those of the non-poor, with less staff and less returns (see Figures 16 and 17) (Beegle and Bundervoet, 2019). Better-off household enterprises are more often financed by gifts from family and friends, allowing for more start-up capital and higher returns (Beegle and Bundervoet, 2019, 165).

**Figure 16: Wealth and size of household enterprises - SSA**



Source: Beegle and Bundervoet, 2019, 163; based on Nagler 2017, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](#)

**Figure 17: Contribution of household enterprises to income based on wealth - SSA**



Source: Beegle and Bundervoet, 2019, 169; based on Nagler, 2017, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](#)

## Gender

Women remain at a disadvantage in SSA in labour force participation, with approximately 75 percent of working-age men participating in the labour force, compared to only half of working-age women (Doctor and Ndavi, 2017, 3). The majority of women in sub-Saharan Africa engage in agricultural activities, particularly in rural areas, with only a minority of women engaged in paid work (Doctor and Ndavi, 2017). International Labour Organization data from 2018 estimated female labour force participation in Africa to be 54.4 percent of females 15 and above, which is predicted to increase negligibly to 55.3 percent by 2030 (see Khan, 2020).

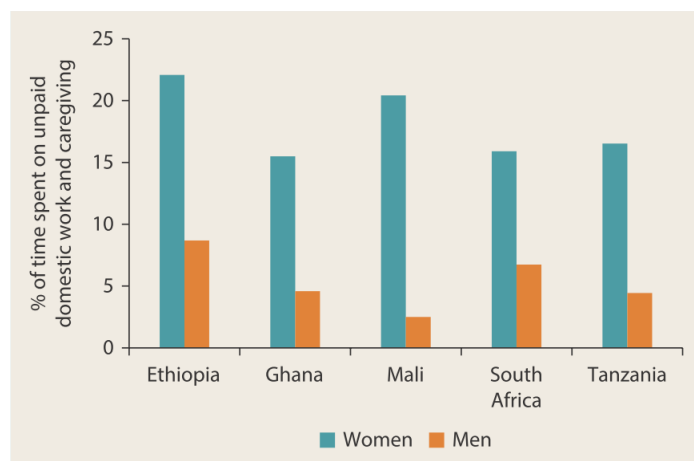
Gender differences in educational attainment (see [education](#) section above) often lead to gender gaps in employment and earnings (Bhorat et al., 2016). Women whose access to education has remained limited are likely to have lower levels of literacy and numeracy, which can undermine their access to employment or the productivity of their business activities (Campos and Gassier, 2017). Alongside greater access to formal education, young men tend also to have greater opportunities to receive either formal training through specialized providers or to be trained by a member of their network in SSA (Campos and Gassier, 2017).

The greater constraints that women in Africa face in accessing job opportunities relative to men include: social norms with respect to childcare duties; constraints on mobility; and less access to financial resources (Khan, 2020). As in other regions, African women spend a disproportionate amount of time on unpaid domestic and care services (see Figure 18), with recent estimates from a handful of countries indicating that women spend on average 15–22 percent of their time on unpaid work, compared with 2–9 percent among men. This affects not only women's participation in paid employment outside the home, but also the time and labour constraints of female farmers and entrepreneurs (Gaddis, 2019, X).

There is variation within Africa, however, in whether household enterprises are more likely to be owned by women or men (Beegle and Bundervoet, 2019). In Malawi, Mali, and Niger, for example, household enterprises are more likely to be owned by men, whereas in Burkina Faso, Ghana,

and Nigeria, household enterprises are more likely to be owned by women. These results hold for poor and wealthier households alike (Beegle and Bundervoet, 2019). In Africa, generally though, female-owned household enterprises are often less profitable and less likely to grow (Campos and Gassier 2017).

**Figure 18: Domestic work and caregiving by gender - SAA**



Source: Gaddis, 2019, 147; based on World Bank Gender Data Portal, 2008-2014, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](https://creativecommons.org/licenses/by/3.0/)

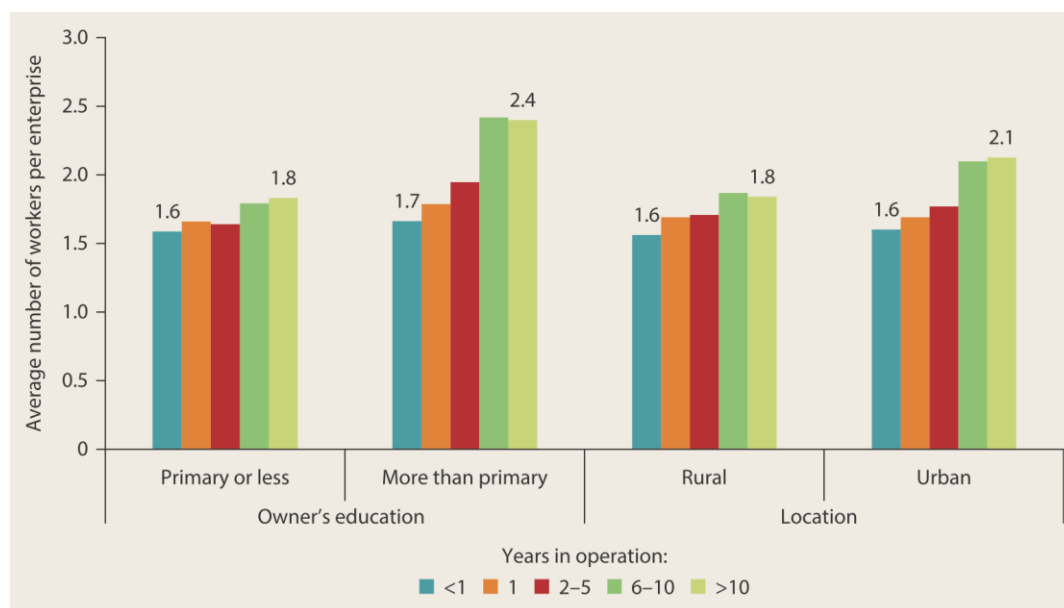
Gender inequalities in employment also result in lack of access to social protection gained through employment, such as pensions, unemployment benefits and maternity protection (Khan, 2020).

### Rural-urban location

Employment generation among household enterprises in Africa is primarily confined to urban enterprises with educated owners, with a higher number of wage employees (non-household workers) in urban enterprises than rural enterprises (Beegle and Bundervoet, 2019). The enterprises of the poor are more likely to be rural, with more than 80 percent of household enterprises of the poor in rural settings while more than half of enterprises (56 percent) in the top quintile are urban (Beegle and Bundervoet, 2019, 164).



**Figure 19: Size of enterprises based on rural-urban location and education levels - Africa**



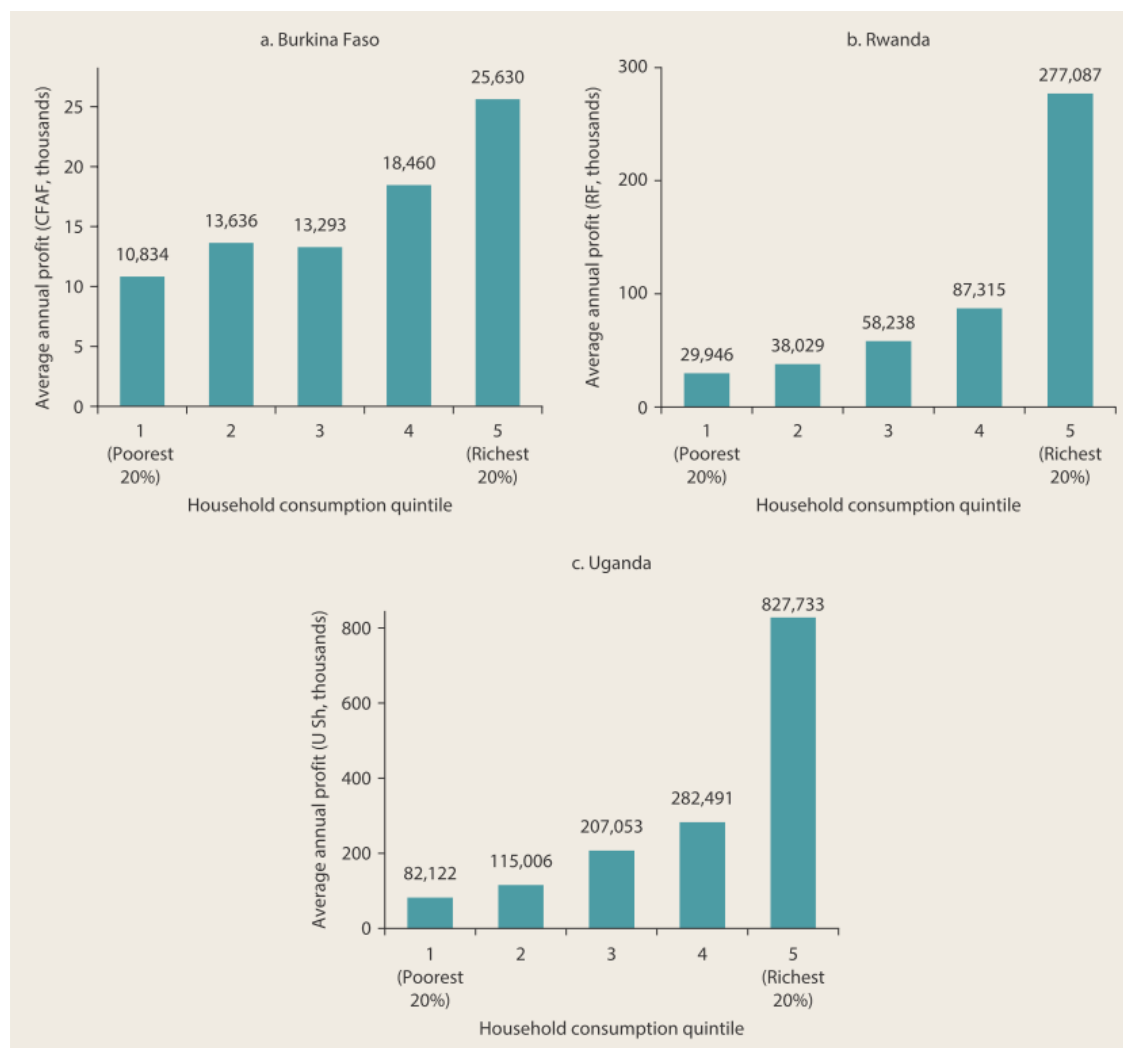
Source: Beegle and Bundervoet, 2019, 165; based on Nagler 2017, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](https://creativecommons.org/licenses/by/3.0/)

### Intersectionalities

Household enterprises can make an important contribution to the incomes of the poor (Beegle and Bundervoet, 2019). Household enterprise profits increase with household welfare, increasing substantially between the fourth and fifth consumption quintiles, as in Burkina Faso, Rwanda, and Uganda (see Figure 20). Enterprises in the top quintile are larger, more likely to employ paid non-household members, be located in urban areas, have more-educated owners, and earn more profits (Beegle and Bundervoet, 2019). Rural, female-headed household enterprises in contrast have significantly lower productivity and profits (Beegle and Bundervoet, 2019).

A study on the Tanzanian manufacturing sector finds gender is not an independent source of inequality, but rather intersects with ethnicity for members of five different ethnic groups to condition earnings and the return to schooling across the distribution of earnings (Elu and Loubert, 2013). There is thus intersectional gender/ethnic discrimination in the sector and elsewhere in sub-Saharan Africa (Elu and Loubert, 2013).

**Figure 20: Enterprise profits and household wealth - Africa**



Source: Beegle and Bundervoet, 2019, 168; based on Nagler 2017, licensed under the [Creative Commons Attribution 3.0 IGO \(CC BY 3.0 IGO\)](https://creativecommons.org/licenses/by/3.0/)

## Food security

Food security occurs when people have access to sufficient, safe and nutritious food that meet their dietary and food needs (see Adeyeye et al., 2017). While the prevalence of undernourishment in sub-Saharan Africa has declined, the actual number of undernourished people has increased (Adeyeye et al., 2017). FAO's Prevalence of undernourishment (PoU) indicator is an estimate of the proportion of the population whose habitual food consumption over the course of a year is insufficient to provide the dietary energy intake levels that are required to maintain a normal, active and healthy life (FAO, 2020, 3). The prevalence of undernourishment had fallen in Africa from 24.5 percent in 2000 to 18.2 percent in 2014, but since then has started rising to 20 percent of the continent's population, or 256 million people (FAO, 2020, 3) (see Table 2). The rise in the PoU was strongest in Western (3.4 percentage points) and Central Africa (1.9 percentage points), while in Southern Africa, the PoU rose between 2014 and 2017 but fell

between 2017 and 2018. In Eastern Africa, the growth in the PoU has been slower compared to that experienced in Western and Central Africa (FAO, 2020, 3).

In terms of the number of undernourished people, the greatest deterioration between 2014 and 2018 occurred in Eastern and Western Africa, with the largest number of undernourished living in Eastern Africa (FAO, 2020). In Northern Africa, there was an increase from 16 to 17 million undernourished people from 2014 to 2017, while in Southern Africa the number of undernourished increased by 600 000 over that period (FAO, 2020, 3) (see Table 3).

Children, pregnant women and the elderly are the most vulnerable victims of malnutrition (Adeyeye et al., 2017). Climate change plays an important role in food security, contributing to changes in yield and area growth, higher food prices and lower affordability of food, reduced calorie availability and growing childhood malnutrition in sub-Saharan Africa (Adeyeye et al., 2017).

**Table 2: Prevalence of undernourishment in the world, Africa and its subregions, 2000–2018 (%)**

Regions/ subregions*	2000	2010	2014	2015	2016	2017	2018	Change between 2014–2018 (Percentage points)
<b>World</b>	<b>14.8</b>	<b>11.8</b>	<b>10.8</b>	<b>10.6</b>	<b>10.7</b>	<b>10.8</b>	<b>10.8</b>	<b>0.0</b>
<b>Africa</b>	<b>24.5</b>	<b>19.1</b>	<b>18.2</b>	<b>18.3</b>	<b>19.2</b>	<b>19.8</b>	<b>19.9</b>	<b>1.7</b>
Northern Africa**	6.7	5.0	7.2	6.9	7.0	7.0	7.1	-0.1
Sub-Saharan Africa	28.4	21.7	20.8	20.9	22	22.7	22.8	2.0
Central Africa	39.2	27.8	24.6	24.7	25.9	26.4	26.5	1.9
Eastern Africa	39.1	31.2	30.0	29.9	31.0	30.8	30.8	0.8
Southern Africa	7.3	7.1	7.5	7.8	8.5	8.3	8.0	0.5
Western Africa	15.3	10.4	11.3	11.4	12.4	14.4	14.7	3.4

Source: FAO, 2020, p.3, licensed under the [Creative Commons Attribution-Non Commercial-Share Alike 3.0 IGO](#) (CC BY-NC-SA 3.0 IGO)

**Table 3: The number of undernourished in the world, Africa and its subregions, 2000–2018 (million)**

Regions/ subregions*	Year							Change between 2014–2018 (Million)
	2000	2010	2014	2015	2016	2017	2018	
<b>World</b>	<b>909.3</b>	<b>822.3</b>	<b>788.8</b>	<b>785.4</b>	<b>796.5</b>	<b>811.7</b>	<b>821.6</b>	<b>32.8</b>
<b>Africa</b>	<b>199.7</b>	<b>199.8</b>	<b>212.1</b>	<b>217.9</b>	<b>234.6</b>	<b>248.6</b>	<b>256.1</b>	<b>44.0</b>
Northern Africa**	9.7	8.5	15.8	15.5	16.1	16.5	17.0	1.2
Sub-Saharan Africa	190	191.2	196.2	202.5	218.5	232.1	239.1	42.9
Central Africa	37.7	36.5	36.7	37.9	41.1	43.2	44.6	7.9
Eastern Africa	112.4	118.6	116.1	119.3	126.9	129.8	133.1	17.0
Southern Africa	3.8	4.2	4.7	5.0	5.5	5.4	5.3	0.6
Western Africa	36.1	31.9	38.7	40.3	45.0	53.7	56.1	17.4

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\*\* The series for Northern Africa experienced a jump in 2012 due to the inclusion of the Sudan from that year onwards.

The upward trend in undernourishment in Africa (2014-2018) is confirmed by the rise in the prevalence of moderate or severe food insecurity within the population, particularly evident in Southern Africa (see Tables 4 and 5. In all subregions, severe food insecurity has fallen from 2017 to 2018, even if only very marginally in some cases. The improvement was strongest in Eastern and Northern Africa, with moderate food insecurity worsening or remaining unchanged in Western and Southern Africa (FAO, 2020).

**Table 4: Prevalence of moderate or severe food insecurity (measured using FIES) in the world, Africa and its subregions, 2014 to 2018 (%)**

Regions/ subregions*	Prevalence of severe food insecurity in the total population (%)					Prevalence of moderate or severe food insecurity in the total population (%)				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
<b>World</b>	<b>8.0</b>	<b>7.7</b>	<b>8.0</b>	<b>8.7</b>	<b>9.2</b>	<b>23.2</b>	<b>23.2</b>	<b>24.1</b>	<b>25.6</b>	<b>26.4</b>
<b>Africa</b>	<b>18.1</b>	<b>19.0</b>	<b>21.9</b>	<b>22.9</b>	<b>21.5</b>	<b>47.6</b>	<b>48.3</b>	<b>52.6</b>	<b>54.3</b>	<b>52.5</b>
Northern Africa	8.6	7.2	9.3	10.1	8.0	27.1	22.9	27.8	35.2	29.5
Sub-Saharan Africa	20.3	21.7	24.8	25.8	24.6	52.4	54.2	58.3	58.7	57.7
Central Africa	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Eastern Africa	23.9	25.1	27.8	28.7	25.9	58.2	59.7	64.8	65.5	62.7
Southern Africa	21.4	20.6	30.7	30.8	30.6	45.3	45.9	53.5	53.6	53.6
Western Africa	12.9	14.4	16.5	17.7	17.6	43.7	45.3	47.3	47.7	47.9

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**Table 5: Number of moderate or severe food insecurity (measured using FIES) in the world, Africa and its subregions, 2014 to 2018 (million)**

Regions/ subregions*	Number of severe food insecurity in the total population (million)					Number of moderate or severe food insecurity in the total population (million)				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
<b>World</b>	<b>585.0</b>	<b>568.2</b>	<b>600.4</b>	<b>657.6</b>	<b>704.3</b>	<b>1696.3</b>	<b>1712.3</b>	<b>1801.9</b>	<b>1929.6</b>	<b>2013.8</b>
<b>Africa</b>	<b>210.7</b>	<b>226.7</b>	<b>268.2</b>	<b>287.5</b>	<b>277.0</b>	<b>554.1</b>	<b>577.1</b>	<b>644.1</b>	<b>682.0</b>	<b>676.1</b>
Northern Africa	19.1	16.3	21.2	23.6	19.0	59.8	51.6	63.8	82.1	70.2
Sub-Saharan Africa	191.6	210.4	246.9	263.9	258.0	494.3	525.5	580.3	599.9	605.8
Central Africa	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Eastern Africa	93.0	100.2	114.3	121.3	112.5	226.1	238.4	266.0	276.3	271.7
Southern Africa	13.4	13.1	19.8	20.1	20.2	28.3	29.1	34.4	34.9	35.3
Western Africa	44.4	50.9	59.6	66.0	67.2	149.9	159.7	171.1	177.6	182.8

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## Children

While the number of stunted children under the age of five has fallen over time globally, it has risen steadily in Africa. In 2018, 36 percent of the 149 million children in the world lived in sub-Saharan Africa, a significantly higher share than the 16 percent of 1990 (FAO, 2020, 10). Developments in the subregions vary, with Northern Africa seeing a decline in the number of stunted children, while the numbers in Southern Africa remain unchanged (FAO, 2020) (see Table 6).

While the number of stunted children is rising in sub-Saharan Africa, the prevalence of stunting is declining, although at a rate slower than the global one. Although Eastern Africa has the highest number of stunted children in Africa's subregions, it is making the most progress in declines in prevalence. Southern Africa has experienced the least reduction in prevalence of stunting and there is evidence that levels of stunting can vary considerably within a country (FAO, 2020).

**Table 6: Number of stunted children under the age of five in the world, Africa and its subregions, 1990–2018 (million)**

Regions/ subregions*	1990	2000	2010	2014	2015	2016	2017	2018
<b>World</b>	<b>252.5</b>	<b>198.2</b>	<b>170.7</b>	<b>160.0</b>	<b>157.2</b>	<b>154.4</b>	<b>151.7</b>	<b>149</b>
<b>Africa</b>	<b>46.4</b>	<b>50.3</b>	<b>56.0</b>	<b>58.0</b>	<b>58.3</b>	<b>58.7</b>	<b>58.8</b>	<b>58.8</b>
Northern Africa	6.1	4.9	4.8	5.1	5.1	5.1	5.0	4.9
Sub-Saharan Africa	40.3	45.4	51.2	52.9	53.2	53.6	53.8	53.9
Central Africa	5.9	7.0	8.6	9.1	9.2	9.3	9.4	9.4
Eastern Africa	19.2	21.5	23.5	23.8	23.9	24.0	24.0	24.0
Southern Africa	2.1	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Western Africa	13.2	14.9	17.2	18.0	18.2	18.3	18.4	18.5

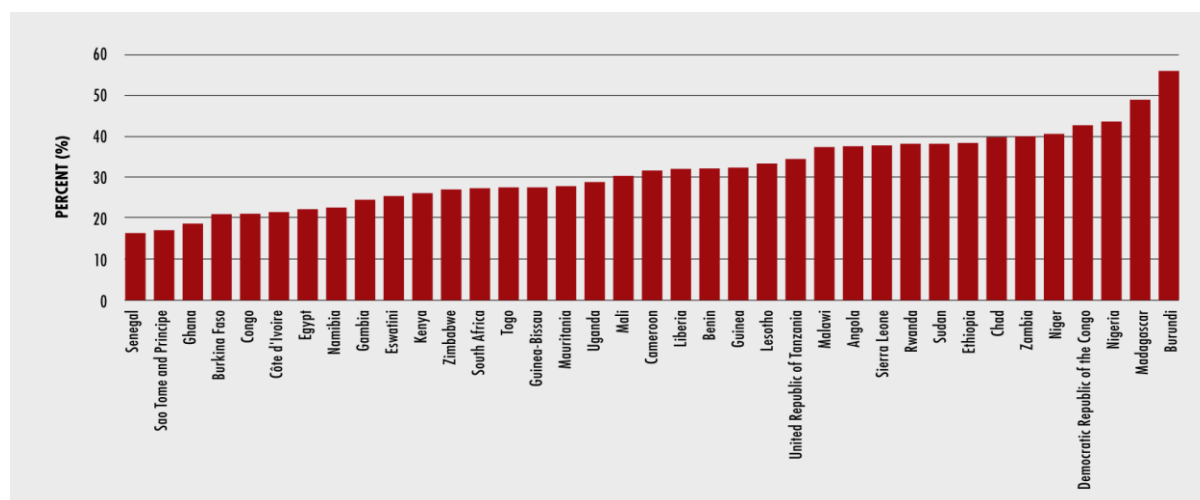
SOURCE: UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. *UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends* (March 2019 edition) [online]. <https://data.unicef.org/topic/nutrition>, [www.who.int/nutgrowthdb/estimates](http://www.who.int/nutgrowthdb/estimates), <https://data.worldbank.org>.

\* FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, "Central Africa" refers to the M49 "Middle Africa" grouping.

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While the average prevalence of stunting is similar across sub-Saharan Africa's subregions, there is much variation between countries, with higher stunting rates in rural areas (FAO, 2020). (see Figure 21).

**Figure 21: Prevalence of stunting in children under the age of five, by country latest observation\* (%)**



\* The year of the latest observation ranges from 2013 to 2018

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A recent study of child malnutrition in sub-Saharan Africa finds that while there has been significant progress in reducing the prevalence of under-5 stunting, the rate of progress has been uneven across the countries. Ghana, for example, reduced the prevalence of child stunting from 35.2 percent in 2003 to 18.8 percent in 2014; whereas progress in Namibia has been slow compared to other countries, as the prevalence of child stunting reduced from 29 percent in 2000 to 23.7 per cent (Asuman et al., 2019, 567).

The study also finds substantial inequalities in child stunting across sub-Saharan Africa, with greater incidence of stunting among children living in households with low socioeconomic status (Asuman et al., 2019). Other research finds that in countries such as Ghana, Cameroon, Mali, Mozambique, Namibia, Eswatini, and Tanzania, the percentage of stunted children in poorer households is over twice that of the richest households (Abekah-Nkrumah and Lawson, 2020).

Older children are also considered to be more at risk of child stunting or malnourishment, in part due to weaning from breastfeeding (Asuman et al., 2019). There does not appear to be much of a gender difference, however, in incidence of child stunting in data drawn from ten SSA countries (Asuman et al., 2019). Maternal educational attainment, however, is an important indicator of a child's health and nutrition, with various studies demonstrating that an increase in mothers' completed schooling reducing inequalities in child stunting (Asuman et al., 2019).

## Gender

A study of food security in Nigeria finds that female headed households in Nigeria are more vulnerable than their male headed households (Kassie and Ndiritu, 2013). Further, in rural Kenya, about 10 percent of female-headed households suffer from chronic food insecurity, compared with 5 percent of male-headed households (Kassie and Ndiritu, 2013, 169).

## **Rural-urban location**

Various research finds an urban advantage in child stunting and malnutrition, attributed to rural–urban disparities in access to essential services and economic opportunities (Asuman et al., 2019). Compared to children in urban areas, residing in rural areas increases socioeconomic inequalities in child stunting (Asuman et al., 2019). Other research finds, however, that food insecurity is increasingly becoming an urban challenge with poor urban neighbourhoods in SSA demonstrating high levels of household food insecurity (Battersby and Watson, 2018). Research on poor neighbourhoods in SSA cities shows the important role of informal food traders in meeting the food security needs of poor urban households. The growth of the supermarket system in urban areas has undermined and displaced smaller and informal outlets. Their limited hours of operation and sales in bulk, however, do not necessarily cater well to food insecure households (Battersby and Watson, 2018).

## **Climate change**

Climate change is expected to detrimentally affect African countries' economic development, with Western and Eastern African countries projected to be most affected with inequalities expected to widen (Baarsch et al., 2020). The most severe consequences of projected climate change are expected to coincide with regions showing pre-existing high socioeconomic vulnerability, mostly characterised by high poverty rates and population density (Baarsch et al., 2020). At the same time, research finds that a 1 percent rise in income inequality will be associated with a 0.008 percent increase in CO<sub>2</sub> emissions. Income inequality can thus be seen as a major cause of increasing CO<sub>2</sub> emissions in Sub-Saharan African countries (Baloch et al., 2020, 5).

Countries with a large population and large share of population living from agriculture, such as Ethiopia (median at about 15.0 percent in RCP8.5), Kenya (12.9 percent) or Niger (14.9 percent), may be particularly affected by future climate change (Baarsch et al., 2020, 9-10). In contrast, countries with a small population and large natural resource endowment, for example, Gabon and Equatorial Guinea, are projected be significantly less affected (Baarsch et al., 2020, 9-10).

Communities in semi-arid regions of Southern Africa, dependent on rainfed agriculture and primary production, have limited infrastructure and opportunities for diversification Rao et al., 2019). They are thus vulnerable to higher rates of poverty and food insecurity. The semi-arid region of Ghana has the highest incidence of extreme poverty in the country, with high levels of climate variability and severe droughts (Rao et al., 2019).

Climate change presents a high risk to food security in countries in Africa from crop production to food distribution and consumption (Masipa, 2017). A study of different climate and population scenarios in Africa finds that climate change is projected to worsen food insecurity in Tunisia and Morocco but that the increase in food demand due to population growth will overshadow its effect (Hall et al., 2017).

## **Gender**

Climate change will affect people differently depending on their economic, environmental cultural, and social situations (Djoudi, 2015). Low-income women and female-headed households are considered to be among the most vulnerable to climate change (Rao et al., 2019). There is evidence that households headed by women tend to suffer greater losses in the face of climate-related shocks (Djoudi, 2015). Specific areas of inequality in relation to climate change



adaptation include women's limited access to and control of land, high household work responsibility for water and fuelwood collection and high levels of responsibility for agricultural production (Rao et al., 2019). It is important, however, not to reduce gender to a binary comparison of women and men. There are important distinctions among women due to their class, age, wealth, ethnicity and other demographic and socioeconomic factors that affect their vulnerability to climate change impacts (Djouadi, 2015).

## **Elderly**

Older people, who may have specific nutritional requirements, are particularly affected by emergency and drought situations in terms of food security and nutrition (Barbelet et al., 2018). During such situations, their quantity and quality of food typically decline, yet they are rarely included in nutritional surveys or screen for malnutrition (Barbelet et al., 2018). Feeding and other nutrition programmes largely focus on the needs of lactating mothers and children under the age of five. Older people also tend to be left out of emergency food distribution lists (Barbelet et al., 2018). They may find it challenging to get to centralised distribution points, to stand in line for long periods, to carry the bulk amounts distributed, or to chew and digest the type of rations provided. Within the household, older people also often share their rations (Barbelet et al., 2018)

A survey conducted in Kenya and Ethiopia found that drought has had a significant impact on the nutritional status of older people. In Turkana, northern Kenya, for example, up to 96 percent of older people reported moderate or severe hunger in their household, with an estimated one meal a day (see Barbelet et al., 2018).

Older people's mobility-related vulnerabilities are also found to be exacerbated during shocks and emergencies, including drought contexts. Temporary shelters made available by aid organisations may be inaccessible without elements such as ramps, handrails and grab bars. Where older people are able to access shelters, sleeping on cold, hard or damp surfaces may aggravate chronic joint problems (Barbelet et al., 2018).

The vulnerabilities of older people may differ according to their gender, age and disability status, and whether they live in rural or urban areas, among other things. Such variables can intersect to make older people doubly or even triply vulnerable (Barbelet et al., 2018). Older women are particularly affected by the effects of climate-related events, such as drought. A recent study finds that the caring roles and domestic work burdens of older women in particular have increased during drought (Barbelet et al., 2018). This is primarily because the middle generation of adults have had to move further away to find grazing land or have moved to urban areas, leaving older people (largely women) to take on additional domestic and caring responsibilities (Barbelet et al., 2018).

## **Social protection**

While social protection is increasing in Africa, coverage is too low to significantly reduce inequality (Odusola et al., 2017). Data on social protection expenditure as a share of GDP for 34 SSA countries reveals that Liberia, followed by South Africa and Mauritius, spend the largest proportion on social protection programmes, with a fiscal outlay of around double that of the SSA average (Bhorat et al., 2017) (see Figure 22).

Around half of the sample of SSA countries selected could be considered pro-poor in terms of their social protection targeting, with Southern Africa most prominent in terms of extensive

coverage and targeting of the poor (Bhorat et al., 2017, 184-185). Namibia, Kenya, South Africa, Botswana and Swaziland are among countries with the highest ratio of coverage of the poorest quintile to total coverage, meaning that social protection is mostly pro-poor in these countries. While Kenya's provision of social protection is pro-poor, its levels of coverage are below that of the SSA average, suggesting that very few people receive social protection, but of those who do, a significant cohort is poor (Bhorat et al., 2017). Social protection is viewed as less pro-poor, in Rwanda, The Gambia and Comoros, with ratios below 0.3. These countries have low levels of social protection generally, and where social protection exists, very few of the poor are actually covered (Bhorat et al., 2017, 184-185) (see Figure 23).



Source: Odusola et al., 2017, 20, <https://www.africa.undp.org/content/dam/rba/docs/Reports/Overview-Income%20inequality%20Trends%20SSA-EN-web.pdf>

**See: Figure 22: Social protection expenditure as a percentage of GDP for SSA, 2010-2011**, source: Bhorat et al., 2017, p. 183; based on ILO Social Security Inquiry Database, 2013, <https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

**Figure 23: Ratio of the poorest quintiles to total coverage, latest year\***, source: Bhorat et al., 2017, 184, based on The Atlas of Social Protection: Indicators of Resilience and Equity, World Bank Group (2015), <https://www.africa.undp.org/content/rba/en/home/library/reports/income-inequality-trends-in-sub-saharan-africa--divergence--dete.html>

\*The latest year varies between 1998 and 2014, depending on country data availability.

Countries in North Africa have a long tradition of social provision for poor and vulnerable people, including those who are chronically ill, have disabilities, or are elderly, children, orphans, and widows (Bilo and Machado, 2020). The most commonly targeted groups are poor households, followed by children, then people with disabilities. Five programmes are explicitly targeted at women, mostly at female-headed single households. Non-contributory pensions for poor elderly people are rare, however, and are provided only in Egypt and Algeria (Bilo and Machado, 2020).

Social protection in North Africa is traditionally characterized by a reliance on contributory social insurance schemes and universal food, fuel, and utility subsidies (Bilo and Machado, 2020). Limited data availability in the region makes it challenging to engage in analysis of social protection schemes. There is a growing consensus, however, that non-targeted subsidies disproportionately favour the wealthy over the poor (Bilo and Machado, 2020). Countries such as Tunisia, Morocco, and Egypt have been phasing out or reducing food and energy subsidies, reallocating some of the savings to targeted cash transfer programmes. This can allow for targeted investment, for example to the needs of children through school feeding programmes (Bilo and Machado, 2020). While there are various cash transfer programmes that promote children's school enrolment in the region, there are few programmes that support child nutrition or that cater to children who are not school-age (Bilo and Machado, 2020).

In Ghana, poverty continues to be a rural phenomenon with greater incidence and severity in the northern regions and higher among women than men. Ghana's Livelihood Empowerment against Poverty (LEAP) programme was initiated in 2008 to provide cash transfers to extremely vulnerable households. It provides conditional cash payments to extreme poor households with orphans and vulnerable children, destitute elderly people, pregnant and lactating women, and persons with severe disability. It constitutes the government's response to the call for social safety nets as a way of making growth and development more pro-poor (Adjei et al., 2020).

A cross-sectional case study of LEAP finds that unless the programme provides supplementary livelihood assets, such as skills and technology transfers, for the extreme poor, it risks deepening livelihood vulnerabilities and continued dependence of the extreme poor on cash handouts (Adjei et al., 2020).

In Kenya, the government has implemented various pro-poor health policy reforms, such as the free maternity policy, the health insurance subsidy programme for the poor, and user fee removal policies. A study of such health financing interventions in Kenya finds, however, that women with disabilities living in poverty are unable to take advantage of these programmes and policies as they face unique access barriers, stemming from personal and environmental factors (Kabia et al., 2016). Such barriers include inadequate disability-friendly health facilities and public transport systems (Kabia et al., 2018). For further discussion, see the section on [health](#).

Implementation of social protection programmes in fragile states is particularly challenging as implementation is often short term and unpredictable, and financing fragmented. The limited reach of small cash transfer schemes in such contexts that target the poorest and most marginalised households can also be challenging in terms of ethical dilemmas of picking and choosing the poorest of the poor in a context of generalized poverty and deprivation (Ngwerume and Tanga, 2020).

## **Institutions and voice**

Although African countries often score poorly on governance indicators, there has been a positive trend recently in ‘voice and accountability’, which indicates that citizens are increasingly able to participate in selecting their governments and that there is greater freedom of expressions, association and the media (Bhorat et al., 2016).

One component of voice and accountability is women’s empowerment, which can be measured using the composite women’s empowerment index (CWEI). It comprises two dimensions: access to resources and access to social institutions (women’s participation in family decisions; women’s perception of violent behaviour by partners; women’s autonomy; and societal preferences) (Abekah-Nkrumah and Lawson, 2020). A study of women’s empowerment and access to resources in Africa finds regional variations. Women from Southern African Countries have a higher score on CWEI than their counterparts from East, Central, and West Africa (Abekah-Nkrumah and Lawson, 2020). The top ten ranked countries on the CWEI include five countries (Namibia, Zimbabwe, Malawi, Mozambique, and Eswatini – formerly Swaziland) from Southern Africa. This confirms findings from other existing gender empowerment indices, whereby countries from Southern Africa are favourably ranked compared with their counterparts from East, Central, and West Africa. Countries from West Africa seem to perform better than South, East, and Central African countries on the access to resources sub-index (Abekah-Nkrumah and Lawson, 2020). Success in women’s access to resources (e.g. access to micro-credit and land and property rights) can be constrained, however, by prevailing social institutions that often favour men (Abekah-Nkrumah and Lawson, 2020).

Along with high levels of inequality in terms of income and gender, SSA is a region with the highest level of ethnic groups per country (over 35 percent higher than in any other region) (Ajide et al., 2019). The region is also often characterised by dysfunctional institutions. Effective institutional infrastructure has the potential to peacefully mediate competition among ethnic groups, for example through fair and equitable elections and effective policies for public service delivery. Institutions can also exacerbate inequality concerns, however, if they are constituted by individuals who have stronger empathy toward his/her group only (Ajide et al., 2019). A study on the mediating effects of institutions on ethnic-linguistic and religious diversity in SSA and inequality finds that the institutional framework in the region does not effectively lessen the effect of ethno-linguistic and religious diversities on inequality (Ajide et al., 2019).

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