Migrants’ Home Town Associations and Local Development in Mali

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NOPOOR Mid-term assessment
Growing interest of scholars, development practitioners and international organizations for the relationship between migration and development.

Strong focus on the impact of private remittances, i.e. remittances sent by migrants to their origin households.

Yet, migrants also send collective transfers through Home Town Associations (HTAs).

These HTAs notably aim at financing local development projects.
What is the impact of HTAs on the provision of local public goods?
- Do they complement/crowd-out public spending?
- Are the funded projects well/ill-conceived?
- Do they reduce/exacerbate social cleavages?

Has this impact evolved over time?
Collective remittances
- Long-lasting history of migration, both within West Africa and with the rest of the world.
- Malian migrants maintain strong homeland ties.
- Rapid development of migrants’ HTAs, especially in France.

Local political context
- Decentralization process from 1992 onwards: 10,000 villages; 703 localities (communes); 49 districts (cercles); 8 regions + Bamako.
- Since 1998: local elections each 5 years, financial and budgetary autonomy at the locality-level.
- Development of collaborative partnerships between HTAs and local councils in the provision of public goods.
To date: little quantitative evidence on the impact of HTAs.


Main difficulty for quantitative analysis: data availability.
To have a legal status in France (a *sine qua non* condition to ask for subsidies, raise funds, etc.), associations have to be registered at the *Sous-Préfecture* → declaration published in the *Journal Officiel* (name of the association, purpose, address, etc.).

**Data collection:**
- Archives of the *Journal Officiel* (J0) since 1981 (as foreigners were not allowed to gather in associations before that date).
- Extraction of all the registered associations having, in their name or purpose: Mali, derivatives, names of villages.
421 registered HTAs which target either a village or a locality.


We then geo-localized each HTA over the Malian territory.
→ Identification of villages targeted by HTAs and villages that are not targeted by HTAs.
## Data

<table>
<thead>
<tr>
<th></th>
<th>(1) Villages</th>
<th>(2) Villages with an HTA created before 1987</th>
<th>(3) Villages with an HTA created between 1987 and 1998</th>
<th>(4) Villages with an HTA created after 1998</th>
<th>(5) Villages without any HTA</th>
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</table>
Introduction

Data

Results

Conclusion

HTAs

Local public goods

Associations de migrants créées en France entre 1967 et 1997

Associations de migrants créées en France entre 1999 et 2009

Village-level information:
- Number of schools (primary + secondary),
- Number of water amenities (public fountains, etc.),
- Number of health equipments,
- Number of mosques.

From 1998 onwards:
- Number of hospitals,
- Number of clinics,
- Number of dispensaries,
- Number of birthing facilities,
- Number of community health care centres (CSCOM).
Empirical strategy: difference-in-differences

Diff-in-Diff: basics

![Graph showing the difference-in-differences method with data points for T-1 (1976), T0 (1987), and T1 (2009). The graph illustrates the comparison between treated and control villages, with and without an intervention (AM).]
Summary of results:

- Over the 1987-2009 period, targeted villages have recorded a stronger increase in the number of schools, health infrastructures and water amenities.
  - One more school on average;
  - One more water amenity in first decade, two more water amenities in second one.

- HTAs’ type of intervention has changed over time: focus on schools and water supply in the first decade (1987-1998); on health in the second one (1998-2009).

- In the health sector, CSCOMs have substituted for dispensaries and maternities, especially so in targeted villages.
Almost one fifth of Malian villages are targeted by an HTA.

Targeted villages have recorded faster increase in the number of public goods over the study period.

Significant differences are observed for schools, health centers and water amenities.

Control villages did not manage to catch up despite large public investments in MDG-related services after year 2000.
Further work is needed on:

- The identification of the channels through which HTAs affect local public good provision.

- The question of whether HTAs’ intervention impacts local governance.

- The impact of HTAs intervention on intra-village inequality.
Results suggest that HTAs contribute to local development. → Provide outreach and support to migrant organizations?

- Capacity-building programs specially designed for migrant organizations;

- Co-funding schemes; etc.

However delicate balance to be found between strengthening and patronizing migrant organizations.
Thank you!