Criteria and processes for identifying the poor as beneficiaries of programs in developing countries

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This document is one in a series of four policy briefs on mechanisms to promote access to health services for the poor in low-income countries (abolition of user fees, health equity funds, special health insurance provisions, and targeting of the poor).

BACKGROUND

Since the 1980s, most developing countries have adopted a policy of user fees for health care services. Such policies, however, reduce access to services for those unable to pay. A variety of options have been explored to mitigate this negative effect, and these are the subject of three policy briefs that complement this one. One option is to eliminate this type of policy by abolishing health services user fees altogether. Other options consist of leaving user fees in place but developing mechanisms to shelter the poor from their negative effects: exempting the poorest from user fees (with or without health equity funds); developing health insurance that includes special measures for the poor. In this case, it becomes necessary to identify the poor who are eligible for such initiatives.

However, in a context of widespread poverty, determining who really is poor can be a challenge. Numerous exemption experiences have had ambivalent results in terms of access to services for the poorest. Many evaluations of these experiences have noted a lack of clarity in the criteria and processes used to identify the poor.

What is the best way to operationalise identification of the poor? This information brief describes how identification processes were carried out in several developing countries, focusing on four aspects: processes for defining identification criteria; the identification criteria used; processes for identifying the poor; and the effectiveness of the identification, i.e., the capacity to actually distinguish the poor from the others.

METHODS

This brief is based on a systematic review* of all literature on identification of the poor in developing countries published between 1991 and 2008.

Our investigation was not limited to experiences of user fees exemption; it included all experiences dealing directly with the poor. On the other hand, we retained only those dealing with direct identification (on an individual, case-by-case basis), and not indirect identification (which identifies categories of beneficiaries, for example by demographic group, location of resident, type of illness, etc.)

Through the literature survey, we were able to retrieve 52 documents presenting 68 experiences of direct identification of the poor, of which 27 were in sub-Saharan Africa. This policy brief is based on the analysis and synthesis of these documents.

* **Systematic review:** A systematic review involves identifying, analysing and synthesising all scientific studies published on a topic. Comparing the studies allows us to see whether their results are in agreement and whether they are similar in different contexts. The conclusions drawn are thereby much more reliable than if we consulted a single study, whose results might be due to particular conditions or influenced by the evaluation method used, etc.

PROCESS FOR DEFINING IDENTIFICATION CRITERIA

Here we refer to how criteria are selected: who decides, and how, on what the appropriate criteria are to identify the poor. We have indications regarding the processes used to define criteria in 30 experiences of identification of the poor. Most often, this information is limited to indicating which actor took the decision: those responsible for the program targeting the poor (administrative process) and/or the communities (community-based process). However, how these actors decided on the criteria is rarely specified in the articles consulted.

➜ Administrative process :

The process most often used (in 76% of the experiences surveyed) is the technocratic and directive process in which the program managers themselves decide on the identification criteria. In most of the case studied, this is done at the level of a government or a ministry. In a few other experiences, it is done by those in charge of an NGO.

We have little information on how these authorities identify the criteria. Only one study, in India, mentions that the criteria used were suggested to the government by a group of experts [1]. In 13% of the experiences studied, the authorities based themselves on analyses of household surveys to identify the indicators that would best predict poverty status.

➜ Community-based process :

A more participative, community-based criteria definition process was used in 17% of the experiences. In these cases, the criteria are determined by consulting members of the general population or specific groups: religious or local leaders, commune committees, and key informants such as community activists.

Two experiences specify how the communities were consulted. In Bangladesh [2], group discussions were organised; in Tanzania [3], several methods were used (group discussion, interviews with key informants, household surveys, etc.).

➜ Mixed processes :

In Cambodia, a combined administrative and community-based process was used to define criteria [4, 5] in 7% of experiences. The NGO responsible for the program proposed certain criteria to the community councils, who were able to adapt these criteria from one village to another.

IDENTIFICATION CRITERIA USED

The concept of poverty is acknowledged to be complex and multidimensional. It is not only a question of money (income and expenses); poverty can also be seen from many other aspects: food security, living conditions, access to basic services, socio-economic status, possession of goods and means of production [6-8].

The 68 experiences surveyed used a total of 260 criteria to identify the poor. To facilitate the analysis, we categorised these criteria into 11 dimensions of poverty. *For example, the criteria “having little or no income” and “belonging to a household with a daily income of less than $1 US” are both attached to the dimension “Income”.*

The table below presents the 11 dimensions of poverty and the number of experiences that used criteria attached to each one (in total, and in sub-Saharan Africa). They are presented in decreasing order, from most to least used. Several experiences are counted more than once because they used identification criteria associated with several dimensions of poverty.

Dimensions of poverty	Number of experiences using this dimension	
	Total	Africa
1. Possession of goods and means of production	33	6
2. Household composition	30	7
3. Income	27	4
4. Condition of dwelling	25	3
5. Occupational status	17	2
6. Food security	16	4
7. State of health	14	4
8. Education	13	2
9. Access to basic services and to credit	13	1
10. Expenses	10	1
11. Physical appearance and clothing	6	2

1. Possession of goods and means of production : Some experiences used the fact of having no possessions. Others looked at the ownership of durable goods: mattress, fan, means of transportation, radio. Owning or renting land, its dimensions, use (agriculture, residences, forestry) and type (irrigation) were other criteria, as was the ownership of tools for cultivation (hoe, shovel, rake) or of livestock (chickens, pigs, cattle).

2. Household composition : The criteria sought to determine the size and structure of the household: number of people in charge, age and sex of the head of the household, kinship, conjugal status, orphan status, etc.

3. Income : Individual or household income was calculated on a daily, monthly or annual basis and sometimes according to the strength of the work (income of the man, woman, or children). Occasionally the criterion for poverty was the uncertainty of the income, its absence or its low level, sometimes assessed in relation to the number of members of the household.

4. Condition of dwelling : The criterion for poverty could be the existence or absence of a dwelling, or its quality. Some materials used to construct walls, floor and roof were considered indicators of poverty (leaves, bark, thatch, clay, aluminum sheeting, straw). Other criteria were the size of the dwelling and the number of rooms, sometimes in relation to the number of persons living there. Some experiences also considered the geographical location of the dwelling.

5. Occupational status : Some experiences asked about occupation. In others, certain occupations were targeted as indicating poverty (fisherman, itinerant vendor, domestic worker, sex worker, beggar). The type of remuneration (wage earner, day labourer, casual worker, self-employed, unpaid) and the employment status (employed, retired, unemployed) could also serve as criteria. One experience in Mexico looked at the number of days worked in the preceding week [9].

6. Food Security : Malnutrition and its associated signs were used as criteria in some experiences. Other criteria looked at the supply on hand of foods that constituted a basic diet. Another element considered was the number of meals in a day, sometimes specifying their quality.

7. Health status : When health status was used as a criterion for poverty, it involved getting information on illnesses contracted over a given period of time, their duration, and the presence of chronic illnesses, tuberculosis or leprosy. Some experiences also took into account physical and mental disabilities that prevented the person from being able to work.

8. Education : Education was assessed from the degree of literacy, the language spoken (official or local), or the level of education of the head of household or other members of the household. The number of children not attending school was also an indicator.

9. Access to basic services and to credit : Access to basic services (electricity, running water, basic sanitation facilities) at home was used as a criterion. Some experiences also looked at the possibility for access to credit (having a savings account, having obtained loans).

10. Expenses : Sometimes total expenses were considered, and sometimes only certain expenses (food, certain material goods, health services). For example, one experience in Sri Lanka considered as poor those households whose food expenses constituted more than 50% of their spending [10].

11. Physical appearance and clothing : Sometimes a person's physical appearance or clothing was directly observed. In other cases, the person was questioned about the number of items of clothing owned, shoes and what they were made of, etc.

➡ Criteria used in sub-Saharan Africa :

The table below presents the criteria used in the sub-Saharan African experiences surveyed. Some indicate poverty (e.g. Having no material possessions); others, the absence of poverty (e.g. Household with a savings account); and others that do not indicate the threshold that defines poverty (e.g. Mode of transportation).

Dimension	Statement of criterion	Country
1. Possession of goods and means of production	Having no material possessions	DRC [11]
	Owning no luxury goods	Malawi [12]
	Number of radios owned	Uganda [13]
	Owning a portable telephone	
	Number of chickens	
	Number of hoes owned	
	Not owning a hoe	Tanzania [3]
	Owning no land, or very little	
	Having no cattle for farming	Ethiopia [14]
	Mode of transportation	Kenya [15]
2. Household composition	Being a widower or widow without support	DRC experience 1 [11]
	Being a widower or widow with income	DRC experience 2 [11]
	Being an old person who lives alone	
	Being an orphan without support	DRC experiences 1 and 2 [11]
	Being a childless woman	Tanzania [3]
	Being dependent on one's family	
	Household with no member between the ages of 19 and 64 able to work	Malawi [12]
	Household with one member between the ages of 19 and 64 responsible for more than three persons	
	Number of dependent persons in relation to the size of the household	Kenya [15]
	Number of adult men in the household	Uganda [13]
	Being over 60 years old	Mozambique [16]
3. Income	Monthly income under 32,000 MT	Mozambique [16]
	Monthly income under 105 birrs	Ethiopia [14]
	Monthly income under $400 Z	Zimbabwe [17]
4. Condition of dwelling	Begging for a living	Tanzania [3]
	Holes in the walls of the dwelling	Tanzania experience 1 [3]
	Not having a chimney	Tanzania experience 2 [3]
	Number of rooms in relation to the number of people in the household	Uganda [13]
5. Occupational status	Occupation	Kenya [15]
	Having been unemployed for more than two years	Mozambique [16]

Dimension	Statement of criterion	Country
6. Food security	Having only one meal a day	Malawi [12]
	Person showing signs of malnutrition	DRC experiences 1 and 2 [11]
	Family with a pregnant woman or several severely malnourished children	Mozambique [16]
7. Health status	Being chronically ill	DRC experience 1 [11]
	Having a physical or mental disability	DRC experiences 1 and 2 [11]
	Persons who are disabled or old	Tanzania [3]
	Persons with a mental health problem	
	Being a disabled person over the age of 18 unable to work	Mozambique [16]
8. Education	Number of adults in the household who only know how to read	Uganda [13]
	Number of female adults in the household who know how to read and write	
	Level of education of the head of household	Uganda [13] et Ethiopia [14]
9. Access to basic services and to credit	Source of lighting (gas lamp or electricity)	Uganda [13]
	Kitchen fuel (coal or kerosene)	
	Household with a savings account	
	Head of household having had access to a loan from a recognised institute in the past	
10. Expenses	Being unable to buy basic foods	Malawi [12]
11. Physical appearance and clothing	Style of dress and hair	Kenya [15]
	Head of household owning shoes	Uganda [13]
	Wife owning shoes	
	Owning leather shoes	
	Number of pairs of old shoes	

PROCESSES FOR IDENTIFYING THE POOR

➜ When does the identification occur ?

- Pre-identification occurs before the person needs to use services for which the poor benefit from special measures: at a given point in time, the poorest of all the households are identified.
- Post-identification occurs when the person already needs and requests services.

➜ Who takes the initiative to identify the poor ?

- Either the potential beneficiaries remain passive and the promoters of the program organise a process of identification, or…
- the potential beneficiaries must themselves apply for eligibility.

➜ Who applies the criteria and takes the final decision ?

- Administrative processes: In 44% of the experiences, program managers identify the poor. Most often the poverty criteria are verified by means of a questionnaire completed by the potential beneficiaries, for example during an interview. In other experiences, someone also went to the person's home to verify the living conditions.
- Community processes: In 36% of the experiences studied, identification of the poor is done by members of the community (villagers, local administrators, etc.). Note that using communities for this can reduce the costs of identification [18].
- Mixed processes: In 20% of the experiences surveyed, the community did a first selection of potential beneficiaries, then the final selection was done by the program managers. For example, in four Cambodian experiences, the community developed a list of poor households; employees of the exemption program then met these persons and administered a questionnaire to verify the poverty criteria [5, 19].

EFFECTIVENESS OF THE IDENTIFICATION

The fact that certain criteria or processes are used more than others does not necessarily mean they are the most effective.

Effectiveness, here, is the capacity to identify as beneficiaries the "real" poor. Conversely, two types of errors are possible: excluding poor individuals, and including persons who are not poor among the beneficiaries. No method is perfect, but it is important to minimise as much as possible these errors of exclusion and inclusion [17, 20, 21].

Person identified as poor?	**Person really poor ?**	
	Yes	No
Yes	Effective targeting	Inclusion of the non-poor
No	Exclusion of the real poor	Effective targeting

Among the experiences studied, 21 provide indications on the effectiveness of the identification. The best-performing experiences had rates of only 2% to 9% of exclusion of the poor and less than 2% of the beneficiaries being non-poor [19, 22]. Conversely, in the least successful experiences, 50% and more of the real poor were not found by the identification process [1, 23], and 40% to 50% of those included in the programs were not poor [1, 9].

Only two studies, from the 1980s, deal with African countries (Burkina Faso, Niger, Senegal, Mozambique). In Mozambique [16], 35% of the beneficiaries were not really poor. In the other three countries, only 12% to 28% of the exemptions in health facilities benefited persons in the poorest quartile* [24].

* **Quartile :** *A 25% slice of a whole that is organised in increasing order. Example: In a group of 100 households, the 25 poorest households make up the poorest quartile.*

It is difficult to draw conclusions about the link between the criteria and identification processes and their effectiveness, because many factors come into play. However, it is probably worth studying the characteristics of both the most and least successful experiences:

➜ The most successful experiences

- Clear and specific identification criteria [19].
- Criteria selected from among a large number of indicators reflecting many aspects of poverty, based on the results of a national survey on living conditions; the 15 criteria best able to identify the poor were determined through statistical testing [6].
- Criteria developed at the level of each municipality, thereby taking into account the local poverty situation [25].
- A two-tiered beneficiary identification process: community-based followed by administrative validation by an NGO employee [19].
- No conflict between identification of the poor and the financial viability of the services provided: care providers were appropriately paid for services provided free-of-charge to the poor, and, in any case, they were not involved in the identification [19].

➜ Least successful experiences

- Criteria weakly correlated with poverty, presenting insufficient population variation and thus unable to differentiate the richest from the poorest [1].
- Communities not having fully assumed their role as local experts in identification of the poor [9].
- Local authorities responsible for identifying the poor, but having in fact given preference to their own friends and relations [26].
- Conflicts of interest: in a program to provide the poor with access to micro-credit, local authorities identified the poor and received a premium on the repayments made by those who obtained micro-credit; for fear of not receiving these premiums, they excluded the poorest from the program on the assumption that they would be incapable of repaying their loans [26].

A community selection experience in Burkina Faso

In Burkina Faso's Ouargaye health district, an exercise to identify the poor was tried for the first time in 2007. During more than 15 years of the Bamako Initiative, the management committees (COGES) had accumulated savings, and they decided to use these endogenous resources to provide free care to the indigent.

A participative action research led by researchers from the Université de Montréal with the district health team promoted the creation of a village selection committee in each of the 124 villages in the health areas of 10 health centres. These committees' mandate was to select the indigent, with no other criterion than the consensual definition of indigence that had emerged from a participative process with nurses and the COGESs: "a person who is extremely destitute socially and economically and unable to manage, and has no endogenous or exogenous support." The 124 committees selected 566 persons. The COGESs were supposed to validate the lists. They retained 269 people, i.e., fewer than three per 1,000 inhabitants. This small number is explained by the fact that the COGESs were in conflict of interest, since they had to pay for the indigent. In addition, the COGESs did not really know what resources they had available and how much they had saved over the years. These funds would have allowed them to support six times as many indigents. The people selected received an indigence card signed by the Social Action Ministry. At the end of one year of experience, indigents had used the health centres an average of three times, for an average cost per visit of 1,300 CFA. A survey revealed that 34% of these selected indigents were in extreme poverty, while extreme poverty affects only 9% of the country's rural households.

This exercise shows that: i) villagers are able to select indigents; ii) the selection is severely restrictive, particularly because of conflicts of interest (payment coming from the COGESs) and social values; and iii) the poor can use the services [28].

CONCLUSION AND LESSONS LEARNED

While the texts we studied did not always provide many details on criteria and processes for identifying the poor, we can extract from them a certain number of lessons:

- **Identification criteria :** We have presented, for information purposes, a range of criteria used. The fact that a criterion was used does not necessarily mean it is valid, but it nevertheless serves as a tool for reflection. The selected criteria had to reflect the conditions of poverty in a given context, cover different aspects of poverty, be specific, be measurable using simple questions and answers, and be easily verifiable in the field. They also had to be socially acceptable, which meant particularly that there had to be consensus, on any given criterion, that it was a good means of differentiating between the poor and others, to forestall complaints from those who were not selected as beneficiaries.
- **Process for defining criteria :** Whether the process is administrative and/or community-based, the desirable characteristics of criteria, as presented above, should be considered. It is likely that using a more participative process of criteria identification will make them more socially acceptable.
- **Process for identifying the poor :** Identification should not be entrusted to actors who are in a conflict of interest (financial or otherwise). Identification processes that involve many actors are generally more effective because they allow for a second validation. Of course, a balance must be struck between having more actors involved and the costs of identification; but it appears that involving communities can reduce costs and produce effective results when they are supported in their task and their choices are validated afterward [18]. Finally, the identification process must be seen as legitimate by the whole community and not be stigmatising for the beneficiaries; it is important to find the balance between administrative and community involvement that best responds to these concerns.

In conclusion, as was mentioned by some authors [27], no strategy for identifying the poor is perfect. The successes observed even in low-income countries have more to do with the attention paid to the implementation process. It is essential to experiment and to adapt to changing circumstances [20] while evaluating the effectiveness of the identification.

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