Leave no one behind: Insights from Cambodia’s national poverty identification system

A publication in the German Health Practice Collection
The German Health Practice Collection (GHPC) is a joint initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ) and its implementing agencies, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and KfW Development Bank (KfW), which are known collectively as German Development Cooperation (GDC). Since 2004 the Collection has involved experts working in German-supported health and social protection programmes in a collaborative knowledge management process, seeking to identify, document and share knowledge generated during the implementation of programmes around the globe.

From ‘good practice’ to learning from implementation
In 2015 the Collection shifted its emphasis from trying to capture ‘good practice’ towards generating new knowledge about the delivery of development interventions. Each case study in the Collection analyses how German programmes and their partner institutions have approached a specific development challenge, how they dealt with difficulties and adapted their approaches accordingly, and what they learned in the process about effective implementation.

Creating ownership through a collaborative process
Since its establishment more than a decade ago, the Collection has helped to catalyse a vibrant community of practice among health and social protection experts through its inclusive and participatory selection and production process.

Each year GIZ and KfW staff from around the world are invited, together with their partner organisations, to submit and jointly discuss proposals for experiences they believe should be documented in detail. Through their active participation in the selection process, they help to turn the Collection into a co-creation whose case studies reflect issues and themes which the community regards as worthwhile.

Guided by this assessment of the proposals’ merits, BMZ decides which proposals will be documented. Professional writers are contracted to develop the case studies in cooperation with programme staff and their partner institutions. Prior to publication, independent peer reviewers who are international experts in their fields review the case studies and comment upon the new insights which have been generated.
Executive Summary

BOX 1. KEY LEARNINGS

It is possible to have a poverty identification system that is national in scope, sufficiently accurate, accepted by communities and fully government-funded. The political and financial commitment of the national government, along with a cost-effective, community-based implementation, have allowed Cambodia’s Identification of Poor Households Programme, known as ‘IDPoor’, to scale up and become accepted as the country’s official targeting mechanism for programmes that support the poor.

IDPoor’s transparent, community-led process provides social value and keeps poverty on the political radar. An open, recurrent process like IDPoor brings communities together to talk about poverty, and helps to keep policy makers accountable for improving conditions for the poor and vulnerable.

To build trust in the data it generates, IDPoor needs to involve and be transparent with the stakeholders whom it expects to use the data. Strong monitoring and evaluation mechanisms, and a way to disseminate the findings, are just as important as collecting and providing quality data. Feedback fora or advisory groups can help to engage stakeholders and build confidence in the data so they are used for targeting.

Tension between speed and inclusivity is inherent in targeting mechanisms and needs to be balanced. The merits of ‘quick and digital’ should not necessarily be prioritised over the value of ‘inclusive and participatory’ – ideally, some combination of both should be used to maximise benefit and minimise error and cost according to government and community priorities.
This case study describes the evolution of Cambodia’s IDPoor programme, now more than a decade old, and the insights it offers into sustainable poverty identification in a lower-middle-income country.

THE CHALLENGE

Approximately one in five Cambodians lives in poverty. By certain measures of multidimensional poverty, up to 50% of the population are either poor or vulnerable to becoming poor. While market liberalisation in the late 1990s led to rapid economic expansion, not all Cambodians benefited, and newly implemented health service user fees were beyond the reach of many. Through government action and foreign support, numerous social protection programmes for the poor were set up, including free health care and school scholarships. However, each programme and implementing organisation had its own criteria and process to identify the poor. This was inefficient, confusing and often did not reach the most vulnerable populations.

THE RESPONSE

The German government, through GIZ, has supported the Cambodian Ministry of Planning since 2005 to create and implement a new poverty identification mechanism that could serve as a single basis for targeting programmes for the poor. The resulting programme, called ‘Identification of Poor Households’ or ‘IDPoor’, initially targeted rural areas – where 80% of Cambodians live – and uses a hybrid model to combine the objectivity of a proxy means test survey with the accuracy and affordability of a community-based selection process. Government agencies and local or international organisations that provide programmes for the poor use IDPoor to target their beneficiaries, as they are now required by law to do.

Starting with a pilot in four communes in 2007, the IDPoor programme settled on a schedule of conducting its process in eight provinces per year, so that all 24 of Cambodia’s provinces are covered over a three-year period.

IDPoor faced a number of challenges and explored innovations to improve its performance. The Ministry of Planning improved implementation support and monitoring to make sure the process was correctly followed. Different definitions and perceptions of poverty raised questions at times about why IDPoor was not identifying some seemingly poor households, so greater outreach and discussion with IDPoor data users and partners was needed. IDPoor also improved its information management and dissemination capacity by making the IDPoor database accessible online; adding visualisation and mapping features; and expanding interoperability and customised reporting. A pilot of some mobile technologies is also underway. The Ministry of Planning adapted IDPoor for urban settings and rolled out the first full urban round in 2017.

While the three-year cycle is impressive compared to poverty surveys in similar settings, households that miss the IDPoor round in their village must still wait until the next cycle to be evaluated for eligibility. With one in four Cambodians migrating for work, and with many households rapidly cycling in and out of poverty, IDPoor needs a broader way to allow households to apply for IDPoor in between rounds. An ‘On-Demand’ IDPoor mechanism is being piloted starting in late 2017.

WHAT HAS BEEN ACHIEVED

• IDPoor reaches the whole country: As of 2013 all rural areas have been covered, and the addition of the urban process means that full national coverage will be reached in 2019.

• IDPoor is fully funded by the Cambodian government for all operations related to rural implementation. This was achieved by early agreement between the Cambodian government, BMZ and Australia’s Department of Foreign Affairs and Trade (DFAT), through contracts that progressively shifted financial responsibility to the Ministry of Planning over time.

• IDPoor is trusted and represents the community perspective on poverty: In each year, an estimated 1.6 million villagers take part in the selection of their Village Representative Groups (VRG), and 35,000 people participate directly in the IDPoor implementation process. As one Commune Council chief says, ‘We don’t want outsiders to come in and tell us who is poor. We know each other.’

• The government and partners appreciate IDPoor’s value for programme planning and targeting: More and more partners are using IDPoor for targeting, increasing from 42 projects in 2012 to 136 projects in 2015, or 63% of all development programmes implemented in Cambodia. The Senior Minister of the Ministry of Planning, H.E. Chhay Than, sees this as an indicator of IDPoor’s success: ‘The more partners use IDPoor for their targeting, the more interventions reach the people who need them.’
Introducing IDPoor, a lifeline for the poor

Yem Sophoin sits with her 25-year-old daughter, Sopheak, at a small table under a sugar palm tree, next to the open-walled pavilion used for village gatherings. The 63-year-old mother carefully unfolds a well-worn plastic envelope and pulls out a card showing a photo of herself and Sopheak. Today, they are waiting their turn to get a new photo taken. This card, she explains, is for IDPoor, which gives poor Cambodians like herself access to free medical care and other benefits.

As she talks, Sophoin constantly watches her daughter, who picks up the card, folds and unfolds the plastic envelope, and picks at her red-and-blue plaid shirt. Sophoin gently redirects, calming Sopheak’s hands, stroking her back. Her daughter, she says, is often sick. At four months old, Sopheak had a fever, so her parents took her to the hospital where they were told she had meningitis. They brought her home and took her to a traditional healer, who explained she had skon, a disease in children caused by spirits. ‘Sopheak’s mother from a prior life is trying to get her back’, explains Sophoin, ‘but because I love her so much, I have been able to keep her alive.’

Now, Sopheak is developmentally delayed, doesn’t speak and is dependent on her mother. She still gets frequent fevers, but since IDPoor identified her family as poor, she has been able to get health services when she needs them. In the past, Sophoin, a widow, borrowed money for hospital fees. She sells second-hand clothing, and sometimes was able to get an advance from her suppliers, who trusted her to pay them back once she had the money.
Introducing IDPoor, a lifeline for the poor

But when her daughter is sick, Sophoin can’t work, and debts become harder to repay. The free health care to which IDPoor gives her family access is essential. ‘I am on my own, I rely on myself’, explains Sophoin. ‘If my child is sick for a week, I stay home. If she is healthy, I am happy, I can work.’

As an IDPoor photo team member had just finished explaining to the families assembled in the pavilion for the photo session, the IDPoor card, officially called an Equity Card, gives its holders access to free health care as well as subsidies for water and electricity costs, scholarships, social land concessions, and other services. Today approximately 575,000 Cambodian households have an Equity Card, thanks to a community-based targeting process that takes place once every three years in each province.

IDPoor is Cambodia’s national poverty identification programme that, over 11 years, has succeeded in assessing poor households across the entire country. With funding from Germany’s Federal Ministry for Economic Cooperation and Development (BMZ) and the Australian government, and implementation support from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, the Cambodian Ministry of Planning has organised one centralised and routine process that stands in contrast to the former jumble of organisations and programmes conducting their own identification processes, for their own purposes and based on diverse poverty criteria. The Ministry of Planning now fully finances and coordinates IDPoor operations across all rural areas of the country, with local residents conducting the actual work of identifying the poor in their own communities.

According to Sophoin, IDPoor is succeeding in finding those who are truly poor. ‘The poor people are the ones getting the cards. This is how I see the real situation.’ In addition to the existing services attached to the Equity Card in her village, she would like to see even more support, such as livelihood programmes or assistance with the building of toilets. This is in keeping with the government’s plans for IDPoor’s evolution as a key component of more comprehensive poverty alleviation efforts.

HOW THIS CASE STUDY WAS DEVELOPED

In January 2017, a GHPC researcher-writer studied all available reports and documentation about IDPoor and then travelled to Cambodia to get a first-hand impression of what had been done. Here she interviewed a variety of partners and stakeholders implicated in the initiative, including current and former staff, consultants, development partners, and representatives of the Ministry of Planning and other government agencies. In accordance with this Collection’s new focus on learning from implementation, the case study was then prepared in close consultation with those who had worked in the initiative – through a process of critical reflection on the implementation process, the challenges that arose, and the insights generated in addressing them.

Following a brief overview in the next chapter of how poverty is defined and different ways of identifying the poor, chapter three walks through the history of poverty targeting in Cambodia, and the need for IDPoor. The fourth chapter describes the IDPoor process, and the fifth chapter focuses on the challenges that the programme encountered during implementation, and how IDPoor was adapted in response. The subsequent chapters review IDPoor’s achievements and key insights it generated throughout implementation. The case study closes with a peer review by two independent experts in the domain of poverty and social protection.
A few words on poverty and poverty identification

DEFINING AND MEASURING POVERTY

Traditionally, poverty lines are based on the monetary value of a person’s consumption in relation to his or her minimum nutritional, clothing, and shelter needs. As of October 2015, the World Bank has set the international poverty line at $1.90 per person per day and reports a reduction of global poverty from 37.1% in 1990 to 12.8% in 2012 (Cruz et al, 2015). Critics of the World Bank’s global poverty benchmarks and calculations have pointed out that they can be driven by political agendas and mask the impoverished conditions of those who live as ‘near-poor’ just above the official poverty lines (Hickel 2015; Reddy & Pogge, 2009).1 National governments set their own poverty thresholds based on the local costs of essential food and non-food items.

In contrast to income-based (more common in developed countries) or consumption-based poverty calculations, the concept of multidimensional poverty looks at the deprivation people experience in areas such as health, nutrition, education and standard of living (access to clean drinking water, sanitation and modern cooking fuels). It reflects how poor people describe their own poverty and recognises the various barriers that prevent them from achieving a decent quality of life (UNDP, 2016; Oxford Poverty and Human Development Initiative, 2015).

FINDING THE POOR: TARGETING METHODOLOGIES AND TRADE-OFFS

The effectiveness of a targeting method is generally measured by its ability to avoid 1) capturing beneficiaries who are not poor (inclusion error or ‘leakage’), and 2) missing those who are actually poor (exclusion error or ‘under-coverage’) (Oxford Policy Management, 2009; McBride and Nichol, 2016).

Targeting requires a measurable definition of poverty. In developed countries, eligibility for social benefits is usually determined through a means test which measures the amount of income and savings a person has, or can involve a detailed consumption survey. Proxy means tests are often used in lower-income settings where many people work in the informal sector, and gathering precise information about income or consumption is difficult, expensive and time-consuming.

Proxy means tests

Proxy means tests correlate easily quantifiable or observable ‘proxies’ – such as assets (for example, ownership of a radio, type of roof material on the house) or behaviours (children attending school) – with consumption, allowing interviewers to calculate a score and then apply an established eligibility cut-off line. Developed in Latin America in the 1980s to better target the poor for social programmes in the wake of the World Bank’s and IMF’s structural adjustment measures, proxy means tests are a relatively efficient yet locally adaptable way to identify poor households (Lavallée et al, 2010). Inclusion and exclusion error from this method can still be significant, however, due to factors such as the proxy selection itself, and how the test is implemented (AusAID, 2011). Proxy means tests can also fail to account for the multidimensional character of poverty and ignore communities’ perceptions of poverty (Savadogo et al, 2015).

Other targeting methods include categorical targeting (a simple method based on one or more easily observable criteria such as age, gender, disability status); geographical targeting (a kind of categorical targeting, focusing on people living in an identified high-poverty area and often also combined with another targeting method); and self-targeting (participants self-select for benefits that are designed to deter the non-poor, e.g. work opportunities that pay sub-market wages) (Lavallée et al, 2010; Conning & Kevane, 2002). Individually, these methods are relatively simple to implement, but lack nuance and in some cases still fail to identify the very poor, especially mobile populations.

1 ‘Near-poor’ is defined as living marginally above the poverty threshold, while ‘vulnerability’ to poverty describes the likelihood of becoming poor in the future, often identified by factors such as having no health care protection or being highly in debt (World Bank, 2014a; Mendoza, 2009).
Community-led targeting

In the 1990s, dissatisfaction with the prevailing methods used by many poverty alleviation programmes led to greater emphasis on community-led targeting methods. These involved community members themselves gathering to rank or identify those households that they defined as poor, usually with some discussion amongst the group at the outset on the definition or criteria associated with poverty (Alatas et al, 2012). Especially where monitoring and transparency are strong, community targeting can be more accurate than proxy means tests in identifying the very poor, and yields greater satisfaction in the community, which often has positive repercussions such as fewer disagreements or protests when programmes are implemented (Yusuf, 2010; Alatas et al, 2012).

A disadvantage of community targeting is the risk of inclusion error – that relatively rich households will be included due to corruption (e.g. directing benefits to family members) or ‘elite capture’ (higher status community members influencing the distribution of benefits), or because the community does not have the full picture of some households’ real assets (Handa et al, 2012). However, where community targeting methods exhibit inclusion error, it is more often in including the near-poor, not the rich (Alatas et al, 2012).

Another point of comparison is that a proxy means test with a set cut-off level cannot take into account a special circumstance outside of the identified variables that may make a household’s situation more precarious, while a community targeting method can do so.

The costs of a particular targeting methodology also vary; in general, the more accurate the targeting is, the more expensive it is to administer (Grosh, 1994). Low-income countries often must choose whether to trade off some degree of targeting accuracy in order to direct as much money as possible to the benefits themselves, or spend more on targeting to ensure that funds go to the poorest. Community-based targeting mechanisms can be cost-effective and fairly accurate, if implemented on a large enough scale and where elite capture can be avoided (Conning & Kevane, 2002).

A hybrid approach

Another option is to combine the advantages of a proxy means test with those of community-based targeting. Such an approach ensures transparency and acceptance by involving the whole community in the targeting process, while reinforcing some consistent criteria and reducing the risk of bias through a more objective proxy means test.

A traditional rural Khmer house – like this one where Chew Yem lives with her three children – is made of wooden posts and slats, with a raised floor and thatched palm leaf roof and sides, while newer houses may have metal roofs and walls. Observable features such as building materials, size and condition of the house are part of the IDPoor questionnaire.
Poverty, poverty reduction and poverty targeting in Cambodia

A SOCIETY IN TRANSITION

In some ways, rural Cambodians appear to live as they have for hundreds of years: in small raised houses made of wood and palm frond walls and roofs, cooking with a pot resting on three stones over a fire, growing rice or cassava on small plots of land, perhaps with a chicken or a cow if the family is doing well. In fact, Cambodian society is still largely agrarian, with approximately 80% of its population of 15.6 million living in rural areas, surviving at least in part on subsistence farming (Asia Pacific Observatory on Health Systems and Policies, 2015). Yet signs of modern life are also visible. Motorbikes bounce over the dirt roads, radios hang from hooks under the eaves, most people have mobile phones and in some homes the glow of small televisions, hooked up to batteries, lights up the evenings and the crowd gathered to watch.

As part of the broader ‘mobility revolution’ taking place in Southeast Asia over the past several decades, migration has bolstered the Cambodian economy while also complicating the ability of the government to track and provide services to mobile populations (Rigg, 2013). An estimated 1.19 million Cambodians were working abroad in 2015 (almost 12% of the total working age population), and sent home $542 million in remittances (OECD & Cambodia Development Resource Institute, 2017). Unlike some other rapidly urbanising countries in the region, such as Bangladesh, around 60% of Cambodian in-country migrants maintain some rural work (e.g., returning to work on family land during the wet season), and then return to an urban job (Parsons et al, 2014).

Cambodia’s economy has grown more rapidly than the region as a whole in the past several years, with gross domestic product growth averaging more than 7% per year between 2010 and 2015 (World Bank Open Data). With a gross national income per capita of $1,070 in 2015, Cambodia is now classified by the World Bank as a lower middle-income economy, albeit still behind most countries in the region on this measure (World Bank Open Data). In addition to tourism and the growing textile industry, the biggest contributors to income poverty reduction have been increases in the global price of rice (peaking in 2008) and in rice production, an increase in agricultural wages, and higher incomes from non-agricultural self-employment (Asian Development Bank, 2014). The outlook for future economic growth is less optimistic: In recent years, the global price of rice has dropped due to oversupply, which may drive small-scale rice farmers and millers out of business (Food and Agriculture Organization of the U.N., 2017). An additional complicating factor is climate change, which is forecast to depress rice production in the region and therefore increase the price (Furuya et al, 2014).

INEQUALITY PERSISTS DESPITE PROGRESS

The country has made progress in reducing economic inequality since its peak in 2007, although the gap between the richest and poorest is still visible in different ways. Looking at income, in 2014 the disposable household income of the richest quintile of the population was 18 times higher than the income of the lowest quintile (National Institute of Statistics, 2015).

In education, despite great improvement since the Khmer Rouge2 decimated the educated classes, children from poor families lag behind their wealthier peers: In 2014, children in the poorest quintile of the population reached only 4.8 years of schooling on average, as compared to 10.4 years for the richest quintile (UNESCO World Inequality Database on Education).

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2 The Khmer Rouge, led by Pol Pot, were a radical communist movement that ruled Cambodia from 1975 to 1979. Up to 2 million Cambodians died under their brutal regime. Although the majority of the remaining population was illiterate in 1979, young Cambodians today have a literacy rate of 82% (UNESCO World Inequality Database on Education, 2014).
Family land, a source of sustenance and income, was lost by many when the Khmer Rouge abolished private property and destroyed land records in 1975. Despite land redistribution efforts starting in 1989, land has been increasingly consolidated into wealthy private or corporate hands (Thiel, 2010). An estimated 30% of Cambodia's land is owned by 1% of the population (Neef, Touch & Chiemnghong, 2013). An estimated 20-40% of rural households were landless in 2009, up from 13% in 1997 (World Bank, 2007; Murotani, 2014). Cambodia's official poverty statistics tell an encouraging story, although it depends on which definition is used. Some are quite positive: The national poverty threshold is currently set at the equivalent of $0.95 per day (Cambodia Ministry of Planning, 2013). According to this definition, poverty decreased drastically from 47.8% of the population in 2007 to approximately 13.5% in 2015, with 90% of those living in rural areas (Cambodia Ministry of Planning, 2013; World Bank, 2017; Asian Development Bank, 2014).

However, household surveys show that a large portion of the population that used to live just under the poverty line has now shifted just above into the near-poor and vulnerable range, where hardship and deprivation still persist. According to an analysis of 2011 data, a loss of the equivalent of only about €0.28 per day of per capita consumption would have doubled the national poverty rate to 41% (World Bank, 2014a). Using the multidimensional poverty lens, the United Nations Development Programme estimated that Cambodia's multidimensional poverty rate in 2014 was 34%, with an additional 22% vulnerable to poverty (UNDP, 2014 data).

These statistics suggest challenges for poverty identification in Cambodia: rapid changes in who is defined as poor according to Cambodia's poverty line; a large and less-discussed segment of the population that are still near-poor; and the question of how best to measure multidimensional poverty in a way that is meaningful to the poor themselves, and nationally replicable.

THE NEED FOR A NATIONAL TARGETING SYSTEM

In the first decades post-Khmer Rouge, Cambodia struggled to rebuild its economy and join the regional and international communities, which hinged in part on being able to show progress on social issues and increase investor confidence. During the late 1980s and 1990s, the Cambodian government developed a series of plans to support socio-economic ‘rehabilitation and development’, and by the mid-1990s, Cambodia began to transition from a centrally-planned economy to a market-based one. Starting in 1996, the Cambodian government implemented health service user fees in all national hospitals and health centres as part of a new health financing charter (Bigdeli & Annear, 2009). A major tax restructuring law was also passed in 1997, which included the expansion of some taxes, and standardised the tax assessment system (Rattana, 2013).

The government recognised that the very large poor population – likely over 50% although, as mentioned earlier, estimates from this time period are unreliable – had to be exempt from paying both health fees and taxes. While economic growth had benefitted wealthier households, inequality was growing, especially in rural areas (World Bank, 2007). New laws were passed starting in the late 1990s to start formalising some aspects of an envisioned safety net to protect the poor and vulnerable, including programmes related to employment, insurance and social security. The government began to work on articulating official priorities for addressing poverty with a coherent set of policies: a National Poverty Reduction Strategy, adopted in 2002. Cambodia's so-called ‘Rectangular Strategy’ brought together elements from the economic development plans and the poverty reduction strategy starting in 2004.

Because of the priority placed on health – since poor health was identified as a cause of deprivation, and lack of money to pay user fees led to avoidance of care and worse health outcomes – a Health Equity Fund (HEF) was first piloted by international NGOs in 2000 and soon scaled up through collaboration between the Cambodian government and NGOs. They were included in the government’s health sector strategic plan as well as the National Poverty Reduction Strategy, and financed out of Cambodia’s multi-donor basket funding, to which Germany contributes through KfW Development Bank. The Funds were used to reimburse public-sector hospitals for services provided to the poor. The NGOs partnered in turn with local organisations, who served as fund ‘operators’ to screen potentially eligible patients when they came to hospitals. In the absence of an agreed screening method and screening criteria, each NGO came up with its own. Early evaluations identified the need for pre-screening at the village level, and also validated various practices being used by the HEF to include community participation (Ir et al., 2010). Other development programmes targeting the poor – for example, food security and school scholarship programmes – were also trying different ways to identify their beneficiaries. Since many of them covered overlapping geographic regions, poor households had to go through multiple screening exercises, and ended up being eligible for some programmes, but not for others. The confusion and inefficiencies caused by these parallel poverty identification systems made the need for a national poverty identification mechanism increasingly apparent.
IDPoor’s evolution as part of Cambodia’s response to poverty

BRINGING EVERYONE TO THE TABLE: CONSSENSUS BUILDING AND EARLY CO-FINANCING

In early 2005 the Ministry of Planning organised workshops to bring together interested donors and partners to discuss developing a common poverty targeting system. Although there was initial debate about which Ministry should spearhead such an initiative, the workshop series led to eventual agreement that the Ministry of Planning was the appropriate place, as it was responsible for collecting national demographic and statistical information to be used across all sectors.

The German government provided seed funding for the initial programme development and pilot and commissioned GIZ to support the Ministry of Planning. In 2009, due to its interest in targeting related to the HEF and other health initiatives, the Australian Department of Foreign Affairs and Trade also added funding to what was known by then as the ‘Identification of Poor Households Programme’, or ‘IDPoor’. UNICEF also contributed funds to expand IDPoor implementation more quickly in the early years.

In 2010, the European Union offered two-year funding of €2 million, on the condition that the Cambodian government co-finance 20% of the amount – a significant investment. The Ministry of Planning held discussions with the Ministry of Finance for several months, eventually succeeding in securing the funding, in part as a step toward an agreement the Cambodian government had made with international donors to increase its own contribution to health sector spending.

Since the European Union funding ended in 2012, Germany and Australia have continued the financing of IDPoor up to the present day, and have worked with the Ministry of Planning to increase its financial contribution even further (see page 30).

FROM INITIAL MODEL TO ESTABLISHED LAW

In June 2005, the Ministry of Planning convened a consultative working group that included the Ministries of Health, Education, Interior and Social Affairs, as well as development partners. This group was charged with defining the new targeting system, and drafting the necessary procedures and poverty identification questionnaires. The guiding principles were that the procedures should be effective (avoiding inclusion and exclusion errors), cost-efficient, transparent, and involving decentralised structures, which had just begun to be implemented in 2002 with the first election of Commune Councils.

According to Julian Hansen, the programme’s GIZ advisor at the time, ‘the primary criterion of success for IDPoor was its acceptance by the local people. We needed their buy-in’, he explained, if the government was going to require all poor-targeting programmes to determine their recipients through the IDPoor lists. In addition, it had to be made clear to both government and development partner stakeholders that IDPoor was not a poverty census, meticulously collecting a set of information to be able to identify families as falling above or below a fixed consumption-based poverty line. Rather, IDPoor was intended to capture multidimensional poverty, and give power to the community to define who is poor.

The working group agreed to use a hybrid targeting model (see p. 9), combining a proxy means test with strong community involvement and input. The German-supported Rural Development Programme had developed such an approach, using a scorecard of poverty indicators for poor households that a village representative group discussed, and village consultation meetings to ensure transparency. This general model was adapted and expanded in several ways for IDPoor: a more detailed questionnaire of poverty indicators would be developed; local villagers would administer the questionnaire to households; more opportunities for village input would be added; and a national system of trainings, data management and eligibility card production would be developed so that the programme could scale up. Given the rural nature of poverty in Cambodia, the mechanism was initially envisioned for rural areas only.
According to Anne Erpelding, Programme Coordinator of GIZ health programmes from 2004 to 2009, the community-based targeting aspect provided multiple benefits. ‘It enabled the identification of poverty, plus it included a process of bringing the community together and building trust and solidarity’ after the traumatic legacy of the Khmer Rouge years.

After meeting for a year and a half, the working group had produced a draft procedures manual and a poverty identification questionnaire, based on a field-tested proxy means test tool, for the interviews with the heads of poor households. The IDPoor procedure – described in detail in the next chapter – was piloted in four communes in early 2007, and, after a few changes, the first IDPoor round took place in 2007 in two provinces, followed by seven provinces in 2008. For the next few years, IDPoor attempted an ambitious plan of covering half of the country’s 24 provinces in each round. This stretched financial and human resources too thin, and, from 2012 onwards, the Ministry of Planning settled on one-third of the country, or 8 provinces, per year. By late 2010, all rural villages had experienced at least one IDPoor round, meaning IDPoor had achieved almost complete national coverage, with its household data available to any programme targeting the poor. In 2011, in a significant step, IDPoor was formally adopted by the government of Cambodia as its official poverty identification mechanism.

**MOVING BEYOND POVERTY REDUCTION TO COMPREHENSIVE SOCIAL PROTECTION**

While at government level Cambodia’s poverty reduction efforts were developed through a series of interconnected strategic plans, the on-the-ground reality was for many years a patchwork set of programmes and policies supported by different development partners.

In July 2017, this landscape changed when the Cambodian government released a new National Social Protection Policy Framework, spearheaded by the Ministry of Economy and Finance (Royal Government of Cambodia, 2017). This framework presents a comprehensive strategy for the whole population, with activities to support the two identified pillars of social protection: social assistance for the poor and vulnerable, and social security for those who work in the formal and informal sectors. Social assistance includes free health care, a food reserve programme, a disability pension, cash transfers for the elderly and pregnant women and children, and envisions programmes for nutrition, scholarships, school feeding, and vocational training. Social security aims to prevent poverty through pensions and insurance schemes for health, disability, employment injury and unemployment.

The social protection framework marks an important step in harmonising many different initiatives and focusing efforts on a set of protections for all Cambodians, whether poor or not. As the framework’s common targeting mechanism, IDPoor ‘is the glue that binds the social assistance efforts together’ according to Ole Doetinchem, head of the GIZ programme supporting the Ministry of Planning.

A Village Representative Group reviews IDPoor questionnaires and prepares their Draft List of Poor Households for community consultation.
The text of Sub-Decree 291 (‘Sub-Decree on Identification of Poor Households in Cambodia’) that enshrined IDPoor into law in 2011 is available in Khmer and English, as a 16-page white booklet with a gold border (Royal Government of Cambodia, 2011). It clearly sets out the government’s role in identifying poor households through the IDPoor process and in disseminating that information to all interested stakeholders. It requires all organisations targeting poor households, be they government, non-government, local or international, to do this on the basis of IDPoor data. This chapter describes the IDPoor process step by step (Cambodia Ministry of Planning, 2012b).

**ESTABLISHING AND TRAINING VILLAGE REPRESENTATIVE GROUPS**

IDPoor is essentially a community-driven proxy means test which is administered by local residents of each village and then checked and validated by the community as a whole. The assessment takes place at the household level, with ‘household’ defined as ‘members who share meals from the same cooking pot or share the expenses for food.’

The proxy means testing is conducted by several residents from each village, the ‘Village Representative Group’ (VRG), whom the villagers elect for this task. This is a unique feature of IDPoor since proxy means tests in other settings are usually conducted by external teams travelling from village to village.

Because of the community-driven nature of the process, as well as the fact that villages repeat it only once every three years as part of the IDPoor cycle, a significant amount of training is needed up front. This is started by the Provincial Department of Planning, which sends representatives to attend meetings with each Commune Council. These Councils, first formed in 2002 as part of government decentralisation efforts, consist of five to eleven elected representatives depending on the size of the commune. At the meetings, the Provincial Department of Planning representatives brief the Commune Councils on the process and select representatives on the Councils to be the primary contact and support to each village throughout the process. These representatives attend a training of trainers which covers the IDPoor procedures, how to administer the questionnaire, tallying the scores, assignment of poverty categories, and the special circumstances to be considered in the scoring.

At the start of the process, the village chief calls a meeting to explain that the IDPoor process will be taking place, and asks for candidates to serve on the VRG. The group’s size is tied to the number of households in the village (one representative for every 30 households), with a maximum of seven and a minimum of five members. Requirements are

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3 Cambodia’s 25 provinces (including the municipality of Phnom Penh) are divided into districts, which are in turn divided into communes (or in urban areas, sangkats). There are 1,621 communes in Cambodia as of the 2008 census, with approximately 10 villages and anywhere from several thousand to more than 20,000 residents per commune.
that VRG members should be able to read and write Khmer (exceptions are made for villages with a high proportion of ethnic minorities); at least one quarter should be women; and the group as a whole should represent a good cross-section of the community, in terms of location within the village, religion and economic status. Interested candidates can give a speech, and a voting process is conducted in such a way that allows illiterate villagers to participate (for instance, each candidate selects a different kind of leaf or picture of an animal to represent him- or herself, and villagers put a check mark on a piece of paper next to the symbol of their chosen candidate). In this way, villagers have input on their representatives to the IDPoor process.

Once the VRG representatives have been elected, the newly-trained commune-level representatives in turn train them, and some serve as coordinators to support the VRGs in their duties. The VRG then meets to complete an Activity Plan template that outlines each step of the local implementation, identifies who is responsible for which outputs, and sets timelines. Overall the identification process should not take more than 76 days from VRG selection to the IDPoor list being finalised.

CONDUCTING HOUSEHOLD INTERVIEWS

As a first step, the VRG, village chief and deputy village chief together develop a complete ‘List of Households in the Village for Identification of Poor Households’, taking recent deaths, departures, or new arrivals into account. From this list, the VRG identify which households might be poor and should therefore undergo an IDPoor interview. Each of the VRG members then interviews about 30 households over a two-week period and is paid 2,000 riel (about €0.46) per questionnaire completed.

The questionnaire consists of four sections: A) basic information about who participated in the interview; B) demographic section to identify all household members; C) proxy indicators, with scoring (see Box 2); and D) ‘additional household information for consideration by the Village Representative Group’, which is unscored. In section D interviewers indicate if a household has particular vulnerabilities, for example members with disabilities or chronic illnesses, whether the head of the household is a single parent or whether there have been difficulties with children’s school attendance.

At the end of each interview, the interviewer marks on the cover page whether there are special circumstances to be considered for the final poverty status, and brings the completed questionnaires to the VRG where points are checked and added from each section to arrive at an overall score for each household.

Next, the VRG members come together to review the scores and to categorise all households into poverty levels 1 (= extremely poor), 2 (= poor) and other (non-poor) accordingly. Two levels of poverty are identified in case some programmes choose to target only the extremely poor. At this meeting, the VRG also jointly consider the
special circumstances affecting some of the households and whether their IDPoor status should be changed on these grounds. Generally no more than 10% of interviewed households will change classification in this way.

VALIDATING THE RESULTS

The coordinator of each VRG presents the resulting list of classified households at a commune-level meeting attended by Commune Council members, local school and health facility leadership, and representatives from organisations working in the commune. The meeting participants check, for example, whether the proportion of poor households is within the range found in similar villages in the area and whether the proportion whose status was changed due to special circumstances seems reasonable. The VRG Coordinator answers any questions about why status changes were made or how the process was implemented in the village, and brings back any feedback or suggestions from the meeting to the VRG.

Following this review and any changes to the list (if necessary), the VRG publicly displays a First Draft List of Poor

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**BOX 3. ADDRESSING VILLAGERS’ COMPLAINTS**

Initially, villagers could voice their complaints regarding the draft list of poor households during the village consultation meeting or by writing to the Village Representative Group within seven days after the meeting. As part of its efforts to ensure the correct and transparent implementation of the IDPoor process (see p. 18) the Ministry of Planning expanded the complaint mechanism.

Now, villagers can send a complaint directly to the Commune Council if they disagree with the IDPoor status that the VRG granted them, or some other aspect of the process. This is especially important if people have questions about why they weren’t identified as poor, or suspect personal relationships in the village may be playing a role. The Commune Council will then review the case and can ask the Village Representative Group to reconsider its decision, although it does not have the power to overturn it.

‘The feeling of the people is very important,’ explains Dim Dorn, the director of the Provincial Department of Planning in Kampong Chhnang province. ‘We have the standardised questionnaire, their standardised evaluation, transparency throughout, and a way to appeal – this is why people trust the system,’ he says.

Usually only a few people per village question the result of the identification process. At a recent commune-level IDPoor meeting, village chief Pang Khom explained that three or four households in his village had done so following the last IDPoor round. Some had previously had an Equity Card and wondered why they had not been granted it again. The Village Representative Group confirmed their questionnaire information and found that their situations had indeed improved, for instance because teenage or adult children had started to work and contribute to the household income. In another case, the household had formerly been well-off and had therefore not been on the initial list of households to be interviewed. The interview revealed that since the last round, the household had suffered illness and loss of income and land, so that the family now qualified for IDPoor.

The Ministry of Planning intends to set up a national telephone hotline to field complaints or problems during the IDPoor identification process, and to reinforce Cambodians’ right to have input into a transparent IDPoor process. Eventually the goal is to have a comprehensive complaint management system where anyone can raise concerns during IDPoor rounds and data dissemination periods, whether in person at a village or commune meeting, by phone or online. Complaint resolution will be tracked using an online management system that is part of an overhaul of the online IDPoor system (underway as of 2017 and described in the next chapter).
Households at a central location in the village for at least two to three days, along with notification of when and where a village consultation meeting will take place. At this meeting, any community member can raise questions or lodge a complaint if they think that they should have been interviewed, but were not, or if they disagree with their own or other households’ poverty classification. Following the meeting, the First Draft of Poor Households remains posted for seven more days, along with instructions to communicate any further objections directly to the Commune Council. The VRG may then conduct additional interviews with households that were not on their original list and re-verify the information that led to the original classification.

Based on the additional information gathering, a revised list is then again posted in the village for another seven days for any final input. A copy of the final list, along with minutes of the village consultation meeting, is then sent to the Commune Council, which hold a meeting to review and endorse the list, then forward it to the Provincial Department of Planning for the next steps. Any questions about the list prompt the Commune Council to return the final list to the VRG and request a re-check or explanation before the list can be resubmitted and endorsed.

**DATA ENTRY AND EQUITY CARD PRODUCTION**

The Provincial Departments of Planning submit all lists of poor households, questionnaires and related documents to the Ministry of Planning, which coordinates the data entry at central level. Initial attempts to have staff at the provincial level conduct the data entry resulted in poor data quality and difficulties maintaining the required software by provincial offices that often lacked information technology (IT) support. In 2010 this task was therefore outsourced to a firm specialising in data management which provides better data quality with greater efficiency.

While the data are being entered, the Ministry of Planning together with the Provincial Departments of Planning organise photography teams to travel to each village to take the photos for the Equity Cards, proof of IDPoor eligibility. Each household has a group photo taken, while one of the photography team members informs the assembled IDPoor recipients about the different types of services that may be available to them once they have their card.

Using the household’s IDPoor code number, the photos are matched with the information in the IDPoor database. Next, the Equity Cards are printed at the national level and delivered to the Provincial Departments of Planning, and a team works to deliver them to the eligible families.

To oversee implementation of these successive steps, the Ministry of Planning assigns one of its eight provincial coordinators to each of the eight provinces conducting IDPoor in a given year.

**MANAGING AND DISSEMINATING THE DATA**

Once the data entry is complete, the Ministry of Planning organises data dissemination workshops for stakeholders in each province. Today, the IDPoor database is also available online through the IDPoor Information System (IIS), allowing registered users to access a set of standard reports. Partners can request access to IIS from the Ministry of Planning through the IDPoor web site at www.idpoor.gov.kh, providing information on their organisation and intended use of the data. Registered users can also request special subsets of the raw data, for example if they would like to target a specific sub-group of IDPoor households with pro-poor services. The team also promotes the IDPoor database to partners on an ongoing basis, providing videos, leaflets, online demonstrations and workshops to explain what data are available and how they can be used to identify beneficiaries of poverty-alleviation programmes.

**AN ELABORATE PROCESS**

In summary, each IDPoor round takes a year or more, from kick-off to the distribution of cards to the households and the data dissemination. About 35,000 people are involved in the process, from the 17 IDPoor staff members at the Ministry of Planning to the village representatives – and by taking part in the process, each of them gets a better understanding of poverty in Cambodian communities, including of who the poor are, how they live and what they need.

A process this elaborate takes time to evolve and it often does so in response to challenges. The next chapters take a closer look at the type of challenges IDPoor has had to face through its development and at the insights it generated as it tackled them.
Challenges and adaptations

Now in its eleventh year of implementation, IDPoor has had to face a broad range of implementation challenges, leading to team learning and to programme adaptations, a process that continues until today. This chapter reviews the more important of these challenges and corresponding adaptations, which fall under three main questions:

1. How can we ensure we don’t miss anyone?

This encompasses adaptations related to ensuring that IDPoor captures all poor households, including better monitoring of the process; dealing with different concepts of poverty; exploring mechanisms to include the recently poor and work migrants; and adapting the process to reach the urban poor.

2. How do we manage the data?

This set of adaptations pertains to gradual insights regarding the entry, management, dissemination and use of the large amount of data collected by IDPoor. Adaptations include the shift from paper-based to digital systems, and improving data dissemination and use, especially through online access.

3. How do we engage stakeholders and build trust in the system?

A third and overarching recognition concerns the importance of involving and engaging all current and potential future stakeholders in IDPoor’s ongoing development to ensure transparency and trust in IDPoor’s definition of poverty, its process and its adaptations.

How do we make sure we don’t miss anyone?

IMPROVING THE ACCURACY OF POVERTY IDENTIFICATION BY FINE-TUNING THE PROCESS AND MONITORING IMPLEMENTATION

The commitment to a community-driven process means that IDPoor’s evolution is tied to local capacity. Correspondingly, adaptations from the early IDPoor rounds related to how the process, tools or trainings needed to be adapted to better match the realities at the village level, and also to the need for greater implementation monitoring and support.

For instance, at first VRG members had some difficulties in administering certain parts of the questionnaire, such as estimating a household’s property size, so training curricula were updated to build interviewers’ skills in these areas. Because younger people demonstrated stronger abilities in planning and reaching their assigned households within the designated timeframe, in addition to better reading and writing skills, the IDPoor trainings began to emphasise more explicitly the value of recruiting young people to serve on VRGs. Overall, the local implementers from the village up to provincial levels gained greater proficiency after one or two rounds, although the cascade of trainings is still repeated at the start of every round to refresh past participants’ memories and train new participants.

To reduce the possibility that incorrect implementation would result in excluding poor households, the Ministry of Planning stepped up implementation monitoring and support. Provincial Coordinators had existed within the Ministry of Planning’s IDPoor team since the beginning, but their numbers increased over time to better oversee the process and provide support to the eight provinces that implement IDPoor in any given year. The Ministry of Planning also developed new guidelines for the supervision of the IDPoor process at the commune and provincial level. Points to be checked and reported included, for example, whether the list of households to be interviewed had been drawn up by the VRG or whether this had been done only by the village chief. Since 2011, implementation steps are carefully tracked, consolidated at the provincial level, and reported to the Ministry of Planning.

GRAPPLING WITH DIFFERENT PERCEPTIONS AND CONCEPTS OF POVERTY

Despite the adjustments to process and better monitoring, some partners still questioned whether IDPoor was capturing all the poor, based on their programmes’ experiences. For instance, when one development partner
started supporting a Ministry of Social Affairs cash transfer programme for people with disabilities in a small province, it used the IDPoor list to identify recipients but also conducted some additional outreach to ensure that it found all potential beneficiaries. Because people with disabilities often lack livelihood opportunities, the partner was surprised that a lower than expected proportion of the people they identified with disabilities had IDPoor status. Another NGO that ran a conditional cash transfer programme for poor families collected rough data to suggest that in some provinces, only 30-50% of programme beneficiaries had been identified as poor by IDPoor.

Making sure that IDPoor truly identified all poor households was clearly more complex than just implementing the Ministry’s process correctly. Migration and a dynamic fluctuation of households into and out of poverty were – and are – important reasons why households can be missed by IDPoor rounds; these issues and IDPoor's responses are discussed in the next section. But several other factors contributed to the perception, whether based in reality or not, that IDPoor was not capturing all the poor.

First, vulnerable populations require additional proactive outreach, since they are often marginalised and do not tend to know about or be willing to come forward to participate in a community process such as IDPoor. IDPoor did make efforts to identify vulnerable populations: from the start, the questionnaire has asked whether household members have disabilities or chronic disease, are orphans, elderly, unable to work, or whether the head of household is a woman – the usual categories of vulnerability according to the government. The Ministry of Planning also adapted IDPoor trainings to encourage VRGs to make extra outreach efforts to ethnic communities and encourage their participation in community meetings and other aspects of the IDPoor process. Yet in some cases, partners said they were finding vulnerable people who had not received IDPoor status.

This leads to the second factor, which is that different definitions of poverty can result in different outcomes. A common example is that programmes may evaluate an individual’s own income or assets and identify that person as poor, although he or she may live in a household with others that is overall not poor according to IDPoor.

Third, related to the variation in how poverty can be defined, other criteria or personal perceptions (e.g. whether a person or household ‘looks poor’) are sometimes used to make a judgment about whether a household should have IDPoor status. ‘If you want to assess IDPoor accuracy, make sure you compare like with like,’ says GIZ’s Ole Doetinchem. ‘Poverty is not a binary and observable data point and no assessment can keep up with its fluid nature. But I’d choose systematic scoring with community input over my own perceptions any day.’

**BOX 4. DEFINING AND MEASURING ACCURACY OF POVERTY TARGETING**

The accuracy of a poverty targeting mechanism – how well it identifies the poor while leaving aside the non-poor – can be considered along several contributing dimensions:

1. Are the indicators or criteria used to define poverty able to distinguish the poor from the non-poor? If not, the indicators should be adjusted: for instance, if most households now have a tin roof, that asset is no longer a differentiating feature of poverty.
2. Is the process being conducted properly, so that all households that meet the criteria and participate in the process are identified? If not, better monitoring and spot-checking should be done to ensure the integrity of the process.
3. Is the process leaving out households that would otherwise meet the poverty criteria? If so, better outreach or process adjustments should be tested to give all potential poor households the chance to participate in the process.

Studies to determine the accuracy of a targeting mechanism are expensive and imperfect, yet can be helpful in getting a sense of whether poor households (according to the mechanism’s definition) are being identified. In 2011 the World Bank attempted to compare which households identified by IDPoor were considered ‘poor’ by other standards, including villagers’ perception, through a separate survey conducted eight months after the IDPoor round was conducted. Using the metric of villager perception of households as ‘very poor’, ‘poor’ or ‘non-poor’, approximately 14% of those perceived as ‘very poor’ by villagers were excluded by IDPoor’s Poor Level 1, and approximately 12% of those perceived as non-poor were included. An even higher percentage of exclusion (42.5%) was found when comparing villagers’ perceptions of ‘poor’ households to the IDPoor Level 2 results, reflecting the greater difficulty of making a subjective judgment of poverty where households are close to the threshold, as compared to those that are very poor.
A 2011 World Bank report (see Box 4) indicated that overall IDPoor performs well compared to systems in other countries, and provided some recommendations to further strengthen various aspects of IDPoor, including the proxy means test questionnaire (e.g., reviewing and updating the indicators so they keep up with the evolving society, such as mobile phone ownership no longer indicating wealth), data management, and process implementation. The Ministry of Planning, with GIZ’s support, considered these recommendations, in combination with partner concerns, and began to address them systematically, as described in the upcoming sections.

Although the Ministry of Planning was continually making adjustments to IDPoor, during the early to middle years of implementation partners and data users felt that Ministry officials did not communicate openly about feedback and challenges, or what actions they took in response. The Ministry of Planning now fully recognises the need for more transparency in building trust, not just with communities but also with partners, as described at the end of this chapter.

**INCLUDING THE RECENTLY POOR AND WORK MIGRANTS**

Over time, while adjustments to the process were improving IDPoor implementation, both the Ministry of Planning and partners began to tackle other reasons for which some poor and vulnerable households were still being left behind.

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**BOX 5. CAUGHT IN THE MIGRATION GAP**

Keng Somphor squats in her parents’ house and gently bathes her infant son, while her two other children, ages two and three, play nearby. The 24-year-old is one of six children, all but one of whom have left their parents’ house for work or marriage.

Somphor’s parents, Kol and Toen, are in their late 50s, both with disabilities from the Khmer Rouge years and after, when rebels hid in the mountains and raided villages. Kol has an injured leg that limits his mobility, and Toen bears scars on her shoulder. A few times a month, Kol can borrow his son’s motorbike to do some fishing for extra income. Otherwise, he earns money and food labouring on other people’s land.

Kol and Toen have had IDPoor for the past six years. They participated in the latest IDPoor round in 2016 and were identified as still eligible. Kol, who cannot read or write, has a heart condition and goes to the hospital every few months. Without the Equity Card, he says, he wouldn’t bother to go because they don’t have the money to pay hospital fees.

Somphor used to be on her parents’ Equity Card, and once she was married, she and her husband Lao also received IDPoor status in 2013. However, they missed the interview period in the latest IDPoor round because they were in another part of the province where Lao had found some construction work. There is currently no possibility for them to be added to IDPoor for the next three years.

Somphor and Lao returned to the village when their baby, Seyha, was born two months early. Now a tiny four-month-old, Seyha is seriously ill. His chest heaves in and out as he struggles to breathe, and his feet are cool to the touch despite the rising morning heat. Soon after Seyha was born, doctors said he had a hole in his heart. The local health centre couldn’t manage his care, and sent Somphor and Lao to a charity-run children’s hospital in Phnom Penh, more than 90 kilometres away, where he was seen for free. The hospital sent the family home with a few months of medicine, and the warning that Seyha may need surgery if the hole doesn’t close on its own. In the meantime, his heart could simply stop beating.

Now, back in the village, Somphor and Lao have to pay out-of-pocket for Seyha’s medicine. They plan to stay in the village for now, and will request a letter from the village chief certifying that they are poor, so they can receive a ‘Post ID’ Priority Card for health services.
According to H.E. Chhay Than, Senior Minister of the Ministry of Planning, one important reason is the fluidity of households’ poverty status: ‘In Cambodia, people shift in and out of poverty more quickly than the three-year IDPoor cycle can capture.’ Even though only about 20% of the population meet the IDPoor criteria at a given time, an additional 50% are vulnerable to falling into poverty. While these households may have been just above the cut-off point when the IDPoor interviews took place, they can easily fall below it before the next round, without the ability to gain IDPoor status in the meantime. In addition, people who get married and start their own households, or households that experience a birth or death that impacts their poverty status, must also wait for the next IDPoor round to be identified as poor.

Another reason is the fact that four million Cambodians are work migrants, either splitting the year between two residences or constantly moving to find employment (see Box 5 for one example) (Cambodia National Institute of Statistics, 2013). This pattern was much less common in 2005 when the IDPoor programme was being developed, but now impacts one in four Cambodians – most if not all of them likely to be poor.

**Post ID: A first step to close gaps in health care access**

To bridge these coverage gaps, important programmes targeting the poor, most notably the Health Equity Fund, found interim solutions.

When patients who are poor but lack an IDPoor card come to a health facility, Health Equity Fund operators are authorised by the Ministry of Health to use a ‘Post ID’ questionnaire modelled on the one used by IDPoor to determine if patients are poor, and, if yes, give them a so-called Priority Card for health services. In some cases, health workers refer patients to the Health Equity Fund operators when they realise that the patient is unable to pay for care. In other cases, people bring a letter from their village chief confirming that they live in the village and are poor, despite not having IDPoor status.

Like IDPoor beneficiaries, Priority Card holders are entitled to free health services as well as transportation costs and a daily food stipend while at the hospital, although they do not receive any other benefits attached to the IDPoor Equity Card. Their data are forwarded to the provincial planning departments to ensure that they are included in the next IDPoor round.

According to an analysis by Health Equity Fund partner University Research Co. (URC) in 2016, out of the roughly 3 million people covered through the Health Equity Fund, the majority (93%) had IDPoor, compared to only 7% who were identified through Post ID.

The disadvantages of the Post ID process are that it is more vulnerable to possible manipulation, since Post ID is conducted on the spot at health facilities, where reported household characteristics cannot be observed or verified. Post ID is also administered by the Ministry of Health, rather than the Ministry of Planning which has the mandate for poverty identification.

Still, without Post ID, hospitals would have to write off the costs incurred by treating poor patients without Equity Cards, or poor patients would have to sell essential assets or borrow money even though they fulfil the criteria for Health Equity Fund coverage. The director of the provincial hospital in Kampong Chhnang, Dr Sorin Tiravuthy, said that his hospital would probably have had to close its doors without the Health Equity Fund and IDPoor.

‘**On-Demand Identification**: Piloting year-round poverty identification’

IDPoor programme managers are aware that a more immediate and responsive IDPoor process would be preferable to additional screening measures such as Post ID. In April 2017, the Ministry of Planning held a consultation meeting with other ministries and development partners to review possible options for an ‘on-demand’ IDPoor process designed to evaluate suspected poor households in between IDPoor rounds and update information on already identified poor households.

A preferred option emerged: Commune Council members would receive requests for IDPoor assessment, and conduct interviews, either with a paper form questionnaire or using a mobile device such as a smartphone or tablet. The Commune Councils would consider the requests during their monthly meetings, and send out a Council member to conduct the interview with support from the village chiefs within a relatively short timeframe. The Council would then make a final determination based on the questionnaire results, including special circumstances as in the standard IDPoor process. If mobile devices were used, data would be immediately available in the IDPoor database along with a household photo.

As always when considering how to streamline the IDPoor process, a main challenge will be how to maintain the community involvement that has been central to IDPoor identification. According to Sabine Cerceau, advisor for the GIZ programme supporting IDPoor, the Ministry of Planning is carefully considering the right balance. ‘Community input is so fundamental to IDPoor, and at the same time there is growing interest in allowing IDPoor enrolment in between rounds. The goal is to preserve meaningful participation while adding flexibility and responsiveness.’
Some of the feedback provided at the consultation meeting encouraged the Ministry of Planning to consider how the Village Representative Group – the people with local knowledge of the community – could still play a role, such as having a VRG member attend the interview along with the Commune Council member. The entire village, however, would not have the opportunity to review and comment on the household’s status, or at least not until the next full IDPoor round.

The Ministry of Planning has started to pilot several options over a 12-month period in autumn 2017, including a costing study and careful analysis of local capacity for using mobile technologies. Depending on results, scale-up of the ‘On-Demand Identification’ system could begin in 2019. Financing and technical support for the pilot reflect the great interest among development partners in this potential adaptation: UNICEF, USAID through Save the Children and the World Food Programme are all contributing, in addition to the financing from the German and Australian governments.

REACHING THE URBAN POOR

Although IDPoor had been envisioned as a mechanism to identify the rural poor since these represent 90% of Cambodia’s poor population, the rise of migration to cities has triggered greater interest on the part of the Cambodian government and its partners in targeting previously underserved urban areas.4 The population of Phnom Penh alone, Cambodia’s capital and largest city, has doubled since 2008, from an estimated 1.5 million to 3 million people, which is one out of every five Cambodians.

The Urban Poor Office within the Municipality of Phnom Penh, established in 2010 amidst the skyrocketing population growth, found in a 2012 baseline survey that 516 slum settlements existed in the city, defined as informal communities of at least 30 households built on public land (Phnom Penh Capital, 2012). The health and safety risks are vast: these settlements are often built near sewage pipes, rail lines or small waterways, and lack basic infrastructure such as clean water, toilets, roads, electricity and rubbish collection. An estimated 250,000 people inhabited these communities in 2012, with as many as 60% living on less than €0.50 per day, and more than 80% of households in debt due to medical costs or borrowing money to start a small business.

In April 2014, the Ministry of Planning conducted consultative meetings with the key IDPoor stakeholders, including line ministries, development partners and private sector entities, and a working group then reviewed and proposed adaptations to the IDPoor process and questionnaire. In 2016, the revised process was piloted in three urban areas: Phnom Penh, the southern coastal city of Kampot, and the capital of Kampong Thom Province in central Cambodia.

BOX 6. A BRIGHTER PROSPECT FOR YANY’S DAUGHTER

Many poor families live dangerously close to the railway tracks in Phnom Penh. San Yany, 59, used to live in a rented room with her 37-year-old daughter and one-year-old granddaughter. After their toilet overflowed and the landlord refused to fix the problem, the family built and moved to a temporary shelter next to the tracks. They have been there for one month already and are desperately trying to save up enough money to rent another room in the area. Currently they do not pay rent, but fear the railway authorities will soon evict them. Trains pass down this stretch of line about four times per day.

Yany’s daughter has problems walking due to a congenital disability. Recently Yany herself has suffered from back pains, but with income limited to what she and her daughter make doing laundry for neighbours, there is not enough money to see a doctor. Commune Council officials sometimes give food and monetary donations to the family, and some neighbours also provide food. Now that IDPoor is reaching urban areas, Yany and her family have the chance to get an Equity Card, which will provide access to free health care and other services.

4 In fact, some parts of Phnom Penh first conducted IDPoor in 2012, since ‘rural’ is defined in the sub-decree as a village where 50% or more of the households have occupations based on agriculture. Phnom Penh contains approximately 900 ‘villages’, of which 400 qualify as rural.
The fluid population dynamics of urban settings mean that poverty identification cannot rely on the relatively stable relationship networks and personal knowledge of households that characterise rural communities. To address this, the IDPoor team added a Partner Support Group to the process, composed of representatives of local initiatives and organisations (ideally long-standing in the community), municipal agencies such as the Committee for Women and Children of the municipality, Health Equity Fund operators, religious leaders, and the Cambodian Disabled People’s Organisation local office. These Partner Support Groups assist the urban Village Representative Groups in the identification of households to interview, with their highly local knowledge serving as a substitute for the personal community connections upon which the rural IDPoor process draws.

Another adaptation is that the draft and final lists of households are displayed for 10 days rather than three, and invitation letters are given to suspected poor households, accompanied by announcements on local radio and television stations. Since the pilot showed that it can be more challenging in urban than in rural settings to actually find people at home for an interview, one team of interviewers is charged with following up on all the households that interviewers missed during the interviewing period.

Measures of poverty were also adjusted to account for the difference in assets and expenses in urban areas. Fewer households own their homes and life is much more monetised than in rural villages, where labour can still be traded for food. Not having any cows or chickens is the norm in a city, whereas having a motorbike or electricity is less of a luxury than in a rural area. The proxy indicators in the urban questionnaire therefore include new questions about income (a specific value per month), debt, access to clean water and electricity, as well as some typical occupations for the urban poor such as scavenging and seasonal work.

The urban IDPoor questionnaire also treats household members’ chronic illness, disability, adults’ education level and children’s school attendance as proxy indicators which are scored, whereas in the rural process they are part of the unscored special circumstances section. The urban unscored special circumstances section includes additional vulnerability indicators such as domestic violence, addiction, or living in crowded conditions. These alterations to the questionnaire were intended to more clearly articulate an urban household’s multidimensional poverty, but were also an opportunity to test changes that the rural questionnaire could benefit from as well.

**BOX 7. INITIAL LEARNINGS FROM THE FIRST ROUND OF URBAN IDPOOR**

The Ministry of Planning launched the first urban IDPoor round in late 2016 in the capital cities of eight provinces, plus the municipality of Phnom Penh. Implementation was delayed due to commune/sangkat elections that were also being held around the same time, which may have affected participation among residents who were being asked to attend IDPoor consultation meetings as well as election meetings. Nevertheless, initial reports indicate that participation at meetings was similar to the experience in rural areas, with 30–40 households attending each event.

The new Partner Support Groups, formed and administered by the municipalities, were successfully established, and NGO participants in particular took an active early role in supplying lists of their beneficiaries to be included in the interview process. According to one Provincial Department of Planning Director, this may also be a structure that could benefit the rural process as well.

The process and the more detailed questionnaire required more training and each questionnaire also took more time to complete with a household. Further evaluation will be needed after the round is complete to get feedback on the questionnaire’s performance and any suggested modifications.

Early urban implementers predict that, as in rural areas, the communities will perceive greater value in IDPoor and the Equity Cards as more services and benefits are attached to them. The Ministry of Planning and sub-national levels are therefore now expanding their advocacy with partner and line ministry programmes that target urban areas, even as they prepare for the second urban round coming up in late 2017.
A final adaptation is that once the list of IDPoor households is validated, a commune-level working group produces IDPoor certification letters and distributes them to all households identified as poor. These letters serve as proof of their IDPoor status up until they receive the Equity Cards. This is another innovation that once proven successful in the initial urban round may also be introduced in the rural process.

2 How do we manage the data?

STREAMLINING DATA CAPTURE AND TRANSFER: FROM PAPER-BASED TO DIGITAL SYSTEMS

IDPoor has evolved its approach to data management and data use over the years, the second main area of adaptation. For a variety of reasons, IDPoor deliberately adopted information technology slowly. First, capacity of rural villagers to use tablets or smartphones for questionnaire data entry was too low to make these technologies practical – until very recently, when smartphones and cellular and internet coverage have become almost ubiquitous even in rural areas. In addition, the written Khmer language also poses challenges for screen typing, with 33 consonant symbols and additional markings for vowel sounds; the first user-friendly Khmer-language keyboard applications for smartphones became available only a few years ago. There was a concern that basing key steps in the IDPoor process on the ability of an interviewer, for instance, to use these newer technologies would limit the participation of a significant portion of villagers, particularly the older generations.

The Ministry of Planning has also considered the capacity at all levels to manage additional hardware and software. Resource needs include initial and replacement equipment purchases, internet connectivity, infrastructure to secure the hardware, and IT staffing or capacity to conduct routine inventory, maintenance, data backups, and user support.

This approach was reinforced by an early experience with data entry from IDPoor paper questionnaires. At first, the Ministry of Planning assigned this task to staff of the provincial planning departments, but then outsourced it at a central level to a company specialising in IT services to speed up the process and reduce data entry errors.

On the other hand, the potential benefits of integrating IT are compelling: entering questionnaire data directly into a smartphone or tablet makes data immediately available, saving time and costs of data entry and printing paper forms. Field ranges, error messages, skip logic, and automatic score calculations can make the questionnaire easier to implement and reduce errors. Software could even be used to translate the questionnaire into indigenous languages and read it aloud for communities lacking sufficient Khmer literacy.

The urban process tests some of this potential. The photography teams use a mobile phone camera and application that allows immediate upload to the household’s record in the IDPoor database. This saves at least a month of downloading and processing the photos. As an added benefit, households no longer need to hold up a placard with their IDPoor number in their photo, which, particularly for older residents of Phnom Penh, has associations with the signboards used by the Khmer Rouge when they took pictures of the people they arrested. The Ministry of Planning also plans to add a fingerprint capture application, which may eventually replace the need for IDPoor beneficiaries to carry Equity Cards for verification. In addition, the on-demand IDPoor pilot will use tablets at the local level, an important trial of the feasibility of digital data entry.

ENHANCING DATA DISSEMINATION AND USE: FROM BENEFICIARY LISTS TO BIG DATA

Another set of adaptations and modifications relate to the way in which IDPoor has managed, shared and used its continuously growing database. In the early days, the IDPoor team’s focus was on providing beneficiary lists to the various programmes targeting their support to the poor. It made such lists available as Excel files, one per commune, and burnt on DVDs. The limits of this system soon became apparent. Depending on their programme’s characteristics, some partners were interested in grouping the data differently (e.g. according to health facility or school catchment areas). Also, they wanted to target sub-segments of the IDPoor households, and therefore needed not just the results of the identification process but the specific interview responses, e.g. whether a household had members with disabilities, or elderly or school-age members.

IDPoor Information System (IIS): Making data available online

In 2012 the Ministry of Planning and the World Food Programme collaborated to develop the IDPoor Atlas, drawing on IDPoor data and visualising poverty in Cambodia through maps, tables and graphs showing the breakdown of poverty data by different characteristics (Cambodia Ministry of Planning, 2012a). This was well received by partners and government entities, which could now more easily visualise and analyse IDPoor results.

During consultative meetings with stakeholders in 2013, the Ministry of Planning responded to data user feedback and decided to continue to expand IDPoor reports and make them more easily available online, rather than via DVDs. The development of an online platform would also bring other benefits: the ability for social service providers to easily verify the validity of Equity Cards; greater data security through password protection; and
the ability to monitor data usage, such as which reports are most frequently used. Along with the new pre-defined reports, poverty maps were developed to support easier geographic targeting, with different colours representing different percentages of poverty. The Ministry of Planning commissioned the development of a web-based IDPoor Information System (IIS), which was launched in September 2014 in two languages: Khmer and English. Once IIS took over the role of providing more detailed reports and maps, the IDPoor Atlas was no longer needed and is archived on the IIS website.

The reports currently publicly available on IIS include summary statistics and poverty comparisons of each province, district, commune, and village: total population (households and individuals); number and percentage of each that qualify as Poor Level 1 and Level 2; and female- and male-headed households by Poor Level. Users can click through a list or a map view to drill down into each deeper administrative level. Another map shows when each province last conducted IDPoor. Thanks to the colour coding, these map views allow programmes to quickly target the areas with highest poverty concentrations.

Registration is required to look up Equity Card numbers to verify their validity, and to access four additional reports, including the actual lists of IDPoor households. One report provides summary information about all IDPoor households in a village (name and sex of head of household, spouse’s name, and Poor Level), and summary statistics for the village. Another report provides key data on all members in a household, which is useful for checking which household members on an Equity Card are eligible to receive services connected to IDPoor.

PRISM: Linking IDPoor data with other information for programme analysis and targeting

Taking the visualisation and interpretation possibilities one step further, the World Food Programme links IDPoor with their school scholarship programme data, as well as census data from the National Institute of Statistics, in an online and interactive suite of technologies called Platform for Real-time Information Systems, or PRISM. This system is aimed at supporting government decision-making by enabling data visualisation, management, automation of reports and alerts, and sharing ministerial data across government.

Using PRISM’s data sharing software, the World Food Programme pulls IDPoor data from IIS into interactive maps where users can overlay various other data points for effective targeting. Policy-makers are therefore able to discern both needs (e.g. large numbers of poor households with school-age children) and existing programme coverage (e.g. scholarships and school feeding) in rural areas across Cambodia and design interventions accordingly. This approach is gaining increasing interest, with the Cambodian National Committee for Disaster Management currently employing PRISM as its disaster management information system, visualising interactive IDPoor data to target response to the most vulnerable areas and households. Additionally, the Ministry of Land Management is discussing a similar system to target social land concessions.

Major updates to IIS: Customised reports and other innovations

Some data users want customised data extracts to target sub-segments of the IDPoor population; the Ministry of Planning fields up to 10 such requests per week. Being able to grant access to the complete IDPoor database for user-generated custom reports is one of the major reasons behind a planned overhaul of IIS, in process during 2017.
Users will be able to select parameters to develop their own queries based on geography and other data elements from the IDPoor questionnaire. This will also make the IIS database and site more manageable by IDPoor staff, and avoid having to pay for custom data extracts and website updates from the external firm that developed and currently manages the IIS system. The new system will also allow data entry from a variety of mobile technologies, such as the use of tablets as part of the on-demand identification pilot. The updated database will also distinguish between past and current IDPoor recipients, so a historical record can be kept of households as their poverty status evolves over time – a helpful feature for researchers. A complaint management and feedback mechanism will also be part of the updated platform.

**Interoperability and the future of the IDPoor database**

In its recent National Social Protection Policy Framework, the Cambodian government calls for linking identification and registration systems for the poor and vulnerable, and also linking or consolidating providers’ registration systems to reduce duplication and operational costs of managing the same households’ data in multiple places (Royal Government of Cambodia, 2017). The vision is for IDPoor to develop into a single registry that contains data on poor households, as well as information about all social protection programmes and which households are beneficiaries of each (OECD Social Protection System Review, 2017). Some changes to IDPoor and its database that would be needed to make this a reality are more frequently updated poverty data, true national coverage including urban areas, and a complete list of services available to IDPoor beneficiaries – all of which are underway.

An additional necessary modification also in progress as part of the upgrade of IIS is the development of an Application Programme Interface (API) layer that will allow for interoperability and data exchange between IIS and data users’ systems, both to push data automatically when updates are available, and so that updates can be made by partners to household information – for instance, adding a new baby. Interoperability between Cambodia’s new civil registry and cross-reference of records across platforms using fingerprints is also a new potential with the API and the planned addition of fingerprinting technology to IDPoor data collection.

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1 These data will be most useful if all interviewed households are entered into the database, not just those given IDPoor status, and if former IDPoor households that fall back into poverty can use their old IDPoor identification number for ease of tracking.
IDPoor’s achievements

IDPOOR IS REACHING NATIONAL COVERAGE

Through its rolling three-year cycle, IDPoor reached full rural coverage in 2013 and is expected to also reach full urban coverage in 2019. At the time of publication (December 2017), close to 13 million people live in the areas that have been covered by IDPoor, and 90% of all villages – rural and urban – in Cambodia have been reached by the IDPoor programme.

The fact that IDPoor has conducted eleven rounds between 2007 and 2017 is a major accomplishment, since the World Bank has cited ‘data deprivation’ as a key concern in tracking and reducing poverty: 57 countries (out of the 155 for which the World Bank monitors poverty data) had zero or only one poverty data point for the 10-year period between 2002 and 2011, and no other country conducts country-wide community-based poverty identification as regularly as Cambodia (Serajuddin et al, 2015).

In the past three rounds (2014-16), an average of 192,000 households per year were identified as poor. In total, the IDPoor database contains 7.9 million household records including the 575,000 current IDPoor households (representing 2.4 million people, about 19% of the population) and the rest inactive historical records.

AN EXAMPLE OF EFFECTIVE CAPACITY DEVELOPMENT

The Cambodian-German cooperation on IDPoor is an example of effective capacity development, with successful investments not just in human resource development, but also in the necessary institution building and legislative recognition.

From the start IDPoor built implementation capacities at local, communal and provincial levels, using a training-of-trainers approach which cascades down to the representative group in each village. At the national level, GIZ provided technical assistance to IDPoor staff in a number of ways, from supporting the design of the IDPoor process including assisting the Ministry of Planning to convene workshops and working group meetings and providing expert advice, to building the capacity of Ministry of Planning staff through an ‘on-the-job’ advisory approach in areas of project, financial and administrative management. GIZ staff also encouraged the Ministry of Planning IDPoor team to play an increasingly prominent role in inter-ministerial and inter-sectoral policy discussions related to social assistance, and to cultivate the network of governmental agencies and development partners that use IDPoor data. More recently, GIZ personnel are supporting the Ministry of Planning to continue adapting IDPoor (urban process, On-Demand IDPoor), and assess and pilot new technologies (IIS, mobile data collection tools).

At an institutional level, IDPoor evolved from being one of several programmes run by the Department of Social Planning within the Ministry of Planning in 2007, to becoming a full-fledged department in 2015.

At the legislative level, IDPoor achieved recognition through Sub-Decree 291 in 2011. The momentum of IDPoor reaching full rural coverage in 2011, and commitment from the Cambodian government in the form of co-financing and inclusion of IDPoor in the National Social Protection Strategy of 2011, provided the opportunity for the Ministry of Planning to propose a draft sub-decree to the Council of Ministers. Although many NGOs and partners had already started using IDPoor, the new availability of national targeting data (excepting urban areas) allowed the government to realistically mandate the use of IDPoor for poverty-focused programmes. This official adoption solidified the government’s financial and political support to the programme’s sustainability, and added to IDPoor’s value to beneficiaries as more and more services were attached to Equity Cards in different regions.

FULLY FUNDED BY THE CAMBODIAN GOVERNMENT

Since 2015, the Cambodian government has taken full financial responsibility for IDPoor implementation in rural areas. With a view to achieving sustainability, the German, Australian and Cambodian partners agreed from...
the start that IDPoor’s financing would progressively shift from the donors to the Cambodian government. Those who were involved early on with IDPoor see it as fortuitous timing that the need to identify who should benefit from Health Equity Funds and other social assistance programmes, and the commitment of the government to establish a comprehensive social protection strategy coincided, making a strong case to the Ministry of Finance that IDPoor needed to be included in the Ministry of Planning budget allocation.

As early as 2010, the government of Cambodia contributed 10% of programme operational costs, with the German and Australian partners, along with the European Union, funding the remaining 90% and providing technical assistance. In 2012, European Union funding phased out and the German-Australian contribution to operational costs steadily decreased as the Cambodian government’s contribution increased to 20%, then 40% in 2013, 60% in 2014, and, since 2015, 100% of the costs of the rural IDPoor rounds.

At present, the development and implementation of the IDPoor process for urban areas is still supported by Germany and Australia, along with investments in IT and activities to improve data dissemination and to advocate for IDPoor’s role in poverty reduction and social policy-making.

ACHIEVING VALUE IN COSTS AND BENEFITS

Operational costs for IDPoor are approximately €2.5 million per year. Although it is difficult to compare costs of poverty identification systems and their associated databases in other countries, IDPoor seems to be at least similar to many, if not less expensive, with trusted and high-quality data as the output (Leite et al, 2017). Its relatively low cost has made it affordable for Cambodia, which is crucial for IDPoor’s sustainability.

In terms of results for money, when compared to other countries, three years is a very respectable timeframe for country-wide identification rounds. In addition, national-scale programmes that use IDPoor are growing: free health services through the Health Equity Fund are scaled up, with other programmes being identified by the government and expanded through the Social Protection Policy Framework.

Other targeting mechanisms have different approaches, with their own strengths and weaknesses. Pakistan’s Poverty Scorecard Survey has not been repeated since its original implementation in 2011, although an update was discussed for 2017. The primary user of Pakistan’s targeting data is the Benazir Income Support Programme (BISP), which provides cash transfers for education and vocational training, health insurance, and interest-free loans. The Philippines’ conditional cash transfer programme, Pantawid Pamilya, first conducted its targeting survey in 2008, and updated it seven years later in 2015. So far, its national benefits are primarily related to increasing school attendance, although the government identified four other areas that should be addressed (including health and a pension system). Eligibility for India’s health insurance scheme for the poor (Rashtriya Swasthya Bima Yojana, or RSBY), is targeted to people on a ‘Below Poverty Line’ list, based on a survey conducted in 2002, the update of which was long planned but delayed.

In comparison to these other approaches, IDPoor’s achievements in terms of value and effectiveness clearly stand out, even as further improvements are identified and planned.

IDPOOR IS TRUSTED AND REPRESENTS COMMUNITY PERSPECTIVE ON POVERTY

Approximately 35,000 people participate in the IDPoor implementation process each year, from the provincial administrators down to Village Representative Group volunteers. In each round, an estimated 1.6 million villagers take part in the selection of their Village Representative Groups. Between 2012 and 2014 they elected 31% female members, which is impressive in a rural society which continues to grant women a lower status than men.

Village chiefs interviewed as part of the research for this case study feel strongly that IDPoor is identifying the true poor. One of them, Sieng Sarin in Kampong Chhnang province says, ‘It is a fair system.’

Phoeuk Hoeng, a Commune Council chief and resident of a neighbouring village, agrees: ‘We don’t want outsiders to come in and tell us who is poor. We know each other. There are no protests, no one tells us we have identified the wrong people. We know who is poor.’
Phoeuk Hoeng is Commune Council Chief in Khlong Popok commune, located in Kampong Chhnang province. As such, she is closely involved with IDPoor implementation, convening meetings of the Commune Council and village chiefs throughout the process.

Hoeng sees IDPoor’s community-based process as very important to identifying who is actually poor. In her commune last year, 419 households out of approximately 1,500 were selected for IDPoor interviews. Of those, 366 were determined to be eligible for IDPoor (close to 24% of all households).

She feels a sense of duty to find who is truly poor. ‘If we gave IDPoor only to our relatives for instance, the poor people around us would die.’ Hoeng believes the questionnaire and the public nature of the decision-making are strong accountability measures that prevent fraud or favouritism.

Hoeng also sees first-hand how her own neighbours with IDPoor are doing. She recognises that for many poor families, poverty is not the only problem they may be facing. She describes a household where the oldest child has already dropped out of school after Grade 7. Another household experiences domestic violence, while yet another household is very poor, but the parents take particularly good care of their children. She knows of poor households that sell their land in an emergency to get some money, but then often end up with neither money nor land, in a worse position than before.

She tries to encourage families – ‘our children’, as she calls those in the village – to stay in the village, and to take advantage of livelihood programmes, like breeding chickens, and school scholarships. IDPoor can give them access to services to meet their basic needs, and can provide the foundation that enables them to eventually move out of poverty.

For GIZ Country Director Thomas Waldraff this broad trust in IDPoor is the basis for its sustainability: ‘IDPoor is not totally academic,’ he said, ‘but this is exactly why we love it. The government is paying for it, and villagers are conducting the process themselves. It’s sustainable.’

THE GOVERNMENT AND ITS PARTNERS APPRECIATE IDPOOR’S VALUE FOR THEIR PROGRAMME PLANNING AND TARGETING

The number of development partners using IDPoor data for their projects has steadily increased, from 42 projects in 2012 to 136 projects in 2015, which represents 63% of all development programmes implemented in Cambodia (see Box 8). The Senior Minister of the Ministry of Planning, H.E. Chhay Than, sees this as an indicator of IDPoor’s success: ‘At a macro level, the success of IDPoor is poverty reduction. The more partners use IDPoor for their targeting, the more interventions reach the people who need them.’

For head of UNICEF’s social policy team in Cambodia, Maki Kato oversees cash transfer programmes for poor pregnant women and people with a disability and supports the government in pro-poor policy development. ‘Identifcation of beneficiaries is the hardest part of any social assistance programme,’ she says. From her perspective, IDPoor has made it considerably easier for the local government to plan and roll out social protection programmes targeting poor families. ‘There is no doubt about it, IDPoor is a very important tool for this country.’

IDPoor’s achievements 29
BOX 9. WHO IS USING IDPOOR DATA

The 136 projects (as of 2015) using IDPoor data represent the largest government programmes and development partners working in Cambodia, including:

Health Equity Fund supported by the multi-donor Cambodia Health Equity and Quality Improvement Project (H-EQIP) and administered by the Ministry of Health: provides free health services, transport to hospitals and food during medical treatment at the hospital for IDPoor card holders.

The Ministry of Social Affairs, Veterans and Youth programme for orphans and vulnerable children: supports orphans and vulnerable groups in Cambodia (especially provinces of Pursat, Battambang, Siem Reap, Kampong Chhnang).

One Window Service: districts and municipalities set reduced rates or exemptions for IDPoor cardholders for some administrative fees, such as for civil registration or land claims.

UNICEF and Council for Agricultural and Rural Development (CARD) cash transfer programme: targets pregnant women and children under five living in poverty, including cash transfer and education sessions on health and nutrition.

World Food Programme and Ministry of Education, Youth and Sport scholarship programme: provides scholarship programmes (food or cash) to IDPoor households with children in grades four to six, and access to public work programmes for students.

Save the Children and USAID NOURISH programme: targets poor households with children up to three years old, focused on reducing stunting in underserved rural communities in three provinces by integrating health, nutrition, water/sanitation/hygiene and agriculture interventions.

Board of Lawyers of the Kingdom of Cambodia legal support: provides legal services to IDPoor-identified households.

Adventist Development and Relief Agency (ADRA) Cambodia water/sanitation/hygiene and nutrition programmes: targets poor households from certain rural communities.

Investing in Infrastructure (3i) social investment programme supported by DFAT and implemented by Palladium: expands delivery of key infrastructure services by partnering with the private sector to improve household and business access to utilities and other services, The programme subsidises the connection to piped water supply for IDPoor households.

German government programmes include:

GIZ Multi-Sectoral Food and Nutrition Security (MUSEFO) Project and CARD: as part of the BMZ Special Initiative ONE WORLD – No Hunger (Sonderinitiative Eine Welt Ohne Hunger), the project aims to improve the nutrition of poor women and young children.

GIZ Regional Economic Development Programme: supports the poor in rural areas of three provinces in accessing sustainable business and employment opportunities to increase their income and overcome poverty.

GIZ and Ministry of Land Management, Urban Planning and Construction’s Improvement of Livelihoods and Food Security Project (ILF): supports recipients of social land concessions in five provinces to develop livelihoods using the new land and improve food security. Recipients were IDPoor Level 1 and 2 households.

KfW Development Bank’s Social Health Protection Programme: provides family planning, childbirth and maternal and child health education, and vouchers for transportation and food costs related to health care for poor women. The voucher services will eventually be integrated into the Health Equity Fund service package.
This chapter discusses the key lessons that have been learned through implementing IDPoor for more than a decade, through coming up against challenges and needing to find solutions as described in the previous chapters. These insights may be relevant for other low-resource countries for their own poverty identification programmes, but also for higher-income countries in considering how to tackle their own challenges of making poverty more visible and channelling the social and political will to address it.

It is possible to have a poverty identification system that is national in scope, sufficiently accurate, accepted by communities and fully government-funded.

Cambodia has been able to achieve routinely updated national coverage using a proxy means test targeting methodology despite limited administrative capacity: a rare feat according to much of the academic literature. The community-based component of IDPoor improves targeting accuracy while keeping costs affordable – and sustainable – for the government. According to Keo Ouly, Director of IDPoor at the Ministry of Planning, ‘one of the success factors of IDPoor is there is a clear structure which relies on existing entities from the national down to the grassroots level, and works across other ministries as well.’ The political and financial commitment of the Cambodian government as evidenced by its adoption of Sub-Decree 291 and its full funding of IDPoor’s operational costs, along with a long-term commitment by development partners, has ensured IDPoor’s expansion and ever-increasing uptake by organisations and government ministries for programme targeting. The adjustments being made to IDPoor, such as the new urban process and the pilot of an on-demand identification mechanism, are being thoughtfully added, with an eye to using existing government structures and local organisations to ensure continued buy-in at all levels.

IDPoor’s transparent, community-led process provides social value and keeps poverty on the political radar.

Having such an inclusive and participatory process does more than ensure that government and development partners know how to target their poverty alleviation measures: It brings communities together to talk to each other about poverty, reviewing its realities, scope, and impact for individual households and the community as a whole. The nature of the process allows special circumstances to be considered, is transparent and monitored, includes ways to complain or request re-evaluation, and results in high community satisfaction overall. In addition, it keeps a considerable number of Cambodians at all levels well informed about what living in poverty means and how the poor use the social transfers and services they receive, thus preventing the suspicion and misconceptions sometimes levelled at recipients of social support in middle and high income countries.
At the same time, IDPoor’s annual implementations serve to keep poverty on the political radar at provincial and national levels. Defining poverty in any setting has a political aspect to it, as all governments hope to show positive change. By identifying multidimensional rather than strict income-based poverty, IDPoor can show that many in Cambodia are still vulnerable. According to H.E. Theng Pagnathun, Delegate of the government of Cambodia in charge of the Director General of Planning within the Ministry of Planning, regardless of where precisely the official poverty cut-off line is placed, ‘a poor person is still a poor person, and the government needs to provide interventions.’ With IDPoor’s household data the government and development partners have the information they need to do just this.

To build trust in the data it generates, IDPoor needs to involve and be transparent with the stakeholders whom it expects to use the data.

Early on, the Ministry of Planning focused on building community participation and collecting the data, through support from ministry staff, trainings at all levels from province down to village, and close implementation monitoring. Over the years, the IDPoor team realised that data dissemination, communication, and building trust with stakeholders and data users were just as important as the data collection itself. When data users do not understand the process or are not aware of improvements being made to address problems, they do not trust the data and want to re-edit it or collect their own. Strong monitoring and evaluation are necessary, including the sharing of findings and proposed solutions, despite the fact that often a culture of acknowledgment of weaknesses as part of performance improvement is not always well established. The Ministry of Planning is increasing its focus on this through stakeholder reflection fora after each round, an annual data user forum, and the setup of a Multi-Stakeholder Advisory Group. These efforts take more time, but ultimately build a stronger system and feedback loop.

Tension between speed and inclusivity is inherent in targeting mechanisms and needs to be balanced.

For IDPoor, the need to have quick and up-to-date poverty data – taking account of migration and of changes in poverty status – must be balanced against the need to maintain the merits of the community-based, participatory aspect of the process. The on-demand identification mechanism as currently envisioned would allow for updates in between IDPoor rounds, but would omit the village-level deliberations and have household visits and interviews conducted by Commune Council members. The introduction of digital data capture and other information technology solutions may increase efficiency, but may preclude the participation of community members who lack technology skills. Increased technology also requires the resources to manage, maintain and replace hardware and software when necessary. The merits of ‘quick and digital’ should not necessarily be prioritised over the value of ‘inclusive and participatory’ – ideally, some combination of both should be used to maximise benefit and minimise error and cost according to government and community priorities. Further evaluation will be needed for IDPoor to determine where this balance lies.
Peer Review

Each case study in this Collection is reviewed by two independent reviewers who are internationally recognised experts in their fields and assess whether the case study has generated new insights into the approach it presents and in the development challenge it addresses. Their reviews’ main findings are summarised below.

IDPoor provides an example of a sustainable social protection initiative for countries at a similar level of economic development.

Both expert reviewers value Cambodia’s distinctive approach to poverty identification, i.e. ‘combining community selection with a proxy means test, IDPoor achieves community support and consistency in the use of household information.’

They see the case study as useful and timely because ‘many countries with similar social and economic challenges to Cambodia are also looking for the means to extend social protection to the poor.’ The scale-up of Cambodia’s Health Equity Fund, which served as part of the impetus to develop IDPoor, provides a ‘strong example’ of how social protection schemes ‘can be sustainable even at relatively low levels of national income per capita’, as one reviewer noted and suggested that education, rural development, and programmes for vulnerable populations may benefit from lessons learnt through IDPoor. The detailed description of the IDPoor process, and its development and adaptations, were seen as helpful and unique in the literature on poverty identification mechanisms.

Context and partnerships are important for sustainability.

Both reviewers noted the importance of developing strong partnerships and working within local realities: ‘Partnership with the relevant ministry is essential to ensure the initiative is scaled up and sustainable,’ as exemplified by the Ministry of Planning’s progressively taking over financing of IDPoor implementation in rural areas. This reviewer also pointed to the urban IDPoor process as an example of paying attention to and adapting programmes for different contexts.

The other reviewer found that ‘the report correctly emphasises that an essential part of the process of successful targeting of the poor is to build the necessary national structures, to rely firmly on community administration of the system and to involve government, non-government and development partners in the process.’

The challenges of persistent versus transient poverty are different, and IDPoor is adapting to try to meet the latter as well as the former.

The nature of poverty in Cambodia was discussed by both reviewers in relation to IDPoor. According to one reviewer, ‘IDPoor is better able to identify persistent or structural poverty, with recertification every three years, than transitory poverty.’ The other reviewer found that the case study covered well ‘the frequent movement of a large section of the population into and out of poverty’, while both reviewers acknowledged that adapting the IDPoor process to better capture transient poverty would have implications for costs and IT systems, and would require additional community awareness raising so poor households understand the new process and their rights.

Additional questions remain for further monitoring and assessment.

The reviewers suggest that some questions on which future IDPoor assessments could focus include: the validity of IDPoor results (such as the study planned by the Ministry of Planning for 2018); whether there are any irregularities or gaps in the process, such as whether all households receive their Equity Card in a timely way; and how inclusion and exclusion errors are monitored and followed up.

Finally, as one reviewer observed, with close to 8 million records ‘the IDPoor database is itself a valuable resource for generating at least a part of the evidence – the demography of poverty in Cambodia – that is required for perceptive and effective social policy and national reform.’
The Federal Ministry for Economic Cooperation and Development (BMZ) would like to thank its partners at the Cambodian Ministry of Planning, and especially the ID-Poor Programme (now Department) and its director Keo Ouly, for many years of fruitful cooperation. The Australian Department of Foreign Affairs and Trade has provided support and assistance over almost a decade, recognising the need for longer-term commitment in order to build a sustainable programme.

We are grateful to the many individuals who contributed to this publication, in particular Ole Doetinchem, Sabine Cerceau and Som Chandararith of GIZ’s programme to support IDPoor, as well as Sar Kosal, Maun ChanSarak and Bou Vanna from the Ministry of Planning’s IDPoor team for their assistance during the writing of this case study.

Other individuals from partner organisations and government ministries who shared their insights on IDPoor include Dr. Sok Khana (Ministry of Health), Dr. Sann Vattana (CARD), Tapley Jordanwood (URC), Maki Kato (UNICEF), Jonathan Rivers and Francesca Erdelmann (World Food Programme), Benita Sommerville and Dr. Premprey Suos (DFAT), Birgit Stube (BMZ), GIZ Country Director Thomas Waldraff, and other GIZ advisors. Dim Dorn (Kampong Chhnang Provincial Department of Planning) and Phoeuk Hoeng (Kholong Popok Commune) were essential to understanding IDPoor’s implementation and impact at the provincial and village levels.

Oliver Schell provided invaluable translation assistance and background knowledge of IDPoor and the health sector in Cambodia.

Additionally, we acknowledge with thanks the contributions of former GIZ staff for their insights into IDPoor’s history: Anne Erpelding, Angelika Fleddermann (who continues to work for GIZ), Julian Hansen, Peter Kaufmann and Jürgen Schilling.

We are also grateful to Professor Frank Bliss, who provided feedback on a draft of this text.

For their valuable independent peer reviews, we thank Professor Peter Annear, Head of the Health Systems Governance and Financing Unit at the Nossal Institute for Global Health at the University of Melbourne, and Armando Barrientos, Professor of Poverty and Social Justice at the Institute of Development Policy and Management at the University of Manchester.

This case study was researched and written by Emily deRiel. The valuable inputs made by Anna von Roenne, the Managing Editor of the German Health Practice Collection, throughout the publication process are gratefully acknowledged.
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