



CAMBODIA: Who are the poorest in the village? Experience with the ID Poor approach

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Ways out of extreme poverty, vulnerability
and food insecurity (AVE)

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completely covered by the state (BMZ 2017: 27f.). This proves a considerable ownership on the part of the Cambodian government. The results of ID Poor, i.e. the poor lists, are available for specific villages. General data on the figures are publicly accessible on the Internet, and personal data can also be called up by donor organisations with a justification. It has largely achieved the goal of targeting national and international aid measures for poor households at those groups who really need it. Of course, each participating organisation is free to carry out additional targeting steps, such as extending the category of poor households to include those managed by single women, who only include old people or who have a disabled person as a member.

Country background and project integration

Together with Myanmar, Laos, Nepal and Central Asian Tajikistan, Cambodia is one of the poorest Asian countries. With a gross domestic product of around US\$ 3,500 per capita (already supplemented by a purchasing power compensation factor – nominally only between US\$ 1,000 and US\$ 1,200), the country is on the very lowest border of middle-income countries (cf. ADB 2014, 2017; KoC 2014).



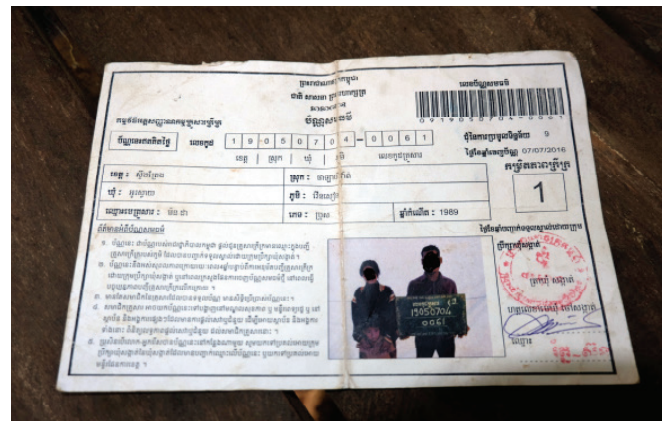
In 2009, around 23% of the population were extremely poor (i.e. living on less than US\$0.93 per person per day). Today, the figure is only 13.5% to 17%, depending on the source, due to considerable economic growth (above all in the textile industry). When multidimensional poverty criteria are used (in addition to income, e.g. access to good nutrition, health care, education), the proportion rises to more than one third of the population.

In addition, an even larger proportion of the population is vulnerable, i.e. has less than twice what is considered the poverty line. Accordingly, about 55% of the country’s population must be regarded as poor and/or vulnerable (cf. UNDP 2017). Even a crop failure, the illness of a worker in the family or minor economic upheavals, such as a flood or drought, can push a large number of people back into poverty.

As in the fight against poverty, Cambodia is also showing success in the area of food security. Between 2000 and 2010, the percentage of children under five years of age who were underweight fell from 38 to 28.3%, while the proportion of emaciated children fell from 16.8 to 10.9% over the same period (see UNICEF 2017). However, in all areas these trends fall behind the improvement of social indicators. Obvious hunger (i.e. lack of access to food) is less the problem than under-nourishment, above all malnutrition and nutritional deficiencies.

The implementation of ID Poor in practice

The ID Poor process is managed by the Cambodian Ministry of Planning (MoP), which trains its own teams in all Cambodian provinces to implement the survey, which in turn train village committees. These committees (VRGs), which are elected by the entire adult population of a village and for which literacy is a prerequisite for membership, compile lists of all clearly or possibly poor households in the village and carry out household surveys among the listed families using questionnaires drawn up by the MoP on the basis of a decree on ID Poor. They then draw up a ranking list of the poor on the basis of the results of the interviews and a catalogue of criteria. This is then publicly displayed.



Families that are not listed here, but nevertheless feel poor, can contact the VRG, whereupon the VRG advises again and supplements the list if necessary. The council of the respective municipality then receives the list, which has been made public in this way, and which is then checked again to see whether all the criteria have been fulfilled. It then confirms the list as final. The poor households identified then receive their ID Poor status, as well as an identity card showing the family members with a photo (see photo). The procedure is therefore very participative due to the participation of the village population in the committees, and moreover extremely transparent.

ID Poor status currently primarily entitles the families concerned to free health services throughout the country, ranging from local health centres to district and provincial hospitals to special treatment in one of the country's seven best hospitals. This is financed by the Health Equity Fund (HEF), which has so far been co-financed by several donors, including Germany, and is to be financed entirely by the national budget from around 2020 (cf. Bliss 2018). In addition to the direct costs for the treatment of the sick or injured, the HEF also pays for travel costs to the health facilities, and accompanying persons who look after the sick can receive a daily allowance. If someone dies during treatment in a health centre or hospital, relatives also receive a funeral allowance. In addition to these benefits, cardholders are also intended to be given priority in other social benefits for the poor and in special support programmes. In the province of Siem Reap, for example, in addition to the regular health services, one-year school scholarships for children from ID Poor households are also part of the support programme for the poor.

It is not the task of ID Poor to change gender relations.



However, the effects of ID Poor are by no means gender-neutral. Because women and especially households run by women are disproportionately represented among the poor, they benefit particularly from ID Poor status. Therefore, women are also much more strongly represented than men in the use of services based on ID Poor status, not least because of the pre-natal and post-natal care and obstetric assistance provided by the midwives of health centres and hospitals.

Voices in the villages on the practice of ID Poor

In all 30 discussions held, respondents agreed that ID Poor households needed further support. However, they also agreed that none of the household representatives present had obtained their ID Poor status without justification because they did not meet the poverty criteria. In addition, in three quarters of the villages it was confirmed that the ID Poor card had improved the situation of the household, as it had above all guaranteed free medical care and considerably reduced the costs previously incurred in this area.



On the other hand, it became very clear in at least 25 villages during the talks that there were a number of other destitute households that should actually have been entitled to ID Poor status. In some villages only three or four households were mentioned, but in most villages the number of poor households without allocated cards was estimated to be between ten and 25 households.

The reasons for the lack of ID Poor status are that households were only newly formed by marriage

after the survey round, households only moved to the respective village after the survey round, or a family only became impoverished as a result of an accident or illness in the period after the last survey round. These shortcomings are to be remedied by the fact that interviews are now to be carried out on request in the three-year period between the survey rounds, and ID Poor cards are then to be issued. However, in one of the five reference provinces for the study it was also emphasised that the number of poor people to be put on the lists at the end had been specified “from above” in order not to have to issue too many ID cards.



Challenges during the implementation of ID Poor

A major advantage of ID Poor over other identification systems for poor households and/or individuals is the regularity of surveys every three years with the associated supplementary allocation of identity cards. The fact that the three-year cycle nevertheless leads to a situation in which a number of poor people cannot be identified because they were absent during the surveys or only become impoverished afterwards is a problem, that has been recognised and is to be remedied by an integrated post-identification system from 2018 onwards. Since many of the deviations from the ID Poor specifications, such as the number of households to be surveyed or the choice of VRG members, are primarily the responsibility of village chiefs, they in particular need to be monitored more closely. This also applies to the planned Post-ID system.

The data from ID Poor seem to reflect the actual poverty situation relatively well, even though there are still

inclusion errors and, perhaps to an even greater extent, exclusion errors. It should be discussed whether the proxy indicators, which are intended to describe the socio-economic situation instead of (impossible) recording of income figures in the context of household surveys, could be adapted even better to the latest developments, such as the currently rapidly changing material resources of even poor households. For example, mobile phones and tin roofs are present almost everywhere and should no longer be a measure of poverty. An adjustment would help to further reduce exclusion errors.

Overall, the talks in the villages also showed that the information policy on ID Poor and above all on the possible uses of the ID card could still be improved everywhere, even though our discussion partners mentioned already considerable expansion of information provision in recent years. Here, too, consideration could be given to making the village chiefs more accountable or to entrusting the dissemination of information entirely to the full-time local administration. However, social security providers’ organisations, including the NGO scene, should also be more aware of their services for ID Poor cardholders.



The broad participation at village level and the extraordinary transparency of ID Poor represent an ethical problem from a Western point of view, namely that of making the poverty situation of individual households public by including family names in publicly displayed lists. This public sphere is at the same time a constitutive principle of ID Poor, as it is intended to open up a complaint procedure to all those who have not been placed on the lists but nevertheless feel poor. However, in the 30 discussions that took place, this problem was hardly addressed at all.

General Conclusions for Development Cooperation

► Even in comparison with other states with lower and middle incomes (Rwanda or Pakistan), the ID Poor targeting system in Cambodia must be regarded as good practice. The results of the INEF study suggest that ID Poor performs very well, despite a number of implementation difficulties, because the level of participation of the general public is above average, indeed exceptionally high, and the system is characterised by considerable transparency. In addition, there is remarkable ownership on the part of the state and the administration.

► The procedure chosen involving participation of the village population, and with relatively few interventions by the national Ministry of Planning concentrated above all on the training and further education of the participants in the provinces and districts, paves the way for a considerable degree of participation and transparency, which is almost always lacking in other targeting models. Initial fears that the implementation of ID Poor by the village population itself might over-tax the elected members of the committee ultimately proved unfounded. This proves that very extensive and “demanding” participation is also possible in poor countries.

► In the discussions, it was repeatedly confirmed that all ID Poor cardholders had received their ID cards in good faith, i.e. that there were no inclusion errors. This confirms to a large extent the advantage of a transparent / public identification, where all families of a village ultimately know who is poor and why he / she as a household chosen by ID Poor may be poorer than oneself. This is an important prerequisite for the acceptance of social security systems also by the non-beneficiary sections of the population.

► A targeting system for poor households with only minor inclusion and exclusion errors is particularly suitable for use by governmental and especially non-governmental organisations as a basis for addressing funding offers. NGOs in particular, which usually have lower financial resources, can thus save transaction costs.

► ID Poor will soon reach not only the rural areas of Cambodia but also the people in the cities throughout the country. In the case of national social security

programmes such as the HEF health fund, such a recording of the poor is also a core prerequisite for their success. (Extremely) poor people do not only live in poor areas, but can also be found almost everywhere in the world in affluent and rich areas. For this reason, even countries that have so far only pursued regional targeting should at least adopt the basic idea of ID Poor for nationwide targeting.



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Images

1. During a focus group discussion, 2. Walls and roofs made of straw point to the extreme poverty of homeowners, 3. ID Poor card, 4. Cardholder during a discussion, 5. Participants during different focus group discussions, 6. District hospital: ID Poor cardholders receive free treatment here, 7. and 8. Discussion with ID Poor cardholders.

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Map of Cambodia

https://en.wikipedia.org/wiki/File:Provincial_Boundaries_in_Cambodia.svg [09/2018].

Project characteristics*

- B5 – Processing intensity by research team
 G0–G1 – Gender identification
 P3 – Participation
 A1 – Target group identification

* For explanation see Good Practice Handbook or www.inef-reachthepoorest.de

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INEF - Research Project

The research project aims to develop recommendations for state development cooperation. The aim is to identify measures that can better reach extremely poor, food-insecure and vulnerable population groups.

We examine the interdependencies of extreme poverty, vulnerability and food insecurity in order to identify both blockages and success factors for development cooperation.

Based on literature analyses and surveys of professional organisations at home and abroad, successfully practised approaches ("good practices") are to be identified and intensively analysed within the framework of field research. In addition to a socio-cultural contextualisation, the gender dimension is consistently

taken into account throughout. The local investigations focus on the participation of the affected population in order to capture their perception of the problems and ideas for solutions.

We initially conduct our research in Ethiopia, Benin, Kenya and Cambodia.

The project is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) under the special initiative "One World – No Hunger".

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