Community Perceptions of Pre-identification Results and Methods in Six Health Equity Fund Areas in Cambodia

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Abstract

In Cambodia, different methods are used to pre-identify poor households as eligible beneficiaries for support by a health equity fund. This paper reviews the experience in six different schemes; the perspective of local actors is taken. Our postulate is that the perceived fairness of the HEF pre-identification is an important measure of the quality of the targeting process, one which is relatively simple to measure, as well as an important condition enabling the scheme to function properly and to receive ongoing community support. Semi-structured interviews were carried out with local staff involved in the health equity fund program, with village authorities and with beneficiaries. The study shows that pre-identification is carried out in different manners across the schemes: different stakeholders are involved, different eligibility criteria are used and different processes are followed for making lists and enrolling poor households into the scheme. Interviews with beneficiaries suggest that in all the six schemes, the pre-identification was well accepted and assessed. Local informants did not report major mistakes in terms of targeting, but are a precious source of information for making programs even better.

Introduction

In many developing countries, access by the poor and very poor to public health services is an issue. Studies have shown that user fees are one of the main barriers (Noirhomme et al. 2007). Among the governments not considering the abolishment of user fees, several have been exploring complementary strategies such as fee waivers, health equity funds (HEFs) and community-based health insurance (CBHI) (Ir and Bigdeli 2007).

The Cambodian government has recently come to recognize that
health financing is one of the core functions of any health system, linking up with poverty reduction (MoH 2006a). In this domain, a number of health reform mechanisms have been tested in the country, such as the user fee system, subcontracting of government health service delivery to nongovernmental providers, CBHI and HEF schemes, the focus of this study (Annear et al. 2006, MoH 2006a).

HEFs were pioneered for the first time in Cambodia in 2000 (Bitran et al. 2003; Hardeman et al. 2004; Jacobs and Price 2006). As early evidence showed that HEFs were effective in removing barriers to accessing public health care services for the poor (Hardeman et al. 2004), the strategy spread rapidly across the country (for further information on the history of development of HEF see Annear’s article in this book).

The HEF strategy is very straightforward: it consists in improving access to health care services for the poor and poorest by paying the health care provider on their behalf, through a third-party payer. In most HEFs, this third-party role is entrusted to a local non-governmental organization (NGO), with funding from international donors. The benefit package usually includes the user fees, but also other participation costs such as transport and food during hospital stay. One important factor contributing to the effectiveness of HEF is its targeting strategy. Targeting the right beneficiaries is a fundamental objective of HEF schemes. The targeting approach must be accurate, cost-effective and fair to individuals and the community. As indicated by Meessen and Criel (see elsewhere in this book), proper targeting ensures exclusion of the rich from benefits (i.e. prevents leakages) and maximizes resources for the poor (the target group). Till recently, there was no real national guideline on how to operate HEF. This has led to some creativity among local NGOs in their approach of identifying the beneficiaries.

In terms of time of identification and entitlements, two methods are most commonly used in Cambodia. The first is called pre-identification: the poor household is identified at community level (often after a home visit) prior to the episode of illness. The second method is called post-identification, or passive identification. The post-identification is performed when patients come to use health services and ask for assistance, or when health staff refer them for financial assistance. The identification is done by the HEF operator operating inside the hospital, not at the community level.

This study focuses on HEF schemes relying on the pre-identification
strategy. It reviews and compares the implementation approaches adopted by six different HEFs and reports their performance in terms of targeting accuracy and perception of fairness. Local stakeholders, and beneficiaries in particular, are the main source of information.

The study, commissioned by an international organization involved in HEF implementation, served originally two purposes. The first was to provide immediate detailed feedback to the HEF program management team during the time of the study on how processes and actual results were perceived by the communities served. This provided useful management information for the HEF in question and useful monitoring information for HEF implementing agencies. The second purpose was to provide an overall assessment of the effectiveness of each HEF program under study in terms of the acceptability and fairness of their pre-identification process of poor households in selected villages. We believe that this study has also some relevance beyond the six programs under review. Among other things, it opens the research agenda on HEF as seen from a community perspective.

The structure of this paper is as follows. Section 2 describes the methodological approach used. Section 3 presents the results of the study, giving both qualitative and quantitative information to describe the pre-identification methods used by different organizations implementing HEFs in six different areas of the country. The last section of the paper offers a general discussion of the study and its limitations, then concluding with an overall analysis and some key research questions for future study.

Methodology

This study was carried out with six HEF schemes, five implemented in rural areas (Pursat, Chhlong, Mung Russey, Monkolborei and Svay Rieng) and one in an urban slum area in Phnom Penh city. Data collection was carried out in mid-2005, but the information in this paper has been updated using secondary data, such as annual reports and recent studies of HEFs (Annear et al. 2006).

Interviews were carried out with local staff managing HEF programs, especially with those involved in the pre-identification process. Interviews were also conducted with village chiefs, to find out if they had been involved in pre-identification in any way and to obtain their opinions and perceptions of the process and results. Not all village chiefs were present during the
In selecting households for interview, several steps were taken. First, the researchers obtained a list of all the administrative districts covered by the HEF within the province and randomly selected one district. Second, within the selected district, two communes were randomly selected (in Pursat, only one commune was selected). Third, within each selected commune, one village was randomly selected. Finally, from each selected village, a list was obtained of all households that had received HEF cards. From this list, 15 households were randomly selected for interview. This selection process was carried out for all the five rural HEF schemes under study. For the one urban HEF, selection started from five poor communities covered by the Urban Sector Group (USG) in the Phnom Penh area. One slum was randomly selected from the five, then two villages were randomly selected. In each village, 15 households were randomly selected for interview. The total sample selected from the six HEF schemes was 175 households.

Once the households were selected, two researchers each took a list and went separately to the villages to locate the families, with the assistance of NGO staff. Owing to the nature of random sampling, some villages were very remote and difficult to reach. Some families were not home. In these cases, more time was spent locating the households.

Open interview questions were used to interview NGO staff and village chiefs to collect information on the structure of each HEF program, how the pre-identification team was organized, how the list of poor households was made, what the process of pre-identification was, and how the HEF card was distributed in the community.

An open-ended interview technique was also used for interviews with local villagers. One of the objectives of the study was to assess the accuracy of the identification process. To obtain the false negatives (i.e. poor families who were not granted the entitlement, for any reason), respondents were asked whether they knew any households in their village that were just as poor or poorer than them but did not receive HEF cards. If the answer was ‘yes’, respondents were asked to provide the name and address of those households¹, and their opinion on why the households did not receive HEF cards. Similarly, to obtain the false positives (i.e. non-poor families that have

¹ In asking this question, the researchers ensured the respondent that their answers will be kept confidential.
been granted the entitlement), respondents were asked whether they knew any households in their village that were better-off than them but received HEF cards. If the answer was ‘yes’, respondents were asked to provide the name and address of those households, and their opinion on why the households received HEF cards if they were not poor. In order to verify this, the researchers then went to the false negative and false positive households to check whether respondents had reported correctly, using observation and informal interview.

All respondents were also asked to give their opinions and perceptions of the pre-identification carried out in their village, and to state whether they thought the process was fair and complete and whether they found the benefit package sufficient for accessing necessary care and treatment. Respondents were also asked about their experiences in using their HEF cards at health care facilities.

Interviews with HEF staff were taped, recorded and transcribed. Interviews with village chiefs were written down in field notes for later analysis. The analysis was carried out using qualitative techniques, by coding individual interviews and searching for themes and patterns related to the topic of study. Interviews with heads of households were analyzed using qualitative techniques to identify factors contributing to false negatives and false positives in the villages. Quantitative analysis was carried out using Microsoft Excel, calculating the percentage of false negatives or false positives (dividing the number of false negatives or positives reported by the villagers by the total number of families in the two villages and multiplying that number by 100).

**Results**

The results of this study are presented in several parts. The first part provides a detailed description of the organization of the pre-identification and the approach used in making household lists for interview, setting poverty criteria and distributing entitlements. The second part gives the number of false positive and false negative households reported by respondents in selected villages, and what respondents perceived to be the factors contributing to this. The last part presents overall local perceptions of the acceptability and fairness of pre-identification methods carried out in the villages.
GENERAL DESCRIPTION OF THE SCHEME OPERATION

Organization of pre-identification

The organizational structure of a pre-identification process may contribute to the efficiency and cost-effectiveness of the whole targeting program.

Two HEF schemes in rural areas (Banteay Meanchey and Pursat) were implemented by CFDS (Cambodian Family Development Service). This local NGO entrusted the pre-identification work mainly to eight permanent staff and two community networkers. The latter were in charge of establishing networks with village volunteers to help disseminate information about the HEF program and health-related information and to assist in finding households, especially the poor, for pre-identification. In the CFDS ‘model’, the community network is also important for providing information to the community and for getting feedback on the problems and concerns of the people with regard to the pre-identification process, the benefits received, and the actual use of the service with HEF entitlements.

The HEF schemes in Moung Russey and Chhlong, implemented by AFH (Action for Health), have a different organizational structure. Instead of using permanent staff, AFH recruits a temporary volunteer group (high school students) specifically to carry out pre-identification in the coverage area. The project manager and two project assistants, each selected from the districts covered, manage the whole pre-identification process and coordinate between the NGO and the local communities. Also different from CFDS, AFH has established HEF management committees in the villages, with members selected by HEF beneficiaries themselves. The committees are responsible for locating poor families that have not been identified during pre-assessment, helping to educate villagers on obtaining quality health care, assisting families supported by the HEF to access health care, and reporting any problems back to the NGO implementing the scheme.

UNICEF’s HEF scheme in Svay Rieng is also located in a rural area but is quite different from the schemes of both CFDS and AFH, in several ways. As far as pre-identification is concerned, the UNICEF’s scheme is in fact implemented by three different agencies (UNICEF, HealthNet and a local NGO), and each agency covers a different operational district. For pre-identification, two operational district hospital staff are hired to work as coordinators between the HEF program and ‘village health volunteers’. These two staff are responsible for training the volunteers to carry out pre-
identification and also for taking photographs of qualifying families in all three operational districts.

The organizational structure of USG’s HEF program in poor urban communities in Phnom Penh is as follows. At the implementing agency level, there is an HEF manager and two community outreach coordinators, similar to the community network in rural areas. The project manager oversees the whole pre-identification process, including training user group members on pre-identification methods and managing the data entry database program, and is sometimes involved in card distribution. The two community outreach coordinators serve as intermediaries between communities and the Municipal Hospital, helping to improve communication between doctors and HEF patients admitted to the hospital. They also help to protect patients from abuse by medical staff, to push for better quality and to help solve general problems that HEF beneficiaries might have. At the community level, user group members are recruited through community voting to act as community representatives and to network between the people and the NGO implementing the HEF. User group members are also involved in the pre-identification of poor families in their community. User group members have three important capacities in the functioning of USG’s HEF program: i) they are able to find practical solutions to help poor people gain access to health care; ii) they can hold the system accountable, all the way up the hierarchy; and iii) they are trusted by the people in their community.
Table 1. Description of each scheme

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Organizational structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFDS (Banteay Meanchey)</td>
<td>1 program manager, 2 coordinators, 2 village networkers, 2 post-id staff, 8 permanent pre-id staff</td>
</tr>
<tr>
<td>CFDS (Pursat)</td>
<td>1 program manager, 2 coordinators, 2 village networkers, 2 post-id staff, 8 permanent pre-id staff</td>
</tr>
<tr>
<td>AFH (Mung Russey)</td>
<td>1 program manager, 2 coordinators, 3 village equity fund committee members, 2 post-id staff, 26 temporary pre-id volunteers</td>
</tr>
<tr>
<td>AFH (Chhlong)</td>
<td>1 program manager, 2 coordinators, 3 village equity fund committee members, 2 post-id staff, 20 temporary pre-id volunteers</td>
</tr>
<tr>
<td>USG (Phnom Penh)</td>
<td>1 program manager, 2 coordinators, 61 permanent user group members</td>
</tr>
<tr>
<td>UNICEF (Svay Rieng)</td>
<td>2 UNICEF personnel, 2 OD staff, 2 permanent village health volunteers in each village</td>
</tr>
</tbody>
</table>

Making the list of poor households

For making a list of poor households in the villages, four different steps can be undertaken: i) the list of poor households is taken from the local government census; ii) the list of poor households is produced by the village authorities, such as village chiefs, commune leaders and the village development committee, etc.; iii) the list of poor households is produced by the NGO through pre-identification; and iv) a list of poor households is produced by combining information from the local census and from the village authorities. All the HEF implementers did not use the four steps in developing the household list for pre-identification. Table 2 below shows the different approaches taken by the different HEF schemes under study.
Table 2. Method of making lists of poor households for pre-identification

<table>
<thead>
<tr>
<th>Schemes</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>List of poor HH taken from government census</td>
<td>List of poor HH set by village chief /volunteer</td>
<td>Poor HH found through pre-identification by NGO</td>
<td>Combined methods</td>
</tr>
<tr>
<td>CFDS (Banteay Meanchey)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CFDS (Pursat)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AFH (Mung Russey)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AFH (Chhlong)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>USG (Phnom Penh)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>UNICEF (Svay Rieng)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

CFDS’s HEF method did not take the list of poor households from the local government census, but rather used the local authorities to produce the list directly. This was done in several steps. The first step involved organizing a commune meeting with the participation of all commune leaders, village chiefs, village development committee members and community networkers to announce the HEF program and to explain the process and criteria in making the list of poor families. In the meeting, village chiefs, village development committee members and community networkers were all asked to produce a list of all the poor households that they could think of. The lists made by the village chiefs were compared with those made by the village development committees and community networks. All these lists were then combined into one list for each village. The CFDS pre-identification teams then took this list to the villages to pre-identify poor families. The UNICEF HEF method followed a similar approach: the list of poor households was developed by the village health volunteers, working in collaboration with village chiefs and the village development committees.

AFH also took a similar approach to compiling the household list for pre-identification, but also collected statistics on poor families from the local government census, including information from departments of planning, district offices and referral hospitals, then combined this with the
information taken from local authorities such as commune leaders, village chiefs and village development committees. All the lists were then put together to give the total number of poor families in each village, commune and district.

USG did not create a list of poor families in their communities as did the HEF schemes in rural areas, but simply used user group members already living in the slum communities to pre-identify households. Since user group members themselves live and work in the community, they know best which families are poor or rich.

**Definition of poverty**

Setting criteria to define poverty is often problematic, owing to the ‘vagueness of poverty’ (Qizilbash 2003). One issue is to decide on the dimensions defining poverty, another issue is whether and how to adopt weights and thresholds. Both ‘poverty scientific experts’ and ‘experience experts’ are possible sources of knowledge.

This study confirms findings by Noirhomme et al. 2007: eligibility criteria vary across HEFs, as different HEF implementers used quite different definitions of poverty and scoring systems.

CFDS’ pre-identification method focuses on the following criteria in defining household poverty level: demographic background and socioeconomic status of the family, including monthly income; number of children; condition of the house; land; mode of daily transportation; livestock; external support; education; health condition; natural disaster impacts; money owed; and expenses. For each of the criteria a score is given and then aggregated to get the total score. The total score is then divided into two levels: non-poor and poor. A family with a total score below 17 is considered non-poor; a family scoring between 17 and 25 is considered poor. We found that the two CFDS schemes under study used a different scoring system and divided poverty status into three levels: medium poor, with a score below 18; poor, with a score between 18 and 27; and very poor, with a score between 28 and 36. The benefit package is allocated according to the level: the medium poor only receive a 50% benefit, covering only medical costs; the poor receive 75%, covering medical costs and food; and the very poor receive 100%, covering transportation, medical costs and food for patients and visitors. See the discussion section on the issue of standardization of the criteria.
AFH’s HEF scheme uses more detailed criteria in defining the household poverty level. These criteria include demographic information; house condition; assets (electronic devices, transportation, electricity, productive land, farm assets, livestock); cash income; family condition; length of severe illness in the past year; and health of all family members in the past year. A score is given to each of these criteria, which is then divided into three poverty categories: medium poor, with a score between 10 and 13 points; poor, with a score between 6 and 9 points; and very poor, with a score of lower than five points. Families scoring more than 13 points are considered rich. Benefits are given based on these three categories: the medium poor receive 50%, the poor receive 75% and the very poor receive 100%.

Interestingly, UNICEF’s pre-identification method uses simple and fewer criteria than that of CFDS and AFH. These include marital status of the head of the household; occupation of the head of the family; number of children under 18 years of age; structure of the home; size of farm land; and livestock. The scoring system is divided into three categories: the medium poor, with a score of eight or nine, receiving 50% of coverage benefits; the poor, with a score of 10 or 11, receiving 75% of coverage benefits; and the very poor, with a score of 12 or above, receiving 100% of coverage benefits. Coverage benefits of 100% include transportation (only when using the health center ambulance), food for visitors and patients, and treatment. Benefits of 50% cover half the medical costs.

USG’s pre-identification method is the most complex method reviewed in this study. This may be due to the urban context. Furthermore, it uses a complicated computer scoring system to assess eligibility. The main groups of criteria include household composition; illness over the past month; daily income; expenditure for food and health care; assets; loans; housing condition; and so on. Also unlike other methods, USG divides poverty status into four levels, which include ‘non-poor’, ‘medium poor’, ‘poor’ and ‘very poor’, based on the score given to the main groups of criteria. Only the medium poor, poor and very poor qualify for benefits.
Enrollment and distribution of entitlements

Enrollment of poor households eligible for benefits involves two steps: taking the family photo for the card and card distribution. Different enrollment approaches are used by each HEF scheme. It was found that different methods of enrollment to some degree affect local people's perceptions of the fairness of the pre-identification process. Distributing the card in a public place used by HEF schemes is key for the accountability and transparency of the scheme, allowing other people to speak out about who qualified for the card and who did not, which makes the issue opens to the public and allows for verification of the pre-identification process.

The CFDS HEF took a photo of the qualifying family after the completion of the interview. After pre-identification and cards distribution, a team goes to the village to take a photo of families in front of their house. The photo is taken in front of the house as evidence of the family's poverty. This strategy is time-consuming, especially when households live in remote and isolated villages. One of the main problems with taking pictures is that not all family members are present during the interview, thus some family members could be missing in some photos due to the fact that family members migrated to other area for work and also due to evolution in family composition. Photographs are taken with a digital camera, which makes it much easier to store them in the computer database.

CFDS in Banteay Meanchey distributes cards to individual families immediately after the interview and photo taking. Cards are not distributed in public meetings, so that nobody in the community knows who receives them. Such practice could limit the potential problems related to confidentiality and social stigma attached to being poor. Only an ID number is mentioned on the card as well as the percentage of benefits received (50%, 75% and 100%). There are no names or photos on the card. Families are fingerprinted when they receive their cards. After all qualifying families receive their cards, CFDS makes a list of recipients and sends it to the village chief. Only the village chief knows who in the village has received HEF cards. As such, this is a closed distribution strategy: nobody in the village can know who has received or not received a card unless told by the family. However, CFDS in Pursat distributes cards in public (such as at the pagoda).

In AFH’s method, photos are taken after the completion of interviews and card distribution in public setting such as in the temple or school compounds. The village equity fund committee organizes a meeting in one
village in their district to obtain feedback from the villagers and to take photos. This photo process has proven very difficult and slow, as some areas still have landmines, there are long distances to remote villages, and families are often not at home during card distribution.

At the time of study, USG had not taken photos of qualifying families. This has changed as a result of people abusing the system by loaning their cards to non-HEF beneficiaries so that these people can use them for hospital care. USG distributed the cards to eligible households in the public places in the community where everyone was invited to participate and observe the activity. Community members were allowed to bring up issues or concerns they might have with the result of pre-identification.

UNICEF employs a different approach for card distribution than the other models. The photos of the eligible households were taken during the pre-identification period. Cards are not distributed in public meetings, but are sent to village chiefs, and the village chiefs give them to village health volunteers to be distributed to eligible families individually. Confidentiality of the households is thus protected in this procedure.

RESULTS ON FALSE NEGATIVES AND FALSE POSITIVES REPORTED IN THE VILLAGES

For determining the number and proportion of false negatives and false positives, the team asked all respondents if they knew of any households just as poor or poorer than them in their village and who did not have the cards (false negative), or if they knew of any family quite a bit richer than them and that had the HEF card (false positive). Responses depended on the system of card distribution of each HEF program, i.e. if the cards were distributed publicly, people in the village knew who had received them and who had not. If the cards were distributed directly to families, people in the village might not know who had received or missed out on the card.

In general, it was easier to ask respondents to name false negative families than to name false positive households. People tended to hesitate when asked to name false positive families, because they were afraid of being ‘too noisy’ and for fearing that they would create problems for those families. In other words, they were worried that false positive families would know that they had reported on them. When the researchers did not ask respondents to give names but just asked for general information on whether there were such families and how many had received cards, while ensuring
them of the confidentiality of the information given, they did not hesitate to respond. Then they alluded to this or that family.

The data from this study shows that more false negative families were reported than false positives in each HEF program. This study also shows some degrees of difference in each HEF scheme in terms of the number of false negatives reported by respondents. CFDS in Pursat shows a higher percentage of false negatives, about 9.4%, but few false positives, at 1%. The UNICEF HEF method shows a lower proportion of false negatives (2.3%) and false positives (0%) than other pre-identification methods.

Table 3. HEF beneficiaries’ reports of false negatives and false positives in study villages

<table>
<thead>
<tr>
<th>EF Program</th>
<th>Study villages</th>
<th># of households received card in study villages</th>
<th># of False negatives reported</th>
<th>% of false negatives</th>
<th># of false positives reported</th>
<th>% of false positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFDS-BM</td>
<td>Chomkar Jech Donley</td>
<td>270</td>
<td>20</td>
<td>7.4%</td>
<td>2</td>
<td>0.7%</td>
</tr>
<tr>
<td>CFDS-Pursat</td>
<td>Toulbeng Chher Tep Trapeng</td>
<td>456</td>
<td>43</td>
<td>9.4%</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>AFH-Moung</td>
<td>Donlek Pech Jongvar Tamou Khrom</td>
<td>280</td>
<td>21</td>
<td>7.5%</td>
<td>5</td>
<td>1.7%</td>
</tr>
<tr>
<td>AFH-Chhlong</td>
<td>Chrouy Thma Khrom Trapeng Raing Tmai Beong Kok, poam 4</td>
<td>583</td>
<td>26</td>
<td>4.4%</td>
<td>8</td>
<td>1.3%</td>
</tr>
<tr>
<td>USG</td>
<td></td>
<td>952</td>
<td>38</td>
<td>3.9%</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>UNICEF-Svay Rien</td>
<td>Toul Sakrom Mukda</td>
<td>503</td>
<td>12</td>
<td>2.3%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3,044</td>
<td>160</td>
<td>5.25%</td>
<td>22</td>
<td>0.72%</td>
</tr>
</tbody>
</table>
One can compare these results with the national HEF guideline on exclusion errors (false negatives) and inclusion errors (false positives). As suggested in the National guideline (MOH 2006b), the percentage of false positives should be at the most about 2% and false negatives around 3%. The false positives reported for all HEF pre-identification methods were below the nationally recommended limit; however, false negatives were above the national limit, with the exception of the UNICEF HEF scheme.

This study did not aim to provide a direct scientific assessment of methods to see which way of carrying out pre-identification of poor families was the most effective. Rather, it took local perceptions as a simple proxy to indicate the intensity of problems with pre-identification. However, the team also took into consideration the various constraints each HEF program encountered. As a result, it was possible to identify from each HEF study area the various perceptions expressed by local people as factors contributing to false negatives and false positives of pre-identified families in the village.

Based on interviews with respondents in all HEF areas, the team identified different factors contributing to the failure of some poor households to be pre-identified to receive benefits. These factors were common among all the HEF schemes, but differed between rural and urban areas. Table 4 below provides the list of frequency of explanations of false negatives by different schemes.
<table>
<thead>
<tr>
<th>Explanation</th>
<th>CFDS-BM</th>
<th>CFDS-Pursat</th>
<th>AFH-Moung</th>
<th>AFH-Chhlong</th>
<th>USG</th>
<th>UNICEF-Svay Rieng</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families are not informed about pre-identification</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Families are not interviewed by CFDS staff because they have big houses or expensive assets</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Staff do not reach families because they live in isolated places and faraway villages</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Village chiefs do not enter families on the household list for pre-identification</td>
<td>4</td>
<td>3</td>
<td></td>
<td>1</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Political connections exist with local authorities/political parties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Families are not at home during pre-identification</td>
<td>3</td>
<td>9</td>
<td>7</td>
<td>14</td>
<td>12</td>
<td>3</td>
<td>48</td>
</tr>
<tr>
<td>Families migrate to work in other provinces or countries</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Families have recently moved into the village/community</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Several poor families live together in one house but only one family is interviewed</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>96</td>
</tr>
</tbody>
</table>
We see that an important factor contributing to false negatives is related to families not being at home during pre-identification (48/96 answers, i.e. 50%) and temporary migration to work in other provinces or countries. This issue occurred across HEF schemes, but especially in Svay Rieng and Banteay Meanchey provinces, which are poor provinces located near the borders of Vietnam and Thailand, respectively. Since pre-identification is only carried out one time, and often during the day, this results in many families missing out on the opportunity for an interview. This is also particularly true for the poor living in urban slums in Phnom Penh, where many poor families have to go out to work or sell goods in the city during the day, returning home at night. As a result, user group members do not have the chance to interview them. In addition, some poor families who have recently moved into the area have not yet been pre-identified by user group members. Another factor is that some families happen to be living with their rich relatives temporarily during pre-identification, but later move out. In some cases, several poor families live together in a rented house, but user group members only interview one family.

As mentioned earlier, it was much easier to ask villagers to report false negatives than to ask them to report false positives. Although some respondents reported knowing of better-off families that had received HEF cards, they were not willing to give out names and addresses. Respondents tended to say, 'I know this family in another village'. It seems that there was fear of reporting false positives. When respondents were asked to provide reasons for better-off households managing to obtain HEF cards, they stated that better-off families knew how to pretend to be poor and were clever in giving the right answers. This perception was present across all HEF schemes under study.

Another interpretation by respondents of the reason why some better-off families manage to have cards relates to the latter’s social and political connections with village chiefs or local authorities involved in the implementation of HEF schemes. Village chiefs tend to inform or select those families in the same political party or with political influence in the village. This situation occurs mostly in rural areas and needs to be further explored.

In order to verify the reported cases of false positives, the researchers went to the respective houses to make observations and asked families to show their HEF cards. Informal interviews with heads of households further
confirmed the socioeconomic status and health condition. Once the researchers were able to verify the fact that the households were indeed not poor but still had cards, then such households were confirmed as false positives. The photos below are examples of false positive households found in the study.

The house of a false positive family in Tamou Khrom village, Chhlong, AFH

The house of a false positive family in Trapeng Raing, Anlong Kagan, USG
However, it was found that some false positive households reported by respondents had actually qualified as poor households during pre-identification. Since then their economic condition had improved and families had become better-off. Nevertheless, they retained their HEF cards. This fact is related to the dynamic nature of poverty. An example is one household in Svay Rieng, illustrated in the photo below. As reported by the UNICEF HEF manager, for about 58 households the HEF cards were taken back because these households were no longer poor. This situation occurred across all HEF schemes under study. Another case was reported by a respondent in Phnom Penh of a family that had received money from relatives in the US; with this money, the family had started a business in the community.

On the left is the house before pre-identification, on the right is the house after pre-identification

LOCAL PERCEPTIONS OF FAIRNESS AND UNFAIRNESS OF PRE-IDENTIFICATION

In order to let HEF beneficiaries reveal their perceptions of the fairness of the pre-identification process, respondents were asked in a face-to-face interview: ‘Do you think the pre-identification method implemented in your village was a fair process?’ If not, please give the reason why it was not fair’
Table 5 below shows the results from each HEF scheme in the study.

Table 5. Perceptions of fairness and unfairness of pre-identification

<table>
<thead>
<tr>
<th>HEF Scheme</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFDS Banteay Meanchey</td>
<td>29</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CFDS Pursat</td>
<td>23</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>AFH Mung Russey</td>
<td>16</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>AFH Chhlong</td>
<td>23</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>USG Phnom Penh</td>
<td>26</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>UNICEF Svay Rieng</td>
<td>26</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Percentage: 81.7% Yes, 12% No, 5.7% Don’t know

The result shows that more than 80% of respondents perceived the pre-identification process as fair. A small proportion of respondents (12%) in the study felt that the pre-identification process and the card distribution were unfair. Factors contributing to this perception of unfairness include the following:

- Village chiefs only list people they know for pre-identification;
- Village chiefs or village health support groups tend to have political bias in making the list of poor families or in disseminating information to people in the village;
- NGO staff neglect to interview some families because they have big houses, whereas in reality they are poor. One respondent stated: ‘NGO staff need to observe and ask neighbors to know whether a family is poor or rich, not just observe the house and what they see in front of the house’;
- Information coming to the villages appears to reach better-off people first;
- NGO staff do not make efforts to reach families living in isolated places;
- Rich people are clever and know how to answer and pretend to be poor;
- ‘The rich always want more.’ As one respondent stated: ‘The rich people always know about NGOs coming to the village, and they always want to get more things. We, the poor, don’t get the information’.
Discussion and conclusion

In this study, we have reviewed six different HEF programs in Cambodia. While all the six schemes share a major commonality, i.e. the adoption of the pre-identification strategy to identify and entitle the beneficiary households, the study evidences some variation in terms of identities and roles of involved actors, eligibility criteria, identification process and enrollment and entitlement procedure. This result confirms findings by another comparative study of four HEFs (Noirhomme et al. 2007). One can attribute this variability in the design and implementation of the HEF strategy to the decentralized character of the policy. The most remarkable variation is the one of eligibility criteria for assistance.

To our knowledge, this is the first study adopting the perspective of local actors to assess the HEFs. It appears that local actors, and beneficiaries in particular, are rich sources of information about the performance of HEFs and possible ways to improve it. The six schemes got a positive assessment from the 175 interviewed households. This study confirms other findings about the high accuracy of the targeting by HEF in Cambodia (see also Meessen et al. in this book).

This study has methodological specificities that would deserve discussion. We propose to focus here on our main assumption: community perception can be used as a proxy for assessing accuracy of a targeting process.

The strategy to use community members for implementing a targeting process is a well-known option, it is often referred to as ‘community targeting’ (Conning and Kevane 2002). Several authors have already highlighted the benefits of involving community members in the identification process. The main advantage of course is in terms of knowledge, a key issue once one has to classify households from a population. Local people know what poverty is within their community and who struggles daily for making a living. The feasibility of the strategy is usually not the issue. In Cambodia for example, a study conducted by Jacobs et al. (2005) examined the appropriateness of using community members to identify beneficiaries of HEFs, and found that this is a feasible and effective method, which also minimizes direct costs. Furthermore, using public channels to disseminate information prior to pre-identification and in
distributing the card serves as a way of making the system more accountable in the eyes of the community (Conning and Kevane 2002), and empowers at the same time the community (Meessen and Criel 2008). The main drawback of community targeting is the possible capture by the local elite. As stated by Meessen and Criel in this book, 'Local elites (...) have good and updated information on household characteristics within the communities (...) they may use their information rent to capture the programme benefits'. Another problem, which we discuss below, is the possible inconsistency of the poverty definition across communities.

Our study goes one step further in terms of community involvement: instead of the rather technocratic and statistical approach common in the literature, we propose to use community members and program beneficiaries in particular\(^2\), also to assess the accuracy of the targeting process. This bottom-up approach has the following rationale: at the end of the day, local perception of the fairness of the HEF program will be the key to long-term sustainability of the policy (Ridde 2006). If HEF schemes are fraught with major leakage and under-coverage errors, the community will question the legitimacy of the strategy, to the point that it might lose support at different levels.

This approach obviously rests on a major assumption: beneficiaries know and are ready to report the program status of their neighbors. Our study indicates that this is probably true, but one must be cautious. In some programs, the distribution of the HEF card has not been a public process. In the concerned communities, one can wonder whether beneficiaries are aware of the HEF status of everyone. This could then be a source of underestimation of exclusion error (false negatives). As reported in this study, there could also be some underestimation of the inclusion error (false

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\(^2\) The option of interviewing only households with HEF is debatable. It was mainly inspired by financial constraints. Picking names from a program beneficiary list is much less costly than organizing a complex sampling. The research team tried to deal with the subsequent bias by visiting households reported by informants as poor but nevertheless not enrolled in the program. The main purpose of these visits was to find out why they did not receive the card and get to know these households’ perception of the fairness of the pre-identification. Again, mainly due to the time constraint, the researchers interviewed only about three to four households that did not receive the card per village, mainly because some of these households were not in the village during the time of the study. The scores in terms of fairness perception (table 5) would probably have been lower if the sample had included households who did not receive the card, but still met the eligibility criteria.
positives). People do not like to single out other members of the community to denounce them.

Most variation reported by this study in terms of design and implementation of the schemes originates in local constraints. These include limited funding; a lack of human resources; limited time to complete the project; the rationale in setting eligibility criteria; geographical and seasonal barriers; a lack of collaboration from local authorities; etc. One can see this variability as testimony to the flexibility by HEF operators. We believe that the main variation that deserves due consideration is the one pertaining to the eligibility criteria.

Setting criteria to define the poverty status of a household is a major issue. This is potentially a source of inequity across communities, as someone identified as poor by a HEF program could be identified as non-poor by another one. This was demonstrated by Chhim et al. (2005) in the evaluation of GTZ’s HEF scheme in Takeo province. They found that the pre-identification tool used in Kirivong identified only 6% of the 508 households as poor, but when using CFDS’s pre-identification tool it identified 94% of these households as poor. This indicates that the pre-identification tools of both schemes identify very different proportions of poor households in a similar population.

The fact that different pre-identification methods differ so much in terms of the number and kind of criteria used, their range of scores at criterion level and at aggregate level, the cut-off points between different levels of poverty and even in the benefit package for different categories of poverty, raises a question at the national level. We would argue that although it is surely important to take into account the local specificity of poverty in each area, some minimal harmonization of the criteria for poverty definition would be welcome.

One way to organize this standardization would be to opt for a professionalization of the manpower in charge of the implementation of the assistance scheme (see Criel et al. in this book). As this study shows, in all six HEF schemes under study different groups of actors are involved in the pre-identification, including village volunteers, NGO staff, students, community members and health care staff. Trained and qualified manpower could possibly bring about more consistent and accurate outcomes. In general, social welfare workers are a missing element today in welfare systems of many low-income countries.
Another variability in the HEF schemes worth exploring a bit further is the variable risk in terms of confidentiality and potential stigma of getting a card. In some cases, purposively or not, privacy was well protected, as the cards were allocated in a hidden procedure. In other areas and schemes though, cards were distributed in a very public manner; in at least one scheme this was being done to give community members the opportunity to contest the entitlement of any prospective beneficiary. One would expect the latter approach (distributing the card in a public setting) to create stigma or even social conflicts within the community. Quite surprisingly maybe, this study did not find stigma to be a major issue in Cambodia. None of the respondents raised this social stigma issue (attached to being identified as poor for receiving the benefit). The apparent lack of stigma in Cambodia runs counter to practices in developed countries and sub-Sahara Africa where access to social assistance and being labeled as “destitute” is often considered as shameful (see Criel et al. in this book). Distributing the cards publicly could possibly create a social stigma for the individuals in these countries, and this “constitutes one of the barriers in accessing social assistance services”.

Perhaps one of the explanations why the Cambodian HEF experience or other social assistance schemes do not have a strong stigma attached to them is this one: in Cambodia a large proportion of the rural population is perceived as poor due to the historical, social, political and economic reality of the country. Therefore being poor is not considered as a “personal failure” as is the case in other more developed countries like in Belgium (ibid). Another possible explanation is that community members highly value the transparency established by the public distribution. Finally, the influx of international NGOs since the early 1990s and the fast growth of local NGOs providing social assistance to various kinds to people, not only to the poor, possibly also played a role. Thus, receiving help from NGOs became an acceptable social practice rather than a practice attached with stigma. NGOs that provide help stand for care, compassion.

It would be interesting to further investigate this phenomenon by comparing the HEF experience with other kinds of social assistance schemes in Cambodia or by comparing the Cambodia HEF experience with HEF implemented in another low-income country such as Lao PDR. Other research questions for the future could explore whether the stigma might rise over time, parallel with the evolution of the Cambodian economy towards
more prosperity. Perhaps in a country with a growing gap between rich and poor, being destitute could become more shameful than in the past? Obviously policymakers should keep this issue in mind when further adapting HEF.

Our study reports also operational challenges with the implementation of a pre-identification strategy in Cambodia. Absence from home at the time of the welfare worker visit is a major constraint. This is compounded by the fact that migration in and out of the village is becoming a very frequent strategy for rural households in Cambodia (see also Ir et al. in this book). Pre-identification should not be done only once. There is a need for a follow-up mechanism of pre-identified households and for pre-identifying those that missed out on their opportunity.

As highlighted by Criel et al. and Ir et al. in this book, another challenge is that poverty is a dynamic phenomenon. As Krishna (2006) points out, in rural villages in India, almost the same proportion of households escaped and fell into poverty during the same time period. Factors contributing to households falling into poverty include ill health and high health care costs; social and customary expenses; debt; and drought. Factors that enable households to escape poverty are diversification of income sources and land improvement. Thus, pre-identification has to be a continuing process, since the socioeconomic status of the people is not static; it might change over time: the rich may become poor or the poor may become rich or poorer. As Krishna suggests in conclusion, 'Setting up a "poverty monitoring station" will be helpful to track more carefully and systematically the trends and causes associated with movements in both directions within any particular region'.

Therefore, it is important to further investigate institutional arrangements (e.g. financial arrangements, managerial structure, networking, etc.) and implementation processes with regard to the National Equity Fund Implementation and Monitoring Framework that is being considered for scaling-up countrywide (MoH 2005). Among other things, it is necessary to identify what would be the best roles for the central government (ministries), the NGOs (international and local), and the local authorities in the implementation of HEFs.

For sure, long-term sustainability of the HEF policy will depend on a good and transparent collaboration between local implementers, communities and the beneficiaries. Our policy, scientific and operational
knowledge in this domain is much too limited today.

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References


