

ACHIEVING UNIVERSAL HEALTH COVERAGE: FINDING NEW WAYS TO IDENTIFY AND INCLUDE THE INDIGENT IN HEALTH INSURANCE IN GHANA— A PARTICIPATORY METHODOLOGY

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ABSTRACT

Globally access to universal health coverage (UHC) has been recognised as high priority objective for health financing systems as key strategy for socio-economic development. However, methodological challenges have constrained developing countries' ability to identify the indigent in order to extend UHC to them. Using Ghana's National Health Insurance Scheme (NHIS) as a case study, this study uses participatory wealth ranking methodology to establish a set of five community suggested criteria for identifying the indigent for health insurance premium exemptions. The five criteria include—food insufficient, widows and widowers with children, poor housing conditions, lack of seeds to sow during the rainy season and unemployment. It is recommended that identifying widows and widowers with children as a criterion which is currently absent from the NHIS policy could be a starting point for identifying the indigent in the community. Such a criterion is easy to apply since it could be verified empirically.

Keywords: Methodological challenges, indigent, participatory wealth ranking, health insurance, universal health coverage, Ghana.

INTRODUCTION AND RESEARCH PROBLEM

Globally, access to universal health coverage (UHC) has been recognised as a high priority objective for every health financing system as key strategy for socio-economic development (Abihiro and McIntyre, 2013; Carrin and James, 2004; Evans, Marten, and Etienne, 2012; Marmot, 2007). According to Carrin and James (2004), UHC requires that people, especially the poor and vulnerable have access to health care they need without suffering financial hardships. Many developing countries including Ghana have sought to extend UHC to the poor, particularly the indigent—“those whose standard of living is insufficient to meet their basic nutritional requirements even if they devoted their entire consumption budget to food” or those with “sustained incapacity to pay for minimum health care” (Ghana Statistical Service, 2007, p.11; Ridde et al., 2010, p.1), by exempting this group of people from paying user-fees for health care (Nyonator and Kutzin, 1999).

However, with large informal economies, one of the major challenges to achieving UHC in developing countries is the lack of appropriate methodology to identify the indigent. For example, Nolan and Whelan (1996) argue that the process of identifying the indigent has been beset with both conceptual and methodological challenges—the major challenge being

how best to identify the indigent, especially in the informal sector. Supporting this claim, Stierle, Kaddar, Tchicaya, and Schmidt-Ehry (1999) argue that the assessment of indigence is extremely difficult for conceptual and methodological reasons. Stierle et al. (1999) further suggest that research results as regards adequately identifying the indigent and devising mechanisms in terms of which to improve their access to health care have tended to be somewhat misleading. Morestin, Grant, and Ridde (2009) argue that several exemption experiences in developing countries have had ambivalent results in terms of access to health care services of the poorest. Morestin et al. (2009) claim that several evaluations of these exemptions experiences have noted a lack of clarity in both the methodology and the processes used to identify the indigent. Consistent with the preceding arguments, Ghana implemented its flagship social protection policy—the National Health Insurance Scheme (NHIS) in 2004 as a pro-poor health financing policy to increase the population's access to health care irrespective of their social economic status (SES) and social influence (Government of Ghana, 2003). The NHIS replaced the hitherto “cash and carry” health financing system, where patients had to pay cash at the point of demanding health care (Nyonator and Kutzin, 1999). Quintessentially the NHIS exempts the indigent from paying annual health insurance premiums by providing them with government subsidies (Government of Ghana, 2012). To effectively implement the indigent exemption policy demands that the indigent must first and foremost be identified.

However, methodological challenges as to how to identify the indigent appear to constrain Ghana's NHIS objective of providing affordable health care to the citizenry especially the indigent. In fact, the process of identifying the indigent raises questions such as: who really are the indigent, and who identifies them? And, importantly, what methodology is used to identify the indigent? These questions are legitimate because earlier exemption policies for the indigent in Ghana hardly worked because there was no consistency in the methodology, and in the interpretations of the exemption guidelines. For example, Britwum, Jonah, and Tay (2001) argue that the determination of who was poor enough to be exempted was not clearly defined by the exemption policies—consequently, most of the people who should have been exempted were not (Waddington and Enyimayew, 1990). In an effort to adequately identify the indigent for health insurance premium exemptions under the NHIS, Act 650, which established the NHIS, stipulates a set of four criteria with which the indigent may be identified viz:

A person shall not be classified as an indigent under a district health insurance scheme unless that person

- is unemployed and has no visible source of income,
- does not have a fixed place of residence according to standards determined by the scheme,
- does not live with a person who is employed and who has a fixed place of residence, and
- does not have any identifiable consistent support from another person (Government of Ghana, 2003, Act 650).

A close examination of these criteria reveals that they have some limitations as they appear to be too exclusionary. First, the fact that people have fixed places of residences does not mean that they are not indigent. For example, an entire household may be very poor but still have a permanent residence. Secondly, it is not uncommon to see indigent people living with their extended families who may be employed but barely able to take care of their own health needs. The preceding criteria therefore, do not seem to be capturing all the indigent. Dixon, Tenkorang and Luginaah (2011) describe the criteria as too stringent and excluding

too many people in need. Similarly, Aryeetey et al.(2013) argue that a decade after the implementation of the NHIS, these criteria rarely succeed in identifying the indigent because practically nobody qualifies for exemption because of the rigid nature of the criteria. The lack of clear-cut methodology to identify the indigent has left them inadequately covered by the NHIS. In fact, to date, only 4% of the indigent are enrolled in the NHIS after a decade of its implementation (NHIA, 2011). The NHIS has consistently admitted that the extremely low coverage rate of the indigent is as a result of the lack of clear methodology to identify them for exemptions (NHIA, 2009, 2010, 2011).The extremely low coverage of the indigent by the NHIS is a matter of serious concern because the Ghana Statistical Service (2007, p. 11) estimates extreme poverty to be approximately 18% in Ghana. Further available data indicates that 64% of the richest are enrolled (insured) in the NHIS whereas 29% of the poorest people only are enrolled in the NHIS (National Development Planning Commission (NDPC), 2009).

Consequently, the statistics above paint a clear picture of huge inequity with respect to access to health care for the indigent in Ghana. We contend that the difficulty of clearly identifying the indigent for exemptions may be due to the fact that the research methodologies used to identify the indigent have either not been based on their own definitions of poverty or are simply not clear.It is for this reason that this research advocates a participatory research methodology—in the form of participatory wealth ranking, which is based on communities' own perceptions and definitions of indigence in order to clearly identify the indigent for insurance premium exemptions.

Using Participatory Wealth Ranking to Identify the Indigent: A Conceptual Framework

Participatory wealth ranking (PWR) is situated within current thinking in a participatory research—in a broader framework of qualitative research paradigm. Rooted in qualitative epistemology (origin, nature and development of knowledge formations), participatory research is informed by interpretivehermeneutics—the science and study of interpretation or explication of thought and phenomenology—the existential understanding and interpretive procedures of social thought(Holroyd, 2007). Ontologically, participatory research is grounded in constructionism(Bryman, 2008). In this respect, qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied and the situational constraints that shape inquiry (Denzin and Lincoln, 2011). Essentially, participatory research is conducted directly with the immediate affected persons with the aim of reconstructing of their knowledge and ability in a process of understanding and empowerment(Bergold and Thomas, 2012). Bergold and Thomas (2012) further argue that participatory research processes open up new spaces that facilitate communication, especially where the methodology and self-concept of qualitative social research are concerned. Participatory research seeks to give a voice to the underprivileged and afford both the researcher and researched the opportunity to co-learn and co-construct meaning out of their existential experience (Koro-Ljungberg, Douglas, Therriault, Malcolm, and McNeill, 2013; Narag and Maxwell, 2014; Ryan, 2014; Wolgemuth, 2014).

According to Chambers (1995), PWR is a participatory poverty assessment (PPA) methodology for including the views of poor people in the analysis of poverty. Chambers (1995, p.191) asserts that poor people are the “only experts on their life experiences and priorities”. In support of this view, Falkingham and Namazie (2001) suggest that an important function of this methodology is the empowerment of the community with the primacy of local knowledge being asserted over externally determined measurement criteria.

The technique emphasises the ability of poor people to understand and analyse their own reality. The community itself sets defined criteria for identifying the poor, usually during focus group discussions (FGDs). In their work, *Voices of the poor from many lands*, Narayan and Petesch (2002, p. 2) maintain that “the poor are the true poverty experts”. Narayan and Petesch (2002) further suggest that PPA tools, such as PWR, are usually open-ended and interactive in design and, as such, they enable an exploration of issues and shared learning between local people and outsiders. It would, thus, appear that PPAs provide poor people with the opportunity to define poverty in their own terms based on their perceptions and understanding of the phenomenon. Consistent with the preceding discussions, Laderchi et al. (2003) assert that PWR attempts to understand the poverty dimensions within the social, cultural, economic and political environment of a specific locality. In other words, PWR identifies poor households or individuals on the basis of a community’s own definitions and perceptions of poverty (Thomas, 2009).

Chambers (2010) argues that based on their experiences, poor people bring to the fore a myriad of dimensions of deprivation, ill-being and wellbeing as well as the values and priorities of these poor people themselves. There are certain advantages to the use of PWR. For example, in using the PWR methodology in Burkina Faso, Soares, Savadogo, Dong, Parmar, Sié, and Sauerborn (2010) suggest that PWR is not only extremely effective in identifying the poorest of the poor but it is also time efficient. Soares et al. (2010) further argue that PWR is not expensive and it is also generally well accepted by the local population. However, it is argued that, as a participatory methodology, PWR is useful at the community level or in specific locations only and, hence, it is not possible to use PWR in order to assess poverty across regional, national and international levels for the purposes of comparisons (Zeller et al., 2003). The reason for this shortcoming derives from the fact that it is difficult to verify the results of PWR as they emanate from the subjective ratings of community members. In this study, the PWR methodology is relevant because it was applied at the community level. Moreso, in their study in the central region of Ghana, Aryeetey et al. (2013) used PWR, and argue that the methodology has the advantage of providing qualitative details and relative perspectives, which are otherwise missing in quantitative measures such as means testing and proxy means testing. Aryeetey et al. (2013) further suggest that using community-based concepts of poverty could strengthen quantitative measurement, in terms of contextual aptness, social relevance, and social acceptability.

RESEARCH SETTING AND METHODS

This study was conducted in four communities in the Kassena-Nankana East District (KNED) in the Upper East Region of Ghana between February 2013 and July 2013. These four communities—Kologo, Pinda, Pungu-Nyangua, and Nogsenia were purposefully selected because it was hypothesised that community perceptions on poverty may differ according to socio-economic, cultural as well as rural-urban characteristics. A list of all the 97 communities in the KNED was obtained from the KNED Assembly from which these four communities were selected (Kassena-Nankana East District Assembly, 2012). These four communities were selected for the study with the understanding that the chief objective of qualitative studies is not to generalise the research findings but rather to understand the way in which individuals perceive, organise, give meaning to and express their understanding of themselves, their experiences and their own worlds within a particular context (Mishler, 1986). Kologo and Pinda represent rural communities, Pungu-Nyangua represents a peri-urban community while Nogsenia represents an urban community (Kassena-Nankana East District Assembly, 2012). Generally, the KNED is rural in outlook—agriculture is the major

economic activity of the KNED employing about 70% of the active labour force, while the private informal sector employs about 88% of the population (United Nations Development Programme, 2010; Kassena-Nankana East District Assembly, 2012).

Selection of Study Participants

Initial visits were made to the four communities to inform the chiefs and other relevant community leaders about the research and to seek permission to work with key informants in the communities. Key informants often have valued reputation in the study communities, and very influential in helping researchers to establish trust and rapport with the study participants (Narag and Maxwell, 2014). The key informants included assemblymen¹, community health workers, and leaders of associations. With the help of key informants, community members who were perceived as indigent were recruited to take part in the study using a snow-ball sampling procedure. Both groups—key informants and perceived indigent were composed of men and women in focus groups. A total of 24 FGDs were conducted—6 FGDs in each community. Each focus group comprised 8-15 participants for the PWR exercises. All the FGDs were audio tape-recorded and transcribed. The transcription was done in the local languages—Kasem and Nankam before being translated verbatim into English.

Deploying the Participatory Wealth Ranking Methodology

The PWR process started with the research team—the moderator (researcher) and a note-taker explaining the purpose and study objectives to the participants. The PWR process involved five stages. In the first stage, the research team led the participants in discussions to identify dimensions and indicators of poverty/indigence and wealth. For example, the following questions were posed to the participants: what is your understanding of poverty/indigence, and what distinguishes a rich household from an indigent household? The participants during this stage identified the various dimensions and indicators of poverty or indigence. In the second stage, the research team guided the participants to identify different wealth categories within their communities. The participants were then asked to develop a set of indicators or criteria for each wealth category, for example, what are the characteristics of the poorest and the richest? In the third stage the participants were asked to give each wealth category or social class a name, for example, richest, rich, average, poor and poorest/indigent. Guided by the research team, the participants listed the various characteristics of these social classes, for example, their assets and possessions. While the participants listed the characteristics of the various social classes, the researcher entered the characteristics of the various social classes on flip charts in the form of a table. In the fourth stage the participants were asked to select five of the criteria listed in the table and to rank and score the criteria that they considered essential that households should fulfil in order to be exempted from paying health insurance premiums. Five baskets representing each of these five categories—richest, rich, average, poor and poorest/indigent were placed before the participants. Each participant was then given a set of five cards and asked to distribute their cards by dropping the cards into the baskets. The more cards placed in a particular basket meant that that the criterion which was represented by that particular basket was deemed to be key in predicting poverty/indigence. When everyone in the group had distributed their cards, the number of

¹ In the local government system in Ghana, the assemblyman wields a lot of power and influence at the community level because the local communities elect him as liaison officer between the communities and the local assembly. One of his key roles is to lobby the local assembly for development projects in his communities.

cards in each basket was then counted and ranked. The more cards there were in a particular basket relative to the others, the higher the ranking.

The final stage involved the analysis of information generated by the PWR process. The data generated from the PWR process was manually categorised into themes in order to facilitate the analysis (Riessman, 2008). Systematic comparisons were made between the themes to establish similarities or commonalities. Data was analysed using content and narrative analysis drawing inspiration from the work of (Butler-Kisber, 2010; Geertz, 1993). Geertz (1993, p. 6) for example, points out that an attempt to understand culture-related phenomenon, such as poverty/indigence, no matter what the analysis the researcher carries out in the form of taxonomies, tables, statistics or econometric models, it is essential that the analysis “reflects what the natives really say” the phenomenon is. Geertz argues that this understanding may be enhanced only through an intellectual effort, an elaborate venture of *thick description*, and this, in turn, is made possible by a narrative. Similarly, Butler-Kisber (2010, p. 4) argues that narrative analysis is essential because “narrative is a legitimate and natural way of doing and knowing” while it helps both to challenge the thinking about the nature of reality and to examine the local as a political site where inequities exist that may be challenged and changed with action. The results of the study are presented in the ensuing section.

RESEARCH RESULTS

Communities’ Perspectives and Indicators of Poverty/Indigence

In order to assess the socio-economic status (SES) of the households in the study communities, definitions of both the poor and indigent were solicited in the two major languages used in the study areas, namely, Kasem and Nankam. In Kasem, the indigent are referred to as ‘*Yinigretu*’ while the poor are referred to as ‘*Yinigatu*’ whereas in Nankam, the indigent are referred to as ‘*Namsa Piadaana*’ while the poor are simply referred to as *Namsa*. It emerged from the communities’ perception of the poor that, their status is not a permanent condition. But rather, they view themselves as poor because they have a weak assets base. On the other hand, the indigent were perceived by the research participants as being permanently stuck in that position, seeking merely to survive. In the focus group discussions (FGD), the poor people themselves defined poverty as follows:

Poverty is like fire. Every day, the fire burns you but you won’t die. You know when you die; it is better than when you are suffering. Poverty is when you are sick and you cannot afford the cost of treatment. As you have seen me, you have seen poverty. It is not hidden (FGD with poor/indigent women, Pindaa, February, 2013).

Further, the indigent are perceived to be marginalised and socially excluded from even decision-making that affects their very lives. The following narrative attests to this claim:

We know who the indigent are. They live with us and we can identify them but we don’t have the power to. Usually, when the church asks for the names of the poorest people, it’s the assemblyman and the chief who decide who the poorest are, sometimes their favourite people who may not be as poor as we are. Let me tell you, you are the first person to come here and ask us (poor people) to identify among ourselves who the poorest are (FGD with poor/indigent men, Pungu-Nyangua, February, 2013).

Following these perceptions, the communities provided an exhaustive list of indicators of poverty and the specific dynamics of the indigent relative to the other social classes. From the list of poverty indicators, the research team guided the participants to select and rank five of these indicators they considered core which may be used to identify the indigent. The ranking exercise resulted in the following indicators as illustrated in table 1. It is envisaged that this set of five indicators will facilitate the identification of the indigent for health insurance premium exemption purposes.

Table 1: Five Communities' suggested Indicators for Identifying the Indigent for Insurance Premium Exemptions

Indicators	Urban Setting (Rankings)	Peri-Urban Setting (Rankings)	Rural Setting (Rankings)	All Settings (Rankings)
Food insufficiency	1 st	1 st	1 st	1 st
Unemployed widows/widowers with children	2 nd	2 nd	2 nd	2 nd
Poor housing	3 rd	3 rd	3 rd	3 rd
Lack of seeds to sow	4 th	4 th	4 th	4 th
Unemployment	5 th	5 th	5 th	5 th

Author's field survey, 2013

These five indicators in table 1 are explained below.

Food Insufficiency and the Indigent

Food insufficiency appeared to be the most consistent descriptor of poverty in almost all the communities surveyed. The study participants highlighted hunger as a constant experience of poverty/indigence with an individual's life being threatened by starvation on a daily basis. It would, thus, appear that hunger is the norm for the indigent. The indigent are needy throughout the year and depend primarily on the benevolence of others and their families, while struggling to eat one decent meal a day. Most of the indigent literally beg to survive. Adults in indigent households, often skip meals in order to cater for their children. Such households were likely to have gone without food at least 3 times in a month preceding the study. The following narrative supports this claim:

As I talk, I don't have anything [food] but my children are many. We don't have food to eat—how to find food for the next meal is our biggest problem (FGD with poor/very poor women in Pungu Nyangua, February, 2013).

Unemployed Widows or Widowers with Children

Unemployed widows or widowers with children has been suggested as one of core criterion for identifying the indigent in order to exempt them from paying health insurance premiums in an effort to increase their access to health care. The following narratives speak to this criterion:

My parents died very early and left my brother and me. My wife died in 2004. My brother and the wife have also died and now I have eight children to take care of. None of us has health insurance. I can't even get food for them, let alone talking of their school fees. (FGD with poor/indigent men in Pungu-Nyangua, February, 2013).

As I sit here, I am a very poor widow. I have no land, no fowl, let alone to talk of a goat or sheep that I can sell to get money and register for health insurance. But, if you have all these things with children, you like a king (FGD with poor/very women in Pungu-Nyangua).

Unemployed widows or widowers with children as criterion for identifying the indigent may be easy to implement and verify at the community level.

Housing Conditions of the Indigent

The study participants revealed that the indigent live in very poor and deplorable housing conditions. The indigent are incapable of building their own houses and, thus, they live in family or lineage owned houses while others live either in huts made from wild grass or in mud houses roofed with thatch. The participants further indicated that members of indigent households do not only often crowd into one room, but they also spread rags or sacks on the floor and sleep on these. For those who live in mud houses, their walls are often either not plastered or full of cracks, to the extent that a passer-by is able to see into the room from the outside. The narrative below attests to this claim:

You don't need to be shown the house of a very poor man. The walls are not plastered and the cracks on the walls are so wide that he does not need to look through the window to know what is happening in his vicinity (FGD with key informants/opinion leaders—men in Kologo, February, 2013).

The above narration is consistent with earlier research findings in Asia which suggest that external housing conditions are sound proxies for poverty, especially where household characteristics have a strong relationship to poverty (Falkingham and Namazie, 2001).

The Indigent Lack Seeds to Sow during the Rainy Season

One of the most revealing indicators of indigent households is the fact that they lack seeds to sow during the rainy season. Consequently, some of them beg for seeds from their neighbours while others just watch helplessly while their neighbours busy themselves on their farms during the rainy season. *“When the rains set in, everybody gets busy on his/her farm and I just sit and watch, not because I am lazy but because I don't have the seeds”*, one of the participants revealed (FGD with poor/indigent men in Pindaa). The participants explained that the indigent lack seeds to sow during the rainy season because they consume everything at their disposal. This criterion appears to be very relevant to the study area given that agriculture is the major economic activity of the Kassena-Nankana East District, providing employment for approximately 70% of the active labour force (UNDP, 2010).

The Indigent Are Mostly Unemployed

The communities highlighted unemployment and financial insecurity as key indicators of poverty. The World Bank (2013) reports that jobs are generally the cornerstone of economic and social development and that people are able to work their way out of poverty and

hardship through better livelihoods. Thus, jobs provide earning opportunities, which raise people out of poverty, increase their consumption, and contribute to individual or household wellbeing. However, the poor/indigent are generally missing from official employment rates, resulting in the lack of financial security. The following narrative summarises the employment situation of the indigent. *Poverty is when there is no work or job for you to do and get money. We don't have work. That is why the poverty is worrying us here* (FGD with key informants/opinion leaders men in Kologo).

The participants indicated that, as a way of coping with their financial insecurity, the indigent are often engaged by the better-off classes in the community as farm labourers, albeit for a pittance, and sometimes for a meal. In summary, the communities have suggested food insufficiency, unemployed widows or widowers with children, poor housing, lack of seeds to sow during the rainy season and unemployment as the core criteria or indicators with which the indigent could be identified at the community level.

DISCUSSION

The participatory wealth ranking methodology has enriched our understanding of communities' perceptions and indicators of poverty in the Kassena-Nanakana East District in Ghana. Participatory wealth ranking has amply demonstrated the multidimensional nature of poverty (Aryeetey et al., 2013; Vijaya, Lahoti, and Swaminathan, 2014) and further highlighted the ability of the communities to come out with their own five core criteria for identifying the indigent. Comparing these five criteria—insufficient food, unemployed widows or widowers with children, poor housing, lack of seeds to sow during the raining season and unemployment with those that have been instituted by Act 650 for identifying the indigent—as have already been highlighted earlier in section one shows a clear divergence. This divergence between the two sets of criteria shows that the criteria instituted by Act 650 is inappropriate for identifying the indigent at all settings—urban, peri-urban and rural. The divergence also questions how the policy-makers arrived at those criteria, and further indicates how the entire national health insurance legislation was over centralised and monopolised by a small policy elites without adequate participation of local communities in the policy development process (Agyepong and Adjei, 2008). The participatory wealth ranking methodology reaffirms Chambers (2010) position that poor people bring to the fore a myriad of dimensions of deprivation, ill-being and wellbeing, hence local communities suggested criteria are important for identifying the indigent.

However, unequal power relations at the community may thwart the participatory wealth ranking process. As indicated earlier, some of the study participants claimed that the indigent are generally socially marginalised with respect to decision-making at the community because of their status. Apart from the indigent being marginalised in the decision-making process, some of the testimonies of the participants also refer to the issue of corrupt practices in relation to the identification of the indigent at the community level. For example, as shown earlier, some of the study participants alluded to the fact that the assemblyman and the chief often submit the names of their 'favourites' only to the church for support, to the chagrin of the *real indigent* people. Corruption further excludes the indigent socially from being identified in order to increase their access to health care, thus widening the inequity gap.

CONCLUSION AND RECOMMENDATIONS

The participatory wealth ranking methodology promises to overcome the challenge of identifying the indigent for health insurance premium exemptions in current study context. The methodology provided clear and qualitative details about dimensions of poverty/indigence at the community level. The methodology importantly showed that the communities or the poor generally are key stakeholders in illuminating our understanding about who the indigent really are—the five criteria suggested in this study for identifying the indigent are community-driven and mostly likely to be acceptable within the socio-cultural setting of the Kassenaa-Nankana East District. In particular, identifying widows and widowers with children as a criterion which is currently absent from the NHIS policy could be a starting point for identifying indigent people in the community. Such a criterion is easy to apply since it could be verified empirically. It is therefore, recommended that the Kassenaa-Nankana East Health Insurance Scheme implements the criteria suggested in this study on a pilot basis to ascertain their robustness. The criteria should also be updated regularly, such as every three years, to reflect the dynamic socio-economic conditions in society. The participatory wealth ranking methodology could also be replicated in other districts in Ghana for the purposes of identifying the indigent for insurance premium exemptions. Finally, the usefulness of the participatory wealth ranking methodology also holds *mutatis mutandis* for other developing countries which aim to identify the indigent for social interventions.

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