



# Community-based targeting in the Social Protection sector

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This working paper finds that community-based targeting (CBT) is valuable for the community knowledge it can bring to the targeting process that is inaccessible in other forms of targeting, and that the results of CBT are generally perceived as legitimate by the community. Meta-analysis indicates that CBT outcomes are most frequently progressive, but are affected by a number of contextual factors, relating to the nature of the tasks ascribed to the community, the nature of the community representatives carrying out the targeting and the nature of the broader community. Performance is adversely affected where communities are large or widely distributed, or there are high levels of transience, heterogeneity and lack of social integration, where the community may not possess the requisite information to target effectively.

The CBT approach is subject to its own inherent limitations and risks, including those related to lack of transparency, discriminatory practices, exclusion of the poor considered 'undeserving', and elite capture.

Failure of CBT outcomes to conform to performance yardsticks based on external definitions of poverty may not represent an objective failure of targeting, but may rather take into account factors not captured in external definitions, including social, cultural and political considerations.

CBT is primarily used in combination with other forms of targeting, and the legitimacy of CBT outcomes may be compromised where alternative targeting approaches are subsequently used that introduce beneficiary changes on the basis of externally defined criteria.

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The analysis and opinions in the report are the responsibility of the author alone.

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# Abbreviations

<b>CBT</b>	Community-based targeting
<b>CCT</b>	Conditional Cash Transfer
<b>CT</b>	Cash Transfer
<b>CT-OVC</b>	Cash Transfer for Orphans and Vulnerable Children
<b>LEAP</b>	Livelihood Empowerment Against Poverty
<b>ODI</b>	Overseas Development Institute
<b>PSNP</b>	Productive Safety Net Programme
<b>TIP</b>	Targeted Inputs Programme
<b>UK</b>	United Kingdom
<b>UCT</b>	Unconditional Cash Transfer
<b>VUP</b>	Vision 2020 Umurenge Programme

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# 1. Introduction and research question overview

This working paper discusses the performance of community-based targeting (CBT) approaches in the implementation of social protection programmes in the Global South, based on a review of the grey and published literature. It aims to highlight the range of existing approach and present key lessons from the literature in order to promote an understanding of the various opportunities and constraints relating to the adoption of CBT.

CBT is a prominent design feature of social protection programming in many low- and middle-income countries. In its simplest form, it occurs when community groups or intermediary agents are contracted to identify recipients for cash or in-kind transfers, but, as this paper reveals, the term is also used to describe a range of additional or alternative activities, ranging from advisory and monitoring inputs to actually carrying out transfer delivery (see Conning and Kevane, 2002). In Africa, more than 70% of conditional cash transfer (CCT) programmes and half of unconditional cash transfer (UCT) programmes, including pilots, employ some form of CBT, often in combination with geographic, categorical or means test-based targeting approaches (Garcia and Moore, 2012). CBT approaches are also used extensively in several countries in South and East Asia to target safety net and livelihood support programmes.

While development agencies have accumulated significant knowledge regarding other household targeting methods (see, for example, Coady et al., 2004), there is less empirical knowledge regarding the various forms of CBT adopted in social transfer programming, the outcomes of targeting or the governance and operational aspects of CBT implementation. There has been an increase in the prevalence of safety net operations in

low- and middle-income countries, with CBT one of the dominant mechanisms for use in identifying and selecting beneficiaries – and yet no systematic review of performance has been published and information on CBT is often hidden in operational documents or unpublished reports. Coady et al. (2004) found considerable variation in the targeting performance of CBT, which they attribute to implementation, but there has been little work done to synthesise findings in the literature on the aspects of implementation that may explain performance. There is also limited documentation discussing the practice of combining CBT with other targeting approaches, and information on the processes involved and outcomes achieved is not readily accessible.

To address this deficit, the Overseas Development Institute (ODI) was commissioned in 2012 to carry out a review of the published and grey literature (operational documents or unpublished notes and reports) on CBT programming and to synthesise learning on CBT design, implementation and outcomes to inform future research and programming. The working paper's scope is limited to material published prior to 2013.

The working paper has four main sections after this introduction. Section 2 outlines the literature search methodology, Section 3 defines the key concepts underlying CBT and Section 4 presents an overview of the literature (including both published and grey literature up to 2013) and sets out the key issues found in the literature in terms of CBT implementation, targeting outcomes and the factors driving targeting performance. Section 5 draws conclusions, consolidating the findings and main messages emerging from review to include a summary of debates on the topic and key issues arising. A bibliography is included within the reference list.

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# 2. Methodology

A literature search process was carried out to identify social protection programmes adopting CBT in low- and middle-income countries, and also to identify the analytical literature relating to CBT performance. We adopted an inclusive definition of social protection transfers (including in-kind transfers, fee waivers, insurance, food aid and public works programme wages, as well as cash transfers (CTs)) to ensure that relevant literature was not excluded. We did not include programmes using community-based approaches to inform the selection of development projects, in order to retain the focus on social protection provision.

We adopted a modified systematic review approach (see Hagen-Zanker and Mallett, 2013), which combined three tracks:

1. A bibliographic database search – searching academic databases and journals, using specified search strings;
2. Snowballing – an iterative process starting from a review of the references and bibliographies of seminal documents recommended by key informants; and

3. Hand-searching – searching specified websites for relevant studies using the search terms specified for the bibliographic databases, including a Google search for other grey literature.

All types of literature were considered acceptable for inclusion: descriptive, qualitative, quantitative, literature review, etc. Appendix 1 sets out the full details of the methodology.

The literature review found 140 articles that addressed CBT in relation to social protection programming, and this resulted in the identification of 106 social protection programmes in low- or middle-income countries that have adopted CBT, either as a stand-alone targeting tool or in combination with other targeting approaches. Detailed programme information was available for 88 of these programmes, which formed the basis of the following analysis.

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# 3. Key concepts

## 3.1 What does community-based targeting mean?

While the core idea within CBT is that communities or its representatives are given responsibility for the allocation of externally supplied resources, the actual tasks and activities involved differ significantly across programmes, as do the actors involved and the responsibilities and decisions devolved to them (see Slater and Farrington, 2009; Schuring, 2012). As a consequence, the function of the community, in terms of the tasks it performs, varies considerably, and potentially includes wealth ranking, direct selection of beneficiaries for receipt of transfers and/or validation of decisions taken on the basis of other targeting approaches. The degree of autonomy accorded the community in the identification, targeting and selection of beneficiaries is determined by the extent of decentralisation or devolution in the programme, and this informs the extent to which communities directly define and target resources according to their own criteria. There is a spectrum of autonomy within CBT, with communities taking responsibility for targeting resources according to their own priorities and processes at one end, and as agents applying or verifying the application of externally defined criteria at the other.

Conning and Kevane (2002) capture the ambiguity of much CBT, and the difference between delegation and devolution within the targeting process: 'In many instances the best community-based targeting schemes will be hybrid mechanisms where the center defines and monitors targeting categories, rather than unconditional devolution to community groups with little basis for evaluation or control' (p.3).

Similarly, Schuring (2012) highlights the variety of roles a community can play in CBT:

*Most African countries have opted for a targeting mechanism that involves the community, with varying degrees to which actual decision-making power is decentralized. Mechanisms range from those that allow the community to determine and weigh targeting criteria and select beneficiaries accordingly to others that restrict the engagement of the community to a more administrative function of collecting and verifying information on potential beneficiaries (p.113).*

## 3.2 Who are the 'community'?

Just as the targeting tasks that CBT implies vary, so too does the meaning of the term 'community'. The actors identified as 'the community' in the CBT literature range from groupings of local-level officials to 'whole' community meetings (which often exclude the most marginal community members), and from pre-existing bodies created for other purposes and co-opted into targeting processes to specially created groups. Hence, the 'community' varies considerably, and is generally referring to some kind of notionally representative sample of the community. The literature suggests that, depending on its specific characteristics, each of these groups is likely to function differently, executing 'community' targeting according to differing sets of incentives and perspectives, and with differing understandings of the task and its purpose.

In the case of community meetings, biases may result from social inclusion/exclusion; social norms relating to, for example, wealth, ethnicity, religion or caste; the practicalities of participation by labour-constrained households; or the time or geographical location of the meeting, all of which can have impacts on which segments of the community have voice and hence the resulting targeting outcomes.

The use of pre-existing groups makes it possible to use existing knowledge of community needs and offers the accountability benefits of a repeated game, thereby limiting incentives for elite capture (as in the case of the Road Transport Fora used to target public works employment in the South African Zibambele Programme (McCord, 2005)). Or, it could result in poor performance if the primary, non-targeting, function of group members has the potential to be compromised by inclusion or exclusion decisions, for example if it alienates group members from those excluded from social protection provision (Devereux et al., 2008).

Where groups are set up for the specific purpose of CBT it is generally assumed they possess three characteristics that are necessary for effective CBT performance:

1. Knowledge of the community;
2. Personal/group incentives aligned with programme objectives relating to an equitable (however this is defined) allocation of resources; and
3. Legitimacy to make decisions on behalf of the community.

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Criteria for inclusion in a targeting committee and the process for selection are often not explicit or transparent, though, and there is typically no monitoring or review of either selection or performance. Groups are often simply made up of local officials or elites with whom donors or regional government have associations. This means the knowledge, incentives or legitimacy such groups are assumed to possess may not necessarily be present, and raises the risk of elite capture, in terms of either direct benefits (transfer receipt) or indirect benefits (patronage).

In other instances, processes are in reality a form of governmental selection, implemented by the lowest levels of the administration at community level, rather than the

community itself. In Ethiopia, elected kebele- (district)-level officials participate in CBT in the public works component of the national Productive Safety Net Programme (PSNP) (Farrington et al., 2007). In this case it is agents of the state rather than non-state representatives of the community who are the actors.

The literature describes a range of potential actors as ‘the community’ within CBT, and knowledge, incentives and legitimacy vary considerably across these. Each representation of ‘community’ requires different inputs to promote effective and legitimate functioning in terms of CBT and is likely to deliver different targeting outcomes.

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# 4. The CBT literature

## 4.1 Overview of the literature

The literature search identified 140 articles relating to CBT in the delivery of social protection. Of these, 55% discussed African programmes, 34% Asian, 9% Latin American and 2% European. A total of 44% employed exclusively qualitative analytical approaches to appraise targeting performance, 21% exclusively quantitative approaches and 31% a combination of both. Thirty percent drew on secondary data and a similar proportion used primary data; 20% used both in combination. Literature reviews made up 6% of the papers identified.

The search enabled the identification of 106 social protection programmes adopting CBT approaches internationally: 57 in Africa, 39 in Asia, nine in Latin America and one in Europe. Programme information was identified for 88 of these, of which 43% used CBT for CT provision, 23% for food aid, 14% for public works employment and the remainder for health and education fee waivers or stipends, asset transfers and insurance. Out of the 62 programmes providing funding information, two thirds were fully or partly donor funded, with the major donors being the World Bank, the UK Department for International Development and the UN Children's Fund.

Among the 57 programmes providing sufficient data for further analysis, CBT was used in combination with other approaches in 54 instances, with only three programmes relying exclusively on CBT. Of these, 23 paired CBT with geographical targeting, 10 with geographical and other forms of targeting and 19 with .

Information was available on the nature and composition of the 'community' groups carrying out the targeting in 57 programmes, of which 59% were specially formed for the purpose of social protection targeting. The remainder were pre-existing groupings created for other purposes and co-opted into social protection targeting.

Thirty-one of the programmes reported targeting performance (assessed on either a qualitative or a quantitative basis). While several authors have used the approach adopted by Coady et al. (2004) to analyse programme performance, the heterogeneity of the programmes, contexts and analytical approaches taken in the literature reviewed for this study meant meta-analysis was not possible: we carried out only a frequency analysis of overall progressivity, neutrality or regressivity. Two thirds of the programmes (n=21) were reported to be generally progressive and one third (n=10) regressive. We discuss these findings in detail below.

## 4.2 Issues raised in CBT meta-analyses

Most of the literature relating to CBT explored individual programmes, but a limited number of meta-studies and several experimental studies have been carried out. A brief overview of the seminal texts and key issues emerging from the literature is set out below.

Coady et al. (2004) is the seminal meta-analysis of transfer targeting. Since this initial review, a number of case studies have been carried out examining issues relating to CBT performance in particular contexts, together with a number of experimental studies and two further pieces of meta-analysis: a meta-analysis of CBT performance in developing countries by Yusuf (2010) and work by Garcia and Moore (2012). Coady et al. identified 122 social protection programmes adopting a variety of targeting approaches internationally and carried out a meta-analysis of performance data, using a methodology that has been adopted as the convention since. They included 14 programmes that used community-based methods in their study. Yusuf (2010) identified 30 programmes adopting CBT across low- and middle-income countries and Garcia and Moore (2012) identified 24 relevant programmes in the Sub-Saharan Africa region.

Coady et al. attempted to codify and compare alternative forms of targeting, and they proposed a definition of CBT, as a process whereby 'a group of community members or a community leader whose principal functions in the community are not related to the transfer program will decide who in the community should benefit and who should not' (emphasis added) (p.59).

While this is a useful starting point, this definition of CBT does not cover the range of CBT practices identified in the present review, but rather a subset of CBT activities. In some instances groups may have a primary function that is unrelated to transfer delivery, as Coady et al. outline, but in many other cases groups were established specifically for the administration of CBT, with those responsible for community selection explicitly mandated, and in some instances, paid, to carry out this function (as in the case of the Programa de Subsidio de Alimentos CT in Mozambique, such that their principal function is the allocation of transfers.

Coady et al. carried out a meta-analysis of the targeting outcomes of the 14 programmes that adopted CBT and identified these as ranging from regressive to progressive, but with the process generally yielding progressive outcomes (see discussion below). The study proposed

a number of tentative conclusions relating to CBT performance based on an analysis of these programmes. The first was that the primary benefit of CBT was that it enabled the use of information available only at community level, and not to administrators at regional or central level, to target resources. However, the study also concluded that the range of incentives guiding behaviour within a community would not necessarily lead to optimal targeting, given issues related to potentially conflicting interests, power structures and exclusion. The study posited that successful implementation required both community knowledge and a degree of socio-cultural homogeneity. It also mooted that, while potentially cost-effective from an administrative perspective (if there are no significant training costs), CBT may imply hidden costs borne by the unpaid community participants engaging in the process. Overall, the study concluded that the key determinant of performance was implementation modalities, which accounted for the wide dispersion of outcomes in the case of the CBT approach – a conclusion they found to hold true across all forms of targeting. For progressive CBT outcomes, context was key, and an important prerequisite for successful performance was a ‘well-defined community with good social consensus’ (p.62). The current review findings support this conclusion.

However, other tentative conclusions put forward by Coady et al., drawing on the literature available at the time, have been contested in the subsequent literature, including, most significantly:

1. That the provision of a limited supply of transfer resources and the associated requirement to ration access has a positive impact on targeting outcomes;
2. That CBT works best in the context of temporary programmes with small benefits (limiting incentives for resource capture);
3. That limits to discretion over decision-making through the imposition of rule-based targeting decisions can enhance performance; and
4. The importance of external/empirical verification.

These ideas informed mainstream thinking on CBT and the design of many interventions following publication of the study in 2004. We discuss them in detail below in relation to the literature reviewed in this study, and highlight differing perspectives on these conclusions.

The majority of the literature produced since 2004 has focused on specific case studies and is not readily generalisable. However, Yusuf (2010) carried out the first large-scale meta-study of CBT in an attempt to derive broader lessons. He examined 30 programmes using CBT in low-income countries, 16 of which were implemented in combination with geographic targeting and 12 in combination with self-selection. He examined the efficacy of CBT as a means of identifying the poor within the 30

programmes, and identified the key criteria for success as being monitoring, transparency and accountability. These factors were found to have a strong positive correlation with targeting performance, while elite capture and corruption were negatively correlated, as would be anticipated. In this way his research confirmed the broad story set out by Coady et al. Yusuf found that CBT performed better in the absence of social tension, extreme wealth disparities or cultural exclusion.

Yusuf also identified the importance of allowing communities some degree of autonomy in terms of selecting or adapting eligibility criteria themselves, and noted that efforts to check performance by way of external verification (based on assessment against externally defined criteria) potentially offset the benefits arising from the adoption of local knowledge regarding poverty and need. The other key insight raised was the inherent localised relativism of the CBT process, which identifies poverty relative to the prevailing socioeconomic context in any given community. As a consequence, it is not an ideal approach where the objective is to create aggregate poverty data, for example national or regional poverty registers or rankings.

The search for insights on CBT-related questions led to the implementation of a small number of experimental studies. Chinsinga et al (2002) carried out community ‘mock-tests’ to examine attitudes towards the use of community-driven targeting criteria in Malawi. Alatas et al. (2011) sought to identify factors influencing CBT performance in Indonesia. And Schuring (2012) focused on an analysis of targeting motives in relation to CT programming in Zambia. We discuss the findings of these experimental studies.

### 4.3 Issues arising from the review of the literature

A number of issues emerged from a review of the literature relating to CBT implementation and outcomes. The main ones related to the heterogeneity of the CBT concept as applied to social protection programming; the key role of CBT in overcoming local-level knowledge deficits; the importance of training; CBT targeting outcomes and rethinking ‘mis-targeting’; the value of discretion; associated leakage and corruption risks; risks of exclusion; the role of verification; the impact of rationing in improving targeting performance; and the use of CBT in combination with other targeting approaches and sequencing. We discuss these issues in turn below.

#### 4.3.1 The heterogeneous nature of CBT

CBT is a heterogeneous concept and encompasses a range of activities that can be categorised into six different tasks, of which one or more may be carried out in any programming adopting CBT:

1. Participatory ranking of all community members;
2. Identification of the universe from which beneficiaries should be selected, screening out those who should not be considered;
3. Implementation of a proxy means test (PMT) by means of questionnaire administration;
4. Beneficiary selection on the basis of externally developed criteria;
5. Selection of beneficiaries on the basis of autonomously developed criteria;
6. Validation of beneficiaries selected using external criteria.

Each of these tasks is presented in the literature as consistent with the term CBT, although each implies significantly different levels of engagement, decision-making and autonomy. All six tasks draw down, to a greater or lesser degree, on community knowledge, and entail some measure of community complicity in the resource allocation decision. However, in all but Task 5, this community knowledge and engagement is used only to prepare information for analysis by an external decision-making agent, or to review such a decision. It could be argued that only Task 5, the selection of beneficiaries on the basis of autonomously developed criteria, represents community-based selection and has the degree of agency necessary to constitute active community targeting of resources. We discuss each task below.

### Participatory wealth ranking

Participatory wealth ranking, or community wealth ranking, is a well-established development tool, and the literature implies it generally delivers a robust and broadly non-contentious ranking based on a community's own understanding of poverty considered from multiple dimensions. It does not, however, imply or require any kind of community decision about the allocation of resources, eligibility or inclusion or exclusion from transfer receipt, and is as such a precursor to actual targeting. It represents an assessment of status rather than direct engagement with resource allocation and targeting.

The Ubudehe process in Rwanda provides an example of the adoption of this form of community wealth ranking to inform transfer allocation under the Vision 2020 Umurenge Programme (VUP), which provides CTs and public works employment for the poorest:

*Households eligible for VUP are identified through a community-based social mapping exercise called 'Ubudehe' that classifies local households into 5-7 wealth groups. All households allocated to the bottom two wealth categories are eligible for the VUP – Public Works if they have adult labour capacity, Direct Support if they do not. Retargeting occurs every 12 months; any household that has moved out of the bottom two 'Ubudehe' categories during the year is deemed to have*

*graduated and leaves the VUP (Sabates-Wheeler and Devereux, 2011: 09).*

This ranking exercise was carried out nationwide, and it was only after the community had ranked members into wealth groups that it was decided which groups would be eligible for transfer receipt.

There are disadvantages to this approach in the implementation of a national programme in terms of the high cost of facilitation on such a large scale. However, in countries facing significant geophysical and administrative capacity constraints to reaching the poor, many governments and donors turn to some form of community-based approaches to target social protection provision. In such settings, where institutional, administrative and resource constraints prevail, CBT is potentially more cost-effective and feasible than alternative approaches based on data collection.

More critically, CBT provides community-specific and hence inherently relative indications of poverty in each location, and as such the results can be problematic if intended to form the basis for a national register, grounded in some form of objective and common poverty criteria. There may be considerable inter-community discrepancies in countries with significant geophysical and socioeconomic diversity.

Once wealth ranking becomes associated with the targeting of resources, meanwhile, and it becomes known that allocation to particular categories entails eligibility for a range of benefits, any subsequent re-ranking is liable to a range of biases likely to result in increased inclusion in the eligible categories.

### Identification of the universe of potential beneficiaries

Identification of the universe of potential beneficiaries by a community group, in which those not eligible for receipt are screened out and those eligible for consideration are put forward, represents a common community function within CBT. It effectively provides a 'pre-screening process' to identify those who comprise the pool from which beneficiaries will be selected, carried out as a precursor to the adoption of another form of targeting.

It is often small community committees, rather than the broader community, that identify those eligible for programme inclusion consideration. Eligibility within this group is then determined through the administration of a PMT that scores on the basis of a weighted set of externally defined poverty indicators. A typical example of this approach is found within the Livelihood Empowerment Against Poverty (LEAP) CT programme in Ghana. Community LEAP implementing committees put forward the names of those who should be considered for programme inclusion. This universe of potential candidates was then tested for eligibility by means of the implementation of a PMT to identify the poorest, who were then enrolled into the programme (Ayala, 2009).

There are often no clear criteria for the process adopted by ‘communities’ in performing this screening task, and it is carried out by a small and not necessarily transparently selected or representative subgroup within the community. As such, this process is potentially highly subjective and open to rent-seeking, and to the reproduction of patterns of social exclusion and marginalisation reflecting the preferences of the community members who act as gatekeepers to the transfer resources. This allows for significant discretion, and entails a risk of exclusion error, and even corruption, including because it tends to be subject to few checks or balances. Those whose names are not put forward by the community grouping are not eligible for consideration and, as no data are gathered on households that are not nominated, they are excluded from the subsequent needs assessment process, for example through a PMT. This initial ‘community’ pre-screening process thus risks restricting the universe of those considered for selection, which can simplify and reduce the cost of a subsequent PMT-based needs assessment but heightens the risk of exclusion errors.

This approach also effectively superimposes an external ‘black box’ of external technocratic decision-making upon a community process. The ultimate selection process takes place remotely from the community, on the basis of the calculation of a score based on a weighted composite index, removing transparency and the potential for community ownership or local accountability.

### **Implementation of a proxy means test**

CBT is sometimes used to refer to community implementation of the survey or interview-based component of PMT, in gathering data for an assessment of poverty based on externally defined factors, often related to asset ownership, household composition and labour market engagement. The implementing agency then analyses the data gathered and uses high scores in terms of household characteristics that are highly correlated with income poverty to determine eligibility. In this approach, community members function exclusively as executive agents, rather than as actors defining poverty or eligibility themselves.

This approach has the potential to reduce cost. Using community members rather than external enumerators to implement the survey questionnaire also has the potential to enhance the veracity of interviewee responses.

However, as with the screening activity outlined above, the approach fails to make use of community-level knowledge, and is dependent on an external definition of poverty. The indicators used in a PMT may not be closely correlated with community perceptions of poverty, often excluding social or relational factors that survey approaches cannot easily identify. The relevance or otherwise of the selection and weighting of indicators in a PMT may have a significant impact on the identification of the poorest as defined by the community or in terms of other poverty metrics such as income or consumption,

and the resulting eligibility criteria may fail to take into account local cultural and socioeconomic variations, particularly if national PMT criteria are adopted.

As such, the two PMT-related approaches outlined above (CBT pre-screening plus PMT and PMT carried out by the community) may not be superior in terms of targeting performance to alternative approaches (for a discussion of the standard errors implicit in this approach see, for example, Kidd and Wylde, 2011). As noted above, this process can compromise transparency and result in limited community ownership of targeting outcomes, and hence the acceptability of outcomes resulting from this process may not be high (see, for example, the discussion regarding the LEAP CT programme in Ghana in Oxford Policy Management, 2013).

### **Community selection on the basis of external criteria**

Communities are in some instances requested to identify beneficiaries for programme inclusion on the basis of externally developed criteria, demographic or otherwise, as in the case of the community welfare assistance committee responsible for targeting of the social cash transfer in Kalomo, Zambia (Ministry of Community Development and Social Services and German Technical Cooperation, 2007). The main critique of this approach is similar to that noted above in relation to community implementation of a PMT: the benefit of community-level knowledge is not realised, and communities do not have autonomy, in the form of discretion, to propose the inclusion of those perceived to be in need on the basis of their own locally relevant criteria.

### **Selection of beneficiaries on the basis of autonomously developed criteria**

The potential benefits of CBT are most likely to be fully realised when communities are tasked with the selection of beneficiaries on the basis of autonomously developed criteria. However, this approach implies a high degree of devolution and may require donors and central government to tolerate deviation from anticipated inclusion criteria.

### **Validation of externally selected beneficiaries**

CBT sometimes takes the form of the ‘validation’ of beneficiaries selected using externally defined criteria, often in the form of community meetings to endorse or approve beneficiary lists prepared by external agents.

If there are credible processes in place for challenging and changing those deemed eligible for benefit receipt, and if these processes are effective and appropriate to the nature of the community, this approach has the potential to restore a measure of autonomy and be more or less effective in terms of targeting performance and acceptability. However, if communities are not sufficiently empowered to challenge targeting decisions and sufficiently confident that this will not have adverse repercussions,

this approach may represent more of a post hoc process of marginal change linked to the satisfaction of government or donor process requirements, rather than providing a mandate for communities to articulate their own preferences or challenge large-scale targeting errors. There is little evidence in the literature of validation exercises resulting in significant targeting revisions.

### 4.3.2 Overcoming the knowledge deficit

The literature identifies CBT as unique among targeting approaches in that it draws on local knowledge about the status of households residing within a particular community, and potentially, although not in all instances, a community understanding of poverty that is multidimensional and sensitive to the local context. In this way, CBT can ‘capture community-specific factors that centralised proxies often miss’ (Conning and Kevane, 2002: 378). This ability to tap into community knowledge to improve targeting outcomes is the key ‘value-added’ the adoption of CBT offers over alternative approaches. It is universally recognised as the key benefit of this approach. However, the limiting factors are:

1. The extent to which communities are fully knowledgeable about the situation of their own members, a factor determined by a range of social, political and cultural considerations (such as community size, degree of in and out migration and cultural or ethnic homogeneity); and
2. The extent to which communities, or their representatives, consider poverty reduction and resource allocation on the basis of poverty status acceptable and desirable outcomes and responsibilities.

### 4.3.3 The importance of training and facilitation

The literature suggests good training and facilitation of CBT result in superior targeting performance by communities, with the elaborate training provided in support of the Indonesian Jaring Pengam Sosial scholarship programme perceived as contributing significantly to the progressive targeting outcomes achieved (Baines, 2005, cited in Yusuf, 2010), together with the adoption of independent monitors. Yusuf cites poor training as a key cause of programme failure (in terms of targeting performance), with examples including the Malawi Targeted Inputs Programme (TIP), the Zimbabwe Child Supplementary Feeding Programme and the Indonesia PDM-DKE (Regional Empowerment Programme to Overcome the Impact of the Economic Crisis) (ibid). In Malawi, Chinsinga et al. found that the village task forces tasked with implementing the CBT process were not even formed in 25% of the villages surveyed, and in Zimbabwe lack of proper training was found to result in poor data collection, record-keeping and programme performance (2002). Gilligan, Hoddinott et al. (2005) suggest that

the related issue of community experience of CBT also contributed to improving targeting outcomes.

While there is agreement on the importance of facilitation for effective CBT implementation, several articles highlight the potentially problematic cost of effective facilitation on the part of implementing agencies and also, often overlooked, significant costs for the implementing community in terms of the time commitment required (see Slater and Farrington, 2009). Baines (2005) identifies the high cost of facilitation as a concern, and Chinsinga (2005b), on Malawi, goes so far as to argue that the human and financial costs of CBT facilitation render it inappropriate and unaffordable as a basis for large-scale programme targeting. These arguments run counter to the dominant assertion in the literature that CBT is a low-cost form of targeting.

There may also be social costs to targeting: evidence from the PSNP in Ethiopia suggests social costs and stigmatisation can affect local community decision-makers. Devereux et al. (2008) cite reports that a member of a village-level food security task force responsible for finalising the beneficiary list had his grain store burnt down by former beneficiaries who had been removed from the programme.

Meanwhile, Slater and Farrington (2009) find that the cost-effectiveness of CBT can vary significantly, with results from programming in Zambia very different from those in similar programming across the border in Malawi (Watkins, 2008).

### 4.3.4 CBT targeting performance

In terms of targeting performance, Coady et al. (2004) identify outcomes ranging from regressive to progressive when CBT methods were adopted, but tentatively attribute this variation to implementation factors, and suggest that CBT tends to result in progressive outcomes, with targeting outcomes enhanced if key implementation challenges are addressed. Since then a number of studies have found similarly progressive targeting outcomes but again with considerable variability (see Schuring, 2012) – notably Micklewright and Marnie (2005), Watkins (2008), Slater and Farrington (2009), Handa et al. (2010), Ridde et al. (2010) and Yusuf (2010).

Coady et al. found that, out of 14 studies, the median programme using CBT resulted in the allocation of 40% more to the poor than in a random distribution, but with considerable variation in performance, as illustrated by an inter-quartile range of 0.78. Yusuf (2010) categorised the 30 programmes reviewed into one of three categories (progressive, mildly progressive and regressive), and, where data were available, also applied the Coady et al. methodology. He found that 10 programmes were progressive, 16 mildly progressive and four regressive. These programmes were diverse in terms of type, region and country characteristics, and analysis of outcomes in Africa, South Asia and South-East Asia revealed highly varied performance, with no regional correlation.

Yusuf also found no evidence to support the hypothesis that richer countries (with assumed superior administrative structures, etc.) achieved better outcomes: Bangladesh, Nepal and Vietnam achieved progressive outcomes whereas two of the four countries with programmes experiencing regressive targeting outcomes were middle-income countries. He also identified significant within-country performance variation, suggesting that national wealth was not a dominant driver of CBT performance.

Overall, the empirical evidence on the targeting performance of CBT is diverse. In some cases, CBT has produced positive results, effectively reaching the poorest; in others, the results have been poor. We cannot generalise on performance outcomes by region or country as the results differ within these and even between different evaluations of one same programme. For example, studies on the PSNP in Ethiopia report both positive and negative CBT performance depending on the region under review (Samson et al., 2010), and results for CBT in the Tanzania Social Action Fund CCT are mixed (Gomez et al., 2011). In Zambia, findings from evaluations of the different pilot CT programmes have been found to be highly context-specific and linked to local community political economy factors while in Malawi, the poor targeting performance of the Starter Pack programme formed part of the motivation for the creation of the TIP using CBT, but the targeting outcomes under the latter were found to be worse than those achieved under the Starter Pack programme (Chinsinga et al, 2002).

#### 4.3.5 CBT ‘mis-targeting’

The literature indicates that failures of CBT are sometimes a result of community rejection of explicit externally defined targeting criteria and preference for the adoption of alternative distribution rationales, which the community implements unilaterally in contravention of explicit donor targeting preferences and guidance. The literature implies that such ‘mis-targeting’ does not necessarily owe to lack of information or understanding, corruption or the rejection of targeting in principle, but is linked to perceptions on the legitimacy of the targeting process in a particular context and the adequacy of the size and coverage of the proposed transfer. What may be seen as ‘mis-targeting’ on the part of programme designers may in fact be a community’s response to mitigate social tensions that it fears will be exacerbated by the implementation of an externally determined distribution of resources that is not sensitive to community dynamics. In such cases, there are potential fault lines (e.g. political or ethnic) that rationed resource access, determined on the basis of poverty targeting, might worsen.

Community revision of beneficiary lists has been documented, with communities disregarding targeting criteria or beneficiary lists and explicitly redistributing the resources more widely. The targeting of only a portion of the poor for transfer receipt (e.g. following the prevalent ‘10% of the poorest’ targeting guideline,

outlined in Schubert, 2008, in relation to the Kalomo CT programme in Zambia) is particularly problematic where levels of poverty are high and communities are relatively homogenous in terms of income or consumption, with only marginal differences between the bottom quintiles – a situation prevalent in much of Sub-Saharan Africa (see, for example, Ellis, 2012). A spontaneous expansion of lists has occurred, as in the case of the Malawi Starter Packs programme, where community representatives refused to target the poorest of the poor, alleging, ‘We are all poor’ (Samson et al., 2010).

This is sometimes also informed by a concern for intra-community harmony, with the extension of provision to the non- or less poor (effectively sharing the benefits across a larger portion, or all, of a community) seen as a rational and pragmatic choice in terms of diffusing social pressure. This has occurred in relation to the Raskin rice subsidy in some communities in Indonesia (Coady et al, 2004), and similarly in Malawi’s TIP, concerns regarding targeting-related tensions contributed to a more egalitarian and widespread distribution of subsidised seeds and fertiliser by the community than programme designers had anticipated (Holden and Lunduka, 2010; Chinsinga et al, 2002).

An additional factor that can result in ‘mis-targeting’ outcomes from CBT processes relates to the nature of the community in terms of how it might define itself, and the extent to which community subdivision into household units is acceptable. Examples come from the Targeting Inputs Programme in Zambia where fertilizer bags were split and divided among a significantly larger number of households than planned, and Zimbabwe, where community redistribution of benefits across a wider target group than had been intended was the result of social norms which opposed selective distribution (Yusuf, 2010). Differing understandings of the nature of the primary social units for distribution, and the appropriateness of selection within a community can thus also result in a rejection of externally defined targeting practices, and potentially a thinner spread of benefits than anticipated.

#### 4.3.6 The value of discretion

There is an argument in the literature linking ‘mis-targeting’ and leakage to discretion, in terms of the increased potential it offers for elite capture and corruption. Coady et al. (2004) and Watkins (2008) argue there is a need to limit discretion, for example to avoid the challenge represented by communities arguing that ‘We are all poor’ (perceived as an attempt to subvert donor targeting objectives), as well as more overt issues relating to corruption and manipulation by elites. They highlight a need to control or police community selection in some way by limiting the space for community discretion, and/or ensuring some form of external/empirical verification of community choices.

The subsequent literature contests the desirability of limiting discretion, however. Yusuf (2010) found that

communities either disregarded criteria or followed them only loosely in 19 out of 26 of his case studies, but did not find that higher levels of discretion led to poorer results. Nguyen and Rama (2007) went further, arguing that community discretion resulted in improved outcomes relative to income-based means tests stipulated by government. Overall, there does not seem to be a correlation between discretion, corruption and ‘mis-targeting’, and, where targeting guidelines have been found to be poor proxies for poverty, as in the case of programming in Ethiopia (Clay et al., 1999), discretion in community selection has the potential to function as a corrective, rather than distortionary, mechanism.

#### 4.3.7 Leakage and corruption

The issue of corruption, and associated leakages to the non-poor resulting from CBT, is much discussed within the literature. Conning and Kevane (2002) suggest that corruption can compromise the commonly cited advantages of CBT (better information, enforcement), and that ‘the superior abilities of local agents may generate rents that divert resources away from the target group or worse yet, may create costly rent-seeking activities that drain other community resources’ (p.14).

The literature abounds with reports of corruption in the CBT process. In Malawi’s TIP, village task forces changed beneficiary lists on the basis of demands from the village head and selected themselves onto them (Chinsinga et al., 2002). Local zakat committees in Pakistan colluded with social and political elites to misdirect benefits (Arif, 2006), resulting in 42% of beneficiaries being recommended on the basis of connections rather than needs. These findings raise critical questions regarding which community members are making targeting decisions and on what basis. The literature recognises the importance of personalities in terms of influencing targeting practices and outcomes (adversely and positively), alongside issues of caste, patronage and nepotism linking CBT to elite capture. It also highlights limitations to the effectiveness of governance protocols in situations of elite capture, where this is rooted in established institutional structures and structural power relations that protocols are not able to address, although the argument is made that it is possible to counter these challenges to some degree through programme-specific design elements, linked to monitoring, transparency and training.

The literature also notes that elite management may sometimes be confused with elite capture, and that it is important to consider the role elites are playing within CBT, rather than assuming their engagement will be detrimental. Elite management may in fact result in effective targeting rather than adverse targeting outcomes (Fritzen, 2006).

#### 4.3.8 The risk of exclusion

A common theme in the literature is the risk of CBT processes excluding marginal groups within the community. Couduoel et al. (1998) looked at the performance of the mahallas in Uzbekistan, formal community-based institutions regulated by the government with a mandate to support communities in the implementation of a range of social, economic and cultural initiatives. They found they were attuned primarily to Islamic ethics and beneficiaries, and less concerned with the needs of Slavic, non-Central Asian groups, which were not identified as eligible members of the core community. Here, the cultural outlook of the decision-making group was found to bias targeting practices. Nguyen and Rama (2007) in Vietnam drew similar conclusions: village chiefs were found to exclude unregistered migrants from eligibility, perceiving them as undeserving, socially unacceptable and not part of the core community for whose welfare they had responsibility.

It is interesting to note that exclusion and elite capture in CBT practices is not necessarily linked to inequality within communities, as mooted by Mansuri and Rao (2003) and Ravallion (2003), but rather a lack of social solidarity or social integration. Low levels of leakage to the non-poor were identified in Nepal’s Churia Food for Work programme and India’s National Old Age Pension Scheme (both cited in Yusuf, 2010), despite high levels of inequality, as a result of high levels of social solidarity and an established perception of community responsibility for the welfare of the poor.

#### 4.3.9 The role of verification

Running through the literature is a suggestion, sometimes implicit and sometimes explicit, that there is a need to monitor and verify community selection in some way. This concern is central to the design of many interventions, sometimes articulated as ‘trust but verify’. While the need to review performance is central to the fundamental issues of accountability and monitoring, the way this is realised can have a significant impact on programme acceptability and performance.

The literature reports reluctance among implementers to devolve complete targeting authority to communities, and implementing agents tend to ensure they independently verify and endorse the selection decisions communities make, often by applying a secondary targeting tool after community targeting has taken place. This is indicative of a tension prevalent in programmes using CBT: implementing agencies wanting to make use of the superior knowledge of community poverty available at community level, on the one hand, but on the other not necessarily trusting the outcome of the CBT process, and attempting to control the outcomes, either by substituting their own targeting criteria or by revisiting community-level targeting recommendations using alternative, external criteria (such

as PMT), to the detriment of transparency and community ownership, as discussed below.

### 4.3.10 The role of rationing in improving targeting performance

Some authors (for example Conning and Kevane, 2002; Grosh, 2008) have argued that CBT may work best if access is severely rationed, with communities invited to select only a limited number of members for transfer receipt. The claim is that imposing a hard budget constraint such that only a very limited number can benefit, or targeting only 5–10%, will stimulate the community to act in a more disinterested or altruistic way. However, other literature challenges this argument. Rai (2002) suggests that hard budget constraints risk exacerbating community tensions through the mass exclusion of many. Similarly, Chinsinga et al, (2002) highlight the potentially negative impact on community dynamics, as noted above. Such studies suggest the allocation of insufficient resources relative to perceived need and eligibility may result in an alternative distribution, as discussed in Section 4.3.5. Provision to a wider beneficiary group, but with fewer resources allocated to each beneficiary, is seen as more acceptable than targeting that fails to include a portion of those considered eligible.

Another proposed rationing approach to promote programme performance is the implementation of only temporary programmes with small benefits (Grosh, 2008), on the basis that this will reduce incentives for rent-seeking among CBT actors. However, this approach may be in tension with the intended social protection function of the intervention (which requires a transfer value adequate to meet prescribed needs and on-going provision in contexts where need is chronic, rather than transient). Moreover, it is likely that a single transfer will not be subject to the same social moderating and regulatory functions (based on shame, etc.) or sanctions (e.g. the threat of transfer withdrawal by the donor/government if targeting is not effectively carried out) that a repeated transfer would offer, as in the case of repeated games in game theoretical modelling, although these potential limitations to one-off or temporary transfers issues are not directly discussed in the literature under review.

### 4.3.11 Combination and sequencing

CBT is used primarily in combination with other forms of targeting, often geographical or categorical approaches (where demographic criteria guide eligibility) (Slater and Farrington, 2009). It tends to be carried out either to directly identify beneficiaries or as a mechanism for the identification of a pool of potentially eligible community members, after geographical targeting and prior to the use of other techniques such as a means test or use of data for final beneficiary selection or validation (with potentially adverse transparency and ownership consequences as noted above, see Gomez et al., 2011).

## 4.4 Key factors influencing programme outcomes

The diversity of both tasks and agents implied by CBT, discussed above, and the interplay between the two factors, is likely to have a significant impact on the resulting targeting outcomes and their acceptability, contributing to the range of outcomes identified by Coady et al. (2004) and Yusuf (2010). The literature highlights three additional factors influencing outcomes: the physical, social and political characteristics of the community, the design of the transfer itself and the accountability mechanisms adopted. We discuss key findings relating to these three additional factors below.

### 4.4.1 The nature of the community

The literature indicates that the nature of the community is a key determinant of the efficacy of CBT, in terms of both targeting outcomes and acceptability (see for example Schuring, 2012). Key considerations include the extent of social, cultural, ethnic, socioeconomic and geographical fragmentation or cohesion; governance norms and practices; norms regarding community responsibility for assisting the poor; and the relationship between the poor and the agents or institutions carrying out the CBT.

The size of a community is relevant to CBT performance, in terms of both absolute numbers of members and also geographical dispersion and the spatial distance between them. In part, this relates to the more limited knowledge in large communities of members' status and needs, and associated lower levels of trust and mutual obligation. Research in the field of behavioural economics suggests community size can also affect social group dynamics, and in particular social behaviour relating to accountability and community governance (see, for example, Gastil, 2009). The literature indicates that communities that are large and physically spread experience some weakening of social processes promoting accountability, with consequences for the incentives and mechanisms to promote effective poverty-based targeting. The implication is that CBT may be less effective in numerically and spatially large communities because of effects on both the quality of 'community knowledge' and also behaviour, in terms of the reduced efficacy of social sanctions in response to an inequitable or corrupt allocation of resources.

These problems may be exacerbated in communities that are less well established, or more fluid, with transient rather than well-established populations. For example, in many urban areas, there may be high population density and limited interaction between community members, resulting in a lower degree of community knowledge than in more stable rural contexts.

This relates to the issue of social cohesion, which also has been found to affect performance. Where communities are less homogenous in social, cultural, ethnic or racial terms, CBT may be less effective, particularly in contexts where access to resources is contested and there is instability or latent conflict between different

groupings. Many studies identify cultural homogeneity as a factor positively affecting CBT performance but not socioeconomic diversity, with unequal but culturally homogenous communities generally found to achieve progressive targeting outcomes.

Power relations within a community are also important, and the literature suggests that the nature of community governance norms, and the related issue of community power relations, may affect CBT outcomes. Where community decision-making is based on consensual or democratic norms, and participatory processes are familiar, CBT outcomes are likely to be superior to where governance is based on more oligopolic or autocratic norms. However, the efficacy of accountability mechanisms based on contestation, for example in community meetings, may be limited where consensual or autocratic decision making is common practice, and confidential appeals may be more effective (Garcia and Moore, 2012). Where elites dominate selection, progressive targeting outcomes may still be achieved if community responsibility to support the poor is the norm, or there is an alignment of incentives for patronage and progressive transfer distribution.

The relative affluence of a community or the society in which it is located (and the assumed superior administrative and other institutional structures) does not appear to be a key factor determining outcomes, with progressive targeting reported in low-income countries and regressive outcomes in middle-income ones (Yusuf, 2010).

Overall, community characteristics affect CBT performance by influencing the quality of knowledge within the community (the key attribute CBT is attempting to capture) and incentives for the use of this knowledge to target resources. These factors can also influence targeting performance indirectly by affecting the efficacy of accountability and enforcement mechanisms, in terms of whether a community can monitor and reward or penalise equitable or inequitable practices through shame or other forms of social or material sanctions.

#### **4.4.2 The nature of transfer design**

The literature also implies that the nature of the transfer, in terms of its value, concentration (the number of beneficiaries in a given community) and whether it is one-off or repeated, can also affect community perceptions of the legitimacy of the targeting process as well as outcomes. It has been mooted that where the transfer value is low there may be less incentive for corruption, but this argument is not widely found, and such low transfer values may risk compromising the intended safety net function of the transfer.

There is debate around the impact of the scale of transfer coverage within a community, relative to need. It has been suggested that rationing may enhance targeting performance, as those responsible realise they are unlikely to benefit (see Coady et al., 2004), but, as Section 4.3.10 showed, the literature gives several examples of

communities disrupting the intended targeting process where only a small proportion of those they identify as eligible or in need of support are awarded benefits, in favour of a more egalitarian or community wide distribution. This may be more likely in contexts where there are incipient social tensions, which the arbitrary selection of a subgroup of the poor could inflame. The literature implies that, in situations where there is little clear differentiation in the poverty status of many of the population, excessive rationing to a subset of the poor may detract from, rather than promote, effective targeting.

The broader literature suggests that, where the transfer is on-going, rather than one-off, and communities are aware of the purpose and intended beneficiaries, there can be a cost to regressive or corrupt targeting practices, with respect to the credibility of the groupings determining resource allocation and the strength of patronage linkages. These may not be realised in the case of a temporary or one-off distribution. Moreover, as mentioned in Section 4.3.10, the enforcement of progressive targeting through social sanctions is likely to be more effective in the context of on-going transfers.

#### **4.4.3 Accountability mechanisms**

Accountability is identified throughout the literature as a key determinant of targeting performance, and cross-cuts the issues set out above. Of the 21 programmes examined by Yusuf (2010), 14 had a functional protocol for appeals, with complaints mechanisms and formal opportunities for contestation, and provided examples of active pursuit of misappropriation, making use of tools such as public information displays and social audits. However, the extent to which communities have voice, and genuinely participate in selection, monitoring or appeals to challenge selection decisions, holding implementers to account, is dependent on programme design and implementation modalities, as well as the community context.

The key design factors influencing accountability to the wider community identified in the literature are knowledge about programme objectives and processes; the functioning of community-level and external monitoring processes; and the effectiveness of feedback, appeals and complaints mechanisms. In each instance, processes for transparency, appeals and monitoring that are appropriate to the particularities of the context in terms of governance and other community characteristics are required. Whether a particular accountability approach is effective will depend on its validity in a given cultural context, and the relative empowerment of those to whom it is intended to give voice. Where there are socio-political constraints to participation by particular groups, it is not likely that the implementation of even well-conceived accountability mechanisms relating to CBT will be effective, in the absence of broader social reform.

#### 4.4.4 Summary of determinants of performance

Figure 1 illustrates the five key determinants of CBT performance identified in the literature.

**Figure 1: Key factors influencing programme outcomes**

Key variables determining CBT outcomes (targeting and acceptability)	Range of practice	
	Increased likelihood of successful targeting	Decreased likelihood of successful targeting
Nature of task	Autonomous selection of beneficiaries	↔ Validation of externally selected beneficiaries
Nature of agents	Whole community/community selected grouping	↔ Externally constituted group
Nature of community	Participatory/democratic Limited spatial distribution Small number of members Culturally homogenous Stable (Good information and governance incentives)	↔ Autocratic/exclusive Spatially large and/or dispersed Large number of members Culturally heterogeneous Fluid membership (Lack of good information and governance incentives)
Nature of transfer	Sufficient coverage to meet identified need	↔ Coverage less than identified need
Accountability mechanisms	Appropriate formal/informal mechanisms in place and functioning	↔ Mechanisms not in place or not appropriate to match context

These design and contextual factors are interlinked, and vary significantly from programme to programme, resulting in a diversity of possible implementation contexts. This is likely to account for the significant diversity in the performance of CBT Coady et al. (2004) identify. Incorporating these factors in CBT performance analysis, rather than considering CBT as a monolithic form of intervention, may contribute to a greater understanding of the sensitivity of CBT outcomes to specific contextual and design factors.

#### 4.5 The challenge of measuring CBT performance

Conventionally, CBT performance is measured in terms of the poverty status of beneficiaries, as defined using a money metric or composite poverty indicator (see, for example, Coady et al., 2004; Yusuf, 2010). Although it is assumed that this provides an objective assessment of CBT performance, this is contingent on the assumption that CBT can and should be measured against an externally defined (typically survey-based) assessment of poverty, often related to income, expenditure or asset ownership, which provides some form of objective yardstick. And yet one key rationale for adopting CBT is that it draws on community-specific perceptions of poverty taking into account multiple dimensions of poverty that cannot be accommodated in an external empirical analysis (including of social, cultural and relational issues) and as such provides a more ‘accurate’ reflection of need than any externally defined approach. As such, discrepancies between CBT outcomes and survey-based econometric assessments of poverty may reflect inadequacies in the empirical approach, as much as, if not more than, CBT

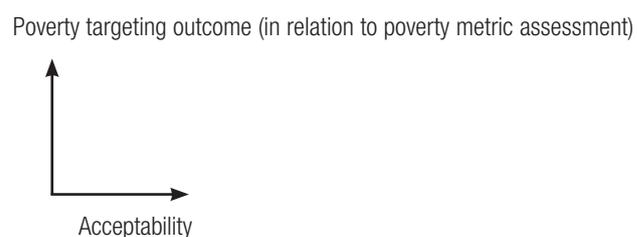
errors, and thus are not necessarily indicative of poor CBT performance. This is essentially an epistemological problem: measurement of the performance of one form of targeting (CBT) is being carried out using a yardstick known a priori to be empirically limited and less able to accommodate community-based perceptions of poverty.

There is therefore a conundrum at the heart of the analysis of CBT performance: CBT is used in order to benefit from community capacity to identify the poorest, which is assumed to be superior to identification that can be carried out using survey-based approaches measured against a limited and externally defined set of variables, but its performance is generally appraised in terms of the extent to which it corresponds to the outcomes such survey-based approaches. Where discrepancies between the two are identified, CBT is typically verified and often ‘corrected’ on the basis of survey-based assessments of poverty, thereby undermining the primary rationale of adopting CBT as a targeting tool. This challenge is an issue on which the literature is silent.

While CBT performance is typically assessed in terms of the progressivity or otherwise of targeting outcomes, as discussed above, the literature implies there may be a second dimension of performance that is also important – namely, community acceptability. It suggests this is based on a perception that the proposed distribution of resources is justifiable (based on a community understanding of the purpose of the distribution), broadly equitable (in terms of needs or conventions governing the distribution of resources within the community) and also not likely to exacerbate community tensions. This implies there are two dimensions against which CBT performance may be appraised, targeting outcomes and acceptability, as Figure 1 illustrates.

The literature indicates that there may be trade-offs between these two aspects of performance: the two are not independent and performance against each may affect outcomes in the other in the short or medium term. The relative importance of each outcome, and optimal programme design, will be context-specific; where a community is mindful of latent community tensions or perceives externally defined targeting criteria and beneficiary selection to be inequitable or inadequate in relation to needs, then an alternative, community-driven, distribution of assets may represent the most appropriate outcome, taking community dynamics into account, despite its relatively weaker targeting performance as measured against an income poverty yardstick.

**Figure 2: The two dimensions of CBT performance**



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# 5. Conclusions and gaps in the research

The literature reviewed suggests CBT is primarily valuable for the community knowledge it can bring to the targeting process that is inaccessible in other forms of targeting. CBT is recognised as having the potential to promote progressive targeting outcomes, as well as legitimacy and community satisfaction regarding such outcomes.

While CBT is found to result in a range of targeting outcomes, meta-analysis finds the outcomes are most frequently progressive, affected by a number of contextual factors, primarily relating to the tasks ascribed to the community and the nature of the community group carrying out the targeting. Performance can be adversely affected by community knowledge failure where ‘communities’ are large or widely distributed, or there are high levels of transience, heterogeneity and lack of social integration, (e.g. in many urban areas), where the community may not possess the requisite information to target effectively. Failure of CBT outcomes to conform to performance yardsticks based on external definitions of poverty may not represent an objective failure of targeting, but may rather take into account factors not captured in external definitions, including social, cultural and political considerations that might inform community acceptability.

The legitimacy of CBT is derived from the community identification of beneficiaries, which may be compromised where alternative targeting approaches are used subsequently to CBT that introduce changes in beneficiary lists on the basis of externally defined criteria (such as composite poverty scores). These may not be readily comprehensible or transparent at community level, or where the number of beneficiaries provided with transfers is not commensurate with those the community identifies as eligible. Where transfers are targeted at only a subset of those identified as poor, communities may not be comfortable sanctioning what they perceive as unjust allocations. In some instances, they may prefer to initiate an alternative approach, sharing the resources more widely, and spreading the benefits more thinly, based on egalitarian or other principles.

CBT is an inherently relative targeting approach, which functions at the level of the community. For this reason, its use for national poverty targeting may result in spatial inconsistencies, with the inclusion of those who are less poor in richer areas and the exclusion of some of the poor in areas of more extreme poverty. As such, its contribution

may be limited in terms of the development of a national poverty register.

In countries facing significant geophysical and administrative capacity constraints to reaching the poor, many governments and donors turn to some form of community-based approach to targeting social protection provision. In such settings, where institutional, administrative and resource constraints prevail, CBT is likely to be selected to target the poor, and is potentially a more cost-effective method than alternative approaches based on data collection.

However, the CBT approach is subject to its own inherent limitations and risks, including those related to lack of transparency, discriminatory practices, exclusion of the poor considered ‘undeserving’ and elite capture.

The major challenge in the literature relates to the need to disaggregate the CBT concept in terms of the activity and agents involved, rather than using it as though it refers to a single homogenous form of targeting – an approach that obscures the issues of autonomy and agency that, as this literature review has shown, are critical determinants of performance. This would entail identifying the specific CBT activity taking place, the nature of the ‘community’ undertaking the targeting and its physical and political characteristics, the type of transfer, the way CBT is combined with other approaches and the accountability mechanisms adopted, and then analysing performance in relation to this context.

Overall, the literature and programme data do not consistently deconstruct CBT in this way, but tend to use the term as though it represents a relatively homogenous tool, with agreed implementation approaches, rather than identifying the diversity of community engagement and autonomy. The aggregation of a diversity of approaches under the term ‘CBT’ represents a particular challenge for regression-based analysis of performance. Greater contextual analysis may enable the identification of more informative insights into targeting outcomes and the factors determining programme success.

The literature does not engage with the epistemological challenge of how poverty targeting should best be measured, and the circularity of the challenge of trying to gain superior targeting impacts by adopting CBT methods but then assessing the performance of CBT against implicitly inferior survey-based approaches. Similarly,

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the literature does not recognise the costs to targeting performance and acceptability of applying a survey-based approach after the implementation of CBT, despite the potentially adverse effect on outcomes.

The voice of communities is mostly absent from the literature on targeting approaches, and which also does not explore the issue of community perceptions of CBT outcomes, processes, legitimacy, preferences, views on combination with other approaches, etc.

Finally, given the large number of studies this review identified that offer quantitative data on programme

performance, a meta-analysis of quantitative findings would be valuable to give a broader overview of performance than has been possible until now. Given the diversity of analytical approaches adopted, programmatic and contextual variation and the combination of CBT with alternative targeting approaches, it will be possible to attempt a meta-analysis examining not only overall CBT performance in terms of general progressivity, regressivity or neutrality, which may be of limited value, as discussed above, but also a more nuanced analysis of the performance of different forms of CBT in differing contexts.

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# Annex 1: Literature review protocol

The literature review combined three tracks: a bibliographic database search, the snowball technique and hand-searching. The process adopted is discussed in detail below.

## Bibliographic database search

*The research question*

*What literature is available on CBTs, what issues does it address?*

The research question was decomposed into population, intervention and outcome:

Population	Intervention	Outcome
Social protection beneficiaries	CBT	– Targeting performance
Social protection includes:	Communities may be defined as (but need not be limited to):	– Targeting efficiency
– CTS (includes pensions, child grants, etc.)	– Pre-existing community institutions created for other purposes	– Targeting acceptability
– Public works programmes (cash/food/assets for work)	– Local government institutions	– Targeting ownership
– Health insurance	– Community groups created for this specific purpose	
– Unemployment insurance		
– Fee waivers and subsidies		
– Asset transfers (e.g. seeds, tools, fertiliser, animals)		

The aim of the research was to identify the literature in this area and the key issues the literature explores, and to identify programmes using this approach to contribute to the CBT global programme review.

### Search strings

The search string can be composed of intervention and outcome. In order to capture all social protection interventions, search strings should include both social protection more generally and specific interventions. In terms of outcomes, the types of migration are likely not to be consistent across studies, but this will be tested in the pilot phase (try employment and distress migration to see if you can find something different). The following search strings and will be used (they have been tested in the pilot phase):

- Community based targeting
- CBT
- Community-based-targeting

### Inclusion criteria

Inclusion criteria help in deciding whether a study that has been found is relevant. The following inclusion criteria should be applied (all criteria need to be satisfied for the study to be included):

1. Date: No time limit
2. Language: The review was restricted to English studies
3. Population: All populations were included
4. Geographical locations: There was no geographical limitation
5. Interventions: Any formal or informal social protection interventions, including, but not necessarily limited to:
  - CTs (includes pensions, child grants, etc.)
  - Public works programmes (cash/food/assets for work)
  - Health insurance
  - Unemployment insurance
  - Health fee waivers
  - School subsidy/fee waiver
  - Asset transfers (e.g. seeds, tools, fertiliser, animals)

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6. Study design: All literature was acceptable (descriptive, qualitative, quantitative, literature review, etc.)
  7. Outcomes: All information on outcomes was noted

#### *Resources searched*

##### Journals:

1. Journal of Development Studies
2. Development and Change
3. World Development
4. Journal of Social Policy (back up for Poverty and Public Policy)
5. Global Social Policy
6. Poverty and Public Policy

##### Publisher platforms:

1. Wiley Interscience (All Economic; All Development Studies; Social Policy & Welfare; All Political Science)
2. International Bibliography of the Social Sciences
3. Sage Journals (Public Administration, Economics and Development, Peace Studies and Conflict Resolution, Regional Studies, Politics & International Relations)
4. Jstor (African Studies, Population Studies, Public Policy and Administration, Asian Studies, Economics, Middle East Studies, Political Science)

#### *Snowball technique*

The following people were contacted and asked for the five most relevant studies on the research question. Also their websites and publications were interrogated.

1. Esther Schuring, University of Maastricht
2. Michael Samson, EPRI

Reference lists in Alatas et al. (2011); Coady et al. (2004) and Garcia and Moore (2012) were also examined for relevant studies.

#### *Hand-searching*

The following websites were consulted, using the same search strings:

1. World Bank
2. UN Development Programme
3. UN Children's Fund
4. Eldis
5. Governance Resource Centre
6. Research4Development (Department for International Development)
7. Chronic Poverty Research Centre
8. IDEAS
9. ISSA
10. Google





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