5. Poverty targeting and monitoring indicators

A problem that recurred across many of the health components of PRSPs was the limited extent of the poverty targeting. In general, two approaches to poverty targeting were taken:

- Universal coverage which by definition would include poor as well as non-poor (used for programmes such as vaccination, coverage of health clinics).
- To target specific poor regions or groups with a specific health programme.

The latter requires information on the health issues relevant to poor people and/or regions, such as data disaggregated by socio-economic quintile. Clear mechanisms for monitoring are required to ensure that the benefits are felt by the target group. The former requires no poverty targeting as such, but experience suggests that national programmes are often very bad at reaching the poorest unless they are adapted to their needs.

- PRSPs used universal coverage more frequently than targeting of poor people. This was the case even when data and information was available to identify the most vulnerable. In some cases vulnerable groups are implicitly targeted; for example, children and women are often identified as poor or vulnerable, and thus child immunization and reproductive health programmes can be judged as “pro-poor”, but there is typically no explicit focus on poor women or poor children.

- The limited targeting ought to be viewed alongside the sketchy data and information in health components. Without the information on who is poor and what their health situation and needs are, the process of targeting is restricted, and while several PRSPs acknowledge the lack of relevant data, few strategies demonstrate a commitment to accessing required information.

- Four out of 10 reports linked their health indicators to the MDGs, where possible.

- No PRSPs outline strategies to involve the poor in participatory monitoring.

Summary points

1. Poverty targeting was limited across the range of the PRSPs. In many cases reaching the poor was possible within programmes of universal coverage (e.g. vaccination programmes), but more specific targeting of poor regions and groups of people with specific/tailored health strategies was missing. Some PRSPs did include some specific targeting but it was sporadic rather than systematic.

2. Monitoring the impact on poverty is limited. Overall indicators for, for example maternal mortality, are provided but there is no attempt to monitor specific health strategy programmes on identified poor and vulnerable people/regions.