CASE STUDY *By Seth Kahan:*

Creating a Poverty Grading System at the Marie Stopes Clinic Society

The Marie Stopes Clinic Society (MSCS), part of the Marie Stopes International Partnership, was established in 1988 in Chittagong, Bangladesh, to provide sexual and reproductive health care and education. Since it began, MSCS has grown to include 23 comprehensive health clinics throughout the nation and an additional 46 "mini-centers" in urban slums. MSCS offerings include family planning education and services; ante- and post-natal care; female sterilization; vasectomy; primary health care; youth services; prevention, diagnosis, and treatment of sexually transmitted infections; and STI/HIV/AIDS awareness-raising initiatives.

As the population and reproductive health indicators in the box suggest, MSCS's education and services are needed. Bangladesh's population growth and total fertility rates remain high, despite an increase in the use of contraceptives from 45 percent in 1994 to 54 percent in 2000 (60). Infant and maternal mortality also pose a challenge, as do other reproductive health problems.

MSCS recognizes that poverty causes poor sexual and reproductive health, and vice versa. Therefore the organization seeks to reach the very poor, who are most in need of services. Tanya Huq Shahriar, Knowledge and Social Development Manager of MSCS, reports: "Around 80,000 clients per month come to our clinics and mini-centers. They are urban poor and vulnerable. This includes the homeless, young people and women of slums and shanty towns, sex workers, drug users, men having sex with men, factory workers, etc."

Dr. Yasmin Ahmed, Managing Director of MSCS, says: "We have developed several innovative programs to reach and serve. We hope these programs will reach the poorest of the poor. There are many obstacles to reaching them, but the first challenge is to identify them. This is not easy. There is so much to consider, and not all is obvious to the outsider."

BANGLADESH: POPULATION AND REPRODUCTIVE HEALTH INDICATORS

Total population, 2004	149.7 million
Projected population, 2050	254.6 million
Life expectancy (male/female)	61.0 / 61.8 years
Contraceptive prevalence: any method	54 percent
Contraceptive prevalence: modern methods	43 percent
Births per 1,000 women ages 15-49	117 per 1,000 women
Maternal mortality ratio	380 per 100,000 live births
Infant mortality rate	64 per 1,000 live births
Average annual population growth rate, 2000-2005	2.0 percent
Total fertility rate, 2000-2005	3.46 children
Births with skilled attendants	12 percent
Health expenditures, public	1.5 percent of GNP

Source: UNFPA, 2004 (61)

Identifying the Very Poor

International and national definitions of poverty often fall short of identifying those most in need of care, because they do not take situational nuances and circumstances into consideration. For example, income conventionally has been used as a measure of poverty, and households falling beneath a certain threshold level have been considered poor. Yet a family may have an income level higher than the defined threshold but be pushed into poverty by other factors, such as a large number of dependents or a major illness in the family. Thus a more holistic approach is needed to identify very poor households. Determining which factors should be taken into consideration is a difficult task. Dr. Ahmed, Ms. Shahriar, and their team designed a strategy in which they turned to the poor for answers.

Ahmed explains: "When it comes to extreme poverty in slums, it varies so much and there is no one criterion which you can use to measure. So we looked at the research. Some sources use income, some use household access. Each was right in its own way, but none captured the whole spectrum of poverty. That is why we decided to go back to the community and actually ask them to grade their own poverty."

Participatory Knowledge Development

Those closest to a situation generally have the richest and most relevant knowledge. Ahmed points out: "We used volunteers who were actually members from the same slum. We said, 'You go ahead and grade households according to whatever you think would be the criteria. Just remember to note why you categorized each household as you did.' We sent our volunteers out … to all the houses in the slums. They categorized them into four groups. Then we had a debriefing session with them.

"They gave us their criteria, and some of the things they came up with were actually things that hadn't been used before in research. Like the type of fuel they used: whether they used rubbish for cook-

TABLE 2. POVERTY GRADING SYSTEM

Indicator and ratings	Points	Means of verification
Living space		
Shares one room with other family	1	Observation and question
One small room for whole family	2	
Two small rooms or one large room	3	
Two or more rooms with additional space	4	
House structure		
Bamboo fence, bamboo thatched roof, polythene/kutcha floor or bamboo platform	1	Observation
Bamboo fence, tin roof, kutcha floor or bamboo platform	2	
Tin fence, tin roof, brick floor	3	
Brick wall, tin or brick roof, brick floor	4	
Rental status		
Shares rent, up to Taka 500	1	Question
Rent is Taka 500 – 800	2	
Rent is Taka 800 – 1,200, rents out room/space	3	
Rent is Taka 1,200 – 2,500 or owns structure on rented/occupied land, rents out space	4	
Cooking facilities		
No separate cooking space; waste materials used for fuel	1	Observation
No separate cooking space; wood, kerosene used for fuel or electric heater	2	
Separate cooking space; stove, earthen oven, electric heater or gas oven used	3	
Separate cooking space; gas oven used, rents out gas oven	4	
Average number of meals per day		
One meal	1	Question
Two inadequate meals	2	
Two adequate or three inadequate meals	3	
Three adequate meals	4	
Frequency of quality food		
Occasionally	1	Question
Once per month	2	
Once per week	3	
Two or three times per week	4	
Type of work		
Beggar, daily labor, irregular rickshaw puller	1	Question
Regular rickshaw puller, garment or factory worker, small trader	2	
Motorized taxi driver, shop keeper/owner, tailor	3	
Businessman, driver (taxi, bus, truck, car), owner (rickshaw, taxi, small factory)	4	
Monthly income (average per household member)		
Up to Taka 300	1	Question
Taka 301 – 500	2	
Taka 501 – 1,000	3	
Over Taka 1,000	4	

Source: Pörksen, 2003 (47)

TABLE 3. RESULTS OF COMMUNITY POVERTY GRADING SYSTEM

Location	% of households that are:				Number of households graded	Number of ungraded households
	Very poor	Poor	Middle	Rich		
Paris Road slum	76	14	6	4	977	7
Shialbari slum	43	42	10	5	1,228	200
Shikder slum	56	32	12	<1	1,045	314
Total (all 3 slums)	**57**	**30**	**10**	**3**	**3,250**	**521**

Source: Pörksen, 2003 (47)

ing or would go and buy fuel from the market. So they came up with quite a few nifty criteria which we thought really worked well. To make sure that their criteria were valid, we reconfirmed them."

MSCS then worked with the PRIP Trust (a Bangladesh NGO), which conducted focus groups with slum community members. The community members determined the different indicators of poverty and levels of these indicators for rich, middle, poor, and very poor households in their community. The focus group results were combined, and a four-point rating system for each indicator was developed into a poverty grading tool, which is shown in Table 2. The rating system was used to create four poverty bands, and each was assigned a color:

Red: very poor (score 8–12),
Yellow: poor (score 13–20),
Blue: middle (score 21–28),
Green: rich (score 29–32).

Social Mapping

After the poverty grading tool was developed, focus groups of community members were convened to draw maps of each of the three slums. Individual households were graded and colored according to the grade developed in the focus groups. This visually identified the location of the very poor and also showed the percentage of households that fell into each poverty level (see Table 3).

Shahriar comments: "Here we have gathered the information about the status of the poor in the slums using the information and knowledge of their own community. They have mapped the slums themselves. This knowledge was important for us to design a strategy for making our services accessible to the very poor ... or red houses."

Conclusion

The poverty grading tool has proved effective at identifying the very poor. It is being used at all of the other MSCS mini-centers in Bangladesh. Ahmed says: "We had done it on an experimental basis in only a few slums. Now we are doing it in all the slums."

Identifying the very poor was the first step. Next, innovative programs were designed using the information about the number and location of the very poor. To date, these programs have succeeded in reaching a higher percentage of people who suffer from extreme poverty.

Lessons in reaching the very poor have been drawn from this process and are being applied elsewhere in the Marie Stopes International Partnership. The World Bank is financing the development of a training manual for this participatory poverty grading process, which is being field-tested in Yemen. This training manual is available from research@mariestopes.org.uk.

Sources: This case study is based on a Marie Stopes International research publication, *Viewpoint: Developing a Participatory Poverty Grading Tool* (47), which can be found on the Marie Stopes International Web site (http://www.mariestopes.org.uk), and on written and oral interviews conducted by the author with Tanya Huq Shahriar, MSCS Knowledge and Social Development Manager, and Dr. Yasmin Ahmed, MSCS Managing Director. For further information contact research@mariestopes.org.uk.