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Multidimensional Poverty Index in Sarawak

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Abstract

This study examines multidimensional poverty in Sarawak using the Multidimensional Poverty Index (MPI) framework, which captures deprivations in health, education, and living standards beyond traditional income-based measures. Drawing on primary survey data from 386 respondents, the Alkire-Foster dual cut-off methodology was applied to identify the extent and intensity of poverty across households. The findings indicate that 90 percent of respondents were classified as non-poor, while 4.4 percent were near poor, 2.6 percent poor, and 2.1 percent severely poor. Deprivations were most pronounced in housing quality, access to healthcare, and nutrition, whereas indicators such as school enrolment and sanitation reflected near-universal access. These results suggest that while Sarawak has made substantial progress in reducing poverty, structural vulnerabilities persist among specific groups. The study underscores the importance of adopting a multidimensional perspective in poverty alleviation policies and highlights the need for targeted interventions to address overlapping deprivations, thereby supporting Malaysia's broader aspirations under the Shared Prosperity Vision 2030 and the Sustainable Development Goals.

Keywords: Multidimensional Poverty Index, Sarawak, Poverty Measurement, Deprivation, Sustainable Development

Introduction

Between 2011 and 2014, approximately 700 million people worldwide gained access to financial services. However, despite these improvements, around 1.4 billion adults remained unbanked as of 2021. While there has been substantial progress, significant disparities persist, particularly in developing economies, and among women and low-income groups (World Bank, 2021a). As of 2023, there are 1.4 billion adults did not have access to financial services and even did not have a bank account in managing their financial matters and 54% of them are women (World Bank, 2023). As of 2015, the World Bank highlighted that 14.5% of the world's population was classified as living in extreme poverty. However, by 2021, this percentage had decreased to approximately 9.3%, according to World Bank estimates. Despite progress, global challenges such as the COVID-19 pandemic, inflation, and conflict have slowed poverty reduction efforts, leaving around 719 million people still living on less than $2.15 per day (World Bank, 2022).

Poverty remains one of the most persistent development challenges globally and nationally. While notable progress has been made in reducing income poverty over the last two decades, particularly with the decline in the proportion of people living on less than the international poverty line of USD 2.15 per day, poverty has increasingly been recognized as a multidimensional phenomenon that extends beyond income (World Bank, 2022). Many households continue to experience overlapping deprivations in areas such as education, health, housing, and access to basic services, which together undermine long-term human development (Alkire et al., 2023). This broader perspective, captured through the Multidimensional Poverty Index (MPI), highlights that households may not be income poor but still face structural disadvantages that limit well-being and opportunities (United Nations Development Programme – UNDP & Oxford Poverty and Human Development Initiative-OPHI, 2023). For instance, inadequate access to quality education and healthcare, poor sanitation facilities, and insecure housing conditions are critical non-monetary deprivations that perpetuate cycles of poverty. Recognizing poverty as multidimensional is therefore essential for designing policies and interventions, including microfinance, that can address both monetary and non-monetary aspects of deprivation in a holistic manner.

The microfinance programs in Malaysia particularly in Sarawak was aimed to aid with Malays and indigenous group which is also the main community development agenda of the Malaysian government, apart from that there were also poor among the Chinese and Indians communities as well. The Malaysian government had just recently passed the 13th Malaysian Plan (2025 to 2030) in the second meeting, 15th Malaysian parliament of the fourth term of the Parliament sitting. This broad Malaysian government policy is also aligned with the Federal government's Shared Prosperity Vision 2030 policy and the Sarawak government's Post-Covid Development Strategy 2030. Therefore, the time frame set up by this development plan is crucial as the outcome of the results of these policies are required at the same year of 2030. The 13th Malaysia Plan (2025 to 2030) highlighted an important agenda in eradicating hardcore poverty holistically by improving social wellbeing not only focusing on income or purchasing power, in other words, monetary aspect but also by creating opportunities, empowering communities, and enhancing social mobility regardless of the population background of race, religion or region. Therefore, the multidimensional poverty is important in addressing the current poverty situation not only in Sarawak, Malaysia but also around the globe.

In Malaysia, microfinance has been positioned as a critical strategy to address poverty, particularly in areas where access to formal financial institutions is limited. Agencies such as Amanah Ikhtiar Malaysia (AIM) and TEKUN Nasional have expanded financial access to poor households, providing small loans to support entrepreneurship, household needs, and income-generating activities. In Sarawak, TEKUN recently disbursed over RM13.76 million to 3,050 entrepreneurs under its SPUT scheme, reflecting the state's growing reliance on microfinance as a poverty alleviation tool (Bernama, 2023).

By shifting from a singular focus upon income alone, the focus towards Multidimensional Poverty Index offers a depth understanding that human well-being and social welfare is more than just material wealth (Putri, Shafiai & Ismail, 2024). The global Multidimensional Poverty Index trends over time were released based on the annual basis since 2021. The approach harmonised the level estimate and the changes over time as it is an

on-going approach. As of 2024, the Multidimensional Poverty Index structure consists of three main dimensions namely health, education and living standards and ten indicators namely nutrition, child mortality, years of schooling, school of attendance, cooking fuel, sanitation, drinking water, electricity, housing and assets (Alkire, Kanagaratnam & Suppa, 2024). Therefore, Multidimensional Poverty Index gave insight and real poverty situation of the poor, as this approach is also a key tool to track progress towards Sustainable Development Goal (SDG) which aims to eradicate poverty by 2030 focusing on non-monetary indicators for poverty measurement (Roncancio, 2024).

As the Multidimensional Poverty Index are widely recognized as an improvement over the traditional income-based focus poverty measurement, there are several theoretical debates on the indicators whether it really captures the important aspects of poverty measurement. Armatya Sen (2003) argue that the economic growth and progress of an individual must not only based on income alone but rather human capabilities, as if these capabilities are not meet with their ability, deprivation occurs which leads to poverty. On the other hand, long before the emerge of Sen's Capability Theories, the Basic Needs Theory which developed by Maslow in 1943 complements these perspectives by emphasizing the hierarchical needs of individuals, from physiological necessities to self-actualization. Poverty arises when individuals are deprived of these basic needs, such as food, housing, and education, which resonates with the MPI framework (Streeten, 1994). By highlighting the foundational role of unmet basic needs in perpetuating poverty, the Basic Needs Theory therefore serves as a reinforcement to the multidimensional perspective which advanced by Sen's Capability Approach.

Multidimensional Poverty Index measurement framework had become increasing popular, as it is important in overall poverty analysis wholistically whether the poverty situation had either reduced, increased or somewhat remain unchanged over a certain period of time. Therefore, it is an important aspect of poverty comparisons involves examining the absolute rate of changes over different period of times (Alkire, Kanagaratnam & Suppa, 2024). Although there are several attempts in measuring poverty using Multidimensional Poverty Index in Sarawak, but somehow it focuses only in certain specific areas such as by Sarawak Development Institute and Society for Kuching Urban Poor which also focuses only in urban areas. Others such as study by Tedong, Abdullah, Jani & Md Dali (2022) focuses on rural and remote area with specific area of Song Sarawak, East Malaysia as a case study moreover focus only on a specific ethnic which is Iban. Multidimensional Poverty Index studies appear to be limited. Therefore, there is a need for a comprehensive and holistically regarding the measurement of multidimensional poverty aspect to improve current poverty measurement with relevant indicators and dimensions can be a guide to the government and other relevant agencies in formulating a proper and standard Multidimensional Poverty Index to be used nationwide (Abdul Rahman, Sani, Hamdan, Othman & Abu Bakar, 2021). This study addresses the gap in terms of population covered and application of a standard Multidimensional Poverty Index for poverty measurement in Sarawak.

The remainder of this study is structured as follows. The next section reviews the relevant literature, followed by the data and methodology. Subsequently, the empirical results and discussion are presented, and the final section concludes the study.

Past Studies

The central theoretical framework underpinning this study is Capability Theory, developed by Amartya Sen in the 1980s. Sen (1980, 1999, 2003) argued that poverty should not be measured solely by income but rather by the substantive freedoms and opportunities individuals have to achieve valued "functionings". The term refers to what people can be and do with their lives. The Capability Approach shifts the focus of development evaluation away from traditional economic indicators such as GDP or income levels, toward a multidimensional understanding of human well-being (Alkire, 2005; Robeyns, 2005). In this regard, the framework is particularly relevant for this study, as it aligns closely with the Multidimensional Poverty Index (MPI) developed by the Oxford Poverty and Human Development Initiative (Alkire & Foster, 2011), which evaluates poverty through deprivations in health, education, and living standards rather than income alone.

Poverty is a state of deprivation of an individual or household's ability to live as free to access in various aspects of life and potential in achieving their desired goals in life. This deprivation includes basic necessities, productive resources and income in sustaining their livelihood. Several past studies on multidimensional poverty index had been conducted in Malaysia. Ibrahim et al (2011) studied the multidimensional poverty index (MPI) and its application upon UiTM students which found out that most students were multidimensionally poor with range of 0.7 to 0.9. Although the students are multidimensionally poor, it does not affect their academic performance, and they are still able to perform in their studies. Thus, it implies that every level of society can be multidimensionally poor. Somehow, the study only focusing on students, students are not in labor force, thus they have no income and the ability to spend, therefore, most of the case students are multidimensionally poor.

Salazar, Diaz and Pinzon (2013) identified four methods to classified multidimensionally poor people namely the unidimensional method, union approach, intersection approach and the Alkire-Foster proposed identification method. There are various approaches made to identify poor as in Malaysia, the use of Poverty Line Income (PLI) had long been used to identify and clarify the poor peoples. This method created by Alkire and Santos (2014) with the collaboration of United Nation Development Program (UNDP) for the Human Development Report where they classified the Multidimensional Poverty Index into three dimensions and ten indicators. The three dimensions are in terms of health, education and standard of living, whereas the ten indicators are child mortality and nutrition in health dimensions, years of schooling and school attendance in education dimension, cooking fuel, sanitation, drinking water, electricity, housing and assets in standard of living dimension. The reason of creation of this Multidimensional Poverty Index is that this index is acute and is based on the Alkire –Foster 2011 dual cut-off method for poverty identification. Currently Malaysia had widely used the Poverty Line Income approach in measuring the poverty status and level of the poor in Malaysia, since the introduction of the Multidimensional Poverty Index by the United Nation as the new approach in measuring the poverty level among the poor, Malaysia had since introduced this approached in 2013.

A study conducted by United Nations Development Programme – UNDP and Oxford Poverty and Human Development Initiative (OPHI) in 2010 found that the MPI reflected deprivations in very rudimentary services and core human functioning for people across 104 countries. Although deeply constrained by data limitations, the MPI reveals a different

pattern of poverty than income poverty, as it illuminates a different set of deprivations. According to the study, the MPI reveals the combination of deprivations that batter a household at the same time. A household is identified as multi dimensionally poor if, and only if, it is deprived in some combination of indicators whose weighted sum exceeds 30 per cent of deprivations.

Methodology

Salazar, Diaz and Pinzon (2013) identified four methods to classify multidimensionally poor people namely the unidimensional method, union approach, intersection approach and the Alkire-Foster proposed identification method. There are various approaches made to identify poor as in Malaysia, the use of Poverty Line Income (PLI) had long been used to identify and clarify the poor peoples. This method was created by Alkire and Santos (2013) with the collaboration of United Nation Development Program (UNDP) for the Human Development Report where they classified the Multidimensional Poverty Index into three dimensions and ten indicators. The three dimensions are in terms of health, education and standard of living, whereas the ten indicators are child mortality and nutrition in health dimensions, years of schooling and school attendance in education dimension, cooking fuel, sanitation, drinking water, electricity, housing and assets in standard of living dimension.

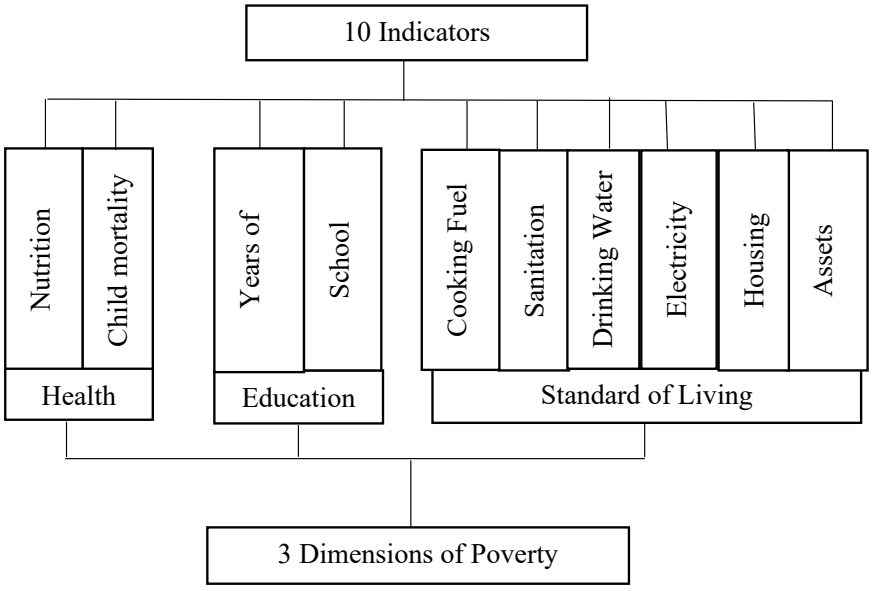

Figure 1: The Global Multidimensional Poverty Index
Source: Oxford Poverty and Human Development Index (2018)

Figure 1 illustrates the conceptual and methodological framework of the Global Multidimensional Poverty Index (MPI), a pioneering metric co-developed by the Oxford Poverty and Human Development Initiative (OPHI) and the United Nations Development Programme (UNDP). This index represents a paradigm shift in poverty measurement, moving beyond the traditional and limited scope of income-based metrics (like the international poverty line of $1.90 a day) to capture the severe, overlapping deprivations that constitute the lived experience of acute poverty across more than 100 developing countries.

The global MPI is composed of three dimensions (health, education, and living standards) and ten indicators. Each dimension is equally weighted, and each indicator within

a dimension is also equally weighted. A person is identified as multidimensionally poor if they are deprived in at least one third of the weighted indicators (Oxford Poverty and Human Development Index, 2018). Health is assessed by nutrition, which identifies undernourishment, and child mortality, which reflects broader failures in healthcare, sanitation, and nutrition. Education is measured by years of schooling, where deprivation occurs if no household member has completed six years of education, and by school attendance, which captures current barriers to children's enrolment. Living standards encompass six indicators: reliance on solid cooking fuels, lack of improved sanitation, limited access to safe drinking water, absence of electricity, inadequate housing materials, and insufficient ownership of basic assets such as radios, telephones, or vehicles. Together, these indicators capture the overlapping non-monetary deprivations that shape human well-being and provide a more holistic measure of poverty than income alone.

To be classified as multidimensionally poor, a person must be deprived in at least one-third (or 33.3%) of the weighted indicators. The weighting is not equal across dimensions; health and education indicators are often weighed more heavily (typically 1/6 each, so 1/3 for the entire dimension) than the standard of living indicators (which are often weighed at 1/18 each, summing to 1/3 for the dimension). This identification process is then used to calculate two key metrics: the headcount ratio (H), which is the percentage of the population deemed multidimensionally poor, and the intensity of poverty (A), which is the average proportion of deprivations those poor people experience. The final MPI score is the product of these two figures (MPI = H × A), creating a single number that reflects not only the prevalence of poverty but also its depth and severity.

The reason for using Multidimensional Poverty Index is that this approach is a combination of both monetary and non-monetary household deprivation aspects, evaluating the economic growth and non-income deprivation among the poor. The Multidimensional Poverty Index can improve national and international policy demand and the political space for new metrics meaning that measurement for more complex and holistic poverty measurement (Roncancio, 2024).

Table 1
Multidimensional Poverty Index Classification of Poor

Multidimensional Poverty Index Cut-off	**Multidimensional Poverty Index Classification**
C > 0.50	Severe poor
C ≥ 0.33 to ≤ 0.50	Poor
C ≥ 0.20 to < 0.33	Near poor
C < 0.20	Non poor

Source: Oxford Poverty and Human Development Index (2018)

Table 1 presents the classification of poverty status based on the Multidimensional Poverty Index (MPI), which provides a more comprehensive measurement of deprivation compared to traditional income-based poverty lines. The MPI captures multiple dimensions of poverty by considering indicators related to education, health, and living standards (Alkire & Santos, 2014). The classification in Table 1 is based on the deprivation score C, which represents the proportion of weighted indicators in which a household is deprived. This

approach enables policymakers and researchers to identify not only whether a household is poor, but also the intensity of poverty experienced across different aspects of well-being.

Households with a deprivation score greater than 0.50 (C > 0.50) are classified as "severe poor," meaning they are deprived in more than half of the weighted indicators. These households face multiple overlapping disadvantages, such as poor nutrition, inadequate housing, limited access to education, healthcare, and basic infrastructure. The "severe poor" category highlights extreme vulnerability and calls for targeted interventions, including social protection schemes, conditional cash transfers, and integrated community development programs. The second group, classified as "poor" (C ≥ 0.33 to ≤ 0.50), includes households deprived in at least one-third but not more than half of the weighted indicators. Although they may access certain services such as education, they often remain disadvantaged in others, such as sanitation or healthcare. This category represents the core poverty population and is typically addressed through broad-based poverty alleviation measures, including microfinance, livelihood training, and infrastructure development.

Households with deprivation scores between 0.20 and 0.33 (C ≥ 0.20 to < 0.33) are considered "near poor." While they are not severely deprived, they remain vulnerable to external shocks such as illness, job loss, or natural disasters that may push them into poverty. Policies targeting this group often focus on resilience-building measures, such as financial inclusion initiatives, microfinance, insurance schemes, and social safety nets. Finally, households with a deprivation score below 0.20 (C < 0.20) are categorized as "non-poor," experiencing deprivation in less than one-fifth of the weighted indicators. Although these households generally enjoy stable living conditions, being non-poor does not equate to affluence. Continued monitoring remains necessary, as adverse economic or environmental circumstances could increase their risk of falling back into poverty.

Results and Discussion

Table 2

Education Dimension of Poverty

Category	Frequency	Percentage
Child not completing 5 years of schooling		
Yes	364	94.3%
No	22	5.7%
Child enrolment		
Yes	386	100
No	0	0
Household Monthly Spending on Education		
Less than 500	78	20.2
501 – 1000	121	31.3
1001 – 1500	42	10.9
1501 – 2000	56	14.5
2001 – 2500	19	4.9
2501 - 3000	28	7.3
>3000	42	10.9

On the dimension of education, 2 aspects are examined namely child who not completed 5 years of schooling and the child enrolment. Regarding children who have not

completed 5 years of study, 364 respondents (94.3%) had completed at least 5 years of schooling while unfortunately 22 respondent's children or family members did not complete 5 years of schooling which comprise of 5.7% of the respondents. On the aspect of child enrolment in school, all 386 respondents (100%) had enrolled in school. This indicates that most children have enrolled in at least primary school.

Table 3
Health Dimension of Poverty

Category	Frequency	Percentage
Access to Health Care Service		
Yes	345	89.4
No	41	10.6
Consumption of nutrition		
Yes	359	93
No	27	7
	n=386	

Based on Table 3, 345 respondents (89.4%) have access to health care services while 41 respondents (10.6%) did not have access to health care services or difficulties in accessing any health care service. In terms of consumption of nutrition, 359 respondents (93%) have consumed enough nutrition in their food intake while 27 respondents (7%) did not have the ability or access to the consumption of nutrition.

Table 4
Standard of Living (Electricity)

Category	Frequency	Percentage
Access to Lighting Facilities		
Yes	386	100
Table 5.7 Continued		
No	0	0
If yes, what are the type of source		
Electricity	318	82.4
Generator	68	17.6
Hours Per Day of Electricity Supply		
24 Hours	318	82.4
Using limited source of electricity (generator)	68	17.6
	n=386	

Table 4 shows the dimension of electricity supply which shows all 386 respondents (100%) have access to lighting facilities while the type of sources for electricity supply is 318 respondents (82.4%) have access of electricity supply 24 hours while 68 respondents (17.6%) had to use generator for electricity generation.

Table 5
Standard of Living Dimension of Poverty (Drinking Water)

Category	Frequency	Percentage
Access to Clean Water		
Yes	337	87.3
No	49	12.7
	n=386	

Table 5 depicts the dimension of access to clean water of respondents, 337 respondents (87.3%) had access to clean water due to the facilities available to their respective residences while 49 respondents (12.7%) did not have access or deprived of access to clean water sources due to the availability of water sources to their respective residences.

Table 6
Standard of Living Dimension of Poverty (Sanitation)

Category	Frequency	Percentage
Access to Toilet Facilities		
Yes	386	100
No	0	0
If Yes, What Type of Toilet Facilities?		
Flush Toilet	280	72.5
Rainwater Storage	94	24.4
Gravity Pump	7	1.81
River	5	1.3
Nature of Usage of Toilet		
Household Member only	271	70.2
Shared with another household	115	29.8
	n=386	

Table 6 shows 386 respondents (100%) have access to toilet facilities, none of the respondents do not have access to toilet facilities. For the type of toilet facilities, 280 respondents, which comprise of 72.5% were using flush toilets in their homes. 94 respondents (24.4%) use rainwater storage for their toilet at home, 7 respondents (1.8%) use gravity pump while 5 respondents (1.3%) use river water source for sanitation.

Table 7
Standard of Living Dimension of Poverty (Flooring)

Category	Frequency	Percentage
Modern Type of Flooring		
Yes	187	48.4
No	199	51.5
If Yes, What Type of Flooring		
Tile	187	48.4
Cement	121	31.4
Hardwood	78	20.20
	n=386	

Table 7 shows flooring, which is also part of the standard of living dimension of poverty. Based on the table above, a total number of 187 respondents, which comprise of

48.4% have modern flooring in their homes while 199 respondents with 51.5% do not have modern type of flooring in their homes. As for the type of flooring, 187 respondents or 48.4% uses tile in their home, 121 respondents (31.4%) use only cement while a total of 78 respondents (20.20%) were uses hardwood floor in their homes.

Table 8
Standard of Living Dimension of Poverty (Cooking Equipment)

Category	Frequency	Percentage
Household equip with modern cooking equipment		
Yes	345	89.4
No	41	10.6
What Type of Cooking Equipment used?		
Gas	331	85.8
Firewood	41	10.6
Electricity	14	3.6
	n=386	

In terms of the standard of living of cooking equipment, 345 respondents (89.4%) had modern cooking equipment while 41 respondents (10.6%) did not have modern cooking equipment. For the type of cooking equipment used, 331 respondents (85.8%) are using gas in their respective home for cooking, 41 respondents (10.6%) use firewood for cooking while 14 respondents (3.6%) use electricity generated cooking equipment for cooking in their respective houses.

Table 9
Standard of Living Dimension of Poverty (Assets)

Category	Frequency	Percentage
Household Owned Asset(s)		
Yes	328	85%
No	58	15%
If yes, is it more than one?		
Yes	328	85
No	58	15
	n=386	

Table 9 shows the standard of living household asset dimensions, most of the respondents with 328 respondents (85%) had their own assets while 58 respondents (15%) did not possess or own assets of their own. Basic assets include television, smartphones, radio, motorcycle and cars.

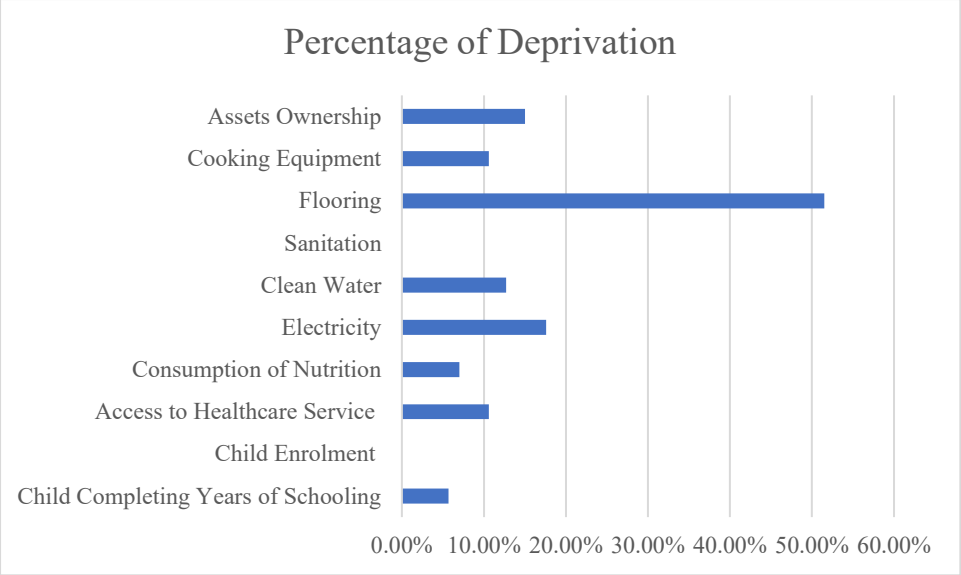

Figure 2: Deprivation of MPI Indicators

The percentage of respondents that experience deprivation for every indicator in the three dimensions. The highest deprivation of the indicators is flooring in the standard of living dimension 51.5% this is due to the living conditions of the respondent's respective house. None of the respondents were deprived of sanitation and child enrolment. This outcome indicates that all respondents have access to basic children's schooling and sanitation facilities which did not share with other households. This also parallel with the Malaysian government policy in compulsory enrolment of children to school. In terms of electricity and clean water access, 17.6% and 12.7% deprived in both indicators respectively, this is due to the facilities in their respective areas which may still not be provided by the authority. For health, 10.6% respondents suffered difficulties in accessibility to healthcare services this may be due to their unawareness and location of their respective house which far from nearby healthcare service and pharmacies. 7% of the respondents deprived of sufficient nutrition this is due to the problems of awareness among their family members in obtaining enough nutritious food. For education in terms of completing schooling years, only 5.7% respondents did not complete their school years, either drop out or quit their study.

Table 10
Summary of The Result of Multidimensional Poverty Index

Multidimensional Poverty Index Cut-off	**Number of Respondents**	**Multidimensional Poverty Index Classification**
C > 0.50	8	Severe poor
C ≥ 0.33 to ≤ 0.50	10	Poor
C ≥ 0.20 to < 0.33	17	Near poor
C < 0.20	351	Non poor
Total	386	

Table 10 above shows the summary of the result of Multidimensional Poverty Index in Sarawak. Most of the respondents were non poor with 351 respondents which comprise of 90% of the respondents which are deprived of less than 20% of the weighted indicators followed by 17 respondents which classified as near poor which deprived of more than 20%

and less than 33% of the weighted indicators while 10 respondents were classified as poor which deprived of more than 33% and less than 50% of the weighted indicators and there were also 8 respondents classified as severe poor whom are deprived of more than 50% of the weighted indicators. These results indicated that a large portion of respondents are non-poor. Therefore, the result of multidimensional poverty index in this study parallel with the finding in Basic Amenities Survey in 2019 which shows Sarawak MPI had improved 0.0303 points as compared to 0.0389 points in 2016.

Conclusion

The Multidimensional Poverty Index (MPI) was introduced in Malaysia in 2016 as a complementary mechanism to measure poverty and was later incorporated into the government's Shared Prosperity Vision 2030, which emphasizes non-monetary dimensions of well-being. Unlike the traditional Poverty Line Income (PLI), which focuses solely on income, the MPI captures broader socioeconomic aspects of deprivation. It aligns with the Objective-list Theory of Well-Being, which underscores components such as quality education, healthcare access, and improved living standards.

In this study, education emerged as a critical dimension, with 94% of respondents not deprived in schooling completion, although 5.7% of children failed to complete their studies. School enrolment was universal, reflecting widespread awareness of education's importance. In terms of health, 89.4% of respondents had access to healthcare, while 10.6% were deprived, and 93% reported adequate nutrition, leaving 6.9% still undernourished. For living standards, deprivations in electricity, sanitation, clean water, and cooking fuel were relatively minor, accounting for less than 10% of the total. Overall, 90% of respondents were classified as non-poor, with 4.4% near poor and 4.7% poor or severely poor. These findings suggest that while Sarawak has achieved significant progress consistent with national poverty reduction goals, attention is still required for households facing overlapping deprivations, as their exclusion could undermine the effectiveness of microfinance and community development initiatives.

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