INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE

SISTEMA DE EVALUACIÓN DE LA RED DE PROTECCIÓN SOCIAL DE NICARAGUA:

A SOCIAL ANALYSIS OF THE *RED DE PROTECCIÓN SOCIAL* (RPS) IN NICARAGUA

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FINAL REPORT

with

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1. INTRODUCTION

The Government of Nicaragua's program Red de Protección Social (RPS) represents a new approach to providing safety nets for the poorest people in society, a "conditional cash-transfer program" that has become an important part of poverty alleviation strategy in several countries in Latin America and elsewhere in the world. What is so important about CCTs is that first, they take a systematic approach to assuring a basic income safety net for the poor, rather than relying on more diffuse, indirect process of poverty reduction, e.g. through demand-driven infrastructure programs; and second, they aim to do more than just put short-term cash in people's hands—important as this aspect of safety nets is—but also to invest in the long-term human capital of future generations. They achieve this by conditioning cash transfers on participation of households in health and education services, based on the premise that attention to early children health, nutrition and education significantly increases these children's chances of climbing out of poverty later in life.

In RPS, beneficiaries[1] must attend health education workshops every two months; bring children to prescheduled preventative healthcare appointments and ensure current vaccinations for children between 0-5 years old; ensure an 85 percent school attendance record for children between 7-13, through 4th grade.[2] In return, beneficiaries receive a cash transfer intended for the purchase of food (and improving diet quality); those with eligible school-age children also receive three cash transfers for school attendance, school supplies, and the teacher transfer to be given to the teacher.

As a relatively new approach to poverty reduction, it has been important to evaluate CCT programs to determine the extent to which they are meeting their intended objectives in terms of improving health, nutrition and education, and to determine the extent of unintended effects. Major evaluations have been conducted of CCT programs in Mexico, Honduras, Brazil, Colombia and Jamaica. This report constitutes part of an evaluation of Nicaragua's RPS, conducted by the International Food Policy Research Institute (IFPRI). This evaluation was required by the Inter-American Development Bank as a condition of its loan financing the program, and was also important to an assessment of whether the program should be expanded.

RPS was designed in two phases, to initially span a five-year period, starting with a three-year pilot phase, also referred to as Phase I, in 2000. For this pilot, 21 comarcas

[1] "Beneficiary" refers to the individual within the household who is appointed by the program to be the formal recipient of the cash transfer. This is usually (95% of the time) the mother of children in the household; in the case of a single father with children, he would be the beneficiary.

[2] Initially, children under 5 years had specific weight-gain targets, a provision officially ended in early 2003; and school-age children had to pass at the end of the school year, a provision that was not enforced. Parents are also given a small sum of money that they are required to give to teachers.

within the departments of Madriz and Matagalpa were randomly chosen for the program intervention,[3] with another comparable 21 comarcas randomly selected as a non-intervention control group for the purpose of the evaluation. The first component of IFPRI's evaluation used an experimental design to evaluate the pilot program, using survey and statistical methods for studying impacts on household expenditures and food security; child schooling and child labor; healthcare of children under five; and nutritional status of children under five (for research results, see IFPRI 2002; IFPRI 2003; and Maluccio and Flores 2004). This report constitutes the second component of IFPRI's evaluation, a social assessment using qualitative methods—primarily ethnographic methods involving extensive interviewing and observation of daily life in RPS communities.[4] The main objective of this part of the evaluation was to provide deeper insights into the nature of program effects on individuals and communities, and explanations for these effects, than can be provided using survey methods. We do not attempt to assess 'impacts' on health, nutrition or schooling in terms of the extent to which these have improved or not, issues where survey techniques are best designed to provide answers (see IFPRI 2003; Maluccio and Flores 2004 for quantitative findings). However, we do provide insights as to reasons why these changes are likely to have occurred or not. We would once again emphasize that this research, like the complementary quantitative studies mentioned above, focused on the pilot phase of the RPS; this is an important point of contextualization for some of the findings. Indeed, some of the problems identified earlier have already been responded to by the program, indicating the willingness of the program managers to learn from experience. The protocol of attention in the health component, in particular, has been redesigned for Phase II of the program. Finally, we should note that the overall purpose of this evaluation is to identify ways in which the program could be improved. Because of this, there is a stronger focus on aspects of the program in which there is room for improvement, and less emphasis on elements which are working well (although we do flag these elements as well). Informants' tendency to make specific reference to problems also creates a natural bias in the dataset away from more positive findings.

Part 2 of this report describes the research design and methods used. *Part 3* examines a range of key operational issues. It starts with issues surrounding targeting, incorporation and appeals, including a look at how these processes occur in practice; what people understand about how these processes are intended to work, and their perceptions of their accuracy and fairness. It also looks at other issues of 'participation' and communication; the forums and personnel through which beneficiaries receive information and communicate their concerns, including meetings, the *promotora* and UEL. It then focuses on operational issues surrounding cash transfers, including people's understanding of the composition of the cash they receive, and how they deal with missed transfers. Finally, it looks at issues surrounding expulsion from the program.

[3] For a description of the basis for selecting these departments and *comarcas*, see (IFPRI 2002).

[4] IFPRI currently has a new evaluation in progress, involving a survey in intervention and control *comarcas* in the areas of the expanded (second phase of) RPS.

Part 4 then turns to the area of health and nutrition. We begin with an overview of the benefits and conditionalities of the health and nutrition program components, then look at beneficiary perceptions of the health services and their impacts, changes in attitudes toward health, and quality of the services provided and including logistical issues, counseling services, vaccinations, parasite treatment and iron supplements. We then turn to the health and nutrition training workshops, reviewing operational issues and attitudes toward the workshops, changes in behavior with respect to health and nutrition-related practices encouraged in the workshops, including hygiene, quantity of food consumed, diet diversity, and family planning. We also look at sharing of information within households and with non-beneficiaries, and local understandings and interpretations of program requirements.

Part 5 examines the schooling component of the program. We begin by looking at the benefits and services offered by the program, and then move to an examination of conditionalities and compliance with the supply-side benefits and attendance. We then explore some of the effects of the educational component of the RPS, in particular academic performance, homework and the position of non-beneficiary children. Finally we consider the future. What kind of attitude do beneficiaries have towards education, especially girls'? What will remain once the program has left?

Part 6 looks at issues surrounding certain types of household level effects. These include the domestic economy, in particular consumption practices and work patterns. It then turns to effects on social relationships within the household, primarily intergenerational and gender relations, including women's status and self-esteem.

Part 7 then turns to community level effects. It begins with an examination of the program's effect upon markets, credit and prices in intervention areas. It then turns to community-level social relationships and the question of social capital, with a focus on two major areas: first, inter-household relationships as affected by the targeting system; and second, program-related community activities. It also looks at people's relationship with the church and the practice of *diezmo*. *Part 8* offers conclusions and recommendations.

It should be emphasized at this point that, while we refer repeatedly throughout this report to issues related to people who have been targeted out of the program (non-beneficiaries), the targeting process itself, when examined in the quantitative evaluation, has been very effective in providing program coverage to the people who need it most. For example, in program areas both undercoverage and leakage were under 10 percent (IFPRI 2002). Non-beneficiaries do occupy an important place in this study, because it seeks to analyse –among other things- the social effects of the Red de Protección Social in communities where it is present. A number of these effects do concern the relationship with the non-beneficiary population, and these must be considered even where that population is numerically small.

2. METHODOLOGY

2.1 Introduction

A basic tension running through social analysis is that of relativist versus universalist interpretation, the former being an understanding of the world as seen from the informant's (in this case the beneficiary's) viewpoint, and the latter being an interpretation of the same world as seen by an external observer. In this study, we have aimed to take advantage of the intimacy of the relativist vision, while at the same time retaining the comparability of the universalist position. Central to this model is recognition on our part, as evaluators, program managers, technical experts or donors, that views and opinions about the program held by beneficiaries are important, credible and worth listening to. Ultimately, even where we might not believe these are 'correct,' their views have a profound opinion on program outcomes.

The base upon which this study is built is ethnographic field research, in which individual members of the three-member field team spent a period of between 7 and 8 weeks living in each of two intervention communities. The field researchers lived in the houses of some of their informants, shared as much as possible in their daily lives and activities, and conducted a range of interviews and case studies which we describe in more detail below. The principle behind this kind of study design is that we trade numerical breadth for empiricist depth: built upon a foundation of personal trust, the interview material gathered from such an approach is deeper, more discursive and more reliable than a formal survey can be. The sacrifice is that it is not as reproducible or as comparable as a survey. Given the human resource and time costs of both the data-gathering and analysis phases, an ethnographic approach must focus on a much smaller sample size. We are therefore careful to emphasize throughout this report that our findings are empirically linked to the six communities where we carried out the study, and do not make strong claims with respect to the applicability of these findings across other communities. However, where our findings were consistent across all or most of our study communities we believe that it is highly unlikely that these findings are limited to just those communities. Also, our aim in doing the qualitative work is to discover previously unknown phenomena that may be occurring across other communities, for further exploration. Thus, if something important emerges in just one or two communities, we believe it is worth being aware of it, and looking for its existence in other communities. In this vein, we stratified across several categories in selecting communities: household vs. geographic targeting, geographical diversity, more and less poor communities, and more and less accessible communities.

Within communities, we are reasonably confident that our samples are sufficiently representative. An average of 20 households were studied in each of the six study communities. In none of the study communities did this figure represent less than 10% of beneficiary households. As will be explained below, these households were also stratified to represent a cross-section of the community, using categories of interest to the study.

We should note two other issues. The first is that we do not have a qualitative baseline to work from. Given available resources for the study, we would have had to replace three intervention communities with non-intervention communities for a full comparison, and this trade-off was judged too great. We address this lacuna in the study design in two ways. The main method was to frame questions repeatedly in terms of before and after the program's arrival. Some findings were unambiguously linked to the program, while others took more probing to determine this link. The second method was to do an abbreviated study in two non-intervention communities, with fieldworkers spending two weeks in each community. This provided some basis for comparison, and increased our confidence that certain findings in intervention communities were linked to the program. Still, with small numbers where differences could be a result of something else, and with such a short period of fieldwork, we do not feel that the research in the comparison communities enables us to draw many firm conclusions. We thus only refer to these occasionally and as support but not strong claims.

The second relates to the timing of the research. At the time we entered the field, transfers had been delayed for quite several months; hence there was some lag time between when people received their benefits and services, and when they described them to us. It also meant some activities were not observed in some communities. Nevertheless, we feel this did not significantly affect the findings. Also, our field research coincided with the transition of some program components (for example, health trainings) from the pilot phase (Phase I) to Phase II. On the whole, this was not a problem in the research, but it would obviously have been simpler to research non-transitional, established components. Again, we addressed this issue by being very explicit about timing in interview questions.

2.2 RESEARCH SEQUENCE

Beginning in April 2003, the program of research followed the following sequence:

- Identification of key research questions, done in consultation with personnel from the Red de Protección Social. These questions built upon our knowledge of issues potentially important in conditional cash transfer programs, program objectives, and survey findings. A list of key research questions was developed and refined (see appendix 1). This would serve as the source base for the development of the interview guides used in the research.

- Selection of communities: this was also done in consultation with the Red de Protección Social. A total of ten communities were selected: one intervention and one comparison community (where the program was not present) for the pilot study, six intervention communities for the main study, and two comparison communities for a comparative exercise done after completing the main study. The six intervention communities were selected according to a set of basic guidelines:

    - Participation in the pilot phase of the program,
    - Physical safety of field researchers,

- Sufficient population,
- Four from *Comarcas* Type 1&2, where geographical targeting was employed to identify beneficiary households,
- Two from *Comarcas* Type 3&4, where household targeting was used,
- Reasonable accessibility.

- Selection of research techniques and development of research guides based upon key research questions (see appendix 2). The research techniques selected were:

    - Semi-structured Interviews: conducted with beneficiaries and, where applicable, with heads of non-beneficiary households.
    - Key Informant Interviews: key informants such as *promotoras*, program management personnel, teachers, health workers both from the program and from the Ministry of Health, religious officials, and community leaders were interviewed about the program.
    - Case Studies: these included interviews with men, women, children and adolescents, as well as household observations taken over the course of at least seven separate visits to each household. Case Study households were selected according to a schema detailed below.
    - Participant Observation: throughout the course of fieldwork, researchers participated as much as possible in the daily life of their study communities, and collected observation data throughout.

- Contracting and training of fieldworkers: three fieldworkers were selected from an applicant pool consisting of university graduates in sociology or social work. The fieldwork team was trained in the appropriate field research techniques, and also received training about the program itself from RPS personnel in Managua.

- Pilot study: a two-week pilot study was carried out by the three fieldworkers in two communities, one intervention and one comparison, the aims being to both pilot the study guides and to allow the fieldworkers to practice applying the research techniques in the field.

- Revision of research guides: this was done in collaboration with the fieldworkers, based upon their experiences and suggestions from the pilot study.

- Field Research Phase 1: during this phase, each fieldworker lived for one month in her first community (community 1 in Table 1), then a month in her second (community 2 in Table 1). Research techniques employed during Phase 1 included participant observation, semi-structured interviews and key informant interviews. All interviews were taped and handwritten notes taken of observations and interviews.

Table 1: Research Chronogram

year 2003	fieldwork phase 1		intermission	fieldwork phase 2		comparison	coding
activity	8 june- 8 july	9 july- 8 august	11 august- 25 august	27 august- 18 september	19 september- 11 october	13 october- 27 october	30 october- 23 december
	Community 1	community 2	Managua	community 1	community 2	community 3	Managua
PO							
SSI							
CS							
KII							
DA							

This table refers to each fieldworker's activities, with the exception of the comparison column which only has information on two of the three fieldworkers, as only two of them worked in the comparison communities.

Activities
PO: Participant Observation
SSI: Semi-structured Interviews
CS: Case Studies
KII: Key Informant Interviews
DA: Data Analysis

- Intermission: the fieldworkers returned to Managua for a two-week period, during which time some data was examined, and techniques and experiences were compared and discussed.

- Field Research Phase 2: each fieldworker now returned to her study communities, this time spending three weeks in each one. Participant observation and key informant interviewing continued, but the principle technique employed during this phase was that of Case Studies.

- Comparison Phase: two of the three fieldworkers moved to two comparison communities (community 3 in Table 1), in which they each spent two weeks, working with a set of reduced study guides. The idea behind the Comparison Phase was to provide us and the fieldworkers with a general picture of the comparison between intervention and comparison communities, albeit constrained by time.

- Tape collection and transcription were ongoing processes throughout research.

- Transcription and coding: once back in Managua, the fieldworkers completed the remaining tape transcription. They were then trained in the use of the qualitative data analysis software HyperResearch (version 2.6). All transcribed data was then input and coded using this software package.

2.3 Case Study Household Selection

In order to make the selection of households for the case studies both more systematic and more closely linked to existing quantitative evaluation data, the following approach was taken.

Households were divided into the categories listed below, based on their position *at the start of the program*:

i. With children aged between 0 and 5,

ii. With children aged between 6 and 11,

iii. With children in both age groups,

iv. Entered program with better health, all children under 5 years above the 20th percentile in height-for-age z-scores: (+) health,

v. Entered program with worse health: (-) health,

vi. Entered the program with better education, all children 7-13 years were enrolled in school: (+) education,

vii. Entered the program with worse education: (-) education,

viii. With male beneficiary,

ix. With no children,

x. Were no longer in the program (expelled or withdrawn voluntarily),

xi. Were not selected (in communities of Type 3&4, where household targeting was used).

A matrix of categories was used to reduce the number of case study households selected to approximately ten per community (see Table 2).

Table 2 – Criteria used for Case Study selection

	(-) health	(+) health	(-) education	(+) education
Children 0- 5	2 case studies	1 case study	0	0
Children 6-11	0	0	2 case studies	1 case study

Each fieldworker applied the following schema in order to capture households with children in both age ranges (see Table 3):

- Community 1: children aged 0-5 and 6-11, (+) education (one case study)
- Community 1: children aged 0-5 and 6-11, (-) education (two case studies)
- Community 2: children aged 0-5 and 6-11, (+) health (one case study)
- Community 2: children aged 0-5 and 6-11, (-) health (two case studies)

Furthermore, to include as many conditions as possible (viii through xi above), fieldworkers were asked to carry out a careful selection of the households by choosing those that fulfilled one or more of these categories (see Table 3).

Table 3: Summary of Interviews and Case Studies, by Community

	Macondo* (Type 3&4)	Las Cascadas* (Type 3&4)	Santa Clara* (Type 1&2)	La Merced* (Type 1&2)	San Pedro* (Type 1&2)	La Gloria* (Type 1&2)
SSI (all with beneficiaries)	**10**	**10**	**10**	**11**	**10**	**15**
Key informant interviews	**ICM, ICP, ICS, ICU**	**ICM, ICP, ICS**	**ICM, ICP, ICS, ICU**	**ICM, ICP, ICS**	**ICP, ICS, ICS, ICU**	**ICM, ICP, ICR**
CS 0-5 (+) health	1	1	1	0	1	1
CS 0-5 (-) health	2	2	2	0	2	2
CS 6-11 (+) education	1	1	0	1	1	1
CS 6-11 (-) education	2	2	0	2	2	2
CS 0-5&6-11 (+) health	1	0	1	0	0	1
CS 0-5&6-11 (-) health	2	0	2	0	0	2
CS 0-5&6-11 (+) education	0	1	0	1	1	0
CS 0-5&6-11 (-) education	0	2	0	2	2	0
CS male beneficiary	0	1	0	0	1	1
CS no children	1	1	1	1	0	0
CS no longer in program	1	0	0	0	1	1
CS not selected	1	0	1	1	0	0
Total CS	**11**	**10**	**8**	**8**	**11**	**11**
CS interviews beneficiaries	**10 (includes 1 ex-beneficiary)**	**10**	**7**	**7**	**10**	**10**
CS interviews children and adolescents	**14**	**18**	**8**	**15**	**16**	**15**
CS interviews non-beneficiary men	**7**	**8**	**6**	**8**	**10**	**9**
CS interviews non-beneficiary women	**1**	**0**	**1**	**1**	**1**	**1**

*Community Names have been changed to protect confidentiality

(Key: SSI=semi-structured interviews; CS=case studies; ICM = KII teacher, ICP = KII *promotora*, ICR = KII religious leader, ICS = KII health provider, ICU = KII UEL personnel)

Hereinafter, the report cites quotations using the codes presented in Table 4. Following each quotation in parentheses, we indicate (in the following order): type of interview or informant, community ID number (developed for our sample), and a pseudonym for the informant. For the quotes from case study informants, an ID letter for the case study household follows the community number. This system permits us to identify the type of informant and locate the quotation in the database, without compromising the confidentiality of the informants.

Table 4 – Codes for quotations

Type of interview/ informant	**Codes**
Semi-structured interviews	SS
Key informant interviews *Promotoras*	ICP
Key informant interviews Health providers, doctors, nurses, pharmacists	ICS
Key informant interviews Teachers	ICM
Key informant interviews Small shop owners, sales and itinerant sellers	ICV
Key informant interviews conductores	ICC
Key informant interviews Pastors and priests	ICR
Key informant interviews Healers	ICCU
Key informant interviews Local officials	ICO
Key informant interviews UEL and UEC	ICU
Key informant interviews Local elites	ICE
Key informant interviews Community and project leaders	ICL
Case study Head of Household	ECT
Case study Men	ECH
Case study Adolescents	ECA
Case study Children	ECC
Case study not Head of Household	ECN
Case study Women	ECM
Case study Observations	ECO
Observations and other notes	OB

2.4 Introduction to the Communities[5]

Macondo and Las Cascadas. Macondo and Las Cascadas are located 15 kms from the Pan-American Highway, 8 and 5 kms from Terrabona respectively and 3 km from each other.

[5] This information is presented as 3 pairs, of communities, each pair having been studied by one fieldworker.

They are relatively close to the Carretera Norte. Las Cascadas is next to the road that connects Terrabona and Ciudad Darío, and Macondo is 2 kms from it. In Macondo, there are approximately 110 housholds with an average of one extended family per household. There are about 67 households in Las Cascadas with 330 inhabitants in total. Generally, there is one nuclear family per household.

The houses in Macondo are situated very close to each other. There is a certain disorder in their distribution. There are no streets, only trails and paths. Some of the houses are well built, made out of concrete, with iron bars protecting the windows, tiled floors, and windows made out of glass and wood. Most of the families have access to basic public services such as: healthcare, food, and jobs, as well as the resources necessary to purchase consumer goods such as color TV sets and radios with CD players. Most of the houses have color TV sets with antennas (whose price ranges from C$300.00 to C$600.00) [6] so as to receive national television stations. They also have modern CD/cassette players and/or radios. In Las Cascadas the houses are arranged by sectors; in some of these sectors, the houses are widely dispersed while in others they are quite tightly concentrated. Some of the houses are built on small hills. Most of them are made out of rough bricks, have roofs made of shingles or zinc sheets called Nicalit, and have dirt floors. By contrast, almost all of the houses in Macondo are minimally made out of good bricks, zinc roofs, and cement floors. In both communities, the houses have the same interior design: they are divided into three areas, kitchen, bedroom, and living room. The kitchen is next to the living room and the bedroom and the cooking smoke generally passes to these two rooms.[7]

Every household in Macondo has electric light[8] and pays its own bill; the rates are very low. Las Cascadas also has access to mains electricity, however, not every household has the service because some cannot pay the connection and/or the monthly bills.

Each household in Macondo has potable water service. However, since the service is rationed (available from 5:00 a.m. to 6:00 or 7:00 a.m.), residents collect water in barrels and buckets for the daily household chores such as washing clothes or corn and bathing. Additionally, there are two public wells; one of them has two areas for washing clothes and two bathrooms. Some people in the community use these when they are not able to collect enough water for the daily chores. Since the houses in Las Cascadas do not have water service, residents use the public well, washing area, and bathroom to do their chores such as washing clothes,[9] corn and bathing. There is only one public well, and even though it contains enough water for everyone in the community, people complain about the long time they have to stand in line to fill a bucket with water or wash their clothes. They have the

[6] At the time of research, the exchange rate between the Nicaraguan córdoba and the US dollar was approximately 15:1.

[7] It appears to be customary to keep the kitchen fire burning constantly. Even when they are not cooking, people make sure it always has enough firewood.

[8] Thanks to the fact that they have electricity service, there is a public mill in both communities.

[9] None of the houses has a place for washing clothes.

same problem with the public bathroom when all the children and adolescents in the community need to take a bath before going to school. All the houses in both communities have latrines that were either bought by the residents or donated by different programs. Nevertheless, these latrines are not hygienic because people keep them uncovered and rarely clean them.

Even though men from Macondo work in agriculture, what they earn from this activity appears to be secondary because they also have several other sources of income,[10] which contribute small but constant amounts. These help them cover some of the food expenses while the money they earn from agriculture is sometimes used to buy clothes, shoes, household goods, and organize religious celebrations such as special prayers, first communions, baptisms, etc. On the other hand, agriculture is the main economic activity and the most important source of income for all families in Las Cascadas. Most of the land in Macondo is deforested because it is used to plant crops such as corn, beans, wheat, etc. The farming system in both communities (as in most of the country) is extensive.

There are two religious groups in these communities: Evangelical and Catholic. Overall, there are more Catholics; both groups have chapels.

Transport is easier and less expensive for residents of Las Cascadas due to its location. If they cannot take a bus, they can easily hitchhike. However, in Macondo, this is not possible.

La Merced and Santa Clara. La Merced belongs to the municipality of Yalagüina. It is located just off the Pan-American Highway at km 209, and is therefore quite accesible. The distance between this community and the municipality is approximately 2.5 kms, or about 20 minutes on foot. La Merced is divided into three sectors. There are many *rosquillerías*, small shops, and cockfight arenas, all which are located in private homes. There is also a school, a public meeting room and Evangelical and Catholic churches. Most of the houses have adobe walls, a shingle roof and a dirt floor. Through a communal project, La Merced has access to potable water, for which people pay a C$35 monthly fee. A designated person collects the money and maintains the communal well, which stores the water that comes from the hills and distributes it to the houses in the community. All the houses have electric light provided by UNION-FENOSA which sets charges based on meter readings. Thanks to different projects that have targeted the area, all the houses have at least one latrine.

The community of Santa Clara is part of the municipality of Ciudad Darío. It is located 8 kms to the east of km 84 ½ of the Pan-American Highway. It is comprised of more than 100 households, concentrated in one area. Most of the houses were relocated after Hurricane Mitch in 1998 when a river that runs through the community, the Río Grande de Matagalpa, flooded. After the hurricane a reconstruction project funded by the

[10] Some of these other sources of income are remittances sent by relatives who live in other *municipios* (Chinandega, León, Masaya, etc.) or abroad. Another possible source of income is taking a job in the clothes manufacturing industry in Sébaco.

European Union arrived in the community. The new houses were located on the highest, previously uninhabited part of the community and built by the people themselves. There is "free" (unregulated) electricity service in Santa Clara. Running water, however, is available every only other day and each household pays C$25 per month for it. A representative of the "water committee" collects this money. Every house has at least one latrine, provided by one of several projects that have been implemented there.

The principal economic activities in La Merced are the *rosquillerías,* followed by agriculture. Most of the houses are also *rosquilla* factories where most of the workers are women. Their salaries depend upon the "*tarea"* (a pre-determined amount of *rosquillas* produced). Each woman bakes about 3 to 5 *tareas* each day and receives C$25 per *tarea*. The *rosquilla* makers work from 2 to 3 days a week, while other women sell the *rosquillas* outside the community. These women earn a comisión of 20% on the amount sold but have to cover their own travel expenses. Men also work on the *rosquillerías* sweeping ovens; they can sweep 2 or 3 ovens in one day and earn C$100 for each sweep. Some of the *rosquillerías* also function as bakeries. In Santa Clara, agriculture is the main economic activity; residents cultivate fruits, vegetables and beans. For transport, there is a bus that departs every day at 6:00 a.m. to Ciudad Darío and returns at 1:00 p.m.; the ticket costs C$8. There are also taxis that come to Santa Clara from the municipality; because they charge between C$50 to C$60, few people use this means of transportation, the majority travels by bus.

San Pedro and La Gloria. San Pedro is located 2½ kms from the municipality of Esquipulas. This community is divided into two parts, San Pedro Abajo and San Pedro Arriba. The first houses of San Pedro Abajo are approximately 200 yards apart, and the last houses, those that belong to San Pedro Arriba are located some 5.6 km from the municipality. On foot, people take 1½ hours to travel from San Pedro Arriba to Esquipulas. La Gloria is located 10 kms from the La Dalia municipality. On horseback, people need an hour to get there and 1½ hours on foot. Most of the houses in San Pedro were built by the people themselves, with walls of stone and mud, zinc roofs, and dirt floors. Some of the houses are made of wood and very few are made of bricks. The yards where the houses are built were bought by the people themselves or were inherited, with the exception of the Miravalle Hacienda. This used to be a cooperative called "Francisco López"; the twenty partners are now separated and each one works independently on his six *manzanas* of land. According to people in the community, this land was donated to the cooperative during the Sandinista Government. While the houses in San Pedro are grouped together, in La Gloria they are more scattered. The closest ones are some 200 yards apart, and some are at a distance of one hour on foot. Most of them are made of wood, with zinc roofs, and dirt floors; some of them have walls made out of mud or plastic or consist of wooden poles holding up a plastic roof.

There is water service in San Pedro but it is not potable, it comes from a hill located on Juan González's farm. According to some people, families used to suffer a lot because of lack of water and because they had to fetch it from near the town. Then, Mr. Juan offered them access to the well that was on his farm. He told them to come up with the money to

buy hoses and glue, and they did. Every household bought five tubes and the rest was paid by the city hall so that everyone could have water in their houses. On the other hand, in La Gloria, people still get their water from the river, a spring or by collecting rainwater. In neither community is water chlorinated because children and some adults do not like the taste. Most of the houses in San Pedro have latrines in good condition, some of which were donated by the ODESAR project and others by the *Movimiento Comunal*. However, few people wash them, although some families pour ashes or lime in them to reduce bad odors. In La Gloria there are few latrines and they are all in bad condition. According to some people this is due to the "lack of resources and the bad condition of the community". In San Pedro, houses are connected illegally to the electricity grid and only twenty households remain unconnected. Meanwhile, in La Gloria, no one has access to the electricity service and residents use oil lamps or wood fires for lighting.

There are no health posts in San Pedro; when someone gets sick, he or she must be taken to the health post at Esquipulas. In La Gloria they have a "*casa base"* which is a house that functions as a first aid clinic. Nevertheless, this *"casa base"* almost never has medicines and few people buy those available because they do not have the money.

Most of the people in San Pedro are Evangelical; they have a well-constructed chapel in San Pedro Arriba. The people from San Pedro Abajo prefer to visit the church at Esquipulas because it is closer. By contrast, in La Gloria almost everyone is Catholic; churchgoers attend a wooden chapel at La Gloria.

3. TARGETING AND OPERATIONS

3.1 Targeting: Geographical and Household

Of the six communities studied in this evaluation, four belonged to *comarcas* of Type 1&2, meaning that geographical targeting was employed to identify beneficiary households. These four were: Santa Clara, La Merced, San Pedro and La Gloria. The remaining two communities, Macondo and Las Cascadas, were located in *comarcas* of Type 3&4, where household targeting was used to further narrow down the field of beneficiary households. Additionally, in some geographically-targeted comarcas, a second round of targeting excluding a small number of households was employed to fine-tune the original results. This practice had been discontinued by the time of this study. In both geographical and household targeted communities, the aim was to identify and benefit households living in extreme poverty (economically unable to satisfy a nationally established minimum caloric requirement), while minimizing errors of inclusion (leakage) and exclusion (under-coverage). Household economic status was measured using a weighted set of indicators of household characteristics measured during the registration census. The weights were constructed via an analysis of the 1998 Nicaraguan Living Standards Measurement Surveys, administered by INEC (Instituto Nicaragüense de Estadísticas y Censos). During the pilot phase of the program, the targeting process was by necessity rigidly applied.

3.1.1 Local Perceptions of Targeting

The distinction between geographical and household targeting is not entirely clear to residents of beneficiary communities, in fact, even at the level of the UEL (Unidad Ejecutora Local, see below) misunderstandings about what kind of targeting was used in a given area are evident.[11] Indeed the targeting process as a whole is poorly understood at the community level in both geographical- and household-targeted communities. When asked why some households were beneficiaries and others not, informants offered a range of explanations, from divine intervention to a random lottery. For example, one informant from a geographically-targeted community noted. "*Well, some people wonder why they weren't targeted even though they live in this same area. So we tell them that the Bible says that many are called but few are chosen. They went all around the community, I don't know why these people are not in the list of beneficiaries. But we cannot solve that because it does not depend on us, it depends on the organization that did the survey"* (SS 18 Rosa R). A very popular belief was the notion that the targeting involved a map, enclosing beneficiary households within its boundaries and excluding those households unfortunate enough to have fallen "outside the line." In some future targeting exercise, it was hoped, the map would be expanded and the boundary line shifted to include more households. It is likely that this particular interpretation of the targeting process derives directly from the fact that the fieldwork carried out by INEC were organized by "*segmento censal*", rather

[11] *"E: Tell me, what tipe of targeting did they use in La Gloria? I: Well, in La Gloria it was household targeting when the program started in the year 2000"* (key informant interview, UEL representative, La Dalia. Note that La Gloria is a Type 1&2 community and was therefore geographically targeted).

than by community. Because the segmentos censales are often not coextensive with the communities themselves, not all households in even geographically targeted communities were included in the early incorporation. This result has been particularly difficult to understand, and has probably worked to obscure the more important poverty-assessment dimension of the targeting process. Informants in all the communities studied made the point that "we are all poor here." Given this assumption, it is understandable that people have sought other ways of making sense of the exclusion of apparently needy households from the program; if "we are all poor," then distinguishing households on the basis of economic situation (in the case of household-targeted communities) is not logical.

It is important to note that nowhere in the interview data collected for this study is it suggested that the targeting process was corrupted by partisan politics. In the highly polarized Nicaraguan political climate, this is an impressive achievement.

3.1.2 Errors of Exclusion as Perceived by Community Residents

Whether as a result of the division into segmentos censales (geographical targeting), or of a mis-appraisal of economic status (in the course of household targeting), or of having missed the census or assessment exercises as a result of having been away from home (missing the census team was mentioned by informants in all the communities studied—labor migration is a common practice in the lives of rural Nicaraguans, and people often spend time away from their homes, working as day-laborers in the agricultural sector), there are a number of households in each community which, in the view of other community members, have been wrongly excluded from the program. In 84 out of 125 households studied across the six communities, at least one informant felt that there had been errors of exclusion in their community. Of these 84 affirmative answers, a somewhat disproportionate number were recorded in household-targeted communities: 34 in total for the two Type 3&4 communities, versus 50 in total for the four Type 1&2 communities. Asked which were the poorest families in her community, one informant from a geographically targeted community replied: *"I: Mrs. Karla's sisters are very, very poor. E: And are they receiving benefits? I: No, they aren't beneficiaries"* (ECT 18a Valezca S). Asked whether she thought the selection process was fair, another Type 1&2 resident responded: *There are other women who are also poor but are not receiving benfits* (SS 12 Brenda R).

3.1.3 Incorporation and Appeals

Formal induction into the program takes place at the Assembly of Incorporation. These assemblies have the following objectives:

- To explain the program and its benefits.
- To incorporate in the program all the households which have been selected and which are classified as "extremely poor".
- To formalize, via an oath, the willingness of beneficiaries to comply with program requirements.

- To validate the "universe of beneficiaries".

- To begin the process of verification or inclusion of the school-age population in the educational component of the program.

- To explain the different procedures which must be followed to take advantage of the program benefits.

- To elect the *promotoras* and organize *promotora* groups.

A limited participatory dimension was included in the targeting process in these assemblies, in which, among other things, community members were supposed to raise objections to the list of selected households or to nominate deserving households for inclusion even where they had not been previously selected. However, in none of the communities studied did invitees to the Assemblies of Incorporation report having commented on the list of beneficiary households, suggesting that even if some degree of community participation has been designed into the targeting protocol, it has not been implemented. Interview material suggests that people in these communities did not feel that they were in a position to participate in the targeting process: "*E: And did you say something? I: We didn´t talk because they were explaining, we didn't say anything"* (SS 9 Rosa R). Among these same 125 households studied, respondents reported only four attempted appeals, none of which was successful. For example, an informant from Las Cascadas noted: "*My daughter-in-law was not selected and since I raised all of them, I took their birth certificates, theirs and their two children's, to see if I could get them to be registered through me but they didn't accept that"* (SS 9 Lola V). These comments should be qualified by the fact that the assemblies of incorporation for the study communities took place long before this research was carried out, so it is possible that the process could have included some degree of participation that was not recalled by respondents.

3.2 Perceptions of Local Program Personnel, Communication, Participation and Ownership

In this section, we begin by discussing three institutions and positions within the program structure, which exist at the local level of direct service provision to program beneficiaries. Our focus here is upon quality of services provided to beneficiaries as well as upon participation and communication; we are therefore interested in what beneficiaries feel about their *promotoras*, their UEC, and their local UEL office: are they satisfied with the service they receive from these program officials? Focusing upon communication, we examine the related issue of queries, questions and complaints. What systems exist for addressing these issues and are beneficiaries aware of them? Do they make use of them, and are they effective? Finally, we move to a discussion of participation and ownership of the program. What kind of relationship do beneficiaries feel they have with the program? Do they feel a sense of ownership, or is it perceived as entirely external, with no possibility of their exercising any control?

3.2.1 Perceptions of Assistance and Services: Promotora

The *promotora* is a beneficiary elected at the Assembly of Incorporation by the other beneficiaries in her community to serve, voluntarily, as the link between the municipal office of the UEL and the community. With very few exceptions *promotoras* are women. None of the *promotoras* in the study communities was active in community political leadership at the time of research; however, it should be borne in mind that several of the *promotoras* had previous experience working with NGOs and other projects. *Promotoras* on the whole tended to be especially articulate, with a sound grasp of concerns and demographics relevant to their communities. Formally, the *promotora* is responsible for the following:

- Promotion of beneficiary families' compliance with the requirements of the program.
- Explanation, to the community, of any queries or doubts about the program.
- Communication, to the UEL, of any questions or complaints about program operations or service delivery.
- Promoting the use of cash transfers to buy goods and services which improve the nutritional, educational and health status of beneficiary families.
- Attendance at meetings of the UEC (Unidad Ejecutora Comarcal, see below).

The *promotora* is a key person in the day-to-day operations of the program. As well as the duties listed above, *promotoras* organize "their" beneficiaries into groups of approximately 20. These *promotora* groups travel together to attend health- training workshops, to collect their cash transfers, and at times to shop. In addition to these activities, *promotoras* meet with their groups of beneficiaries at regular intervals, usually at least once per month. In these meetings, community cleaning days are organized, and the *promotoras* recapitulate and reinforce the lessons of the health training workshops. The meetings are also a forum for beneficiaries to raise any questions or doubts they may have about the program. Some of the *promotoras* in the study communities interpreted their mandate even more broadly than the above list of duties; for example, one *promotora* noted that she shared the training she received in her "*promotora* training workshops" with her beneficiaries because she felt that otherwise they would miss out on this information. Another *promotora* took it upon herself to visit local shops with her beneficiaries to ensure that they were not being cheated on the weights of goods purchased. Point 4 above was energetically implemented by *promotoras* in several communities, in certain cases perhaps overly so: some beneficiaries reported that they were required to present food purchase receipts to their *promotora* for approval. In fact this is not a program requirement as such but rather an interpretation which has become entrenched as a common belief and practice. This issue is examined in greater detail in §4.8.3. In one case, a *promotora* reported that she had experienced difficulties with the principal of the school because she had questioned the

latter's use of the teacher transfer funds; in fact, according to the above list of official duties, the *promotora* is expected to try to ensure that program funds are spent on improving the educational status of beneficiary families, so this was not an unreasonable intervention but rather an example of a *promotora* taking her duties very seriously and conscientiously.[12]

The *promotoras* working in the communities studied for this evaluation all received high levels of approval from their beneficiaries, most of whom commented on their dedication, leadership and hard work. In none of the communities studied was political or religious bias, or corruption in evidence. As noted above, *promotoras* are not paid, either by the program, or by their beneficiaries. In some cases, beneficiaries make a small contribution towards transportation and food expenses incurred by the *promotora* on necessary trips to the UEL offices in the municipalities, but this appears to be entirely voluntary. Beneficiaries interviewed expressed satisfaction with the work done by their *promotoras*, and respect for their unpaid efforts undertaken in addition to their normal domestic tasks. For their part, the *promotoras* interviewed as key informants (this was done in every study community) were generally pleased with the support and training they received from the program.

3.2.2 Perceptions of Assistance and Services: Unidad Ejecutora Comarcal (UEC)

The UEC is a body constituted in each *comarca* consisting of a representative of the *comarca*'s school council, a representative from the health providers, and the *promotora*. The functions of the UEC are:

- Guaranteeing the delivery of the health and education services.
- Supervision of the delivery of cash transfers to the beneficiaries.
- Ensuring compliance with program requirements.

With the exception of key informants such as *promotoras*, health providers, UEL personnel and teachers, very few respondents knew what constituted this body and what its duties might be. The personnel comprising the UEC are all people who, in one context or another, provide services to the beneficiaries, but their relationship with the program

[12] *"Well, we have a good relationship with the teachers except for the principal. I don´t get along with her too well because on various occasions I told her that the money from the Red that is given in support to the school wasn´t suppossed to be spent on the things she wanted so she got mad at me and told me that I was being abusive. Sometimes she wanted to use the money to buy refreshments or expensive pens. I even have a receipt which proves that she bought some pens for C$6 each with money from the Red. It is not that much but since we are very poor here, for us it is a lot. At least if she should have bought pens for C$2 each, there would have been some left over to buy other things, but she used to buy things she didn't need to"* (key informant interview with promotora).

beneficiaries should be understood in the context of these services rather than in their capacity as members of the UEC. The UEC seeks to carry out the above functions through a process of coordinating the activities of the institutions which come under its umbrella. As such, it appears to have limited visibility as an institution in its own right.

3.2.3 Perceptions of Assistance and Services: Unidad Ejecutora Local (UEL)

The office of the UEL in each municipality consists of two or more persons, a coordinator and assistant coordinators, all appointed by the Unidad Ejecutora del Programa (UEP). The latter is the central implementing and administrative body of the program, based in Managua. The principle functions of the office of the UEL are as follows:

- Supporting the work of the UECs.
- Management of the *promotoras*.
- Registering compliance of beneficiaries with program requirements.
- Establishing the value of the incentives earned by each family.
- Consolidating and sending all information necessary for the running of the program to the UEP.
- Verifying the delivery of cash transfers to beneficiaries.
- General monitoring of the program, together with any other activity necessary for effective program management in the municipality.

Under the current organizational hierarchy of the program, the office of the UEL has limited direct contact with the beneficiaries, with the exception of the *promotora*; nonetheless, the UEL is the official face of the program at the municipal level, and while beneficiaries may not have much personal interaction with the office, it is the UEL which is most directly responsible for the day-to-day program operations in the field. Representatives of the UEL make visits to the beneficiary communities at times to update records and on occasion to attend training workshops; according to beneficiaries across the communities studied, these visits were generally two months apart. On transfer days, the UEL manages the interaction between the *promotora* groups and the contracted companies delivering the transfers. Beyond these contacts, there is little physical connection between the personnel of the UEL and beneficiaries apart from the *promotora*, who liaises directly with the UEL. The majority of beneficiaries reported that although they recognized the faces of the UEL personnel, and in some cases knew them by name, they rarely had any contact with them. A small number of beneficiaries suggested that they would like the UEL personnel to visit their communities more frequently: *"I: Well, yes, they do a good job, but if they worked better it would be good. E: Better in what, for example? I: In visiting the communities more often"* (ECT 16g Yahaira M).

3.2.4 Means of Expressing Concerns

As noted above, (non-*promotora*) beneficiaries' contact with the administrative levels of the program is mediated by the *promotora*; indeed, answering questions and passing on concerns and complaints about the program is one of the *promotora*'s defined duties, and does not technically fall within the direct remit of the UEL, although it might be argued that responding to the concerns of beneficiaries falls into at least one of the UEL's listed duties. The question here is therefore, how well does this system work? Do the beneficiaries feel that they have access to an open channel of communication with the managerial/operational echelons of the program, and do they use it? The answers to these questions lock into an important theme raised in the introduction to this section: what kind of relationship do beneficiaries have (or feel they have) with the program?

Of the 120 beneficiaries interviewed across the six study communities, only slightly more than one-quarter believed that it was possible to express dissatisfaction with the program; of these, a few responded that they had at one point or another expressed concern about some aspect of the program. The predominant belief was that the program is immutable, or at least beyond the capacity of the beneficiaries to exert meaningful change upon it. A beneficiary from San Pedro noted: *"I: But then, who can we complain to? I'd say there isn't anyone"* (ECT 16f Aleida J). Another beneficiary pointed out that nobody had explained complaints procedures to her: *"E: Has someone explained to you that you can complain or not? I: They haven't explained that to us. E: So you don't know that? I: No, we don't know that"* (ECT 16k Sandy A). With reference to the training sessions, an informant from Macondo said that beneficiaries could not complain if they did not like a training session: *"E: If you do not like a workshop, can you complain, can you tell them that you didn't like it and that you want them to be done in a different way? I: I don't think so. E: So you have never done it? I: No, we have never done that"* (SS 8 Adilia G). These and similar responses suggest a number of related conclusions:

- Beneficiaries understand in theory that they have the right to express concerns about the program, but do not know how.

- Beneficiaries know how to raise issues and concerns, but based on past experience or speculation do not feel that it will have an impact.

- Beneficiaries know how to raise issues and concerns, but do not do so out of fear of losing the benefits.

These conclusions point in the same direction: on the whole, program beneficiaries do not, for one or more of the reasons outlined above, voice concerns, worries and complaints which they may have about the program.

3.2.5 Community Participation and Ownership of the Program

We noted above, in §3.1, that a potential area of improvement for the program is to increase community participation. Indeed, this broad theme is one that runs through various parts of

this report. Of particular interest is the question of 'ownership.' Fundamentally, the question is, what kind of relationship do beneficiaries feel that they have with the program? It is important to clarify that we are concerned here with articulating what beneficiaries feel about their relationship with the program. This may well differ from the structured relationship between beneficiaries and program, as intended and defined by the program itself: our task in this section is to explore this relationship, as it is lived and experienced by program beneficiaries.

We have chosen to approach this problem via the question of change and centralization, which logically follows on from the previous section addressing complaints procedures. A key diacritic of ownership is agency: the subject's ability to exert meaningful change upon the owned object. Thus, while the preceding section dealt with the issue of reporting and communicating concerns about the program, this section focuses upon the follow-on question of actually influencing the program at the local level. Do beneficiaries feel that they can suggest (or indeed effect) changes at the local level of program operations, to create a better fit with their sociocultural realities?

Interview data, supported by personal observations carried out by the field team, indicates that beneficiaries do not feel that they possess such agency. Whether or not there formally exists a space for beneficiaries to contribute their thoughts and ideas to the structure of the program, and whether or not the implementation is flexible enough to respond to such thoughts and ideas, beneficiaries do not perceive that they can exercise any influence. Emphasizing the importance of obedience, one beneficiary replied to a question about whether the community participated in program decisions: *"We have to obey what the RPS says"* (ECT 14b Nohemy M). Another, questioned about whether she thought the community could change anything about the program, replied *"no, those decisions are made at the central office where the money comes from, we cannot change anything"* (ECT 14g Berta T). Compliance is seen as especially important because of the persistent fear of losing the benefits, or of the program disappearing. One beneficiary noted: *"E: In what ways could you support it* (the program)*? I: By complying with everything that they say so that program doesn't leave"* (ECT 18b Nidia V). Another beneficiary, from San Pedro, made the interesting point that because the RPS benefits were a gift, as opposed to a loan from a community credit scheme, it would be inappropriate to complain, even if some part of the program were not functioning satisfactorily. However, this informant ended by noting that her rights within the program consisted of complying with its requirements: *"E: And if there is something in the program that doesn't work, wouldn't you like to be able to complain? I: No, no, I wouldn't. E: You wouldn't complain. Why? I: Because why should I complain? It would be different if this was a credit organization where I have the right to complain if it is doing a bad job and it is not trying to help women. But in this case I think there is no right to complain because the money is given as a gift. How am I going to complain? E: And do you know what are your rights in this program? I: Well, yes, my right is to comply with what the RPS says"* (ECT 16c Mary M).

If we turn our attention away from program beneficiaries, and towards local program personnel (such as UEL representatives), we note that in contrast to the beneficiaries, there

is flexibility here and the ability to influence the program and improve it. At this level in the program hierarchy, there is an understanding that things can be changed, altered and fixed. A UEL representative explained: *"We have those spaces to point things out, to suggest, to ask for revisions. We can say things and obtain answers, and if those answers aren't convincing we can have discussions, even make our own proposals. I don't think this job is a straitjacket, as long as we stay within the program's objectives and we don't damage it, we can implement many things"* (ICU 12 Aura F).

3.3 Cash Transfers: Understanding Benefits and Recovering Missed Disbursements

Beneficiaries show a very clear understanding of the both the composition and the quantity of their cash transfers. With virtually no exceptions, every beneficiary interviewed for this evaluation, across the six study communities, knew exactly which transfers they were entitled to (i.e. food only or food + education) and the amount of their totals. A small number of informants remarked that the food transfer struck them as insufficient, because foodstuffs were expensive.[13] On the whole, it appears that the composition and quantity of transfers have been very well explained to beneficiaries.

Disbursement of cash transfers is organized every two months, typically in the nearest municipal town. On transfer delivery days, *promotoras* are responsible for organizing their beneficiaries into groups, and travelling with them from the communities to the location where transfers were being made . Once at the transfer center, the *promotoras*' groups wait outside until summoned into the building. In the main hall, the beneficiaries are called by name to the disbursement table at the front of the hall. Here they are issued with their transfer, for which they either sign or place a fingerprint on the receipt form. The transfer days which were observed over the course of research were well-organized, calm, orderly and efficient. In addition, in at least two of the municipalities studied, the UEL office uses a chronogram which bases order of disbursement on the distance travelled by the beneficiaries. Among beneficiaries, opinion of the disbursement process is generally high: of 114 opinions expressed, 104 were positive.

Beneficiaries obviously make an extraordinary effort to attend the transfer days. Across the study communities, we found a negligibly small number of beneficiaries who had actually missed a transfer day, so it as difficult to gauge how well they understood the procedures for recovering missed transfers.[14] However, almost all beneficiaries interviewed responded that they knew of the existence of a recovery procedure. Asked whether she had ever missed a transfer, and whether she knew if such a missed transfer could be recovered, a beneficiary from Macondo replied *"E: Have you ever missed your transfer? I: No. E: And if you ever miss it, do you think there is a way of reclaiming it? For example, if they don't*

[13] *"I don´t know why they give us C$480, it helps us but with that amount we cannot buy food for the two months, especially now that foodstuffs are so expensive, but at least it is a help"* (ECT 18d Gilma C).

[14] Of the beneficiaries who had missed transfers, none had done so because of work commitments: program beneficiaries have so few opportunities for paid work that conflict between work and RPS commitments is highly unlikely.

give you permission at work to go get it, is there a way of reclaiming it? I: Yes, they would give it to me on the next transfer" (ECT 8d Nohelia V). Another beneficiary noted that her *promotora* had helped her recover some missed transfers: *"Yes, she went to speak to the people at the office and thank God, they gave me all the missed transfers"* (SS 18 Silvia N). A very small number of beneficiaries had either failed to recover missed transfers, or else believed that it would be impossible to recover a missed transfer. One remarked: *"E: Why do you think that even if you complain, they won't let you reclaim it? I: Well, because many beneficiaries say that they have been at the office to claim a missed transfer and haven't received it. So, why should I go and waste my time?"* (SS 18 Marlen L). Another asked whether she believed it would be possible to recover a missed transfer, replied: *"I don't know, I don't think they give it to you"* (ECT 18c Aminta G). A third beneficiary from La Gloria, having missed receiving her cash transfers, said that she did not even want to go to the UEL office to try to reclaim them because it would be a wasted journey: *"E: So did you try to recover your missed transfer the day they only gave you the food security transfer? I: I didn't go. E: Why? I: Because I didn't want to go because they say that they don't give it to you, that once you miss it, you lose it forever"* (ECT 18e Patricia G).

3.4 Expulsion and Sanctions: Basis and Understanding

The Red de Protección Social by definition requires beneficiaries' compliance with a range of conditionalities. Failure to meet these requirements can result in various types of sanction, ranging from verbal warnings to expulsion from the program. These sanctions are not designed to be punitive per se, but rather to help ensure the fulfilment of program objectives through maximal compliance of beneficiaries with conditionalities. Specific health and education conditionalities and sanctions are examined in greater detail in §4 and §5. In addition to these sanctions, benefits can be withdrawn as a result of a more thorough appraisal of a family's economic situation. Finally, there are a range of other reasons for sanction or even expulsion from the program, including abrupt changes in residence, problems with documentation, and falsification of information among others. In this section, we examine some of the key bases for sanction and expulsion, and explore this from the point of view of program beneficiaries. The reader will recall that here we are dealing with interviews with 120 beneficiaries and 125 households across the six study communities. We should begin by noting that in absolute terms, the number of expulsions and severe sanctions (withholding of a benefit transfer) is small. However, this needs to be assessed in terms of its effect on beneficiaries; as we demonstrate at other points in this report, the coercive effects of conditionality/sanction (even when this is no longer in force) can be profound.

Our interview material reveals eight cases of households expelled from the program for possessing what were considered substantial economic resources (vehicles, larger shops, large tracts of land, cattle, for example).[15] While it is important to distinguish these

[15] These cases are included in this section rather than in §3.1.2 because, although the expulsions were, from the point of view of the program, really adjustments to the targeting

expulsions (which in fact are the result of fine-tuning the targeting process) from sanctions per se, it is equally important to understand that from the point of view of the expelled households, these are not always logical, and can be seen as punitive rather than the result of a rational re-appraisal of household economic status.[16] In one out-targeted household in La Gloria, the husband lamented, *"How am I going to feel? There is nothing I can do. They kicked us out of the program, how are we supposed to feel? We don't know, we have no explanation for that"* (ECH 18k Sergio A). The ex-beneficiary of this household said that their expulsion had not been explained to her: *"They didn't explain anything to me, a letter arrived and that was it"* (ECN 18k Sara V). Another informant criticized this secondary targeting procedure: *"I say that they should take it away from those who have resources and give it to those who don't have any. I don't really mean that they should take it away from them but I think that they did it the wrong way. For example, they took it away from my grandmother and from Katy, the woman that lives on the corner. But that woman…everybody laughed because it was absurd, she has money and a car and went to get the benefits! Sometimes she even said, 'I don't want to go, I'm wasting my time'"* (SS 8 Tatiana O). As we argued earlier in §3.1, there is a widespread belief that 'we are all poor here'; it is therefore not always clear to people that a household has been removed from the program on the grounds of greater economic resources. Nonetheless, informants understood the logic behind this in cases where the difference in economic status was sharper, for example in those cases where families possessed shops or vehicles. In a small number of cases, strong resentment on the part of expelled beneficiaries was said to be a problem. One *promotora*, asked whether she had experienced any difficulties as a result of her work for the program, said: *"Yes, with one person. She had been targeted by the RPS at the beginning but later was removed because she has a shop. She didn't want to be excluded and got mad at me and told me that it was my fault, she even threatened me several times"* (ICP 12 Virginia A).

As noted above, in addition to targeting expulsions, interview material reveals a small number of cases of sanction and expulsion on other grounds. These reasons include repeatedly missing meetings, falsifying documents and changes in residence that have not been properly registered. As discussed further in §4, failure to attend meetings with health providers or to attend training workshops is sanctionable. Migration and changes in family structure can also cause problems: one *promotora* cited a case of a beneficiary who had migrated to work in Costa Rica, leaving her children with her sister. Benefits were subsequently withdrawn: *"There is the case of one of my beneficiaries who was expelled, her name is Marisol Herrera... she had three children. She had a five-year-old girl, she turned six in February, a seven-year-old girl, and a nine-year-old boy, three children. She left for Costa Rica and left her children with a sister, she did this because she had to work, remember, three children... and she didn't have a job and has no husband because he abandoned her and they took away her benefits"* (ICP 14 Katia R).

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results, they consisted in withdrawing benefits from families which had been receiving them.

[16] Secondary targeting (fine-tuning) in otherwise geographiclly-targeted areas has now been discontinued.

The practice of sanctioning (by withholding benefits rather than expelling) beneficiaries because their children (age 0-5) have failed to meet weight-gain targets is, as explained in §4, no longer in operation, although it is widely thought to be. When the research for this evaluation was carried out, there were still a small number of beneficiaries in the program who had been sanctioned in this way in the past, and who retained fresh memories of the practice: *"You see, when the child didn't gain weight they didn't give you the food security transfer- they took it away, they would just give me the school transfers, the C$240"* (ECT 12a Carmen O). For beneficiaries, this sanction was nearly impossible to understand—the idea of withholding food security transfers to punish parents for their children's failure to gain weight being regarded as counterintuitive.

Sanctions continue to be applied in the education sector of the program. Cash transfers can be withheld for poor attendance, and withdrawn for repeated absenteeism as well as for failure to graduate from one academic year to the next. Even children are aware of these sanctions. One little boy from San Pedro, asked what would happen if he did not attend school said simply *"they'll kick me out of the program"* (ECC 16a Leo M). Again, we would like to emphasize here that in real numerical terms, the number of education benefit sanctions which were mentioned to our field team over the course of interviews is small: nine concrete cases across all the households in all the communities. In three of these cases, informants protested vehemently that the sanctions had been unjust, the result of lying or errors on the part of teachers, or of refusal to acknowledge medical excuse letters (*constancias médicas*). For example, a beneficiary from La Gloria complained: *"One time I lost my benefits because of the teacher. He marked my daughter Erica as if she had been absent three times... it's true that she didn't go to class, but I gave him a medical excuse letter that said that she hadn't been to class because she was sick. That time he just reported that she didn't go to class and that was a lie"* (ECT 18g Irma R). Another beneficiary explained that she had been sanctioned because she could not obtain a *constancia* for lack of funds to go to the health center: *"Sometime we explained that we didn't have any money to take the boy to the health center. We sent a little note but they don't accept that, they want a medical excuse letter"* (SS 18 Silvia N).

4. HEALTH, NUTRITION, AND TRAINING

> *"They take them to the checks-ups done by the PROSALUD doctors who teach them that life is a great thing and that you have to care for it. So they take the children to be weighed and measured mostly as an obligation, but they take them. So health has changed because children are getting better…"* (Interview with beneficiary).

Generating improvements in the health and nutritional status of beneficiary households is one of the primary objectives of the RPS. The qualitative study thus focused on how these components of the program were functioning, and on effects that could best be studied using qualitative measures. Qualitative methods are not the best at determining whether there have been actual improvements in people's health and nutritional status—this can better be achieved using verifiable quantitative measures across a wider population—though the vast majority of our informants do believe that people in the community are healthier and better-fed as a result of the program.

We focus on a number of issues where qualitative methods enable us to gain insights into how the program is being implemented on the ground. This includes beneficiary perceptions of the quality of the services and training they receive, changes in attitudes toward health, providers' attitudes toward beneficiaries, experience with respect to vaccines, parasite treatments and the iron supplements, operational aspects of the training workshops and impacts of those workshops with respect to hygiene, dietary changes and family planning. We also look at whether beneficiaries are sharing what they learn within or across households. Finally, this section considers two issues that were unanticipated in our study but discovered to be significant—how beneficiaries understand, interpret and respond to program objectives with respect to weight gain and food purchases, which are intrinsically interesting but also have implications for issues of empowerment discussed earlier in this report.

4.1 Program Design[17]

The health component of RPS is designed as follows for Phase I and Phase II. In Phase I (2000 – 2002), the health component of the program promoted the strategy of the Atención Inegral a la Ninez Comunitaria (AIN-C), the central objective of which was the prevention, detection and early management of inadequate growth among children under 5 years old. To achieve this, the program monitored children's weight-for-age over time. The program also included the vaccination scheme stipulated by the Minstry of Health (MINSA) and the provision of nutritional supplements. The health services were provided by NGOs or private health providers, conforming to MINSA's rules and quality standards. This plan

[17] The description of the health component during Phases 1 and 2 are drawn from RPS (2004).

offers families better access to the AIN-C services because the providers chose central locations within the comarcas from which to operate.

RPS offered training every two months on nutrition, reproductive health, lactation, environmental health and family hygiene to beneficiaries. These talks aimed to teach the beneficiaries how to identify health problems and how to change habits or customs within family life in order to improve the health of the whole family. Also, beneficiaries were taught, among other things, the nutritional value of foods and the hygiene practices required for their preparation and storage.

Table 5 provides a summary of the structure of benefits in Phase I. In order to receive the nutritional supplement and cash transfer for food ("*apoyo alimentairo*") in Phase I, beneficiaries were required to:

- bring children under 5 to appointments with the health providers for growth monitoring and vaccinations; and
- ensure children do not fall in their percentile ranking in the weight for age distribution during consecutive weighings.
- attend a training workshop every two months.

Table 5 – Structure of benefits in Phase I of the RPS

Category	Monetary support and/or services	Periodicity	Recipient
Education	C$ 120	Every two months	Per household
Contribution to school	C$ 10	Every two months	Per child
School supplies transfer	C$ 275	Yearly	Per child
Food security transfer	C$ 480	Every two months	Per household
Complete child care	Appointment for VPCD monitoring	Monthly (for children less than one year old) or every two months (if child is older than one year)	Per child
Training	Discussions	Every two months	Beneficiary

In Phase II (2003-2005), the health component's objective is to provide services for the Atención Integral a la Mujer, Ninez y Adolescencia (AIMNA) and training for eligible households. Health services are also provided to non-beneficiary households.

Services continue to be provided by NGOs and private providers. In addition to growth monitoring and vaccinations, children 0-5 receive vitamin A, iron, anti-parasite treatment, and when necessary oral rehydration. Beneficiaries are given counseling on childraising practices and children 6 to 9 years receive tetanus vaccines. Pregnant women receive check-ups, counseling and iron. Breast-feeding women are given check-ups and vitamin A. Women in their child-bearing years are also given tetanus shots. Adolescents receive counseling on birth control.

With respect to training, every two months the RPS holds talks for beneficiaries on: sexual and reproductive health, nutrition, lactation, and family and environmental hygiene. These talks aim to teach the beneficiaries how to identify health problems and how to change habits or customs within family life in order to improve the health of the whole family. Also, beneficiaries will be taught, among other things, the nutritional value of foods and the hygiene practices required for their preparation and storage. Also offered are topics in rural development and subsistence production skills such as kitchen gardening, animal hygiene and/or artisanal production. For adolescents, the program will offer information, education and communication to adolescents on topics such as healthy lifestyles, sexual and reproductive health, and prevention of STDs and HIV/AIDS.

Table 6 provides a summary of the structure of benefits in Phase II.

Table 6 - Structure of benefits of Phase II of RPS

Category	Monetary support and/or services	2nd year	3rd year	Periodicity	Recipient
Education	C$ 115	C$ 115	C$ 115	Every two months	Per household
Contribution to the school	C$ 20	C$ 20	C$ 20	Every two months	Per child
School supplies transfer	C$ 380	C$ 380	C$ 380	Yearly	Per child
Food security transfer	C$ 425	C$ 380	Will decrease 30% in relation to the first year	Every two months	Per household
Comprehensive care for women, children and adolescents	Appointment for VPCD monitoring			Monthly (for children less than one year old) or every two months (if child is older than one year)	
	Tetanus vaccination			Once only	Boy or girl from 6-9 years, women of childbearing age, adolescents

In order to receive the *apoyo alimentario* in Phase II, beneficiaries must:

- bring children between 0-5 years to the Vigilancia y Promoción del Crecimiento y Desarrollo (VPCD);
- bring children 0-9 years to their vaccination appointments;
- when pregnant, attend clinics before and after giving birth;
- if of child-bearing age, attend visits to receive vaccines and counseling;
- along with adolescents, attend training sessions;

- use money received for buying nutritious food;

The qualitative study was conducted during the transition from Phase I to Phase II.

4.2 Perceptions of the Health Services

It should be noted that during most of the fieldwork period, health services were not provided in the study communities and thus in this period our fieldworkers were not able to observe these services firsthand during this part of the study period. This was a time in which the program was in transition from the pilot phase to the second phase, which had a number of new components (outlined above) and thus required re-contracting the health care services. During this transition, there was a period in which no services were offered. However, in four of the six communities (the exceptions being San Pedro and La Gloria), the services did resume during the last month of fieldwork and the delivery of the health services was observed in three of these four (Santa Clara, La Merced and Las Cascadas). The research primarily relied on intensive interviews of household members around issues pertaining to the health services that they had received through February 2003. Beneficiaries were able to talk about these at length. The fieldworkers also closely observed household behavior, watching for practices that reflected on the health issues and objectives of the program.

In all six communities, respondents were very positive about the quality of the services that they received. Almost all respondents felt that the health of their families had improved since the RPS arrived "*now I feel different in my relationships… and also with my children because I understand about their growth and I know how to take care of them so they don't get sick anymore"* (ECT 18b Nidia V).

In addition to perceived improvements in the well-being of their families' health, beneficiaries also report improvements in emotional well- being. Being able to count on new funds to buy food for the household and school materials for their children reduces stress on households; many beneficiaries report being "*happier*".[18] There is also a satisfaction that comes from feeling that they have succeeded at meeting the objectives of the program, in feeling responsible for having improved the well-being of their children:

> *"I: Well, on my own I would be worried, when I received the workshop as part of the RPS program I thought that my son would never gain weight, so they gave me the training and I used to tell my husband that I was going to lose the benefits because my son would never gain weight. But through the workshops I started learning and*

[18] At the same time, to the extent that beneficiaries feel happy when they receive these resources, non-beneficiaries who do not understand why they are left out of the program are experiencing the opposite, feeling bad as they see others receiving aid that they do not: "*I: Oh, I was worried because, maybe you have needs and you see them very happy when they are going to receive the benefits and you are not"* (SS 8 Elba E).

my son never lost weight, he started gaining one kilogram, half a pound, one pound, he never stopped gaining weight" (ECT 18b Nidia V).

4.3 Changes in attitudes toward health

The research found that people perceived a change in attitudes toward health across all the communities. The changes were most strongly expressed among women. Those who discussed attitudes among men suggested a more mixed picture, where in some communities a majority felt there had been changes in men's attitudes toward health and nutrition, whereas in others a majority felt there had not been. A similarly mixed picture emerged with regard to adolescents' attitudes toward health, with examples of positive attitude changes as well as little change.

In Ojo de Agua, fieldworkers reported a high level of knowledge and consciousness among women around the importance of caring for the health of children. Although it is not new that parents make a sacrifice in the face of difficulties in order to feed their children well, there is a marked awareness of these nutrition issues that appears to be connected with the activities of RPS.

One of the most important impacts of the program is that mothers or tutors invest time in feeding their children, try to ensure that the children eat, check on their vaccines and take special care with their cards. The beneficiaries recognize that if their children eat better they will be more successful in school and in physical activities.

For beneficiaries it is important that now they are in the program, they can monitor the growth of their children and better understand these issues: *"it has changed because before, we used to take the children to the health center but we didn't pay attention to the child's weight or his measurement to see how he grows. Now one knows that they weigh the child every 2 months and one knows if the child gains gains or loses weight or if he grows"* (ECT 12a Carmen O).

In both Santa Clara and La Merced, it was observed that some beneficiaries had the practice of saving some of their *bono* for the purpose of caring for a family member in case of an illness. The amount saved was small, but was considered a part of the household budget. On the day of transfer in Ciudad Darío, many beneficiaries of San Juanillo took advantage of the trip to collect their benefits to visit the doctor or to take a sick family member to the health center, the cost of which is 10 cordobas.

A sign of this impact on attitudes among beneficiaries is also manifested in their efforts to spread knowledge on health issues to others. In La Esperanza and San Juanillo, for example, beneficiaries try to transfer their knowledge to their children or daughters-in-law who are not beneficiaries so that they can also put into practice all they learn about health, home hygiene, and the preparation of soya and other foods. More examples of these efforts to transfer information are given later in this section.

The question remains as to whether these changes in attitude will be sustained after the program leaves and the obligation is no longer there. From the way beneficiaries express themselves, they are enthusiastic about what they have learned and about the objectives that the program have introduced. At the same time, when the *bono* was delayed for many months, some familias stopped following some of the practices they had learned. Certainly the incentives are important and the independent changes in attitudes and behaviors can be expected to take a substantial period of time.

4.4 Quality of Services

4.4.1 Convenience and Waiting Time of the health services:

Everyone interviewed in all six communities felt that the services were conveniently located. In four of the six communities people pointed out that they appreciated the ability to receive these services without having to leave their communities because of the time and resources saved.

Also across the six communities almost all respondents felt that the waiting times for the health services were reasonable. Sometimes the waiting times are described as long but they do not seem to mind. The actual time is said to depend on how many children are at risk and thus the amount of time that the medical provider must spend with each person. In El Grenadillo it was pointed out that the health providers organize them by groups at a determined hour*: "They are doing well, because if you arrive first you get out first, in those counselings I see that they don't have to spend too much time"* (ECT 18e Patricia G).

4.4.2 Counseling

In three of the six communities almost all respondents said they received counseling as part of the health services, though in San Pedro and La Gloria many said they had not. In all communities where this counseling was received, the people said they were happy with the quality.

In Macondo, the fieldworker did not observe the days of service delivery because they did not occur during the fieldwork period, so instead she spoke to people about counseling that had occurred months earlier. Nevertheless, people had very favorable opinions about this counseling, saying that they have allowed them to be more aware about the health of their children and how to care for them, more oriented toward the importance of good nutrition, and how to treat illnesses. "*Yes, there has been a change because now with the counseling that people receive they are more knowledgeable about illnesses and how to treat them, yes"* (ECN 8a Mariana Z). More time is taken with beneficiaries whose children are at risk, to explain the significance of losing weight and how to reverse this situation. The people interviewed emphasized the clarity with which the themes are explained and the treatment that they receive from the health staff:

"I didn't know when my son was doing well or doing bad, I didn't know anything about that. But now thanks to the workshops and all that, and the doctor, when I take him to the check-ups, he already explained to us what things to pay attention to so we can tell when the boy is doing well or bad. They already explained to us how many vaccines he has, they show us how to interpret the little arrows that indicate which vaccines go at each age. So I didn't know all that, he had the patience to explain it to me. Also, after seeing the doctor we go to a counseling session where they give us advice about how to feed our children, the special care we have to have with them, and all those things that we didn't know before" (ECT 8c Yonaida O).

In Las Cascadas, our fieldworker was able to observe the health services. The health personnel attended to all beneficiaries and their children, and in those cases where the children had lost weight or were at risk, the doctor spent more time in the consulation in order to orient them towards what type of foods to give the children so that they put on weight. Often the health staff are said to recommend specific foods: "*Since they started they have been recommending soy milk a lot. The last doctor that came told her to give her child lots of soy, vegetables, rice, beans"* (ECM 9i Alondra P). The women listened attentively and promised to follow the advice. The advice was observed to be given with respect and with simple wording, in a way that enabled the women to understand the counseling. The counseling observed lasted about 10 minutes or more. In the counseling the doctors used illustrations to explain the content of the foods, the food group they belonged to and how to improve their health. In speaking to the recipients of this counseling afterward about their experience, the majority responded that they were satisfied "*Yes a lot, they spend a lot of time with me, giving me counseling, the ladies that have been with me are very nice, they have never frowned on me, they always treat me with love, they don't tell me things and if they do, for example, if they have to tell me that my daughter has lost weight, they say it nicely. They have never told me rude things that can offend me"* (SS 9 Ramona D).

In San Pedro one beneficiary described her appreciation for the explanations of how to care for children and improve their nutrition: *"Well, thank God up to now, no one, they are very nice people, they know how to explain when children have low weight, when they are undernourished or when they gained weight and stopped being undernourished, they explain to us very well*" (ICP 16 Marisol A).

In La Merced the counseling was said to cover family planning, including for adolescents (introduced in Phase II), improving family nutrition, how to monitor growth of children, and other themes. In Santa Clara, in addition to the support received by the providers from the *promotoras* there are "substitutes" or "understudy" *promotoras*, who also provide assistance, helping with explanations to other beneficiaries: *"I am the person who follows the promotora. What do they call me? Substitute, I have been there working with them so they can provide good attention to the children. They give good explanations to the mothers about what they have to do when a child is underweight, when he is at risk, all those things. In a nice way they tell them what kind of food they have to feed the children, what food is appropriate for them"* (SS 12 Rosa M).

In Santa Clara two counseling sessions were observed during the two phases of the research. The first visit observed was characterized by a combination of some success and problems. There were problems around lack of a place to meet, and confusion among beneficiaries and *promotoras* as to where they should go. Once a place was located the morning went fairly well; children were measured for weight and height, women received blood pressure and prenatal checkups if applicable, and individual counseling sessions were given, lasting about 20-30 minutes. However, in the afternoon, given the large number of people to attend to, in the afternoon counseling sessions were shortened to less than five minutes, with some receiving none, a situation which brought about complaints from some beneficiaries and *promotoras*. Classes and scheduled exams were suspended for the afternoon to permit children to go to their health visits, a situation that the school director did not agree with. The entire activity ended at 7:30 p.m. and the last people were attended to using lanterns. The health provider in charge of the activity recognized these problems but felt there was no alternative—given the large number of communities to cover, each community had to be covered in one day. In general the beneficiaries that received the services in the first half of the day were happy and satisfied, while the rest had an attitude of acceptance. It is likely that these were growing pains experienced in a period when the newly contracted health services of the Phase II, including new components, were getting underway. Nevertheless these problems are pointed out so that useful lessons can be drawn from them.

4.4.3 Providers Attitudes toward beneficiaries:

One issue that emerged as important is the behavior of the health providers toward the beneficiaries—their attitudes toward them in the course of delivering the services. In all six communities the vast majority of people felt that the health providers were friendly, patient and respectful: *"the health providers treat us with love"* (ECT 14c Martha A). *Another* beneficiary said that they *"treat people very well, nicely, they speak in a way all doctors should speak"* (ECH 14b Ismael H), *and another said they "very nice, all the people who work for the RPS are very nice because even though we don't know them, they give us their friendship, their love, and their support"* (SS 14 Laura I). They were also said to be patient with the children: *"they look after them really well… sometimes they bring toys and lend them to the children so they won't cry"* (ECC I Judith Z).

People are sensitive toward how people speak to them, and a few expressed that they do not want to be asked why their children have lost weight or be 'scolded' for this. In three of the six communities it was mentioned that people have been treated badly on occasion. In one, some beneficiaries complained that on occasion a health professional will be annoyed and humiliate a beneficiary because their child has lost weight (but most do not). In the two other communities incidents were observed whereby beneficiaries felt that the health providers looked down on them and treated them poorly. When the time given for counseling was abruptly shortened for those seen in the afternoon and beneficiaires inquired as to why, the *promotora* felt that they were answered in a disagreeable manner: *"She told us that we don't know anything, that they are the ones who know and that they*

know who to give counseling to. We told them that we are indians but we are not ignorants because they have tought us many things." But she explained that this provider was new and didn't know well *"about the way the RPS treats people"* and in another community some said they would not want one provider to come back again. Although isolated cases, these examples are raised here to point out the importance to which people give a respectful attitude.

4.4.4 Vaccines, parasite treatments and iron supplements

Supply: Respondents in five of the six communities say there have been sufficient supplies of vaccines, parasite treatments and supplements available (in the sixth community between 20 and 25 percent of respondents said they had not received one or the other of these treatments). Almost all respondents said that they had received all of these. "*E: And when you went to weight your daughter were there always enough vitamins available or were they short of supplies? I: No, there were enough because they gave us 12 bottles for the following month or two months, there were always enough"* (ECH 8d Emilio R). However, in a couple of communities some people reported that they had waited for their vaccines, and then learned that the supply had run out. In one community people reported that it was promised that the providers would return with more, but this did not happen.

Vaccines and parasite treatments: People recognize the importance of the vaccines and are very positive about them: "*now I see a change because they give them the vaccines and they don't get sick*" (SS 12 Graciela G). Although some say that they get their vaccines from MINSA, some also perceive that the vaccines are a requirement of RPS and this of course adds incentive. We also came across the perception that it is important that beneficiaries 'look healthy:' "*take them to be vaccinated. Before, people used to be afraid, they didn't like to vaccinate their children. Now it is an obligation because if the child is not vaccinated he can get sick and it is not good for us beneficiaries to show up with a sick child*" (SS 16 Eva Z).

Similarly with the parasite treatments, people recognize the importance of these, and very few reported problems with them, except that they sometimes are insufficient to get rid of the parasites and need to be repeated.

The iron supplements: Administration of the iron supplements is more problematic. Some mothers give them to their children, but it appears that many do not. When asked whether they give supplements to their children, a substantial majority of those interviewed said that they did. They understand the benefits of the supplement, and its relevance to weight gain. The following response from a beneficiary in Santa Clara indicates recognition of the relationship between different components of the health services: "*well, I think that if you're going to give vitamins and iron to a child, first you have to give him a parasite treatment. If I don't do that you are feeding the parasites, so these children were given parasite treatments first by the RPS, then vaccinated and then they gave us the vitamins so we could give them daily to the children*" (SS 12 Maria P).

However, the assertions of beneficiaries that they give their children the supplement contrasts sharply with observations, where across the 60 case study households, only 3 were observed to be doing so (despite 35 of these households saying that they did[19]). It is highly likely that a higher number than those observed actually do give their children the supplement; however, it is also clear that many do not, and they explain the problems with them. The main reason why people do not give them to their children is because the children do not like them. In particular, mothers said that the children do not like the taste of the iron supplement, and that it adversely affect the children's stomachs, and sometimes they throw up, or get diarrhea: "*well, at the beginning it was bad for him because it gave him diarrhea and made him feel sick, but since they say it is good for them, I kept giving it to him. However, it was also bad for his teeth, now his teeth are damaged*" (SS 16 Arelis N).[20] As indicated here, some beneficiaries are also concerned that the iron will adversely affect the teeth, particularly if it is given in a pure form and not mixed. For this reason it is sometimes mixed with a citrus refresco, "*to get rid of the bad taste"* (SS 9 Gregoria P). In some cases, they give the iron to older children.

These responses and observations are consistent with and help to explain the quantitative survey results. There, people also reported taking the supplement, yet the program showed no effect in reducing anemia. The quantitative study found that the percentage of children receiving iron in the previous four months increased massively with the program - from less than 25 percent to nearly 80 percent. Nevertheless, the very high anemia rates in this population (about 30 percent) were undented, i.e., no change was observed (Maluccio and Flores 2004). The evidence from this study helps to explain this puzzle from the quantitative work.

4.5 THE HEALTH AND NUTRITION TRAINING

As described in section 4.1, as a condition of obtaining the *bono alimentario* beneficiaries must regularly attend training workshops in health and nutrition, given as workshops every two months. These workshops are a critical part of the program strategy to create sustainable long-term impacts, through raising people's awareness of health and nutrition issues and their knowledge of good practices.

When asked about the workshops, many beneficiaries are positive about them, listing many things that are taught there. Observations of the workshops themselves, interviews

[19] These statements may reflect the fact that they have given them at some point, whereas they stopped due to problems they encountered. Also, in two of the communities, the health services were not provided during the fieldwork period, so that people did not receive the supplements.

[20] This was confirmed by one of the health workers: "*I've heard that in some houses they do give it to their children, in other cases they tell me they don't because it gives them diarrhea" (*ICS 9 Geoconda Z).

about the workshops and observations of the extent to which people put lessons into practice, reveal mixed results. With some topics, people are practicing what they learned; with others, they are not. In some cases, the problems are with the workshops themselves; in other cases, training is not enough to change deep-rooted cultural practices, e.g. with respect to foods consumed.

Operational issues in the workshops: As noted earlier, there was a gap in delivery of the health component of the program during most of the fieldwork As a result, workshops took place during the study period in only four of the six communities, and in those four just during the last month of fieldwork. Fieldworkers observed workshops in three of the four communities[21]. However, fieldworkers conducted extensive interviews about the workshops, and observed practices in areas that the workshop covered (e.g. hygiene, food preparation). They also made a number of observations at the workshops that they did attend. Given the isolated cases of workshops observed, it is impossible to conclude what occurs on a regular basis. However, a number of problems were found in the cases observed and are potential problems of which program managers should be aware:

- Invitations were observed to sometimes arrive the day before, the same day, or even after the workshop.

- Although most beneficiaries attend the workshops, some beneficiaries were observed to sign in and not stay, saying that they were sick or had other commitments. In one incident observed, an annoyed man was observed to arrive, sign and leave; people said he was always like this, annoyed because he lived far away. The next day, some beneficiaries who had not attended the previous session showed up, and the head facilitator asked another facilitator to conduct the training *"really fast, in twenty minutes"* so that they could sign.

- Time was not used efficiently: Facilitators arrived late; time was lost in confusion around the formation of groups; too much time was spent on the process of signing in compared to time available to cover the themes of the workshop. It might be better to have beneficiaries sign in at the end of the workshop rather than at the beginning, to reduce the time taken from the workshop, and to ensure people do not leave early.

- People are not accustomed to this type of learning, to paying attention for this length of time in this manner, and it is difficult to maintain their attention. It would be beneficial to explore pedagogical approaches that keep people more engaged.

- Material was presented in a simple manner. Nevertheless, there were beneficiaries who did not understand the material. The interpretation of the fieldworker in one

[21] The fieldworker was in one of her assigned communities at the time a workshop was held in the other.

community was that the people were nervous and had trouble concentrating, unaccustomed to the dynamics of this type of learning. At the same time, this experience has helped them to feel more comfortable expressing themselves in groups. It would be helpful to promote a procedure whereby people could ask questions later (e.g. of the *promotora* if she is sufficiently trained) where they did not understand or remember the material.

- The number of beneficiaries per facilitator was too large to assure attention and comprehension; in one case, there were 2 facilitators for more than 50 women. Another group in the same community had 34 women.

People expressed appreciation of the opportunity to learn in the workshops. However, based on informal conversations and observations over a period of time, fieldworkers concluded that for many the main incentive for attendance is to comply with the requirement and receive the bono, as is understandably their main reason for participating in the program as a whole. However, it is difficult to judge the extent to which learning is prioritized—certainly it is appreciated, but women have competing time commitments. This does not mean that they are not important, and so the mandatory nature of these workshops are probably key to promoting the learning that does take place. For the sake of greater impact and its sustainability, it is important to revisit the content, format and pedagogy of the workshops, to try to increase their relevance and effectiveness. One idea would be to periodically ask beneficiaries what they would like to learn, and add these topics to the workshop curriculum. Currently, there is no evidence of participation in the content or methods of the workshops; it might be possible to incorporate appropriate participatory activities to make them more interesting.

4.6 Changes in Practices affecting Health and Nutrition

There is no question that the program has made beneficiary households more focused on the care and feeding of their children—it has raised awareness of the importance of these practices, and has given households additional resources with which to purchase food. Overall they spend their cash transfers on food, and school supplies for their children. In all communities, beneficiaries participate in the health services offered, and feel that health, nutrition and hygiene has improved as a result.

Nevertheless, in practice some program effects are not as anticipated in the planning, and there is considerable room for improvement in the conceptualization and implementation of the workshops. One gauge of the quality of the workshop format and pedagogy—as well as its conceptualization in terms of content—is the extent to which people put the teachings into practice. There is considerable variation in the implementation of practices across the different topics. Beneficiaries do not criticize the workshops, but often readily admit where they do not follow the lessons, blaming themselves for having poor memory. *"Sometimes I do learn in the moment but then I forget. When they are explaining you listen and think that everything they are saying is good... they say many*

things in those workshops, one cannot retain everything" (ECT 9j Ana P). Below are findings with regard to key aspects of the training:

4.6.1 Hygiene.

The main topic covered in the workshops that was observed to be put into practice relates to hygiene, both at the household and community level. People talk about the importance of good hygiene, and most beneficiary households are using good hygienic practices in their homes. Beneficiaries all talked at length about the importance of good hygiene in the community and the house, and the role of the program in promoting this:

> *"…this community has always been somehow clean, but each person cleaned his own place but not the rest; however, when they started training us we started to clean the whole community and along the roads, where people have learned they even sweep the roads, maybe you have seen someone do it, everyone keeps their own house clean and know how they have to live, in an orderly way, cleaning the house, everything…"*(ECT 8e Estela A).[22]

> *"They have told us, we have to keep everthing clean, the house and the whole environment, we have to keep the yards clean and wash the dishes, everything has to be covered, also the water has to be well covered"* (ECT 14a Luisa T).

> Men also often raised the issue of improved hygiene from the program:

> *"We don't get sick because you've got to stay clean, right? This is the important thing about the program—what they say is that you've got to keep the water clean, cover food—those are the main things in hygiene"* (ECH 14b Ismael H).

In half of the communities, beneficiaries are organized into groups to keep the community clean[23]: *"Well, we have changed because the workshops we have attended to have been very helpful, at least on the issues about environmental hygiene and personal hygiene"* (ECT 14d Ana B).[24] With regard to community clean up activities, in at least one

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[22] This beneficiary continued on to say: *"There used to be illnesses like the one they called cholera, there was a very strong epidemic once, not only in this community but in other one called Las Cascadas, and others. That illness was very strong but now people get sick less often, or maybe this is because now there are more resources, people are better informed, they go look for medicines at the nearest health center, or maybe they prepare tea because there are some projects that have come to train women, Prosalud has come and has given workshops like the ones the Red gives, they teach people about higiene, health, and all that"* (ECT 8e Estela A).

[23] Though this dropped off when transfers were delayed for about six months.

[24] In both comparison communities, the fieldworkers noticed a substantially lower level of hygiene within homes, and fewer referenes to its importance. This supports the conclusion

community, the World Food Programme (PMA) had paid people in food to do this kind of community work. Hence the idea is not new, but the program provides a new source of incentive and organization for engaging in this activity.

4.6.2 Diet diversity and food preparation.

Dietary diversity can be interpreted in different ways. One type would refer to the consumption of familiar and preferred foods, but those that they could not often afford, such as meat and in the case of very poor households, even beans. But another aspect of diversity emphasized in the workshops refers to new foods that are nutritious and thus promoted, but heretofore unfamiliar and thus requiring the development of new tastes and methods of food preparation. There is considerable emphasis on these new foods in the workshops. According to the health providers' comments on our findings in the draft version of this report, the RPS does not have the specific objective of promoting new foods such as soy and green leafy vegetables. Rather, the providers indicated that they take advantage of the workshops to promote some of these foods. Indeed, sufficient emphasis appears to be given to these new foods in the workshops such that the beneficiaries spent considerable time talking about them. Nevertheless, this is an area where little change has been observed. Instead of preparing new types of foods, beneficiaries buy larger quantities of familiar foods. When asked about the topic of food preparation, beneficiaries mentioned some of the new foods that they are encouraged to cook: many only remembered soy products, but some also listed e.g. bean soup with an egg, manioc leaf cakes, stews of verdolaga.[25] Some beneficiaries did communicate to us their understanding of the importance of soy:

> *"The RPS is a very important program for the community because they are the ones who provide us training about cleanliness, about food preparation, the importance of soy, things that we didn't know before. Before, we heard about soy but we didn't pay any attention to it, we didn't know about its content or the way it is prepared"* (ECT 8e Estela A).

In practice, however, across all six communities, very little change is actually occurring with respect to consumption of new types of foods. Across the case study households, the vast majority of households report positive changes in their consumption; however, this mostly refers to the quantity of food, rather than the type of food. Many frankly say that they do not consume these new foods, as in this reply from Las Cascadas: "*They have taught us many things about soy at the workshops, for example, you can make*

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that the program is effective in this issue. However, one of these communities had a problem with access to water, which could explain the difference. This is an example of where the comparison helped to support the finding of program effects, it is difficult to use this evidence conclusively.

[25] This is in contrast to the comparison communities, where these foods were not mentioned, and there was far less apparent consciousness about the issue of diet diversity.

milk, cheese, stew it, make that thing they call chop suey. E: And have you prepared those things? I: Here in my house we haven't" (ECT 9g William S).

Across 40 case studies in Macondo, Las Cascadas, Santa Clara and La Merced, only four households were ever observed to consume any of the new recommended foods during the entire fieldwork period, in each case the soy. In San Pedro, most households were preparing cereal, though they did not use the eight recommended ingredients because they were said to be too expensive. Aside from this, no meal was ever observed apart from rice, beans and tortillas, though in some cases they added an egg, or cuajada. On the day they receive the food security transfer they say that they eat chicken, sweets and drink sodas. It is important to keep in mind that in all of the study communities, households had just begun to receive their benefits again during the study period, and had not gone to workshops in many months, until late in the study period. Both of these factors may have affected what was observed in their food consumption. However, there is other evidence (presented below) suggesting that even when they receive the benefit, they are unlikely to change their food choices much. In the other communities there was similarly few changes, though with exceptions in each case. For example, in La Gloria, a handful were observed to cook hojas verdes or soy, based on their understanding of the nutritional value: "*well, at the workshops they have taught us that it is better to give them natural vitamins, which are in fruits and vegetables."*[26] In Terrabona the health providers organized fairs to promote the consumption of soy products, vegetables and other foods that the beneficiaries are encouraged to prepare. The *promotoras* prepared the foods, and it was sold to beneficiaries and others. Still, the effect has been limited.

One reason changes are not taking place is the difficulty of bringing about a change in cultural practices, which in the case of diets revolve around beliefs about food, time perceived to prepare new foods, and tastes. For example, in Las Cascadas, the workshops discussed the importance of cooking with onion, chiltoma, garlic and other produce, but people say they do not like food with these tastes. One fieldworker said she never observed a household in either of her study communities using these ingredients, even in the households where she stayed and brought them in. In fact, when she cooked with these ingredients, some members would not eat the food. Vegetables are available in the communities, but people are not buying them. Some explained that they did not have the

[26] Here are additional examples of reported lessons put into practice from Santa Clara and San Pedro, respectively:
"Things have changed because I didn´t know how to prepare soy mince and now I know; never in my life had I made soy milk and now I know. I didn´t even know how to prepare and season soy beans, all those things I didn´t know and now they have changed my cooking" (SS 12 Rosa M).
"Yes, I give rice and beans to my children in the morning every day when they go to school. Also, to improve their diet I give them chicken once in a while, cheese, and a little milk. They have told us not to give them tinned milk so in the morning we buy them one liter" (SS 16 Eva Z).

time to prepare these foods, or that they see them as food for "rabbits or worms", or in other ways reveal that they are not use to them:

> *"They have told us to prepare squash or carrot leaf patties but we haven't done that…I have made soy for my son but he doesn't like it. E: …why haven't you cooked dishes with squash or carrot leaves, is it hard to find those vegetables here or what? I: Yes, we have those vegetables here but I haven't cooked them, I haven't tried… like I said, we haven't put that to practice, we are not accustomed to that."*

Given these obstacles, it is important to look at what better ways there might be to encourage diet diversity and healthier eating. It may be that improving the workshop method could help, or to turn to another method such as the Programa de Atenci'on Integral a la Niñez NIcaraguense (PAININ) approach, where a series of home visits are made to try to influence cooking directly. It may also be that some foods will not be taken up, but it is certainly important enough to look for more effective ways of bringing out diet change.

Nevertheless, beneficiary households feel that they and their children are eating better, and that the nutrition and health of their children has improved. The quantitative survey data confirms this. RPS led to a reduction of five percentage points between 2000 and 2002 in the incidence of children under five who were stunted. Few programsi n the world have seen this level of improvement in only two years (Maluccio and Flores 2004). In the qualitative study, beneficiaries explain that these improvements have come because before the program they could not afford food and other basic goods such as soap in the same quantity or with the same frequency that they can now. People are buying larger quantities of the foods to which they are accustomed, rather than diversifying their diets: "*before, when I wasn't receiving these benefits, I used to buy one pound of rice, now I can buy 25 pounds, about 12 pounds of sugar, 10 bars of soap, oil, 25 pounds of beans. Before, I used to buy one pound every three or four days"* (SS 14 Ruby M). In the case of very poor households, the program enables beneficiaries at least to buy basic stapes such as rice and beans, that they previously often could not afford.[27] In the case of better off households, the benefit enables them to diversify their diets with respect to familiar but better quality food, in particular meats, that they otherwise can not afford: *"E: What other things did you not buy before? I: Chicken and meat because we didn't have money to buy that, only rice and beans. In other words, that is what we always eat but when we have money we change"* (SS 8 Ana D). Meat was mentioned 27 times across the interviews, with half of these references noting that they bought meat only on special occasions, such as the day they receive the transfer.[28]

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[27] *E: And what kinds of food to you buy now that you couldn't buy? I: well, rice, potatoes, oil, beans and corn* (SS 14 Maria P).

[28] We do not know how large or small a quantity of meat is purchased. Given its prestige, we would guess that even the smallest quantity would merit a mention in the interviews.

4.6.3 Family planning.

There is variation across communities in results of this aspect of the training.[29] The main difference seems to be tied to religion, with less support in the Evangelical communities, but this is not strictly the case. In the Catholic communities, women express agreement with the idea or do not say they oppose it. However, the actual degree of practice varies. Many do not practice it because they are too old to need it, or because they are young and want to have children. Men are said to have mixed responses to planning. In Santa Clara, beneficiaries had to practice family planning in secret from their husbands, keeping their planning cards at the house of someone who lives near the clinic. In La Merced, a beneficiary said that men and women support family planning: "*their husbands know, now they understand. So a woman just tells her husband that she is going to practice it and he says yes" (*ECT 14c Martha A). In the Evangelical communities it is least practiced and most opposed. Many believe it is a sin: "*if God didn't want to give someone a child, it is not hard for him to stop it from happening. I have never liked that, I have never tried not to have children, they even have begged me to do it but I have never liked that."* Others believe that family planning will give them cancer or make them sterile.

4.7 Transmission of information.

One question of interest is whether people other than the direct program beneficiaries were benefiting from the health education given at the workshops—are other family members, or non-beneficiary households, benefiting from this education? More than half of households said they did share information that they learned in the workshops. Fieldworkers also observed this occurring, although not often. There was considerable variation across communities, with the least amount of sharing reported and observed in Macondo and Las Cascadas.[30] There some specifically said that they would not share information because, e.g., it is "*only for the group*" (SS 9 Maria E), or because it may cause frictions where people did not like the information, for example in the case of family planning or other practices that are new.[31]

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[29] In both comparison communities, people also say that they are practicing family planning. This issue is thus dealt with in other programs, and can not be solely linked to RPS; nevertheless, given the attention it receives in the RPS workshops, the program must contribute to awareness on this issue.

[30] It is difficult to surmise why this might be. These are the two communities with household targeting, and thus there are more non-beneficiaries. Still it is not clear why this would make a difference. Failure to discuss lessons with others could also reflect beneficiaries' own attitudes toward the workshops.

[31] "*I hardly talk about those things because some people don't like to hear them. At least if I am doing wrong, I don't like others to come and tell me. I wouldn't like people to ask me why am I taking shots or taking pills, or why am practicing contraception . There are some women that do like to tell others that they are practicing family planning…*" (SS 9 Gregoria P).

While it was most common to discuss themes among themselves and with family members, and less so with non-beneficiaries, sharing of information with non-beneficiaries was observed in San Pedro and La Merced, beneficiaries were observed to be sharing information with non-beneficiaries.[32] In San Pedro, for example, beneficiaries were observed showing non-beneficiaries how to prepare the cereal for their children. Some explained that they share information with non-beneficiaries as a means of including them in some of the benefits of the program, as did this informant from Santa Clara: "*We have tried to share our experiences with non-beneficiaries to help them with suggestions about how to lead a better life. So even if they don't receive economic help, they can also prevent illnesses, diarrhea for example, which is caused by a bad hygiene, so that is why it is important to share our knowledge with others*" (SS 18 Rosa R). To some extent, people say that the program affects non-beneficiaries because they do not want to be left behind or for their children to be looked down upon, so they also concern themselves with hygiene, sending their children to school, etc.

No one other than the beneficiaries attend the workshops—they are clearly perceived to be for beneficiaries only. Though it is not clear whether non-beneficiaries would take the time to go (some said they would like to), permitting them to do so could help to lessen the feelings of exclusion, and enable them to obtain some program benefits (it is hard to justify denying them access to health education, whether they were accidentally excluded or 'non-poor'). In PROGRESA in Mexico, non-beneficiaries can attend the workshops and doctors feel this is important for their learning as well as for not driving divisions between beneficiares and non-beneficiares (Adato 2000). Including non-beneficiaries naturally has budget implications, however. It will increase costs, particularly given the need to not strain the facilitator-participant ratio. However, we believe that this proposal has signficant enough advantages to warrant consideration despite this additional cost.

Some men also expressed interest in workshops that would help them to learn more about aspects of the program: "I would like know more about the program because there are things that I don't know. Because this program has its functions, I think they have daily workshops and I don't know about them" (ECH 14d Walter A). They might not actually make the time to go, but it might be beneficial to include them on certain occasions—not all the time so that the women maintain this private space—but so that they are exposed to ideas about family health, and also feel some investment in the program. This might help them to be more supportive of achieving program objectives.

There is no question that beneficiary households are focused on the care and feeding of their children—the program has raised awareness of the importance of these practices, and have given households additional resources with which to carry them out. Although there are problems with the workshops and substantial room for improvement, they are at least effective in raising consciousness, and have been effective at improving some

[32] Fieldworkers observed that this was more common in these communities than in the others. The reasons for this are not apparent. They are both Evangelical communities, but it is not clear why this would matter.

practices in the areas of hygiene and care of children, if not highly effective in changing diets. Although there is some variation across communities, on the whole beneficiaries spend their money on food, and school supplies for their children. Parents are trying hard to get their children to gain weight, and they are enthusiastic about the parasite treatment and vaccinations, if less so about the supplement. Perhaps the strongest point to be made is about the importance of the service delivery. In some of the study communities, there were no health workshops nor visits from the health services during the four-month fieldwork period, nor for several months prior. The program can only be effective where the services are delivered.

4.8 Local Understandings of Program Requirements

In discussing people's sense of 'ownership' of the program above, one of the issues that emerged concerned the depth of people's understanding of program requirements. As noted there, this understanding is essential for the purpose of enabling beneficiary compliance, but also for facilitating this sense of ownership through an understanding of the program's objectives, and enabling them to be agents of their own processes of improving of their health, nutritional and educational status. Beneficiaries have a general understanding of the health and nutrition objectives of the program, and a good basic understanding of the main program requirements. However, there are some significant misunderstandings as well. Program requirements, though made centrally, are sometimes transformed at the community level, by *promotoras,* service providers or beneficiaries themselves. It is important to understand the genesis and implications of community level beliefs about the program.

4.8.1 Understandings of the health program requirements

Beneficiaries understand the health and nutrition objectives of the program, and the basic program requirements. They understand that they are required to spend the bono alimenario on food and the bono escolar on school materials, that their children must to go school, that they must bring them to the controls to be weighed and measured, and that they must attend the health workshops. This understanding was communicated to researchers through various interviews and observations over the course of the research. Below are several illustrative descriptions from beneficiaries. These examples also make evident that beneficiaries understand the program objectives, in that these descriptions in most cases go beyond the basic formal requirements, to include additional commitments, e.g. school performance; cleanliness. The last example shows how beneficiaries (under the leadership of the *promotoras*) have also developed new 'requirements' which are not actually program requirements, such as community hygiene activities:

> *"E: What commitments did you make when you entered the program? I: let's see… send our children to school, send them clean to class, make sure they keep getting good grades and take them to the health center to be vaccinated, attend the training workshops, the weighing days and all tha"t.* (ECT 14g Berta T).

> *"At least the requirements they tell us, to send our children to school and make sure that at least they pass the grade, so us mothers have the responsibility of helping*

them so they learn and we don't have lazy kids. That is why there is also the rule of helping them and making sure that they keep passing the grades" (ECT 16b Karen R).

"All we had to comply with, we had to send our children to school, buy them shoes, uniform, bookbag, and notebook from the school supplies transfer to send them to class with all that and buy them food from the transfer. So that is what we did, and we send them clean" (ECT 16f Aleida J).

"E: So what commitments did you make with the RPS? I: At least the cleaning, the other day we had to clean the wells, we also clean the school when they call us" (ECT 14b Nohemy M).

4.8.2 The weight gain "requirement."

At the same time, there are areas where beneficiaries and/or *promotoras* misunderstand program requirements, which can be problematic. One such area is with respect to weight gain for children. Beneficiary children between 0 and 5 years are to be weighed regularly (monthly for children under 2; bi-monthly for 2-5) to monitor whether they have gained or lost weight. In the pilot phase of the program, food security transfers were lost if a child fell in their percentile ranking in the weight for age distribution during consecutive periods.[33] Since the requirement was dropped in 2003, it was not formally in practice in the RPS communities in our study. Nevertheless, across all six study communities, the belief still exists that this requirement is in effect. It is important to note again that the research took place during a period of time in which the program was in transition from the pilot to the second phase, and when there was a lengthy break in the arrival of the health services. This may explain in part why the change in requirement was not effectively communicated, although it arguably should have been communicated before the health services resumed in the latter part of the fieldwork period.

Though the sanction was only specifically mentioned by a small number of beneficiaries in each community (they were not directly asked if the sanction applied, because we entered the fieldwork assuming that it did not, and that beneficiaries knew this), the concern about consequences to lack of weight gain seems to persist in the descriptions and actions of a number of beneficiaries, their husbands, and children. They reveal simultaneously a recognition that improved weight and health are important intrinsically, but also so that they do not lose their benefits. Note the following comments by beneficiaries from San Pedro and Santa Clara, respectively:

"One feels happy when receiving help, so mothers take care of their children more enthusiastically, so the child gains weight and also to avoid losing the benefits. They

[33] For children less than 2 years old, this would occur if weight was lost for two consecutive months. For children older than 2 years, in two weighings, each two months apart.

tell us that if a child does not gain wieght or is often sick they can take the benefits from you. Because with that assistance we have to keep the child healthy, make sure that he grows up with good health". (ECT 16i Gabriela L).

"If my child does not gain weight they give me a second chance, if he does not gain weight in the following two months, they stop giving me the benefits" (SS 12 Maria P).

The worry is also expressed in the converse direction, where beneficiaries fear that taking away the benefit for an underweight child will result in the child's condition worsening: *"they do worry because if they stop giving them the transfer the children could get worse"* (ECT 8j Valezka M).

There is evidence that even some health workers are providing the wrong information about the requirements, which helps to explain why the beneficiaries are misinformed. In one community, a health worker explained that *"mothers worried a lot and tried to make their children gain weight because we told them that if they didn't, the transfer would be taken away and their children would suffer serious consequences"* (ICS 14 Ana C).

RPS has changed this policy, and so the concern here is not that households are losing benefits due to children's weight loss. It could be argued that weight gain and nutritional improvement are the priorities of the program, and so a misperception that maintains pressure to follow nutritional and health prescriptions will help to achieve the program's objectives. However, this has several implications for program operations: First, it suggests that beneficiaries are not well enough informed about certain aspects of program policies, requirements and sanctions. Second, *promotoras*, health providers or others may be intentionally or unintentionally promoting the belief that the sanction still exists. Third, ideas about the program, whether correct, rumors, or in this old, become entrenched. A concerted education effort thus needs to accompany policy changes, which could be carried out through the health workshops or *promotora* meetings with her beneficiaries. Finally, people are living with a fear of losing their benefits due to the child's losing weight.[34] As argued in the previous section, one of the consequences of people's lack of understanding of the basis for their inclusion or exclusion from the program is that beneficiaries are worried about losing their benefits, adding stress to their lives. As noted earlier, the program clearly contributes to reducing stress by providing the benefits; however, it should avoid increasing it in these other ways.

[34] In their comments on this report, health providers suggest that the reason for the stress of the beneficiaries over this issue could be coming from their greater knowledge of childrearing practices: those who worry could do so either because they know they have not looked after their children properly during the preceding period; or if they have looked after them well, they may fear weight loss because of parasites, illness or lack of water. These are likely sources of worry. However, we found here a particularly prominent worry expressed around the weighing day and in particular the fear of losing the bono.

Another finding with respect to this issue of the weight loss sanction is that beneficiaries are employing last-minute strategies to pass the weight test. In five of the six communities, some beneficiaries explained how they give the child unusually large amounts of food and liquids on the day or days leading up to the weighing. For example, a child in Las Cascadas said that before weighing day they fed him rice, beans, bread, soft drinks and water so that he would be heavier. Below are conversations between the fieldworkers and beneficiaries in Macondo and Las Cascadas, respectively. A question pertaining to what beneficiaries fed children just before weighing was not originally part of the research, but was added after interviews and observations revealed this practice. In both cases the fieldworkers asked the informants what they did if the weighing day was approaching and they were concerned that the child was not heavy enough:

> *"E: What do you feed him those days? I: We give him beans, bean soup with rice, boiled eggs, soy milk, chicken meat patties, because we worry about him"* (SS 8 Elena P).

> *"E: And if he looks very thin and the people from the RPS are coming soon... what do you do? I: Well, I hurry and give him lots of things, but like I said, if they weigh him and he weighs less, they tell us to look after him so he weights more the next time they come"* (SS 9 Gregoria P).

Only a handful of beneficiaries in each community volunteered that they were stuffing their children before weighing them, and we do not know how common it is. This practice was pointed out to us by one doctor interviewed. That people are doing this on weighing day does not mean that they are not trying to improve their diet on the other days. As noted above, most beneficiaries described their regular efforts to feed their children according to what they had learned in the workshops, and our fieldworkers' observations were of mothers interested in the health and nutrition of their children, and making an effort to follow the advice of RPS. The 'stuffing' only confirms the degree of people's fears of losing their benefits if the child is underweight. It also indicates that aside from not being informed of the rule change, they are not aware of what the actual requirement was and how adequate weight gain is assessed. Because it is done by measuring change in percentile categories, 'stuffing' children before weighing day can work to their disadvantage if they do not manage the same outcome the second time around.

Many mothers in all but one community (as much as half of all beneficiaries interviewed in Santa Clara) also explained that their children lost weight because they were ill. Some mentioned that they had a paper from a medical provider stating that their child was ill, which would excuse the weight loss, but it is not clear whether the illness is always picked up in the weighing process. The prevalence with which this concern was raised—that their children may get recorded as losing weight when they are sick—suggests that it is worth looking into how the system is working for detecting and noting where weight loss could be due to illness.

4.8.3 The promotora and monitoring of spending

On the whole beneficiaries are well informed about on what they are supposed to spend the money they receive from RPS. They mention food, including basic foods and some recommended by the program, basic household goods, and school supplies, uniforms and shoes. The program recommends how funds should be spent, but there are no sanctions associated with expenditures in the program. One unexpected finding then is that *promotoras* have taken it upon themselves to monitor what beneficiaries buy, in many cases requiring that beneficiaries show them receipts for their purchases. This was reported in all six study communities, though mentioned more often in some than others. Some communities have *promotoras* who have taken this task upon themselves more seriously than others. There are several forms that this exigency takes. In most cases, beneficiaries are told to keep their receipts: *"at the beginning they used to tell us that we had to bring a receipt, so we promotoras were in charge of collecting all the receipts from our beneficiaries"* (SS 12 Rosa M). In one community, the *promotora* actually goes to the house of the beneficiaries to check their receipts.

Another finding is that some *promotoras* have been pressuring beneficiaries to buy in particular stores. One declared reason is that these stores give receipts. In some communities beneficiaries later found out that this is not a requirement. In others, they still believe it is:

> *"When the program came I don't know who said that we had to have receipts that supported all the expenses and since they didn't give any receipt here, I had to go shop over there. But then I found out that it wasn't true, that we didn't have to show any receipts, so now I shop here at Yadira's shop"* (SS 9 Hilda B).

It is difficult to know how much of a problem it is if *promotoras* create a requirement for receipts or shopping in a particular store—it may be that there is a good reason to buy there (e.g. one *promotora* told beneficiaries to buy in the community rather than outside), or she may also be using her influence to favor a particular store owner (in one case, the *promotora* owned the store). It is worth being aware of. One *promotora* actually told beneficiaries that they would lose their benefits if they did not shop in a particular place: *"the promotora told us that we had to shop over there, that those who didn't would lose the benefits, so we all shopped there"* (SS 12 Amalia T).

In some cases, the *promotora* is also monitoring the shops for the protection of beneficiaries. In one community, she monitors purchases but also prices. In another, whether the shop owners are cheating her beneficiaries:

> *"I go shop by shop in order to supervise things, sometimes I ask the shop owners if people are buying in their shop and how the sales have been. During the week they receive the transfers you can notice the change in the shops, if sales go up or go down..."* (ICP 14 Katia R).

> *"You had the promotora next to you when you shopped because some times there were shops where they prepared the little bags with the product beforehand and gave you less than a pound. Now we don't buy anything if they don't show it on the scale"* (SS 16 Maria N).

The issue this raises is again one of how important it is that beneficiaries are empowered to know what program requirements actually are, and the degree to which additional stress is added to their efforts to keep the benefits, i.e. should they worry that there will be a sanction if they do not keep receipts or shop at a particular store? From a development perspective that privileges the promotion of agency and 'empowerment,' this lack of knowledge is problematic. Yet the monitoring of receipts encourages beneficiaries buy the right foods—which is likely to improve nutrition, a program objective. As posed above, there is a tension between maximizing nutritional objectives in the short run, and empowering beneficiaries to make their own decisions, which may be more sustainable in the long run. It would be worth having this discussion at the program level, thinking through program objectives. The other paradox inherent in this last example is that the *promotoras*, in requiring receipts, are exercising their own agency—shaping the program as they see appropriate to achieve the program objectives. It is an indication that *promotoras* have a sense of ownership of the program and its nutrition-improving objectives, while at the same time it subverts centralized and well-reasoned program planning.

5. EDUCATION

"E: And what changes have you seen at school since the RPS's program has been helping the children?
I: That before, they used to have very old back packs and now they have new ones, they also have new uniforms, new shoes and... they are fixing the school and buying useful things for the students.
E: And up to which grade would you like to study, Marcela?
I: I would like to have a profession" (case study interview with 11 year old girl).

5.1 Introduction

In this section we examine an important area of intervention for the RPS program: increasing and maintaining levels of school attendance among beneficiary children in the 7-13 age group. This is the primary objective of the education component of the RPS program. Let us begin by taking note of what the educational component of the program offers in terms of goods and services to beneficiaries, and then turn to the associated conditionalities with which parents and children must comply in order to remain in the program.

Goods and Services

- "Mochila escolar" or school supplies transfer. This is a cash equivalent issued for the purchase of school materials and uniform for each program-registered child at the beginning of the school year. At the time of research, the transfer was C$275.

- "Bono a la oferta" or teacher transfer: for each child in school, parents receive C$10 in addition to their other benefits every two months. This is in turn delivered to the school parent-teacher association, where half of it is intended to be used to supplement teacher pay, and the other half invested in school materials, infrastructural improvement and other necessities.

- "Bono escolar" or school attendance transfer: this is a flat benefit of C$240 which is given to families which have at least one child registered in school.

Conditionalities

- Transfer of the teacher transfer to the school parent-teacher association.

- School enrollment and 85% attendance of children aged 7-13 in beneficiary households, up to Grade 4.

Unlike the health component of the RPS program, the education component is not implemented via out-contracted NGO "proveedores" but through the Ministry of Education (MECD) itself.

5.2 Benefits

In this section we examine the question of quality of goods and services provided by the program. What do beneficiary family members (including school-aged children) think about the program and what it offers them? What changes have they seen in schools and educational services since the arrival of the program in their communities? Note that the teacher transfer is examined separately below in §5.3.1.

Beneficiaries in all study communities emphasized strongly that the educational cash transfers were only spent on scholastic materials and school clothing, a point that was confirmed by direct observation in case studies. This result is also supported by the quantitative evaluation, which found an increase in educational expenditures for beneficiary households about the size of the school supplies transfer (Maluccio and Flores 2004). In this sense, beneficiary families are highly compliant with respect to the defined purpose of the economic benefits. This point is discussed in greater detail in §6.1.

The material assistance offered by the RPS program is universally and enthusiastically welcomed by beneficiaries and their children. Beneficiary families, living as they do in extremely difficult economic circumstances, are very happy to receive the funds they need to buy school clothing and materials. These contributions are seen as extremely important by beneficiary families both in a material and an emotional sense; uniforms and shoes in particular are especially well received, permitting children to attend school clean, well dressed and shod in shoes instead of the ubiquitous "chinelas" (flip-flops). A young girl from San Pedro noted: "*I think its really good* (that children have school clothing) *because they look nice all in one uniform"* (ECA 16J Meyling G). Asked where he noticed changes due to the program, one boy responded: "*...now the kids are well-dressed, they go to school bathed, with clean shined shoes"* (ECA 16f Jonas M). One adolescent girl argued that the benefits were in fact essential to school attendance: "*E: And if you weren't receiving that aid? I: Some would go and some wouldn't. E: And if the aid stops coming, what do you think will happen? I: Some won't send their kids to school. E: Why? I: Because without the benefits they cannot buy notebooks and pencils, nothing"* (ECA 16f Mariam M). A father from San Pedro noted that the difference between beneficiary and non-beneficiary children was visible: "*E: If you see a child passing by, can you tell if he is a beneficiary or not? I: Of course. E: What do you notice, where do you see the difference? I: It is easy to see because someone that receives the transfer wears uniform and shoes. A boy that does not receive the transfer wears regular clothes, which are not uniform, maybe with rubber boots; you can see a great difference"* (ECH 16d Martin G).

We note a sharp contrast here with data obtained from the two comparison communities; in case studies carried out in both of these communities, fieldworkers commented upon the lack of uniforms and educational materials. In one comparison

community household, it was observed that *"the daughters that attend elementary school go wearing very old clothes, they have few notebooks which they carry with their hands. One of the girls goes barefoot because she doesn't have shoes or flip-flops. The girls are very enthusiastic about going to school but they have great economic limitations, they don't have the basic school materials and don't eat well enough…"* (ECO 20b). In the second comparison community, a teacher was asked what she thought the greatest difficulties facing her students were. She replied: *"well, it is evident that their parents are very poor. The children do not have shoes nor clothes and some of them don't like to come to school barefoot even if they have enough to eat. Some of them do come even if they are barefoot but when they get older they feel ashamed and they don't come and instead they go to work to be able to buy shoes for themselves"* (ICM 22 Maria D). This problem of shame, for lack of proper clothing and footwear, was also echoed by a teacher in the first comparison community *"they are ashamed to come to school barefoot"* (ICM 20 Marta G).

This material obtained from the comparison communities helps to illustrate a number of related points.

- It underscores the importance of providing material benefits, in the form of cash to buy clothing and shoes, not only for pragmatic reasons but also for emotional ones.

- It helps to explain why beneficiaries in all study communities placed great emphasis on their children wearing uniforms: presentation is important.

- It flags the social problems created by not offering 100% coverage in intervention communities: if children in comparison communities (where no-one receives benefits) feel ashamed to attend school without proper shoes and uniforms, then non-targeted children in intervention communities must also feel a sense of inferiority. This conclusion is supported by interview material with both parents and children; children are said to feel "sad" and in some cases are teased by other children at school.[35]

Based on the interview and case study data obtained across the six communities, the findings are uniformly positive with respect to the education benefits offered to beneficiary families.. Some questions do however arise about equity and social relations, and these are examined more closely below in §7.2.1. Finally, in §8, additional suggestions relating to educational goods and services are offered.

[35] For example: "*E: And do you know any children who do not receive the benefits? I: Yes. E: And what do those children say about this? I: They say that they feel sad because they do not get the benefits*" (ECC 14c Silvia A).

5.3 Program Requirements and Compliance

In this section, we address the twin issues of program requirements and compliance with them. As explained above, the principal requirements of the program are to enroll, to deliver the teacher transfer to the school council, and to ensure solid attendance of all registered children in beneficiary households. The former requirement is also designed to encourage greater interaction between parents and the school council, with the overall objective of fostering a stronger sense of parental participation in children's education. In addition to these formal requirements, parents and older siblings are encouraged to be supportive and to provide assistance with homework to their children registered in the program. This is not, however, a requirement, and parents are not sanctioned for failing to do it.

5.3.1 Teacher transfer

As described above, the teacher transfer, (C$5.00 /month/matriculated child) is supposed to be split equally between school necessities as decided by the parent-teacher association and a salary transfer to the teacher. What do parents think about this? Do they feel that this is money well spent? Is it a practice that is likely to be continued after the exit of the program from the targeted communities? One of the objectives of the teacher transfer is to provide financial support to schools and teachers; a secondary objective is to encourage parents to play a greater role in their children's education by having greater contact with the schools and teachers. According to our observations and interview material, these objectives have been reached.

The teacher transfer meets with near universal approval among parents; in all of the interviews with beneficiary families, it received overwhelmingly positive appraisals. Contributing to the school and teacher is not a new practice in these communities, and the help that beneficiaries receive to make these contributions is very welcome. A majority of the parents interviewed understood very clearly that the teacher transfer was destined to be split between teachers' salaries and school necessities, although some parents in all communities did not. On the whole, beneficiaries empathized with the chronic financial difficulties of teachers, and were supportive of supplementing these salaries via the teacher transfer. As one beneficiary from La Gloria noted *"I think this is good because the teachers' salaries are useless so with the transfer they have some help"* (ECT 18f Maribel C). Key informant interviews with teachers echoed these sentiments: *"With that salary supplement, even if it isn't much, the teacher feels stimulated by the recognition of their work"* (ICM 8 Henry V). This teacher's final point, that the salary contribution was small, was also raised by a teacher in Las Cascadas: *"...it would be good if the RPS increased the budget for the teacher transfer"* (ICM 9 Esther G). While most parents do not know exactly what the second part of the teacher transfer is spent on, there is a broad understanding that it is used to purchase chalk, black/white-boards, cleaning materials and other necessary items as chosen by the parent-teacher association; respondents cite material improvements in the quality of schools since the arrival of the program.

In one of the study communities, La Gloria, which is very disperse and divided into four sectors (each with its own primary school), beneficiaries agreed to pool their teacher transfer funds and contract a teacher in order to respond to the shortage of MECD-contracted teachers in the community. Non-beneficiaries were encouraged to participate in the scheme by contributing agricultural produce at harvest time. This initiative is a good example of program beneficiaries exerting ownership over the program.

It is difficult to assess what will happen once the RPS benefits are withdrawn. Certainly the needs of teachers and schools will be no less, so the question remains as to whether or not parents will continue to contribute to schools. Interview results show that, while a majority of parents in all communities profess their willingness to continue contributing to the school and the teacher, many also recognize that such contributions will be difficult or impossible without the RPS cash transfers. Asked whether she thought she would be able to continue contributing to the school and teacher after the withdrawal of the RPS program, one beneficiary replied starkly *"it will be impossible"* (ECT 16d Ilcia U).

5.3.2 Attendance

The issue of the program's impact upon attendance levels is best approached via a quantitative study with a baseline data set. The quantitative evaluation found that, indeed, RPS had increased enrollment of beneficiary children by 18 percentage points and attendance by even more (Maluccio and Flores 2004).Here we discuss some points that relate more to beneficiary families' understandings of program requirements, and with the possibility of fraud in attendance reporting.

As we note above, children must sustain an attendance rate of at least 85% or face sanctions (temporary or permanent loss of educational cash transfers). This is not always a simple matter, and the very hard economic conditions in which beneficiary families live do not help. Levels of morbidity appear to be high and chronic, and if a child misses a day of school due to illness, the parents must normally obtain a *constancia médica* (medical excuse note) from a doctor. This in itself can be complicated, expensive and tiring, diverting parents' time and energy away from income-generating activities or domestic work as well as requiring expenditure on transportation. Sanctioned parents are of course unhappy about this result, but on the whole there is no obvious pattern of opinion against the attendance requirement: parents in all communities seem to understand it.[36] Sanctions are more specifically discussed in §3.4. As we note in that section, the number of verified cases of absenteeism sanctions observed during field research is actually very small: even

[36] There are isolated cases of parents feeling discriminated against. One promotora reported this case from Santa Clara*: "there is also a problem when the teacher marks this boy absent and if he has three absences this month and three next month, he loses the school attendance transfer. So then the mother starts saying that the teacher is envious of her, that she doesn't like her son and that is why she marks him absent, but maybe she doesn't remember that last month he did miss three days"* (ICP 12 Virginia A).

in the absence of a quantitative data set, we can say that attendance levels seem to be high, because of the conditionality element, because of the cash transfers offered, and—as we discuss below—because parents and children alike are, in all study communities, demonstrably concerned about education and school attendance.

In Mexico's conditional cash transfer program, PROGRESA, there was some anecdotalevidence of collusion between parents and teachers.[37] In one PROGRESA community, it was found that the teachers would often mark children as present even if they were not, so that the children would not lose the benefits (PROGRESA has a similar attendance requirement to the RPS). Because of this, we designed a series of questions into the various interview guides to try to detect the presence of this practice in RPS study communities. We found almost no evidence of it at all. A small number of respondents (six in total: the group included smaller children, adolescents, parents, and a *promotora*) acknowledged the practice. Asked whether she thought the teachers would mark an absent child present, one beneficiary from Las Cascadas asserted *"yes, they mark the child present so he doesn't lose them* (the benefits)*"* (ECT 9b Marina H). However we must stress that this was a rare case and by no means the norm.[38]

5.4 Perceptions of Effects of RPS on Education

In this section we begin by examining two issues which are not formally part of program requirements, but which nonetheless constitute important potential impact zones for the educational component of the program. These are academic performance and homework We then look at the position of non-beneficiaries: what kinds of difficulties do these families experience, in material terms, given that their children for one reason or another do not receive the education cash transfers?[39] We once again emphasize that the results shown here represent the perceptions of program effects as seen from the standpoint of our informants.

5.4.1 Performance

This is an issue which should additionally be explored using quantitative testing and case-control analysis. Our key informant interviews with teachers produced mixed results. In

[37] This was discovered when one of the researchers on the IFPRI PROGRESA evaluation was living in a PROGRESA village for a different project. In neither the quantitative nor qualitative work (which in most communities used more rapid methods with beneficiaries) did people admit that this was happening. Because this is clearly a violation of basic program requirements, it is a very difficult to unearth where it is occurring, thus difficult to answer clearly in an evaluation. The best hope is through more extended field stays as we did in the RPS evaluation.

[38] There exists another case from this same community, suggesting that this practice might be present here. However, in contra, there are also several denials from other informants in this community.

[39] The social aspects of beneficiary/non-beneficiary children's relationships are explored in §7.2.1.

three communities—Macondo, Las Cascadas, and Santa Clara—the teachers interviewed felt that there had been an improvement in academic performance and application on the part of their students receiving the education benefit component of the RPS. The teacher interviewed in Macondo made the interesting point that greater demands were placed on beneficiary children*: "there is a great demand placed on beneficiary children because their parents come to school to ask about their performance..."* (ICM 8 Henry V). In La Merced, the teacher interviewed said that no meaningful comparison could be made because the testing system had changed. In San Pedro the teacher interviewed noted that beneficiary children were more responsive in school: *"It is noticeable that they respond better than those who aren't beneficiaries"* (ICM 16 Magda F). In La Gloria, the teacher interviewed noted that under a new and more demanding regime of work and testing, academic standards actually appeared to have dropped, in part because children were not accustomed to the more rigorous system:[40] *"It has decreased academic standards a lot because there were many children who used to go home and forget about their notebooks and their homework. With the new system, if they don't do the homework and the homework was worth five points, the teacher has to mark a dash in the place where the five had to go"* (ICM 18 Daniel G).

In case study interviews with children and parents a negligible number of respondents felt that the program had contributed to the improvement of academic performance. Some ten respondents—adults and children—felt that academic results were very poor, but did not connect this with the RPS program, instead ascribing it to a range of different problems including learning difficulties and lack of desire to improve academically on the part of children. In these cases, morale and self-esteem appeared to be particularly poor, and it is difficult to imagine how even a financial contribution to their education might break this cycle. One little girl from Macondo said that she was too lazy to pass the grade, and that she did not like school: "*E: And how are you doing in school, are you going to pass the grade? I: No. E: You won't? I: No. E: Why? I: Because I am very lazy. E: You're lazy- so you don't do your homework? I: Sometimes my mom helps me but sometimes she doesn't. E: And do you like to go to school? I: I like it but… E: A little? I: Very little"* (ECC 8c Kenia A). Another boy from San Pedro said that he had been taken out of school because he had not studied enough and because he was badly behaved. Additionally, he did not like school: "*E: Do you go to school? I: But they kicked me out. E: Why did they kick you out? I: Because I didn't study. E: Did you flunk? What did you do at school? I: I studied but they took me out. E: Why, why did they take you out? I: Because I was rude. E: And why else? I: Because I didn't like it"* (ECC 16e Selvin J). The point being made here is that, in spite of the numerous and important benefits offered by the RPS program, there are still some children who have literally slipped through the net. Even though they are relatively few, this is an important issue which deserves attention.

[40] According to teachers in several communities, the Ministry of Education had recently implemented a new system of teaching and testing in schools. One element of this regime is the assessment of homework assignments. Beyond this, this issue was not actively followed up in our study. Another possible explanation for a fall in academic performance could be the sudden increase in student numbers, and associated extra pressure on teachers.

5.4.2 Homework

Assistance with homework is not a formal program requirement, but rather an undertaking on the part of parents. How much is this actually going on the study communities?

In numerical terms, children received help with their homework in 40 out of 59 case study households, according to interviews with children and parents. In two of the five non-beneficiary households, children were helped. The highest proportion of households where children were helped was Macondo, with 9 out of 11; the lowest was Santa Clara, where only 4 out of 8 households offered help to their children. Family members helping children included older siblings, cousins and parents. In addition to this assistance, we recorded four cases of peer study groups in these communities. In cases where parents offered an explanation for not helping, it was because the scholastic level was too advanced, a point also made by our fieldworker in Santa Clara. For example, one beneficiary from La Gloria, asked whether she helped her child with homework, said: "*I only studied up to third grade and now the subjects are different so there are things in which I can help him and things in which I cannot, so I send him to ask for help somewhere else"* (ECT 18h Osmara C). Adult education groups, financed by the Minstry of Education, exist in Macondo, Las Cascadas and San Pedro. In Santa Clara there is no adult education group, while in La Merced there was a group, but it dissolved following the introduction of a food-for-work program. In La Gloria, a group was started during phase II of the program.

5.4.3 Non-Beneficiaries

> *"E:And do you know any kid who does not receive the transfer? I: Yes, I do. E: And what does he wear to school? I: He attends very badly dressed, with old clothes, an old back pack and old shoes"* (ECC 8i George A).

In a later section of this report, we examine the social implications of some children receiving educational benefits and others not (§7.2.1). Here, we look at the material side of this: how well do non-beneficiary families cope with the lack of education benefits? In theory, if the targeting phase has been accurately implemented, then non-beneficiary families (at least those who were not targeted, as opposed to families who have lost the benefits for one reason or another) should have adequate financial resources to fund their children's primary education. However, this may not be true in practice for a number of reasons, such as targeting errors. One problem is that the presence of the program in a community effectively raises the bar: untargeted families which might previously have been able to buy their children at least a minimum of basic necessities now find themselves unable to buy the amount or quality of goods that beneficiary families can afford. Appearance is important to children, and even families that on the grounds of income or resources have not been selected for the program are poor. For example, one mother explained: *"...my boy told me one day that another boy (he didn't say his name), told him: "look, I have a new back pack and you don't, look at all the things I have", and he started showing him all the things he was carrying inside his back pack..."* (ECN 8a Mariana Z). A son of this same family in Macondo, asked how he felt about not receiving the benefits,

replied *"I worry about that because how am I going to buy the uniforms, shoes, and all that? All the kids will have everything new and I won't"* (ECA 8a Efrain T).

In numerical terms the number of families in the position of being at once too poor to buy school clothes and materials, and non-beneficiary, is small. Nonetheless, it is important that we take account of even minority populations within the operational area of the program. This issue is in fact more a question of targeting than one of the education component.

5.5 Attitudes Towards Education: the Future

Discussing the teacher transfer above, we posed the question "what will happen after the program leaves these communities?" We now return to this issue, but in more general terms. What do beneficiaries feel about education in these communities? Because one of the indirect aims of the program is to empower women, we are especially interested in girls' education. Do parents think that this is as important as that of boys?

Interview and case study material suggests a strong commitment to children's education: parents and children interviewed across all study communities emphasized the importance of education. We found broad support for sexual equality in education: virtually all informants affirmed that girls' education was just as important as boys'. Although parents recognize that hardships lie ahead once the program finishes, and that (as we noted above) contributions to the schools and teachers will be difficult without the teacher transfer, we observed a widespread and welcome commitment to the value of education. One father from Macondo said that he would continue to send his daughter to school even after she had outgrown the education transfers: *"E: Will they stop giving her the transfer now that she is in fifth grade? I: Yes, supposedly that is the period in which the program... E: And will you continue sending her to school? I: Of course. E: Up to which grade? I: As long as God keeps me alive, even if I have difficulties she won't stop going to school. Maybe, and if God permits it, she will be successful in her education and I am getting old so maybe she can help me in my old age"* (ECH 1f Nelson A).

This last quote resonates with a result observed in IFPRI's quantitative evaluation, which indicated a tendency for children who had started out receiving the education benefits, but had outgrown them, to continue attending school beyond Grade 4 even though such attendance was no longer formally required (Maluccio and Flores 2004).

6. EFFECT ON THE HOUSEHOLD

6.1 Domestic Economy

Economies are in some sense always mutually interpenetrating, and the separation between domestic and community economy is thus a somewhat artificial one. Nonetheless, it is a helpful approach which helps us to organize and structure our discussion of the economic effects of the RPS program. Moreover, it is a logical method given that the household is a fundamental unit of analysis here.

In this section, then, we are concerned particularly with two central aspects of the domestic economy. The first of these is consumption: we focus here on what people spend their money on and why. The second aspect we address here is labour: has the RPS program affected local patterns of work and if so how?

6.1.1 Spending Benefits

Accepted economic logic holds that money is the most fungible and alienable of media; that is, if a person has a certain amount of it in their possession, and then receives a cash transfer which they are supposed to spend on food, it does not matter whether they spend the transfer or the other money they already possessed on the food: their total income has increased, and with it the range of consumption possibilities open to them. The point is that the "extra" income liberates the other money which they would otherwise have had to spend on food. However, while accepting this universal concept, we also need to take account of some divergences at the local level. The most important of these is that although money continues to be fungible, it is not necessarily regarded as alienable, that is, RPS cash transfers are widely understood to be destined primarily for food and school items, and not as a general contribution to the household income. For example, one beneficiary stressed: *"... since they give us that money to buy food I don't buy clothes, I buy clothes with the money I earn when I sell something from the harvest"* (ECT 18d Gilma C); she is emphasizing that the she does not use the RPS food security transfer to buy clothes, instead applying any earnings from agricultural work to this. This is of course a position which is actively reinforced by RPS personnel, including *promotoras*.[41] It is an important point for us to acknowledge because it helps to explain why informants consistently said that the cash transfers they received were mainly spent on these things. However, looking in from the outside, we can in fact view the overall effect of the cash transfers as a general contribution to household income: because the money is fungible, even the minimum C$480 benefit allows beneficiary families to invest this same amount of money or less (which would, with no food security transfer received, have been used to buy food) in other items, such as livestock or household goods, without an overall loss. This of course is based on a strong assumption, that households possess other income-generating possibilities. This

[41] For an example of money being at once fungible and inalienable: *"...the food we buy is no longer bought with what he earns from work so now we buy other things with the money he makes"* (ECT 18a Valezca S).

is by no means true for all households all of the time. Obviously in cases where the RPS cash transfers are the only source of income, possibilities diminish rapidly. The key point which needs emphasis here is that, in the eyes of many beneficiaries, the RPS cash transfers are by no means neutral; rather, they are categorized in certain ways and directed towards modes of consumption which fulfill these categorical requirements. On the whole, this should be regarded as a successful element of program design and implementation because it suggests that beneficiaries take very seriously the agreements which they have entered into with the program, principally to use program cash transfers to improve the health, nutrition and educational status of their families.

Food. Food purchasing is addressed in greater detail in §4. We mention it here because it is the single most-cited purchase among informants across all the study communities. Every single beneficiary interviewed in these communities stated that first and foremost the food security transfers were used to buy food. This is borne out by the daily observations of the field researchers. These results also match those found in the quantitative study (Maluccio and Flores 2004), which shows that households increase expenditure and that the vast majority of the increases are on food. We should add that these purchases may not all be "ideal" in that the foodstuffs bought are not always necessarily the best ones from the point of view of improving nutritional status, but nonetheless we must acknowledge that this key message of the program has been taken up by beneficiaries. Foodstuffs bought by beneficiaries include (in order of frequency) rice, sugar, meat, oil, beans. After beans, there is a fall-off in purchasing frequency of other items: vegetables, potatoes, cheese, soy products, noodles, corn, milk and eggs. Many beneficiaries say that meat is only bought on special occasions: it is common for families to eat chicken or meat on the day they receive the cash transfers, as a luxury treat. Vegetables are very much a secondary concern: in all the interviews conducted for this study, vegetable purchasing was mentioned 20 times. As one informant explained*: "I buy what is necessary, for example oil, sugar, soap, all the household necessities, and only after I have bought all that, then I buy chicken, some vegetables, potatoes. That is what I do until the C$480 are all spent"* (SS 18 Fátima U). This respondent also makes an important point about the food security transfer: however welcome it may be, the fact is that even for very poor people, it is a fairly small amount of money. In relative terms, it is a substantial contribution to the household economy, but in absolute terms, when applied to the purchase of foodstuffs and other goods on the local market, it does not go very far. One of the points made by some beneficiaries was that before entering the program, they could not buy foods together (for example, beans at the same time as rice). The food security transfer allows them to do this.

Medical Expenses. Another very important point of expenditure, confirmed by 86 out of the 120 beneficiaries interviewed across the study communities, are medical expenses. Morbidity is a chronic problem in these communities, especially among the very young and the very old. Two important points need to be borne in mind here: the first is that the health service provision by the RPS program is focused heavily upon primary and preventative health care and monitoring. To receive treatment for illness and accidents, members of these communities must go to the nearest MINSA health post. The second is that while these visits to the clinic incur minimal or no costs apart from travel, the clinics possess very

little in the way of medicines, and normally dispense prescriptions which must be filled at private expense in pharmacies. A beneficiary from La Gloria affirmed: *"It's true that the counseling is free but they give you prescriptions and you have to go buy the medicine; I have bought a syrup for as much as C$60 or C$50"* (ECT 18g Irma R).

Medical expenses can consume a substantial part of the cash transfers; as noted above, counseling is essentially free but the medicines themselves are not. Asked how much she spent on medicines, one beneficiary replied*: "Oh, on medicines sometimes... he gets sick and I spend about C$200. For example, last month, my son got sick and I spent about C$400"* (ECT 14c Martha A). Another replied *"When I go buy medicines from a doctor near the highway I spend C$60, sometimes C$65 because she prescribes me some medicines that I have to buy from other doctors so I spend C$60 for each treatment"* (ECT 18i Fanuel G).

Non-Food, Non-Medical Commodities. In addition to food and medical expenses, RPS beneficiaries spend their money on a range of other items. One obvious area of expenditure is that of educational commodities: uniforms, books, stationery and other school items. However, these commodities are supposed to be purchased with the school supplies transfer, and (recalling our earlier remarks about the inalienability of benefits) generally are. This is dealt with in greater detail in the §5. Other common purchases include clothing, soap, household furnishings such as plastic chairs and tables, and in some cases televisions and radio-cassette/CD players. Based on the case study observations of 54 beneficiary households, exactly half (26) possessed televisions, while 10 possessed radio-cassette/CD players. It was not possible to determine whether or not these had been purchased after the inception of the program, and moreover, informants would not say that they had bought electronic equipment with the RPS cash transfers. However, bearing in mind the fungibility issue discussed at the beginning of this section, it is possible that at least some of this equipment was bought as a result of the increased financial flexibility conferred by the cash transfers, which although they may not have been physically spent on these items, could well have liberated other sources of income which otherwise would have been destined for food purchases.

Sharing. Interview and observation data across the 120 beneficiary households reveals some 37 cases of beneficiaries sharing their transfers with non-beneficiary persons, mainly relatives but in some cases with friends and neighbors. This is by no means an insignificant number, being slightly less than one third of households. Sharing takes various forms: some beneficiaries regularly share their cash transfers, chiefly with relatives. Cases of sharing with friends or neighbors are more episodic, one-off responses to an acute crisis. Sharing foodstuffs was more popular than sharing cash. The amount shared was variable and difficult to determine, but we should recognize that for people who live at this level of poverty, sharing of the transfers (which as we have noted are not large in the first place) is an important marker of social solidarity within the communities. One beneficiary expressed this solidarity as follows: *"Well, we get along pretty well with our neighbors because if I have a problem and my neighbor has money I ask my neighbor 'can you lend me some money because I don't have any?' and my neighbor says 'take it'. And if my neighbor is the*

one who doesn't have and I do, then I help him" (ECH 16f Alexis M). Another beneficiary remarked: *"Well, sometimes there are people who didn't get their transfer and we have collaborated with them to give them a little help"* (ECT 18h Osmara C). Particularly interesting is the (isolated) case of a representative from a UEL office, who made the point that in certain cases, she would actually intervene in situations of tension caused by the cash transfers, to encourage people to share them within their families: *"When the beneficiary does not want to share with her daughter-in-law, who is the children's mother, you have to go talk to her and explain to her how this is supposed to work. If there is conflict between them, then what we do is that we talk to both of them and make it clear that they have to share the transfer"* (ICU 8 Jahaira R).

Investment in Small Business, Agriculture and Animal Husbandry. Observations and interviews carried out in intervention communities failed to document any evidence of beneficiary families investing in small business ventures as a result of receiving RPS cash transfers. Informants consistently responded that the cash transfers were insufficient for investment in any kind of business venture; apart from this, we once again confront the issue of the perceived alienability of benefits. This was also raised by many informants when the question of investment in agriculture and animal husbandry was posed. A beneficiary from Las Cascadas, asked whether she would consider applying the RPS food security transfer to the purchase of insecticide for her garden, replied: *"Oh no, because the receipt shows everything you buy and there shouldn't be any insecticide on the list, not at all"* (ECT 9e Dalila L). Here, the informant is referring to the *factura*, or receipt, which some *promotoras* require their beneficiaries to show them in order to prove that they have bought appropriate goods with the food security transfer (see §4.8.3). Another informant, from Santa Clara, expressed the belief that investment in livestock would result in loss of benefits: *"People say that you shouldn't buy anything else with the money from the RPS, only food because that is why they give us the money, only for food. If they find out that you are buying other things with the RPS's money, they will take away the transfer"* (SS 12 Jacinta T).

That said, investment in animals was not an uncommon finding in the study communities. It was not conclusively demonstrated but may be the case that investment in livestock has increased as a result of receiving (fungible) cash transfers. Most frequently, livestock investments are chickens raised for their eggs, although in a smaller number of cases, beneficiaries raise pigs *a medias*, meaning that two people share the costs of raising the animal, which would be prohibitively high for one person alone. When the pig is slaughtered or gives birth, the profits are then shared. One beneficiary noted that, because she was raising chickens, she had access to both eggs and chicken meat, and could thus avoid buying these things at the shop: *"Well, what I did was that I bought some chickens and since I have them there, I eat the eggs; I don't buy chicken meat either, I produce those things"* (SS 18 Rosa R). Another beneficiary from La Merced noted that she had been able to buy both a chicken and a sow, and stated explicitly that the RPS transfers helped her to do this. The chicken provided her with eggs, while the sow was a form of saving money: "*E: And have you been able to buy a chicken or a pig with the money the RPS gives to you? I: That is something special about the RPS, about that money, I bought those animals a*

long time ago, I don't complain about that because I have been able to buy some animals... E: What benefits have you gotten from having these animals? I: Eggs from the chickens, and the pig is like saving money" (SS 14 Maria C). There is scope here for further research: it would be interesting to know whether beneficiaries regard investment in livestock as a more legitimate use of the RPS benefits than, for example, investment in a non-agricultural business venture. It could be argued that investing cash transfers in livestock does not involve alienating them from their defined purpose, because animal husbandry is so intimately linked to the production of food.

6.1.2 Effect on Work

Adults. There are often good reasons for ignoring the boundary between paid and unpaid work; in certain situations, the former simply does not exist as such and the division becomes untenable. In other cases, this distinction between paid and unpaid labor maps onto sexual and age divisions of labor in a way which undermines the recognition of women's and children's work in the household. At one level, therefore, it would be logical to establish a single category of "work" and look at the effects of the program on this. However, this approach is based on a concept which is not used at the local level, that of a single category of "work" encompassing both paid and unpaid varieties. In fact, informants in all study communities, of all ages and both sexes, were emphatic about the distinction between paid and unpaid work. Reflecting this, the distinction is sustained here, although the focus in this section is principally upon paid work.

The first point which needs to be made here is that the areas in which the RPS has been implemented there are very few opportunities for regular paid work. What work there is tends to be seasonal agricultural work, mainly on coffee plantations. There is a degree of labour migration to more distant agricultural zones and to Costa Rica, as well as to Managua where there are more opportunities for women to work as domestic laborers or in the Free Trade Zone clothing factories (*maquilas de la Zona Franca*). In one of the communities studied for this evaluation, *rosquilla* production constituted a local cottage industry, considerably ameliorating the economic situation of the population. In another, income from *remesas* (money sent back home by economic migrants) appeared to have a more significant effect than in the other communities, allowing recipient families to invest in other income-generating enterprises such as small shops, as well as to enjoy a slightly easier lifestyle, and to purchase more material goods. Beyond these examples, the work situation for the vast majority of beneficiary households is, as one would expect, extremely difficult. It is therefore important to understand that it is highly unlikely that the program would have a significantly depressive effect on local labour markets by allowing people to live completely off the cash transfers, which are not so large as to completely obviate the need to find additional sources of income. Nor are they permanent, as beneficiaries understand perfectly well. Rather, the cash transfers are regarded by beneficiaries as modest but welcome financial contributions which help them to make ends meet, while reducing the total dependence on part-time agricultural work. As one beneficiary from La Gloria noted: *"no, I don't think that they have stopped working because for example in my case, I used to have big financial difficulties at home but with the aid they give me I can buy the*

things I need for the house and my husband now works to buy other things… other types of things that we need" (ECT 18b Nidia V), her point being that her husband has continued to work in spite of receiving the food security transfer, in order to buy other needed items. This is consistent with the quantitative findings which showed little effect on labor participation (Maluccio and Flores 2004). Nevertheless, another important point to bear in mind is that effects of a program such as the RPS can be heterogenous: one person might work more as a result, and another less. This characteristic is not restricted to work either: for example, one person might be overcharged by an unscrupulous shopkeeper, while another receives a reduction for bulk purchasing.

With respect to the domestic economy, one of the most important effects of the cash transfers that emerged from interview data was the fact that, while they were not seen as large enough to allow everybody to give up paid work completely, they did provide a degree of food security which, according to some male informants, permitted them to remain close to home and work on their own farms, rather than traveling far afield to seek paid work: *"...it helps fathers because before we had to go searching for a day's work and even go far away. Now we can use what we earn for a day's work on something else..."* (ECH 16g Harold M). Male informants also noted that having more food at home allowed them to work harder, and to be more productive in their work. A male beneficiary from Macondo reported: *"...we are able to work because of the RPS, with their help we can work, without their help we wouldn't be able to do a good job. E: Why do you say that you work because of the aid? I: Because when there was no aid we couldn't go to work without having eaten and now with the food we have, we can go to work and we don't lack any food or provisions"* (ECH 8h Lesther X). Another man from the same community made the point that the program did not only benefit women, but everybody in the family, giving men more strength to work and at the same time offering the possibility of staying at home to work on their own farms: "*E: What is your opinion, does the RPS only support women? I: No, it supports the whole family because with the food security transfer the whole family benefits. The food is what gives us the strength to work, without the food security transfer I wouldn't be able to work in my own farm. With this aid the whole family benefits. E: Can you explain why it lets you work on your own garden instead of having to go searching for someone to hire you? I: Well because in order to get food, a man has to leave home, but if he has rice, all the basic things, he wouldn't leave home, instead he could work for himself. E: And he wouldn't work for someone else? I: No, not any more, he would sell his work"* (ECH 8j Julio G).

Turning to women's unpaid domestic labor, we can discern a parallel effect among female informants, some of whom noted that receiving the RPS benefits allowed them to spend more time caring for their children. One woman from La Gloria said: *"Here in Nicaragua we suffer because it is hard to feed our children. I used to work in agriculture but since the program arrived I stopped working, now I dedicate myself to take care of my children"* (SS 18 Sandra L). Another beneficiary said that before the program arrived in her community, she (and other women) had to travel far away to wash clothes, in order to earn money to support their children. Receiving the benefits allows them to avoid this, and spend more time at home caring for their children: *"...we had to go wash clothes for other*

people in order to feed our children, now we just have to take care of them" (SS 16 Paula R).

Another effect of the program, the extent of which was not determined, has been to provide some work to local artisans. For example, one beneficiary reported that she had earned some extra cash sewing the school uniforms required by the program. Finally, an important, though restricted, effect of the food security transfer has been to reduce the pressure to provide food, to the point where a day of rest is now a viable option: *"...at least thanks to the money they give us he can say 'I am too tired, I won't go to work today', because he knows that we will still have something to eat. E: Thanks to the transfer? I: Now he can rest, at least for a day..."* (ECT 8h Simona Z). We should emphasise that while some informants did mention that they could now afford a rest day, this should not be confused with beneficiary family members stopping work altogether, an effect we did not observe in any community.[42]

Children. In the communities where this study was carried out, children work on a regular basis. We must qualify this statement by clarifying what we mean by both "work" and "children" in this context. The RPS program distinguishes primarily between children aged 0-5 and children aged 7-13 for the purposes of VPCD and school attendance requirements respectively. Thus, in theory, the primary group of children targeted by the program is that aged 0-13.[43] However, one of the advantages of a qualitative approach is that it permits us to explore slightly wider issues, which extend beyond the target groups precisely circumscribed by the program. With this in mind, it was decided to focus this part of the study not only upon laboring children aged 0-13, but also upon their older brothers and sisters of potentially school-age.[44] One of the key questions which needs to be asked of any poverty alleviation program of finite duration is "what changes will remain after the program is gone?" While it is logically not possible to write with certainty about post-project sustainability, it is possible, through detailed interviews and observations, to build up a fine-grained picture which can help us to understand some of the likely longer-term changes brought about by the program. For this reason, in addition to younger children, adolescents up to the age of 16 were interviewed as part of the case studies carried out in each community. As in the preceding section, work here is separated into paid and unpaid labor to reflect the distinction as elaborated by informants.

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[42] This is in contrast to a finding in a World Bank report (2003): *"Since the program distributes bonuses to women, it is reported by families to be associated with some increased domestic violence and encouragement for men to stop working, given that basic needs are met."* (This document does not cite the source of this finding).

[43] In Phase II, the program menu was expanded to include adolescents and all women of child-bearing age, as well.

[44] Some flexibility in categorization was allowed here to take account of different social circumstances. In general, a dependent person of 16 or less, living in an identified beneficiary or non-beneficiary household, was still classified as an adolescent for the purposes of the work questions. A 16 year old beneficiary, with her own household, would instead be classified as an adult.

Unpaid work done by children in the study communities largely consists of participation in domestic tasks such as carrying firewood and water, cleaning the house and feeding any animals the family may have. In addition to these chores, children in all communities mentioned helping their parents in domestic agricultural work. Although the produce from these harvests may indeed be sold, children's assistance is not regarded as paid work by the children or their parents. According to observation and interview data across the study communities, unpaid children's work is virtually universal: children are expected to participate in the practical chores of the household and where necessary, in small-scale economic activities. These appear to have little or no adverse effect on school attendance: chores and participation in farming activities are on the whole not done during school hours: parents and children interviewed were conscious of the need to maintain good school attendance levels. Nonetheless, it can be tiring to maintain both good school attendance and participate in domestic chores and agriculture. For example, one Macondo boy managed to maintain both school attendance and work in the family farm by studying at night: "*E: At what time do you go to the farm, in the afternoon? I: In the morning. E: In the morning—do you go to school in the afternoon? I: Yes, at twelve. E: So you arrive at school directly from the farm. I: Yes, I take a bath and then go to school. E: And how far away is the farm, how many minutes from here? I: About thirty minutes, half an hour. E: Half an hour, so at what time do you leave home when you go to the farm? I: I leave at six. E: And at what time do you come back? I: At ten. E: And do you think it is tiring to go to the farm and also attend school? I: Yes. E: And then, why don't you just focus on one thing? I: I like to work. E: Even if it is more tiring? I: Yes E: And how are you doing in school? I: I'm doing fine. E: Doesn't it affect you to spend the mornings at the farm? I: No, I study in the evening"* (ECA 8f Carlos R). This response is in fact very representative of beneficiary families' children: in all study communities, we found that beneficiary children managed to balance the required school attendance successfully with their normal household duties; in other words, there is little obvious conflict between the program requirements and the unpaid work which children do.

Paid work done by children and adolescents consists primarily of participation in coffee harvesting and other agricultural work, occasional marketing of produce, and laundering (girls). Children are paid C$5 per container (*lata*) of coffee beans harvested; on a normal workday, a good harvester can fill two containers. It is important to note here that coffee harvesting is an activity carried out in the Nicaraguan "summer", at least part of which falls outside the school term: "*E: Is there someone in your family who goes to work there* (in coffee harvesting)*? I: Only the girls, sometimes...E: When do they go? I: When they're out of school, November and December. E: And how much do they pay them? E: C$5 per container"* (SS 18 Maribel S). For this reason it does not directly conflict with program requirements. Another child from Macondo said that he worked planting tomatoes on weekends, earning approximately the same amount of money as the coffee harvesters. In more concrete terms, out of 86 children and adolescents interviewed in case studies (including both beneficiary and non-beneficiary families), only three responded that they did not normally work for money. At the same time, parents interviewed in the same case studies across the six study communities expressed widespread disapproval of the idea of

children working for money. For example, one father, asked for his opinion on children working, stated forcefully: *"I don't like that, I don't like to see it and I wouldn't like my daughter to do that because a child must have the liberty to be a child, to enjoy his childhood… that is wrong, for me it's not good"* (ECH 8d Emilio R).

There are therefore three issues at work here. The first of these is the broad and clearly expressed parental dislike for the idea of children having to work for money. The second is the need for children in the 7-13 age group to comply with the RPS school attendance requirements. The third key issue runs contra to these two previous ones: financial necessity dictates that most children in these communities work for money at least some of the time. As we have noted elsewhere in this report, the financial benefits offered by the program are extremely important for these families but at the same time not large enough to completely obviate the need for other sources of income. The principal effect of the RPS program on beneficiary children's work patterns is thus to reduce the amount of work undertaken, by offering a contribution to household income, and by tying this income to school attendance.[45] The achievement of this effect has been demonstrated in the quantitative evaluation of the pilot phase (Maluccio and Flores 2004; IFPRI 2003). As we noted above, there are costs involved in this, insofar as balancing work (paid or unpaid) with school attendance and studying requirements is challenging and tiring. Finally, in the longer term, after the program has run its course, the main obstacle to children working longer hours (possibly during school time) will be parental disapproval of this practice. Unfortunately, in the absence of both the extra income offered by the program and the conditionalities tied to these cash transfers, parental preference is likely to be overcome by economic necessity.

6.2 Intra-household Social Relationships

RPS cash transfers are directed at, and benefit, the household. However, one adult member of the household is assigned to be the "beneficiary," i.e. the person who directly receives the grants under her name—and this has the potential to affect social relationships between generations, between men and women, and other relatives that may live within or apart from the beneficiary household. This section of the report looks at whether the program has affected household structure/residence; women's confidence and self-esteem; and intra-household social relationships, particularly those between beneficiaries and their male partners.

6.2.1 Household Residence and Multi-generational Households

One issue explored in the research, is whether the system of household targeting, combined with the limitation of one benefit per household (defined in terms of residence) might drive changes in household structure, causing people to move together to share benefits, or apart in order to constitute a new household. We found only a few cases (5 out of 120 households) where changes that might be linked to the program were mentioned, but this does not appear to be occurring generally. One beneficiary explained that family members

[45] This is dealt with in greater detail in §5.

were not allowed to move into the house of a beneficiary to share the cash transfers, or *"the aid will stop coming, because that is what they told us at the meeting I attended, they told us we cannot do that."* In light of this perceived threat of losing benefits (this is actually not the case), it is possible that respondents were not always honest in reporting that movements of residence never occurred. However, the fieldworkers did not pick up on this happening through their conversations and observations, and it is likely that it is a rare occurrence. In multi-generational beneficiary households, where these generations had been living together before the program but the program selected just one member as the beneficiary, we came across some cases of conflict or tensions over this issue.[46] People said with certainty that no one was moving from another community in order to obtain benefits in the communities we studied.

6.2.2 Intra-household Relationships: Women's Status, Control of Resources, and Self-esteem

By giving benefits directly to women in two-parent households, the program has the potential to change women's status, and to alter gender relationships. Women now have an independent source of income that is at least initially put directly in their hands. In addition, by assigning women the role of beneficiary, providing them with health and nutrition education, and giving them responsibility for implementing changes and improving the nutrition of children, their profile in the household and community is raised. Finally, giving them new opportunities to leave the house and participate in program activities, can be empowering, increasing their confidence and capacities. All of this has the potential to affect women's status, their self-esteem, and to alter intra-household gender relationships in several ways.

Women are uniformly and enthusiastically supportive of assigning them *beneficiary* status, giving them the money. There is no question that their ability to spend money independently (even if they may still adhere to cultural norms associated with assuring consent of spouses to certain purchases, or general spending patterns, in this case in conformance with the RPS teachings, however this is obtained or understood) is a significant new source of power: *"I : at least at home I... all of us mothers had a custom that it was men who ran things at home, that if they were the ones who earned the money they had to give us what we were allowed to spend. So we had to be asking for money all the time but not any more…now since they see that we are the ones who get that transfer and we buy what we need for the house they are getting used to that, and now… when they receive the week's transfer they give it to women and now we are the ones who do the shopping. Before, you would see almost only men doing the shopping and taking the things*

[46] According to one promotora: *"there was a problem with the survey because there are families where a daughter-in-law and a daughter with her husband live in the same household and they only receive one food security transfer. Now that they know that this is about money there have been some problems, sometimes the daughter wants money... or the daughter-in-law wants money and the beneficiary buys food for everyone but they want the money"* (ICP 14 Katia R).

home to women, not any more" (SS 12 Amalia T) By its gendered design the program seems to bring a message about women's importance, expressed here as making a difference in the perception of women as equal to men: "*E: Do you think that now you are making decisions that you didn't use to make before? I: I think so…because…maybe a woman wanted to have a job to help herself and her husband, but what happened, her husband would tell her that she couldn't work because she is a woman. But we are equal, the difference is very small"* (SS 18 Fatima U).[47]

This is a change for men, and conditional cash transfer programs that target women have been hypothesized to potentially threaten men and produce negative responses, from objections to their participation in program activities, to at worst domestic violence over control of the resources. In practice, we found relatively few references to negative attitudes among men toward women's participation, or conflict. Men seem to have adjusted to the program: *"he always supported me, he never asked me why I was attending so many workshops, why they asked me so many questions, or why they took me to different places, we never had any problems"* (SS 18 Fatima U). Across all six communities and all case study households, the men expressed agreement with the program giving money to women and not to the men. Some say it does not matter who the money goes to because it helps the whole family, but most men say that it is better that the women control it because women know more about food and nutrition for the family. Many men also cited men's likelihood to spend money on vices. Men point to their own weaknesses (actually, that of other men—never their own) as a reason why it is better for the family if the money goes to women.

The vast majority of women and men in the case studies said that women control spending of the program *bono*. Women explain that they are better administrators of money, and they know what food the household needs. Some expressed that since men control they money they earn, the women should control the program money that is given to them. There is also an awareness among women and men that the program expects that women will control spending of the bono. There are, however, cases where men take program money from women to spend on their own needs or vices. Across four communities, a few women and men said that there were cases of men who took part of the bono or women who gave it to them. But these cases were said to be few. Women sometimes said that they did not know what happened with the money in other people's households, not volunteering an answer one way or the other. It is hard to know whether individuals did not want to acknowledge transgressions where they occur. Nevertheless, the fact that women and men are acutely aware that the program expects women to control spending probably gives substantial weight to their ability to do so.

The program has become associated with women's domain, in part because the money goes to women, but also because it revolves around the kitchen, food preparation, and care of children. This is widely cited by men as the reason why the benefits should go to women. As indicated by this husband of a beneficiary, programs that deal with men's

[47] This recognition of women by the program extends to non-RPS communities. In one of the comparison communities, the program is known as "*La Red de mujeres*."

domain (e.g. the fields) would be expected to give resources to men, but RPS is appropriately given to women: *"I think it's all right, it is women who know what is needed in the kitchen and the house. When it is about agriculture and crops it is men who know better, because other organizations have come here with help for men. But when it is about the kitchen, it is good that women are the beneficiaries because that avoids many problems"* (ECH 8j Julio G).

The program has had a positive effect on women's self-esteem. Across all six-communities, between half and practically all respondents (usually the women themselves; sometimes other members of the case study households) said that beneficiaries' self-esteem had improved since the program began. Women report that they feel more independent, and that their husbands are more "*respectful* ", mainly because they have their own money and can make their own decisions as to how to spend it: "*that money we receive in our own hands is really ours"* (SS 9 Urania U).[48]

The time women spend together in program meetings with the *promotora* or in the workshops increases awareness of women's issues (e.g. women's rights, family planning), and gives them a chance to speak up in public, and share their experiences and feelings with other women. Below are two illustrations of these effects from San Pedro and Macondo, respectively:

> *" I feel different, I feel I have more rights and more capacity, I meet with friends and I have the right to speak and say everything I feel, I can express myself"* (SS 18 Maria U).

> *"At the beginning, people were shy because they were just starting in this but not any more, now we have trust and we talk, we didn't at the beginning because it was embarrassing. At least I felt embarrassed, they would never make me speak, but now I participate"* (SS 8 Ana D).

While discourse around women's equality to some extent precedes RPS, the program's focus on women appears to have increased it. Although this is not a typical comment, it is an example of the kind of consciousness that the program does contribute to: *"I do whatever I want with my things because I tell him that he is not the only one who rules in the house, that I also rule, that we have equal rights, he works outside the house and I work inside. Before, men used to say that they were the only ones who ruled in the*

[48] This is one area where a notable difference was found between the intervention and comparison communities, of a manner that left the fieldworkers confident that this demonstrated a program effect: in the latter, women were more timid and submissive, expressing more of an acceptance of women's subordinate role in society. One respondent told of cases where "*some husbands don't let them participate in the meetings we hold because they tell them that they have to be with the children. Sometimes they don't attend because their husbands prohibit them. I think those things shouldn't be happening any more*" (SS 20 Alba S).

house because they were the only ones who worked, they didn't see the work women do. But now I tell him that we work the same, now there is no machismo. Now it is different because we have learned some things at the workshops" (SS 12 Rosa M). Men rarely speak directly of women's equality. Rather, they recognize women's better expertise when it comes to matters of the kitchen and care of children, and their better judgement with respect to spending is often recognized. However, though not usually explicit, the focus on and discourse around women in the program has to have improved their status with respect to men. One man did expressly recognize a change: *"well, it's true that men are the head of the family, that is what the Bible says, men are the heads of women. But now I have seen a change here, a big change for women since this project came" (*ECH 8i Roberto C). It seems likely that this increased recognition of women's importance, and the increase in women's self-esteem would have a lasting effect after the program is gone. However, the power given to women by enabling them to spend independently through the program cash received is likely to recede once these benefits are no longer available.

About half of the respondents—beneficiaries, their spouses and sometimes other household members—said that intra-household relations had improved since the introduction of the program. This mainly seems to be because of the reduced strain on households through the introduction of resources, where in general households are doing better. There also seems to have been a process of learning, of increased understanding of many issues through program workshops and activities, which at least indirectly have some effect on men as well. A beneficiary in La Gloria said that relations between her and her husband: "*are more normal now, maybe this is because of the orientations at the workshops and all the things which we now participate in, many activities, and also men participate"* (SS 18 Fatima U).

There were only approximately 10 households across the study communities that revealed that there was intra-household conflict associated with participation in the program. bono.[49]*: "we have heard some rumors, that some men take the money from their wives and even beat them to make them give it to them, but that doesn't happen in this community, we haven't heard of that"* (SS 18 Sandra L). From our research this appears to be a relatively rare type of occurrence. However, it is still important to be aware of the potential for intrahousehold conflict, and to address these through training on program principles, not just for beneficiaries but for their husbands as well. Other community-level programs addressing the issue of domestic violence could help in conjunction.[50]

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[49] Domestic violence is something that we do not necessarily expect people to admit takes place in their own household. Turning benefits over to men (whether voluntarily or in the face of force) is also something that they might not admit to, because it is also something that they perceive that according to the program they are not supposed to do.

[50] A World Bank (2003) report cites a finding that *"Since the program distributes bonuses to women, it is reported by families to be associated with some increased domestic violence."* We do not know the source of the research underlying this, but do not dispute that this could be occurring. However, we reiterate that since we did not find evidence of it in our study communites, we do not think it occurs often. However, this is a particularly

difficult issue to research, and believe that it would need additional more focused research on gender relations to draw conclusions.

7. EFFECT ON THE COMMUNITY

7.1 Economy: Effects on Markets, Credit and Prices

The effects of conditional cash transfer programs, like those of any program which alters household income levels (even temporarily) are not restricted to the individual beneficiary households, even though the financial input may be designed around the household as the basic unit of intervention. Depending on the size of the financial inputs, local economic effects can potentially be quite wide and extensive: changes in commercial infrastructure, availability of goods, credit and pricing are all possible areas of impact. In this section we explore some of these effects from the point of view of the program beneficiaries in our six study communities. Do people feel that there have been positive or negative changes in commercial infrastructure, pricing and availability of commodities since the RPS program arrived in their areas? Do people have more access to credit and if so are they borrowing more on the strength of their benefits?

7.1.1 Markets and Commercial Infrastructure

Local petty commodity economies in all the study communities have grown, but not as much as the total volume of cash influx would suggest. In all the communities, beneficiaries did some of their food and goods shopping at local shops, which in turn responded by stocking more goods and more products whose consumption is actively encouraged through the program (soy derivatives being the most obvious example of this). As we discuss below, people in these communities are chronically indebted, and the higher levels of social capital which are characteristic of face-to-face communities help consumers to secure credit facilities locally—facilities which might well be denied them in a larger and more anonymous town. In all communities, beneficiaries referred to their local shopkeepers by first name. Additional advantages of shopping locally include elimination of transportation costs, and minimization of risk (either in terms of physical security or in terms of exposure to scams and opportunistic price hikes). The main disadvantage—indeed the primary reason cited for shopping in the municipal towns—is that there are greater possibilities of reductions for wholesale buying. Overall, it would be fair to say that the program has had knock-on beneficial effects among local traders, but that these effects have not been large. More detailed analysis of this would require quantitative measurement.

7.1.2 Credit

As noted above, residents of the study communities are chronically indebted. Of the 120 beneficiaries interviewed across the communities, less than 30 (<25%) responded that they did not use credit facilities at local shops.[51] The most common pattern described was

[51] However, nine of these responses denying use of credit were among beneficiaries from La Merced. There appears to be a localized phenomenon of avoiding credit in this community. One possible explanation lies in a beneficiary's statement that she was instructed by RPS personnel not to use the cash transfers as collateral; another explanation

cyclical: each time the cash transfers are delivered to beneficiaries, they go to their local shops and pay off all or a portion of their accounts. This leaves insufficient funds for shopping, so credit is again required. During the 8-month period when the transfers were not delivered, beneficiaries depended heavily upon credit obtained from local stores, at least one of which went bankrupt as a result of excessive credit risk exposure. This last point also demonstrates the fact that the RPS cash transfers can have important effects on local economies, to the point where a delay in transfer of cash transfers has serious spillover in the community.

While the cyclical pattern of indebtedness is found in all communities, it should be emphasized that it probably predates the arrival of the program. Of these same 120 beneficiaries, just over 20 (17%) responded that they felt they had greater access to credit facilities than before the arrival of the program. It is important to bear in mind the point made above: social capital is both high and important in face-to-face communities such as these, and given the high levels of poverty found in these areas, it would be surprising if local stores were not extending credit to families long before the arrival of the RPS. Indeed, in two of the six communities, shopkeepers and beneficiaries explicitly stated that they did not regard the RPS cash transfers as reliable enough to use as collateral (quite apart from the possibility of delays, the benefits are relatively small and disbursement widely spaced). Commenting on both the uncertainty of cash transfer delivery, and upon the possibility of beneficiaries losing their benefits, one informant noted: *"Here, most of the shop owners don't give credit because they say that the program is not secure enough, they don't know if it might suddenly leave, so they don't give you credit, only to people who have a steady job..."* (ECT 14c Martha A). Another respondent, owner of a small shop in one of the study communities, echoed this point: *"...if they ask me to sell them on credit I don't because I cannot be sure if they will receive the transfer next time and if they don't, they remain indebted. So then you can't do anything but wait, I think that is not good..."* (SS 16 Luisa R). Another factor militating against using the beneficiary status as a guarantee resonates with a point made in §6.1: some informants do not regard the RPS cash transfers as alienable, even given that they are fungible; benefits are not designed to be used as collateral and should not be applied to this purpose. A beneficiary from Las Cascadas pointed out that the shopkeeper in her community knew that the transfers were not to be used to guarantee future repayment of loans and credit: "*E: But since you started receiving the transfer, has Yadira given you credit knowing that you will receive the next transfer? I: No because she knows that the transfer is not for repaying, that it is for buying"* (SS 9 Josefa A). Particularly interesting here, and reinforcing earlier arguments made about the inalienability of the benefits, is the distinction made between paying a credit account and paying cash: even though the purchased items may be the same, the mode of payment is seen as conceptually different. Another beneficiary from La Merced made a similar point: "*E: And with the money you receive from the RPS is it easier for you to get credit by using the transfer as a guarantee? I: No because they give us the transfer to buy food for the household"* (SS 14 Amanda P). In sum then, while some respondents do report easier

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might be the prevalence of cottage-industry rosquilla baking, which provides many residents with higher levels of household income than we saw in other study communities.

access to credit facilities based upon their status as beneficiaries, this tendency is counterbalanced by both the unwillingness of shopkeepers to rely upon the RPS cash transfers as a guarantee of repayment, and by the conceptualization on the part of beneficiaries of the transfers as inalienably destined for cash purchases of foodstuffs. Moreover, it appears doubtful that the RPS program has had a significant effect on long-standing patterns of community credit.

7.1.3 Prices

Respondents in five of the six study communities noted that prices for store goods either remained the same, or were discounted slightly, in response to their greater purchasing power. In both community and municipality shops, discounts are sometimes given for bulk purchasing, which is done both by individuals and also by shopping groups organized by *promotoras* (see §7.2.2). For reasons we did not determine, price hiking is a significant factor in just one community and its nearby municipal town: of sixteen positive responses (in total, across the six communities) to questions about price rises in response to benefit transfer, no less than ten were received from the community of La Gloria, with informants largely referring to shops in the nearest municipal town of La Dalia. One beneficiary complained: *"...sometimes they increase the prices, when the transfer comes they take advantage of that and increase the price of things"* (Alba Z). Another noted that it was better not to shop on the benefit transfer days, and that it was preferable to wait until prices dropped back down: *"...yes, there are some days in which prices are high so if you already know that things are more expensive, then you are better off not buying and waiting a few days after the the transfer day"* (Irma R). These comments were supported by direct observation carried out in La Dalia by the fieldworker based in La Gloria.

7.2 Effects on Community Level Social Relationships

7.2.1 Inter-household Relations and Targeting

Up to this point, we have mainly considered program effects at the household and individual level. But conditional cash transfer programs also have social effects at the community level. In all development and safety net program interventions, the infusion of cash affects social relations. It can cause tensions and conflict over resources, while also providing opportunities for new social interactions, organizational development, and capacity. RPS targets households, and as a poverty targeted supply driven program, it does not require organizational activity to access benefits (unlike, e.g., a demand driven social fund). One the one hand, centralized design and decision-making protects the program from political influence at the local level, as well as struggles over resources than can occur within community-based organizations. On the other hand, it reduces the opportunity to introduce many of the advantages of community participation—capacity building, local ownership, empowerment, and organizational strengthening. With regard to targeting, community participation introduces local knowledge of household conditions and can reduce costs (Smith and Subbarao 2003; Adato and Haddad 2002), and can help to identify households that might have been misclassified. While there are many reasons why a conditional cash transfer program needs to be centrally designed, there are areas where there could be more room for community participation than as currently implemented.

This section looks at two aspects of community impacts. The first looks at one area that is potentially problematic where household targeting is used, and where survey methods lead to errors in targeting, a problem that is largely inevitable. This concerns effects on social relations between beneficiary households and those who have been excluded from the program, either intentionally or by error. The second area looks at informal and more formalized group-based activities that stem from RPS activities. Both issues are concerned with the extent to which the program affects social capital.

§3 discussed targeting issues, including errors and people's perception of errors and the fairness of the targeting system. One of the potential outcomes of a system that is either not understood or widely perceived as unfair is that it can create tensions between those who are perceived as lucky enough to benefit, and those unlucky and excluded. We found that non-beneficiaries do not blame beneficiaries and interpret their exclusion as their bad luck that they have to accept, and most say that it has not caused conflict between them. However, we did find evidence that there are social tensions related to the targeting. In four of the six study communities, this was described in different cases as generating envy, disagreements, annoyance and gossip.[52] When asked if there had been a change in the relations between beneficiary and non-beneficiary households, one *promotora* responded that *"there is a great difference, there is something like envy because there are some households with many children that weren't selected. Some people really need that because there are no jobs here in the community"* (ICP 14 Katia R).[53] Contrary to the common concerns about safety net programs 'stigmatizing' beneficiaries, being in RPS appears to confer a status, where: "*Sometimes people feel upset because maybe you have been selected and they haven't. They think that we were considered more important than them*" (SS 18 Gladys R). Another factor is simply the differentiation between people, where a large group is now participating together in common activities, traveling together to get their cash transfers or shop, attending workshops, meetings, and community clean-up events[54], with a small group excluded. In some of the communities, people indicated that social ties

[52] "*They weren't chosen because they have a car, they have cattle, they have a shop, so the Red came with a list before they gave the money and they saw that they had enough income. So that was the problem, they were not chosen, but you know that there are always people with slippery tongues everywhere, who like to talk about things which are none of their business"* (SS 12 Maria P).

"Some of them get very angry when they give us the money because they say that they only give it to us and not to them, they get very mad at us…when they see that there is nothing to do now, they shut up, but they get very angry. E: And have you argued? I: No, they just get very angry. E: And do they stop talking to you? I: Yes" (SS 8 Ana D).

[53] In two communities there were particularly strong tensions where some better off households were included initially and then later determined to be non-poor and removed.

[54] As will be explained further below, these are not formally part of RPS, but are organized by *promotoras* and are informally associated with the program.

between those included and excluded had weakened, because they now have less in common.

However, there is also solidarity between these groups, where for example, beneficiaries explained why non-beneficiaries should get resources, because they need them, and because it is important for their relationships within the community. The majority of respondents said there were no direct problems between people, and our interviews and observations suggest that on the whole, non-beneficiaries understand that the beneficiaries are not to blame, and thus "*they don't say anything*." The larger problem is one of envy and anger, not at beneficiaries but at their situation of being excluded, described in some communities as generating a loss of self-esteem among non-beneficiaries.

A related issue surrounding the separation of the community into beneficiaries and non-beneficiaries relates to the effect that this has on children in school, where some children are receiving assistance for uniforms, backpacks and supplies, and other children are not. While in theory non-beneficiary households should have enough resources to buy these items for their children, in practice they may not, either because they were non-beneficiaries by error, or they might not have not have the resources or otherwise the inclination to so do. While non-beneficiaries are more stoic about their own misfortune, they are more expressive about how this impacts on their children. Non-beneficiary mothers from La Merced and Macondo, respectively, describe conversation with their sons*:*

> *"He...well he gets sad because he says, 'look mom if we were beneficiaries... if you were a beneficiary you could perhaps buy me some shoes', because right now he has no shoes... so I tell him 'if I were a beneficiary of course you would have your shoes and your clothes already, but you know the reality, not all the women here are beneficiaries, but maybe we become beneficiaries soon, lets not lose our faith"* (ECN 14h Aracely G).

> *"One day my son told me that a boy (he didn't say his name) told him 'look, I have a new back pack and you don't', and he started showing him all the new things he had in his back pack"* (ECN 8a Mariana Z).

Children also confirmed these feelings directly: *"I do worry because, how am I going to buy the uniform, the shoes, and all that, all the kids will have new things except me"* (ECA 8a Efrain T). With the exception of a few cases, it is not reported to cause conflict, but rather described in terms of differences, "sadness" and an apparent embarrassment among non-beneficiary children.[55] One interesting finding is that in two of the six

[55] Beneficiary children are also cognizant of the differences: "*E: How do this [non-beneficiary] children dress for school? I: They go looking shabby, with patches on their pants, dirty, and wearing boots"* (ECA 16e Ernesto J).

communities, a collection has been taken up where beneficiary families were all asked to contribute some funds for the purchase of school supplies for non-beneficiary families: "*the other day we made the agreement that as promotoras and beneficiaries we would contribute C$5 each to buy uniforms and shoes for the non-beneficiary children so that they can come to school in looking the same as the beneficiary children*" (ICP 16 Marisol A).

The implication of this practice is that communities perceive that non-beneficiaries also need benefits, and that to exclude them entirely is worse than giving up part of their own resources, or that there are egalitarian values operating where people feel social pressure to make these donations (probably both operate simultaneously).

The generation of overt tensions between beneficiaries and non-beneficiaries is probably not the most significant problem associated with the targeting. Nevertheless, this newly introduced source of envy and some resentment between households, and the separation of the community into groups of people who are included and excluded from activities, is likely to have some negative effect on social capital. This, like the despair and frustration expressed by beneficiaries in being excluded, is a social cost that cannot be measured quantitatively. It is thus difficult to weigh against the benefits of targeting, which can be measured quantitatively, but it is necessary to take these social costs into account in evaluating future targeting options. The IFPRI quantitative evaluation of Mexico's PROGRESA program found that its system of household targeting had some marginal benefits, but these were small in comparison with simply including all households in a locality, and concluded that "Whether these marginal successes of targeting at the household level is a worthwhile effort depends on the size of the non-economic, or political and social costs of targeting…" (Skoufias *et al*. 1999:20). This 'size' can only be assessed qualitatively, and our research finds that the social costs are significant and should be addressed.

7.2.2 Program-related Community Activities

If building or supporting social capital as part of a development objective is a factor influencing anti-poverty program designs, the degree to which the program formally or informally encourages collective activities that can build social capital is an important evaluation criteria. Whether this is an objective at all in conditional cash transfer programs is a question that needs to be addressed. Conditional cash transfer programs do not require collective action to obtain benefits, as in the case of demand-driven programs like social funds that require groups or organizations to come together to obtain funds, and

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E: "And how do the children who are receiving this aid feel. I: Happy…because when they were poor, their parents didn't buy them uniforms or any of that stuff, and now they do buy those things. E: And do you know any children who are not receiving this aid? I: Yes. E: And how do they feel. I: Sad…because they don't wear a uniform or anything like that to school" (ECA 16g Melania M).

participating in program implementation on an organization level. Their benefits are aimed at the household level, and people participate as individuals, not as groups. Different CCT programs, however, have different formal channels for community participation; for example, most have systems for community input on targeting, some through assemblies and in the case of Brazil, formal municipality involvement, which may or may not be implemented as designed. Most programs centrally envision participation through the election of the *promotora*. Some develop informal forms of participation.

As reported in §3, in RPS, community participation was envisioned through election of the *promotora*, through community assemblies that comment on the targeting, and through the teacher transfer, a small sum of cash given to parents for them to give directly to teachers. The purpose of this money is to give teachers an incentive for teaching and parents what could be seen as a sense of agency in driving program incentives and involvement in the education of children. With respect to informal group-based activities, respondents in all six communities reported that there are activities that are associated in some way with the program. One type includes cleaning up common areas: garbage from the streets, the clinic, the church or the cemetery. Although not formally part of RPS activities, they are seen this way*: "with the other members of the RPS we go and clean, we do it together so we can all help"* (SS 12 Jacinta T). In Santa Clara, they use the system of "casa modelo", where everyone cleans one house thoroughly as a model as to how to clean their own houses.

In four of the six communities, beneficiaries said that it is easier to organize women since the arrival of the program.[56] Beneficiaries constitute a women's group, led by women, that can easily be called upon for health-related activities, clean-up days, etc. The opportunity for women to work together, where they feel a part of a group and a sense of identity with the program, was said to have improved self-esteem and can strengthen social capital. There is variation among communities, where e.g. a stronger sense of self-esteem was expressed in La Gloria than in San Pedro, where the women were more passive. Participation in the workshops also seems to be creating some camaraderie or at least some new outward manifestations of it: "*at the workshops we teach them that ... it is important to hug their friends, to hug their children, that they have to demonstrate that they care for their friends, their husbands, and their children. So now they hug each other, they hug me, now they don't feel so shy. Those social and affective aspects have changed a lot"* (IC health worker, 14 Ana C). In La Gloria, *promotoras* organize adult education groups. In all of these activities, non-beneficiaries could be invited to participate. This would increase common activities among these groups and help to reduce the differentiation among them.

Economic cooperation is another type of activity. In all of the communities, beneficiaries have formed buying groups at different times to do their shopping after they receive their benefits. This is usually organized by the *promotora*, in part so that they can

[56] In both comparison communities, women were not observed to be active in communal activities, though there may be additional factors differentiating the intervention and comparison communities in this regard.

monitor purchases, but sometimes as well to negotiate better prices. Each community varies with regard to these collective activities; often the women organize for travel rather than purchasing, sometimes beneficiaries join and other times they shop alone, and some do not participate at all. Sometimes they walk together to town and travel back individually (as in San Pedro), or they organize to rent a vehicle collectively, but once in town buy separately (as in La Gloria). If RPS incorporates these types of collective activities into its *promotora* training, it can save beneficiary resources through reduced food and transportation costs, while strengthening social capital and means of economic cooperation that could potentially have second-round economic spin-offs in the future. However, attention should be paid to what actually occurs in the groups. For example, while negotiating price reductions for collective purchasing is beneficial, we also have examples where *promotoras* have encouraged or pressured beneficiaries to buy in particular stores (see §4.3), which could have the effect of raising prices. Finally, in some communities unique activities are organized; for example, in La Merced, beneficiaries organized to purchase a first aid kit: "*15 mothers got together and decided to buy a small first aid kit, every time we need something, we get together and buy it"* (SS 14 Isabel A). In Macondo a group of women joined together to share the costs of raising a pig, then sold and shared the piglets. There was no link here to RPS, with regard to encouragement from the *promotora* or other program officials, nor was any suggestion made that program money enabled them to do this, except for the basic argument about fungibility of resources. However, it does provide ideas for ways in which RPS could promote cooperative activities that can lead to some new sustainable livelihood activities.

The program thus has the potential to encourage cooperation in ways that can strengthen social capital, and in some ways it is doing this. This type of cooperation seems to be mainly dependent on the initiative and organizing abilities of the *promotora*, which vary between as well as within communities. Since these activities are not specifically part of the program, it could also be argued that pre-existing social capital has inserted itself into the program and transformed it in unintended ways. Regardless, these findings reveal ways in which there is room for collective activities in the program, and point to areas for new program design features that could help to strengthen social capital. At the same time, it is important to keep in mind that where communal activities are seen as RPS groups, where there is now one highly visible group participating in activities, from which others are specifically excluded,[57] it can have the effect of increasing the divide between those who are and are not in the program, and deepening the disadvantages of the program to non-beneficiaries. This dilemma can only be solved when the problems surrounding fairness and perceptions of fairness of the targeting system are solved.

[57] Whereas all safety net and development interventions, included those that are demand-driven, will not include everyone, the difference with household targeting of this type is that there is no choice involved on the part of the individual.

7.2.3. Social Relationships with the Church: the Practice of Diezmo

"Diezmo" is a tithing practice where people give money or other resources to the church. As the name suggests, the amount offered is traditionally ten percent of one's income. It exists within all the study communities to some extent, but primarily among those which have a majority of Evangelical church members. With the introduction of a new source of funds into the community, RPS has entered relations between individuals and the church, and cultural practices surrounding money and obligation. RPS cash transfers are not designed to include a margin for *diezmo*—the sum of the food and education transfers were initially calculated to fill two-thirds of the extreme poverty gap[58] and they reduced 30 percent in Phase II (Maluccio and Flores 2003). Nevertheless, beneficiaries in some communities are giving significant portions of these cash transfers to the church. This is not simply an amount they have routinely provided pre-RPS—rather, they are asked specifically to give a portion of their RPS transfers to the church. We found evidence of the practice of giving part of the cash transfers to the church in all six study communities. There is variation in the strength of the practice across the communities, where in two it was hardly mentioned, and in others as many as half the respondents discussed it. Many people specifically said that they do not give money to the church. This suggests even where the practice exists, not everyone participates.

Those who do participate appear not to be coerced; rather, they want to give this offering based on their religious beliefs. In at least four of the six communities, people explained that they give it as "*gratitude to God for all the blessings we have received*." It is also a kind of insurance to keep the program: *"the transfer is a blessing from God and that is why we pray, so the program doesn't go away"* (ECT 16e Johann H). Some emphasize that they money is for improving the church, and not given to the pastor, while others do give the money to the pastor. In La Merced, which is mostly Evangelical, it is not just money given but also food bought with the food security transfer, sometimes purchasing a food basket.[59] While not specifically raising objections to *diezmo*, some did express that they did not have enough to give. One beneficiary said that she gives money to the church when she sells things, but not from the RPS benefit, because it is needed to buy food and basic necessities: *"no, I have never thought about giving the transfer, as I said before, we had better go shop with it… that is better because it is cheaper to buy the 25 pounds of rice, the 25 pounds of sugar and before you know it, the C$480 are gone, maybe you bought soap, bleach, this or that, and when you look inside your purse, it is already empty*"(SS 18 Erlinda A).

[58] The difference between the extreme poverty line and the average level of expenditures of the extreme poor using the 1998 LSMS (World Bank 2001).

[59] In one of the comparison communities, people did not give any cash, but only basic grains. This tends to support the view that people in RPS communities give cash specifically from the program benefits, rather than that they are giving money that they would have given regardless.

The amount of the *diezmo* varies greatly—including 1, 5, 10, 20, and up to 50 *córdobas*. Within some communities the amount varies according to what people feel they can pay; in others it depends on for which activity the church is raising money. In at least two communities, beneficiaries said they have given up to C$50, and in one of these it appears a regular occurrence: "*When they give us the transfer, we give C$50 to the church"* (SS 18 Sandra L). In one community, the *diezmo* was put at 10% of the benefit.[60] Whether or not the loss of as much as 50 *córdobas* per transfer is a concern is a judgement to be made by RPS. It is likely that trying to discourage the practice would meet with resistance from the church and from beneficiaries. Nevertheless, it is important to be aware of *diezmo* and the proportion of their cash transfers that beneficiaries give to the church, and it may be worth encouraging a maximum transfer that is not high. It would be worth comparing this practice of *diezmo* to that in a public works or microenterprise transfer program, where funds received are transfer for work rather than a gift. Where the amount of money given to the church is very small, there is little need to take it into account in designing safety net programs. Where it is a substantial portion of the benefit, it would be.

[60] *"E: If you made C$100 a month, how much do you give to the church? I: It would be C$10. E: C$10, and with the income you have from the transfer, how much do you give to the person who collects the diezmo? I: From the transfer, from the Red program? E: ...they give you C$480 so how much of that goes to the pastor? I: Well, it would be C$48"* (SS 16 Luisa R).

8. CONCLUSIONS AND RECOMMENDATIONS

The Red de Protección Social provides a package of very important goods and services to extremely poor people. It has made a profound difference in the lives of beneficiaries and their children. Below, we summarize the key conclusions presented in this report and at the same time, where we believe it necessary, we offer some suggestions and recommendation for making the program even more effective.

Operations: Targeting

- Targeting as a whole is not well understood at the community level: the fact that targeting is based upon poverty assessment is not clear to community members, who see themselves as "all poor" and thus deserving of program benefits.

- The distinction between geographical and household targeting is not completely understood at the community level.

- Across all the study communities, perception of errors of exclusion was widespread among informants, and this is a source of discontent among beneficiaries and non-beneficiaries alike.

- While it is true that from the perspective of program operations, an understanding of targeting by community members is not absolutely necessary, it is also the case that greater understanding of, and participation in, the targeting process would benefit both the program and the communities in a number of important ways:

    - It would promote a greater sense of community ownership of the program. As things stand, the program is very widely regarded as coming from outside and controlled from outside. The local population lacks (or feels it lacks, which has the same effect) agency within the program.

    - It would foster a stronger sense of equity through understanding and transparency. This in turn would help to alleviate social tensions which may result from perceived injustices in distribution of benefits.

    - By reducing social tension and increasing participation, it would help to protect social capital in these communities, that can contribute other social and economic benefits.

    - Perhaps most importantly, it would increase the accuracy of the targeting process and help to minimize both leakage and under-coverage.

- The main recommendation here is therefore that the targeting process be made more participatory and more comprehensible by community residents. We feel sure that a

more participatory targeting process would also be a more accurate one. There are several ways in which participation could be implemented: community expertise could be utilized for targeting, involving public participation of community members, in a process overseen by community leaders, or consultation with community leaders together with teachers or other staff from government or NGOs who know the community well. Another way would be to include an "ethnographic study" component, in which field teams would spend several days in each community, employing participatory and other qualitative research techniques to sharpen and improve the results. Elements of self-targeting, where program provisions discourage participation by the non-poor. It would be useful to test different methods in combination with the use of the proxy means survey method, to compare outcomes and community satisfaction, finding the mix balance between quantitative and participatory assessment.

- At a minimum, however, we would encourage the development of an appeals process which is both efficient and user-friendly. A rolling appeals process would certainly be worth considering: this would allow the possibility of continuous rectification and targeting improvement. Including UEL personnel in census activities would be particularly useful given their special knowledge of the communities.

Operations: Personnel, communication, participation and ownership

- The *promotora* system appears to be working very well and does not require change at this time. As noted above, the *promotoras* in the study communities impressed us with their commitment and skills. It is also clear from the interview and observation data that the *promotoras* have come to constitute a new cadre of leadership within intervention communities, an effect which was not part of the direct objectives of the program but which should be welcomed as a new form of empowerment.

- Channels of communication for expressing anxieties and concerns about the program do not currently exist in practice. These need to be established, and it should be made clear to beneficiaries that have the right to express their concerns and opinions about the program without risk of jeopardizing their status as beneficiaries. This, along with a greater degree of community participation in the targeting, would open a space for the program to become better tailored to local sociocultural realities..

Operations: Transfers and sanctions

- On the whole, bearing in mind our earlier comments about possible improvements in the targeting procedures, current sanction systems appear to be functioning fairly well. As we have said elsewhere, it was appropriate that the weight-gain sanction

has been removed from current program operations; it would be even better if a stronger effort were made to explain this to beneficiaries.

- In general, one area where there is certainly room for improvement is in communications. If sanctions are required as an integral part of program design, then they must be judiciously and unambiguously applied. This is key if we expect beneficiaries to have real confidence in the fairness of program implementation. Sanctioning will always be a difficult and unpopular element of the program, and it is important that it be humanized as much as possible. It should in no way become a source of public or private humiliation. A well-functioning appeals process should be in place with some flexibility to determine sanctions on a case by case basis, particularly where expulsion is being considered.

Health and Nutrition

- In all of the research communities beneficiaries are very positive about the quality of the health services they received. There is a strong perception that their families' health has improved, a feeling of improved emotional health due to the reduced stress brought about by additional resources, and satisfaction from meeting program objectives and thus contributing to their children's improved well-being.

- Among women there is evidence of improved levels of awareness and knowledge about the importance of children's health and nutrition, with considerable time invested in activities that promote improvement. There is a more mixed picture of men's and adolescent's attitude's toward health, with reports of positive change and little change. The question remains as to whether these changes in attitude will be sustained after the program leaves. Expressed attitudes suggest that these new attitudes have been internalized and could thus be sustained. However, when the *bono* was delayed for many months, some beneficiaries stopped following the practices they had learned.

- All respondents felt that the services were conveniently located, and beneficiaries appreciate the time and resources saved by the services being located within their communities. The waiting time is said to be reasonable.

- In half of the communities, beneficiaries appeared to have received health counseling, though in others it was not reliable. Those who received it were pleased with the quality, feeling that the explanations were clear, the content useful and they were well-treated. Field observations in some communities confirmed these positive impressions of the services. However, in one of the three communities where health services were observed, there was considerable disorganization and insufficient time allocated, resulting in some receiving truncated or no services. These were likely to have been growing pains experienced as new services were contracted during this period of transition; however they point to the importance of confirming in advance

the location for service delivery, and that sufficient time is allocated for covering the number of people to be served in each locality.

- Beneficiaries have strong feelings about the importance of providers' attitudes toward and treatment of them. In all communities the majority felt that providers were friendly, patient and respectful. However, in some cases beneficiaries felt that providers looked down on them and treated them poorly. Health providers should be aware of the great deal of importance that beneficiaries place on respectful attidues.

- In five of the six communities beneficiaries report that there are sufficient supplies of vaccines, parasite treatments and nutritional supplements. In all communities people recognize the importance of vaccines and parasite treatment and are very positive about them.

- Attitudes toward the iron supplements are more problematic. Although a majority of people say that they give the supplements to their children and many describe its importance, observations show a contrasting picture. Many are not giving children the supplement, and explain the problems they perceive with it: children do not like the taste, and beneficiaries say that it gives children stomach problems or adversely affects their teeth. This helps to explain survey results that found that although people report taking the supplement, anemia has not been reduced, a puzzle the quantitative evaluation could not solve.

Health and Nutrition Training

- The health and nutrition workshops are essential to one of the most important objectives of the program—to encourage changes in health and nutrition practices over the long term. Without these, beneficiaries may comply with basic requirements around health service visits as long as they are receiving the food security transfer, but changes in health and nutrition are unlikely to be sustainable without a change in the knowledge base of beneficiaries.

- Beneficiaries have a generally positive attitude toward the workshops, and express an interest in learning. However, observations reveal that given their time constraints, beneficiaries are not always enthusiastic about attending, and there are some questionable practices around attendance. To increase interest, and their impact and sustainability, it is important to revisit the content, organization and pedagogical approaches of the workshops, to try to increase their relevance and effectiveness, and level of engagement of beneficiaries unaccustomed to this format for learning. It is important that these are not merely an obligation to be conducted (by service providers) and attended (by beneficiaries) for the sake of fulfilling program requirements, but rather a real learning experience. Periodically, beneficiaries could be also consulted about topics to be added to the workshop curriculum.

- There have been some operational problems such as invitations arriving late, time insufficient to cover the material, given late arrivals and a lengthy attendance procedure. Attendance should be taken at the end of the workshop to lose less time up front and avoid people signing in and then leaving.

- Material was presented in a simple manner. Nevertheless, there were beneficiaries who did not understand enough of the material. It is important to ensure that the ratio of facilitators to beneficiaries is not too small to assure attention and comprehension. Aside from increasing this ratio where possible, it would be helpful to promote a regular procedure, e.g. at regular meetings that *promotoras* hold for beneficiaries, whereby people could ask questions later (e.g. of the *promotora* if she is sufficiently trained) whenever they do not understand or remember the material.

Health and Nutrition: Changes in health and nutrition practices

- One gauge of the effectiveness of the workshop pedagogy and appropriateness of the content is the extent to which people put the teachings into practice. In all the villages there was considerable variation in the implementation of practices across the different topics. And the same practices tended to be emphasized or deemphasized in all the villages.

- The main topic covered in the workshop that is being put into practice relates to hygiene, both at the household and community level. People talk about the importance of good hygiene, and most beneficiary households are using good hygienic practices in their homes. In some communities beneficiaries are organized into groups to keep the community clean. Men also point out that the program has improved hygiene.

- Diet diversity has improved with respect to the consumption of familiar foods that the *bono* makes more affordable. But diet diversity in terms of new nutritious foods promoted in the training workshops has not improved substantially. Although some people describe the importance of some of these new foods (such as soy or green vegetables), only a few households across all six communities were ever observed to consume the new foods recommended through the workshops, and many frankly say that despite their availability, they do not consume these foods. The main reason relates less to the quality of the training than to the difficulty of bringing about a change in cultural practices, which in the case of diets revolve around beliefs about food, time perceived to prepare them, and tastes. If RPS continues to support these initiatives, more attention should be devoted to trying new techniques for promoting these new foods. This is an area where further research would be helpful to better understand beliefs and preferences with respect to new foods and how gradual changes in consumption habits could be promoted.

- Nevertheless, beneficiaries feel that their households are eating better, and that the nutrition and health of their children has improved. This is confirmed by the quantitative data that demonstrates these improvements. The qualitative research indicates that this is because before they could not afford basic foods in the same quantity or with the same frequency that they can now. For the poorest households this means staples such as beans; in less poor households this means occasional meat.

- There is variation across communities in the area of family planning, apparently tied mainly to religion, with less support among the Evangelical communities. Many women support the idea, but do not necessarily practice it. Some men are said to support the idea, while some women practice it in secret.

- In some communities, beneficiaries share what they learn in the workshops with non-beneficiaries. No one other than the beneficiaries attend the workshops—they are clearly perceived to be for beneficiaries only. Permitting non-beneficiaries to attend could help to lessen the feelings of exclusion, and enable them to obtain some program benefits—it is hard to justify denying them access to health education, whether they were accidentally excluded or 'non-poor'). In PROGRESA in Mexico, non-beneficiaries can attend the workshops and doctors feel this is important for their learning as well as for not driving divisions between beneficiares and non-beneficiares. Including non-beneficiaries naturally has budget implications, however. It will increase costs, particularly given the need to not strain the facilitator-participant ratio. However, we believe that this proposal has signficant enough advantages to warrant consideration of the additional cost.

- Some men also expressed interest in workshops that would help them to learn more about aspects of the program. It could be beneficial to include them on certain occasions—not all the time so that the women maintain this private space—but on occasion so that they are exposed to ideas about family health, and also feel some investment in the program. This might help them to be more supportive of achieving program objectives.

Health and Nutrition: Local understandings of program requirements

- Beneficiaries understand the basic health and nutrition objectives of the program, and a good basic understanding of the main program requirements.

- At the same time, there are areas where beneficiaries and/or *promotoras* misunderstand program requirements. Though made centrally, program requirements are sometimes transformed at the community level, by *promotoras*, service providers or beneficiaries themselves.

- Although the weight gain formal requirement was dropped in 2003, and not formally in practice in the RPS communities in our study, across all these communities, the belief still exists among many that this requirement is in effect. This may in part be explained by the fact that the research took place when the program was in transition and there was a lengthy break in the health service delivery, though the change does not appear to have been effectively communicated when the health services resumed. This enduring belief has several implications deserving of attention: First, it suggests that beneficiaries are not well-informed about certain aspects of program policies, requirements and sanctions; second, *promotoras*, health providers or others may be intentionally or unintentionally promoting understandings of program requirements that are not consistent with those determined centrally by the program; third, a concerted education effort is needed to accompany policy changes promulgated by the program, in order to remove entrenched beliefs; fourth, people are living with an unnecessary amount of fear over losing their benefits.

- As a result of this belief, beneficiaries are employing last-minute strategies to pass the weight test. In five of the six communities, some beneficiaries explained how they give the child unusually large amounts of food and liquids on the day or days leading up to the weighing. That people are doing this on weighing day does not mean that they are not trying to improve their diet on the other days, but it does confirm the degree of stress that they live under with respect to this perceived requirement.

- A significant number of mothers explained that their children lost weight because they were ill. A system is in place to establish illness through documentation, but it is not clear whether the illness is always picked up in the weighing process, so health providers should assure that this system is functioning well

- Beneficiaries are generally well informed about on what they are supposed to spend the money they receive from RPS. One unexpected finding, however, is that *promotoras* have taken it upon themselves to monitor what beneficiaries buy, in many cases requiring that beneficiaries show them receipts for their purchases, and sometimes requiring them to buy in certain shops. This is sometimes for their protection, e.g. when she monitors or negotiates prices.

- These examples of misperceived requirements present a paradox. They could have the effect of improving nutritional status by their incentive effects. But they raise the question of how important it is that beneficiaries are empowered to know what program requirements actually are. From a development perspective that privileges the promotion of agency and 'empowerment,' this lack of knowledge is problematic. There is a tension between maximizing nutritional objectives in the short run, and empowering beneficiaries to make their own decisions, which may be more sustainable in the long run. It would be worth having this discussion at the

program level, thinking through program objectives. The other paradox inherent in this last example is that the *promotoras*, in requiring receipts, are exercising their own agency—shaping the program as they see appropriate to achieve the program objectives. It is an indication that *promotoras* have a sense of ownership of the program and its nutrition-improving objectives, while at the same time it subverts centralized and well-reasoned program planning.

Education: Benefits

- The education component of the program is working particularly well, within certain limitations. Beneficiaries are delighted with the financial assistance they receive for buying uniforms and school materials. Beneficiaries are using their transfers in an appropriate manner, applying them to the purchase of educational materials, uniforms and shoes.

Education: Program requirements and compliance

- While quantitative results are better at demonstrating this conclusively, we note that according to our results, attendance levels are high.

- Although parents do not always know in detail what the teacher transfer is spent on, these is widespread understanding and support for it. Parents express a willingness to continue paying it even after the exit of the program, but at the same time many are doubtful that they will be able to do so without receiving the RPS transfer.

- There is very little evidence of collusion between parents, children and teachers in fraudulent practices such as marking absent children present so that they are not sanctioned.

Education: Performance and homework

- More emphasis could be placed upon the learning process. As things stand, the conditionalities of the program are based around attendance and delivery of the teacher transfer. More attention needs to be paid to helping children to increase achievement. According to teachers, there has been an improvement in academic performance in three of the six intervention communities. However, this is a conclusion which would benefit from triangulation with results derived from case-control quantitative methods. One possible approach to improving learning could be to train *promotoras* to actively work with teachers, creating more peer study groups and formalizing assistance with homework among the beneficiary households for which they are responsible. As things currently stand, the *promotoras* play a much more active role in the health component of the program. We believe that it would be useful to involve them more actively in the educational component; currently, *promotoras*'s participation in the education component is primarily via the UEC.

Another important intervention would be to improve the educational level of parents via their participation in adult literacy groups sponsored through other programs: in cases where children did not receive help from their parents, the primary reason was lack of sufficient education on the part of the parents. As noted in the main text, these groups do exist in some of the communities studied, and parents should be actively encouraged to attend: our field researchers report that attendance at these existing groups was poor.

Education: Non-benefiaries

- We found problems between beneficiary and non-beneficiary children. Children are very sensitive to visible difference, and are often too young to understand why some have been selected while others have not (though many adults are baffled by this too). If 100% program coverage (i.e. total geographical targeting) is not financially viable, we would strongly support an initiative to provide 100% coverage of at least the education component within all beneficiary communities; while we recognize that at this stage it may not be possible to requisition funding and change budgets to accommodate this, we believe that it should be borne in mind for future funding tranches. We believe this would have enormous long-term social benefits. A second, less expensive but still very effective option would be to provide universal coverage of the school supplies transfer only.[61]

Education: Attitudes and the future

- We observed a strong commitment to the values of education and sexual equality in schooling among parents. It is difficult to determine whether this represents a change in attitude caused or fostered by the program; in a sense, however, this does not matter. It is an important finding in its own right, whether or not it pre-dates the arrival of the program, because it suggests that there exists an especially fertile space for the education component in these communities. Parents and children in these communties value greatly the assistance they receive from the RPS education component.

Effect on the Household: Domestic economy

- While RPS cash transfers are on the whole seen as fungible, they are often not seen as alienable: while they "liberate" other sources of income from the need to buy food, there is a strong feeling in the study communities that transfers should be used for the purposes defined by the program.

[61] After reviewing the draft version of this report, RPS is now providing the teacher transfer for non-beneficiary students. This begins to address the concern raised here, but we continue to recommend a further extension of benefits to non-beneficiary children.

- The fungibility of the cash transfers and of household finances in general has allowed a certain amount of flexibility which was not enjoyed before the arrival of the program. In addition to the obvious case of food, beneficiaries now have a far wider range of possible consumption practices: medical expenses are more within reach; there is a limited budget for household sundries; sharing becomes a possibility, and some limited animal husbandry is viable.

- The cash transfers are sufficient to provide a degree of consumer flexibility, but are not enough to consider investment in business ventures beyond the aforementioned animal husbandry and small-scale agriculture.

- The benefits have had positive effects on adult work patterns, allowing some women to spend more time with their small children and providing men with more calories, allowing them to undertake more income-generating work. The benefits have also allowed men to take occasional rest days which were not possible before.

- As in the case of consumption, the transfers are seen as too small and too impermanent to allow beneficiary family members, adults or children, to give up paid work entirely.

- This study has produced no evidence to suggest that seasonal coffee harvesting engaged in by children conflicts with their compliance with RPS requirements.

Effect on the Household: Intra-household social relationships

- We found almost no evidence of changes in residence in order to obtain benefits, and no evidence of anyone from another community having moved to the study communities in order to obtain benefits.

- Women and men are uniformly supportive of assigning the benefits to women, based on the belief that women are better administrators of money and have better knowledge with regard to household food needs, and that men spend too much money on vices. There were a few reported cases of men taking the *bono* from women, but the vast majority of women report they spend this money themselves.

- Women's ability to spend money independently (if still with some consultation) is a new source of power. By its gendered design the program brings a message about women's importance, expressed here as making a difference in the perception of women as equal to men. While discourse around women's equality to some extent precedes RPS, by its gendered design the program appears to have increased it, and women report an increase in their self-esteem. The time women spend together in program meetings with the *promotora* or in the workshops increases awareness of women's issues (e.g. women's rights, family planning), and gives them a chance to speak up in public, and share their experiences and feelings with other women.

- We found few references to negative attitudes among men, or conflict between men and women with respect to the program. About half of the respondents said that intra-household relations had improved. This mainly seems to be related to reduced strain on households through the introduction of resources, as well as through increased understanding of many issues through program workshops and activities, which at least indirectly have some effect on men as well. There were just a few cases of reported tensions between men and women associated with the program, and no direct reports of domestic violence. There were "rumors" of some domestic violence in other communities, but no reports or evidence of this occurring the study communities.

Effect on the Community: Markets, credit and prices

- The program does not appear to have had profound effects in any of these areas. Small and localized effects on prices (hikes) are beyond the program's control in any case. Given the extent of indebtedness in these communities, including training on household finance might be helpful, although given the financial situation of most RPS beneficiaries, indebtedness is not necessarily avoidable. It could be useful for *promotoras* to be further encouraged and trained to constitute and formalize more buying groups among their beneficiaries, then negotiate with shop owners on their behalf and communicate the prices to the beneficiaries.

Effect on the Community: Community-level social relationships

- Where the targeting system is either not understood or widely perceived as unfair, it can create tensions between those included in or excluded from the program. Non-beneficiaries do not blame beneficiaries, and most say that it has not caused conflict between them. There is also solidarity, where beneficiaries argue why non-beneficiaries should get resources. However, there is also evidence of tensions related to the targeting, described in different cases as generating envy, disagreements, annoyance and gossip. Contrary to the common concerns about safety net programs 'stigmatizing' beneficiaries, RPS appears to confer beneficiaries a status.

- The program also creates a differentiation between one group that participates together in common activities—shopping, workshops, meetings, and community clean-up events—and another group excluded. Some reported that social ties between those included and excluded had weakened, because they now have less in common.

- All of this is likely to have some negative effect on social capital. Like the despair and frustration expressed by beneficiaries in being excluded, these are social costs that cannot be measured quantitatively. It is thus difficult to weigh them against the

benefits of targeting. Nevertheless, given the severity of these social and individual costs as uncovered in the social analysis, it is critical to take them into account in evaluating future targeting options.

- A related problem is that beneficiary children arrive at school with new uniforms, backpacks and school supplies, while non-beneficiary children do not. While non-beneficiaries are more stoic about their own misfortune, they are more expressive about the negative effects on their children. Children also express this directly. An effort should be make to remove this source of differentiation among children.

- In a couple of communities beneficiary families are asked to contribute some funds for the purchase of school supplies for non-beneficiary families. The implication is that exclusion of non-beneficiaries is perceived as worse than giving up some resources, and/or there are egalitarian values operating where people feel social pressure to make these donations.

- If building or supporting social capital as part of a development objective is a factor influencing anti-poverty program designs, then the extent to which the program encourages collective activities that can build social capital is an important evaluation criteria. Whether this is an objective at all in conditional cash transfer programs is a question that needs to be addressed. Though not at the level of programs that require collective action to obtain benefits, they do offer some formal and informal channels for participation. With regards to formal channels, in RPS the election of the *promotora* is the main feature where beneficiaries express a collective voice, and this is functioning as envisioned. The teacher transfer is also functioning, though this does not fall under collective activities. The envisioned participation of communities in targeting is not occurring.

- With regard to informal activities, in all six communities there are collective activities reported, mainly involving cleaning up common areas: garbage from the streets, the clinic, the church or the cemetery. Although not formally part of RPS activities, they are seen this way. In one community beneficiaries together clean one house thoroughly as a model as to how to clean their houses. In most communities, beneficiaries said that it is easier to organize women since the arrival of the program. In another community the *promotora* has organized adult education groups. The opportunity for women to work together, where they feel a part of a group and a sense of identity with the program, was said to have improved self-esteem, and participation in the workshops also seems to be creating some camaraderie.

- The degree of variation in activities across communities and expressions of this type of group identify suggests that there are ways of facilitating these processes. Though some of this depends on preexisting conditions in a community, features could be built into program training that enable greater group-based activities.

- Beneficiaries also engage in some economic cooperation, sometimes forming buying groups after they receive their benefits, or organizing a vehicle to travel together for shopping. There is much variation across and within communities, and appears mainly dependent on the initiative and organizing abilities of the *promotora*. If RPS incorporates these types of collective activities into its *promotora* training, it can save beneficiary resources, while strengthening social capital and means of economic cooperation that could potentially have second-round economic spin-offs. Currently there are no efforts to encourage beneficiaries to invest any of their cash transfers in a livelihood activity (such as collectively purchasing a pig to breed), or to link with any livelihood support activities. This could enable more sustainable means of climbing out of poverty for the current generation of adults.

- At the same time, it is important to keep in mind that where communal activities are seen as RPS groups, it can have the effect of increasing the divide between those who are and are not in the program, and deepening the disadvantages of the program to non-beneficiaries. This dilemma can only be solved when the problems surrounding fairness and perceptions of fairness of the targeting system are solved.

- *"Diezmo"*—a tithing practice where people give money or other resources to the church—is practiced in all study communities. They specifically to give a proportion of their RPS cash transfers to the church, though in some the amount is small (1 to 5 *córdobas*) while in others it is large (50 *córdobas*). It is likely that trying to discourage the practice would meet with resistance from the church and from beneficiaries who see it as a thanks to God for the benefits they receive. Nevertheless, it is important to be aware of *diezmo*, and to consider its consequences for the economic benefits that the program intends to transfer to beneficiary households, particularly where the amount of *diezmo* is large.

Final Note

Overall, our results—like those of the quantitative evaluation (Maluccio and Flores 2004)—demonstrate that the Red de Protección Social is very effective at improving the living standards of some of Nicaragua's poorest people, and that in most respects people are very pleased with the program. For this we commend the RPS officials and staff for a remarkable achievement. At the same time, the results show that there are elements of the program which could be modified to increase even further its positive effects and minimize negative ones. Some of these involve logistical issues, but many concern enabling beneficiaries to become more conscious agents of their own development process. We hope that the findings and recommendations presented here will be considered.

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APPENDIX 1: KEY RESEARCH QUESTIONS

Evaluación Cualitativa de la Red de Protección Social
Diseño del Estudio (borrador)
IFPRI

PREGUNTAS CLAVES DEL ESTUDIO
Nota preliminar: Las siguientes preguntas constituyen una guía, es decir que no necesariamente serán preguntadas en estas palabras.

I. PERCEPCIONES DEL IMPACTO DE LA RED: ¿DESDE LA PUNTA DE VISTA DE LOS BENEFICIARIOS, EN CUALES SENTIDOS HA SIDO IMPACTANTE EL PROGRAMA?

Impactos Directos (que tienen que ver con los objetivos explícitos del programa)

i. ¿Ha mejorado la salud de niños de edad 0-5 y mujeres en edad fértil?
   a. ¿Ha mejorado la salud de las familias beneficiarias?
   b. ¿Ha mejorado la salud de la comunidad?

ii. ¿Ha crecido el gasto de los beneficiarios en alimentación?
   a. ¿Se puede ver cambios en los patrones de consumo? Piensan los informantes que:
   b. ¿Las personas comen más comidas industrializadas que antes?
   c.. ¿La gente come más productos animales?
   d. ¿La gente compra de diferentes tiendas o mercados que antes?
   e. ¿La gente ha cambiado los hábitos de cocinar por causa del programa? ¿Por ejemplo, echan más mantequilla en los frijoles, o en las tortillas? ¿O, echan más ajo, o cebolla en la comida, o cocinan más frecuentemente que antes?
   f. ¿La gente gasta el dinero en "mal consumo" como tabaco, alcohol, o en loterías, peleas de gallos u otro juegos?

iii. ¿Ha reducido la deserción escolar en los primeros cuatro años de la escuela primaria?
   a. ¿Sus hijos de edad 6-13 van al colegio más que antes?
   b. ¿Ha mejorado la educación de los niños de las familias beneficiarias?

Impactos Indirectos (impactos esperados que no provienen directamente de los objetivos explícitos del programa)

La Economía

iv. ¿Hay cambios visibles en la economía local?

v. ¿La gente invierte dinero en comprar animales como chanchos y gallinas, o en pequeños negocios (como, por ejemplo, hacer prestamos)?

   a. ¿Si, no, que son los obstáculos para la inversión?
   b. ¿Qué necesitaría la gente para invertir en pequeños negocios?

vi. ¿Ahorra dinero en otras formas? ¿Cuáles?

vii. ¿Existen sistemas comunitarios de ahorrar dinero?

viii. ¿Los beneficiarios ayudan a personas en (o fuera del) programa? ¿Quién?

ix. ¿Hay gente que de vez en cuando saca prestamos, poniendo los beneficios como garantía?

x. ¿Se puede conseguir crédito en las tiendas? ¿Tienen los beneficiarios más facilidad en conseguir crédito?

xi. ¿Gasta la gente todo el dinero en compras inmediatamente?

xii. ¿Compra la gente solamente cuándo le falta algo?

xiii. ¿Hay cambios en los patrones de trabajo?
   a. ¿Qué son los efectos para los hombres, las mujeres, y los niños?
   b. ¿Han cambiado los patrones de migración laboral por causa del programa?
   c. ¿Han cambiado los patrones de migración en general por causa del programa?

d. ¿Aparte del trabajo, hay otros razones para migrar?
e. ¿Hacen los niños o las niñas más tareas en casa por causa del programa? ¿Las mujeres?

xiv. ¿Suben los precios en los días del pagamiento?

Relaciones Sociales (relaciones familiares, el capital social, la política)

Relaciones familiares

xv. ¿Hay separación intra-familial causada por el programa? ¿O, si se ve la otra tendencia, de familias uniéndose?

xvi. ¿Se observa otros cambios en los patrones de residencia?

xvii. ¿El programa afecta las relaciones dentro de los hogares?
xviii. ¿Se ve cambios en los papeles de género?
xix. ¿Las mujeres toman más decisiones? ¿Cuáles?
xx. ¿Las mujeres mantienen control del dinero del programa, o lo agarran los hombres?
xxi. ¿Las mujeres comparten el dinero con toda la familia?

El Capital Social

xxii. ¿El programa fortaleció las organizaciones comunitarias? ¿O, al contrario?
xxiii. ¿Existirán grupos sociales establecidas por los talleres de salud en esta forma, o en otra, después del termino del programa?

xxiv. ¿Estas nuevas instituciones utilizan grupos ya formadas (como: grupos de deportes, de la iglesia, etc.)?
xxv. ¿Entienden y asumen los beneficiarios las metas de los grupos?
xxvi. ¿A la gente le gusta ir a las reuniones de los grupos?
xxvii. ¿Qué hacen las mujeres en las reuniones del programa?

Política y Liderazgo

xxviii. ¿Hay cambios en liderazgo al nivel comunitario? ¿Por ejemplo, en esta comunidad, quien son las personas más poderosas? ¿Las *promotoras* y los UELs tienen un rol político en las comunidades?

xxix. ¿Se ve cambios en las estructuras de poder y influencia?
xxx. ¿Se ve cambios en los lideres políticos? ¿Y en partidos políticos?
xxxi. ¿Las *promotoras* tienen influencia y poder especial en las comunidades?
xxxii. ¿Cómo se seleccionan las *promotoras*?

La Religión

xxxiii. ¿Han sido afectadas por el programa las organizaciones religiosas en las comunidades?
xxxiv. ¿La religiosidad ha sido afectada por el programa?
xxxv. ¿Utiliza el programa organizaciones religiosas en su implementación, o vice verse?

El Estado Emocional

xxxvi. ¿Los beneficios afectan el estrés?
a. ¿Por causa del programa la gente están menos estresados por la comida, la ropa, y la salud de los hijos?

II. IMPLEMENTACIÓN

Nivel de Centralización

i. ¿El programa es sobre-centralizado?
ii. ¿Por qué es esto bueno o malo?
iii. ¿Si sucede algo no esperado en la comunidad, tiene el programa la flexibilidad de reaccionar? (Si la situación de una familia no beneficiaria cambia de repente, ¿le podría ofrecer alguna forma de ayuda?)

iv. ¿Tienen las ejecutoras locales la autoridad de tomar decisiones importantes sobre la administración local?
v. ¿Cómo se puede caracterizar las relaciones entre la RPS, el MINSA, y el MECD?
vi. ¿Estas relaciones afectan la implementación del programa?

Entrega de Servicios

vii. ¿Los maestros apuntan los nombres de los alumnos en la lista de asistencia aunque no vengan a la escuela para que las familias no pierdan los beneficios?
viii. ¿Hay problemas con la entrega de servicios de salud y educación?
ix. ¿El dinero llega a tiempo? ¿Si no, qué son sus derechos y qué hacen ellos?
x. ¿ Las beneficiarias entienden la cantidad de beneficios que reciben? ¿Si no, hay alguna persona del programa que se les puede explicar a ellas?
xi. ¿Existen formas de denunciar una parte del programa que no funciona bien?
xii. ¿Los servicios de salud ofrecidos por el programa quedan muy lejos de las comunidades?
xiii. ¿Los proveedores de salud son sensibles a la cultura local?
xiv. ¿Quitan los beneficios de familias cuyos niños ganan demasiado peso?
xv. ¿Y qué pasa con los niños que no ganan suficiente peso, o que tardan más en ganar peso?
xvi. ¿Los hombres y las mujeres toman más en serio los problemas de salud de las mujeres (como, cáncer del pecho, y ovarios, histerectomías, etc.) y los niños?
xvii. ¿Conoce la gente sus derechos en el programa?

Focalización

xviii. ¿La focalización ha dejado una parte de las personas más pobres fuera del programa?
xix. ¿La focalización ha incluido personas dentro del programa que no deberían de estar allá?
xx. ¿La gente entiende el proceso de focalización?
xxi. ¿El proceso de focalización trae problemas sociales entre los beneficiarios y los no beneficiarios (de envidia por ejemplo)?
xxii. ¿La participación comunitaria podría ayudar en el proceso de focalización? ¿En qué forma?
xxiii. ¿Las personas no seleccionadas o seleccionadas por el programa tienen problemas de auto-estimo?
xxiv. ¿Ellos se sienten insuficientes? ¿Se sienten enojados? ¿Aislados? ¿Estresados?
xxv. ¿Sabe la gente que son las comarcas?
    a. ¿Sabe la gente que las comarcas y las comunidades no son iguales?
    b. ¿Cree que es un problema para el proceso de focalización que utilicen "comarca" en vez de "comunidad"?

III. METAS DE LARGO PLAZO

Si el mensaje está claro para los beneficiarios

i. ¿Reconoce la gente el valor de la educación? ¿Por qué?
ii. ¿Los padres ayudan a los niños con sus deberes?
iii. ¿Reconoce la gente el valor de la salud? ¿Por qué?
iv. ¿Por qué va la gente al puesto de salud?

El Estado de la Comunidad

v. ¿Piensa la gente que, generalmente, la comunidad está mejor o peor por causa del programa?

El Programa de la Red

vi. ¿Si la gente pudiera cambiar cualquier parte del programa, cuál sería? ¿Si pudieran tener otro programa, cuál sería?

IV. SOSTENIBILIDAD

Si el programa es sostenible. ¿Cuales son las partes que se quedarán cuando termine el apoyo monetario?

i. ¿Seguirán los cambios del comportamiento después del fin del proyecto?

ii. ¿Cómo las personas valorizarán la educación, y la salud de sus hijos después del fin del programa? ¿Ellos continuarán haciendo las actividades de salud, higiene y educación si no están recibiendo los beneficios monetarios?

iii. ¿Hay cambios en actitudes al planeamiento familiar por causa de la distribución de contraconceptivos o de los talleres de salud?

iv. ¿La gente va a seguir pagando a los maestros? ¿Cómo funciona ese sistema?

APPENDIX 2: INTERVIEW GUIDES

1. Semi-structured interviews

En comunidades donde hay focalización por hogar, nos gustaría que hiciera 7 con personas beneficiarias y 3 con personas no-beneficiarias.

Lea lo siguiente o algo parecido

Esta entrevista es parte de una investigación no-gubernamental hecha por mi y un equipo internacional. Tenemos preguntas sobre sus opiniones y conocimientos, su alimentación y salud, y grupos sociales aquí. Vamos a hablar con muchas personas en esta investigación, y usaremos la información para explicar la vida aquí a personas en los Estados Unidos y en Inglaterra, y para ayudar al gobierno a mejorar programas como la Red de Protección Social. Pero, al fin de esta entrevista, no hablaremos con nadie aquí de lo que Ud. nos ha dicho. También, después de la investigación, todos los datos serán presentados juntos, y todos los nombres serán cambiados. Entonces, sería totalmente imposible que alguien sepa lo que Ud. nos dijo. Finalmente, su participación en el estudio no es obligatoria y si Ud. quiere parar en cualquier momento, la terminamos. ¿Quiere continuar?

Nombre del informante:_____

Edad:_____

Sexo:_____

Comunidad:_____

Observaciones de la casa:

Temas de las entrevistas

Estamos interesados en la Red de Protección Social.
¿Puede hablar de la Red?
¿Qué piensa del programa?
¿Qué le gusta?
¿Qué no le gusta?
¿Qué bonos recibe Ud.?

1. Salud

¿Qué diferencias hay entre las enfermedades de hoy en día y las de su juventud?
¿Qué pasa cuando está enfermo?
¿Con quien habla?
¿Ha cambiado la salud de su familia desde el inicio de la Red?
¿Cómo?
¿Ha cambiado la salud aquí desde llegó la Red?
¿Cómo?
¿Qué piensa de los servicios de salud (de la Red y del MINSA)?
¿Qué pasa cuando va al puesto (MINSA)?
¿Cuánto le cobran la visita?
¿Cuánto tiempo se espera normalmente para ver a alguien allí?
¿Habla con un medico, una enfermera, o quien?
¿Va siempre a los servicios de salud como manda la Red?
¿Por qué, o por qué no?
¿Qué piensa de los proveedores de salud?
¿Le ayudan, son simpáticos, antipáticos, o que?
¿Cómo se podría mejorar los servicios de salud?
¿Normalmente, por cuánto tiempo se espera para ser atendido?
¿Hay suficientes cantidades de vitaminas y vacunas?
¿Qué les dan a Uds.?
¿En su casa, quien toma los vitaminas y suplementos?
¿Qué opina Ud. de los suplementos?
¿Saben bien o mal?
¿Cree Ud. que los suplementos les podrían hacer daño a los niños?
¿Qué haría Ud. si no le gustaran a su hijo las pastillas?
¿Ahora, las familias son más atentas a sus hijos ganando peso?
¿Siempre va a los talleres de salud?
¿Qué opina Ud. de los talleres?
¿Por qué?
¿Se usa las informaciones?
¿Nos podría contar un ejemplo de una práctica que aprendió por los talleres, que le sirve?
¿Y un ejemplo de una práctica que no le sirve?
¿Los talleres hablan de planificación familiar?
¿De que hablan?
¿La gente práctica la planificación familiar?
¿Qué opina Ud. de la planificación familiar?
¿Con quien plática Ud. lo que aprende en los talleres?
¿Qué pasaría con la salud si la programa acabara?
¿Las familias aquí continuarían yendo a los médicos?
¿En los puestos de salud, Ud. ha sido atendida por médicos masculinos?
Si "Sí", ¿A Ud. le importaba?

2. Comida

¿La comida ha mejorado desde su juventud?
¿Está comiendo igual que antes de la llegada de la Red? ¿Qué son los cambios?

¿Carne, huevos, etc?
¿Productos del supermercado, o que viene ya envasados?
¿Está comprando de las mismas tiendas que antes?
¿Han engordado sus hijos?
¿Por qué o por qué no?
¿Qué son las reglas sobre el crecimiento de niños?
¿Qué haría Ud. si su niño no llegara al peso requisito?
¿Se cocina en la misma manera que cocinaba?
¿Qué aprendió de los talleres de alimentación?
¿Puede hacer todo lo que ellos le enseñan?
¿Le ha enseñado a alguna otra persona lo que aprendió en los talleres?

3. Escuela

¿Cómo estaba la escuelas en su juventud?
¿Han cambiado las escuelas por la Red? ¿Qué cambios ha visto?
¿Qué piensa de las escuelas?
¿Los maestros, materiales y equipo son de buena calidad?
¿Es más fácil para los hijos ir a la escuela?
¿Ud. de vez en cuando visita la escuela para ver como está?
¿Cómo se comporta la maestra si Ud. visita la escuela?
¿Sus hijos van a la escuela?
¿Cuántos días en una semana van a la escuela?
¿Ellos tienen problemas en la escuela?
¿Cómo?
¿Hay alguien que les ayuda a los hijos con sus tareas?
¿Sus hijos siempre van a la escuela como manda la Red? ¿Si no, por qué no?
¿Los maestros apuntan los alumnos "presente" si ellos no están para que los padres puedan seguir recibiendo los beneficios?
¿A los alumnos les gusta ir al escuela?
¿Qué opina del uniforme?
¿Qué tipo de uniforme y materiales escolares ha comprado?
¿Qué piensa de las muchachas yendo al escuela?
¿Hombres aquí piensan que es importante educar a las niñas tanto como los niños?
¿Si la Red parara, continuaría mandando los hijos a la escuela?
¿Por qué sí o no?
¿Uds. van a continuar pagando a los maestros cuando termine el programa?
¿Quién administra el bono de oferta?
¿Sabe como se invierte?
¿Qué opina de la entrega del bono de oferta?

4. Trabajo y Economía

¿Qué hace para ganar dinero?
¿En su familia, como se maneja el dinero?
¿En su familia, quien trabaja?
¿Alguien hace pequeños trabajos?
¿Trabajan sus hijos?
¿Uds. trabajan en el corte de café?
¿Cuándo? ¿En que meses?
¿Dónde?
¿Cómo utiliza el dinero de la Red?
¿Cuánto gasta en comida?
¿Cuánto gasta en ropa?
¿Cuánto gasta en servicios médicos y medicinas?

¿Les da dinero a los niños para llevar a la escuela?
¿A Ud. los niños le piden dinero o que les compren cosas los días de pago?
¿Ha perdido Ud. alguna vez un día de pago?
¿Sabe si es posible reclamarlo?
¿Usted invierte el dinero en otras formas?
¿En pequeños negocios, o en comprar animales como chanchos o gallinas?
¿Otras personas aquí hacían esta?
¿Ellos tenían éxito en estos negocios?
¿Se ahorran el dinero?
¿Dónde?
¿Usan el dinero para ayudar a otras personas?
¿Le da la plata a su marido, o a otros miembros de la familia?
¿Su marido le pide que le de la plata a él?
¿Si su marido le pidiera a Ud. que le diera la plata a él, y se lo negara, qué pasaría?
¿Sabe Ud. si otras mujeres de la comunidad de vez en cuando dan el bono a sus maridos, o a otras personas?
¿Cómo se hace las compras?
¿Se da crédito en las tiendas?
¿Con el bono, tiene Ud. más acceso a crédito?
¿Hay cosas que compra que no podía antes del programa?
¿Puede comprar esas cosas sin preguntar a su marido?
¿Qué pasa con los precios los días de pago?
¿Gasta todo el dinero el día de pago?
¿Ha cambiado la situación laboral por causa de la Red?
¿Es más fácil conseguir trabajo hoy en día?
¿Personas migran para buscar trabajo?
¿El Red ha afectado la situación laboral?
¿Alguien aquí trabaja menos o más por causa de la Red?
¿Alguien recibe menos dinero por causa de la Red?
¿La gente toma más, o fuman, o juegan en loterías más que antes de la llegada del programa?

5. Hogares

¿Qué está pasando con familias y hogares hoy en día?
¿Hay personas que viven con otros para recibir los beneficios de la Red?
¿Con quien viven?
¿Personas viven en los mismos lugares?
¿Relaciones familiares son iguales como antes el inicio de la Red?
¿Si hay problemas, qué son?
¿Si relaciones son mejores, por qué?
¿Toma otras decisiones, que no tomaba antes?
¿Es mejor que la Red se dé los beneficios a las mujeres en vez de los hombres?
¿Por qué?
¿A su marido le gusta la Red?
¿Qué piensa él de los actividades de la Red?
¿A su marido le importa que Ud. participe en las actividades de la Red?
¿Si le diera algún problema, qué podría hacer?
(con no-beneficiarios: ¿Es difícil obtener el dinero para comprar uniformes y materiales escolares?
¿Cómo se sienten, dado que hay personas que reciben ayuda y Ud. no la recibe?

6. Grupos y Participación Comunitaria

¿Esta comunidad cambió por causa de la Red?
¿Con que frecuencia hay reuniones de los grupos de la *promotora*?
¿De qué hablan en los reuniones?
¿Qué piensa de las reuniones del programa?

¿Personas aquí se reúnen en otros ocasiones para hacer otras cosas?
¿Qué? ¿Con qué frecuencia?
¿Quién se reúnen?
¿Dónde se reúnen?
¿Personas participan más o menos?
¿Hay otros grupos aquí? Como, por ejemplo, equipos deportivos, grupos de la iglesia, grupos políticos, círculos de educación de adultos.
¿Estos grupos hacen cosas que tienen que ver con la Red?
¿Qué opina de los grupos?
¿La comunidad participa en decisiones de la Red?
¿Deberían de participar?
¿En que tipos de asunto debería de involucrarse?
¿Ud. conoce alguna persona que no es beneficiaria?
¿Tiene interacción con estas personas?
¿De que hablan?

7. Emociones
¿Las personas que reciben los beneficios del programa se sienten mejor? ¿Por qué?
¿Qué más necesitan las personas para estar felices?
¿Ud. se siente diferente a partir del inicio de la Red (por ejemplo más respecto de su marido, más confianza de pedirle algo, o cuando habla con oficiales, etc.)

8. Servicios
¿Si la comunidad quiere cambiar alguna parte del programa, podría? ¿Cómo?
¿Cómo titular, hay que llenar formularios?
¿Los entiende bien?
¿Ha tenido problemas en llenarlos?
¿Se puede quejar cuando alguna parte de la Red no funciona? (por ejemplo, si un taller no sirve) Explique...
¿Cuándo personas reciben su dinero, ellos entienden por qué reciben esta cantidad? ¿Hay alguien para explicárselo?
¿Siempre recibe el dinero a tiempo?
Si no llega a tiempo, ¿qué puede hacer Ud. para aguantar la situación?
¿Hay gente que merece ayuda que no la recibe? ¿O gente aquí que recibe la ayuda que no la merece?
¿Cómo se selecciona los beneficiarios? ¿Piensa que la manera es justa? ¿Cómo la cambiaría si la pudiera?
¿Sabe Ud. que es una comarca?
¿Asistió Ud. en una Asamblea?
¿Qué se hace en las Asambleas?
¿Quién fue invitado a las Asambleas?
¿Ud. hizo algún comentario sobre la lista de beneficiarios?
¿Ud. sabe si alguien de esta comunidad denunció alguna persona que no debería de haber sido incluido en la lista?
¿Cómo se siente personas que no receben los beneficios?
¿Si pudiera cambiar cualquier parte del programa de la Red, cual sería?
¿Si pudiera recibir cualquier tipo de apoyo gubernamental, que sería?
¿Por qué?
¿Cómo le ayudaría?
¿Preferiría otro programa?
¿Qué tipo de interacción tiene con la UEL?
¿Le ayuda la UEL o no?
¿A Ud. le gusta la UEL?
¿Hay algo que la UEL debería de hacer, pero no hace?
¿En general, Ud. diría que la comunidad está mejor o peor por causa del programa?

9. Liderazgo

¿Quiénes son los lideres de esta comunidad?
¿Ellos participan en la Red?
¿Cómo se selecciona la *promotora*?
¿Me puede describir el proceso?
¿Ud. participó en la elección de la *promotora*?
¿En qué manera?
¿Tiene la *promotora* una estatus por la Red?
¿Qué opina de los poderes de la *promotora*?
¿Qué piensa del trabajo que hace la *promotora*? ¿Ella podría mejorar?
¿Las beneficiarias de esta comunidad le dan dinero o pagos en especie a la *promotora*?
(Si el informante contesta "Sí", continua con la siguiente pregunta):
¿Esta ayuda que le dan a la *promotora* es para que?
¿Los oficiales gubernamentales hacen cosas para la Red?
¿Ellos podrían hacer más?
¿Cómo se podría caracterizar la relación entre la *promotora* y el líder de la comunidad?

10. Religión

¿Las personas aquí son religiosas?
¿De que religión?
¿Los pastores hablan de la política o los programas sociales? ¿Qué dicen?
¿Las iglesias ayudan a la comunidad?
¿Las iglesias piden dinero de los bonos?
(si contesta "Sí", siga con estas preguntas)
¿Qué piensa la gente de este costumbre?
¿Cree Ud. que es bueno o malo?

2. Case study guides: Beneficiaries

Estudios de Caso

¡Por favor, sigan sus instintos! Queremos que entrevisten a todos los adultos y adolescentes, y algunos niños en las familias. Para realizar un estudio de caso, hay que visitar el hogar siete veces. Por supuesto, que no hagan todas las visitas en el mismo día de la semana, ni a la misma hora, es decir, podrían visitar un hogar por la mañana, al medio día, por la tarde, por la noche, etc., en varios días de la semana. Como les hemos explicado, van a hacer una combinación de observaciones y entrevistas en cada hogar. Las entrevistas seguirán la guía de entrevistas semi-estructuradas, pero obviamente, con los hombres y adolescentes habrá que dejar las preguntas que solamente tienen que ver con mujeres. Además, con los hombres y adolescentes, queremos que sigan los temas que se encuentran en este documento. También, queremos que entrevisten a los niños, siguiendo los temas que se encuentran en este documento.

Hay ciertos casos de hogares que son especialmente interesantes, los cuales sería conveniente investigar a través de los estudios de caso. Idealmente, nos interesaría investigar el impacto del programa en aquellos hogares que al inicio del programa:

- Tenían niños de los siguientes grupos de edad (< 5 / 6-11 / ambos grupos).
- Empezaron con niveles de salud y educación de los niños negativos.
- Empezaron con una situación / nivel más favorable en salud y educación.
- Hogares en los cuales el titular es un varón
- Los hogares que fueron expulsados del programa o se retiraron voluntariamente
- Hogares que no fueron beneficiarios (en comarcas 3&4 donde hubo focalización por hogar y no fueron seleccionados)

Con el fin de que les sirva de guía o ayuda en el momento de seleccionar los hogares para los estudios de caso, hemos creado una matriz de casos a explorar y unas pautas para seleccionar hogares dentro de cada comunidad a partir de los datos cuantitativos del programa. Asimismo les facilitaremos un listado de hogares en sus comunidades que pertenezcan a una de las tipologías anteriormente mencionadas. Recuerden que lo que les presentamos a continuación es una selección ideal y que es posible que no se consigan todos los casos sugeridos en cada comunidad. En dichas situaciones, usen su propio juicio para seleccionar otros hogares que crean que puedan ser interesantes para la investigación mediante los estudios de caso.

Las tipologías de hogares que vienen presentados en la matriz que aparece a continuación son las siguientes: Nos gustaría explorar aquellos hogares que <u>al inicio del programa (2000)</u> tenían las siguientes características:

<u>CARACTERÍSTICAS DEMOGRÁFICAS :</u>

A- Hogares con niños únicamente menores de 5 años

B- Hogares con niños únicamente en edad (6-11) escolar de primaria.

<u>SITUACIÓN EN SALUD / EDUCACIÓN:</u>

C- Hogares con potencial de mejora en la salud de los niños al inicio del programa (-)

D- Hogares que empezaron con un buen nivel de salud de los niños. (+)

E- Hogares cuyos niños no estén matriculados en la escuela a pesar de estar en edad escolar (6-11 años). Estos hogares presentan un potencial de mejora.(-)

F- Hogares cuyos niños estén matriculados en la escuela (edad 6-11) (+)

Matriz de casos (6 Estudios de Caso)

	(-) salud	(+)salud	(-)educación	(+)educación
Niños 0- 5 años	2 estudios de caso	1 estudio de caso	0	0
Niños en la primaria	0	0	2 estudios de caso	1 estudio de caso

Sería ideal conseguir 2 casos de hogares con niños menores de 5 años que presentaban una situación inicial de salud con potencial a mejorar (los indicadores de salud infantil se encuentran por debajo de lo deseado). Igualmente, sería bueno investigar un hogar con niños menores de 5 años al inicio del programa que presentaran una situación buena en términos de salud.

Para educación , sería conveniente reproducir el mismo esquema. Idealmente, quisiéramos encontrar dos hogares únicamente con niños de 6 a 11 años de edad que al inicio del programa no estuvieran matriculados en la escuela (presentan potencial de mejora en educación antes de iniciarse el programa). Igualmente, sería interesante encontrar un hogar que tuviera niños en edad de escuela primaria pero que al inicio del programa, ya estuvieran matriculados en la escuela.

Además de los casos presentados en la matriz y recién explicados, intentar conseguir estudios de caso con:

Hogares con hijos en los dos grupos de edad (<5 y 6-11 años)

(-) salud (2 Estudios de caso)
(+) salud (1 Estudio de caso)

Para investigar esta tipología de hogares, en algunas comunidades nos centraremos únicamente en el componente de salud y se intentará identificar a aquellos hogares que al inicio del programa tenían hijos en los dos grupos de edad (de 0-5 y de 6-11) y que presentaban una situación no óptima en salud. En el caso contrario, se buscará un hogar que tuviera hijos en los dos grupos de edad al inicio del programa y que presentara una situación de salud de sus hijos óptima.

Hogares con hijos en los dos grupos de edad (<5 y 6-11 años)

(-) educación (2 Estudios de caso)
(+) educación (1 Estudio de caso)

De la misma manera que se hizo en salud, en otras comunidades nos centraremos únicamente en el componente de educación y se intentará identificar a aquellos hogares que al inicio del programa tenían hijos en los dos grupos de edad en el inicio del programa (de 0-5 y de 6-11) y que presentaban una situación no óptima en educación (los niños en edad escolar relevante no están matriculados en la escuela). En el caso contrario, se buscará un hogar que tuviera hijos en los dos grupos de edad al inicio del programa y que presentara una situación de educación de sus hijos óptima (aquellos en edad escolar están matriculados en la escuela con anterioridad al programa).

De la misma manera, para cada comunidad vamos a facilitar un listado con los hogares que cumplan cada una de las condiciones siguientes para que ustedes –en lo posible- consigan realizar estudios de caso con ellos:

- 1 EC con hogares beneficiarios sin niños
- 1 EC con hogares no beneficiarios (especialmente en las comunidades 3&4)
- 1 EC con un hogar donde haya un titular hombre

- 1 EC con un hogar que han salido del programa (penalizados o voluntariamente)

Nombre del titular: _____

Comunidad: _____

Tipo de hogar, en términos de las características y situaciones anteriormente mencionadas: _____

_____

_____

_____

_____

Temas para mujeres
Guía de entrevistas semi-estructuradas más:

--si creen que la gente de esa comunidad convive bien
--¿quienes son las familias más pobres de esta comunidad? ¿Dónde se encuentra su familia en términos de pobreza en esta comunidad?
--si les parece justo el proceso de focalización.

¿Cuál sería mejor? Un sistema de selección donde: a) las prestaciones son repartidas entre todas las familias de la comunidad, o sea todo el mundo recibiría ayuda, pero poco. b) solamente las familias más pobres reciben ayuda, y las demás que no son muy pobres no la reciben. c) todo el mundo recibe algo, pero las familias más pobres reciben más.

¿Cómo debería de ser la selección de familias beneficiadas?

¿En que consiste la pobreza?

Temas para hombres
Guía de entrevistas semi-estructuradas más:
--si creen que la Red ayuda solamente a las mujeres
--si a ellos les parece justo la Red
--como se sienten, dado que las mujeres reciben los bonos de la Red
--si piensan en la salud
--si piensan en los temas de salud de mujeres y niños
--si entienden porque reciben medicinas y apoyo médico de la Red
--si les importa que las mujeres sean atendidas por médicos masculinos?
--si piensan en su propia salud
--si les gustaría asistir a los talleres de salud
--que opinan de la planificación familiar
--que tipos de familias quieren tener
--el numero de hijos que quieren tener
--que opinan de los suplementos, vacunas y vitaminas
--si ayudan a las mujeres con las tareas domesticas
--si ayudan a cuidar a los niños
--como valorizan la educación
--si valorizan más o menos la educación de niñas
--si los niños siguen yendo a la escuela más allá del 4 grado—y porque
--que piensan del trabajo (su propio trabajo y lo de otros miembros de la familia)
--si creen que el rol del hombre es ganar dinero
-- el trabajo infantil
--que tipo de ayuda les parecería mejor
--si tienen una idea de los precios de alimentos
--la violencia intrafamiliar
--que opinan de su rol en la educación
--si creen que la gente de esa comunidad convive bien

--¿quienes son las familias más pobres de esta comunidad? ¿Dónde se encuentra su familia en términos de pobreza en esta comunidad?
--si les parece justo el proceso de focalización.

¿Cuál sería mejor? Un sistema de selección donde: a) las prestaciones son repartidas entre todas las familias de la comunidad, o sea todo el mundo recibiría ayuda, pero poco. b) solamente las familias más pobres

reciben ayuda, y las demás que no son muy pobres no la reciben. c) todo el mundo recibe algo, pero las familias más pobres reciben más.

¿Cómo debería de ser la selección de familias beneficiadas?

¿En que consiste la pobreza?

Temas para adolescentes (apunten edad del informante)
Guía de entrevistas semi-estructuradas más:
--la planificación familiar
--que opinan de los suplementos, vacunas y vitaminas
--si los reciben
--que opinan de la escuela
--si van a la escuela, y porque
--ha cambiado la escuela a partir del inicio del programa
--si hay oportunidades de seguir estudiando
--como valorizan la educación
--la violencia intrafamiliar
--que tareas y actividades hacen (en casa, en las huertas, para ganar dinero)
--la participación ciudadana
--que tipo de familia quieren tener
--el numero de hijos que quieren tener
--que opinan de la Red

Temas para niños (apunten edad del informante)
--que piensan de la escuela
--que opinan del uniforme y zapatos
(con niños no beneficiarios, como se sienten dado que algunos niños tienen uniforme y ellos no)
--que opinan de los materiales escolares
--que opinan de la maestra
--si han visto cambios en la escuela
--si los padres les ayudan con las tareas
--si trabajan (cortes de café, huerta, finca etc.)
--si están comiendo de manera diferente
--si saben que es la Red
--si han visto cambios en el comportamiento de los miembros de la familia
--la violencia intrafamiliar
--si conocen a alguien que no recibe los beneficios
--que piensan de las visitas al médico
--si les gusta tomar los suplementos
--si saben que son las vacunas
--que juegos más les gustan
--si entienden porque se hace cosas de manera diferente hoy en día

Observaciones (los siguientes son nuestras sugerencias, pero tienen que usar sus instintos también)
--actividades cotidianas
--preparación de comida (¡muy importante!)
--interacciones familiares
--interacciones sociales con personas que no son de la familia
--como juegan los niños
--como comen (por ejemplo quien come que tipo de alimento, y las cantidades aproximadas que comen)
--como alimenten a los niños
--consumo de los vitaminas y suplementos
--como limpian la casa

--hábitos higiénicos
--en general, si la familia está siguiendo los compromisos de la Red (vean los materiales de los talleres)
--como cuidan a los niños
--si hablan de la salud
--como gastan el dinero
--tipos de objetos que pertenecen a los miembros de la familia
--de que hablan los miembros de la familia
--la vida religiosa
--si hablan de la Red
--interacciones (si hay) con la *promotora*
--pidan a los titulares que les enseñen todos sus formularios, documentos importantes, cedulas y tarjetas. Hagan un listado.
--queremos ver si las madres beneficiarias cambian la forma de alimentar a los niños unos días antes de llevarlos a pesar, para que ganen más peso.

3. Case study guides: Non-beneficiaries

Guía de Estudios de Caso en Hogares no-Beneficiarios

Para:
los hogares que no fueron beneficiarios (por razones de focalización en comarcas tipo 3&4), los hogares que fueron expulsados del programa y los que se retiraron voluntariamente.

Estamos especialmente interesados en los temas de:
solidaridad comunitaria
conflictos inter-familiar, o celos causado por focalización
autoestima
conceptos locales de la pobreza
como vivir a pesar de no recibir apoyo del programa
¿por qué se han retirado algunos hogares?
razones para expulsión (*según los informantes*)

Temas adicionales:
quisiéramos que siguieran la guía **Estudios de Caso**, dejando por supuesto las preguntas no relevantes a estos hogares (¡usen su propio juicio!), y añadiendo las siguientes preguntas y temas.

Mujeres

--si creen que la gente de esa comunidad convive bien
--¿quienes son las familias más pobres de esta comunidad? ¿Dónde se encuentra su familia en términos de pobreza en esta comunidad?
--como se sienten (dado que fueron echadas del programa / no fueron seleccionadas por la focalización / dejaron voluntariamente el programa)
--si sentía enojada, ¿qué hizo?
--si les parece justo el proceso de focalización.
¿Cuál sería mejor? Un sistema de selección donde: a) las prestaciones son repartidas entre todas las familias de la comunidad, o sea todo el mundo recibiría ayuda, pero poco. b) solamente las familias más pobres reciben ayuda, y las demás que no son muy pobres no la reciben. c) todo el mundo recibe algo, pero las familias más pobres reciben más.

¿Cómo debería de ser la selección de familias beneficiadas?
--si tienen relaciones sociales con beneficiarios
--¿en qué consiste la pobreza?
--si han visto cambios en la comunidad a partir del inicio del programa
--(si dejaron voluntariamente el programa) ¿por qué?
--(si fueron expulsadas del programa) ¿por qué?
--(si fueron expulsadas del programa) ¿les parece justo?
--(si fueron expulsadas del programa) ¿trabajan más, menos o igual?
--(si fueron expulsadas del programa o si no fueron seleccionadas) ¿cómo viven sin apoyo?
--si reciben apoyo de amigos o familiares beneficiarios
--si aprovechan de los servicios de salud, tales como la vacunación de los niños y el monitoreo de crecimiento.
--si participan en talleres de salud.
--si sacan a los niños de la escuela para trabajar en casa o en la huerta?
--como están los chavalos en la escuela, dado que no reciben para comprar materiales o uniformes.
--si los chavalos alguna vez han hablado de las diferencias entre ellos y los niños de familias beneficiadas.

Hombres

--si creen que la gente de esa comunidad convive bien
--como se sienten (dado que fueron echados del programa / no fueron seleccionados por la focalización / dejaron voluntariamente el programa)
--si se sentía enojado, ¿qué hizo?
--si les parece justo el proceso de focalización
--¿quienes son las familias más pobres de esta comunidad? ¿Dónde se encuentra su familia en términos de pobreza en esta comunidad?

¿Cuál sería mejor? Un sistema de selección donde: a) las prestaciones son repartidas entre todas las familias de la comunidad, o sea todo el mundo recibiría ayuda, pero poco. b) solamente las familias más pobres reciben ayuda, y las demás que no son muy pobres no la reciben. c) todo el mundo recibe algo, pero las familias más pobres reciben más.

¿Cómo debería de ser la selección de familias beneficiadas?
--si tienen relaciones sociales con beneficiarios
--¿en qué consiste la pobreza?
--si han visto cambios en la comunidad a partir del inicio del programa
--(si dejaron voluntariamente el programa) ¿por qué?
--(si fueron expulsados del programa) ¿por qué?
--(si fueron expulsados del programa) ¿les parece justo?
--(si fueron expulsados del programa) ¿trabajan más, menos o igual?
--(si fueron expulsados del programa o si no fueron seleccionadas) ¿cómo viven sin apoyo?
--si reciben apoyo de amigos o familiares beneficiarios

Adolescentes

--si saben que significa “recibir ayuda de la Red”
--si tienen amigos que reciben ayuda de la Red
--si entienden porque ya no reciben ayuda del programa / han decidido sus papás dejar el programa / no fue seleccionada su familia
--como se sienten,
--¿quienes son las familias más pobres de esta comunidad?
--si tienen relaciones sociales con beneficiarios
--¿en qué consiste la pobreza?
--si creen que la gente de esa comunidad convive bien
--si han visto cambios en la comunidad a partir del inicio del programa

Niños

--si saben que significa “recibir ayuda de la Red”
--si el maestro les trata de manera diferente por no ser del programa
--si llevan uniforme
--si tienen materiales escolares
--si tienen amigos que reciben ayuda de la Red

Observaciones

En general, quisiéramos que compararan sus observaciones de la vida cotidiana en estos hogares con las de hogares beneficiarios. Nos gustaría saber que son las diferencias principales de comportamiento y conocimiento (de salud, higiene, alimentación, nutrición etc.) entre hogares beneficiarios y no-beneficiarios y

además si por ejemplo se observa transmisión de conocimiento entre hogares, o (en el caso de hogares que fueron expulsados del programa) si siguen con algunas practicas aprendidas de los talleres.

4. Key informant interviews

Entrevistas con Informantes Claves

Con cada una de las siguientes categorías, habrán que desarrollar preguntas relevantes. Tendrán que desarrollar esas preguntas con el ayudo del documento "Preguntas Claves del Estudio". Puede ser que hayan más informantes claves; que sepan que esta lista no es completa; también, la lista será diferente en cada comunidad. En algunos de los siguientes casos, hemos incluido temas que queremos que investiguen.

promotoras

--por qué es la *promotora*
--interacción con la UEL (le ayuda o no)
--si la UEL podría hacer más
--si reciben dinero (de la Red y/o de los titulares)
--que hacen en las Asambleas?
--si funcionan bien las Asambleas
--si existe gente que no quiere ser beneficiarias, y por qué
--si (existe o) existía un programa de desarrollo infraestructural
--si de verdad existe o existía un programa así, que tipo de interacción tenía con la Red
--si existe una manera formal de denunciar a los proveedores
--si las *promotoras* saben como denunciar a los maestros
--si la *promotora* está de acuerdo con la focalización
--si cree que la focalización es justo para todo el mundo
--si conoce bien su rol en el proyecto
--si existieran otros programas en la comunidad, ¿qué prefería la gente que fueran?
--si el programa parece sobre-centralizado
--si cree que hace todo lo que la Red espera que haga como *promotora*
--si la Red la apoya suficientemente en su trabajo
--si ha tenido problemas en la comunidad por ser *promotora*
--si en su opinión el programa ha fortalecido otros organizaciones que existen en la comunidad
--¿Se ve una diferencia entre los niños beneficiarios y los no-beneficiarios?
--si saben por cuanto tiempo el programa va a durar
--si su grupo u otro ha hablado sobre el futuro, después de que termine el programa
--si hay que llenar formularios
--si es una tarea pesada (difícil o mucho tiempo)

médicos/enfermeras/proveedores de salud

--cuales son las enfermedades más comunes
--vitaminas y suplementos
--si llegan menos o más gente
--si han diminuido las enfermedades por la Red
--que cambios de hábitos ha visto
--cambios en el peso de los niños
--planificación familiar
--partos
--la lactancia materna
--parásitos
--vacunas
--tarjetas de vacunación
--si tiene que llenar formularios
--si es una tarea pesada (difícil o mucho tiempo)
--como se podría mejorar el programa
--si han visto casos de violencia domestica

--que piensan del proceso de focalización
--se creen que las mujeres les dan el dinero a sus maridos
--que opinan de los escuelas
--si el programa y/o el estado les da suficiente apoyo para realizar bien su trabajo
--creencias médicas de sus pacientes
--si hay que llenar formularios
--si es una tarea pesada (difícil o mucho tiempo)

dueños de ventas
--crédito
--si cobran interés
--si se puede pagar las compras por cuota
--¿qué compra la gente?
--precios (¿suben o bajan?)
--la relación entre precios y crédito (en otras palabras, interés)
--¿Quién compra más?
--¿con qué frecuencia toma la gente alcohol?
--¿con qué frecuencia compra la gente tabaco?
--¿Quién viene con más frecuencia a la venta?
--si el negocio ha crecido
--si han cambiado los patrones de consumo
--de dónde compran las cosas (dueño)
--si le dan crédito en la distribuidora
--si tiene que contratar más gente durante la temporada de pago
--si existe competencia
--¿Qué opina del hecho de que la gente no hace sus compras grandes en la comunidad?

conductores
--si hay más pasajeros
--si a veces son contratados por una *promotora*
--si la gente está de buen humos cuando va a comprar
--que tipos de compras lleva la gente
--que comenta la gente sobre el programa
--si saben cuales son los días de pago
--diferencias entre los días normal y los de pago
--si los precios cambian los días de pago

maestras
--diferencias entre los niños beneficiarios y no-beneficiarios
--que opina del programa
--si hay menos deserción
--si ha tenido problemas con la lista de asistencia
--si les apoyan a los niños las madres
--que opina del bono de oferta
--que opina de las relaciones con otras personas del programa (UEL, *promotora* etc.)
--como corrigen a los niños
--si ha mejorado el rendimiento escolar
--el cumplimento de las tareas
--que compromisos tiene, como maestra, con la Red
--días cuando dan clases
--la relación de los maestros con el consejo escolar
--hay diferencias entre los patrones de asistencia entre los beneficiarios y los no-beneficiarios
--si los alumnos llegan con todos sus materiales escolares
--si mantienen control de los materiales

--si llevan uniforme
--si los niños comentan sobre la Red
--si ha notado cambios en la infraestructura
--si han visto casos de violencia domestica
--que piensan del proceso de focalización
--se creen que las mujeres les dan el dinero a sus maridos
--si, a través de los niños, tienen una idea que sucede en los hogares
--si hay que llenar formularios
--si es una tarea pesada (difícil o mucho tiempo)

sacerdotes y pastores
--si (existe o) existía un programa de desarrollo infraestructural
--si de verdad existe o existía un programa así, que tipo de interacción tenía con la Red
--si ha beneficiado la iglesia
--que opina del programa
--diezmo
--tiene alguna relación con este u otro programa
--que relación tiene los miembros de la iglesia con la Red
--si ha visto cambios en la ropa de los niños que asisten a la iglesia
--si hay problemas con los temas de los talleres
--que opina de la focalización
--si hay actividades especiales los días de pago o los siguientes
--si asiste más o menos gente

curanderos
--que opina del programa
--ha beneficiado por la Red
--si la gente viene con más o menos frecuencia
--cuanto cobra
--que opina de los servicios de salud
--que enfermedades tratan
--si hay más que uno en la comunidad
--si existen brujas
--si hay rezadores
(si Uds. ven obsequios dejado por algún cruce, deberían de investigarlo)

oficiales locales
--interacción con la UEL (le ayuda o no)
--si la UEL podría hacer más
--si existe gente que no quiere ser beneficiarias, y por qué
--si (existe o) existía un programa de desarrollo infraestructural
--si de verdad existe o existía un programa así, que tipo de interacción tenía con la Red

UEL
--si existe gente que no quiere ser beneficiarias, y por qué
--si (existe o) existía un programa de desarrollo infraestructural
--si de verdad existe o existía un programa así, que tipo de interacción tenía con la Red
--si el programa es sobre-centralizado
--que son los obstáculos más graves
--existen formas de denunciar
--frecuencia de visitas a las comunidades
--seguimiento
--organización de pagos

--relaciones con lideres comunales
--focalización
--Asambleas
--sugerencias para mejorar el programa
--forma de organizar los talleres
--conocimiento del programa
--coordinación con oficiales locales
--si hay que llenar formularios
--si es una tarea pesada (difícil o mucho tiempo)

elites locales, como dueños de fincas etc.
--si (existe o) existía un programa de desarrollo infraestructural
--si de verdad existe o existía un programa así, que tipo de interacción tenía con la Red
--que opina del programa
--si apoya el programa
--fuentes de empleo
--cambios en patrones de trabajo
--trabajo infantil
--prioridad

UEC
--interacción con la UEL (le ayuda o no)
--si la UEL podría hacer más
--si reciben dinero
--si funcionan bien las Asambleas
--si existe gente que no quiere ser beneficiarias, y por qué
--si (existe o) existía un programa de desarrollo infraestructural
--si de verdad existe o existía un programa así, que tipo de interacción tenía con la Red

dueños de pulperías (fuera de la comunidad)
--crédito
--¿qué compra la gente?
--precios (¿suben o bajan?)
--la relación entre precios y crédito (en otras palabras, interés)
--¿quién compra más?
--¿con qué frecuencia toma la gente alcohol?
--¿con qué frecuencia compra la gente tabaco?
--¿Quién viene con más frecuencia a la venta?
--si el negocio ha crecido
--si han cambiado los patrones de consumo
--de dónde compran las cosas (dueño)
--si le dan crédito en la distribuidora
--si tiene que contratar más gente durante la temporada de pago
--si existe competencia

vendedores ambulantes
--crédito
--¿qué compra la gente?
--precios (¿suben o bajan?)
--la relación entre precios y crédito (en otras palabras, interés)
--¿Quién compra más?
--¿con qué frecuencia toma la gente alcohol?
--¿con qué frecuencia compra la gente tabaco?
--¿Quién viene con más frecuencia a la venta?

--si el negocio ha crecido
--si han cambiado los patrones de consumo
--de dónde compran las cosas (dueño)
--si le dan crédito en la distribuidora
--si tiene que contratar más gente durante la temporada de pago
--si existe competencia

farmacia
--ha visto cambios en patrones de consumo de medicinas?
--la gente compra más recetas en los días de pago?
--que tipos de medicinas compra la gente más
--se ve diferencias entre los patrones de consumo de medicinas entre los beneficiarios y los no-beneficiarios