# 13 Conditional Cash Transfer Programs, Participation, and Power

MICHELLE ADATO AND TERRY ROOPNARAINE

Steering a different course than a generation of programs targeted at communities and implemented via local government and community organizations, conditional cash transfer (CCT) programs involve a direct relationship between central government and the household. In most CCT programs to date, national governments play the central role in targeting, monitoring conditionality, and administering benefits, with state and local governments and technical intermediaries in the private or nongovernmental sector in some cases providing assistance in aspects of implementation, delivery of cash, or health services. Nevertheless, CCT programs across Latin America vary widely with respect to levels of centralization or decentralization and mechanisms for incorporating community participation. This chapter reviews these differences, explores the relevance of participation in the context of CCT programs, and uses case studies in Mexico and Nicaragua to examine intended and unintended ways in which communities have mediated program reception, implementation, and impacts. It also poses the question of what role participation *should* play in a program designed to achieve measurable objectives related to health, nutrition, and education. Different countries have answered this question differently, reflecting in part their diverse histories and political economies, and ideas and mechanisms have also evolved over time.

There are several reasons for centralized administration in CCT programs. First, these programs tend to be administratively complicated, and centralization can be an efficient way of ensuring the capacity to deliver benefits and services in a consistent manner. Second, there are risks to community participa-

The authors thank the following individuals for their assistance with the research contributing to this chapter: for the field research in Mexico, Minerva Garibaye, Dubravka Mindek, Haydée Quiroz Malca, and Soledad Rojas; for the field research in Nicaragua, Fabiola Alvarado Álvarez, Leticia Böttel Peña, and Gladys Meléndez Castrillo; for research assistance at the International Food Policy Research Institute (IFPRI), Lucy Bassett, Elisabeth Becker, and Alexis Murphy. We also thank all the program officials and staff at Programa de Educación, Salud, y Alimentación and Red de Protección Social, as well as John Maluccio and Emmanuel Skoufias, formerly at IFPRI, who facilitated the research.

tion that CCT programs were in part designed to avoid. In Mexico, for example, the CCT Programa de Educación, Salud, y Alimentación (PROGRESA) was in part a response to the shortcomings of Programa Nacional de Solidaridad (PRONASOL), the previous government's poverty alleviation program, in which community participation was a prerequisite and administration of funds was decentralized. That modality had reflected an international trend away from "top-down" development planning and toward a "bottom-up" approach, which prioritized values of democratization and local empowerment and recognized that participation could lead to better-run, more appropriate projects. Although there were some successes in PRONASOL, the program was not effective at targeting the poorest of the poor,[1] and at worse had fallen prey to clientelism and political patronage (see Yaschine 1999). Because the improvement of health, nutrition, and education at the individual level were the primary objectives of PROGRESA and strict poverty targeting was a core principle, centralized targeting and program administration and a focus on households rather than communities were logical design features.

A large body of literature exists on the basis for and benefits of community participation, community-driven development, and related concepts. Theory and practice over the decades have suggested that development processes should incorporate beneficiaries as informed agents in these processes, that top-down approaches are disempowering and less effective, that collective action can lead to better outcomes for all in the collectivity and often the wider society, and that participation can reduce information problems; build institutions that strengthen poor people's resilience, agency, and power; and increase the sustainability of an intervention through local ownership of program objectives, processes, and assets. Participation has also been shown to improve targeting, service delivery, and infrastructure design and maintenance and to reduce costs. Of course, these effects are highly contingent, and participation has been the subject of debate with respect to its meanings, value, and functionality.[2]

If the main objective of CCT programs is to improve human capital, one must ask whether community participation is necessary to achieve this and how

1. In a study of demand-driven community-based public works programs in South Africa, Adato and Haddad (2002) found that better-resourced or better-connected community organizations were best positioned to submit strong applications to obtain funds, while more poorly resourced groups most in need of funds were less able to obtain them.

2. For a range of perspectives, see Rahnema (1992), Long and Villarreal (1993), Rahman (1993), Tendler and Freedheim (1994), Chambers (1995), Nelson and Wright (1995), Hoddinott et al. (2001), Adato and Haddad (2002), World Bank (2004), and Adato, Hoddinott, and Haddad (2005). Cornwall and Brock (2005) caution us to examine how the terms *participation* and *empowerment* are used and appropriated: rather than referring to any shifts in power relations, they have been put into the service of mainstream development objectives that do not lead to meaningful change with respect to control over resources and institutions. However, "giving up on participation and empowerment . . . would be to give up on concepts that have been critical for decades in animating struggles for equality, rights and social justice" (Cornwall and Brock 2005, 18).

it can contribute. The institutional form through which different dimensions of a CCT program are best implemented is an empirical question on which there has been no direct comparative research. From one perspective, the "best" modality would refer to the most efficient means of achieving these human capital objectives. Participation may or may not be necessary to facilitate their achievement. As noted earlier, however, we know that in other program contexts participation has improved targeting, service delivery, and other outcomes relevant to CCT programs, but there are also important differences in potential roles and incentives.[3] From another perspective, transparency, beneficiary and community satisfaction, and empowerment have intrinsic value that should be factored into any assessment of program impacts and "successes." These can also lead to better reception of the program, which may translate into better human capital outcomes.

Whichever perspective we as outsiders may theorize, "the community" will affect and be affected by a CCT program. This is both because program architects have had a vision of a role for community-based forums in the program and because, regardless of official intention, the community will mediate reception of the program in various ways. The community is more than an aggregate of its constituent households; although CCT programs may envision a predominantly direct relationship between the household and the state, in practice this relationship will always be affected and to some extent redefined by existing sociocultural and political dynamics operative at the community level. Poverty alleviation programs exist as part of a context broader than the formally defined boundaries of the programs themselves, and it is important to direct attention to comprehending these dynamics. They are of interest with respect to the study of participation, power, agency, social capital, and related constructs. But an understanding of this broader reality is also fundamentally important to understanding local receptivity to a CCT program and its impacts and thus can inform policy and program decisions in ways that increase the likelihood of achieving program objectives.

The role of participation in CCT programs has been recognized in international forums on CCTs. At the First International Conference on Conditional Cash Transfers, organized by the World Bank, participation was a theme, with the following recommendations emerging in the conference report (Ayala Consulting 2003): (1) Obtain the highest amount of participation from local and in-

3. For example, Fox (2008, 271) notes that the World Bank's (2004) promotion of "client power," whereby beneficiaries directly interact with their service providers to monitor and demand better quality, runs into a contradiction in the institutional incentives of CCTs—what he calls the "cross-institutional disconnect." This refers to the disincentive that beneficiaries have in challenging service delivery agents, who are responsible for monitoring beneficiaries' compliance with conditions and could thus potentially penalize them. However, we have not seen any evidence that service providers actually act in this way, and Fox notes that only about 1 percent of beneficiaries in Oportunidades have been dropped from the roles. Still, this calls attention to the need to carefully consider institutional incentives in program design.

stitutional actors; (2) create transparency, participatory processes, and political will to achieve the participation of local actors early in the program design phase; and (3) advance the decentralization process, because it offers more advantages than disadvantages.

In 2005 the World Bank held a conference titled Voice and Accountability in Transfer Programs in Latin America, and the Second and Third International Conferences on Conditional Cash Transfers (in 2004 and 2006, respectively) included a few sessions on this theme, although it had a low profile. Despite its recognition, participation does not appear as a high priority in the design of many CCT programs. Where participation is stronger, national governments have promoted their own unique design features. As this chapter shows, this promotion of participation varies widely from country to country.

Program designs with forms of decentralization or local participation include, for example, such features as local government or community review of beneficiary selection or targeting; a system of elected beneficiary representatives or program liaisons; beneficiary meetings and other forums for promoting social connection and support, information sharing, and activity planning; other mechanisms for obtaining beneficiary feedback; parent–teacher associations; other committees for monitoring services; and community-based and municipal committees to address program issues. The extent to which these features appear in program designs—as well as how far they are implemented—varies considerably across programs.

The next sections of this chapter describe the main ways in which participation was intended to function in the four countries that are the focus of this book. In the first two sections that follow, on Brazil and Honduras, the relevant design features are described, followed by some findings from evaluations of these features.[4] The next sections, on Mexico and Nicaragua, outline the design features in which participation was envisioned, then present findings of our research as part of the evaluations of PROGRESA and the Nicaraguan CCT program Red de Protección Social (RPS) conducted by the International Food Policy Research Institute (IFPRI). The chapter concludes with some arguments as to why a higher degree of community participation—if well designed with respect to where, when, and how it occurs—can contribute to achieving a CCT program's main human capital objectives and provide additional benefits.

## Brazil's CCT Programs: Bolsa Alimentação, Cartão Alimentação, Bolsa Escola, and Bolsa Família

CCT programs in Brazil, including Bolsa Alimentação, Cartão Alimentação, and Bolsa Escola—later merged into Bolsa Família—have instituted a greater degree of decentralization than most CCT programs. This can be understood

4. These findings are limited, however, unlike in the Mexico and Nicaragua cases presented, which were the subjects of research by the authors and the main focus of this chapter.

within the context of the political economy of Brazil, where an agenda for fiscal and administrative decentralization began in the 1980s and deepened in the 1990s (see Pero and Szerman in this volume). One of the main features of the CCT programs that involved a significant role for municipalities was the targeting system. In Bolsa Escola, for example, the central government determined the allocation of budgets across municipalities based on estimated need, but municipalities were then responsible for the selection of beneficiary households, using national guidelines (Ayala Consulting 2003, 6; Morley and Coady 2003, 28). Municipalities gathered the data needed by the Caixa Econômica Federal, a large federal bank and the operating agent for the Bolsa programs, to determine eligibility (Morley and Coady 2003, 33). The Caixa then delivered a beneficiary list, ordered by income or wealth, to the municipal-level official in charge of the program, who determined who would receive benefits. A further process of community review would then take place: the official passed the list on to the Conselho de Controle Social (CCS), a local advisory committee created by the municipality. The CCS was required to draw at least 50 percent of its members from the nongovernmental sector in order to provide oversight and a voice for civil society (de Janvry et al. 2005, 3, 26). The CCS approved the registry of eligible families selected by the municipality to be in the Cadastro Único, Brazil's beneficiary registry database serving all social assistance programs (Ministério da Educação, Brasil 2004a, 2004c, 2004d; Lindert et al. 2007, 35).[5]

The Bolsa programs involved other forms of decentralization. In Bolsa Escola, the municipality assumed responsibility for creating a municipal law institutionalizing the program and approving municipal ordinances for it, creating and designating the CCS, selecting and registering beneficiary families, promoting socioeducational activities, and providing a means for monitoring school attendance (Ministério da Educação, Brasil 2004d). In addition to monitoring compliance with conditionalities, municipal mayors were also responsible for sanctions for noncompliance (that is, the withholding of benefits) (Ayala Consulting 2003, 52; de Janvry et al. 2005, 3).

The CCS was in charge of assessing and conducting quality control of the program at the municipal level. In addition to approving the registry of eligible families, it verified beneficiary school attendance records. Anyone with complaints or problems was to go to the local CCS for mediation (Ministério da Educação, Brasil 2004d). The CCS was also intended to assess municipal program execution, evaluate socioeducational activities promoted by the program, promote community participation, and play other roles agreed upon by the com-

5. Until 2001, when the federal government constructed the Cadastro Único, each program had been operating its own system for targeting. Under the Cadastro Único, data collection and maintenance of the beneficiary registry were decentralized to the municipalities, but operation and maintenance of the database were centralized at the federal level, with oversight provided by the Ministry of Social Assistance and system management and operation conducted by the Caixa Econômica Federal (de la Brière and Lindert 2005, 6).

mittee. In its evaluation of socioeducational activities carried out by the municipality, the CCS was to ensure that the activities promoted staying in school, that all children had access to the program activities, and that there were proper facilities and infrastructure available for these activities. The CCS was also meant to provide a forum for receiving feedback from the community (parents, teachers, students, and so forth) regarding socioeducational activities (Ministério da Educação, Brasil 2004a, 2004b). The schools also had certain limited responsibilities keeping track of beneficiaries' school attendance, and extending the school day to accommodate more students, in cooperation with municipality-level committees (Ministério da Educação, Brasil 2004d).

Upon the combination of Bolsa Escola, Bolsa Alimentação, Cartão Alimentação, and Auxílio Gás into Bolsa Família in 2003, the program was restructured, but many aspects of the earlier forms of decentralization were maintained. In 2005, the Ministry of Social Development (MDS, in charge of program policy and supervision), required all municipalities to sign formal joint management agreements that clarified the various roles and responsibilities in program implementation and established minimum institutional standards for municipal-level program operation. Municipalities had to agree to register potential beneficiaries in the Cadastro Único, establish social control councils (SCCs), maintain a local program coordinator or point of contact, monitor compliance with health and education conditionalities, and prioritize Bolsa Família beneficiaries for other complementary services, such as income generation, literacy, and professional training services (Lindert et al. 2007, 14, 25).

Unlike in Bolsa Escola, in which municipalities determined eligibility and selected beneficiaries, under Bolsa Família the MDS was responsible for determining eligibility based on spatial poverty map information from census and household surveys and using income and family composition data. The MDS was then to apply these criteria, verify the relevant information, and establish the monthly list of beneficiary families. In order to improve the quality of the Cadastro Único, municipalities were to recertify all potential and existing program beneficiaries every two years and identify inconsistencies in the registry via a data program. The MDS also established a Decentralized Management Index to address the heterogeneous quality of program implementation across municipalities. The index was to award a score to each municipality based on the share of families with complete information with respect to registration and compliance with conditionalities. However, the index has been limited by the quality of the information reported and lack of attention to other elements of municipal responsibility, such as the existence and performance of SCCs or the ability to connect beneficiaries to complementary services (Lindert et al. 2007, 26, 41–44).

Although the Bolsa programs have been extensively evaluated, few studies have looked at the systems for community participation. One study of beneficiary targeting in nine municipalities in the states of Bahia, Ceará, and Paraíba

found substantial variation in the manner of beneficiary selection and the transparency of the process. In one municipality, for example, teachers enrolled all eligible families, a social council verified the households' information and made the selections, and recipients' names and selection criteria were published in the local newspaper. Single mothers and distant rural inhabitants were prioritized. In another municipality in a different state, the community did not know how the selection was made: although it was actually made by the mayor, people assumed it was made by the federal government. These municipalities also differed with respect to the transparency of their budgeting process, the degree of nepotism in the local administration, and other aspects of local governance (Finan 2004).

Another evaluation of the targeting found various problems with the Cadastro Único. These included lack of clarity of objectives, distortions due to the use of a priori registry quotas, distortions due to the use of self-reported income, lack of a system for auditing and quality control, problems with the identification of households, lack of data access by potential users, and software and implementation problems. Recommendations to address the problems included universal and ongoing access to the registry, better outreach to the poor, and more transparency of the procedures both for entry into registry and for entry into Bolsa Família (de la Brière and Lindert 2005, 15–17). Brazil's sociopolitical environment necessitates decentralization and forms of local participation that many other CCT programs do not have. The challenge is how to improve the operations, transparency, and ability of a complicated decentralized system to reach the poorest households.

According to a 2007 report on Bolsa Família, the program's targeting has been more effective than that of pre-reform programs, with the poorest quartile receiving 80 percent of all benefits (compared to 64 percent of benefits received by the poorest quartile under Bolsa Escola, Bolsa Alimentação, Cartão Alimentação, and Auxílio Gás combined). Although 20 percent of the Bolsa Família benefits "leaked" to the non-poor, 85 percent of this leakage went to the next-poorest quartile, considered the "near poor" (Lindert et al. 2007, 46). Targeting improvement has been attributed to efforts to boost the quality of the Cadastro Único and to increased use of geographic targeting within municipalities. Still, according to Lindert et al. (2007), the targeting process could be further improved with additional training for state and municipal authorities to build data collection and management capacity; stronger communication among municipalities, the MDS, and the Caixa; and expanded review and cross-checks of the data.

### Programa de Asignación Familiar–Fase II (PRAF-II) in Honduras

In Honduras, geographic targeting was based on height-for-age *z*-scores at the municipality level, which were based on school census data. All households in

geographically targeted areas with children in grades 1–4 were eligible (Morley and Coady 2003, 117–118). At the community level, households were selected with the assistance of school directors and nurses at the health centers. Those responsible for selection were supposed to involve the community at large in the approval process. The reported advantages of this system were that beneficiary selection was done at the local level where people could most accurately identify those most in need, costs were minimized, and the same people were responsible for selection and monitoring compliance with the conditionalities. There were also perceived disadvantages. One was that the system caused problems for the school directors and nurses when the demand for the program exceeded the funds available. The system was seen as creating personal and political pressure and could result in selection based on partiality for personal or partisan reasons rather than on need. According to PRAF, these potential problems could be minimized by increasing the awareness among school and health staff of the importance of widespread community involvement, ensuring this wider involvement, using communication channels to ensure that all are aware of the selection criteria and monitor implementation, and strengthening PRAF's supervision and monitoring (Government of Honduras n.d.).

PRAF had several other mechanisms for community participation. One was through the provision of funds to school-based parents' organizations through local nongovernmental organizations to improve the provision of educational services (the Learning Development Initiative), part of the supply side of the program (Morley and Coady 2003, 117). Furthermore, the local population had the responsibility to monitor and denounce any abuses of the program at the local level. Teachers were also to ensure that nonbeneficiaries did not collect benefits. PRAF did not have an elected beneficiary representative (a *promotora*) but trained some selected mothers to work with the local population on health and nutrition. The role of local government was to provide information to PRAF, suggest ideas, and provide logistical support (Ayala Consulting 2003, 51–52).

Local quality improvement teams (QITs) were also set up in 69 rural health centers where PRAF was implemented, focusing on maternal and child health. The coordination of QITs with PRAF was called the Incentive for Quality in Health (ICS).[6] ICS was intended to include (1) the formation of QITs for each of the health centers or posts in beneficiary areas; (2) extensive training in "principles of quality assurance, effective teamwork, and methods for problem diagnosis and priority setting"; (3) the assignment of a budget to each health center or post; (4) technical assistance in developing a mission statement, strategic and work plans, and a detailed budget; and (5) assistance in procurement (Morris et al. 2001, 9–10). QITs were supposed to have real control over substantial budgets. The members of the QITs were to be nominated by nurses and

6. As explained later in the chapter, this participation scheme was not implemented as intended.

volunteers from each health center as well as town mayors after they had attended an introductory workshop. Members were to be selected from among people working in the health centers (professionals, support staff, and/or volunteers) as well as people from other related organizations: "external users with leadership roles in the community, . . . who would be able to communicate their concerns about the quality of the health services provided" (Morris et al. 2001, 9–10). Nevertheless, this component was largely unsuccessful because a legal means of transferring resources to the community-based teams could not be found. Only 17 percent of the first year's transfers were disbursed (through central procurement), and only introductory training in quality assurance was provided (Morris et al. 2004). This experience provides a hard lesson in the institutional challenges of facilitating community participation and improving services.

## Programa de Educación, Salud, y Alimentación (PROGRESA) in Mexico and the Red de Protección Social (RPS) in Nicaragua

### *Findings on Participation in PROGRESA and RPS*

Mexico's and Nicaragua's CCT programs were primarily centralized at the national level. However, they had some features intended to promote local participation, reflecting an appreciation for community input at certain stages. The rest of this chapter examines these features, which were largely similar in the two countries. These include (1) a community-based review of the household targeting (targeting is also emphasized in this chapter because it emerged as a significant issue in the research in both countries),[7] (2) an elected community *promotora* serving as the liaison to communicate between beneficiaries and program officials, and (3) formal and informal opportunities for collective activities among beneficiaries. Later we discuss features for participation introduced into PROGRESA's successor program, Oportunidades. The empirical research presented in this section is based primarily on qualitative research methods used in the studies of PROGRESA and RPS described by Maluccio, Adato, and Skoufias in this volume and also draws on the survey data where available.[8] The study of PROGRESA used focus groups with *promotoras,* ben-

7. In addition to the examples from Latin American CCT programs given earlier, community-based targeting is found in transfer programs in Africa and elsewhere, for example, public works in South Africa (Adato and Haddad 2002) and unconditional cash transfers in Kenya, Malawi, and Zambia (Alviar and Pearson 2007; Schubert et al. 2007). For other examples, see Isham and Kevane (2001).

8. For additional results from these studies, see Adato (2000) and Adato et al. (2004). There were relatively few survey data on the issues explored in this chapter, and yet there would be much value to including questions on these issues in program evaluations. These could include questions on forms of participation, information sharing, empowerment, collective social and economic activities, social solidarity, transparency and accountability, and beneficiary perceptions of these processes.

eficiaries, and nonbeneficiaries, involving approximately 230 people from 70 communities across six states, and semistructured interviews with doctors and school directors in 17 communities across four states. The study of RPS included 59 household case studies using in-depth, semistructured interviews and participant observation with beneficiary and nonbeneficiary families taking an ethnographic approach. Additionally, 66 semistructured interviews were conducted in these communities with additional beneficiaries. In total, 125 households were interviewed across six communities in the qualitative study, as well as 21 key informants, including *promotoras,* health personnel, teachers, religious leaders, and local RPS personnel.

*Targeting in PROGRESA and RPS*

PROGRESA used a combination of geographic and household targeting, employing a state-of-the-art statistical process for identifying the poorest localities and poorest households. Localities were selected using a marginality index. Other criteria were then applied, including geographic location, distance between localities, and initially the existence of health and school infrastructure (this last feature was dropped during the program's second phase, although it was maintained where access was not possible). Geographic and other statistical data were then used to further identify areas of greater marginality. Within localities, household-level targeting followed using a household census with a number of variables. Per capita income was constructed and compared to the Standard Food Basket, equivalent to an average aggregate income of approximately two minimum wages. A statistical technique was then used (separately for each geographic region) to identify the characteristics that best discriminated between poor and non-poor households, and an index was developed. Households were then identified as poor or non-poor, and the poor selected as beneficiaries (PROGRESA 1997; Skoufias, Davis, and de la Vega 2001).

In the first stages of program design, a third step was envisioned: a community review of the accuracy of the selections. This was seen as part of a broader "social comptrollership" conceived as a broad if not clearly specified pact between citizens and government to monitor mutual obligations in the course of the program. This community review of the beneficiary list was to help verify the accuracy and quality of the procedure followed to ensure that assistance was reaching those who most needed it. The policy clearly envisioned a role for community, stating that "the Program contains strict criteria and objectives to define priority regions and beneficiary families, while making sure in all cases that communities themselves are in agreement as to whom the recipients should be and approve some aspects of its operation" (PROGRESA 1997, 3). After the beneficiary list came out, a local assembly was held as part of the induction process. There claims were supposed to be registered concerning households that were seen to be erroneously excluded or included. For these households that were not selected because their members were absent on the day of the lo-

cality census, their relevant socioeconomic characteristics were to be subsequently collected and the same selection methodology applied. For households whose members were present, the analysis was to be conducted again and, if they were close enough to the poverty line, their case could be reviewed. In practice, however, the system was not working in this way. At the time of the IFPRI evaluation of PROGRESA, policy envisioned that beneficiaries were actively informed of the general assembly but the nonattendance of beneficiaries was not discouraged. The local assembly came to be used mainly for the beneficiary induction process, not for review of the beneficiary list. Instead, excluded individuals could file appeals with PROGRESA; however, at least in the early years, this option was not widely advertised, nor were appeals regularly addressed when received. In 2002 Oportunidades introduced a vastly improved system for receiving beneficiary feedback and appeals (the mechanisms, strengths, and weaknesses of this system are discussed later in this chapter).

In the first phase of Nicaragua's RPS, the program was piloted in 2 out of 17 of Nicaragua's "departments" (Madriz and Matagalpa), with beneficiaries selected on the basis of poverty (80 percent of the population was poor) as well as on their capacity to implement the program. Within these departments, six municipalities were selected based on governance criteria, but 78–90 percent of the population was also extremely poor or poor. Within these municipalities a marginality index further selected the poorest local areas or *comarcas,* where all but 6 percent of households were included (Maluccio and Flores 2005).[9] In a smaller number of *comarcas* where poverty rates were lower, household eligibility was assessed using a proxy means test that identified households above and below the poverty line. In these the average poverty rate was 75 percent, so 25 percent of households were excluded, although the children of these households were offered access to the program's health services.

As in PROGRESA, RPS's targeting process included formal meetings called Asambleas de Incorporación (Assemblies of Incorporation). The main purpose of the assemblies was to explain the program structure and benefits, formally induct beneficiaries into the program, and elect *promotoras*. A process of validating the beneficiary list was also to take place, whereby community members could raise objections to the list of selected households and nominate deserving households for inclusion if they had not previously been selected. In at least the six localities where the qualitative study was conducted, no one reported having taken part in a validation process. The assemblies were held long before the study, so it is possible that people may not have remembered accurately. Interview material suggested that people in the study communities did

9. Census *comarcas* are administrative areas within municipalities that typically include between one and five small communities averaging 100 households each. They are determined by the National Institute of Statistics and Censuses and sometimes do not coincide with locally defined areas also referred to as *comarcas* (Maluccio and Flores 2005).

not feel that they were in a position to participate in the targeting process. A program manager at the national level said that in most cases this process of consultation did occur at the assemblies but that certain problems were encountered in making the system work as intended. With respect to mentioning errors of inclusion, although people were offered the opportunity to do so, they were afraid to speak up and identify such households, which tended to include wealthier and more powerful people in the communities. Errors of exclusion were also difficult to identify because, although lists of potential errors could be generated in a meeting, the centralized computer system used in targeting recognized only divisions between *comarcas censales* rather than between communities. This resulted in a situation in which it proved unfeasible to determine whether excluded households belonged to the intervention *comarcas* or not. Furthermore, it sometimes happened that the lists generated in the assemblies were mislaid or simply "put away" (either at the local or the national level).

In both countries it is likely that, faced with the challenge of implementing a technically complex targeting system, community review of the beneficiary list and administrative responses to it were not among the highest of priorities. There were also reasons for not carefully explaining the targeting system to communities: first, the formula was complex, and second, too much information about the poverty criteria might encourage people to understate their resources. As a result, people largely did not understand the basis for the targeting and often did not agree with the outcomes, and this had some impact, as discussed later.

*Targeting and Community Responses in PROGRESA*

In an early qualitative study of PROGRESA in 1998, researchers asserted that rural and indigenous communities had egalitarian systems of redistribution related to mechanisms of social control and that PROGRESA's targeting was altering these systems, leading to social fragmentation and conflict between extended families, between families within communities, and between *promotoras* and nonbeneficiaries (CIESAS 1998). This was a small study, and the IFPRI evaluation set out to examine this issue with representatives from the 60 communities included in the qualitative study.

The quantitative analysis of PROGRESA's targeting system found that its accuracy level was high with respect to selecting the poorest localities and the poorest households within them. However, this accuracy diminished when it came to distinguishing between localities and households at a moderate marginality level, proving more effective at levels of extreme poverty (Skoufias, Davis, and de la Vega 2001). In the qualitative research, targeting errors were reported to have occurred for two main reasons: (1) people were not home when surveyed, and the enumerators did not return, and (2) people gave incorrect information, overstating their resources because they were ashamed to admit that they were very poor, did not know the household conditions, or misunder-

stood questions because of language differences. Some did not want to answer the questions because of rumors circulating about what the government would do with the information.[10]

A second finding was that although the targeting used sophisticated statistical methods for identifying who was "poor" and who was "non-poor," most people in PROGRESA villages did not perceive these distinctions. Rather, in the eyes of beneficiaries and nonbeneficiaries, as well as *promotoras,* everyone was poor: "Here we are all poor. We all have nothing."[11] Even where they acknowledged differences, everyone was still seen as poor enough to need the benefits: "Well there are no rich here. Maybe less poor, but we all need." Many were not aware that selection was based on poverty levels or, if they did, how the selection was determined. Some attributed the selection to luck, a lottery, or God.

The reaction to the targeting indicated a type of social solidarity in these communities, one that does not correspond with the manner in which often subtle socioeconomic distinctions are rendered visible and operative by the process of household targeting. As explained by a beneficiary, "It hurts us that others don't have it because we feel we are one family." Many comments also seem to imply that in these communities, a higher value is placed on being treated "equally" than on "equity" in the sense underlying the logic of targeting. According to another beneficiary in Michoacán, "I think that even though [the benefit] is little, let us be equal. In order that the others don't feel [bad], because . . . we that receive are satisfied, but the others that don't receive are upset." *Promotoras* were particularly vocal about this problem in their communities: A *promotora* in Hidalgo said: "In my community those women do need it, because there are many [who don't have it], and they just look at us when we go to [pick up the benefit]. And then children say, 'Mom, why don't I have PROGRESA?' And some women come to me and tell me, ask me, 'Why doesn't my boy have PROGRESA?' And to tell you the truth, I don't know what to tell her." Nonbeneficiaries expressed a sense of being subject to two forms of exclusion: one in being poor and unable to access benefits, the other in being treated differently. A nonbeneficiary from Michoacán explained this using the soda distributed at the focus group as an example: "Now that you distributed soda between us, you give me, and you also give one to my sister-in-law, and those two are not going

10. See Adato (2000) and Adato, Coady, and Ruel (2000) for more detail. Hevia de la Jara (2007) and Fox (2008) report that PROGRESA had hired private surveyors who were paid per household visited, reducing the incentive for them to travel to harder-to-reach households and excluding households where no one was home. Oportunidades later resurveyed communities to enroll eligible families that had been missed.

11. Quotations from the PROGRESA research come from focus groups with beneficiaries, nonbeneficiaries, and *promotoras,* except where it is noted that they are from key informant interviews. Quotations from the RPS research are from semistructured interviews with beneficiaries, nonbeneficiaries, and key informants.

to get one. How would that feel? Well, it would feel bad. There is one drinking her soda and the others are only watching."

Exploring the 1998 finding that the targeting was leading to social fragmentation and conflict, the IFPRI research found mixed results. In some communities, respondents said there was no jealousy between families because it was not the beneficiaries' fault that they had been selected. As a nonbeneficiary in Guerrero stated: "We shouldn't feel envious, because people do not [make the decision]. We don't know from where [the decision] comes that we don't get it." Some who had been selected suggested pooling their benefits to provide for those excluded, as did this beneficiary in Michoacán: "The day they pay us, why don't we cooperate between all of us, some with some soup, others with soup, and we make bags and we give them to the ones who are not in PROGRESA." Another suggestion was a scheme whereby beneficiaries would donate parts of their cash transfers to nonbeneficiaries on a rotating basis. The size of the transfer was too small to enable people to feel that they could share much, but a small amount was seen to potentially protect community solidarity. A *promotora* in Michoacán proposed: "Even 50 cents; the goal would be to not make her [a nonbeneficiary] feel that she is excluded, but to all of us who are inside [the program] to accept the others and make them get closer to us." In practice, though, few people appeared to be sharing. The 1998 survey found that, at least at the start of the program, only 5 percent of households had shared resources in the past month. The expressions of a desire to redistribute indicate how people felt about the exclusions and their response suggest solidarity rather than conflict. In the survey, only 2 percent of respondents said that since the introduction of PROGRESA there had been "more problems with the neighbors."[12]

The impulse toward equality seen in our research was said to be institutionalized in the form of local indigenous political structures whereby, in some indigenous communities, PROGRESA benefits were collected and redistributed. This was reported at a workshop on community impacts by a senior PROGRESA official familiar with operations nationally (IFPRI 1999), although our research did not include communities where this occurred. We did learn of cases in which the benefit is shared among family members, who may or may not be living in the same house.

Despite these manifestations of solidarity, there were also reports of social tensions involving resentment and envy, raised in approximately 90 comments or discussions in all 17 focus groups. The large amount of data supporting this finding indicates its strength, though an equally large number of comments in-

12. As will be seen later, the qualitative data provide convincing evidence that there were problems around the targeting. The survey responses may represent interpretations of this issue that are different from those of people who discussed the issue in the focus groups or different ways in which people respond to different types of research methods.

dicating unchanged relationships emanated from the same communities, implying that these dynamics existed simultaneously. An example from Estado de Mexico indicating the kind of tensions that arose comes from a beneficiary who explained: "One woman got very upset with me, and I hadn't realized that until one day that she talked too much and she told me in my face that why do I have a grant and she doesn't?" Doctors were also a source of information on community impacts, because they observe community dynamics and sometimes organize community members around collective activities in the village, such as community clean-up days, or "*faenas.*" When asked about the household targeting, a doctor in Veracruz replied: "Yes, they speak about it, saying bad things; they even have stopped talking to each other, those that were friends or godmothers of each others' babies. . . . Many problems have arisen because of this distinction of 'Because I got it and you did not.' " The problems appeared to surface more often around the times when beneficiaries went to collect their payments. They were also reduced once a community formally petitioned for nonbeneficiaries to be included or were told that they would be included soon. As a *promotora* in Guerrero said: "Now, as they saw that we were making applications, they calmed down. They are waiting to see if they get it." Of the doctors interviewed across 17 localities, 13 said there were problems in their communities related to the program's designation of beneficiaries and nonbeneficiaries, though about a quarter of these said that the problems were not serious. Many of the doctors' concerns centered on nonbeneficiary nonparticipation in activities that they believed should be for everyone, such as the *faenas* and the health *pláticas.* The *faenas* were not part of PROGRESA, but beneficiaries provided a group that could be organized for this purpose, and doctors perceived that there were significant health benefits from these clean-up activities. The impact of the program on community *faenas* was frequently raised in the focus groups as well. *Promotoras* explained that nonbeneficiaries sometimes do not want to participate, asking, "Why should I work . . . if the government is not supporting me?" (*promotora,* Querétaro). In other communities, however, people said that the program had no impact on community work: "In here we all are always united, not only the beneficiaries, since a long time ago we always have been used to [working together]" (beneficiary, Querétaro). One *promotora* from Michoacán said that she persuades nonbeneficiaries to participate by telling them: "If we get an epidemic, it's not only going to attack beneficiaries from PROGRESA, it is going to affect all of you, all of us. And that's how I unite people, whether they have or don't have [PROGRESA], because they are conscious." A doctor from Querétaro conveyed a more pervasive division brought on by nonbeneficiaries' exclusion from several formal and informal aspects of the program:

> The problems . . . between the ones that have and those that don't is that—as I started working with them in projects and giving *pláticas* on community health, they think that the beneficiaries are the ones that have to do the work, even

> though it is for all the community. And the ones that don't have [PROGRESA], don't do it, because no one is supporting them. The problem is envy, the problem is rage because no one is supporting them, and the problem is of a lack of resources to get near the health services. . . . On what concerns to the health *pláticas,* they also think the obligated ones to go are those of PROGRESA. I have to take other measures to assure their presence, telling them that the health *pláticas* are for everybody, that the community is of everybody, so it has to be clean . . . but they say, "While I don't get the support, I don't participate." . . . There is a division between PROGRESA and non-PROGRESA.

Doctors and *promotoras* worked on resolving this division by inviting nonbeneficiaries into beneficiary activities, in particular the health *pláticas,* which could include nonbeneficiaries without a cost to the program. A *promotora* from Veracruz explained that at the start of PROGRESA, only beneficiaries attended the *pláticas,* but "we saw that that wasn't right, and we told the doctor who came to give us the *pláticas* that we were being divided and we didn't like it . . . and if it was supposed to be a help, it should be for everybody, not only for the ones who [get the money], because we all need it." The doctor began to include the nonbeneficiaries, and now "it seems that the nonbeneficiaries haven't had any problem. They are being tended in the clinic . . . people from PROGRESA and people without PROGRESA. Then we are more united."

School directors also raised the issue of divisions, citing instances in which nonbeneficiaries did not want to participate in cleaning the schools or pay fees to the parents' associations, although these reported cases were few. From a survey of 320 schools, approximately 30 percent of primary school directors and 20 percent of secondary school directors reported some negative effects of the program, such as families' being more divided or having increased problems as a result of PROGRESA (Adato, Coady, and Ruel 2000).

One of the impacts of the program with respect to increasing the human capital of adults—strengthening individual capacities via self-esteem and confidence—was in the form of collective activities such as monthly meetings that the *promotora* held with beneficiaries (see more on this later). Paradoxically, however, the creation of a group of "PROGRESA women" engaging in these activities provided a new collective identity that was empowering for members but simultaneously exclusionary for others.

It is possible that in some communities there had been preexisting tensions and that the program only provided a new medium through which they were expressed or deepened. Preexisting divisions and different cultural, political, or demographic (for example, size of community) factors may be articulated in responses to household targeting in diverse ways, explaining different outcomes across communities or households. It is also the case that the findings reported here were from research conducted in 1999–2000, before or during densification processes incorporating a higher proportion of households in the various localities, processes that were likely to reduce the number of people erroneously

excluded as well as those who were excluded by a lower poverty threshold. Oportunidades also resurveyed communities at a later point, resulting in the addition of 1.7 million new families, mainly between 2002 and 2004 (Hevia de la Jara 2007). Furthermore, as the program has grown and aged, people have likely come to better understand the targeting system, resulting in less confusion and frustration than characterized the earlier years. The research is relevant, however, in showing how programs can have unintended social impacts, that household targeting can have social costs that should be taken into account in a cost-benefit analysis of targeting systems, and that community participation in targeting processes could potentially reduce these social costs.

The relation between household targeting and community social cohesion, and the need to attend to social impacts more generally, has been recognized by Oportunidades. Its policy strategy emphasizes the central role of community social cohesion and solidarity in promoting development and sees the need to contribute to strengthening the social fabric in order to be more effective. However, this is viewed as a challenge to be achieved without losing "the advantage of household targeting" and the co-responsibility principle at the level of each household (Oportunidades 2003, 57). To address this challenge and otherwise expand spaces for participation, the program has developed the systems of *vocales* (a new name for *promotoras* that can be translated as "representative") and Comités de Promoción Comunitaria. These are intended to serve as links to existing spaces for participation, such as health committees, parents' associations, and other development programs and organizations that specifically promote participation and mutual assistance and cooperation.

It should also be noted that the program views the household-level targeting system and its centralization as an integral part of its transparency objective. One way in which the program pursues transparency and fairness is through the use of "objective criteria and rigorous and impartial procedures, homogenous at the national level, that are verifiable" and efficient with respect to reaching those who need them most (Oportunidades 2003, 56). This is intended to reverse past experiences of manipulation of resources for political purposes. Our PROGRESA research indicated that the program was successful in this objective. We found some examples of efforts by parties to gain votes by creating the impression that a party or candidate could influence the program (for example, by showing up or campaigning at a pay point). But these cases were few, and in practice the centralized system meant that it would be difficult for them to deliver on such a promise.[13] This outcome argues strongly in favor of

13. This is mostly consistent with the findings of Fox (2008), who cites some evidence of efforts at political manipulation around the 2000 and 2004 elections but reports that these do not appear to have been widespread and were more a case of trying to appear to be able to influence the program rather than of actually possessing the ability to do so. Curiously, in a survey conducted among *vocales* (formerly *promotoras*) in 2006, only 22 percent said that support from Oportu-

the centralized system, but an effective system of checks, reviews, and appeals can be an important accompaniment to such a system.

*Targeting and Community Perceptions in RPS*

Based on the quantitative survey, RPS was considered well targeted. In *comarcas* where geographic targeting was used among poor households, the rate of undercoverage was found to be 3 percent, while that of leakage was 14 percent. In household-targeted *comarcas,* these figures stood at 10 percent and 6 percent, respectively, again among poor households (Maluccio 2009). The targeting results illustrate a fundamental difference between surveys and qualitative approaches to data collection: although the qualitative findings do not conflict with the numerical results, they do help us better understand that behind these percentages lie individuals and families who *live* the impact of statistically small targeting problems. The targeting process as a whole was poorly understood at the community level in both geographically and household-targeted communities. Some understood that there was a survey, while others attributed their selection to other causes, from divine intervention to a lottery, or sometimes a combination, as in this beneficiary's explanation: "Some people wonder why they were not chosen, 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" (ES Rosa R).[14] A common explanation of the targeting was that it involved a map, including 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. This was a mostly accurate interpretation of the fact that the targeting was based on a "*segmento censal*" (census segment), not a locality or community, and the former was often not coextensive with the latter. This meant that even in geographically targeted areas, not all households in a particular locality were included. This result was particularly difficult for people to understand and probably worked to obscure the more important poverty assessment dimension of the targeting process. Respondents in all the communities studied made the same point that emerged in the PROGRESA study, essen-

nidades was independent of how one voted, despite their having received training that stressed the contrary, and also despite extensive campaigns by Oportunidades to inform beneficiaries that their vote was free and secret. It is not clear what cause this discrepancy.

14. In the Nicaraguan study, locality and household names were changed to protect confidentiality; quotations are referenced here using only pseudonyms for individuals. The names of "departments," the equivalents of states, are not included because the study was located in just two of these. Interview codes starting with "ES" indicate semistructured interviews; those starting with "EC" indicate case studies; "IC" refers to key informant interviews.

tially "We are all poor here." Given this assumption, it is understandable that people sought other ways of making sense of the exclusion of apparently needy households from the program; if "we are all poor," distinguishing households on the basis of economic situation (as in the household-targeted communities) was hard to understand. It should be noted that, as in Mexico, the program's targeting achieved independence from partisan politics. Nowhere in the interview data was it suggested that the program was used to gain votes by the actual or perceived ability of politicians to allocate benefits. In the highly polarized Nicaraguan political climate, this was a significant achievement.

There were several reasons that errors of exclusion occurred or were perceived, even if the numbers were proportionally small: the use of the *segmentos censales,* a misappraisal of economic status by the proxy means test or enumerator, the purposeful exclusion of better-off households that took place (that is, some degree of household targeting) even in geographically targeted areas, and the missing of residents who were away from home during the census. Missing the census team was mentioned by respondents in all the communities studied; labor migration is a common practice in rural Nicaragua, and people often spend time away from their homes, working as day laborers in the agricultural sector. In 84 out of 125 households studied across the six communities, someone felt that there had been errors of exclusion in their community.

As seen in Mexico, one of the potential outcomes of a system that is either not understood or perceived as unfair is that it can create tensions between those who are perceived as lucky enough to benefit and those perceived as unlucky and excluded. In the Nicaraguan communities studied, nonbeneficiaries did not blame beneficiaries and tended to interpret their exclusion as their own bad luck that they had to accept; most said that it had not caused tensions between them. One reason the targeting may have been less of an issue than in the Mexican case is that either the Nicaraguan communities were geographically targeted or the household-targeted communities were generally poorer than those in Mexico, so there were relatively few nonbeneficiaries in Nicaragua. Nevertheless, in four of the six study communities there was evidence of social tensions related to the targeting, which was described in different cases as envy, disagreements, annoyance, and gossip. One beneficiary said: "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 see that there is nothing to do now, they shut up" (ES Ana D). A *promotora* from another community said that there had been a change in relations between households because "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 Katia R). In two of the communities, tensions arose over errors of inclusion whereby some better-off households were included initially and then later determined to be non-poor and removed. Contrary to the common concerns about targeted programs that "stigmatize" beneficiaries, being in RPS appeared

to confer a type of status, and "sometimes people feel upset because maybe you have been selected and they haven't. They think that we were considered more important than them" (ES Gladys R). In some communities exclusion was said to cause a loss of self-esteem. Another factor is simply the differentiation between people that occurs when a large group is now participating together in common activities, traveling together to get their cash transfers or shop, and attending workshops, meetings, and activities organized by the *promotora,* with a small group (of nonbeneficiaries) excluded. In some of the communities, people said that social ties between those included and those excluded had weakened because they now had less in common.

However, as in Mexico, there was also solidarity between the included and the excluded; for example, beneficiaries explained why nonbeneficiaries should get resources, because they needed them and because it was 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, nonbeneficiaries understood that the beneficiaries were not to blame, and so "they don't say anything." The larger problem is one of frustration, not with beneficiaries but at their situation of being excluded.

A related issue was the effect of the targeting on children in school because beneficiary children were receiving assistance for uniforms, backpacks, and supplies and nonbeneficiary children were not. Although in theory nonbeneficiary households should have enough resources to buy these items for their children, in practice they may not, either because they were nonbeneficiaries by error or because they did not have the resources or the inclination to buy these items. Although nonbeneficiaries complained little about their own situation, they were more expressive about how this affected their children. One mother from a nonbeneficiary household said: "One day my son told me that a boy told him, 'Look, I have a new backpack and you don't,' and he started showing him all the new things he had in his backpack" (ECN Mariana Z). A mother in another community said that her son "gets sad" because "he says, 'Look mom . . . 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. Let's not lose our faith' " (ECN Aracely G). Children also revealed these problems directly, as in one case study household where a child said: "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 Efrain T). Another child in a beneficiary household said that children not in the program dressed "shabby, with patches on their pants" (ECA Ernesto J). In two of the six study communities, a collection had been taken up and beneficiary families had all been asked to contribute some funds for the purchase of school supplies for nonbeneficiary families. As one *promotora* described

this: "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 nonbeneficiary children so that they can come to school looking the same as the beneficiary children" (ICP Marisol A). Some combination of social solidarity and social pressure led people to give up part of what was already a very small benefit. Following this study, we recommended that nonbeneficiary children also be given the school supplies benefit. The government did not take up this recommendation; however, it did extend to nonbeneficiary households the *bono de oferta,* the small cash grant given to households to give to the teachers and the school.

People did not feel that they could influence the beneficiary selection process or other aspects of program decisions because, as one said, "Those decisions are made at the central office where the money comes from; we cannot change anything" (ECT Berta T). The research in Nicaragua explored the question of beneficiaries' relationship with the program from their perspective, in particular, their sense of "ownership." Of the 120 beneficiaries interviewed across the six study communities, just over one-quarter believed that it was possible to express dissatisfaction with the program; of these, a few had at one point or another expressed concern about some aspect of the program. The responses broke down into three different findings: (1) beneficiaries understand in theory that they have the right to express concerns about the program but do not know how to do so; (2) beneficiaries know how to raise issues and concerns but, based on past experience or speculation, do not feel that it will have an impact; and (3) beneficiaries know how to raise issues and concerns but do not do so out of fear of losing the benefits. One beneficiary implied that because the cash is a grant, beneficiaries did not have an ability to assert their rights: "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." When asked if she knew what her rights were with respect to the program, she replied, "Yes, my right is to comply with what the RPS says" (ECT Mary M). Earlier in the chapter we posed the question as to whether participation matters to a CCT program; the same can be asked regarding "ownership." The intention of the program was to reduce poverty and increase health, nutrition, and education; ownership was never part of the design. Nevertheless, it is likely that a well-advertised and responsive system for registering complaints and concerns, even within a centralized design, would improve beneficiaries' satisfaction with the program and increase their sense of agency, a different but arguably important dimension of human capital.

### *The* Promotora *and Collective Activities in PROGRESA*

The main vehicle for beneficiary representation in PROGRESA (and continuing in Oportunidades) has been the *promotora,* the beneficiary elected by other

beneficiaries to serve as their liaison with the program. At the start of program operations in her community, she received training and materials to support her work. Her main responsibilities were to collaborate in giving information and training to beneficiaries related to their program rights and responsibilities, to answer questions, and to respond to their problems. *Promotoras* were expected to hold a beneficiary meeting once per month. They also were expected to communicate issues that arose in their communities to program offices. In serving as government–community liaisons, facilitators, educators, and problem solvers, they have been a key link in the operational process. They were also the voice of beneficiaries; to the extent that beneficiaries were able to communicate questions, concerns, and complaints and obtain information, this was done via the *promotoras.* This representation system is limited by the fact that *promotoras* do not have any formal upward authority vis-à-vis program decisions. But as agents of communication, they represent a vital program institution.

The overall findings of the qualitative research with beneficiaries, doctors, teachers, and the *promotoras* themselves indicated that the *promotora* system was a very important one, that they were meeting their main responsibilities, and that the system was generally working well, with some locally specific exceptions. In IFPRI's quantitative evaluation of PROGRESA, several survey rounds found that about 75 percent of beneficiaries said they met the *promotora* at least once a month as intended. The most common type of information received from the *promotora* concerned the date of receiving benefits followed by information on how the program works and program requirements, with a small number reporting having received information on the composition of transfers. Almost all beneficiaries turned to the *promotora* with questions about the program (Adato, Coady, and Ruel 2000). Although *promotoras* received good assessments from beneficiaries and doctors in terms of how they performed their jobs, *promotoras* and doctors alike said that *promotoras* needed more training than they were receiving. PROGRESA was demanding in terms of the complexities of beneficiary rights and responsibilities, as well as the human and social issues confronted in the course of doing community work. *Promotoras* lacked an understanding of how some aspects of the program worked and were unable to explain some things to beneficiaries, such as reasons for delayed or deducted payments or why nonbeneficiaries were not in the program. Doctors also said that *promotoras* did not have sufficient information about the program and stressed that it was important that they receive updated information in a timely manner. *Promotoras* and doctors proposed that *promotoras* receive more health training, along with skills training to help them deal better with people. Oportunidades has since offered more specialization and training for *promotoras* (now called *vocales*). Training continued to be cited as an area in need of improvement in subsequent evaluations but was stepped up in 2006 (Hevia de la Jara 2007).

The *promotora* system can also be seen as a new form of women's leadership in communities. Although their role is limited to program functions, they develop leadership and other skills (this may lead to wider community roles later on). Although this form of empowerment is limited to a relatively small group among beneficiaries, it is nonetheless significant for them, and as Oportunidades expands the numbers and types of *promotoras,* this impact increases. Adato, Coady, and Ruel (2000) found that, with some notable exceptions, PROGRESA *promotoras* were elected and popular. Espinosa (2001; cited in Fox 2008) and Hevia de la Jara (2007) are more critical of the *promotoras'* roles, finding cases of top-down selection and abuse of their power, which they see as part of the motivation for the move toward *comités de vocales.*

We found that *promotoras,* as both community members and the representatives of a program that introduced resources as well as new tensions, were vulnerable to social pressures and had to absorb some of the frustrations of people in their communities, for example, when transfers were late or less than expected or when they were blamed for nonbeneficiary exclusions. With this new form of power comes new potential resentments and suspicions, an issue that emerged in the context of some resentment over *promotoras'* charging small amounts of money for their transportation and expenses (this was found during our research on PROGRESA; Oportunidades documents stress that beneficiaries are not to be charged). Notwithstanding, beneficiary attitudes toward *promotoras* presented a solid picture of the *promotora* system as fulfilling a crucial role and doing so effectively. Doctors were also very positive about the *promotoras,* who facilitated beneficiaries' participation in the health services and *faenas* and kept doctors informed of the problems of beneficiary families.

An aspect of the *promotoras'* work pertaining to the theme of this chapter was the collective forums they organized for beneficiaries. Monthly beneficiary meetings and collective trips to pick up their benefits were opportunities for collective activity. Although the primary planned as well as actual use of the monthly meeting was to convey basic program information, it was also potentially a space for beneficiaries to raise questions, concerns, and suggestions that might make their way up to program officials. Additionally, beneficiaries said that *promotora* meetings were sometimes a forum for women to talk to each other, learn to speak more, share problems, and offer each other solutions. As a *promotora* in Guerrero explained, "Now we are in a better position. . . . Now we can speak about everything. Some speak more, some less. And those that almost didn't speak, now they speak more. . . . Now they feel more comfortable. This serves us to civilize ourselves a little bit—to wake up, to be more open. Because also some women didn't leave their houses, and now they do it a little bit more." The health *pláticas* were also an opportunity for women to learn and to communicate in groups. A *promotora* in Michoacán explained how women benefit from the program "because of *pláticas,* because they speak with

each other . . . beneficiary with beneficiary, with other women who are in the program. For example, in my community I hold a meeting and we begin to talk, and they have more experience. . . . Now they know how to speak more. For example, here we are in the meetings, we have a chat, and we ask you, how do you handle something, how did you do it? That is how, one to the other, we open our minds." The types of interactions described here were not typical of the *promotora* meetings, however. Most meetings were limited to a basic exchange of information on program requirements, and the registration of complaints was infrequent. In response to a question on what takes place at the meetings, a 1999 household survey found that only 15.5 percent of beneficiary respondents chose "sharing experiences with other women" and 10.4 percent chose "discussing problems with PROGRESA." However, it is likely that some informal discussion and building of camaraderie took place even in the meetings that focused on program requirements. But the benefits described earlier by *promotoras* that came from meetings that were used as broader discussion forums suggest that there is significant scope for enhancing the ability of the program to increase women's capacities through collective experience (see Chapter 12 of this volume).

Another type of collective activity facilitated by the program, although not formally part of it, were the *faenas* mentioned earlier. *Faenas* are community-level work activities that are common throughout Mexico. They were not part of the program, but beneficiaries, *promotoras,* and key informants indicated ways in which *faenas* and the program were being associated. Doctors and teachers both said that *promotoras* were helpful in organizing beneficiary participation in the *faenas.*[15] Doctors felt that there were environmental, health, and social benefits to encouraging beneficiary participation. Some people conveyed a sense of the communal spirit among beneficiaries that *faenas* helped to foster, as did a *promotora* from Michoacán, who said: "It is very nice to be all united, all sweeping together, and even having fun, because sometimes we are all full of dust."

Oportunidades has enhanced the *promotora* system, increasing the functions of the *promotora* and the number of people involved. Now referred to as a *vocal,* she remains the main focal point of responsibility at the community level. The number and responsibilities of *vocales* have increased, now divided into four types: *vigilancia,* health, education, and nutrition. The *vocal vigilancia* is responsible for informing beneficiaries of the dates of their payments and of the Mesa de Atención y Servicio (discussed later), reporting abuses and de-

15. Although survey data found that most *faenas* remained communitywide activities involving men and women, at a PROGRESA workshop (IFPRI 1999) PROGRESA operations staff made the points that *faenas* were gradually becoming more of a female activity because local leaders were more easily able to convince PROGRESA women to participate and that the program created a group of "PROGRESA women" who shared information, activities, and support.

livering complaints and petitions to program personnel, and ensuring that beneficiaries know their rights—that the money they receive matches their receipts; that they are well treated by health, school, and program personnel; and that no politically or other non-program-related conditions are placed on their receipt of benefits. Health and education *vocales* encourage and help beneficiaries to comply with program requirements, to complete their paperwork, and to spend their benefits as intended. The nutrition *vocal* teaches families about the preparation and consumption of the nutrition supplements and about the importance of food hygiene, makes home visits to reinforce these lessons, and follows up with households where children are suffering from malnutrition or health problems. Groups of *vocales* at the local or sublocal level work as a team in the Comité de Promoción Comunitaria. *Vocales* still also hold regular meetings with their beneficiaries, where beneficiaries can raise questions and efforts are made to resolve them (Oportunidades 2005, 2006).

*The* Promotora *and Collective Activities in RPS*

RPS, drawing on PROGRESA's design, also facilitated beneficiary participation through the elected *promotora* and the monthly meetings she organized. Apart from the monthly *promotora* meetings, no formal collective activities were organized by the program; however, in all six communities, people reported some activities informally associated with the program. As in PROGRESA, one activity involved cleaning up common areas: the streets, the clinic, the church, or the cemetery. Although not formally part of RPS activities, these clean-up sessions were often seen this way: "With the other members of the RPS we go and clean. We do it together so we can all help" (ES Jacinta T).[16]

In most of the research communities, some beneficiaries said that it was easier to organize women since the arrival of the program. Beneficiaries constitute informal groups of women, led by women who can easily be called upon to participate. Some women cited the benefits, such as improved self-esteem, that came from the opportunity for women to work together; they felt part of a group and had a sense of identity with the program. There was variation among communities: this benefit was expressed strongly in some and little if at all in others (the reasons were not clear, though these findings might reflect preexisting community conditions). Participation in the health workshops (called *talleres* in Nicaragua) also seemed to have created some camaraderie or some new outward manifestations of it. According to a health worker involved with conducting the *talleres,* "At the workshops we teach them that . . . it is impor-

16. RPS introduced one unique mechanism that can be seen as a form of "participation": the *bono a la ofterta,* or teacher transfer. This was a small sum of cash given to parents for them to give directly to teachers. The cash was subsequently split between the teachers and the school. The purpose of this money was to give teachers an extra incentive for teaching (this was a preexisting custom), provide the school with extra cash for expenses, and give parents a sense of involvement in the education of their children.

tant 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 emotional aspects have changed a lot" (IC health worker, Ana C). As in PROGRESA, beneficiaries said that the time women spent together in program meetings with the *promotora* or in the *talleres* increased their awareness of women's issues such as women's rights and family planning and gave them a chance to speak up in public and share their experiences with other women (see more on this in Chapter 12 of this volume). In one of the study communities, *promotoras* also organized adult education groups.

Economic cooperation was another type of collective activity. In all of the study communities, beneficiaries had formed informal buying groups in which to do their shopping after they received their benefits. These were usually organized by the *promotoras,* in part so that they could monitor purchases but sometimes to help negotiate better prices.[17] Each community was different with regard to these activities; often the women organized for travel rather than purchasing, sometimes beneficiaries joined in and other times they shopped alone, and some did not participate at all. Sometimes they walked to town together and traveled back individually, or they organized to rent a vehicle collectively but, once in town, purchased separately. Finally, in some communities unique activities were organized; for example, in one, "fifteen mothers got together and decided to buy a small first aid kit. Every time we need something, we get together and buy it" (Isabel A). In another community, 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 even informally, such as encouragement from the *promotora* or other program officials, nor was there any direct suggestion that program money enabled them to do this. Of course it is possible that it was the extra program resources that enabled these purchases, and the fact that women were meeting more regularly for program activities could have led to these initiatives.

The program thus has the potential to encourage cooperation in ways that can strengthen social capital, and in some ways it was doing this. This type of cooperation seemed to be mainly dependent on the initiative and organizing abilities of the *promotoras.* The variation across communities also suggests that preexisting experience with collective activity may have influenced what the CCT program enabled. These examples also suggest how a CCT program or another program working in conjunction with a CCT program might facilitate new livelihood activities that could simultaneously promote cooperation and build economic opportunities for women (such as a microenterprise program or a popular savings program).

17. The research found that some *promotoras* were monitoring the receipts of beneficiaries to be sure that they were primarily buying food with their cash transfers. See Chapter 12 in this volume.

*Citizenship and Participation in Oportunidades*

Oportunidades has placed considerable emphasis on issues of transparency, citizenship, and participation with a certain amount of regard for practicality. Many of these values were also present in the original conception of PROGRESA, but they have since been given much more attention and developed into a number of concrete mechanisms. Mexico's National Development Plan of 2001–06 emphasized transparency in public service, and Oportunidades operationalizes this through efficient use of resources, targeting, evaluation, the Controlaría Social, and the Rules of Operation, which eliminate discretion and guarantee certainty (Oportunidades 2003, 56).[18] The program's policy strategy document for 2002–06 emphasizes citizenship, participation, and the agency of families, involving two main dimensions: (1) the overall framework of transparency and information and (2) conditionality. With respect to the former, "The program promotes citizen participation through distribution of regular and sufficient information about the mechanisms and Rules of Operation to the beneficiaries." It is hoped that this will produce an "attitude of vigilance and active involvement" in improving program operations (Oportunidades 2003, 56). The program envisions promotion of citizenship through "co-responsibility"—the families' agreement to participate in the improvement of their human capital and be active contributors to an integrated development process:

> Oportunidades has a humanistic vision of social development centered in human dignity, values of freedom and social responsibility, and the promotion of a citizenship that is participatory and [active in national development]. Oportunidades considers of highest importance the strengthening of "co-responsibility" of families through concrete actions to themselves improve and elevate their level of well-being. . . . The participation of families allows them to take on a role as active subjects in their own development. For them co-responsibility implies the challenge of acting as autonomous agents capable of setting goals that conform to their aspirations and to work to realize them. (Oportunidades 2003, 58)

Although some see conditionalities as undermining people's agency (Samson 2006; Schubert and Slater 2006), Oportunidades sees conditionality as promoting agency, as does the cash transfer: cash gives people the choice to make their own decisions about what they need (Oportunidades 2003, 58).

This agenda with respect to citizenship is ambitious and the argument more theoretical than verifiable. However, with respect to transparency and information exchange, Oportunidades has instituted an impressive array of mech-

18. The Controlaría Social is a mechanism to incorporate citizen participation and government accountability. It is not specific to Oportunidades but has existed in various forms and with different meanings in Mexican government programs for about 15 years (Hevia de la Jara 2006).

anisms. Efforts include the diffusion of program information by the government in various forms, the distribution of a "citizen's charter" to beneficiaries during their incorporation into the program, and "transparency days" around election time in which stakeholders commit to not using any part of the program as a political tool. The primary accountability mechanism is the Sistema de Atención Ciudadana (Citizen Attention System), through which beneficiaries are encouraged to submit problems and appeals to Oportunidades by letter, in person, in earmarked boxes, via a toll-free phone number, or by the Internet. There is also the Mesa de Atención y Servicio; every two months Oportunidades staff visit the local area, where the *vocales* and beneficiaries can ask questions and resolve issues. Beneficiaries are also convened for other types of program activities. The significance of these developments, and the effort that Oportunidades has put into outreach, is seen in the 319,060 contacts made with the Sistema de Atención Ciudadana between 2003 and 2006, including information requests, applications to join the program, and complaints. A survey by the Secretary of Public Administration found that between 2003 and 2005 the percentages of beneficiaries who reported having received information on "how to present complaints and denunciations" and the "functions of the Community Promotion Committee" had doubled, though they were still limited to 37 percent and 29 percent, respectively (Fox 2008). Research reported in Hevia de la Jara (2007) and Fox (2008) concluded that the Sistema de Atención Ciudadana was successful at resolving information requests and payment problems, though not at dealing with more serious problems and complaints.[19] Another survey found that Oportunidades earned high marks with respect to people's receipt of information and their confidence in and satisfaction with the information received (well over 90 percent gave positive responses). Only 3 percent said they had submitted suggestions or complaints, which could indicate satisfaction with the program or lack of awareness of or comfort with using the system. Among those who did, 57 percent said they were satisfied (SFP/SEDESOL 2005).

## Conclusion: Why Participate in CCT Programs?

This chapter argues that CCT programs operate on a different logic than a community-driven development program that privileges participation for instrumental and intrinsic reasons. CCT programs, in fact, often steer away from decentralization and local participation for instrumental reasons related to administrative complexity and avoidance of clientelism. Nevertheless, CCT pro-

19. Fox (2008) concludes that Oportunidades has made substantial efforts to address a major need for upward communications but that understaffing and several structural factors limit its effectiveness. One of these is the fact that there was no institutional mechanism to assure beneficiaries a seat at the table or clout to achieve their objectives, which he contrasts with the Mexican antipoverty program Diconsa, which has formal structures that give citizens that seat.

grams across Latin America involve widely varying levels of decentralization and participation for a number of functions. Furthermore, research in Mexico and Nicaragua has revealed ways in which communities are affected by the program and local dynamics mediate program reception and outcomes regardless of design. It has also suggested that a system for greater local involvement in some issues could improve satisfaction with the program. This is well illustrated by the case of the household targeting system, which emerged as a source of stress with respect to an otherwise popular program. Brazil's CCT programs show how targeting can include a level of decentralization, and community-based targeting mechanisms used elsewhere in the world could be examined for ways to introduce community review (improving both accuracy and satisfaction) but under careful checks and balances.

The research in Mexico and Nicaragua also found that in both programs collective activities were either planned or emerged through informal local initiatives and that these provided a number of social and economic benefits for participants. Because CCT programs operate through a direct relationship between government and the household, there are fewer opportunities for collective action and organizational development than in programs using demand-driven or community development approaches that operate via local organizations such as community or women's groups. The benefits that came from informal activities in PROGRESA and RPS, as well as other country initiatives such as those in Colombia, El Salvador, Honduras, and elsewhere, suggest avenues for strengthening social as well as individual human capital via a CCT program and generating new possibilities for sustainable impacts.

Whether or not forms of decentralization and participation in CCT programs would increase the achievement of the programs' primary objectives with respect to improving health, nutrition, and education is an open question. Evidence from other programs showing the benefits of participation in service delivery, targeting, and other areas suggest that they could.[20] In addition to functionality, program officials are concerned with "beneficiary satisfaction" (which is usually included as an evaluation question), and increasing social capital, beneficiary empowerment, and citizenship may be objectives as well; some countries have made the choice to pursue them. At a minimum, a CCT program should ensure that people have regular access to information, an understanding of program design and objectives (beyond the conditionalities), and a reliable and responsive system through which to register appeals, problems, and con-

20. In a study of Mexico's supply-side-oriented Compensatory Education Programs and the CCTs, Gertler, Patrinos, and Rubio-Codina (2006, 4) found that the component of the compensatory education program that had the greatest impact on school failure and repetition rates, even after controlling for the CCT program, was the support to school management (Apoyo a la Gestión Escolar) involving empowering parents' associations. They conclude: "This gives suggestive evidence that supply-oriented interventions should be redirected towards decentralizing school management."

cerns. All of this is still far from influencing program design or operational decisions. Forms of participation in CCT programs will need to be guided by local historical, political, and social contexts;[21] some countries may need to decentralize more, whereas others may have good reasons for centralizing certain functions. Exploring country-specific options could lead to programs that achieve a wider range of social and human capital outcomes.

## References

Adato, M. 2000. The impact of PROGRESA on community social relations. Final report to PROGRESA, Government of Mexico. International Food Policy Research Institute, Washington, D.C.

Adato, M., and L. J. Haddad. 2002. Targeting poverty through community-based public works programmes: Experience from South Africa. *Journal of Development Studies* 38 (3): 1–36.

Adato, M., D. Coady, and M. Ruel. 2000. An operations evaluation of PROGRESA from the perspective of beneficiaries, *promotoras,* school directors, and health staff. Final report to PROGRESA, Government of Mexico. International Food Policy Research Institute, Washington, D.C.

Adato, M, J. Hoddinott, and L. Haddad. 2005. *Power, politics and performance: Community participation in South African public works programs.* IFPRI Research Report 143. Washington, D.C.: International Food Policy Research Institute.

Adato, M., and T. Roopnaraine, with F. Alvarado Álvarez, L. Böttel Peña, and G. Meléndez Castrillo. 2004. A social analysis of Red de Protección Social in Nicaragua. Final report to the Red de Protección Social, Ministry of Mi Familia, Government of Nicaragua. International Food Policy Research Institute, Washington, D.C.

Adato, M., T. Roopnaraine, N. Smith, E. Altinok, N. Çelebioğlu, and S. Cemal. 2007. An evaluation of the conditional cash transfer program in Turkey: Second qualitative and anthropological study. Final report submitted to the General Directorate of Social Assistance and Solidarity, Prime Ministry, Republic of Turkey. International Food Policy Research Institute, Washington, D.C.

Alviar, C., and R. Pearson. 2009. *Cash transfers for vulnerable children in Kenya: From political choice to scale-up.* Social and Economic Policy Working Paper. New York: United Nations Children's Fund.

Ayala Consulting. 2003. Workshop Conditional Cash Transfer Programs (CCTs): Operational Experiences. Ayala Consulting, Makati City, the Philippines. March.

Chambers, R. 1995. Paradigm shifts and the practice of participatory research and development. In *Power and participatory development,* ed. N. Nelson and S. Wright. London: Intermediate Technology Publications.

CIESAS (Centro de Investigaciones y Estudios Superiores en Antropología Social). 1998. Acercamiento etnograpfico y cultural sobre el impacto del program PROGRESA en

21. For example, Adato et al. (2007) found significant problems with respect to communications between the program and beneficiaries and examined whether and how a *promotora*-type system might work in Turkey, where the CCT program did not have this function. Most respondents believed that the Latin American model would not work in this respect.

doce comunidades de seis estados de la Republica. Draft report. CIESAS, Mexico City.

Cornwall, A., and K. Brock. 2005. Beyond buzzwords: "Poverty reduction," "participation," and "empowerment" in development policy. Overarching Concerns Programme Paper 10. Geneva: United Nations Research Institute for Social Development.

de Janvry, A., F. Finan, E. Sadoulet, D. Nelson, K. Lindert, B. de la Brière, and P. Lanjouw. 2005. Brazil's Bolsa Escola program: The role of local governance in decentralized implementation. World Bank. Available at <siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Safety-Nets-DP/0542.pdf>.

de la Brière, B., and K. Lindert. 2005. *Reforming Brazil's Cadastro Único to improve targeting of the Bolsa Família program.* Social Protection Discussion Paper. 0527. Washington, D.C.: World Bank.

Espinosa, R. A. 2001. Informe final del segundo monitoreo al Programa de Educación, Salud y Alimentación (PROGRESA), Red Nacional de Promotoras y Asesoras Rurales. Unpublished report.

Finan, F. 2004. *Evaluating the impact of decentralized conditional cash transfer programs: A study of Brazil's Bolsa Escola program.* Bridges Summer Research Report. Berkeley: University of California, Center for Latin American Studies.

Fox, J. 2008. *Accountability politics: Power and voice in rural Mexico.* New York: Oxford University Press.

Gertler, P., H. A. Patrinos, and M. Rubio-Codina. 2006. *Do supply-side-oriented and demand-side-oriented education programs generate synergies? The case of compensatory education and Oportunidades scholarships in rural Mexico.* Policy Research Working Paper 3935. Washington, D.C.: World Bank.

Government of Honduras. n.d. Antecedentes del Programa de Asignación Familiar (PRAF). Available at <http://siteresources.worldbank.org/SAFETYNETSANDTRANSFERS/Resources/281945-1131468287118/1876750-1140107387177/HondurasCCT.pdf> (accessed March 22, 2010).

Hevia de la Jara, F. 2006. Contraloría social en el programa Oportunidades desde una óptica de interfaz socioestatal. XI Congreso Internacional del CLAD sobre la Reforma del Estado y de la Administración Pública, Ciudad de Guatemala, November 7–10.

———. 2007. El Programa Oportunidades y la construcción de ciudadana: Ejercicio y protección de derechos en un programa de transferencias condicionadas en México. Ph.D. thesis, Centro de Investigación y Estudios Superiores en Antropología Social, Mexico, D.F.

Hoddinott, J., M. Adato, T. Besley, and L. Haddad. 2001. Participation and poverty reduction: Issues, theory and new evidence from South Africa. FCND Discussion Paper 98. International Food Policy Research Institute, Washington, D.C.

IFPRI (International Food Policy Research Institute). 1999. Proceedings of the Workshop on the Impact of Mexico's Education, Health, and Nutrition Program (PROGRESA) at the Community Level, Mexico City, November 11.

Isham, J., and M. Kevane. 2001. Community-based targeting mechanisms for social safety nets. Social Protection Discussion Paper Series 0102. Washington, D.C.: World Bank.

Lindert, K., A. Linder, J. Hobbs, and B. de la Brière. 2007. The nuts and bolts of Brazil's Bolsa Família Program: Implementing conditional cash transfers in a decentralized context. Social Protection Discussion Paper 0709. Washington, D.C.: World Bank.

Long, N., and M. Villarreal. 1993. Exploring development interfaces: From the transfer of knowledge to the transformation of meaning. In *Beyond the impasse: New directions in development theory,* ed. F. J. Schuurman. Atlantic Highlands, N.J.: Zed Books.

Maluccio, J. 2000. Household targeting in practice: The Nicaraguan Red de Protección Social. *Journal of International Development* 21 (1): 1–23.

Maluccio, J., and R. Flores. 2005. *Impact evaluation of a conditional cash transfer program: Red de Protección Social in Nicaragua.* Research Report 141. Washington, D.C.: International Food Policy Research Institute.

Ministério da Educação, Brasil. 2004a. O controle Social do Programa. Formerly available at <www.mec.gov.br/secrei/manual/help/cs_controle_social.htm> (link no longer active).

———. 2004b. O Coselho de Controle Social (CCS). Formerly available at <www.mec.gov.br/secrei/manual/help/pa_conselho_controle_social.htm> (link no longer active).

———. 2004c. Quem deve ser cadastrado? Formerly available at <www.mec.gov.br/secrei/manual/help/csf_quem_deve_cadastrado.htm> (link no longer active).

———. 2004d. Quem participa e de que forma? Formerly available at <www.mec.gov.br/secrei/manual/help/cg quem_participa.htm> (link no longer active).

Morley, S. A., and D. Coady. 2003. From social assistance to social development: Targeted education subsidies in developing countries. Center for Global Development and International Food Policy Research Institute, Washington, D.C.

Morris, S., T. Ramos, J. M. Medina, and R. Flores. 2001. Community participation in primary health care in Honduras: Who participates in quality improvement teams? International Food Policy Research Institute, Washington, D.C. Photocopy.

Morris, S., R. Flores, P. Olinto, and J. M. Medina. 2004. Monetary incentives in primary health care and effects on use and coverage of preventive health care interventions in rural Honduras: Cluster randomized trial. *Lancet* 364: 2030–2037.

Nelson, N., and S. Wright. 1995. Participation and power. In *Power and participatory development,* ed. N. Nelson and S. Wright. London: Intermediate Technology Publications.

Oportunidades (Programa de Desarrollo Humano Oportunidades). 2003. *Programa Institucional Oportunidades 2002–2006.* Mexico City: Oportunidades.

———. 2005. *Guía de orientación para el Comité de Promoción Comunitaria.* Mexico City: Oportunidades.

———, Subdirección de Enlace Comunitario. 2006. Comités de Promoción Comunitaria. In *Manual operativo de los Comités de Promoción Comunitaria.* Mexico City: Subdirección de Enlace Comunitario.

PROGRESA (Programa de Educación, Salud, y Alimentación). 1997. PROGRESA: Education, health, and nutrition program. Mexico City. Photocopy.

Rahman, Md. A. 1993. *People's self development: Perspectives on participatory action research.* Atlantic Highlands, N.J.: Zed Books.

Rahnema, M. 1992. Participation. In *The development dictionary: A guide to knowledge as power,* ed. W. Sachs. London: Zed Books.

Samson, M. 2006. Are conditionalities necessary for human development? Presentation at the Third International Conference on Conditional Cash Transfers, Istanbul, June 26.

Schubert, B., with D. Webb, M. Temin, and P. Masabane. 2007. *The impact of social cash transfers on children affected by HIV/AIDS: Evidence from Zambia, Malawi, and South Africa.* Lilongwe, Malawi: United Nations Children's Fund, Eastern and Southern African Regional Office.

Schubert, B., and R. Slater. 2006. Social cash transfers in low-income African countries: Conditional or unconditional? *Development Policy Review* 24 (5): 571–578.

SFP/SEDESOL (Secretaría de la Función Pública/Secretaría de Desarrollo Social), Subsecretaría de Control y Auditoria de la Gestión Pública, Dirección General de Operación Regional y Contraloría Social. 2005. *Controlaría social en Oportunidades: Encuesta de opinión.* Mexico City: SFP/SEDESOL.

Skoufias, E., B. Davis, and S. de la Vega. 2001. Targeting the poor in Mexico: An evaluation of the selection of households into PROGRESA. *World Development* 29 (10): 1769–1784.

Tendler, J., and S. Freedheim. 1994. Trust in a rent-seeking world: Health and government transformed in northeast Brazil. *World Development* 22 (12): 1771–1792.

World Bank. 2004. Second International Workshop on Conditional Cash Transfer (CCT) Programs: Workshop Proceedings. São Paulo, Brazil, April 26–29.

Yaschine, I. 1999. The changing anti-poverty agenda: What can the Mexican case tell us? *IDS Bulletin* 30 (2): 47–60.