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Research Report

CHILD, YOUTH, FAMILY & SOCIAL DEVELOPMENT

"GOING TO SCALE"
The Cost-Effectiveness of Alternative Interventions to Support Vulnerable Children and Families in the Context of Poverty and HIV/AIDS

TRIP REPORT: JAMAICA AND MEXICO

Report on Conditional Cash Transfer programmes in Mexico and Jamaica

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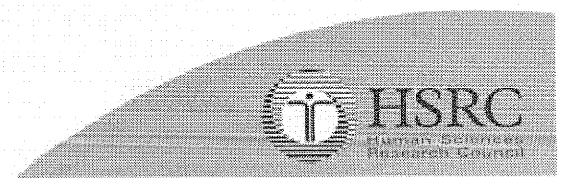
Social science that makes a difference



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Background

In June 2005, the Child Youth Family and Social Development (CYFSD) Programme at the Human Sciences Research Council (HSRC) in South Africa convened a meeting of local and international experts and stakeholders to discuss how to scale up support for children and families affected by HIV/AIDS and poverty. A randomised community trial was proposed to evaluate the cost and impact of additional income support to destitute families as well as community and home-based support services.

A Task Team was formed in January 2006, consisting of representatives from CYFSD, the Department of Social Development, the National Treasury, the World Bank and UNICEF, to guide the development of the proposal towards maximum policy relevance. Because one of the arms to be bested in the evaluation is conditional cash transfers (CCT), the World Bank and the Rockefeller Brothers Fund provided support for site visits to Jamaica and Mexico to get first-hand experience of CCT programmes and their administration and to meet with programme directors, staff and beneficiaries.

Poverty, unemployment, HIV/AIDS and the worsening of conditions for children's development

Twelve years after the democratic transition, structural unemployment and poverty remain entrenched in South Africa. The 2005 broad unemployment rate (including discouraged work seekers) is 41%. Using the very low poverty line of R174 per capita per month (based on the World Bank's 2$ a day), the population poverty rate is estimated at 37.9%. Using a higher rate, R322 per capita per month (informed by the cost of a basket of basic needs goods), it is estimated at 58%.

There is significant overlap between children affected by HIV/AIDS and children living in poverty and this compounds the difficulties experienced by children and families. Due to the HIV/AIDS epidemic a significant number of children have lost caregivers, and a very high number of children are living with HIV+ parents. According to the 2001 Census, more than 600,000 children had lost their mother. It can be estimate that R2.5m children have a mother who is living with the virus. The negative impact of HIV/AIDS begins long before the death of parents, when adults in the household become sick and lose their capacity to provide children with care and to fulfil their basic needs. Children are also being affected by impoverished families taking in additional children and caring for sick adults, as well as by the impact of HIV/AIDS on health, education and social services.

Under conditions of poverty and HIV/AIDS, children lose their livelihoods (through the illness and death of breadwinners and adults in the extended family engaged in subsistence activities), their health (through infection, inadequate nutrition, and poor health care), their parents (to illness and death), their families (as children are parted from caregivers and siblings because of distress mobility and migration), and their connections to schools and other social institutions (as a result of stigma and withdrawal from school because of poverty and the child's work obligations in the home). In general, they are losing their potential to participate in South Africa's civic and economic development.

The major thrust of assistance for highly vulnerable children is coming from families, neighbours and communities which are already impoverished. The poor are supporting the

destitute, and this is reducing their savings and decreasing their capacity to cope. Children are being withdrawn from school to reduce expenses and to help with care and work in the home, they are suffering emotional stress and neglect, and they are a risk of sexual and other forms of abuse and exploitation as their care networks fragment.

Government action to assist children at risk

The South African Constitution (Act 108 of 1996) affords children and adults a comprehensive set of rights, including socio-economic rights. These, together with the rights set out in international human rights treaties that government has ratified, such as the Convention on the Rights of the Child, oblige government to develop effective measures of support for children in need.

Government has shown commitment to assisting vulnerable children. It has developed a plethora of policies to direct programme and service support to different groups of vulnerable children and their families. Moreover, it has put in place a range of social and basic service as well as income support programmes. In April 1997 there were 2.5 million beneficiaries of social grants. Today there are around 10.5 million (of which 6.9 million are beneficiaries of the Child Support Grant and 2.1 of Old Age Pensions). old age pension beneficiaries). (South African Social Security Agency, 2005). Both the income support programmes and service interventions have impacted favorably on poverty.

The Child Support Grant Programme (CSG) was developed in 1998 to support child development in poverty affected households through a cash transfer (currently R190 a month). An income means test was developed to identify eligibility. Initially the cash transfer was linked to conditions (for example, caregiver participation in an income generation project and evidence of immunization and growth monitoring on a child's updated Road-to-Health card), and the grant was only paid until a child reached 6 years of age. The conditions were dropped early in the programme – due to supply side constraints and implementation difficulties - and the age eligibility for the grant was raised to age 14. The income means test has never been changed. Indications are that the grant has a positive impact on school attendance, growth and household spending on basic needs and nutrition.

Government action to assist children at risk: Gaps and challenges

Despite these achievement, government action has not been sufficient. The reach, range, level and quality of income and service interventions still falls far short of what is required to meet needs for development and fulfill rights of the poorest and worst affected children. South Africa is still facing the challenge of how to develop and fund a cost-effective government system of support for the very large numbers of children affected by poverty and the HIV/AIDS epidemic.

Shortcomings in the government's policy and programming system include the following:

- Too many children in destitute conditions are excluded from the income benefit. This is partly due to insufficient up-take of grants (linked to administration and infrastructure problems) – the CSG has only reached 50% of eligible children in many areas. However, it is also because children who are poor and between 15-18 years are not eligible for the CSG, and there is no cash transfer programme for able-bodied but destitute women between 18-60 and men 18-65. The inadequacy of the current

social assistance system is reflected in the South African Social Security Agency's (SASSA) recent estimate that even with full take-up of existing grants, over half the population (21.9 million people) would remain below the poverty line.

- The income means test used for targeting the CSG is set at a low level of income and excludes many caregivers of children struggling with their income to meet basic needs of children. It has not been adjusted up-ward since 1998 (when the grant was first implemented) and is hence is no longer catching all the poorest children (originally the bottom 30%) which it was designed to reach.

- The level of the child cash transfer through the CSG programme is, in the context of the absence of income support for unemployed able-bodied adults, insufficient for meeting the development needs of children in many households affected by HIV/AIDS and poverty.

- Government financing of home-based services to children in need, delivered currently only in isolated programmes by the not-for-profit sector, and of which psychosocial services are a critical component, are hugely under-funded and have yet to achieve any demonstrable scale. There is a shortage of social workers, youth care and community development workers, and social services function at a low level.

- There is poor co-ordination, both within and across the range of government departments delivering income and services to assist children and families in need of support due to HIV/AIDS and poverty.

- School drop out – increases rapidly especially after Grade 3 and educational achievement is poor. This is attributed to household poverty and opportunity costs, poor quality of schooling, and high non-fee costs of attending school. The absence of a household "champion" of children's schooling is a lead cause of drop out.

- Early child development services (home and centre base) are, for the pre-compulsory school children (prior to Grade R) virtually non-existent in rural areas and of generally poor quality where they exist in urban areas.

Research on cost and impact of alternative interventions

Research can play a vital role in efforts to further programme development, increase its pace and improve roll out and targeting of the existing child support grant programme and social and educational service provision for children affected by poverty and HIV/AIDS. The CYFSD-led research project is designed to render knowledge necessary to improve targeting and implementation of the CSG, as well as on the cost-effectiveness and administrative procedures required to provide additional income and service interventions for very vulnerable groups.

The research proposes to study the following government interventions in a three stage research design.

Phase 1: Implementation, targeting and impact of the child support grant programme.

Phase 2: Cost-effectiveness of two alternative additional interventions:
2i. Additional unconditional income support (R50 to R60 per month per child for children 0-17 years of age)

2ii. Additional conditional income support (R50 to R60 per month per child for children 0-17 years of age), with the following conditions:
- Attendance for 85% of days among school-aged children
- Growth monitoring for children under 5 years of age
-Caregiver attendance at information sessions on early child development

Phase 3: Study cost-effectiveness of two additinal interventions
3i Additional school support through school health services and assistance given by youth aides in schools
3ii. Additional conditional income support, with the condition of participation in integrated social welfare services, including income generation.

The choice of interventions for the research study has been informed by the following four factors:

- The available research findings on the strengths and limitations of the current government system of support for children affected by HIV/AIDS and poverty.
- The burgeoning body of research evidence from a range of developing countries on child education and health benefits from conditional cash transfers.
- The practicality – cost implications and research design and evaluation possibilities - of implementing and evaluating the different interventions through a randomized community trial in a district heavily affected by poverty and HIV/AIDS
- Consultation with stakeholders including representatives from the South African government (policy makers, budget managers and administrators), representatives from non-governmental representatives working with children affected by HIV/AIDS, international experts on social protection, and government representatives from other developing countries also struggling to develop cost-effective interventions to assist children at risk.

Introduction

This is a report of a field visit to Jamaica and Mexico, 14-21 May 2006. The report details the design, implementation and evaluation of both countries' Conditional Cash Transfer (CCT) programmes in order to inform the design and effective implementation of the interventions planned under the Going to Scale project.

The two countries have very different programmes. Jamaica's CCT programme is partly funded externally, and caters for a population of 2.6 million. Mexico's CCT programme is entirely funded and run by the government, and reaches 5 million households (or 20%) in a country of 120 million people. There are however, similarities in the basic designs of the programme. Both target child health and education as possible levers for interrupting the cycle of inter-generational poverty. Both involve cash transfers on the basis of clinic and school attendance. Whereas Jamaica is strictly focused on attendance, Mexico has in place a programme which includes training people in order to foster attitudinal and behavioural change, as well as components to encourage saving.

The Conditional Cash Transfer Programmes

The focus of the trip was on the two Conditional Cash Transfer programmes in the countries. In both countries the programmes constitute the central social security mechanism for people living in poverty. In Jamaica the programme is the Programme of Advancement through Health and Education (PATH), and in Mexico the programme is Oportunidades, formerly known as Progresa. While cash transfer programmes are an effective short-term intervention for poverty, conditional cash transfers are effective programmes for long-term human capacity development and protection.

The South African delegation

The nine-person delegation for the study trip to Mexico and Jamaica consisted of the following members:

- **Ms. Musa Ngcobo-Mbere** Department of Social Development: Child, Youth and Families
- **Ms Unathi Mguye** Department of Social Development: Social Security, Policy and Planning
- **Ms Tsholo Ndaba** Department of Social Welfare KwaZulu-Natal: Department of Social Welfare & Population Development
- **Ms Mpontseng Kumeke** Department of Social $Development: Community Development
- **Dr Charles Wilson** Department of Education – Orphans and vulnerable children
- **Mr Oscar Picazo** World Bank South Africa: Lead economist
- **Ms Heidi Loening-Voysey** UNICEF South Africa: Orphans and other children made vulnerable by HIV and AIDS
- **Dr Ursula Hoadley** Human Sciences Research Council: Child, Youth, Family and Social Development
- **Dr Francisco V. Ayala** Ayala Consulting Co.

Site visits

In Mexico the delegation went on a field trip to Hidalgo state. The following sites were visited:

- A service desk of the programme in Singuilucan
- A county office in Tulancingo to witness a payment event
- A rural medical unit in San Agustin Zempoala (including a discussion with beneficiaries)
- An elementary school in Zempoala County (including a discussion with beneficiaries)
- A payment event in Zempoala

In Jamaica site visits included:

- The Kingston / St Andrews Parish office
- A secondary school for girls in Kingston
- A home visit in Kingston
- Centre of the Office of the Child
- A focus group discussion with a group of beneficiaries was also held in the PATH offices in Kingston.

Meetings with programme staff and government officials

PATH programme staff and government officials in Jamaica met with the South African delegation and included:

- Mrs. Faith Innerarity, PATH Chief Technical Director
- Mr. Alvin McIntosh, Permanent Secretary
- Senator Floyd Morris, Minister of State
- Mrs. Collette Roberts Risden, PATH Project Director
- Ms. Marcia Bolt, PATH Assistant Project Director
- Minister Derrick Kellier, Minister of Labour and Social Security
- Dr. Pauline Knight, Director, Social Policy, Planning and Research Division, Institute of Policy for Jamaica
- Mrs. Joan Supria, PATH Senior Social Worker
- Ms. Marlene Miller, PATH Compliance Manager
- Mrs. Stacy-Ann Barnes, PATH Planning & Monitoring Manager
- Ms. Simone McKenzie, PATH Research Officer
- Ms Nathalie Wright, PATH project assistant

For the Oportunidades presentations in Mexico representatives of the different programme divisions made presentations, including staff from finance and budgeting, Information Technology, evaluation and monitoring and operations. On the field trip the delegation met with the mayor of Tulancingo and the Minister of the state of Hidalgo. The delegation was also interviewed by the press in Hidalgo state.

Organisation of the report

The report is organised under a series of headings prompted by questions formulated prior to the site visit, and were supplemented by issues arising during the course of the visit. Jamaica's PATH programmes, and the Oportunidades programme in Mexico are dealt with in separate sections. The report concludes with key learnings derived from the study trip.

Limitations of the report

The report is largely based on presentations made to the South African delegation in Jamaica and Mexico between the 15 and the 21 of May 2006. It also reports on field visits to schools, clinics and administration centres in the countries. Further, informal interviews and focus group discussions were held with selected beneficiaries of the programmes. In all cases the visits were carefully mediated and directed by government departments. This report is largely descriptive and is based on the information collected in this way. It does not draw on any critical literature on CCT programmes, and does not reflect alternative perspectives from within the countries on the programmes.

Separate trip report notes were maintained by the UNICEF representative, Heidi Loening-Voysey.

Jamaica's Programme of Advancement through Health and Education (PATH)

1. Background and history of PATH

Jamaica has a population of 2.6 million people. The country is divided into 14 parishes. The largest parish, Kingston/St Andrews, is also the most populous parish, containing approximately a quarter of the total population. The poverty level in Jamaica at present is 16.9%, and about 20% in rural areas.

The country's conditional cash transfer programme, the Programme of Advancement through Health and Education (PATH) is administered by the Department of Labour and Social Security. Jamaica previously had different social assistance programmes for different categories of people; now most programmes either fall under or are connected to PATH. The primary beneficiaries for PATH are the poor and, in particular, those made most vulnerable by poverty - children, the elderly, persons with disabilities, and pregnant and lactating women. The stated focus of the PATH programme, like other conditional cash transfer programmes, is on human capital development - to 'break cycle of intergenerational poverty'. Jamaica's aim is to develop well-trained teams, at national and parish level, to deliver services to the 'needy not the greedy'.

Discussions about the reform of the social security system in Jamaica began in 1997. With the assistance of the Inter-America Development Bank, a range of studies were undertaken to review the existing legislative and institutional arrangements for social security. Discussions regarding the conditional cash transfer programme began in about 1999. The debates and design for implementation took approximately two years, with assistance from the World Bank.

2. Country context

When was the programme designed and implemented?

The project was designed in 2000 and 2001, although discussions had commenced earlier, in 1999. A pilot was run in 2001 and the programme was implemented in 2002. The World Bank, as well as providing substantial funding for the implementation of the programme, was also instrumental in its technical design.

What poverty, HIV/AIDS and child outcomes situation prevailed at the time when the programme was fist designed and implemented?

The country was ranked 98 out of 173 countries in the 2003 UNDP's Human Development Index. GNP per capita is just under $3000, and Jamaica is characterised as a lower middle income country; 16.9% of Jamaicans are estimated to be poor. Children in poverty are estimated at 23% of all children. Of all poor people, 50% are children (explained by the fact that poorer families on average have more children).

Life expectancy, however, is over 70. HIV/AIDS prevalence is 1.8%. Although the country has an HIV/AIDS policy, the disease is not a priority.

What social protection policy was already in place to assist vulnerable children and their families when the programme was begun?

PATH replaced three major social assistance programmes; the **Food Stamp**, which entailed nutritional support for a wide cross-section of the population; **Public Assistance** which was

a cash grant for elderly persons; and the **Outdoor Poor Relief Programme**, similar to a 'dole'. Abolishing the Food Stamp and Public Assistance programmes was relatively unproblematic. However, the Outdoor Poor Relief Programme was entrenched in law in the 1886 Poor Relief Act. A new Bill, the National Assistance Bill, has been tabled to replace the Poor Relief Act, however, there is significant resistance to this from the Ministry of Local Government, and the Outdoor Poor Relief Programme is still in operation. In the latter programme, local officers decide who should be placed on poor relief within communities. PATH is attempting to replace the somewhat subjective criteria used here with more uniform criteria, and PATH administers the payment to individuals identified by Poor Relief Officers.

The rationale behind replacing the three programmes with a single programme was the fragmentation, overlap and poor targeting of the prior social security system. In particular, targeting the very poor was ineffective. The same people were often on all three programmes, and this entailed three separate administration costs to administer three benefits to one beneficiary.

The purpose then was to develop one set of criteria, and in a context of shrinking resources, target those who needed benefits most. An annual survey showed that there had been significant leaking of social security into quintiles 4 and 5, and there was a clear need to make sure that the bottom two quintiles were reached.

PATH exists within a broader social safety net, including a number of other programmes. The main ones are:

- PATH- (Beneficiaries eligible for all available Programmes)
- Rehabilitation Grants
- Drugs for the Elderly Programme
- Health Fee Waiver
- National Health Fund
- Indigent Housing
- Secondary School Fee Assistance Programme
- School Feeding Programme

In short, prior to PATH, the Jamaican system of social security was very undeveloped. Its mechanisms were outdated, and it failed largely to reach the most poor.

How were negotiations conducted with government, civil society organizations, targeted communities?

There was a strong marketing drive prior to the implementation of the programme. More importantly, a series of research studies commissioned by the government, and paid for by donors, justified and displayed the need for a reformed social security system. In this way, a strong argument, based on research evidence, was made for the introduction of a CCT programme in Jamaica.

The key stakeholders in the design and delivery of the programme were the government of Jamaica, including the Ministry of Local Government, the payment agency (the postal service), schools and health centres. The Planning Institute of Jamaica (PIOJ, located within

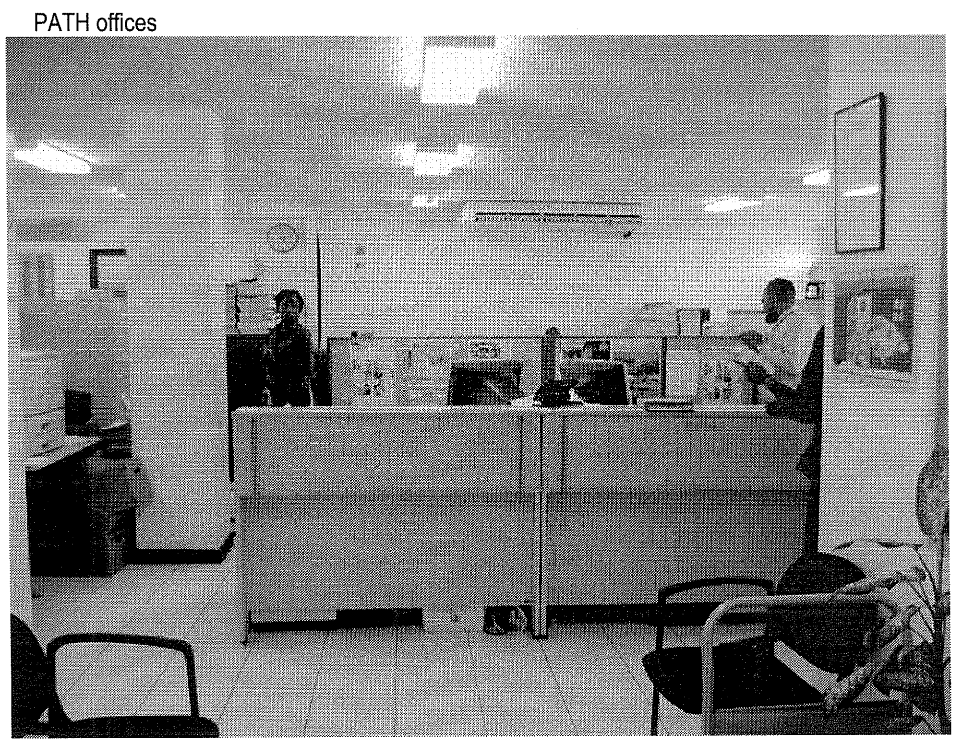
the Ministry of Finance and Planning, took the overall coordinating role in the programme. Both the reforms and the process of implementing them were driven from this Institute.

The Institute stated that the process of developing the new paradigm was long and involved many challenges. The work began with a comprehensive review of the system at the time. Extensive consultation and negotiation with relevant agencies and stakeholders took place. A large, comprehensive matrix was drawn up that looked at all aspects of poverty from birth to old age, their needs, the programmes in place, the issues affecting the programmes, the gaps and overlaps. Following this process the following priority areas were identified:

1. Consolidation of a cash transfer programme
2. Establishing a centralised agency for design and delivery
3. Putting in place the required legislative framework.

In relation to point 3, although the required legislative framework was identified in 2000, it had not been enacted yet in 2006 (see comments on Poor Relief Act above). The difficulty in changing the legislation also highlighted the importance of establishing the compatibility of the PATH with other reforms. The analysis offered was that while local government was seeking reform that gave greater autonomy and more authority to local agencies, PATH was seeking a more centralised body to eliminate fragmentation, and place responsibility with central government.

PATH offices



3. Nature / content of the interventions

What package of interventions is offered in the programme, with what conditions?

A beneficiary on the PATH programme receives a cash transfer of J$530 (US$53 or R318) per month every two months. Beneficiaries are not required to pay school fees for their children at the secondary level, and are not required to pay any fees at Health Centres. Primary schooling in Jamaica is free. Students are eligible for free lunch on request.

The beneficiary is required to meet the following education and preventative health care conditions:

- For school going children aged 6 to 17:
  - They must be registered in and attending school
  - They must maintain a minimum school attendance record of 85% per month (this specification was later changed to 'not absent for more than three days in a month, which amounts to the same percentage, but is easier for beneficiaries to calculate and monitor).
- For children 0 – 1 year: six visits to the Health Centre per year
- For children 12 – 71 months: two visits to the Health Centre per year
- For pregnant women: visit to the Health Centre every two months
- For lactating women: visit to the Health Centre at six weeks post delivery; and every two months thereafter
- For elderly persons: two visits to the Health Centre per year.
- For persons with disabilities: two visits to the Health Centre per year
- For other poor adults: two visits to the Health Centre per year.

These interventions are supplemented by what is termed a 'case-management approach' through social workers. Cases for beneficiaries are dealt with at the parish level. Case files are opened for each PATH beneficiary family, and the social worker in theory visits each family at least twice per year. Family visits are not only related to non-compliance, but provide possible avenues for referrals to other forms of social assistance. In this way, it is envisaged that the circumstances of every member of the family unit becomes known to the social worker.

In addition, routine visits are made by social workers to health centres, schools and other stakeholders to assist with compliance requirements and to ensure that beneficiary compliance records are maintained and delivered on a timely basis.

The reality, however, is that the social worker beneficiary ratio is 1:1200 households. In other countries the target ration for social workers to households is 1: 50 – 100. Social workers are not practically able to visit families twice per year. In total there are 60 to 70 social workers on the programme. In addition these social workers are not tasked specifically with PATH requirements, but work across the range of social security programmes.

The case management approach is very social worker-intensive, and they are required do undertake most functions (including the collection and distribution of compliance lists). Other countries have begun to investigate the use of families to do the work of social workers. Also, the clustering of families together to work with a single social worker at one

time is also being considered. In discussion there was also the suggestion that in maturer programmes there is greater compliance and thus fewer non-compliance cases for the social workers' attention.

How was the package of interventions and conditions decided upon (what factors informed the choice)?
The interventions were presented to the Jamaicans by the World Bank based on precedents in other countries. At first the Jamaicans were very focused on supply-side interventions (like social funds, feeding schemes etc.) but eventually, through an extended policy process, they agreed to the interventions that the World Bank was promoting.

A rationale for focusing on demand-side given by the World Bank was that once systems are in place, the supply-side will follow.

Are the interventions offered the same as those that were piloted – or have they changed over time, and if so, why?
The interventions are the same as those piloted, although at present some are coming under review. See below.

How does a person become a beneficiary?
In each of Jamaica's fourteen parishes there is an office of the Ministry of Labour where people can apply to be placed on PATH. The applicant goes to their parish office where they are interviewed, and a beneficiary form is completed. The information collected is entered into a Beneficiary Information System (BIS). The form is attached in Appendix A.

Once the information has been entered, the applicant's score on the BIS is calculated, and they are either selected or rejected. Those who are selected receive a home visit from one of the Parish Officers, who verifies the information on the form through a second interview and observation. A second data entry process is undertaken to ensure that the family still qualifies. For first two payments, families receive payment simply on the basis that they have qualified. After these conditions of school and/or health centre attendance apply.

A beneficiary can be registered on the programme within two months.

When are grants suspended or terminated?
Registered beneficiaries may have their payments *suspended* because of non-compliance with the schedule of school attendance or health centre visits, or non-collection of benefits for two consecutive pay cycles.

Reasons why registered beneficiaries may be *terminated* include proven fraud in the submission of information on the application form; non-compliance for three consecutive compliance periods; non-collection of benefits for three consecutive pay cycles after suspension; death; or request to leave the programme.

Beneficiaries can be suspended from the programme, and then be reinstated. Social workers visit non-compliant families in order to assist them in becoming reinstated.

What is the process of compliance verification?

At head office a list of all children and adults on PATH is compiled for every school and every clinic. Schools and clinics supply attendance information once every two months. An example of the school attendance verification form is attached as Appendix B. The forms are collected by social workers, and processed at head office.

What is the process of payment?

Payments are made once every two months, on the 15th day of every even month. Checks are printed and packaged at Head Office. These are then sent to the parish offices from where they are distributed to post offices. A family representative collects the check. On application, it is possible to have more than one representative in a household.

The payments are made every two months for a number of reasons, which include the following.

- PATH offices have sufficient time to collect and manage the compliance administrative data.
- Historically other Social Security programmes made payments every two months.
- It is argued that beneficiaries cannot absorb greater amounts of cash.
- It reduces the costs of the pay agent (the post offices).

4. Targeting and the reach of interventions

Who is targeted to receive benefits under the programme, and how are they identified?

Only the poor are targeted in the PATH programme. So, for example, only *poor* pregnant women and lactating mothers, and *poor* people with disabilities are eligible. Under previous programmes all these categories of people would have qualified whether they were poor or not. Poor adults (18- 59 years) with no children in the household are the lowest priority for the programmes, and it is difficult for this category of people to become beneficiaries.

There is also a gender bias in the targeting, in that the female head of household is made the beneficiary for the family. In 90% of beneficiary families the representative is female. In order to promote this notion, the question on the beneficiary form is phrased in terms of the person who will collect the check and who will see to it that children will attend school, rather than the head of the household (which is usually identified as a male).

Eligibility for the programme is determined through the proxy means test mentioned above, to collect information for the Beneficiary Identification System (BIS). The term "proxy" denotes the use of indicators which are highly correlated with income. In the case of PATH, the proxy which is used in the place of income and expenditure is consumption. The variables utilized by PATH to generate BIS scores are:

- Durable goods in the home
- Education of head of household
- Age of head of household
- Housing characteristics (e.g. wood, stone)
- Demographics (how many children; single elderly person)
- Location (urban/rural)

Consumption is increasingly accepted to be a reliable and stable measure for welfare as it is likely to represent permanent income. Further, consumption data is easily collected, highly observable and can be easily verified by social workers or field staff. There are no income questions in the mechanism, in the knowledge that many applicants don't work, and that income data is difficult to verify. The screening mechanism used by PATH is one that is used widely in Latin America, and was developed by the Planning Institute of Jamaica (PIOJ) in collaboration with the World Bank.

The programme has also instituted special targeting exercises, targeting pockets of people who haven't applied.

The PATH evaluation study has shown an improvement in beneficiary targeting. 80% of PATH beneficiaries are from Quintiles 1 & 2 compared to 63.7% under the previous Food Stamp Programme.

What process was used to determine eligibility criteria?

Regression analysis of variables from the Annual Survey (the Survey of Living Conditions) was used to determine the most significant variables in characterising poverty levels. An econometric model was developed to weight different variables.

The characteristics of rural poverty are slightly different from urban poverty. It was debated whether different weights should be determined for urban and rural areas, however, it was agreed to one set of weights. The statistical regression is however skewed to rural areas. This bias is seen in the demographics of the beneficiaries – there are fewer urban poor. Further, the screening mechanism has a bias toward children, and away from older persons. The mechanism is currently under review.

How did the programme deal with eligibility challenges?

All applicants/beneficiaries have the right to appeal. Appeals are made on the basis of dissatisfaction with terminations or suspensions, or the identification of the exclusion of needy persons. The Parish Appeal Committee hears appeals. This committee consists of various representatives from the programme, the community and civil society.

How many adult and child programme beneficiaries were there when the programme started, and how many are there today?

The pilot for the programme involved 6 000 families. In the first year of implementation PATH embarked on a full and intense enrolment programme. In the first year 200 000 families were interviewed (over 1 million people); 60 000 families were selected initially. There are currently approximately 236 000 beneficiaries or 80 000 families on the programme (half the number of those living below the poverty line).

What is the exit strategy of the programme?

PATH does not yet have an exit strategy for beneficiaries. They are currently formulating a welfare-to-work programme, but this is still at the stage of study tours and desk analysis.

5. Operational mechanisms

Who delivers the benefits provided under the programme, under what institutional arrangements?

Delivery of the benefits occurs at parish level, through the parish offices. Information systems, the generation of lists of beneficiaries for schools and clinics, as well as payment checks are handled at the head office in Kingston.

How is the income given under the programme distributed (electronic payment/payouts etc)?

Electronic transfers are made by the programme to pay agencies (post offices). Payments are then made to the female head of the family. However, elderly persons and adults with disabilities may have the payments made directly to them.

Who trained the individuals responsible for delivery and what training did they receive?

Most of the delivery of the programme is the responsibility of social workers, who also conduct training at schools and clinics. The social workers were trained by PATH officials. It is acknowledged that training remains a weak point in the programme, and that further efforts are required in this area.

What has been done to facilitate co-ordination and integrated delivery of the range of services offered under the programme?

As described earlier, the programme is part of the broader social security net reform and is located in the PIOJ. The Institute was established specifically to coordinate intersectoral work. It has a committee of the different ministries which meets quarterly. As described earlier, intersectoral collaboration was also built through a series of preliminary studies. Further, the concept of a centralised screening mechanism, as well as a single application and registration system for all social programmes, was something that appealed to different ministries.

What actions have been taken on the supply side to ensure that the services linked to cash transfers under the programme are accessible to beneficiaries and of a particular standard (quality)?

Nothing has been built into the actual project design to deal with the supply side. There are in existence certain agreements from the Ministry of Education to commit to the placement of all children in schools, especially secondary schools where there are shortages of places in some areas. In discussion one issue did emerge regarding a sliding scale approach to shortages in services. Conditionality can be applied to different groups where services are available, to be extended as more services become available to other groups.

What implementation phases has the programme been through, over how many years?

The project's pilot was very short before the government gave the go-ahead for scale up. It is in its fourth year of implementation, which is also its first implementation phase.

What are the main implementation challenges the programme has experienced and how have they been addressed?

The challenges in the implementation of the programme include the following:

Welfare to work has become a pressing need in order to have an exit strategy for the programme. This is especially urgent given that out-of-school youth are not covered by PATH. They represent a very vulnerable group, who would greatly benefit from income generating projects.

The programme has continued to experience leakage of benefits to the higher quintiles. The programme plans to further tighten up targeting.

PATH needs to be accompanied by other steps to improve school attendance. Transport costs are a continuing factor keeping students out of schools. This is particularly a problem for secondary school students, where parents have little control over where students are placed. Further, there is a problem of accommodating all children in secondary schools due to a shortage of places. The Ministry of Education at times places children in independent schools, as it has an obligation to place all students.

In primary school the culture of not sending children to school on Fridays is also an issue that has to be addressed further. Lastly the disruption of school through violence persists in being a problem. Beneficiaries are not, however, penalized for non-attendance due to violence in communities.

PATH has also begun to think about compulsory attendance for the 3 to 6 year age group in Early Childhood Development centres. This is to optimise the cognitive development of children. The concept of a parenting education programme is also being considered in this regard.

The programme is struggling to recruit sufficient social workers. Social workers are not well paid in government. More broadly there are moves towards professionalising the occupation. But the programme has also begun to think more creatively about the use of social workers. Some of the proposals have been mentioned, and include clustering families. In Columbia household heads have been trained as social worker assistance. They help in the identification of needy families, or families who are struggling to meet conditions for particular reasons.

Despite the extensive consultation with agencies, particularly by the PIOJ, it was felt that institutional capacity could have been better developed at the programme's outset. The programme had been implemented before the *capacity* to implement it had been sufficiently developed. Schools and health centres also needed to be involved in a 'change management process' and here it was felt that a lot more work could have been done prior to implementation. The Director of the PIOJ said, "It could have been designed with more ownership from day one instead of trying to get everyone on board afterwards".

6. Financing of interventions

Who finances the interventions offered under the programme? Is this the institution that has always financed the interventions?

Two external donors have been involved in Jamaica's social security reform. One is the Inter-America Development Bank (IDB) and the other is the World Bank. The former was concerned with the entire Social Security framework within which the PATH reform was proceeding. The IDB funded studies of the institutional and legislative framework for the reforms, and also studies of management systems. They also provided support to assist the poor through the budget process. In this way, the Jamaican government committed itself to maintaining allocations to children and basic social assistance at certain levels.

The World Bank funded the design and start up of PATH, and also provided a loan for the implementation of US$40 million over 4 years. Approximately 46% of the PATH programme is funded by the World Bank, the rest is paid for by the Jamaican government.

Both agencies helped to institutionalise the reforms, in particular through assistance with the development of the centralised Beneficiary Identification System, which could be applied to other programmes. Although the IAB's loan is complete, the World Bank is in its final year of funding PATH, and expressed openness to negotiating a further loan.

If the government is not the financing institution, but an international donor, what is the rate of interest (per annum) attached to the funding for the programme? What plans are there for sustainability?

The interest rate for the World Bank loan is 4%. As the loan comes to an end, different views were expressed in relation to the sustainability of the programme. The PATH Director stated that plans for sustainability were unclear, and there were concerns expressed within the programme around what would happen once the Bank's period of support came to an end in 2007. One of the key issues identified by the Director is the World Bank's condition of a review mechanism for the benefit. There is a built-in inflation of 8% for the cash transfer; however, where inflation exceeds this amount, this has to be made up by the programme. The affordability of this condition was a cause for concern.

The Director of the PIOJ, on the other hand, was of the opinion that there would be no difficulty in absorbing the cost of the programme after the loan comes to an end. This was largely because of the savings in terms of administration costs as the programme became more established. She also stated that the programme in the long term should cost less as human capital is built and fewer beneficiaries enter the programme. Further the planned welfare to work programme was also geared to ensure that the poor become more self-sufficient.

The evaluation of the Programme has shown that the merger of the three social assistance programmes and the creation of PATH has had positive financial implications for Jamaica's social welfare system. This has manifested itself in a reduction in administrative costs which stood at 13% in 2005. This compares favourably with the administrative costs of the previous programmes which were approximately 62%.

Minister of Social Security and the Director of PATH

7. Measurement of impact / evaluation of programme

Who has had the responsibility for evaluation of the impact of the programme?

The planning and monitoring unit within the programme is responsible for evaluations. It oversees the work of external consultants who have been conducting an impact evaluation of PATH. It also undertakes operational audits, internal evaluations and monitoring.

How was a control group for the evaluation established?

The programme uses a group of 2 500 'near eligibles' as their control group. These are people who are just short of the cut-off line to be eligible for the programme. Therefore it is not a strict control group. However, the experimental group consists of 2 500 'just eligibles' in order to minimise the difference between the groups. It is argued that the differences between the control and experimental group are therefore negligible.

What measures (child, family, community) have been used to gather baseline information for the evaluation and as indicators of outcomes?

The Programme's outcome is being assessed through an evaluation which compares 2 500 beneficiary households to the comparison group of 'near eligibles' who have similar characteristics, using baseline and a follow up survey. Baseline information collected was the same as that included in the screening mechanism (attached in Appendix A).

The programme has also undertaken a number of qualitative studies to look at its impact.

What evidence has been generated about the positive impact of the programme on child, family and community development outcomes?

The external evaluation of the programme will only be complete in June 2006. No data that compared the control group with beneficiaries was available at the time of the visit. PATH did however have information on the following indicators of effectiveness:

- Attendance of children 0>1 yr to health centres
- Attendance of children 1<6 yrs to health centres
- Attendance of children 6-17 yrs to schools
- Attendance of pregnant/lactating mothers to health centres
- Beneficiary assessment of the Programme
- Percentage of the beneficiaries receiving grants regularly every two months
- PATH's administrative cost versus the amounts paid in grants to beneficiaries
- Percentage of the poor receiving grants from the Programme

Only changing statistics for education agencies compliance were shown, and schools were shown to have progressively improved with respect to the recording and reporting of absenteeism. Improvements in compliance of beneficiaries with respect to school attendance were also noted. Monitoring found that 86% of beneficiaries were in school for at least 85%of school days. The reasons suggested for the success in education were increased experience and training in the procedures and improved processes regarding social workers follow up. Further, early strong buy-in from the Ministry of Education was cited as important. Schools agreed with the goals and purposes of recording absentees, and fee replacement rather than non-payment from PATH children represented a further incentive. Other educational benefits of the programme identified were parents being more aware of what their children were doing as they had proof of their attendance.

In the health compliance aspects, however, there were significant problems. Health care facilities in the first instance did not have the capacity for the increased number of visits. Also health centres do not see the point of seeing 'healthy' children. Also, it was found that several health centres discharged children at age 3 because all immunization was done by then (apart from a booster at age 6). This discharge had always been a policy of the health ministry and had not been dislodged by PATH. In health there was also no compensation or incentive for the health centres to see more children more regularly. Health centres were not always accessible to beneficiaries. These issues point to the important issue of the programme being aligned with policies and processes in place in other sectors.

Has any of the evidence informed policy reform (either in the sense of the scaling up / expanding the reach of the programme or in the sense that there has been a change in social protection design in the country)?

PATH has begun to reconsider the health conditions. Some of the alternatives include parent workshops addressing, in particular, the issue of health promotion and violence in the home. They are thinking of adjusting the current conditions, for example, up to age 6 months they may retain the same requirements, but for healthy children these may change.

What management information systems are in place?

An effective MIS system was still not in place in 2005. It was felt that the project would have benefited greatly from it being in place from the beginning. This would have helped with both implementation and monitoring and evaluation of the project. As it stands the software used in the database management is outdated, and the system clumsy.

8. Advocacy strategy

What advocacy strategy was used to support the initial implementation of the project and subsequent expansion?

A concerted marketing campaign was launched at the start of the programme with various public awareness programmes, including posters. An example of a pamphlet is shown in Appendix C.

What did beneficiaries have to say about the programme?

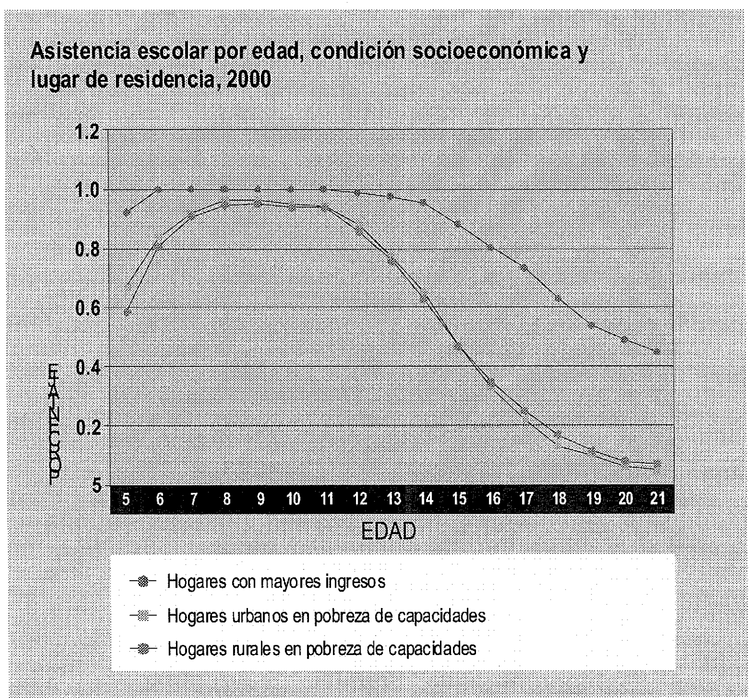
Data gathered through the focus interview was limited by the presence of PATH officials. Beneficiaries were generally very positive about the programme. Some of the negative comments included complaints about health centre and school reporting problems (for example, a school teacher was on leave during January and February and a replacement was not appointed to record absenteeism); the fact that the cash transfer was insufficient; reports that clinics refused to see healthy children; and reports of late payments at the post office.

Mexico's Oportunidades Programme

1. Background and history of Oportunidades

Mexico is the same size as South Africa, but with a population of 106 million. Oportunidades was initiated in 1997 under the name Progresa. It is a programme oriented to those in extreme poverty, and includes cash transfers conditional on health and educational participation. The programme has two objectives: in the short term to increase consumption levels among the most poor and, in the long term, to develop human capital.

Oportunidades is a large programme, run and funded by the government. Its 2006 budget is US$3.5 billion. Its analysis of how the cycle of poverty is perpetuated and potentially broken rests on three central issues: education drop outs, and the difference in educational opportunities between lower and middle income people; illnesses associated with poverty, especially diarrhoea and respiratory diseases; and nutrition levels of the poor. The aim is to 'shift the curve' representing the difference in social outcomes between rich and poor.



2. Country context

When was the programme designed and implemented?

The project was implemented in 1997. It was originally called Progresa, and with a change of government the name was changed to Oportunidades.

What poverty, HIV/AIDS and child outcomes situation prevailed at the time when the programme was first designed and implemented?

Mexico is ranked 53 out of 173 countries in the UNDP's Human Development Index for 2000. GDP per capita is just under $9 600, and Mexico is thus characterised as a middle income country. Just over 50% of Mexicans are estimated to be poor.

Life expectancy in Mexico is high, at 72, and the country has an aging population. HIV/AIDS prevalence is around 1%.

What social protection policy was already in place to assist vulnerable children and their families when the programme was begun?

Prior to the introduction of Oportunidades there were a wide range of programmes in different states, efforts which were largely uncoordinated and fragmented. Given that states differed vastly in wealth, programmes were also widely disparate in terms of provision, and quality. Introducing equity and creating a coordinated programme was key.

Oportunidades is located within a broader social security system aimed at the very poor, which entails three aspects: *Conafovi*, secure housing for very poor; *Oportunidades*, the cash transfer programme; and *Seguro Popular*, a health security programmes that goes beyond basic health provision.

2. Nature / content of the interventions

What package of interventions is offered in the programme, with what conditions?

The Oportunidades programme has five components or benefits - relating to Health, Education, Nutrition, Further Opportunities and the Elderly.

Education

Students at primary and secondary school receive between $11.5 and $73 per student per month (all amounts in United States dollar amounts). The grant begins in Grade 3, based on the fact that there is full enrolment in Mexican schools in Grade 1 and 2. In Grade 3 students get $11.5, and in the last two grades of secondary school (Grades 11 and 12) students receive up to $73. The increasing amount partly attempts to address the opportunity costs of students attending school until graduation. Further, the amount that students receive is differentiated in terms of gender from Grade 7 on, as it was found that more girl students were dropping out. Girl students receive approximately $8 - $9 more per month.

The age limitations of the programme specify that a student may not receive the grant if they are older than 11 years in grade 3, and above 22 years in grade 12. Thus a lag of three years in terms of progression is allowed for students.

In addition, students are given a materials allowance twice a year, which is to be used to buy learning materials for school. The amount is $7 in grades 1 - 6, and $28 in grades 7-12. Beneficiaries may choose alternatively to receive a bag of materials from the state in place of the cash amount.

At primary level the grant is conditional on regular attendance at school. Students are not permitted more than four absences per month without medical reasons and proof. At

secondary level regular attendance is also the condition, and although the amount of time is the same as primary, this is expressed as students not missing more than 28 hours of classes.

Health

Benefits to Oportunidades beneficiaries include access to free basic health services, and also training. The training is offered monthly, and deals with a range of health issues at different stages of the life cycle of the family. At least one member of the family has to attend a training workshop every month. An agenda and calendar is established at the start of the year at every health centre. When family members attend the training sessions they also access a number of health benefits, such as immunization, pap smears, checks for respiratory illnesses, including TB, etcetera. The training focus is on developing health literacy and self-care.

Nutrition

The nutritional benefit is available to all families, whether they have children or not, and amounts to a total of $17. The benefit is conditional on attendance at training sessions at the Health Centres. A nutritional supplement for children aged 6 months to 2 years is also made available free at the Health Centres. If children have nutrition problems, the supplement is provided up to 5 years of age.

Youth savings

In the first few years of the project, school drop out, particularly at the secondary level, persisted. Consequently, a savings account of $300 was introduced in 2002 for every student when they reached Grade 10. From then on, they are able to accumulate points which are redeemed at graduation. If students drop out, they receive no money. If they graduate the $300 may be used for a number of options:

- Towards fees at university, college or technical school;
- To improve the house of the family;
- To be placed into the new national security system;
- To start a small business, motivated through a written plan and application

If students have not used the money for any of these purposes after two years, they receive the money without conditions. Students may only receive the money up to the age of 22.

Elderly persons

In 2005 an amount of $25 per month was made available if a family had an elderly person (70 years and older) in the household. The money is still channelled through the mother. The condition for the benefit is two Health Centre visits per year.

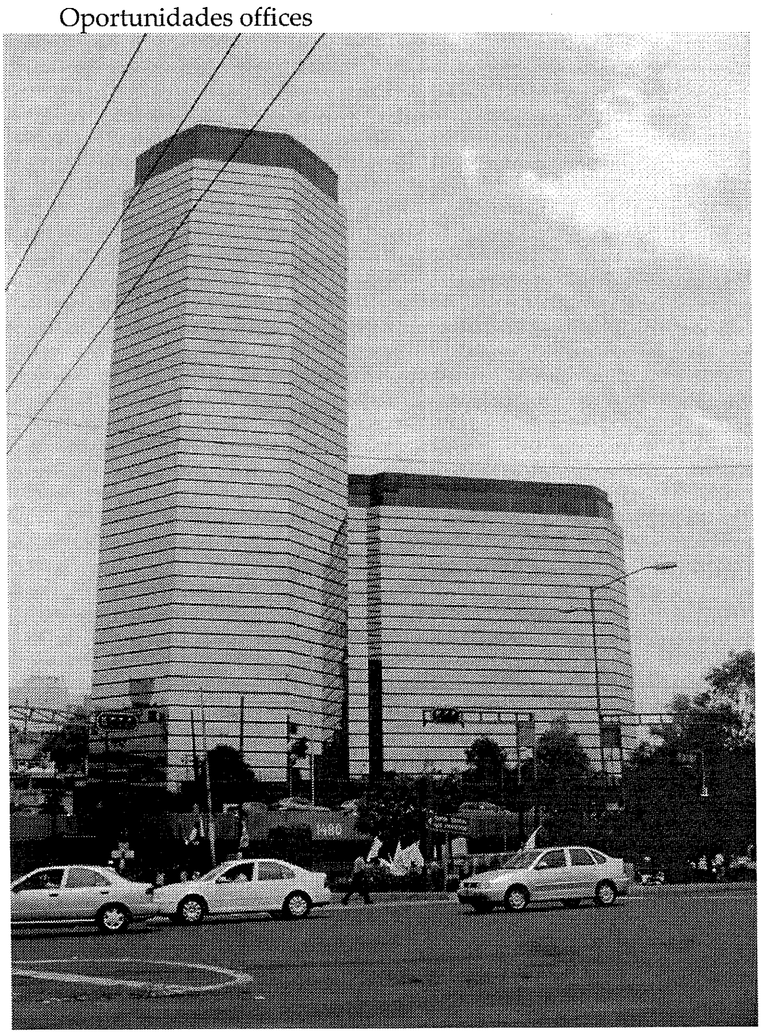
Mexico has an aging population, and life expectancy is 72 years of age. Nonetheless, the still high age at which members become eligible also has to do with budget constraints.

Savings

A new dimension to the programme is being piloted in 2006 and entails a retirement plan for families. Families have the option to save an amount from their cash transfer, of approximately $2, $3 or $5 per month. The idea is that individuals start the savings at 30 years of age, and for the plan to mature when they are 70. The government matches the

amount saved by the beneficiary. The savings amount taken is taken off the benefit amount prior to transfer.

Oportunidades offices



How does a person become a beneficiary?

Where a locality has not been part of the programme, it is identified by the Oportunidades office for enrolment. The entire locality is then surveyed using a screening test. This data is then sent to head office and is processed. Families are selected and lists of the potential beneficiaries are sent to municipal offices. An 'enrolment event' is announced, and community committees (a four person committee to every 100 families) are established. An Oportunidades representative then tells families at the event who has been selected. The community committee identify errors in inclusion and exclusion, and these families are surveyed again at a random time. Once families are selected they are given an orientation to the programme, its requirements and procedures. Conditions and expectations are clarified. Each family is given a code of conduct of the programme, something like a service charter, in order to inform them of their rights under the programme.

The neighbourhood committees are trained, and they watch over the different processes, in particular, the payment process. They function as representatives for approximately one hundred families.

The process can be summarised as Survey, Capture, Identify, Enrol. Initially it took 6 to 8 months for a family to be placed on the programme, but the overlapping of these processes has led to the process being speeded up.

The programme also conducts re-certification every three years for beneficiary families. These are announced, and beneficiaries are required to give their information again. At this time new families are also able to apply.

What is the process of compliance verification?

Lists of beneficiaries are printed at state level. These are sent to the respective schools and clinics which record attendance. They are then sent back to the state office where the information is entered. Family amounts are calculated, and the payment information is sent to payment agencies. An example of a compliance form is given in Appendix D.

What is the process of payment?

All benefits are calculated monthly, and paid every two months. There are three ways in which payments are made:

- 50% of payments are made in cash (made by two companies – the old public telegraph company, and a public bank)
- 40% of payments are transferred to beneficiary savings accounts (to small banks that take small amounts)
- 10% of payments are accessed through debit cards (a major Mexican bank has made the facility possible with no charges up to a certain number of transactions).

The education subsidy is paid twice a year, and is either an additional cash amount added to the beneficiary amount, or is given as a bag of materials.

Savings of $300 are paid to high school students on graduation, if they meet the conditions regarding for which the money is to be used. Alternatively, they receive the money two years after graduation.

There is a maximum amount that a beneficiary family may obtain under Oportunidades, which is set at $178 (if a child is in the upper secondary school level), and $105 (if the family has no child in upper secondary school).

The payment period is six months. Thus, money for compliance in January and February is only paid in June. There is an attempt to speed up the payment process, as it would seem to contradict the principle of CCTs; however, it is particularly difficult in remote rural areas as the information gathering process takes long in these areas. The programme is also looking into online connectivity to speed up the process of information gathering.

Payment days, which are announced every second month, are also used to update information on beneficiaries, to note terminations, and to expel families from the programme.

Families are given a set of hologram stickers for the year. At payment, the beneficiary shows their identity card, and gives a hologram sticker to the pay agency. The stickers provide proof to the auditors that the agency has delivered the money. The holograms are also coded.

Video material recording payment events in two different locations is available from CYFSD.

3. Targeting and coverage

Who is targeted to receive benefits under the programme, and how are they identified?

Information from the Mexican census bureau is used to determine the poverty line, and to categorise municipalities on a marginalization index.

A GIS system was developed between 1997 and 2000 for all states, municipalities and localities identifying the location of services. If a new location is to be added to the programme, the committee validates the existence of the necessary schools and health centres and only then are the beneficiaries enrolled if the requisite services are in place.

The programme used geographical targeting, at first focusing on rural areas. Different information to decide on eligibility is collected in urban and rural areas. The programme uses a very rigorous targeting system. Discriminant analysis was used to identify key variables in determining the poverty level of a family (see below).

The programme targets mothers as the beneficiary representatives (i.e. the ones who collect and manage the money); 99% of all beneficiary representatives are mothers.

What process was used to determine eligibility criteria?

Based on a household survey, the socioeconomic information of every household is evaluated using an homogenous and neutral statistical method. Different variables that measure household conditions are included at the same time in a scoring system. The incorporation of these household characteristics allows poverty to be measured in a multidimensional way which also enables recognition of the importance of each variable. New households to be placed on programmes are thus classified and atypical cases are identified. The idea is to reduce income errors and make the identification process more reliable.

How did the programme deal with eligibility challenges?

Neighbourhood committees or individuals lodge a complaint with the municipal office. The programme then visits the household on an unannounced date ('so that they can't hide the fridge'!) in order to reassess the socioeconomic indicators for that particular case.

What is the programme's coverage?

Five million families are covered by the programme, which represents about 25% of the population of Mexico. The programme has involved geographical targeting in order to get

national spread in the programmes. The programmes covers 86 091 wards (about 50% of all in Mexico) in all municipalities (2 435), in all states (32); 69% of beneficiaries in are in deep rural areas (with less than 2 000 inhabitants), 17% of beneficiaries are in communities in semi-urban areas (2 000 – 15 000 inhabitants) and 14% of beneficiaries in urban areas (with 15 000 inhabitants or more).

In the poorest municipalities there is greater coverage. Data shows that in the poorest municipalities 87.7% of families are covered. In the wealthiest municipalities coverage is 4.8%.

In terms of service providers, in the education sector 83 321 primary schools participate in the programme, 25 964 secondary schools and 8 300 tertiary institutions. In total there are 117 585 educational institutions involved, which represents about 90% of the total.

In the health sector, 12 734 facilities are involved in the programme; there are 3 813 mobile clinics in deep rural areas, and 3 000 'clinics urbano'. Almost 100% of clinics in Mexico are involved. In certain places semi-privatised clinics are paid by the programme to meet the needs of the local beneficiary population.

Meeting at Oportunidades

4. Operational mechanisms

Who delivers the benefits provided under the programme, under what institutional arrangements?

There are three levels of decision-making and co-ordination for the delivery of the programme: the federal, state and municipality levels, each with a clearly specified mandate. All are concerned with operations, but at different levels.

At the federal level the Oportunidades Council consists of the Ministers of Social Development, Education, Finance and Health. A Technical Committee consists of the vice ministers of each of the ministries. The role of the Federal Council and Committee is to approve the operational aspects of the programme, the rules and norms. These are contained in a book – The Rules of Operation – which is something like the constitution of the project. They also receive reports about the monitoring done at all levels – federal, state and municipality. They consider improvements to the operation of the programme, and they assure that different agencies are meeting their requirements. The Committee also facilitates co-ordination at the state level.

Most operational decisions and processes take place at the state level. The State Committee consists of a president (the Ministry of Social Development for that state), and representatives from health, education, social security and a person from central government. This committee also consists of other key members who, though not having a vote, are consulted and make representations. These include members from the payment agency, the nutrition agency, civil society organisations and the auditors of the programme.

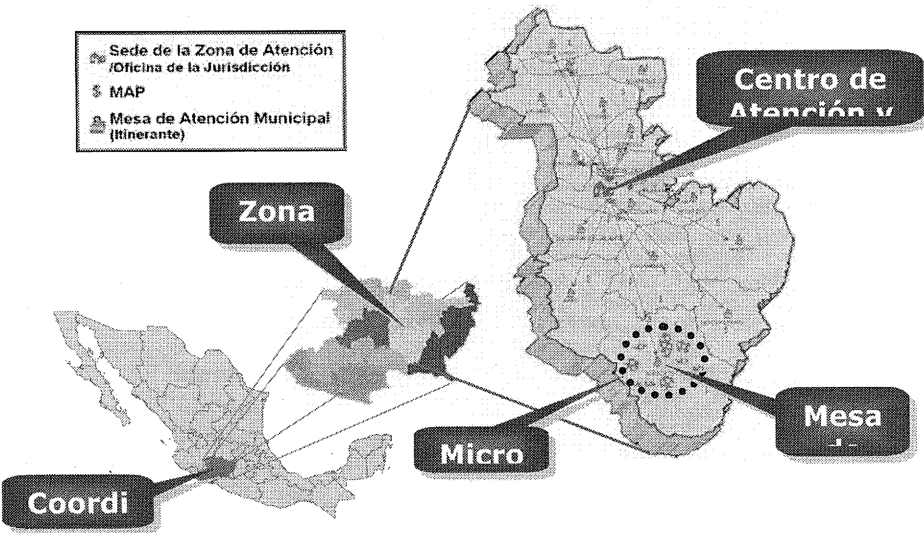
The main concern at state level is to attend to the supply side of the service work. It co-ordinates all the actions in terms of provision of services. Because of the composition of the state committee there is a strong push towards provision and quality. Some of the poorer states, with larger remote rural populations have addressed the issue of services by putting in place mobile health centres and alternative educational options.

The state committee also looks at proposals for the improvement of services and presents periodic results, aims, benchmarks, and outcome indicators. They also oversee the monitoring of each sector and the extent to which the sector reaches commitments set in the design. The state committee also identifies new priorities, new strategies, interventions and actions. They receive reports made by other committees, including the federal committee.

At the municipal level there is a select group of persons at an Oportunidades office in the region to co-ordinate the delivery of services in that municipality. They are essentially concerned with the logistical operations regarding beneficiaries and reporting.

Municipal authorities, by agreement with the town council (*cabildo*), appoint the support and liaison staff to follow up the implementation of the programme at local level and to facilitate the logistics. These 'referral desks' collect information about families, babies born, children moving schools, etc. They are staffed by qualified social workers, who are responsible to a supervisor at the centre, to whom they report daily. They also collect information on beneficiaries' responses and attitudes. Further, they distribute calendars which are generated every two months at state level, and which specify the programme of training at the health centres. They also do most of the training. Some of these centres consist simply of a table in a small village. In other areas there are mobile units.

The diagram below shows the co-ordination of the different levels



Who trained the individuals responsible for delivery and what training did they receive?

Training for delivery of the programme, in particular at the level of services, falls under the sector involved. For the training that beneficiaries are expected to attend, the Ministry of Health is responsible for the design and dissemination of training programmes. Oportunidades staff is involved in overseeing training. At present the training is very basic, and is largely conducted by the social workers who staff the referral desks. The training aims to inform, but the primary objective is to encourage attendance at health centres, and habituate people to the idea of preventative health care.

What has been done to facilitate co-ordination and integrated delivery of the range of services offered under the programme?

The institutional framework under which Oportunidades operates was described above. Inter-sectoral collaboration is regarded as key to the success of the programme. Further, the claim is made that the central co-ordination of Oportunidades has led to the strengthening and co-ordination of all actions within the programme, at different levels.

The main purposes and importance of co-ordination within the programme are as follows:

1. Mechanisms are established to ensure that the work of different agencies (for example, health and education) are not contradictory.
2. To ensure that there is no duplication of actions (for example, that the Ministry of Health does not engage in activities with which Education is concerned). This is especially important given that there are a number of existent programmes and efforts already established in areas.
3. To strengthen the coverage of the interventions by looking for complementarity between what agencies are doing, and trying to reduce administration costs.
4. Central identification is enhanced. If complementarities are found then it is possible to coordinate interventions for beneficiaries. For example, if in health the

beneficiaries are already connected to the health ministry, then this identification can allow for further actions of other programmes in other ministries (for example, housing).

Regular meetings at the federal and state level ensure coordination. There are also regular contacts between state and municipal levels.

What actions have been taken on the supply side to ensure that the services linked to cash transfers under the programme are accessible to beneficiaries and of a particular standard (quality)?

No direct action has been taken with respect to quality; however, provision has been extended. A good example is that of the mobile clinics that penetrate remote rural areas.

What are the main implementation challenges the programme has experienced and how have they been addressed?

It was difficult to extract the challenges and problems that the programme has faced. However, what did emerge as a key issue was that of inclusion and exclusion errors. These are being ironed out through continued identification of beneficiaries, and appeal mechanisms for exclusions and inclusions.

Another problem identified was that the programme is not currently growing. The number of beneficiaries has stabilized, but it is clear that not all potential beneficiaries have been reached.

In relation to evaluation specifically, the programme confronts the problem of finding a sample to constitute a further control. Control groups established in the past have subsequently been absorbed into the programme. The evaluation section is also concerned to find the best methods for evaluation that will inform decision-making.

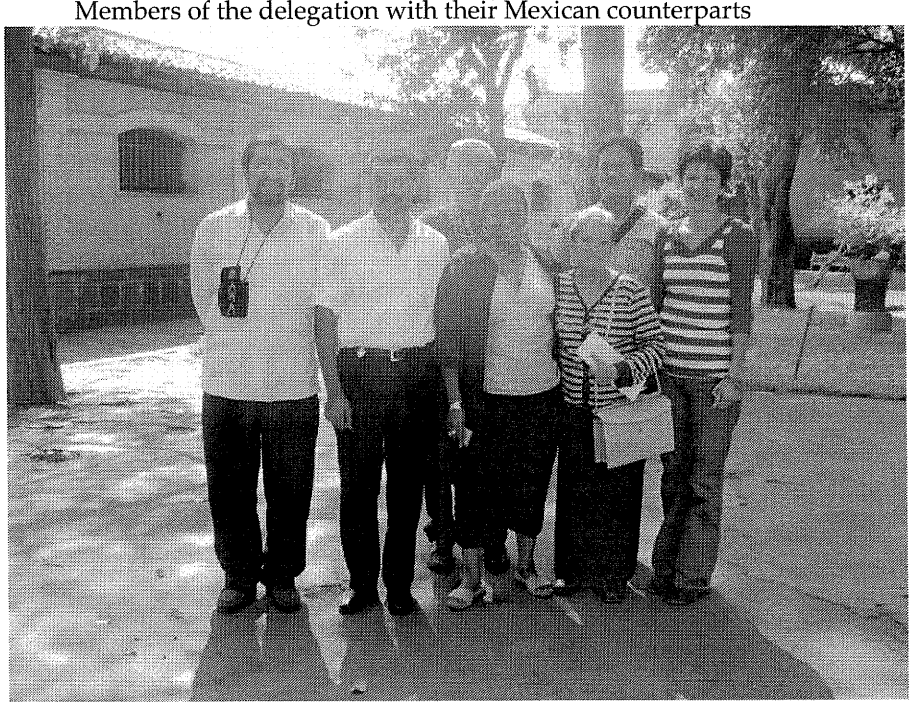
Specific issues in health include the fact that beneficiaries often wait a long time for a consultation. In education, compliance in secondary schools is a persistent problem. In both, however, figures are relatively high: education compliance is 97% in primary and 95% in secondary. In health, compliance is around 98%.

In some areas the cash transfer is not getting to beneficiaries. The programme suspects that the main problem is the distance and cost for beneficiaries to get to the point of collection. The percentage of families not getting their transfers is between 2% - 8%, varying between different states (these percentages however represent large numbers of families – 2% represents about 100 000 families).

The reporting of compliance in secondary schools was also identified as a problem. Recording attendance is complicated by the fact that students have multiple teachers. What happens in many cases is the principal decides whether the student has complied or not, and the criteria he uses to judge are often not based purely on attendance, but may include more subjective criteria. The rules for high school compliance are somewhat vague, compounded by the fact that there is a wide variation in the types of secondary schools and their requirements in the country.

The programme claims that between 1% and 2% of forms are not delivered to schools and clinics each month.

Members of the delegation with their Mexican counterparts



6. Financing of interventions

What is the cost of the project?

The budget for the entire project in 2006 is US$35 billion. Administrative costs on the project have been reduced from 12% to 2.5% in 2005. As more beneficiaries are placed on the programme, the administrative costs have dropped. Nevertheless, it should be borne in mind that 2.5% is still $70 million. Further, Oportunidades is often cited as an example of the possibilities of reducing administrative costs over time. However, some of the critical literature shows that in fact many costs, such as transport for beneficiaries, are borne by municipalities and not considered in the calculation of the administration costs.

Administrative costs have also been reduced by the fact that all benefits are paid in a single amount to a single beneficiary (the female head of the household).

Evaluation costs, on the other hand, have risen. In 2005, US$4.8 million was spent on evaluation, compared to US$400 000 in 1998. These amounts refer only to the analysis of data. Data collection and input cost US$8.5 million in 2005.

Who finances the interventions offered under the programme? Is this the institution that has always financed the interventions?

The government funds the programme. However, a number of measures have been taken to establish a separate identity for the project from government. This is to ensure that the programme will survive a change of government. In the Rules of Operation, it specifies that

the programme is to be stopped one month before elections, so that it is not used for political purposes. At the time of the study tour, payment for July had been suspended because of elections in that month. Posters informing beneficiaries that their vote has no bearing on their receipt of benefit were displayed in all places visited (see Appendix E).

7. Measurement of impact / evaluation of programme

Who has had the responsibility for evaluation of the impact of the programme?

Oportunidades has a rigorous system of evaluation, involving both internal and external evaluators, and international and national evaluation agencies. Oportunidades is also concerned with the on-going monitoring of the programme, and has a unit dedicated to monitoring the impact of the programme at different levels.

What is the purpose of monitoring?

Monitoring in general aims to assess the state of operation of the programme, and whether the programme is delivering on its expressed aims. Monitoring is an inter-institutional effort – all sectors agree on the indicators and processes involved, and the monitoring occurs at federal and state level. Monitoring is also mandatory and is contained in the Rules of Operation. Two sources of data inform the monitoring system: the database of information on beneficiaries, as well as opinions from beneficiaries and agents (especially health and education).

Alongside the regular monitoring, targeted information is also sought. Sub-projects are conducted around particular issues needing attention. These studies look at processes, not at impacts.

Three instruments are regularly distributed: a school questionnaire, a health unit questionnaire and a beneficiary questionnaire; 17 000 questionnaires are distributed every six months. To give an example, one of the questionnaires is to teachers. It asks about training in the programme, the conditions of the school, problems with recording absenteeism, etc.

Data on the programme is also published bi-monthly, and this may include statistics on drop outs, how many families are compliant, how many families got transfers each period, amongst other information. The purpose of monitoring is to identify problems and critical points and detect variations. This is in order to propose preventive and corrective measures.

What measures (child, family, community) have been used to gather baseline information for the evaluation and as indicators of outcomes?

From the beginning of the programme an evaluation design was put in place. The purpose was to use the results to strengthen the design and operation, and also measure impact.

The baseline study conducted in 1997 included all variables needed to establish the score for families' inclusion in the programme. The second baseline conducted in 1998 included consumption data. Variables included were:

- Education
- Labour
- Health

- Income
- Fertility
- Consumption
- Household characteristics
- Assets
- Saving
- Loans
- Migration (suspect that the programme encourages saving for subsequent migration)

Information was also collected at the locality, and included measures for:
- Schools
- Clinics
- Infrastructure and distance to schools and clinics
- Transport costs
- Social capital
- Agricultural assets
- Local economies (To see the development, e.g. shops around pay points; micro lending)

How was a control group for the evaluation established?

Because the introduction of the programme was incremental, and based on geographical targeting, there were control groups of people not yet on the programme available. The fact that Oportunidades benefits were delayed for the control group localities (a feature that makes the evaluation results persuasive) has generated criticism in Mexico. Given limited budgets and administrative capacity, however, the program could not possibly have been phased in everywhere at once. Random assignment of localities provided a compelling method to measure results and ensure accountability.

What is the design of the evaluation?

Two baselines were conducted as described above. The variables specified above were collected. Included were surveys looking at the contexts of households, aspects of locality, consumption facilities and other social programmes in the area. This data was triangulated with household information.

A panel sample was followed from 1998 to 2000 and then in 2003 (in rural areas). Panels were also conducted for 2002, 2003 and 2004 in urban areas.

The control group consisted of 320 localities (16 651 households), and an additional 186 localities (10 834 households) were added 20 months later. The availability of a control group has now become problematic for the programme, and it is possible that other kinds of comparisons will form the basis of the evaluation.

Additional measures for urban areas from 2000 included:
- Cognitive development tests
- Anthropometric measures
- Adolescents risk behaviour
- HIV tests

- Adult vocabulary tests
- Nutritional behaviours
- Blood tests

What evidence has been generated about the impact of the programme on child, family and community development outcomes?

For rural areas medium term results are available as beneficiaries have had more than six years of the intervention. The themes evaluated include education, health, nutrition, labour participation and biological indicators.

In education there has been a significant improvement in enrolment and attendance, and a decrease in drop out. There has also been a significant increase in the number of secondary students graduating.

In health, there have been significant improvements in infant and maternal mortality; a decrease in smoking and alcohol use amongst teenagers, and a decrease in domestic violence

In terms of nutrition, the programme has shown a positive impact on anthropomorphic measures, and improvements in motor skills amongst the very young.

Some lack of effects found in the evaluation were that the iron supplement in the nutrition formula was not effective in addressing anaemia. This was subsequently changed. The promotion of the consumption of the nutritional supplements was also found not to be effective.

In education, it was found that the programme had little impact on progression through grades, although this may be too early to measure. No significant impacts were found in terms of cognitive outcomes. At present a parenting education component is being considered. In terms of gender, the project did see increased enrolment of girls. Questions have been raised about whether girls should be paid more at the upper levels, seeing as they have always stayed in school longer. The opportunity costs for boys would seem to be more severe. Despite assistance at secondary school, drop out prior to completion persists, which led to the introduction of the savings account for school graduands.

The full evaluation study is available on the Oportunidades website (in English): http://www.progresa.gob.mx/

What management information systems are in place?

The programme has a highly developed MIS system. There are 33 full time MIS engineers on the programme, and 98% of programming and software developments are done in-house. The IT department is a self-sufficient operation, involved in the upkeep and development of hardware, software and telecommunications. Although the main database is up and running, complementary programmes are constantly being developed.

The IT section generates outputs for families, government, state and municipal agencies. There is a concerted effort to keep the system integrated and to develop the reach of the system. Plans are in place to develop remote systems.

Technology is provided for all the following processes:

- GIS
- Supply capacity
- Technical committee support
- Data collection
- Enrolment
- Compliance
- Maintain database
- Monitoring
- Civil society info
- Impact evaluation processes
- Financial auditing

8. Advocacy strategy

What advocacy strategy was used to support the initial implementation of the project and subsequent expansion?

Oportunidades has a highly developed social marketing programme, with well developed branding of the project. The phrase '*Contigo es posible*' (together it is possible) is imprinted on all materials, uniforms etc. and buildings, posters are conspicuously branded.

The programme has had an enduring print and visual media campaign. In particular at the beginning of the project, television and radio were used to inform people what they were entitled to under the programme and how they might apply. Appendix E shows two posters used in the voting campaign, informing beneficiaries that their vote has no bearing on their receipt of benefit. The logo and words '*Contigo es posible*' are also seen on the posters.

Conclusion

Many important points and issues emerged from the meetings around the design, implementation, operation and evaluation of the CCT programmes in the two countries. In conclusion five key issues are highlighted that would appear to be particularly significant.

The first is that the programmes are located within government, and more specifically within a sector of government that has the capacity to drive intersectoral collaboration. Both programmes have strong connections with the Ministry of Finance. The importance of location in government at a high level meant that it was possible to drive legislative change required for the programme's implementation. Further, a high level of inter-agency collaboration was needed to implement the integrated approach of CCTs.

Secondly, the example of Jamaica shows the importance of preliminary studies in the establishment of the programme. These studies served two central purposes. Firstly they examined in depth the existing institutional landscape for social security, its strengths, gaps and needs. Secondly, the process of analysing the social security system enabled the programme designers to argue, and convince sectors of the need, for a reformed system. Extensive reviews of the institutional framework, and how this would change were necessary. Operational linkages between the programme and other agencies, especially education and health, were investigated and designed prior to implementation. There was also a need to investigate the compatibility of the programme with other reforms.

Thirdly, although the programmes show evidence of improved participation in education and health care, it is clear that it takes a long period to produce some impacts. Neither programme at the time was able to show improvements in terms of attitudes and practices regarding preventative health care, nor changes in cognitive outcomes.

Fourthly, in both projects there was a strong emphasis on the importance of targeting, of getting the poorest families on the programme, particularly in a resource scarce environment. A good screening mechanism that is centralised and accepted by all is crucial. It is key to iron out some of the issues that arise with the identification, inclusion and exclusion of beneficiaries. In Latin America, a screening mechanism which focuses on consumption has become almost standard across a number of countries. In Africa, it is becoming clear that community involvement in the identification of beneficiaries is necessary, and the combination of proxy and community selection is being tested in Kenya

Fifthly, the establishment of a good Management Information System at the start of the project is crucial, both to the operation of the project, on-going improvements and evaluation.

Also available from uhoadley@hsrc.ac.za are the powerpoint presentations made in both countries (the Mexican ones are in Spanish), as well as video footage of the site visits.

Appendices

Appendix A: PATH Beneficiary Information System Form (Application for Social Assistance)

GOVERNMENT OF JAMAICA
APPLICATION FOR SOCIAL ASSISTANCE

Programme

- SSFA
- SESP
- PATH
- Other

FOR OFFICIAL USE ONLY

Parish	SERIAL Number

1 Location | Code

1 APPLICANT

2 NAME OF FAMILY HEAD:

Surname

First Name

Middle Name | Alias

Mother's Maiden Name

3 ADDRESS

Lot/Apt/P.O. Box/Street No. | Street/District

Post Office/Postal Agency | Post Code

Parish | Code

1 - KMA
2 - Other Town
3 - Rural

Constituency | Code

Contact Telephone No.

4 MAILING ADDRESS (If different from above)

Lot/Apt/P.O. Box/Street No. | Street/District

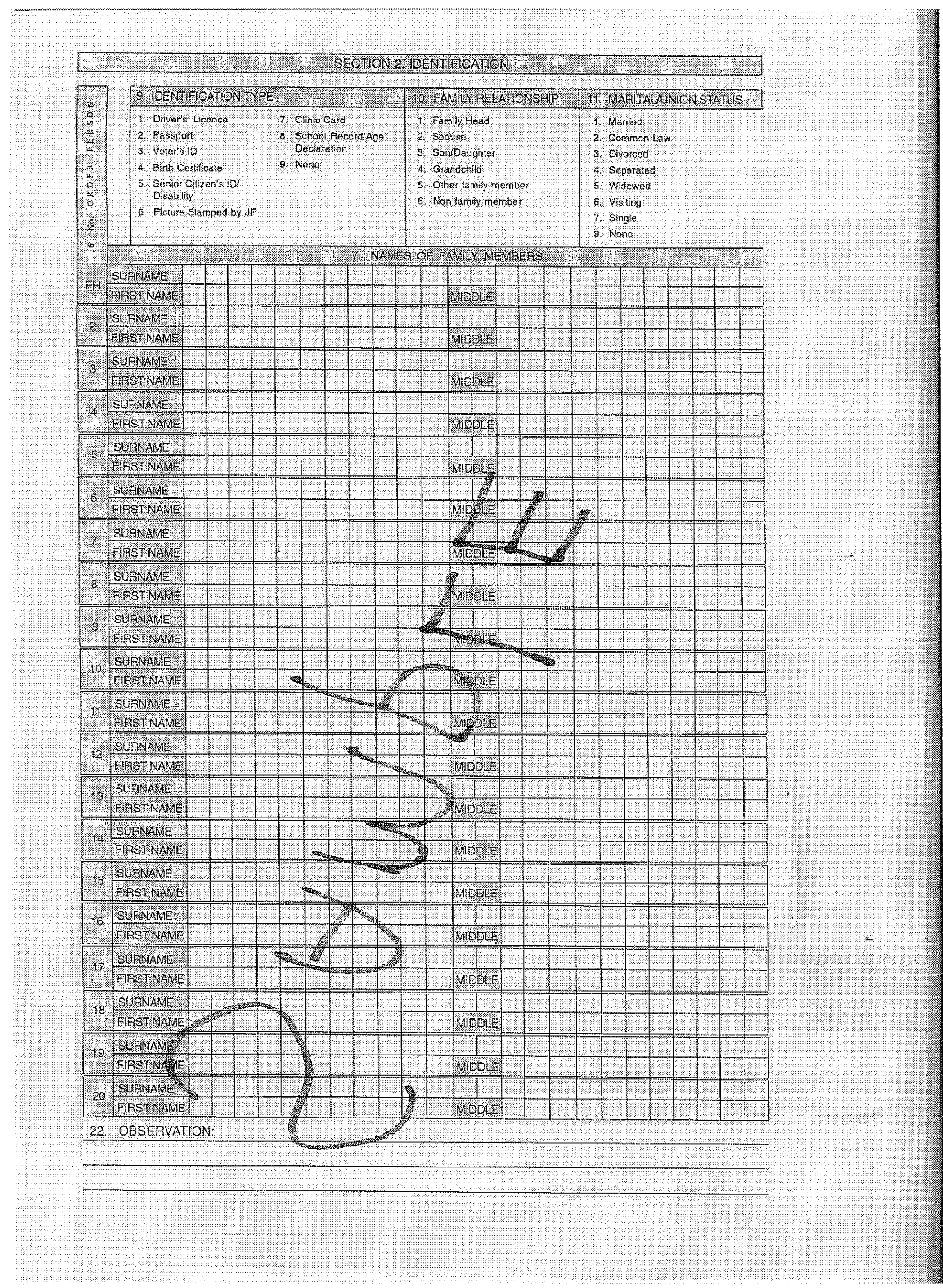
Post Office/Postal Agency | Post Code

5 NAME OF PERSON PROVIDING INFORMATION (IF NOT A MEMBER OF THE FAMILY)

Surname

First Name

PATH Beneficiary Information System Form (continued)



SECTION 2: IDENTIFICATION

9. IDENTIFICATION TYPE		10. FAMILY RELATIONSHIP	11. MARITAL/UNION STATUS
1. Driver's Licence	7. Clinic Card	1. Family Head	1. Married
2. Passport	8. School Record/Age Declaration	2. Spouse	2. Common Law
3. Voter's ID	9. None	3. Son/Daughter	3. Divorced
4. Birth Certificate		4. Grandchild	4. Separated
5. Senior Citizen's ID/ Disability		5. Other family member	5. Widowed
6 Picture Stamped by JP		6. Non family member	6. Visiting
			7. Single
			9. None

6. No. ORDER PERSON

7. NAMES OF FAMILY MEMBERS

No.	Name		
FH	SURNAME		
	FIRST NAME	MIDDLE	
2	SURNAME		
	FIRST NAME	MIDDLE	
3	SURNAME		
	FIRST NAME	MIDDLE	
4	SURNAME		
	FIRST NAME	MIDDLE	
5	SURNAME		
	FIRST NAME	MIDDLE	
6	SURNAME		
	FIRST NAME	MIDDLE	
7	SURNAME		
	FIRST NAME	MIDDLE	
8	SURNAME		
	FIRST NAME	MIDDLE	
9	SURNAME		
	FIRST NAME	MIDDLE	
10	SURNAME		
	FIRST NAME	MIDDLE	
11	SURNAME		
	FIRST NAME	MIDDLE	
12	SURNAME		
	FIRST NAME	MIDDLE	
13	SURNAME		
	FIRST NAME	MIDDLE	
14	SURNAME		
	FIRST NAME	MIDDLE	
15	SURNAME		
	FIRST NAME	MIDDLE	
16	SURNAME		
	FIRST NAME	MIDDLE	
17	SURNAME		
	FIRST NAME	MIDDLE	
18	SURNAME		
	FIRST NAME	MIDDLE	
19	SURNAME		
	FIRST NAME	MIDDLE	
20	SURNAME		
	FIRST NAME	MIDDLE	

22. OBSERVATION:

PATH Beneficiary Information System Form (continued)

SECTION 2 IDENTIFICATION

17 LAST SCHOOL COMPLETED

1. Completed Primary
2. Some Secondary
3. Completed Secondary
4. Above Secondary
5. None

20 SOCIAL PROGRAMME

1. F/STAMP (F.S)
2. Public Assistance
3. Poor Relief (P.R.)
4. F.S. + P.R.
5. P.A.D. + P.R.
9. None

9 TRN & ID NUMBER	10	11 MARITAL STATUS	12 DATE OF BIRTH DAY	MO	YEAR	21 SOCIAL PROGRAMME NUMBERS
TRN / ID. No.	1					F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
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TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD
TRN / ID. No.						F/S / PAD

F/S = Food Stamp
PAD = PAD/PR

PATH Beneficiary Information System Form (continued)

SECTION 3. HOUSE AND SERVICES INFORMATION

3. The dwelling in which you live, do you:
Own
Lease
Privately Rent
Government Rent
Live Rent Free
Squat
Other

26. What is the main material of the outer wall of your house?
1. Wood
2. Stone
3. Brick
4. Concrete nog
5. Block and Steel
6. Wattle and Daub
7. Other

30. What is the main source of drinking water for your family?
1. Indoor tap/pipe
2. Outdoor private pipe/tap
3. Public standpipe
4. Well
5. River, lake, spring, pond
6. Rainwater (tank)
7. Other

4. Do you have a telephone in your household?
Yes
No
Cellular

27. What kind of toilet facilities are used by your family?
1. WC linked to sewer
2. WC not linked
3. Pit
4. Other
9. None

31. Amount spent for family per week?
JM$ ______ /week

5. What is the main source of lighting for your dwelling?
Electricity
Kerosene
Other
None

28. Are the toilet facilities used only by your household or do other households use the same facilities?
1. Exclusive Use
2. Shared

32. Do the members of your family have?

	Yes	No
1. Gas stove(s)		
2. Electric stove(s)		
3. Refrigerator(s) or freezer(s)		
4. Fan(s)		
5. Stereo Equipment		
6. Video Equipment		
7. Washing Machine(s)		
8. TV set(s)		
9. Motor bike(s)		
10. Car(s) and/or other vehicle(s)		

5a. Do you have electricity?
Yes
No

29. How many rooms are occupied by your family?
(excluding verandahs, kitchen and bathroom)

THIS QUESTION RELATES ONLY TO THE FAMILY HEAD

33. Resident Partner?
1. Yes
2. No

SECTION 4. WORK CONTROL

4.1 INTERVIEW RESULTS

INTER-VIEW	34 DATE DAY	MON	YEAR	RESULT 34
1				
2				

34. RESULT
1. Complete Survey
2. Incomplete Survey
3. Postponed
9. Other

4.2 INTERVIEW FIELD VERIFICATION

INTER-VIEW	35 DATE DAY	MON	YEAR	RESULT 35
1				
2				

35. RESULT
1. Non existent address
2. False address
3. Address out of parish
4. Incorrect information
5. Correct information

4.3 INTERVIEW SIGNATURES

36. Coordinator
37. Supervisor
38. Interviewer

4.4 DECLARATION

I declare that the data provided are true and I authorize that the information may be used to guide the Government's Social Policies

39. FAMILY MEMBER No order

39. Signature 40. Date

(1992) LTD

Appendix B: PATH School Attendance Verification

ATTENDANCE VERIFICATION FORM

SCHOOL CODE: 1014 SCHOOL: ELLETSON PRIMARY AND INFANT PARISH CODE: 01 PARISH: KINGSTON
PERIOD : MARCH - APRIL 2006 NO OF DAYS IN MARCH : 16 NO OF DAYS IN APRIL : 15

FAMILY NO	NAME OF STUDENT	DATE OF BIRTH	GRADE	CLASS	NO OF DAYS ABSENT MARCH	NO OF DAYS ABSENT APRIL	REMARKS CODE Circle Correct code	M.L.S.S REP.
103240-03	DAVIS, JOEL	Mar 11, 1998	2	2S	1	4	2, 3, 4, 5, 6, 7	
506392-06	JOHNSON, GIZELLE LASHANA	Apr 02, 1999	2	W	2	1	2, 3, 4, 5, 6, 7	
104864-07	MCGREGOR, DEVON	Nov 07, 1998	2	W	7	2	2, 3, 4, 5, 6, 7	
100922-05	SMILE, KEVON KEVIN	Jan 12, 1998	2	W	0	3	2, 3, 4, 5, 6, 7	
1410955-01	SMITH, MOYAGAYE KASSIKA	Mar 17, 1998	2	W	2	8	2, 3, 4, 5, (6), 7	

2. graduated
3. Drop out
4. not registered / not enrolled
5. Transferred
6. Doctors certificate
7. violence / disaster

Appendix C: PATH Pamphlet

What do you want for your Family?

Perhaps the most important things to you are the health and education of your family.

Without good health you can't work, you can't go to school-you can do nothing.

Without a good education it will be hard for your children to make it in life.

That's why the Government of Jamaica has introduced PATH.

It has greater benefits for poor families; but in return, adults must take care of their health, and children must go to school regularly.

PATH...

It's the way to advance your family and to develop Jamaica.

For more information about PATH, contact the Ministry's office in your parish.

LIST OF PARISH OFFICES

PARISHES	ADDRESSES	TEL #s
Kingston/St. Andrew	72 Harbour St., Kingston	967-0889/967-0890
St. Thomas	Shops 4a-6a Morant Bay Plaza, Wharf Rd., Morant Bay	982-2208/982-9569
Portland	3 Small Rd., Port Antonio	993-2259/993-2748
St. Catherine	6B Nugent St., Spanish Town	984-4161/9842554
St. Mary	2 Main St., Port Maria	994-2314/994-2437
St. Ann	4 Windsor Road, St. Anns Bay	972-0472/972-2470 794-8334/794-9184-5
Trelawny	4 King St., Falmouth	954-3312/954-3293 954-3631
St. James	4 Sam Sharpe Sq. Montego Bay	971-4193/971-4313 952-2327
Hanover	Main St., Lucea	956-3218/956-2255 956-9874
Westmoreland	18 1/2 Lewis St., Savanna-la-mar Savanna-la-mar P.O.	955-2532/955-3565 956-9874
St. Elizabeth	17 High St., Black River	965-2228/965-9569 965-9814S
Manchester	Lot 24, Mandeville Plaza, Mandeville	962-2573/962-9403 625-8368-9
Clarendon	6B Manchester Ave, May Pen	986-2472/902-6418-9

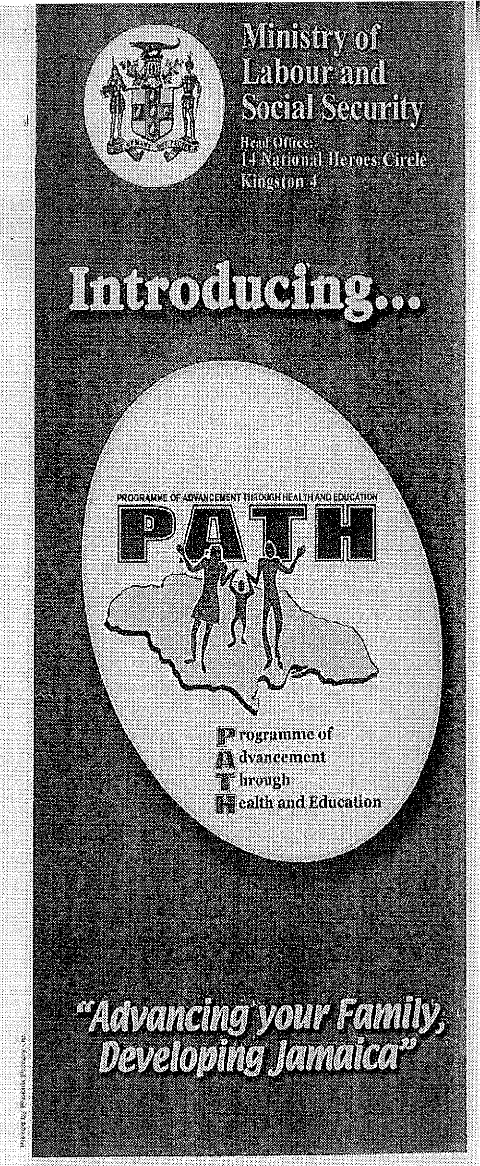
Ministry of Labour & Social Security

Head Office:

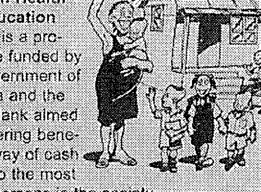
14 National Heroes Circle, Kingston 4.

Call Toll free: 1-888-991-7284. Fax: 967-7250

PRODUCED BY CARA



What is PATH?



The Programme of Advancement Through Health and education (PATH) is a programme funded by the Government of Jamaica and the World Bank aimed at delivering benefits by way of cash grants to the most needy persons in the society.

One programme serving all Jamaica!

PATH is administered by the Ministry of Labour and Social Security (MLSS). It replaces three major social assistance programmes the Food Stamp, Public Assistance and Outdoor Poor Relief Programmes.

Beneficiaries of the programme are selected in a fair and equitable manner.

All PATH beneficiaries must adhere to certain conditions. School age children 6-17 years must maintain an 85% attendance at school.
All other categories must maintain a schedule of visits to Health Centres.

What does PATH do?

The objectives of the programme are to:-

(i) Improve education and health among Jamaicans who are considered to be poor.
(ii) Reduce poverty by increasing the value of benefits to the poor.
(iii) Reduce child labour by requiring children to attend school regularly
(iv) Serve as a safety net for poor families.

How does one Qualify to Benefit from the Programme?

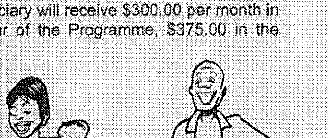
To qualify for the Programme, persons must complete an application form with the help of Ministry personnel. The application form asks for personal data about the applicant. Based on the information submitted, a decision is made as to whether a person qualifies to receive the benefit.

There are five broad categories of beneficiaries. These are:

* Children aged 0-17,
* Elderly, * Persons with Disabilities,
* Pregnant and Lactating Women, and other
* Poor Adults.

What will be the size of the Benefit?

Each beneficiary will receive $300.00 per month in the first year of the Programme, $375.00 in the second year and $500.00 in the third year. Payments will be made every two months.



How will the Payments be Made?

Payments will be made by the Programme to the designated Pay Agency through electronic transfer. Payments will ideally be made to the female Head of the family; however, elderly persons or adult persons with disabilities living in a household may request that payments be made directly to them.

Will the beneficiary be required to do anything to continue receiving Benefits?

Yes. Children under six years, pregnant and lactating women, the elderly, persons with disabilities and poor adults are required to visit the Health Centres as specified by the Ministry of Health.

Children between 6 and 17 years must maintain an 85% attendance record in each month to receiving the benefit. This means that they must not be absent more than 3 times in any month.

Registered beneficiaries will not receive the benefit if they do not meet these conditions.

How will the Ministry verify that Beneficiaries are complying with the requirements of PATH?

Every two months the Ministry's Social Workers will visit both the schools and Health Centres in each Parish to collect attendance records for all beneficiaries.

Payments for persons who fail to comply with the conditions of the Programme will be suspended from the Programme until they comply.

Appendix D: Oportunidades Compliance Form

FORMATO 52 DEL BIMESTRE:

Oportunidades

REGISTRO DE INCUMPLIMIENTO DE ASISTENCIA
A LOS SERVICIOS DE SALUD

AÑO ______

I. DATOS DE LA UNIDAD MÉDICA

NOMBRE: ZONA:
CLAVE: JURISDICCIÓN O REGIÓN:
INSTITUCIÓN: TIPO DE UNIDAD:
LOCALIDAD: MUNICIPIO: ESTADO:

II. LOCALIDAD ATENDIDA

NOMBRE	CLAVE	AGEB	MUNICIPIO

III. REGISTRO DE INCUMPLIMIENTOS DE ASISTENCIA

MÉDICO O ENFERMERA: PARA EL LLENADO Y MANEJO DEL FORMATO 52 Y SU SOBRE DE CONTROL, ES NECESARIO QUE LEA LAS INSTRUCCIONES SIGUIENTES, ASÍ COMO EL INSTRUCTIVO QUE ESTÁ EN EL REVERSO DE LA HOJA.

NOMBRE APELLIDO PATERNO, MATERNO Y NOMBRE			NOMBRE APELLIDO PATERNO, MATERNO Y NOMBRE		

Oportunidades Compliance Form (cont)

IV. INSTRUCTIVO PARA EL MEDICO Y/O ENFERMERA

Oportunidades

SOBRE DE CONTROL

V. VALIDACIÓN DE LA INFORMACIÓN PROPORCIONADA (LLENAR CON TINTA)

Appendix E: Oportunidades Voting Posters

Contigo es posible

¡Eres libre! Haz valer tus derechos

Oportunidades

MAS cerca de ti

Con oportunidades para que vivas mejor...
El Gobierno del Cambio Cumple

non-govt aligned

www.sedesol.gob.mx

Oportunidades Voting Posters (continued)

Soy beneficiaria de Oportunidades y *mi voto es libre*

Contigo es posible

Oportunidades

www.oportunidades.gob.mx