

How Does Más Familias en Acción Work?

Best Practices in the Implementation of
Conditional Cash Transfer Programs in
Latin America and the Caribbean

Nadin Medellín and Fernando Sánchez Prada

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scl-sph@iadb.org

www.iadb.org/SocialProtection

How Does *Más Familias en Acción* Work?

Best Practices in the Implementation of Conditional Cash Transfer Programs in Latin America and the Caribbean

Nadin Medellín and Fernando Sánchez Prada¹

Abstract

Más Familias en Acción (MFA) is a conditional cash transfer (CCT) program that has operated in Colombia since 2000. Currently, 2.7 million families receive benefits associated with school attendance and health controls. MFA's target population comprises poor families that have either been displaced by the conflict or are from indigenous communities, and have family members who are under 18 years old. Beneficiaries are identified through the Beneficiary Identification System for Social Programs (SISBEN) to measure standards of living; as well as official records of families who have been displaced by the conflict, indigenous communities, and *Red Unidos*. In 2013, when the third version of SISBEN was introduced, all families identified as potential beneficiaries had to enroll with MFA, regardless of whether or not they had been beneficiaries before. Over the past few years, MFA has adopted information technologies to improve the efficiency of its operational processes and reduce families' participation costs. Nowadays, most healthcare and education institutions record information about compliance with co-responsibilities in the SIFA information system. Moreover, most payments are made through bank accounts, and beneficiaries can conduct transactions using ATMs, point-of-sale (POS) terminals in several commercial establishments, and their mobile phones.

This document is part of a series of studies carried out in several countries of Latin America and the Caribbean with the objective of systematizing understanding of the operations of CCTs. The other case studies are available on the [IDB's Conditional Cash Transfers website](#).

JEL Classification: I38, N36

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¹ Nadin Medellín is part of the Inter-American Development Bank's Social Protection and Health Division (SCL/SPH). Fernando Sánchez Prada is a consultant on public policies, social programs and strategic communications. Email addresses: nadinm@iadb.org and SanchezConsulting@outlook.com. This report is part of a series of studies on the operation of conditional transfer programs in several countries in Latin America and the Caribbean. It was prepared with funds from the Inter-American Development Bank (IDB), specifically from the Economic and Sectoral Study "Best Practices in the Implementation of Conditional Cash Transfer Programs in Latin America and the Caribbean" (RG- K1422). The cases of Brazil ([Bolsa Família](#)), Chile ([Ingreso Ético Familiar](#)), Costa Rica ([Avancemos](#)) and Mexico ([Prospera](#)) are available in the [publications section of the IDB's Conditional Cash Transfer Programs](#).

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Acronyms

ANSPE	National Agency for Overcoming Extreme Poverty (<i>Agencia Nacional para la Superación de la Pobreza Extrema</i>)
CATS	Simplified Procedure Electronic Savings Account (<i>Cuenta de Ahorro Electrónico de Trámite Simplificado</i>)
CCD	Growth and Development Control (<i>Control de Crecimiento y Desarrollo</i>)
CCT	Conditional cash transfer program
CEA	Electronic Savings Account (<i>Cuentas Electrónica de Ahorro</i>)
CGAP	Consultative Group to Assist the Poor
CIFIN	Centralized Credit Information System (<i>Central de Información Financiera</i>)
COP	Colombian peso
DNP	National Planning Department (<i>Departamento Nacional de Planeación</i>)
DPS	Department for Social Prosperity (<i>Departamento para la Prosperidad Social</i>)
DUE	Master Directory of Education Institutions of the Ministry of National Education (<i>Directorio Único de Establecimientos Educativos del Ministerio de Educación Nacional</i>)
IPS	Healthcare provider institution (<i>Institución Prestadora de Salud</i>)
MFA	<i>Más Familias en Acción</i>
MPI	Multidimensional Poverty Index
PMT	Proxy Means Test
RUV	Unique Victim Registry (<i>Registro Único de Víctimas</i>)
SENA	National Learning Service (<i>Servicio Nacional de Aprendizaje</i>)
SIFA	Más Familias en Acción Information System (<i>Sistema de Información de Familias en Acción</i>)
SIMAT	Ministry of Education's Enrollment Information System (<i>Sistema de Registro de Matrículas del Ministerio de Educación</i>)
SIRC	Compliance Record Information System (<i>Sistema de Información y Registro de Compromisos</i>)
SISBEN	Beneficiary Identification System for Social Programs (<i>Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales</i>)
SISMEG	Government Goal Tracking System (<i>Sistema de Seguimiento de Metas de Gobierno</i>)
SMMLV	Legal Minimum Wages (<i>Salarios Mínimos Legales</i>)
UARIV	Unit for Comprehensive Victim Support and Reparations (<i>Unidad para la Atención y Reparación Integral a las Víctimas</i>)
US\$	United States dollar

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Introduction

Más Familias en Acción (MFA) is a Conditional Cash Transfer (CCT) Program for families living in poverty and vulnerability in Colombia, that have members under 18 years old. It was implemented in 2000 as a strategy to mitigate the effects of the economic crisis. MFA was originally designed as a temporary program focused on rural and small municipalities, i.e., those with fewer than 100,000 inhabitants. However, since 2007, it has expanded to municipalities with more than 100,000 inhabitants and it is currently a permanent nationwide program under Law 1532, dated 2012.

The aim of the program is “to help reduce, overcome, and prevent poverty and income inequality, accumulate human capital, and improve living conditions of poor and vulnerable families through complementing their income” (DPS, 2013c: 39). The program’s target population includes poor and vulnerable families with members who are under 18 years old. MFA provides two types of conditional transfers, which are subject to compliance with healthcare and education commitments. Healthcare transfers are provided when every child in a family, under 7 years old, attend medical controls for growth and development in a timely manner. Education transfers vary according to the number of children in the family who attend school and the school grade they attend.

Over the past few years, poverty in Colombia has decreased according to monetary and multidimensional poverty indicators. However, poverty remains a problem that affects a considerable number of Colombians. An analysis of the dynamics of poverty found that chronic poverty affects 45% of the population (Stampini et al., 2015). This includes extremely or moderate poor people who were poor in 2003 and remained poor for five or more years over the following decade. In addition, there are regional disparities; in fact, the gap between urban and rural poverty has increased (DPS, 2013c). The National Planning Department (DNP) analyses indicate that MFA has contributed to reducing poverty and mitigating inequality according to the GINI Index (DPS, 2013). The program was redesigned during the period 2012-2013 with the aim of tuning its strategy and contributing to the reduction of regional disparities. For example, after its redesign the value of transfers has been greater in rural municipalities with higher incidence of multidimensional poverty. Moreover, when the program was redesigned, its name was changed from *Familias en Acción* to *Más Familias en Acción*.

MFA is implemented by the Department for Social Prosperity (DPS). It was previously managed by the Presidential Agency for Social Action and International Cooperation. However, this agency was transformed into an administrative department at the end of 2011. This transformation was aimed at strengthening social policy by establishing a higher-level, autonomously managed institution within the structure of the state. DPS’s operations and organizational structure were set forth in Decree 4155 dated 2011. From an operational perspective, MFA is the most important component of Colombia’s Social Promotion System, which seeks to promote access of the poorest and most vulnerable members of the population to their fundamental rights and to the social protection system. According to DPS’s Management Report (2015), around 2.7 million families—4.8 million children and adolescents—received transfers from MFA in 2014. The 2014 budget for the program² was COP2.27 trillion,³ equivalent to US\$1.149 billion.⁴ The program’s annual goal has remained at benefitting 2.6 million families. Program management reports indicate that the number of beneficiary families ranged from 2,598,566 in 2010 to 2,681,522 in 2012 (DPS, 2014c; Acción Social, 2011).

² This amount refers to the committed budget. In 2014, almost all the budget (98%) was financed by the *Presupuesto General de la Nación* (General Budget of the State), while the remainder was financed by multilateral banking.

³ A trillion equals to millions of millions.

⁴ The average market exchange rate for 2014 was used, i.e., 1,973 Colombian pesos (COP) per United States dollar (US\$), according to the Financial Superintendency of Colombia.

Project cycle

a) Identification of beneficiaries

Eligibility

The MFA program's target population comprises all poor and vulnerable families of the country that have members who are under 18 years old. Poverty is defined by using a multidimensional index that estimates families' living standard. Specifically, families that are deemed poor according to their score in the Beneficiary Identification System for Social Programs (SISBEN) are eligible for the program. In addition, all families in situations of special vulnerability, which includes extreme poverty, forced displacement, and indigenous communities, are eligible. In these cases, all families that have members under 18 years old and are listed as vulnerable on official rosters are eligible for MFA regardless of their SISBEN score.

Targeting

MFA uses two types of targeting mechanisms to identify program beneficiaries: official records that certify vulnerability, and the multidimensional index to estimate the SISBEN III living standard. Conditions of vulnerability are identified through a categorical criterion: all families identified as vulnerable in official registries are targeted by MFA. Three registries are particularly used: i) the registry of beneficiaries of *Red Unidos*, a strategy to tackle extreme poverty; ii) the Unique Victim Registry (RUV); and iii) the Indigenous Census. Most beneficiaries are targeted using SISBEN III, an index that measures living standards and enables the identification of poor families. According to data from 2013, more than half (55%) of MFA's beneficiaries entered the program because of their SISBEN III score,⁵ while 22% entered because they were registered in *Red Unidos*, 19% because they were victims of displacement, and 4% because they were included in the Indigenous Census.

Red Unidos is a strategy for overcoming extreme poverty that also uses SISBEN as a targeting mechanism. However, most families currently registered in *Red Unidos* were enrolled because of their SISBEN II score.⁶ For this reason, there are some families who have remained in MFA even though they are not poor according to SISBEN III. The RUV is managed by the Unit for Comprehensive Victim Support and Reparations (UARIV) while the Indigenous Census is conducted autonomously by the traditional authorities of each indigenous community and is endorsed and managed by the Ministry of the Interior. Section I includes more details on the differentiated service that is provided to vulnerable groups.

SISBEN is a targeting tool managed by the National Planning Department (DNP), which is used by Colombia's social programs, including MFA. SISBEN identifies potential beneficiaries through a continuous score and the selection of the actual beneficiaries depends on the criteria and procedures of each of the social programs. As a targeting tool, SISBEN comprises three elements: the SISBEN index, the socio-economic classification form, and the software that estimates each family's score.

The methodology for estimating the SISBEN index has been modified three times. The current version is commonly known as SISBEN III. It has been used since 2012 and it was developed by a team of academics and a technical committee from Colombia's National Planning Department. The first SISBEN methodology used a proxy means test (PMT) to estimate families' per capita income. By contrast, the second methodology and

⁵ This includes the transitioning population who will remain in the program for an additional two years after their SISBEN score was found to exceed the eligibility threshold. For further reference, see Exit criteria beginning on page 31.

⁶ In practice, *Red Unidos*' selection of beneficiaries used Familias en Acción's quota-per-municipality proportions in 2008 and prioritized the entry of the poorest households in each municipality until quotas were filled.

the current methodology are proxies that estimate living standards, use a notion of multidimensional poverty, and are based on Amartya Sen's capability approach.

SISBEN III has advantages over prior methodologies because it takes into account a greater geographic disaggregation, it incorporates information from the 2005 Population Census, and it excludes variables that had been considered in previous versions of SISBEN but had either been prone to manipulation or had lost the ability to differentiate between poor and non-poor families. For example, in the case of variables susceptible to manipulation, an analysis of the SISBEN database identified that stratum, number of people in the household, and geographic area, were the variables that had motivated the greatest number of revisions of the SISBEN score between 2006 and 2007. In fact, three out of ten of the requests to recalculate the SISBEN score were due to the stratum variable (Flórez, Espinosa and Sánchez, 2008: 10). Complementarily, the 2003 Living Conditions Survey was used to identify the variables that had lost the ability to differentiate between poor and non-poor families. Specifically, it was found that some variables did not help to identify the poor. In urban areas, these variables included location of the water supply and the toilet, type of connection to the sewer network, proportion of people in the household who work, spouse's schooling, and children's education lagging. In rural areas, the variables with low differentiation capacity included location of the water supply, number of bathrooms, telephone exclusivity, head of household and spouse's schooling, and children's education lagging.

In summary, within the context of the SISBEN III design, a correspondence analysis was carried out between the basic capacities that families should have and the variables available; variables' sensitivity to manipulation was considered and their capacity for differentiation and contribution to the total index was analyzed. Based on these criteria, a set of variables was identified and tested to evaluate the quality of the data and to identify the best way of combining the variables into an index. The selection of dimensions and variables for the SISBEN III index required an in-depth analysis aimed at identifying those that would allow for establishing differences between poor and non-poor families, would fall within the multidimensional measurement of poverty, and would be difficult to manipulate by beneficiaries. A group of experts performed several tests on diverse groups of variables and methods to build the index, including the PRINQUAL (principal components of qualitative data) and the fuzzy-set methods,⁷ as well as a series of sensitivity exercises to obtain the most robust mechanism. Technical details are discussed in Flórez, Espinosa and Sánchez (2008).

The SISBEN III index was constructed using the fuzzy-set method and it includes four dimensions: i) healthcare, ii) education, iii) dwelling, and iv) vulnerability. **Table 1** shows the variables considered in each of the index's dimensions. The vulnerability dimension comprises two series of variables; one that describes the condition of the family and another that refers to the conditions of the municipal context in which the family resides.

⁷ The PRINQUAL method constructs an index from a linear combination of variables that gives greater weight to variables with greater variance and allows for working with categorical variables. By contrast, the fuzzy-set method estimates the degree of belonging to a group and gives greater weight on the index to the variables that contribute to differentiate individuals who belong and those who do not belong to a particular interest group. It also allows for the use of a combination of categorical and continuous variables. More details are available at http://www.cepal.org/colombia/noticias/documentosdetrabajo/1/40511/Carmen-Florez_-GES.pdf.

Table 1. Components of SISBEN III

Healthcare	Education	Dwelling	Vulnerability
<ul style="list-style-type: none"> Disability status Adolescent parent 	<ul style="list-style-type: none"> % of adults who are functionally illiterate % of school non-attendance Educational lagging % of children who work % of adults with incomplete secondary school or less schooling 	<ul style="list-style-type: none"> Type of dwelling Type of water source for consumption Type of toilet connection Exclusive access to toilet Floor material Wall material Type of trash and waste management Type of fuel for cooking Overcrowding 	<p><i>Individual:</i></p> <ul style="list-style-type: none"> Number of people in the household Gender of the head of household Demographic dependency rate Asset holding <p><i>Municipal Context:</i></p> <ul style="list-style-type: none"> Infant mortality rate Homicide rate Net coverage rate by educational level % of families who use general healthcare services in case of need

Source: Flórez, Espinosa and Sánchez (2008).

SISBEN III values range from 0 to 100; zero corresponds to the highest poverty and vulnerability condition. The index is estimated independently for three geographic areas: 14 major cities, remaining urban areas, and rural areas. Cut-off points to define eligibility for social programs are determined by each program. In the case of MFA, the cut-off points for each geographic area are indicated in **Table 2**.

The Socio-Economic Classification Form, included in - **Annex 1**, is used to collect families' socio-economic information. The information is collected through field work in every municipality of the country. The details of this process are described in SISBEN's technical documents and manuals.⁸ The National Planning Department (DNP) is responsible for managing SISBEN; this includes, creating a database with potential beneficiaries' socio-economic information and applying the SISBEN III index to determine each enrolled family's score. Municipalities actively participate in carrying out the SISBEN survey, implementing its application and generating reports of information updates that are necessary to keep the database updated (for example, recording deaths, births, changes of address and revision of the stratum, among others).⁹

Table 2. SISBEN III cut-off points for enrollment and transition scheme

Geographic area	Description	SISBEN III score for enrollment
Area 1. Major cities	14 major cities, excluding their metropolitan areas: Bogotá, Medellín, Cali, Barranquilla, Cartagena, Bucaramanga, Cúcuta, Ibagué, Pereira, Villavicencio, Pasto, Montería, Manizales, and Santa Marta.	0 – 30.56
Area 2. Remaining urban areas	Urban areas excluding 14 major cities, populated centers, and rural areas surrounding the major cities.	0 – 32.20
Area 3. Rural areas	Rural areas excluding rural areas that surround the major cities.	0 – 29.03

Source: DPS (2014b).

⁸ Available at: <https://www.sisben.gov.co/Información/DocumentosMetodológicos.aspx>

⁹ For more information on the updating process, the review of section f) on the recertification process is recommended.

b) Enrollment of beneficiaries

The purpose of the enrollment process is to formally incorporate families who have been identified as potential beneficiaries of MFA. During the process, families voluntarily decide whether to participate in the program, in which case they must submit official documentation, provide complementary socio-economic information and sign a co-responsibility agreement. It must be noted that MFA has access to SISBEN III information and official records, so when potential beneficiaries attend enrollment events their socio-economic information is already digitized. Therefore, after documents have been validated and when the family confirms its interest in participating in the program, the roster of beneficiaries is created.

Enrollment in the program is carried out on a massive scale and takes place when the government changes the public policy: for example, when the SISBEN methodology or the target population is modified.¹⁰ The last mass enrollment process took place over 2012 and 2013, because of the implementation of SISBEN III. By then, all families who had been identified as potential beneficiaries had to enroll in the program, regardless of whether or not they were already beneficiaries of the program.¹¹ By contrast, when SISBEN II was implemented only newly registered families participated in the enrollment process. During the mass enrollment process, which took place between October 2, 2012, and February 28, 2013, a total of 2,697,255 families enrolled; later on, 121,289 indigenous families enrolled in their communities (DPS, 2013d).¹²

The enrollment process is organized in three stages: preparation, calls and enrollment of families. During the preparation process, the program reaches agreements with municipalities to guarantee enrollment logistics. This happens under the scope of the Mayors' Forums, in which proceedings are formalized by signing participation and general cooperation agreements (see section m for details of coordination among different government levels). Each municipality must provide a suitable place to carry out the mass enrollment process, located in the town hall and with easy access. For example, it should be a sufficiently large indoor space, roofed to protect people from the weather, equipped with electricity, sound, restrooms and rooms in which an informative talk on the program can be given. There should also be an outdoor space equipped with tents, so that families are not exposed to the sun and rain while they wait. During the preparation phase, dissemination materials, such as posters and banners, operations guides for the municipal teams that will implement enrollment, and training materials for families, are also designed. Lastly, MFA shares the list of potential families to be enrolled through the municipalities and it is published in each one of them using different dissemination mechanisms. The MFA program is responsible for coordinating the enrollment process and providing staff training. However, the municipalities themselves must finance and provide the necessary staff to consolidate a work team. There is also a "Guide for Municipal Enrollment Teams," which is a document prepared by MFA with detailed descriptions of the enrollment process and the roles of each member of the work teams.¹³ In the case of the mass enrollment process carried out between October 2012 and February 2013, the DPS financed all necessary technological support for the municipalities.

During the call stage, municipalities must invite potential beneficiaries to attend the enrollment event and let them know which documents they must submit at the time of enrollment. The communication campaign is usually launched one month in advance

¹⁰ There is an ongoing enrollment mechanism for victims of forced displacement. These enrollments are made directly by the MFA team that works in the regional DPS offices or by a third party hired by the DPS. In addition, enrollments of beneficiaries belonging to indigenous communities are carried out in their territories. See section I for more details.

¹¹ Until then the program was called *Familias en Acción*.

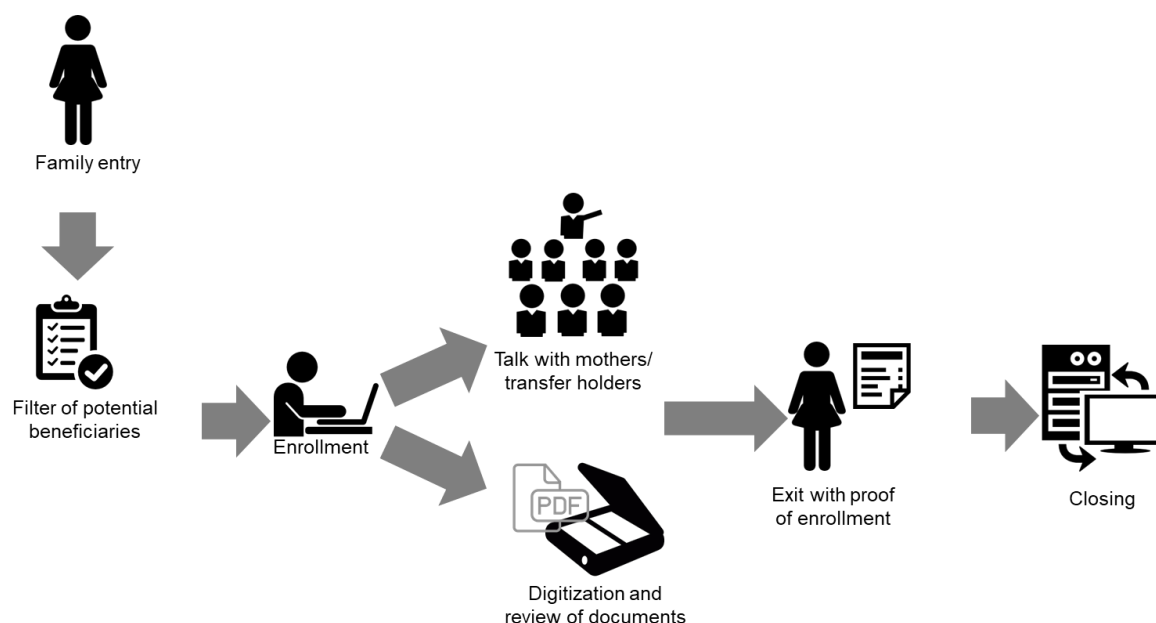
¹² Using updated information provided by the DPS in October 2015.

¹³ An example is available at <http://www.aracataca-magdalena.gov.co/apc-aa-files/37646234626430663933653231376564/gua-equi...doc>

and the Mayor's Office must publish the lists of potential beneficiaries in high-traffic areas or use other communication tools such as official websites. It can also share information in the schools to which the children of potential beneficiaries' assist, by installing information booths with the lists some days prior to enrollment dates. In larger municipalities, telephone hotlines are installed for consulting the names of the beneficiaries through toll-free numbers, and dissemination campaigns are published in mass media, including radio, television and newspapers. The Mayor's Office must also summon other entities, such as the National Civil Registry and the Colombian Family Welfare Institute, to issue identification documents of parents and minors, as well as custody documents, which are essential for enrolling in the program. It must also summon the Office of Civil Defense, the Fire Brigade, the National Police and the Red Cross, to have their support regarding organization, security, and contingency prevention.

Lastly, the beneficiary enrollment process follows a procedure called enrollment circuit. It is a general procedure that is adapted according to the technological capacity of each municipality. Therefore, there are three methods of enrollment. The first method is an online simultaneous enrollment that is made directly through the *Más Familias en Acción* Information System (SIFA, for its Spanish acronym). The second method is applied, when there is no internet connection available, through an application form called local SIFA. The information collected in this form is inputted in the local SIFA without the need for an internet connection. If it is not possible to access computer equipment or when an error occurs, the third method is used. This is a paper registration form called "contingency". The Technical Document on the enrollment process (see DPS, 2014d) details how each step is adapted according to the method of enrollment.

Figure 1. Enrollment circuit



Source: DPS (2014d).

According to the enrollment circuit shown in **Figure 1** above, a person organizes the queue at the entrance and checks that beneficiaries have the required documents. Families are often called in alphabetical order according to their surnames or by their identity card number to avoid agglomerations. At the filtering point, a person verifies the identity of the head of household¹⁴ and makes sure that she is on the electronic or printed

¹⁴ The program prefers the mother to be the transfer holder, but in her absence it may be any adult with custody of the child. Given the overwhelming proportion of women who are heads of household, from now on we will consider the mother as the transfer holder.

list of potential beneficiaries and that she has the required documents. During the enrollment process, the information contained in the SIFA is verified and, if necessary, corrected so it coincides with the information on the documents presented by the head of household. The SIFA generates a personalized co-responsibility form with a unique identification code, which is printed and must be signed by the transfer holder. In the case of electronic enrollments that are not completed online, the code is considered a pre-enrollment code. In the case of paper enrollments, the transfer holder signs a co-responsibility form that is completed by hand and no pre-enrollment code is issued. After completing this step, the transfer holder attends an information session where she is informed of the basic aspects of her participation and permanence in the program, as well as her co-responsibilities.

At the end of the information session, in the case of electronic enrollments (with or without internet access), the transfer holder gets the signed co-responsibility form with her enrollment or pre-enrollment code (if there is no internet access) and the supporting documents. In the case of paper enrollments, the transfer holder does not receive the documents because digitization and closing are still required. When enrollments are made electronically, while the transfer holder is in the information session, the signed co-responsibility form is digitized and added to the SIFA along with the rest of the digitized supporting documents. When there is no internet access, a pre-enrollment code is provided, because the DPS must verify that the family is enrolled only once. In these cases, after the enrollment event, the municipality delivers an electronic file to the DPS to debug the database and enroll the family in the SIFA. When it has been confirmed that a family is only enrolled once, the municipal liaison is advised and he or she must contact the family and inform its members that the family has been duly enrolled. In the case of paper enrollments, the DPS receives the signed co-responsibility forms and the supporting documents to be digitized into the SIFA and confirms that families appear in the registry only once. At this moment, an enrollment code is assigned to the family. Supporting documents and the signed co-responsibility form, including the enrollment code, are returned to the municipality for delivery to the beneficiaries.

The enrollment code is a unique code that identifies the families that are in the SIFA; it is used for transfer deliveries, claims, updates or any other topic related to the program. In some cases, the enrollment process is used to make links to the healthcare system, vaccination days for minors, identity records and even, if required, to the process of opening a bank account to receive the transfers.

One year after the massive enrollments took place, a complementary sweep was carried out, in which 77 municipalities were prioritized to perform another enrollment process. This was done to include families that were not present at the time of enrollment, or had incomplete documentation of the head of household or the minors to be enrolled, or because they had changed their municipality of residence and were not on the list of potential beneficiaries.

In the case of indigenous families, enrollments are carried out in massive processes on dates agreed with the traditional authorities. In fact, traditional authorities summon potential families. Enrollments are carried out in their territories, reservations, and town councils, and not at municipal town halls.

c) Payment process

Structure of the transfers

MFA provides every two months cash transfers for the fulfillment of health and education co-responsibilities. The value of cash transfers that a family receives depends on several factors: the family's geographic location (municipality), the number and age of children and youth in the family, and the school grade they attend. The transfer amounts for the of healthcare and education co-responsibilities, according to municipal groups, are summarized in **Table 3**. **Table 4** shows the amount of the *Semilla de Compromiso* incentive, which is provided only once, upon enrollment.

Regarding geographic location, the value of transfers is greater for the most vulnerable municipalities. **Table 5** describes each one of the municipal groups. Specifically, Colombia's municipalities are classified into four groups according to their level of urbanization and incidence of multidimensional poverty. Groups 1 and 2 comprise large cities and are defined by a criterion that considers their degree of urbanization. By contrast, groups 3 and 4 are defined according to the incidence of poverty determined by the Multidimensional Poverty Index (MPI). The municipalities in group 3 are those in which the incidence of multidimensional poverty is below 70%, while group 4 includes municipalities with multidimensional poverty of 70% or more. **Box 1** summarizes the MPI methodology. It should be noted that people who belong to indigenous communities or to the registry of victims of forced displacement receive the amounts defined for the most vulnerable group (group 4), regardless of their geographic location.

Table 3. Two-month period transfer amount of healthcare and education according to municipal groups in 2015

Municipal Group	Healthcare (COP)	Education (COP)				
	Children 0-7 years old	Preschool (transition grade)	Basic Elementary School (grades 1-5)	Basic Secondary School (grades 6-8)	Basic Secondary (grades 6-8) and Middle School (grade 10)	Middle School (grade 11)
1	63,525	0	0	26,475	31,775	47,650
2	63,525	21,175	10,600	26,475	31,775	47,650
3	63,525	21,175	15,900	31,775	37,050	52,950
4	74,100	21,175	15,900	37,050	42,350	58,225

Source: DPS information.

Note: amounts are expressed in local currency (Colombian pesos). The average market exchange rate from January to June 2015 was COP2,485 per US\$, according to the Financial Superintendency of Colombia.

Table 4. Initial transfer amount (*Semilla de Compromiso* incentive) in 2013

Municipal Group	Healthcare (COP)	Education (COP)		
	Children 0-7 years old	Preschool (transition grade)	Basic Elementary School	Basic Secondary School (grades 6-8)
1	60,000			25,500
2	60,000	20,400	10,200	25,500
3	60,000	20,400	15,300	30,600
4	70,000	20,400	15,300	35,700

Source: DPS (2014c).

Note: amounts are expressed in local currency. The average market exchange rate for 2013 was COP1,869 per US\$, according to the Financial Superintendency of Colombia.

Table 5. Classification of municipalities

Municipal Group	Municipalities
1	Bogotá
2	Cúcuta, Ibagué, Cali, Barranquilla, Cartagena, Montería, Pasto, Pereira, Villavicencio, Tunja, Florencia, Popayán, Valledupar, Neiva, Santa Marta, Armenia, Sincelejo, San Andrés, Medellín, Bucaramanga, Manizales
3	Municipalities with an incidence of multidimensional poverty below 70%
4	Municipalities with an incidence of multidimensional poverty equal to or greater than 70%

Source: Technical Operations Document Number 12, Settlement of Incentives (DPS, 2014c).

MFA families receive a conditional healthcare incentive, whereby all children under 7 years of age must be taken to medical appointments for growth and development controls (CCD). This means that the healthcare incentive is delivered per family, regardless of the number of family members who are under seven years of age.

Incentives for school attendance depend on how many children or adolescents in the family attend school, as well as on their school grade. These incentives are only granted during the ten months of the school year, i.e., five times a year. Specifically, families receive this benefit for every child who is between the ages of 6 and 18 and attends elementary or middle school; each family can receive up to three incentives. This limit of three children per family excludes the assistance families could receive for children between the ages of 5 and 6 who attend the last grade of preschool, which is also known as “grade zero” or “transition grade.” It must be noted that this incentive for preschool education is not available to families that reside in Bogotá.¹⁵ In addition, since 2014, exceptions to the maximum number of incentives per family apply when a family member under the age of 18 has a disability.

¹⁵ In 2014, this benefit was available in 556 out of the 1,102 country's municipalities and practically all eligible children met this requirement. During all the bimesters in 2014, attendance in these municipalities reached 96%- 97%, according to information provided by MFA. In 2015 the expansion of this benefit was implemented throughout the country, with the exception of Bogotá.

Box 1. Multidimensional Poverty Index

The Multidimensional Poverty Index (MPI) is a tool used to measure poverty incidence, gap and severity from a multidimensional approach. The index consists of five dimensions: i) education, ii) conditions of children and youth, iii) employment, iv) healthcare and v) household utilities and dwelling conditions. Methodological details regarding design are discussed in Angulo Salazar et al. (2011). A household is poor if it presents deprivation in five of the fifteen variables that make up the index. The following table lists the variables included in each dimension. All dimensions have the same weight within the index and each variable has the same weight within each dimension.

Breakdown of the Multidimensional Poverty Index

Household education status	Conditions of children and youth	Employment	Healthcare	Household utilities and dwelling conditions
<ul style="list-style-type: none"> • Low educational attainment • Illiteracy 	<ul style="list-style-type: none"> • School attendance • Educational lagging • Access barriers to early childhood care services • Child labor 	<ul style="list-style-type: none"> • Long-term unemployment • Informal employment 	<ul style="list-style-type: none"> • No health insurance • Access barriers to healthcare services in case of need 	<ul style="list-style-type: none"> • Access to an improved water source • Access to sewer service • Mud floor • Exterior walls made of fragile materials • % of critically overcrowded households

Source: Angulo Salazar, Díaz Cuervo and Pardo Pinzón (2011).

This index should not be confused with the SISBEN methodology, explained in Table 1. For MFA purposes, the MPI is used to estimate poverty in each municipality based on information from the 2005 Census. This required replacing some of the original variables, since the MPI is designed to be estimated from the Living Conditions Survey and not all variables are found in the Census. For example, since the informal employment variable was not available, the economic dependency ratio was used.

This document uses the term scholarship holder to refer to children and adolescents who are subject to compliance with education co-responsibilities. For example, in a family of four eligible children, only three of them could be scholarship holders. It must be noted that although the maximum age to be a scholarship holder is 18, youth up to 20 years old who are already beneficiaries and attend middle school could be scholarship holders. **Table 6** shows the age ranges children and youth must be in, according to the school grade they attend, to be eligible to receive the education incentive.

In addition to education and health incentives, an initial one-time payment is provided when families begin their participation in the program. The goal of this incentive, known as *Semilla de Compromiso*, is to compensate for the costs incurred by families during the enrollment process. This includes expenses to obtain required documents, opportunity costs for not attending work, and transportation costs. The incentive is delivered up to four months after enrollment.

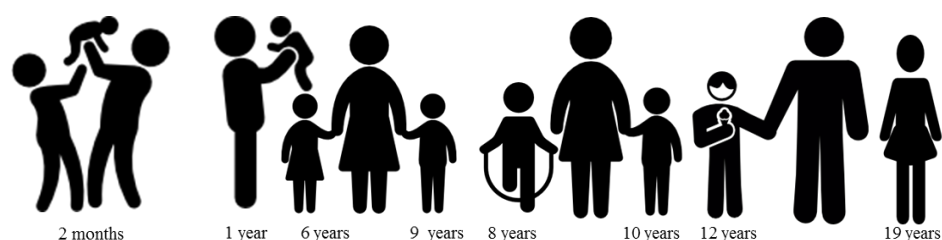
Table 6. Minimum and maximum age by school grade

Level of education	School grade	Minimum age	Maximum age
Transition grade	0	5 years old	6 years old
Basic elementary school	1	6 years old	18 years old
	2	6 years old	18 years old
	3	7 years old	18 years old
	4	7 years old	18 years old
	5	8 years old	18 years old
	6	9 years old	18 years old
Basic secondary school	7	10 years old	18 years old
	8	11 years old	18 years old
	9	12 years old	18 years old
Middle school	10	13 years old	19 years old
	11	14 years old	20 years old

Source: DPS (2014c).

As an example, **Table 7** shows the type and amount of the transfers received by three different families who participate in MFA. All three families live in the municipality of Quibdó, classified within group 4.

Table 7. Example of annual transfers to MFA families in the municipality of Quibdó (group 4)



Type of transfer	Mosquera family	Pinzón family	López family
Healthcare	444,600	444,600	
Preschool		105,875	
Basic Elementary School		79,500	79,500
Basic Secondary School			185,250
Middle School			291,125
Total	444,600	629,975	555,875

Source: prepared by the authors based on DPS (2014c) rules.

Note: the *Semilla de Compromiso* incentive is not included. Education incentives are received only five times a year. Incentives for participating in the transition grade (i.e., the last grade of preschool education) are not available to beneficiaries who reside in Bogotá. Benefit values are expressed in Colombian pesos; the average market exchange rate for 2014 was COP1,973 per US\$, according to the Financial Superintendency of Colombia.

The Mosquera family has a two-month-old child and is only eligible to receive the healthcare transfer. By contrast, the Pinzón family receives a healthcare transfer for complying with the medical appointments of their six-year-old daughter and one-year-old son, as well as receiving a transfer for their six-year-old daughter's attendance to preschool and a transfer for basic elementary school for their nine-year-old son. The López family is also eligible for three types of transfers; however, their eight-year-old daughter is not enrolled as a scholarship holder because the program only grants three transfers for attending basic elementary school and middle school. Specifically, the

López family receives a transfer for their eldest, nineteen-year-old daughter, who attends 11th grade of middle school; a transfer for basic secondary school for their twelve-year-old son; and a transfer for basic elementary school for their ten-year-old son. Starting next academic year, their eldest daughter will graduate from middle school—and therefore will no longer be eligible to be a MFA scholarship holder—therefore, the family will be able to receive a transfer for their eight-year-old daughter’s attendance to basic elementary school.

The delivery of transfers takes place during the last month of each two-month period. However, given the time required to carry out the process of verification of co-responsibilities and the payment of transfers, there is a gap between the two-month period in which families comply with their co-responsibilities and the two-month period in which they receive the corresponding incentives. **Table 8** summarizes the payment schedule. As an example, for health co-responsibilities for the March-April two-month period, the information generated by healthcare provider institutions (IPSS) regarding families’ compliance with their co-responsibilities is consolidated in May, and it is recorded in the SIFA in June. Subsequently, the necessary inputs to process payments are reviewed and approved, and it is not until August that resources are provided to financial entities so families can receive their transfers. In the case of education co-responsibilities, verification periods are somewhat different. Considering the April-May two-month period, the information generated by education institutions is consolidated and recorded in the SIFA in June; the necessary inputs to process payments are reviewed and approved in July; and resources are provided to financial entities so they can make payments to beneficiaries in August.

Table 8. Calendar of payments

Transfer payments	Period verified for healthcare co-responsibilities	Period verified for education co-responsibilities
1 st delivery: February	September-October of the previous year	October-November of the previous year
2 nd delivery: April	November-December of the previous year	No education payment due to school break
3 rd delivery: June	January-February of the current year	February-March of the current year
4 th delivery: August	March-April of the current year	April-May of the current year
5 th delivery: October	May-June of the current year	June-July of the current year
6 th delivery: December	July-August of the current year	August-September of the current year

Source: Information provided by MFA.

Payment methods

The current design of MFA’s transfer payment process seeks to ensure that economic incentives are transferred in an efficient, timely, transparent, complete, and secure manner, in the beneficiaries’ municipality of residence. It also aims at promoting beneficiaries’ access to financial products that fit their needs.

During the first eight years of operation (2001-2008) transfers were paid at bank branches, through operations called “money orders.” These transactions consisted of ordering a bank transfer for the transfer holder, who had to approach the bank teller’s window to receive the payment with his or her identity card.¹⁶ According to CGAP (2011, p.20-23), during that period the average commission cost for bank branch payments was COP4,000 plus tax. However, it is important to mention that the payment of transfers at

¹⁶ The transfer holder did not require to have a savings account.

teller's windows involved additional costs and drawbacks for beneficiary families, such as bank congestion on paydays and lack of flexibility to receive the payment. In fact, the transfer holder of the subsidy had to go to a specific bank branch on a set day during banking hours and withdraw the full transfer. In addition, in the case of smaller municipalities that had no financial institutions, either a temporary office had to be installed (*caja extendida*) or the transfer holder had to go to a neighboring municipality to retrieve the payment (neighboring municipality method).

Between 2009 and 2010, the first transfer payments using savings accounts were made, with an average commission cost of COP16,000 plus tax. The commission cost included the opening of an electronic account, which was a one-time-only payment. This method was maintained until the end of the first banking contract in 2012.

As a result of the redesign of the program and in order to promote competition and obtain better costs and services, a new call for bids from financial entities was made. In 2012, all financial entities authorized and supervised by the Financial Superintendency of Colombia and authorized to manage public resources by the Ministry of Finance and Public Credit were invited to participate. The call for bids divided the Colombian territory into three groups of municipalities and/or departments and made a call for each group. The criteria considered to form the groups allowed for establishing a balance in terms of the number of municipalities, the number of potential families, and the presence of the financial sector in each municipality. For example, each group of municipalities was formed to include remote municipalities with low infrastructure and high costs and large municipalities with good infrastructure; this, to offset costs (DNP, 2010). **Table 9** summarizes the requirements for services offered by financial institutions. During the 2013-2015 period, the cost per transaction was COP6,000 plus tax, which implied a considerable reduction compared to the previous transfer payment mechanism. The program also used mobile banking as a means of payment for the first time. The next call for bids to choose disbursing banks and means of payment was scheduled for September 2015 and seeks to promote best practices.

Table 9. Requirements for financial institutions

<ul style="list-style-type: none"> • Transfer payment services must allow for credit operations and the number of debit transactions offered, without generating cost overruns for beneficiaries. • Financial entities may subcontract services to companies (for example, commercial establishments as non-banking correspondents), but remain responsible for the quality of service. • Financial entities may offer several payment methods according to their available infrastructure. • Beneficiaries shall be considered customers. • Financial entities shall offer a customer service telephone number, available 24 hours a day, 7 days a week. • Means and channels of payment must allow for deposits and withdrawals through the financial system. • Operations must be available anywhere in the country, through the widespread use of the financial institution's network. 	<ul style="list-style-type: none"> • Products must enable accumulation and must guarantee safe and easy access. • Payments must be made to the transfer holders. • The information on the transfer holders must allow for generating useful reports for DPS (for example, reports on types of ATM channels or non-banking correspondents). • Beneficiaries must not be forced to move massively to receive the payment in another municipality (unless it is a case of emergency). • Products and services are exempt from Financial Transaction Tax (4x1,000). • The time to replace any payment method (for example, a credit card) must not exceed 30 calendar days in capital cities or 45 days in the rest of Colombia. • If financial products can be used as payment methods of goods and services, the commercial establishments must accept them without restriction.
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Source: DPS (2014a).

Figure 2. Example of an invitation to a banking day



Source: web portal of the Mayor's Office in Cali.

Figure 3. MFA's transfer holders attending a banking and training day



Source: web portal of the Mayor's Office in Bucaramanga.

The program has been adapted to enable 87% of MFA transfers to be made electronically, through savings accounts, or on cell phones; therefore, only a small portion of transfers continue to be made through money orders.¹⁷

As part of the bidding agreement, financial entities commit to fostering the financial inclusion of social program beneficiaries by enrolling them into the payment system, as well as providing them with financial education on how to use payment instruments and other financial services. **Figure 2** shows the example of a call for a bank-account opening day that uses the system known as “pico y cédula,” based on the last number of the identity card to manage the flows of beneficiaries and shorten lines. **Figure 3** shows MFA beneficiaries during a bank-account opening and training event.

Figure 4. Pictures of transfer delivery points

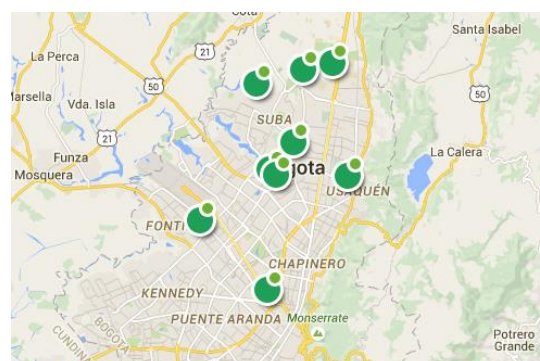
a. ATM network



Source: noticosta.com file.

Description: beneficiaries using Servibanca network ATM.

b. Supermarket chains



Source: Jumbo web portal.

Description: beneficiaries can withdraw subsidies at supermarket chains.

¹⁷ This last option applies when families do not enroll in the payment system, or temporarily when they move to a municipality in which a different financial entity operates. Money orders may be cashed in bank branches or through a *caja extendida*, which is a temporary establishment in municipalities that do not have banking institutions.

c. Small business network



The advertisement features a photograph of an elderly woman with glasses and a red shirt, smiling while holding a small card at a counter in a grocery store. To the right, a yellow graphic contains the text 'Retiro de efectivo' and 'Entrega de subsidios de forma segura y al instante a través de nuestra red'. Below the photo, a purple banner reads 'Sin filas y cerca de tu hogar te damos buen servicio y seguridad.' followed by a small icon of a hand holding a dollar sign. At the bottom right, another yellow graphic says 'AFÍLIATE A PUNTORED' and 'HAZ PARTE DE PUNTORED' with a cartoon character.

Retiro de efectivo

Entrega de subsidios de forma segura y al instante a través de nuestra red

Sin filas y cerca de tu hogar te damos buen servicio y seguridad.

A través de nuestra amplia red, realizamos el pago de subsidios e incentivos que realiza el Gobierno nacional, con los más altos estándares de calidad, servicio y seguridad.

AFÍLIATE A PUNTORED

HAZ PARTE DE PUNTORED

Source: Banco Davivienda web portal.

Description: ad for Puntored, a network of non-banking correspondents that operate through small businesses.

Currently, there are two financial entities that make electronic deposits to MFA beneficiaries: Banco Davivienda (private) and Banco Agrario (mixed economy). Beneficiaries who own a Simplified Procedure Electronic Savings Account (CATS), as well as those who receive transfers through mobile banking without a bank account, have many MFA transfers payment points available. In fact, benefits can be received at Banco Davivienda and Banco Agrario branches and ATMs, as well as at other ATM networks, non-banking correspondent networks operating through small businesses, and commercial chains (see **Figure 4**).

Paying-by-cell-phone technology is only offered by Banco Davivienda, through the DaviPlata product. According to the terms of the call for bids, some territories of the country are served with this product, which is not linked to a bank account.¹⁸ These areas generally overlap with the most remote areas of the country where there are no bank branches. DaviPlata works through Subscriber Identity Module (SIM) technology with text messaging (SMS). Transactions can be made at any time (24/7), do not use cell phone minutes or text messages, and do not require an internet connection. Although it is not associated with a bank account, beneficiaries can accumulate up to three minimum wages on their user account. To make withdrawals from their transfer, beneficiaries request the transaction on their cell phone and receive a 6-digit code that will enable them to receive their MFA benefits at the payment points available in their territory; for example, in small businesses or at an ATM. The code is only valid for one hour. DaviPlata also offers other services to beneficiaries, such as recharging balances on their cell phones, saving and sending national money orders.

¹⁸ This means that although the DaviPlata product could have coverage in the whole territory, it only serves the areas that were specified in the call for bids.

Figure 5. Mobile banking announcement



Source: Banco Davivienda web portal.

The main challenge encountered when implementing transfer payments using more efficient electronic mechanisms has been serving a population without access to financial instruments, which, in addition, had not been an attractive market niche for financial institutions; i.e., at least when considering transaction channels and technology used for traditional customers, as well as existing financial regulations. For this reason, implementing electronic payment methods has not been spontaneous and has required government efforts to generate an environment conducive to the participation of financial entities. To this end, in 2008 Electronic Savings Accounts (CEA)—known as Simplified Procedure Electronic Savings Accounts as of 2013—were created. CATS are financial instruments designed to meet the needs of social program beneficiaries. For example, CATS have fewer requirements regarding their opening than conventional accounts and they are exempt from certain taxes. **Box 2** summarizes the characteristics of CATS. In addition, the government conducted several negotiations with financial entities and pilot tests to assess the operation of several transfer payment mechanisms. For example, in 2008 prepaid-card transfers (i.e., rechargeable cards with no link to bank accounts) issued by Banco Popular were initiated and in 2009 a pilot test that tried payments by text message was conducted. See DNP (2010, Cap. 6) and CGAP (2011) for a summary of the pilot programs.

Box 2. Characteristics of CATS accounts

Simplified Procedure Electronic Savings Accounts (CATS) are bank accounts designed to facilitate the financial inclusion of people living in poverty. For example, compared with conventional bank accounts, the opening process is simpler and administrative costs are lower. As clients of financial institutions, CATS holders have access to a number of channels to conduct transactions, including a network of banking offices, a network of ATMs, banking correspondents, retail stores, and a *caja extendida* system that enables them to make money transfers in municipalities where there are no banking entities.

Characteristics of the Simplified Procedure Electronic Savings Accounts:

- Only an identity card is required to open CATS, as opposed to the forms and interviews required to open other accounts.
- No minimum balance is required.
- Signed cards are not used.
- The maximum amount of transfers and accumulated balance is eight SMMLV.
- The maximum withdrawal amount is two SMMLV.
- There are no management fees.
- They are managed with a debit card and other financial products designated by the financial institution.
- They are exempt from Financial Transaction Tax (Decree 1111, dated December 26, 2006).
- Interest settlement is made quarterly on the minimum balance of the quarter.
- No account management Financial Transaction Tax fees are charged.
- There is no cost for balance inquiries made over the phone or online.
- Cards are inactive when generated and are activated with the payment of DPS transfers.

Source: Interview with MFA staff.

Note: SMMLV is the acronym used for Legal Minimum Wages.

Delivery of transfers

The incentive payment process begins with the banking of MFA families. As mentioned above, financial entities have the responsibility of registering MFA families in their payment systems; this can occur during massive enrollments. For this to happen, MFA must provide a database with information of the beneficiaries that must be enrolled in each financial entity. The latter must verify beneficiaries' information to open their CATS and then report the list of each of the CATS with the identity of its corresponding beneficiary to the Banking Association and to the Centralized Credit Information System (CIFIN). Thus, the information can be consulted by other financial sector entities. The financial entity must provide beneficiaries with training on the use of the transfer delivery mechanism.

To pay the transfers, every two months, the MFA sends financial entities a list of transfer holders and the amounts each one should be paid. The program uses the results of eight operational processes to determine which families are eligible to receive the incentives in the two-month period: and therefore, transfer money orders to financial institutions. For example, the SIFA is consulted to determine the value of the benefits, compliance with co-responsibilities during the two-month period is verified, and the results of the information update system¹⁹ and roster debug²⁰ are consulted. A complete list of inputs that are reviewed to determine eligibility and transfer amounts can be found in DPS (2014e, p9–10).

The transfer delivery process concludes when the financial entities submit a report on the credit, collection, and non-collection of money orders. MFA then performs the reconciliation of payments and records the information in the SIFA. Uncollected resources are used as a basis for calculating the incentives for the next period (resources are accumulated for only two periods).

¹⁹ For example, if a child has moved out from a municipality, the child's attendance will not be found in the compliance record. However, the family shall notify the program by submitting official proof to the municipal liaison.

²⁰ This process is detailed in section j) *Monitoring system*.

Municipal liaisons support the transfer payment process. In that sense, MFA makes five reports in the SIFA available to municipal liaisons. First, a publication list containing the information of all beneficiary families for each period and the amounts of the transfers to be paid. Second, a family extract that summarizes the detailed payment for the beneficiaries for whom the transfer holder receives the transfer, which the municipal liaison can deliver to the families if they so request. Third, payment instructions, i.e., an official document that formalizes the beginning and end of payments and describes process characteristics. Fourth, a transfer delivery schedule for families who use money orders, which is disseminated by the municipal liaisons. Last, a consolidated payment report, i.e., a list of all beneficiary families per municipality, classified by payment method.

d) Verification of co-responsibilities

Verification of co-responsibilities is the process used to confirm that families enrolled in MFA are fulfilling their commitments. In the case of MFA, verification is carried out every two months by education and healthcare institutions and, only in special cases, through the municipal liaison. Compliance and noncompliance with co-responsibilities are recorded directly in the SIFA, regardless of which institution records the information.

The SIFA or any other information systems in which multiple institutions can record information simultaneously have not always been used. In 2000, when MFA was first implemented, the process was very different. The transfer holder used to receive paper forms with barcodes, and healthcare and education institutions placed stickers in the forms' checkboxes to confirm attendance. At the end of each two-month period, transfer holders had to submit their completed forms to the municipal liaison to verify compliance with commitments. This process required municipal liaisons to send the forms to MFA headquarters, which in turn had to hire an external firm to interpret the bar codes and generate a database on compliance with co-responsibilities. It could also entail flaws, such as the loss of forms, as well as time and transportation costs for the housewife.

Figure 6. Evolution of technology for the verification of co-responsibilities



Source: prepared by the authors.

Note: data does not belong to real people.

Subsequently, in 2004, verification was carried out using electronic spreadsheets (Excel). During this stage, MFA sent healthcare and education institutions—through digital media such as e-mail, USB flash drives, or CDs—the list of minors who had to comply with co-responsibilities in their institutions. The healthcare and education institutions recorded attendance on the spreadsheet and returned the file to the municipal liaison with a certified administrative report. With this, the municipal liaison recorded the information into the SIFA system. As of 2006, an information system dedicated to recording compliance with co-responsibilities was developed: the Compliance Record Information System (SIRC). Initially, the SIRC was only used by municipal liaisons. However, as of 2007, healthcare and education institutions gradually began to receive training so they could record attendance directly in the SIRC. Several SIRC functions have now been included in the SIFA. The incorporation of improved information technologies has reduced costs for verification of compliance of co-responsibilities both for families and for healthcare and education institutions. **Figure 6** summarizes how technology used to implement the co-responsibility verification process has evolved.

Verification of education co-responsibilities

According to the program's operating rules, families meet education co-responsibilities if children and adolescents between the ages of 5 and 18 are enrolled in the school grade that corresponds to them according to their age (see **Table 6** in the payment process section) and meet the required percentage of attendance. Children and adolescents may attend any public or private educational institution registered in the Ministry of National Education's Master Directory of Education Institutions (DUE).

Verification of compliance with education co-responsibilities is carried out in two stages: a preparation stage, in which the information of each child's schooling is updated, and an attendance verification stage. During the schooling update phase, the education establishment, location, academic calendar, and school grade in which enrolled children are registered as MFA scholarship holders are confirmed. The update takes place mainly during the first two months of each school year²¹ while massive enrollment processes are operational, or individually if children change schools during the school year. The MFA program identifies children and adolescents of each of the families in the SIFA and cross-checks their information with the Ministry of Education's Enrollment Information System (SIMAT) and with other information systems of regional or municipal Secretariats of Education (for example, Bogotá's SED and Barranquilla's EVEREST). This is a consequence of the fact that SIMAT, aimed at systematizing school enrollment information, is not yet enabled throughout the country's territory. During the school information update, MFA also confirms that educational establishments are registered in the DUE.

Lists are generated from the steps explained above, which the municipal liaisons must disseminate among beneficiary families. The first list contains scholarship holders' information and indicates in which educational institution they are enrolled or if it was not possible to identify one. The second list specifies the children and adolescents who are not enrolled as scholarship holders but have a chance of becoming holders because a family quota has been released (i.e. because a middle school youth has either graduated or become ineligible). Lastly, a list is generated containing children between 4 and 6 years old in the municipalities where preschool education is offered. Beneficiary families must validate enrollment information or submit enrollment certificates to the municipal liaison if enrollment information has not been located or is incorrect. Municipal liaisons must record said information in the SIFA.

The attendance verification phase is carried out every two months during the ten-month school year.²² Education co-responsibility is fulfilled when an MFA scholarship holder attends at least 80% of classes, excluding duly justified absences. The rectors of each education establishment record attendance verification directly into SIFA. Reason why, each rector and support staff are trained and they have a user name with which they can access the SIFA. According to the Technical Operations Document on School Verification (DPS, 2014f), there are some 19,000 users over almost all municipalities in the country. At the SIFA, rectors have access to the list of MFA scholarship holders who attend the educational institution they are responsible for, and they record attendance compliance or non-compliance. Rectors' responsibility ends when they have recorded the information of all of the scholarship holders.

There is an alternative procedure for verifying compliance when private education establishments are not registered with the SIFA or when a change of school is made. In

²¹ In Colombia there are two school calendars. In the case of calendar A, classes start at the end of January or in February and the schooling update occurs between January and February. In the case of calendar B, classes start in September and the schooling update occurs between June and July.

²² In the case of calendar A, the months of December and January are not verified, whereas in the case of calendar B, the months of June and July are not verified.

these cases, the transfer holder proves to the municipal liaison the attendance of the scholarship holders by submitting an original certificate that guarantees attendance, issued by the education institution. The municipal liaison requests the Municipal Certification Committee's validation²³ and subsequently records the attendance in the SIFA.

Families receive transfers corresponding to the school grade of the children who meet attendance requirements. For example, if one of the children in a family with three scholarship holders misses half of the classes in a two-month period without justifiable cause, the family will only receive benefits for the children who complied with attendance. As specified in the next section, this differs from the case of healthcare, in which all of the children in a family need to comply in order for the family to be eligible for incentives.

Verification of health co-responsibilities

According to the program's operating rules, families comply with healthcare co-responsibilities if children under 7 years old attend medical appointments for growth and development controls (CCD). Enrollment for these controls must be made at children's time of birth or when the family joins the MFA program. Public and private healthcare provider institutions are responsible for providing care. Most MFA beneficiaries are covered by the subsidized healthcare system. The control protocol is established in Standard 412, dated 2000, of the Ministry of Health (now the Ministry of Health and Social Protection), which includes the frequency of medical appointments in addition to the procedures and interventions required according to the child's age. **Table 10** details this frequency. The upper cut-off of each age range determines the limit for families to take children to the mandatory medical appointments that correspond to the child's age range.

Families must ensure that all minors attend the corresponding medical appointments in accordance with CCDs. A child's failure to comply implies that families do not respect MFA's health co-responsibility. Health co-responsibilities are verified every two months. During this verification, it is specifically corroborated if children who had a mandatory appointment during the two-month period have complied. For example, the two-month periods in which the child becomes 3, 20, or 72 months old (see **Table 10**).

²³ The committee includes the mayor, the health secretary, the education secretary or his or her respective delegates, the municipal and indigenous liaison, and a representative from the community.

Table 10. Healthcare protocol for MFA beneficiary children under 7 years old

Age	Total annual appointments	Appointment number	Age ranges for mandatory appointment
1 year old	5	1	0-1 months old
		2	1-3 months old
		3	4-6 months old
		4	7-9 months old
		5	10-12 months old
2 years old	3	6	13-16 months old
		7	17-20 months old
		8	21-24 months old
3 years old	2	9	25-30 months old
		10	31-36 months old
4 years old	1	11	37-48 months old
5 years old	1	12	49-60 months old
6 years old	2	13	61-66 months old
		14	67-72 months old
7 years old	2	15	73-78 months old
		16	79-84 months old

Source: DPS (2014e).

As of 2015²⁴ the verification process has become stricter. If a child does not attend a mandatory medical appointment in a given two-month period, healthcare incentive payments are temporarily suspended. If the child has missed a mandatory appointment, the family must take him or her to an appointment within the next two-month period despite of not having one scheduled. Incentive payments will be suspended until the family takes the child to a medical appointment.²⁵

In summary, a family complies with the healthcare co-responsibility of a child in a given two-month period when: i) the child has a mandatory appointment during that period and attends it, ii) the child who had a mandatory appointment pending from prior periods attends a medical appointment during the two-month period, or (iii) a child does not attend a medical appointment during the two-month period but has no pending mandatory appointments.

In order to facilitate the implementation of changes in compliance criteria, several awareness and communication strategies were carried out in 2015 aimed at MFA officials, municipal liaisons, beneficiary families and other institutions involved. For example, the program's operations manual presents specific cases, such as the one explained below. The Álvarez family is an MFA beneficiary and has a child under 7 called Juan, who was born on April 10, 2013. **Table 11** indicates when Juan must attend medical appointments: he has three mandatory appointments in the first, third, and sixth two-month periods of 2015. **Table 12** shows the consequences regarding incentive payments according to three scenarios. In case 1, Juan's family complies with the healthcare protocol on time and receives all six transfer payments. In cases 2 and 3, Juan's family does not attend a mandatory appointment in a timely manner. However, the consequences for each scenario are different because in case 2, the family waits two

²⁴ Changes originated as of the 2013 redesign, when a transition process for implementation began. Changes became final in 2015.

²⁵ It should be noted that even if the child is late for his or her appointments, the medical control that will be applied will be the control corresponding to the age range.

two-month periods before taking Juan to his CCD, whereas in case 3 it waits only one two-month period.

Table 11. CCD care protocol applied to Juan Álvarez

Two-month periods	Schedule of appointments according to CCD	Dates for CCD attendance	
		Start date	Deadline
1st two-month period (January-February)	Deadline to attend medical control corresponding to the 17-20 month range	September 10, 2014	January 9, 2015
2nd two-month period (March-April)	No appointment required		
3rd two-month period (May-June)	Deadline to attend medical control corresponding to the 21-24 month range	January 10, 2015	May 9, 2015
4th two-month period (July-August)	No appointment required		
5th two-month period (September-October)	No appointment required		
6th two-month period (November-December)	Deadline to attend medical control corresponding to the 25-30 month range	May 10, 2015	November 9, 2015
















Source: DPS (2014e).

Healthcare provider institutions—or municipal liaisons—are responsible for recording in the SIFA the date on which each child under seven years of age attends CCD medical appointments. In particular, IPS directors record directly in the SIFA, through a user name, the date of attendance to medical appointments of children under seven years of age who belong to MFA beneficiary families. Only when the IPS does not have a user name in the SIFA, the municipal liaison facilitates the process. Specifically, the municipal liaison downloads the database of children who visit the IPS from the SIFA and gives it to the director of the institution. The director of the institution records the dates on which children attended their appointments and returns the database for the municipal liaison to record the information in the SIFA. For children who attend private IPSs (none of which are in the SIFA), transfer holders must submit an original certificate of attendance to the municipal liaison, who will follow a process called “information updates” to validate the certificate and updates the information recorded in the SIFA.²⁶ The case of Bogotá is special because district hospitals do not have access to the SIFA and there are no municipal liaisons.²⁷ Therefore, these hospitals verify attendance and submit a record to the MFA program’s regional team in order to consolidate the information and cross-check it against the verification file to record the dates of children’s controls. Currently, 3,961 IPSs record their information directly in the SIFA, including public and private IPSs.

²⁶ This is the same process that must be carried out when the child has an appointment in a municipality other than the municipality where he or she is enrolled.

²⁷ There are no municipal liaisons in Bogotá because the capital does not sign agreements with the central government. MFA operates the program directly with a regional office for Bogotá and outsourced operators in charge of verification processes and customer services.

Table 12. Consequences to incentive payments when not attending mandatory CCD appointments

		1 st two-month period 2015	2 nd two-month period 2015	3 rd two-month period 2015	4 th two-month period 2015	5 th two-month period 2015	6 th two-month period 2015
Case 1		17-20 month mandatory CCD appointment	No appointment required	21-24 month mandatory CCD appointment	No appointment required	No appointment required	25-30 month mandatory CCD appointment
	Does the child attend the medical appointment?	Yes, child attends	No, child does not attend	Yes, child attends	No, child does not attend	No, child does not attend	Yes, child attends
	Does the transfer apply?						
Case 2		17-20 month mandatory CCD appointment	No appointment required	Child fails to attend 21-24 month mandatory CCD appointment	Child has a pending mandatory appointment	Child complies with pending appointment, but 25-30 month range CCD is applied due to child's age	No appointment required because the 25-30 month CCD was applied the previous bimester
	Does the child attend the medical appointment?	Yes, child attends	No, child does not attend	No, child does not attend	No, child does not attend	Yes, child attends	No, child does not attend
	Does the transfer apply?			CCT not paid	CCT not paid		
Case 3		Child fails to attend 17-20 month mandatory CCD appointment	Child complies with pending appointment, but 21-24 month range CCD is applied due to child's age	No appointment required because the 21-24 month CCD was applied the previous bimester	No appointment required	No appointment required	25-30 month mandatory CCD appointment
	Does the child attend the medical appointment?	No, child does not attend	Yes, child attends	No, child does not attend	No, child does not attend	No, child does not attend	Yes, child attends
	Does the transfer apply?	not paid					

Source: adapted by the authors from DPS (2014e).

e) Linkage with other social programs and services

Más Familias en Acción is linked to the *Jóvenes en Acción* (Youth in Action) conditional transfer program, which is aimed at promoting human capital accumulation and increasing the employability of poor and vulnerable youth between the ages of 16 and 24. According to DPS (2013a), the *Jóvenes en Acción* program has an academic training component in which the National Learning Service (SENA) and universities participate. The component's objective is for youth to acquire skills and abilities required in the labor market, thus improving their employability. This component includes: i) basic academic reading and writing skills; ii) advanced thinking skills, such as creativity, learning ability and problem solving; iii) interpersonal and teamwork skills, including communication, negotiation and conflict resolution; and iv) personal characteristics and attitudes, such as self-esteem, self-control and perseverance. In addition to academic training, the

program has a life-skills component designed to facilitate youth's social and labor market insertion. Priority is given to developing skills that are relevant to the labor market, such as self-knowledge, emotion management, assertive communication, problem solving, decision-making and stress management.²⁸

The *Jóvenes en Acción* program is not exclusively for youth who have finished middle school and participate in the MFA program. However, it offers priority to MFA's most vulnerable population, i.e., families registered in *Red Unidos* and displaced families. As of August 31, 2015, around 188,000 youth were participating in the program; 51% of them came from *Más Familias en Acción*.²⁹ In terms of schooling, the program prioritizes youth who have graduated from middle school (11th grade) and then students who are currently pursuing middle school.

The young child agrees to attend training courses and comply with course rules. The transfer, which totals COP200,000 per month, is given to each beneficiary every two months. The duration of this benefit varies according to the type of academic program. Up to 6 transfers are provided in the case of technical education, up to 12 transfers are provided in the case of technological education, and up to 30 transfers are provided for university education. Details of the program can be found in the *Jóvenes en Acción* Operations Manual (DPS, 2013a).

One-fifth of the families benefiting from *Más Familias en Acción*—572,000 in 2014—are registered in *Red Unidos* (DPS, 2015). *Red Unidos* is a comprehensive and coordinated intervention strategy that aims at promoting that beneficiary families (all of which are in extreme poverty) achieve 45 goals within nine dimensions that are essential to family welfare. The program provides family and community support to families; it also manages a broad network of programs and public services aimed at poor and vulnerable people, granting them priority access.

Table 13. Programs offered that are linked to the income and labor dimension

<ul style="list-style-type: none"> • Income for Social Prosperity • <i>Jóvenes en Acción</i> • Incentive for Training for Employment • Temporary Employment • Income and Entrepreneurship Route • Supplier Development Program - PDP • Microenterprise Capitalization • <i>Familias en su Tierra</i> (Families with land of their own) • Implementation of Rural Development Projects with a Territorial Approach for Rural Opportunities • Support for Productive Partnerships • Rural Entrepreneurial Capabilities • Training Degrees 	<ul style="list-style-type: none"> • Complementary Training • Public Employment Agency • Work Capability Certification • <i>Fondo Emprender</i> (Entrepreneurship Fund) • Entrepreneurship Centers • Young Rural Entrepreneurs • Colombia Mayor • Public Employment Service • Solidarity Organizations • Center for Business Development and Employability • Micro-franchise Project • Social Business Rounds
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Source: ANSPE (2014b).

Family support is carried out by social co-managers, who guide families to access the appropriate public services according to their situation. The Handbook of Routes and Offers (ANSPE, 2014b) includes the programs offered, organized according to the 45 achievements and nine dimensions considered basic to wellbeing: identification, work and income, education and training, healthcare, nutrition, habitability, family dynamics, banking and savings, and access to justice. According to ANSPE's 2013 management

²⁸ The literature agrees about the fact that non-cognitive skills are important to people's job success and that some non-cognitive skills are learned in academic training. There is no consensus on how to call skills that are not cognitive. They are sometimes called soft skills or life skills (as appears to be the case with *Jóvenes en Acción*). Therefore, it is appropriate to clarify that several of the abilities included in the educational component, such as self-control, perseverance, and self-esteem, are usually classified as life skills (refer to Morrison Gutman and Schoon, 2013).

²⁹ According to information provided by DPS. Available at http://www.dps.gov.co/ent/pgc/Paginas/info_detal.aspx

report (2014a), 1,456,224 families received family support, under the support of 10,797 social co-managers.

In addition, when beneficiaries consult their scores on the SISBEN portal (or on the internet portals of the department or municipality where they reside), they can find a list of social programs for which they are eligible according to their score. **Figure 7** shows the screen that displays the results of the query.

Figure 7. Example of the SISBEN score query screen

The screenshot displays the SISBEN score query interface. At the top, there are input fields for 'Tipo de Documento' (set to 'Cédula de Ciudadanía') and 'Número de Documento' (12345678). Below these are buttons for 'Consultar' (green) and 'Consulta Avanzada' (red). A green 'Imprimir' button is also present. The main section contains a table of personal data:

Nombre:	MARIA JOSEFINA
Apellidos:	GONZALEZ
Tipo de Documento:	Cédula de Ciudadanía
Número de Documento:	12345678
Departamento:	RISARALDA
Municipio:	PEREIRA
Área:	1
Ficha:	12345
Puntaje:	25,32
Fecha de Modificación de Persona:	2010/02/23
Fecha de Modificación de Encuesta:	2010/02/23
Estado:	VALIDADO

Below the table, it states 'Base Certificada Nacional - Corte: 16 de enero del 2015'. A box lists potential programs based on the score: 'Primera Infancia (ICBF)', 'Régimen Subsidiado de Salud', 'Más Familias en Acción', and 'PPSAM'. A note clarifies that the user must meet additional requirements for each program. At the bottom, a 'VALIDADO' status is confirmed with a link to the SISBEN website for further verification.

Source: www.sisben.gov.co

Note: the image has been modified by the authors and data does not correspond to a real person. The list of programs is indicative, rather than exhaustive, of the programs to which a person with this score would have access.

f) Updating the roster of beneficiaries (recertification)

Socio-economic information on MFA beneficiaries is updated whenever the SISBEN external targeting mechanism carries out a new socio-economic information survey. By law, this must occur every three years (Law 715, Section 94). In practice, beneficiaries' socio-economic information has been updated three times since the program began, i.e., every five years on average. Two of the updates were carried out when the methodology for estimating the index that identifies poor and vulnerable people was modified; i.e. when SISBEN II and SISBEN III were initiated in 2003 and 2012, respectively³⁰ (DPS, 2014b). It should be noted that when SISBEN II was implemented, it was only used to evaluate the living standard of new beneficiaries and not of those who were already enrolled. Within the framework of the recent program redesign (2012-2013), a major effort was made to completely renew the roster of MFA beneficiaries using SISBEN III. In contrast to the previous exercise, MFA considered SISBEN III scores to decide if families that were already enrolled were still eligible to receive transfers.

³⁰ The SISBEN III index was approved in 2008; however, it was adopted in 2012 and applied to households until 2013.

g) Exit criteria

A family can be separated from the MFA program for four reasons: i) when its socio-economic status improves, ii) when its structure changes, iii) when it does not systematically meet health or education conditions, or iv) when it is verified that it has presented false information to the program. In all cases, except when socio-economic status improves, the payment of transfers is interrupted for some time before excluding a family from the program. This is reflected in the status of the family's enrollment in the SIFA, which is changed from "enrolled eligible" to "suspended." The program informs the family of the reason for the suspension and the necessary actions required to reinstate payment, if possible. For example, taking a child under 7 years old to a medical appointment or proving that the information provided is authentic (see **Table 14**).

Table 14. Reasons for suspending payment of transfers

<ul style="list-style-type: none">• When the death of a child or the transfer holder is inferred from the National Civil Registry database• When there is a suspicion that during enrollment, verification of commitments, or presentation of information updates before the municipal liaison, the family provided false or inaccurate information for the payment of the transfer	<ul style="list-style-type: none">• When a child under 7 years old does not meet the healthcare conditions during a two-month period• When education commitments are not complied for three consecutive periods• When a member appears more than once in the SIFA registry
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Source: DPS (2013b).

MFA identifies the beneficiaries who have improved their socio-economic status from the updated SISBEN information. In the most recent system update, two exit criteria were implemented based on the extent of socio-economic improvement. Specifically, beneficiaries who had significantly exceeded their enrollment score would immediately exit the program. By contrast, beneficiaries who had not yet significantly exceeded their enrollment scores would enter a transition period. In this case, what was used as a criterion to determine that a family had improved its welfare considerably was the cut-off point to access the subsidized healthcare system (see **Table 15**).

Beneficiaries who exceed the subsidized healthcare system's score are not strictly excluded from the program; however, they are not invited to the new massive enrollment process and, therefore, no longer receive benefits. Some 150,000 families were not invited to enroll in 2013. Beneficiaries who score higher than what is required to be eligible for MFA benefits but who had a lower score than necessary to be eligible for the subsidized healthcare system are invited to the enrollment process and continue to receive MFA benefits for two years. According to the program's progress report from the first half of 2015,³¹ since the implementation of SISBEN III 313,702 enrolled families were identified as candidates to enter the transition stage. However, 21% of these families were not placed in transition because when the SISBEN III survey was reapplied, they were found to continue below the eligibility score. In addition, 5% of families who could be candidates for transition were classified as eligible because they were displacement victims, 4% because they belonged to *Red Unidos*, and 1% because they were part of indigenous communities. As a result, 218,178 transitional candidate families actually entered in this two-year scheme.

³¹ Direct enquiry to the Department for Social Prosperity of Colombia, carried out in April 2015.

Table 15. Comparison between SISBEN III cut-off point for enrollment and for transition regime

Geographic area	Description	SISBEN III score for enrollment	SISBEN III score for transition scheme
Area 1. Major cities	14 major cities, excluding their metropolitan areas: Bogotá, Medellín, Cali, Barranquilla, Cartagena, Bucaramanga, Cúcuta, Ibagué, Pereira, Villavicencio, Pasto, Montería, Manizales, and Santa Marta.	0 – 30.56	30.57 – 54.86
Area 2. remaining urban areas	Urban areas excluding 14 major cities, populated centers, and rural areas surrounding the major cities.	0 – 32.20	32.21 – 51.57
Area 3. Rural areas	Rural areas excluding rural areas that surround the major cities.	0 – 29.03	29.04 – 37.80

Source: DPS (2014b).

Note: the SISBEN III upper cut-off score for the transition scheme corresponds to the cut-off for accessing the subsidized healthcare system.

Although MFA rules of operation provide several criteria to unlink families who enroll because they are in *Red Unidos*, the Unique Victim Registry, and the Indigenous Census, they are not defined in practice and families remain in MFA while they are in these registries. It is up to each of the institutions in charge of the registries to update families' situations. In the case of *Red Unidos*, families graduate when two conditions are met: a necessary condition that seeks to guarantee a minimum cycle of support and the accomplishment of a series of basic achievements,³² and a sufficient condition such as overcoming extreme poverty in accordance with a monetary poverty indicator and the Multidimensional Poverty Index (ANSPE, 2014c). In the case of the displaced population, the Unit for Comprehensive Victim Support and Reparations (UARIV) must define the criteria with which to specify that a family affected by displacement has overcome its status as a displaced family or victim of the conflict. Lastly, in the case of beneficiaries who are eligible because they are in the Indigenous Census, the indigenous community determines families' exit.

A second reason that can cause the family to be excluded from the program is a change in family structure. Specifically, the family ceases to be eligible when it does not have at least one child under the age of 18 (or a child under the age of 20 pursuing middle school) who is eligible for education or healthcare incentives. The above is automatically identified from the dates of birth registered in SISBEN. In the event of a death in the family, the program receives the information either directly from the family or during a database depuration process (see section on monitoring, page 35).

A third reason to exclude families from the program is the systematic failure to meet the health or education conditions listed in the co-responsibility verification section. In the most extreme circumstances and to protect children, the law³³ establishes that in the event that the Colombian Institute for Family Welfare identifies that a MFA beneficiary child is not enrolled in school, works, is malnourished, or is a victim of abuse, abandonment, or neglect, support to the family's transfer holder shall be withdrawn. However, the child does not stop receiving the benefits of the program which are assigned to another adult in the household who is not involved in the violation of the child's rights.

³² Families must fulfill the seven core achievements prioritized at the national level, manage or attain at least half of the achievements that are applied to families, and have managed the five achievements that are applied to the family plan.

³³ Specifically, Law 1532, dated 2012, which regulates the operation of the *Familias en Acción* program.

Lastly, a family can be excluded if it is proven that it provided the municipal liaison with false information critical for the payment of the transfer during enrollment, verification of commitments, or request for changes due to information updates. This is identified as a result of the quality controls and database debugging. The latter consists of reviewing inconsistent documents or uncertainty with people's data, cross-checking roster information with other administrative records, and verifying compliance with the rules and conditions (see section j on monitoring).

h) Customer service for beneficiaries

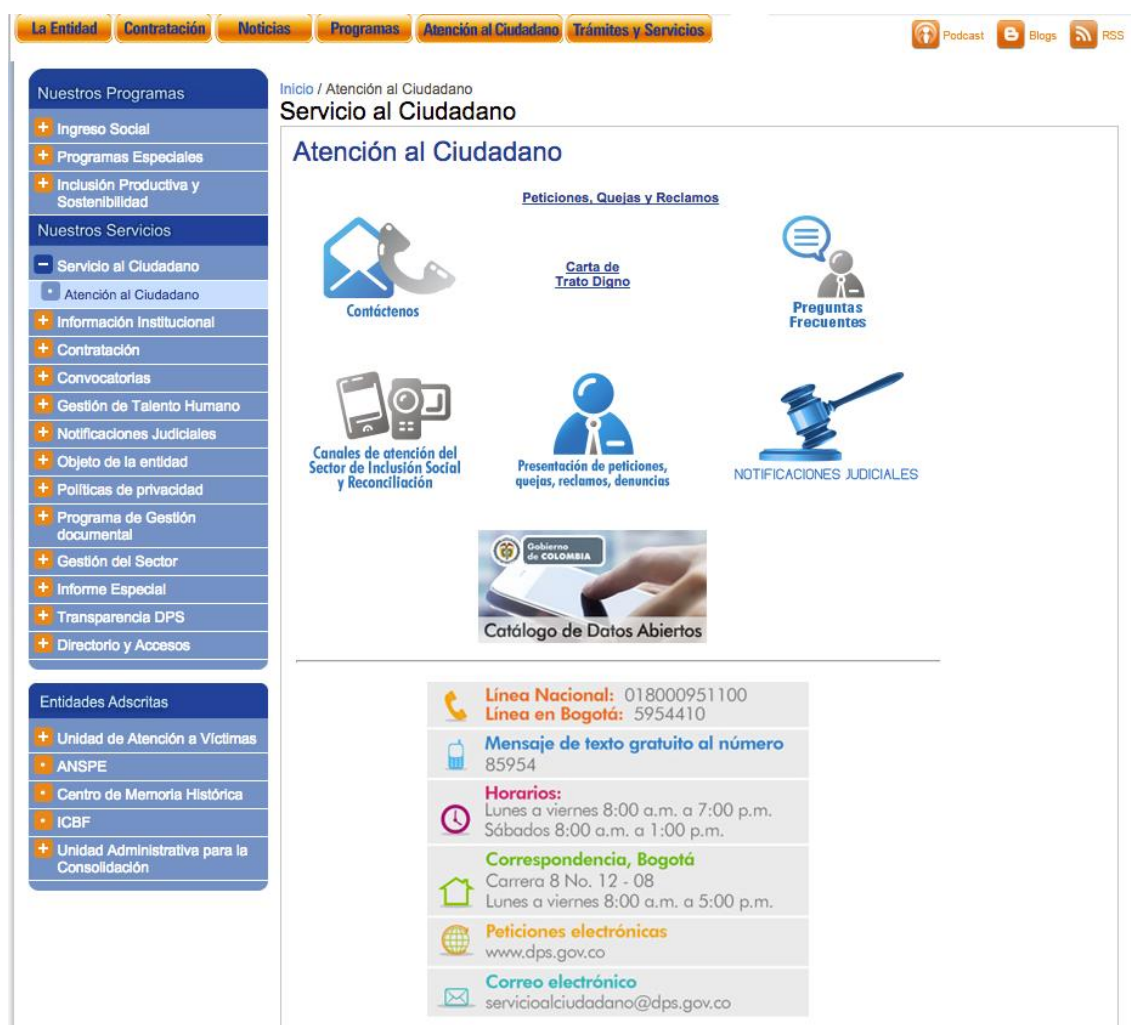
The program must guarantee, by law, that there are mechanisms to receive and respond to requests, complaints and claims from citizens.³⁴ There are several customer services channels and a procedure to follow up on the requests, complaints or claims. The program's municipal liaison is primarily responsible for receiving and resolving program beneficiaries' claims and complaints. In addition, there is a call center and a free-text-messaging channel, as well as mechanisms that can be accessed on the program's website, such as electronic reports and chat rooms (see **Figure 8**). Complaints about the program can also be received through the portal of the Office of the President of the Republic. In all these service channels the beneficiary completes a form and receives a case password to facilitate follow-up. Lastly, the offices of municipal ombudspersons—public officials who defend citizens' rights—also receive complaints and transfer them to MFA.

If the request, complaint, or claim is accepted the family's information has to be changed in the SIFA;³⁵ for this, a process known as "information updates" is used. For example, a family that is not satisfied with the amount of the incentive it has received in a given two-month period must submit a claim and proof that their child attended school in order to request the payment for corresponding amount. It could also be used to correct erroneous information that is important in determining the amount of the incentive, such as children's age or the school grade in which they are enrolled.

³⁴ Complaints are typified as the manifestation of nonconformity caused by an irregular fact or situation. For example, when someone has received mistreatment from MFA staff or due to negligence or inefficiency. Complaints entail a manifestation of nonconformity for not having received program incentives or against the poor operation of the program.

³⁵ It should be noted that the "information update" process also applies to other events that require updating family information, such as change of residence, coming of age, changes in children's guardianship, births, and deaths. "Information updates" can also be requested by other stakeholders, including the MFA program within the framework of its processes or at the request of the Colombian Institute for Family Welfare, judicial authorities, the Municipal Certification Committee, and healthcare and education institutions.

Figure 8. MFA program's customer service screen



Source: http://www.dps.gov.co/Servicio_al_Ciudadano/Informacion_de_Contacto.aspx

The “information update” process is simple: the transfer holder must appear at the municipal liaison’s office with supporting documents (for example, civil registry records or proof of attendance). The municipal liaison then digitizes the supporting documents together with a form signed by the family, and inputs this information in the SIFA’s “information updates” module. The approval or rejection of the information updates depends on the Municipal Certification Committee, which receives the request through the SIFA and is in charge of validating the submitted documents. The family receives a printed voucher as proof when it submits the request for change of information and 15 days later the municipal liaison informs the family of the approval or rejection of the request. If the municipal liaison cannot resolve the claim, it goes to the regional program office or to the central level, in which case response time is up to 30 days (DPS, 2014f).

Cross-cutting issues

i) Information systems

MFA has a robust information system called *Más Familias en Acción* Information System, which was built in-house by software technicians. The SIFA consists of several modules that integrate all the processes of the program's operational cycle. This includes beneficiary database, enrollment module, customer service module, financial reports, co-responsibility verification, healthcare and education institutions' records, reporting module, monitoring and tracking, and transfer payment among others.

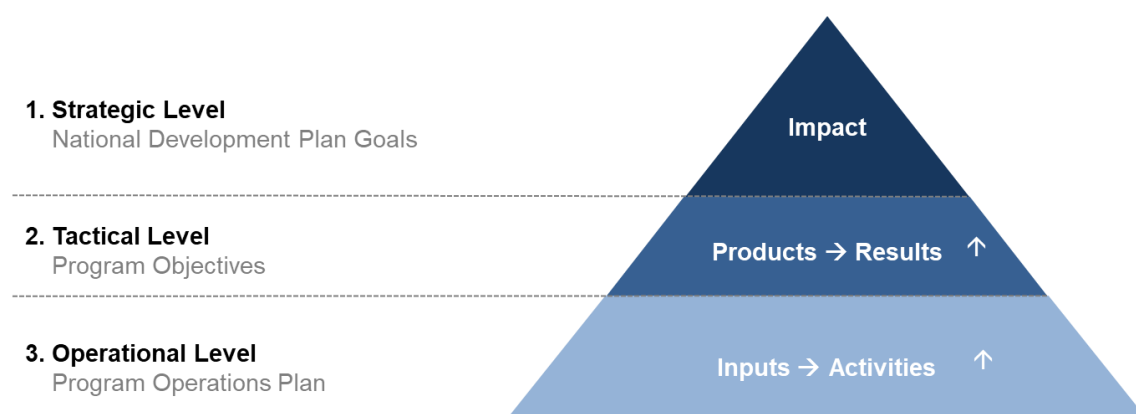
j) Monitoring system

Monitoring

The MFA's monitoring system is governed by a results-oriented management scheme aligned with Colombia's National Development Plan. The monitoring system aims at delineating the objectives of the program and establishing baselines and goals, determining the inputs needed to achieve these goals, comparing the results against established goals, facilitating decision-making, and carrying out improvement actions.

The monitoring system consists of three levels: strategic, tactical, and operational. The strategic level refers to the impacts expected from families' participation in MFA. This level is aligned with the objectives, indicators, and goals listed by the National Planning Department's National Development Plan.³⁶ The tactical level refers to the specific objectives of the program, i.e., the products (services offered to beneficiaries) and the results needed to achieve the impacts. Finally, the operational level refers to the inputs (physical and financial resources) and activities required to generate services (products) for MFA beneficiaries. See **Figure 9**.

Figure 9. Vertical and horizontal logic of the monitoring system



Source: adapted by the authors from DPS (2013e).

Once the objectives have been established at each level, they must be translated into appropriate and clearly defined indicators that allow for observing whether the program is meeting its objectives. The monitoring system has a set of indicators for each element of the value-chain (impact, results, product, activity and input) and a set of quality indicators (efficacy, efficiency, effectiveness and quality). Impact indicators are measured through external evaluations, while the rest of the value-chain indicators are measured by internal management systems. At the same time, random surveys are carried out to transfer holders, education establishments, healthcare provider

³⁶ Available in the National System for Evaluation of Management and Results: <https://sinergia.dnp.gov.co/PortalDNP/>

institutions, municipal liaisons and officials who are responsible for providing healthcare and education. Their purpose is to monitor the family's compliance with co-responsibilities, external agents involved in providing program services, and work teams. **Table 16** shows the list of indicators for each element of the value chain. Details on the source of information, unit of measurement, formula and frequency of the analysis can be found in DPS (2013d).

MFA has several control tools used to monitor the execution of the program. For example, it has a control panel that monitors the outcome indicators that have been defined as "priority indicators used to obtain impact indicators." Regional tracking forms have also been developed; they contain the main indicators regarding results and products for each incentive delivery period. These tracking forms include different verification results regarding compliance with co-responsibilities, as well as information on the results of payments made, suspensions carried out, and information updates applied in each municipality. A four-degree scale is used to measure compliance: PP (Over the Average Range), DR (Within the Average Range), MB (Very Low), and MB-SPO (Very Low–Selected for Observation).

The monitoring system also generates a series of periodic reports on operations and the progress of activities. There is an internal tool that ensures that the program of activities is carried out. Lastly, the MFA's monitoring system also feeds the Government Goal Tracking System (SISMEG) with data on the number of beneficiaries of the program regarding vulnerable groups (specifically, population eligible through SISBEN score, displaced victims, and indigenous people).

Table 16. Monitoring system indicators according to their levels

Level	Description	Indicators
Impact	Medium and long-term effects	Chronic malnutrition Global malnutrition School attendance School dropout Child labor
Outcome	Changes in beneficiaries in the short-term	Number of registered families % of registered families in comparison to potential enrollees % of records by status (eligible, suspended, excluded) % of children with updated school information % of children with verified education conditionalities % of families with health benefits % of families that collect a benefit % of benefits collected % of each type of family information update % of recent changes processed by region, compared to the national total % of each type of claim % of financial costs corresponding to incentives % of financial costs associated with program operations
Product	Number of MFA services	Number of families receiving transfers per period (annual average) Number of children receiving transfers per period (annual average) Number of children receiving education transfers per period (annual average) Number of children receiving health transfers per period (annual average) Number of families receiving incentives in the last two months Number of children receiving incentives in the last two months Number of children ages 0–5 receiving incentives in the last two months % of families receiving incentives via cash deposit or money order with respect to total Amount paid during the period
Activity	Fulfillment of programmed activities to generate products	% of forums held compared to the total number scheduled % of signed agreements with municipalities with respect to the total number of municipalities % of monitoring committees formed with respect to the number of municipalities with agreements % of registered families vs. potential families % of families registered with a financial institution % of municipal assemblies held % of well-being workshops conducted % of delivery of unexpired incentives Number of priority strategies launched
Input	Amount of resources available and used for activities	Resources requested for activities Resources requested for health Resources requested for <i>Red Unidos</i> beneficiaries Resources allocated to the program Resources required for the purchasing plan

Source: DPS (2013e).

Figure 10. Regional tracking form example

Ficha de seguimiento Municipal
PRIMER PAGO DEL 2015
 Dirección Regional Cauca

Resultados generales del ciclo operativo en
Paez- Cauca

Clasificación del municipio: Grupo 4
 IPM: 86,38%
 Banco Pagador: BANCO AGRARIO
 Periodo de verificación de compromisos: Salud: Septiembre - Octubre de 2014; Educación: Octubre - Noviembre 2014

Total familias potenciales a inscribir: 5132			Total familias inscritas al 31/12/2014: 4885			% inscripción: 95,1 %		
--	--	--	--	--	--	-----------------------	--	--

Resultados Verificación en Educación (Menores)

	Potenciales	Cumplieron	%
Sisben.....	856	845	98,7 %
Desplazados.....	216	188	87,0 %
Unidos.....	522	516	98,8 %
Transición.....	0	0	N.A %
Indígenas.....	5428	4733	87,2 %
TOTAL.....	7022	6282	89,4 %

Indicador verificación - TOTAL..... **MUY BAJO**

Indicador verificación - Solo Indígenas..... **MUY BAJO**

Resultados Verificación en salud (Familias)

	POTENCIALES	NO EXIGIBLES	EXIGIBLES	Exigibles que cumplieron	FAMILIAS CON CUMPLIMIENTO*
Sisben.....	335	197	138	99 [71,7 %]	296 88,3%
Desplazados.....	78	39	39	29 [74,3 %]	68 87,1%
Unidos.....	201	133	68	44 [64,7 %]	177 88,0%
Transición.....	0	0	0	0 [N.A %]	0 N.A %
Indígenas.....	2537	1490	1047	708 [67,6 %]	2198 86,6%
TOTAL.....	3151	1859	1292	880 [68,1 %]	2739 ... 86,9 %

Indicador familias con verificación..... **MUY BAJO**

Indicador familias con verificación - Solo indígenas..... **BAJO**

* Familias con cumplimiento = (potenciales - exigibles) + exigibles que cumplieron

Resultados liquidación PRIMER PAGO 2015

	Total Liquidación \$ 772131200	Semilla \$ 0	[0 %]	No Semilla \$ 772131200	[100 %]
FAMILIAS LIQUIDADAS		BANCARIZADAS		NO BANCARIZADAS	Menores Liquidados
Sisben.....	526	498 - 94,6 %	28 - 5,32 %		Salud..... 3726
Desplazados.....	110	84 - 76,3 %	26 - 23,6 %		Educación 7-18..... 5650
Unidos.....	342	321 - 93,8 %	21 - 6,14 %		Educación rezago..... 50
Transición.....	0	0 - N.A %	0 - N.A %		Grado cero..... 558
Indígenas.....	3442	272 - 7,90 %	3170 - 92,1 %		
TOTAL	4420	1175 - 26,5%	3245 - 73,4%		

Resultados Levantamiento suspendidos

Histórico de suspensiones por 3 causales ¹	102
Registros que permanecen suspendidos.....	1
% de levantamiento.....	99,01 %
Indicador Levantamiento.....	DR

Novedades (diferentes a las de verificación) aplicadas para el ciclo 12 de liquidación - 01/11/2014 al 31/12/2014

Total novedades aplicadas.....128

Por categoría - % sobre total de novedades aplicadas				POR ESTADO Al cierre del proceso % sobre novedades aplicadas		
Cambio datos generales	6	- 4,68 %	Entrada de beneficiario	50 - 39,0%	Suspensión miembro f. 1	- 0,77%
Cambio grupo poblacional	6	- 4,68 %	Retiro familia	1 - 0,77%	Traslado municipio	5 - 3,91%
Cambio de documento de identidad	37	- 28,9 %	Suspensión familia	0 - 0 %	Otras	22 - 17,1 %
					Aprobadas	109 - 85,1 %
					Rechazadas	19 - 14,8 %
					Por aprobar	0 - 0 %

Resultado cobros SEXTO pago 2014

FAMILIAS LIQUIDADAS	RESULTADO BANCARIZADAS			RESULTADO NO BANCARIZADAS - GIROS			% TOTAL DE COBRO*
	Total bancarizadas	Abono exitoso	Rechazos	Total NO bancarizadas	Giros cobrados	Giros NO cobrados	
Sisben.....	521	492 → 94,6 %	29 - 0,00 %	29	16 - 55,1 %	13 - 44,8 %	97,5 %
Desplazados.....	109	87 → 79,8 %	22 - 0,00 %	22	18 - 81,8 %	4 - 18,1 %	96,3 %
Unidos.....	346	324 → 93,6 %	22 - 0,00 %	22	12 - 54,5 %	10 - 45,4 %	97,1 %
Transición.....	0	0 - N.A %	0 - N.A %	0	0 - N.A %	0 - N.A %	N.A %
Indígenas.....	3555	276 - 7,76 %	3279 - 92,24 %	3279	2975 - 90,7 %	304 - 9,27 %	91,4 %
TOTAL.....	4531	1179 - 26,0 %	3352 - 74,0 %	3352	3021 - 90,1%	331 - 9,87 %	92,6 %

Indicador de cobro por giro..... **DR**

* % Total del cobro: ((abono exitoso + giros cobrados) / familias liquidadas) * 100

Proceso de promoción familias en transición

Ingresar en el tercer corte?	NO	Familias identificadas en el SIFA como transición	NO APLICA	Total familias que se mantienen por cruces	NO APLICA	NO	Desplazados	Unidos	Indígenas	SISBEN	Total familias que se promueven	NO APLICA	NO	%
							NO APLICA	NO APLICA	NO APLICA	NO APLICA				

Convenciones: PP: Por encima del rango Promedio DR: Dentro del rango promedio MB: Muy Bajo MB -SPO: Muy Bajo - Seleccionado Para Observación

Los municipios MB-SPO se escogieron de acuerdo con los siguientes criterios: indicador verificación en educación: Municipios MB con cumplimiento en educación menor al 90%; indicador verificación en educación - solo indígenas: Municipios MB con cumplimiento en educación menor al 90% y con diferencias significativas entre potenciales y verificados; indicador verificación en salud: Municipios MB con cumplimiento en salud menor al 80% y que tengan más de 100 familias exigibles que no hayan cumplido; indicador verificación en salud - solo indígenas: Municipios MB con cumplimiento en salud menor al 80% y que tengan más de 80 familias exigibles que no hayan cumplido; indicador suspendidos: Municipios MB que tengan más de 50 registros que mantienen la suspensión; indicador cobro por giro: Municipios MB que tengan más de 100 familias que no hayan cobrado el giro.

¹ Se incluyen en el conteo las siguientes causales: a) Documento de identidad inconsistente, b) Fecha de nacimiento inconsistente, c) Fecha de expedición inconsistente

Source: DPS (2013e).

Auditing

SISBEN is a mechanism that prevents the inclusion of non-eligible beneficiaries, whether due to beneficiaries' malicious conduct or authorities' corruption, by identifying potential beneficiaries and calling them for enrollment rather than calling for an open enrollment. Thus, each municipality has a list of prior potential beneficiaries and cannot enroll a family that has not been targeted by SISBEN or by official records.

There is also a protocol in place for debugging duplicate records, inconsistent records or records with indications of false critical information from the SIFA database. The protocol requires that identification documents be examined and the SIFA database cross-checked against other internal or external sources of information (such as the Civil Registry) to ensure that there are no duplicates or infiltration of ineligible beneficiaries in the roster. For example, for the first 2015 payment period, around 8.5 million records were cross-checked with databases used for targeting (i.e., SISBEN, Unique Victim Registry, *Red Unidos*, and the Indigenous Census) as well as with the survival records of the Ministry of Health and the Civil Registry. As a result, 0.2% of the beneficiaries were suspended. The causes for suspension and their frequency are shown in **Table 17**.

Table 17. Causes for suspension of registrations during the first period of 2015

Type of suspension	Observation of suspension	Total
Suspension due to inconsistency in the status of the document as a result of cross-check with the Registry	Discharge due to loss or suspension of political rights	259
	Canceled due to double identity card number	9
	Canceled due to death	716
	Canceled due to death. Law 1365 2009, Resolution 9236	1
	Canceled due to impersonation or false identity	2
	Deceased child according to cross-check with the National Civil Registry	185
Suspension due to alleged duplicate enrollment	Suspended due to alleged duplicate enrollment	139
Suspension due to inconsistency in the date of birth or identity card issuance	The date of issuance of the document is later than the date of payment	41
	The date of issuance of the document is prior to the date of birth	9
	The date of birth must not be earlier than 01/01/1915	10
	No transfer holder can be under 14 years old as per the payment date	12
Inconsistent identification document	Identity card number cannot have fewer than 10 or more than 11 characters	2
	Civil registry number must have 10 or 11 characters	1
	Identity card cannot contain letters or special characters	1
	For 11-digit identity card numbers, the first 6 characters must match the date of birth	5
Suspension due to report from municipal liaison, regional entity, or education institution, among others	Deceased child according to report from educational institution rector	28
	Deceased children from Caquetá	3
	Due to death, according to report from the municipal liaison	23
	Suspension by Municipal Certification Committee request	10
Suspensions due to transition	Suspended for being in-transition population and not transferring from the municipality to those people reported as indigenous population members	14
	Suspended for being in-transition population and not transferring from the municipality to those people who show up in the SISBEN III survey	227
Suspension for being the transfer holder and not appearing in the targeting databases	Suspension for being the transfer holder and not appearing in the targeting databases	102
TOTAL	Grand total	1,799

Source: information provided by MFA.

k) Evaluation policy

The objective of the evaluation policy is to identify strengths and weaknesses in the design and implementation of the program, as well as to gather lessons learned and issue recommendations (DPS, 2013b). Evaluations are usually carried out by external agents. A technical committee made up of representatives from the DPS and the DNP are in charge of scheduling and requesting evaluations. The committee also evaluates the quality of the product and follows up on the incorporation of lessons learned. The program considers two types of evaluations: those aimed at evaluating processes and those called “impact evaluations,” which identify the effects of MFA on beneficiary families.

l) Differences in the implementation of process for specific groups

Some MFA operational processes are adapted to serve particularly vulnerable populations in Colombia; i.e., indigenous people, people registered as victims of forced displacement, and the extremely poor population that benefits from *Red Unidos*. According to data from 2013, 4% of those enrolled in the MFA program are indigenous peoples, 19% are victims of displacement, and 22% are extremely poor and benefit from *Red Unidos* (MFA, 2013). **Table 18** organizes the information that has been presented in the sections that correspond to each of the operational processes. Assisting the displaced population and the population living in extreme poverty involves minimal operational differences; however, the strategy to introduce the program to indigenous communities requires special action.

As part of a differential strategy to improve living conditions, assisting the indigenous population implies performing a series of activities prior to the introduction of the program, as well as introducing differences in operational processes. Before the introduction of the program, a series of forums—previous consultation, Indigenous Forum, Socialization Forum, and Concertation Forum—are held. The community, local governments, indigenous authorities, program officials, and education and healthcare officials participate in the forums. During these forums, indigenous authorities are informed about the program and the implications of participating in it, in terms of the provision of healthcare and education services and the conditions required for households. Adjustments that would be made to the program to respect indigenous communities' traditions are also discussed in the forums. If the indigenous authorities accept the conditions, a letter of commitment is signed during the Concertation Forum. The letter indicates the commitments of the mayors, the indigenous authorities, and the DPS. Subsequently, a socialization assembly is held to present the program to the community.

In this assembly, the community accepts the MFA program and its co-responsibilities. In another assembly with the community, the census is validated. MFA does not participate in the selection of beneficiaries. The indigenous authorities draw up the lists and the Ministry of the Interior guarantees that the census has been carried out by an indigenous authority belonging to a duly acknowledged community. All indigenous families enrolled in their community census are entitled to benefit from the program and must show up for enrollment. The list of eligible families constitutes the Indigenous Census that feeds the SIFA. The co-responsibilities that indigenous families must fulfill are the same as those for the rest of the population. An indigenous liaison is appointed to represent the community before the program and coordinate operational processes.

Table 18. Comparison between general MFA operations and operations when dealing with vulnerable groups

	General	Indigenous	Displaced	Red Unidos
a) Identification of beneficiaries				
Eligibility	Poor and vulnerable families with children under 18 years old	Families living in autonomous indigenous communities with children under 18 years old	Families who are in the registry of victims of displacement with children under 18 years old	Families living in extreme poverty with children under 18 years old
Targeting	SISBEN, different cut-off points for major cities, remaining urban areas, and rural areas	Geographic, to select communities. To be eligible, families must be enrolled in the Indigenous Census that is carried out according to the community's criteria.	All families acknowledged as victims of forced displacement in the Unique Victim Registry are eligible	All families in <i>Red Unidos</i> are eligible
b) Enrollment of beneficiaries	It is carried out in massive events	It is carried out in indigenous communities	Ongoing enrollments carried out by the regional team or a third party hired by DPS	It is carried out in massive events
c) Payment process				
Structure of the transfers	Higher amounts in the least urbanized and poor municipalities (4 groups)	The highest value is allocated regardless of the municipality of residence (group 4)	The highest value is allocated regardless of the municipality of residence (group 4)	Higher amounts in the least urbanized and poor municipalities (4 groups)
Payment Methods	Bank cards, mobile banking, and money orders are used			
d) Verification of co-responsibilities	Registered in the SIFA by education and healthcare institutions directly or with the support of the municipal liaison			
e) Linkage with other social programs and services	1. <i>Jóvenes en Acción</i> is linked to all MFA beneficiaries			
				2. Only the extremely poor participate in <i>Red Unidos</i>
f) Updating the roster of beneficiaries (recertification)	It occurs when SISBEN is updated	It occurs when SISBEN is updated but it has no impact on eligibility; if the beneficiary remains in the register that certifies the condition of vulnerability, he or she is still eligible		
g) Exit criteria	1. When not eligible for SISBEN	1. When the family is no longer in the Indigenous Census (not formally defined)	1. When a family overcomes displacement (not formally defined)	1. When a family reaches 45 achievements and graduates from the program, <i>Red Unidos</i> must determine the exit criteria (not formally defined)
	2. When the structure of the family changes			
	3. When the family does not systematically comply with the conditions			
	4. When it is verified that the family provided false information			
h) Customer service for beneficiaries	Through the municipal liaison, website, call center, and text messages			

Source: prepared by the authors.

Note: when updating the roster of beneficiaries (f) a procedure is not established. The information corresponds to how SISBEN III was implemented.

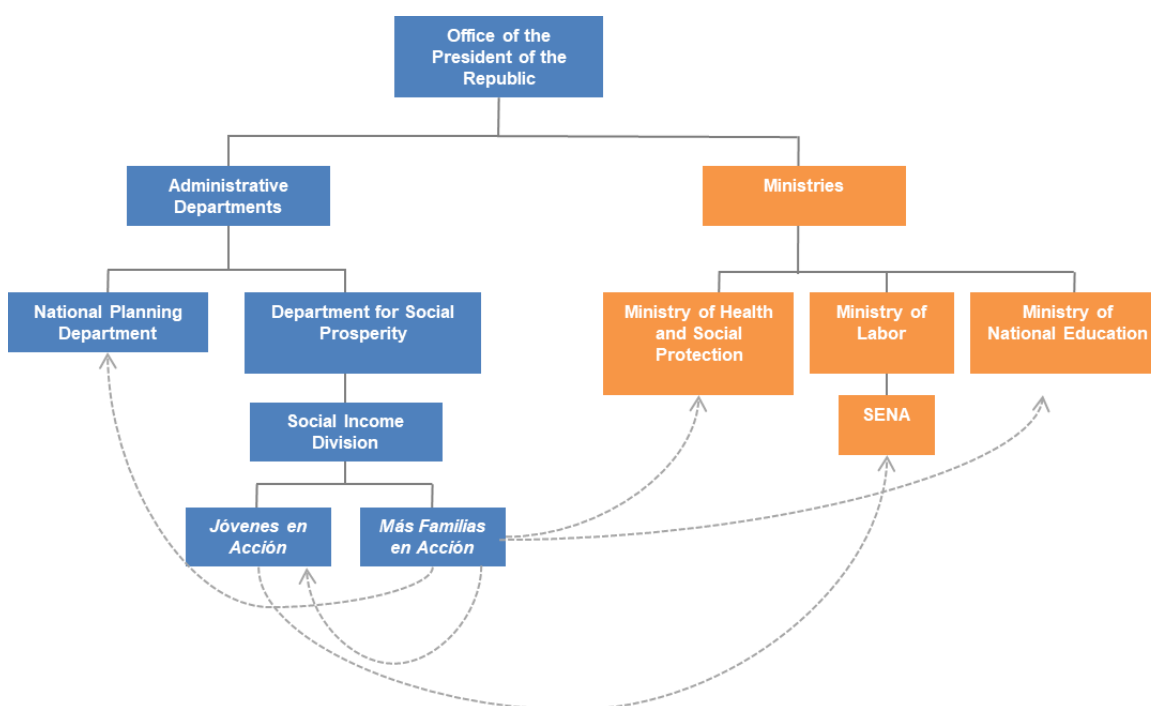
m) Other topics

Inter-Institutional coordination with other sectors and different government levels

The provision of health and education services is decentralized to departments and municipalities. With this institutional arrangement, the national ministries are responsible for providing the conditions so departments and municipalities can offer the necessary services to attend program beneficiaries and to verify compliance with the conditions. This includes designing of a sectoral policy and monitoring results.

MFA coordinates with several ministries, mainly with the Ministry of Health and Social Protection and the Ministry of National Education. Figure 11 shows the organizational structure of the MFA program within the DPS and the links with other agencies within the DPS and the ministries.

Figure 11. Organizational structure and MFA intra- and inter-institutional linkages



Source: prepared by the authors based on Facultad de Ciencias Sociales de la Universidad de los Andes (2013).

Note: in addition to departments and ministries, Superintendencies and Superior Councils of the Administration are also dependent on the Office of the President of the Republic. There are more administrative departments and more ministries that were not included, to simplify the image. Dotted lines indicate links with other institutions.

Municipal governments play an essential role in the coordination between MFA and the education and healthcare sectors. MFA signs an interinstitutional agreement with each mayor of the country,³⁷ by which the municipal government commits to manage that sectors meet the demand for healthcare and education services in their jurisdiction.

Presence of the transfer program in the territory

MFA policy and design decisions depend on DPS headquarters, specifically on the Social Revenue Office. By contrast, program operations depend on regional units funded by the central government and the program's municipal liaisons. Currently, the territory is divided into 35 regional offices. Their role is to support municipalities with the implementation of the program's operational processes. The municipality agrees to finance the operations of MFA's local office within the framework of the agreements

³⁷ As an example, the agreement between DPS and the municipality of Bucaramanga is available at <http://pfa-bucaramanga-santander.gov.co/es/normatividad/normatividad-vigente>.

signed between MFA and each mayor. This involves paying the salary of a municipal liaison and a work team that meets the needs of the municipality according to the size of the territory and the number of beneficiaries. Also, this implies providing a permanent work space that is suitable to serve the public and to carry out operational processes—for example, with Internet and telephone access.

Figure 12. Example of Bucaramanga's MFA municipal liaison web portal

Mas FAMILIAS EN ACCIÓN BUCARAMANGA
BUCARAMANGA UNA SOLA CIUDAD, UN SOLO CORAZÓN
Cra 27 No 33-12 PBX 6347462

Acerca de la entidad | Nuestra gestión | Normatividad | Trámites y servicios | **Novedades** | Participación | Atención a la ciudadanía

Inicio | **Novedades** | Noticias

Novedades
Noticias

Usted podrá inscribirse a los [servicios de notificación de información](#), para recibir las últimas noticias de la entidad por medio de su [correo electrónico](#) o a través de los [canales RSS](#) disponibles.

CAPACITACION PARA MADRES BENEFICIARIAS

05 de Marzo de 2015

El Enlace Municipal invita a las madres beneficiarias a aprovechar los espacios de formación complementaria con el Servicio Nacional de Aprendizaje SENA. Para realizar la inscripción debe acercarse a cada uno de los lugares estipulados en el cuadro con los siguientes documentos: • Fotocopia de ...

NUEVA MODALIDAD DE PAGOS POR GIROS - PRIMER PAGO 2015

03 de Marzo de 2015

EL ENLACE MUNICIPAL INFORMA A LAS BENEFICIARIAS (OS) QUE COBRAN POR LA MODALIDAD DE GIRO EN EL MUNICIPIO DE BUCARAMANGA; QUE SE INICIA A PARTIR DE ESTE PAGO UNA NUEVA METODOLOGIA DE COBRO PARA QUE INICIEN EL PROCESO. Para este período de pago que inicio el 3 de Marzo de 2015 (Primer Pago año 2015)...

Source: web portal of the Mayor's Office in Bucaramanga, <http://www.pfa-bucaramanga-santander.gov.co/es/novedades/noticias>

The municipal liaison is responsible for implementing the enrollment process and for monitoring beneficiaries' submission of information updates, complaints, claims, and suggestions. The municipal liaison is also responsible for maintaining communication with beneficiaries and for implementing strategies for family and community development and promotion.

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Annexes - Annex 1. Form to collect socio-economic information



SISBÉN - COLOMBIA SISTEMA DE IDENTIFICACIÓN DE POTENCIALES BENEFICIARIOS DE PROGRAMAS SOCIALES FICHA DE CLASIFICACIÓN SOCIOECONÓMICA



1 No. de ficha _____

Formulario # _____ de _____

I. IDENTIFICACIÓN

2 Departamento _____ 3 Municipio _____ 4 Zona ☐ 1 Cabecera 2 Centro poblado 3 Rural disperso

5 Sector _____ 6 Sección _____ 7 Manzana _____ 8 Comuna o localidad _____ 9 Barrio o corregimiento _____

10 Vereda _____ 11 Dirección _____ 12 Teléfono fijo _____

II. DATOS DE LA UNIDAD DE VIVIENDA

13 Tipo de unidad de vivienda
1 Casa o apartamento
2 Cuarto
3 Otro tipo de unidad de vivienda
4 Casa indígena ☐

14 Material predominante de las paredes exteriores
1 Bloque, ladrillo, piedra, madera pulida
2 Tapia pisada, adobe
3 Bahareque
4 Material prefabricado
5 Madera burda, tabla, tablón
6 Guadua, caña, esterilla, otro vegetal
7 Zinc, tela, cartón, lamas, desechos, plásticos
8 Sin paredes ☐

15 Material predominante de los pisos
1 Alfombra o tapete, mármol, parqué, madera pulida y lacada
2 Baldosa, vinilo, tableta o ladrillo
3 Cemento o gravilla
4 Madera burda, madera en mal estado, tabla o tablón
5 Tierra o arena
6 Otro ☐

La unidad de vivienda cuenta con servicios públicos de
1 Sí 2 No

16 Energía eléctrica ☐

17 Alcantarillado ☐

18 Gas natural domiciliario ☐

19 Teléfono ☐

20 Recolección de basura ☐

21 Acueducto ☐

22 Estrato ☐

23 Cómo eliminan principalmente la basura en esta unidad de vivienda
1 La recogen los servicios de aseo
2 La entierran
3 La queman
4 La tiran al patio, lote, zanja o baldío
5 La tiran al río, caño, quebrada, laguna
6 La eliminan de otra forma ☐

24 Cuántos cuartos incluyendo sala - comedor tiene esta unidad de vivienda _____

25 Cuántos grupos de personas que cocinan por separado hay en esta unidad de vivienda _____

III. DATOS DEL HOGAR

26 Hogar # _____ de _____

27 Este hogar vive en
1 Arriendo
2 Propia pagando
3 Propia pagada
4 Otra condición ☐

28 Incluyendo sala - comedor cuántos cuartos en total ocupa este hogar en forma exclusiva _____

29 Cuántos de estos cuartos usa este hogar para dormir _____

30 El servicio sanitario que utilizan es
1 Inodoro con conexión a alcantarillado
2 Inodoro con conexión a pozo séptico
3 Inodoro sin conexión a alcantarillado ni a pozo séptico
4 Letrina, bajamar
5 No tiene ☐ Pase a 34

31 Dónde se encuentra el sanitario que usan las personas de este hogar
1 Dentro de la unidad de vivienda
2 Fuera de la unidad de vivienda ☐

32 El servicio sanitario es
1 De uso exclusivo del hogar
2 Compartido con otros hogares ☐

33 Cuántos sanitarios tiene este hogar _____

34 Tiene ducha o regadera conectada a acueducto
1 Sí 2 No ☐

35 El agua para consumo la obtienen principalmente de
1 Acueducto
2 Pozo con bomba
3 Pozo sin bomba, jagüey
4 Agua lluvia
5 Río, quebrada, manantial, nacimiento
6 Pila pública
7 Carrotanque
8 Aguatero
9 Donación ☐ Pase a 38

36 El agua llega al hogar los siete días de la semana?
1 Sí ☐
2 No ☐ Cuántos días llega? _____

37 Los días en que llega el agua, el suministro es continuo las 24 horas?
1 Sí ☐
2 No ☐ Cuántas horas llega? _____

38 En dónde preparan los alimentos las personas de este hogar
1 En un espacio exclusivo para cocinar
2 En un espacio NO exclusivo para cocinar
3 En ninguna parte (no tiene cocina) ☐ Pase a 41

39 La cocina o sitio para preparar los alimentos es
1 De uso exclusivo del hogar
2 Compartida con otros hogares ☐

40 ¿Cuál combustible o fuente de energía utilizan principalmente?
1 Electricidad
2 Gas natural domiciliario
3 Gas propano (en cilindro o pipeta)
4 Kerosene, petróleo, gasolina, coque, alcohol
5 Carbón mineral
6 Material de desecho, leña, carbón de leña
7 Ninguno ☐

41 ¿Qué tipo de alumbrado utilizan principalmente?
1 Eléctrico
2 Solar, bioenergía, otros
3 Kerosene, petróleo, gasolina
4 Vela
5 Ninguno ☐

42 El servicio telefónico es
1 De uso exclusivo del hogar
2 Compartido con otros hogares
3 No tiene ☐

El hogar cuenta con los siguientes bienes o servicios

1 Sí 2 No

43 Nevera o enfriador ☐

44 Lavadora ☐

45 Televisor ☐

46 Servicio de televisión por cable o parabólica para cocinar ☐

47 Calentador de agua o ducha eléctrica ☐

48 Horno microondas ☐

49 Aire acondicionado ☐

50 Computador ☐

51 Equipo de sonido ☐

52 Motocicleta para uso del hogar ☐

53 Tractor para uso del hogar ☐

54 Automóvil para uso del hogar ☐

55 Bienes raíces ☐

56 Total de personas en el hogar _____

CONTROL DE TRABAJO

57 Modo de recolección 1 Barrido implantación 2 Demanda 3 Barrido complementario ☐

58 Entidad o firma que aplica la encuesta _____

Responsables

59 Encuestador ☐

60 Supervisor ☐

61 Crítico ☐

62 Digitador ☐

Encuesta Verificada 1 Sí 2 No ☐

63 Si la encuesta no es completa marque el resultado de la visita

Visita	Fecha			Resultado
	Día	Mes	Año	
1				
2				

1 Incompleta
2 Rechazo
3 Personas ausentes

Fecha de la encuesta completa _____

DECLARACIÓN DEL INFORMANTE: Bajo gravedad de juramento declaro que la información proporcionada es verdadera y autorizo que sea verificada con otras fuentes de información y utilizada para orientar las políticas sociales del gobierno.

64 No. Orden _____ Nombre completo _____ Firma _____ 65 Teléfono de contacto _____

Annex 1. Form to collect socio-economic information (cont.)

CÓDIGOS															CARA B																
71 Tipo documento de identidad 0 No tiene 1 Cédula de ciudadanía 2 Tarjeta de identidad 3 Cédula de extranjería 4 Registro civil		74 Parentesco con el jefe del hogar 1 Jefe 2 Cónyuge o compañera(o) 3 Hijos 4 Nietos 5 Padres 6 Hermanos 7 Yerno o nuera 8 Abuelos 9 Suegros 10 Tíos		75 Estado civil 1 Unión libre 2 Casado 3 Viudo 4 Separado o divorciado 5 Soltero		80 Por enfermedad, accidente o nacimiento tiene alguna de las siguientes condiciones de forma permanente 1 Segura total 2 Sotera total 3 Mutilad 4 Dificultad para moverse o caminar por sí mismo 5 Dificultad para bañarse, vestirse, alimentarse por sí mismo 6 Dificultad para salir a la calle sin ayuda o compañía 7 Dificultad para entender o aprender 8 Ninguna		81 En salud es afiliado a 1 Instituto de Seguros Sociales - ISS (Nueva EPS) 2 Regímenes especiales (Fuerzas Militares, Policía Nacional, Universidad Nacional, Ecopetrol, Magisterio) 3 EPS Contributiva DISTINTA a 1 ó 2 4 EPS subsidiada (ARS - Administradora de Régimen Subsidiado) 5 Ninguna		84 Tipo de establecimiento educativo 1 Centros de atención u hogares ICBF 2 Guardería, salacuna, preescolar, jardín infantil público 3 Guardería, salacuna, preescolar, jardín infantil privado 4 Escuela, colegio, técnico universitario o universidad pública 5 Escuela, colegio, técnico universitario o universidad privada 6 SENA 7 Secundaria técnica pública 8 Secundaria técnica privada 9 Ninguno		86 Nivel educativo alcanzado 1 Primaria 2 Secundaria 3 Técnica o tecnológica 4 Universidad 5 Postgrado 6 Ninguno		87 Actividad en el último mes 0 Sin actividad 1 Trabajando 2 Buscando trabajo 3 Estudiando 4 Oficios del hogar 5 Rentista 6 Jubilado, pensionado 7 Invalído		Pase a 89 Pase a 89															
IV. ANTECEDENTES SOCIODEMOGRÁFICOS																	V. SALUD Y FECUNDIDAD		VI. EDUCACIÓN		VII. OCUPACIÓN - INGRESO										
No. orden persona	67		68		69	70	71	72		73			74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90		
	APELLIDOS Renglon 1 primer apellido Renglon 2 segundo apellido		NOMBRES Renglon 1 primer nombre Renglon 2 segundo nombre		1 Hombre 2 Mujer	Extranjero 1 Si 2 No	Tipo de documento de identidad	Número del documento de identidad		Fecha de nacimiento Día Mes Año			Presente en el país del hogar	Estado civil	Si el cónyuge vive en este hogar 1 Si 2 No	Si el embarazo es 1 Si 2 No	Tiene un hijo en este hogar como servicio doméstico 1 Si 2 No	Paga a otro miembro del hogar algún tipo de salario 1 Si 2 No	Discapacidad permanente	En salud es afiliado a	Es embarazada o lactando 1 Si 2 No	Añade a centro educativo 1 Si 2 No	Tipo de establecimiento	Último año aprobado	Nivel educativo alcanzado	Actividad en el último mes	Cuántos servicios lleva buscando trabajo	Perdida ingresos (judicial, enfermedad, suicidio, otros, en especie) 1 Si 2 No	Total ingresos mensuales		
01	1		1											1																	
	2		2																												
02	1		1																												
	2		2																												
03	1		1																												
	2		2																												
04	1		1																												
	2		2																												
05	1		1																												
	2		2																												
06	1		1																												
	2		2																												
07	1		1																												
	2		2																												
08	1		1																												
	2		2																												
09	1		1																												
	2		2																												
10	1		1																												
	2		2																												
11	1		1																												
	2		2																												
12	1		1																												
	2		2																												
13	1		1																												
	2		2																												
14	1		1																												
	2		2																												
Observaciones																															