

How Does Prospera Work?

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

Laura G. Dávila Lárraga

Social Protection and Health Division

TECHNICAL NOTE N° IDB-TN-971

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Cataloging-in-Publication data provided by the Inter-American Development Bank Felipe Herrera Library Dávila Lárraga, Laura G.

How does Prospera work?: best practices in the implementation of conditional cash transfer programs in Latin America and the Caribbean / Laura G. Dávila Lárraga.

p. cm. — (IDB Technical Note; 971)

Includes bibliographic references.

1. Transfer payments-Mexico. 2. Income maintenance programs-Mexico. 3. Economic assistance, Domestic-Mexico. 4. Poverty-Government policy-Mexico. I. Inter-American Development Bank. Social Protection and Health Division. II. Title. III. Series. IDB-TN-971

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Laura G. Dávila Lárraga 1

Abstract

The Social Inclusion Program *PROSPERA* is the Mexico's conditional cash transfer (CCT) program, launched in 2014 after its predecessors: the Program for Human Development *Oportunidades*, and the Program for Education, Health, and Nutrition (*Progresa*), which entered into force in 2002 and 1997, respectively. In order to determine the eligibility of the households, a proxy means test is applied, based on the data gathered through the Survey of Socio-Economic and Demographic Characteristics of Households (*Encuesta de Características Socioeconómicas y Demográficas de los Hogares* - ENCASEH), which is answered by a responsible person in the household. Once the families have been accepted in the program, they must comply with their health and education-related co-responsibilities, which compliance is checked once every two months. In order to carry out these actions, the *Prospera* National Coordination Office (*Coordinación Nacional de Prospera*), which is in charge of managing the program, and the Secretariats of Public Education and Health allow the certification of compliance with education and healthcare-related actions, as well as the delivery of benefits on a two-month period basis through the payment points. By the end of 2014, 6,129,125 households were receiving benefits from the program.

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: 138, N36

Keywords: conditional cash transfer programs, Mexico, *Prospera*, eligibility, targeting, enrollment of beneficiaries, payment systems, financial inclusion, verification of coresponsibilities, recertification, registration of beneficiaries, exit strategies, graduation, productive inclusion, support for beneficiaries, information systems, monitoring, evaluation, intersectoral coordination.

¹ The Mexico case study was conducted by consultant Laura Guadalupe Dávila Lárraga. The author's e-mail address is lauradavilalarraga@gmail.com. This report is part of a series of studies on the operations of conditional transfer programs in several countries of Latin America and the Caribbean. It was prepared with funds from the Inter-American Development Bank (IDB), specifically 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), Colombia (Más Familias en Acción) and Costa Rica (Avancemos) are available in the publications section of the IDB's Conditional Cash Transfer Programs.

The author thanks the *Prospera* team: Angélica Castañeda, Laura Durán, Efraín Chácara, Paulina Rodríguez, Gabriela Quijas, Alejandra Pacheco; to the staff at the State Delegation of San Luis Potosí, and the staff at the state healthcare services and high-school. She is also grateful for the comments and technical support provided by Pablo Ibarrarán, Marco Stampini, Nadin Medellín and Pedro Cueva, at the Inter-American Development Bank. This document is based on the policy framework for transfers and official data published or provided by the program until December, 2015. The original document is written in Spanish and Mariana Bercianos translated this version. The opinions expressed in this report are those of the author and do not necessarily reflect the point of view of the Inter-American Development Bank, its Executive Directors, or the countries they represent.

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Acronyms and definitions

Basic Geo-Statistical Area (Área Geoestadística Básica) **AGEB**

BANSEFI National Savings and Financial Services Bank (Banco del Ahorro Nacional y

Servicios Financieros)

CAM Occupational Multiple Care Center (Centro de Atención Múltiple)

CAUSES Universal Healthcare Service Catalogue (Catálogo Universal de Servicios

de Salud)

CCT Conditional cash transfer program

Coordinación Nacional de Prospera (National Coordination Office of CN

Prospera)

CONEVAL National Council for the Evaluation of Social Development Policy (Consejo

Nacional de Evaluación de la Política de Desarrollo Social)

CPC Community Promotion Committee (Comités de Promoción Comunitaria) **CRIS**

Record of Collection of Socio-Economic Information (Constancia de

Recolección de Información Socioeconómica)

CTCN National Coordination Office Technical Committee (Comité Técnico de la

Coordinación Nacional)

CTE State Technical Committee

CUIS Socio-Economic Information Questionnaire

CURP Personal Identification Number (Clave Única de Registro de Población)

E1 Form for the registration of scholarship holders in basic education

EDA Differentiated Support Scheme

EMS₁ Form for the registration of scholarship holders in high-school

ENCASEH Survey of Socio-Economic and Demographic Characteristics of Households

(Encuesta de Características Socioeconómicas y Demográficas de los

Hogares)

Survey for the Recertification of Households ENCRECEH

ENIGH National Survey of Household Income and Expenditure

F1 List of the members of the household registered as beneficiaries of

Prospera

IDB Inter-American Development Bank

IMSS Mexican Institute of Social Security (Instituto Mexicano del Seguro Social)

INEGI National Institute of Statistics and Geography

ISO **Operational Monitoring Indicators**

LBM Minimum well-being line (*Línea de Bienestar Mínimo*)

Threshold for ongoing verification of socioeconomic conditions (Línea de **LVPCS**

Verificaciones Permanentes de Condiciones Socioeconómicas)

MAC Community Council Service Desk MAP Benefit Payment Service Desk

MAPO Personalized Customer Service Desk

MIR Results Indicator Matrix

MPCCS Community Participation and Social Control Module (Módulo de Participación

Comunitaria y Contraloría Social)

MSO Operational Monitoring Model

PAL Food Support Program

PCI Indigenous Communication Plan

Progresa Program for Education, Health and Nutrition

PROIIF Comprehensive financial inclusion program (*Programa Integral de Inclusión*

Financiera)

Prospera PROSPERA Social Inclusion Program (or "the program")

ROP Program Rules of Operation

S1-CRUS Form for the registration of the household with the health unit

SAGARPA Secretariat of Agriculture, Livestock, Rural Development, Fisheries and

Food

SE Secretariat of Economy

SEDECI System for the Filing, Review and Follow-up of Customer Claims

SEDESOL Department of Social Development

SEP Secretariat of Public Education (Secretaría de Educación Pública)

SGI Social Gap Index

SHCP Secretariat of Finance and Public Credit

SICEC Integrated System for Electronic Verification of Co-Responsibilities

SIIOP Institutional Information System for Program Operation

SIO Operations Information System

SiSp Single Spokesperson

SS Secretariat of Health (Secretaría de Salud)
STPS Secretariat of Labor and Social Welfare

TELECOMM Mexico Telecommunications
UAR Regional Customer Service Unit

VPCS Ongoing verification of socioeconomic conditions

Introduction

Prospera, Social Inclusion Program, known as "*Progresa*" between 1997 and 2002 and "*Oportunidades*" until 2014, is a conditional cash transfer (CCT) program originally aimed at improving education, health and nutrition conditions for poor families in highly marginalized contexts in Mexico (Progresa, 1998: 38, 52).

The program was created as a response to the economic crisis that hit the country in 1994-1995, which could have limited social expenditure and made the persistent poverty conditions even worse. One every five Mexicans was living in extreme poverty —the figures were worse in rural areas—, and 40% of them were children (Levy and Rodríguez, 2005). This, added to the relative inefficiency of the federal government's instruments to fight poverty, gave way to a program aimed at alleviating poverty in the short term through the redistribution of income. The medium-term goal was to introduce long-term improvements to the well-being of the poor population, by ensuring that the members of beneficiary families would "have access to sufficient levels of nutrition and healthcare, while they also benefited from the knowledge and capacities acquired through adequate basic education" (Progresa, 1998: 5).

The *Prospera* National Coordination Office (hereinafter the National Coordination Office or CN – *Coordinación Nacional de Prospera*) is in charge of the core management and operation of the program. It is a decentralized body² of the Department of Social Development (*Secretaría de Desarrollo Social* - SEDESOL) (Presidencia de la República, 2014a), which requires coordination with other government agencies such as the Secretariat of Public Education (*Secretaría de Educación Pública* - SEP), the Secretariat of Health (*Secretaría de Salud* - SS) and the Mexican Institute of Social Security (*Instituto Mexicano del Seguro Social* - IMSS) within the framework of a Committee and a Technical Board where these agencies are represented.

The aim of *Prospera*—described in its 2015 Rules of Operation— is to "contribute to strengthening the effective realization of social rights to enhance the capacity of people living in poverty, by means of actions which better develop their capacity in terms of access to food, healthcare and education, and to other dimensions of well-being to contribute to breaking the intergenerational cycle of poverty" (SEDESOL, 2014a: 5).³ The program has three components, and four lines of action have been defined to achieve this aim. The components are: i) nutrition, "through direct money benefits to the beneficiary families to contribute to the improvement of the volume, quality and diversity of the food they eat"; ii) health, "by means of actions to promote health and disease prevention, as well as drive access to quality healthcare services"; and iii) education, "by means of a larger educational coverage, granting scholarships to encourage school retention and progression" (SEDESOL, 2014a: 4).

Prospera's lines of action are as follows: i) productive inclusion, which "provides information and advice for the members of households in the program to have priority access to the benefits of programs aimed at fostering production and generating income"; ii) labor market

² It is a subsidiary entity of SEDESOL with administrative, technical, and managerial autonomy, with no legal liability or assets of its own. (Presidencia de la República, 2014a and SHCP, 2013).

³ In 2016, the aim of *Prospera* did not include the words "to contribute to breaking the intergenerational cycle of poverty". This is probably due to the fact that the 2016 Federal Expenditure Budget (*Presupuesto de Egresos de la Federación* - PEF) considers the merger of the program budget for S118 Food Support Program (*Programa de Apoyo Alimentario* - PAL) with S072 PROSPERA Social Inclusion Program. Families benefiting from PAL in 2015 will be included in the Scheme of Benefits without Co-Responsibility, whereas *Prospera* beneficiaries will be included in the Scheme of Benefits with Co-Responsibility. Both benefit schemes are described in the 2016 Program Rules of Operation.

insertion which, "by means of institutional coordination agreements seeks to improve the access of members of the homes served by the program to training or employment activities or programs which will allow their favorable insertion in the formal labor market"; iii) financial inclusion, "giving priority access to the beneficiaries of the program to financial services such as financial education, savings, life insurance, and credit"; and iv) social inclusion, "through interinstitutional coordination actions, priority access will be given to the members of homes served by the program to programs that facilitate access to social rights" (SEDESOL, 2014a: 4-5).

Prospera's aim and actions have been expanded in order to offer more elements which allow households to increase the development of their capacities, adding benefits to the original scheme to improve the income of beneficiary households, as well as access to a series of social rights. In order to reinforce the latter, in 2016, the beneficiary families of the Food Support Program in 2015 will be made part of *Prospera* in a scheme of benefits with no coresponsibility, while the beneficiary families which entered *Prospera* in 2015 will join the scheme of benefits with co-responsibility. However, this study was conducted in 2015 and it is focused on describing the scheme of benefits with co-responsibility.

The target population⁴ of the program is defined based on the moment of the intervention, that is, the moment when they joined and whether they remained in the program. The target population are households⁵ with an estimated per capita income lower than the minimum necessary to acquire the basic food basket,⁶ and whose social-economic and income conditions hinder the development of their members in terms of nutrition, health and education. In order to remain as beneficiaries, the program considers as its target population—apart from homes with an estimated per capita income below the minimum well-being line (*Línea de Bienestar Mínimo* - LBM)⁷—, the households with an estimated per capita income above the LBM and below the threshold for ongoing verification of socioeconomic conditions (*Línea de Verificaciones Permanentes de Condiciones Socioeconómicas* - LVPCS),⁸ so long as there is at least one member of the household under 12 years of age, or one who can remain a scholarship holder of the program, or a woman under 49 years of age (SEDESOL, 2014a: 51).

Prospera currently covers the whole country in areas where there is access and good capability to provide healthcare and education services. By the end of the fiscal year 2014,

⁴ The target population of a program is that which the program plans to serve for a certain period of time, whether it is the whole of the potential population or a part of it. The potential population is the total population which has the need or the problem which justifies the program and is thus eligible for it.

⁵ At all times the unit served is the family or the household, considered as the "group of people who live together in the home, joined by family ties or not, and who share the cost of living and cook their food in the same kitchen". (SEDESOL, 2014a: 51).

⁶ The program takes as reference the well-being dimension set by the National Council for the Evaluation of Social Development Policy (CONEVAL) in its multidimensional measurement of poverty. This measurement has two lines, which define poverty and extreme poverty. In order to be considered extremely poor in the well-being dimension, the per capita income must be below the minimum well-being line or lower than the cost of the food basket. In order to be considered poor in the well-being dimension, the per capita income must be equivalent to the cost of a basket containing food and other products.

⁷ This line allows to measure the population that, even after using all their income to buy food, still cannot afford the essential goods for an adequate nutrition, and this is used as reference in the targeting methodology of the scheme, and also to update the amounts for the benefits. This refers to the minimum well-being line defined by CONEVAL, as adjusted by the National Coordination Office, available from the following link:

https://www.prospera.gob.mx/swb/es/PROSPERA2015/Transparencia_Focalizada.

⁸ Line defined by the National Coordination Office as the monetary value at which a household with a sufficient estimated income to cover the food basket and which is in similar conditions in terms of educational lagging, lack of access to healthcare and access to food to than homes with an estimated income below the minimum well-being line.

Prospera had served 6,129,125 families⁹ living in 116,025 localities of 2,456 municipalities (*Prospera*, n/d a).¹⁰ The allocated budget for the 2015 fiscal year is \$74,991.34 million (US\$4,531.20 million¹¹), which represents 1.6% of the total national budget,¹² making it one of the grant programs with the largest allocations in the Federal Public Administration.¹³ Moreover, its budget for 2015 is equivalent to 0.4% of the Gross Domestic Product (GDP) for the country in 2014. In addition, the National Council for the Evaluation of Social Development Policy (*Consejo Nacional de Evaluación de la Política de Desarrollo Social* - CONEVAL) has considered the program to be a high priority for the reduction of extreme poverty,¹⁴ both in the dimension of economic well-being and in the efforts to resolve deficiencies due to educational lagging and access to food¹⁵ (CONEVAL, 2013).

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⁹ The terms "household" and "family" will be used interchangeably in this document.

¹⁰ Mexico has 32 federal units divided in 2,457 municipal districts. According to data from the National Institute of Statistics and Geography (INEGI, 2015a) there are 302,765 localities in the country.

¹¹ The exchange rate used in this document is 16.55 pesos for every US Dollar, as published in the *Diario Oficial de la Federación* on October 9th, 2015: http://www.dof.gob.mx/indicadores.php.

¹² The total expenditure planned for the country in 2015 is \$4,694,677 million (Presidencia de la República, 2014b: 2).

¹³ Together with the Seguro Popular (Popular Insurance) and the federal subsidy program for decentralized state agencies.

¹⁴ According to the methodology used for the multidimensional measurement of poverty, a person is considered to live in extreme poverty when their total current per capita income (made up of the sum of the monetary and non monetary income of all the members of the household, including transfers from social programs) is lower than the cost of the food basket or the minimum well-being line as set by CONEVAL, and they also exhibit deprivations in at least three social areas (CONEVAL, 2009).

¹⁵ The methodology used for the multidimensional measurement of poverty considers two dimensions: economic well-being and social rights. Within the latter, it considers six possible lacks: educational lagging, access to food, access to healthcare services, access to social security, access to basic services in the home, and quality and rooms in the home (CONEVAL, 2009).

I. Project cycle

Figure 1 shows the cycle of the families in *Prospera*, which will be revised in further detail in this section. The figure shows clearly how the cycle begins by identifying eligible families, who after being screened to avoid double registration of members from the same family, then join the program and are registered in the roster of beneficiaries. The families that participate in the program must comply with their co-responsibilities or perform the required actions related to the health or education components, which are checked every two months. Non-compliance may lead to the discontinuation of the benefits. During their participation in the program, families are subject to regular reevaluations of their socio-economic information by means of a process called "recertification", after which they may remain in the program or be removed from it. Finally, families can request to be reactivated as beneficiaries, subject to the criteria set by the program. If the request goes through, they are reinstated in the roster of beneficiaries.

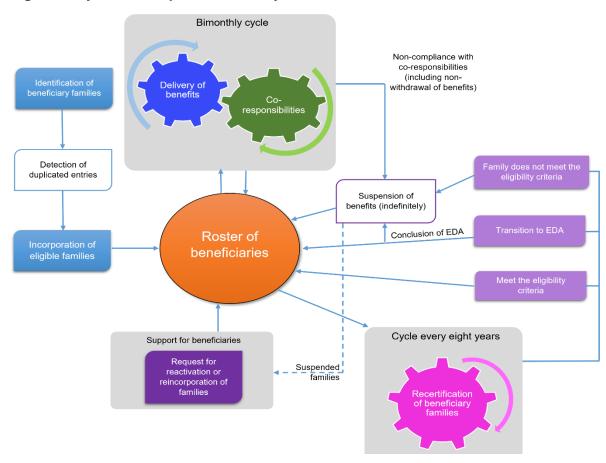


Figure 1. Cycle of *Prospera* beneficiary families

Source: made by the author based on *Prospera* (n/d b: 18).

a) Identification of beneficiaries

Elegibility

The specific aim of *Prospera* is to serve households with an estimated per capita income below the LBM, with socio-economic and income conditions that hinder their members from developing their capacities in terms of nutrition, healthcare and education. Thus, the program conducts a process to identify beneficiaries aimed at selecting households with such characteristics.

Targeting

Beneficiary households are identified annually through a selection process which takes into account service capacity —mainly access to healthcare services— and focusing on two stages: the first one selects localities centrally (geographic targeting), whilst the second stage focuses on the households in the selected localities. In this last stage, the State Delegations of *Prospera* (*Delegaciones Estatales*), which report to the National Coordination Office, hold an interview with a "suitable respondent" in the household, in which they apply a questionnaire called Survey of Socio-Economic and Demographic Characteristics of Households (*Encuesta de Características Socioeconómicas y Demográficas de los Hogares* - ENCASEH); the interview is usually held in the home, with the purpose of gathering the family's socioeconomic information. These data serve as the basis to apply a specifically defined statistical model to determine whether the household is eligible to become a beneficiary of *Prospera*. ¹⁸

The process starts with the selection of the localities to be served. *Prospera* considers every single locality in the country and gives priority to localities with: i) citizen demand; ii) households registered in the Targeting System for Development (SIFODE); and iii) where the program is not present, considering the social lagging index¹⁹ and the marginalization index and statistical information, always restricted to the strategies and goals set for the current fiscal year. Based on this, *Prospera* identifies the spatial distribution of the localities or Basic Geo-Statistical Areas (*Área Geoestadística Básica* - AGEB),²⁰ where there might be eligible households which are not beneficiaries yet, and by means of the geographical information systems software "Arc-GIS", priority attention is given to such localities with an estimated higher concentration of households living in poverty.²¹ In addition, the State

¹⁶ Suitable respondents must be 15 years of age or older, know all the information of the household, be fully able to understand, reason, and answer the questions, and not be under the influence of alcohol or stimulants.

¹⁷ As per the Third Transitory Article of the program's ROP 2015, starting in the second semester of 2015, the identification of beneficiaries must be done through the Targeting System for Development (SIFODE). While this implies that the ENCASEH must contain the information in the Socio-Economic Information Questionnaire (CUIS), both instruments have a large number of questions in common.

¹⁸ For detailed information on the data collected, please refer to the ENCASEH at https://www.prospera.gob.mx/swb/work/Web2015/documentos/TransparenciaFocalizada/ENCASEH_2014_V1.pdf.

¹⁹ The marginalization index is made by the National Population Council (CONAPO), while the Social Gap Index (SGI) is made CONEVAL. For information, please following CONAPO more refer the webpages: to http://www.conapo.gob.mx/en/CONAPO/Indice_Absoluto_de_Marginacion_2000_2010 CONEVAL and http://www.coneval.gob.mx/Medicion/IRS/Paginas/Que-es-el-indice-de-rezago-social.aspx.

²⁰ It is a geographical area which constitutes the basic unit of the National Geostatistical Framework and it is divided in two types: rural and urban AGEBs. To the effect of this document, the acronym "AGEB" will refer to the latter, which correspond to an area ranging between 1 and 50 blocks, marked by something which is easily identified in the field.

²¹ Until 2009, this part of the process required prior evaluation of the availability of healthcare and education services. Since 2010, when the program's National Coordination Office started operating the Food Support Program (PAL), this process for the "validation of services" moved on to a simultaneous stage to the targeting process, since PAL is a non-conditional cash

Delegations propose localities to be considered as part of the localities/AGEBs served by the program (*Oportunidades*, 2015).

Once the localities to be served have been identified, the National Coordination Office estimates the funds that it will need to gather the socio-economic information of the households, 22 and it will recruit and train the staff to work in this operation. The kind of operation will be defined depending on the kind of locality/AGEB: full sweep or the installation of a service desk. 23 The full sweep methodology consists of visits to all the homes in the locality/AGEB if it is a rural area that has not been served by the program, or in an urban context with at least one AGEB where 40% or more poor homes are not beneficiaries of the program. However, prior to collecting data, the families are called to places previously agreed upon with the local authorities, where they receive information about the process and the calls. In urban localities, the process is advertised by means of signs posted in busy places, such as schools and markets, and in rural localities through flyers, public service announcements, or local radio announcements.

In both cases, the locations are agreed upon together with the local authorities, and the households are called by means of flyers or public service announcements. The service desks receive applications of families that want to join the program, and a "simplified form" is implemented.²⁴ An algorithm then collates the information gathered and selects which households will be subjected to the full interview in the home to define their eligibility. Depending on the outcome of this screening process, the ENCASEH interview is scheduled to be conducted in the home, or the service is concluded.

Once the social worker or the interviewer has received the necessary materials (maps, interviews to be conducted, mobile device, forms, per diem), they use their knowledge of the field to design their route, they hold an information session for the identification process and they conduct the ENCASEH in the home of the family. After the interview, each family is given a unique identification number called "ENCASEH folio". The number is placed outside the home and on the "Record of Collection of Socio-Economic Information (*Constancia de Recolección de Información Socioeconómica* - CRIS)"²⁵ (**Annex 1**). The mobile device generates a final code, which is also registered with CRIS, adding data such as the respondent's name, domicile, telephone number, and signature; and in case of a full interview, the signature of the member of the household who provided the information is requested and they are given a copy of the CRIS.²⁶ In case there are no suitable respondents in the house at the time of the visit, a "kind notice" is left to reschedule the visit.

The data gathered in the interview is stored in the mobile device. If there is an internet connection available, the information is synchronized with the central database, where it is

transfer program (currently a scheme with no co-responsibility under *Prospera*) and, thus requires no validation of healthcare or education services to join.

²² The funding is calculated based on the number of ENCASEH questionnaires that the staff must fill, which depends on the degree of operational complexity, ranging between 6 and 10 questionnaires a day.

²³ The strategy called "service desk" consists of program staff being present for a given period at a given location in the locality or AGEB, with good lighting and enough room, with no political propaganda or noise, which may interfere with the information that is provided.

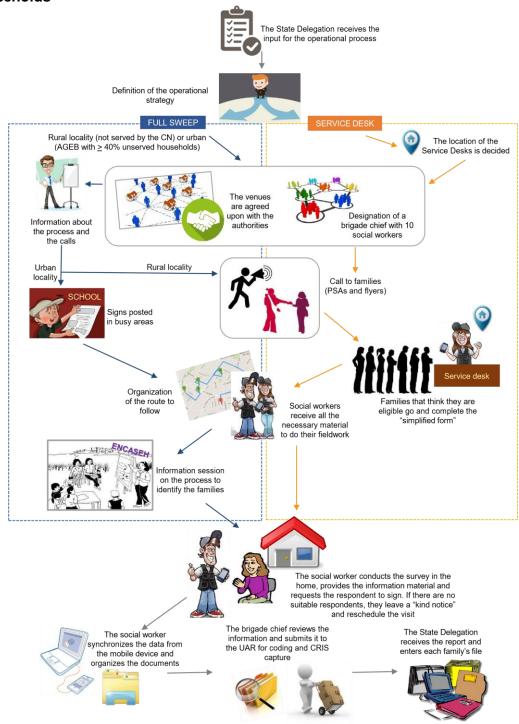
²⁴ In 2001, 2003, and between 2004 and 2009 a direct filter was applied (number of questions with affirmative answers). Meanwhile, in the urban service modules—in 2002 and 2004—and in the mobile devices at the national level —in 2010—, the targeting methodology in force was applied to obtain immediate results (scheduling a house visit in the case of the modules and an incorporation notice in the case of the mobile devices). Since 2011 an algorithm based on the linear model is being used and the ENCASEH is conducted during a scheduled home visit.

²⁵ The CRIS is proof that the program has collected socio-economic information from a suitable respondent, or of the reasons why the information was not collected.

²⁶ The cost per interview is \$221 (source: annex to office DGIGAE/298/2015 dated 7th May, 2015 – Prospera 2015b).

validated and analyzed by means of a targeting methodology to determine whether the household is a potential beneficiary or not. **Figure 2** shows the stages of the process leading to the identification of the families.

Figure 2. Collection of socio-economic information for the identification of households



Source: made by the author based on program documents.

Note: PSA = public service announcement; UAR = Regional Customer Service Units.

It is important to note that the collection of household information has evolved over time: initially it was done using external service providers, but in 2002 it started to be done by the State Delegations of the program, and it includes a visual check of the home by the interviewer. Moreover, the "simplified form" has been used to reduce operational costs, taking into consideration the fact that the concentration of poor households in urban areas is lower than in rural areas. As a form of filter or screening, the aim of the form is to reduce the number of interviews to be conducted, but with a small number of exclusion errors.

In 2010 an important change was introduced with the use of mobile devices to conduct the household survey, thus speeding up the pace of the interview and allowing for the validation of the answers.²⁷ This technology provides the possibility of informing the beneficiaries if they are eligible or not immediately after the interview. However, due to the fact that this has caused different kinds of inconveniences,²⁸ in the second semester of 2010 it was decided that the beneficiaries would not be given the result of the interview on site.

In order to determine the eligibility of a home, their total current per capita income is calculated based on the socio-economic information collected by means of the ENCASEH. not considering the price of the rent of the home or cash transfers from social programs. A proxy means test (log-linear regression model) was used to make the estimation for the model by kind of locality, either rural or urban,²⁹ based on the National Survey of Household Income and Expenditure (ENIGH) 2008, using a set of chronic poverty variables.³⁰ These variables include some indicators of the social rights dimension of the official measure of poverty:³¹ quality and number of rooms in the house (material of the floor, number of rooms), access to basic services in the home (exclusive toilet with running water, fuel used for cooking), access to food (a couple of questions regarding the degree of food safety), access to social security (access to healthcare or healthcare derived from their employment), educational lagging (average schooling of the head of the household and their partner), and access to healthcare services (if there is public health insurance). Demographic indicators are also included, (women of reproductive age, demographic dependence), indicators related to the kind of job done by the members of the household, access to remittances, property and assets (house, car), and context (municipal Social Gap Index (SGI) and size of the locality). Table 1 shows the specific variables used for each model.

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²⁷ Program staff at the central level create the application and test the flow of the questionnaire to check its consistency, for it to be passed on to the State Delegations to be loaded on the mobile devices.

²⁸ Some of the inconveniences experienced on the field were the family keeping the mobile device or not letting the staff member go after being told that they had not been accepted in the program, and the destruction of the mobile device when the home was not eligible. There is also the possibility of data getting lost in the data transmission process. However, in more recent versions of the application this has been minimized by encrypting the information in a single file and creating backups in the mobile device which are reconciled with the information submitted.

²⁹ For the purposes of the program, localities with fewer than 2,500 inhabitants are considered rural and those with 2,500 inhabitants or more are considered urban. Within this group, there are semi-urban (between 2,500 and 14,999 inhabitants), properly urban (between 15,000 and 999,999 inhabitants), and metropolitan (one million inhabitants or more) localities.

³⁰ The variables were selected based on a review of the 2004, 2005, 2006 and 2008 ENIGH, which focused on the cohesion of the variables and their income over time ratio.

³¹ The official measure of poverty considers two axis: well-being (well-being line and minimum well-being line) and social deprivation (access to food, to healthcare services, to social security, to basic services in the home, to quality, the number of rooms in the home and educational lagging).

Table 1. Variables used in the proxy means test

Variable	Rural model	Urban model
Demographic dependency ratio: ratio of the number of household members ages 0–15 and 65+ to the number of household members ages 16–64	Х	Х
Number of women ages 15–49 in the household		Х
Logarithm of the total number of household members	Х	Х
Average level of schooling of the head of the household and spouse, secondary incomplete	Х	Х
Average level of schooling of the head of the household and their spouse, secondary complete or more	Х	Х
Number of household members, dependent workers	Х	Х
Number of household members, self-employed	Х	Х
Number of household members, unpaid dependent workers		Х
Food insecurity indicator 1: due to a lack of resources, an adult in the household skipped breakfast, lunch or dinner at least once (during the last three months)		Х
Food insecurity indicator 2: due to a lack of resources, an adult in the household ate just one meal or did not eat for a whole day (during the last three months)		Х
Combined food insecurity indicator: one of the two previous cases	Х	
Number of household members with Seguro Popular		Х
Indicator – at least one household member has access to health coverage through his/her employer	Х	Х
Indicator – head of household is self-employed and at least one household member has access to health coverage through his/her employer	Х	Х
Indicator – the household receives remittances	Х	Х
Indicator – household owns the dwelling it occupies		Х
Indicator – household rents the dwelling it occupies	Х	Х
Total number of rooms in the dwelling, excluding kitchen, hallways and bathrooms	Х	Х
Indicator – bathroom for the exclusive use of the household, with access to water	Х	Х
Indicator – concrete floor throughout most of the dwelling	Х	
Indicator – floor covering throughout most of the dwelling	Х	Х
Indicator – use of fuels such as firewood, charcoal or oil for cooking	Х	Х
Indicator – does not own a refrigerator	Х	Х
Indicator – does not own a vehicle	Х	Х
Indicator – does not own a computer		Х
Indicator – does not own a VCR or DVD player	Х	Х
Indicator – does not have a fixed telephone line		Х
Indicator – does not have an electric oven or microwave	Х	Х
Social Gap Index at the municipal level	Х	Х
Indicator – household lives in a town with a population of 100,000 or more		Х
Indicator – household lives in a town with a population greater than 15,000 but less than 100,000		Х

Source: PROSPERA, n/d c.

Note: the variables used for the model have modified. The methodology says 2015, but this was not published until 2016. Likewise, the two average years of schooling variables were replaced with five average years of schooling variables and the indicators of VCR player and landline were removed.

The current per capita monthly income of the household is calculated and compared with the reference threshold which corresponds to the minimum well-being line set by CONEVAL.³²

The data are checked for consistency prior to entering them in the "Institutional Information System for Program Operation" (SIIOP).³³ After this, the identifiers of the family are entered, together with the data of each member of the household. These data are integrated and earmarked as "Basic Roster" to find duplicated entries. Subsequently, the ability to provide primary and secondary education services is checked,³⁴ and an integration plan is created, prioritizing households with members younger than 22 years of age or women of reproductive age. If there is no capacity to provide education and health services, families can be entered in the scheme of benefits without co-responsibility (formerly PAL). In the event these education and healthcare services can be provided at a later stage; it is possible for a beneficiary home in the scheme with no co-responsibility, to migrate to the scheme with co-responsibility.

b) Enrollment of beneficiaries

The enrollment or registration process consists in formalizing the inclusion of eligible homes in *Prospera*. This process is subject to the availability of funds, and to the number of families leaving the program, so there are no fixed dates for its development.

Once the household has been identified as eligible, the relevant data from ENCASEH are entered in the SIIOP for its enrollment in the program, stating the phase and the period when they joined. The information contained in the SIIOP corresponds to the household's identification data (ENCASEH folio), location³⁵ and basic data of the family members,³⁶ based on which the families are referred to the health services closest to them, the relevant forms to certify their co-responsibilities are issued, and their cash transfers are calculated. The SIIOP also registers all the movements or updates generated over the course of their continuity in the program.

A series of simultaneous activities are carried out to include other beneficiaries, such as: i) selecting the family member who will be the transfer holder³⁷ or the family representative

³² The LBM is adjusted to reproduce the number of households below said LBM in ENIGH 2008, based on their declared income. It is important to state that public servants who declared income above the LVPCS, are not eligible for the program.

³³ Some of the validations are: the age at which the transfer holder may be selected, particulars of the members of the household with at least one name and one surname, valid age of each family member, family ties, codes for the locality and the AGEB according to the official catalogues.

³⁴ The validation of the access to primary and secondary school education is done by the relevant state education authorities (the services are provided by each federal unit), following criteria of proximity to localities which offer the services, and considering the type of road that gives access to them.

³⁵ Apart from the data on institution, municipality, locality and AGEB, in Mexico there is a Technical Standard for Geographical Domiciles that sets the specifications of the components and the characteristics of the information, which constitutes the geographical domicile to identify any building. Buildings must be entered in a structured, standardized and consistent manner in administrative registries which make it possible to identify them, thus contributing to strengthening the National Statistical and Geographic Information System (INEGI, 2010a), and the program abides by this standard.

³⁶ The data recorded for each member are: name and surname, age, date of birth, gender, place of birth, Personal Identification Number (CURP), last grade of schooling, indicator of whether the person can read or write a note, indicator of whether the person ever attended school, indicator of whether the person is the head of the household of the transfer holder, relationship with the head of the household, inter alia.

³⁷ Given that most transfer holders are women, the feminine form is used; the Spanish version refers to "*la titular*". However, there are also male transfer holders in the program.

before *Prospera*, —the mother is usually selected, who must be 15 years of age or older—³⁸; ii) printing out the documents to make up the "Incorporation Kit"; iii) issuing the bank cards which will give the transfer holder access to the household's cash benefit; iv) generating the documents to arrange logistical support for local authorities, in order to identify the place to hold the orientation meeting for new beneficiaries; and v) finding out if there is a large part of the population in the area who speak an indigenous language, so that in case there is staff who speak the language, they can be sent to serve in that community, or find interpreters.

The staff of the State Delegations communicates the date and time of the orientation session to the households at least two days in advance; there they will learn about the characteristics of the program and the mechanisms to receive the transfers. This announcement may be made through different media (telephone, posters, public service announcements, local radios) or with the help of local authorities or Community Promotion Committees (Comités de Promoción Comunitaria - CPC).³⁹ **Figure 3** shows the process of enrollment of the households in *Prospera* at the State Delegations.

Enrollment of families Call and information about the enrollment session (with support from the CPC or local authority) Receipt and review of inputs to enroll the families The transfer holder of each eligible household proves her identity and her decision to take part in Prospera, and confirms her domicile The service representative/ social worker/brigade chief The transfer holder receives the leads the information session about enrolling families "Prospera enrollment kit" If the means of payment are The CPCs are integrated (the available, they are given to the single spokespersons are transfer holders together with selected in communities with 3information about the payment 24 beneficiary households) of benefits

Figure 3. Process for the enrollment of households in Prospera

Source: made by the author based on program documents.

³⁸ As an exception, women under 15 years of age may be transfer holders if they are mothers or if they are the heads of the household. It is also possible to designate a "joint holder" when the person in charge of the household is not a member of the household.

³⁹ The CPCs are organization sessions where the transfer holders of the program contribute to foster a good relationship between the beneficiary families and the healthcare and education service staff, as well as the National Coordination Office.

At the orientation session, State Delegation staff point out the data and documents required to formalize the registration of the households. On the other hand, the potential transfer holder must prove her identity⁴⁰ and inform the State Delegation staff of her decision to join *Prospera* or not, which will be registered in a form called "Incorporation Notice" (**Annex 2**). Likewise, they must confirm or correct the household address, and the transfer holder appointed by the program, as well as submit documents to prove the particulars of each member of the family.⁴¹ Finally, the transfer holder receives the "*Prospera* Incorporation Kit", containing the following documents to comply with the co-responsibilities:

- F1: list of the registered members of the household, "Welcome letter to the families" and "Citizen Commitment Letter".
- S1-CRUS:⁴² form for the registration of the household with the health unit (**Annex 3**).
- Labels to record movements or updates (changes of domicile, changes in the demographics of the household, etc.).
- E1: form to enroll *Prospera* beneficiaries in primary school, if relevant, to be submitted to the school (**Annex 4**).
- EMS1: form to enroll *Prospera* beneficiaries in high-school, if relevant, to be submitted to the school (**Annex 5**).
- Bank card or payment method, should it be available.

The staff at *Prospera* keep a copy of the Incorporation Notice, a copy of the proof of identity of the transfer holder, the acknowledgement of receipt of the F1 Form, and copies of the identity documents of the other members of the household. Furthermore, in case there is any kind of change of holder or domicile, they keep the "Service Card" form (**Annex 6**), which records the family's requests for proceedings and the relevant supporting documents. Said documents are part of the files saved by the program's State Delegations for each of the beneficiary families.

Should it not be possible to locate the transfer holder of the household, should she not have any documents to prove her identity, or should the name on her identity documents not coincide with the name on record, and should said inconsistency be difficult to prove, the household will not be enrolled in the program, but they will be able to apply later with the "Service Card" form.

During the orientation session prior to the registration, the social workers may express their dissent regarding the enrollment of a household that they consider not eligible to be a beneficiary of the program. In the past, this disagreement or objection meant that the household was definitely not eligible. However, households which are reported undergo a

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⁴⁰ The following documents are valid to prove the identity of the transfer holder: voting card with photograph, passport, military service card, citizen's identity card, driver's license, medical services card issued by a public health or social welfare entity bearing a photograph, retiree or pensioner's card issued by a social security entity with photograph, or certificate of residence or identity issued by a local authority within a term not to exceed six months at the time it is submitted, with photograph.

⁴¹ Proof can be given by means of a birth certificate or the CURP of each member.

⁴² In the urban model, the form is called S1-CRUS-U.

verification process known as "ongoing verification of socioeconomic conditions" (VPCS), which will be described in detail in the section devoted to services to beneficiaries.

Finally, the Community Promotion Committees (CPC) and the Single Spokespersons (SiSp)⁴³ are also appointed to represent the beneficiary community. Their main aims are to: i) inform and provide guidance to the beneficiaries they represent, and to share the aims of the program; ii) monitor the beneficiary homes closely to ensure that there will be an improvement in their health, education and food conditions; iii) represent them before *Prospera*, local and municipal authorities or other institutions; iv) conduct proceedings for the benefit of their community to implement productive or social projects; and v) carry out actions to strengthen social oversight.

CPCs are made up of spokespersons in the areas of education, health, nutrition, adult education, and social oversight.⁴⁴ Their size and composition depends on the number of beneficiaries in the area or in the neighborhood.⁴⁵ It is important to note that the beneficiaries participate as spokespersons on a voluntary basis; they are elected by other beneficiaries in their neighborhood or locality, and they are not paid to take part in the committee. In order to formalize the formation of the CPC, attendance to the session is registered, and the relevant forms are requested: the Minutes of the Committee/Single Spokesperson (**Annex 7**), and the Spokesperson's Identification Card (**Annex 8**). There must be at least 50% plus one of the total number of beneficiaries living in the neighborhood or rural locality present at the election of spokespersons. They are elected for a three-year term, which can be extended by one additional period. They can be replaced due to changes in the roster, voluntary resignation, or at the request of the beneficiaries or of the State Delegation (*Prospera*, 2014a).

c) Payment process

In the scheme with co-responsibility, the benefits received from *Prospera* depend on the beneficiary's compliance with their co-responsibilities. **Figure 4** shows a general outline of the process for the payment of benefits and of the certification of co-responsibilities, showing the processes that will be discussed in this section and the next, respectively.

⁴³ Single spokespersons are appointed to carry out the CPC's functions in places or neighborhoods with 3 to 24 beneficiary homes.

⁴⁴ However, it is possible to designate as many working commissions as may be necessary based on the projects to be carried out, such as improvement of the homes, savings, development of productive projects, etc.

⁴⁵ If there are between 25 and 199 beneficiary homes in the area, the CPC is made up of five spokespersons, and the number rises to 10 in areas where the program covers between 200 and 299 homes. In March-April 2015, the total number of CPCs reached 115,557 and there were 376,246 spokespersons (*Prospera*, n/d a).

State health and State Delegations education sectors Health Print out the forms for the certification Distributes the of co-responsibilities E1 and S1 and health units They certify the fulfillment of their co responsibilities They capture the E1 and S1 forms with the They collect the certification form certificate of fulfilment Prospera Program System (SIIOP) SIIOP Processes co-responsibilities Transfers the disbursement ✓ Reconciles paid benefits. Calculates cash benefits listings to the agencies Generates the disbursement listings Reimburses funds co Requests the disbursing agencies to deposit the funds Dispersion of disbursement listings/ deposits in Open channel: Withdrawal of benefits from ATMs, Receipt of ortation of funds to Conciliation of branches, BANSEFI, purchases in shops o lil honse cash-back withdrawa TESOFE Closed channel (withdrawal in one time): payment of Biconso Transfers the funds to the disbursing agencies Printing receipts and placement of funds in envelopes The transfer holder proves her identity with her fingerprint. The payment terminal issues a receipt for the benefits paid

Figure 4. General scheme for the certification of co-responsibilities and payment of benefits⁴⁶

Source: made by the author based on *Prospera* (n/d b).

Structure of the transfers

Prospera's beneficiary households receive cash transfers and different types of benefits in kind, which can be classified according to the following categories: Nutrition, Health and Education.⁴⁷ Benefits in kind are food supplements given to the household when its members attend medical appointments in a healthcare unit. **Table 2** shows *Prospera*'s benefits by component, their aims and the members of the family they are intended for.

It is important to note that an intervention model for urban areas was implemented in 2009, which included five aspects different from the program's traditional scheme of benefits.

⁴⁶ The General Directorate of Register and Disbursements of *Prospera* (DGPL) is in charge of all issues related to the transfers: it calculates the benefits based on the co-responsibility, it issues the payment statements, among other activities.

⁴⁷ The benefits linked to lines of action are of a binding nature, thus they will be reviewed in the section on links to other programs and social services.

Among others, it was included a different scholarship scheme that eliminated scholarships in primary school and raised the amounts for secondary and high-school, which is still in force for families which joined the program under that model⁴⁸. **Table 2** presents an additional column with the benefits corresponding to this "pilot" urban model.

Table 2. Program benefits by component, applicable in the first semester of 2015

Compon		Aim	Directed to	Monthly rural amount (\$)	Monthly urban amount (\$)	Monthly pilot urban amount (\$)
	Food Support Program	Improving the amount, quality and variety of food that the household members eat in order to improve their nutritional status	All the members of the household in both co-responsibility schemes. In the scheme without co-responsibility, they may be redirected for the families to acquire food products in the Diconsa System.	335	335	335
Nutrition	Complementary Food Support	Make up for the rising international price of foodstuffs	All the members of the household in both co-responsibility schemes. In the scheme without co-responsibility, the benefits may be redirected for the families to acquire food products in the Diconsa System.	140	140	140
	"Without hunger" food support	Improving the amount, quality and variety of food that the household members eat in order to improve their nutritional status	All the members of the household in the scheme with no co-responsibility whose benefits will be redirected to acquire food products under the Diconsa System.	88	88	Not applicable
	Childhood support	Strengthen child development	Members between 0 and 9 years of age, not holding scholarships (up to three members per household, with and without co-responsibility)	120	120	120
	Universal Healthcare Service Catalogue – CAUSES	Healthcare services and healthcare workshops	All the members of the household	Not applicable	Not applicable	Not applicable
Health	Nutrition	Nutritional follow- up	Members of the household between 6 and 59 months of age, and pregnant and lactating women	Food supplements		nts
	Health educational communication	Encourage and improve self-healthcare	Beneficiaries and holders of high-school scholarships	Not applicable	Not applicable	Not applicable
	Senior citizens	Improve the living conditions of senior citizens	Members of the household 70 years and older, not served by SEDESOL's Program of Pensions for Senior Citizens	370	370	370

⁴⁸ The four remaining aspects were: a multidimensional targeting model, an Alternative Healthcare Model (MAS), delivery of the benefit by means of financial institutions (access to banking services), and a Personalized Customer Service Desk (MAPO). Between 2009 and 2013 beneficiary homes from 263 urban localities joined the program and still remain. The program ceased to enrol families in the urban pilot program in 2014.

Compone	ent Benefits	Aim	Directed to	Monthly rural amount (\$)	Monthly urban amount (\$)	Monthly pilot urban amount (\$)
			Under 18 ¹ living in localities with fewer than 2,500 inhabitants in 1 st and 2 nd grade of primary school ²	175	0	0
			Under 18 ¹ in 3 rd grade of primary school ²	175	175	0
			Under 18 ¹ in 4 th grade of primary school ²	205	205	0
			Under 18 ¹ in 5 th grade of primary school ²	265	265	0
			Under 18 ¹ in 6 th grade of primary school ²	350	350	0
			Men under 18 ¹ in 1 st grade of secondary school ²	515	515	640
			Women under 18 ¹ in 1 st grade of secondary school ²	540	540	675
		Support the	Men under 18 ¹ in 2 nd grade of secondary school ²	540	540	680
		enrollment, continuity, and	Women under 18 ¹ in 2 nd grade of secondary school ²	600	600	735
	Education scholarships	regular attendance to basic education	Men under 18 ¹ in 3 rd grade of secondary school ²	570	570	715
		(primary and secondary) and	Women under 18 ¹ in 3 rd grade of secondary school ²	660	660	805
		high-school	Men between 14-21 years of age ¹ in 1 st grade of high-school ⁴ or Occupational CAM	865	865	90 1,365 25 1,225
Education			Women between 14-21 years of age ¹ in 1 st grade of high-school ³ or Occupational CAM	990	990	
			Men between 14-21 years of age ¹ in 2 nd grade of high-school ³ or Occupational CAM	925	925	
			Women between 14 and 21 years of age ¹ in 2 nd grade of high- school ³ or Occupational CAM	1,055	1,055	
			Men between 14-21 years of age ¹ in 3 rd grade of high-school ³ or Occupational CAM	980	980	1,225
			Women between 14-21 years of age ¹ in 3 rd grade of high- school ³ or Occupational CAM	1,120	1,120	1,365
			Primary school scholarship holders in school-based modality (first payment) ⁵	235	235	0
	School supplies Benefits for the (benefits in cash purchase of	Primary school scholarship holders in school-based modality (first payment)	115	115	0	
	òr in kind⁴)	school supplies	Secondary school, high-school or Occupational CAM scholarship holders in school- based modality (one-off payment) ⁵	440	440	440
	Jóvenes con PROSPERA	Encourage educational achievement to finish high-school	Scholarship holders finishing high-school before the age of 22 (one-off payment)	4,890	4,890	6,333
	Maximu	um amount of monthly	benefits	scholarship	here are no high holders in the 12,945 if there	household,

Source: Program Rules of Operation (ROP) for fiscal years 2015 and 2016 and information regarding the amounts of the benefits available at https://www.Prospera.gob.mx/Portal/wb/Web/oportunidades_montos.

Notes: The age range is extended to 22 years and eleven months of age, in the case of young people with special educational needs in special education schools, including Occupational Multiple Care Centers (CAM). Occupational CAM is a service that provides training and vocational training to youth between 15 and 22 years and eleven months of age.

- ² Primary and secondary school scholarships are given every two months for ten months in the year, between September and June.
- ³ In school-based and non-school-based schools. School-based modality scholarships are paid from September to January and from March to July, whilst non-school-based modality scholarships are given in a one-off basis per subject or per module passed. The amount of the scholarship for the non-school-based modality is not published in the ROP, as it is set forth that it will be determined based on the amounts authorized by the National Coordination Office Technical Committee (*Comité Técnico de la Coordinación Nacional* CTCN)⁴⁹, as well as on the budget available.
- ⁴ According to the data published in http://tamaulipas.gob.mx/2013/08/colaboran-set-y-conafe-con-entrega-de-utiles-escolares-a-escuelas-rurales/, for the 2013-2014 school year, package "A" for students in 1st and 2nd grade of primary school contained: a box of crayons, an Italian style notebook, a graph paper notebook, and a lined notebook, an eraser, a pencil, a plastic ruler and a metal sharpener. Package "B" for students in 3rd to 6th grade contained: a graph paper notebook, a lined notebook, a pen, a box of coloring pencils, a school-edition Spanish dictionary, a plastic geometry set, a pencil, and a metal sharpener. The package for long-distance learning (1st to 3rd grade of secondary school) included: a pen, a precision compass a lined notebook and a graph paper one, a school-edition Spanish dictionary, set squares, an eraser, a pencil, a plastic ruler and a sharpener.
- ⁵ Support for the purchase of school supplies is only given to scholarship holders enrolled in school-based modality schools.

The cash benefit that the household will receive is calculated based on the compliance with the co-responsibilities of the members of the household. It is worth noting that there is a maximum monthly amount per household, which depends on the characteristics of the family: if there are holders of primary or secondary education scholarships, the maximum amount the home can receive in a month is \$1,825; whereas if there is also a scholarship holder in high-school they can receive up to \$2,945. These maximum amounts do not include the benefit for Senior Citizens, which would increase the amount received by the household by \$370 for every senior citizen. It should be noted that when the maximum monthly amount is exceeded, the amounts of the scholarships and child benefits are adjusted proportionally (excluding the benefit received to purchase school supplies), starting by the latter.

A relevant aspect is that all cash benefits are updated every six months, considering the budget availability, and based on the average accrued variation in the indexes associated to rural and urban LBM starting in June, 2011.

Table 3 shows three examples of families living in rural localities⁵⁰ with different demographics and the amounts they would receive annually, considering that the year goes from September, 2014 to August, 2015. The Castillo family are a couple with a two-monthold baby, they are about to start receiving food benefits and supplementary food benefits, the household should also receive child benefits, thus they would receive \$7,140 in one year. The Martínez family are a couple with a 9-year-old boy who is presumed to be in 4th grade of primary school, a 6-year-old girl who recently started 1st grade of primary school, and a one-year-old baby; therefore, apart from receiving food support and complementary food support, the household also receives child benefits and primary school scholarships,

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⁴⁹ It is the supporting body of the National Coordination Office, made up of representatives of SEDESOL, SHCP, SEP, SS, SE, STPS, SAGARPA, and IMSS, in charge of aiding the National Coordinator, and proposing measures necessary to ensure the effective and transparent operation of the program.

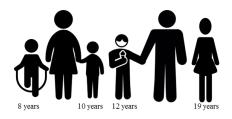
⁵⁰ If they lived in an urban area, with the traditional model would only change for the Castillo family, since they would not receive benefit for the 1st grade of primary school, therefore the annual benefit would amount to \$9,540. If they lived in an urban area, with the urban model would change the amount given to the Martínez and the Ramos family, for they would no longer be entitled to the primary school scholarships, and the amount would be higher for secondary school and high-school. The annual benefit for the Martínez family would amount to \$7,140, whereas the Ramos family would receive \$33,663 (the primary school scholarship would be removed, the secondary school would increase to \$640 per month, the high-school scholarship (EMS) would be \$1,365 per month, and *Jóvenes con Prospera* would be a one-off payment of \$6,333).

all of which amounts to \$11,640 in one year. Finally, the Ramos family are a couple with a 19-year-old girl who is finishing the 3rd grade of high-school, a 12-year-old boy in the 1st grade of secondary school, a 10-year-old boy in 5th grade of primary school, and an 8-year-old boy in 3rd grade of primary school. Apart from receiving food support and complementary food support, the household also receives primary school and high-school scholarships, and the *Jóvenes con Prospera* benefit, all of which amount to \$32,840 per year.

Table 3. Example of annual payments to *Prospera* households in rural localities







Type of transfer	Castillo family	Martínez family	Ramos family
Food support and complementary food support	(335+140)*12= 5,700	(335+140)*12= 5,700	(335+140)*12= 5,700
Childhood support	120*12= 1,440	120*12= 1,440	
Nutrition	Food supplement for baby and mother	Food supplement for baby	
Primary basic		(175+205)*10= 3,800	(175+265)*10= 4,400
Secondary education scholarships			515*10= 5,150
High-school scholarships			1,120*10= 11,120
School supplies		(235+115)*2= 700	(235+115)*2+440*2= 1,580
Jóvenes con Prospera			4,890
Adjustment applies	No	No	No
Total	7,140	11,640	32,840

Source: made by the author based on the amounts in Table 2.

Note: the exchange rate used in this document is 16.55 pesos to the dollar, meaning that the total benefits received by the Castillo family would be US\$431.42, the Martínez family would get US\$703.32, and the Ramos family US\$1,984.29.

Table 3 shows that a household with a larger number of scholarship holders usually receives a significantly larger amount of benefits, even when calculated on a per capita basis (\$2,380 and \$2,328 per capita for the Castillo and the Martínez family as compared to \$5,473 per capita in the case of the Ramos family). In none of the examples was it necessary to adjust the amount according to the maximum amount of benefits allowed.

Payment methods

Prospera uses a payment calendar known as 1-2-3 Calendar, which organizes and synchronizes all of its activities on a two-month period basis (**Figure 5**). The payment process follows this procedure: the certification of co-responsibilities of the beneficiaries is done in the first two months; in the second two months, the compliance with the co-responsibility is checked, and the corresponding benefits are calculated, and in the third two-month period, the payment listings are issued and the Treasury of the Federation (TESOFE) is authorized to deposit the funds at the payment institution for them to pay the benefits to the beneficiaries. By way of example, according to this schedule, a family that complies with their co-responsibility in January and February receives the corresponding benefits in May-June of the same year. In the case of the scheme without co-responsibility, they receive the benefits in the same two-month term.

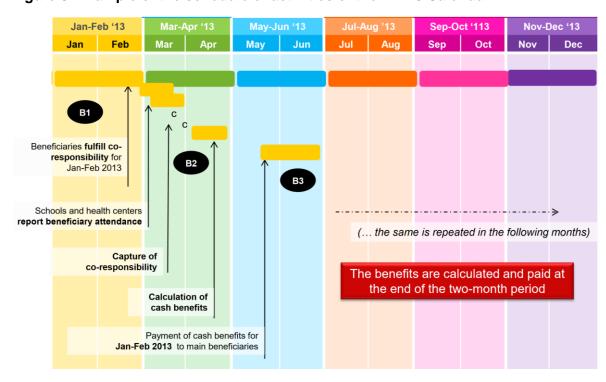


Figure 5. Example of the schedule of activities of the "1-2-3 Calendar"

Source: Prospera (n/d b).

With the exception of the *Jóvenes con Prospera*⁵¹ benefits, cash benefits are paid to the transfer holders by means of payment points. Payments are made either by direct cash payments every two months (closed channel) or as a deposit in a personalized account (open channel) at the Benefits Payment Points placed in the branches of said institutions, or in the temporary payment points installed for such purpose. The program currently has an agreement with the National Savings and Financial Services Bank (*Banco del Ahorro Nacional y Servicios Financieros* - BANSEFI), which is the institution of the Federal Government Development Banking in charge of delivering cash benefits to the beneficiary families.

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⁵¹ The Jóvenes con Prospera benefit is paid directly to the holder of the scholarship in a bank account (it is a one-off payment).

In order to deliver the benefits to the beneficiaries, the program must, on the one hand, transfer the funds to the payment institutions and, on the other hand, provide the payment method through which they will receive the benefit (currently a bank card), either at the temporary payment points or at the branch offices of the payment institution. The cost of delivering the cash transfers per household is a little over \$30 (about US\$2) every two months, and the cost of the bank card is borne by the program at \$82 each (about US\$5). **Table 4** shows the different payment methods used in the past, before bank card payments were introduced in 2012.

Table 4. Methods of payment

Method (mechanism)	Payment institution	Description	The family withdraw their cash benefits at:	The family use this means to withdraw their cash benefits
Direct cash payment (1997 - 2011)	Telecomm BANSEFI	The benefits are paid to the beneficiary family in cash in an envelope (paper envelope or plastic bag). The transfer holder withdraws the whole payment at once.	In a temporary payment point installed only for these payments, or at the TELECOMM telegraph office.	The transfer holder shows her security labels and her official identification document. The payment officer removes one of the labels each time and keeps it to prove that the beneficiary has received the benefits.
Account deposit (2002 - 2011)	BANSEFI Savings banks	The benefits are deposited in the beneficiary's savings account. The transfer holder may withdraw the entire sum or some of it.	From the BANSEFI branch, or the savings account branch, or from the temporary payment point installed with the sole purpose of paying benefits.	The transfer holder shows her Savings Account Contract and her official identification document. The payment officer checks the contract and the identification document and then pays the benefit
Debit card (2009 - 2015)	BANSEFI	The benefits are deposited in the beneficiary's savings account. The transfer holder may withdraw the entire sum or some of it.	From ATMs or by paying with her debit card. The transfer holder may withdraw cash from a BANSEFI branch close to her home.	The transfer holder uses her debit card to withdraw money from ATMs or to pay for purchases in stores. The beneficiary shows her debit card and an official identity document to withdraw money from the BANSEFI branch.
Chip bank card (prepaid card) (2010 - 2015)	BANSEFI	The benefits are deposited in the beneficiary's savings account. The transfer holder may withdraw the entire sum or some of it.	From the BANSEFI branch, from the branch of the savings account, from a DICONSA Community Store or from the TELECOMM Telegraph Office appointed to the locality. From a temporary payment point appointed to the locality.	The transfer holder shows her chip bank card. The payer requests the beneficiary to place her finger on the payment terminal to scan her fingerprint and check her identity in order to pay her the benefits.

Source: Oportunidades (2012a).

Note: Mexico Telecommunications (TELECOMM) is a public entity which provides comprehensive telecommunications, telegraphic and basic financial services.

Currently, 20% of the families are served through the open channel and 80% through the closed channel, considering that the dispersion method depends on the availability of financial infrastructure (ATMs), and of at least one BANSEFI branch office located at a

maximum distance of 10 kilometers of the locality. Families using the open channel can use their bank cards at BANSEFI offices, ATMs,⁵² purchase in stores or make cash back withdrawals. Families using the closed channel must use their bank card to withdraw all their money at once, either from fixed ATMs (branch offices, savings accounts, or Diconsa stores) or temporary payment points (massive calls in temporary payment points), where the beneficiary's fingerprint is scanned to prove her identity⁵³ and she receives a receipt from the payment terminal.

In addition, as part of the financial inclusion line of action, a comprehensive financial inclusion program (*Programa Integral de Inclusión Financiera* - PROIIF)⁵⁴ has been launched, which offers the beneficiaries of the program access to financial education, products and services designed especially for them, such as: access to free life insurance in case of accidental death, planned savings schemes, basic and supplementary credit, and additional benefits at a very low cost.⁵⁵ Under PROIIF, every family will have a debit card issued by MasterCard. However, as it was explained above, the availability of the benefits depends on the kind of delivery channel, which in turn depends on the financial services available in the area. As shown in **Figure 6**, debit cards are personalized and they carry the name of the program.

Figure 6. Payment method: bank card



Source: Prospera (2015c).

In order to deliver the payment methods to the beneficiary families, the staff of the State Delegations must first attend a session of the working group of the payment institutions⁵⁶ to work on the payment calendar, and set the dates by locality/AGEB or branch. Likewise, prior to the payment, the staff of the State Delegation checks that the particulars on the forms "List of Means to be Delivered" (**Annex 9**) and "Means Availability Check" (**Annex 10**) coincide with the printed information, and they check the physical condition of the cards. A "Logistic Support Authorization Document" is then put together, to be delivered to the municipal or local authorities to set up the branch office in the planned localities. Once the beneficiaries are gathered at the service desk, the State Delegation staff inform them of the

⁵² There is a fee for households to use the ATM network (other banks): \$22 per withdrawal and \$8 to view the balance.

⁵³ In case the transfer holder is unable to collect the benefits in person due to health reasons, she can appoint a representative. The alternate beneficiary does not necessarily need to be a member of the family, but they must be registered in advance since their fingerprint must be registered previously to collect the benefits.

⁵⁴ For further information, please visit http://www.bansefi.gob.mx/ProductosServicios/Pages/ProsperaMasConBansefi.aspx.

⁵⁵ These additional benefits are optional, and they imply extra charges. The benefits offered are: unlimited calling, life insurance, funeral assistance, medical and nutritional phone guidance, dental health diagnostics, ambulance services, preventive eye care, and a network of discounts in consumer goods and laboratories.

⁵⁶ BANSEFI is currently the only payment institution of *Prospera*.

aim of the meeting, the relevant aspects of their plan for the session, the mechanism to deliver the payment methods to each beneficiary, and deliver the corresponding information material. Finally, the staff of the payment institution give each transfer holder her "Payment Means Kit", and the State Delegation staff check that the transfer holder has proved her identity and they record the relevant data in the form "List of Means to be Delivered," apart from comparing it to the data gathered by the staff of the payment institution.

Apart from putting together a calendar to deliver the payment methods, every year *Prospera* plans the dates for the payment of benefits. Transfer holders who collect their payments by means of a debit card in ATMs or at fixed points, receive a payment calendar with the dates when they can withdraw their money. Those who receive benefits at fixed points have six calendar days to make their withdrawal.

To establish the calendar for the collection of benefits at temporary payment points, once the money has been transferred to the payment points, they must agree on the dates with the State Delegations of *Prospera*, and with the state and municipal authorities.⁵⁷ Payments are usually made at temporary payment points from Tuesday to Friday, and occasionally on Saturdays, mainly due to the fact that the money must first be placed in personalized envelopes, and it takes the payment institution one whole working day to do this task. Based on the agreed calendar, the beneficiaries are informed⁵⁸ of the date, location, and working hours of the Benefit Payment Points set up by the payment institutions, at least three working days in advance.

Beneficiaries must prove their identity and show their payment methods in order to receive the corresponding cash transfers. Together with the payment, the beneficiary receives a breakdown of the amount she receives. It is important to note that, as it is shown in Table 5, there are different kinds of strategies to make the payments and to provide guidance to the families. The relevant branch must be at a maximum distance of four kilometers from the beneficiaries' homes.

⁵⁷ The state government is responsible for the security of the operation, and public security staff are allocated for this purpose. The municipal government can also contribute to this task, but its role is to provide the physical space to make the payments.

⁵⁸ Transfer holders receive information about the program through mass media, local and municipal authorities, spokespersons, or personalized calendars.

Table 5. Benefit delivery strategies by type of area, distribution channel, and number of active transfer holders

Type of strategy	MAP-MAC	MAPO type 1	MAPO type 2	MAPO type 3
Type of locality	Rural and urban	Urban	Rural and urban (with 100 or more beneficiaries)	Rural (with under 100 beneficiaries)
Type of delivery of benefits	Temporary payment point	Cash points - debit card	Fixed point	
Channel for the payment of benefits	Closed channel	Open channel	Closed channel	
Actions to be performed MAP – service to families, information session and payment of benefits MAC – service, guidance and training of spokespersons		Service and direct guidance to transfer holders (payments are not made on the day of the session)		
Length of the session	MAP – 15 minute session. Payment 2 hours, 45 min. MAC – 3 hour session		Guidance session – 1 hour Proceedings and services - 1 h.	Guidance session – 30 min. Assistance for proceedings and services - 1 h.
Participants per session	' ' IIUIUCIS		40 to 60 transfer holders	10 to 50 transfer holders
Number of sessions	One session or several when they must travel	2 sessions	2 to 3 sessions	1 to 2 sessions

Source: Prospera (2014b).

Notes: in line with the Benefit Payment Service Desk (MAP) and prior to the payment of the same, the Service Desks hold short information sessions with all the transfer holders who have been called. In the second phase, during the payment of benefits, the staff of the program helps the beneficiaries with any proceedings they might need to carry out (registration and removal of beneficiaries, changes of domicile, etc.). More detailed information for members of the CPC is available from the Community Council Service Desk (MAC), so they can inform and support the transfer holders that they represent.

The Personalized Customer Service Desks (MAPO) do not pay benefits simultaneously, therefore it is the moment for the program staff to get in touch with the beneficiaries, guide them and take care of any proceedings they might need to carry out.

It is important to note that the program has documented the criteria to pay cash benefits when the transfer holder is not able to collect the money in person, due to illness or incapacity;⁵⁹ there is even a possibility of re-issuing the benefit⁶⁰ upon request of the transfer holder. There are also criteria for the payment of benefits during an election period, for example, when massive events are interrupted for a period of 15 calendar days prior to the election; thus, the deposits may be made up to 15 days prior to the election.

To make payments under the *Jóvenes con Prospera* program, *Prospera* prepares the final roster of beneficiaries in the last semester of high-school and hands it over to BANSEFI, for it to pay the beneficiaries. There is a 12-month term to withdraw this benefit.

As shown in **Table 2**, benefits for school supplies may be given in cash, together with other cash benefits; or in kind, in which case the National Council for Educational Development

⁵⁹ As stated above, in these cases it is possible for the previously registered substitute to collect the benefits every two months. In the event the benefits are not collected on two subsequent occasions, they are discontinued.

⁶⁰ Requests to reissue are made through the Service Card, and they can cover up to two two-month periods. If there is no request to re-issue, the benefit is reimbursed.

(CONAFE) provides the National Coordination Office with a list of basic education schools where to deliver school supplies, ⁶¹ in order to avoid duplicated benefits.

Food supplements are delivered every two months by the health sector, only to children between 6 and 59 months of age, pregnant and lactating women up until one year after the birth. The goods can be delivered in any month, depending on the family's attendance to the healthcare unit, and the delivery is recorded in the "nutritional status control card for children and adolescents" or the "nutritional status control card for pregnant and lactating women" (**Annex 11**), as well as in the relevant registration forms, in order to keep strict control over the management of supplements. (**Annex 12**).

Food supplements vary depending on the type of health unit. They are classified as rural or urban food supplements. **Table 6** shows the different kinds of supplements and the population they are aimed at, as well as their allocation every two months.

Table 6. Food supplements per beneficiary population and allocation every two months

Supplement	Type of unit	Beneficiaries	Allocation every two months
Nutrisano (baby food) chocolate, vanilla, mango and peach flavors	Rural	Children 6 to 11 months	10 packs
Vitaniño	Rural and urban	Children 6 to 59 months	1 box containing 60 1-gram packs
Nutrisano dairy drink	Rural	Children 12 to 23 months	8 packs
Nutrivida tablets	Rural and urban	Pregnant and lactating women	1 box containing 60 tablets

Source: SS (2015).

Note: for the purposes of the supplement, areas with fewer than 15,000 inhabitants are considered rural, and those with more than 15,000 are considered urban.

At the end of the delivery period, the payment institution sends the balance of delivered and undelivered benefits to the program's National Coordination Office, and once the figures have been checked, the program requests that the payment institution returns to the Treasury of the Federation (TESOFE) the funds that have not been withdrawn.

d) Verification of co-responsibilities

Families only receive their benefits if the members of the family comply with their health coresponsibilities (attending appointments and planned workshops) and education coresponsibilities (attending school on a regular basis). Health and education services are provided by state governments, therefore, as it was stated in the identification of beneficiaries section, it is only possible to add beneficiaries to the program in areas where these services are offered. Health co-responsibilities are linked to the health and nutrition component, and as it will be discussed in the exit criteria section, they are directly linked to the continuity of the household in the program. The education co-responsibility is linked to

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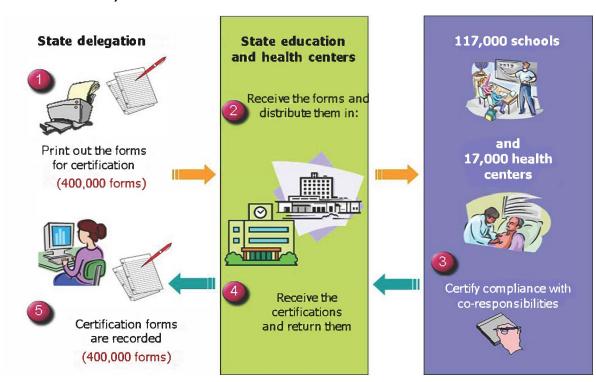
⁶¹ Each stationery package contains the supplies necessary for the relevant level. The supplies included are: notebooks, pencils, erasers, rulers or geometry sets, pens, dictionaries, etc. (http://www.conafe.gob.mx/saladeprensa/noticias-recientes/Paginas/2014-08-27-b2.aspx).

the benefits received by the household but not to the continuity of the household or the holder of the scholarship in the program.

Once enrolled in *Prospera*, beneficiary families must register with the allocated healthcare unit based on the location of their home, using the S1-CRUS form included in the enrollment kit. If there are school age children or youth, the relevant enrollment forms must be submitted (E1 for basic education, and EMS1 for high-school) to the schools.

Furthermore, in order to record the compliance with co-responsibilities in the health and the education component every two months —and therefore to calculate the cash benefits, as shown in **Figure 7**—, the National Coordination Office provides the health or education authorities, as relevant, forms every two months to check attendance to scheduled appointments with the health unit and the healthcare workshops (two-month period form to certify health-related co-responsibility). School attendance is also recorded (form to certify the co-responsibility of holders of basic education scholarships every two months). Doctors and teachers send these forms to the National Coordination Office to certify the co-responsibility. In the case of high-school, attendance is kept electronically through the Integrated System for Electronic Verification of Co-Responsibilities (SICEC).

Figure 7. Distribution and collection of forms to certify co-responsibility (health and basic education)



Source: Prospera (2015d).

⁶² The program Rules of Operation (ROP) set forth the possibility of making an electronic certification, establishing a special calendar for this purpose.

Verification of health co-responsibilities

Health co-responsibilities are: i) registering with the health unit (entry or reallocation) within the term established by the program; ii) every member of the household must attend the scheduled appointments with the health services; and iii) taking part in educational communication activities (or workshops) aimed at self-care, depending on the corresponding intervention model (rural or urban), or performing some of the actions set forth in the Rules of Operation (ROP),⁶³ pursuant to the protocol of the Secretariat of Health; for instance, 5-year-old boy or girl recovering from anemia, based on their hemoglobin levels, or a sexually active woman getting a Pap smear, etc.⁶⁴ Currently, 56% of the certifications of health coresponsibility are electronic.

The enrollment of a family in the program is a co-responsibility action in itself, and it accounts for the first two two-month periods. Attendance to health services is considered a co-responsibility starting in the third two-month period. In order to certify that new beneficiary families are actually complying with their co-responsibilities, they are given a form called "Certificate of Registration with the Health Unit (S1/CRUS),"65 which the transfer holder needs to give to the health staff for registration.66 As part of this process, the healthcare staff must validate that each member of the family (listed in section "S1" of the form), has their National Healthcare Card. The "CRUS" section of the form is returned to the transfer holder, duly sealed and signed, to be submitted before the National Coordination Office staff, thus proving their registration with the relevant health unit.

At the time of registration with the healthcare unit, the transfer holder will also receive a document called Family Appointments, with the dates of the medical appointments and the healthcare workshops that they must attend. Additionally, the holders of high-school scholarships receive a "Log of Attendance to Healthcare Sessions" (Annex 13), for healthcare staff to certify their attendance to workshops. As shown in Table 7, medical appointments are scheduled depending on the age, gender, and life events in the life of the members of the household.

⁶³ Annex II of the ROP 2015 provides more detail on the Basic Guaranteed Healthcare Package, both for activities aimed at the community and individuals, including frequency of service per age group, gender and life event (SEDESOL, 2014a; 148-160). Annex II of the ROP 2015 establishes the 27 public health interventions under CAUSES (SEDESOL, 2014a; 161-176). In turn, Annex IV lists the topics of the community healthcare workshops (SEDESOL, 2014a; 177).

⁶⁴ All these actions are described in the ROP (SEDESOL, 2014a; 44).

⁶⁵ The form contains the particulars of the members of the family and a detachable part that is detached, stamped, and signed by the healthcare staff to return to the transfer holder.

⁶⁶ The registration must be made either at the healthcare unit assigned to the family or with the mobile health unit or the micro region team serving the locality.

Table 7. Frequency of appointments according to age, gender and life events of the household members

Age group	Frequency of check-ups
Newborn	At birth, 7 and 28 days
Infants and children under 5 years of age	At 2, 4, 6, 8, 10, 12, 18, 24, 30, 36, 42, 48, 54 and 60 months of age
Children and teenagers aged 5 to 19 years of age	One every six months
Adults over 20 years of age ⁶⁷	Every six months
Pregnant women	A minimum of five check-ups Starting ideally before the 12 week of pregnancy, according to the following schedule:
	1 st appointment – between the 1 st and the 12 th week
	2 nd appointment – between the 22 nd and the 24 th week
	3 rd appointment – between the 27 th and the 29 th week
	4 th appointment – between the 33 rd and the 35 th week
	5 th appointment – between the 38 th and the 40 th week
Post-partum period	7, 28 and 42 days

Source: ROP 2015 (SEDESOL, 2014a).

It is important to note that there are two healthcare models: rural and urban. In the rural model, co-responsibility is certified on a monthly basis, while in the urban model this is done every two months. Moreover, the rural model has six healthcare workshops, while the urban model has four, but in both cases all household members must comply with all the scheduled activities for the two-month period in order to receive their benefit. Should they not comply with these co-responsibilities, cash benefits for food, food supplements and child benefits⁶⁸ are withheld after one or two months, in rural or urban areas, respectively.

Verification of education co-responsibilities

The co-responsibilities of the education component are enrolling children in school, and encouraging them to attend school on a regular basis. Thus, basic education scholarships (primary and secondary)⁶⁹ are subject to the submission of a certificate of enrollment and to the attendance of the beneficiaries to school. The holder of the scholarship may not have four or more unjustified absences in one month;⁷⁰ if this limit is exceeded, the household does not receive the corresponding benefit for that month. Should the holder of the scholarship accumulate three months of suspension or 12 or more unjustified absences in the same school cycle, their education benefit is discontinued for the rest of the cycle.

⁶⁷ Benefits for senior citizens are discontinued indefinitely if compliance with the co-responsibility is not certified every two months; and permanently if this happens in two or more consecutive semesters (survival of the senior citizen). This benefit is also suspended permanently if the person dies, leaves the home, or if they are beneficiaries of SEDESOL's Pension Scheme for senior citizens.

⁶⁸ Child benefits are also suspended if the child receives a scholarship or after the child turns 9 years of age.

⁶⁹ Basic education scholarships may be granted if the beneficiary has repeated a school grade and must take the course again once. In case they have to do the same grade a third time, the scholarship is suspended indefinitely until they successfully pass on to the next grade.

⁷⁰ In secondary school, one absence is equivalent to seven hours of class.

The continuity of the beneficiary in school is certified by Occupational Multiple Care Centers (CAM) and at the high-school level.⁷¹ In the case of high-school, scholarships are granted subject to the enrollment certificate, and to the student's remaining in school, therefore attendance must be certified to collect the corresponding benefits. However, the cash benefit for the last month in the school cycle (July) is allocated proportionally to the number of healthcare workshops attended by the holder of the scholarship.

In order to certify the compliance with education-related co-responsibilities, every year, before the start of the school cycle, the National Coordination Office delivers personalized forms to the basic education staff (E1), and the transfer holders (EMS1) for the teaching staff to certify the enrollment of the children in school. These forms must be completed by the teaching staff in charge of being submitted to the National Coordination Office for certification (basic education) or electronic registration (in the case of high-school). It is worth noting that, despite some progress in the electronic certification of the basic level (24% of primary education boards certify electronically, while the figure for secondary education is 36%), certifications are mostly issued on paper. In the case of high-school, the roster of scholarship holders is loaded in the system every semester, and their status is marked at high school: re-registered, not re-registered, completed.

If by error or omission the attendance of a scholarship holder has not been recorded, the corresponding benefits may be requested by means of a document entitled "Attendance Notice", issued by the education board, containing the particulars of the scholarship holder.

Even if the calculation of cash benefits and the issuing of the liquidation listings are usually based on the compliance with co-responsibilities, the program may pay benefits without the corresponding certification of co-responsibilities, upon consultation with the National Coordination Office Technical Committee (CTCN) in cases such as natural catastrophes and states of emergency declared for a period not to exceed four months.

e) Linkage with other social programs and social services

Starting in 2014, *Prospera* included four lines of action by means of which it seeks, through coordination and institutional linkage actions, to promote the beneficiaries' preferred access to financial services⁷³ (financial inclusion), as well as the institutional offer of social programs to increase the household's productive capacity by means of labor and productive inclusion, with the aim of improving their financial well-being and their access to social rights, thus achieving social inclusion.

For productive inclusion, a criterion was included in the ROP which gives priority of attention to projects which have members who are beneficiaries of *Prospera*. This is the case of the programs to encourage productivity promoted by SEDESOL, the Secretariat of Agriculture, Livestock, Rural Development, Fisheries and Food (SAGARPA) and of the programs to promote income led by the Secretariat of Economy (SE). Considering the fact that the number of *Prospera* beneficiaries exceeds the number of this kind of programs on offer, and that most of them require the presentation of a project in order to access the funding,

⁷¹ Holders of high-school scholarships are entitled to the scholarship for a maximum period of four calendar years.

⁷² Annex V of the ROP 2015 shows the catalogue of primary and secondary school services, Occupational CAM, and high school valid for the program.

⁷³ Said financial services are considered in PROIIF: financial education, savings, life insurance, basic and complementary credits, and additional benefits.

Prospera has designed an Institutional Strategy for the Intervention, Targeting, Diagnosis, Preparation and Implementation of Productive Projects which defines three stages for the articulation actions and direct activities with beneficiaries.

In the first stage, the National Coordination Office has carried out activities such as: i) managing amendments to the regulatory framework of federal programs for productive development, income generation, and labor inclusion in order to prioritize the attention of *Prospera*'s beneficiary families, seeking to commit at least 30% of the program budget to support *Prospera*'s beneficiary population;⁷⁴ and ii) designing a methodology to identify the entrepreneurial potential of the beneficiaries to focus on the preparation of productive projects by gathering field data, including instruments that allow for the identification of such potential in the beneficiaries, to select those who have a better chance of starting profitable productive projects.

The State Delegations have done: i) activities to train program staff in identifying the potential of the beneficiary (natural vocation), executing and monitoring projects; ii) a revision of the regulations of the participating social programs, of the dates set in the calls and their coverage; iii) information sessions for transfer holders in the zones of operation of the programs to spot potential participants, with the support of the work commissions of the productive projects of the program's Community Promotion Committees (CPC), as well as on the information obtained from the "file for the identification of productive projects" (Annex 14) and of the visits to confirm their feasibility.

In the second stage, *Prospera* advices beneficiaries with potential for the preparation and registration of the productive project; for this aim, articulation is sought with public, private, and civil society organizations, in order to have technical advice to monitor productive projects. The third stage follows up on the decisions regarding the projects registered with the different calls until the benefit is paid, and provides production and marketing support to the group, it checks the funds received by means of the "follow-up file for productive projects." The productive program must explain the reasons for not approving a project in writing, so that improvements can be made in future calls.

Regarding labor inclusion, the National Coordination Office conducts articulation activities with the Secretariat of Labor and Social Welfare (STPS), aimed at linking *Prospera* beneficiaries to the National Employment Service (SNE), which offers the following options, in order of priority: i) employment offers for the beneficiaries to fill vacancies in the job board, according to their abilities and skills; ii) job training courses; and iii) support for self-employment initiatives, by means of funding and support in kind. The program uses the "identification card for labor inclusion", designed to determine whether the beneficiary has work experience to be connected to job boards, or to receive knowledge and training to allow them to be self employed or to apply for a vacancy. This line of action has been aimed mainly at youth who are former scholarship holders that have completed high-school and live in urban areas.⁷⁵

Additionally, in coordination with the National Institute for Entrepreneurship (INADEM), a pilot plan has been launched in five states to carry out actions seeking to foster entrepreneurship among young high-school graduates in urban and semi-urban areas who are part of the program. For this aim, the Entrepreneur Support Network runs a test to

⁷⁴ In the particular case of the Productive Options Program, some calls were made aimed directly at *Prospera's* beneficiaries. (Source: *Prospera*, n/d d)

⁷⁵ The STPS programs associated to this line of action cover mainly urban areas.

identify talent among youngsters, which gives a diagnostic and an entrepreneurial profile, as well as recommendations. After this, there is an entrepreneurship camp, aimed at generating new business ideas based on interests, abilities, and preferences, to give business notions to youngsters who have no experience in the field, and to further train those who do have some experience. There is also accompaniment to take an online course aimed at creating a business model in order to apply for calls by the National Entrepreneurship Fund (FNE), especially the call for support to entrepreneurs seeking to start a business.

One element which has driven the implementation of production and labor lines of action has been the establishment of the Technical Subcommittee for Employment, Income and Savings. It is chaired by the Secretariat of Finance and Public Credit (SHCP), integrated by representatives of *Prospera* and the institutions in charge of the programs supporting these lines of action (SE, SAGARPA, SEDATU [Agricultural, Territorial, and Urban Development Office], CDI [National Commission for the Development of Indigenous Peoples], FND [National Financial Institution for Agricultural, Rural, Forestry and Fishing Development], and STPS).

In the case of social inclusion, one of the mechanisms used by *Prospera* to ensure the complementarity of its actions with those of other programs is based on providing socio-economic information of the households. This is done to identify the social demand of the beneficiaries and to review the programs offered by public, private and civil society organizations, with the aim of meeting that demand. Moreover, 15 federal programs⁷⁶ have included a cross-cutting paragraph in their Rules of Operation, with the intention of giving priority to the beneficiary families of *Prospera*. Among the actions under implementation, the Quality Schools Program (PEC) shall give priority to areas covered by the program, CONAFE's Summer Community Tutors strategy will be promoted among beneficiary youth in 2nd grade of high-school and up. One of the requirements to receive transport grants for higher education is to be a member of a *Prospera* beneficiary family.

Table 8 shows the social programs according to their lines of action, and the Federal Agencies in charge, with which a coordination strategy has been established to promote the program's productive, labor and social inclusion through the program, as well as the total number of projects registered and supported by each one of the programs in the 2014 fiscal year.

⁷⁶ The programs were: Programa de Apoyo a la Educación Indígena, Programa de Fomento a la Urbanización Rural, Programa de Vivienda Digna, Programa de Vivienda Rural, Programa de Atención a Jornaleros Agrícolas, Programa de Estancias Infantiles, Programa de Pensión para Adultos Mayores, Programa para el Desarrollo de Zonas Prioritarias, Programa Seguro de Vida para Jefas de Familia, Programa 3x1 para Migrantes, Programa de Apoyo a las Instancias de Mujeres en las Entidades Federativas para Implementar y Ejecutar Programas de Prevención de la Violencia contra las Mujeres, Programa de Abasto Rural (DICONSA), Programa de Abasto Social de Leche (LICONSA), Programa de Coinversión Social (INDESOL), and Programa Nacional de Becas.

Table 8. Linked programs according to their lines of action by agency, and total number of productive projects registered and approved in the 2014 fiscal year

Line of action	Program	Agency	Registered Projects	Supported Projects	Supported Projects (%)
	Productive Option Program (POP)	SEDESOL	1,982	361	18.2
	National Handicraft Development Fund (FONART)	SEDESOL (FONART)	8	2	25
	Support Program to Enhance the Productivity of Women Entrepreneurs		403	4	1
	Program to Support Productive Projects in Agrarian Groups	SAGARPA	394	0	0
Production	Program for Agri-Food Productivity and Competitiveness/Access to Productive and Competitive Funding component	SAGARPA	Not specified	Not specified	Not specified
Productive inclusion	Rural Development Comprehensive Program		1,775	1,775	100
(productivity)	Program to Support Youth for the Productivity of Future Rural Enterprises	SEDATU	Not specified	Not specified	Not specified
	Program to Improve the Production and Productivity of Indigenous People	CDI	494	181	36.6
	Program to Establish and Operate Credit Promotion Units	FINRURAL	Not specified	Not specified	Not specified
	Program to Provide Cash Collaterals	(Rural Financial Agency)	Not specified	Not specified	Not specified
	Program to Reduce the Cost of Access to Credit		Not specified	Not specified	Not specified
	Program to Develop Social Economy	SE	38	4	10.5
	Scale Project with Oportunidades	(National Institute for Social Economy - INAES)	49	49	100
Productive inclusion	National Entrepreneurship Fund		Not specified	Not specified	Not specified
(income)	Economic reactivation of the National Program for the Social Prevention of Violence and Crime, and the National Crusade to Combat Hunger	SE (INADEM)	55	55	100
	Economic reactivation		1	1	100
Labor inclusion			13	12	92.3

Source: Prospera (n/d e.: 6).

f) Updating the roster of beneficiaries (recertification)

Households are informed of the temporary nature of *Prospera*'s support from the moment they join the program. Apart from depending on the compliance with their co-responsibilities, this temporary nature is also linked to the households' meeting the eligibility criteria. In such aim, the revision of the eligibility of the households, linked to their temporary passage through the program, is conducted by means of a recertification process. This process is similar to the identification process in that it begins with the identification of the beneficiary families to be evaluated, it continues by gathering of socio-economic information through

ENCASEH, and it finishes with the evaluation of their socio-economic status, and updating of the roster of beneficiaries.

The first recertification process of the program was implemented in 2000, and it has evolved since then, both for the identification of families to be recertified (focus) and for the evaluation methodology and the potential outcomes of the process. The evolution of the process is shown in **Table 9**.

Table 9. Summary of the evolution of the recertification process 2000-2015

Year of the process	Scope of the families to be recertified	Survey	Evaluation methodology	Possible outcomes	Differentiated Support Scheme (EDA)		
2000-2002	The selection is made by localities with a high density of households which joined three years before the process			- Keeps all its benefits - Moves on to the Differentiated Support Scheme (EDA) - Definitive suspension for not recertifying	In rural areas, they are moved to the EDA six years after joining, whereas in urban areas this is done four years after joining. They remain		
2003				, 0	in the EDA for three years		
2004-2005				The first two results are kept. The definitive	before the definitive suspension.		
2006	The selection is made	Household Recertification Survey (ENCRECEH)		suspension is effective only if the family does not accept to be recertified. If it cannot be located, it is suspended indefinitely	The same criterion applies, but households made up only of senior citizens are not moved to the EDA Households are moved to the EDA six years after joining the program. They remain in the EDA for six years before their indefinite suspension. This scheme includes the benefit for Jóvenes con Oportunidades and Senior Citizens.		
2007	years after they join the program.	at service desks, and verification of a sample of 10% of the households	Scoring System (SUP)	Definitive suspension is added for not matching the eligibility criteria for			
2008	Selection is made by household. The first recertification is modified six years after joining, and the second one nine years after ⁷⁷			the program	Moved on to EDA immediately. If it is the first recertification, the household remains in the EDA for six years; and three if it is the second one. "Vivir mejor" food		
2009-2010		ENCRECEH in the home			support is included		
2011-2013 ¹	Localities based on their SGI every five years (lower to higher SGI)	ENGAGE:::	Estimation of	The same results are maintained, adding the indefinite suspension	The time the households remain in this scheme depends on whether their demographic criteria		
2014-2015	Localities based on their SGI every five years (considering all the SGI levels each year)	ENCASEH in the home	per capita income of the household.	from the program of those eligible for EDA, based on criteria related to the demographics of the household.	remain the same (members under 22 years of age or women of reproductive age), and their estimated per capita income.		

Source: Hernández and Dávila (2013: 16-17) and ROP (2013 to 2015).

Note: while the recertification process set forth in the ROP 2013 followed the guidelines of previous years, the amendments of October 2013 included an anticipated suspension of the process in the event the National Coordination Office Technical Committee (CTCN) would have the necessary elements to determine the temporality of the beneficiaries in the program, as well as optimum permanence mechanisms.

⁷⁷ The only exception to this rule used to be the households which joined the program in 1997 and 1998, for which the proposed second re-certification was between 10,5 and 12 years after joining, based on the evidence gathered from Solís et. al. (2007).

The selection of families for recertification is currently done at the local level, considering the Social Gap Index, and the fact that each locality will be recertified every eight years, which means that the recertification is not simultaneous for all the homes. In order to determine which localities are to be recertified, one seventh of the localities are considered based on their degree of social lagging, meaning that the number of families which are recertified varies from one year to the next.

In order to recertify the homes, *Prospera* first launches a campaign to inform about the process, calling the transfer holders in for an informative session with the support of the spokespersons, the municipal liaisons or at the informative/guiding session at the MAP/MAC/MAPO. There they receive information on the process, its time frame, outcomes, and, in case it is necessary, the location of the home is validated and a phone number is put on record to locate the family more easily. This information will be used to establish the routes and the workloads for the staff who will collect the socio-economic information of the households directly at their homes. If at the end of the recertification process it has not been possible to collect the socio-economic data on a household, the program will withdraw the benefits for up to three two-month periods, until they contact the program to carry out the recertification process. If at the end of that period the household has not been recertified, the benefit is suspended indefinitely.

As in the case of the identification process, the socio-economic information on the homes is obtained through the ENCASEH at the domicile, but in the case of the recertification process, the mobile device displays the information of the family (identification number) and its members, so that the interviewer can check that it is the selected family.

Once the updated socio-economic data have been obtained, they are evaluated using the same proxy means test used for the identification of households, but considering, apart from the minimum well-being line (LBM), the threshold for ongoing verification of socioeconomic conditions (LVPCS), which defines whether they remain or not. The outcomes of the evaluation may result in the following situations:

- If the estimated income of the home is below the adjusted LBM, it remains a beneficiary with full benefits.
- If the estimated income of the household is equal or above the adjusted LBM but below the LVPCS, and there are school-age members (under 22 years of age or up to 23 if they have special educational needs); or there are women under 49 years of age, the home remains a beneficiary of the program, but it enters a scheme with reduced benefits known as Differentiated Support Scheme (EDA), which is a gradual transitional scheme to exit *Prospera*.
- If the estimated income of the household is equal or above the adjusted LBM but below the LVPCS and no members of the family fall into any of the above categories, the benefit is interrupted immediately.
- If the estimated income of the household is equal or higher than the LVPCS, the benefit is suspended immediately.

As mentioned in the section of identification of beneficiaries, the LBM threshold is \$716.17 per capita per month in rural areas (US\$43.27), and \$1,243.15 per capita per month in urban areas (US\$75.11), while the LVPCS threshold is equivalent to \$1,145.65 per capita per

month in rural areas (US\$69.22), and \$1,538.29 per capita per month in urban areas (US\$92.95).⁷⁸

The households which remain beneficiaries of the program are kept in the scheme that results from this process, so long as they comply with their co-responsibilities and their eligibility criteria remain the same, based on the evaluation of their socio-economic and demographic situation. **Figure 8** shows the timing and the circumstances which cause a household to remain or be removed from the EDA, as well as the benefit that it receives in this scheme.

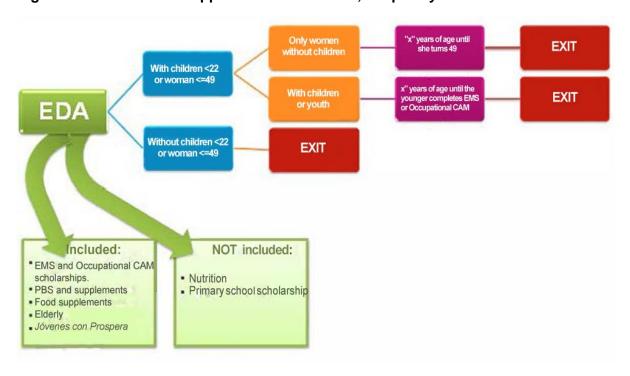


Figure 8. Differentiated Support Scheme. Criteria, temporary nature and benefits

Source: Oportunidades (2011).

Households entering the EDA stop receiving food and child benefits, and primary school scholarships, ⁷⁹ but they keep the secondary school, high-school, and Occupational CAM scholarships, the Basic Healthcare Package (PBS), food supplements, supplementary food benefit for senior citizens, and *Jóvenes con Prospera*. Likewise, their continuity in the program depends on their demographics, for there must be children under 22 years of age or women of reproductive age for them to continue to receive benefits in this scheme. If there are no members in these age groups, the benefits are discontinued. However, a request through the Service Card may reactivate the benefits to the household if after a new evaluation of its socio-economic and demographic conditions, their income is found to be below the LBM. However, it will only be eligible for this procedure after at least one year after its suspension or removal.

 $^{^{78}}$ These calculations are based on an exchange rate of 16.55 pesos to the US dollar.

⁷⁹ If at the time of migrating to EDA there are no members between 12 and 21 years of age, from 2015 the household receives food support (SEDESOL, 2014a).

g) Exit criteria

As stated above, the continuity of the households in the program is mainly linked to the compliance with their co-responsibilities, and matching the eligibility criteria (recertification, EDA and ongoing verification). Suspensions for non-compliance with co-responsibilities are gradual and, as it was explained in the section devoted to the verification of compliance with co-responsibilities, the program may suspend the benefit for one month (completely or partially) or indefinitely. On the other hand, administrative suspensions or those due to lack of fulfilment of eligibility criteria may be indefinite or final. For every cause of total suspension of benefits, either indefinite or definitive, the program gives a "Notice of Suspension" to the transfer holder in person, explaining the reasons and the circumstances, as well as the legal grounds for the suspension of the cash benefits, apart from the proceedings and the term to request the reactivation, if applicable.

Table 10 shows a classification of the causes for the indefinite suspension of benefits according to their origin: certification of co-responsibilities, revision of eligibility criteria and administrative causes (checking that the transfer holder is alive, dispute over benefit, lack of program coverage, among others).

Table 10. Causes for the indefinite suspension of benefits classified according to their origin

Compliance with co-Review of eligibility criteria **Administrative** responsibilities - If the particulars of the members or - If the transfer holder receiving her cash - If it is not possible to check the authenticity of the certification of of the family are inconsistent and the benefits directly does not collect them on compliance with the health cofamily cannot be located to update at least two consecutive occasions. responsibility. them. - If the transfer holder receiving her - If it is not possible to locate the - If the family has not been recertified benefits by bank deposit does not make transfer holder to deliver her and the locality where they live has any movements in her account during been declared as served in the two or more consecutive two-month incorporation notice. process, or if the lapse planned to periods. - In rural localities, if the beneficiary serve has passed. - If the transfer holder does not sign her family does not comply with its health co-responsibility for four consecutive - If it is not possible to collect the full savings account contract, or does not collect her bank card to receive the months or at least six nonsocio-economic and demographic consecutive months in the last 12 information, or if there are benefits within at least two two-month months. inconsistencies and it is not possible periods after it is issued. to evaluate them again. - In urban localities, if the family does - If there is a dispute over the benefits not comply with its health co-- If the family does not allow or accept between the members of the beneficiary responsibility for two consecutive that the program collects their sociofamily whose names appear in the months or at least three noneconomic data to re-evaluate it. or register. consecutive months in the last 12 they do not accept to take part in the - If the family changes domicile to a months. recertification process. locality where there are no health services, in which case they can migrate to the Food Support Program (PAL). - If the transfer holder is removed from the roster and the proceedings are not carried out to appoint a new one.

Source: SEDESOL (2014a).

Furthermore, the causes for the definitive suspension of benefits are classified depending on whether the family has a right to a hearing or not (**Table 11**). For causes with a right to a hearing, the Notice of Suspension must also specify the procedure and the time periods the transfer holder must follow in order to exercise her right to a hearing. The hearing allows the transfer holders to express their disagreement and submit proof and arguments to support said proof and inform a final decision.

Table 11. Causes for the definitive suspension of benefits, classified based on their right to a hearing

With a right to a hearing	With no right to a hearing
If it cannot be proved that the transfer holder is alive.	If the cycle of the beneficiary family in the EDA comes to an end.
If the joint transfer holder of the beneficiary family does not comply with the commitments undertaken with the members of the family.	If the family does not meet the demographic criteria to be moved to the EDA.
If a member of the household sells or exchanges the food supplements received from the program.	If the family does not meet the demographic criteria to remain in the EDA.
If a member of the household submits false or altered documents or they have tried to prove a false situation in order to receive cash benefits which correspond to a different beneficiary family.	If a member of the household is not a temporary public servant with a net per capita monthly income higher than or equivalent to the Threshold for Ongoing Verification of Cash.
If any member of the household has used the name of the program for electoral, political, or religious proselytism purposes, or for profit.	If the beneficiary family resigns from the program. If the only member of the family dies.
If from the socio-economic evaluation of the beneficiary family, it arises that they do not meet the eligibility criteria for the program.	If the family appears more than once in the Active Roster, in which case only one of the entries will remain active.

Source: SEDESOL (2014a).

Note: The joint transfer holder is the representative of the home who acts as the legal representative of the minor children in the home, receives the cash benefits of the program, and must in turn comply with all the co-responsibilities of the transfer holder.

Families that have been suspended definitely or indefinitely may use the Service Card to request the reactivation of their benefit, with the exception of those that have been suspended due to the death of their only member. When the suspensions are linked to the evaluation of the socio-economic and demographic information of the households, conditions can be re-evaluated at least one year after the resolution to remove or suspend the family, in order to determine whether or not they are eligible to become beneficiaries of the program again. For the other causes of suspension, whether definite or indefinite, there will only be a re-evaluation of the socio-economic and demographic data of the household in case the latest evaluation is older than four years, otherwise the family can be reactivated. In every case, the same as for new families, cash benefits of the reactivated families corresponding to the first two two-month periods will be subject to their own reactivation and not to the compliance with the co-responsibility, having to submit the registration form, S1/CRUS, at the relevant health unit.

h) Client services for beneficiaries

From **Figure 9** there arises that there is a large number of channels for the beneficiaries to communicate their concerns, requests, complaints, claims and acknowledgements to the program, which include postal mail, e-mail, a telephone hotline, fixed letterboxes in local and regional offices, and hearings.

Figure 9. Communication channels for citizen service

EMAIL: atencion@Prospera.gob.mx
LANDLINE: call free of charge from any point in the national territory 01 800 500 5050. Working hours are Monday to Friday, 9:00 AM to 6:00 PM
POSTAL MAIL: address your letters to Av. Insurgentes sur No. 1480, colonia Barrio Actipan, Delegación Benito Juárez, C.P. 03230, Mexico, D.F.
FIXED LETTERBOXES: at the State Delegations, Regional Customer Service Units (UAR), and in most municipalities. MOBILE LETTERBOXES: <i>PROSPERA</i> staff take them to the program service desks (MAPO, MAP, MAC)
IN PERSON: hearings at the State Delegations and UARs of the program

Source: www.Prospera.gob.mx/swb/es/PROSPERA2015/Que_es_Atencion_Ciudadana.

A System for the Filing, Review and Follow-up of Customer Claims (SEDECI) is available on a web-based platform aimed at managing and monitoring beneficiaries. The program's Citizen Service staff must register in a systematic, complete and timely manner any issues, cases and operations of the cases received and managed every day, with the aim of keeping up-to-date information on the process of meeting citizens' demands. SEDECI records the communication channel used, the date it was received, the particulars of the citizen making the consultation or request, the citizen demand, and the system automatically gives a service number.

Once the citizen demand has been entered into the SEDECI, the program staff must rank the issues according to their level of priority, considering the fact that there are different terms for the different cases to be serviced and answered. The first level consists of four types of demands: requests, complaints and claims, acknowledgements, and others. In order to determine the service time for a demand, it is necessary to consider its origin and classification. It thus results that there are cases that require urgent attention and which must be solved within the specified term (coming from control bodies, law enforcement agencies, prosecutors' offices, offices of the Judiciary Power, human rights instances); and regular cases, which answer should be given within the first 30 calendar days after it is received.

In the case of requests, complaints and claims, the next phase of the service process is research, which may be conducted directly by the Citizen Service staff, or given to other areas in *Prospera*, or to participating institutions (payment, education, health institutions). There are two kinds of research: i) desk reviews, based on documentary sources and/or computer, or ii) field research, in which case the reviewers go to the place where the complaint originated and conduct interviews, observations, meetings, assemblies, or house visits. Both methods give rise to documents that serve as documentary support to the answer.

Along the process, the proceedings carried out to meet the demand up to its conclusion are recorded. Some of them are: preparation of the document (response document, request document, appointment document, reminder document), field research, desk research,

orientation, turn, internal clarification. There are two different statuses for the cases pending service: i) in process, when they are under investigation and the set term has not been exceeded; and ii) delayed, when the period set for their conclusion has expired. Cases which are resolved with information and guidance at the time of providing the service are finalized in SEDECI on the spot.

Once the citizen has been given a final answer, one of the following status is recorded in SEDECI: i) concluded, positive or negative, depending on the answer to the request; ii) concluded with guidance, when the request cannot be met by the program but the citizen is pointed in the direction of an external authority; iii) concluded with information⁸⁰ on the program or its proceedings; and iv) concluded due to lack of interest on the part of the citizen, when the information provided by the citizen are not enough, and after a three-month period after the program's request for supplementary information, there is no response.

Together with the process of addressing citizen demand, there is a permanent service to update the particulars in the roster of beneficiaries of the program, both based on their compliance with and certification of co-responsibilities and on the outcomes of meeting the requests of beneficiary families made by means of the "Service Card" (**Annex 6**) and the "Notice of Service." Both proceedings are registered and processed every two months at the State Delegations, upon revision of the supporting documents submitted.

The Service Card is used to make corrections to or update the beneficiaries' information at the service desks, such as: i) change of transfer holder; ii) re-issuing cash benefits; iii) replacement of the payment method; iv) adding, removing, or reactivating members; v) change of domicile or particulars of the members; vi) removal of the family; vii) waiver on the part of the family; and viii) reactivation of the family. Each one of these proceedings may require supporting documentation which should be submitted together with the Card.

The Notice of Service is used to correct errors or omissions in the certification of the compliance with healthcare or education co-responsibilities, as well as to inform of changes of school or correcting the school grade. The transfer holder or the scholarship holder request the Notice of Service to the school authorities to submit it at the service desks.

The Notice of Service is a written document which must contain at least the following information: folio and name of the transfer holder, the scholarship holder or the senior citizen, the corrected information on the certificate of compliance with the co-responsibility, data and stamp of the health center or the school, name and signature of the person issuing the document. Furthermore, the education Attendance Notices must specify the grade or semester the scholarship holder is currently in.

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⁸⁰ In those cases where there is an additional procedure, such as in the case of VPCS, the conclusion of the case in SEDECI is recorded as "concluded with information", since the reply to the petitioner is generated in terms that their complaint will be heard in accordance with the regulations of the program.

II. Cross-cutting issues

i) Management information systems

Prospera has several information systems which allow it to manage an up-to-date roster, verify the compliance with co-responsibilities, calculate cash benefits, locate the families geographically and know their socio-economic situation, apart from providing information to beneficiaries in real time on different matters of concern (such as the causes for suspension of benefits or the status of proceedings), operational planning, reconciling figures in the processes, etc.

The Institutional Information System for Program Operation (SIIOP) is the most important system, which aim, as it is shown in **Figure 10**, is to support the operation of the program in terms of managing the roster of beneficiaries and certifying the compliance with coresponsibilities. This system generates data on: i) the integration of families into the program; ii) the management of the roster of program beneficiaries including new beneficiaries and those leaving, as well as modifications, families moving localities, changes of transfer holder, and causes for suspension; iii) monitoring the compliance with coresponsibilities regarding health and education services; and iv) calculation of cash benefits for the families. This information can be obtained through database management programs such as Oracle Database and Visual Fox, but it also feeds the Operations Information System (SIO).

Fulfillment of co-responsibilities Families to Enrollment be served ntification Integration of Localities to beneficiaries Updating the be served Benefits roster Transactional information Payment of benefits CEOs Families to be served SIIOP certification Information Reports Updating the **VPCS** roster torical databas SIO Service to beneficiaries Indicators **Basic File** TTTT TTT

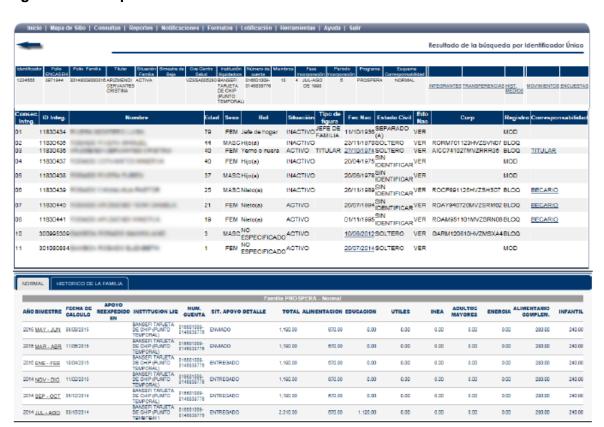
Figure 10. SIIOP and the operating processes

Source: made by the author based on data from *Prospera* (n/d b).

SIO is a web-based platform created to give access to the program staff at the National Coordination Office and the State Delegations to the data on the beneficiary families, and to make comprehensive enquiries more easily, which could result in an improved service. There is a version of SIO for mobile devices (SIO-DM) which allows the user to check the information while on the field in order to make the proceedings with the families on site during the payment of benefits, at the MAP or at MAPO sessions as easy as possible.

Figure 11 shows a sample SIO window as it is displayed on the webpage, and **Figure 12** shows an example of the SIO-DM. The figures show how the information menu includes the geographical location of the family, the current situation of the family in the roster of beneficiaries, the health center allocated to the family, information on the payment institution and the status of the payment of benefits to the family. It also gives access to detailed information about the benefits received by the family in the last two two-month periods, information on the last proceedings carried out by the family, and their status, apart from the list of members of the household, and detailed information on each one of them.

Figure 11. Examples of SIO information windows



Source: Prospera (2015e).

Figure 12. Visualization of the SIO-mobile device



Source: Prospera (2015e).

Prospera also has specific benefits systems to carry out planning, execution, support and operational support tasks. In order to plan the ongoing operational processes —roster management, certification of co-responsibilities, issue and payment of benefits; or mass processes: identification, enrollment, re-evaluation, recertification processes and ongoing verification of socio-economic status— the Territorial Structure System was designed to create and provide maintenance to the composition of the groups⁸¹ of transfer holders every two months through the strategy of ongoing services for families, which will be explained in detail in the section that describes the presence of the transfer program in the territory. On the other hand, the Operational Scheduling System makes it possible to program the actions of each process.

Prospera has a web-based system called Community Participation and Social Control Module (Módulo de Participación Comunitaria y Contraloría Social - MPCCS) to record and consult data related to the Community Promotion Committees and Single Spokespersons (Comités de Promoción Comunitaria y Vocales Unitarias - CPC/SiSp). This system records and updates the data of each CPC/SiSp, such as: the CPC/SiSp code, the locality it represents, its date of organization, the number of transfer holders it represents, the number of transfer holders who attended the session where the CPC/SiSp was organized, and the total number of working commissions it has; it is also possible to save the electronic files corresponding to the minutes of incorporation or update of the CPC. This system also registers and updates the data of the spokespersons who make up each CPC/SiSp, such as her folio, name, date of birth, position, date of appointment, domicile, occupation, level of education, telephone number and e-mail address.

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⁸¹ Each group is made up of a group of transfer holders who attend a given office where they receive the guidance and services they need. Groups are made based on the geographical identification of the locality (in rural areas) or of the block (in urban areas) of all the beneficiary families living in that area. Therefore, given that there are movements in the Active Roster every two months (additions, removals, changes of domicile), they need to be updated continuously.

The program has a web-based System for the Filing, Review and Follow-up of Customer Claims, which controls and monitors citizen demand, and allows to register, channel and monitor requests and complaints made by the beneficiaries and the citizens in general.

As it was mentioned in the section on verification of co-responsibilities, there is an Integrated System for Electronic Verification of Co-Responsibilities (*Sistema Integral para la Certificación Electrónica de la Corresponsabilidad* - SICEC) to record high-school co-responsibilities, where the education staff must certify that each one of the scholarship holders is still in school, or record that they have not enrolled, or if they completed the relevant level of education. SICEC has two modules: i) the module for the registration of co-responsibilities, which offers the possibility of recording in real time (online) or through a desktop app (PC-compatible, offline), as well as to transfer the certificate of school continuity or the proof of enrollment for the next semester; and ii) the module to follow up and monitor electronic certifications, used to register requests or queries about e-certification as well as to access a list of frequently asked questions.

Furthermore, there are systems to access public information on *Prospera*, such as the Executive Georeferenced Information System (SIEG), which aim is to disseminate statistical and cartographic data on the coverage of the program and other related matters through the Web, which, presented at different levels of aggregation and combined, provide valuable data that may contribute to the decision-making process. The SIEG makes it possible to, among other things, geographically locate municipalities, localities or defined service areas, either from the *Oportunidades* Program for their operation, or to provide indicators obtained from the socio-economic information of the households, for other programs or authorities (municipal or state) to be able to target their funding to support the beneficiaries of the program.

j) Monitoring system

Monitoring

The "Operational Monitoring Model" (MSO) is used to obtain information about the operation of the program and to promote the ongoing improvement of *Prospera*. This model provides detailed information on the status of the operation to support decision making, find operational deviations and implement improvement actions when necessary.

The MSO involves the following instruments: i) Operational Monitoring Indicators (ISO); ii) Internal Measurement of the Performance of State Delegations (MIDDE); iii) physical monitoring; iv) operational supervision; and v) *Puntos Centinela*.

The National Coordination Office publishes an "Operational Monitoring Report" every two months, which makes reference to the 41 Operational Monitoring Indicators, organized around seven thematic axis: i) enrollment of families; ii) continuity of beneficiaries in the roster; iii) education; iv) health; v) nutrition; vi) certification of co-responsibilities; and vii) payment of cash benefits. There is a technical sheet for every indicator containing, among other elements, the value of the indicator, its calculation method, data sources, disaggregation, frequency and a traffic lights code for the indicator. **Annex 15** shows the 41 Operational Monitoring Indicators organized by theme.

Another instrument included in the MSO is *Puntos Centinela*, which aim is to capture every semester the overall perception of the beneficiary families (including the point of view of the transfer holders, high-school scholarship holders and spokespersons) and of the program's service providers (taking into consideration the basic education schools, high-schools, State Delegation staff, medical units and healthcare staff). To achieve said aim, *Puntos Centinela* uses surveys with representative samples at the state and national level, and builds a series of 59 indicators divided in four large topics: education, health, food and cross-cutting themes including co-responsibilities, social oversight and quality of care. **Figure 13** shows an example of the *Puntos Centinela* indicators.

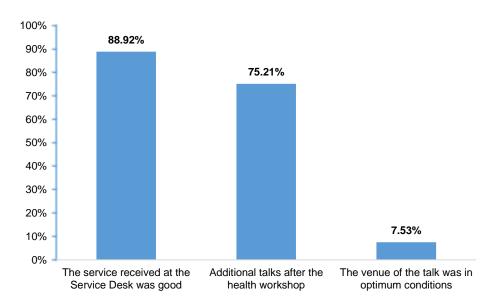


Figure 13. Example of Puntos Centinela indicators

Source: Prospera - IPN (2014). Data from 2014.

Results Indicator Matrix

In Mexico, all federal programmable expenditure budget programs⁸² (SHCP, 2015a), including *Prospera*, must have a Results Indicator Matrix (MIR)⁸³ based on the Logical Framework Methodology (MML), to register and present substantial information in a simple and clear manner. The MIR shows the essential structure of the program, explains its causal logic in a simple manner and it shows the elements related to the compliance with the aim of the programs. **Table 12** presents an example of the End of Program indicators.⁸⁴

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⁸² Programmable expenditure is used by the Federal Government to perform its functions by means of programs intended to provide goods and public services to the population, as well as the resources transferred to federal units, municipalities, and delegations of the Federal District, conditioning their expenditure to the compliance with specific aims. Non-programmable expenditure is used to meet obligations such as pending payments from previous years, expenditures for public debt, interests, commissions, etc., and it also includes funds transferred to federal entities and municipalities by means of federal participations (SHCP, 2015b).

⁸³ MIR is the summary of a program in a four line by four column matrix structure which describes the aim, the purpose, the components and activities (lines), as well as the indicators, the means of verification and the assumptions for each one of the aims (columns) of the program (CONEVAL, 2013).

⁸⁴ The aim of the program is to "contribute to strengthening the effective realization of social rights to enhance the capacity of people living in poverty, by means of actions which improve the development of their capacity in terms of access to food, healthcare and education, and to other dimensions of well-being to contribute to breaking the intergenerational cycle of poverty" (SEDESOL, 2014a).

Table 12. Results Indicator Matrix 2015 – end of *Prospera* Indicators

	Indicator	Formula	Unit of measure	Measurement frequency		
1.1	Child population facing malnourishment: 1.1. Prevalence of chronic malnourishment in children under 5 years of age 1.2. Prevalence of anemia in children under 5 years of age 1.3. Prevalence of overweight and obesity in children between 0 and 11 years of age	Variable one: Children under 5 years of age suffering from chronic malnutrition total population under 5 Variable two: Children under 5 years of age suffering from anemia total population under 5 Variable three: Children aged 0 to 11 who are obese or overweight total population between 0 and 11 x 100	Percentage	Every six years		
1.2	Percentage of the population facing food security	$\frac{\text{Total number of people with food safety}}{\text{Total population in the coutnry}} \ge 100$	Percentage	Every two years		
1.3	Comparison of the difference in the average level of schooling of parents and children of <i>Prospera</i> beneficiary families in relation to the same difference in the national population.	[Average years of schooling of the 20-year-old children of <i>Prospera</i> families in year t - Average years of schooling of the parents of children aged 20, beneficiaries of <i>PROSPERA</i> in year t] - [Average years of schooling of 20-year-olds in year t - (sum of the product of the proportion of the population within the age range and included in the age range of the parents in year t * proportion of the population in each age and contained in the age range of the parents, according to gender in year t) * (average years of schooling of the mothers or fathers, within the age range of the fathers in year t)]	Years of schooling	Every five years		

Source: SEDESOL (2014a; 90).

Auditing

Given its wide coverage and the resources allocated, the program is under constant revision by different reviewing entities, such as the Internal Control Body (OIC), the Main Federal Auditing Office (ASF), and in some cases, even by external sources of funding. It also has a mechanism known as "ongoing verification of socioeconomic conditions" (VPCS) — derived either from a claim or complaint, or from a revision of indicators— to review the socio-economic and demographic status of the families.

Ongoing verification of socioeconomic conditions process (VPCS)

The socio-economic status of the households is checked to identify households which no longer meet the program's eligibility criteria, and update the roster. This VPCS may be requested by a beneficiary or a citizen in general, or a service provider of the program by means of a complaint or a claim, or by any area of the program, based on data collected in the process of enrollment, recertification, payment of benefits, attendance to education or health services, among others. Following these requests, staff of the State Delegation go to the home of the family under investigation to collect their socio-economic data, which are

evaluated using the targeting methodology. Just like in the recertification process, the LVPCS threshold is used to determine the continuity or not of the home in the program: if the estimated income is below the threshold, it stays, otherwise it is removed from the program.

k) Evaluation Policy

The external evaluations of the program are coordinated by SEDESOL's General Directorate for the Evaluation and Monitoring of Social Programs (DGEMPS) together with the National Coordination Office, and they must be conducted in accordance with the Annual Evaluation Program (PAE) of the National Council for the Evaluation of Social Development Policy (CONEVAL), the Secretariat of Finance and Public Credit (SHCP) and the Secretariat of Public Administration (SFP).

Apart from the evaluations established in the PAE, other evaluations required by the program may be carried out, considering the funds available. These other evaluations must be coordinated by DGEMPS and the National Coordination Office, with the authorization of the CTCN, and with the participation of the health and education sectors in order to guarantee a better development of all the stages of *Prospera*'s external evaluation process.

It is important to note that external evaluations have been considered essential since the beginning of *Prospera*, conceived as an ongoing process which sets the basis for a comprehensive valuation system to make adjustments to the design and execution of the program, for it to meet its aims and goals. *Prospera* has evaluation reports and analyses from as early as 1999, as well as information from CONEVAL's periodic evaluations (Consistency and Results Evaluation (ECR) and Specific Performance Evaluation (EED)⁸⁵), available in the program's external evaluation webpage (www.Prospera.gob.mx/EVALUACION).

I) Differences in the implementation of process for vulnerable groups

In general, vulnerable groups have the same rights and responsibilities as the rest of the beneficiaries of *Prospera*, and they must comply with their co-responsibilities. However, specific strategies have been implemented to serve two vulnerable groups: agricultural day workers and indigenous population.

In the case of agricultural day workers, the Rules of Operation provide for some flexibility in the compliance with their health-related co-responsibilities during the periods when the family migrates to work in the agricultural season. In these cases, the family must be registered with SEDESOL's Agricultural Day Workers Service, which will also certify the reason for the migration. Agricultural day worker families may also name a substitute to collect their benefit by means of a power of attorney.

In the case of indigenous population, *Prospera* and SEDESOL have developed the "Social Protection Project for Mexico", which aim is to implement a strategy to serve indigenous

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⁸⁵ The ECR is a systematic evaluation of the design and performance of federal programs, offering a results-oriented diagnostic of the institutional, organizational and managerial capacity of the programs. The EED is a synthetic valuation of the performance of social programs presented in a homogeneous format, showing the progress in the meeting of the program's aims and goals.

families. Its main objective is to improve the articulation of *Prospera* with the rest of the social and productive programs and services offered, as well as to strengthen the regional strategy for social development. Within the framework of this strategy, the program has implemented two actions to improve the relevance of the services provided to the indigenous population: i) the Indigenous Communication Plan (PCI), implemented by the Health Sector and ii) the Strengthening of the Bilingual Social Workers Project of the National Coordination Office.

The aim of the PCI is to strengthen the attitudes and abilities of the members of the families served by the program in relation to their self-healthcare, all of which is done within a framework of inter-cultural sensitivity, equality, and respecting the traditional ways of the indigenous population. The PCI seeks to grant access to an educational communication campaign to promote healthcare by means of educational materials in the language of the different groups. It is worth noting that the health authorities in each state are responsible for putting together materials, pursuant to the criteria established by the National Commission for Social Protection Directed to Healthcare (*Comisión Nacional de Protección Social en Salud* - CNPSS) (*Oportunidades*, 2014:13).

Educational materials have been developed within the framework of this strategy, including videos, triptychs and audio files. For instance, healthcare videos have been created, including topics such as pregnancy, birth and the post-partum period; information about blood pressure, sexually transmitted diseases; consumption of alcohol; feeding babies and infants; newborn care; childhood development; arterial hypertension; risk-free maternity; child mortality; obstetric emergency plan; and family planning. Triptychs with information on family planning, feeding children under five years of age and preventing diarrhea have been distributed among this population. Finally, audio files have been recorded and disseminated to help women who have complications and problems during their pregnancy or birth.

The PCI has been implemented with the following indigenous groups: Maya, Tzotzil, Tarahumara, Tepehuans, Mazahuas, Tlapaneco/Mephaa, Otomi, Huichol, Cora, Mixtecos, and Náhuatl. However, in 2014-2018 efforts will be made to produce these materials in more languages.

Furthermore, the Bilingual Social Workers Project seeks to personalize the services provided to the indigenous population. A necessary condition to foster the development of capacities in the indigenous population is offering the possibility of interacting with the program's social workers in their own mother tongue. Thus, the strategy consists of identifying, hiring and certifying staff of the National Coordination Office who speak an indigenous language to a certain standard to provide a "service to speakers of indigenous languages in social programs in their mother tongue" to perform three tasks: i) gathering data from the homes; ii) guiding the transfer holders; and iii) assisting the transfer holders in the use of services and to carry out proceedings. The program is also seeking to strengthen the project by informing of the availability of these bilingual social workers, updating the program's printed materials in indigenous languages, and offering video conferences to raise awareness of themes related to the rights of indigenous peoples.

m) Coordination with other sectors (health and education) and different government levels (local, state and national)

In order to facilitate the coordination of the activities carried out by the different public administration agencies involved in the program, its originating decree set forth that the

National Coordination Office will have different bodies made up by representatives of the Council, the CTCN, the Technical Sub-Committee of Education, the Technical Sub-Committee of Employment, Income and Savings.

Figure 14 shows that the Council is made up of the heads of the following agencies: Department of Social Development (SEDESOL), *Prospera* National Coordination Office (CN), Secretariat of Finance and Public Credit (SHCP), Secretariat of Economy (SE), Secretariat of Public Education (SEP), Secretariat of Health (SS), Secretariat of Agriculture, Livestock, Rural Development, Fisheries and Food (SAGARPA), and the Secretariat of Labor and Social Welfare (STPS). Its main functions are to: i) authorize policies for the coordination, monitoring, supervision and evaluation of the program; ii) define the guidelines and strategies for the operation and monitoring of the program; iii) analyze progress, program implementation, results and impact of the actions of the program and issue recommendations to improve them; and iv) revise and amend the decisions of the CTCN.

The members of the CTCN are the head of one of the sub-secretariats of SEDESOL, the head of the CN and representatives of the following agencies: SHCP, SE, SEP, SS, SAGARPA, STPS and IMSS. Its main functions are to evaluate the Council and the head of the National Coordination Office, approve the projected Rules of Operation and the amendments thereto, propose measures to foster the efficiency and transparency of the program, and follow up on the actions of the agencies and entities that participate in the program.

In turn, the three technical sub-committees will support the CTCN in their analysis and discussion of issues and situations relative to the education and health components, and the lines of action for inclusion.

/ Normatividad EDESOL (CONSEJO SHCP SALUD Financiamiento PROSPERA Evaluación Comité Técnico de la SEDESOL (✓ Equidad SHCP SALUD SEP dinación Nacional (CTCN) PROSPERA SE Órganos auxiliares para la atención SALUD de temas especializados (preside Oportunidades) SEDESOL (coordinación de acciones Comité Técnico Estatal SALUD SEDESO en el cumplimiento de objetivos Subco mités Productividad Órganos auxiliares para la atención SALUD omité de Emple greso y Ahorro 0 de temas especializados Coordinación de acciones SEDESOL Subcomités Regionales en el ámbito local para el PROSPERA cumplimiento de objetivos Órganos auxiliares para la atención 0 SALUD ONG's Productividad de temas locales *Como parte del rediseño del Programa Oportunidades, durante el 2013 el Consejo instruyó al CTCN la instalación de los Subcomités Técnicos que apoyarán en el

Figure 14. Program collegiate bodies

Source: Prospera (n/d).

análisis y atención de los temas relativos a la coordinación con otros programas sociales que fomenten el empleo, el ingreso y el ahorro de las familias del Programa

In the aim of creating consensus among the local stakeholders involved in the execution of the program, the CTCN has a State Technical Committee (CTE) in each federal entity. These CTEs are made up mainly of federal, state and municipal authorities from the health, education and social development sectors, as well as representatives of institutions involved in the operation of the program (LICONSA, DICONSA, payment institution, etc.). Among the main faculties of the CTE, there is the formalization of the results of the validation of health and education services submitted by the sectors, and gathering and analyzing the outcomes of the MSO. Furthermore, it implements operational and improvement actions to make up for deficiencies or correct issues with the operation of the program.

Like the CTCN, the CTE has technical sub-committees to support the attention and resolution of specialized issues, and Regional Sub-Committees to cooperate in the consideration of operational issues that may arise in the municipal or regional area, which are in turn made up by representatives of the sectors responsible for the issues under discussion, such as the Municipal Presidents of the region, or the Municipal Liaison appointed to the program.

n) Presence of the transfers program in the territory

The National Coordination Office manages its operation according to a scheme that seeks to bring the service to the beneficiary families. For this aim, it has an operating territory structure organized based on the number of families to be served, and which allows the organization of care and services through the definition of areas of operation and microzones made up of one or more neighboring localities. **Figure 15** shows the elements of the operating territory structure.

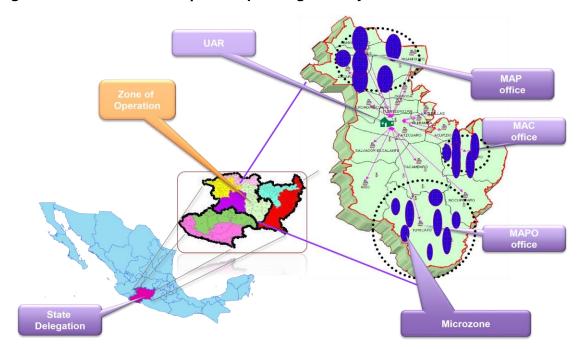


Figure 15. Elements of *Prospera's* operating territory structure

Source: Prospera (n/d h).

The program's National Coordination Office operates through 32 state offices, ⁸⁶ one in each of the 32 federal units of the country. Each one of these geographical areas has between 8 and 12 zones of operation to better manage the funds. A UAR is set up in every zone of operation to serve the beneficiary population and to agree on and promote the proper operation of *Prospera* with the organizations involved.

Moreover, within the geographical framework of the zone of operation, there are groups of localities or blocks which are communicated, defined as microzones. Families in this Customer Service Unit are served every two months by a Service Officer. The geographical area of the microzones varies depending on the number of working days or the man days necessary for the Service Officer to complete their activities, depending on the service strategies, the kind of locality, the productivity and the level of complexity or access to it. The criteria used to define the microzones, is that the number of man days should range from 24 to 40 days.

Moreover, each microzone has headquarters or venues to hold the sessions aimed at each one of the groups of beneficiaries, the integration of which depends on the kind of service strategy used in the area, as shown in **Table 13**. The service strategy is defined based on the method of payment (open or closed channel, fixed or temporary point).

⁸⁶ The funding for the operation of the program, including the State Delegations and the Regional Customer Service Units are of federal origin.

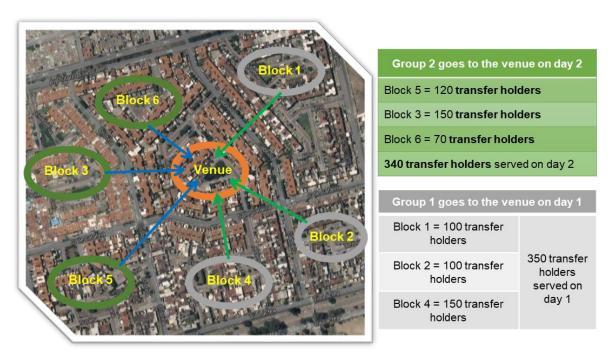
Table 13. Program Service Strategies

Strategy	Characteristics
МАР	Service desks set up every two months at the temporary points for the payment of benefits. Every two months, a national session plan includes all the issues to be raised, with a 15-minute limit. The cash benefits are given out after this session, and the families are helped with proceedings. The groups for this strategy are made up of 250 to 350 transfer holders.
MAPO 1	Service desks set up in urban localities with banking infrastructure, thus allowing the payment of benefits to be made through ATMs. These desks hold two-and-a-half-hour guidance sessions and an extra hour to provide services and assistance with proceedings. The groups in this strategy are made up of 40 transfer holders.
MAPO 2	Service desks set up in rural and urban localities, paying benefits at fixed payment points, and which have 100 or more transfer holders. These desks hold 90-minute guidance sessions plus an extra hour to provide services and assistance with proceedings. The groups in this strategy are made up of 40 to 60 transfer holders.
MAPO 3	Service desks set up in rural localities, paying benefits at fixed payment points with fewer than 100 transfer holders. These desks hold 30-minute guidance sessions plus an extra hour to provide services and assistance with proceedings. The groups in this strategy are made up of 10 to 50 transfer holders.

Source: Prospera (2014b).

Figure 16 shows an example of headquarters and groups in a given geographical area. The example shows a MAP service strategy with a session for a group of 350 transfer holders on the first day, and a session for a group of 340 transfer holders on the second day.

Figure 16. Example of Location and Group



Source: Prospera (n/d h).

It is important to note that, in order to implement the operating territory structure, the program must be able to locate the beneficiary families in the territory, and keep the location data up to date. This is done by means of the "Geographical Domicile Sheet" (Annex 16), which

contains the elements established in the Technical Standard for Geographical Domiciles. It is also necessary to know the kind of operational strategy used for each locality or block, as well as to know the number of man days or how much time it will take to serve all the families in an area or block. Finally, the strategy is revised and updated on a two-month period, as is the roster of beneficiaries.

o) Implementation challenges

In order to reach its current status, *Prospera* has had to grow and change to become the most important instrument of the country's social policy. It has been able to increase its coverage significantly, going from 300,000 homes in around 6,000 rural localities, 357 municipalities and 12 federal entities served in 1997 (Levy, 2005: 102) to 6.1 million homes in 116,000 localities in all the municipalities and entities in the country (*Prospera*, n/d a). The process has been gradual and it has faced important challenges over time, giving priority to technical elements to support the decisions made, and using the operational experience gathered over time.

This section was put together based on historical data from the program, mainly from the years where decisions were made that transformed it substantially, and to analyze the lessons learned in the same chronological order as they happened.

The program was originated in a context where universal and in-kind transfer programs were common practice. This is why, before it began, the challenge was to achieve a new concept of policies to fight poverty in their human capital aspect, which implied a less paternalistic role of the state, giving more responsibility to the beneficiaries, and aiming at readjusting and even eliminating existing programs and institutions in order to reallocate the budget more effectively.

For the implementation of this first phase it was important to have technical support to reach the necessary consensus and focus the discussion as much as possible towards objective elements. For this aim, technical notes were written about the conceptual elements, based on the analysis of the statistical information available, and supporting documents were found based on the literature about experiences in other countries, and on the opinion of national and foreign experts. The other fundamental element was the leadership of the Secretariat of Finance and Public Credit (SHCP) to negotiate changes and monitor processes, mainly to guarantee that both the program and the health and education services would have more resources. Thus, the existence of health and education services, and the compliance with and certification of co-responsibilities have always been a necessary condition for the presence and operation of the program (Levy, 2005: 85-87).

The launching of Progresa was delayed due to a lack of consensus, as a result of this, every conceptual and operational element of the program was discussed. This discussion led to a better design, more operational transparency, including criteria and procedures which determined the selection of localities and beneficiaries, as well as detailed Rules of Operation which contained the responsibilities of each institution; and it promoted an external evaluation led by nationally and internationally acclaimed experts. These elements contributed to the institutionalization of the program, and allowed it to start its activities in a more complete and articulated manner, and even to carry on to the following government (Levy, 2005: 85-87).

In 1998-2000, as a result of the budget increase, it was possible to include the first set of small semi-urban localities (under 5,000 inhabitants) in the program. This kind of locality still had more characteristics in common with rural localities, which the program had experience with, than with urban localities. In the 2001-2002 period, the program expanded to include urban localities of up to one million inhabitants. Unlike rural localities with few homes, and where almost 9 out of 10 households were likely to become beneficiaries; in these areas with a larger universe of households the challenge would be to find a largely smaller proportion of households likely to become beneficiaries.⁸⁷

At the beginning, census strategies continued to be used to gather information in rural areas, and it was supplemented with the use of locality forms, with the aim of classifying the population in the selected area according to the kind of house, access to services, and occupation of the members of the household. These elements were useful to define the zone of operation of the survey. Moreover, some questions were removed or added to the rural questionnaire in an effort to adapt it to the urban context. A simplified form was put together which contained fewer questions about the features of the homes, and it would serve as a filter to continue applying the full questionnaire. Despite the fact that more than 600,000 homes were added in the 2001 operation, the expectations created resulted in so many requests from households outside the defined areas, so that the census strategy was insufficient to meet the demand in urban areas.

Based on this experience, the 2002 strategic plan to increase the number of beneficiaries by 1.1 million families and reach 4.2 million, the census strategy was used only in rural areas, while headquarters were set up in urban areas to host service modules. The location of these headquarters was decided based on a potential increase in the demand of the households, given the strong interaction between the headquarters and their neighboring localities; thus 131 service areas were created⁸⁸ considering their radius of influence with neighboring localities, based on the number of inhabitants in each of them.

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⁸⁷ In marginal rural areas, the typical localities in the 1997-2000 period, almost 9 every 10 households were likely to become beneficiaries, while in urban areas, the proportion moved to 1 every 3 households, approximately.

⁸⁸ These service areas are the seed for the Service and Registration Centers (CAR), the early version of the Regional Customer Service Units (UAR).

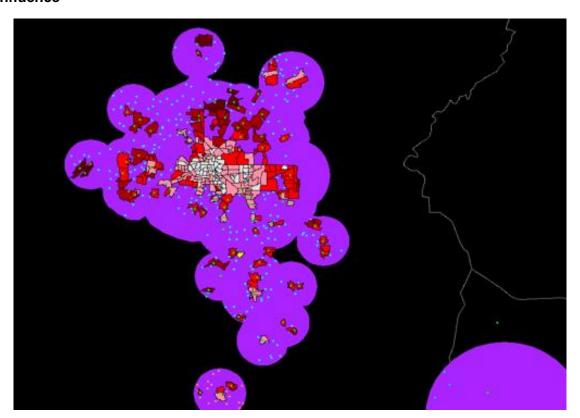


Figure 17. Example of a headquarters area and neighboring areas in their radius of influence

Source: Oportunidades (2011).

At these service modules, the families had to answer a modified ENCASEH, divided in three sections: an enrollment file, containing basic information necessary to evaluate the status of the households, based on the current targeting model; and in case they were eligible, the interview would move on to the application of the supplementary file, and scheduling the verification in the domicile.

A better planning of the necessary funds, added to the creation of dissemination strategies at the local level with a focus on the areas with the largest concentration of poor households in each service period, made it possible to have enough resources to meet the existing demand in the modules. These efforts notwithstanding, the simultaneous dissemination among the homes made it difficult to curb the demand in the first weeks, thus resulting in long waiting times. Moreover, based on the outcomes of the 2002 targeting mechanism, the verification mechanism excludes many non-poor households, and part of the detected lack of coverage is due to a lack of data on poor households. It was thus recommended that eligible households should be given more information about the program, without causing a large number of non-eligible families to request to join (Coady and Parker, 2004). These considerations led the next mass enrollment in 2004 to use a double strategy in urban areas: census in blocks with a high concentration of poverty, and modules in areas where the households living in poverty were more dispersed.

Among the aspects which remained latent from the beginning of the program there is the concern that the Federal Government might be "giving out money" with a presumed political-electoral motivation to influence the voting. Thus, one of the challenges of the 2000-2006 administration was to protect the program from potential political proselytism and patronage. For this aim, apart from the transparency mechanisms implemented in the operation of the program, ⁸⁹ in election years (2000, 2003 and 2006) there were no mass incorporations, ⁹⁰ and in the 2003-2006 period, actions were carried out to strengthen social oversight and electoral shielding, training for the Community Promotion Committees (CPC), transparency workshops with all the transfer holders and high-school scholarship holders, and civic surveillance by Civil Society Organizations and international organizations.⁹¹

Moreover, in 2003, the Transparency Workshops called "In *Oportunidades* we all do our share" reached 3.8 million transfer holders, and 220,000 high-school scholarship holders. Triptychs, flipcharts, educational card sets, fans and metal pins were designed to encourage the participation of transfer holders and disseminate information about the non-conditionality of the benefits offered by *Oportunidades*, placing emphasis on the transparency and the lack of political commitment of the program. Along the same lines, between 2004 and 2006 more than 45,000 electoral shielding sessions were held for the five million transfer holders of the program.

In 2007 and 2008, the program continued to work in the same manner, and new families were enrolled with the sole purpose of maintaining number of households covered at five million. This stability in the coverage of the program made it possible to analyze the implementation results in urban areas⁹² where, although the evaluations had significant impact on the human capital increase in urban families, their impact was significantly lower than that on rural families. The low accumulation of human capital in poor urban households was reflected on the low attendance rates and the low rates of completion of secondary and pre-university studies, low levels of usage of many preventative health services, and relatively high levels of coexisting micronutrient deficiencies and anemia, with prevailing overweight and obesity. Furthermore, the number of removals of families in urban areas was higher than that of rural families, as a result of the higher costs (both direct and in time) they face as a result of the compliance with their co-responsibilities.

In this context, the challenge was to "improve program effectiveness in urban areas through the diagnosis, analysis, and development of proposed adjustments, with special emphasis on the following areas: i) targeting, ii) education, iii) health and nutrition, and iv) systematization of international experiences" (IDB, 2008). As a result, a service model for urban localities was designed in 2009, to be tested in some of them, which consisted of:

⁸⁹ These mechanisms include: enrollment in the roster only through the ENCASEH evaluation; payment of cash benefits only by payment institutions; withdrawal of the benefits if the transfer holders or spokespersons engage in proselytistic activities; protection of personal details; the suspension of payments of benefits 30 days prior to the election (currently it is 45 calendar days – SEDESOL, 2015) and their resumption after the election, and that pursuant to the General Social Development Law, any and all advertising and information of the program must carry the words: "This program is public, and it does not belong to any political party. Its use is prohibited for any purpose other than social development".

⁹⁰ The new households which joined the program in that period were enrolled for the sole purpose of maintaining the number of households covered by the program, that is to say, to replace the homes that had been removed.

⁹¹ Between 2003 and 2006 SEDESOL approved 48 projects to oversee social programs, and entered into a cooperation agreement with the United Nations Development Program (UNDP) for a diagnostic of risks and strengths with recommendations for all the programs, a progress report with recommendations on reported cases, and a final report on best practices for electoral shielding (No author, 2008),

⁹² This phase of analysis and amendments to the urban service model has had the cooperation of the IDB.

i) a new targeting model;⁹³ ii) different interventions in the education component, eliminating primary school scholarships and raising the amounts of secondary school and high-school scholarships; iii) an alternative health model;⁹⁴ iv) the access to banking services of beneficiary families, with the aim of reducing the costs incurred by beneficiaries when collecting their benefits, and as a platform to access financial services; and v) a Personalized Customer Service Desk (MAPO), which increased the number of services to beneficiaries based on their location. From the above it is clear that the last three components of the urban model have become general, and they have remained in the program so far.

In December 2009, based on the General Social Development Law passed in 2004, CONEVAL published the "Methodology for multidimensional measurement of poverty in Mexico," which would then become the reference framework, both to measure and identify poverty. Likewise, the poverty estimations in the country showed a sustained reduction between 1996 and 2006, but the general raise in the international price of foodstuffs led to a rise in poverty between 2006 and 2008 in urban areas mainly, which again forced the government to consider a series of measures to fight it: starting in fiscal year 2010, apart from implementing the program, the National Coordination Office would also be in charge of the Food Support Program (PAL), widening the scope of coverage of both programs by one million new households, with a bigger focus on urban areas. At the same time, SEDESOL started seeking the standardization of the tools it used to capture socio-economic data, applying the first version of the Socio-Economic Information Questionnaire (CUIS).

In this context, and to address the urgency of the situation, the CN only had three months to incorporate nearly one million new beneficiary households to the two programs (PAL and *Prospera*) for the homes to receive their benefits promptly. It was defined that in order to carry out this task in the best possible way, it was necessary to modify the statistical model, to select beneficiaries in line with the new measurement methodology, start using CUIS as a tool to collect socio-economic information of the households and carry out identification and enrollment processes simultaneously.

In the case of the statistical model, after the implementation of the multidimensional targeting model used in the urban model, the National Coordination Office analyzed several variables related to structural poverty on the one hand, 95 and to the indicators that CONEVAL was elaborating as part of the proposed methodology to measure poverty on the other hand. In order to have the best possible model in the available time, the project received technical cooperation form the Inter-American Development Bank, the World Bank, and the participation of SEDESOL and CONEVAL.

However, in order to carry out the identification and incorporation processes simultaneously, considering that this measure might only support the households in an expedited manner, it was necessary to know the result of the socio-economic evaluation at the moment of the

⁹³ This multidimensional model considered directly the three social lacks related to the program (food, health and education), which could provide incentives to make decisions which go against the aims of the program to become eligible. This model was evaluated together with the lineal model in force, and the decision was to use the latter as a means to identify the

households.

⁹⁴ The MAS saw a reduction in the number of topics and the frequency of the healthcare workshops, the implementation of the family healthcare plan based on the National Healthcare Card, the possibility for a member of the household over 18 years of age to take part in the workshops instead of the transfer holder, the substitution of healthy actions for the workshops and the flexibilization of the service hours at the healthcare services. This alternative healthcare model is the current model of the program, which actions were described in the section about verification of co-responsibilities.

⁹⁵ The data from the National Survey of Household Income and Expenditure (ENIGH) available for 2004-2008 were analyzed to find relationships between variables and income (as a measure of poverty) which were consistent over time and potentially useful to create a statistical model to select beneficiaries, in the search of variables related to structural poverty.

interview; this would not be possible with printed surveys, which were the usual practice, or with service modules. It would only be possible with the use of mobile devices to collect the data at the moment of the interview, and apply the targeting methodology.96 Given the experience with previous operations in urban areas, and knowing the potential demand for the identification process, it was necessary to have some kind of measure to help reduce the time it took to conduct the survey. The decision was to use the CUIS as a first filter, and if the household turned out to be eligible, to continue to collect the supplementary data from ENCASEH and the verification of domicile. From the operational point of view, it was necessary to implement a strategy that would provide not only enough field staff to gather data from two to three million questionnaires in order to reach the goal (social workers), but also staff to perform control and monitoring tasks (brigade chiefs/operational support). The staff had to be well qualified to perform their functions effectively, therefore a series of cascading trainings were offered to train the brigade chiefs and operational support staff, for them to replicate the training for the social workers at the State Delegations. Likewise, prior to the start of the operation, it was necessary to devise a pilot plan to measure times and allocate funds in the best possible way. The application of all these measures resulted in the enrollment of an additional 600 households in the program, and 400,000 in PAL, as well as in the modernization of the processes used to collect information.

The aim of this section has been to show the evolution of the program and of some of the main challenges it has faced, as well as the strategies used to overcome them through the 18 years it has been in operation. As it was mentioned at the beginning of this section, one of the main strengths of the program has been its institutionalization, which has been achieved by paying special attention to transparency, using clear and objective criteria and procedures to include beneficiaries, with documents which state the program's operation and procedures, as well as detailed Rules of Operation which include the responsibilities of each institution and an external evaluation which has ensured its continuity. However, there will always be room for improvement.

⁹⁶ Prior to launching the operation, it was necessary to add validations to the application, and to test the targeting methodology.

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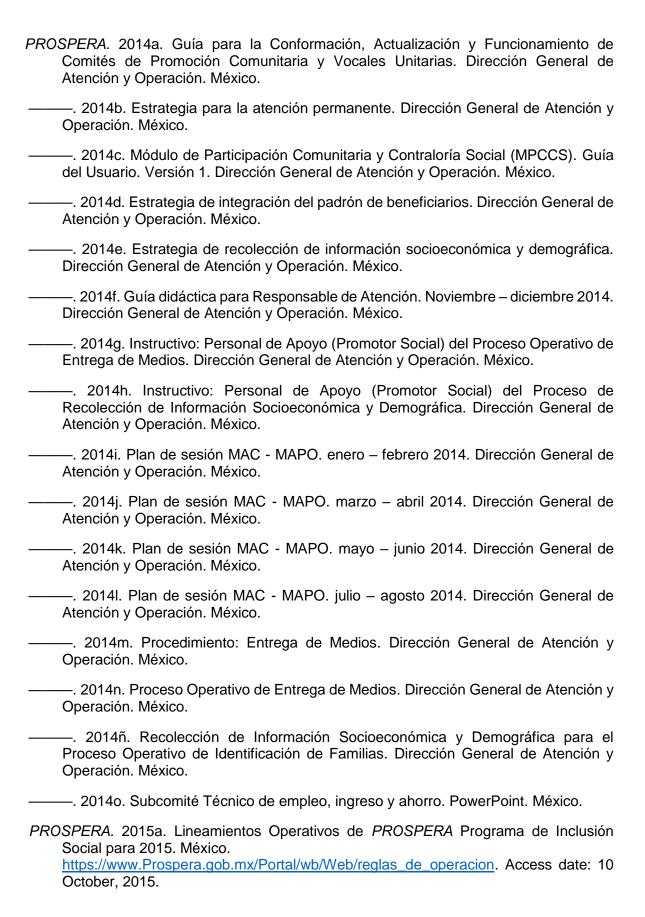
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Annex 1. Record of Collection of Socio-Economic Information (CRIS)

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Le recordamos que en la página de internet www.oportunidades.gob.mx podrá consultar las Regias de Operación que rigen tanto al Programa de Desarrollo Humano Oportunidades como al Programa de Apoyo Alimentario (PAL), en ella encontrará, entre otra información:

Derechos, corresponsabilidades, obligaciones y criterios para la suspensión de apoyos, etc.

Todos los trámites relacionados con estos Programas son realizados de manera gratuíta por el personal de la Coordinación Nacional del Programa de Desarrollo Humano Oportunidades.

Annex 2. Incorporation notice

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Para Mayor Información, Consultas y Quejas:

Por Esertio

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 En las Oficinas del Cresmo de Control de la entidad fisiansiva, ante la Confisión interma de la institución de ateurotón del servicio público de ununciado o responsables de apoporcionar el Barrellio a sauvicio público destre del Programa, en cuajolarse de sua componantes, a componentes, a carvolar público de destre del Programa, en cuajolarse de sua componantes.

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 Cirgano Intamo de Control en la Coordinación Nacional de PROSPERA: Teléfonos (ES) 5452-5700, Ext. 60643 y 60644;

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Por Medios Electrónicos

- A través de las direcciones electrónicas:

 + <u>stantian@ercesars pob.ms</u> operada par la Coordinación Nacional da PSOSPERA; o contactando a la Coordinación Nacional a través de su págins en Internet
 west-prospera gob.ms;
- wardsymmens grounds. El Örgene Interno de Cortrol en la Coordmackin Nacional de PROSPERA; quejas@prospens.gob.mu y quejas.oio@prospens.gob.mu; o en la págins de EZDESOL:
- erem aedesci gob mic La Decretaria de la Purción Pública: en su página electrónica: veux tercionpublica gob mic En las direcciones electrónicas disponíbles para tel efecto en las Delegaciones Estatales de PROCPERA.

Personalmente

- Aris las oficinas del Órsano de Control de la antidad federativa antis la Controlofia Interna de la hatitución de askorboción del servicio público denunciado o neco de proportionar el beneficio o servicio público dentro del Programa, en cualquiera de sua componentes, o
 En los divence especios de atención del Programa, Unidades de Alanción Regional y en las Delegaciones Escistaise de PROSPERA.
 En las oficinas centrales de la Constitución Nacional de PROSPERA Programa de Inclusión Social en Av. Insurgentes Sur 1480; Colonia Sento Antipan, Del Sento Judenz, C.P. 03230, México, D.F.;
- Sento Juanez, C.P. CIZZO, Mesoso, D.P.;
 En la Secretar de la Función Pública en Ar. Insurpantes Sur 1725. Coloria Guadaluce Inn. Delesación Álvaro Obrecón C.P. 01026. Másiso. D.F.:
 En las oficines del Érgano Interno de Control en la Coordinación Nacional PROSPERA Programa de Inclusión Social en Ar. Insurgantes Sur 1-400. Col. Serio Actipen, Delegación Benefo Juánez, C.P. 0.220, Másison, D.F.:
- En les oficines de la SEDESCL en Avenida Passo de la Reforma No. 116. Col. Julinaz, Delacación Cusultátmoc, C.P. 00000, México, D.F.

Le recordamos que en la pégine de Internet uses antecers ant my potré consulter les Reglas de Operación que ripen tento a PROSPERA Programa de Inclusión Social or al Programa de Apoya Allmentario (PAL), en alla encontraria, entre otra Información:

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Recuerde que:

Todos los frámites relacionados con estos Programas son realizados de manera gratulta por el personal de la Coordinación Nacional de PROSPERA Programa de Inclusión Social.

CONTROL OPERATIVO

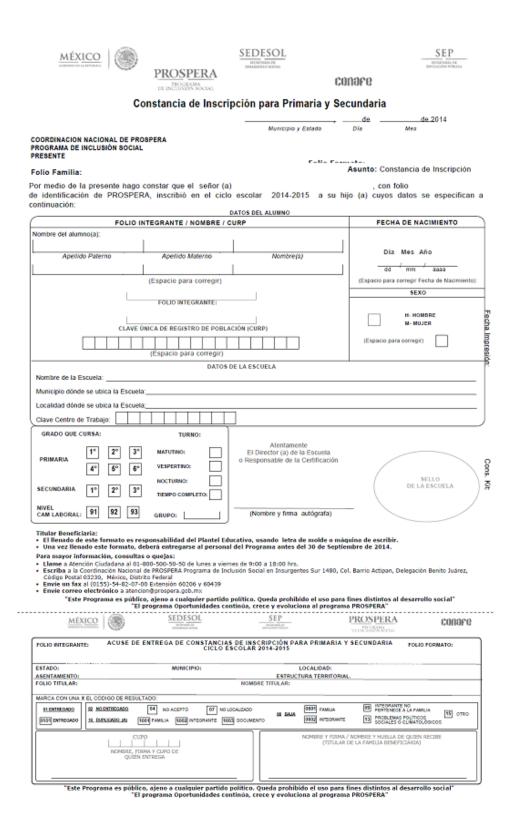
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Annex 3. Form S1-CRUS – Registry of Attendance to Health Services

ANEXO X.- Anverso del Formato \$1/CRU\$

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Annex 4. Certificate of Enrollment in Primary and Secondary School and Form E1









PROSPERA PROGRAMA DE INCLUSION SOCIAL

conore

FORMATO E1

CERTIFICACIÓN DE INSCRIPCIÓN A PRIMARIA

2015-2016 CICLO ESCOLAR: ___



	I. DATOS DE L	A ESCUELA		
NOMBRE DE LA ESCUELA:				
CLAVE CENTRO DE TRABAJO:		ZONA:		SECTOR:
DELEGACIÓN O REGIÓN ADMINISTRATIVA:				
DOMICILIO:				
LOCALIDAD:	MUNICIPIO:		ESTADO:	
	CLAVE CENTRO DE TRABAJO: DELEGACIÓN O REGIÓN ADMINISTRATIVA: DOMICILIO:	NOMBRE DE LA ESCUELA: CLAVE CENTRO DE TRABAJO: DELEGACIÓN O REGIÓN ADMINISTRATIVA: DOMICILIO:	NOMBRE DE LA ESCUELA: CLAVE CENTRO DE TRABAJO: ZONA: DELEGACIÓN O REGIÓN ADMINISTRATIVA: DOMICILIO:	CLAVE CENTRO DE TRABAJO: ZONA: DELEGACIÓN O REGIÓN ADMINISTRATIVA: DOMICILIO:

II. REGISTRO DE CERTIFICACI Director (a) o Responsable de la Certificación, para el llenado de este format			se encuentra al re	verso.
FOLIO PROSPERA / NOMBRE / CURP	SEXO	FECHA DE NACIMIENTO	TURNO	GRADO ESCOLAR CORRECTO
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SEXO: [H] HOMBRE - [M] MUJER

"Este Programa es público, ajeno a cualquier partido político. Queda prohibido el uso para fines distintos al desarrollo social."





SEP SECRETARÍA DE EDUCACIÓN PÚBLICA

PROSPERA PROGRAMA DE INCLUSION SOCIAL

CICLO ESCOLAR: _

conore

FORMATO E1

CERTIFICACIÓN DE INSCRIPCIÓN A SECUNDARIA

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		I. DATOS DE L	A ESCUELA	1		
	NOMBRE DE LA ESCUELA:					
	CLAVE CENTRO DE TRABAJO:		ZONA:		SECTOR:	
	DELEGACIÓN O REGIÓN ADMINISTRATIVA:					
	DOMICILIO:					
	LOCALIDAD:	MUNICIPIO:		ESTADO:		

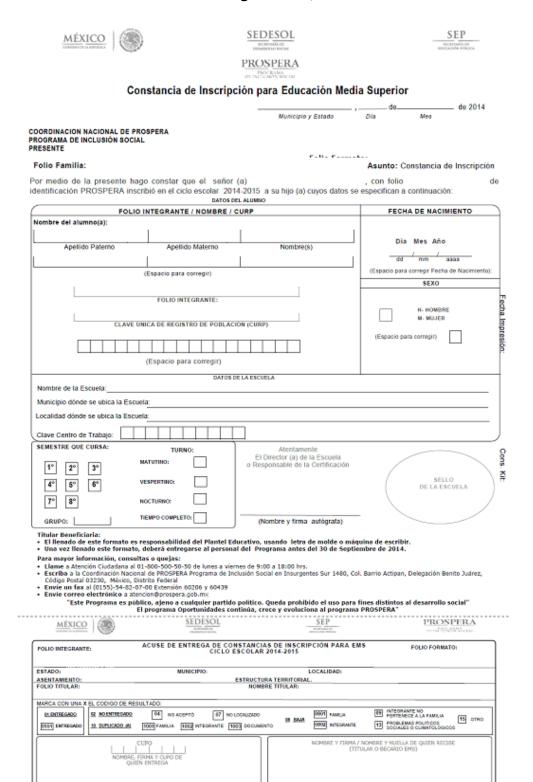
2015-2016

II. REGISTRO DE CERTIFICAC	IÓN DE	INSCRIPCIÓN		
Director (a) o Responsable de la Certificación, para el llenado de este forma	to es nece	sario que lea el instructivo que	se encuentra al re	
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CORRECCIÓN DE LA CLAVE ÚNICA DE REGISTRO DE POBLACIÓN (CURP)			GRUPO	
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CORRECCIÓN DE LA CLAVE ÚNICA DE REGISTRO DE POBLACIÓN (CURP)			GRUPO	
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SEXO: [H] HOMBRE - [M] MUJER

"Este Programa es público, ajeno a cualquier partido político. Queda prohibido el uso para fines distintos al desarrollo social."

Annex 5. Certificate of Enrollment in High-school, and Form E1



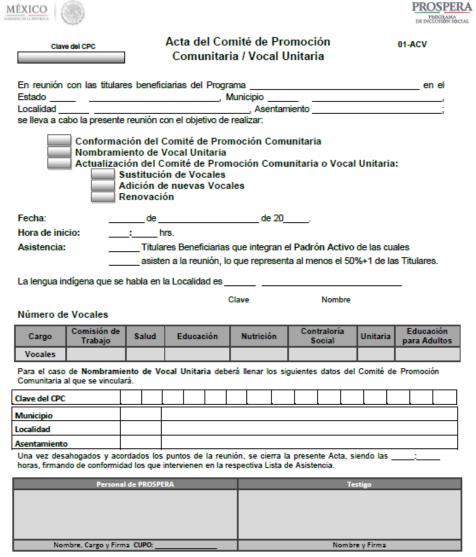
"Este Programa es público, ajeno a cualquier partido político. Queda prohibido el uso para fines distintos al desarrollo social" El programa Oportunidades continúa, crece y evoluciona al programa PROSPERA"

Annex 6. Service Card

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Annex 7. Minutes of the Committee/Single Spokesperson



ANEXOS: 1) Lista de asistencia (03-LAR) de Titulares Beneficiarias que avalan con su firma la Conformación / Actualización del Comité de Promoción Comunitaria o Nombramiento de Vocal Unitaria.

Oddulas de identificación (02-CIV) de Vocales del Comité de Promoción Comunitaria o de la Vocal Unitaria (ORIGINAL).
 NOTA: Estos formatos deberán llenarse con letra de moide legible, mayúscula y tinta negra.

Formato vigente: 2014

Annex 8. Spokesperson's Identification Card

MÉXICO INITIALIZA MENULIA M	Cédula de Id	entificación de Vocal	PROSPER DE DECIVIONA SOCI
Nombre: Apellido Paterno: Apellido Materno: Sexo:	Femenino Masco	Folio de la vocal: Clave del CPC: Fecha de nacimiento: (DD/MM/AAAA) de nombramiento: DD/MM/AAAA	
Calle: Localidad: Código postal:		Domicilio Número exterior: Asentamiento: AGEB:	Número interior: Manzana:
Tipo de teléfono: Propio Case Disponibilidad de tiempo: Mañana Ocupación Ama de casa Trabaja en Empresa Trabaja en Taller Trabaja en Negocio	Tarde Todo el día	Número de teléfono: Tipo de Vocal: Nivel Escolar Sin Escolaridad Kínder o Preescolar Primaria Secundaria Educación Media Superior	Ratificada Grado 1 2 3 1 2 3 4 5 6 1 2 3 1 2 3
Trabaja en Casa Partio Trabaja en Campo Comerciante o vende Estudia		Profesional p electrónico:	1 2 3 4 5 6 7 8

Formato vigente: 2014

Principales tareas de las Vocales

- Participar activamente en las sesiones bimestrales de orientación de las Mesas de Alendón a Comités (MAC); y reuniones o talleres de capadicación convocados por el personal de la Delegación Estatal, para el mejor desempeño de sus funciones. Realizar reuniones de orientación con las Titulares Beneficiarias de su comunidad, para diffundir la información recibida en las sesiones de
- orientación MAC.

- Comvocar a las familias para que asistan a los eventos relacionados con la operación del Programa.

 Apoyar al Responsable de Atención en la convocationa para la entrega y/o recuperación de documentos y formatos.

 Verificar que el personal de las Instituciones Llquidadoras, Unidades Médicas de Salud, maestros y de la Coordinación Nacional de PROSPERA Programa de Inclusión Social torinde a la población beneficiaria uma atención de calidad.

Funciones de las Vocales

Vocal de Educación:

- Motivar a las madres de familia para que inscriban a sus hijos en la escuela y viglien que asistan de forma regular a clases.

 Orientar a las madres de familia para que verifiquen que sus hijos becarlos de PROSPERA, se encuentren registrados en los formatos de certificación de la inscripción.

 Crear conciencia en las Titulares para que utilicen los apoyos de becas educativas y útiles escolares en la compra de uniformes y otros productos básicos que beneficien a sus hijos en su desempeño escolar.

 Informar a las Titulares los beneficios del "Apoyo Jóvenes Prospera" para que motiven a sus hijos a concluir la Educación Media Superior.

- Promoter la sua munarco sos uterienados del "epoyo Jovenes Prospera" para que motiven a sus hijos a concluir la Educación Media Superior.

 Promoter las becas de Educación Superior para que las y los beneficiarios se inscriban y continúen sus estudios al terminar la Educación Media Superior.

Vocal de Salud:

- Politica.

 Motivar a las Familias Beneficiarias para que asistan a sus citas médicas al menos una vez por semestre y a los talleres comunitarios de capacitación para el auto cuidado de la salud.

 Relacionarse directamente con el personal del centro de salud para recibir información sobre prevención de enfermedades y adicciones.
- Informar a las Titulares sobre su derecho de afiliación al Seguro Popular conforme a lo establecido en la Ley General de Salud y su
- Avisar a las famillas de nueva incorporación al Programa, para que acudan a la unidad de salud más cercana para recibir la Cartilla Nacional de Salud de cada uno de sus integrantes.

- Participar activamente en sesiones de capacitación sobre temas como desnutrición, higiene y preparación de los alimentos entre otros. Orientar a las Titulares Beneficiarias del Apoyo Alimentario SINHambre sobre el uso y consumo de los 15 productos que adquieren en las Tilendas Comunitarias DICONSA.
- Revisar la enfrega oportuna de los suplementos alimentícios e informar a las Titulares Beneficiarías para que acudan a la unidad de salud a recibirlos.
- recibilios.

 Promover con las Titulares Beneficiarias la buena alimentación y nutrición, utilizando de preferencia productos de su región.

 Orientar a las Titulares para que utilicen los apoyos Alimentario y Alimentario Complementario, en la compra de alimentos sanos y nutritivos.

 Conocer y difundir las acciones de la Estrategia Integral de Atención a la Nutrición (EsIAN).

Vocal de Educación para Adultos:

- · Difundir en cualquier espacio las ventajas que la población beneficiaria obtendrá la través de la alfabetización y el estudio de la primaria y/o
- informar a la población beneficiaria sobre los lugares donde pueden acudir para resolver sus dudas e inscribirse a los servicios que offece el Instituto o Delegación para la Educación de los Ádultos en su Entidad.
- Motivar al público en general, preferentemente a los becarlos del Programa para que participen como asesores de alfabetización o Educación Básica.

Vocal de Contraloría Social:

- Orientar a las Titulares para que cuando reciban sus apoyos, verifiquen que estén completos, de acuerdo a su recibo de desglose y al
- cumplimiento de sus corresponsabilidades.
 Enterar a las Titulares que tienen derecho a votar por quien decidan, sin que nadie las presione a hacerlo en favor de algún candidato o partido político.
- Exhortar a las Titulares para que no permitan abusos en la atención que reciben, prepotencia, manipulación, proseitismo, cobro de cuotas o participar en trabajos forzosos. Indicar a las Titulares cual es la población a la que están dirigidos los Programas y promover acciones de vigilancia para identificar familias que hagan mai uso de los apoyos o que no los necesitien.
- Informar a las Titulares sobre los diferentes medios que pueden utilizar para presentar dudas, quelas, denuncias o solicitudes.

Vocal Unitaria:

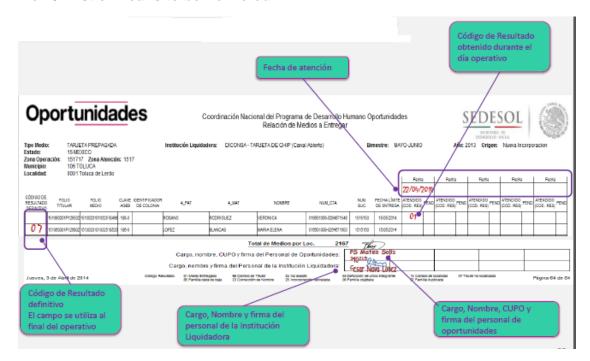
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 Realizar las funciones de las vocales de Educación, Salud, 	realition, constants doca y constant para nutrice.
Personal de PROSPERA	Aceptación de la Vocal
Nombre, Cargo y Firma CUPO:	Nombre y Firma
Testigo 1	Testigo 2
Nombre y Firma	Nombre y Firma

NOTA: LA CÉDULA DE IDENTIFICACIÓN DE VOCAL ORIGINAL IOS-CIVÍ SE QUEDA BAJO RESQUARDO DEL PERSONAL DE PROSPERA Y SE ENTREQUINA COPIA À LA VOCAL NOMBRAD.

Formato vigente: 2014

Annex 9. List of Means to be Delivered



Annex 10. Means Availability Check Form



Annex 11. Nutritional status control card

> For children and adolescents

TRAJETA DE CONTROL DEL ESTADO DE NUTRICIÓN DEL NIÑO Y DEL ADOLESCENTE

> For pregnant and lactating women

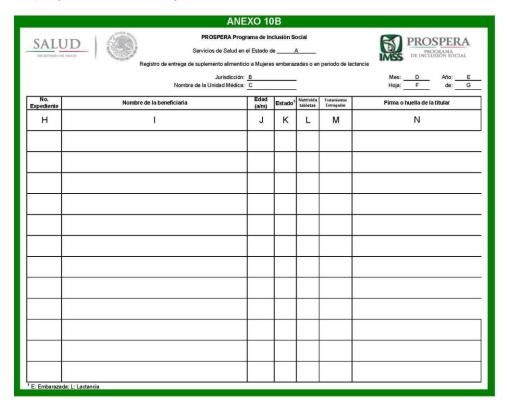
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Annex 12. Registration forms for the management of food supplements

> For children under 5 years of age

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> For pregnant and lactating women



Annex 13. Healthcare Services Attendance Card

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Annex 14. File for the identification of productive projects



DIRECCIÓN GENERAL DE COORDINACIÓN Y VINCULACIÓN DIRECCIÓN DE PRODUCTIVIDAD



			CÉDULA DE INCLUSIÓN	N PRODUCTI\	/A				
Estado:									
Nombre del representante del grupo:									
Folio PROSPERA:									
Municipio: Localidad:									
Domicilio:									
Teléfono:									
Correo electrónico (en caso de tenerlo):									
				Marque con	una "X"			SÍ	NO
1 ¿Tiene algún negocio o realiza alguna	actividad product	tiva? (En caso de que su re	spuesta sea "NO" pase a la	pregunta 3)					
¿Quál? 2 ¿Quiere fortalecer su proyecto? (En ca	oco do que au rea	nuarta con "sí" naca a la n	rominto 9)						
2.º ¿Quiere rorcalecer su proyector (En co	iso de que su res	puesta sea si pase a ia p	egunta 3)	Marque con	una "X"			sí	NO
3 ¿Desearía emprender algún proyecto	(En caso de que	su respuesta sea "NO" su	spenda la encuesta)						
		Seleccione de las	opciones que se muestran,	el giro de proy	ecto que desea iniciar				
4 Tipo de proyecto que le gustaría realiz	an:	Comercio							
5 Descripción del proyecto:									
6 Número de Titulares que integrarán e	nroverto:								
o. namero de ricara es que riceg a arre	projector			Marque con	una "X"			sí	NO
7 ¿Tiene conocimiento y/o experiencia	especto al produ	cto o servicio que desea g	enerar con su proyecto?						
¿Quál?									
				Marque con	una "X"			Si	NO
8 En caso de que su proyecto fuera: Agrícola	(Overte sen el	tarrana a incimas (comilla	ıs, fertilizantes, etc.) para im	nlomontor of n	rouget o 3				
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Servicios			oara implementar el proyect	:0?					
Industria	¿Quenta con el	local, equipo y materia pri	m a para implementar el pro	yecto?					
Artesanal			ma necesaria para implemer	ntar el proyecto	?				
Recursos Naturales	¿Quenta con los	recursos naturales para d	esarrollar el proyecto?	2.2					neven
9 ¿Requiere de capacitación o asistencia				Marque con	una "X"			51	NO
5,- ¿Requiere de capacitación o asistenos Específique	i cecnica para imp	nementar su proyector							
- Andrews Andrews		Indiqu	e la cantidad requerida par	a cada uno de l	os campos				
10 Cuál sería el monto aproximado de	In	sumos	Maquinaria y equipo		Capacitación				
la solicitud para:									
Total de apoyo aproximado :	0								
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11 ¿Sabe a quién le va a vender su prod 12 ¿Conoce su competencia?	uctor								
¿Ouál sería?									
				Marque con	una "X"			SÍ	NO
13 ¿Han sido beneficiados anteriorment	e con algún tipo	de apoyo?							
Dependencia: INAES			et ho.						
Programa:	Programa de Fo	mento a la Economía Soci	al						
¿Hace cuánto recibió el apoyo? 14 ¿Cuántos empleos se generarán con									
14 ¿Cuancos empreos se generaran con	er desarrollo de s	a proyector	Preguntas para en	cuestador					
				Marque con	una "X"			sí	NO
15 ¿La zona cuenta con las condiciones	oara implementa	r el proyecto?							
				Marque con	una "X"			SÍ	NO
16 ¿Considera usted que el proyecto ide									
 ¿A qué dependencia sugiere canaliza Otra: 	r el proyecto en i	com ento ?	SEDESOL						
Programa: Programa de Opcione.	Productivas								
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							DEP		

Annex 15. Operational monitoring indicators by subject area

Topic		Indicator	Frequency of calculations	Published disaggregation level
	ISO 1	Service capacity and access to services for families that will join the program	Semi-annual	State
Incorporation of families	ISO 2	Eligibility of families that might join the program	Annual	State
lammes	ISO 3			
	ISO 4			
	ISO 5	Program coverage	Two months	State
Continuity of the beneficiaries in the Roster	ISO 6	Movement of families in the active roster	Two months	State
	ISO 7			
	ISO 8	Movements in the register of scholarship holders	Two months	State
	ISO 9			
	ISO 10			
	ISO 11			
	ISO 12			
	ISO 13			
	ISO 14			
Health	ISO 15	Healthcare coverage for beneficiary families	Two months	State
	ISO 16	Coverage for the prenatal care of pregnant women	Two months	State
	ISO 17	Coverage for the prenatal care of pregnant women in the first trimester	Two months	State
	ISO 18	Coverage for the healthcare of lactating women	Two months	State
	ISO 19	Coverage for pregnant and lactating women with a supplement	Two months	State
	ISO 20.1	Sufficiency of the supplement for pregnant and lactating women	Two months	State
	ISO 21	Coverage of nutritional care for children	Two months	State
Nutrition	ISO 22	Coverage for children with food supplement	Two months	State
	ISO 23.1	Sufficiency of supplement for children	Two months	State
	ISO 24	Acute malnutrition in children	Two months	State
	ISO 25	Malnutrition due to low weight in children	Two months	State
	ISO 26	Chronical malnutrition in children	Two months	State
Certification of co-	ISO 27	Recovering the heath-related certification of co-responsibility	Two months	State
responsibilities	ISO 28	Compliance with the heath-related co- responsibility	Two months	State

	ISO 29	Recovering the education-related certification of co-responsibility	Two months	State
	ISO 30	Compliance with the education-related co-responsibility	Two months	State
	ISO 31	Recovering the co-responsibility for senior citizens	Semi-annual	State
	ISO 32	Compliance with co-responsibility by senior citizens	Semi-annual	State
	ISO 33			
	ISO 34	Coverage of beneficiary families with cash benefits for complying with their health co-responsibility	Two months	State
	ISO 35	Senior citizens with issued cash benefits	Two months	State
	ISO 36	Families with a maximum amount of cash benefits issued	Two months	State
Payment of benefits	ISO 37	Families that collect their cash benefits	Two months	State
	ISO 38	Coverage of education scholarship holders with cash benefits for education scholarships	Two months	State
	ISO 39			
	ISO 40	Direct costs of the delivery of funds	Two months	State
	ISO 41			

Annex 16. Geographical address sheet

	MÉXICO		PROSPERA PROCEJUMA DE INCLUSION SOCIAL							
	Estado: FICHA DE ATENCIÓN PARA LA CAPTACIÓN	DEL	FECHA DE SOLICITUD							
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Conserve este documento para cualquier aclaración posterior al trámite que solicita, con base en los criterios y tiempos establecidos en las Reglas de Operación del Programa vigentes y al Procedimiento de Atención de Solicitudes de Mantenimiento al Padrón.

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"Este programa es público, ajeno a cualquier partido político. Queda prohibido el uso para fines distintos al desarrollo social."
"Sus datos personales están protegidos y sólo serán utilizados para tareas relacionadas con la operación del Programa, de acuerdo a las
Reglas de Operación y de los Lineamientos de Protección de Datos Personales emitidos por el IFAI."