



AgEcon SEARCH
RESEARCH IN AGRICULTURAL & APPLIED ECONOMICS

The World's Largest Open Access Agricultural & Applied Economics Digital Library

This document is discoverable and free to researchers across the globe due to the work of AgEcon Search.

Help ensure our sustainability.

Give to AgEcon Search

AgEcon Search

<http://ageconsearch.umn.edu>

aesearch@umn.edu

*Papers downloaded from **AgEcon Search** may be used for non-commercial purposes and personal study only. No other use, including posting to another Internet site, is permitted without permission from the copyright owner (not AgEcon Search), or as allowed under the provisions of Fair Use, U.S. Copyright Act, Title 17 U.S.C.*

**INTERNATIONAL
FOOD
POLICY
RESEARCH
INSTITUTE**

FINAL REPORT

**THE IMPACT OF PROGRESA ON
COMMUNITY SOCIAL RELATIONSHIPS**

Michelle Adato

**International Food Policy Research Institute
Food Consumption and Nutrition Division
2033 K Street, NW
Washington, D.C. 20006, USA
Tel. (202) 862-5600
Fax (202) 467-4439**

September 20, 2000

CONTENTS

ACKNOWLEDGEMENTS	iii
EXECUTIVE SUMMARY	iv
1. INTRODUCTION	1
1.1 Targeting In Poverty Alleviation Programs	4
1.2 PROGRESA's Targeting System.....	5
1.3 Economic Evaluation of PROGRESA's Targeting System.....	6
1.4 Research Methods	7
2. SOCIAL SOLIDARITY.....	10
2.1 Community Perceptions of Targeting System and Outcomes	10
2.2 Relationships 'The Same'	12
2.3 Shared Responses: Sadness, Hope	13
2.4 Sharing Benefits and Information	16
3. SOCIAL DIVISIONS	18
3.1 Conflict	18
3.2 Social Tensions	19
3.3 Participation in Community Activities	22
3.3.1 Participation in communal work activities.....	22
3.3.2 Participation in the health <i>pláticas</i>	27
3.3.3 Participation in school activities.....	29
4. STRENGTHENING SOCIAL RELATIONSHIPS: ACTIVITIES OF PROGRESA WOMEN.....	30
5. CONCLUSIONS.....	31
REFERENCES	34
TABLES.....	36

ACKNOWLEDGEMENTS

This report is largely based on focus group research carried out during June-July 1999, as part of the operations, intra-household and community studies in the IFPRI evaluation of PROGRESA. I would like to thank all the staff at PROGRESA who provided ideas, advice and logistical assistance in the course of the research, especially Daniel Hernández, Patricia Muñoz and Ana Núñez. Special appreciation is expressed to Dubravka Mindek for her excellent assistance with fieldwork supervision and for her insights and support throughout the fieldwork and data analysis processes; Soledad Rojas and Minerva Garibaye for focus group facilitation; GAUSCC and Luis Mejía for fieldwork logistics, Ana Núñez, Ana Ortiz and Patricia García for assistance in the field; and Rebeca Walker and Marcía Colores for translation.

The report also draws on semi-structured interviews with doctors carried out in January-February 2000. Thanks to Dubravka Mindek and Haydée Quiroz Malca for conducting these interviews and coding the data; David Coady and Marie Ruel for helping to instigate and plan this research as part of the operations evaluation; and Ben Davis, Ashu Handa, Luis Mejía, Jorge Ruiz Delgado and Eduardo Vargas Sanchez for coordinating logistics.

Finally, thanks to Emmanuel Skoufias for his support of both components of the qualitative research; Lyla Kuriyan and Ryan Washburn for assistance with quantitative data; Lourdes Hinayon for administrative support; and Ben Davis and Ashu Handa for their hospitality and assistance during many stays in Mexico.

This Research report is part of the PROGRESA Evaluation project of IFPRI. Michelle Adato is a Research Fellow at IFPRI. She, and not IFPRI or PROGRESA, are responsible for all the contents of this report. Correspondence regarding this report should be sent to Michelle Adato, IFPRI, 2033 K Street NW, Washington DC 20006, USA: telephone: 202-862-8195; fax 202-567-4439. E-mail: m.adato@cgiar.org.

EXECUTIVE SUMMARY

PROGRESA's objective is to provide Mexican families living in extreme poverty access to opportunities for meeting their basic education, health and nutritional needs. It provides cash benefits linked to children's school attendance and to families' regular clinic visits, as well as health education and nutritional supplements. With the transfers corresponding to on average 19.5% of the income of poor households, they are a substantial benefit to these households in rural communities where the program operates.

PROGRESA is a "targeted" poverty program, a mode of government assistance whereby households that are determined to most need resources receive them. PROGRESA uses a combination of geographic and household targeting, whereby first, communities are selected using a marginality index based on census data; and second, within those communities, beneficiary households are selected using household survey data. The purpose of these methods is to 1) make the most efficient use of scarce resources in the pursuit of poverty alleviation; and 2) institutionalize objectivity in the selection process, avoiding discretionary decision-making at the local, state or national level.

In PROGRESA communities, then, there are beneficiaries of the program and there are "non-beneficiaries." The latter group may benefit indirectly through increased resource flows in their communities; through improvements in the supply of health and education resources, including the health *pláticas* (education lectures) to which they are invited. However, they do not receive the cash benefits. Based on research carried out in 1999 and early 2000, this report explores how this differentiation, the creation of new social categories of "beneficiary" and "non-beneficiary," has had unanticipated consequences in PROGRESA communities. There is evidence that social relationships between beneficiaries have been strengthened through activities in which they participate together: monthly group meetings of PROGRESA women, health *pláticas* and communal work activities. In many communities, however, there are reports of new social divisions introduced by the fact that among people who generally see themselves as 'all poor' and 'all in need' of assistance, there are some who receive benefits and others who do not. There are also reports that relationships are fine and as before, and forms of social solidarity are evident in the responses toward this differentiation; however, these expressions reflect the difficulty of the differentiation for both groups. These are the issues that are examined in this report, through exploring the experiences and perspectives of beneficiaries, non-beneficiaries, *promotoras*, and doctors based in PROGRESA communities.

Economic analysis of PROGRESA's system of household targeting found moderate advantages in relation to hypothetical geographic targeting or no-targeting scenarios. However, targeting involves social costs that need to be weighed into the analysis of the costs and benefits of alternative targeting systems. The research reported here examines these social costs, focusing on community social relationships, which can be seen as forms of social capital. Social capital is widely believed to be a factor in people's ability to move out of poverty and facilitating development; thus, in addition to the intrinsic importance of strengthened or weakened social relationships, the extent to which PROGRESA contributes to or detracts from social capital has implications for the achievement of the program's ultimate aims.

Specifically, this report addresses the following questions:

- How do people in PROGRESA communities feel about the selection system? Is it perceived as fair, in concept and application?
- How do people feel as designated beneficiaries and non-beneficiaries?
- How does this differentiation affect the relationships between people in the two groups?
- Is there new social capital built as a result of PROGRESA?

Because social costs and impacts on social relationships are difficult to quantify, the study upon which this report is based used two types of qualitative research methods. The main component involved focus groups with *promotoras*, beneficiaries and non-beneficiaries, involving approximately 230 people from 70 communities across six states. The second component of the research involved semi-structured interviews with key informants, primarily doctors working in the local clinics in 17 communities across four states. Interviews with school directors were also conducted, but results are reported in summary form as the majority did not speak directly to this issue.

Research Findings

Social Solidarity

Community perceptions of targeting system and outcomes

- The issue of the beneficiary selection process and exclusion of non-beneficiaries was the main problem with PROGRESA raised in almost all focus groups, and a problem raised in almost all of the doctors' interviews. Beneficiaries, *promotoras*, doctors, school directors, and even non-beneficiaries generally speak very highly of the education, health and nutrition benefits of the program. However, all groups believe that there are many people who are poor and need the program and have been wrongly excluded. To a lesser extent they think there is a problem with people receiving benefits who do not need them.
- The main reasons given by respondents for why people were excluded from the program relate to the use of the census to choose beneficiaries. Focus group respondents said that people were not home when the enumerator arrived and the enumerator did not return, and that some people did not want to answer the census because they did not know its purpose, had heard rumors about bad consequences that would result from answering it, or were tired of surveys that did not bring results. Other people were said to have answered it but gave wrong information: they overstated their resources because they were ashamed to admit they were very poor; did not know household conditions; or misunderstood questions because of language differences. Most doctors said the selection process was not carried out accurately, pointing mainly to many families in their communities that need the benefits and do not receive them, and to a lesser extent to people on the list that should not be there. When asked what they would change about PROGRESA, 15 out of 17 doctors interviewed said they would change the beneficiary

selection process. Fourteen out of 18 school directors also criticized the selection process.

- Among beneficiaries, non-beneficiaries and *promotoras*, there was a strong view expressed that ‘everyone is poor’ – a sense of a common identity in poverty. When asked who do *not* need the benefits, some said teachers, professionals and government workers, and in this narrower sense they can be seen to not disagree with the concept of targeting. But aside from these more obviously richer people, beneficiaries and non-beneficiaries in the focus groups describe themselves as ‘all poor’ and all in need, and thus do not agree with the finer distinctions made in the selection process. These responses express a commonality in their experience of differentiation, and indicate a type of social solidarity that persists despite the introduction of differences.
- The frequent comments that ‘everyone is poor’ and ‘the same’ suggest two possibilities. One is that the selection was somehow done incorrectly and the non-beneficiaries referred to in these communities actually are no different from the beneficiaries. The second is that although there may be actual differences in the poverty level of these different households as measured by the indicators and analysis used in PROGRESA’s targeting system, local perceptions of what it means to be poor differ from those which are represented by this system. Many comments also seem to imply that in these communities a higher value is placed on being treated ‘equally’ than on ‘equity’ in the sense underlying the logic of the targeting system’s calculation of poverty levels.

Relationships ‘the same’

- Many comments were made suggesting that beneficiaries and non-beneficiaries continue to get along with each other fine and ‘the same’ as before. The main reason is that non-beneficiaries know that it is not the fault of beneficiaries that they do not receive benefits. Another reason is that they attribute the selection to luck or a lottery, and non-beneficiaries hope they will be luckier next time.

Shared responses: sadness, hope

- Responses from beneficiaries and non-beneficiaries regarding their feelings about the latter’s exclusion from the program expressed another type of solidarity. Both groups described their feelings of sadness over the exclusion of people from the program, and their hope that non-beneficiaries would be included later. Some beneficiaries expressed guilt or discomfort because of their better luck. Some non-beneficiaries expressed a resignation to their bad luck. Some of the ideas vocalized were that it is not fair or nice to give something to some people and not to others; that beneficiaries eat better and buy better clothing for their children, while non-beneficiaries watch, unable to buy the same food or clothing; that non-beneficiaries are excluded from some group activities in which beneficiaries participate; and that non-beneficiaries do community work in the hope of being included and then are disappointed when beneficiaries pick up their benefits and they still do not get them.

Sharing benefits and information

- A small group of comments indicate that some beneficiaries share benefits or information with non-beneficiaries. Since the benefits are perceived as small, the implication is that sharing is not likely. More often, beneficiaries talked about wanting everyone to receive the same amount or wanting to share their benefits in some way with non-beneficiaries, even if they actually could not or did not. This was another indication of beneficiaries' discomfort with the differentiation. Among the few cases where actual sharing was said to happen it was between household or family members. Another type of sharing with non-beneficiaries referred to was sharing of information that beneficiaries learn in the health *pláticas*.

Social Divisions

- Existing side by side with expressions of solidarity are many accounts of social divisions in communities. Beneficiaries, non-beneficiaries, *promotoras* and doctors describe non-beneficiaries' resentment over their exclusion from the program as well as their lack of understanding of the basis for the differentiation, leading to social tensions, occasional direct conflict and social divisions that affect participation in community activities. The large number of comments indicating both unchanged relationships and social divisions may to some extent reflect different dynamics across communities; however, often both accounts emanated from the same community. These dynamics appear to exist simultaneously, where non-beneficiaries know that beneficiaries are not responsible, and some aspects of relationships are unchanged, but divisions are manifested in various ways.

Conflict

- There were several reports of direct conflict between beneficiaries and non-beneficiaries. However, these were relatively few, implying that social divisions usually do not take the form of direct confrontation.

Social tensions

- More common than confrontation are social tensions, involving resentment, envy or gossip. This appears to surface more often around the times when beneficiaries go to collect their payments. Problems are also expressed more subtly: as concerns that 'the community is not well' or a desire for everyone to be part of the program so that they 'will all be fine.'
- Keeping hope alive that non-beneficiaries will get included soon helps to reduce tensions, e.g., where *promotoras* submit petitions on their behalf, or beneficiaries tell non-beneficiaries that they will be included in the future.

- A small group of comments indicated problems between children of beneficiaries and non-beneficiaries, mentioning envy about school supplies, clothing, or the “scholarship.” However, this did not appear to be a common problem.
- Doctors’ comments in their interviews were consistent with those of beneficiaries and non-beneficiaries. Three-quarters of the doctors interviewed said there were problems in their communities related to the program’s designation of beneficiaries and non-beneficiaries, with a quarter of these saying that the problems were not serious. One quarter of the doctors said they had not seen problems of this nature. Doctors’ accounts paint a similar picture of few confrontations, but resentment, gossip, feelings of rejection, and non-beneficiaries not wanting to participate in community activities.

Participation in community activities

- One of the main ways in which social divisions are described in the focus groups and doctors’ interviews refer to community activities, where non-beneficiaries do not want to participate with beneficiaries. The type of activity most frequently mentioned was communal work, such as cleaning the community or work that people have historically done as volunteer activities together, often referred to as *faenas*. These are not part of PROGRESA, but in some communities they are informally associated with the program. In particular, doctors believe that community work that cleans or improves the environment is important, and PROGRESA is a means of encouraging participation.
- In some communities, non-beneficiaries and beneficiaries do participate together in community *faenas*. Non-beneficiaries participate either because the work is not seen as related to PROGRESA; because *promotoras* or doctors convince non-beneficiaries that they should do the work anyway because the whole community benefits from the work; or because non-beneficiaries hope that by participating they will be included in the program later.
- In other communities, non-beneficiaries do not participate in community activities because they are not part of PROGRESA. The main reason they give is that they should not do the work because they are ‘not being paid’ as beneficiaries are, or ‘not being recognized.’ Another point made was that some non-beneficiaries do not want to respond to these requests from the *promotora*, because they think she is not helping them get into the program. Some *promotoras* said that they no longer invite non-beneficiaries because they anticipate problems.
- The other community activity where the issue of non-beneficiary participation was raised was the health *pláticas*, the community health lectures where doctors or other health care professionals cover topics such as hygiene, sanitation, illness detection, family planning, and nutrition. They are popular and women say they value what they learn there. In some communities, non-beneficiaries go to the *pláticas* because they want to learn, or because the *pláticas* are for everyone. In other communities, non-beneficiaries say they do not attend because either they are not invited, do not feel welcome, or do not want to go, because they are not beneficiaries.

- *Promotoras* and doctors play an important role in encouraging non-beneficiary participation in community activities and in efforts to avoid or mend divisions.
- Other types of community activities are associated with the schools, involving cleaning the schools or other activities. There are also fees that parents pay to parents associations. Focus groups and interviews with school directors revealed that in some communities, non-beneficiaries no longer want to pay the fees, saying that the beneficiaries should pay instead, and that non-beneficiaries do not want to participate in activities where parents help to clean the schools.

Strengthening Social Relationships: Activities of PROGRESA Women

- Among PROGRESA women, the focus groups provide evidence of new kinds of social relationships that have empowering effects for beneficiary women and appear to be building new forms of social capital among them. Monthly meetings, health *pláticas*, *faenas* and collecting their benefits are all activities in which PROGRESA beneficiaries gather together and have an opportunity to talk with each other in groups. The main purpose of the monthly meetings is for *promotoras* to convey information about the program to beneficiaries, answer questions, and monitor certain aspects of program operations. But in the focus groups, women said that they sometimes speak about other issues, share problems and solutions, and realize that they have common experiences.

Conclusions

- The overall conclusion of this research is that PROGRESA's system of household targeting involves social costs that should be taken into account in evaluations of this system and consideration of alternative targeting systems. Communities exhibit social solidarity in terms of the common ways in which beneficiaries and non-beneficiaries evaluate the beneficiary selection process, outcomes and impacts. At the same time, there is evidence of problems that the targeting has introduced into community social relationships. Although it is not known from a statistical point of view the percentage of communities in Mexico that have experienced these problems, the frequent and similar statements of beneficiaries, non-beneficiaries, *promotoras* and doctors in the majority of focus groups and interviews conducted across six states provide strong evidence that there is a problem that should be addressed.
- PROGRESA has also strengthened social relationships between beneficiary women, potentially building new forms of social capital. This is a valuable second-round effect of the program, and suggests that these types of approaches to PROGRESA activities that promote social capital could be encouraged. At the same time, the creation of a group of 'PROGRESA women' who participate in separate activities can reinforce social divisions, so these problems related to household targeting need to simultaneously be addressed.

- There remain good equity and efficiency arguments for household targeting, but there are problems in practice. It is likely that correcting implementation problems in carrying out the census, renewing the early program proposals for community review of beneficiary selection, and ensuring an effective and systematic appeal process, would go a long way toward reducing these social problems. Even with the correction of mistakes, however, the social cost of targeting at the household level may be high in these communities where the distinctions made by the program between poor and extreme poor, or needing assistance and not needing assistance, are not apparent in the view of the people who live there, who see themselves as ‘all poor’ and ‘all in need.’
- Avoiding the types of social costs described in this report could be achieved in several ways. One is to switch to geographic targeting. However, in addition to some disadvantage in terms of giving benefits to the non-poor, this system would leave poor people within those on average less poor communities without benefits. A second option is to switch to self-targeting, giving everyone the opportunity to participate, while introducing obligations that discourage better-off people for whom the opportunity cost of complying is greater than the benefits received. A third way is to continue household targeting, but widen the band of inclusion enough so that the differences within a community between the people who receive benefits and those who do not are rendered clear to the people who live there. Obtaining community perspectives on who is poor and not poor, and who is in need and not in need of PROGRESA, could be a starting point in designing a standard that could achieve that clarity and a greater level of acceptability. There may be other ways of approaching targeting to reduce adverse social impacts, which are not contemplated here. This report presents the finding that such social impacts exist and argues for the importance of weighing social factors in addition to economic factors in evaluating alternative targeting frameworks.

THE IMPACT OF PROGRESA ON COMMUNITY SOCIAL RELATIONSHIPS

Michelle Adato

Now they know how to speak more. Because they ask each other things. We have meetings, so we speak to each other. For example, here we are in the meetings, we have a chat, and we ask you, how do you handle something, how did you do it? That is how, one to the other, we open our minds. Well one thinks better, we guide each other more. (Promotora, Guerrero¹)

I think they mostly feel sad, because they don't have that program, and they are not with the others who are sweeping in groups, all of them united. Because it is very pretty to be all united, all sweeping together, and even having fun, because sometimes we are all full of dust. (Promotora, Michoacán²)

It hurts us that others don't have it because we feel we are one family. (Beneficiary, Querétero)

The problems...between the ones that have and those that don't is that—they think that the beneficiaries are the ones that have to do the work³, even though it is for all the community. And the ones that don't have [PROGRESA] don't do it because no one is supporting them.... I have to take other measures to assure their presence, telling them that the health pláticas are for everybody, that the community is of everybody, so it has to be clean...but they say while I don't get the support, I don't participate... There is a division between PROGRESA and non-PROGRESA. (Doctor, Querétero)

1. INTRODUCTION

PROGRESA provides Mexican families living in extreme poverty access to opportunities for meeting their basic education, health and nutritional needs. The program achieves this through provision of cash grants and nutritional supplements linked to regularly scheduled clinic visits and attendance at health lectures; and provision of cash grants and school supplies linked to children's school attendance through primary and secondary levels. With the transfers corresponding to on average 19.5% of the income of poor households (Hoddinott *et al.* 2000), they are a substantial benefit to these households in rural communities where the program operates.

¹ speaking about meetings of PROGRESA women. *Promotoras* are elected community workers who liaise between beneficiaries and program staff. They are also beneficiaries.

² speaking about volunteer community work groups, where in this case PROGRESA women participate and non-beneficiaries do not. In this and the other opening quotations, “they” refers to non-beneficiaries.

³ “Work” refers to volunteer community work.

PROGRESA is a “targeted” poverty program, a mode of government assistance whereby households that are determined to most need resources receive them, and those that are less in need do not. PROGRESA uses a combination of geographic and household level targeting, whereby first, communities are selected using a marginality index based on census data; and second, within those communities, households are selected using household survey data. The purpose of these methods is to 1) make the most efficient use of scarce resources in the pursuit of poverty alleviation; and 2) institutionalize objectivity in the selection process, avoiding discretionary decision-making at the local, state or national level.

In PROGRESA communities, then, there are beneficiaries of the program and there are ‘non-beneficiaries,’ those who were determined through the selection process not to be poor enough to receive PROGRESA assistance. Non-beneficiaries may benefit indirectly through increased resource flows in their communities; through improvements in the supply of health and education resources, including the health *pláticas* (health education lectures) to which they are invited. However, they do not receive the cash transfers. Based on research carried out in 1999 and early 2000, this report examines how this differentiation, the creation of new social categories of “beneficiary” and “non-beneficiary,” has had unanticipated consequences in PROGRESA communities. There is evidence that social relationships between beneficiaries have been strengthened through activities in which they participate together: monthly group meetings of PROGRESA women, health *pláticas* and communal work activities.⁴ In many communities, however, there are reports of new social divisions introduced by the fact that among people who generally see themselves as ‘all poor’ and ‘all in need’ of assistance, there are some who receive benefits and others who do not. There are also reports that relationships are fine and as before, and forms of social solidarity are evident in the responses toward this differentiation; however, these expressions reflect the difficulty of the differentiation for both groups. These are the issues that are examined in this report, through exploring the experiences and perspectives of beneficiaries, non-beneficiaries, *promotoras*, and doctors based in PROGRESA communities.

Economic analysis of PROGRESA’s system of targeting found moderate advantages in relation to hypothetical alternatives involving geographic targeting or no targeting scenarios (Skoufias *et al.* 1999). However, targeting involves social costs that need to be weighed into the analysis of the costs and benefits of alternative targeting systems. The research reported here examines these social costs, focusing on community social relationships, which can be understood as forms of social capital.

Specifically, this report addresses the following questions:

- How do people in PROGRESA communities feel about the selection system? Is it perceived as fair, in concept and application?
- How do people feel as designated beneficiaries and non-beneficiaries?
- How does this differentiation affect the relationships between people in the two groups?
- Is there new social capital built as a result of PROGRESA?

⁴ These work activities are not part of PROGRESA but in some communities involve groups of PROGRESA women (see section 3.3).

The term “social capital” is used here as a way of linking social relationships to their consequences for poverty alleviation and development. Social capital is a term used to capture “information, trust, and norms of reciprocity inhering in one’s social networks” as well as “norms and networks facilitating collective action for mutual benefit” (Woolcock 1998: 153, 155). Social capital is widely believed to be a factor in people’s ability to move out of poverty and facilitating development.⁵ Thus, in addition to the intrinsic importance of strengthened or weakened social relationships, the extent to which PROGRESA contributes to or detracts from social capital has implications for the achievement of the program’s ultimate aims.

The impact of PROGRESA on community-level social relationships has not been a focus of attention in the program, which is an intervention concerned with improving conditions of the household, and is not mediated by local organizations or collective action. However, most poverty alleviation and development interventions have indirect impacts, some intended, others unintended.⁶ The possibility that the program might be affecting social organization was raised in a 1998 evaluation by researchers from the Centro de Investigaciones y Estudios Superiores en Antropología Social (CIESAS), which asserted that rural and indigenous communities had egalitarian systems of redistribution related to mechanisms of social control, and that PROGRESA was altering this system, leading to social fragmentation and conflict between extended families, between families within communities, and between *promotoras* and non-beneficiaries (CIESAS 1998). In our study, the focus group and interview designs included questions intending to explore some of these issues. However, respondents usually raised these issues before we got to them. Beneficiaries, *promotoras* and doctors were generally very positive about the health, education and nutrition components of the program. However, issues concerning accuracy and fairness of the beneficiary selection system, and the feelings of all groups with regard to the exclusion of non-beneficiaries, consistently emerged as key points of dissatisfaction with the program.

It should be noted that this study focuses mainly on similarities found across communities and across states, and less on local variations. It is not possible in the context of a program evaluation with the specified scope and timeframe to develop a complex understanding of the articulations of program influences with diverse historical and contemporary social, cultural, political or economic conditions at the local level. To do this would require a mix of qualitative research methods and a much larger timeframe and budget than was available. While this would be a valuable avenue for future research, this report focuses on themes that were raised consistently across the communities where the focus groups and interviews were conducted.

This report begins with a brief discussion of targeting: the principles behind targeting, the methods used by PROGRESA, and the conclusions of the economic evaluation of PROGRESA’s targeting performance. It then describes the research process and methods on which the findings

⁵ See Woolcock (1998) for a review of literature on social capital and how it relates to development.

⁶ Some economic impacts of the program at the community level have been explored by Coady and Harris (2000) and Handa *et al.* (2000).

of this report are based. From there it presents the findings of this study with respect to program impacts on community social relationships.

1.1 Targeting in Poverty Alleviation Programs

The conceptual basis for targeting starts with the assumption of a fixed amount of resources, and an objective of maximizing poverty reduction. A World Bank study reviewing cross-country experience with targeted poverty programs (Subbarao *et al.* 1997) explains that targeting is advocated because:

1. The social returns for a given level of transfers are higher for households at the lower end of the income distribution than for those at the higher end. Thus maximizing the welfare impact for a given population means targeting the more poor.
2. Targeting the poor saves budgetary resources by confining resources to those who need it most, provided that the administrative costs of identifying the poor are not high. This in turn allows for more money to go to the poor, greater expenditure on other anti-poverty programs, or the reduction in public revenue collection through potentially distortionary taxes.

The study points out, however, that there are both economic and social costs that need to be taken into account when evaluating a targeted poverty program: These include: 1) administrative costs: identifying who the poor are and delivering the resources to them; 2) incentive costs, e.g., people may work less if there is an income ceiling for receiving the benefits; people may relocate to an area that has been targeted; families may feed children less if they are getting a supplement to save food for other family members; 3) stigma, associated with being officially identified as 'poor' and in need of public assistance; and 4) political economy costs, having to do with the distribution of political power and the potential loss of political support from the non-poor for programs narrowly targeted toward the poor (Subbarao *et al.* 1997).

The research on PROGRESA communities reported here focuses on a different type of social cost — the impacts on local social relationships — arguing that these should be factored into *ex-post* and *ex-ante* evaluations of targeted programs.

Poverty targeting is usually done in one of several ways:

1. Geographical targeting, where poverty levels in geographical regions or localities/communities are compared, and programs introduced only in the poorest areas, though everyone who resides in those areas has equal access to the program.
2. Household targeting, where poverty levels of individual households are compared and only those households determined as poor enough according to a specified standard are eligible for benefits.
3. Self-targeting, where everyone is eligible for the program, but there are obligations or requirements associated with the program (e.g., work) that involve opportunity costs for

participants in terms of time or effort. Those for whom these costs are higher than the benefits received self-select out of the program; those for whom the costs are less than the benefits gained (usually those without better options), self-select in.

4. Targeted subsidies, where subsidies are put on foods or other items disproportionately consumed by the poor (also a form of self-targeting).

1.2 *PROGRESA's Targeting System*

Mexico's social policy has increasingly used targeting to be more efficient in its allocation of resources to the poor. Targeted subsidies replaced universal subsidies in the 1980s (Friedman *et al.* 1995). *Programa Nacional de Solidaridad* (PRONOSOL), the government's main anti-poverty program from 1988-1994 involving social welfare, support for production, and regional development, was targeted to the 48% of the population below the official poverty line, with an emphasis on the 19% living in extreme poverty (Cornelius *et al.* 1994). However, evaluations revealed that it had not been very successful in reaching the poor, and less so the extreme poor, in part due to design errors and political influence. PROGRESA was designed in the mid-1990s with many of its features reflecting lessons learned from the past program. In addition to focusing on the basic needs of the extreme poor, it was designed to target the 20% of the population characterized as living in extreme poverty (Yaschine 1999).

PROGRESA uses a combination of geographic and household targeting. The methods have involved the following steps:⁷

The first step was selection of localities, based on a constructed marginality index. Other criteria were then applied, including geographic location, distance between localities, and initially the existence of health and school infrastructure. This last feature, which is significant in its implications for reaching the extreme poor, was dropped during the program's second phase. However, it still applies in some areas where new health and school infrastructure is not going to be built and where people cannot access clinics and schools in other communities. Geographical and statistical data were then used to further pinpoint areas with greater marginalization.

The next step is household-level targeting. Within the communities selected, a household census is conducted, collecting data on: household composition; literacy and education of members; economic activity and diverse sources of income; presence of handicapped persons; dwelling characteristics and availability of services; and possession of assets, including land and animals. Per capita income is constructed (excluding income from children) and compared to the Standard Food Basket, equivalent to an average aggregate income of approximately two minimum wages. A statistical technique is then used (separately for each geographic region) to identify the characteristics that best discriminate between poor and non-poor households and an index developed. Households are then identified as poor or non-poor, and the poor are selected as beneficiaries.

⁷ This description of the process is based on Skoufias *et al.* (1999) and PROGRESA (1997); the third stage description also draws on Adato *et al.* 2000.

The third step was originally envisioned as a community review of the accuracy of the selection. Early policy proposed a “social comptrollership” at the local level, one of the tasks of which would be to analyze the beneficiary list to help verify the accuracy and quality of the procedure followed, to assure that assistance is reaching those who most need it. The policy stated that “the Program contains strict criteria and objectives to define priority regions and beneficiary families, while making sure in all cases that communities themselves are in agreement as to whom the recipients should be and approve some aspects of its operation” (PROGRESA 1997:3). After the beneficiary list comes out, a local assembly is held as part of the induction process. There, claims are supposed to be registered concerning households that should have been selected to participate but were not, and those that were selected but should not have been. For households that were not selected because they were absent on the day of the locality census, their relevant socio-economic characteristics are to be subsequently collected and the same selection methodology applied. For those who were present, the analysis is to be conducted again and, if they were just close to the poverty line, their case may be reviewed. In practice, however, this system does not work as originally envisioned and described here. Current policy envisions that beneficiaries are actively informed of the general assembly while the non-attendance of beneficiaries is not discouraged. A practice whereby the assembly is used to propose revisions to the list does not appear to be occurring. Instead, some communities subsequently submit petitions but the extent to which these are handled systematically is not clear.

1.3 Economic Evaluation of PROGRESA’s Targeting System

A 1999 evaluation (Skoufias *et al.* 1999) compared PROGRESA’s household targeting system with hypothetical alternatives, including uniform transfers with no targeting, targeting based on consumption (considered ‘perfect’ targeting), and geographic targeting. It found that if the objective is to reduce the number of poor households as a percentage of the total population (the headcount rate), then no targeting would be the most effective way of achieving this, with PROGRESA’s household targeting system having a negligible impact. If the objective is to reduce the depth or the severity of poverty (using constructed poverty gap or severity indices), then consumption based targeting performs the best, followed by PROGRESA’s household targeting system, geographical targeting, and no targeting being the least efficient. Since this model takes into account the cost of targeting, the better performance of PROGRESA’s system over geographic targeting implies that “targeting by PROGRESA is worth the monetary cost, though not by much.” The study also found that it becomes increasingly difficult to distinguish between moderately poor and non-poor once the program has covered the extreme poor. The study concludes that:

...PROGRESA’s method of targeting households outperforms alternative methods in terms of reducing the poverty gap and severity of poverty indices, even after taking into account the economic costs of targeting. However, the reduction in the higher order measures of poverty accomplished by household targeting over and above those accomplished by simply including all the households in the locality are relatively small. Whether these marginal successes of targeting at the household level is a worthwhile effort depends on the size of the non-economic, or political and social costs of targeting, all of which are very difficult to quantify (Skoufias *et al.* 1999:20).

1.4 Research Methods

The research in this report focuses on social impacts and social costs involved with PROGRESA's household targeting system. Because social costs and impacts on social relationships are very difficult to quantify, the study upon which this report is based used two types of qualitative research methods.⁸ The main component of the research involved focus groups with *promotoras*, beneficiaries and non-beneficiaries, carried out in June-July 1999. The purpose of the focus groups was to understand the perspectives, feelings and lived experience of people in PROGRESA communities in relation to the program. This could be best accomplished by allowing beneficiaries, non-beneficiaries and *promotoras* to explain, in-depth and in their own words, the impact that PROGRESA has had on their lives and on the social dynamics and social relationships in their communities. The second component of the research involved semi-structured interviews with key informants, specifically doctors in the local clinics and secondary school directors, carried out in January-February 2000. Because doctors have the dual advantage of being relatively objective 'outsiders' with intimate windows into community life, they provide an effective way of triangulating the information provided in the focus groups. School director interviews are not a significant source of data in this report because less than half of them spoke to this issue directly, though the opinions that were offered are reported.⁹

Focus Groups

For gaining the perspectives of beneficiaries, non-beneficiaries and *promotoras*, focus groups were chosen rather than semi-structured interviews for the following reasons:

- Opinions are dynamic, and individuals' comments can trigger recollections and opinions of other group participants.
- Responses may be more candid because in the group they are anonymous to the interviewer so there is less fear of being identified than when interviewed in their homes.¹⁰

⁸ Both components were part of the operations and intra-household studies within the IFPRI evaluation of PROGRESA (see Adato *et al.* 2000; Adato and Mindek 2000). Some findings from the focus groups revealed community-level impacts; questions were then developed for the key informant interviews to further explore these community impacts. This report also draws on statistics from PROGRESA surveys for comparison where relevant survey data is available.

⁹ Semi-structured interviews with doctors and school directors were carried out mainly to obtain information on the health and education components of the program for the operations evaluation. However, as part of the community study we asked them, as key informants, about PROGRESA's impacts on community social relationships. While all doctors addressed this issue directly, just under half of the school directors did. Opinions of school directors that were offered are reported here in summary form, but interview material is not presented because quotations were not translated for use within the time frame of this report.

¹⁰ This is also an advantage that the focus groups have over household survey data. Given people's current association between household surveys and their inclusion in or exclusion

- Focus groups are cost- and time-efficient, where more individuals can be interviewed at a lower cost and in less time than through individual interviews.

Focus groups also have certain disadvantages compared to individual semi-structured interviews that we bear in mind in our analysis. These are:

- Frequencies of responses reported are rough indications of the relative strength of a particular opinion, not a representation of the number of people who hold a particular opinion.¹¹
- There is less time to probe responses because of the number of respondents and time pressure.
- It is not possible to get everyone to answer, so some opinions may be missed. In particular, people with minority viewpoints, or those less accustomed to speaking in groups, may be uncomfortable speaking and these views are not heard.

The focus groups were conducted in six states: Guerrero, Hidalgo, Michoacán, Querétaro, Veracruz, and Estado de México. In five of these states, localities were selected nearby the treatment communities in the PROGRESA household surveys, but not in these communities in order to avoid overburdening them. The sixth state (Estado de México) was where pilot groups were conducted, the data from which were analyzed along with the other groups. *Promotoras* came from 10 communities around each area where the beneficiary/non-beneficiary groups were held, with the exception of Estado de México where no *promotora* group was held. Two of the eight communities were primarily indigenous, monolingual communities (Nahuatl in Hidalgo and Tenek in Veracruz). Additional monolingual communities were represented by *promotoras* in those regions.

Twenty-three focus groups were conducted involving 230 participants: 80 beneficiaries, 80 non-beneficiaries and *promotoras* representing 70 communities from 7 regions (see Table 1). A group of beneficiaries and a separate group of non-beneficiaries were convened in each of 8 communities in 6 states.¹²

Focus group facilitators used structured questionnaires so all groups were asked the same questions. Beneficiaries, non-beneficiaries and *promotoras* were asked parallel questions to

from PROGRESA (see section 2.1), there is some reason to believe that they might bias their answers in the hope of being included, or not dropped, from the program.

¹¹ Frequencies generally represent undercounts because often individuals note agreement with an opinion through nods (which are not counted) and do not repeat the idea that has been expressed by someone else.

¹² Throughout this report, the states from which different responses emanate are identified for the information of the reader. However, the number of communities in the research is not large enough to permit analysis of responses based on regional context. Instead, more emphasis is placed on findings that were common across regions.

collect views of each group on the same issues. *Promotoras* were asked to comment (as key informants) on the experience of women in their communities, as well as on their personal experience. Some questions were adapted, added or eliminated depending on their relevance to the respective group. Each focus group lasted between two and four hours, with the longer sessions those of *promotoras* who tended to speak more frequently and at greater length.

Focus groups were tape recorded and tapes transcribed, and transcribed material coded in a computerized qualitative data analysis program. Frequencies of responses were recorded for each group in each community. Data was coded in Spanish, with selected quotes translated into English for inclusion in this report.

Response frequencies are given only where they are particularly high, noting a large consensus on a particular viewpoint. Frequencies can also be viewed as rough indications of *relative* strength of different viewpoints, i.e., the number of comments made signifying one viewpoint can be compared to that of a contrasting viewpoint. Given the imprecision that focus group frequencies represent for the reasons stated above, the frequencies or percentage of comments representing a particular point of view does not represent the number or percent of individuals who hold that viewpoint. Note also that frequencies reported here represent the number of times a point was made, either by one individual or a *group* of individuals in discussion, in both cases given a count of only 1. For this reason, in the text frequencies refer to the number of “comments or discussions.” To distinguish between them, individual quotes are presented as single paragraphs, while discussions are presented with each person's point on a different line, marked by a dash (—) to signify a new speaker. A key to identify the origins of the quotes (state and whether speaker is a beneficiary, non-beneficiary or *promotora*) is located in the references.

Semi-Structured Interviews

In selecting the sample for the interviews, 16 communities¹³ were chosen in four states: Hidalgo, Querétaro, Puebla, and Veracruz (see Table 2). The sample was stratified using the criteria of poor and very poor; and mestizo and indigenous communities. A structured interview guide was used. Each interview lasted between 1 and 2 ½ hours. Interviews were tape recorded and tapes transcribed, and transcribed material coded in a computerized qualitative data analysis program. Data was coded in Spanish, with selected quotes translated into English for inclusion in this report.

¹³ Sixteen doctors were thus interviewed in this component of the research, but one additional doctor was interviewed during the time of the focus group research, so the total number of doctors interviewed is 17. Eighteen secondary school directors were interviewed.

2. SOCIAL SOLIDARITY

2.1 *Community Perceptions of Targeting System and Outcomes*

Each focus group began with a general question asking participants what they liked about PROGRESA. The groups responded mentioning all or some of the following: that PROGRESA helps families to eat better, to have better nutrition, to be healthier, to know more, and to be able to send their children to school. The second question asked participants to talk generally about what they did not like about PROGRESA. The vast majority of discussions turned quickly to the concern that there are many families who need PROGRESA and do not receive it. From there we asked more specific questions about their understanding of the selection system and their perceptions of its fairness. In the doctors and school director interviews, one of the last questions on the interview guide asked about the accuracy of the selection process, and relationships between beneficiaries and non-beneficiaries. However, they often raised these issues before we got to them.

The understandings and evaluations of the beneficiary selection system by *promotoras*, beneficiaries, non-beneficiaries, doctors and school directors are reported in more detail and illustrated with interview material in the IFPRI evaluation of PROGRESA operations (Adato *et al.* 2000), as they addressed the process of program operations that handles the selection and induction of beneficiaries. They are included here, though summarized with less detail, because they are 1) an important backdrop to understanding how communities experience the process of differentiation; and 2) an indication of social solidarity within communities that exists simultaneously with social division, and imply the desire within communities to avoid these divisions.

In the focus groups, out of approximately 111 comments or discussions on this topic, about 90% stated that respondents did not think the process was fair. The primary reason, and the theme that runs through the discussion, was that many people who were poor and needed the benefits were left off the list. The main reasons given for why people were left off the list related to the use of the census to choose beneficiaries. They said that people were not home when the enumerator arrived and the enumerator did not return, and that some people did not want to answer the census because they did not know its purpose, had heard rumors about bad consequences that would result from answering it, or were tired of government surveys that did not bring results. Other people were said to have answered it but gave wrong information: they overstated their resources because they were ashamed to admit they were very poor; did not know household conditions; or did not understand the questions because of language differences. Many people said they did not understand why families were left off the list.

Most doctors and school directors interviewed said that the selection process was not carried out accurately, mainly saying that many poor families in their communities need the benefits and do not receive them, and to a lesser extent saying that there are people on the list that should not be there. When asked what they would change about PROGRESA, 15 out of 17 doctors said they would change the beneficiary selection process. Fourteen out of 18 school directors also criticized the selection process.

Among the approximately 100 focus group comments or discussions claiming that the selection was not fair, about two-thirds state that there are families who need PROGRESA but do not get it, and about one-third state that there are families who receive it but do not need it. Among the first group, over half the comments make the point that everyone is poor and so it is not right to say that some need assistance and others do not. There is an expression of a common identity in poverty. This helps to explain why people experience as problematic the creation of these new categories of “beneficiary” and “non-beneficiary.” Those who were seen to not need PROGRESA were teachers, professionals and government workers, and in this narrower sense the respondents could be seen to not disagree with the concept of targeting. But aside from these more obviously richer people, people in the beneficiary and non-beneficiary focus groups perceived themselves as ‘all poor’ and all in need, and thus do not agree with the finer distinctions made in the targeting process. The following comments from non-beneficiaries in Estado de México and Hidalgo, and beneficiaries in Veracruz, were typical to those made in the focus groups across the six states:

Well there are no rich here. Maybe less poor but we all need. (NBM-5)

Here we are all poor. We all have nothing. (NBH-5)

— We should all receive because we are all poor, but there are some people that do not receive.

[Q: Are some more poor than others?]

— We are almost all the same, there is no one that has more here. We are all the same. (BV1-5)

In this example from Guerrero, the facilitator was asking beneficiaries if they could think of a way that would be more fair to identify who is poor and who is not. They answered that everyone is poor, and the facilitator tried to ask the question again, receiving the same answer. Eventually one beneficiary appeared exasperated with the question and said:

You are asking us to tell you how to know who is poor and who is not poor, and we are telling you that everyone here is poor (BG-5)¹⁴

These comments suggest two possibilities. One is that the selection was somehow done incorrectly and the non-beneficiaries referred to in these communities actually are no different from the beneficiaries. The second is that although there may be actual differences in the poverty level of these households as measured by the indicators and analysis used in PROGRESA’s targeting system, local perceptions of poverty differ in some important ways from those which are represented by this system. This difference was particularly evident in the communication difficulty that the facilitator and beneficiaries had in the Guerrero example above. It is also suggested in the many statements that ‘we are all poor,’ and in the comment

¹⁴ It is possible that with a research effort focused on this question, people would provide their perceptions of how to identify whether or not someone is poor and needs the program. These focus groups covered many issues and there was insufficient time to explore this question in depth.

from Estado de México above that there are maybe some people who are less poor “but we all need,” suggesting that the fact of need is part of how poverty is perceived. The comments in these discussions also appear to suggest that in these communities a higher value is placed on being treated ‘equally’ than on ‘equity’ in the sense underlying the logic of the targeting system’s calculation of poverty levels.¹⁵ The following comment from a beneficiary in Michoacán expresses an idea that was frequently heard in the focus groups, that everyone should be treated as “equal,” and that the exclusion of some people is a problem for everyone:

I think that even though [the benefit] is little but let us be equal. In order that the others don’t feel [bad], because now as we say the others are satisfied, we that receive are satisfied, but the others that don’t receive are upset. (BM1-9)

This tendency of beneficiaries and non-beneficiaries to see everyone as “poor” and in need of assistance, and the request from both groups that everyone be treated equally, also expresses a commonality in their experience of differentiation, and indicates a type of social solidarity in their responses that persists despite the introduction of differences.

2.2 *Relationships ‘The Same’*

Many comments or discussions (approximately 100 in total) said that beneficiaries and non-beneficiaries get along with each other fine and ‘as before.’ For example, beneficiaries in Veracruz and Estado de México said that beneficiary and non-beneficiary families got along:

...the same. There is not any jealousy between families nor resentfulness. (BV-12)

...the same, because one thing doesn't have any relation with the other. (BM-12)

A variety of reasons were given for why they said they do not have problems. The main reason is that non-beneficiaries know that it is not the fault of beneficiaries that they do not receive benefits. In discussions in Michoacán and Guerrero, non-beneficiaries said:

— We all are living as we did before, as if we didn't have that [PROGRESA]. We all have to work to earn our daily bread...

[Q: Are you still friends as always?]

— Yes

— Because it is not their fault, they say.

— It is not their fault (NBM2-12)

We couldn't get upset [with beneficiaries], because those are matters from the government. (NBM2-15)

— We treat each other well.

— Yes, we do.

— We shouldn't feel envious, because people do not do it [make the decision]. We don't know from where [the decision] comes that we don't get it.

— I don't get upset, even if they get [the benefits]. (NBG-12)

¹⁵ These are important avenues for further research.

In other comments the notion of “luck” and a “lottery” emerges in this discussion, as this is one of the reasons that *promotoras* give people to explain the selection. For example, beneficiaries from Michoacán said their relationships with non-beneficiaries were:

- ...normal.
- Because they know that it was a draw (BM2-12)

This explanation from non-beneficiaries in Querétaro was heard in some of the focus groups, expressing the hope that they will be luckier next time:

- It doesn't bother us. Not because they had a little luck...maybe tomorrow we will have it that way. (NBQ-12)

Comments indicating that beneficiaries and non-beneficiaries get along fine were often followed closely by the statement that the latter hopes to get added to the list:¹⁶

- They don't say anything¹⁷, they participate [in *faenas*].
- They don't say anything, they are not angry.
- They don't get angry, but they say they want to have the benefit. (BH-12)

[Q: How is the relationship between beneficiary and non-beneficiary families?]

- Well, in my community they have a good relationship. They only tell me that they want to get PROGRESA as well, because they do help in everything [*faenas*], but they don't get upset. (PH-12)

[Q: Is there resentment between beneficiary and non-beneficiary families?]

- They are also waiting.

[Q: Waiting to get PROGRESA?]

- Yes (PH-12)

2.3 *Shared Responses: Sadness, Hope*

Another large group of comments or discussions (approximately 70) explained how beneficiaries and non-beneficiaries feel about the latter's exclusion. Comments from beneficiaries and *promotoras* were greater in number than those of non-beneficiaries, indicating that the selection outcomes are problematic not only for those excluded but for the community more widely. Responses from beneficiaries and non-beneficiaries regarding their feelings about the latter's exclusion from the program is another type of solidarity expressed. Both groups described their feelings of sadness over the exclusion of people from the program, and their hope that non-

¹⁶ In these examples from beneficiaries and *promotoras* in Hidalgo, the references to ‘participation’ and ‘help’ refers to the communal work activities called “*faenas*.” The examples below show how in some communities beneficiaries and *promotoras* link participation in this work with benefits.

¹⁷ In some comments, “they” or “she” is used instead of “we” or “I,” because the Nahuatl translator is speaking on behalf of the beneficiaries. Also, “they don't say anything” here means ‘non-beneficiaries don't say anything bad to them.’

beneficiaries would be included later. Some beneficiaries expressed guilt or discomfort because of their better luck. Some non-beneficiaries expressed a resignation to their bad luck. The main ideas vocalized were that it is not fair or nice to give something to some people and not to others; that beneficiaries would eat better and buy better clothing for their children, while non-beneficiaries watched, unable to buy this food or clothing; that non-beneficiaries are excluded from some fun group activities in which beneficiaries participate; and that non-beneficiaries participate in the hope of being included and then are disappointed when beneficiaries pick up their benefits and they still do not get them.

In these examples from Guerrero and Michoacán, non-beneficiaries explain how they feel about not receiving benefits:

—What I don't like is that we don't get it evenly. For example we don't get anything and we are only making papers and papers and we never get it. And that is when I say that this is not right, that if they want to give us they should give us little but even.

—I don't like it either that it is like that, because they give to others and not me. The day comes when they go get paid from PROGRESA, and we are only watching, because they all go with their little *rebozo* and they go get their money.

—They are eating meat and I am eating *choquihuites*. (NBG-15)

—Because for example, now that you distributed soda between us¹⁸, you give me, and you also give one to my sister in law, and those two are not going to get one. How would that feel? Well, it would feel bad. There is one drinking her soda and the others are only watching. (NBM2-15)

The following comment from a non-beneficiary in Michoacán suggests that rather than there being a stigma from inclusion, sometimes assumed as a cost of targeting, in this community there appears to be a stigma associated with exclusion. She explained that relationships between beneficiaries and non-beneficiaries were good because:

they talk to us in a good way. If we found people who talk to us as though “you feel superior because you went to *cobrar*”¹⁹ then I think we would feel bad, because they would be talking to me in a bad way, maybe because “she doesn't get money.” But all the people I find, they answer well and they talk to me well, and they treat me well, and I don't have any reason to say anything to them. (NBM2-12)

Beneficiaries from Querétaro and *promotoras* from Guerrero and Hidalgo, respectively, explain how they feel about the exclusion of non-beneficiaries in these ways:

— We wish they did [get PROGRESA] and they do as well.

— It hurts us that others don't have it because we feel we are one family. (BQ-12)

— For example now, I would like everybody from my community to [be in PROGRESA]. I also feel bad because I receive and others don't, but what are we going to do?

¹⁸ This refers to the soda given to the women to drink during the focus group.

¹⁹ People used the word “cobrar” to mean collecting their cash transfer payments.

—One feels bad with the family, if I have a sister and they don't give her, I also feel bad and I would like my sister to receive, right? They don't participate in the nourishment nor in the clinic, they don't go because then they say "They don't give me PROGRESA, why should I go to the health center?". And they don't take their children, and they don't give them *papilla* [nutritional supplement from PROGRESA]. (PG-15)

In my community those women do need it, because there are many [who don't have it], and they just look at us when we go to *cobrar*. And then children say "mom why don't I have PROGRESA?" And some women come to me and tell me, ask me "why doesn't my boy have PROGRESA?" And to tell you the truth I don't know what to tell her...(PH-15)

Referring to the *faenas*, one Michoacán *promotora* said that she thinks non-beneficiaries feel sad when they are left out of these group activities:

I think they most feel sad, because they don't have that program, and they are not with the other who are sweeping in groups, all of them united. Because it is very pretty to be all united, all sweeping together, and even having fun, because sometimes we are all full of dust. (PM1-15)

In the following examples, a sense of resignation, and a belief that exclusion from PROGRESA was due to bad luck, is expressed by non-beneficiaries in Veracruz, Michoacán, and Estado de México, and a *promotora* in Michoacán:

I am resigned with everything, I didn't get it and my mother in law did, but I am resigned. (NBV1-15)

—If they don't have for everybody...if they don't give me, why get upset?
—The beneficiaries are luckier. (NBM2-12)

Well if we are not in that program it is our luck, or because we weren't home. We are not upset, too bad, it was just luck. Maybe there will be another one. (NBM-15)

In my community, let me tell you that the persons that were not chosen tell me that they are never lucky for anything, that people who were chosen were people who really have good luck. And I told them it wasn't true. (PM2-3)

Although *faenas* are not supposed to be associated with PROGRESA, this association is made in some communities. For this reason, non-beneficiaries sometimes participate in the hope of being added to the beneficiary list. In the following illustration from Hidalgo, non-beneficiaries later are disappointed and “sad” when the beneficiaries collect their money and they still do not receive anything:

— She says she participates in everything, when they tell her.
— In the community she participates in everything.
— She is participating in everything they ask her to, in order to get [the benefit]
[Q: Do you also feel sad?²⁰]

²⁰ In this question the facilitator is referring to a previous comment by another non-beneficiary who said that she feels “sad.”

- Also, yes.
- They feel sad when the beneficiaries go to *cobrar*. (NBH-42)

2.4 *Sharing Benefits and Information*

Among the comments indicating that beneficiaries and non-beneficiaries get along fine, about 10% of them suggest that beneficiaries share benefits or information that they learned from PROGRESA (e.g., health information) with non-beneficiaries. Since very few people spoke to this question, it is not clear how common this is, though the impression given was that it is not. Beneficiaries frequently made comments about the benefit being very small; the implication then is that sharing is not likely. More often, beneficiaries talked about wanting everyone to receive the same amount or wanting to share their benefits in some way with non-beneficiaries, even if they actually could not or did not. This is significant as another expression of discomfort of beneficiaries over the differentiation. This is illustrated in this example from a Michoacán beneficiary:

Well, I feel bad because sometimes there are times that some person that I know, she tells me "oh sister I don't have anything to give to my children", and then I think and I say, I was thinking that in this way, also people who are in PROGRESA's program, the day they pay us, why don't we cooperate between all of us, some with some soup, others with soup, and we make bags and we give them to the ones who are not in PROGRESA. That was my way of thinking. (BM1-12)

There were several discussions around the idea of making small contributions to non-beneficiaries. In one comment by a *promotora* in Michoacán, she proposes a way of showing solidarity through a rotating scheme:

My criteria is that if I could get all the money from where it comes, we are talking about having solidarity, let's say if they give me 230 pesos, we can cooperate then. It is my opinion, to cooperate with 2 little pesos each, because in my group we are 133, and then we would have to give it to another person one time, and another time it would be given to another person, and it would be up to us. I think we would be all right. (PM1-12)

In a discussion that followed later among this group of Michoacán *promotoras*, they talked about differences in their communities on the issue of equality, where some people feel that it is more important to make everyone equal and others do not. The degree of discussion this issue generated indicated the salience of the issue of equity and solidarity in the context of the program:

- There was a case, where a woman was telling me about that if one friend gets in a group with us, why don't we all help her?
- In my case it could be, but not all would want.
- Because not all of them want to be equal.
- Not all of them have the same idea.
- Some think one thing and some don't.
- It depends, as I tell you, in the egoism of people in the group.

- Yes, because I, [think] it would be great if all thought the same as me: that they would say: "yes, lets get together"
- Even if that is a weight.
- Even 50 cents, the goal would be to not make her feel that she is excluded, but to all of us who are inside [the program] to accept the others and make them get closer to us. (PM1-12)

In a few cases beneficiaries had examples of actual sharing, of small amounts:

Well, I have a sister and she doesn't live with me but she is close to me, and because I go to her house I bring her meat, and when I arrive I tell her "I bring half for you and half for me." (BM1-12)

For instance, I have a cousin who does not have [PROGRESA], and lets say I went today to get my payment, and I share a soda or a bread or a taco that I bought, because I can't help her with money, because it is not much. (BQ-12)

One beneficiary mentioned a household in her community with a beneficiary and non-beneficiary, where:

they live together and they share whatever is there. It's for everybody...When she gets her payment, she shares it.

Among the few cases where actual sharing was said to happen it was between household or family members, as in the examples above.²¹ However, there is too little evidence on this issue from the focus groups to draw any inferences. Household survey data also does not answer this question directly, though the question that comes the closest would suggest that not much sharing takes place outside of the household. In answer to an October 1998 survey question asking whether in the last month anyone in the household gave help in the form of money, food, clothes or in-kind help to a neighbor, relative or friend who does not live in the same house, only .5% of beneficiaries said that they did.

In some indigenous communities, PROGRESA benefits are said to be collected and redistributed (we did not visit any communities where this occurs). In those communities the impulse towards equality that was seen in our research, i.e., that everyone should receive assistance, is institutionalized in the form of local indigenous political structures.²²

Another type of sharing referred to in the focus groups was sharing of information that beneficiaries learn in the *pláticas*; for example, in these comments from beneficiaries in Estado de México:

²¹ There were also a few examples given in the focus groups about new tensions and conflict between household members who have PROGRESA and those who do not. However, these were relatively few compared to those who said that this was not a problem, either because the family member was glad that the other had help, or because the benefit was shared in the household (Adato and Mindek 1999).

²² This point was made by Hector Hernández in a PROGRESA workshop discussion on my preliminary research findings (IFPRI 1999).

— Well, yes, because they have given us *pláticas*, and sometimes there are people who do not go or that are not in PROGRESA, and we told them about it. They know they give us talks about birth control...child care, and about making food. (BM-12)

— Yes, they ask and we tell them because it is not a secret, right? (BM-12)

3. SOCIAL DIVISIONS

The previous section described a commonality in the ways that beneficiaries and non-beneficiaries experienced differentiation, and indicated a type of social solidarity in their responses. However, existing side by side with explanations of good relationships are accounts of social divisions in communities. Beneficiaries, non-beneficiaries, *promotoras* and doctors describe resentment and frustration of non-beneficiaries, created by their exclusion from the program as well as their lack of understanding of the basis for the differentiation, leading to social tensions, occasional direct conflict and social divisions that affect participation in community activities. In total there were approximately 90 comments or discussions in the focus groups where several types of problems between beneficiaries and non-beneficiaries were reported. The equally large number of comments indicating both unchanged relationships and social divisions may to some extent reflect different dynamics in communities; however, often both accounts emanated from the same community. These dynamics appear to exist simultaneously, where non-beneficiaries know that beneficiaries are not responsible, and interpersonal relationships continue as before, but divisions are manifested in a various ways.

Most of the reported tensions were not described as direct, overt conflict. About one-half of the comments referred to envy and gossip, or more generally, that the community is ‘not well.’ The next largest group referred to tensions around non-beneficiaries’ not wanting to participate in community work activities. A small group of comments referred to tensions among children.

3.1 Conflict

Beneficiaries, non-beneficiaries and *promotoras* made very few comments about direct conflict or confrontations between people in the communities, implying that problems usually do not take this form. This may help to explain answers from a 1999 household survey, where only 2% of beneficiaries said that with PROGRESA there are ‘more problems with the neighbors.’ ‘Problems’ can take many forms, and it is not clear how beneficiaries interpret this, or how they interpret ‘neighbors,’ nor whether they were comfortable being candid with the enumerator on this question. If ‘problems with neighbors’ is interpreted along the lines of confrontations between people then the focus group and survey results would not be inconsistent.²³

²³ It is also possible that “neighbors” was interpreted as a narrower circle of people. The question of whether respondents are giving honest answers will always be present in any research, particularly in questions such as this one that implies a criticism of the program. However, with the focus groups considerable time was taken to assure people that their answers are anonymous. In a survey where there is less time to establish rapport, the enumerator is in the person’s home, and PROGRESA surveys are now associated with inclusion or exclusion from

There are a few examples of direct confrontation. For example, a beneficiary from Estado de México said that;

One woman got very upset with me and I hadn't realized that until one day that she talked too much and she told me in my face that why do I have a grant and she doesn't? And well... what fault do I have that I did get [selected]? I never expected that, I never did. (BM-15)

In a discussion about the lack of non-beneficiary participation in *faenas*, *promotoras* in Querétaro gave examples of heightened confrontation:

—In my community there are many people who are non-beneficiaries and when we clean sometimes, instead of helping us they make the streets dirtier, they throw more garbage. Some who have a store just throw their garbage in the other side, and we clean, we have to clean their garbage and we never finish.

—That is precisely the problem that we have sometimes, because we are in the program and there are some who aren't. And sometimes we make a list of the women who clean, but then others come and say "I made that fence" because the fences are just rocks one on top of the other, and we arrange them and then they came and knocked it over again... And I say, we can't do anything because they are going to get more upset if we tell them something, and they are going to turn against us, and I tell them, lets not arrange them again.

—No, in my case, the non-beneficiaries don't help, but they don't do damage. (PQ-13)

3.2 *Social Tensions*

More common than confrontation are reported social tensions, involving resentment, envy or gossip or, more subtly described below, that 'the community is not well.' A Veracruz *promotora* and Michoacán beneficiary described 'gossip' in the following way:

When I get there they are talking, talking bad about the other family, because she didn't get it... (PV2-13)

Sometimes...when we go to receive the money they say "there are those lazy old women ["*viejas huevonas*"] going to receive their checks, but they don't work." But it is not our fault. (BM-13)

A number of comments indicate that the days that this gossip takes place is when beneficiaries go to collect their payments, as in this example from *promotoras* in Guerrero:

[Q: How is the relationship between beneficiaries and non-beneficiaries?]

— Only when they come to *cobrar*, the non-beneficiaries say "they are going to go get their money, and what about us? They don't give us anything." Only then, that is when they gossip.

the program (because of the role of the census), there is reason to think that respondents may be cautious in their answers. However, assuming that people are being candid in both cases, these are possible interpretations of the quantitative results.

— The day they come to *cobrar*. (PG-13)

Keeping the hope alive that non-beneficiaries will be included soon helps to reduce tensions. In the first comment below, *promotoras* in Guerrero said that non-beneficiaries were envious at first, but *promotoras* calmed them down by submitting petitions on their behalf. In the Querétero example, the fact that in a nearby community non-beneficiaries were later included helped.²⁴ In Hidalgo, rather than answering a question about whether there is resentment, non-beneficiaries appear to answer as they perceive relevant:

— It was before when they were envious, not anymore.

— Yes, it was only the first few days.

— Now, as they saw that we were making applications, they calmed down. They are waiting to see if they get it.

— Because in the meetings in here, they told us that we should make applications where we report that there were people who didn't get it, and they told us to make an application for the people who were left out, so they could send it where they have to.

— Because as I tell you, I made two applications, but I haven't known of any results. (PG-13)

— Now, what the *promotora* who is in charge of this has been doing is that she is telling them to hurry and send the papers to Mexico to get included.

— And we have the hope that it will, because in a community nearby, there were very few and now all of them are [in PROGRESA].

— That is why we are wishing that we all have it, *so we all will be fine*. (BQ-12)

[Q: Is there any jealousy, or resentfulness?]

— Sometimes they say that we are also going to get it.

[Q: Is that what the beneficiaries tell you?]

— That is what beneficiaries tell us, that is why we are waiting. (NBH-12)

Note in the Querétero example above the implication that the inclusion of non-beneficiaries affects everyone, “so that we all will be fine.” Similarly, the discussion below among *promotoras* in Hidalgo suggests that the community as a whole has been affected in the statement that “the community is not well.” Note also that the reasons given for including non-beneficiaries in the program is one, to help the poor, but two, to “calm them down” so that it does not create problems:

— I think yes, [it would be better] if everybody receives, so there weren't any problems.

— Because we are 12 women, and one woman has 11 children and she doesn't receive, and she is more poor.

— And she didn't get PROGRESA

— *For one instance, for PROGRESA to help the poor, and for the other, to not have problems, to calm them down.*

— Because [that woman] also needs, she has children and she doesn't get PROGRESA. And she also gets upset, and she doesn't want to work in the community's *faenas*.

—...she doesn't want [to do] anything, but now *the community is not well*. (PH-13)

²⁴ It is not clear whether this inclusion of new people was the result of a community petition or a second round of selection and induction that included more households.

A small group of comments in the focus groups indicated problems between children of beneficiaries and non-beneficiaries. They mentioned envy about school utensils, clothing, or the “scholarship.” However, this did not appear to be a common problem.

Views of Doctors

Doctors’ comments were consistent with those of beneficiaries and non-beneficiaries, reporting across different communities that there are and are not significant problems with respect to community social relationships. Out of 17 doctors interviewed, 13 said there were problems in their communities related to the program’s designation of beneficiaries and non-beneficiaries, with about a quarter of these saying the problems were not serious. Four doctors said they had not seen problems of this nature. Doctors’ accounts paint a similar picture of few direct confrontations, but resentment, gossip, and non-beneficiaries not wanting to participate in community work activities.²⁵ In a community in Hidalgo, the doctor said:

There has been...a lot of disagreement...I can’t say it has caused divisions exactly, something like it. Those that have PROGRESA, well they have PROGRESA and let them work more, and those that do not have PROGRESA, and therefore are under no obligation of working. And then those that have PROGRESA, well naturally they defend themselves [saying] ‘this is a benefit we got, and we have to work within the normal extent,’ when actually those that do not have it, well they demand it more. So then, along those lines, you can imagine that sort of it wants to create division...No fights with blows, but...there has been gossip...(Doctor, Hidalgo)

In these two Veracruz communities, doctors said that there were problems but they were not serious; still, it can make their work more difficult:

Well there are rumors, just comments, but concrete problems that I might have seen, no, and I repeat, there are resentments among one and another, and at times they say, ‘well I am not PROGRESA, I don’t have to do this,’ but it is minimal. (Doctor, Veracruz)

[Problems between beneficiaries and non-beneficiaries are] not serious, exactly, but it makes the work of our medical unit more difficult, it obstructs us, right?” (Doctor, Veracruz)

In this Veracruz community the divisions were more serious:

Yes they speak about it, saying bad things, they even have stopped talking to each other, those that were friends or godmothers of each others’ babies, have stopped talking to each other, and since one has the PROGRESA program and the other one throws garbage at her because she is not of PROGRESA, many problems have arisen because of this distinction of ‘because I got it and you did not.’ (Doctor, Veracruz)

²⁵ Additional doctors’ comments with respect to community work are reported in section 3.3.

A clinic clerk and doctor in Puebla said that non-beneficiaries feel rejected by the doctors, and that the differentiation divides the community:

Clinic clerk: They feel sort of rejected, sort of not being taken into account.

Doctor: As if they say, well, I don't have PROGRESA and I don't go to do the tasks, at any rate, I don't get any benefit...They feel sort of rejected, like we do not want them. They sort of feel that we do not take them into account. They think that in the discussion meetings they are not taken into account, we divide among them, dividing the community. (Doctor and clerk, Puebla)

A doctor from Hidalgo said that he had seen some problems related directly to PROGRESA, but that social divisions were pre-existing:

At times [there is] gossip, because...some want to do things, others don't let them do it, because I don't get [PROGRESA]... there have been two or three comments, 'because they do have PROGRESA and we do not.' But on the contrary, I have noticed that the communities are very closed, they are independent, whether they are or are not PROGRESA, if there are conflicts, it is for other reasons, personal reasons or family reasons, financial reasons...(Doctor, Hidalgo)

Nevertheless, when asked for recommendations for program improvement, he said:

I would extend it to the population, the whole population...(Doctor, Hidalgo)

3.3 Participation in Community Activities

One of the ways in which social divisions are manifested is in community activities, where non-beneficiaries do not want to participate with beneficiaries. The type of activity most frequently mentioned was communal work; a second problem reported is where non-beneficiaries do not go to health *pláticas* because they regard these as for beneficiaries only. A third problem identified, though not frequently mentioned, is where non-beneficiaries no longer want to contribute to the school, telling teachers to ask beneficiaries instead.

3.3.1 Participation in communal work activities

In the focus groups and doctors' interviews, the most frequent reference to community divisions referred to non-beneficiaries not wanting to participate in communal work activities, referred to as *faenas*, or sometimes just as "work." *Faenas* have long been a part of rural communities, where people come together to perform volunteer labor for the benefit of the community.

In the community surveys in 1998 and 1999, approximately 89% of PROGRESA and poor non-PROGRESA (control) communities were said to have *faenas*, and roughly 75% of both communities report that either all or most people participate in the *faenas*. In approximately 85% of both communities, the participants were said to be either men only or men and women together, with only between 2 and 3% said to be women only. The small number of reported women-only *faenas* suggests that either *faenas* for PROGRESA women are not common, or that

the term used in the survey was associated with a particular kind of community work activity that was seen as different from that which is more recently being organized for women by doctors or *promotoras*.²⁶ In almost all focus groups and doctor interviews, the issue of community work, and whether or not non-beneficiaries participate, was discussed. Although this research and other evidence suggests that the problem of non-beneficiaries not participating does not occur everywhere, the comment from a Querétero *promotora* regarding this problem: “that's how it is in all communities” (see below for full quotation), suggests that the problem is common enough to be given attention.

It appears that community work involving beneficiaries is often organized by doctors, with assistance from *promotoras*, and sometimes by school personnel.²⁷ They are not ‘PROGRESA *faenas*,’ nor beneficiary-only *faenas*; however, doctors, *promotoras*, beneficiaries and non-beneficiaries all describe ways in which the program is being associated with PROGRESA in their communities. Doctors believe that community work that cleans or improves the environment is important, and PROGRESA is a means of encouraging participation. In some cases the work is presented as a PROGRESA requirement; however, it appears to be more often associated in a less direct manner.

The association between PROGRESA and community work has several effects. One is that beneficiary women are participating in group activities together, creating to some extent a new identity as ‘PROGRESA women,’ and possibly creating new forms of social capital.²⁸ This is discussed in section 4 below.

Another effect is that non-beneficiaries think that because they do not receive PROGRESA benefits, they should not participate in the work. There is variation between communities with regard to whether this happens or does not. In the focus groups, out of roughly 60 comments or discussions on the subject of *faenas*, about 40% indicated that non-beneficiaries and beneficiaries participate together in community *faenas*. One reason is that the work is not seen as related to PROGRESA, as in the cases described by beneficiaries in Querétero and Veracruz:

— Because in here there is no one who does not work. In here we all are always united, not only the beneficiaries, since a long time ago we always have been used to [working

²⁶ The other possibility is that the work activities referred to in this section sometimes include men. There is no indication of whether this is the case, though from the interview material it does not sound that way. The extent to which *faenas* are being organized that involve primarily PROGRESA women is a question that should be investigated further, in light of its significance from an operational standpoint (see Adato *et al.* 2000).

²⁷ The work may also be organized by other local leaders or individuals. In this research reference was only made to doctors, school staff and *promotoras*.

²⁸ The points that *faenas* are becoming more of a female activity, since local leaders are more easily able to convince PROGRESA women to participate; and that the program creates a group of ‘PROGRESA women’ who share information, activities and support, were made Ana Núñez and Patricia Muñiz, respectively, in a PROGRESA workshop discussion on the preliminary findings of this research (IFPRI 1999).

together]... for example, we women don't have any problem that we have PROGRESA and they do not, we all work.

— They say "maybe some day we are also going to get it." And there is no problem. (BQ-42)

— No, we do it gladly, knowing we have the commitment, and we can't say anything, we have the commitment, and we have to go clean.

[Q: Do non-beneficiaries also participate in *faenas*?]

—Yes, yes, because they also have their children in school, and they also work in the *faenas*. (BV-42)

In some communities where people do associate the work with the program, *promotoras* or doctors convince non-beneficiaries that they should do the work anyway, because the whole community benefits from the work. In this example from a *promotora* in Michoacán, she said non-beneficiaries did not want to participate,

— but then that's when we bring up our ethics, convincing words: "look to clean is general because hopefully God won't let it happen but if we get an epidemic, it's not only going to attack beneficiaries from PROGRESA, it is going to affect all of you, all of us." And that's how I unite people, whether they have or don't have [PROGRESA], because they are conscious. (PM2-42)

In some communities non-beneficiaries participate because they hope this will help them to be included in the program, as in this example from non-beneficiaries in Hidalgo:

— In the community she participates in everything.

— She is participating in everything they ask her to, in order to get [the benefit] (NBH-42)

The other roughly 60% of focus group comments or discussions on the subject of *faenas* stated that non-beneficiaries do not want to participate because they do not get PROGRESA. One frequently cited reason is that they should not do the work because they are 'not being paid.' Note illustrations from *promotoras* in Michoacán and Guerrero:

Sometimes we say, "lets see, we all are going to work in a *faena* such day", and they say "no, because they don't give me PROGRESA. You do it because you get paid," they don't want to do it. (PM1-13)

—We had a talk with the doctor and he told us that whenever we had time we should do a little bit of work, for example go to the cemetery, and water the plants, to bring water, or to throw away garbage from the cemetery, and he was going to check attendance in all that.

—And then, all the roads, to pick up garbage and to burn it.

[Q: That is done only by PROGRESA's people?]

—Yes, only women from PROGRESA do that.

[Q: And you told me that non-beneficiaries don't want to do it?]

—The non-beneficiaries don't do it.

[Q: And do you invite them to go?]

—Yes, I invite them, but they tell me that they won't do it because they are not getting paid... (PG-13)

Like the earlier description by a Puebla doctor, this example from a Querétero *promotora* suggests that non-beneficiaries feel 'unrecognized':

[Q: Why don't non-beneficiaries go?]

—As we told you before, they say that they don't have any help, and they say "why should I work, they say, if the government is not supporting me? The government is not helping me, they don't recognize me" they say. (PQ-42)

In the following discussion in Hidalgo, *promotoras* say that non-beneficiaries will no longer respond to their requests for participation. One of the *promotoras* indicates that it is because they think she is not helping them get into the program:

— [Q: Tell me one at a time]

— In my community PROGRESA's non-beneficiaries don't want to participate.

— In my community we clean every week, and non-beneficiary women don't want to participate anymore, they don't want to work, they don't want to do anything.

— Well, they get upset, they say "it is because you don't want to help us either" they say, "you go with the president and you haven't done anything."²⁹ (PH-13)

Non-beneficiaries explain the same situation, but from their point of view. They confirm in various ways that they see the work associated with PROGRESA, and explain why they do not participate. Below are quotes from non-beneficiaries in Michoacán and Veracruz. In the first quote, she explains her worry that if she participates in the *faena*, beneficiaries will think that she wants them to pay her. When asked why they do not participate, they replied:

Maybe because, I feel that maybe if we are with them or working with them, I imagine they are going to say "well they want us to pay them" or something, I imagine something like that. And because of that I better clean the garbage from my own house. (NBM1-13)

My brother tells me that I can't go to the *faenas*., because he tells me "no, because you don't have PROGRESA, and they don't help you". (NBV1-13)

Promotoras in Querétero said that they do not invite non-beneficiaries anymore because they anticipate the problems:

[Q: Who gets together?]

— All members, all PROGRESA's family.

— But only PROGRESA's beneficiaries.

[Q: Beneficiaries only?]

— Only. What happens is that some non-beneficiaries get upset and they say "why are you being helped? You are getting helped then you should do the work, we don't have to do it." And to avoid any problems we don't tell the non-beneficiaries to come, only the ones who are in the program work.

— Yes, that's how it is in all communities. (PQ-13)

²⁹ This comment apparently refers to a visit to the area by the President of Mexico.

Views of Doctors

Most of the comments from doctors that discussed tension between beneficiaries and non-beneficiaries raised the issue of community work, and the problems they encounter with non-beneficiaries not wanting to participate. Some of these comments were included in section 3.1 above. In this example from Hidalgo, non-beneficiaries do work, but in separate groups:

Sometimes they have divided and they take it...as if it were one PROGRESA party and they totally divide, there has been in one community with us, and at times we have to work with one little group and the other little group and things get difficult, more work for us. (Doctor, Hidalgo)

A explanation from a doctor in Querétaro who serves five communities in the region captures many ideas that have been the focus of this report: the feelings of non-beneficiaries of envy and rejection; their reluctance to participate in health services and community activities, the cleavages that the designation of beneficiaries and non-beneficiaries has introduced, and the difficulties that this can cause for health service providers. It also illustrates efforts that some doctors make to try to build social capital:

The problems...between the ones that have and those that don't is that — as I started working with them in projects and giving *pláticas* on community health, they think that the beneficiaries are the ones that have to do the work, even though it is for all the community. And the ones that don't have [PROGRESA] don't do it because no one is supporting them. The problem is envy, the problem is rage because no one is supporting them, and the problem is of a lack of resources to get near the health services. The non-beneficiaries don't want to work because they think that the program PROGRESA is only for the beneficiaries, or that I only come to work for them. I have talked with them, I have told them that I don't only come for PROGRESA's people, but the only ones that understand are the PROGRESA ones. Before PROGRESA we have seen that if we convince the people, if you work well with the people all together they participate. Not all of them but most of them. Now with PROGRESA only the beneficiaries participate.

We work with family orchards and as they think it is only for PROGRESA, we have problems there. On what concerns to the health *pláticas*, they also think the obligated ones to go are those of PROGRESA. I have to take other measures to assure their presence, telling them that the health *pláticas* are for everybody, that the community is of everybody, so it has to be clean. So we start to work. The non-beneficiaries are not convinced of the program, because while they see that is well carried out and the community is looking better, they see improvements, but they say while I don't get the support, I don't participate... And before it was voluntary who wanted to work. Non-beneficiaries felt part of the community, but not obligated to work for the community. There is a division between PROGRESA and non-PROGRESA. (Doctor, Querétaro)

3.3.2 *Participation in the health pláticas*

Pláticas are community health lectures where doctors or other health care professionals cover topics such as hygiene, sanitation, illness detection, family planning, and nutrition. They are open to all people in the community, but attending these lectures on a monthly basis is part of beneficiaries' program obligations and attendance is monitored. The *pláticas* are popular and women say they value what they learn there (see Adato *et al.* 2000). Perhaps because of this popularity the issue of whether or not non-beneficiaries participate in the *pláticas* generated much discussion. Among the almost 90 comments or discussions related to this issue, roughly half implied that non-beneficiaries do come to the *pláticas* and the other half that they do not, with these responses roughly evenly distributed across the states. This does not indicate the prevalence of non-beneficiary participation but does suggest that there is considerable variance among communities. The focus groups provide some reasons why non-beneficiaries do or do not participate.

Respondents said that non-beneficiaries who go to *pláticas* go because they want to learn, or because the *pláticas* are for everyone. Below in this example from *promotoras* in Veracruz, one suggests that in her community, non-beneficiaries are even more inclined to participate:

[Q: Do you invite all the women [to *pláticas*]?)

—Yes, equally.

[Q: And all the beneficiaries go?

—Yes, well, there are some that don't want to attend because they say they don't have enough time...

[Q: And non-beneficiaries, do they go?]

—Sometimes we have more non-beneficiaries than beneficiaries at *pláticas*, and they are who complain less, I mean, they don't say that they are losing their time. (PV-35)

The three reasons given for why non-beneficiaries do not attend were that they are not invited, do not feel welcome, or do not want to go, because they are non-beneficiaries. Below are explanations from non-beneficiaries in Estado de México and Veracruz:

—My daughter-in-law is a beneficiary and they only call her, so why would I go? (NBM-35)

—Only those that have PROGRESA [are invited]. (NBV-35)

In Michoacán, beneficiaries and non-beneficiaries in the same community had opposite explanations of why the latter group do not go, appearing to place blame on the other. According to non-beneficiaries:

—Only those that are on the list get in. (NB-M1-35)

—And those that have PROGRESA, if one goes there, they just scowl at you. (NB-M1-35)

According to the beneficiaries:

—The non-beneficiaries were invited to participate because it's for their good too, but they don't participate. (BM1-35)

Similar accounts came from *promotoras* in two regions of Veracruz:

—Because they don't receive PROGRESA, they don't want to go to *pláticas*.

—They don't participate, they are not willing.

—They don't want to come because they don't receive PROGRESA and they waste their time here. (PV2-35)

—No, they don't go, from the beginning they decided that only PROGRESA women have to participate. (PV1-35)

In some communities it appears that the introduction of the program introduced divisions, but that people in the communities, particularly *promotoras*, have taken initiative to try to bring non-beneficiaries into activities with beneficiaries. In this description by a Veracruz *promotora*, note the references to the community being “divided” and at the end to being “united”:

In my community we are all participating, right, in the meetings, in the talks in the clinics. Before, in the beginning when PROGRESA arrived only people from PROGRESA used to attend, only them, and the rest of the people were being left behind. But we saw that that wasn't right, and we told the doctor who came to give us the *pláticas* that we were being divided and we didn't like it. That we were getting divided, and if it was supposed to be a help, it should be for everybody, not only for the ones who [get the money], because we all need it, but there are people who need it more. And then [the doctor] started to see that, and then he told himself, ‘we are going to give it to everybody, regardless if they have or not PROGRESA.’³⁰ And we don't have that problem, right? But up to now it seems that the non-beneficiaries haven't had any problem. They are being tended in the clinic...people from PROGRESA and people without PROGRESA. Then we are more united. (PV1-35)

Promotoras play an important role in encouraging non-beneficiary attendance at *pláticas*; for example, *promotoras* in Hidalgo and Veracruz explained:

They told me to come to get my help [money], and that's when the problem started: they said "why do they receive and why didn't we receive? They don't attend the doctor appointment or who knows what, and they don't go, and they don't take their children to the doctor's appointments..." And then I thought, well I would have been better if this program hadn't gotten here because it carries many problems.... Before we got PROGRESA...we all participate regardless if they have or don't have PROGRESA. Well, I thought why did we get that program if it carries many problems, but after, as time passed by, I explain to them. (PH-35)

Well, in my community, as *promotora* I explain to them, I tell them ‘look, I call you all even though you are not beneficiaries, I want you to understand that because we all live

³⁰ Although in this example the *promotora* seems to imply that the doctor was initially excluding non-beneficiaries, it is possible that people in the community thought that the *pláticas* were only for beneficiaries.

in the community we all have a right to participate, above all in *pláticas* because it's very important for you, for all of you, beneficiaries and non-beneficiaries, to learn about a lot of issues, right? So, a great many of them understand and they go even though they are not beneficiaries. (PV-35)

In some communities, PROGRESA appears to be introducing new divisions as suggested by these *promotoras* in the examples above. In other communities, it is also possible that the program provides a new medium through which pre-existing divisions are expressed or deepened. Pre-existing divisions and different cultural, political or demographic (e.g. size of community) factors may articulate with the program in diverse ways, and this may help to explain different outcomes, e.g. why in some communities non-beneficiaries continue to participate in community work and attend *pláticas*, and in others they do not. This would be a valuable avenue for further study. However, there is also enough consistency in the effects reported in what are probably diverse communities across the six states included in the research to suggest that some problems of this type are likely to arise despite local differences.

3.3.3 *Participation in school activities*

Other types of communal work are associated with the schools. This is sometimes organized with the involvement of parents associations, and involve cleaning the schools or other activities. Parents also pay fees to the association. Parents associations have no connection with PROGRESA, but the focus groups and interviews with school directors indicate that in some communities non-beneficiaries do not want to participate in the work or pay the fees. In this example from Veracruz, a *promotora* said that non-beneficiaries do not want to pay the fees, asking that beneficiaries pay instead:

in the school there is a family parent's association ["*asociación de padres de familia*"], and they have to give some money for some things at school, to cooperate with the school, and then they say "no, beneficiaries should pay because they are receiving and we are not." (PV-13)

Some school directors corroborate this point, saying that beneficiaries cooperate more with respect to school fee contributions, with non-beneficiaries asking that beneficiaries pay instead. In this example from Querétaro, the school director said that non-beneficiaries tell them:

‘Ask those who receive PROGRESA first.’ (School director, Querétaro)

Of the 18 secondary school directors interviewed, only 8 addressed this issue of problems between beneficiaries and non-beneficiaries directly. Of these, 5 said that there were problems between beneficiaries and non-beneficiaries, with most comments focusing on this issue of non-participation in community activities. One school director said there were no problems and 2 others said they did not know if there were problems. The fact that school directors spoke less to this issue than did doctors in the same communities suggests that this is less of a concern to the school directors.³¹ Other evidence of the perspectives of school directors comes from a

³¹ This is possibly because doctors are more involved with the community work and give the *pláticas*. With regard to the issue of beneficiaries and non-beneficiaries, the school directors

survey of 320 schools, where approximately 30% of primary school directors and 20% of secondary school directors reported some negative effects of the program such as families being more divided or having increased problems as a result of PROGRESA (Adato *et al.* 2000).

As with the *faenas* organized by doctors, in some communities non-beneficiaries do not participate in activities involving cleaning the schools. In the first example below, *promotoras* from Querétero describe tensions created by the fact that non-beneficiaries no longer participate. In the second example from Veracruz, beneficiaries seem to suggest a new group identity where the beneficiary group is “complete,” seeming to imply that the non-beneficiaries are not needed:

— Now we beneficiaries from PROGRESA are doing all the cleaning of the school and all that, and the non-beneficiaries are not helping with anything. And then they ask why doesn't the teacher send the rest of the people who have their children there.

— The beneficiaries from PROGRESA are upset with the others because they don't work.

— Yes because they say "why are we working in the *faenas* and the other women who have their children at school don't, as they used to?" (PQ-13)

— ...we have to go sweep the schools, and they don't go.

[Q: And have you tried to invite them and they haven't wanted to? Or haven't you invited them?]

— No. We don't invite them because they don't receive, and we are complete, our groups are complete. (BV1-12)

4. STRENGTHENING SOCIAL RELATIONSHIPS: ACTIVITIES OF PROGRESA WOMEN

This report up to this point has focused on social relationships between beneficiaries and non-beneficiaries. This section looks at social relationships among beneficiary women, where a different picture emerges. The focus groups provide evidence of new kinds of social relationships that have empowering effects for beneficiary women and may be building new forms of social capital among them.³² Monthly meetings, health *pláticas*, community *faenas* and collecting their benefits are all activities in which PROGRESA beneficiaries gather together and have an opportunity to talk with each other in groups. The main purpose of the monthly meetings is for *promotoras* to convey information about the program to beneficiaries, answer questions, and monitor certain aspects of program operations. But in the focus groups, women said that they sometimes speak about other issues, share problems and solutions, and realize that they have common experiences. In the examples below, *promotoras* from Querétero, Michoacán and Guerrero describe some of these meetings and changes that they have seen as a result:

focused more on criticisms of the selection process; it was also said that some non-beneficiaries blame school staff for their exclusion from the program (Adato *et al.* 2000).

³² For a discussion of women's empowerment in relation to PROGRESA, and additional evidence of strengthened social relationships among PROGRESA women, see Adato and Mindek (2000).

there are people that are very closed, that don't have any communication with others . . . [now] we unload what is on our minds to each other. (PQ-21)

now we are in a better position. Because before even though we are from the same place, we knew each other only by name. We never talked to each other, did not have a friendship, no social contact. Now we can speak about everything. Some speak more, some less. And those that almost didn't speak, now they speak more...Now they feel more comfortable. This serves us to civilize ourselves a little bit. To wake up, to be more open. Because also some women didn't leave their houses, and now they do it a little bit more. (PM1-21)

Beneficiaries defend themselves better since PROGRESA. [Q: why?] Because of *pláticas*, because they speak with each other...beneficiary with beneficiary, with other women who are in the program. For example, in my community I hold a meeting and we begin to talk, and they have more experience. Now they know how to speak more. Because they ask each other things. We have meetings, so we speak to each other. For example, here we are in the meetings, we have a chat, and we ask you, how do you handle something, how did you do it? That is how, one to the other, we open our minds. Well one thinks better, we guide each other more. (PG-21)

It should be noted that the types of interactions described above are probably not characteristic of meetings in the majority of communities, as a 1999 household survey indicates that 15.5% of women chose 'sharing experiences with other women' and 10.4% chose 'discussing problems with PROGRESA' in indicating what takes place at the meetings. However, it is likely that some informal discussion and building of camaraderie takes place even in the other meetings, as well as in the health *pláticas* and *faenas*. Recall the comment of the Michoacán *promotora* on page 1, who said about the *faenas*: "it is very pretty to be all united, all sweeping together, and even having fun, because sometimes we are all full of dust." (PM1-15)

However, her comment also referred to the non-beneficiaries whom she thought were sad, because "they are not with the other who are sweeping in groups, all of them united." The creation of a group of 'PROGRESA women' who participate in separate activities can also reinforce social divisions. As one non-beneficiary commented: "we don't know what they say at the meetings." (NBM2-12)

5. CONCLUSIONS

The overall conclusion of this research is that PROGRESA's system of household targeting involves social costs that should be taken into account in evaluations of this system and consideration of alternative systems. Communities exhibit social cohesion and solidarity in terms of the common ways in which beneficiaries and non-beneficiaries evaluate the beneficiary selection process and outcomes, the recognition that beneficiaries are not to blame, and common feelings of sadness with regard to non-beneficiaries' exclusion and hope for their subsequent inclusion. However, household targeting also has had adverse effects on social relationships, producing envy and divisions, often expressed as non-beneficiaries not wanting to participate in community activities because they are not part of PROGRESA. All of this may have additional

consequences for these communities via an impact on social capital. One or more of these problems was reported in approximately 80% of the focus groups, and 75% of the doctors' interviews (some more serious than others). It is not known from a statistical point of view what percentage of PROGRESA communities in Mexico have experienced these problems, nor what characteristics of communities make them more inclined to experience these kinds of problems than others, a valuable question for future research. Nevertheless, the frequent and similar statements of beneficiaries, non-beneficiaries, *promotoras* and doctors in the majority of focus groups and interviews conducted in communities across six states provide strong evidence that there is a problem that should be addressed. It should be noted that problems regarding the fairness of the targeting system were also reported during informal research trips in the states of Nayarit, Durango, and Chihuahua

PROGRESA has, at the same time, strengthened social relationships between beneficiary women, potentially building new forms of social capital. Some *promotoras* and beneficiaries report strongly positive experiences of participating in group activities of PROGRESA women, where they enjoy themselves and learn through communication with other women. This is a valuable second-round effect of the program, and suggests that these types of opportunities for PROGRESA activities that promote social capital formation could be encouraged. Perhaps paradoxically, the creation of a group of 'PROGRESA women' who participate in separate activities can also reinforce social divisions, so these problems related to household targeting need to simultaneously be addressed.

There remain good equity and efficiency arguments for household targeting, but there are problems in practice. It is likely that correcting implementation problems in carrying out the census, renewing the early program proposals for community review of beneficiary selection, and ensuring an effective and systematic appeal process, would go a long way toward reducing these social problems. Even with the correction of mistakes, however, the social cost of targeting at the household level may be high in these communities where the distinctions made by the program between poor and extreme poor, or needing assistance and not needing assistance, are not apparent in the view of the people who live there, who see themselves as 'all poor' and 'all in need.' Although there may be actual differences in the poverty level of some of these households as measured by the analysis used in PROGRESA's targeting system, local perceptions of what it means to be poor appear to differ in some important ways from those which are represented by this system. Many comments heard in this research also seem to suggest that in these communities a higher value is placed on being treated 'equally' than on 'equity' in the sense underlying the logic of the targeting system's calculation of poverty levels. These are important avenues for further research.

Avoiding the types of social costs described in this report could be achieved in several ways. One is to switch to geographic targeting, where everyone in a PROGRESA community can participate, but the program is not introduced in communities or regions that are on average less poor. In addition to some disadvantage in terms of giving benefits to the non-poor, however, this system would leave poor people within those less poor communities without benefits. A second option would be to switch to self-targeting, where everyone has the opportunity to participate, but obligations are introduced that discourage better-off people for whom the opportunity cost of complying is greater than the benefits. This has probable efficiency and equity advantages over

geographic targeting, as well as the potential to generate second-round benefits through beneficiary obligations (the program already has some of these obligations). A third way is to continue household targeting, but widen the band of inclusion enough so that the differences within a community between the people who receive benefits and those who do not are rendered clear to the people who live there. Obtaining community perspectives on who is poor and not poor, and who is in need and not in need of PROGRESA, could be a starting point in designing a standard that could achieve that clarity and a greater level of acceptability. There may be other ways of approaching targeting to reduce adverse social impacts, which are not contemplated here. This report presents the finding that such social impacts exist and argues for the importance of weighing social factors in addition to economic factors in evaluating alternative targeting frameworks.

REFERENCES

- Adato, M. 1999. The impact of PROGRESA on community social relations: A preliminary assessment. In *The impact of Mexico's education, health, and nutrition program (PROGRESA) at the community level*, by M. Adato, D. Coady, S. Handa, R.L. Harris, R. Perez, and B. Straffon. 1999. Preliminary report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- Adato, M., D. Coady, and M. Ruel. 2000. An operations evaluation of PROGRESA from the perspective of beneficiaries, *promotoras*, school directors, and health staff. Final report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- Adato M., and D. Mindek. 1999. PROGRESA and women's status: Qualitative evidence and insights from six Mexican states. In *The impact of PROGRESA on women's status and intrahousehold relations*, by M. Adato, B. de la Brière, D. Mindek, and A. R. Quisumbing. Preliminary report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- Adato M., and D. Mindek. 2000. PROGRESA and women's empowerment: Evidence from six Mexican states. In *The impact of PROGRESA on women's status and intrahousehold relations*, by M. Adato, B. de la Brière, D. Mindek, and A. Quisumbing. Final report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- CIESAS (Centro de Investigaciones y Estudios Superiores en Antropología Social). 1998. *Acercamiento etnográfico y cultural sobre el impacto del program PROGRESA en doce comunidades de seis estados de la Republica*. Mexico City. Draft.
- Coady, D., and R. L. Harris. April 2000. Final report: A general equilibrium analysis of the welfare impact of PROGRESA transfers. Final report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- Cornelius, W. A. Craig, and J. Fox. 1994. Mexico's national solidarity program: An overview. In *Transforming state-society relations in Mexico: The national solidarity strategy* by Cornelius *et al.* San Diego: Center for US-Mexican Studies.
- Friedman. S., N. Lustig, and A. Legovini. 1995. Mexico: Social spending and food subsidies during adjustment in the 1980s. In *Coping with austerity: Poverty and inequality in Latin America*, ed. N. Lustig. Washington, DC: Brookings Institution.
- Handa, S., *et al.* April 2000. Final Report: Poverty, inequality, and "spill-over" in Mexico's education, health, and nutrition program. Final report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.

- Hoddinott, J., E. Skoufias, and R. Washburn. 2000. The Impact of PROGRESA on Consumption. Final report submitted to PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- IFPRI. 1999. Proceedings of the Workshop on the Impact of Mexico's Education, Health, and Nutrition Program (PROGRESA) at the Community Level, November 11, 1999, Mexico City. Mimeo. December 21, 1999.
- PROGRESA. 1997. PROGRESA: Education, health, and nutrition Program. PROGRESA: Mexico. Mimeo.
- Skoufias, E., B. Davis, and S. de la Vega. 1999. Targeting the poor in Mexico: An evaluation of the selection of households into PROGRESA. Washington, DC: International Food Policy Research Institute. Mimeo.
- Subbarao, K., A. Bonnerjee, J. Braithwaite, S. Carvalho, K. Ezemenari, C. Graham, and A. Thompson. 1997. Safety Net Programs and Poverty Reduction: Lessons from Cross-Country Experience. Washington, DC: World Bank.
- Woolcock, M. 1998. Social capital and economic development: Toward a theoretical synthesis and policy framework. *Theory and Society*, 27.
- Yaschine, I. 1999. The changing anti-poverty agenda: What can the Mexican case tell us?" *IDS Bulletin*, Vol 30, No. 2.

KEY FOR FOCUS GROUP QUOTATION CITATION CODES

B	=	beneficiary
NB	=	non-beneficiary
P	=	<i>promotora</i>
G	=	Guerrero
H	=	Hidalgo
M	=	Estado de México
M1	=	Michoacán (community 1)
M2	=	Michoacán (community 2)
Q	=	Querétaro
V1	=	Veracruz (community 1)
V2	=	Veracruz (community 2)

Table 1— Locations of Focus Groups

Focus groups participants came from 70 communities surrounding the following towns:

Huejutla, Hidalgo
 Tantoyuca, Veracruz
 Tempoal, Veracruz
 Cadereyta, Querétero
 Chilapa, Guerrero
 Zitácuaro, Michoacán
 San Ildefonso, Estado de México

Table 2 — Locations of Semi-Structured Interviews

HIDALGO	PUEBLA	VERACRUZ	QUERÉTERO
Orizabita	Cuaxtla	Acececa	Peñamiller
Cuatzonco	La Cañada	Chalma	Guerrillas
Tlatzonco	Tenanguito	Ixcacatitla	San Pedro
Meztitlán	Ceiba Chica	Zonzonapa	Tzinbanzá
	Papaloctipan		
