

***Conditional Cash Transfers, Gender and Human Rights:
Experiences of Indigenous Men and Women from
San Juan Cancuc, Chiapas***

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Summary

Conditional Cash Transfers (CCTs) have been regarded as one of the main policy tools to eradicate poverty. The mechanism of CCTs consists on providing cash to low-income families with the co-responsibilities of attending to regular health check-ups, keeping children at school and attending workshops among others. The cash transfer is usually given to mothers of the family. There has been a lot of research on the impact of CCTs in terms of health, education and on the gendered outcomes of these programmes; however, there is less attention on how low-income families experience the delivery of the cash transfer and whether a conditional cash transfer is what they think is required to improve their lives. There is a clear gap between official programmatic goals of CCTs and the experiences of the recipients particularly for indigenous peoples. *Prospera* is one of the first CCTs implemented and the most evaluated CCT in the world. This programme claims to have a human rights approach addressing indigenous peoples' needs. This research uses a human rights and a gender approach to investigate how this happens on the ground by using a case study of San Juan Cancuc, in Chiapas, Mexico. This work is based on UN documents; official documents from *Prospera* such as the Rules of Operation and on interviews with indigenous men and women; health personnel from San Juan Cancuc; government officers from the programme at local and national level and with key experts who were involved on the creation of *Prospera*. This research finds that there is an urgent call to embrace the experiences and views on poverty and CCTs of indigenous men and women when designing and implementing these programmes.

Introduction

Conditional Cash Transfers (CCTs) programmes have spread throughout the developing world, originating in Latin America, but also now used in Africa and Asia. CCTs provide support to low income families in the form of direct cash transfers, which are conditional on beneficiaries complying with educational, nutritional and health requirements, such as sending children to school, attending workshops on nutrition, and having their children vaccinated.

Around twenty years ago, Mexico and Brazil started to implement these programmes, and subsequently other Latin American countries introduced CCTs programme, such as Chile; Colombia; Guatemala; Honduras; Argentina; Nicaragua; Peru and Panamá, among others. While these programmes have been successful in addressing their initial objective to increase the income of poor people and improve the enrolment of children in school and infant nutrition, they still arguably represent a limited contribution to the long-term eradication of poverty.

CCTs were designed by economists and social policy experts, who believed that poverty could be alleviated by acquiring better education, nutrition and health for children in low-income families. However, CCTs were not designed in cooperation with low-income families. There has been a lot of evaluation of whether CCTs have achieved the objectives set by the experts. In contrast, there has been far less attention to how low-income people experience the delivery of CCTs and whether a cash transfer is what they think is required to improve their lives. The gap between official aims and the

experiences of the recipients is likely to be especially wide when a CCT is delivered to indigenous people who do not speak the same languages as the experts and officials, especially if they live in remote rural areas. Such gaps may be exacerbated if recipients of the cash transfers and subjects of the conditions are mainly women, when those implementing are mainly men.

The main motivation of this research is to investigate the experiences of indigenous women and men regarding the implementation of the programme *Prospera* through a case study in San Juan Cancuc (Chiapas), one of the poorest municipalities in Mexico according to the Human Development Index of the United Nations. I was born in Chiapas and I have always been interested in gender equality and development, particularly for indigenous women from my home state. I believe the experiences of poverty of indigenous men and women differ from the views of the people who have created programmes such as CCTs, and therefore, there is an urgent call to embrace the experiences and perspectives of indigenous men and women when designing and implementing these programmes.

Sociology of human rights can provide a useful framework for investigating the experiences of the people who are subjected to CCTs because this pays particular attention to both the formal stipulations of laws and procedures, and what actually happens on the ground. It draws attention to process and experience and recasts poor people as holders of rights rather than objects of state policies; it also draws attention to the gaps between holding a right and the fulfilment of that right. Currently, there is a

limited sociological literature that examines these issues, and also some reports from the UN Human Rights system that specifically focus on CCTs and human rights on which this research will draw.

A human rights approach is particularly pertinent to the current Mexican CCT, *Prospera*, because the documents setting out the objectives and procedures, such as the Rules of Operation, claim that *Prospera* is based on human rights and that it addresses the specific needs of indigenous people. The research presented in the thesis explores how far this happens in practice, in San Juan Cancuc in the state of Chiapas.

Chapter 1. Conditional Cash Transfers (CCTs), Gender and Human Rights:

A literature review

1.1. Introduction

There are still many unanswered questions regarding CCTs. One of these refers to their ability to address a broader range of challenges experienced by vulnerable populations such as woman and indigenous groups. Furthermore, the literature shows that there is little in depth research analysing CCTs from a human rights perspective, particularly on the question of compliance with the conditions (co-responsibilities) established by these programmes. By using a human rights lens when looking at the design and implementation of a CCT programme we can bring new things into consideration that otherwise are unseen. For instance, a rights-based approach highlights the importance not only of the policy outcomes but also the process of its implementation (Barrantes, 2017).

This chapter discusses the main gaps and debates in the literature regarding CCTs. It starts by considering the literature on the pros and cons of CCTs; then discusses literature on CCTs in Mexico. Sections reviewing literature on gender considerations and CCTs, indigenous peoples and CCTs follow this. Finally the chapter discusses the link between human rights and CCTs.

1.2 Conditional Cash Transfers: an overview

There is considerable evidence that CCTs have improved the lives of the poor and that they have had a positive effect on income distribution in countries such as Brazil, Mexico's, Chile; Turkey, Sub-Saharan Africa, Bangladesh and Cambodia. In the last two countries, CCTs programmes have been used to reduce gender disparities in education. (Fiszbein and Schady, 2009). These authors have also argued that CCTs in these countries have increased consumption levels and have resulted sometimes in substantial reductions in poverty among beneficiaries.

It has also been argued that public transfers can be effective instruments for redistributing income to the poor although they have often not done so (Skoufias, Lindert and Shapiro, 2010). These authors state that poverty impacts of public transfers vary significantly across countries in Latin America countries drawing on their research on eight countries (Argentina, Brazil, Chile, Colombia, the Dominican Republic, Guatemala, Mexico, and Peru).

Some authors have argued that cash transfer programmes can confront the denial of basic social rights while endeavouring to promote equality of conditions for exercising those rights (Simões, 2006). Others, such as Soares et al. (2007) argue that these programmes have helped to reduce income inequality in some countries (Mexico and Brazil) in a very low-cost way. Budlender (2014) argues that policymakers often advocate for CCTs on the basis that they will address future poverty by improving the

health and education of children. However, it is agreed that CCTs are not a panacea for poverty alleviation.

In the broader context of social protection, most of the literature shows that these programmes face several challenges. Even the best-designed and managed CCTs cannot fulfil all of the needs of a more comprehensive social protection system that considers other interventions, such as workfare or employment programmes and social pensions (Fizeben and Schady, 2009). A particular challenge that CCTs face is identified in the literature as the lack of links to employment and work programmes: de la Brière and Rawlings (2006) argue that the impact of CCTs might increase with strengthened links to the labour market.

Evidence shows that CCTs have contributed to health and education outcomes of children. Supporting this argument Budlender (2014) states that literature shows a clear evidence of the impacts of cash transfers on health and education outcomes across several countries such as Honduras, Colombia, Mexico, Nicaragua and Turkey. This author also concludes that there are potential advantages and disadvantages of CCTs that need to be considered within the context of a particular country. She states that conditions may be not the most effective mechanisms of addressing health and education challenges for Eastern Caribbean countries such as Antigua, Bahamas, Barbados, Belize, Cuba, Haiti and Jamaica among others.

On the other hand, Levy (2008) argues that despite improvement in health and education, in the particular case of *Oportunidades* (now *Prospera*) in Mexico, children that are benefiting from the programme today are likely to remain in informal and low-productivity jobs which undermine their capacity to break the poverty cycle. As such, the debate continues over the role of job programmes and CCTs in reducing poverty in the long term. However, according to the *Report on the World Social Situation 2010* produced by the United Nations Department of Economic and Social Affairs, there is insufficient empirical evidence to conclude that resources allocated to CCTs would have a greater impact on poverty if used for job creation programmes.

Nevertheless, the report from the UN Department of Economic and Social Affairs also suggests that the effects of CCTs and job creation programmes usually vary depending on location. For instance, CCTs could be more effective in increasing household incomes in rural areas where families tend to have more children. In contrast, job creation programmes could have greater effects on poverty in urban areas where vulnerable groups such as migrants are not able to secure employment. Zepeda and Alarcón (2010) examined the role of public works programmes and CCTs on reducing long-term poverty by looking at two exercises modelling a national work programme for India, which used a national Social Accounting Matrix (SAM) and Computable General Equilibrium (CGE) models¹. They found that CCTs operate with lower costs and pose less demands on institutions and countries' capacities than employment guarantee

¹ A Social Accounting Matrix (SAM) represents flows of all economic transactions that take place within an economy (regional or national). Computable general equilibrium (CGE) models are a class of economic models that use actual economic data to estimate how an economy might react to changes in policy, technology or other external factors.

schemes. However, they also argue that in the long term CCTs are less effective at tackling poverty than employment schemes.

On the other hand, Garza (2011) examines the use of *Prospera* as an ad hoc illustration of Sen's Idea of Justice² in practice. The author argues that even though CCTs enhance people's capabilities, the effect remains insufficient to create a more just society in terms of people's freedom to pursue their own life plan under conditions of equal opportunities. Garza (2011) argues that in order to create a more just society there is a need to go beyond the removal of capability-deprivations and to broaden the scope of injustice-reduction policies. This implies addressing the mechanisms in which injustice is reproduced in society.

In addition, de la Brière and Rawlings (2006) have remarked that CCTs face demand-side barriers such as lack of information and direct costs of access to health and education services and opportunity costs of schooling because of reliance on child labour. Furthermore, the impact of these programmes depends on the supply of accessible high quality education and health services in countries such as Brazil, Chile, Colombia, Ecuador, Jamaica, Mexico, South Africa, and Turkey. These authors conclude that there is a need for broader reforms of social protection in order to tackle exclusion in most middle-income countries where CCTs may not be appropriate.

² Sen's Idea of Justice is a book published in 2009 that criticises and revises of [John Rawls's](#) ideas in [A Theory of Justice](#) (1971). Sen argues for a comparative perspective on justice from different persuasions of people and claims for respect for reasoned differences in our understanding of what a just society really is.

On the other hand, it has also been claimed that CCTs in some countries such as Mexico and Brazil have been able to tackle several problems in a single policy response by combining income transfers with demand-side incentives for long run human capital accumulation regarding improvements in education and health (Britto, 2005). However, this author recommends that governments must consider their own country specificities before adopting a conditional cash transfer programme.

The literature shows that there are mixed results in terms of the impact of CCTs on nutritional status (Glassman, Todd and Gaarder, 2007). A few years later, Gaarder, Glassman and Todd reviewed in 2010 evidence of the nutrition and health outcomes via a review of rigorous impact evaluations of CCT programmes in low and middle-income countries in Africa, Latin America and the Middle East. The authors employed selected evaluation techniques that used experimental design, including randomised controlled trials and quasi-experimental design. They concluded that the evaluations provided unambiguous evidence that financial incentives work to increase the use of key health services by the poor. In addition, they found that CCTs could help to improve the nutrition of young children when accompanied by information, social support and the monitoring of weight and micronutrient supplementation.

Health benefits have included greater access to preventive medical care and vaccinations, as well as an increase in the number of visits to medical centres in some countries in Latin American countries such as Argentina, Brazil, Mexico, Chile,

Honduras and Nicaragua among others (Valencia, 2008). Valencia (2008) argues that successes of CCTs to date are limited but have positive effects on schooling and some aspects of health and nutrition in poor households. However, CCTs have weak effects on alleviating poverty. On the other hand, Villatoro (2007) argues that CCTs have been efficient in promoting the access and use of education and health services among the poor and in alleviating poverty in the short term. Nevertheless, both authors agree that the long-term effects are still not clear.

The impact of CCTs is often measured using quantitative tools; however, if used alone they risk omitting important aspects that can be better captured by qualitative methods, such as the perceptions and feelings of beneficiaries (Arriagada and Machivet, 2007). *Prospera* has included perceptions of beneficiaries of the programme in its evaluation surveys. Arriagada and Machivet reported that in Chile and Mexico beneficiaries of CCTs are generally grateful for the existence of these programmes. Nevertheless, the interviewed families also expressed some discontent with the implementation of CCTs: for example, the excessive work burden for female participants due to the responsibility of additional tasks (conditionalities) required in the programmes (see gender considerations section below).

As de la Brière and Rawlings (2006) argue, there is an unfinished agenda for research on CCTs which includes the analysis of graduation and exit strategies; and availability of child care and pre-school interventions; institutional coordination with the supply-side ministries; financing and implementation in low-income (rather than middle

income) countries and reaching vulnerable groups such as indigenous people, disabled and the elderly.

In addition, Gertler, Martínez and Rubio-Codina (2006) found that beneficiary households in rural areas increased their investment in micro enterprises and agricultural activities. They used a controlled-randomised evaluation design implemented by the Mexican Government, and household evaluation surveys as well as administrative records of the amount of money transferred to households. The sample size consisted of 7,658 poor households that were eligible for the programme in the initial 320 treatment communities and 4,644 poor households that were eligible for the programme in the 186 control communities. The authors concluded that for each dollar transferred, beneficiary households used 88 cents to purchase goods and services and invested the rest. The authors showed that the investments improved the household's ability to generate income with an estimated rate of return of over 17 per cent. These results suggest CCTs may raise long-term living standards among the poor, which are then maintained after the programme ends.

According to the Medellín, N. et al. (2015), CCTs programmes did not aim at increasing the income generation capacity of the adults in beneficiary households. Some concerns have been raised in the last few years that CCTs may create 'unintended negative consequences on beneficiaries' labour market decisions' (Medellín, N. et al 2015: 17). The literature shows that even though there is some evidence that the decision

of whether to work is not affected by CCTs, other studies show mixed evidence about whether CCTs affect the decision to work in the informal or the formal sector.

Finally, exit strategies of CCTs programme have been analysed from different perspectives. Medellín, N. et al. (2015) argue that the introduction of exit strategies somehow deviates from the original aim of CCTs that refers to reduce intergenerational poverty. Exit strategies stem from concerns about the long-term presence of beneficiaries in CCTs programmes and complement CCTs' long-term strategy of promoting income generation. Furthermore, the literature shows concerns in term of recertification and exit strategies in terms of the risk of dependence of households that have received the transfer for a long time.

1.3 Conditional vs. Unconditional Cash Transfers

Conditional cash transfers are widely used in Latin America while unconditional transfers are more common in sub-Saharan Africa. Unconditional transfers imply no restrictions on how the cash is spent and no conditionalities to meet. In contrast, CCTs have conditions that the beneficiaries have to meet (such as children attending to school, medical check-ups, attendance at workshops for all members of the family, etc.). De Janvry and Sadoulet (2006) recommend assessing benefits and costs of conditional and unconditional transfers when implementing these programmes.

Some authors such as Standing (2007) argue that conditionalities for cash transfer are not necessary and that, on the contrary, they can be 'counter-productive'. Supporting this argument, Budlender (2014) states that there is little evidence that the conditions are

the elements that generate the impacts of transfers, since there are similar impacts achieved with the implementation of unconditional transfers. Furthermore, Budlender (2014) affirms that there is evidence that shows that conditions might result in negative impacts in some cases. Standing (2007) proposes non-conditional universal grants instead, arguing that targeting CCTs to poor families is difficult in low-income countries where household incomes are not secure and may fluctuate. Likewise, Hanlon, Barrientos and Hume (2010) have questioned the importance of conditionalities arguing that there is evidence that non-conditional transfers may be a better option since they have demonstrated improvements to welfare. However, according to Cortina (2014), if there are no conditions on the distribution of the transfer, then ‘the recipient has no incentive to use the transfer for its intended purpose. He or she will instead be free to use it for whatever other purposes maximize his or her own utility’ (Cortina, 2014:104).

Veit-Wilson (2009) analyses how conditions are operated from a human rights approach, discussing how far the targeted population has agreed to procedures that penalise non-compliance, and if there is consistency with beneficiaries’ conceptions of human dignity (Veit-Wilson, 2009). Some authors such as Orton (2014) affirm that CCTs should drop the conditions since this can reduce the risk of human rights violations whilst continuing to reduce poverty.

A very interesting concept that will be used in this work is the term *shadow conditionalities* developed by Cookson (2016) which refer to additional informal activities required to be carried out by cash transfer recipients in the CCT programme of

Peru (*Juntos*). Cookson (2016) states ‘I define these additional activities as shadow conditionalities because in practice they are indistinguishable from the tasks that are “officially” required. The work is often organized by *Juntos* local managers, teachers and health staff, who use threats of expulsion from the programme in order to get women to participate’ (p. 1199). In the particular case of *Prospera*, these activities can include community work such as collecting garbage, cleaning the clinic, having latrines and even keeping their own houses clean. The practices of those delivering the programme encourage beneficiaries to think they must comply with the shadow conditionalities. As Cookson (2016) argues: ‘Women’s accounts indicate that they fulfil these extra activities because what is required of them is unclear’ (p. 1200).

1.4 Mexico’s CCT programme: PROGRESA/Oportunidades/ Prospera

In 1997 the Mexican government initiated a large-scale conditional cash transfer programme called *PROGRESA* in very poor rural communities. The programme provided cash transfers that are contingent on school enrolment, visits to medical practitioners and consumption of nutritional supplements. The cash support was delivered every two months to mothers; the programme’s original objective was contributing to break that intergenerational cycle of poverty, favouring the development of capacities in education, health and nutrition of its beneficiary families. Subsequent administrations changed the name of *PROGRESA* to *Oportunidades* and more recently to *Prospera*. The last rebranding of the programme requires a deeper analysis since more components have been added into the equation.

In 2002, PROGRESA was transformed into *Oportunidades* maintaining its three original components and expanded to the rest of the rural communities in the country, as well as to some urban centres. The number of beneficiaries increased from 2.5 million families in 2002 to 5.9 million families in 2013. Then, the *Oportunidades* programme was rebranded *Prospera* in 2014. The main purpose of the new programme was to link investments in education, nutrition and health with opportunities for productive, financial, and labour inclusion. The original objectives of the programme included short-term objectives such as the coordination of the institutional offerings of social policy programmes; improvements in employability; and productive and income generating initiatives.

According to the OECD (2017) *Prospera* currently includes 6.8 million families. *Prospera*'s current stated objective mentions in an explicit manner the words 'social rights'. The objective is stated as follows: 'to contribute to strengthening the effective implementation of social rights that enhance the capabilities of people living in poverty, through actions that amplify their capacities in food, health, and education, and improve their access to other dimensions of welfare' (OECD, 2017: 117).

The cash transfer is usually given directly to mothers of the family and varies depending on the number of children enrolled in school, the progress made in different grade levels, and their attendance at health centres, for immunization and check-ups. This policy decision places major responsibility for achieving programme outcomes on the mothers. The rationale behind the payment of cash transfer directly to mothers relies on

the idea that women are more responsible with regards to household management of finances and investments in children's education and health (Molyneux, 2009). Cash transfer recipients with daughters or sons who are grown up and have graduated from the programme can still receive the nutritional support every two months consisting on 950 pesos (approximately 50 US dollars) and they also have access to health services of the programme.

The programme's initial education component consisted of grants that were provided to mothers of children at all pre-tertiary levels – from primary through to high school – and that increased as children progress to higher grades. Grants at the secondary level were slightly higher for girls than for boys because they tend to have a higher dropout rate. The health component provided basic healthcare for all members of the family with a particular emphasis on preventive healthcare. The nutrition component included a fixed monetary transfer supposed to be spent for improved food consumption, as well as nutritional supplements for children and pregnant and lactating women. Women were given the cash and told they should spend it on these components but in fact they could spend it on other things if they choose to do so. The mothers were responsible for compliance with the conditions, including attendance at classes on child nutrition and health. This basic structure remains in the current CCT, *Prospera*, with some additions. The structure of *Prospera* is set out in table 1.

Prospera now includes more components which aim to link beneficiaries of *Prospera* with other federal programmes related to employment, income generation,

training, access to savings and credit and life insurance (see table 2). According to CONAIF (Consejo Nacional de Inclusión Financiera) (2016) a total of 626,000 mostly female *Prospera* beneficiaries had contracted savings accounts, and 639,000 had acquired basic credit by 2016.

Table 1. *Prospera*: components, recipients, co-responsibilities and sanctions

Component	Recipients	Co-responsibilities	Sanctions
Food support	All beneficiary households	Health: Attendance at scheduled medical checks (for all household members, frequency differentiated according to age) Food: Use food support for household benefit and consume nutritional supplements. Others: attendance at health counseling.	Monthly suspension if the family does not attend health check-ups or counseling sessions. If the family does not collect food supplements in two consecutive periods of two months. Permanent suspension if the recipient or other members of the household sell or exchange food supplements or fortified milk received from the programme.
Education support	Families with children under 18 years old, attending primary, secondary and upper-middle school	Education: School attendance (85 per cent attendance).	Monthly suspension if students do not certify primary school attendance or if they accumulate a three-month suspension, or if they have 12 or more unexcused absences. For secondary school students if there is no certification of school attendance. Suspension is definitive if duplication of the beneficiary is detected, if secondary school students have been receiving the state benefit for more than 4 years or drop out for two or more semesters, and if primary school students accumulate two annual suspensions.
Health	All beneficiary households	Health: Attendance at preventive medical check-ups. Other: Attendance at health counseling sessions	Monetary support may be suspended indefinitely, if in four months the household cannot s not justify the health actions recorded in the National Health Card of all household members.
Energy Subsidy	Mother	Attendance at health counseling sessions	Monthly suspension if a member of the family does not attend health check-ups or counseling sessions.
Elderly support	Adults over 70 years of age	Health: Attendance at health check-ups every 6 months	Definitive suspension if not attending health check-ups for one year; if beneficiary of the "70 and over" pension, household abandonment, and death of the recipient.

Component	Recipients	Co-responsibilities	Sanctions
<i>Vivir Mejor</i> - food support component	Mother	Food: Use food support for household benefit and consume nutritional supplements. Health: Attendance at health counseling sessions	Monthly suspension if the family does not attend health check-ups or counseling sessions. If the family does not collect food supplements or fortified milk, depending on the frequency with which service providers provide this information. Definitive suspension in case of sale of food supplements.
<i>Vivir Mejor</i> - child support component	Children between 0 and 9 years	Targeting benefits for household food and nutritional supplements consumed Identification: Birth certificate. Education: School enrolment	Monthly suspension if the household does not attend health check-ups or counseling sessions. Definitive suspension if the child is a beneficiary of educational support component of the programme and in case of a family selling to other people nutritional supplements.

Source: Economic Commission for Latin America and the Caribbean (ECLAC) 2016. <http://dds.cepal.org/bdptc/en/program/components.php?id=92>

Table 2. New components of *Prospera*

Component	Recipients	Description
Higher education scholarships	Young people who have completed high school	The young people, who are beneficiaries of <i>Prospera</i> and are willing to continue with their tertiary education, will have access to different scholarships offered by the National Coordination of Scholarships for Higher Education. Also, those who get enrolled in the university will receive a special transfer.
Financial inclusion	Women living in beneficiary households	Through the Mexican Social Bank, the programme delivers financial tools to reduce the financial inclusion gap and to improve living conditions. This component includes financial education, savings promotion, a life insurance, and access to a credit line with 9.99 per cent interest rate per year.
Labour inclusion	Young people living in beneficiary households, who are unemployed	The programme receives the support of the Ministry of Employment and Social Provision, offering priority access to the positions provided by the Employment National Service (150,000 per year), and to the trainings of the <i>Bécate</i> programme (15,000 places per year). The aim is to improve the purchasing power of the families via actions that facilitate inclusion in the labour market,
Productive exits	Adults of working age, living in beneficiary households	Beneficiaries of the programme will have support to obtain a source of earnings to enable them to exit poverty via salaried or autonomous work. To achieve it, families will have priority access to 15 productive programmes.

Source: Economic Commission for Latin America and the Caribbean (ECLAC) 2016. <http://dds.cepal.org/bdptc/en/program/components.php?id=92>

The programme uses both geographical targeting and proxy means tests and conducts surveys for all households in eligible communities. Beneficiaries are chosen through the analysis of the socio-economic information at the central government level and payments are given to the women as discussed above. Some authors have critically discussed the implications of targeting, such as Tucker (2010) who argues that targeting techniques in CCTs are never neutral and objective. While Tucker agrees with supporting CCTs' strengths in terms of increasing 'human capital accumulation', she nonetheless demands more and better investigation into CCTs' impact on the poor in terms of exercising their rights.

For 2010, the programme's authorised budget was approx. US \$5.0 billion dollars. According to SEDESOL (2010), *Prospera*, because of its cost of operation, which is less than 5 cents in each peso, has been recognised as one of the most efficient programmes worldwide.

Prospera has been the most evaluated CCT programme in the world³. The first stage of the evaluation took place between 1997 and 2000. It was administered by an external and independent organisation, the International Food Policy Research Institute (IFPRI). The evaluation included randomly assigned treatment and control groups (beneficiaries and non-beneficiaries of the programme). The sample consisted of repeated observations (panel data) collected for 24,000 households from 506 localities (320

³ Some external institutions that have carried out evaluations of the programme are the National Institute of Public Health (INSP), the Centre of Investigation and Higher Studies of Social Anthropology (CIESAS), The College of Mexico (COLMEX), the Centre for Investigation and Economic Education (CIDE), Iberoamericana University (UIA), University of California, Berkeley, University of Pennsylvania and University College London (UCL), among others.

localities were assigned to the treatment group and 186 localities were assigned as control localities) in seven Mexican states: Guerrero, Hidalgo, Michoacan, Puebla, Queretaro, San Luis Potosi and Veracruz. The results reported by the IFPRI were very positive in terms of school enrolment, nutrition and clinic attendance. The IFPRI also reported some negative impacts regarding community relations. This implies the creation of tensions between two groups: the selected beneficiaries and the non-beneficiaries of the programme.

The first Household Evaluation Survey (Encuesta Evaluation de los Hogares or ENCEL) took place in 1998. The objective of ENCEL surveys is to collect data on different topics pertaining to the household as a whole as well as all household members. To evaluate the medium-term impact, ENCEL 2003 was carried out five years after the first one in all 506 localities that were part of the original evaluation sample. By that time all localities that had participated in the previous ENCEL surveys had been included in the programme (320 benefiting from *Oportunidades/Prospera* since 1998 and 186 more starting in 2000). The evaluation process of *Prospera* has been regarded as comprehensive and rigorous due to its implementation of both quantitative and qualitative components⁴. In 1999 the IFPRI carried out an evaluation on the perspectives of women beneficiaries and promoters by using focal groups.

⁴ Some of the surveys that have been carried out are: Encuestas de Evaluación de los Hogares Rurales (ENCEL); Encuestas de Evaluación de los Hogares Urbanos (ENCELURB); Encuestas de Características Socioeconómicas de los Hogares Rurales (ENCASEH); Encuestas de Características Socioeconómicas de los Hogares Urbanos (ENCASURB); Encuestas de Recertificación (ENCRECEH); Encuesta Nacional de Salud y Nutrición (ENSANUTE) and Encuestas de *Puntos Centinela*.

It is important to mention that the promoters (*promotores*) play a key role in the implementation of the programme. They are staff that work for *Prospera* and are the main communication link between beneficiaries and government officers of the programme. In indigenous localities, promoters must speak the local language. The evaluation captured beneficiaries' perceptions of the changes that have occurred in their lives that are directly or indirectly related to the programme. Since 2000, an independent Mexican research institution has carried out the qualitative evaluations: CIESAS (Centro de Investigación y Estudios Superiores en Antropología Social).

According to the Ministry of Social Affairs in Mexico (SEDESOL), the evaluation of the programme has focused on measuring the impacts and outcomes of the programme in the short, medium and long-term. The evaluation process identifies the impacts and outcomes attributable to the programme, discerns effects associated with other factors at individual, family and community levels; analyses indirect effects of the programme; provides new elements for the improvement of the programme. In the last few years, evaluation has focused on the relationship between the strategies and actions of the programme and their effects on targeted population in rural and urban areas.

Evaluation results in the area of education indicate that children in rural areas between 12 and 14 years of age increased their probability of enrolling in secondary school. In rural areas, the teenage dropout rate has decreased. Teenagers between the age of 15 and 19, who have on average received the benefits of the programme for five and a half years, completed an additional year of schooling compared to non-beneficiaries

(SEDESOL, 2010). The elimination of the education gap between boys and girls has been notable. Qualitative evaluations show that parents have positive expectations for their daughter's education. In addition, amongst beneficiaries there is an increase in consumption of fruits, vegetables and proteins.

In terms of nutrition and health, preventative visits to clinics by *Prospera's* beneficiary families have increased in rural and urban areas. Nationwide, maternal deaths and infant mortality have decreased. The evaluation reports show that beneficiaries have more information regarding birth planning and control, and that women beneficiaries and their daughters are more open to discussing issues such as contraceptive methods and the importance of Pap tests. In urban areas, beneficiary children of two years of age and younger have increased their height compared to non-beneficiaries. There is also evidence of a reduction in the number of days of illness for children in rural areas (SEDESOL, 2010).

A very interesting finding regarding the impact of *Prospera* is that the programme has contributed to higher birth weight and lower incidence of low birth weight among beneficiary women who are demanding better quality services and pushing service providers to improve their performance (Barber and Gertler, 2010) (see the *gender considerations* section below). Gertler, Barungi and Woolard (2005) have investigated the impacts of *Prospera* on human development outcomes and have drawn implications for policy debates in other countries such as South Africa. According to these authors

political will and effective monitoring and evaluation processes were crucial for the success of the programme.

A longer enrolment in the programme has been associated with an increase in benefits. In their research, Fernald, Gertler and Neufeld (2009) investigated the effect of the programme on poor families ten years after implementation. This research used the original localities that were enrolled (and randomly assigned) in the programme immediately (early treatment – 320 localities) or eighteen months later (late treatment – 186 localities). The main objective was to analyse outcomes associated with an additional 18 months' enrolment in the programme. The authors concluded that these additional months have independent beneficial effects other than money, particularly for women with no formal education.

Rubalcava, Teruel and Thomas (2009) used a random assignment social experiment in which women in treatment households were given the *Prospera's* cash transfer and women in control households were given nothing. The study showed that the transfer increased total household income by around one quarter among those rural Mexicans who received the benefit. Furthermore, the study found that giving the money directly to women could directly benefit children's standards of living. The reason for this is that the additional money is spent by women on children's goods, improving nutrition and on small livestock, demonstrating that the preferences of women and men differ, particularly in rural households where women are more likely than men to spend the money on investments for the future.

There are several evaluations of the programme that discuss the effects of *Prospera* on the economy, infrastructure, education and employment after ten years of implementation. Rodríguez and Pasillas (2008) carried out an inference study on the possible impact of the programme on water and sanitation services, and also on the development of local markets. The authors used the information available in the ENCASEH and ENCEL⁵, suggesting that in terms of the impacts of the programme on the local economy, the programme has no effect on the number of jobs generated and the creation of new businesses in the localities studied. In addition, they concluded that changes in infrastructure on water and sanitation have been similar for all groups in the localities analysed and therefore, are not related to the presence of the programme.

In relation to education, Agudo (2008) identifies shortcomings in provision in several areas, even in those where the education supply (number of schools) is sufficient. Agudo's study is based on existing qualitative impact evaluations of *Prospera*, and supported by ethnographic analytical studies of four states in Mexico (Sonora, Chihuahua, Oaxaca and Chiapas) and a sample of 48 households. The study showed that elementary schools in rural areas are not well equipped and maintained. Also in rural areas the 'telesecundarias'⁶ usually do not have enough resources to operate properly (particularly those depending on electricity) in comparison with those in urban areas and municipal or departmental capitals. As a consequence of this the deficient infrastructure compromises the *telesecundarias'* goal of reducing inequalities between rural and urban

⁵ The localities studied include the original sample of the seven states (Guerrero, Hidalgo, Michoacan, Puebla, Queretaro, San Luis Potosi and Veracruz) plus those from ENCEL 2007 (Durango, Sinaloa, Aguascalientes, Nayarit, Chiapas and Oaxaca).

⁶ Junior high-school distance education programme.

areas. This argument raises an important debate about a broader integration of the programme with social policies, since the quality of education is a structural problem not attributable directly to the objectives of *Prospera*.

Prospera has contributed to an increase the number of years that children stay in school, especially amongst indigenous populations. Moreover, in both indigenous and non-indigenous populations, the impact is felt more significantly by girls than boys (Agudo, 2008). This programme has contributed to narrowing the gap between indigenous and non-indigenous populations with regards to school attendance and enrolment. Nevertheless, although the programme has contributed to narrowing the ethnic gaps, his research points out that *Prospera* does not address the actual quality of education. However, that is, as mentioned above, a matter of a broader national and local social policy. Furthermore, there are several infrastructural differences that still remain between small and isolated localities (generally indigenous) and bigger localities located at head-municipalities, such as the quality of education and absenteeism of teachers, (González de la Rocha, 2008).

In addition, the evaluation of the programme shows that after more than ten years of implementation, the programme has had positive effects on young men and women who are trying to enter the labour market since they have a better education and hence better job opportunities and salaries (Oreggia and Rodríguez, 2008). In terms of the types of jobs that the beneficiaries and non-beneficiaries of *Prospera* perform, it is interesting to note that even though indigenous populations are concentrated in low-skill and low-

salary jobs such as farm and day labourers, it can be shown that the percentage of people concentrated in these kinds of jobs is higher among those groups that have not been beneficiaries of the programme compared to those who were beneficiaries (Oreggia and Rodríguez, 2008).

On the other hand, there is little evidence to demonstrate the long-term effects of CCT programmes such as *Prospera* on migration decisions (Azuara, 2009). It is important to question what happens to the child beneficiaries who then become young people with higher educational levels and decide to enter the labour force. If the locality in which they live cannot provide enough labour demand then they may decide to migrate. Azuara (2009) examines the sudden drop in the population size in rural localities where *Oportunidades/Prospera* was implemented between 1998 and 2005. The study shows that the average population in a fully covered village decreased by seventy people in 2005 compared to 1995, which represents almost 10 per cent of the average population of 1995. The author shows that this phenomenon is due to two main factors: the reduction in the fertility rates and the increase of migration among beneficiaries. The study concludes that the evidence supports the hypothesis that CCTs accelerate migration patterns of marginal individuals who decide to leave their localities for more financial reward elsewhere. On the other hand, Cortina (2014), states that previous studies have shown that on average, *Prospera* tended to reduce migration levels, in contrast with other cash transfers such as unconditional cash transfers.

Finally, it has been argued in the literature that the programme has also produced spill over effects. For instance, Gignoux (2009) states that *Prospera* is likely to have indirect positive effects across villages on education outcomes for children that attend schools located in beneficiary localities but who are not direct beneficiaries.

The on-going evaluation of *Prospera* has had an important role in ensuring the continuity of the programme regardless of the change in government (Briceño and Gaarder, 2009). Another important impact that has been highlighted is the adoption of a Social Development Mexican Law (*Ley General de Desarrollo Social*) adopted in 2004, which now requires all social programmes to have yearly external evaluations of their programmes.

1.5 Gender considerations, CCTs and the particular case of *Prospera*

Findings with respect to the impact of CCTs on women show mixed results. For instance, Molyneux (2009) who has carried out an extensive gender analysis of CCTs argues that the evidence does not convincingly support the assumption that CCTs ‘empower’ women. The author argues that *empowerment* needs to be understood as ‘a multi-dimensional, transformative process that enlarges women’s life chances and choices, enabling them to escape insecurity and dependency and to secure equal opportunities and equal treatment’ (Molyneux, 2009: 44). This author focused her research on the *Prospera* programme in Mexico and argues that CCTs reinforce a maternal model of care and reinforces asymmetrical gender roles (Molyneux, 2009). Molyneux suggests that CCTs programmes create a dependency on a subsidy that confirms traditional mothering roles.

She states that CCTs ‘reinforce asymmetrical gender roles establishing a trade-off between children’s and women’s needs for long-term security’ (2008:2). There is also a substantial body of research that shows that women entering the workforce and having control of their own earnings can significantly affect their position in the household, but the same is not yet demonstrated for stipends such as CCTs (Molyneux, 2009).

Some authors such as Jenson and Nagels (2016) affirm that *Prospera* was created with some pretensions to promote gender equality and has become a policy instrument characterised by gender sensitivity but not addressing equality. In contrast, Levy, the main architect of the programme argues that *Prospera* was not conceived as a programme to improve gender equality. The programme was not designed to empower women; the decision to give the cash transfer directly to women was based on studies of consumption patterns of women and men that concluded that women spend more on children's needs such as education, food, shoes, etc. than men. The only affirmative action related to gender equality that was considered in the programme was the component of having higher scholarships for girls than for boys.

In addition, Escobar Latapí and González de la Rocha (2007) argue that while the *Prospera* has empowering elements such as targeting girl’s education, there are no components designed to empower housewives with the exception of their decision-making power in household management. The question of the impact of the programme on indigenous mothers and girls is still an area that needs to be further studied (Escobar Latapí and González de la Rocha, 2007).

On the other hand, research from other countries such as Chile with *Chile Solidario*, indicate that this programme has a strong impact on labour market outcomes. Nevertheless, the positive effects are particularly important for women subjects in the beneficiary families only after the achievement of the conditionalities imposed by the programme (Scarlatto et al. 2015). The authors conclude that cash transfers should be targeted more specifically to women's needs to contribute to their empowerment.

Research on gender and CCTs show that conditionalities may have an impact on women's time due to the additional responsibilities emanating from the programme. Only now are these indirect effects of the programmes starting to be investigated. Hasan (2010) has investigated the effects of CCTs on time allocation of mothers in rural programme-eligible households and refers to *Prospera* as a 'gender-targeted' programme. Hasan concludes that programme eligibility is associated with increased housework time for mothers with eligible children. The study shows that programme eligibility is associated with an increase of 120 minutes of housework⁷ per typical school day by mothers of eligible children in the stipend district when compared with mothers of eligible children in the non-stipend district. In addition, the author also finds that there is a reduction in time mothers report spending on their children's needs (such as bathing or feeding) since these children are more likely to be in school.

⁷ Defined by the author as cooking, cleaning, looking after livestock, performing unpaid non-agricultural family work outside the house and working on one's own farm.

Luccisano (2006) also supports the idea that the conditionalities of *Prospera* have increased women's work in the household. The author indicates that CCTs in general aim to insert mothers into the market as 'creditworthy consumers', yet in reality it has inserted them into the economy and political system as mothers with increased social responsibilities instead of as citizens with rights. In addition, other authors such as Chant (2007) have argued that the more women contribute to housework responsibilities, the less men tend to do so, which, as Molyneux also demonstrated, shows how unbalanced gender roles are often reinforced. Budlender (2014) states that CCTs may add to the unpaid care responsibilities that women face and 'may thus hinder their efforts to earn money' (Budlender, 2014:VII). In terms of conditionalities, Molyneux (2009) states that conditions 'are designed to secure the greater regulation of women's socially-ascribed maternal responsibilities'. When designing a CCT programme to ensure all household member's needs are met, the programme must consider the household 'as a whole' with its gender relations (Molyneux, 2009).

On the other hand, López and Salles (2006) argue that the most analysed element from a gender perspective of the programme *Prospera* has been the impact on women's autonomy. These authors argue that giving the cash transfer to women has had an impact on women's access to decision making. However, this does not imply that women have more economic autonomy. With the collaboration of several researchers, López and Salles analysed the programme from a gender perspective and found that delivering the cash transfers directly to women and providing higher scholarships for girls reduce inequalities between women and men. However, Espinosa (2006) argues that there is a

need to redistribute in a more equal manner the co-responsibilities of the programme among members of the family.

Furthermore, Barber and Gertler (2010) also support the existence of positive outcomes of *Prospera* for women. They have found that the programme has had a positive effect by *empowering* women to insist on better health care. This has occurred by informing and providing them with skills and social support to negotiate better care from health providers for their children and for themselves.

Bradshaw (2008) argues that it is important to distinguish positive outcomes for women from those for children. This author states that ‘targeting resources at women means that men’s socially constructed ‘masculine’ behaviour is implicitly recognised as problematic but is not addressed’ (Bradshaw, 2008: 201).

As can be seen, there is some controversy on the impacts of the CCTs on women. Gonzalez de la Rocha (2005) states that there are contradictions emerging between the traditional vision of family (which conceives women as the only providers of domestic and reproductive services) in which the programme operates, and the real experiences of beneficiaries in terms of family structure and division of labour. This traditional view of women assumes that they are the family members that can dedicate time and effort to the co-responsibilities required by the programme. This idea contrasts with the reality of women’s daily lives that overburdens them with work. The author concludes that while the programme is centred on families, it does not operate with and for families.

A very important discussion regarding CCTs is the decision of giving the cash benefit to mothers because it has been argued that women are more likely to spend money on the household while men spend it on themselves. It has been difficult to test this argument due to the lack of suitable data. However, Levy (2008) argues that the decision of giving the money to mothers was based on evidence on how women tend to spend more on children's needs and the household than men. This argument was primarily based on household consumption and spending studies rather than research that evaluates recipients of transfer through randomisation of benefits. In support of this argument, Seguino (2017) claims that cash benefits are transferred to the mothers in order to ensure children's attendance to health check-ups and to school. Furthermore, Seguino (2017) also argues that social programmes that aim at improving human development by focusing on health, education and nutrition such as CCTs, should be categorised as social infrastructure spending.

A research in the UK on spending patterns in the household supports the argument that cash transfers should be paid to the mothers by showing that when the government in the 1970's switched a payment of a cash transfer programme from mothers to fathers, there was an increase in spending on goods such as children's clothes (Hansford, 2016). The conclusion of Handsford (2016) is that conditional transfers and pensions paid to women improve child health, nutrition and education, however, they do not consistently benefit one gender over the other. Nevertheless, CCTs seem to have more positive outcomes for women and children than pensions and micro-credit programmes, probably because the cash transfer income is perceived as under women's control. Other of the

benefits of giving the cash transfer to women is, according to Holmes and Jones (2010) that when the benefit is paid via a financial institution, women can have access to financial services.

In the light of Levy's comments in his interview for this research regarding consumption patterns, it is important to have a look at gender sensitive policies in Mexico, particularly gender responsive budgets. Mexico has played a leading role in America in incorporating gender budgeting into legislation and processes of government, as well as ensuring the participation of the Ministry of Finance and other relevant actors. In Mexico, there is an Annex in the Federal Budget (Annex 13) that allocates funds to programmes aimed at promoting gender equality and women's empowerment. It is important to mention that CCTs expenditure is not included in the budget annex listing programmes for women's needs and gender equality. According to Elson (2017) the Gender Responsive Budget approach does not categorise child-related social transfers that go to women as women-specific expenditure. Furthermore, child-related social transfers can be paid to men in the absence of the mother in the case of *Prospera*.

In addition, Braunstein and Seguino (2012) show that as social spending in Latin America has increased, women's relative employment rates have also increased bringing benefits not only to children but also to women in terms of improving their access to employment. In contrast, Gammage and Orozco (2017) argue that there is very little evidence of women, either as mothers or young beneficiaries, achieving economic empowerment through employment. Nevertheless, they claim that there is evidence of

women beneficiaries improving their access to health services and an improvement of women's agency and autonomy. These authors suggest that women's economic participation needs to be addressed together with actions to reduce time burdens and to redistribute caring responsibilities in the household.

In the light of these debates, it is important to be careful about generating myths around the CCTs. For instance, most of the supporters of CCTs argue that these programmes improve women's situation in terms of decision making within the family or empowering them by having control over the cash benefit (de la Brière and Rawlings 2006; Rawlings 2004). However, most of feminist scholars disagree with this argument. As previously mentioned, Molyneaux and other scholars have claimed that CCTs have a *maternalistic* approach, particularly since motherhood is reinforced as a position which can be a way out of poverty. Molyneaux (2007) claims that gender roles and responsibilities are indeed reinforced in through CCTs. Cornwall, Harrison and Whitehead argue that there gender myths rely on 'essentialized images about women' (2007:7) but the complexity, the particularities of the context and the dynamics of power relations are not taken into account. A large body of literature suggest that this *maternalistic* approach reinforces gender traditional identities and relations. Supporting this argument, Tabbush (2019) shows in her research in Argentina that there is an unquestioned appeal to traditional gender roles that need to be challenged given the potential effects of CCTs in women's livelihoods and capabilities.

Chant (2008) in her work on female responsibilities and obligations argues that there is a growing gender disparity between women's and men's responsibilities in terms of contribution to overcome poverty. Furthermore, Chant (2018) suggests that spite of poverty reduction levels generally, in Latin America there is a trend of both de-feminisation of poverty and re-feminisation in poverty. The author claims that the re-feminisation of poverty is particularly because of policy interventions targeted to women such as CCTs.

Gammage and Orozco (2017) argue that *Prospera* recognised gender inequalities from its inception, as well as the need of gender-related interventions. However, these interventions have focused on breaking the intergenerational cycle of poverty (e.g. giving higher scholarships for girls than for boys) not aiming at 'empowering' women's recipients of the cash transfer. These authors suggest that there is a need to design specific interventions to promote gender equality within the programme, for instance, actions to reduce disparities in gender roles within the household and promote women's access to productive resources. The idea these authors propose is to apply the same rationale in actions such as giving higher scholarships to girls and boys, to other interventions such as improving access to women to the labour market, and redistribute reproductive roles within the household (Gammage and Orozco, 2017). An alternative route for economic empowerment of women in the context of CCTs (*Prospera* in this case) refer to coordination through this programme and other social services that such as child care which can facilitate women's insertion in the labour market.

As it has been pointed out, there has been a rapid growth of anti-poverty transfer programmes, which have raised unfounded expectations regarding their contribution to poverty. These kind of programmes are only one part of several interventions that combined, can contribute to the eradication of poverty. Some times, CCTs have been prioritised over other social programmes in terms of budget and also in relation to evaluation. Barrientos and Villa (2013) argue that CCTs are not-rights based and have been evaluated much more than rights-based programmes in order to defend their existence. In the same line is the argument of Levy who states that CCTs are not a silver bullet and should be part of a broader strategy for poverty eradication.

The allocated budget for *Prospera* in 2018 was 82,000 million pesos (4,046.185.729,79 USD) making it one of the programmes with the largest budget allocation. In contrast, the programme *Pensión para Adultos Mayores* has 40,000 million pesos, the *National Scholarship Programme* has 11,000 million pesos and the Programme to Support Small Producers 15,000 million pesos.

Another element, which is necessary to foster women's access to employment besides childcare, is also access to training, and credit (Gammage, and Orozco, 2017). Supporting this argument, Rubalcava (2015) suggests including credit in order to improve women's economic empowerment. According to this author, the concept of empowerment is measured as intra household increases in decision-making in traditional gender roles such as children's education and health. Furthermore, Rubalcava (2015) also

claims that CCTs improve access to credit, which can a positive impact in the local economy.

Clearly, there is a need for a more in-depth analysis from a gender perspective about the effects of programme conditionalities on household dynamics and power relations inside the household. Villatoro (2007) argues that the extents of changes in the capacity of women to negotiate and to make decisions inside the household are still unanswered issues. This argument is consistent with the results found by Valencia (2008) who concludes that even though cash transfer programmes appear to encourage women to become active agents in improving the well being of their families, there are still some questions about the limitations of traditional gender roles in breaking the intergenerational cycle of poverty. It has been argued that *Prospera* reinforces gender and racial hierarchy, and the ability of conditional cash transfers to promote gender equality and development in indigenous communities in Mexico has been questioned (Gil-García, 2015).

1.6 Indigenous Peoples, CCTs and the particular case of *Prospera*

There is still a lack of research about the impact of CCTs on indigenous peoples. Robles (2009) has addressed the issue of CCTs and indigenous peoples in Latin America, and discusses the incorporation of an ‘ethnic perspective’ in CCT programmes. Robles states that within the perspective of poverty reduction and social protection policies, an ethnic focus could lead to the prioritisation of indigenous-targeted actions since they are one of the most vulnerable groups in Latin America. When the indigenous populations are addressed in social policy, the ‘reductionist’ approach must be overcome (Robles, 2009).

By ‘reductionist’ approach Robles means the way public policy has addressed indigenous peoples by linking ethnicity with poverty and deprivation. She highlights the need to take into account the historical and structural situation of inequality and exclusion that indigenous peoples have experienced. She argues that there is a need to develop an approach to indigenous peoples based on rights and participation in the development process. Robles (2009) also states that affirmative actions for indigenous peoples are by no means incompatible with in-depth policies for the fulfilment of economic and social rights of the entire population.

Even though *Prospera* and its forerunners is the most evaluated cash transfer programme in the world, there is a lack of evidence regarding the impact of the programme in relation to indigenous peoples’ experiences of poverty. In 2010, around 1,000,419 indigenous households were beneficiaries of the programme. This represented approximately 26 per cent of the total beneficiaries of *Prospera*.

Some authors argue that there is no differential impact of *Prospera* on indigenous and non-indigenous populations. For instance, Bando and López Calva (2006) have investigated the impact that the programme has had on the health of young indigenous children. They argue that in most cases indigenous groups have benefited from the programme in relatively the same proportion as non-indigenous groups. Their analysis also uses the ENCEL surveys. The indicators used in this study are the number of monitoring visits, morbidity rates and incidence of illness for children of 0-2 years old and 3-5 years old. This study concludes that there is not enough evidence to demonstrate

that cultural norms could induce a differential effect when the programme is applied to indigenous peoples.

There is also some research that investigates the interaction between child labour and indigenous households. Bando and López Calva, along with Patrinos (2004) have found, using panel data, that the incidence of child labour decreased after the implementation of *Prospera*. They also showed that prior to the introduction of the cash transfers, indigenous children had lower school attainment compared with Spanish-speaking or bilingual children. After the programme, school attainment among indigenous children increased, reducing the gap. Parker and Skoufias (2001) showed that monolingual indigenous children have a higher hurdle to overcome when compared to those who are bilingual (Bando and López Calva and Patrinos, 2004).

On the other hand, it has been argued that the positive impacts of *Prospera* on enrolment for indigenous groups are no different to their non-indigenous counterparts (Quiñones, 2006). Using panel data constructed from five surveys⁸ starting in November 1997 and ending in May 2000, the author estimates programme effects via the difference-in-differences method⁹. Quiñones finds that indigenous beneficiaries do not benefit to a greater or lesser degree than general participants in the programme. Furthermore, the author shows that the programme's impacts on repeat and illness rates are consistently marginal.

⁸ ENCASEH (Mexican household economic census that serves as the baseline for assessing Oportunidades); ENCEL (household evaluation survey) and Oportunidades baseline follow-up surveys.

⁹ A quasi-experimental technique used econometrics that measures the effect of a treatment at a given period in time.

However, Quiñones also shows that even though the impacts of the programme are not different for indigenous and non-indigenous beneficiaries, it is clear that their ‘experiences’ are very diverse. According to Quiñones, indigenous participants have more obstacles to overcome in order to comply with the co-responsibilities requested by the programme due to language and cultural barriers. For instance, they face difficulties with the health components because they often experience a lack of unambiguous communication and comfort at health clinics where staff (doctors, nurses, and administrative staff) do not effectively understand their particular needs. Furthermore, the author concludes that if the programme is not disproportionately benefiting indigenous beneficiaries, who are often more marginalised and poorer than their non-indigenous counterparts, then *Prospera* ‘is contributing to an increase in inequality between indigenous and non-indigenous people’ (Quiñones 2006:54). Therefore, Quiñones identifies the need to tailor investment and programmes to specifically meet the needs of impoverished indigenous populations.

In Mexico, inequality in the education system among the indigenous and non-indigenous populations is well documented (Schmelkes, 2009). *Prospera* is not reaching all the indigenous population that require support but it is reaching indigenous groups that already have a better education status. This author agrees with Quiñones that there is a need to implement complementary strategies since the programme cannot narrow the gap between indigenous and non-indigenous peoples on its own. However, due to the nature of the programme, *Prospera* cannot operate in a place with no minimum education and health infrastructure.

In contrast, Patrinos and Skoufias (2007) argue that *Prospera* is ‘well-targeted’ and benefits indigenous peoples disproportionately more. They reported that the programme is instrumental in reducing short-term poverty. They state that *Prospera* has narrowed the schooling gap between indigenous and non-indigenous children and has improved health and nutrition status among indigenous beneficiaries. Patrinos and Skoufias highlighted that the programme has promoted an increase in investment in income-generating activities and that CCTs can potentially generate savings and investments even in indigenous areas where credit and financial services are scarce.

Some measures have specifically addressed indigenous populations in *Prospera*. The World Bank approved US\$1.25 billion in additional financing to help scale-up activities in 2010. Some of these resources were allocated to define an Indigenous Peoples Plan (IPP) for management and operation of the programme in indigenous areas. A draft document was developed which included a social assessment of the indigenous population in Mexico. The main goal of the IPP was to improve the results already achieved in the programme. At first, the proposal was to design an ‘alternative model’ for indigenous populations. However, due to the difficulty of implementing a model that can be adjusted to the heterogeneous characteristics of the different indigenous groups in Mexico, and due to the changes that the programme has been through since 2010 (expansion of the programme’s coverage, implementation of banking services and the

joint operation of the Food Support Programme (PAL)¹⁰, Ministry for Social Development (SEDESOL) decided to delimit the plan to specific lines of action. These lines of action included the introduction of promoters of the programme who speak indigenous languages; an analysis of indigenous populations in urban areas; the implementation and evaluation of the Indigenous Communication Plan (in collaboration with the Ministry of Health); and the synergy with the Initial non School-based Education Programme of the National Council for Educational Development (CONAFE).

The IPP aimed to address the requirements of the World Bank to ensure that the indigenous population participate and benefit from the programme and to avoid or mitigate any possible adverse effects of the programme on the indigenous population (safeguards policy). It is important to mention that the World Bank had established in 1984 a safeguards policy for indigenous peoples¹¹. This policy acknowledges that the distinct identities and cultures of indigenous peoples are ‘inextricably linked to the lands on which they live and the natural resources on which they depend’. The policy requires governments to carry out informed consultation processes before deciding on development programmes affecting indigenous peoples.

The main conclusions of the social assessment developed by the World Bank (2009) were that from the beginning, the CCT programme has had a significant proportion of indigenous participants. The coverage by the programme of localities with

¹⁰ The Food Support Program assists localities nation wide that at the moment don't have access to health or education services. PAL it's a transitional incentive for those families that are located on marginalised localities that cannot be permanently contacted, but at some point they will be migrated to *Oportunidades*.

¹¹ World Bank Operational Policies for Indigenous Peoples (OP/BP 4.10). The objective of the environmental and social safeguard policies is to prevent and mitigate undue harm to people and their environment in the development process. These policies provide guidelines for bank and borrower staffs in the identification, preparation, and implementation of programs and projects.

populations that are 40 per cent or more indigenous grew from 53 per cent in 2000 to 83 per cent in 2009 and to nearly 85 per cent taking into account the 2010 expansion. The report shows that nearly all-eligible indigenous localities are included in the programme with the exception of some localities that have less than 50 residents or that are not eligible due to a lack of health and education services.

This report also indicated that the education results for indigenous communities have been somewhat more positive than for non-indigenous communities. As is the case for participants overall, *Prospera's* biggest impact has been in education. Specifically, the transition rate from primary to secondary school: secondary school attendance, and the attainment of girls. However, the gap between indigenous and non-indigenous populations persists particularly at primary level. Furthermore, the report shows that it is challenging to maintain continuity between studies at primary and secondary school.

The report demonstrates that indigenous people are still lagging behind in health due to cultural and structural aspects such as health coverage, which is still lower for indigenous areas compared to non-indigenous areas. The report shows that from the beginning, the programme's co-responsibility had a positive impact on increasing health visits for participants, but the effect was somewhat less for indigenous people. However, evaluations show that the health workshops have had a positive impact on the indigenous population (particularly on reducing infant mortality and lowering the rates of adult obesity and hypertension).

Finally, for the nutrition component, findings are similar to the ones reported in health. Even though in general there have been substantial improvements in nutrition for the beneficiaries of *Prospera*, indigenous populations show a slower rate of improvement. Indigenous children still suffer from malnutrition to a greater extent than other groups. In 2004, 31 per cent of indigenous school-aged children were malnourished (low height for age), compared to the national average of 9 per cent. *Prospera's* evaluation results have shown results in increasing the level of household consumption and over time has expanded the variety of foods consumed. In its conclusion, the report recommends developing specific strategies for indigenous peoples.

According to the World Bank (2009), the main implementation activities of the IPP have been in the case of health, and the development of a specially designed communications strategy for indigenous communities, following up on a weakness identified in the social assessment. In some areas, there has been an increase in the programme's coverage of indigenous localities and in strengthening indigenous language capacity among programme staff. However, there is also evidence that shows that not enough staff and promoters of the programme possess sufficient skills to act as linguistic and cultural interpreters in monolingual contexts (Sariego, 2009). As Sariego argues, this situation can cause miscommunications between staff and beneficiaries of the programme in terms of transmitting information during health workshops; when filing paperwork or submitting complaints.

There are several activities to be supported by the IPP that are intended to improve the communication of the programme among indigenous populations and therefore improve its impact with respect to: increased coverage; better compliance with co-responsibilities; lower drop out due to operational errors; and stronger impact on final outcomes such as changes in healthcare practices to improve nutritional outcomes and reduce maternal mortality (World Bank, 2009). Among the interventions of the IPP is the Bilingual Promoters Project, which hired bilingual frontline personnel to communicate with beneficiaries in their own language. In addition, a training programme and certification system for bilingual social workers was introduced. The aim was that indigenous people participated more fully in the programme. According to Ortega and Alva (2016) the number of staff interacting with indigenous people in their native languages increased from 110 in 2010 to 562 in 2015. These authors argue that as a result of the interventions of the IPP (such as training programmes and certification systems for bilingual social workers) indigenous people are participating more fully in the programme.

Furthermore, the World Bank (2009) recognises that there is currently a lack of tools to adequately capture the perspective of indigenous peoples regarding the impacts of the programme. As a result, this report recommends carrying out direct consultation with indigenous beneficiaries in the form of interviews, surveys or focal groups, selecting a sample of localities with a high proportion of indigenous people and different population sizes. This consultation can help to discover the specific needs of indigenous beneficiaries.

An interesting example of the implementation of the safeguards policy of the World Bank in CCTs is the Panamanian programme *Red de Oportunidades*. This programme aims to reduce extreme poverty. While the *Red de Oportunidades* provides for the inclusion of poor families in urban and rural areas, the programme has a particular focus on indigenous reserves (*comarcas*). Indigenous Panamanians represent about 10 per cent of the total population, but comprise about a third of current or potential recipients of the conditional cash transfers. In Panama 90 per cent of populations residing in *comarcas* have been found to be living in critical poverty, therefore all families living there qualify for the cash transfers without submitting to a proxy means test that is used to determine eligibility for urban and rural residents (World Bank, 2007).

This World Bank report (2007), discusses the degree to which the components of the *Red de Oportunidades* are consistent with perceptions and expectations of recipient families residing in *comarcas* of the three principal indigenous groups. The report presents the results of field-based qualitative research conducted in three *comarcas* between November 2006 and January 2007. The methods used to collect data on perceptions and opinions were focus group discussions and individual key informant interviews (which were conducted with people in the communities who are prominent because of their influence, formal or informal leadership positions). A total of 18 focus group discussions were conducted in nine communities with a total of 224 indigenous adults (124 women and 100 men) and 32 individual key informant interviews were conducted. Transcripts of the focus group discussions were developed in the respective

indigenous language from the audiotapes and were supplemented by notes. The general perception of the programme among beneficiaries was positive because ‘it would at least in part resolve problems related to poverty and limited consumption’. However, recipients also reported that the cash transfer was not sufficient to make a significant contribution to closing the gap between available resources and unsatisfied needs.

In terms of compliance with co-responsibilities, the situation is similar to the operation of *Prospera* in Mexico. The recipients felt that the access to public services is very limited by geography and topography. In addition, there are negative perceptions about the quality of the services. Some beneficiaries expressed their concern about the treatment received in public health care services or schools, which raises serious human right concerns. It is also important to mention that perception surveys showed that ‘traditional’ health care is regarded as a reasonable alternative when access to and quality of Western health care in the public health centres and hospitals are perceived to be inadequate.

The IPP of Panama recommends that specific actions should be taken, such as: 1) Creating an operational committee in each of the three *comarcas*; 2) Disbursing transfers to mother-children units instead of households; 3) Ensuring culturally appropriate provision of maternal and health services; 4) Designing of a monitoring and evaluation system including appropriate modules and specific variables to follow up on the program in indigenous *comarcas*; 5) Designing and implementing a communication strategy to

disseminate the program and keep communities informed and 6) Ensure an adequate measure of the impact of the program in indigenous *comarcas*.

1.7 CCTs and human rights.

There are some contrasting arguments regarding CCTs and human rights. Some research suggest that Conditional Cash Transfer programmes can assist states to fulfil human rights obligations both in terms of international instruments and national constitutions (Gutiérrez Silva, 2014). This author argues that the effectiveness, legitimacy and sustainability of CCTs might contribute to the realisation of human rights in Latin America where CCTs are extensively applied. In contrast, Standing (2014) argues that conditions attached to cash transfers are patronising and have the potential to violate beneficiaries' human rights.

Some researchers argue that sometimes conditions are portrayed as a violation of an entitlement to cash transfers which are supposed to be based on international human rights treaties (Von Gliszczynski, 2015). According to Orton (2014) some researchers argue that CCTs are contradictory in nature by imposing obligations as a condition for rights and highlights that here is no conclusive evidence to show that conditions are related to positive effects of CCTs.

In 2009 the Independent Expert on the question of human rights and extreme poverty for the Office of the United Nations High Commissioner for Human Rights,

Magdalena Sepúlveda Carmona, focused her first thematic report on a human rights approach to CCT programmes. This report found CCTs programmes can assist States in fulfilling their obligations under human rights law. Particularly, the Independent Expert found that these programmes have the potential to contribute to the fulfilling of the *right to an adequate standard of living*¹²:

...The primary objective of many CCTs appears to be to empower individuals or households to cope with the impacts of poverty. They should, therefore, be intended primarily to contribute to the realization of the beneficiaries' right to an adequate standard of living...

(Sepúlveda, 2009:8)

The report recognises the need to pay particular attention to groups such as women, children and the disabled. The Independent Expert also recommends that cash transfer programmes must be integrated within social protection systems and that they must ensure solid legal and institutional frameworks. She also recommends that States integrate human rights principles throughout the design, implementation and evaluation of CCTs programmes while taking into consideration the particular conditions and contexts of each country, particularly in terms of the geographic, demographic, social and economic conditions of each nation. In terms of gender, the report recommends that States mainstream gender into the design and implementation of CCTs.

¹² The Right to an Adequate Standard of Living is enshrined in Article 25 of the [Universal Declaration of Human Rights](#) (UDHR) and Article 11 of the [International Covenant on Economic, Social and Cultural Rights](#).

From a human rights perspective, the report also declares that all persons should be covered by the social security system. In addition, it calls for particular attention to be paid to the most marginalised and disadvantaged groups, including indigenous peoples. The Independent Expert argues that States should ground their decisions regarding CCTs on the principles of 1) equality and non-discrimination, 2) transparency, access to information and accountability, and 3) meaningful participation. One of the objectives of this research is to investigate how *Prospera* is addressing these human rights principles.

Also relevant are the *Guiding Principles on Extreme Poverty and Human Rights* adopted in 2012 which provide guidance on the implementation of existing human rights norms and standards in the context of the fight against extreme poverty. In 2001 the former United Nations Commission on Human Rights (now the Human Rights Council) stressed the need to develop a set of principles on the implementation of existing human rights norms and standards in the fight against extreme poverty. As a result, a group of experts was set up with the task of preparing this guide.

These principles do not define new standards but stipulate how the existing ones can be effectively used in addressing the situation of people living in extreme poverty. The DGPs recognise that extreme poverty and exclusion from society constitute a violation of human dignity. They acknowledge the right to justice as a crucial component of the full enjoyment of the human rights of persons living in extreme poverty. These principles place particular focus on vulnerable and marginalised groups, particularly women, migrants, children, people with disabilities and the elderly.

Ramírez (2011) states that CCTs programmes have the potential to violate human rights when beneficiaries are suspended for supposedly failing to comply with the conditions of the programme. Furthermore, this author argues that *Prospera* has exclusionary practices that violate human rights for all since the programme is targeted to people living in high degree of deprivation but leaves out people in extreme poverty conditions who do not live in the selected areas.

In relation to transparency, accountability and participation, a common concern of possible violation of human rights are the lack of mechanisms to meet adequately the needs of the beneficiaries, particularly indigenous peoples which face barriers in terms of the language. In addition, another common concern of violation of human rights is the recertification processes¹³, which sometimes can have inclusion errors when reassessing socioeconomic conditions of beneficiaries (Sepúlveda 2009; Ramírez 2011 and Gutiérrez Silva 2014).

In terms of complying with the standards of accessibility, Gutiérrez Silva (2014) argues that there have been some positive developments in *Prospera* since all beneficiaries now are using banking services to access the cash transfers. In relation to accountability, participation, transparency and access to information, this author mentions the Community Promotion Committee as a mechanism of participation.

¹³ Recertification processes refer to regular reevaluations of beneficiaries' socio-economic information to determine if they remain in the programme or not.

A very interesting point in relation to compliance with conditions and human rights is made by Orton (2014) who argues that the fulfilment of conditions may not entirely depend on the beneficiaries, but also on the availability of the social services. For instance, some beneficiaries (particularly those living in rural indigenous locations) face barriers such as distant locations and unavailability of health services. However, the author argues that the responsibility for fulfilment is shifted by the system of co-responsibilities from the state to individuals.

One particular issue regarding CCTs and human rights that is very relevant to my research relates to women's sexual and reproductive rights. These rights are associated with multiple human rights, including the right to health, the right to privacy, the right to education, and the prohibition of discrimination. States have the obligation to respect, fulfil and protect women's sexual and reproductive rights. However, violations of these rights are frequent and take many forms, such as denial of access to services and poor quality services. The UN Declaration on the Rights of Indigenous peoples includes the right to health as the wellbeing of an individual and of the whole community. Furthermore, the Programme of Action of the International Conference on Population (ICPD) highlights the important of sexual and reproductive health and rights in development policies.

When analysing why indigenous women have their sexual and reproductive rights constantly denied, the theoretical framework of *stratified reproduction* can be helpful to understand these kind of situations in which women perform social reproductive labour

structured by social, political and economic forces that are differentiated by gender, class, ethnicity and race (Colen, 1995). This framework is useful to understand how indigenous women in the research sites face serious concerns in terms of violations and denial of their reproductive rights such as discrimination and lack of respect when they attend to health clinics and pressure to adopt birth controls such as female sterilisation.

Reproductive rights should be based upon informed, consensual and autonomous decisions of women's control over their own bodies. In addition, families should have the right to choose the number of children they wish to have (Coates, 2005). Coates, who carried out a research in the indigenous community of Amatenango del Valle in Chiapas, concludes that learning from the ways in which women negotiate health services, particularly traditional health services, could result in a more effective formulation of policy and the implementation of programmes in order to meet health and reproductive needs respecting cultural diversity.

A very useful starting point to understand how gender is integrated into the health agenda is the work of Gideon (2012) who argues there has been limited progress in this area, and one of the reasons is the presence of economic and social institutions in which economic technocrats dominate the design of health policies. In the case of Chile, Bachelet, as minister of health and President took important steps to challenge institutional obstacles that hinder pro-gendered outcomes of health reforms. However, in earlier periods of health reform, these institutional obstacles produced gendered policy legacies, which 'had remained relatively unchallenged' (Gideon and Minte, 163:2016). As a result,

women were denied access to decision making processes in the health sector. The authors showed the importance of political will and commitment to gender equality in order to achieve possible positive gendered-outcomes in health policies. The progress is limited because of there are historically constructed gender regimes which act as obstacles. For instance, in Brazil and Chile, religion has played an important role in preventing women to access reproductive rights (Gideon, Leite and Alvarez, 2015).

1.8 Conclusions

Conditional Cash Transfers (CCTs) have been used as a major social policy tool in many countries, particularly in Latin America. They hold promise for addressing the intergenerational transmission of poverty and have been hailed as a way of reducing inequality. The literature shows that there is good evidence that CCTs programmes have been proven to be effective in helping poor families in terms of increasing enrolment rates of their children in school, improving preventive healthcare and raising household consumption. In particular, Mexico's conditional cash transfer programme *Prospera* has been a role model for other programmes throughout the world.

However, it has been demonstrated in the literature that CCTs need to be complemented with other interventions such as employment and social pension programmes, as well as health and education strategies that aim to improve the quality of services. In addition, CCTs need to be reinforced by macro and microeconomic policies such as labour market, education, and child care services and health policies. It is now

widely accepted that while CCTs may be an important part of social policies they are nonetheless not magic bullets.

With respect to gender considerations the findings also show mixed results. The extent to which CCTs have ‘empowered’ women is still being discussed in the literature. However, the initial objectives of CCTs are to improve human capital and break the intergenerational cycle of poverty, not to foster gender equality, although they have direct and indirect impacts on women. Therefore, there is an agreement about the need to analyse in more depth and from a gender perspective the effects of programme conditionalities on household power relations and dynamics.

There is a clear gap in the literature in terms of the impact of CCTs on indigenous peoples and particularly, there is a lack of research on the compliance with and enforcement of conditionalities among indigenous populations from a human rights perspective. Even though in most cases these programmes are not only targeted at indigenous populations, it is nonetheless expected from a human rights perspective that they take into account the specific needs of indigenous people since they are over-represented among the poor. Some authors argue that there is no differential impact of *Prospera* on indigenous and non-indigenous populations in terms of outcomes; however, it is clear that their experiences of the programme are very different. In addition, there seems to be widespread agreement on the need to implement specific actions in CCTs for indigenous populations.

In the particular case of *Prospera*, the implementation of new components of the programme, particularly income generating strategies for beneficiaries (credit and employability) requires a deeper analysis. Studying CCTs from a human rights perspective is a fruitful area of research. Furthermore, the lack of research that to adequately capture the perspectives of indigenous peoples regarding the impacts of CCTs opens up a broad area of investigation.

Chapter 2. Research objectives, context and methodology

2.1 Introduction

This chapter explains the motivations and justification of this research; the research objectives; the methods used; and the choice of research site. I was initially motivated to carry out this research by my interests in gender, development and human rights. *Prospera* is one of the most important social programmes in Mexico. This Conditional Cash Transfer programme reaches nearly six million families. However, there is a lack of research on how this programme is being implemented in indigenous communities. In addition, there is a need to understand how indigenous peoples, in relation to their own concepts and experiences of poverty, understand and experience the programme. The methods used in this research comprise a mix of qualitative research tools such as semi-structured interviews, observation and conversations with key informants. This work uses a case study of an indigenous municipality in Chiapas: San Juan Cancuc, which has thirty-three localities. The interviews are carried out in two of them: the head municipality¹⁴ (named also San Juan Cancuc) and El Pozo. The research considers: the experiences of indigenous men and women from San Juan Cancuc in relation to the operation of *Prospera*, from a sociology of human rights perspective, and drawing on the principles set out by the UN Independent Expert on Human Rights and Extreme Poverty in her report on Conditional Cash Transfer programmes (as discussed in chapter 1).

¹⁴ San Juan Cancuc is a municipality of Chiapas. San Juan Cancuc has 36 localities including the head municipality or municipal seat which comprises 25 per cent of the total population of San Juan Cancuc.

I was born in Chiapas and I have been always interested in poverty and inequality, particularly in indigenous communities in my hometown. During my research, I combined my free-lance consultancy work on gender policies with my research on *Prospera* in Chiapas as a part-time student.

2.2 Justification

Sociology of human rights addresses the gap between the treaties that recognise human rights and their fulfilment in practice (Morris, 2006). Morris argues that ‘the very indeterminacy of rights makes it sociologically interesting’ (2006:15). Morris (2006) acknowledges the tension between universality of rights and the reality of cultural diversity. Human rights are often conceived as an individualistic ‘western’ invention; however, Morris (2013) argues that once human rights are conceived as an unfinished discourse, then they can respond to diverse cultural contexts and include the participation of different social agents. Samson and Short (2006) argue that action on human rights of indigenous peoples has become urgent due to the current adverse social and economic situation of indigenous peoples around the world, brought about by ‘western’ progress. Samson and Gigoux (2017) explain that: ‘One of the most significant milestones in the expansion of human rights since the 1980s is the passage of the 2007 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The Declaration is broadly characterised by two central features: it is the outcome of activism through which indigenous peoples’ organizations involved themselves in its formulation and adoption, and it recognizes indigenous collective cultural, social and economic rights beyond a Western legal framework focused on individual rights. Significantly, this

declaration and other human rights protocols were formulated in response to on-going colonial domination of indigenous peoples and build on almost a century of indigenous resistance through international institutions’ (p. 146).

Poverty strategies, including the international agreements such as the Sustainable Development Goals (SDGs) (adopted by countries, including Mexico in 2015) should address the rights and priorities of indigenous peoples (Cariño, 2005). According to the UN (2009) respect for indigenous peoples’ individual and collective human rights is crucial for achieving a just and sustainable solution to poverty. Furthermore, public policies must ensure that indigenous peoples have universal access to ‘quality, culturally sensitive social services’ (such as inter-cultural/bilingual education and culturally sensitive maternal and child healthcare).

It is important to mention that the concluding observations from the Committee on the Elimination of Discrimination Against Women on the ninth periodic report of Mexico, welcomes the programme *Prospera* and calls Mexican Government to increase the financial, human and technical resources allocated to education and health of indigenous women and to create equal opportunities for them in the labour market. In addition, calls the government to strengthen institutional support to ensure indigenous women to basic health services and to employment opportunities, as well as to enhance the recognition and preservation of their traditional cultural practices (CEDAW, 2018).

Prospera's coverage of localities with 40 per cent or more indigenous population grew from 53 per cent in 2000 to 83 per cent in 2009. In 2009 at least 26.2 per cent of the 5 million families covered by the programme were indigenous. At present *Prospera* covers 6.1 million families, but the government hopes to expand this to 6.5 million by the end of 2018. There is a lack of research on the impact of *Prospera* on indigenous peoples and particularly, there is a need to consider indigenous peoples' views and experiences on the implementation of *Prospera*.

In Mexico, the total indigenous population is around 12 million people, which represents about 10.1 per cent of the total population of the country (INEGI, 2015). The entities that concentrate the higher number of indigenous population are Oaxaca and Chiapas with 14 per cent each. According to the National Evaluation Council (CONEVAL), 7 out of 10 indigenous people live in poverty conditions (CONEVAL, 2015). According to the ENADID (2014) half of the total indigenous women in Mexico did not use any contraceptive method in their first sexual intercourse because of lack of information.

Furthermore, the gap between indigenous and non-indigenous children between 6 and 14 years old in terms of reading and writing skills is twice as big for indigenous children which means that 1 out of 10 non-indigenous children cannot read or write in comparison with 2 out of 10 indigenous children. In addition, 23 per cent of indigenous people (15 years old or more) are illiterate in contrast with 4.2 per cent of non-indigenous people. In terms of living conditions, 77.5 per cent of non-indigenous population have

water inside their houses in contrast with 40 per cent of indigenous households. In addition, 25.5 per cent of indigenous households do not have any sewer system in contrast with only 4.1 per cent of non-indigenous households in the country (INEGI, 2015).

There is an interesting debate on the appropriateness of human rights approach to capture the reality of indigenous women. For instance, Parisi (2010) argues that feminist critiques of human rights aim at dismantling hierarchies present in the human rights discourse. Feminists establish that human rights definitions are inadequate, arguing that men and women have different dynamics with the State. Parisi (2019) states that two of the most pertinent critiques from contemporary feminists scholars are ‘the androcentric construction of human rights; and the perpetuation of the false dichotomy between the public and private spheres’ (Parisi, 2010:2).

The *intersectionality* framework developed by Crenshaw (1989) is very useful when analysing how indigenous men and women may be treated differently. This framework considers that different forms of social stratification such as gender and class do not exist separately from each other but they are interconnected. With this lens, it can reveal how where power intersects and interlocks. In the case of *Prospera*, it is important to note that the programme can impact harshly on indigenous women, for instance, in terms of because of discriminatory attitudes of officials and health care providers, as well as because of their geographical location which results in difficulty to access services.

On the other hand, Richards (2006) argues, in her work on the case of Mapuche women in Chile that indigenous women have been frequently marginalised by women's movements and indigenous movements alike, particularly when they make demands for rights as indigenous women. In her work, Richards addresses two groups of women in Chile poor and working-class urban women and Mapuche indigenous women. She concludes that women's rights cannot be promoted effectively if there is no attention to socioeconomic inequality and cultural differences.

Furthermore, Ewig (2012) evidences that neoliberal policy reforms have affected women negatively, particularly on the health sector. She analyses the case of Peru and addresses class, gender and race. She shows that policy reforms produced inequalities, which resulted in limited access of poor women to health and unequal opportunities for indigenous women to have a voice in the healthcare system.

Conditional Cash Transfers programmes such as *Prospera* have the potential to contribute to the fulfilling of the *right to an adequate standard of living*. This right is enshrined in Article 25 of the Universal Declaration of Human Rights (UDHR) and Article 11 of the International Covenant on Economic, Social and Cultural Rights. As discussed in chapter 1, the UN Independent Expert on Human Rights and Extreme Poverty has argued that enforcement of conditions attached to CCT programmes raises human rights concerns (Sepúlveda, 2009). She states that in some countries there are rigid penalties for non-compliance with the conditions and argues that the exclusion of an individual or a household from a CCT programme because of non-compliance with the

conditions raises strong human rights concerns. For instance, her report mentions as examples that in some countries girls are not attending school (which is a condition of the programme) because they are sexually harassed; or pregnant women are not going to health clinics (which is a condition of the programme) because they are far away or the quality is very low. This work will explore how conditions operate in an indigenous locality in Chiapas in the light of human rights principles that have been set out in chapter1, taking into account the views of indigenous men and women on poverty and on the meaning of *an adequate standard of living*.

Prospera, in its Rules of Operation 2017 mentions that the programme has a ‘human rights approach’ stating that the programme will implement mechanisms to ensure that all beneficiaries with no discrimination access the benefits and services of the programme. In addition, the Rules of Operation state that the programme will ensure the rights of people in a situation of vulnerability (people with special needs, the elderly, migrants, indigenous peoples) are met.

As discussed in Chapter 1, *Prospera* is one of the most studied and evaluated social programmes in existence. The results of these evaluations have shown a positive impact of the programme on education levels and school enrolment rates; significant improvements in nutritional status and better health (World Bank, 2014). However, quantitative evaluations may leave behind the vision of indigenous peoples in terms of poverty and the impact of the programme in their lives. Therefore, it is important to reflect on and consider this in order to understand the impact in a fuller way.

To sum up, the study of indigenous peoples and human rights is a fruitful area of research in sociology. By using a human rights approach introduced in chapter 1 and by paying attention to the gap between the recognition of rights and their enjoyment in practice, this research can make a contribution to the field by exploring the experiences of indigenous women and men who are beneficiaries of *Prospera* in Mexico. This work can also contribute to the government of Mexico's current strategy to make this programme more effective when addressing indigenous peoples.

2.3 Research Objectives

Using a case study of San Juan Cancuc in the state of Chiapas, Mexico, the objectives of this research are three-fold: 1) to explore the enforcement of and compliance with the conditions attached to *Prospera* using the human rights principles of *equality and non-discrimination* and *transparency*, and *access to information and accountability*; 2) to investigate the experiences of indigenous people enrolled in the programme in San Juan Cancuc and their concepts of *poverty* and 3) to investigate how far *Prospera* has improved the living standards of indigenous people in light of their perspectives of what *an adequate standard of living* is and their perceptions on whether the programme has assisted them to realise this.

For the first objective, it is important to mention that the principle of *equality and non-discrimination* implies that CCTs (or CTPs, the terminology used by the Independent Expert) must not lead to further stigmatisation or social exclusion of any individual or

group in society (Sepúlveda, 2009). The principle of non-discrimination also requires that States pay continuous attention to the accessibility and adaptability of the schemes to different physical, geographical, social, cultural contexts, taking into consideration particular constraints faced by groups particularly vulnerable to discrimination, such as indigenous peoples. As a guide for this research objective, the present work will be based on paragraphs 59 and 60 of the report by Sepulveda, the UN Independent Expert on the question of human rights and extreme poverty, which states the following:

59. One of the key choices in designing conditions is determining how they will be enforced. While some States establish rigid penalties for non-compliance, in others, conditionalities are not enforced and non-compliance does not result in benefit cuts. The exclusion of an individual or a household from a CTP because of failure to satisfy the imposed conditions raises strong human rights concerns. Non-compliance with conditionalities should assist programme officials in identifying and acting upon problems.

60. Enforcing rigid conditionalities (e.g. expelling families from the CTP for failure to comply the condition) may mean that the poorest are punished. States must ensure that whatever policy they implement, the final result will not violate the right of individuals to at least a minimum essential level of human rights.

(Sepúlveda, 2009:16)

In relation to the human rights principle of *transparency, access to information and accountability* the Independent Expert points out that:

99. (b) (i) States must ensure that CTPs have built-in mechanisms for the disclosure of information about the programmes' design and functioning...

Information must be accessible, culturally appropriate and provided in a manner which is accessible to all, in particular those receiving the transfer. States must also ensure that CTPs have complaints mechanisms that are easily accessible, sufficiently resourced and culturally appropriate. Beneficiaries must have access to effective remedies in cases of performance failure or abuses.

(Sepúlveda, 2009:24)

The second objective of this research refers to the concepts and experiences of poverty of indigenous men and women from this locality. The research explores intergenerational experiences of poverty of women and men from different age groups and how the concept of poverty has changed over time in this town.

For the third objective of this research, the point of departure is the recommendation made by the Independent Expert on the question of human rights and extreme poverty in paragraph 22 of her report, which states:

22. In order to contribute to the realization of human rights, CTPs should be designed and implemented in ways that ensure that they comply with core obligations of the right to an adequate standard of living...

(Sepúlveda, 2009:8)

As previously mentioned, this research aims to explore how such a standard is conceptualised by indigenous men and women (including whether they conceive of this in terms of rights) and to what extent *Prospera* assists in its realisation.

The principle of equality and non-discrimination calls for CCTs to ensure that they reach the most vulnerable and excluded members of society. This principle requires, among other factors, that the targeting process and eligibility criteria of CCTs be fair, reasonable, objective and transparent. Furthermore, targeting mechanisms must be open to scrutiny, assessed on a regular basis and must not exclude those in need of support.

In relation to the principle of transparency, the report explains that beneficiaries should be able to identify the roles and responsibilities of all stakeholders. Besides, transparency must be present regarding targeting, eligibility of the programme, benefits, complaints mechanisms and avenues for redress. Therefore, the legal and institutional framework of CCTs should be clear and public. Regarding accountability, the reports states that independent and effective mechanisms to monitor and to collect and process complaints about programmes should be in place. This prevents abuses and avoids *clientelism* and political manipulation.

Finally, in terms of participation, the Independent Expert argues that this must play a role in the design and implementation of CCTs. She states that participation should be understood in a broad sense, which means including not only beneficiaries but also civil society organizations that can play a role in advocating for the rights of the beneficiaries. The report also emphasises the need to address the principle of accessibility, which requires that outreach and information on CCTs is particularly designed to reach groups that are particularly vulnerable or excluded. Furthermore, outreach of CCTs must also overcome cultural barriers, for instance by making

information available in languages used by minorities, indigenous peoples and by immigrant populations.

A very interesting point made by the Independent Expert, which in part has motivated this research, refers to how conditions (co-responsibilities) of the CCT programmes are enforced. She states that in some countries there are rigid penalties for non-compliance; in contrast, in other countries co-responsibilities are not enforced. She argues that the exclusion of an individual or a household from a CCT programme because of non-compliance of imposed conditions raises strong human rights concerns. For instance, the report mentions an example of how in some countries girls are not attending school (which is a condition of the programme) because they are sexually harassed, or that pregnant women are not going to health clinics because they are far away or the quality is very low. In these cases, the report proposes the establishment of a mechanism to help families that are not complying with the conditionalities, rather than subjecting them to punishment. The Independent Expert states that enforcing rigid conditionalities such as expelling families for non-compliance with the conditions may mean that the poorest are 'punished'. The report highlights that this is particularly the case when female heads of households are in charge of ensuring that the conditions are met. Therefore, states must ensure that the outcomes of any public policy will not violate the right of individuals to at least a minimum level of human rights.

2.4 Characteristics of the research site

Mexico has more than 7 million indigenous people divided into sixty-two ethnic groups; the country ranks eighth among countries with the largest indigenous populations, and the state of Chiapas has the second largest indigenous population in Mexico (INEGI, 2015). Throughout Chiapas' history there have been three main indigenous groups: the Mixes-Zoques, the Mayas and the Chiapa. Today, there are an estimated 56 linguistic groups. The main indigenous groups in Chiapas today are the Tzeltal (37.9 per cent), the Tzotzil (33.5 per cent), the Ch'ol (16.9 per cent), the Zoque (4.6 per cent) and the Tojolabal (4.5 per cent). The majority of these indigenous groups (81.5 per cent) are concentrated in three regions in Chiapas: Los Altos, el Norte and la Selva (the Highlands, the North and the Jungle).

Chiapas is a state in the south-eastern part of Mexico located on the Guatemalan border. It is a state rich in natural resources, including oil and water. However, it has one of the highest levels of poverty in the country and the ethnic, economic, cultural and social inequalities still persist, particularly among indigenous populations. Women are the poorest members of an already overwhelmingly poor population; they have the highest levels of illiteracy, and in many cases are formally excluded or under-represented in the traditional systems of government and positions of power (AWID, 2011).

In January 1994, the North American Free Trade Agreement (NAFTA) was signed, and the Ejército Zapatista de Liberación Nacional (Zapatista Army of National Liberation, EZLN) staged an uprising in Chiapas, demanding protection of the rights of

indigenous peoples, democracy, justice and freedom and calling for an end to all types of social exclusion in Chiapas. Today, there is still the presence of paramilitary groups that emerged as part of the Zapatista movement in 1994. In many indigenous communities in Chiapas, the federal and state political structure co-exists, in the form of institutions and officials, with the traditional system of customs and practices and government. The Zapatista movement today has become more of a grassroots social movement, establishing EZLN-affiliated ‘autonomous’ communities in Chiapas and attempting to link far-left community organisations. In these ‘autonomous’ zones, the Zapatistas have set up parallel institutions of governance and social programmes of the government are not well accepted.

San Juan Cancuc is a small town and one of the 119 municipalities in Chiapas. It is a Tzeltal community located in *Los Altos* region. Some *Zapatista* families live in this area; however, it is not considered an autonomous municipality. Most of the Tzeltal families subsist primarily through agriculture (maize and beans), the commercial trade of livestock (chickens and pigs among others) and crafts including weaving, pottery and sewing. San Juan Cancuc is located in the northern mountains and is adjacent to the municipalities of Chilón and Sitalá (to the north), Ocosingo (to the east), Oxchuc (to the south) and Tenejapa, Cheanaló and Pantelhó (to the west). San Cristóbal de las Casas is located approximately 3.5 hours ride from San Juan Cancuc. San Cristóbal was the capital of the state until 1892, and is still considered the cultural capital of Chiapas. San Juan Cancuc means ‘Quetzal star’ in Nahuatl.

Figure 1. Map of Chiapas and location of San Juan Cancuc



Source: <https://sites.google.com/site/sanjuancancucconocelo/donde-se-ubica/mapa>

Figure 2. Location of San Juan Cancuc, San Cristóbal de las Casas and Tuxtla Gutiérrez.



Source: <https://es.weather-forecast.com/locations/San-Juan-Cancuc/forecasts/latest>

The total population of San Juan Cancuc is 29,016 people of which around 50 per cent are women. The average number of people living in a home is 5.3 (INEGI, 2015). 99.1 per cent of the population is indigenous and 77.2 per cent of its total inhabitants are registered as speaking an indigenous language and do not speak Spanish. The land is tended and occupied by family groups that produce beans and coffee for the market. In this municipality 95.1 per cent of the Economically Active Population (PEA) is devoted to agricultural activities (INEGI, 2015). The percentage of male-headed households is 90.3 per cent.

According to CONEVAL¹⁵ (2010), San Juan Cancuc is one of the Mexican municipalities with the highest percentage of its population living in poverty (97.4) and 62 per cent of the population do not have access to health services. With regards to education, all the localities of the municipality now have a primary school. However, in the majority of these schools each teacher has to teach at least two grades. Schools are in a serious state of disrepair both in terms of infrastructure and equipment and furniture. The illiteracy rate according to INEGI (2015) is 52.3 per cent. The average grade of schooling of people of 15 years old or more was 4.3, in contrast with 6.7 in Chiapas and 9.1 at national level. In terms of infrastructure, 87.2 per cent of houses do not have a sanitation system (INEGI, 2015) and 93.2 per cent of the households have electricity. San Juan Cancuc is the municipality in Chiapas with the higher percentage of households that use carbon and firewood for cooking (99.3 per cent). The number of families that are affiliated to *Prospera* in the municipal seat of San Juan Cancuc is 1,446 (SEDESOL, 2012).

2.5 Methodology

The methods used in this work include analysis of documentation, consultations with key informants and semi-structured interviews with indigenous women and men who are beneficiaries, and former beneficiaries of the programme; interviews with *Prospera* service providers and interviews with government officials at local level and also at the central offices of the programme in Mexico City. I chose semi-structured interviews since I wanted to have more flexibility and give the interviewees a great deal of leeway on how

¹⁵ Consejo Nacional de Evaluación de la Política de Desarrollo Social.

to reply. The research methods include ethnographic techniques including observation, field notes, interviews, photographic images and conversations with key informants. These key informants included experts who were part of the design and creation of the programme (such as Santiago Levy and Mónica Orozco) promoters of the programme and people who have worked in other productive programmes in San Juan Cancuc. I visited San Juan Cancuc initially in 2011. In that visit I had the opportunity to some of the promoter of the programme, being them the link (*enlace*) between beneficiaries and government officials. I also talked (via an interpreter) to women and men informally about the programme. In 2013, I piloted the interviews in San Juan Cancuc to test and refine the questionnaires and to learn more about the culture. It was very important to pilot the interviews to find out how to ask the questions in a way respondents would feel comfortable answering and also to test how individual interviews work versus group interviews. I refined the questions according to the results of the piloting. In addition, I learnt how to approach respondents in a way they would trust me and see me as a person who was trying to learn more about how the programme operates. This point was very important since it prevented raising expectations with respondents that I was part of the *Prospera* staff or I was going to implement a project there.

Then, in 2016, I carried out interviews with men and women in San Juan Cancuc and service providers in the local health clinics (the interview questions are given in the Appendix). During 2015 and 2016 I carried out interviews with key informants and government officials from the Ministry of Social Development (SEDESOL) in Chiapas and Mexico City.

The total number of interviews was 46 (22 direct recipients of cash transfers; two women who were not recipients of cash transfers but were applying to join the programme; three young beneficiaries of the programme (between ages 15-20); one husband of a direct cash transfer recipient and ex-promoter of the programme; four health services providers, nine government officers, four key informants and one former beneficiary). From the total of cash recipients twenty were women and two were men. The service providers were two women and two men; the government officers were six men and three women; and the key informants were four women and three men. The interviews took place in two localities from San Juan Cancuc: the head municipality and El Pozo.

The selection of participants for this research was based a non-probability sample. In terms of cash recipients, I made a schedule of interviews based on the time I had to spend in the selected localities and the time women were able to spend in an interview. All the interviews carried out were successful in terms of responding all the questions in the interview guide and more. Therefore, the number of interviews was decided based on time and costs of the research. It is important to highlight that in San Juan Cancuc, 97% of people of families are beneficiaries of *Prospera*. In terms of the division of ‘younger’ and ‘older’ people, the age of 60 was selected as cut off since according to the INAPAM (*Instituto Nacional para las Personas Adultas Mayores*¹⁶), the age of 60 is considered as the one to access to benefits for ‘Seniors’. According to the respondents, ‘older’ people in

¹⁶ National Institute for Older Adults

San Juan Cancuc are those who have 60 or more. I believe this conception of ‘older people’ is based on the information disseminated publicly by INAPAM.

In terms of health providers, I interviewed all the staff at both clinics. For government officials, I selected those working directly in the region of San Juan Cancuc and three working at state level (Chiapas) who can provided me with a broader panorama of the implementation in the state. At national level, I selected key government officers who could bring elements of the implementation at a national level. Finally, I decided to interview the main architect of the programme and one of his closest collaborators who also worked both in the design and the first years its implementation, as well as in the first evaluations of the programme. I decided to interview her because she has a feminist perspective and could bring very useful insights.

I started my work by undertaking training on ethnographic methods and by talking to people who have been doing research in Chiapas. I was very lucky to meet a person from San Juan Cancuc named Xun Té. He acted as my translator (from Spanish to Tzeltal and vice versa) and was a key person for introducing me to the community and gaining people’s trust in order to conduct the interviews. He is an indigenous young man who was born in San Juan Cancuc and has worked in the community in different community projects. Because of his current job with the Instituto Tecnológico y de Estudios Superiores de Monterrey (ITESM), I had the opportunity to meet him.

Xun Té is a former beneficiary of the programme. He started receiving a scholarship from *Prospera* when he was in elementary school. His mother received the cash benefits of the programme for Xun and some of his brothers and sisters. Xun is the youngest son in his family. Now, none of the children in the family receive the benefit for school because they are all grown up; however, his mother still receives 950 pesos (approximately 50 US dollars) every two months for herself. She is a widow. Xun's father passed away when he was two years old. Her mother harvests coffee and sells the coffee beans to the *coyote* (the intermediary).

People knew and trusted my translator. He introduced me as his friend who was learning more about the implementation of *Prospera* in indigenous populations and people agreed on having the interviews. I made several trips to Chiapas to explore San Juan Cancuc and its surroundings in order to evaluate the feasibility of my research. I did an extensive literature review on indigenous peoples, human rights and CCTs and particularly on the social, economic and cultural context of San Juan Cancuc.

The interactions emerged with women beneficiaries, social workers, nurses and government officials were very interesting. It was crucial to gain women's trust in order to conduct the interviews. Women were identified with me when I mentioned that I was also a mother of two kids and showed them photos of my children. We started sharing stories about our children and anecdotes about raising them. In addition, when I used some particular words in Spanish that are commonly used in Chiapas, they seemed

comfortable and related to me as *Chiapaneca*. It was interesting to see that the common element that connected us was being a mother and a Chiapaneca woman.

Interactions with doctors and nurses were peculiar since at the clinic in the head municipality was very different than in El Pozo, in which the nurse was at the beginning unwilling to answer any questions and enquiring for an official permission to talk to her. After a few minutes of talking to her informally about the daily functions of the clinic, she started to be more open and at the end, she shared with me her experience being a nurse there, the difficulties she faces mainly because of lack of personnel, and her view on women's reproductive rights. Indigenous women in the locality saw the nurse in El Pozo as an authoritarian person as it will be explained in Chapter 4. In contrast, it was very easy to talk to the male nurse in the head municipality and he was a person perceived as trustable and appreciated by indigenous women in the locality.

In terms of feasibility of carrying out the research in San Juan Cancuc, I had the full support of my former university based in Chiapas, the ITESM where I did my high-school and part of my BA in Economics, through Dr. Magda Jan who was extremely helpful in terms of selecting the research site and paving the way for me to enter into this locality. Dr. Jan is a professor at the ITESM and has carried out academic research and social development projects in San Juan Cancuc. Some of these programmes are in partnership with the Ministry of Social Development, which is in charge of the implementation of *Prospera*. The ITESM has helped postgraduate students from universities such as Harvard and Yale to carry out social research and projects

(particularly in terms of strengthening the social fabric) in this locality. In terms of key informants, Dr. Jan put me in contact with government officials from SEDESOL who provided me with relevant information on the operation of *Prospera*, including the state delegate for SEDESOL in Chiapas. My research was different from what has been done before since it captures the conception of poverty and the different experiences of beneficiaries of *Prospera* with respect to the implementation of the conditionalities.

One of the main challenges was the language, since most of the people in San Juan Cancuc do not speak Spanish but *Tzeltal*. In social research, using a translator raises several concerns. Even though the translation is carried out competently there is still the potential problem of lack of sensitivity to local contexts, in this case, and indigenous community (Bryman, 2016). I used the literature on cross-cultural research to support my fieldwork. I also read about the debates on the engagement of translators in feminist and community-based research. The approach I used was to incorporate my translator more into the design and implementation of my research. I incorporated him as my 'research partner' since the design, the piloting process and all the fieldwork following the work of some researchers such as Berman and Tyyskä (2011).

My translator also provided me with insightful information since he is a former beneficiary of the programme and a respected and loved person in the community. He has been involved in several community projects (in terms of promoting human rights; carrying out a diagnostic of the main problems of the community and bringing their voice to Mexico City to the government and finally, developing productive projects with

women from the community, particularly in the coffee industry). He provided me with useful suggestions on how to conduct the interviews and where to carry them. The interviews with beneficiaries were carried out in an informal setting. Xun Té recommended me to always bring and share food (fruits and biscuits) since the environment was more relaxed and beneficiaries were more open to talk while we were sharing food. Based on the results of the piloting process, I carried out individual interviews at people's houses and also, I conducted interviews with three and four women getting together at a house and also at the park downtown. I had the opportunity to record the interviews with a tape recorder. All women were asked in anticipation if they agreed to being recorded and they all agreed. Most of them gave their names for the interviews but they had the choice to remain anonymous if they decided to do so.

As mentioned above, another challenge I faced was the risk of raising expectations as an outsider, therefore it was very important to clarify that I was going as a student to learn more about the programme. As such, my role as a researcher was clear to all participants in order to prevent raising any expectations (new projects, improving the programme, bringing funds, etc.), and most importantly, to avoid any kind of harm to anyone as a result of the research. Xun-Té managed to speak to the people I was going to interview in advance, explaining I was carrying out research about *Prospera* and I wanted to learn more from their experiences with the programme. Since I made a few informal visits before carrying out the interviews, I was lucky to get to know the people and gain their trust. This research was carried out within a framework of respect for people's

rights, dignity and diversity. I had the ethical approval from the University and applied it throughout all the interviews.

I interviewed government officials in San Cristóbal de las Casas and also in Tuxtla Gutiérrez (main offices of the programme in Chiapas). I also interviewed government officials at central offices in Mexico City. I also interviewed academic experts on the designing and evaluation of *Prospera* such as one of the creators of this programme, Dr. Santiago Levy. Furthermore, I attended to deliveries of the cash transfers in San Juan Cancuc to observe the process that is carried out every two months.

2.6 Conclusions

This research aims to examine the experiences of indigenous men and women from San Juan Cancuc in Chiapas regarding the implementation of the programme *Prospera*. In addition, it aims exploring how the standard of living is conceptualised by them, including whether they conceive of this in terms of rights, and to what extent *Prospera* assists in the realisation of the right to an adequate standard of living. This research will also examine the perspectives of government officers at local and national levels, as well as the views of health services providers and experts on the programme *Prospera* who were involved in its design and creation. Human rights are mentioned in *Prospera's* official documents and this research will address how these principles are applied or not, on the ground.

Chapter 3. Human Rights, Indigenous Peoples and Co-responsibilities in *Prospera*

3.1 Introduction

There are several views on the conditions of CCTs programmes and human rights as previously discussed in the literature review chapter. Some authors argue that there is a little evidence that conditions are the elements that generate the impacts of the transfers and therefore, there are not really necessary (Budlender, 2014, Standing 2007). In addition, some researchers suggest that the establishment of co-responsibilities violates people's rights such the right to social security, which should be unconditional (Orton, 2014; Simões, 2006). Also, the fulfilment of conditions (co-responsibilities) may not entirely depend on beneficiaries but also on the availability and quality of basic social services. In contrast, Cortina (2014) argues that conditions are an incentive for beneficiaries to use the transfer for the intended purpose of the programme. Furthermore, according to Sepúlveda (2009) CCTs can also be seen as a vehicle for promoting human rights, for instance, in terms of the recognition of the situational knowledge of beneficiaries and their behaviour as key elements for the fulfilment of their rights.

This chapter addresses the link between the co-responsibility discourse and human rights including how the compliance with co-responsibilities is affected by factors such as local conditions and power relations. As discussed in Chapter 1, the term 'conditionality' is gradually being replaced with 'co-responsibility', which reflects the emphasis that is being placed on the responsibility of the state to provide public services.

Prospera, since it was created in 1997, has established the term ‘co-responsibilities’ (not conditions) in its Rules of Operation.

This section also discusses the gender implications of the co-responsibilities of *Prospera*. The official account of how compliance with co-responsibilities is certified in *Prospera* is explained in this chapter, as well as the processes of suspension of cash transfers and their restoration of rights. In addition, the process of a Right to a Hearing through which beneficiaries may try to claim their rights in case of a suspension (indefinite or permanent) is discussed. The chapter concludes with a discussion of some official data on the system of co-responsibilities in San Juan Cancuc.

3.2 The Co-responsibility Discourse and Human Rights

Prospera is based on the concept of ‘co-responsibilities’ in which beneficiaries must comply with conditions relating to health and education by enrolling and sending their children to school and regularly attending health talks, workshops and health care appointments. By complying with these conditions, recipients receive a cash transfer every two months to support household income. In addition, they receive education grants for children as well as nutrition supplements.

In *Prospera*, there are different types of ‘beneficiaries’. There are the cash transfer recipients themselves (most of them women); then there are members of their family- children, young adults, husbands etc.- who may benefit from the way the cash is spent, and the access to schools, nutritional supplements, and medical services. The

Rules of Operation blur this distinction, referring to ‘beneficiary families’, who must assume the co-responsibilities. This obscures the gender relations that structure *Prospera* since it is in practice women who have to ensure that children attend school, that their husbands attend health check-ups, and to attend health check-ups and nutrition and health workshops themselves.

Some authors such as Agudo (2012) argue that the co-responsibility discourse (in which both recipients and the state are responsible for improving the social and economic conditions of the poorest families) is affected by local factors. This argument posits that the discourse is actually affected by power relations and local subjectivities. According to this author, in practice, in the case of *Prospera*, rather than introducing the idea of ‘agency’ and equal partnership (as is claimed in the design of the programme), the cash transfer is seen by beneficiaries as a ‘subsidy’ that is mediated through uneven power relations between local actors of the programme (recipient mothers, doctors, teachers, nurses, etc.). In 2010, Agudo analysed the programme’s implications for gender equality by assessing the position of women in existing case studies presented in 2006 and re-examined in the light of the capabilities approach (based on Nussbaum’s work). This work readdresses the case studies of twelve women from Michoacán, Guerrero, Coahuila and Chiapas. The author argues that the programme fails to address women’s needs, stating that *Prospera* aims at poverty rather than inequality. This leads to the conclusion that this failure to address key female capabilities is linked to constructions of gender roles within households. Furthermore, the author proposes that the programme might condition the cash transfers to the fulfilment of co-responsibilities by fathers including

shared responsibility with mothers for their children's attendance at school and at health workshops.

Other authors such as Miranda (2013) examines the argument that the discourse of co-responsibility 'absolves' the state of its obligation to its citizens by placing responsibilities for social and economic welfare on individuals. In her research, the author makes an interesting point, which refers to how rural indigenous women are using *Prospera's* discourse of co-responsibility to make claims on the state. Her research, carried out in a small community in Quintana Roo, Mexico, shows how women in the community argue that if they comply with the conditions of the programme then the state must be responsible for fulfilling its obligations as well. In her research, the author mentions an example in which women are resistant to attending a community clinic in which the physician refused to respect their cultural values regarding giving birth. Women complained about this situation to government officials charged with implementing *Prospera*. The physician penalised the women by arguing that they did not comply with the conditions and therefore, they should not receive the cash transfer. Women then argued that they did comply with the conditions of the programme and that it was the physician who failed to follow the contractual rules of the programme. Women protested and demanded the physician be replaced with someone who would demonstrate greater cultural sensitivity and commitment to collaboration. This small example clearly shows that indigenous women are complying with conditions of the programme and at the same time, demanding the fulfilment of their human rights, in which they seemed to be successful.

Co-responsibilities can be seen as a vehicle to promote human rights. For instance, Orton (2014) argues that conditionalities can be advocated from a human rights perspective, which represents a significant shift in addressing conditionalities. This author states that CCTs ‘may represent a concrete way to bridge the gap between the legal basis of rights and their practical fulfilment’. This argument is based on the idea that there is recognition of the situational knowledge of beneficiaries and their behaviour as key elements for the fulfilment of rights. Furthermore, Orton argues that conditions also bind public authorities to create the necessary basic services for the fulfilment of conditionalities. The lack of compliance with conditions may reveal to the authorities that perhaps there is a lack of delivery of essential basic services, such as health and education or there is a lack of other services such as counselling, training, etc. that is needed for a better compliance with conditions (Orton, 2014).

A very important point, and extremely relevant to this work, is made by Ramírez (2016) who argues that the implementation of CCTs places beneficiaries in a constant interaction with front-line officials (physicians, nurses, counsellors, bureaucrats and public servants). She defines the front-line officials as the faces recipients see of the programme and who are the direct gatekeepers of the resources or services the programme provides. In her analysis, the author uses a well-being lens to address these relationships created in the programme. This research concludes that the relationships created during policy implementation have far-reaching effects on well-being and therefore, this element needs to be better acknowledged in the design and implementation

of public policies and programmes such as CCTs. Ramírez (2016) states that for recipients of *Prospera* the relationship with officials appears to be a significant aspect of the implementation of the programme. As part of this work, the author mentions the results found by Saucedo (2013) who argues that most of the concerns of beneficiaries were directed to the lack of courtesy received during health check-ups. In addition, this issue seemed to be particularly critical for indigenous beneficiaries.

Prospera, in its Rules of Operation, defines co-responsibility as ‘the responsibility of members of the family in education and health that they are committed to comply with’. In terms of human rights, the Rules of Operation mention that public officials (including doctors, nurses, teachers and promoters) involved in the programme must ‘promote, respect, protect and guarantee the effective fulfilment of human rights of beneficiaries according to the principles of universality; interdependence; indivisibility and progressiveness’. The Rules of Operation also mention that at all times beneficiaries should be treated with respect and dignity according to the principles of equality and non-discrimination. In terms of complying with co-responsibilities, the Rules of Operation mention that the *families* should comply with the conditions of the programme. All members of the family should attend health check-ups. In the case of a family that has a child under five years old with malnutrition, it is the responsibility of the mother, the father or the main carer of the child, to take her/him to the assigned health appointments. There is no mention of mothers being in charge of complying with co-responsibilities. However, in practice, mothers are usually in charge of compliance with these tasks, which indicates the role of social norms in shaping who bears the responsibility.

It is important to mention that the Ministry for Social Development (SEDESOL) has published a *Guide to Human Rights for Beneficiaries of Social Programmes*. This document mentions that all beneficiaries have the right to receive a respectful treatment with quality and dignity. In addition, all public officials of SEDESOL must treat all beneficiaries with respect regardless of their economic, social or physical conditions. It is also stated that all beneficiaries have the right of non-discrimination in terms of their ethnicity, gender, age, disabilities, health conditions, religion, opinions, sexual preferences or civil status. Beneficiaries also have the right to be heard in terms of complaints, comments or suggestions that aim to improve the provision of services.

Prospera and SEDESOL have developed a strategy to address indigenous peoples aiming at improving the articulation of the programme with the rest of the social programmes. As part of this strategy, two particular actions have been developed: 1) the Indigenous Communication Plan implemented by the health sector and 2) the Project to Strengthen Bilingual Promoters, implemented by the National Coordination of *Prospera*. A promoter is an official employed by the programme who functions as the main contact between beneficiaries and *Prospera*. The Indigenous Communication Plan aims at strengthening the capacities of beneficiaries in terms of health self-care in a context of cultural awareness, equality and respect of indigenous values. The Project to Strengthen Bilingual Promoters is based on the need to provide personal attention to beneficiaries. This strategy consists of measures to identify, recruit and certify personnel of the National Coordination of *Prospera* who speak an indigenous language. As part of the

project there are videoconferences and talks regarding the promotion of the rights of indigenous peoples.

When discussing conditionalities it is imperative to mention their impact on time use. CCTs might worsen time poverty, an aspect of poverty that is particularly gendered. According to Gammage (2011) CCTs programmes have not yet been analysed from a time use perspective even though these programmes may change time and tasks allocation within the household. The author states that time use can be altered directly (through women's participation in training activities and attending health check-ups with children) and indirectly (through children's time in paid and unpaid work in the household). While children may spend less time in paid and unpaid work, their mothers may spend more time in unpaid work.

3.3 The Process of Certification of Co-responsibilities in *Prospera*

Certification and enforcement of co-responsibilities in CCTs may vary among countries. In some cases, compliance is encouraged and facilitated, but benefits are almost never discontinued in the case of non-compliance. In other programmes, benefits are automatically suspended if compliance cannot be verified. According to the World Bank (2011), the reasons for apparent non-compliance may include that recipients do not fulfil requirements, or also it can be the case that services are not available or reports of certification are inaccurate. Therefore, the World Bank highlights the importance of exploring the reasons why beneficiaries are apparently not complying with programme co-responsibilities.

In the case of *Prospera*, doctors, nurses and teachers are responsible for the certification of compliance with conditionalities, as well as for the veracity and precision of this process. In order to certify the compliance with conditions by the beneficiaries, the programme coordination offices at the state level (Coordinaciones Estatales) will issue and deliver bi-monthly forms to health and education authorities with which to certify the attendance of beneficiaries at health appointments and talks (S2 forms) and attendance at school (E2 forms). The co-responsibilities in terms of health are: registration at the health unit at the indicated dates; all family members must attend to their health appointments and participate in the health workshops. In terms of co-responsibility in education the activities are: registering children at school and supporting them to attend to their classes. Benefits are conditional on children's attendance to school. As previously mentioned, mothers usually bear these co-responsibilities, not other members of the beneficiary family.

A very important point to address is the role of *vocales* of the programme. *Vocales* are women direct beneficiaries (cash transfer recipients) who voluntarily accept to participate and act as the link between beneficiaries, health staff and *Prospera* promoters. *Vocales* are selected among beneficiaries in the community and have the task to strengthen the actions of each of the components of the programme; to promote community participation and guaranteeing direct communication of beneficiaries with the institutional bodies of *Prospera*. They are the representatives of the Community Outreach Committees. According to the Rules of Operation of the programme, *vocales* also receive training in order to develop competencies that allow them to provide advice to

cash transfer recipients in terms of promoting women's economic autonomy; access to information and social resources.

Furthermore, the role of *vocales* in the programme is very important not only in terms of communication among beneficiaries and government officers, but also in terms of verifying the compliance with additional activities of the programme (or shadow conditions as defined by Cookson 2016) such as boiling water; keeping the houses clean; having latrines and burning garbage. This issue will be addressed in Chapter 4.

The Ministry of Health and the Ministry of Education (SEP) in conjunction with IMSS-*Oportunidades* and CONAFE¹⁷ are responsible for providing the services and these institutions have to validate their capacity to provide health and education services with the National Coordination of *Prospera*.

In relation to health services, there is a document called 'appointments for the family' (*Citas para la Familia*) in which health personnel must register the scheduled appointments for each member of the family. Health appointments and workshop sessions are then assigned to each member of the family according to their health condition, sex and age. Male adults (usually the husband of the cash transfer recipient) are also responsible for attending medical appointments and health talks (depending on the subject of the talk). However, men are not usually involved in attending workshops related to children's health and also men usually do not comply with other co-

¹⁷ IMSS: Mexican Institute of Social Security. CONAFE: The National Council for Educational Development.

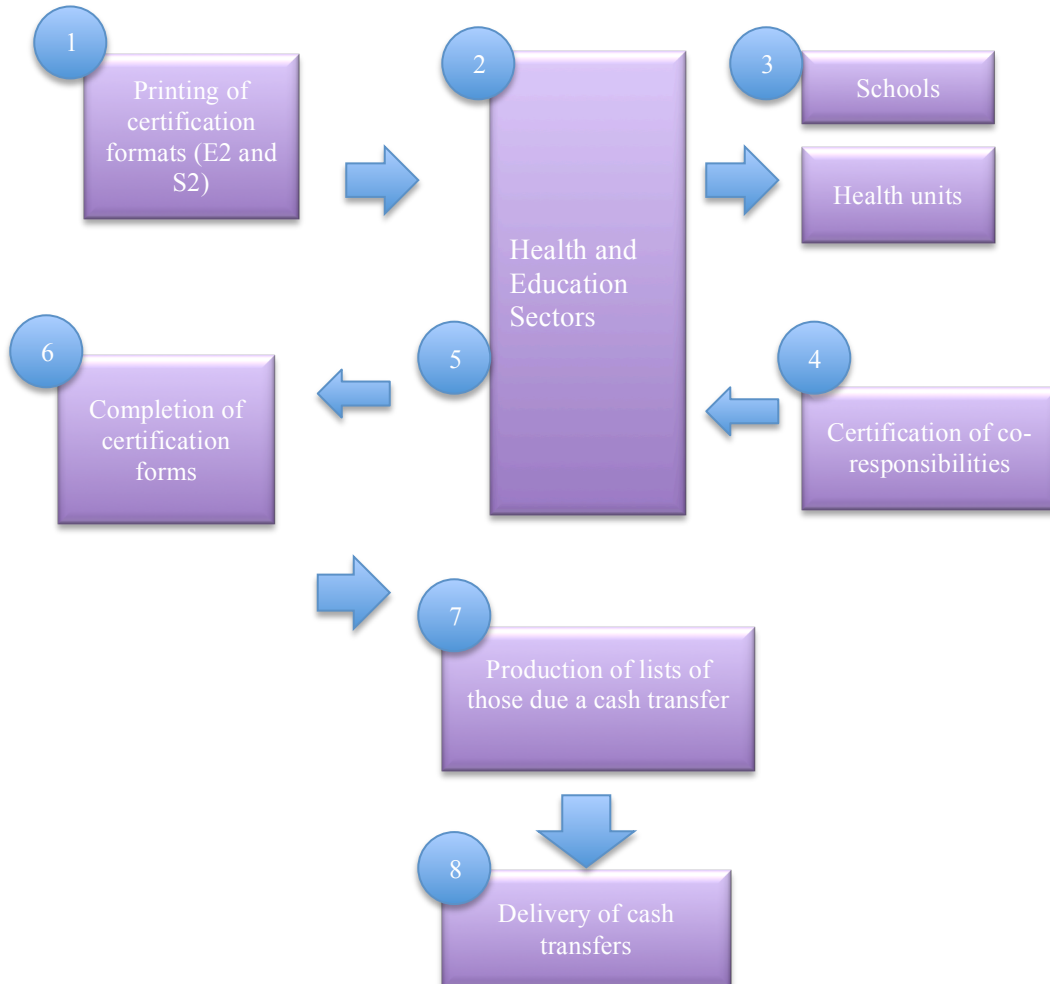
responsibilities such as taking the children to health checks; registering the children at the school and taking their children to school. In addition, men are not usually either involved in activities such as burning garbage, boiling water and community work.

According to the Rules of Operation, if a family member does not comply with co-responsibilities, the family is suspended temporarily. For compliance with the education component, teaching staff is responsible for enrolment registration and the certification of the attendance of children of beneficiary families. After the certification forms are received by the *Prospera* Coordination, the estimation of how much cash should be transferred is carried out. The National Coordination then delivers the cash transfers every two months either by direct delivery to beneficiaries in designated delivery spots, or through personalised bank accounts (see Diagram 1).

Diagram 1.

Certification of co-responsibilities

National Coordination of Prospera



Source: Based on Rules of Operation of *Prospera* 2017, Dávila (2016) and Steta, C. (2009)

3.4 Suspension of Benefits

Cash transfers can be suspended on a monthly basis, for an indefinite period of time, or permanently. In the case of a one-off lack of compliance with conditions, payment is suspended that month with automatic reinstatement of the cash if conditionalities are met within the next month.

The reasons for suspension for an indefinite period of time include lack of compliance with co-responsibilities over a longer period, and also lack of data to see if the family continues to meet the eligibility criteria; and problems with making the cash transfer, such as failure of beneficiary to collect the cash transfer (see 3). It is important to mention that *Prospera* has set out criteria for the receipt of the cash transfer in the case when a beneficiary cannot attend to pick up the transfer due to sickness or a health problem. The beneficiary has the option of asking for the benefit to be delivered again to her/him (Dávila, 2016).

Table 3.

Reasons for suspension (indefinite period of time)

Lack of Certification of co-responsibilities	Lack of data on eligibility	Problems making cash transfer
<ul style="list-style-type: none"> - If the veracity of the certification of compliance with co-responsibilities cannot be verified; - If the beneficiary cannot be located to deliver her/his notification of incorporation to the programme; - In rural areas: if the beneficiary family do not comply with health co-responsibilities for four months in a row or for six months within the last twelve months; - In urban areas: if the beneficiary family do not comply with health co-responsibilities for two months in a row or for three months within the last twelve months. 	<ul style="list-style-type: none"> - If the family data has inconsistencies and the family cannot be located to update the information; - If the family could not be recertified during the time of the application of the surveys; - If it is not possible to collect socioeconomic data from the family or if the information presents inconsistencies; - If the family does not allow collecting socioeconomic information to re-evaluate or if the family does not consent to participate in the recertification process. 	<ul style="list-style-type: none"> - If the beneficiary does not attend to pick up the transfer for two months in a row; - For beneficiaries with a bank account: if the beneficiary does not make any account movements for four months in a row; - If the family moves to another locality where there are no basic health and education services with the option to transfer to the PAL (Food Support Programme); - If the main beneficiary withdraws from the programme and she/he does not register a new main beneficiary to receive the transfer.

Source: Based on Dávila (2016).

The reasons for permanent suspension of benefits are lack of proof that the cash transfer holder is alive; if a member of the household sells or exchanges the food supplements received from the programme; if a member of the household submits false or altered documents or they have tried to prove a false situation in order to receive cash benefits which correspond to a different beneficiary family; if any member of the household has used the name of the programme for electoral, political, or religious proselytising purposes, or for profit; and if from the socio-economic evaluation of the beneficiary family, it arises that they do not meet the eligibility criteria for the programme (Dávila, 2016).

Officers from the programme must notify the family specifying the reasons, circumstances and legal arguments that support a possible permanent or indefinite suspension. The notification of suspension is delivered through a document called *Aviso de Suspensión* (Notification of Suspension). The Rules of Operation mention that this document should be delivered in person to the cash transfer recipient and should contain the reasons for an indefinite or permanent suspension and the procedures the cash transfer recipient can follow in order to secure the reactivation or reincorporation of the family in the programme. This mechanism of written notification of suspension raises several human right concerns since the official documentation (Rules of Operation) do not mention if notifications are provided in indigenous languages. In addition, the procedure of notification for people who are illiterate is not mentioned either. The family can ask for a *Right to a Hearing* in order to be reinstated to the programme.

3.5 The Right to a Hearing

Since 2013, beneficiary families have the right to a hearing (*'garantía de audiencia'*) before an indefinite or permanent suspension process is carried out. The Rules of Operation of *Prospera* define the Right to a Hearing as follows: It refers to the right of the main beneficiary of the programme to manifest anything to her/his interest before a resolution of suspension of benefits applies. *Prospera* is the first social programme to implement the right to a hearing aiming to avoid discretionary practices in the processes of incorporation and permanence in the programme.

The National Coordination of the programme identifies families that are at risk of indefinite or permanent suspension and notifies the corresponding state office (*delegación*), which should notify the cash transfer recipient that a 'possible suspension' (indefinite or permanent) could apply. As mentioned above, the notification must be written and must include the reasons and circumstances that this possible suspension is based on. When the beneficiary receives this written notification, she/he can proceed to the help, (*Mesa de Atención*) (usually established in the same place where the resources are delivered every two months) or to the nearest office of the National Coordination of the programme, within a period no longer than ten working days, in order to present evidence that proves that the family has no reason to be suspended. Again, the official documents for a Right to a Hearing do not specify what happens when the cash transfer recipient does not speak Spanish or if she/he is illiterate. The National Coordination must review the evidence presented by the beneficiary family. In addition, families have the right to present the reasons why they believe they should remain in the programme.

However, in the Rules of Operation is no mention of any kind of assistance that beneficiaries can receive during this process. Furthermore, families are notified in a letter and there is no mention what happens if the cash transfer beneficiary is illiterate or if she/he does not speak Spanish. After this process is completed, an administrative resolution is issued determining whether the beneficiary family will remain on the programme or be suspended. The period of issuance of this resolution and notification to the beneficiary must be no longer than three months. In the meantime, whilst the resolution is pending, the National Coordination must continue with the delivery of the cash transfer.

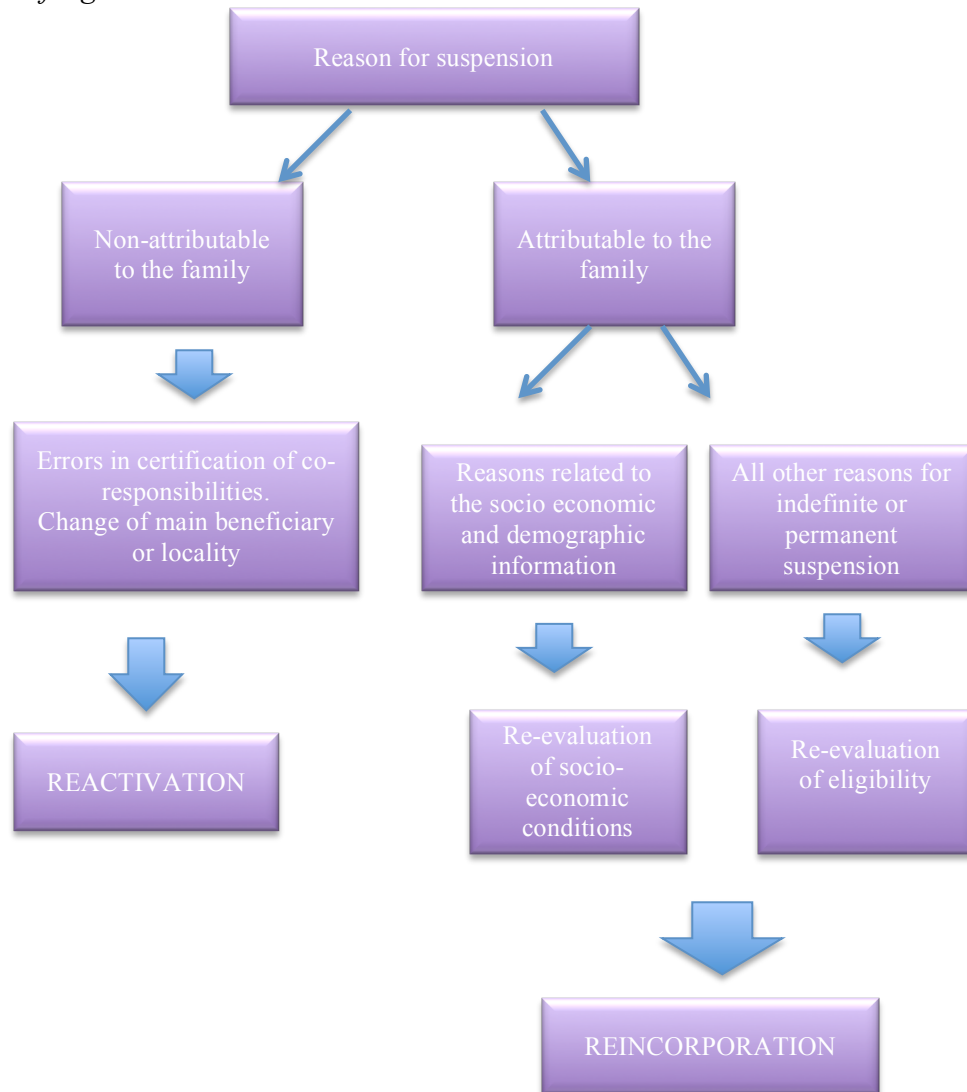
3.6 Restoration of Rights

When the suspension is due to reasons that are not attributable to the family, the recipient can ask for the reactivation of their benefits. This applies, for instance, when there is an error in the beneficiary registry. When the non-compliance with conditions refers to an error or omission in the registry of co-responsibilities, the beneficiary family may orally request a ‘notification of attendance’ in order to correct the mistake. The request should be made by the cash transfer recipient (usually the mother) along with the educational grant recipient (the daughter or son) directly to the school and they must deliver the document to the programme officers at the help desks. Mothers again bear this responsibility. In addition, women are the ones who are in contact with programme officers (who are usually male). As Ramírez (2016) states: programme officers are usually more educated than beneficiaries and are usually male. In contrast, beneficiaries are usually female and particularly in indigenous localities, illiterate.

In the case where the ‘notification of attendance’ corrects the error, a retroactive delivery of the cash transfer then applies. If the suspension is related to non-compliance with conditions, beneficiary families can also request their re-incorporation into the programme, which might be subjected to a new socio-economic evaluation (see Diagram 2). The mechanisms that beneficiary families can use for their re-incorporation are the citizen services (telephone, e-mail and post box); help desks and Community Outreach Committees through the *vocales*. Reactivation applies to families that are subject to indefinite suspension (not suspended permanently) and the cash benefit can be reactivated. Reincorporation applies to families that have been suspended permanently and must be enrolled in the programme again before any cash can be transferred.

Diagram 2.

Restoration of rights



Source: Based on Rules of Operation of *Prospera* 2017 and Steta (2009).

3.7 Official Report on San Juan Cancuc

According to data from the Ministry of Social Development presented in the certification report on health co-responsibilities in San Juan Cancuc, in January 2012, 17 out of 5,739 families reported absences in terms of complying with health co-responsibilities, representing around 0.3 per cent of the total beneficiaries. This percentage is similar for the other months of the year, except for December, when out of 5,904 families, 531 did not comply with health conditionalities, representing 8.9 per cent of beneficiaries (see tables 4 and 5). As previously mentioned, there are several reasons that may cause the suspension (monthly, indefinite or permanent) of a beneficiary family of the programme. Data on suspensions (indefinite and permanent) in 2012 in San Juan Cancuc show that out of 103 suspensions during the year, 36 of them (34.5 per cent) relate to beneficiaries that did not pick up the cash transfer (indefinite suspension). In contrast, only eight families (7.7 per cent) were suspended indefinitely for not attending to health services and/or talks for four continuous months. According to interviews with government officials from *Prospera* in Chiapas, the main reasons for not picking up the transfers are as follows: *Prospera* personnel have not properly informed the beneficiary about when and where she/he should pick up the transfer; the beneficiary is sick and cannot attend in order to pick up the transfer; weather conditions are hazardous and prevent the beneficiary from arriving at the places where the cash transfer is being delivered; the beneficiary is temporarily absent from home; there is a mass meeting or protest that blocks the access to the cash transfers delivery spot and finally, in the case where the cash transfer is delivered through bank institutions, the beneficiary has not picked up her/his bank card or signed his/her bank account contract.

Table 4. Compliance with health co-responsibilities in San Juan Cancuc 2012

Compliance with health co-responsibilities		Jan-Feb				March-April				May-June			
		Localities	Beneficiaries	Beneficiaries with absences		Localities	Beneficiaries	Beneficiaries with absences		Localities	Beneficiaries	Beneficiaries with absences	
	SAN JUAN CANCUC	38	5,739	17	19	39	6,230	24	25	37	5,730	84	95
Total of San Juan Cancuc		270	16,399	108	120	271	16,876	102	111	275	16,235	151	215

Source: Ministry of Social Development. Delegación en Chiapas. Subdirección de Padrón.

		July-Aug				Sep-Oct				Nov-Dec			
Compliance with health co-responsibilities		Localities	Beneficiaries	Beneficiaries with absences		Localities	Beneficiaries	Beneficiaries with absences		Localities	Beneficiaries	Beneficiaries with absences	
SAN JUAN CANCUC		37	5,901	5	3	37	5,902	37	193	36	5,904	181	531
Total of San Juan Cancuc		277	16,537	119	146	279	16,593	168	294	280	16,783	229	594

Source: Ministry of Social Development. Delegación en Chiapas. Subdirección de Padrón.

Table 5. Suspensions of beneficiary families in San Juan Cancuc 2012

SAN JUAN CANCUC		Suspensions of beneficiary families						
Reason for suspension	Type of suspension	2012						
		January February	March April	May June	July August	September October	November December	Total
Four continuous months with no attendance at health services and/or talks	Indefinite suspension	0	0	4	0	1	3	8
Family does not fulfil the eligibility criteria to be part of the EDA (Differentiated Support Scheme)	Indefinite suspension	0	0	0	0	0	19	19
Family has been visited twice and has not been reached	Indefinite suspension	0	0	0	0	0	2	2
Family no longer fulfils the eligibility criteria of the programme	Permanent	0	0	0	0	0	2	2
No delivery of instrument to receive the cash transfer (bank account contract or bank card)	Indefinite suspension	9	18	0	0	5	2	34
No recertification	Indefinite suspension	0	0	0	0	0	1	1
No pick up of the transfer	Indefinite suspension	13	6	0	17	0	0	36
Family was visited twice and did not allow verification of its socioeconomic conditions	Indefinite suspension	0	0	0	0	1	0	1
TOTAL		22	24	4	17	7	29	103

Source: Ministry of Social Development. Delegación en Chiapas. Subdirección de Padrón.

Previously, the cash transfer was delivered in person on presentation of a programme ID. Today, in urban areas the cash transfer is delivered to bank accounts and beneficiaries can pick it up at ATM machines. In rural areas, the delivery of the cash transfer is still in person on a specific day every two months and usually on market day. However, cash recipients now present the debit card, insert it into a point of sale terminal and the money is delivered. Therefore, now beneficiaries have debit cards instead of IDs and they have to go to pick the card up and sign a contract with the bank. In the case of San Juan Cancuc, beneficiaries have to travel to San Cristóbal, which is around four hours away from San Juan Cancuc. In the official grid, the non-delivery of the instrument to receive the cash transfer (bank account contract or bank card) represented the second reason for an indefinite suspension. This reason represents the second one for suspension from the programme in San Juan Cancuc in 2012 with 34 families suspended indefinitely (33 per cent).

In terms of permanent suspensions, it is worth mentioning that only two families out of 106 were permanently suspended in 2012 because they were no longer fulfilling the eligibility criteria of the programme. If we compare the reasons for suspension in San Juan Cancuc with other localities in the same year (2012) such as Motozintla, which is a semi-urban area in Chiapas, it can be seen that the main reason for suspension is not fulfilling the eligibility criteria of the programme with 61 per cent of families suspended (permanently) for this reason. Furthermore, not picking up the transfer in Motozintla represents only 2 per cent of families suspended for this reason and only 3 per cent of families suspended (indefinitely) for non-delivery of the instrument to receive the cash transfer (bank account contract or bank card). These figures shed light on the difficulties experienced by beneficiaries from San Juan Cancuc (long distances, difficulty to access roads, etc.) in picking up the money.

As previously mentioned, the recertification process consists of re-evaluating the social conditions of beneficiaries in order to identify if families are still eligible (according to the socio-economic criteria established in the Rules of Operation of the programme) in which case they will still receive all the benefits of the programme. On the other hand, if families fulfil only part of the eligibility criteria, they may have access to the *Differentiated Scheme Support* (Esquema Diferenciado de Apoyo – EDA), in which families receive only part of the benefits. EDA consists of providing scholarships only at secondary and higher education level as well as access to the ‘Basic Health Package’ including nutritional supplements for children and pregnant and breastfeeding women. Beneficiary families under this scheme do not receive scholarships for basic education nor nutritional benefits. The Basic Health Package refers to primary health care that includes basic sanitation, diarrhoea control, tuberculosis, diabetes, immunisation, family planning, child nourishment, childbirth, social participation and prevention of cervical-uterine cancer among others. This Basic Health Package also includes actions addressed to the community such as health education; sanitation; purifying water; and garbage and waste management, which will be discussed in Chapter 4.

3.8 Conclusion

This chapter explained how the processes of certification of co-responsibilities, suspensions and restoration of rights are carried out in *Prospera*, according to official documents of the programme. It also provided an insight on how co-responsibilities have been viewed both in terms of potential violations of human rights as well as a vehicle for promoting rights. The official account of the programme obscures the realities of indigenous peoples because there is no consideration of indigenous languages in terms of notification mechanisms such as the Notification of Suspension

and the Notification for Attendance. In addition, there is no specification of the procedures for notifications when beneficiaries are illiterate. On the other hand, the allocation of co-responsibilities between men and women is absent in the official account of *Prospera*. Cash transfer recipients (predominantly women) are the ones actually bearing the co-responsibilities of the programme. Most of the time the words ‘beneficiaries’ or ‘families’ appear as responsible for complying with co-responsibilities. However, in reality, cash transfer recipients (women) are responsible for these tasks.

One of the main contributions of this research will be to provide complementary information on the reasons behind the non-compliance with conditions by contrasting the official account with the answers provided in the interviews. This chapter also paved the way to analyse how these processes are carried out and perceived by indigenous men and women in San Juan Cancuc. This research will aim to give a voice to the indigenous men and women beneficiaries of *Prospera* in terms of their own experiences regarding poverty and an adequate standard of living, as well as on the day-to-day implementation of the programme. By using a human rights approach this research can make a contribution to the field by exploring these experiences.

Photo 1. Delivery day of the cash transfers of *Prospera* in San Juan Cancuc



Photo 2. Market on the delivery day of the cash transfers of Prospera



Photo 3: View of the main *plaza* in San Juan Cancuc, Chiapas.



Chapter 4. The Case of San Juan Cancuc: Experiences of *Prospera* from a Human Rights and a Gender Perspective

4.1 Introduction

Conditional Cash Transfers (CCTs) programmes such as *Prospera*, are a tool that can potentially assist states in fulfilling their human rights obligations for the realization of economic, social, cultural, civil and political rights. On the other hand, as discussed in previous chapters there are also concerns that the implementation and design of *Prospera* is in practice inconsistent with human rights obligations. This chapter presents a case study of *Prospera* in San Juan Cancuc, drawing on the accounts of indigenous women and a few men of their daily experiences regarding the implementation of the programme. It questions how far *Prospera* really addresses the forms of poverty that these men and women think is important and their ideas of what would be an adequate standard of living. As previously mentioned in Chapter 2, the total number of interviews was 46 (22 direct recipient of cash transfers; two women who were not recipients of the cash transfers but were applying to join the programme; three education grant holder beneficiaries (between ages 15-20); one husband of a direct cash transfer recipient and ex-promoter of the programme; four health services providers, nine government officers, four key informants and one former beneficiary). From the total of cash transfer recipients 20 were women and two were men. In this chapter, the results of the interviews carried out with the 22 direct cash recipients, two women who are applying to the programme and one former beneficiary will be presented. As mentioned in Chapter 2, the interviews were carried out in two localities from San Juan Cancuc: the head municipality and El Pozo.

4.2 The concept of *an adequate standard of living* in San Juan Cancuc

The International Covenant on Economic, Social and Cultural Rights states in Article 11 that the States Parties must recognise the right of everyone to *an adequate standard of living* including adequate food, clothing and housing, and to the continuous improvement of living conditions. It also mentions that the States Parties must take appropriate steps to ensure the realisation of this right. As previously mentioned, some human rights experts have argued that CCTs programmes such as *Prospera* have the potential to contribute to the fulfilling of the *right to an adequate standard of living* (Sepúlveda, 2009).

The first question to ask is what *an adequate standard of living* means for current beneficiaries of *Prospera* in San Juan Cancuc and whether the programme has assisted them to fulfil this right. Only a few people interviewed associated *an adequate standard of living* with education and/or health. It was interesting to see that most of the indigenous beneficiaries conceive *Prospera* only as an income subsidy and not as an investment in education and health, and as a consequence it is not perceived as a tool to break the intergenerational cycle of poverty.

In order to go deeper on this subject, it is important to understand the main daily activities of cash recipients and how they perceived the programme in terms of assisting them or not, to have better living conditions. The main occupation for men in San Juan Cancuc is agriculture (mainly for self-consumption), including production of beans (frijol) and corn. Coffee is the one crop that they sell but this is now in a crisis due to the coffee rust of the past two years. During the interviews, women shared that their main daily activities were doing housework, cleaning the house,

cooking, raising their children, selling chickens and eggs, and embroidering textiles. In addition, they help their husbands to harvest coffee. One of the women stated 'my work is to be at home with the kids, cleaning the house, cooking and bathing my children' (Lucía, 33 years old).

Women wove and embroidered their own textiles but only a few of them sold them, such as blouses, scarves and tablecloths. Some of them mentioned that they use the cash transfer to buy sewing thread for their work. One woman stated 'there is no income, because we all produce the same: coffee and corn, therefore, nobody buys the products. We already have that, who will buy it?' (Maria, 32 years old). Most of the women interviewed mentioned they would like to increase their income but they do not know how to do that. One woman said: 'I feel nobody wants to give me job since I did not go to school' (Sebastiana, 36 years old). Another beneficiary of the programme lamented: 'I consider myself to live in poverty conditions, but what am I going to do about it? I do not know how to get out of poverty, because we do not know where to get a job' (Maria G., 23 years old).

The general perception of the programme is that the main purpose is to receive 'money', which all agreed 'was not enough to cover their needs'. One of the women interviewed mentioned that 'the only benefit we receive is the cash' (Rosa, 39 years old). There is also a general consensus that the programme 'helps them a little when the money comes' since particularly with the coffee crisis their money income is very low and sometimes non-existent. When I inquired whether the monthly stipend they receive was enough, one woman responded 'no, but what can we do about it? Even though it is not enough to cover our needs, it is a big help' (Maria G. 23 years old).

Some cash recipients mentioned that the money ‘helps them momentarily’. Some of them responded that the programme ‘does not help them for the *future* but it is useful for buying some things every two months’.

The main purpose for which *Prospera* was created 20 years ago (to improve human capital) was not mentioned by my respondents. For instance, one cash recipient mentioned: ‘I feel that I am poor because I do not have anything, I would like the government to give us more’ (Petronila, 44 years old). In addition, there is a common idea in the area of San Juan Cancuc among cash recipients that the government establishes social programmes such as *Prospera* in order to ‘compensate’ the damage that could be done when other projects such as the construction of dams are taking place.

My interviews showed that the concept of an *adequate standard of living* and poverty was different among the generations. For young beneficiaries, being in poverty means not having enough money. However, for older people, poverty means not having land, being not able to work that land and produce food for self-consumption. From the total group of cash recipients who were interviewed, four were aged 60 or more, which is the dividing line I am using between young and older people. The four older people I interviewed were Don Alonso (70 years old); Maca (60 years old); Sol (60 years old) and Marciala (62 years old). They no longer receive the benefits for children but still receive the nutritional benefit of 950 Mexican pesos every two months. They also have access to health services and have to comply with health co-responsibilities.

I discovered that the views on poverty of people who are 60 or older are very different from those of younger people. In San Juan Cancuc there is a concept of *good life* (Lekil kuxlejal), which has changed dramatically over the years. Particularly, women and men older than 60 years perceive the *good life* as being a communal life in which they could enjoy support among all the people living in the community. For people in their 30s the concept of the *good life* means to be able to study, have a job, own and work their own land and have enough food, which is a perspective that has many things in common with the perspective of the people who are 60 or older. For younger people (15-20 years old) who I interviewed, the *good life* is earning money and ‘having things’.

It was very interesting to see that the main differences on the concept of a *good life* were reflected among generations but there was no a significantly difference on how men and women (both younger and older) understand the concept of a good life. For instance, interviews with women of 60 and more responded similarly than men of the same age arguing that before people used to help each other and the social fabric was solid. Maca (60 years old) mentioned that ‘on those times there was not any programme like *Prospera*, we used to have a very good life, the land was untouched or virgin, it was our land, and the relationship between people and nature was harmonic’. Women’s arguments were similar than those of male respondents. For younger generations, the situation was similar. Younger women and men responded similarly in terms of the concept of having a *good life* (owning things). For instance, one of the respondents mentioned that the media has played a key role in shaping the mentality of young people by making them think that the *caxlaners* (*mestizos*) live better than indigenous people. ‘Young people want to live like

mestizos, forgetting about their indigenous identity and I do not think that is correct’. ‘Some of these young women and men migrate to San Cristobal to try to live as *caxlaners* but I do not think they succeed really’, he added ‘they are working on bakeries and some women do paid domestic work in private houses’ (Xun, Té, 26 years old).

The concept of poverty in Tzeltal (*Meba'al ta kuxinel*) has also changed because for instance, older cash recipients believe a person is ‘poor’ if they not have land to harvest and produce food for self-consumption. As mentioned by one of the cash recipients, the land is the basis for subsistence, ‘it provides food and a place to live’ (Don Alonso, 70 years old). The concept of poverty has changed since before money was not necessary for living but now it is. One cash recipient mentioned that they did not use money at all a few years ago but there was food (corn, beans and sometimes meat). A woman mentioned in the interviews: ‘money was not necessary for living’ (Marciala, 62 years old). One of the cash recipients suggested that the change of this concept of poverty is in part due to government programmes that started being implemented in this area. She mentioned that ‘we have been subjects of study of poverty, but we did not consider ourselves poor before, it depends on how people of the programmes measure poverty’ (Sol, 60 years old). However, the change in the concept of poverty cannot be attributed only to the introduction of cash transfers, but it is part of an overall monetisation or rural of rural life that has taken place all over the world and is driven by economic changes. Therefore, cash transfers may be implicated in, but are not the sole cause of, undermining communal forms of life. In San Juan Cancuc the interviews shown that people do need cash now but they also want land.

In terms of monetisation of rural societies, it is important to mention that in the approach to this topic used in sociology and anthropology refers to a phenomenon that occurs all over the globe and has implications in relation to commercialisation, ‘westernisation’ and modernisation of a society. Indigenous communities in Mexico still have ancient practices that are not monetised and they exchange work or goods instead. In the case of San Juan Cancuc, these mechanisms of exchange are still commonly used. During the Spanish conquest, Spanish used the coins they brought from their country and started to introduce them into indigenous economic practices. Indigenous communities used cocoa mainly as a means for exchange. Historically, indigenous peoples have endured colonialism, defending their land. Cocoa subsisted as a mean of exchange until the middle of the twentieth century. For most of the people interviewed, the introduction of money as a mean of exchange was a factor that disrupted the harmony of the economic system that had prevailed in the community.

One particular case was Don Alonso (70 years old) who was mentioned before. He was the only male recipient of a cash transfer I had the opportunity to interview in the whole of San Juan Cancuc. He is a widower and now main beneficiary of *Prospera*. Now, he receives the nutritional component only (950 pesos every two months). His wife passed away four years ago and during the time the process for becoming the recipient of the cash transfer was taking place (six months), he did not receive his cash transfer, and the money was not given to him retroactively. He also mentioned that there are about 18 men who are cash transfer recipients of the programme in town. He mentioned that before the coffee production was introduced in San Juan Cancuc, people were very successful at harvesting chile (chilli peppers),

which was substituted with coffee. He mentioned that even though the programme *Prospera* represents a ‘little help for their way of living’ the programme ‘has also divided people and interrupted community harmony that we used to have, now there is a competitive spirit among people’.

Xun- Té, my translator and former beneficiary of the programme explained to me that there was a time when he thought he was ‘poor’ because he could not speak Spanish well and dressed in his traditional clothes all the time. He added ‘but my mentality has changed’. He said ‘now I understand that our former way of living has many positive aspects that should be rescued. As I studied more, I understood all cultures are different and must be respected, no one is more, no one is less than anybody, I am very proud of being Tzeltal’. Xun said that ‘people sometimes see me wearing my traditional clothes and they say to me *pobrecito* (poor thing), I believe that this is misconception that has been provided to us by western people’. He claimed: ‘I can travel anywhere in the world, meet many people but I will never stop being Tzeltal. My friend, you must know this is now clear to me but it wasn’t like that before. There was a time when I said that I wanted to leave my hometown that was so poor because so many people told me I was poor, but after a while I understood that was not the case, now I am proud of who I am’. He said that even today in San Juan Cancuc you could live without any cash at all for a few months ‘you eat well, you have a place to sleep but young people now do not see that it is different in big cities, some young men migrate to San Cristóbal and realise they have to earn money to pay rent and for food’.

One of the cash transfer recipients (Maca, 60 years old) who I interviewed has been a widow for 24 years and had 14 children and she did not know how old she was. She did not know how old their children were either because her notion of time is different from the ‘occidental view of seeing things’. Actually, there is no translation of the word ‘time’ in Tzeltal. She mentioned that she only got her birth certificate a few years ago which said she is 60 years old but she indicated she thought she was 70 years old or more. She stated that being in poverty conditions is ‘not having a partner to share her life with and to fight everyday’.

Photo 4. Interviews with cash transfer recipients of *Prospera* in San Juan Cancuc



Photo 5. Interviews with cash transfer recipients of *Prospera* in San Juan Cancuc (cont.)



4.3 Perspectives of women recipients of the *Prospera* cash transfer

Prospera was designed to channel the cash transfer mainly to mothers. However, it is important to mention that the programme was not designed as a programme to ‘empower women’; it was not conceived as a gender equality programme. The decision to give the cash transfer directly to women was based on studies of spending patterns of women and men that concluded that women spend more on children's needs such as education, food, shoes, etc. than men. The only affirmative action related to gender equality that was considered in the design of the programme was the component of having higher scholarships for girls than for boys.

Nevertheless, it has been argued that channelling the cash transfer to women can contribute to women's empowerment. It was a general consensus among women interviewed that they exercised control over the use of the cash transfer and had autonomy in deciding how to spend the money. For instance, one woman stated: ‘my husband stays away from my decisions on how to spend the money since the transfer is for the women’ (Sebastiana, 36 years old). According to the answers in the interviews, the cash transfer is devoted to buying school materials, shoes and clothes for the children; and also on food for all the family members (meat, sugar, salt, soup, vegetables); shoes; and raw material for making women's own clothes. Only a few mentioned that sometimes women give part of the money to the husband so he can buy ‘some clothes for himself’. In spite of the poverty conditions in this municipality, it is possible to buy some modern consumption goods such as sodas. One beneficiary mentioned that they use the cash to ‘buy Coca-Colas from time to time’. Some women mentioned that promoters (*promotores*) of the programme have told them to save some money when they receive the cash transfer, but they argue the transfer is

too little and not enough for saving. (Promoters are officials employed by *Prospera* who usually speak the language of the locality and serve as the link between beneficiaries and officers of the programme; provide information regarding the programme and guide the enquiries and complaints of beneficiaries).

All of the women also mentioned they use the cash transfer for buying medicines because most of the time there are not enough of them at the clinic. One beneficiary mentioned 'there is never enough medicine for all of us at the clinic, so we have to buy it from the drugstore in town'. This represents a serious shortcoming of the programme. One of the main disadvantages indigenous people face is lack of high quality health and education services.

In terms of whether the programme has improved their living conditions, some beneficiaries responded that they feel their life conditions have been improved because they feel 'secure' that every two months they will receive a certain amount of money. One beneficiary mentioned that 'sometimes I am in a situation in which my pot or pan is broken or my bucket is dripping and I calm down since I know that money will come' (Lucía, 33 years old). During the interviews, I asked women what would they like to have or do in order to have a better standard of living. Some of them mentioned that they would like to have access to productive projects or programmes in which someone 'can teach them what they can do to generate more income'. For example, three of them mentioned the need for training programmes in which they can learn how to earn more money. Some women said that they have been involved in productive projects before. For instance, one of them was in a handicraft programme once in which she received support to make several kinds of

textile products but she added ‘nobody bought them, so I do not make them anymore’ (Petronila, 44 years old).

My respondents included older women whose children are grown up or have ‘graduated’ from the programme and who still receive a part of the cash transfer for themselves. For instance, Marciala (62 years old) was one of the first recipients of the cash transfer in San Juan Cancuc. She lives alone now and her children are not part of the programme anymore but she still receives a cash transfer as main beneficiary (950 pesos equivalent to 50 USD) every two months. It is important to mention that the cash benefit that the household will receive is calculated based on the compliance with the co-responsibilities of the members of the household. There is a maximum monthly amount per household, which depends on the characteristics of the family: if there are holders of primary or secondary education scholarships, the maximum amount the home can receive in a month is 1,825 Mexican pesos (94 USD). If there is also a scholarship holder in high school they can receive up to 2,945 Mexican pesos (152 USD) (Dávila, 2016).

When I asked how long the programme was, another respondent replied ‘it never stops’ (Rosa, 47 years old). I asked Rosa how her life has changed since their children grew up and she stopped receiving the grants for them and she said the benefits were of course severely reduced but she still ‘receives something’. It is very common that cash recipients, regardless of the age group or sex, believe the grants last for a lifetime.

Prospera supposed that young who graduate from the programme could get better jobs because they had more education and health care. During the interviews, I asked women who have grown-up children about what these children do for a living now after they have graduated from the programme. Most of them responded that the children all have families of their own now; they stayed in San Juan Cancuc and do agricultural work. The girls have married and have children, and are now recipients of the *Prospera* cash transfer. One of them mentioned that some of the young people who have graduated from being beneficiaries of *Prospera* had thought about moving away from San Juan Cancuc to a bigger city such as San Cristóbal but they came back since ‘it was very difficult to find a job’ (Petronila, 44 years old).

I asked Xun-Té, my translator and former beneficiary, what had happened with his classmates who were also beneficiaries of the programme. Where are they now? What are they doing? He said he was one of the few who ‘made the most of his scholarship’. When he finished high school, he received a lump sum on behalf of the programme of 4,000 pesos (250 US dollars approximately), which was a final benefit to help him to continue his studies at university. He received a scholarship from the National Council for Education (CONAFE) and studied a BA in Environmental Development. He mentioned that out of 90 students who were beneficiaries of *Prospera* and finished high school, only four went to the university (all men). Most of the children who were beneficiaries at the same time as him are married and stayed in San Juan Cancuc. Most of the male beneficiaries are now working harvesting coffee or extracting and selling bee honey. Female beneficiaries are also married and are now cash transfer recipients of the programme themselves. Xun mentioned some of

them also migrate temporarily (for around four months) to the north of the country (Sonora, Baja California); some of them work picking grapes for wine production.

Women who are direct cash transfer recipients visualise the programme as an income subsidy that helps them momentarily to buy basic goods they need. Most of them highlighted the need for productive projects in order to increase their standard of living. In addition, indigenous women reported to have increased their sense of autonomy by having control over an economic resource and deciding how to spend it.

4.4 The enforcement of *Prospera* co-responsibilities in relation to cultural norms, values and human rights

Several human rights concerns might be raised about the enforcement of *Prospera* conditions: for instance the exclusion of a beneficiary because of failure to comply with the conditions. Furthermore, as discussed in the literature review chapter, the conditions may create a burden for women while perpetuating traditional gender roles. According to Sepúlveda (2009), in some countries where CCTs are being implemented, women are not attending health appointments because the quality of the service in the health clinics is very low or the clinics are too far away. In these cases, a mechanism to help families that are not complying with the co-responsibilities should be in place without any punitive outcome. Furthermore, non-compliance with conditions should assist programme officers in identifying and acting upon problems (Sepúlveda, 2009). It is important to highlight that the term ‘conditionality’ is gradually being replaced with ‘co-responsibility’ as mentioned in Chapter 2. According to Sepúlveda (2009), this change reflects the emphasis that is being placed on the responsibility of the State to provide public services.

4.4.1 Complying with co-responsibilities

CCTs must take into account the costs for women (such as time-use costs) and also ensure that services are available and gender-sensitive (Sepúlveda, 2009). A very particular finding is related to shadow conditionalities defined by Cookson (2016) and discussed in Chapter 1. Indigenous women in San Juan Cancuc mentioned that conditions included keeping their houses clean, boiling the water, burning garbage, taking their children to the doctor, and attending clinic appointments and health talks. It is important to clarify that activities such as boiling the water at home; keeping their houses clean, having latrines, and keeping their animals (mainly chickens) outside the house are reported by women as part of the official co-responsibilities of the programme that women have to comply with. However, according to the Rules of Operation of *Prospera*, these activities are part of a *Health Package*¹⁸ addressed to the community and are established as actions to be promoted, not enforced. This raises a very important concern in terms of an existing gap between the formal rules of *Prospera* and its operation on the ground. The distinction between activities that are to be promoted but not enforced clearly does not work on the ground.

In particular, having latrines was mentioned by half of the respondents as part of the conditions of the programme, but according to the Rules of Operation it is part of community actions proposed in the *Health Package* as mentioned above. It is clear that the programme has increased the demand for and access to basic services of

¹⁸ One of the specific objectives of *Prospera* to ensure access to a *Guaranteed Basic Package of Health* and progressive extension to 27 public health interventions named the Universal Catalogue of Health Services (CAUSES) for beneficiary families, with the aim of promoting the use of preventive health services and self-care and nutrition of all its members, with emphasis on the most vulnerable such as children, pregnant women and nursing mothers.

indigenous peoples. According to Sánchez López (2008), there have been significant changes in the construction of latrines in indigenous homes. However, this is not part of the conditions of the programme but it is conceived as such by respondents in San Juan Cancuc. None of the respondents mentioned that they have been suspended on a monthly basis for not complying with these shadow conditions. However, the respondents thought that these tasks were part of the conditions of the programme.

This finding is consistent with the results of Cookson (2016) regarding the CCT programme *Juntos* from Peru. Cookson found that beneficiaries of the programme carried out additional activities that were not part of the conditions of the programme such as growing a garden; keeping hygiene instruments (toothbrush, soap) organised; participating in parades; participating in a regional cooking fair and attending literacy workshops among others. The author points out that these activities are often organised by Juntos local managers, teachers and health staff, who often use threats of expulsion from the programme in order to get women to participate.

In the case of *Prospera*, these additional activities (shadow conditions) are monitored by the vocales of the programme. As mentioned in Chapter 3, *Vocales* are women direct beneficiaries (cash transfer recipients) who voluntarily accept to participate and act as the link between beneficiaries, health staff and Prospera promoters. These women verify that recipients of cash transfers are complying with the conditions and if not, they report the beneficiary to the responsible person in charge of registering the compliance of beneficiaries. This raises important human rights concerns. Firstly, because this implies that cash transfer recipients who are also vocales are in charge of monitoring the behaviour of other beneficiaries. Secondly,

the visits to a house can be considered a violation of the privacy of beneficiaries, though none of the respondents mentioned that the visits to their houses were intrusive. This is a finding not discussed in the literature that requires further investigation. Finally, an issue that was not discussed on the interviews, and there is a lack of literature regarding, is the informal benefits *vocales* may have through volunteering for this role. According to the Rules of Operation this task is voluntary and no payment should be received by *vocales*. However, there have been some discussions in the media (newspaper articles mainly) that indicate that *vocales* receive benefits such as priority in receiving other government benefits such as housing benefits. In 2016, *Prospera* and the Ministry for Agricultural, Territorial and Urban Development (SEDATU) signed an agreement that established that *vocales* of the programme would benefit from the construction of an additional room in their houses (called *cuarto rosa*) and also have access to cultural activities promoted by SEDATU. Furthermore, there have been some complaints by cash transfers recipients that argue *vocales* are charging a fee for improvements of the health clinics. However, this topic was not discussed during my interviews and requires further investigation.

For around 70 per cent of cash recipients, time use did not seem to be an issue in terms of complying with the conditions. One woman stated ‘I adjust my time in order to comply with the condition, I have never failed’ (Lucía, 33 years old). In contrast, other women responded that the main obstacles for complying with conditions were that they have no time to attend to talks or medical appointments due to housework, dropping children at school, harvesting coffee or going out to sell shoes. Other women emphasised the fact that the clinic was too far away and they have to walk about 45 minutes to get there. Some cash transfer recipients mentioned

that sometimes the clinic was too crowded and they have to spend the whole day at the clinic waiting for their appointment.

Women mentioned that the topics discussed at health workshops included family planning, vaccination for children, the need for boiling water and cleaning their homes. Most of the time women are the ones who attend the talks; however, men also attend specific workshops depending on the subject (family planning and children's vaccination). Another example is Maria C. (25 years old) who is a single mother with a two-year-old son and a six-year-old daughter. She mentioned that she is able to take her child to the talks and sometimes one member of the family (a cousin or an aunt) babysits her son. But she said she usually takes her son to health talks saying that 'I have not had any problem taking him to the talks'.

4.4.2 Suspensions

As previously mentioned in Chapter 3, according to the Rules of Operation, there are three modalities in which a beneficiary family can be suspended: monthly, indefinite and permanent suspension. The most common modality according to the results of the interviews was a monthly suspension in which the money that corresponds for a month is not delivered to the cash transfer recipient. Permanent suspensions are very rare, according to the respondents. Women claimed that if they did not comply with the conditions of the programme, the amount of the money would be 'cut in half'. According to the Rules of Operation, the benefit can be suspended on a monthly basis if a beneficiary does not comply with the co-responsibilities. Since the cash transfer is delivered every two months, from the perspective of cash transfer recipients it appears the cash 'was cut in half' since they are suspended for one month.

Women said they did not know any woman who was permanently suspended from the programme for not complying with the conditions but they knew plenty in the situation where, if they missed an appointment, a meeting or health talk, the amount of the cash transfer was reduced by 50 per cent. I asked Rosa R. (47 years old) if she had ever been suspended from the programme and she explained that she had never been permanently suspended, however, her cash transfer was cut by half on some occasions when she missed a health talk or medical appointment. According to the Rules of Operation (as previously mentioned in Chapter 3), suspensions can be applied on a monthly basis. However, this fact does not seem to be very clear to cash recipients.

My research also revealed that there are ‘informal sanctions’ when a beneficiary does not attend a meeting (particularly information meetings, not meetings at the health clinic). The person who organises the meeting (usually a promoter of the programme) charges a penalty of 50 pesos and with the money they buy sodas or snacks for the next meeting. This is not part of the Rules of Operation of the programme but it is a common practice that beneficiaries participate in. This is a practice that needs further investigation since it was not clear who collects the penalty; whether the penalty is imposed or not and what happens if a beneficiary refuses to pay this fee.

As Sepúlveda (2009) mentions, expelling families from the programme for failure to comply with the conditions may result in a violation of the right of individuals to at least a minimum essential level of human rights. Most of the people

interviewed did not know anybody who has been permanently suspended from the programme. However, most of them knew about cases of monthly suspensions. One male beneficiary (his wife is a direct cash transfer recipient) mentioned that during his time as promoter of the programme a few years ago, he only heard of one case of a beneficiary who was permanently suspended from the programme because she separated from her husband and went to live in another community nearby and therefore did not show up for some meetings. He believed the reason was also because she did not comply with the conditions of 'having her house clean' and she did not have latrines (Juan, 32 years old). One beneficiary did know some people who were permanently suspended from the programme because of lack of compliance with the conditions. She stated 'they are suspended from the programme because they do not comply with their responsibilities, the government is helping us and we should respond and do what they are asking for' (María, 32 years old).

From a human rights perspective there is a serious problem in terms of exclusions due to administrative errors. During the interviews, some of the women commented on the fact that they knew people who stopped receiving the cash transfer because of administrative errors. In one case, it was said that a beneficiary had the same name as one who passed away; therefore, she did not receive the transfer for about six months. She finally was able to resolve the problem. However, the money she did not receive was not given to her retroactively. In addition, four of the people interviewed referred to people who were suspended owing to a duplication of names, since in San Juan Cancuc it is very common for people to have the same first name and last name. In one case, due to an administrative mistake in the registration forms,

a woman's husband appeared as main beneficiary and he is the one who collects the cash transfer.

4.4.3. Cultural norms, values and human rights

The United Nations Declaration on the Rights of Indigenous Peoples states that indigenous individuals have the right to access, without any discrimination, to all social and health services. The Declaration also indicates that indigenous peoples have the right to the dignity and diversity of their cultures and traditions. Furthermore, the principle of *non-discrimination* requires that States pay continuous attention to the accessibility and adaptability of CCTs to different geographical, social and cultural contexts.

In light of these principles, there are several human rights issues in terms of how indigenous people (particularly women) are treated when receiving health services in San Juan Cancuc. Most of the women interviewed in El Pozo mentioned that the nurse of the clinic (who has worked there for more than ten years) treats them 'badly and with no respect'. Sebastiana, 36 years old, said that the nurse 'had become mad at her' because she had more children and almost 'forced them' to have family planning methods. Nine women interviewed in El Pozo mentioned the pressure on them by the nurse to adopt family planning methods. This pressure on them took the form of verbal abuse. For instance, María (32 years old) mentioned that the nurse told her 'aren't you tired of having children with your husband?' Another beneficiary added that the nurse had become mad at her because she had more children (Lucía, 33 years old). Women also argued that the doctor that is supposed to be in the clinic 'is never around' (María, 32 years old).

Xun-Té, my translator and former beneficiary mentioned that he believed some government programmes, such as *Prospera* even though they have ‘helped people’ have also brought ‘an individualistic way of thinking and living’. For instance, before, there were so many traditional birth attendants (*parteras*) that were doing their work as community help without receiving any payment. However, now ‘the midwives are doing it in part because of the money’ and he believes that those programmes such as *Prospera* have ‘corrupted the community ambience’. He mentioned that when the programme was implemented in El Pozo, a lot of women wanted to become birth attendants even though they had no experience. They wanted to receive the money the programme provided to those who were enrolled as birth attendants. This situation also caused tension among existing birth attendants. There is a programme for voluntary traditional birth attendants (IMSS-Prospera) that are composed of 7,031 women in the country of which 62 per cent are indigenous and the average age is 60 years old. According to the Rules of Operation of *IMSS-Prospera*, voluntary traditional birth attendants receive economic support (the amount is not specified in the Rules of Operation). However, in the Rules of Operation it is also mentioned that the traditional birth attendants will not receive any payment. This is an issue that requires further investigation.

Xun mentioned that his godfather was one of the few traditional birth attendants in town and he has always been an attending woman in the community without receiving any cash payment. It was very interesting to find that in El Pozo not only women can play this role. He mentioned that sometimes women gave him some beans (*frijol*) or food as a gift for his help, but when the programme started to be implemented in the community, things changed. His godfather was part of the

programme for a few years but then he decided to quit the programme and keep being a *partero* but on his own as he used to. He said when the programme started, some traditional birth attendants that previously used to help women for free, now started to ask for money or sodas in order to provide attention to them with their pregnancy, labour and childbirth. Women preferred to be attended by traditional birth attendants than going to the clinic and preferred to have their children delivered at home.

In contrast with El Pozo, women in the head-municipality agreed that nurse in their clinic treated them with respect. Interestingly, this nurse is a man who has worked there for many years. They all seem to trust him. One woman mentioned 'he treats us well, he was born here, he is indigenous, so he knows us and the attention is good' (Petronila, 44 years old). When I asked women if they would prefer to be attended by a male or a female doctor/nurse, most of them responded that they would not mind if it is a male or female as long as they 'treat them with respect' (Rosa R., 47 years old). One woman mentioned 'I do not mind if the doctor is male or female, I care about being treated with respect and as long as the doctor is here, it doesn't matter if it is a woman or a man' (Micaela, 45 years old). In addition, all women interviewed agreed that promoters in the programme are approachable and friendly, and that they feel that they are treated with respect.

Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples states that indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. A positive example regarding the treatment of indigenous people in the clinic at the head-municipality was the case of Maria (32

years old) who had had gallstones. At the clinic she was told she must have surgery. She disagreed and started to take herbs her mother recommended, and she did not need the surgery after that. She said: ‘I went to my mother, she can cure, and she knows it all. I did that, and people in the clinic respected my decision’ (Maria, 32 years old).

In contrast, Marciala (62 years old) mentioned that one time her cash transfer was suspended on a monthly basis because she did not agree to take a Pap test (to check for cervical cancer) at the clinic in El Pozo. She stated: ‘I do not care if the person who examines me is male or female, the problem is I do not want to be examined!’ Another beneficiary also mentioned that she was not comfortable with having the Pap test. She stated: ‘I attend all my health appointments and talks but I do not want anybody to touch me’ (Sol, 60 years old).

4.5 Transparency, access to information and accountability

Transparency refers to the fact that beneficiaries should be able to identify the roles and responsibilities of all stakeholders; and all components of the programmes (eligibility, benefits, complaint mechanisms, etc.) must be transparent. CCTs programmes must have built-in mechanisms for the disclosure of information about the programme’s design and implementation. In addition, information must be accessible, culturally appropriate and accessible to the illiterate (Sepúlveda, 2009). As can be seen below, there are several human rights concerns in terms of access to information and complaint procedures of the programme for indigenous people in San Juan Cancuc.

In terms of the mechanisms for receiving the money, some women that have been cash transfer recipients for a long time mentioned that they prefer the former delivery system, which according to them was easier than the present mechanism. Before they used a *holograma*, which is an individualised ID with a unique barcode and received the money in cash when presenting the *holograma*. With bank services spreading more widely among the population, the programme has replaced the *holograma* with debit bankcards. In localities where financial services are available, cash transfer recipients withdraw the money from an ATM machine. However, in places such as San Juan Cancuc, there is still a delivery day every two months, most of the times at the municipal square or the auditorium; and instead of presenting the *holograma*, cash transfer recipients present the debit bank card. I had the opportunity to attend a delivery day, which usually happens on ‘market day’. Women were carrying their small children and the place was full of people selling all kind of goods, groceries and clothes. Women seemed to be spending the transfer in the market. The process took place in the municipal auditorium and consisted of three officers from *Prospera* behind a big desk and two queues. In the first one, women were waiting to show their bankcards and get a ticket. They then had to take their tickets to the next queue where they waited to receive their money after placing their digital fingertip into a machine. This new delivery system of the cash transfer requires further investigation regarding women’s perception of having their digital fingerprint recorded. It seems to be that before, the delivery system only required them to queue once instead of twice.

The use of fingerprinting in the cash delivery system clearly raises human rights concerns. Some women interviewed mentioned that they were nervous about

putting their finger into the digital fingerprint machine, and that sometimes the machine did not work because they were ‘cold’ (*frías*) which means the blood is not circulating correctly into their fingertips. One beneficiary mentioned that one time the machine did not read her fingerprint and therefore she was unable to collect the transfer. In this case, the transfer would then be accumulated and delivered to her the following time.

Most of the people interviewed said that they have never had a problem with the delivery of the cash. However, one woman (Sebastiana, 36 years old) mentioned that there was a time when the area was blocked by the *Zapatistas* and therefore, the people who delivered the transfers did not reach that area. Furthermore, Rosa (39 years old) mentioned that when there were political elections in town the cash delivery stopped for two periods (four months) and they never received the money retroactively.

According to Sepúlveda (2009), CCTs without accountability mechanisms are more likely to be viewed as an instrument of *clientelism*. Therefore, it is imperative to monitor the administration and operation of programmes to prevent abuses. In order to avoid violations of human rights, CCTs must have accountable, independent and effective monitoring and redress mechanisms. However, CCTs may be operated as instruments of *clientelism*, which may lead to abuses and corruption. For instance, one woman interviewed mentioned that with the rebranding of the programme from *Oportunidades* to *Prospera* the only difference she saw was that ‘now we received televisions, and before we didn’t’ (Maria, 32 years old). ‘I can tell that this Governor really wants to help us’. It is important to mention that all cash recipients of *Prospera*

from San Juan Cancuc received televisions in January 2016 as part of a national programme of the Ministry of Social Development. Even though this action was not formally part of *Prospera*, the Ministry of Social Development used the list of beneficiaries of *Prospera* to identify who should get the TVs. Therefore cash recipients thought that the delivery of televisions was part of the programme. This action was part of a programme by the Ministry of Communications and Transport (SCT) and was part of the digital switchover (*apagón analógico*) which took place on December 31, 2015 and consisted of the change from analogue to digital television. The Mexican Government provided 10.1 million televisions across the country and the database of the beneficiaries of *Prospera* was used to distribute the televisions. Therefore, there was confusion among beneficiaries who believed the delivery of TVs was related to the programme *Prospera*.

The principle of accessibility requires that CCTs overcome cultural barriers such as making information available in languages used by indigenous peoples. At both health clinics (El Pozo and the head-municipality) the nurses function as translators. However, Rosa (age 39) mentioned that when the nurse is not at the clinic ‘it is very hard to communicate with the doctors, none of them speak *Tzeltal*’.

Complaints procedures should include an appeal process that is accessible, simple, and effective and culturally appropriate (Sepúlveda, 2009). One particular concern about the accessibility and transparency of information is the fact that most of the beneficiaries are not aware about the mechanisms and procedures they can appeal to in case of a suspension or expulsion. Several women responded that if a beneficiary is suspended permanently, there is no possibility of being reinstated. For instance, one

woman said ‘once you are out of the programme, there is no possibility of coming back’ (Petronila, 44 years). Women were not aware they had the right to a hearing in case they have any problem with the programme, such as a permanent suspension. In fact, the word *right* does not exist in *Tzeltal*. Only three of the people interviewed responded that they knew there is a possibility of explaining why a beneficiary did not comply with conditions but one woman said: ‘I would not say anything because I am afraid to feel embarrassed or being scolded’ (Natalia, 23 years old). One woman mentioned that in case you are suspended you can talk to the promoter and be reinstated. She mentioned ‘you just have to fill in a form and do some paperwork’ (Maria 32 years old). She mentioned the promoter is the person who provides all the information on who has missed appointments or has not complied with other conditions. She said they use ‘*perifoneo*’ (advertising through a vehicle with loudspeakers) to provide information pertaining to the programme.

In 2014, the Minister of Social Development announced the inclusion of a new clause in the Rules of Operation of *Prospera* indicating that the number of children that could be enrolled in the programme would be limited to three, which clearly relates to the verbal pressure on women to have less children mentioned above. However, most of the women interviewed were not aware of this new policy. Only two women were aware of this new constraint. For instance, Rosa (39 years old) has been a beneficiary of the programme for the last nine years. She mentioned that in the last government administration she received benefits for all her children but with the new government administration of President Peña Nieto, the situation changed and now she receives the cash transfer only for three of her children. She said the new government policy limits the number of children who can receive the transfer to three.

She indicated that the promoter of the programme mentioned this new instruction. Also, Maria (32 years old, who has six children and has been in the programme for five years) mentioned that she was aware that the programme recently introduced a restriction in the number of children that can be enrolled in the programme. She mentioned ‘before we could enrol as many children as we had but one year ago the rule changed and now you can only have three children’. She mentioned one of her children (the 12-year-old daughter) used to be a beneficiary and now her name does not appear in the list as beneficiary and her grant does not come anymore. She said due to the new restriction of three children, her daughter was left out of the programme. She mentioned that she had raised this problem with the promoter but the problem was not solved. It is important to mention that indigenous women are more likely to have more than three children and this restriction is an indirect discrimination against them.

In terms of what else has changed with the rebranding of the programme, women did not perceive any differences with the exception of the name of the programme. Women and men invariably responded *mayuk*, which means no/none. They were not aware of any of the new components (labour inclusion, financial inclusion, productive projects) of the programme.

When I asked Xun-Té about the rebranding of the programme, he said he did not see many significant changes; but he did perceive an increase in the pressure for women to be having a procedure for female sterilization. He said lots of women now have agreed to have surgery but some of them have not been operated on successfully since they got pregnant again. The nurse in El Pozo ‘accompanies women to San

Cristóbal to have the surgery' but he mentioned there is a rumour that the nurse has a target for a certain amount of women who must have female sterilisation. He said it is 'a violation of women's rights because they are pushed to have the surgery'. He finalised the interview by stating 'women in my hometown do not know what human rights are'. However, he also mentioned that recently, there has been training for women in terms of human rights. He stated 'now women are raising their voices more than before'.

Photo 6: *Prospera* cash transfer recipient from San Juan Cancuc, Chiapas



Photo 7: Group interview with cash transfer recipients of *Prospera* in San Juan Cancuc



Photo 8: Group interview with cash transfer recipients of *Prospera* in San Juan Cancuc (cont.)



Photo 9: Interview with a promoter of *Prospera* programme in San Juan Cancuc



Photo 10. Xun- Té: a former beneficiary of *Prospera* from San Juan Cancuc.



4.6 Conclusions

Human rights principles and standards should be integrated into the design, implementation and evaluation of *Prospera*. The case of San Juan Cancuc has revealed that there are several human rights concerns, particularly for indigenous people, that need to be addressed such as the pressure on women to adopt birth control; the surveillance of people's home for complying with conditions that are not officially listed as co-responsibilities but as community actions that should be promoted (not enforced); the process of receiving the cash transfer with a digital fingertip and its implication in terms of human rights; the exclusion of beneficiaries due to administrative errors; to the lack of information regarding the number of children that can be enrolled in the programme; the adoption of informal mechanisms such as 'fines' for missing meetings that are not part of the programme; the issue of clientelism and the lack of knowledge regarding indigenous peoples' rights in relation to indefinite or permanent suspensions and the mechanisms for being reinstated.

It is imperative that the programme takes into account the diverse experiences of poverty of beneficiaries and embraces cultural diversity. The benefits to women of getting money in their own hands may be outweighed by the lack of respectful treatment at the clinic. There is a need to develop mechanisms to avoid human rights violations and ensure non-discrimination, accountability, transparency and access to communication for indigenous beneficiaries of the programme. The requirement for compliance with co-responsibilities must ensure that implementation does not exclude and further expose to human rights violations those that fail to comply with conditions. The programme must be integrated within a broader social policy strategy and framed by human rights standards and principles. The new components of the

programme need further assessment in terms of their viability and contribution to the programme's initial aim. This work can open up more spaces to promote further analysis of the impact of *Prospera* on the fulfilment of the human rights of beneficiaries, particularly for indigenous peoples.

Chapter 5. Official perspectives on *Prospera* and Human Rights

5.1 Introduction

Government officials and health service personnel have their own perspectives on *Prospera*. This chapter presents the voices of some of the staff of *Prospera*, focusing on their opinions about main successes and challenges of the programme. Having the views about the programme of different government officials working both in the field and in the administrative offices (at local and national level) and also, the views of health services providers, can shed light on the main areas that need to be addressed on implementation of *Prospera* in indigenous localities (in terms of cultural norms and values; complying with co-responsibilities; access to information and accountability). Furthermore, the perspectives of experts who were involved in the design of the programme and in the early stages of its implementation, can provide information on the initial aims of the CCT programme, and how this is translated into the current operation of *Prospera*, including the challenges the new components of the programme pose to its implementation.

The nine government officers I interviewed all work for *Prospera* (four officers in Tuxtla Gutiérrez, two officers in San Cristóbal and three promoters who work on the field, in this case, in San Juan Cancuc). I also interviewed four health services providers (two doctors and two nurses). The interviews with health service providers took place in two clinics (one in the head municipality of San Juan Cancuc and one in El Pozo). The four key informants I interviewed were two experts who were part of the design and first implementation of the programme (Santiago Levy and Mónica Orozco) and two social workers that have been implementing productive projects in San Juan Cancuc.

I conducted these interviews in different settings. For instance, I visited the *Prospera* offices in Tuxtla Gutiérrez, San Juan Cancuc and Mexico City for the interviews with government officers working directly in the offices. I interviewed the promoters in the central park in San Cristóbal. I interviewed the social workers during our visits to San Juan Cancuc since one of them came with me to the piloting process and the other came with me for one day of the interviews with beneficiaries.

Finally, the interviews with the two experts were carried out by phone. It is important to mention that Santiago Levy was the Minister of Finance in 1995 and, along with Gómez de León¹⁹, the main architect of the programme. Mónica Orozco was also involved in the design of the programme and worked for six years in the programme as General Director, Planning and Evaluation carrying out targeting, planning, monitoring, and evaluation and policy analysis of the programme. Some of the interviews (with the two experts and with government officers in Tuxtla, San Cristóbal and Mexico City were recorded). The others took place in more informal settings and I took notes. I was able to follow my planned schedules and all the interviews were carried out in Spanish. Government officers, health providers, promoters and some key informants preferred to remain anonymous with the exception of Manuel, a male nurse from the clinic at the head municipality of San Juan Cancuc. All government officers were open to respond all the questions in the interviews (the questionnaire is presented in the Appendix). I had access to government officers in Chiapas through my former teacher at Tec de Monterrey Dr. Magda Jan mentioned on Chapter 2).

¹⁹ José Gómez de León was the first National Coordinator of the programme and was in charge with Santiago Levy of its design and creation as Director of the National Population Council (CONAPO).

For the interviews with nurses and doctors I approached them directly at the clinics in El Pozo and in the head municipality clinic. At the beginning, doctors and nurses were not very open to having an interview but when I explained the reasons for my visit and my research, they agreed to answer my questions.

5.2 Perspectives of key experts and government officers

5.2.1. Perceptions about the main successes and challenges of *Prospera*

Prospera's main successes (in terms of its design and operation) were seen by the experts who helped design the CCT programme in Mexico to be the synergy that was created among different government departments and agencies; the permanence of the programme in spite of government changes (changes to the name of the programme); the positive quantitative evaluation of the programme; and replication of the programme in other countries.

One of the main achievements of the programme according to the responses of one interview (Orozco, *Prospera* expert) was the synergy that was set up between critical actors such as the Ministry of Finance, CONAPO,²⁰ the health sector, the education sector and the Ministry of Social Development. She mentioned 'the leadership of the President in that time when the programme started was crucial. He aimed at working outside a *clientelist* approach and aimed for synergy and transparency' (Orozco, *Prospera* expert). She also mentioned that the two people who together created the programme (Gómez de León and Santiago Levy) promoted the measurement and evaluation of the programme. According to Orozco (2016), Levy had a very significant role in the Ministry of Finance in terms of mobilizing the

²⁰ Consejo Nacional de Población (National Population Council).

financial resources for the programme. The programme's potential to be replicable in other countries and their strong evaluation components were two of the main success factors mentioned in the interviews. One of the main architects of the programme mentioned in his interview 'I believe there are around 37 countries that have replicated the programme and I never thought that would be happening' (Levy, *Prospera* expert). He also claimed that the main purpose of the programme was to improve the *human capital* of 'poor' families and the instrument for achieving this goal was the cash transfer. He added that it is 'naive' to think that a single programme could eradicate poverty. The programme should be seen only as a part of a broader strategy for poverty eradication.

A government officer mentioned that the main problem he sees in *Prospera* is the fact that some families have been in the programme for 15 years or more, and they are 'still in the same living conditions as before' (government officer from Tuxtla Gtz.). One of the main concerns that were mentioned repeatedly during the interviews with government officers (at local and federal level) regarding the operation of the programme is the need for more training for personnel in the field (particularly for the promoters or *promotores* who are in direct contact with beneficiaries). The term 'training' seems to have a very broad meaning in this context since some government officers from Tuxtla Gtz. and San Cristóbal mentioned the need of training in terms of using technology for the operation of the programme (electronic devices for managing information); communicating more efficiently the rights and obligations of beneficiaries and knowing and passing the information to beneficiaries regarding the Rules of Operation of the programme. A local officer stated that beneficiaries are not clear what the programme is about, highlighting that promoters need to create

awareness that the programme ‘is not forever’ (government officer from Tuxtla Gtz.). He stated that beneficiaries see the cash transfer as ‘part of their income’ and ‘become dependent on the programme’. Another government officer argued, ‘beneficiaries have to realise that they need to do something with the money they receive, since tomorrow they will not receive it anymore’ (government officer from Tuxtla Gtz.).

There are different views among government officers in Chiapas regarding the credibility of the programme. An officer in Tuxtla Gtz. claimed that the credibility that *Prospera* has gained over the years is one of the strongest points of the programme: ‘what *Prospera* has to say is considered valid and trustworthy; we have credibility in the community’ (government officer from Tuxtla Gtz.). In contrast, a government officer from San Cristóbal stated that the main challenge of *Prospera* is ‘to improve our public image with the people, because the programme is seen as corrupted’. He claimed that a programme like *Prospera* is vulnerable to capture by political interests. .

One government officer in Tuxtla Gtz. pointed out the need for more training in the conduct of surveys. He explained that temporary staff employed for three or four months carry out most of this work and they seem to lack commitment to the programme (sometimes the staff did not show up to work or they did not interview all families they were supposed to), which can affect the quality of the surveys. He stated; ‘once we employed around 700 people to carry out surveys, and you can see the lack of commitment to the programme, you can tell the difference between temporary and permanent staff in terms of their commitment’. He added that permanent staff working in the field have created a connection and a ‘relation based on trust’ with beneficiaries of the programme.

A national government official in Mexico City stated that the promoters in the field should be well known to beneficiaries and must be accessible to them. The role and duties of promoters should be clear and transparent to beneficiaries, which is not what was reflected in interviews with both beneficiaries and government officers in Chiapas. One national government officer who has been in his job for many years mentioned ‘we are lagging behind in terms of communicating better with our beneficiaries, particularly in indigenous localities. We have more technology now but this applies more to urban areas, therefore, we must continue working to improve personalised attention to beneficiaries’ (government officer from Mexico City).

The need for institutional coordination was identified by government officers both in Chiapas and in Mexico City as a priority to be addressed in the programme. For instance, one national government official said that in the health sector there is an urgent need for coordination between the clinics that provide attention to *Prospera* beneficiaries (clinics of the National Institute for Social Security – IMSS), and the clinics of the Ministry of Health, since there is an overload of work at the IMSS clinic. This issue was also raised in Chapter 4 by beneficiaries. As previously mentioned, beneficiaries of *Prospera* can attend both clinics (IMSS or Ministry of Health). However, most of them attend only IMSS clinics. The national officer mentioned that the programme needs to continue working hand in hand with the universalization of health services in order for beneficiaries to be attended in any clinic regardless if the clinic is an IMSS or Ministry of Health clinic. This finding is also consistent with the information provided by health service providers in the field as can be seen in the following section..

Another major challenge that the programme faces and was mentioned in the interviews is the budget constraint. The federal government of Mexico provides most of the resources that are devoted to the programme. However, there are also components provided by international organisations such as the Inter-American Development Bank and the World Bank. One national government officer mentioned the main challenge is the budget. She stated ‘even if we identify more families, we have a budget ceiling (*techo presupuestario*) and therefore, there are no more financial resources to incorporate them. In addition, we are constrained by the current capacity for the government to provide health and education services’ (government officer from Mexico City). This implies that there are potential beneficiaries who are not part of the programme yet, due to lack of funding.

An important point that emerged during the interviews with government officers both in Chiapas and Mexico City was the fact that most of the government officials did not mention human rights, with one exception – an official in Tuxtla Gtz. who claimed that one of the strongest points of the programme is the fact that the vision of human rights has been ‘rescued’ and that the programme is working to better inform beneficiaries of their own rights (particularly the right to education and the right to health).

5.2.2 Complying with conditions and suspensions

There was a general perception among government officials in Chiapas and in Mexico City (including promoters) that women have a very high level of compliance with co-responsibilities. One government officer in Chiapas stated ‘women do comply with the conditions of the programme; they go to the health talks and medical

appointments. If the husband has to go as well, they both attend the talks' (government officer from Tuxtla Gtz.). As previously mentioned, *Prospera* is supposed to incorporate measures to remove any physical, cultural, geographical and other impediments to access to services by certain groups who face particular obstacles (in particular indigenous peoples). At central offices in Mexico City, the two government officers interviewed agreed on the argument that one of the main challenges for beneficiaries to comply with co-responsibilities is the availability of services, particularly in rural areas. This supports the point made by Orton (2014) who argues that the fulfilment of conditions may not entirely depend on the beneficiaries, but also on the availability of the social services as previously mentioned.

All government officials interviewed (including promoters) both at local and national level seemed to be well informed on the Rules of Operation in terms of suspensions (indefinite and permanent). An officer in Tuxtla Gtz. mentioned that the most common practice is not permanent expulsion from the programme but monthly suspensions. This information is consistent with the responses provided by beneficiaries in Chapter 4. He also indicated that a beneficiary is notified of indefinite suspension and she/he is given the opportunity to provide a valid reason for not complying with conditions. He stated 'in rural areas it is not common to enforce a permanent withdrawal of benefits but there are several monthly and indefinite suspensions' (government officer from Tuxtla Gtz.). A promoter local government officer mentioned 'it is not very common to expel families from the programme. In-depth investigation takes place when a family has absences' (promoter from San Juan Cancuc).

According to information provided in the interviews with government officers in Mexico City, there have been some changes in the programme aiming to help beneficiaries to comply with conditions. For instance, the number of workshops has been reduced over the years. A government officer in Mexico City stated; ‘we are much more flexible now, we have made many changes, now other members of the family can attend to meetings and talks instead of the main beneficiary who is usually a women’ (government officer from Mexico City).

As reported in Chapter 4, there are some ‘informal practices’ that take place in San Juan Cancuc in terms of sanctions for not attending meetings of the programme. For instance, if a beneficiary does not attend a meeting, a fine is charged and used in the next meeting to buy sodas or snacks. Government officers (including promoters) in San Cristóbal and Tuxtla Gtz. reported they all were aware of these practices and attempted to justify it. One of them mentioned ‘there is no rule of the programme that mentions that, that is not part of the programme, that is an internal arrangement’ (government officer from San Cristóbal). In contrast, government officers in Mexico City do not seem to be aware of these practices.

One government officer claimed that; ‘a common practice is that beneficiaries provide more than one name so they can get an extra cash transfer, but the system detects the duplicity’ (government officer from Tuxtla Gtz.). He also said there is a common practice that some political parties threaten beneficiaries that they will suspend from *Prospera* if they do not participate in a political meeting.

In terms of addressing the problem of duplication of beneficiaries, a national government officer mentioned that there is a thorough and detailed process to investigate duplication of beneficiaries and address errors in forms and registers. In addition, the problem of suspension of beneficiaries due to errors in the re-certification process (particularly problems in the way surveys are conducted) was brought up by several government officers (both local and national).

5.2.3 Access to information and accountability

In terms of fulfilling human rights, CCTs must have accountability mechanisms in order to avoid corruption, abuse, mismanagement and political manipulation. In addition, CCTs must have built-in mechanisms for disclosing information, which should also be accessible to illiterate people, and culturally appropriate. However, government officials at both local (including promoters) and national level recognise that one of the main challenges is improving communication with beneficiaries. To start with, one of the main problems, according to local government officers is how women understand the programme. One government officer stated, ‘we have a very big problem in terms of communication with our beneficiaries. After 15 years we have not been able to explain what the programme is really about. Our beneficiaries do not really know the aims of the programme and why at some point they stop receiving the benefits’ (government officer from Tuxtla Gtz.). Other local government official argued that ‘the problem is that women do not accept the fact that they will not receive the money at certain point when the family graduates from the programme, and for them it is a violation of their rights’ (government officer from Tuxtla Gtz.).

In addition, there seems to be a big problem in terms of misinformation at local level in Chiapas. For instance, a government officer in San Cristóbal mentioned that a family can be enrolled in only one federal social programme, but if the programme is at state level (Chiapas) families are allowed to have more than one benefit. In contrast, a national government officer in Mexico City mentioned that *Prospera* is compatible with any programme at national or at state level. For instance, there are 400,000 beneficiaries in all Mexico that also have the benefit of *Jefas de Familia*²¹. In addition, there are 800,000 main beneficiaries who are also part of the programme *70 y más*²². However, this government officer also stated that these programmes operate at national level and each state has the authority to define how local benefits interact with federal programmes.

As mentioned before, *Prospera* has been found to face the challenge of having promoters with sufficient skills to act as linguistic and cultural interpreters which can cause miscommunications between staff and beneficiaries of the programme in terms of transmitting information during health workshops; when filing paperwork; or submitting complaints (Sariego, 2009). This was confirmed during the interviews with beneficiaries. In contrast, most of the government officers perceived progress in terms of communications with indigenous beneficiaries. For instance, a government officer in Tuxtla Gtz. mentioned that one of the main achievements of the programme is that now it has bilingual staff for indigenous populations who, besides speaking the language, also understand the culture of indigenous peoples. He mentioned that when they visit these communities they are supported strongly by the regional focal points

²¹ *Jefas de Familia* (female heads of family) is an insurance programme that provides economic support for children in orphanhood.

²² *70 y Más* is a programme that provides economic support for adults who are 70 or older.

that understand the culture and the language and help them to communicate with the beneficiaries. He stated, 'for instance, in Zinacantán some people do not speak Spanish, and also, some of them do speak Spanish but they are ashamed of speaking in this language. They feel more comfortable speaking in their own language (Tzotzil)' (government officer from Tuxtla Gtz.).

On the other hand, a promoter who works directly with indigenous beneficiaries mentioned that one of the main challenges he perceives in the programme is 'communication with beneficiaries, particularly in areas in which another language different from Spanish is spoken' (promoter from San Juan Cancuc). He mentioned that when certification surveys are carried out, sometimes it is a challenge to establish communication between the beneficiary and the person carrying out the survey, and as a result, information can be wrong or incomplete. He mentioned that the survey is carried out in Tzeltal but the questionnaire comes from Mexico City in Spanish. Therefore, the officials who conduct the survey must speak the local language or have a translator for the survey. This jeopardises the operation of the programme since a family can be suspended due to communication errors.

All government officers (including promoters) were aware of the *right to a hearing*. However, all local officials mentioned that they have not seen any cases of a beneficiary exercising this right. One government official mentioned 'I have not had any cases of the implementation of the right to a hearing yet' (government officer from Tuxtla Gtz.). Government officers in Mexico City mentioned that the right to a hearing is only given to beneficiaries who were permanently suspended for the following reasons: the family does not fulfil the eligibility criteria anymore; the

family used the programme for political purposes; the family presented false information or it was not possible to verify that the main beneficiary is alive.

There is a lot of misinformation between government officials and beneficiaries and also between national and local officials of the programme as mentioned above. For instance, one issue that seems to be delicate and represents a challenge in terms of potential violations of human rights is the number of children that can be enrolled in the programme. This controversy emerged last year when a national government official announced on television that the number of children that can be enrolled in *Prospera* would be limited to three. This declaration is not backed up by the Rules of Operation of the programme. There is a maximum amount of benefits that a family can receive but there is no limitation in the number of children. As it can be observed from Chapter 4, only a few beneficiaries were aware of the ‘restriction’ in the number of children that can be enrolled. As one of the experts mentioned in the interviews, when the programme was designed there was a debate on establishing a limit to the number of children and the conclusion was that including a limit in the number of children may cause distortions in family behaviours such as favouring one child over the other or a boy over a girl in terms of choosing who gets the benefit (Orozco, *Prospera* expert). According to one national government official that I interviewed in Mexico City, there is no restriction on the number of children that can be enrolled in the programme. This officer mentioned that there are extended families with 20 beneficiaries because the grandparents, daughters, sons and grandchildren live all together and share expenses; therefore, they count as one family. However, there is a restriction in terms of a maximum amount of money a family can get which is distributed among beneficiaries. The national official

explained that this misinformation is due to the high staff turnover, which poses a challenge in terms of training all personnel to have correct and trustworthy information to transmit to beneficiaries.

As can be seen from Chapter 4, beneficiaries reported that some of their children have been withdrawn from the programme and they were not clear about the reasons why. A national government officer mentioned that there is also misinformation regarding this issue and that it is also related to the confusion regarding the number of children that can be enrolled. This officer explained that the *child benefit* (for children from 0 to 9) is the only benefit that is limited to three children at the same time. This benefit is part of the programme. A clear retrogression in enjoyment of rights is the fact that only those beneficiaries who presented birth certificates of their children and registered them before December 2014 were included in the child benefit. All beneficiaries whose children were born after this date do not qualify for this particular benefit. One national government officer explained that this decision was made based on the limitation of financial resources the programme faces (government officer from Mexico City).

5.2.4 Cultural norms, gender and human rights

According to the interview with one of the *Prospera* experts, the main challenge that indigenous peoples face regarding the programme is to have high quality health and education services and overcome the language barrier, particularly in terms of the access to health services. He stated ‘female doctors were placed in the clinics to improve access of women to Pap tests and gynaecological examinations’ (Levy, *Prospera* expert). This supports the argument of Quiñones (2008) who stated that

indigenous participants have more obstacles to overcome in order to comply with the co-responsibilities requested by the programme due to language and cultural barriers. For instance, they face difficulties with the health components because they often experience a lack of unambiguous communication and comfort at health clinics where staff (doctors, nurses, and administrative staff) do not effectively understand their particular needs.

In addition, Orton (2014) also mentions that some beneficiaries, particularly those living in indigenous locations, face barriers such as distant locations and unavailability of health services. According to one of the experts I interviewed, indigenous populations were not directly addressed in the original design of the programme, mainly due to a lack of data 20 years ago when the CCT programme was created. Data regarding poverty among indigenous peoples was developed ten years later after the creation of the programme. There were some evaluations carried out by CIESAS²³, which addressed indigenous peoples from an anthropological perspective, but those elements were not present in the design and the Rules of Operation of the programme (Orozco, *Prospera* expert).

It is important to mention that according to the creator of the programme, *Prospera* was not designed as a ‘gender programme’ (Levy, *Prospera* expert). He argued that the programme was not designed to empower women and it was not conceived as a gender equality programme. In contrast, another *Prospera* expert mentioned that a gender equality approach to the programme was promoted by Gomez de León, who argued that money should be given to women in order to

²³ Centro de Investigaciones y Estudios Superiores en Antropología Social (CIESAS).

promote their bargaining power inside the household. Furthermore, Gomez de León also argued that the issue of fertility rates should be addressed in the programme, which is consistent with the responses of both beneficiaries and health services providers (Orozco, *Prospera* expert).

5.3 Perspectives of health service providers in the field

I visited two health clinics (IMSS) in San Juan Cancuc (one in El Pozo and the other in the headquarters of the head municipality). Both nurses at both clinics have been in the programme for more than ten years. In contrast, doctors seem to rotate every six months or every year in both clinics. One of the nurses I interviewed at the head municipality was Manuel. He had been working in the clinic for seventeen years. His main activity is to receive the beneficiaries, fill in their file, take the vital signs, weight, height, and blood pressure and after that beneficiaries see the doctor. He mentioned he is also the translator between beneficiaries and the doctor. He also gives talks on vaccination, personal hygiene and family planning.

The nurse in El Pozo (female) also has been in the clinic for twelve years and carries out almost all the activities by herself in the clinic. She explained that her job consisted of being a nurse, replacing the doctor when he is not around, cleaning the clinic because there is no one who can help her, and functioning as a translator between beneficiaries and the doctor. She also has to go to beneficiaries' houses to attend childbirths or to find out why a beneficiary missed a medical appointment or health talk. According to the responses of beneficiaries in Chapter 4, women cash transfers recipients complained about the treatment they received from her, particularly in terms of pressuring them to have less children (see Chapter 4). It was

really hard to interview her since at the beginning she refused to talk to us but eventually I carried out a brief interview with her. I was not able to interview the doctor at El Pozo since he did not attend to the clinic that day. I interviewed two doctors at the clinic in the head municipality (the doctor in charge of the clinic and the assistant doctor who was there only for a few days).

According to both doctors at the head municipality and to Manuel (female nurse from the head municipality), one of the main accomplishments the programme has had is a change in beneficiaries' behaviour in terms of health. For instance, the doctor in charge of the clinic at the head municipality said that there have been changes such as beneficiaries' attitude towards vaccination; he said people did not accept having vaccines before, and now beneficiaries ask for vaccines for their children punctually. Furthermore, people did not want to receive any information on family planning and now most of them attend the health talks. The doctor in charge of the clinic said that things have changed dramatically in terms of the challenges the programme faces. He mentioned that 15 years ago women did not want to have their children vaccinated but today, when a baby is born, women attend the clinic promptly to have vaccination for their babies. Now, the challenge relates more to lack of resources and coordination among health providers (IMSS and Ministry of Health) as can be seen in the following section.

5.3.1 Infrastructure and resources

Lack of resources (personnel, medicines and medical instruments) in the clinics seems to be one of the main challenges for *Prospera*. Both doctors in the head municipality expressed concerns about lack of medicines, a concern that was also reported by

beneficiaries. Manuel (male nurse from the head municipality clinic) claimed that there have been changes in the availability of medicines related to government changes, saying that during previous federal government administrations they had plenty of medicines but after the current administration came to power a shortage of medicines developed. The doctor in charge at the head municipality clinic stated 'there are too many beneficiaries and only one doctor and one nurse, there are 8,500 beneficiaries in this clinic. Women want to have their babies in their houses; therefore we also go out to attend in childbirth in their houses' (doctor in charge of the head municipality clinic). There are traditional birth attendants, promoters and volunteers that help at the clinic but it is clearly not sufficient to satisfy the demand. The assistant doctor at the head municipality clinic said that there should be a permanent doctor in the clinic accompanied by a temporary doctor (a position for six months up to one year), and a nurse; however, currently they do not have a permanent doctor at this clinic (the doctor in charge of the clinic travels every day from Tuxtla Gutierrez which is around three hours away).

Both doctors at the head municipality clinic mentioned that there is a hospital (not a clinic) nearby (run by the Ministry of Health) with many resources but one of them added 'nobody goes there, I do not know what the problem is' (doctor in charge of the head municipality clinic). The clinic is much better equipped, with more personnel and is open to all the population. He mentioned that a few years ago there was a proposal of joining his clinic (*IMSS-Prospera*) with the Ministry of Health one but the proposal was not successful. Around 150 families attend the Ministry of Health clinic and around 1,500 families attend the IMSS-Prospera. He stated; 'I do not know how things work over there' (doctor in charge of the head municipality

clinic). He said that when the Ministry of Health clinic opened three years ago, the people of San Juan Cancuc decided to stay in the IMSS-Prospera clinic, which they had been attending for 30 years. According to some comments from beneficiaries, they preferred to stay in this clinic at the head municipality since they feel more comfortable attending there because that clinic had been their clinic even before the programme started. This indicates a challenge to implementation of integration of health services in Mexico. In 2016, the Mexican government announced a National Agreement towards the Universalization of Health Services, which aims at integrating health services in order to provide medical access to all people regardless of the health institution they are registered at.

5.3.2 Complying with conditions and suspensions

In terms of compliance with co-responsibilities, all health providers who were interviewed agreed on the fact that there is a very high compliance with medical appointments and health talks. Manuel (male nurse from the head municipality clinic) mentioned ‘most of the women do attend their appointment and health talks because if they do not, they have an absence in their records’. Both nurses in both the clinics in El Pozo and at the head municipality said that if a woman does not show up to an appointment, they go to her house and ask the reason for not attending (*visita domiciliaria*). Manuel stated: ‘beneficiaries have two chances, and if they still do not show up, an absence is registered in their records. If they have one absence, the money is cut in half²⁴, if they have four absences then they are suspended indefinitely from the programme’.

²⁴ As mentioned in Chapter 4, there is conception about the money being ‘cut in half’. However, the cash transfer is suspended for a month but since it is delivered every two months, beneficiaries and some personell believe is ‘cut in half’.

Consistently with the responses provided by beneficiaries in Chapter 4, both doctors and nurses also claimed that permanent suspensions are not very common. In addition, both doctors and nurses appear to be well informed on the procedures for indefinite and permanent suspensions and also, aware of the mechanisms for reinstating a family that has been suspended for an indefinite period of time or permanently. The male nurse from the head municipality clinic, Manuel, mentioned that the mechanism consists of the beneficiary going to the promoter to explain the reasons for the absences. One example he mentioned is the case of beneficiaries who migrate temporarily to the north of Mexico and the United States and when they come back they can explain the reasons for their absences in order to be reinstated. As discussed in Chapter 4, some young beneficiaries and some of the husbands of the cash transfer recipients migrate temporarily to work in the United States and therefore do not comply with conditions during that period of time.

5.3.3 Cultural norms, gender and human rights

In spite of the fact that high staff turnover is one of the main problems the programme faces according to government officials and confirmed by my research in the field, the male nurse, Manuel, has been in the programme for several years and plays a key role in the implementation of the programme in San Juan Cancuc. I asked him if women preferred to be treated by a male or female nurse and he responded: ‘it is not a matter of being woman or man, it has to do with the fact that they have confidence and trust; in my case, they trust me because I know them’. He added ‘we have to respect people, talk to them nicely, no matter if they are men, women or children, we have to treat them with respect’ (Manuel, male nurse from the head municipality clinic).

One of the main challenges the programme faces according to both the doctors and nurses I interviewed is the barrier of language and communication with beneficiaries, which was mentioned also by beneficiaries. For instance, the male nurse, Manuel, said that ‘women really trust me because I was born here, women sometimes are afraid to talk to the doctor because the doctors do not speak Tzeltal’. In addition, the assistant doctor at the head municipality clinic mentioned that customary law (*usos y costumbres*) and the religion influence the way beneficiaries behave and react to the information provided by the programme. He explained that sometimes women who do not want to have a gynaecological examination make agreements with their authorities in town (*acuerdos ejidales*) so women are not reported for non-compliance and are justified to the programme for their absence as respect for *usos y costumbres*.

As discussed in Chapter 4 and above, family planning seems to be a key issue. The files in the clinic in El Pozo reported that most of women beneficiaries have four, five or six children. Some of them have ten, twelve or fourteen children. Furthermore, teenage pregnancy seems to be very common. The female nurse in El Pozo mentioned that one of the most significant challenges faced in the clinic is fact family planning. She said women do not want to take pills because they ‘might get cold’ (*enfriarse*) which means they have a belief that they cannot have children any more after taking the pills. Furthermore, she added ‘women constantly forget to take it’ (female nurse from El Pozo).

In the clinic at the head municipality, the male nurse Manuel said that the most preferred contraceptive method is contraceptive injections and implants. He said that

he has the perception of women using more family planning methods than before. However, he also believed that ‘some women have more children because now they receive more support for each baby they have, they get food and money. He added that some women do not attend the clinic at any stage in their pregnancy because ‘women have one baby after the other and they do not see the importance to have their health checks during pregnancy, they see their mothers and grandmothers have six, seven or eight babies and nothing bad happens, so they do not see the importance of the pregnancy check-ups’ (Manuel, male nurse from the head municipality clinic).

I was surprised to find out that the doctor in charge at the head municipality clinic mentioned that he has a monthly target or goal on family planning established by the programme. He stated; ‘I have to achieve a certain number of women (22) that monthly are involved in family planning’. He mentioned that the implants (for three years) are the most accepted method and a lot of women come to have the implant but it is not sufficient for the demand. According to him, pills are not well accepted by women. He mentioned that female sterilisation with surgery is also very common; he said; ‘we have one day a week (on Tuesdays) in which women go to the nearest hospital (Ocosingo or San Cristóbal) for female sterilisation’. This issue raises several human rights concerns in terms on women’s decision over their own bodies. As established at the International Conference on Population and Development Programme of Action in 1994, reproductive rights embrace certain human rights that are already recognised in national laws and in international human rights documents. This includes the right to make decisions concerning reproduction, free of coercion and discrimination. However, one of the main human rights concerns found in this research is precisely the pressure on indigenous women to adopt family planning

methods. This is consistent with research found in the literature such as the study by Smith-Oka (2009), which was carried out in Veracruz and concluded that the close association of government policies with medical practitioners constrains women's reproductive decisions. This research shows how medical practitioners use this association to promote the state's concerns for family planning (Smith-Oka, 2009).

On the other hand, it is important to mention that most of the people in San Juan Cancuc are beneficiaries of *Prospera* with the exception of some *Zapatista* families who have their own doctor, their own pharmacy and vaccination scheme (a *carnet*). Manuel (male nurse from the head municipality) mentioned that some *Zapatistas* have recently joined the programme; a nurse mentioned that it was a problem because they do not have a birth certificate but recently they got it and joined the programme.

5.4 Rebranding the programme: new elements to take into consideration

As previously mentioned in Chapter 1, the programme was rebranded as *Prospera* in 2014. The programme has maintained its basic components and has expanded activities to promote the linkage of beneficiaries with other social and productive programmes, expanded education services to youth through scholarships for vocational training and aims at promoting their access to formal employment through the National Employment Service. Also it aims at promoting financial inclusion through beneficiaries' increased access to savings, microcredit and insurance. At present *Prospera* covers 6.1m families, but the government hopes to expand this to 6.5m by the end of Peña Nieto's term in office in 2018.

A very important element of this rebranding of the programme was the integration of a crosscutting paragraph into the Rules of Operation of 16 national programmes (social and productive) establishing that *Prospera* beneficiaries have priority in the access to these programmes. According to a national government official, the inclusion of these new components of the programme ‘does not divert from the original objectives of the programme’ (government officer from Mexico City). On the surface it appears that these new components might enable the programme to better deliver the right to an adequate standard of living. But interviews with officers and experts suggest that there are many obstacles to this.

It was clear from Chapter 4 that beneficiaries were not aware of the new elements of the programme. Government officers in San Cristóbal explained this by arguing that the incorporation of these new components is only being piloted in certain regions. All government officers in Chiapas and in Mexico City were well informed about the new components of *Prospera*. One government officer from San Cristóbal mentioned that the new elements of the programme have not been implemented in all regions, which explains why most of the women in San Juan Cancuc did not know anything about it. He added that in Tuxtla Gtz. the implementation of saving schemes is already taking place and there are also productive projects for women being implemented in San Cristóbal but not yet in San Juan Cancuc. He also mentioned ‘people in San Juan Cancuc are tired of promises of productive projects and at the end nothing is implemented, for them it is a waste of time’ (government officer from San Cristóbal).

As mentioned above, there are some political parties that go to San Juan Cancuc, use the name of *Prospera*, and promise beneficiaries productive projects. One government officer from San Cristóbal said that when the new components were introduced in the programme (with the rebranding) people were not very receptive to them. The same officer mentioned that there are not productive projects on behalf of the programme-taking place right now in San Juan Cancuc. The only actions that are being implemented are limited to information sessions on productive projects and savings.

It is clear that the new components are not accompanied with strategies for how to address unpaid care responsibilities. This raises several human rights concerns, particularly for women. Firstly, there is the issue of an extra burden of time for women in order to participate in productive projects and also keep complying with the co-responsibilities. As one national government officer acknowledged ‘there is a challenge in terms of time use for women with the incorporation of new elements’ (government officer from Mexico City), which has clearly not been addressed. This government officer also added ‘we are exploring how beneficiaries are responding to the new elements, we do not have a clear strategy on how to address the issue of time for women’. In order to address the deficit of care services (that certainly will emerge with the incorporation of the new components), another government officer from Mexico City mentioned that *Prospera* should make the most of the link the programme has with the National Programme for Child Day-Care (*Programa Nacional de Estancias Infantiles*) and look for mechanisms to establish care centres in the localities where productive projects are being implemented. This government officer suggested that could help to solve this problem but it will be extremely

expensive to monitor. She stated '*Prospera* has a close link with the *Programa de Estancias Infantiles* but it has not been exploited yet' (government officer from Mexico City).

As mentioned by Levy (*Prospera* expert) in his interview, *Prospera* was not designed with the aim of creating employment. He stated: 'there is a more complex issue that goes beyond the reach of one cash transfer programme' (Levy, *Prospera* expert). In addition, the programme was not created to solve problems of access to credit, which is also a more complex problem. There is a clear need of coordination of the programme with other provisions of services, such as childcare and facilities and conditions to move from school to the labour market.

The new elements of the programme seem not to be well thought-out. Levy stated in his interview that the new elements seem to be more part of a 'rhetorical and political discourse'. He believes that instead of creating these new components, the effort should focus on improving the quality of social and education services and aim to work directly with state Governors and the local providers of health and education services.

In terms of financial inclusion, a few pilot projects have been developed such as PROIIF²⁵ for around 1 million beneficiaries. This project includes financial education and approaching beneficiaries who have been excluded from financial services, to BANSEFI²⁶ for credit and saving programmes. However, the main

²⁵ Programa Nacional de Inclusión Financiera (National Programme for Financial Inclusion).

²⁶ Banco del Ahorro Nacional y Servicios Financieros (National Bank for Savings and Financial Services).

challenge for this component is the limited supply of services that can be provided by BANSEFI. In addition, a particular human right concern arises since there is a risk to push beneficiaries into debt.

In terms of productive projects, there is also a limitation in terms of economic resources and capacity of the existing programmes to include *Prospera* beneficiaries (even though the Rules of Operation of these programmes now prioritize *Prospera* beneficiaries). As one national government official said: ‘even if 100 per cent of these resources were devoted to beneficiaries of *Prospera*, there would not be enough money to satisfy the demand that would be created. I think the programme should identify those beneficiaries that have certain characteristics (such as the potential to be entrepreneurs) and focus on them’ (government officer from Mexico City). This argument also raises human rights concerns in terms of potential exclusion of beneficiaries in order to have access to productive projects since there is a limited amount of economic resources for these projects.

Another big challenge regarding the inclusion of these new elements is the evaluation component. As one national government official noted, there is currently discussion on how to evaluate these new components, since their implementation relies on other institutions outside the programme. The debates are around how to develop an integral evaluation that includes the original and the new elements (government officer from Mexico City).

5.5 Conclusions

Only one of the officials and experts I interviewed raised the issue of human rights, and that was to express a positive view that the programme was making beneficiaries more aware of their rights to education and health. But my interviews revealed several issues where human rights are put in jeopardy. There is a problem in the use of temporary staff to carry out the surveys that determine who is eligible for receipt of a cash transfer, as this leads to errors and exclusions of people who should qualify. There is also a problem of lack of financial resources to cover all the people who do qualify. There are also difficulties of communication between beneficiaries and government officials (particularly those working directly in the field), especially in terms of language barriers for indigenous beneficiaries. Officials recognised this difficulty but they did not see it as a human rights issue.

Another challenge to realisation of human rights the programme faces is the lack of personnel in the health clinics, and the high turnover of doctors. Perhaps most important in terms of potential violations of human rights is the pressure that health personnel put on women regarding family planning, including female sterilisation. It is particularly concerning that one of the doctors reported having targets to meet re take up of family planning.

Finally, the new components of the programme, though they might be seen as addressing the right to an adequate standard of living, seem unlikely to fulfil this right due to budget and institutional capacity constraints. The new elements seem to be outside the reach of the programme. The new components of the programme seem to be not well thought out in terms of their feasibility.

Chapter 6. Conclusions: Challenges and opportunities for *Prospera* from a human rights approach.

Prospera is a conditional cash transfer programme created by the Mexican Federal Government that sets conditions relating to education, health and nutrition, aiming to improve the life chances of young people in families living in extreme poverty. This dissertation employed a human rights perspective to investigate the experiences of indigenous men and women from San Juan Cancuc in relation to the implementation of *Prospera* but analysing also some limitations in terms of its design. A human rights approach can unveil aspects in both stages of the programme that otherwise will remain hidden. Several issues were discovered during the fieldwork, which were not evident from secondary sources and statistics.

The experiences of poverty of indigenous men and women have been absent in the design and implementation of CCTs in general. Although *Prospera* has implemented some actions in terms of communication such as translating materials of the programme to indigenous languages and hiring promoters that speak the local language, there is not a real incorporation of perspectives of indigenous people on poverty and their cultural norms and values. The programme aims at breaking the intergenerational cycle of poverty, a task that can only be achieved if indigenous people's individual and collective human rights are recognised, protected and guaranteed. Indigenous peoples confront several obstacles to the realisation of their human rights all over the world and the case of San Juan Cancuc reflects these obstacles. A very important point that emerges from this research is the fact that the concept of human rights is only recently being introduced in San Juan Cancuc by

awareness efforts such as workshops and talks. *Prospera* claims to have a human rights approach (established in its Rules of Operation) and this motivated this research to find out more about the experiences from indigenous peoples in San Juan Cancuc in order to investigate what needs to be done to improve implementation of the programme and promote the recognition and exercise of human rights of indigenous people.

One of the objectives of this work was to shed light on how indigenous men and women understood poverty in San Juan Cancuc. It is clear from the fieldwork that their concept of poverty differs from the concept defined by the programme. In addition, this concept has changed across the generations. For young beneficiaries, being in poverty means *not having money*. However, for older beneficiaries, poverty means not having land, being not able to work that land and produce food for self-consumption. Indigenous beneficiaries in San Juan Cancuc conceive *an adequate standard of living good life (Lekil kuxlejal)*, but this concept has changed over the years. For beneficiaries who are 60 years old land is the most important thing for a *good life*, since the land not only provides food but also natural remedies to treat various illnesses. It was interesting to see there were no significant differences among men and women in terms of their understanding of the concept *good life* in both young and older beneficiaries.

In terms of its design, several issues can be raised. This research explored the enforcement and compliance of co-responsibilities of the programme in light of human rights principles. When conditions are attached to cash transfers, several human rights concerns have been raised, such as the exclusion of a beneficiary

because of a failure to comply with the conditions for reasons not attributable to the beneficiary, or due to an administrative error. In San Juan Cancuc beneficiaries were found to have a high level of compliance with the formal co-responsibilities. There was a general perception among government officials and health providers that there is a high compliance with attendance at medical appointments and health talks.

My respondents mentioned that conditions of the programme included taking their children to the doctor, attending clinic appointments and health talks (which are official co-responsibilities of the programme). However, they also mentioned as co-responsibilities keeping their houses clean, boiling the water; burning garbage and having latrines, which are, using a term introduced by Cookson (2016), *shadow conditions*. According to the Rules of Operation of *Prospera*, these are established as actions to be promoted, not enforced. This raises a very important concern in terms of an existing gap between the formal rules of *Prospera* and its operation on the ground. The role of the *vocales* of the programme seem to be crucial in terms of communication with beneficiaries and explaining the distinction between official and additional activities that in theory are not enforced but promoted.

As I have shown, the programme was not designed as a gender equality programme. The decision to tie the cash transfer to women was based on studies of how women and men spend money that concluded that women spend more on children's needs than men. The only specific action related to gender equality that was considered in the design of the programme was to have higher scholarships for girls than for boys. Nevertheless, it has been argued by some that channelling the cash transfer through women can help them to enjoy greater autonomy. There was a

general consensus among women interviewed that their experience of having control over the cash transfer promoted their autonomy. None of the cash transfer recipients mentioned that they were obliged to hand the money to their husbands.

To comply with the human rights principle of *transparency, access to information and accountability*, the information in CCT programmes must be accessible, culturally appropriate and provided in a manner which is accessible to all. In fact, language barriers and the lack of culturally appropriate approaches *are* one of the main challenges of *Prospera*. Transparency refers to the fact that beneficiaries should be able to identify the roles and responsibilities of all stakeholders and all components of the programmes (eligibility, benefits, complaint mechanisms, etc.) must be transparent. Furthermore, in order to avoid violations of human rights, CCTs must have accountable, independent and effective monitoring and redress mechanisms.

There is also misinformation among beneficiaries due to the high staff turnover, which poses a challenge in terms of training all personnel to have correct information to transmit to beneficiaries. For instance, beneficiaries reported to be confused in terms of how many children can be enrolled in the programme. This controversy emerged last year when a national government officer announced on television that the number of children that can be enrolled in *Prospera* would be limited to three. This declaration is not backed up in the Rules of Operation of the programme. There is a maximum amount of money a family can get, but there is no limitation on the number of children that can be enrolled in the programme. There was a debate on establishing a limit to the number of children when the programme was designed.

However, the conclusion was that including a limit to the number of children might cause distortions in family behaviours such as favouring one child over the other or a boy over a girl in terms of choosing who gets the benefit. Therefore, no restriction on the number of children was formally introduced.

Another major challenge that the programme faces is budget constraint. The main part of the resources that are devoted to the programme comes from budget revenues. However, there are also components financed by loans from international organisations such as the Inter-American Development Bank and the World Bank. Even if more families can be identified, there is a budget ceiling (*techo presupuestario*) that establishes a limit on the amount of resources the programme can have. In addition, another constraint is the institutional capacity of the government to provide health and education services.

In addition, it is important to highlight the need to investigate the piloting of the new components of the programme. I am particularly concerned about the burden these new components can place on the current implementation of *Prospera* due to budget and institutional capacity constraints. Furthermore, the new components are not accompanied with strategies to reduce women's unpaid care burdens. This raises several human rights concerns, such as extra demands on time of women to participate in the productive projects and also keep complying with the co-responsibilities. Another big challenge regarding the inclusion of these new elements is the evaluation component.

On the other hand, regarding the implementation of *Prospera*, there are several limitations in terms of realising the right to an *adequate standard of living* for the people in San Juan Cancuc. For instance, cultural values and norms play a central role in the implementation of the programme. Beneficiaries are not conceived as subjects of rights (by themselves and by most staff members) and at the same time, there is a lack of information on beneficiaries' rights according to principles such as equality and non-discrimination and transparency, and access to information and accountability.

The general perception of the programme is that the main purpose is to provide cash for immediate needs, though all agreed it was not enough to cover all their needs. Most beneficiaries do not conceive that the programme is supposed to assist their children to improve their living standard in the future. Beneficiaries were not aware of the limited duration of the cash transfer, and therefore, unaware that at some point they will stop receiving it. Cash transfer recipients mentioned that they were not aware that they would lose most of the cash when their children left school.

On the other hand, *Prospera* has had a clear impact on take-up of health interventions. For instance, there have been significant changes in terms of vaccination. When the programme first started, beneficiaries were reluctant to have vaccines and now beneficiaries ask for vaccines for their children punctually.

Most of the women beneficiaries (cash transfer recipients) did not perceive lack of time as a reason for difficulty in complying with the conditions of the programme when I initially asked them about this. Only a few of them responded that

the main obstacles for complying with conditions were that they have no time to attend to talks or medical appointments, due to housework, dropping children at school, harvesting coffee or going out to sell shoes. They mentioned that they are able to take their babies with them to the health talks. However, when they talk about health services, several women responded that sometimes the clinic was too crowded and they have to spend the whole day at the clinic waiting for their appointment. It is clear that one of the difficulties for beneficiaries in complying with co-responsibilities is the poor availability of services. Some beneficiaries responded that sometimes they could not comply with the co-responsibilities due to the fact the doctor was not at the clinic or because the clinic was too far away from their homes and they have to walk for a long time to get there.

Conditional Cash Transfers must not lead to further stigmatisation or exclusion of any person or group. However, beyond the formal conditions for receipt of the cash transfers, the research in San Juan Cancuc revealed that beneficiaries were under pressure from personnel in the clinic (both in the head municipality and in El Pozo) to adopt family planning. Most of women beneficiaries still have four, five or six children. Some of them have ten, twelve and fourteen children. Furthermore, teenage pregnancy seems to be very common. The method preferred by indigenous women is implants (that last for three years) but the resources are not sufficient for the demand. Women do not want to take pills because they ‘might get cold’ (*enfriarse*) which means they have a belief that they will become infertile and unable to have children any more after taking the pills. This raises a very important issue regarding reproductive rights.

Beneficiaries agreed that since the rebranding of the programme (from *Oportunidades* to *Prospera*) in 2014, the pressure on women to be sterilised has increased. The doctor reported he has a monthly target or goal on family planning established by the programme (22 women to be involved in family planning). Female sterilisation with surgery is very common. Once a week, there is a day in which female beneficiaries go to the nearest hospital (Ocosingo or San Cristóbal) for sterilisation. This issue raises several human rights concerns in terms of women's decisions over their own bodies and their enjoyment of reproductive rights. This research contributes to the existing debate in the literature regarding indigenous women and reproductive rights.

Human rights concerns related to issues of lack of dignity and stigmatisation are also raised by the delivery system for the cash transfer. Even though most beneficiaries did not report having a problem with the delivery of the cash, some women interviewed mentioned that they were nervous about providing their digital fingerprint and that sometimes the machine did not work because they were 'cold' (*frías*) which means the blood is not circulating correctly into their fingertips.

There were mixed results in terms of how beneficiaries are treated at the clinics. For instance, in El Pozo, women complained that the nurse treats them with no respect and reprimanded them for having too many children. In contrast, women in the head municipality agreed that the (male) nurse in their clinic treated them with respect, which they linked to the fact that this nurse was born there and understands their culture. Women responded that they would not mind being attended by a male or a female doctor or nurse as long as they treated them with respect.

Administrative errors raised serious concerns in terms of exclusion of beneficiaries. During the interviews, some of the women commented on the fact that some beneficiaries stop receiving the cash transfer due to duplication of names, since in San Juan Cancuc it is very common to have the same name and last name. In addition, suspension of beneficiaries due to mistakes in the recertification process, (particularly problems in the way surveys are conducted), was brought up as one of the main challenges the programme faces. For instance, when certification surveys are carried out, sometimes language barriers between the beneficiary and the person carrying out the survey result in information being wrong or incomplete. The programme surveys are carried out in Tzeltal but the questionnaire comes from Mexico City in Spanish. Therefore, enumerators must speak the local language or have a translator for the survey.

The fieldwork showed that there is a frequent lack of resources (personnel and medicines). For instance, the nurse in El Pozo is usually the only person permanently at the clinic. She replaces the doctor when he is not around, she cleans the clinic, acts as a translator between beneficiaries and the doctor and she also goes to beneficiaries' houses to attend childbirths or to find out why a beneficiary missed a medical appointment or health talk. The lack of medicines was a problem reported both by the personnel at the health clinics and by beneficiaries who reported that sometimes they use the cash transfer to buy medicines because there is a shortage of medicines at the clinic.

An unexpected finding (both from the interviews with beneficiaries and with government officials) was permanent suspensions were not very common. In fact,

beneficiaries did not know anybody in town who was suspended permanently. However, monthly suspensions are very common. Most of the reasons for monthly suspensions were for not picking up the cash transfer or not attending health appointments. However, some women mentioned they were subject to monthly suspension or indefinite suspension for not agreeing to take a Pap test. This finding also relates to the concept of *shadow conditions*, which represent mechanisms for exclusion of CCT recipients.

There are some practices that are not part of the formal conditions but operate as informal sanctions. For instance, there is a ‘fine’ for beneficiaries who do not attend a meeting organized by the programme (particularly information meetings). The penalty is 50 pesos (2,6 US dollars) and with the money, sodas or snacks are bought for the next meeting. This is not part of the Rules of Operation of the programme but it is a common practice that beneficiaries participate in. From the interviews, it can be seen that promoters initiated this practice in conjunction with some beneficiaries themselves. Local government officers in Chiapas reported that they were aware of these practices but national government officials did not have any information about these practices.

Communication between beneficiaries and government officials and promoters (who are the direct communication link between beneficiaries and government officers) seems to be a challenge due to language barriers. In terms of co-responsibilities, indigenous women seem to be well informed about the conditions they have to comply with. However, beneficiaries reported that most of the doctors do not speak their language (*Tzeltal*).

In addition, most of the beneficiaries in San Juan Cancuc do not know how to read and write, but much of the information is written. The doctor and nurses help them to read in their record book when their next appointment is or which medicine they have to buy. Beneficiaries also reported that sometimes they ask a friend to read them the information in the record book. Government officers reported that there have been several efforts to have more bilingual promoters, who, besides speaking the language, also can understand the culture of indigenous people. Advances in technology in terms of communicating with beneficiaries (such as mobile phones and the internet) and carrying out the surveys (new electronic devices) were mentioned by local and national government officers. However, they recognised that this applies more to urban areas.

One particular concern is that most beneficiaries were not aware of the mechanisms they could use to appeal against a permanent or an indefinite suspension. Several women responded that if a beneficiary is suspended permanently, there is no possibility of being reinstated. None of them were aware that they have the *right to a hearing* in case they have any problem with the programme such as expulsion. Only a few beneficiaries responded that they knew there was a possibility of explaining why a beneficiary did not comply with conditions. In contrast, all government officials were aware of the *right to a hearing*. However, all local officials said that they have not seen any cases of a beneficiary exercising this right. The right to a hearing is only given to beneficiaries who were suspended for the following reasons: the family does not fulfil the eligibility criteria anymore; the family used the programme for political

purposes; the family presented false information or it was not possible to verify that the main beneficiary is alive.

Beneficiaries were not aware of the new components of the programme (labour inclusion, financial inclusion and productive projects). Government officials explained this by arguing that the incorporation of these new components is being piloted only in certain regions. Government officials were well informed of the new components of *Prospera* and some of them mentioned that it is very common that national and international organizations come to the region and promise to implement new productive projects but most of them are never implemented. Better institutional coordination is a priority in order to improve the operation of the programme in San Juan Cancuc. There is an urgent need for coordination between the clinics that provide treatment to *Prospera* beneficiaries (which include both clinics of the National Institute for Social Security- IMSS, and the clinics of the Ministry of Health) since there is an overload of work at the IMSS clinic. The universalization of health services seems to be delayed in San Juan Cancuc because in theory beneficiaries can attend any clinic regardless if the clinic is from IMSS or from the Ministry of Health.

There are some issues that emerged during the fieldwork that merit further investigation. For instance, at the beginning of the research, the aim was to interview some people who were permanently suspended from the programme. However, it was not possible to find any person who was suspended on a permanent basis. Furthermore, in terms of an indefinite suspension, there seems to be a common belief that beneficiaries who migrate temporarily to the north of Mexico and the United

States are suspended for an indefinite period of time but there is a mechanism to claim to be reinstated.

There is a need to further investigate what happens with young beneficiaries when their families graduate from the programme. The premise of the programme is that young beneficiaries who graduate from the programme will get better employment because of better education and health. However, this depends on the available employment opportunities and the labour market situation. Most of the women interviewed reported that their children who have graduated have stayed in town. Most of the male beneficiaries do agricultural work and female beneficiaries have married and joined the programme as main beneficiaries with their own families, which implies an obstacle to really break the intergenerational cycle of poverty, which the programme claims to be its main goal.

Finally, this research showed that neither beneficiaries nor officials (with one exception) thought of *Prospera* in terms of human rights; and it showed that there is a big gap between the official discourse of human rights in *Prospera* documents and practice on the ground. It would be useful to investigate if this applies to other locations.

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Appendix

Interview guide for beneficiaries of *Prospera*

A. Factsheet

- Name (optional)
- Sex
- Age
- Marital status
- Number of children/ age of children
- How do you and your family make a living
- Number of years in the programme
- Ever been suspended (Yes/No)

B. About the programme

1. What does the programme *Prospera* provide for you?
2. Have you experienced any changes since the programme was rebrand as *Prospera* (before it was named *Oportunidades*)?
3. How do you receive the cash transfer? Do you receive it by electronic bank account? Do you have to pick up the cash in person? Where do you have to go to pick up the cash? Is the delivery system the same as when you started receiving the cash transfer?

4. What are the main obstacles you face in order to receive or pick up the transfer?
5. Do you personally spend the money you receive, or does someone else in your household spend the money? If you spend the money, what do you buy? If someone else spends the money what do they buy?
6. How long does the programme last? Do you know what happens when children graduate from school or a family ‘graduates’ from the programme?

C. Fulfilment of co-responsibilities

1. What are the conditions/co-responsibilities you have to fulfil in order to receive the cash transfer?
2. How are the co-responsibilities distributed among the members of the family?
3. What kinds of topics are discussed in the *Prospera* health talks?
4. What are the main obstacles you face in order to fulfil the co-responsibilities?
5. What happens if a member of the family does not comply with the conditions of the programme?

6. Have you ever been suspended from the programme? For how long? Why were you suspended? How did you find out you were suspended?
7. Do you know how you can be reinstated to the programme?
8. Do you know that you have the right to be heard in case that you are suspended? ('Guarantee of hearing') (*Garantía de audiencia*)?

D. The right to an adequate standard of living

1. How do you think *Prospera* has changed your way of life? Do you think your living conditions have been improved?
2. Is the cash transfer you receive enough to fulfil your needs? Do you receive any additional support from other programmes?
3. What does it mean for you to have good living conditions?
4. What do you think could be improved in your life? What would you like to have in order to live better?
5. What does living in poverty conditions mean to you?

Interview guide for service providers and government officers of *Prospera*

A. General data

- Name (optional)
- Occupation
- Institution/organisation
- Number of years in this job

B. About the programme

1. What is the programme *Prospera* about? What are the components of the programme?
2. What are the main differences between *Oportunidades* and *Prospera*?
What are the main changes experienced since the rebranding of the programme?
3. What are your main activities in the programme?
4. In your opinion, what are the main challenges that the programme face?
5. What are the main achievements/successes of the programme?
6. What happens with the families when they ‘graduate’ from the programme?

7. In your experience, what has happened with the beneficiaries that have graduated from the programme? What are their main activities today?

C. Fulfilment of co-responsibilities

1. What are the main conditions the families must comply with in the programme? Can families lose the benefits?
2. What are the main reasons for which beneficiaries do not comply with the conditions of the programme?
3. What happens if a family does not comply with the conditions of the programme?
4. Do you know how a family can be suspended from the programme? Do you know the mechanisms to notify a family that has been suspended?
5. If a family is suspended, can the family be reinstated into the programme?
6. Are you familiar with the *right of hearing* of a family to be implemented in case of a suspension from the programme (*garantía de audiencia*)?
7. In your opinion, what are the main elements that can contribute to a better compliance with conditions of the programme?

D. The right to an adequate standard of living

1. What is the meaning of an *adequate standard of living* for you?
2. In what way do you think *Prospera* has contributed to improve the lives of indigenous peoples?
3. What are the main challenges indigenous peoples face in terms of the implementation of the programme?