

3. COLOMBIA

❖ **PROGRAM NAME: Familias en Acción (Families in Action)**

Web Site: : [http:// www.accionsocial.gov.co/Programas/Familias_Accion/index_Familias_Accion.htm](http://www.accionsocial.gov.co/Programas/Familias_Accion/index_Familias_Accion.htm)

Year Started: 01/12/2000

Years in Operation: 5

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I- GENERAL INFORMATION:

<p>1- Background</p>	<p>Familias en Acción is one of the three Social Support Network (RAS) programmes launched by Colombia in order to mitigate the negative effects which the financial crisis and fiscal adjustment is having on the more vulnerable segments of the population.</p>
<p>2- Objectives:</p>	<p><u>General:</u> Maintain and increase levels of investment by extremely poor families concerning the human capital their offspring represent.</p> <p><u>Specific:</u> 1) Complement the income of extremely poor families in order to increment the family expenditures directed to food; 2) Reduce school non-attendance and drop out on the part of elementary and high school students; 3) Increase the levels of health care provided to children under 7; 4) Contribute to the intake of food during the critical growth and development stage of younger children.</p>
<p>3- Target Population</p>	<p>Eligible beneficiaries are families having minor members of household who fall within the SISBEN level 1 (extremely poor) category, or who have enrolled in the Sole Registry for Displaced Populations. From the Nutrition Subsidies, families having household members younger than 7 years old; and, under School Subsidy, those families having members aged between 7 and 17 years old.</p>
<p>4- Conditionality:</p>	<ul style="list-style-type: none"> • Nutrition Subsidy: Meet the growth control and development checkups scheduled every 2 months for all minor children. • School subsidy: The mother must guarantee school attendance by

	children, who can have a maximum of 8 unjustified absences every two months.
5- Covered population:	762 municipalities 520,527 families 1,364,217 minors distributed as follows: <ul style="list-style-type: none"> • Nutrition: 538,149 • Elementary: 354,072 • High School: 471,996
6- Overall Budget:	During the initial 5 years of operation, the programme used approximately 300 million dollars. For this year, 85 million dollars will be invested.
7- Administrative Cost:	The programme invests 5% for administrative expenses, of which 1% corresponds to the material used in verifying compliance of commitments, printing of payment forms and outsourced transportation expenses.

II- BASIC OPERATIONS:

1- Targeting Mechanisms:	<ul style="list-style-type: none"> • Geographic focalisation was centred around municipalities having populations of less than 100,000 inhabitants, who will have the SISBEN (Beneficiary Selection System for Socially aimed Programmes) available, along with a banking entity, and who will submit a health and education services proposal as a backstop for programme requirements. • Focus on families: (1) SISBEN, (2) Sole Registry System for Displaced Populations – South.
2- Transfer Size:	<ul style="list-style-type: none"> • Nutrition subsidy: \$46,500 pesos per month (approx. \$20 dollars) per family with members under 7. • Elementary education subsidy: \$14,000 pesos per month (approx. \$6 dollars) for each minor attending grades 2 to 5. • High school education subsidy: \$28,000 pesos per month (approx. \$12 dollars) per minor attending grades 6 to 11.
3- Frequency of transfers:	Cash transfers are made every two months to families who have met conditionalities, after verifying compliance

<p>4- Payment system:</p>	<p>Payment is made through the banking offices located at municipalities. The draft is delivered to the mother household head, prior exhibiting the identity document.</p> <p>This mechanism generates total transparency with the use of resources; the sole difficulty stems from municipalities, since in order to gain access to the Programme, a banking entity or nearby office must exist for beneficiary families to approach without incurring in significant transportation costs.</p>
<p>5- Monitoring Compliance:</p>	<p>Annual updating of enrolments. At the onset of every academic year, mother beneficiaries must present the enrolment certificate for children to benefit from school subsidy.</p> <p>A system that uses stickers has been implemented at institutions (hospitals and schools) which are pasted on a form when and if the family has, indeed, met the conditions. This information is retrieved and processed centrally in order to arrange for payment.</p>

III- MANAGEMENT FUNCTIONS:

<p>1- Monitoring Performance:</p>	<p>The main performance indicator corresponds to the number of families paid or to be paid within a given cycle, and also the number of minor children who belong to beneficiary families.</p>
<p>2- Accountability:</p>	<p>The programme has an Internal Control entity, and procedures established at the municipalities (such as Civil Surveillance and/or Certification Committees). At the general level, government control entities are the Nation's Comptroller General and the Attorney General.</p>
<p>3- Complaints Resolution:</p>	<p>The programme has a Grievance, Claims and News Section, charged with responding to the families inquiries and concerns in regard to attention or services being provided.</p> <p>Complaints and claims may be presented either personally or as a community. If individually, they can be made in writing or through the call centre. Collective grievances and claims are submitted through the Municipal Committee of Mother Leaders.</p> <p>Problems stem from response times and timeliness.</p>

IV- INSTITUTIONAL ARRANGEMENTS:

<p>1- Implementing Agencies:</p>	<ul style="list-style-type: none"> • The National Planning Department (DNP), charged with the SISBEN bases and the elaboration of public policies. • The Colombian Institute of Family Welfare (ICBF), the umbrella organisation for the largest number of Regional Co-ordinating Units. • The Ministry of National Education and the Ministry of Social Protection. • Municipal mayors as such.
<p>2- Improving the supply of social services:</p>	<p>Promotion of education and family health. For Familias en Acción, the promotion consists of combining family care activities under the action launched by mayors' offices, through the health and education sectors, among other, in order to upgrade the living conditions of families under the programme.</p>
<p>3- Exit strategies:</p>	<ul style="list-style-type: none"> • That families only have one minor member who has turned 18 or more. • That families do not meet the Programme conditions within the time provided for and are therefore withdrawn from it.

V- BEYOND HEALTH AND EDUCATION

<p>1- Services for adults:</p>	<p>The programme generates a network of Beneficiary Mothers who learn to provide care and hold meetings, taking active part and becoming visible, knowledgeable of their rights; they learn several aspects including the operation of their programmes and associate with other persons</p>
<p>2- Empowerment and social cohesion:</p>	<p>The programme assists in aspects such as identification documents and registration, empowerment of women and management of resources.</p>
<p>3- Services for special groups (indigenous, disabled, etc.):</p>	<p>Specific studies are underway to this end, which will point toward the methodology and operating processes to be adopted for the sort of people involved.</p>

VI- IMPACT EVALUATION:

The methodology is nearly experimental, based on the comparison of differences that exist between beneficiaries and non-beneficiaries. It comprises components oriented toward measuring direct and indirect impacts under the programme vis-à-vis individuals and beneficiary households, from the beginning and throughout programme development. It requires two fundamental premises: (1) comparing two samples: treatment and control, (2) several measurements in time: baseline and follow-up.

Two surveys have been analyzed until now: the Baseline (2002) and the First follow-up (2003).

Results:

- Consumption increased by approx.15% (the population who fell underneath the indigence line dropped below 6%).
- Chronic malnutrition of children in the 0 to 2 years old age bracket dropped by 10% within rural areas.
- The percentage of children attending growth and development check-ups increased from 42% to 54%.
- There is a significant downsizing in the instances of child labor in the rural areas for children within the 10 to 13 years old age bracket.