

CONDITIONAL CASH TRANSFER PROGRAMMES AND GENDER VULNERABILITIES:

CASE STUDIES OF BRAZIL, CHILE AND COLOMBIA

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CONDITIONAL CASH TRANSFER PROGRAMMES AND GENDER VULNERABILITIES

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ABSTRACT

This paper analyses Brazilian, Chilean and Colombian experiences with conditional cash transfer programmes and how they have helped tackle gendered economic and social vulnerabilities. It is argued that *Bolsa Família*, *Chile Solidario* and *Familias en Acción* should be analysed within the broader social protection strategies in which they are meant to be components. Such an approach can help generate thinking on ways to improve the impacts of the programmes in terms of gender equality. A detailed description of the programmes' design and implementation features is provided in order to understand both their rationale and their impacts. We conclude that the programmes do tackle a number of gendered vulnerabilities but also have clear limits with regard to a more decisive role in tackling gender inequities.

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ACRONYMS AND DEFINITION OF TERMS USED

BNDES	National Bank for Social and Economic Development (Brazil)
CASEN	National Socioeconomic Characterisation Survey (Chile)
CCT	Conditional Cash Transfer
CEDEPLAR	Centre for Regional Development and Planning (Brazil)
CONPES	National Economic and Social Policy Council (Colombia)
CONSAD	Consortium for Food Security and Local Development (Brazil)
CRAS	Social Assistance Reference Centre (Brazil)
ECLAC	Economic Commission for Latin America and the Caribbean
FOSIS	Fund for Solidarity and Social Investment (Chile)
FPS	Social Protection Scorecard (Chile)
GDP	Gross Domestic Product
IGBE	Brazilian Institute of Geography and Statistics (Brazil)
IGD	Decentralised Management Index (Brazil)
IPC-IG	International Policy Centre for Inclusive Growth (UNDP)
IPEA	Institute for Applied Economic Research (Brazil)
MDG	Millennium Development Goal
MDS	Ministry of Social Development and Fight against Hunger (Brazil)
NGO	Non-Governmental Organisation
PAA	Food Acquisition Programme (Brazil)
PANES	Social Emergency Aid Plan (Uruguay)
PAT	Workers' Food Programme (Brazil)
PASIS	Pension and Disability Grant (Chile)
PETI	Programme for the Eradication of Child Labour (Brazil)
PRONAF	National Programme for Strengthening Family Agriculture (Brazil)
RAS	Network for Social Support (Colombia)
RPS	Social Protection Network (Nicaragua)
RUPD	Unified Registry of Displaced Populations (Colombia)
SAE	Secretariat for Strategic Affairs (Presidency of the Federative Republic of Brazil)
SAP	Water and Sewage Subsidy (Chile)
SGSS	General System for Social Security (Colombia)
SISVAN	Food and Nutritional Surveillance System (Brazil)
SUF	Family Subsidy (Chile)
UIF	Family Intervention Unit (Chile)
UN	United Nations
UNDP	UN Development Programme

Brazil

Agroamigo	Federal microfinance programme in rural areas
Auxílio Gás	Unconditional cash transfer to compensate poor households for phasing out fuel subsidies until the merger to form Bolsa Família
Bolsa Alimentação	Conditional cash transfer for children between 0 and 6 years and pregnant women until the merger to form Bolsa Família
Bolsa Escola	Conditional cash transfer covering children between 6 and 15 until the merger to form Bolsa Família in October 2003
Bolsa Família	Brazilian conditional cash transfer programme
Brazil Alfabetizado	Federal programme on adult literacy
Cadastro Único	Single database for social protection programmes
Cartão Alimentação	Unconditional cash transfer based on the concept of the right to food, set up in 2003 until the merger to form Bolsa Família
Crediamigo	Federal microfinance programme in urban areas
Fome Zero	Zero Hunger strategy to tackle poverty and food insecurity
Gestão compartilhada	Shared management system in Bolsa Família
Maria da Penha Law	Law to reduce domestic violence, named after a notable victim of domestic violence who is today a respected women's rights activist
Próximo Passo	Federal training programme in construction and tourism/hotel sectors
Repercussão gradativa	Gradual repercussion system of penalisation for non-compliance with Bolsa Família conditionalities

Chile

Bono de Egreso Solidario	Cash transfer for those leaving Puente after two years in Chile
Bono de Protección Social	Cash transfer for the two first years of Chile Solidario
Calle	Support for the homeless in Chile Solidario
Caminos	Support for the children with one parent in jail in Chile Solidario
Chile Solidario	Chilean conditional cash transfer programme
Comuna	Region
Dipres	Dirección de Presupuestos (Budget Management Office)
Ficha CAS	Socioeconomic Characterisation Scorecard
Mideplan	Ministry of Planning and Cooperation

Programa de Habitabilidad	Housing support in Chile Solidario
Programa de Producción Familiar para el Autoconsumo	Food security support in Chile Solidario
Puente	Entrance to Chile Solidario (family support for the first two years)
Vínculos	Support for the elderly in Chile Solidario

Colombia

Familias en Acción	Flagship CCT programme in Juntos
Gestión Habitat y Vivienda	Housing programme in Juntos
Juntos Poverty	Colombian Social Protection Network for Overcoming Extreme
Sisbén	National database used to target different government subsidies
Madres líderes	Mother leaders (beneficiaries) in Familias en Acción

Other

Asignación familiar	Family allowance
Ingreso Ciudadano	Uruguayan transitory cash transfer scheme
Oportunidades	Mexican CCT programme
Progresá	Mexican CCT programme (renamed Oportunidades in 2002)

1 INTRODUCTION

1.1 CONDITIONAL CASH TRANSFERS IN LATIN AMERICA: BEYOND COMMONALITIES

Interest in conditional cash transfers (CCTs) is growing, mainly as a result of their well-documented impacts on poverty and inequality as well as on education and health, in line with its human capital accumulation objectives.¹ CCTs can generally be described as having four common features: 1) a targeting mechanism; 2) cash benefits; 3) compliance with some a set of co-responsibilities; and 4) a double objective of alleviating poverty in the short term, through the transfers, and preventing the intergenerational transmission of poverty in the long term, through the required investments in human capital dimensions—education, health and nutrition and, in some cases, social capital. In this last case, complementary programmes play a major role.

Despite sharing characteristics, CCTs differ with regard to their actual implementation, the importance attached to each one of their objectives and the way they are linked with broader social protection and social policy. Bastagli (2009) points out three challenges for CCTs in Latin America in terms of enabling them to be considered an effective component of an inclusive social policy. These lie in: 1) going beyond narrow concepts of risk management to justify minimum safety nets; 2) the development of a coordinate set of policies to place CCTs as a long-term feature of the social protection system, which encompasses some thought on ways to ensure their financial sustainability; and 3) paying attention to the details of actual implementation in order to avoid exclusion errors and ensure long-term institutional development.

Policy options related to the design and implementation of CCTs can lead to different paths in terms of their evolution. Recent experience in Latin America has seen two extremes—from short-lived and small-scale experiences like the Social Protection Network (RPS) in Nicaragua² to structural reforms like the *asignación familiar* (family allowance) reform in Uruguay. In the case of the Uruguayan reform, a transitory cash transfer scheme (*Ingreso Ciudadano*) was incorporated into mainstream social protection policy through the gradual extension of the family allowance benefit to non-formal sector workers, starting with the poorest.³ Formal sector workers had been the sole beneficiaries of this contributory social security programme since its inception in 1942.⁴ The recent reform⁵ clearly intends to undermine the so-called ‘truncated welfare’ characterisation of the social protection system that is prevalent in the Latin American region, not least in Uruguay, despite its having a larger share of formal sector workers than other countries (Fiszbein, 2005).

The different evolution paths of the programmes are likely to determine the potential impact on gender vulnerabilities and inequities. Short-term initiatives are unlikely to bring about major changes in that dimension, restricting programme role to smoothing consumption and avoiding depletion of human, physical and social capital during crises and hardship spells. CCT models that evolve into a permanent feature of social protection systems are more likely to have a long-term effect on gender inequities, particularly when linked to/complemented by other social policies that foster women’s economic autonomy, as well as policies that give incentives towards a better balance in the way men and women share household chores, in particular with regard to the provision of care to children, the sick and the elderly (Ventura-Dias, 2009).

1.2 CCTS, SOCIAL PROTECTION SYSTEMS AND GENDER VULNERABILITIES

The majority of the CCT programmes in the Latin America region target households, not individuals. However, they select a woman as the primary recipient of the transfer, in most cases the mother or the woman responsible for the children in the household. The rationale behind this is that the money spent by women tends to be concentrated more in goods and services that are more likely to positively affect the well-being of the children. In addition, some quantitative and qualitative evaluations have claimed that the programmes have had an 'empowering' effect on women. The fact that the programmes in principle allow women to have control over even a relatively small amount of regular income is reported, in some cases, to have led to an increase in women's bargaining power within the household and also in their self-esteem.⁶

Some CCTs have also addressed gender-specific vulnerabilities, through the provision of higher transfers for school-age girls who may be more likely to drop out from school, particularly when they get to secondary education, and the provision of free health care for pregnant women and breastfeeding mothers. Another important gender dimension is the potential to create new forms of sociability for beneficiary women when they are *required* to have or are *offered some options* of community interaction, through training sessions and/or community/beneficiary events.

However, some authors dispute the 'gendered empowerment effect'. They question the adequacy of the methodologies and indicators used to assess empowerment and indeed the whole concept of 'empowerment' used in a number of the evaluations/assessments. The main limitation of CCT programmes is that they tend to reinforce the traditional role of women within the household, since they are 'empowered' only under the label of 'guardian of the children.' They are rewarded for being 'good mothers' who, with the help of the state, can afford to comply with their responsibility (Molyneux, 2009).⁷ In a similar vein, Jenson (2009) argues that the 'social investment perspective' in which most CCT programmes are embedded in Latin America is based on a set of child-centred policies. According to Jenson, this approach tends to sideline the needs of adult women.

However, even while recognising the limitations of CCTs with regard to tackling gender equality issues in a broader sense, it is relevant to assess how these social protection programmes can address gender-specific vulnerabilities and how they might evolve to address at least some of the gender inequities that are within their reach. Based on Devereux and Sabates-Wheeler's (2004) typology of social protection measures, CCT programmes can be classified as *protective* and potentially *preventive* as long as they combine social assistance (cash transfers), social services (case management) and some degree of social insurance (waiver of health insurance). A *promotive* dimension is quite case specific, and certainly would depend on the socioeconomic environment in which the programme is implemented, as well as on the existence of complementary programmes or synergies with other initiatives related to policies that foster economic autonomy of women, such as inclusive production project/programmes. Indeed, some evaluations have shown positive impacts on investments in production, particularly in rural settings, but these evaluations do not disaggregate or analyse the impacts by gender.⁸ It would not be too speculative to assume that CCTs *per se* will not guarantee the economic autonomy of women simply through their transfers. Complementary programmes are necessary in the attempt to incorporate a promotive dimension into CCTs.

Similarly, a *transformative* dimension can be embedded in CCT programmes, but in most cases this is not clearly listed among the core objectives or activities. Its achievement would depend on the existence of activities that, for instance, promote and/or enforce legislation to guarantee equal rights and women's rights, raise awareness on social issues and generate social mobilisation. This is a quite important issue since, as emphasised by Holmes and Jones (2009), most of the chronically poor face other barriers to move out of poverty than just economic ones. In the case of the three countries analysed in this paper, indigenous, afro-descendent and displaced populations are groups likely to suffer additional barriers to overcoming poverty; within these groups, women are particularly at risk.⁹ Moreover, it is necessary to incorporate a gender dimension into the content of CCT programmes that intend to act over the household dynamics. In particular, it is not enough to discuss these matters with the beneficiary women only; men, mostly spouses/partners, should also be involved in these activities, otherwise sustainable changes within the household and even at the community level will not be achieved.

The three programmes discussed in this paper, *Bolsa Família* in Brazil, *Chile Solidario* in Chile and *Familias en Acción* in Colombia, are seen as flagship programmes in their respective country. For this reason, they attract a great deal of attention from academia, national and international media and multilateral and bilateral organisations. However, most commentators miss that all three programmes are part of broader (and evolving) social protection system. They do not encompass the whole social policy in the country and/or the whole social protection or even the whole social assistance field. They have clear limitations and are not silver bullets that will eradicate poverty in the countries within a short period of time—as some critics sometimes seem to imply when they classify the programmes as major 'failures.'

In any case, it is important to recognise that the programmes are key elements of comprehensive social protection agenda that could potentially bring together initiatives in different dimensions, ranging from other cash transfers (e.g. social pensions and disability grants) to access to social services and policies, including health, education and social assistance. Such an approach goes beyond a limited poverty reduction strategy based on social safety nets and a risk management approach to put forward a more integral vision, one that points towards an inclusive social development strategy. An inclusive approach is much more likely than limited small-scale interventions to be able to address a larger set of gendered economic and social vulnerabilities.

1.3 REPORT OUTLINE

This report discusses how CCT programmes in Brazil, Chile and Colombia have addressed gender vulnerabilities. Besides this introduction, this report comprises five other sections. The next section presents an overview of the evolution of gender inequities and vulnerabilities in the three countries, based largely on the data from the Gender Observatory of the Economic Commission for Latin America (ECLAC). Sections 3, 4 and 5 analyse the CCT programmes for Brazil (*Bolsa Família*), Chile (*Chile Solidario*) and Colombia (*Familias en Acción*). The approach adopted in these sections, in line with the points discussed in this introduction, is to look at how these programmes fit into the social protection system of each country and then to describe its design and implementation strategies, with a view to identifying how they can contribute towards tackling gender vulnerabilities. We also summarise the main findings of evaluations/assessments with a focus on gender differences and women's empowerment

impacts identified in quantitative assessments, as well as evidence from qualitative studies (based mostly on focus group discussion) on how beneficiary women and programme managers perceive the impact of the programme on gender relations. Section 6 concludes.

2 GENDER VULNERABILITIES AND INEQUALITIES IN BRAZIL, CHILE AND COLOMBIA

In the past two decades, most countries in the Latin American region—including the three countries discussed here—have improved their macroeconomic performance through economic stability, consolidation of democracy and reductions in poverty and inequality, with varying degrees of success. However, these countries still suffer from high levels of (extreme) poverty and, particularly, of inequality, in comparison with countries with similar levels of development or per capita gross domestic product (GDP). Such inequities are also visible with regard to access to basic services and human development dimensions, such as nutrition, education and health.

A combination of fiscal constraints and an attempt to make social spending more pro-poor and less unequal led to the adoption of targeted policies in Latin America. The weight put behind the argument varied in intensity from country to country according to the socioeconomic, political and ideological environment. However, it should be noted that so-called neoliberal reforms have not been the only factor behind the adoption of targeted policies in general, and of CCTs in particular, in the region's recent past. The adoption of the Millennium Development Goal (MDG) framework also led to the adoption and/or scaling-up of anti-poverty programmes/policies with a strong focus on human and social capital, as well as on gender dimensions, even if only indirectly.

Gender inequalities and women's needs and well-being became part of the mainstream discussion both from a legal perspective—ensuring equal rights and curbing all forms of discrimination through legislation—and in the sphere of public policies to give real expression and meaning to implement the new body of legislation. These changes occurred simultaneously with social changes that modified women's social role and improved their options in an array of dimensions. In recent years, there have been improvements in women's labour market participation, in their access to education, especially to tertiary education, in their political participation and in many other aspects of their social life. In sum, more recent generations of Latin American women have had more opportunities than the generations of women before them. However, the changes have not been sufficient to eradicate either gender inequities or discrimination. The process has not been homogeneous across social strata, with a large number of women, especially the poorest, excluded from effective access to political, social and economic rights and opportunities. Thus, there remains much to do in this regard. The next paragraphs briefly highlight some of the needs and vulnerabilities facing women in Brazil, Chile and Colombia.

Chile has the lowest poverty rate among the three countries and also one of the lowest among countries in the Latin American region. In 2006, around 13.7 per cent of the Chilean population was below the poverty line: in Brazil in 2008 the rate was 25.8 per cent and in Colombia in 2005 it was 46.8 per cent (almost half of the Colombian population). However, Chile has the highest ratio of females to males living in poverty. The 2006 Femininity Index of Indigence and Poverty shows 123.9 women for each 100 men living in poverty, going up to

132.2 when the extreme poverty line is used. In Brazil and Colombia, the ratio was 105.2 and 108.6, respectively, and 105.6 and 117.7 based on extreme poverty indicators.

In terms of the labour market, the main vulnerability women face is a lower participation rate when compared with men. This rate has been increasing in recent decades, but a high proportion of women are still unable to earn an income independently. Table 1 shows that between 32 per cent and 40 per cent of women in the three countries are inactive (out of the labour force). These figures are much higher for women without any qualifications (skills). In addition, the gender differentials in labour force participation are substantial, the smallest differential being observed for the case of skilled workers in Brazil (95 per cent for male and 86 per cent for females). Many women are still engaged full time in traditional chores, such as domestic tasks and caring for other household members, especially children and the elderly, and/or for their extended families. Most of them rely on the income of their husband and/or other relatives. Women's lack of economic autonomy tends to reduce their bargaining power within the household as well as limiting their livelihood opportunities.

TABLE 1

Labour Force Participation Rate of the Urban Population (25-59), by Skills Level (2007)

	Brazil		Chile		Colombia	
	Male	Female	Male	Female	Male	Female
Without qualifications	90%	64%	93%	54%	93%	62%
With technical and professional qualifications	95%	86%	93%	77%	95%	85%
Total	91%	68%	93%	60%	94%	68%

Note: Includes the informal labour force.

Source: ECLAC (www.cepal.org/oig/default.asp?idioma=IN).

Costa et al. (2009) show that women's participation in the labour market is the factor with the highest potential to reduce poverty and inequality in these countries—more than a reduction in the wage gender gap and more balanced occupation distribution. Nonetheless, the latter two factors are still important elements in reducing gender inequities and supporting the reduction of overall poverty and inequality.

Performing unpaid work related to domestic chores is common also among women who work outside the household. The so-called 'double work shift' indicates that, for many women, taking paid work does not reduce their responsibility for domestic non-remunerated tasks. For this reason, women are more likely to be 'time poor' than men, as well as to accept an informal job that could allow them a more flexible schedule than a formal sector job. Moreover, girls are more likely than boys to share domestic tasks with women, which can negatively impact their school attendance and achievement as well as their overall human capital accumulation. Public policies that reduce women's domestic responsibilities, such as by providing child, sick person and elderly care, or improving household facilities, can improve female participation in the labour market.

Despite wage discrimination being illegal in Brazil, women are still paid less than men with the same qualifications and in similar occupations/jobs. The situation is no different in Chile and Colombia, despite the ratio being higher for these two countries, as Table 2 indicates. Women with a higher education level earn 79 per cent of men's salary in Colombia, 73 per cent in Chile and 68 per cent in Brazil. Moreover, the wage gap increases with the level

of education, which suggests the existence of a glass ceiling, even for well-paid women in the formal sector.

TABLE 2

Inter-gender Urban Salary Ratio, by Years of Education

Years of education	Brazil (2008)	Chile (2006)	Colombia (2005)
0-5	70%	80%	85%
6-9	66%	80%	86%
10-12	66%	78%	82%
13 and more	68%	73%	79%

Source: ECLAC.

The flexibility of informal jobs or occupations in less productive sectors means that these are more accessible by poor women. Their participation in these sectors generates additional vulnerability with regard to a lack of access to contributory social services and health insurance, since in the three countries a considerable part of social assistance policy is linked to formal sector jobs. According to Table 3, which shows the proportions of males and females covered by social security system in each sector, gender differences among employed people who contribute within each sector (formal/informal) are not large. However, there is a huge difference in the proportion of workers covered in formal (medium/high productivity) and informal (low productivity) sectors. In Brazil and Chile, respectively, around 74.4 per cent and 82 per cent of individuals employed in medium/high productivity sectors contribute to social security, whereas only 23 per cent and 35 per cent in the low productivity sector do the same. Meanwhile, in Brazil in 2008, the informal/low productivity sector represented 42 per cent of employment, 38 per cent for men and 47 per cent for women. In Chile in 2006, it encompassed around 31 per cent, 26 per cent and 38 per cent for women. Since women are overrepresented in the informal sector, they contribute less to the social security system. In this context, non-contributory social security benefits, especially social pensions, can help protect very poor elderly citizens who are not covered by other pension schemes, among whom women tend to be overrepresented.

TABLE 3

Proportion of Employed Population Contributing to Social Security, by Sector

	Brazil (2005)			Chile (2003)		
	Total	Men	Women	Total	Men	Women
	58.2%	58.7%	57.6%	68.1%	70.1%	64.9%
Medium/high productivity (formal sector)	74.4%	71.8%	78.8%	81.9%	83.6%	78.8%
Low productivity (informal sector)	22.9%	22.2%	23.5%	35.0%	31.2%	39.4%

Note: Data not available for Colombia.

Source: ECLAC.

The number of households headed by women has also increased over recent years. These households are likely to be poorer than households headed by men because of reduced income (from just one earner), compounded by the labour market inequalities discussed above. Table 4 presents the distribution of male- and female-headed households by poverty status and the ratio of total income in such households. According to the data,

proportions of female-headed and male-headed households living in poverty are similar in urban areas. In rural areas, a larger proportion of female-headed households live in poverty, except for in Chile. Looking at the distribution of total income between the two groups, it is noticeable that female-headed households are poorer than male-headed ones. In rural Colombia, poor female-headed households command 40 per cent of the total income of poor male-headed households. This striking differential is not as bad in Chile (58 per cent), and a more balanced situation is evident in Brazil (90 per cent).

TABLE 4

Female- and Male-headed Households and Poverty (2005)

	Poverty condition						Total income		
	Brazil		Chile		Colombia		Brazil	Chile	Colombia
	Male	Female	Male	Female	Male	Female	Female/male		
Urban									
Poor	26.2%	24.9%	14.7%	16.3%	38.7%	40.1%	74.0%	54.0%	56.0%
Non-poor	73.8%	75.1%	85.3%	83.7%	61.3%	59.9%	71.0%	50.0%	78.0%
Rural									
Poor	44.8%	31.2%	16.3%	16.6%	42.5%	54.7%	90.0%	58.0%	40.0%
Non-poor	55.2%	68.8%	83.7%	83.4%	57.5%	45.3%	79.0%	42.0%	51.0%

Source: ECLAC.

Education indicators reveal that women have been more successful in attending school and achieving higher education levels than their male counterparts. Table 5 shows that the illiteracy rate among girls is, on average, lower, the attendance rate is higher and years of education are higher or similar. The ratio of girls to boys enrolled in school shows that there is no longer discrimination against women in access to formal education. One surprise is that in Brazil there are 129 girls to each 100 boys enrolled in tertiary education.

TABLE 5

Education Indicators

		Brazil		Chile		Colombia	
		Men	Women	Men	Women	Men	Women
Illiteracy rate (15+) (2010)		10%	9.3%	2.8%	2.9%	6.1%	5.7%
Years of schooling (15-24) (2007)	Urban	8.6	9.3	10.9	11.1	9.5	10
	Rural	6.4	7.3	9.8	10.1	6.5	7
Years of schooling (25-59) (2007)	Urban	8	8.3	11.3	10.9	9.4	9.3
	Rural	3.9	4.5	7.8	7.9	4.5	4.9
School assistance rate (13-19) (2005)	Urban	76.7%	77%	85.6%	84.9%	72.8%	72.2%
	Rural	68.8%	71.7%	75.8%	77.4%	52.9%	56.5%
Ratio of school attendance (20-24) (2005)	Urban	25.1	27.4	36.7	33.6	26.0	23.7
	Rural	17.6	19.2	10.9	14.0	5.8	4.9
Ratio of boys to girls enrolled in school (2006)	Primary	1.0		0.99		1.00	
	Secondary	1.1		1.03		1.11	
	Tertiary	1.29		1.01		1.09	

Source: ECLAC.

Table 6 shows some health indicators specific to women and also some for both sexes. There tend to be lower infant mortality rates for girls, and women tend to have higher life expectancy at birth. Overall, though, Brazil seems to lag behind Chile as well as Colombia on both these indicators. The fertility rate is lower in Brazil and Chile than in Colombia, but the teenage pregnancy rate—similar across all three countries—is a cause for concern. Unlike the total fertility rate, teenage maternity (15-19 years) has not decreased in the region in recent decades. This has put the region in an ambiguous position at global level. On the one hand, the region shows total fertility rate levels below both world and developing country averages; on the other, teenage fertility rates are above average and lower only than those observed in Africa. Latin America is also the region where birth to teenage mothers represents the highest proportion of overall births (ECLAC, 2007).¹⁰

High teenage fertility is worrying because, among other concerns: 1) it represents greater health risks for both mother and child; 2) it can lead to lower levels of schooling and training for teenage girls; 3) it tends to be higher among poorer teenagers, a factor that can contribute to the intergenerational transmission of poverty; 4) it reveals gender inequities, since most teenage mothers are single mothers who have to bear the responsibility for childbearing in the absence of the father; and 5) it indicates that teenage reproductive rights are not effective, as most of these pregnancies are unwanted and girls in most cases did not have access to contraceptives. The latter three features underline lower access to contraceptive methods by the girls and highlight gender inequities and vulnerability, especially for those living in poverty (ECLAC, 2007).

The factors that have contributed to bringing down teenage pregnancy in other parts of the world seem to have failed here. Strategies must involve an understanding of the context, the psychology of maturing adolescents of both sexes and the cultural ambivalence represented by a more liberal attitude to sexuality simultaneous to a denial of the sexual autonomy of adolescents (ECLAC, 2007). Sex education in schools is a natural policy recommendation, but this has faced many barriers as a result of cultural traits and resistance by religious groups and lobbies. Meanwhile, the health system is badly equipped to deal with the phenomenon: adolescents have restricted access to contraceptive methods and information and do not attend health centres on their own. In such circumstances, schools have the potential to reach more adolescents than health units. In addition, poor employment and career prospects for young girls can lead them to consider early motherhood as a way to affirm their identity and independence to their family and society at large. This is a major concern in terms of gender inequities, social exclusion, poverty and vulnerability (ibid).

TABLE 6

Health Indicators

	Brazil		Chile		Colombia	
	Male	Female	Male	Female	Male	Female
Infant mortality rate (per 1,000 live births) (2005-2010)	27	20	8.1	6.3	21.9	16.1
Life expectancy at birth (2005-2010)	68.9	76.1	75.5	81.5	69.2	76.6
Total fertility rate (2005-2010)	-	1.9	-	1.94	-	2.45
Teenage maternity (15-19) (Brazil 2000, Chile 2002, Colombia 2004-2005)	-	14.8%	-	12.3%	-	14.3%

Source: ECLAC.

Levels of domestic violence are still a problem in Latin American countries. Although laws intended to protect women have been passed, the extent of gender-based violence is still unacceptable. Limited enforcement of laws to punish the perpetrators of acts of violence against women—especially partners and relatives—reflects a major failure in these countries. In Chile, the rate of deaths of women at the hands of their current or former partner reaches 52 per 100,000 women per year. In Colombia in 2005, 39 per cent of women reported having experienced some type of physical or sexual violence at least once in their lifetime. In Brazil, the *Maria da Penha* Law represented an important measure against domestic violence, by creating new mechanisms to reduce the phenomenon. However, getting past the barriers that hinder actual implementation of the law in daily life is difficult. This includes fighting against the silent acceptance by large segments of society of ‘some level’ of domestic violence.

Despite the bleak figures presented in this chapter, it should be recognised that there has been progress over recent years. Gender inequalities in the labour market have been reduced and the debate around policies to curb gender inequality has become an integral part of governmental agenda. This is related partly to the fact that the presence of women has become more evident in all sectors of society, including their participation in politics. Women’s participation in administrative, legislative and judicial spheres is still lower than that of men, but there has been some improvement.

Table 7 presents data on women’s participation in government and political structures. Overall, Chile seems to be in a much better position than Brazil and Colombia.¹¹ Chile has the least unequal situation among the three countries, especially in terms of ministerial cabinet positions, although in the income Piñera administration the figure reduces. Chile’s better performance in parliament may owe to the district voting system used in the country: if a party wants to increase the number of women in parliament, it can do so if it places more women to dispute safe seats (rather than marginal seats).¹²

When we take a regional perspective, the three countries do not perform very well. Argentina, Bolivia, Costa Rica, Mexico and Peru have a much stronger presence of women in parliament than the three countries analysed here.¹³

TABLE 7

Political Participation Rate of Women

	Brazil	Chile	Colombia
Ministerial cabinet positions (Brazil 2003, Chile 2006-2009, Colombia 2006-2009)	11.0%	48.0%*	21.0%
Seats in national parliament (2009)	9.0%	15.0%	8.4%
Judges in highest court or supreme court (2008)	18.0%	16.0%	17.0%
Elected mayors (2008)	7.3%	12.2%	9.0%
Elected city council members (2008)	12.6%	21.1%	14.5%

Note: * In the incoming Piñera administration, this figure reduces to 27 per cent (6 out of 22 ministers).

Source: ECLAC.

The snapshot of gender inequities in Brazil, Chile and Colombia in this section provides the background against which CCT programmes, within their scope, can be assessed in terms of their potential impact in tackling inequities. It has been seen that poverty affects more female-head households, that women’s participation in the labour market is a key determinant

of poverty and inequality, that teenage pregnancy is an important challenge for the three countries, despite improvements on other gender-sensitive health indicators, and, finally, the issue of domestic violence, on the bad side, and women's political representation, on the good side, still needs to see more improvements in the region in general and in the three countries in particular.

CCT programmes could act more directly on issues of poverty, but their impact on the labour market and how this can affect women's labour market participation (and occupational choice) is something that relies heavily on the design of the programme and also determined by the supply of nurseries and the improvement of access to infant education centres. Similarly, the health component of CCTs could be improved if it focuses also on the issue of teenage pregnancy, including the incorporation of new themes such as sex education in school content. Finally, for the programmes that interact directly with the family, beyond the simple payment of transfers, 'coaching' activities need to deal with issues such as domestic violence and work opportunities for women as well as the points raised above, in order to try to change attitudes and behaviour that reproduce gender inequities over generations. In the next sections, we examine in detail the main characteristics and some of the impacts of the CCT programmes of Brazil, Chile and Colombia.

3 BRAZIL: FOME ZERO AND BOLSA FAMÍLIA

3.1 FOME ZERO

The *Fome Zero* (Zero Hunger) strategy was initiated in early 2003 to integrate social programmes aiming to tackle food insecurity and extreme poverty. It was one of the key themes in Lula's presidential manifest, as summarised in his statement that all Brazilians should have at least three meals per day. For this reason, much of the emphasis of the social protection policy in the past seven years, at least at discourse level, has fallen under *Fome Zero*. The strategy includes a set of programmes and activities that involve the three levels of governments (federal, state and municipal) and almost all ministries.

The strategy was designed to protect poor and vulnerable families/individuals from hunger. It also has a broad goal of promoting cross-sectoral coordination, bringing together government and civil society initiatives, overcoming economic, social, racial and gender inequalities, eliminating child labour and promoting income generation and human capital accumulation.

The programmes that *Fome Zero* integrates can be divided into four groups:

- **Access to food:** Programmes based on the distribution of food and cash transfer benefits and on guaranteeing access to information and education on food and nutrition. These include: *Bolsa Família* (cash transfer); school feeding; food distribution to specific vulnerable groups; cistern building; budget (subsidised) restaurants; food banks; community vegetable gardens; the Food and Nutritional Surveillance System (SISVAN); distribution of vitamin A and iron supplements; food and nutritional programming for indigenous populations; and food and nutritional education and the promotion of healthy food habits among workers in the Workers' Food Programme (PAT).

- **Strengthening of family-based farming:** Programmes to support smallholder farmers (family agriculture) in order to generate income and increase food production. These include: the National Programme for Strengthening Family Agriculture (PRONAF); crop insurance; agricultural family insurance; and food purchase from family agriculture in the Food Acquisition Programme (PAA).
- **Income generation:** Programmes to encourage solidarity economy, to develop activities to improve the skills of poor people and to contribute to their integration into the labour market. These include training; productive inclusion and solidarity economy; the Consortium for Food Security and Local Development (CONSAD); the productive organisation of communities; support for cooperatives of rubbish/recycling collectors; microcredit; and technical assistance.
- **Coordination, commitment and social accountability:** Programmes to stimulate partnerships between civil society and government. These include Social Assistance Reference Centres (CRASs); social mobilisation and citizenship education; training of social and public servants; communitarian work and donations; and social accountability through social councils.

It is worth noting that, given the initial food security focus of Lula's major commitment, a large-scale programme that could merge and upscale the different cash transfer programmes under the responsibility of the federal government was not envisaged. Actually, one of the first measures of the Emergency Ministry of Food Security—created in January 2003—was to start a new cash transfer scheme—*Cartão Alimentação*—based on the concept of the right to food. The only conditionality of this cash transfer was that beneficiaries could buy only food with the transfer and had to show their receipts. This measure came in for much criticism and was later scrapped.

The major reform in the cash transfer area began in October 2003, when *Bolsa Família* was created through the merge of the following programmes: *Bolsa Escola* (Ministry of Education), *Bolsa Alimentação* (Ministry of Health), *Auxílio Gás* (Ministry of Mines and Energy) and the newly created *Cartão Alimentação* (Ministry of Food Security). The database of potential beneficiaries was then unified under one single large database, the *Cadastro Único*.¹⁴ The programme fell under the responsibility of the new Ministry of Social Development and Fight against Hunger (MDS), which was the result of a merge of the former Ministry of Food Security and the Ministry of Social Assistance. Besides implementing most of the *Fome Zero* programmes, in which *Bolsa Família* is the flagship, MDS also coordinates some of the complementary programmes and activities that actually come under the responsibility of other line ministries.

3.2 BOLSA FAMÍLIA: ORIGIN, DESIGN AND IMPLEMENTATION

Bolsa Família consolidated the CCT model that was first implemented in Brazil in the mid-1990s in the federal district and the municipalities of Campinas and Ribeirão Preto in São Paulo state and later spread out across several municipalities and states. The first federal-level CCT programme was the Programme for the Eradication of Child Labour (PETI), created in 1996 and implemented originally in only a few municipalities where children were at risk of working in hazardous activities, such as coal production, sea fishery and sisal cultivation and processing (Soares and Sátyro, 2009).

In 1997, legislation was approved authorising the federal government to cover up to 50 per cent of the expenses of the poorest municipalities that were implementing any 'minimum income guarantee programme linked to education.' It is interesting to note the use of 'minimum income' language in this legislation. This reveals the influence on CCT discussions of the debate around the Citizenship Basic Income Bill put forward by Senator Suplicy.¹⁵ Brazil seems to be the only case in which the debate around basic income has had some influence on CCT discussions and design.

In February 2001, under the responsibility of the Ministry of Education, the *Bolsa Escola* was created, covering children between 6 and 15 years enrolled at school. Later that year, two other cash transfer programmes were created: *Bolsa Alimentação* in the Ministry of Health, for children between 0 and 6 years and pregnant women, and *Auxílio Gás*, to compensate poor households for the phasing-out of fuel subsidies. Whereas *Bolsa Escola* and *Bolsa Alimentação* were conditional programmes, *Auxílio Gás* was an unconditional transfer. *Cartão Alimentação*, as mentioned above, was created in 2003 under Lula's administration.

Before the merger of four programmes under *Bolsa Família*, they relied on different implementing agencies, information systems and sources of funding.¹⁶ This situation led to poor communication among managers and among the information systems of the different programmes, which meant in theory that one family might receive all four benefits but another with the same socioeconomic status might not receive any transfers at all.¹⁷ Moreover, the values of the benefits varied among programmes, so the federal government could be paying different amounts to different families in similar situations. The justification for these differences was that, despite being targeted at the same group of families, the programmes had different goals. This argument was also used by those opposed to the unification of the four programmes, who feared that the programmes' specific objectives would be jeopardised by their removal from their respective line ministries.

Bolsa Família led to the standardisation of eligibility criteria, benefit values, information systems and executing agencies. It also brought in a gradual increase in coverage from 5.1 million beneficiary families in December 2002 to 11.1 million families in October 2006. The latter was the programme target as per estimates of the number of poor families based on the 2001 household survey.

As of October 2009, the programme had 12.5 million beneficiary families, and the aim is to reach 12.9 million families by December 2010. This latest expansion was decided on as a response to the financial crisis, although it is more than just a temporary measure to cushion the crisis effects. It also reveals a shift in the concept of poverty used by the programme towards one that incorporates vulnerability. Unlike most CCTs in the region, which use some proxy means indicator to determine eligibility for the programme, *Bolsa Família* uses self-reported income. The fact that per capita income is much more volatile than any multidimensional index (proxy means) leads to transitions in and out of the eligibility zone. For this reason, *Bolsa Família* has the highest turnover of beneficiaries among the CCT programmes, which can put its long-term objectives at risk and raises concerns with regard to inclusion and exclusion errors resulting from short-term fluctuations in a family's income. In order to avoid unnecessary and recurrent exclusion, the new target of 12.9 million families has been based on the estimated stock of families that could fall into poverty in a two-year period, and not on the stock of poor families at a given point in time.¹⁸ This timeframe is also the

minimum amount of time that a family can stay in the programme, irrespective of what happens to its income in that timeframe.¹⁹

Currently, families with per capita income lower than R\$70²⁰ (US\$39)²¹ per month or whose per capita income is lower than R\$140 (US\$78) with children under 17 are eligible.²² At the time of writing, the benefit is composed of two parts. For families with a per capita income lower than R\$70 (US\$39) (extreme poor), there is a benefit of R\$68 (US\$38), regardless of the number of children. For families with children under 15 years old and a per capita income lower than R\$140 (US\$78), there is a benefit of R\$22 (US\$12) per child 0-15 years, up to three children, and R\$33 (US\$18.5) for teenagers 16-17 years, up to a maximum of two teenagers. Thus, the maximum amount a family can get from *Bolsa Família* is R\$200 (US\$112) (extreme poor with three children 0-15 years and two teenagers 16-17 years) and the minimum is R\$22 (US\$12) (poor family with just one child younger than 15).

Bolsa Família conditionalities are related mainly to education and health. A minimum school attendance rate of 85 per cent for beneficiary children aged 6-15 and 75 per cent for those aged 16-17 is required. Also necessary are immunisations and growth and weight monitoring for those below seven and prenatal care and postnatal care for women between 14 and 44.

Conditionality monitoring happens at the school and health unit level. The municipality transmits the information to the corresponding line ministry, which then passes it on to MDS every two months. However, it was only in 2007 that a central database consolidating information on education and health conditionality compliance was established. This allowed for the monitoring of conditionalities at the federal level for the first time and, therefore, the activation of the non-compliance mechanism (Bastagli, 2008).²³

The response to any lack of compliance with conditionalities is another feature that distances *Bolsa Família* from a typical CCT. The programme incorporates a system of *repercussão gradativa* (gradual repercussion), which encompasses the following phases according to the record of non-compliance: 1) notification of the family; 2) benefit blocked for 30 days; 3) benefit payment withheld for 60 days; 4) benefit payment withheld for another 60 days; and 5) cancellation of the benefit.²⁴ According to MDS, gradual repercussion is used because the objective of the programme is not to punish families but to help them to comply with the conditionalities. In fact, the design allows for the waiver of conditionalities in case where this can be justified (e.g. illness of a child, threat of violence at school, etc). Social services at municipal level are responsible for the case management of non-compliance episodes.

The law and decrees that introduced and regulated *Bolsa Família* state its objectives both in terms of the parameters for the unification of pre-existing cash transfers (administrative objective) and in relation to beneficiary outcomes (Bastagli, 2008; Jaccoud et al., 2009). With regard to beneficiaries, the programme objectives are:

1. To promote access to the network of public services, especially health, education and social assistance;
2. To fight hunger and promote food and nutritional security (in line with the *Fome Zero* strategy);
3. To stimulate the sustained emancipation of families that live in poverty or extreme poverty;

4. To fight poverty; and
5. To promote inter-sectorality, complementarity and synergies among policies at different government levels.

The latter point contrasts with other CCTs, which are often quite centralised in their implementation. Despite the programme's objectives and *modus operandi* being determined at federal level, states and particularly municipalities play an important role in its implementation. This 'shared management' (*gestão compartilhada*) model is recognised as one of the key factors behind the programme's rapid expansion and the consolidation of the *Cadastro Único*. The municipalities are responsible for registering families in the *Cadastro Único*—whose information is used to select eligible families—and for following up on compliance with conditionalities. To help the municipalities in the implementation of these activities, the federal government transfers some resources to them on a monthly basis. This financial incentive is based on the Decentralised Management Index (IGD), which reflects a simple average of an indicator of the quality of the registries in the *Cadastro Único* and of an indicator of the coverage of the conditionality monitoring. The higher the IGD, the higher the budget the municipality receives to support the activities related to programme implementation. The budget must be used in the implementation of the programme, but municipalities are free to choose how to do so. For example, they can buy computers, improve the facilities where the *Bolsa Família* unit works or develop complementary programmes.

Municipalities are relatively free to decide about the priority areas and how registration will take place.²⁵ However, they do receive some guidelines in the form of quotas based on the poverty mapping elaborated by the Brazilian Institute of Geography and Statistics (IBGE). Despite not being strictly enforced, the quotas (with their confidence interval) give an idea of the performance of the municipality—whether it has been too slow in the incorporation of beneficiaries or whether it exceeds the target.

The *Cadastro Único* is a key component of the programme, but it aims to be much more than the registry of potential beneficiaries of *Bolsa Família*. Actually, it is conceived as a tool for the identification and characterisation of the socioeconomic situation of low-income families²⁶ and to serve all social programmes targeted at this population. It is also seen as a fundamental element in integrating different policies as well as in allowing the federal government, states and municipalities a better knowledge of the socioeconomic risks and vulnerabilities of the low-income population so as to be able to design better policies and programmes (Jaccoud et al., 2009).

The following federal programmes are complementary to *Bolsa Família*: *Brazil Alfabetizado* on adult literacy; *Próximo Passo*—a training programme in the construction and tourism/hotel sectors; PRONAF—microcredit for smallholder farmers; *Crediamigo* and *Agroamigo*—microfinance in urban areas and rural areas, respectively; and support for former landless families. There is a clear attempt to improve the productive capacity of beneficiary families, but the degree of commitment of these complementary programmes in terms of adapting their content and methodology to the needs of beneficiary families is not yet clear. In particular, among certain groups there is a well-rooted belief that beneficiaries of *Bolsa Família* do not work, which is seldom actually the case. Their participation rate in the labour market is much the same as for other low-income people who do not receive the benefit.

Time constraints are clearly one of the issues that should be taken into account when thinking about the design of complementary programmes for *Bolsa Família* beneficiaries. In addition, from a gender perspective, if complementary programmes intend to achieve high levels of women's participation, they have to take into account the lack of nurseries and education facilities for children below seven years, which is a major barrier to mothers taking up training programmes and full-time work.

It is important to bear in mind that inclusion in the *Cadastro Único* does not imply entitlement to *Bolsa Família*. As mentioned before, there is a quota by municipality, and it is the Federal Bank that actually runs the algorithm of the selection process and calculates per capita income, based on four questions on household income (earnings, pension, unemployment benefit and other income). Household per capita income is calculated as the sum of these incomes divided by the number of household members. Once selection is completed, a magnetic card is sent, preferentially to the female head of the household or to the spouse of the male head. The benefit can be withdrawn at bank ATM machines or through bank correspondents.

A recent change in the payment of the benefit has been tried on a pilot basis as a way to facilitate the financial inclusion of the beneficiaries. The original magnetic cards allow beneficiaries only to withdraw the benefit. They do not give access to a current account or to other financial services at the bank. In 2008, through the pilot, beneficiaries were allowed to choose to receive the benefit in a simplified current account that gave them a free package of services, including: four cash withdrawals per month; up to four printed statements per month; use of other bank services at the ATM machines; deposits of money other than the benefit in the current account; automatic payment of debt; and access to credit and insurance services. In addition, beneficiaries receive financial training to prevent them from being coerced by bank clerks into purchasing any of the bank's other financial services in order to keep their accounts. This change is an important step towards financial inclusion, particularly for women, who make up 93 per cent of cardholders. The target is to include 4 million families in this scheme by the end of 2010.²⁷

3.3 THE IMPACTS OF *BOLSA FAMÍLIA*

Unlike *Progresa*, *Bolsa Família* did not have an experimental evaluation design. Even compared with *Familias en Acción*, the design of the impact evaluation survey was not ideal. The fact that the programme did not start from scratch was the major challenge in evaluation design—several CCTs and other unconditional cash transfers were already being implemented. In any case, researchers have used quasi-experimental techniques to evaluate the programme, using either data from the large independent evaluation survey undertaken by the Centre for Regional Development and Planning (CEDEPLAR) in 2005 or data from national household surveys and administrative sources.

CEDEPLAR's evaluation of *Bolsa Família* finds that the programme has not significantly affected the aggregate level of household consumption. However, it has affected expenditure on food, education and child clothing, and consequently the income share spent on these items (MDS, 2007). It has also had a clear positive impact on school attendance. The probability of absence in the month before the survey was 3.6 percentage points lower for children in the programme. Also, their probability of dropping out was 1.6 percentage points lower than for children in non-beneficiary households (*ibid*). However, children benefiting from *Bolsa Família*

are almost four percentage points more likely than non-beneficiary children to fail to advance in school (Oliveira et al., 2007). Such adverse impacts could be attributed to the programme's effect of increasing the number of underachieving students in school. Since such students have been out of school for a while (or have never attended), they are likely to have greater difficulty in catching up with those who have always been in school (Soares et al., 2010a).

The programme has had no impact on child immunisations or on stunting or wasting. As *Bolsa Família* has purportedly created greater awareness about the need to access public health services and immunise children, the absence of impact suggests that supply-side impediments could be an important constraint. However, the evaluation did not control for this aspect.²⁸

With regard to labour market participation, the evaluation finds that the participation rate of beneficiary adults is, in fact, 2.6 percentage points higher than for comparable non-beneficiary adults (Oliveira et al., 2007). Interestingly, this impact is gendered: the participation rate of beneficiary women is 4.3 percentage points higher. Other studies using national household surveys show different impacts. Foguel and Paes de Barros (2008) find no impact on the male or the female participation rate or on hours worked when using a panel of municipalities with different coverage of beneficiaries to identify the impact of the uneven expansion programme. Tavares (2008) shows a negative impact on the hours worked by beneficiary mothers, amounting to roughly two days less per month. Teixeira (2010) shows a negative impact on hours worked for both men and women, larger in the case of women (2.5 hours per week).

CEDEPLAR's evaluation also assessed impacts on bargaining power within the household based on an indicator that synthesised information relative to who takes the decision about a series of good purchases and household activities. Households were classified with regard to high and medium/lower female bargaining power. Statistics tests revealed that high female bargaining power was much more prevalent in beneficiary households than in non-beneficiary households, particularly in the northeast, which is the poorest region in the country (MDS, 2007).

Suarez and Libardoni (2007) summarise the findings of a qualitative survey with beneficiary women and local-level programme managers. They find that beneficiary mothers see the programme as an aid to help them meet their responsibility to take care of their children. Along with increased 'social status' in the community, a first shift observed in their lives is that beneficiaries have become 'consumers' and, more than this, 'reliable consumers,' as a result of their new source of regular income. For this reason, they now enjoy some credit for consumption in local markets and know that they will have the cash to pay their debts. In the domestic sphere, women's authority has increased and they have become more respected, particularly in rural areas. The fact that they no longer depend on their husbands for some of the family expenditures seems to have been liberating. In urban areas, some women stressed that the transfer also allowed them to negotiate with their husbands and participate in decision making within the household, something that would not have happened before. This latter finding seems to corroborate the quantitative results reported by CEDEPLAR.

4 CHILE SOLIDARIO AND THE PUENTE PROGRAMME

4.1 CHILE SOLIDARIO

Chile Solidario is a social protection system whose objective is to eradicate extreme poverty. It constitutes what Barrientos and Santibáñez (2009) define as an 'integrated anti-poverty programme' in the sense that it tries to coordinate a series of interventions under the assumption that (extreme) poverty is a multidimensional problem that can be characterised by low income and lack of social, economic, human and psychosocial assets. To address all these dimensions, *Chile Solidario* integrates its intervention under three main areas: psychosocial support (family support), monetary transfers and priority access to social programmes.

The programme was created in 2002 as an attempt to resume the fall in poverty observed during the 1980s and most of 1990s, which had come to a halt in the late 1990s.²⁹ The idea was that there was a core residual poverty that was insensitive to growth and a population that did not have access to social services. Isolation and a disconnect from public policies were key factors behind the persistence and reproduction of this residual poverty (Cohen and Villatoro, 2006).

The programme relies on three basic premises: 1) the existence of a set of families that are not able to benefit from the growth in the economy and do not have access to the social protection network; 2) a sufficient supply of social services to develop the roles of protection and promotion of the extreme poor population; and 3) the need to build a bridge (*puente*) between these families and the supply of public services, so that the former can be informed and motivated to access the latter and acquire the necessary competencies to overcome poverty (Larrañaga et al., 2009b).

With regard to institutional arrangements, the Ministry of Planning and Cooperation (*Mideplan*) is the main ministry responsible for the programme. The Fund for Solidarity and Social Investment (FOSIS) and the Budget Management Office (*Dipres*) are part of the Social Cabinet. FOSIS and the municipalities' Family Intervention Units (UIFs) are in charge of assigning the benefit. The *Chile Solidario* Executive Secretary is the programme's manager. To assure priority access to social programmes for beneficiaries, *Mideplan* counts on the support of other ministries, institutions and organisations from health, education, employment, housing and justice sectors.

Chile Solidario has strong interactions and linkages with other social programmes and monetary subsidies. Programmes under *Chile Solidario* are: *Puente* (the entrance to the programme and the family support phase); *Vínculos* (for the elderly); *Calle* (for the homeless); *Caminos* (for children with one parent in jail); *Programa de Habitabilidad* (housing); and *Programa de Producción Familiar para el Autoconsumo* (food security).

The subsidies/cash transfers that *Chile Solidario* entails are the *Bono de Protección Social* (a cash transfer for the two first years in the programme) and the *Bono de Egreso* (a cash transfer for those leaving the programme, who have completed two years). The subsidies are paid to female heads of households (or the spouse of the head). Beneficiaries are also eligible for the following: an ID card subsidy; a water and sewage subsidy (SAP); a subsidy for families with children below 18 (SUF); and a non-contributory pension and disability grant (PASIS).

Puente is the entrance to *Chile Solidario*. It lasts for two years and consists of psychosocial support to beneficiary families.³⁰ A social worker visits the family 21 times over the period.

During the first visits, he/she works with the family to draft a work plan to achieve a set of 53 minimum conditions³¹ in terms of quality of life. These are grouped into seven dimensions: health, education, housing conditions, employment, income, family dynamics and identification. This case management approach is implemented by the municipalities but is technically supported and monitored by FOSIS. Social programmes under the *Chile Solidario* strategy can also be grouped using the following dimensions:

1. **Health:** Access to a family health insurance plan and treatment for depression. Beneficiaries also have preferential access to dentists, elderly person care, mental health programmes and prevention and rehabilitation in the case of drug abuse.
2. **Education:** Preferential access to nursery and child early education facilities as well as to programmes that help children progress at school.
3. **Housing:** Preferential access to the *Chile Solidario* housing programme and property titling.
4. **Employment and income:** Preferential access to training and skills building, job placement programmes, income generation programmes and rural development. There are some special income-generating programmes for women in rural areas.
5. **Family dynamics:** Preferential access to social development programmes to curb domestic violence and to strengthen bonds between parents and children in situations of risk.
6. **Identification:** Partial exemption from the costs of the ID card and total exemption from the costs of two other important documents for adults, namely, certification of military service and certification with regard to previous criminal offences.

Chile Solidario is not a typical CCT programme. In fact, some authors reject its classification as such (Larrañaga et al., 2009a; 2009b). Even managers of the programme who participate in the network of Latin American CCTs have pointed out that the Chilean scheme is very different from other CCT programmes. This can be explained partially by the fact that Chilean social protection policies have for a long time relied on cash transfers/subsidies. However, unlike the case of Bolsa Família, which unified cash transfers, Chile Solidario did not intend to unify subsidies (cash transfers) but rather aimed to facilitate access to them for those who had for one reason or another been excluded. In fact, the cash transfer attached to Chile Solidario (Bono de Protección Social) is quite low, and its objective is to compensate beneficiaries for the time and activities that they have to undertake under the Puente programme.

Selection of beneficiary families is implemented using information collected on the Social Protection Scorecard (FPS), which replaced the Socioeconomic Characterisation Scorecard (Ficha CAS) in 2006.³² This collects socioeconomic information on potential beneficiary families of social programmes used to calculate a proxy means (multidimensional) index that is used to rank families according to their level of vulnerability. Beneficiaries of Chile Solidario are those below a certain cut-off point that approximates the level of extreme poverty. Ficha CAS had different cut-off points for different regions (comunas), according to the estimated extreme poverty headcount, whereas FPS has just one cut-off point for the entire country. As of 2009,

the programme had benefited 304,598 households, among them 146,247 (48 per cent) female headed. This figure corresponds with roughly 6 per cent of the population of Chile, a much lower proportion than Bolsa Família and even Familias en Acción reach.

4.2 THE IMPACTS OF *CHILE SOLIDARIO*

There are not many evaluations of *Chile Solidario*, and most of them use non-experimental methods. This section summarises the results of two quantitative evaluations based on administrative data and/or on the National Socioeconomic Characterisation Survey (CASEN) and one summary of qualitative evaluations with beneficiaries.

Galasso et al. (2009) use a panel of CASEN data (2003, 2004, 2006 and 2007) to identify the impact of *Chile Solidario* in several dimensions. The study updates the results of impact evaluations using earlier waves of the same panel. Unlike the other CCT programmes discussed in this paper, *Chile Solidario* does not show robust results in school attendance, with the exception of the year 2004, when there was a 10 percentage point increase in school attendance for children aged 3-4. However, with regard to employment, the authors find an increase in the share of employed adults and in the number of households with at least one adult employed. This is explained largely by the behaviour of the spouse. This effect is stronger in bi-parental households, in rural areas and for heads of households with low levels of education. Monetary poverty has also fallen in rural areas as an effect of the programme. Moreover, the programme shows an impact in terms of the attitude of the beneficiaries, especially in their optimism in relation to the future. In line with the programme objectives, beneficiaries are more likely to access cash/subsidies (like PASIS, SAP and SUF). This positive impact is stronger for younger families (head aged 18-35), with an impact of 20 percentage points, for households with a female head, for bi-parental households, for households whose head has a low level of education and for households in rural areas.

Larrañaga et al. (2009a) use an administrative dataset (*Ficha CAS* dataset) to assess the impact of the programme on the first cohort of beneficiaries. Using propensity score matching and taking advantage of the fact that the late-entrant cohort of beneficiaries could act as a comparison group for the first cohort, and also of the variability in the eligibility cut-off point among *comunas* (before unification under the new FPS), the authors can identify programme impacts. As they use administrative data, they can evaluate only a limited number of outcomes: autonomous income, number of employed adults per household and housing. They find positive impacts on employment and housing quality but negative impacts on earned income.³³ The positive impacts on employment and housing are larger for younger households (head of household aged 25-34 or 35-44). The results also suggest that positive results are concentrated in the short term and tend to decline in the longer term. Therefore, it seems that some of the positive impacts are sustainable only during the family support phase of *Puente* and are harder to sustain afterwards.³⁴

In relation to gender aspects, Larrañaga et al. (2009b) review some of the results of qualitative evaluations of the programme. They point out three potential 'woman empowerment' shifts that might be attributed to the family support (through the social workers, who in general are women). The first one is the confidence to perceive the self as an individual and not only as a wife and/or a mother. The second is the possibility of going to public spaces and not spending the whole day in the domestic sphere. The third is self-image—as a protagonist who can change her own life circumstances. However, the fact that

women feel more confident and empowered does not mean that their husbands are now sharing the domestic chores. In fact, whereas 60 per cent of beneficiaries surveyed said that they felt more empowered, only 15 per cent said that their partners were helping them with the domestic chores. As such, the research suggests that, with regard to the programme's gender dimension, the 'male' is the missing component. Major changes will not be achieved if the family support helps only women. Programme design features need to be developed to work with men, so that changes within the household can be sustainable.

5 COLOMBIA: JUNTOS AND FAMILIAS EN ACCIÓN

5.1 THE *JUNTOS* PROGRAMME

The Colombian Social Protection Network for Overcoming Extreme Poverty, or *Juntos*, was designed in 2006 following the guidelines of National Economic and Social Policy Council (CONPES) Document 102. It started its pilot phase in 2006 and was scaled up in 2007. It aims to contribute towards achieving the MDGs and the targets set out in *Visión Colombia* for 2019 with regard to poverty reduction and the promotion of equity. Equality of opportunity to access a set of social services with a minimum level of quality is also stated as an objective in the National Development Plan 2006-2010. In such a context, *Juntos* intends to promote the effective inclusion of the poorest families in the structure of social services provided by the state and to make sure that they will be able to overcome poverty through the following actions:

1. Integration and coordination of the supply of social services provided by the state at the local level in a manner that corresponds to the needs of the poorest families;
2. Provision of temporary family and communitarian support and preferential access to the resources needed to achieve minimum standards of living;
3. Generation of a set of co-responsibilities together with beneficiary families so that they can be engaged in the process of overcoming poverty.

Juntos brings together line ministries and social programmes to create an integral social protection network. The Ministry of Social Protection chairs the Inter-Sectoral Commission and *Acción Social*—the presidential agency for social action and international cooperation—coordinates the operation of the strategy. Overall, 15 national institutions are effectively part of the strategy: *Acción Social*; the Ministry of Social Protection; the Ministry of Agriculture and Rural Development; the National Learning Service; the Colombian Institute for Rural Development; the National Institute for the Blind; the Colombian Institute for Family Welfare; the Colombian Institute of Educational Credit and Technical Studies Abroad; the Ministry of National Education; the Ministry of Interior; the Justice; the Presidential Council for Gender Equality; the Foreign Trade Bank Colombia (through the Bank Investment Programme leads); the National Civil Status Registry Office; and the Ministry of Environment, Housing and Territorial Development. It also counts on the participation of government at all levels and of the private sector.

Juntos aims to integrate all Colombian social assistance programmes. It envisages articulation between families and the supply of public services in order to reach 45 objectives

organised in nine dimensions:³⁵ identification; income and wages; education; health; nutrition; housing; family; access to banking and credit lines; and access to the judicial system. It also coordinates and articulates private sector and non-governmental organisation (NGO) initiatives. It has three components: family follow-up; identification of families' basic needs (according to the 45 objectives); and institutional strengthening. Families remain in the programme, with individual follow-up (case management) for a maximum of five years.

Among the programmes that are integrated in the social protection network, it is worth highlighting *Familias en Acción*, the flagship CCT programme, and *Gestión Habitat y Vivienda* (on housing). Families participating in *Juntos* are also covered by the Colombian General System for Social Security (SGSS). In particular, *Familias en Acción* is the entry to the network and has strong links with other social programmes and public services in the areas related to the 45 objectives.

As of 2009, *Juntos* covered 631,000 families, but it aims to reach 1.5 million families in extreme poverty by the end of 2010. All families that were in *Familias en Acción* until 31 December 2007, classified as *Sisbén 1*,³⁶ are eligible, as are all displaced families registered in the Unified Registry of Displaced Populations (RUPD), regardless of their *Sisbén* classification. However, with the advent of the economic crisis in 2008, the government decided to increase the coverage of *Familias en Acción*, which led to the incorporation of 1.3 million new beneficiary families. This increase caused a mismatch between the coverage of *Juntos* and the coverage of *Familias en Acción*: in theory, *Juntos* should cover all *Familias en Acción* beneficiaries and also *Sisbén 1* families without members younger than 18 years old that are not eligible for the CCT programme but live in extreme poverty.³⁷

Through integrated programmes, such as *Familias en Acción*, and its 45 objectives, the *Juntos* programme can identify women and other vulnerable groups' needs. In particular, it intends to empower women as well as to protect them and children from domestic and sexual violence.

5.2 FAMILIAS EN ACCIÓN: DESIGN AND IMPLEMENTATION

Established in 2001 by *Acción Social*, *Familias en Acción* reached 2.9 million beneficiary families in 2009, covering approximately 20 per cent of the Colombian population. The programme almost doubled its coverage between 2007 and 2009, as it expanded to larger urban areas and tried to cover all families classified as *Sisbén 1* as a way to cushion the impacts of the economic crisis.

Familias en Acción started its operations in 2001 as a component of the Network for Social Support (RAS), which was created as an attempt to mitigate the effects of the recession of 1996-1999. It was implemented in municipalities (rural or urban) with fewer than 100,000 inhabitants with a sufficient supply of schools and health centres and at least a bank branch. The transfers sought to protect the human capital of children of the poorest families (*Sisbén 1*) in small rural communities, precisely those most affected by the recession. As of December 2005, the programme had reached 514,502 beneficiary families (Nuñez and Cuesta, 2006).³⁸

RAS had other two components which, in comparison with *Familias en Acción*, had a clear urban bias: 1) *Empleos en Acción*—a temporary public works initiative for unemployed people classified as *Sisbén 1* or 2, offering short-term (maximum five months) jobs in urban and social infrastructure projects in poor neighbourhoods, intensive in unskilled labour;³⁹ and 2) *Jóvenes*

en Acción—a training and skills development and job placement programme for youth between 18 and 25 years old living in urban areas with high unemployment rates⁴⁰ (Nuñez and Cuesta, 2006).

Familias en Acción was considered very successful by the baseline impact evaluation carried out by an independent evaluation consortium. This finding led the government to expand the programme to other small municipalities of under 100,000 inhabitants with an adequate supply of education, health and banking services. In 2005, the programme expanded to include the displaced population and the indigenous population, irrespective of their *Sisbén* classification. Such measures also had the effect of expanding the programme to large urban centres from 2007 onwards, requiring a revision of its design and scope. From a small-scale rural CCT, it had become a large CCT scheme, with a coverage rate comparable with those in Mexico and Brazil.

The main objective of *Familias en Acción* has not changed since its inception: to foster and strengthen the human capital of the children of the poorest families in order to break the intergenerational cycle of poverty. It intends to protect households—and particularly children—from the worst impacts of economic downturn. In the context of the recession of the 1990s, the programme aimed to prevent households from reducing food intake (a nutrition and health dimension) and to parents from taking their children out of school if they needed extra labour to provide income for the household. Thus, there is also a clear risk management rationale to the programme.

With regard to its specific objectives, the programme aims to:

1. Complement the income of poor families with children under 18 years and foster human capital accumulation through: increased food consumption, adoption of healthy eating habits, monitoring children's health and nutritional state and keeping children in school up to secondary education; and
2. Work as one of the main axes of the *Juntos* strategy (described above).

The eligibility criteria for *Familias en Acción* are: 1) families at *Sisbén* 1; or 2) families in RUPD; or 3) families included in the census of the indigenous population; and 4) families residing in selected municipalities; and 5) families with children under 18 years. However, only in municipalities with fewer than 100,000 inhabitants are all *Sisbén* 1 families invited to join; in those above this threshold, quotas are calculated on the basis of the proportion of the local population classified as *Sisbén* 1 and the proportion of the population living in rural areas.⁴¹ For municipalities above the population threshold and with less than 55 per cent of the population rural, a 'marginalisation index' is applied to select neighbourhoods for programme implementation (*Acción Social*, 2008).

The implementation of *Familias en Acción* and its operational cycle resemble *Bolsa Familia* in terms of the involvement of the municipalities. Prior to actual programme implementation, mayors and local representatives are informed about the programme in a series of meetings and activities that explain how it works. If there is interest from the local authorities, *Acción Social* and the municipalities sign a formal agreement. This agreement defines the following responsibilities for the municipalities: 1) provide a local focal point for the programme (*enlace*); 2) provide a venue for the programme unit; 3) provide staff to work with the local focal point;

and 4) guarantee that the focal point will be engaged full time with programme activities. If the mayors want to increase the number of beneficiary families, they can co-finance the programme, as long as they prove that they have the funds. However, they cannot change the targeting criteria of the programme or its operations (*Acción Social*, 2008).⁴²

The conditionalities, also called co-responsibilities, are considered one of the most important elements. Only the first payment is made without checking compliance. Thereafter, payments are made only if it has been verified that the co-responsibility has been fulfilled. The co-responsibilities encompass the following requirements: 1) education—a maximum of eight unjustified absences every two months (corresponding to an 80 per cent attendance rate); 2) health—clinic visits according to the protocol of the Ministry of Social Protection, which varies with the age of the child from one to four visits per year; and 3) family health and education awareness—members of beneficiary families, mostly mothers, attend programme meetings and training sessions organised at the municipal level.

Transfer values vary with the type of municipality and the age and grade of children. The benefit is paid bi-monthly. The scaling-up of the programme to large urban areas is being used to test different combinations of subsidy values (nutritional for younger children and educational for older children). In small and largely rural areas, the nutritional subsidy corresponds with a fixed amount of COL\$50,000 (US\$26)⁴³ per month, for families with children below seven years (the number of children does not matter). The education subsidy (per child) for primary education is COL\$15,000 (US\$8) and for secondary education is COL\$30,000 (US\$16). In larger cities, different combinations have been tried. In one group (Calli, Medellin and Soacha), the nutritional component is the same as in small rural areas but the secondary education transfer varies with grade: Grades 6, 7 and 8 receive COL\$25,000 (US\$13); Grades 9 and 10 receive COL\$35,000 (US\$18); and Grade 11 COL\$40,000 (US\$21). In other groups of municipalities, slightly larger values for the higher grades of secondary education have been tried. In addition, in these latter municipalities, there is no transfer for primary education, but an extra fixed nutritional subsidy component of COL\$20,000 (US\$10) is added for children aged 7-11 to compensate for the loss of the primary education subsidy.

Monitoring of co-responsibilities also varies according to the size of the municipality: 1) cross-checking databases—large urban areas; 2) certification cards, in which the mother is responsible for making sure her card is stamped at schools and health centres—medium cities; 3) certification vouchers distributed to mothers—small rural and isolated areas with high transport costs. In cases of non-compliance, first off there is a verbal or written admonishment and then the benefit is suspended temporarily. After two payment cycles (four months), if non-compliance persists, the family is excluded from the programme. There is no upper time limit for families in the programme, as long as they fit into the eligibility criteria and comply with the programme's co-responsibilities.⁴⁴

An important component within the structure of the programme is the *madres líderes* (mother leaders). These are representatives elected from the group of beneficiary mothers whose responsibility is to represent them in any matter related to the programme, particularly on issues of compliance. The position is voluntary and unpaid and the only restrictions are that the women be able to write and read, enjoy communitarian work, be beneficiaries and comply with co-responsibilities. The *madres líderes* are elected during the plenary of beneficiary mothers, which is an important forum and public space for women to discuss

their needs and their views on the programme with local authorities and programme managers. Women also take part in regional meetings, in which they share their experiences with beneficiaries from other places.

The *madres líderes* receive training from the programme and have a key role in organising care meetings and family meetings. The former are meetings in which beneficiary mothers are invited to discuss issues related to their own care and that of their family members, with a focus on health, nutrition, education and improvement of living conditions. They are also a space for socialisation and mutual learning. The latter are large events, with activities for all members of the family according to their age. They aim to strengthen the family and also to build a stronger bond among beneficiary families.

5.3 THE IMPACTS OF *FAMILIAS EN ACCIÓN*

Familias en Acción has undergone an impact evaluation, with a baseline and two follow-up surveys. The main results are reported in *Econometría* (2006), with positive impacts shown in a series of dimensions. Some of the results are summarised below, with a special focus on impacts on the 'empowerment of the beneficiary women.'

The programme has increased the basic consumption of beneficiaries by 15 per cent to 19 per cent. The bulk of this increase has been concentrated in food- and education-related items. Stunting among young children (0-2 years) has been reduced by 10 per cent in rural areas. There has been an increase in school attendance for all levels and areas, but this has been stronger for secondary education in rural areas, at 12.1 per cent. There has been an increase in progression and a decrease in dropout rates. Girls are more likely than boys to attend school, by at least 3.6 per cent, but it is important to note that this was already the trend before the programme started. There has also been a decrease of 6 per cent in child labour. In urban areas, the programme has reduced the working hours of children aged 14- 17. Interestingly, it has had the effect of increasing employment among women in urban areas and men in rural areas, possibly because of the reduction in child labour.

To understand the potential impact of the programme in terms of empowerment of beneficiary women, *Econometría* (2006) assessed five aspects: 1) participation in the decision-making process within households with regard to health and education of the children; 2) autonomy in deciding how to invest own resources and participation in decisions on how to use household resources; 3) knowledge of healthy habits; 4) use of contraceptive methods; and 5) social life beyond the opportunities offered by the programme. The analysis does not show any change in the way decisions are made in the household or even any behavioural changes with respect to social participation and the adoption of healthy habits that could be attributable to the programme.⁴⁵

6 CONCLUSION

CCT programmes and embryonic integrated social protection systems have spread in Latin American in the past decade. Social programmes have been created and expanded and some of them embedded in more holistic strategies, particularly illustrated by the three countries analysed in this paper. Use of national registries; shared responsibility with local administrations in the field of social protection; recognition of social assistance as a public

policy based on rights rather than on sporadic charity from private agents or of a clientelistic nature; synergies between supply (of services) and demand-side incentives (cash transfers); recognition that poverty is multidimensional; and transfer of the benefit preferentially to women, especially in environments in which they previously rarely had access to cash, besides petty money given by their husbands—all of these represent a great development when compared with the past.

In the field of social protection, this represents a break from the ‘truncated welfare state,’ as programmes expand and offer some sort of protection to groups that have never received any form of attention in previous policies. From the viewpoint of specific vulnerabilities facing women, the programmes have contributed by acting as a preventive and protective tool. In some cases, they have even had a promotive dimension, in terms of engaging women in the labour market or granting them preferential access to microcredit programmes. This happens particularly when they are part of a broader strategy, like *Chile Solidario*, or when some effort is made to integrate cash transfer programmes with complementary programmes, as in *Bolsa Familia* and *Familias en Acción*. However, more research is necessary to understand which types of complementary programmes have the potential to lead to better results, particularly in relation to fostering women’s economic autonomy. Meanwhile, programme design has not always addressed time poverty issues, which are critical to women’s insertion in the labour market (as well as to their quality of life), nor the quality of participation, particularly in the case of training and skills acquisition programmes or rural extension, which have been recognised as important needs among beneficiaries.

As usual with public policies, CCTs are not gender neutral, even if they do not consider gender relations in their design. Evaluations of *Bolsa Familia*, *Familias en Acción* and *Chile Solidario* reveal some potential for women’s empowerment through increases in their bargaining power within the household and improvements in their social status in the community, as a result of positive impacts on their self-esteem, self-confidence and self-perception.

However, these programmes are not meant primarily to address women’s needs. Thus, in some contexts, they can entail a trade-off between these needs and children’s well-being—as perceived by the CCT programme rationale, which is actually the immediate main objective. This may happen, for instance, when mothers who already suffer from time poverty are required to attend talks and to go to schools and health centres to certify that their children have complied with conditionalities. Small changes in design and better use of information technology and innovative service provision may lessen the time burden that the programme imposes on them.

In addition, the demands of most programmes with regard to enhancing child well-being are not presented as family duties or obligations but rather as mothers’ responsibilities. Such messages can reinforce traditional roles. Programmes should revise their language and create the opportunity to trigger some discussion within the household on the traditional roles of men and women with regard to their responsibility for children’s health and education. Programme language should also suggest a more balanced division of responsibilities between mothers and fathers and also among other members of the household.

Our knowledge on the gendered impacts of CCT programmes is limited by the fact that evaluations to date have not disentangled which components are more important for women. This may be a result partially of the focus of the evaluations on narrow indicators, without

paying much attention to mechanisms that lead to a specific result, such as the empowerment of women. Such information could help in the design of changes in the programmes or the integration of programmes with other programmes, in order to minimise the negative impacts pointed out by the feminist literature while boosting some of the positive impacts in terms of addressing gendered vulnerabilities.

In addition, it is important to recognise that, at least for the three programmes analysed here, there is actually room for some positive changes. As programmes that are meant to be more integrated with other programmes and policies, they could benefit from the addition of new components or the rethinking of some design features. In particular, family support schemes could assume a stronger gender perspective. In this regard, the inclusion of men in programmes' activities is something that should be considered, as suggested in one of the evaluations of *Chile Solidario*.

To date, monitoring and evaluation procedures have focused on traditional expected programme impacts. In order to boost some of the gender dimensions and to curb some of the unintended effects, new evaluations should aim also to use improved gender-sensitive indicators, such as assessing and analysing the extent to which gendered economic and social risks are addressed, including time poverty and changes in women's empowerment and autonomy. Both qualitative and quantitative evaluations could help programmes monitor impacts in relation to traditional outcomes, family dynamics and women's empowerment.⁴⁶

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NOTES

1. For a review of the impact of the various programmes, see Fizsbein et al. (2009) and Soares et al. (2010a).
2. See Moore (2009) for a thorough review of the RPS experience.
3. Ingreso ciudadano was the CCT component of the Social Emergency Aid Plan (PANES), which started in 2005 with a time horizon of two years. This time limit was in line with the emergency nature of the plan.
4. It is interesting to note that the original benefit was conditional to both school attendance and contribution to social security (Amarante et al., 2009). Therefore, the use of conditionalities in Uruguay comes from a much longer tradition, not just the new wave of CCTs.
5. The reform of the *asignación familiar* started in the 1990s, but it was only in 2007 that it assumed a much more radical turn in terms of expanding coverage and incorporating families without formal sector workers.
6. Schady and Rosero (2007) show some evidence of an increase in the bargaining power of beneficiary women within the household in the case of Ecuador, although Handa et al. (2009) show that, in the case of Mexico's *Progresa*, this aspect has not appreciably increased the overall decision-making power of women, even though women are reported to have more control over cash income as a result of the programme.
7. Molyneux's research focus is limited to *Progresa/Oportunidades* in Mexico and *Comedores Populares* in Peru.
8. See, for example, Gertler et al. (2006) for *Progresa*, Martinez (2004) for *Bonosol* (a non-contributory old age pension in Bolivia) and Soares (2010b) for *Tekoporã* (a CCT in Paraguay).
9. Lack of identification documents has been a major challenge for the programme's operations in terms of making the payment to women. This fact reveals the degree of social and political exclusion, on top of economic exclusion, faced by potential beneficiaries of the programmes.
10. CCT programmes do not address directly the issue of teenage pregnancy; however, beneficiary meetings, such as in the case of *Oportunidades*, Mexico's CCT programme, can help disseminate knowledge on basic health as well as on preventive sex education. Lamadrid-Figueroa et al. (2010) show that *Progresa* has had a positive impact on contraceptive use among poorest beneficiaries, but they do not look at teenage pregnancy in particular.
11. Interestingly, Chile is the country with the lowest rate of female labour market participation, as seen in Table 1.
12. We are grateful to Simone Cecchini from ECLAC for drawing our attention to the particularities of the Chilean political system.
13. A common feature of these countries is that all of them have quotas for women in the national parliament.
14. The *Cadastro Único* was created in 2001 with the aim of ensuring a common database for different programmes, but its consolidation took place only during the *Bolsa Família* reform.
15. Just after the *Bolsa Família* reform, President Lula sanctioned the Citizenship Basic Income Law after Congress approved it. The law states that citizenship basic income is the right of all Brazilians residing in the country and all foreigners living in the country for more than five years, regardless of their socioeconomic situation. However, the law also states that the implementation of this benefit must be carried out in phases, starting with the poorest segments of society and according to the government's fiscal space. According to Senator Suplicy, *Bolsa Família* is a first step towards citizenship basic income, although other supporters of basic income, like Lavinás (2008), point out that *Bolsa Família* does not come from a rights-based perspective, since it is targeted and conditional and, therefore, excludes the poor who are not selected through the targeting mechanism or who fail to comply with conditionalities. See Bastagli (2008) for an overview of the debate on CCTs in Brazil and the views of their advocates and critics.
16. Notice that PETI was not initially merged with *Bolsa Família*. It was incorporated later on and kept some of its features, such as the extra school shift for children.
17. The accumulation of benefits does not mean that there is any illegality. The law allowed this type of situation, as the *Bolsa Escola* and the *Bolsa Alimentação* covered different age groups and the *Cartão Alimentação* and *Auxílio Gás* were seen as complementary to other programmes, admitting, therefore, their accumulation along with other benefits.
18. The information about a family in the *Cadastro Único* also has to be updated every two years.
19. There is no time limit on a family staying in the programme after the initial two years, as long as they remain eligible and comply with conditionalities.
20. For the extreme poor, *Bolsa Família* is an unconditional programme, since it is not necessary to have children to receive the benefit. In this context, the programme resembles a basic income programme. However, the relevant unit of intervention is the family, whereas with regard to basic citizenship income it is the individual.
21. Exchange rate US\$1 – R\$1.79.
22. Before January 2008, the programme covered only children 0-15 years. The age extension and the higher value of the transfers (R\$33, that is US\$18.5) was aimed at avoiding school dropout in this crucial age bracket.
23. From 2007 onwards, families started being dropped from the programme as a result of non-compliance with education conditionalities. As of October 2009, 88 per cent of beneficiary students were having their conditionality monitored and 97 per cent of these were complying. With regard to health conditionalities, which are monitored every six months, only 63 per cent of those who should be monitored were actually being monitored; among these, 100 per cent were complying (MDS, 2009).

24. For the benefit corresponding to teenagers 16-17 years the process is shorter, encompassing: notification; blockage; one 60-day suspension; and then cancelation. But only the benefit of the teenager is cancelled: this does not affect the rest of the family, as non-compliance among 0-15 years old does.
25. They are encouraged, however, to look proactively for poor households in the poorest areas and to provide information about registry points and eligibility criteria using different forms of communication strategies (Bastagli, 2008).
26. The criterion to be eligible for registration is a per capita family income below half of the minimum wage or a total family income of three minimum wages. These criteria lead to an eligibility line that is higher than the eligibility cut-off point of *Bolsa Familia*. As of October 2009, 18 million families were registered, roughly 36 per cent of Brazilian families.
27. This simplified bank account will be offered to families in the *Cadastro Único* and not only to *Bolsa Familia* beneficiary families.
28. It is important to bear in mind that in Mexico and Colombia, where evaluations show positive results with regard to malnutrition and health indicators, villages were selected to participate in the programme only when the supply conditions were in place. In addition, the benefit payment was linked firmly to the monitoring of conditionalities, and food complements were integrated into the programme (Soares et al., 2010a).
29. An increase of value-added tax helped to finance the programme.
30. Overall, *Chile Solidario* lasts for five years. The first two years correspond to the *Puente* programme and consist of the phase of intensive care with periodic visits from the social worker.
31. It is important to bear in mind that the 53 conditions do not always apply to one family. Families may have already met some of them, and others may not be applicable to their situation.
32. The introduction of FPS coincided with the arrival of the possibility of updating its information using a web-based system whenever any socioeconomic conditions of the beneficiary family change (Larrañaga et al., 2009a).
33. Earned income is used in this context as the household income net of the benefit.
34. The authors caution against generalising these results to all cohorts, since they are based on the analysis of only the first cohort of beneficiaries.
35. This framework is similar to *Chile Solidario*'s 53 social conditions grouped in seven dimensions (see Chapter 4).
36. *Sisbén* is a national database used to target different government subsidies. It compiles socioeconomic information on families with regard to housing and durable goods, access to services, demographic characteristics, occupation, human capital and social security and place of residence (urban or rural). It is a proxy means that measures quality of life based on a multidimensional index that varies from 0 to 100. The index has different weights for urban and isolated rural areas and is clustered into six groups for urban areas and four groups for rural areas. The first group is considered the most vulnerable (*Sisbén* 1) and is the focus of *Familias en Acción* interventions (Villa, 2008).
37. We are grateful to Fernando Sánchez—*Familias en Acción*'s Coordinator for Institutional Strengthening—for clarifying the reasons for the rapid expansion of the programme and the mismatch between *Juntos* and *Familias en Acción* target populations.
38. The initial design of *Familias en Acción* resembles that of *Progresá* in Mexico: a strong focus on the human capital of the rural poor, use of multidimensional indicator to implement targeting and the requirement that the municipality had enough supply of services to start the programme. In Colombia, this included the existence of a bank branch or facility.
39. As of 2004, 205,298 people had benefited from this programme.
40. As of 2004, 41,369 youths had benefited from this programme.
41. If the proportion of the population classified as *Sisbén* 1 is above 90 per cent, all *Sisbén* 1 families are invited to register.
42. *Bolsa Familia* also allows co-funding but, rather than expanding the number of beneficiaries, in most cases this aims at supplementing the value of the benefit, particularly in large urban areas where the transfer does not represent a significant amount of the family income.
43. Exchange rate of US\$1 – COL\$1923.08.
44. In its inception, the programme had a duration of three years but, after positive evaluations, it became permanent, with no upper time limit. Villa (2008) argues that the use of a proxy means to define eligibility is one factor explaining why families do not graduate, since a proxy means index changes slowly in comparison with any monetary poverty indicator.
45. The results cover only rural areas, as the baseline was built before the expansion of the programme to larger municipalities.
46. Another important shortcoming is the tendency to evaluate the impact of specific programmes isolated from overall social protection strategies. Very little is known about the added value of the integration of different programme (or strategy) components. Even the evaluation of *Chile Solidario*—an integrated programme since its inception—has not generated much evidence with regard to the importance of the individual components and their combined impact.



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