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Working Paper

Social policy in Mexico and Argentina

Working Paper, No. 921

Provided in Cooperation with:

Levy Economics Institute of Bard College

Suggested Citation: Tepepa, Martha (2019) : Social policy in Mexico and Argentina, Working Paper, No. 921, Levy Economics Institute of Bard College, Annandale-on-Hudson, NY

This Version is available at:

<https://hdl.handle.net/10419/209164>

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Working Paper No. 921

Social Policy in Mexico and Argentina

by

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Levy Economics Institute of Bard College

January 2019

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ISSN 1547-366X

ABSTRACT

This paper is a comparison between two programs implemented to combat poverty in Latin America: *Prospera* (Prosper) in Mexico and *Asignación Universal por Hijo* (Universal Assignment for Child) in Argentina.

The first section offers a review of the emergence of the welfare state, examining economic and urban development in both countries and the underlying trends of social policy instruments.

The analysis is based on the political nature of social problems and the actions undertaken to confront them. The paper offers a theoretical perspective, often questioning the very foundation of the social policy that serves as the main framework for the social programs, in order to present the policies' scope, successes, and disadvantages with reference to social equity and the well-being of their participants.

KEYWORDS: Social Policy; Welfare State; Conditional Cash Transfers; Argentina; *Asignación Universal por Hijo*; *Plan Jefes y Jefas de Hogar Desocupados*; Mexico; *Prospera*; Latin America.

JEL CLASSIFICATIONS: H75; I30; I38; O18; O19; O57; P52

Economic growth has been shown as a necessary but not sufficient condition for raising the standard of living for the majority of the population. Social policy, on the other hand, has been recognized as a way to level the ground for all members of society. So, it seems obvious that in order to guarantee the well-being of all the population it is necessary to establish a link between economic and social policies.

Social programs are nets that catch those that have been pushed out of the market and, ideally, provide the resources and means to live a dignified life without vulnerability and deprivation. The impact of any social policy on the population's standard of living will undoubtedly depend on the type of program that is implemented (Gordon 2004).

Through the history of Latin America, continuous economic crises have left a large portion of the population living under precarious conditions; thus, the importance of social policies that guarantee the well-being of all. This paper compares the main social policy instruments used to tackle poverty in Mexico and Argentina.

The analysis offered here is not a technical-economic evaluation using metadata and specialized consultants, such as those commissioned by governments. On the contrary, based on the political nature of social problems and the actions undertaken to confront them in both countries, it offers a theoretical perspective—often questioning the very foundation of the social policy that serves as the main framework for specific programs—in order to present the policies' scope, successes, and disadvantages with reference to social equity and the well-being of their participants.

The first section offers a review of the emergence of the welfare state in both countries. It then examines the historical trend of social policy instruments through the debt crisis, the adjustment programs of the 1990s, and the financial crises of 1994 in Mexico and 2001–2 in Argentina, with emphasis on the *Programa Jefes y Jefas de Hogar Desocupados* (Unemployed Head of Household Program).

The second section offers a comparison between the main programs employed to combat poverty at the federal level: the *Prospera* (Prosper) program in Mexico and the *Asignación Universal por Hijo* (Universal Assignment for Child) in Argentina.

The paper closes with some conclusions.

INTRODUCTION

The urban development process and political and economic characteristics serve as starting points for identifying the challenges nations face in meeting the demands of their populations. Mexico and Argentina have important differences that are decisive when addressing the welfare state, specifically, the social policies directed to those living in poverty. Table 1 offers a general comparison between both countries, focusing on their population density, age structure, and urban population.

In 2017, Mexico had a population of 123.5 million, more than half (65.2 million) of whom were under 29 years old. The current life expectancy is 75 years. Estimates show that in 2005, approximately 580,000 Mexicans emigrated, a figure slightly higher than the number of those who died in the same year (501,000).

Argentina, with a population of 44.1 million people, maintains a very low population density, with 16 inhabitants per square kilometer. In 2016, the life expectancy was 76 years. The country has low levels of emigration and is a net recipient of immigrants for South America.

Table 1. Demographic Summary of Mexico and Argentina

	Area km ²	Total population (millions)		Population density (people/km ²)		Age structure (percent of total population)						Urban population (percent of total)	
		1970	2017	1970	2017	1980			2000			1970	2017
						0–14	15–64	65+	0–14	15–64	65+		
ARG	2,766,889	23.9	44.1	8.7	15.9	30.5	61.4	8.1	27.7	62.6	9.7	78.4	92.0
MEX	1,972,547	50.3	123.5	25.5	62.6	45.1	51.1	3.8	33.2	62.1	4.7	59.0	80.0

Source: <http://data.un.org/>

Urbanization

Argentina reached a high degree of urbanization in the early 1910s: “According to the census data [in 1914] ... under a third of the inhabitants lived in medium or large cities of 50,000 people or more, while the urban population surpassed the rural. Of these urban contingents, 25.4% of the population (more than 2 million people) resided within the area currently known as the Great Buenos Aires” (Rapoport 2003, 135).

Unlike Argentina, Mexico was considered an urban society until the last quarter of the 20th century. Well into the 1980s, more than half of the Mexican population resided in localities of at least 15,000 inhabitants.

Table 2 shows the distribution of urban population by city size in Mexico since 1900. The remarkable increase in the urban population—given the exodus from the countryside to cities, along with the change in the economic model¹ in the 1990s—implied not only a significant expansion of the urbanization process but an increase in social inequalities, including the

¹ Through Mexico’s modern history, several administrations have pursued policies that reflect their approach to economic growth. From 1940–82 governments emphasized industrialization as the vehicle for economic growth. Public investment in infrastructure and social expenditure on education and health established a hefty public sector. Under what’s known as the “import substitution model,” the State regulated financial transactions and trade, invested in strategic sectors, and subsidized agriculture. After the debt crisis in 1982, every administration has adopted the recommendations of international organizations and financial institutions, implementing structural reforms and adjustment plans that have completely changed the approach to economic growth. The State has contracted its role, thus, the public sector has been reduced through privatizations or liquidations of public enterprises and services. Regulations have been eliminated and the trade, agriculture, energy, and financial sectors have been opened to foreign capital.

differentiated access to public services and housing. Along with these urban challenges, the presence of highly marginalized communities, inhabited mostly by indigenous people,² adds to the need for effective social policies for the poor. According to the National Population Council, 95.5 percent of communities inhabited by indigenous people have high marginalization indexes: “The population of marginalized localities amounts to 7.1 million people, 90.8 percent are indigenous people; 48 percent of municipalities with indigenous population present high marginalization, while 82 percent have very high marginalization” (Conapo 2000).

² There are approximately 50 million indigenous people divided into 410 different ethnic groups in Latin America and the Caribbean. Almost 90 percent of the indigenous population in Latin America is concentrated in five countries: Peru (27 percent), Mexico (26 percent), Guatemala (15 percent), Bolivia (12 percent), and Ecuador (8 percent). After centuries of exclusion and domination, indigenous and Afro-descendant peoples present the worst economic and social indicators. They have little cultural recognition, no access/representation in decision-making bodies, and face ethnic and racial discrimination. In Guatemala, Mexico, Bolivia, and Peru, more than 60 percent of the indigenous population lives in poverty (Hopenhagen 2005).

Table 2. Mexico: Distribution of Urban Population by Size of Cities, 1900–2005

Year	Total urban	15,000 to 19,999	20,000 to 49,999	50,000 to 99,000	100,000 to 499,999	500,000 to 999,999	1 million or more
1900 Population ^a	1,435	173	536	280	446	-	-
Cities ^b	33	10	17	4	2	-	-
1910 Population	1,783	115	715	363	590	-	-
Cities	36	7	22	5	2	-	-
1921 Population	2,100	201	560	534	143	662	-
Cities	39	12	17	8	1	1	-
1930 Population	2,892	275	564	575	429	-	1,049
Cities	45	16	17	8	3	-	1
1940 Population	3,928	304	694	589	781	-	1,560
Cities	55	18	23	8	5	-	1
1950 Population	7,209	392	1,210	808	1,927	-	2,872
Cities	84	22	39	12	10	-	1
1960 Population	14,382	559	1,271	1,956	3,591	1 596	5,409
Cities	119	32	41	26	17	2	1
1970 Population	22,730	740	2,123	1,750	6,142	629	11,346
Cities	174	43	72	25	30	1	3
1980 Population	36,739	947	2,947	1,633	10,275	2 553	18,384
Cities	227	55	96	24	44	4	4
1990 Population	51,491	1,396	3,755	2,800	10,990	10 076	22,474
Cities	304	80	124	39	42	15	4
2000 Population	65,617	1,205	4,774	3,259	10,815	12,590	32,974
Cities	349	70	163	46	42	19	9
2005 Population	71,499	1,338	4,942	3,268	10,977	15,556	35,419
Cities	367	78	166	47	45	22	9

Notes: *a*: Population in thousands; *b*: Localities with 15,000 habitants or more

Source: Garza Villarreal (1990, 2010)

The urbanization of Mexico, along with the historical exclusion and marginalization of the indigenous population,³ has presented a huge challenge for economic and social policies:

“Problems of land tenure in cities, transport, the vast insufficiency of urban services and

³ In 2017, the United Nations Special Rapporteur on Indigenous Peoples Rights, Victoria Tauli-Corpuz, urged Mexico to achieve an equal and respectful relationship with indigenous peoples in order to end the country’s historical pattern of human rights abuses: “I was able to recognize a serious pattern of exclusion and discrimination, which in turn reflects in a lack of access to justice, among other human rights violations Another serious issue brought to my attention was the fact that indigenous peoples are not being properly consulted, according to international standards, on projects and other decisions that affect their rights, including their right to life” (United Nations Human Rights Office of the High Commissioner 2017).

infrastructure, marginality and unemployment, pollution of urban ecosystems, public insecurity, among other dramas, have seriously replaced ancestral problems that, however, continue to be dramatically accentuated” (Garza Villarreal 2010).

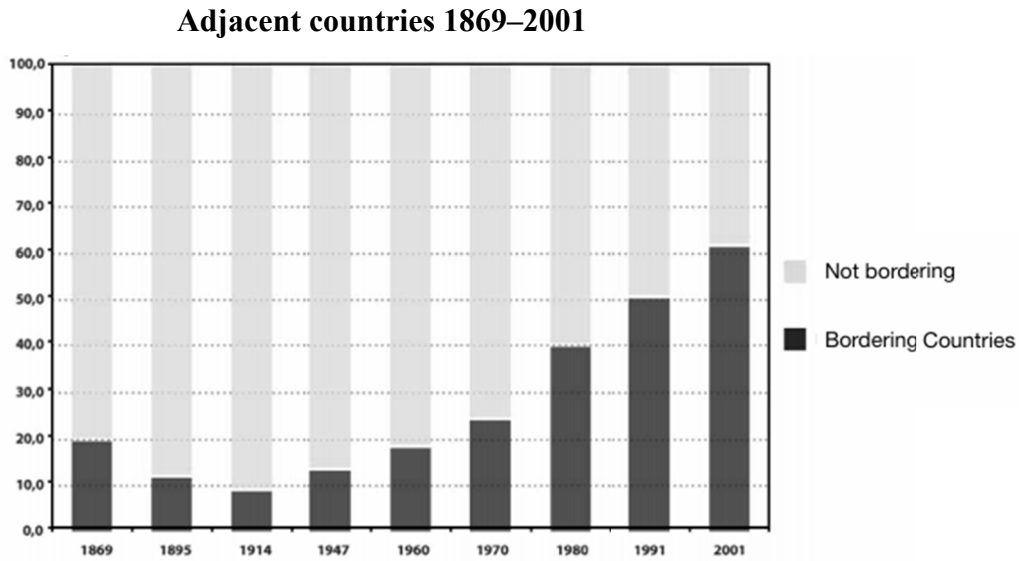
Immigration

Another difference between both countries is the significant presence of immigrants and the approach to immigration. Historically, Argentinian regimes have sought to promote national cohesion by accelerating the assimilation of foreigners and emphasizing the importance of immigrants’ contributions.

By the end of the 19th century, when Europe faced serious crises of excess of labor, shortages of food and raw materials, and political instability, many governments actively promoted emigration. Argentina, among the main destinations for European migrants, received the largest waves between 1890 and 1910, when it was a major agro-exporter and supplier of raw materials, making it the second-most-important country in receiving European immigrants after the United States: “In 1914, the immigrant population represented 30 percent of the total population. In Buenos Aires, estimates of the immigrant population vis-à-vis the native born population vary between 60 percent and 80 percent. Italian and Spanish communities continued dominating until the 1940s, with 42 percent and 38 percent, respectively. During this period the presence of Russian (93,000) and ex-Ottoman Empire (65,000) immigrants is also noteworthy” (Devoto 2002).

After the 1960s, there was a progressive increase in immigrants from adjacent Latin American countries. The main countries were Paraguay, with 550,713, and Bolivia, with 345,272 (figure 1). In 2016, immigrants represented 4.05 percent of the total Argentine population.

Figure 1. Foreign-Born Population in Argentina



Source: Dirección General de Migraciones, Argentina (2018)

In Mexico, migration laws have been more restrictive than in Argentina, thus, the country has received a historically low volume of immigrants.

According to Yankelevich (2017), before the 1910 revolution,⁴ European representation decreased its proportion in the total number of immigrants to Mexico from 45 percent in 1895 to 39 percent in 1910. Asian immigration increased its share from 2 percent to 11 percent between the same years.

After the revolution (post-1910s), the government sought to limit the arrival of immigrants and curtail foreigners' property rights and political participation. Between 1921 and 1940, the number of foreigners that arrived to live in Mexico went from little more than 100,000 to almost 178,000 people (0.86 percent of the population) and then stagnated through the 20th century.

⁴ The Mexican Revolution was an armed uprising by peasants and urban workers that lasted from 1910 until 1920. It dramatically changed the political and social landscape of Mexico, initiating its move toward a “modern democracy.”

After World War II, the country adopted a slightly more open approach; however, it has one of the most restrictive immigration policies in Latin America (Yankelevich 2017). Since the 1950s, the proportion of foreigners in the total national population has been below 1 percent.⁵

The Middle Class

The political influence and gains of the Mexican labor movement and the urban middle class have not been as strong and dynamic as in Argentina.

Heading into the 20th century, Mexico's economy revolved around great *haciendas*, and, in the few emergent cities, small artisans predominated, such as in the rest of the young mercantile Central American economies.⁶ An incipient Mexican urban middle class can only begin to be identified in the 1950s: "In the 1950s the middle class was a small group, made up of small merchants and the traditional 'liberal professions' (lawyers, doctors, professors, etc.). The industrial and commercial development and the growth of the Public Administration created a large middle class, raw and ignorant from the cultural and political point of view but full of vitality" (Paz 1996).

In Argentina, the middle class emerged and strengthened earlier than in Mexico, starting in the 1920s with young European immigrants of varied ideologies. Ethnic and neighborhood associations, popular libraries, and political committees contributed to assembling a dynamic middle class. By the 1940s, the middle class was not only a central part of "the people" and "heirs of Europe," but also evolved into a heterogeneous composition with the incorporation of industrial urban workers allied with the Peronist movement:

⁵ It should be noted that the low volume of immigrants to Mexico contrasts with the bulging migration of Mexicans, both central issues in understanding the logic behind migration policies in Mexico and the United States throughout the 20th century.

⁶ Among the fundamental actors of the 1910 revolution were the northern petty bourgeoisie with political aspirations that the dictatorship denied. The base of the movement was peasants, some impoverished small landowners, hired peons, the dispossessed, and industrial workers (the minority). This sector mainly demanded agrarian reform.

The emergence of Peronism did not erase this people/oligarchy dichotomy. What it did was add another element by drawing a new class line that also implied a racial and cultural division. The people could no longer be “one” after the “discovery” of a Peronist working class that was neither “civilized” nor descended from the ships. With that “discovery,” a tripartite image of society became possible, and it was at that point that a heterogeneous assortment of occupational and social positions were unified into the notion of an Argentine middle class; a middle class that inherited the cultural and racial features that were previously viewed as characterizing the entire Argentine Nation. (Garguin 2007)

Another important difference between both countries was the conservative proclivity of the Mexican middle class, which sought its legitimacy in the benefits and privileges conceded directly by the State, not through labor activism (as was the case in Argentina).

It is also important to keep in mind that while the levels of indigence and poverty in Argentina have been historically low, in Mexico large segments of the population—specifically the indigenous communities—have been bluntly excluded for decades. However, the path of both countries merges after the debt crises and the structural adjustment programs of the 1990s. As table 3 shows, both countries had a surge in the percentage of people living in poverty. In Argentina, the rate increased significantly after the 2001–2 crisis.

Table 3. Population Living on Under \$1.25 a Day in Selected Countries in Latin America: 1981–2010

Country	Percentage of total population				
	1981	1990	2000	2005	2010
Argentina	0	1.2	6.8	4.5	1.6
Bolivia	2	5.2	23.4	19.6	15.6
Brazil	17.1	17.6	11.2	7.8	6.1
Chile	6.3	3.9	2.4	0.7	1.4
El Salvador	14.8	17.1	15.1	13.5	7.2
Mexico	9.8	4.8	6	1.7	1
Uruguay	n.a	0.9	0.7	n.a	0.3

Source: CONEVAL (2014); World Development Indicators 2014.

SOCIAL POLICY

Emergence

In Argentina, social protection was introduced in the 1920s with broad coverage; in Mexico it was established two decades later, in the 1940s, with less coverage.

A series of factors converged in the early development of social policy in Argentina, mainly a strong, dynamic economic model that relied heavily on labor and the development of the organized labor movement, as noted by Minujin (1993, 47): “The confluence of an early development of social demands and an economic model interested in capturing and protecting workers favored a broad expansion of state social intervention, comparable to the one that characterized the developed countries.”

As the first welfare state in Latin America, Argentina’s was formally established through transfers from the export sector (mainly agricultural) to the urban industrial sector. During the import-substitution period, the full employment policies, and high wage levels were intended to sustain effective demand through consumption.

Services like healthcare were financed by workers' contributions. Housing policies were financed with resources from unions' contributions and government subsidies. Assistance programs for the nonlabor population concentrated on cases of extreme poverty and were funded by charity and operated by philanthropic organizations (Lo Vuolo and Barbeito 1998, 24; Soldano and Andrenacci 2006, 25; Hintze 2007, 23).

Although Argentina's social policy was developed earlier than in other countries in Latin America and simultaneously with European countries, the economic accumulation model and the prevailing social and power structures prevented the emergence of a distributive state identical to those found in most European countries during the early 1900s (Golbert 2009).

In Mexico, the Constitution of 1917 designated the state as the organizing and legitimizing axis of social demands and their response, setting up the crucial elements of a welfare state (Boltvinik 2005a). However, it was only until the 1940s that the contentious capacity of an emerging working class organized in unions forced the state to comply with social programs for the incipient labor sector and the expanding urban population (Brachet-Márquez 2010).

Trend

The process of sustained economic growth during the postwar period made the improvement of the quality of life of certain population groups possible in both countries. The workers and their families were incorporated into social protection schemes through paid work. The model enabled the development and growth of some industries, such as manufacturing, construction, and energy, in Mexico, and steel, petrochemical, fuels, and refrigeration in Argentina, drastically improving the living standards of the population directly related to those industries. The social policy model in both countries had various characteristics of the model that Esping-Andersen (1990, 21–23, 48) identifies as Corporatist:

It covers directly workers and their dependents by guaranteeing broad rights to those insured. The benefits depend on individual contributions; therefore work and employment acquire an important role because the benefits depend on labor contributions. There are eligibility rules and benefits with associated rules and preconditions that define the extent to which wellness programs offer effective alternatives to market dependence. These programs are tied to the traditional family model (formed by father, mother and children) and do not contemplate the economic participation of women or young people. The model reinforces divisions among employees through specific programs for each class and social group with privileges that accentuate the position and career seniority of the individual.

In Mexico, the public institutions dedicated to addressing social needs such as housing, health, and nutrition were formally established in the beginning of the 1970s. Before then, social policy in the country was erratic, characterized by isolated social programs with several inconsistencies in their design.⁷

In Argentina, between the postwar period and the mid-1970s, the welfare state was an institutional hybrid that combined universal and corporate forms of social protection, with residual housing and social assistance policies, but without unemployment insurance or job advancement (Lo Vuolo and Barbeito 1998).

The military dictatorships through the 1950s and 1960s did not introduce significant structural reforms in Argentina's social sector. In fact, since certain unions maintained a powerful position and overall social demands kept their influence, there was an expansion of social security coverage, especially for workers in industries related to the military. It remained this way until the 1970s, during the dictatorships of the military junta, when there was a definitive impulse toward the ideology of the liberal model, which was fully implemented in both countries during the structural adjustment of the early 1980s (Minujin 1993, 48).⁸ In both Argentina and Mexico,

⁷ The Institute of the National Fund for Workers' Housing (INFONAVIT) was created in 1972. Its purpose was the provision of housing for the low-income population. A year later, the Program of Public Investments for Rural Development (PIDER) was established in order to create permanent, remunerated employment through infrastructure projects. The National Fund for Workers' Consumption and the National Social Security Program—derived from the Mexican Institute of Social Security (IMSS)—extended their coverage to municipalities in 1974. The General Coordination of the National Plan for Depressed Areas and Marginalized Groups (COPLAMAR) was established in 1977 as part of a policy to reduce marginalization (Sampedro 2009, 49).

⁸ The military coup of March 24, 1976, headed by Jorge Rafael Videla, marked the shift from an economic model based on industrialization and full employment to another based on the financial valorization of capital. Alfredo Martínez de Hoz, the economics minister, announced the liberalization the economy, especially the financial

the economic model was modified through the adoption of the Washington Consensus. The adjustment completely modified social policy, as it included extensive labor reforms.⁹

In both countries, the state contracted its role, privatized a huge part of welfare provisioning, and promoted decentralization. The reduction in public spending—specifically social spending—for the sake of greater fiscal discipline caused the deterioration of the well-being of the population and had a negative effect on income distribution. The dismantling of social programs and the decline in public social service provisioning mainly harmed the lower-income social sectors.

The financial crisis of the public sector, especially the social welfare institutions, also altered the relationship between the State and the private sector, mostly in Argentina, a country that was usually portrayed as a successful case study of adjustment policies.¹⁰

In both countries, the provision of healthcare, pensions, insurance, education, and training were opened to the private sector. All public services were franchised, including electricity, railroads, water, gas, oil, and telecommunications. The public sector was reduced due to the conditions included in the loans aimed at reforming social security and reorienting public spending. This process was emboldened by the predominant ideological climate in which large sectors of the population blamed the State, unions, and bureaucrats for the bad service and deterioration in the services provided by the public sector.

In Mexico, despite the acute economic crisis, the welfare state was not as completely dismantled as in Argentina; nevertheless, the quality of the services and working conditions in the education and health sectors largely deteriorated. Furthermore, price controls of all items in the basic market basket were eliminated, increasing the cost of living (Brachet-Márquez 2010, 257).

markets, accompanied by wage freezes, the suppression of the price control system, and an increase in the exchange rate. As an immediate effect of these measures, the real wage lost a third of its purchasing power, beginning a cycle of domestic demand retraction.

⁹ The Washington Consensus contained 10 points on which the neoliberal economic model is based. It is also the main guide for adjustment and stabilization programs in Latin America (See Williamson 1990).

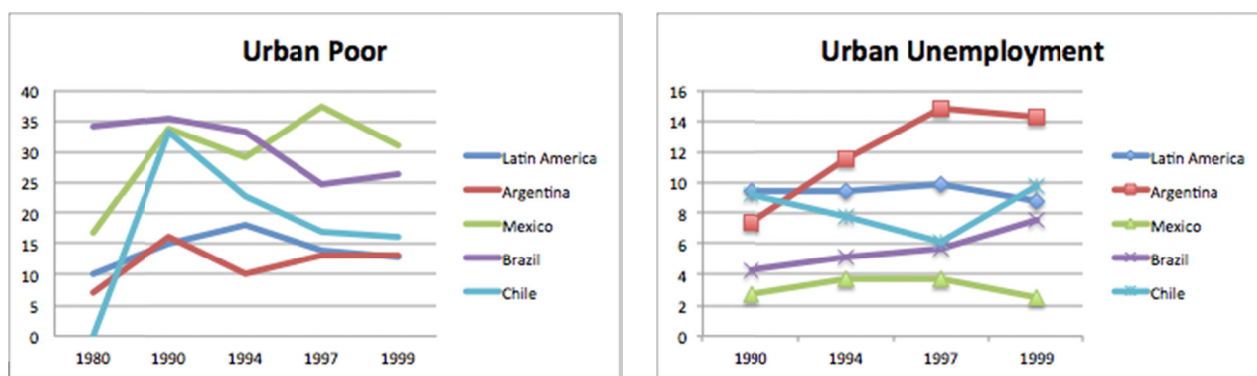
¹⁰ It should be pointed out that the 1980s in Argentina are defined by the return of a democratic regime, concurrent with the implementation of the adjustment policies that permanently modified the productive structure. The effects and consequences sooner or later would permeate the economic/social and political development of the country.

As a consequence of the adjustment processes, specifically the economic reforms and cutbacks in social policies, the rates of poverty and inequality increased. In fact, poverty increased in practically all countries in Latin America, from 35 percent of all households in 1980 to 39 percent in 1990. In countries with a greater population and more economic activity, such as Mexico and Argentina, there was a significant increase in urban poverty and unemployment rates (see figures 2 and 3).

The continuous impoverishment of families in material and social terms in both countries was accompanied by a change in ideology that legitimized the State's abandonment of fulfilling historically crucial functions (Feijoo 2003).

This aspect is significant because, as pointed out before, in Argentina, the urban middle class historically held an important stratum in society supported by the social mobility granted by the economic model. However, during the 1990s, the middle class was subject to a free-fall process that led significant portions to have income levels below the poverty line. Minujin (2004) named those sectors "*los nuevos pobres*" (the new poor).

Figures 2 and 3. Urban Poor Households and Urban Open Unemployment in Selected Countries in Latin America, 1980–99



Notes: Urban poor: percentage of households in main urban areas living under the poverty line; Urban unemployment: average annual rates in main urban areas.

Source: CEPAL (2010b)

Due to the visible deterioration in the living conditions of the inhabitants of the countries that had followed the recommendations, international organizations and lending institutions made a reassessment of their policy recommendations in the 1990s. The role of social expenditure was

revalued in order to channel resources toward the poorest and most vulnerable sectors. The policy of “adjustment with a human face” recognized the role of social development in enhancing productive development and economic growth, as well as the need for policies to mitigate the deterioration in living conditions in order to reduce the risk of social protest and to legitimize the governments in power (Griffin and Ickowitz 2001). The additional reforms included increments in social spending that allowed governments to capture some benefits from programs financed by international agencies and, in some cases, improve certain public services.

The modifications to the social policy model in various countries furthers the individualization, privatization, and targeting of policy actions. The social programs aimed at the poor consisted of sophisticated, targeted social programs with means-tested assistance.¹¹ The type of welfare state model followed by most countries offered modest social plans concentrated mainly in emergency employment, healthcare, and nutrition for children and pregnant women at risk of malnutrition. The programs targeted mainly a low-income clientele, perceived as passive recipients (not active participants with agency or participating capacities): “Entitlement rules are strict, benefits are modest and often associated with stigma. The state encourages the market, either passively, by guaranteeing only a minimum, or actively, by subsidizing private welfare schemes” (Esping-Andersen 1990). Furthermore, the loans granted by international institutions—such as the World Bank, the Inter-American Development Bank, and the International Monetary Fund (IMF)—to finance the programs were also tied to requirements, stipulations, and clauses that conditioned the use of funds to specific programs and projects with precise characteristics they established. The reorientation of social policy toward target groups and the fight against poverty coexisted with privatization, deregulation, and decentralization measures also recommended by the international agencies.

In Mexico, the National Solidarity Program was the central axis of the policy to reduce poverty during the first half of the 1990s, and in Argentina the Social Plan of the National Government was established in 1995. Although the budget of targeted social programs in both countries was

¹¹ Means tests are evaluations of a person’s income to determine if they or the household are entitled to certain benefits. Eligibility is determined based on the individual household’s classification according to their level of income and their possessions. The process, according to various academics, stigmatizes individuals and divides solidarity in communities (Boltvinik 2005a; Huber 2003; Posner 1997).

too low to alleviate poverty, the programs prevented further deterioration in “outcome indicators” (infant mortality, weight, height, clinical protein, etc.) recommended by international organizations.¹²

According to Golbert (2009), the policies aimed at serving the poor during the 1990s were characterized by their volatility. The programs were not a radical and efficient change of strategy. They were not designed to be long term; at any time, any program could be replaced by another of similar characteristics, but always with limited coverage.

Despite the implementation of the structural reforms (including targeted programs for the poor) at the end of the millennium, Latin America failed to lay the foundations for economic development and improvement in the well-being of the population. Poverty rates remained stable and income continued to be concentrated, with large social disparities through the region (Minujin and Anguita 2004; Boltvinik 2005a), as figures 2 and 3 show.

The 2000s

At the beginning of the new millennium, continuous and deepening economic crises forced stakeholders, mainly international organizations and private foundations, to guarantee enough financing and therefore more continuity of social programs. The focus on the social role of the State shifted away from targeting poverty and the practice of granting access to basic services based on the payment capacity of the household or individual toward a more integrated vision. Since Argentina presents a crucial example of the redefinition of social policy after deep

¹² International organizations argue that these indicators, called “outcome indicators,” offer precise criteria: measurability, appropriateness, comprehensiveness, relevance, sensitivity, and impact orientation. Combined with “resource indicators” that examine the causes of malnutrition and describe different population groups by, for example, agro-ecological zone, type of farming system, cropping pattern, and access to services, they are useful for setting targets and formulating policies and programs. Consequently, they are considered very important in implementing, monitoring, and evaluating social policy interventions. However, many specialists, like Townsend (1979), have questioned the prominence of these indicators in conceptualizing social development interventions if other aspects that reflect “the types of consumption and customs that express a social form” are not considered. In order to ensure that the most important areas of personal, domestic, and social life were represented, Townsend proposed 60 lifestyle indicators, including: diet, clothing, fuel and light, home comforts, housing and housing facilities, environment, characteristics, security, general conditions and social welfare benefits at work, family support, recreation, education, health, and social relations.

economic, social, and political crises, it is imperative to analyze the country's social policies at the beginning of the new millennium.

The deterioration in living conditions caused by the 2001–2 crisis generated social and political instability. As a result of the decline in economic activity, in May of 2002, the unemployment rate peaked at 21.5 percent (with more than three million Argentinians unemployed). Poverty reached 48 percent of the population in May 2002 and then 57.5 percent in October of the same year (Neffa 2008, 25). The crisis highlighted the lack of policies to confront the dramatic situation faced by millions of Argentinians. Mass social protests forced the ruling class to formulate an urgent strategy for facing a situation never seen before in Argentina.

The political crisis started with the resignation of President Fernando De la Rúa on December 20, 2001. The country had five presidents over the course of eleven days who suspended the martial law declared days before (Ramón Puerta), emitted decrees to withhold (and eventually suspend) debt service payments (Adolfo Rodríguez Saá), and struggled to gain political support to restore social order (Eduardo Camaño) until the Legislative Assembly appointed a provisional president (Eduardo Duhalde).

The economic crisis was the result of a combination of the long-term negative effects of economic cycles, especially the increase in structural unemployment and the persistence of poverty. Jan Kregel (2014) notes: “From 1999 onwards the economy entered into a vicious circle in which the government continually cut expenditures in order to preserve IMF funding, but failed to meet the primary deficit targets as growth rates fell, and continued to borrow in international markets in order to supplement reserves, but at increasingly onerous interest rates which increased the interest burden of the debt, and the interest costs in the budget.”

In the most acute moments of the crisis, the vast majority of unemployed inhabitants of poor neighborhoods faced problems that had accumulated through years of being ignored: food deprivation, crime, land shortage, precarious housing, inadequate health attention, exposure to high levels of pollutants, lack of public services and infrastructure, deficiencies in education, and income uncertainty.

The mobilizations and mass demonstrations of the unemployed through organizations known as *piquetes*¹³ forced the ruling class to establish a dialogue and adopt a conciliatory tone with different organizations in order to legitimize their fragile hold on power and, above all, to contain and subdue the general social discontent.¹⁴

The conjunction of citizens' demonstrations with other organized groups (public sector workers, the unemployed, and *piqueteros*) forced the government to establish a dialogue with civil-society representatives. The negotiations resulted in several actions that forwent the private sector and multinational organizations and had a different approach to the free-market doctrine: productive mini-ventures, subsidies to neighborhood organizations, and increased financing for self-construction housing projects.

The administration of Eduardo Duhalde, a former governor of Buenos Aires who gained enough political support to hold the presidency for 16 months,¹⁵ had three objectives: preserve the democratic system, pacify the country, and eliminate the one dollar–one peso parity (the convertibility currency exchange model). The first step was to declare social and food emergencies, implementing various social programs through presidential decrees. The programs aimed at attending to the most vulnerable groups affected by the sudden price increase in medicines and food brought on by the devaluation. Table 4 presents a list of the programs that emerged from the crisis. It is important to point out that all the programs had an approach that differed from the traditional social policy tools recommended or endorsed by international organizations. Their design and operational rules conveyed the change of direction in the

¹³ The *piquetero* organizations, still active, are political groups whose main strategy is the blocking or closing of streets and roads for the purpose of protest. Their actions began to be constant at the beginning of the Menem government in the mid-1990s and organized as a social movement during the government of De la Rúa (1999–2001). The word *piquete* comes from “picket”: a standing blockade and/or demonstration of protest in a significant spot.

¹⁴ The demonstrations were mainly in the capital and surrounding urban areas. Through the country, most cities (except Córdoba and Neuquén) did not have many demonstrations or looting, or at least they did not have the same media coverage, visibility, and strength.

¹⁵ Argentina has a long history of political instability leading to military coups, thus the pressure on the political class to agree to open a public dialogue with civil society. The first of Duhalde's challenges was to find ministers and put together a consensual cabinet with continuous negotiations to implement decrees and laws necessary to solve the crisis.

implementation of social policy.¹⁶ The programs had no geographical limits, no means tests, no set coverage quotas, and did not include strict punishments for noncompliance, nor did they contain gender or age restrictions. Participants (not beneficiaries or clients) could be women or men of any age. The Head of Household Program (*Programa Jefas y Jefes de Hogar Desocupados*, or PJJH) was the main program with the widest coverage, and serves as an example of the change of direction in the design and implementation of social programs in Argentina beginning in the 1990s. The PJJH program included a component of professional training or school completion aimed at adults. This feature broadened the spectrum of coverage inside participating households, emphasizing the well-being of all members, not only the minors.

¹⁶ Although the United Nations Development Program (UNDP) had an important presence in the social dialogue that designed the plan, the participation of their representatives was limited to observers.

Table 4. Emergency Plans Implemented during the Crisis in Argentina

Name, year	Type			Directed to...						Conditions
	Targeted	Universal	Objective	M	F	Extreme poverty	Seniors	Children	Pregnant	
<i>Ayuda alimentaria para desnutridos y bajo peso</i> , 2002 (Food Aid for Undernourished and Underweight)	×		Mal-nutrition	×	×	×		×		Must be below the normal percentiles for weight and height according to age. Provide a medical diagnosis at the time of registration.
<i>Plan Emergencia Alimentaria</i> , 2002 (Emergency Food Plan)	×		Food	×	×	×		×		Must have received previous food plans: <i>Caja Unidos, Prani, or Asoma</i> .
<i>Asistencia Alimentaria</i> , 2002 (Food Assistance)	×		Food	×	×	×	×			The income of the entire family group must be under \$150 and not receiving another plan. <i>Exception:</i> people with chronic health problems.
<i>Plan Vida</i> , 2001–02 (Plan Life)	×		Food Health		×	×		×	×	Breastfeeding women until the child is 5 months, and children between 6 months and 5 years of age.
<i>Remediar</i> , 2002–08 (Remedy)		×	Health	×	×	×	×	×	×	-
<i>Plan Adultos Mayores</i> , 2002– (Plan Seniors)	×		CCT	×	×	×	×			Must reside in Formosa, Misiones, Jujuy, Chaco, Corrientes, Salta, San Juan, Entre Rios, Catamarca, Tucumán, La Rioja, and Santiago del Estero. Not receiving any voluntary, noncontributory, or pension assistance of a monetary nature.
<i>Plan Jefes y Jefas de Hogar Desocupados</i> , 2002–10 (Unemployed Heads of Households)	×		CCT	×	×	×	×		×	Must be unemployed and head of a household. Have at least one child under 18 or of any age with a disability. School-aged children must be regular students and comply with the vaccination schedule. Participate in a project daily 4-6 hours.

Source: Guide of Social Plans, Municipality of Pergamino; Ministry of Labor, Employment, and Social Security; Ministry of Social Development; and Federal Government Portal in 2012.

The PJJH required that participants committed to work on a community project. The projects included completing education levels, training in a trade or job, and participation in community projects such as kitchens and childcare, microenterprises, and maintenance of neighborhoods and public buildings and spaces.

An innovative factor of the program that broke with previous social policies was that the projects were designed, suggested, and organized by representatives of the communities, not by municipal officials, authorities of government ministries, or staff of international organizations (Ministerio de Trabajo, Empleo y Seguridad Social de la Nación Argentina 2004).

Advisory councils served as intermediaries between the federal and municipal governments and the population. The projects were an innovative instrument of social participation because the participants were responsible for the supervision and evaluation of the activities¹⁷—specifically, the municipal and neighborhood councils, since authorities, communities, and project participants were given the job of monitoring the transparency and effective execution of the PJJH. Project proposals and training activities were under the advisory councils' jurisdiction, including the task of requesting supplies and necessary equipment. Thus, for the first time, many participants were given the chance to be part of the decision-making process, aware, in most cases, of their exercise of citizenship in the economic and political dynamics of their communities. It is important to put emphasis on the fact that council participants were participating in their own empowerment and not subjected to a government entity that empowers others (Durstun 2000).

Since their creation, the social plans were recognized as state policies under constitutional decrees, guaranteeing their continuity and budget allocation. The legislation also instructed an overhaul of the programs as goals were met in order to attend to new social challenges. Programs

¹⁷ According to Decree No. 165/02, the councils had the mandate to develop, evaluate, and set up projects related to the PJJH, including the upkeep of the participants' registry and the supervision of the budget and other resources allocated to the program's activities. The provincial councils had to monitor the PJJH in their respective jurisdictions, technically assisting and coordinating the resources for the projects' activities and acting in any disputes or conflicts.

were adjusted according to economic cycles, a detail that was never considered before in the formulation of state policies of any kind.

The PJJH, along with other complementary plans, constituted an important starting point for the development of social protection programs articulated around three main axes: provide security and protection for families, promote local development, and develop the social economy (Ministerio de Desarrollo Social 2011)

In Mexico, before the debt crisis, under the Corporatist model, the plan for overcoming poverty was through economic growth, generating jobs, and bringing education to the masses (Damián 2002).¹⁸ In the 1990s, after the structural adjustment was implemented, unlike Argentina, social policy was not substantially modified; it was only aligned to comply with the recommendations of the agencies and international organizations. The staff of these international agencies and organizations continue, to this day, to provide a large part of the financing, set the goals, and establish the conditions for their operation and evaluation.

The National Solidarity Program (*Programa Nacional de Solidaridad*, or PRONASOL), implemented in 1996, marked a break with the past policies, giving way to the first “neoliberal” antipoverty programs described as “welfare” in specific areas: namely, health, food, and education. The new approach was aimed at the poor and was later consolidated in a program called *Progresa*. Operating through means-test eligibility, its focus was on improving education, health, and nutrition for poor families in highly marginalized rural areas. The program’s design was based on the idea that poor families do not invest “enough” in human capital and are thus caught in a vicious circle of intergenerational poverty transmission. *Progresa* is a key example of the poverty alleviation approach for the new millennium: conditional cash transfers (CCT).

¹⁸ Twenty-eight years after the launch of PRONASOL in Valle de Chalco, poverty remains in the municipality of 332,000 inhabitants.

NATIONAL SOCIAL POLICY: THE MAIN INSTRUMENTS IN MEXICO AND ARGENTINA

Conditional cash transfer (CCT) programs are currently the main strategy for alleviating poverty in Latin America. These are noncontributory programs (funded by regular payments by the employer, not the employee) seeking to increase the levels of consumption of families through direct money transfers with the goal of reducing poverty in the short term, and with the long-term goal of breaking the intergenerational reproduction of poverty by strengthening the capabilities of the household (CEPAL 2010a).

“Modern” CCTs are a Latin American product.¹⁹ In fact, the *Programa de Asignación Familiar* (Program of Family Assignment) in Honduras, financed by the International Development Bank in 1990, can be considered the first CCT program. Similar programs were also established in some locations in Brazil in 1995 through *Fome Zero* (Zero Hunger). But, starting in 1997, Mexico’s *Progresa* program was the first to explicitly integrate the three main components of CCTs: direct monetary transfers, investment in human capabilities, and sophisticated targeting methods to include the targeted population into social protection programs.

In 2015, CCTs reached one-fifth of the region’s population—132 million people and 30 million households with an investment of 0.33 percent of regional GDP, or US\$153 per capita. In April 2018, the Economic Commission for Latin America (*Comisión Económica para América Latina y el Caribe*, or CEPAL) listed 48 CCTs active in the region on its noncontributory social protection database (the full list is included in the appendix of this paper).²⁰

¹⁹ Money transfers to the poor have been part of the European welfare states and other developed countries for a long time. Their origin can be associated with salary subsidies that the Speenhamland Act introduced in 1795 in England, which transferred money to those who had work, but low wages. In *The Great Transformation*, Karl Polanyi (1944) identified them as a social innovation equivalent to a “right to life.” These subsidies were abolished in 1834 and brought back during the 1990s in Latin America.

²⁰ The database is updated regularly, providing current data on expenditure, coverage, and amounts of monetary transfers, as well as detailed information on the different components of the CCTs implemented in Latin America and the Caribbean. The Social Development Division of CEPAL and the *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) maintain the database.

CCTs have the endorsement, support, advice, and financing of international agencies and financial institutions that have set to “reduce poverty and strengthen the human capacities of CCT recipients” as their main goal (CEPAL 2018).

Mexico’s *Prospera*

In Mexico, the main program for combating poverty is a CCT called *Prospera* and is the newest version of the program originally begun in 1997, which has survived through five administrations. Implemented in the context of the Tequila Crisis (1994–95)²¹ and the uprising of the Zapatista Army of National Liberation, the program has been heralded as “a model from Mexico for the World” (World Bank 2014).

The core objectives of the program haven’t changed in more than 20 years and the main idea is to grant cash to encourage: (1) school attendance of school-aged beneficiary children; (2) regular visits to health clinics by household members; and (3) the attendance of the program’s beneficiaries at workshops on health and nutrition.

The first version was implemented only in rural areas with high marginalization levels and sought to develop the capacities of beneficiary households in three areas: education, health, and nutrition. In its second version, *Oportunidades* (2002–12), the program extended coverage to urban areas. Since 2014 it has been known as *Prospera*, adding the concept of social inclusion and emphasizing financial inclusion: “giving priority access to the beneficiaries of the program to financial services such as financial education, savings, life insurance, and credit” (Dávila Lárraga 2016). In its current version, the program serves more than seven million beneficiary households and is financed by the Mexican government and the World Bank. The main goal is “to articulate and coordinate the institutional offer of programs and actions of social policy, including those related to production, development, income generation, economic, financial and labor inclusion, education, food, and health, aimed at the population that is in situations of extreme poverty, under support schemes that allow families to improve their living conditions

²¹ The response to the Tequila Crisis, described by the Mexican Central Bank as the most severe since the 1930s, is also a significant difference between Mexico and Argentina. While Argentina rejected the recommendations of the IMF and the World Bank during the 2001–2 crises, the Mexican government adopted all of them, including the rescue of the banking system, which increased public debt by 20 percent of GDP.

and ensure the enjoyment of their social rights and access to social development with equal opportunities” (CEPAL 2018).

Participation in the program is through two schemes:

- Scheme with coresponsibility: Families receive the cash transfers along with other types of benefits in-kind in areas of nutrition, health, and education. The program includes sanctions for households that don’t comply with their coresponsibility and grants a hearing for families who have been forced out.
- Scheme without coresponsibility: When services are not available or are insufficient, families can receive only the nutrition and higher-education components without being compelled to comply with the coresponsibility to receive their cash transfer.

The process for identifying eligible families is a complex procedure and is made in two stages, first geographically and then by income.

In the first stage, eligible geographical zones are selected, giving priority to localities: 1) with citizen demand; 2) with households registered in the Targeting System for Development (SIFODE); and 3) where the program is not present, considering the social lagging index and the marginalization index.²² Based on that data, *Prospera*’s national office identifies the spatial distribution of the localities with an estimated higher concentration of households living in poverty that might be eligible for the program.

Once the localities to be served have been identified, the National Coordination Office estimates the funds it will need to gather the households’ socioeconomic information through three surveys: the Survey of Socio-Economic and Demographic Characteristics of Households

²² The marginalization index is calculated by the National Population Council (*Consejo Nacional de Población*, or CONAPO). The index includes nine exclusion measures that reflect the percentage of the population that lacks education and services, receives low income, and resides in small localities. The Social Gap Index is calculated by Mexico’s National Council for the Evaluation of Social Development Policy (*Consejo Nacional de Evaluación de la Política de Desarrollo Social*, or CONEVAL) and has four indicators of social deprivation (education, health, basic services, and spaces in housing) in a single index to observe social needs. For more information, please refer to the following webpages:

http://www.conapo.gob.mx/en/CONAPO/Indice_Absoluto_de_Marginacion_2000_2010

<http://www.coneval.gob.mx/Medicion/IRS/Paginas/Que-es-el-indice-de-rezago-social.aspx>.

(*Encuesta de Características Socioeconómicas y Demográficas de los Hogares*), the Unique Socioeconomic Survey (*Cuestionario Único de Información Socioeconómica*), and the Survey for Additional Information (*Información Complementaria Prospera*).²³

The Survey of Socio-Economic and Demographic Characteristics of Households is the main tool for identifying the households that meet the criteria and eligibility requirements. The survey collects socioeconomic information for each household within the rural and urban areas and is done electronically on a mobile device that synchronizes the information provided with the central database. The household data is validated and analyzed according to the targeting methodology to determine the household's eligibility. It should be noted that the completion of the survey does not constitute an obligation to the State or recognition of the household's right to access the program and, therefore, does not guarantee the incorporation to the program.

Once the families have been accepted in the program, a member at least 15 years old is designated to receive the cash transfer, preferably the mother. If there are no women in the family, the male head of household can be designated as the program's holder.

The designated holder must present proof of age and supporting personal data for each member of the household. This could include: originals of birth certificates, population code (*Clave Única de Registro de Población*, or CURP), and/or migratory documents. Beneficiaries must record a handwritten signature or fingerprint to support the family's incorporation into *Prospera*. Households can only receive one cash transfer.

In order to receive the cash transfer, the household must comply with the health- and education-related coresponsibilities according to the scheme they have been assigned. The National Coordination Office checks their compliance every two months. Separately, the education and health ministries certify compliance with education- and healthcare-related actions, and are in

²³ The surveys are done by the state delegations of *Prospera*, which report to the National Coordination Office. Social workers or hired interviewers use their knowledge of the field to design their survey route, sometimes holding information sessions to identify prospective beneficiaries before conducting the survey. The questionnaire is usually completed in the beneficiary's house, with the purpose of gathering the family's socioeconomic information and also to verify the accuracy of the answers.

charge of the delivery of in-kind benefits every two months through specific payment points. The monetary transfer is deposited bimonthly through accounts at financial institutions or delivered directly through ministries' branches or other temporary locations. Eligible households also receive transfers in-kind (school supplies, food, medications, etc.).

The transfers, both monetary and in-kind, concentrate on the main three components of the program: education, health, and nutrition.

Education

Scholarships: Scholarships are available for primary, secondary, and upper-middle education. Girls and boys under 18 years of age from beneficiary families of the program, enrolled as regular students between the third grade of primary school and the third grade of secondary school, receive the monetary transfer. Students in special education schools, including job training offered by the Occupational Multiple Attention Centers (*Centro de Atención Múltiple Laboral*, or CAM) also receive the scholarship. In localities of fewer than 2,500 inhabitants, the program may grant educational scholarships to children under 18 years old enrolled in the first and second grades of primary school. Scholarships for higher secondary education are assigned to young people between 14 and 21 years of age who are enrolled in regular, part-time, or mixed schools.

The scholarships are delivered bimonthly during the 10 months of the school year, in primary and secondary schools from September to June, and in upper-secondary education from September to January and from March to July. The amount increases as the degree signifies a higher level of education. In the part-time modality, upper-secondary-education students receive a single transfer that is assigned when the degree is completed or a module is accredited.

School supplies: Beneficiary students enrolled in primary and secondary education, as well as in special education schools or job training centers, receive monetary support for the acquisition of school supplies during the first six months of each school year. Children receiving the primary scholarship are granted additional monetary support for the replacement of school supplies during the second half of the year.

Prospera grants an educational scholarship aimed at beneficiaries that enter the first year of university or pursue a technical degree in public institutions of higher education. As of 2017–18, the supports were also given to beneficiaries who attend the second year. The scholarship is conferred for 12 months, from September to August; an additional transportation benefit is assigned for 10 months, from September to January and from March to July. The supports are delivered directly to the beneficiary, so the schedule may not be bimonthly.

Health

Households under the coresponsibility scheme are eligible for the health component, under which beneficiaries receive basic medical attention. Children under five years of age, pregnant women, and breastfeeding mothers receive nutritional status assessments in health units. Senior citizens, 70 years of age or older, in the household not receiving any other pensions are eligible to receive basic medical attention and nutritional supplements, if applicable.

Nutrition

Prospera grants eligible beneficiary families monthly monetary support to help improve the quantity, quality, and diversity of their food. Some eligible households also receive additional transfers: food support in order to compensate for the effect of the international increases in food prices; nutritional support for households with members aged from zero to nine years; and special transition support for households transferring from the nonresponsibility to the coresponsibility scheme.

Transfer Amounts

The amount of the monetary transfer varies according to the number of household members under nine years of age, and the number of scholarship holders and the grade level they attend, as well as the number of senior citizens in the household. The monetary support is updated semiannually according to the program's budget and based on the accumulated change in the household's situation.²⁴

²⁴ Since June 2011, the indexes associated with the minimum poverty lines (rural and urban) published by the National Council for the Evaluation of Social Development Policy (*Consejo Nacional de Evaluación de la Política*

The specifics of the monetary transfers are detailed in the Official Gazette of the Federation (*Diario Oficial de la Federación*, or DOF),²⁵ with the current amounts set in 2014. Table 5 presents the amounts of the monetary transfers by component in 2018.

de Desarrollo Social, or CONEVAL) provide the base for adjustments in monetary transfers. The monthly amount of monetary support is communicated to the beneficiaries and published on the program's website:

https://cn.prospera.gob.mx/swb/es/gobmx/Monto_de_los_Apoyos

²⁵ The *Diario Oficial de la Federación* is the main official government publication and is published daily. It includes the main rules and regulations of the three branches of the Mexican federal government. Every state has an official gazette for its jurisdiction, and also some municipalities. The publication of rules and regulations makes their compliance mandatory, i.e., once a law, decree, treaty, agreement, resolution, or regulation is published, ignorance of it is no longer a legal defense.

Table 5. Prospera Benefits by Component (applicable for the second half of 2018, in current US dollars)

Component	Benefits	Coreponsibility	No Coreponsibility
Nutrition	Food support	17.31	17.31
	Complementary food support	7.23	7.23
	Childhood	6.20	6.20
	Senior citizens	19.12	Na
Education	Scholarships	Coreponsibility	
	Elementary	Male and Female	
	1	9.04	
	2	9.04	
	3	9.04	
	4	10.59	
	5	13.69	
	6	18.08	
	Secondary	Male	Female
	1	26.61	27.90
	2	27.90	31.00
	3	29.45	34.21
	CAM Occupational	Male	Female
	1	44.69	51.15
	2	47.79	54.51
	3	50.64	57.87
	High school	Male	Female
	1	44.69	51.15
	2	47.79	54.51
	3	50.64	57.87
	University	Education	Transportation
		38.75	10.33
		School supplies	
	Elementary	12.14	
	Secondary	22.73	
	CAM Occupational	22.73	
	High school	22.73	
Health	Vitamins and supplements	Children 6–59 months of age, and pregnant and lactating women	
	Universal healthcare	All household members	
	Senior citizens	19.12	

Source: DOF (2018); Dávila Lárraga (2016)

In-kind transfers are usually delivered at medical checkups or events organized by *Prospera* coordinators and spokespersons.

Prospera employs community promoters that are appointed to represent the beneficiary community before the program's national coordination, local and municipal authorities, or other institutions. Their empowerment comes from the main office, so they are considered contractors of the national program.

The committees are de facto fact checkers, vigilantes in charge of monitoring beneficiary homes closely to ensure compliance with the coresponsibilities. They are also responsible for organizing workshops and promotional events as the propaganda arm of the local and national government.

Prospera is also the primary tool for articulating and coordinating other programs that extend to areas not covered by the program's main components. This is the case for the programs to encourage productivity promoted by the Secretariat of Agriculture, Livestock, Rural Development, Fisheries, and Food (*Secretaría de Agricultura, Ganadería, Desarrollo Rural y Pesca*, or SAGARPA), the programs to promote employment and training led by the Secretariat of Economy (*Secretaría de Economía*) and the National Institute for Entrepreneurship (*Instituto Nacional del Emprendedor*, or INADEM). *Prospera* also serves as a targeting tool to connect eligible families and beneficiaries to services offered by the private sector, specifically lending and mortgage services, in an effort to curtail the shadow banking system that is prevalent through the country.

It is important to note that *Prospera* is considered a temporary program. Apart from depending on the compliance with their coresponsibilities, households must continue to meet the eligibility criteria. To these ends, the program includes a revision of eligibility, conducted by means of a recertification process. This process is similar to the identification process in that it begins with the identification of the beneficiary families to be evaluated, it continues by gathering of socioeconomic information, and finishes with the evaluation of their socioeconomic status and updating the roster of beneficiaries.

Prospera Evaluations

Research done by academics and public institutions indicate that since its original inception in 1997, the program has failed to break the intergenerational transmission of poverty. Boltvinik (2017) has demonstrated that the program in its multiple incarnations has not directly increased growth or eradicated poverty itself: “The official calculations show that when the original program was renamed *Prospera* in 2014, income poverty amounted to 53.2% of the population, a figure almost identical to 1992: 53.1%... to eradicate poverty, (the program) should be reinforced by the success of the other components of the poverty strategy and by macro- and micro-economic policies (fiscal stability, investment incentives, job creation) that have a more direct impact on growth.”

The inability of the program to overcome poverty has also been pointed out by Mexico’s Congressional Auditing Office (*Auditoría Superior de la Federación*, or ASF): “The amount of the monetary support has not been enough to cover the cost of a basic food basket, since a family could acquire it only for one of its members in the rural area, and only after 2010; [in addition to that] in 2015, 43.6% of the beneficiary families, even with the support of *Prospera* and the average income of the family, did not have enough income to access the basic food basket” (ASF 2017).

The components of the current version (2018) of *Prospera* have also been analyzed and many evaluations have suggested a review of the targeting method and the components’ direct impact in the intergenerational cycle of extreme poverty, including the effectiveness of health and education services: “It is recommended that the Social Development Secretariat [*Secretaría de Desarrollo Social*, or SEDESOL] supports the program (*Prospera*) in improving the coordination among service providers to achieve infrastructure improvements, personnel and equipment in areas with high indigenous population and/or extreme poverty. It is important to evaluate if they have effectively improved coverage and targeting in relatively isolated areas within eligible areas” (ASF 2017).

In a 2018 report, Mexico’s National Council for the Evaluation of Social Development Policy (*Consejo Nacional de Evaluación de la Política de Desarrollo Social*, or CONEVAL) found that

Prospera had evolved into multiple subprograms that duplicated or entwined social interventions, overlapping the responsibilities between municipal and federal governments: “[the commission] considers essential that public policies do not focus on reducing the percentage of population in indicators, but that a comprehensive strategy is proposed to attack poverty as a whole.”

Duhau and Schteingart (1999) have also signaled that *Prospera* breaks the bonds within the community since it is not designed to promote collective participation and discourages the intervention of community organizations. Members of the community have a limited and bureaucratized participation in the committees established and financed by the program’s national coordination office.

An argument for targeting tools in CCTs is that the direct transfer from the central government would discourage the political use of social policy and encourage *communities to participate directly*. However, *Prospera* considers the family, and not the community, as the focus of intervention, and limits all possibility of intermediation between the federal government and the beneficiary families. The main argument is that by transferring the money directly to families, the program avoids intermediaries. However, various academics have pointed out the lack of accountability within this design: “The way the participation in the program is designed, limits the ability of its beneficiaries to solve accountability and social fragility problems, because it forces them to face/tackle individually the government structure. Thus, the institutional instances turn out to be more part of the problem than the solution. The situation gets worse considering the historical context of the relationship between society and the state in rural Mexico, characterized by constant abuses of power (including open racism and discrimination) by public authorities” (Hevia de la Jara 2009).

Boltvinik has also pointed out the triple discrimination the program has generated during 20 years: “The program has enforced social discrimination in three levels: of localities with the program and those excluded; then, between families with the program and those excluded; and finally between children with the program and those excluded” (Boltvinik 2005a).

Argentina's *Asignación Universal por Hijo*

It is important to highlight the transition of the social policy in Argentina after the crisis, since the path was modified radically once the economy stabilized and poverty and unemployment rates were contained.

Instead of continuing down the path toward universal citizens' rights tied to a dignified job or an educational activity, the intent was to identify the “unemployable or unwanted” population, specifically the extremely poor women and men with dependent minor children, senior citizens, and other populations considered undesirable to the formal markets.

In a first phase that began around 2004, PJJH participants were mainly transferred to three programs: the Training and Employment Insurance (*Seguro de Capacitación y Empleo*), the Families Plan for Social Inclusion (*Plan Familias para la Inclusión Social*), and the Senior Citizens Plan.

In a second phase, which began approximately in 2007–9, families receiving the PJJH were transferred to other programs without coresponsibility (thus no job/education components) and to noncontributory pensions.²⁶ Among the new plans were: the Argentina Works (*Plan Argentina Trabaja*), Youngsters with More and Better Jobs (*Plan Jóvenes con Más y mejor Trabajo*), and the Universal Assignment for Child (*Asignación Universal por Hijo*, or AUH), all fully implemented and functioning in 2009.

In a third phase, which started in 2015, the ideological conception sustaining the social policy was modified and redirected toward highly focalized programs with restricted coverage and minimum benefits, as in the 1990s. Traditional CCTs became the main tools for providing a minimum income *for those who need it most*. Following the CCT's targeting methods, several

²⁶ Noncontributory pensions are aimed at those persons “... in a state of social vulnerability without social security protection, [who] do not possess assets, income or resources that allow their subsistence and do not have legally obligated relatives to provide them food or having them are prevented from doing so” (CEPAL 2018). Recipients are people over 70 years of age, people who are at least 76 percent disabled, or mothers with seven or more children.

urban agglomerates were identified using the Permanent Household Survey.²⁷ Those with the largest population living below the poverty line were identified, according to the estimated demand potential given by the families' participation in other social programs.

The main programs operating in 2018 are all CCTs with the same characteristics and requirements: Argentina Works (*Argentina Trabaja*) and AUH, both created in 2009; Women Make (*Ellas Hacen*), launched in 2013; and Program to Support Argentina's Students (*PROGRESAR*), introduced in 2014.

For purposes of comparing social policy between the two countries, we will analyze the plan that is more similar to Mexico's *Prospera*, the AUH.

Origins of the AUH

The decree 1602/2009, "Family Assignations," established the general rules for the AUH as: "A noncontributory system of Universal Child Allowance for Social Protection, intended for those children and adolescents resident in the Argentine Republic, who do not have another family allowance provided for by this law and belong to family groups that are unemployed or work in the informal economy. Workers in the informal economy receiving a remuneration higher than the minimum wage are excluded from the benefit" (Educar 2018).

Families participating in other social programs were transferred directly to the AUH in 2009. The coverage was extended to pregnant women from 12 weeks of gestation until the birth or termination of pregnancy. New participants had to verify their family data on the National Administration of Social Security website (ANSES)²⁸ and, at the time of registration, submit proof of identities of the children, parents, guardians, or relatives by consanguinity with their national identity document (DNI) or birth certificates and/or judicial evidence (adoption certificate or custody agreement). It must be pointed out that in order to be eligible, residents had

²⁷ The National Institute of Statistics and Censuses (INDEC) compiles the Permanent Household Survey. The institute is a public agency within the scope of the Ministry of Finance of Argentina: www.indec.gob.ar

²⁸ ANSES is the National Administration of Social Security of Argentina, created in 1991. It is a decentralized agency that manages the benefits and the services of all social security entities. ANSES carries out its functions within the scope of the Ministry of Labor, Employment, and Social Security.

to show proof of legal residence in the country for a minimum of three years. Participating children must be younger than 18, or any age if they have a disability.

Households with a child with a disability must also present a health certificate and complete an affidavit. All enrollment and submissions are done at local ANSES offices. AUH participants can still receive other social plans, such as *Argentina Trabaja*, *Manos a la Obra*, *Ellas Hacen*, and certain local programs from the labor ministry.

The monetary transfer is delivered to one of the parents (preferably the mother), guardian, or relative by consanguinity until the third degree, for each minor up to 18 years of age (up to a maximum of five minors). The amount of the monetary transfer depends on the labor status of the parents and the geographical zone in which the family resides (see table 5).

The law that established the modification in the transfers' amount concurring with the inflationary process was eliminated in 2018, establishing a maximum amount for transfers of US\$2,097 for the whole family or US\$1,049 for each of its members (Ministerio de Justicia de la Nación Argentina 2018). Decree 207/2018 also eliminated the special benefits for provinces in Patagonia and other areas in the north, slashing the benefits of more than 100,000 children.

AUH households receive 80 percent of the total amount divided evenly across 12 monthly payments. The remaining 20 percent is paid once a year, once they show proof of requirements, including:

- Children under 5 years old are enrolled in the *Sumar Program (Programa de Cobertura Universal Efectiva de Salud en Argentina)* a basic health-attention program financed by the World Bank.
- Children 5 to 18 years old are complying with health controls, and regularly attending a formal educational establishment recognized by the Ministry of Education.

Table 5. AUH Benefits, October 2018 (in dollars)

AUH	General			Zone 1*		
	Total	80%	20%	Total	80%	20%
Pregnancy	45.26	35.99	9.00	58.51	46.80	11.70
Child	45.26	35.99	9.00	58.51	46.80	11.70
Disabled child	146.69	117.35	29.34	190.72	152.57	38.14
School supplies	37.69	-	-	37.69	-	-

Notes: *Zone 1: residents of La Pampa, Chubut, Neuquén, Río Negro, Santa Cruz, Tierra del Fuego, Antártida, and South Atlantic Islands and Patagones (Buenos Aires province).

Source: ANSES (2018)

AUH Evaluations

In a study commissioned by the United Nations International Children’s Emergency Fund (UNICEF), researchers found that an evaluation of the AUH’s coverage and its distributive impact could be difficult due to the absence of questions in the National Survey of Households (*Encuesta Permanente de Hogares*, or EPH) designed to capture the income that households receive from the AUH. Moreover, Argentina doesn’t have a survey of living conditions carried out in a regular way (Centrángolo et al. 2017).

María Maneiro’s research analyzes four cases with different socio-occupational trajectories through a series of semistructured interviews with participants and found that AUH beneficiaries do not recognize it as social security nor as a citizen’s right, but rather associate it with traditional social programs of income transfers, fostering a fragmented form of social security: “The AUH is similar to a social plan. Precarious and substitute social protections are (con)fused with [the government’s discourse of] modification and expansion of social security. The scant and delayed relevance of the non-contributory subsystem contributes to anchoring its representation in the most well-known forms of social policy tools” (Maneiro 2017).

María Edo and Mariana Marchionni’s (2018) research shows that the program has limitations attracting or retaining children from the most vulnerable groups in school, thus highlighting the need for strengthening or implementing well-designed complementary policies that focus on

these specific groups. In fact, a study by Olga Tuñón, Agustín Salvia, and Santiago Poy Piñero found limited incidence of assistance from the AUH in securing food and nutrients to participant households, as well as in decreasing child labor (Tuñón, Salvia, and Poy Piñero 2014).

Oscar Cetrángolo, Javier Curcio, Ariela Goldschmit, and Roxana Maurizio found that a significant set of households were not covered by the AUH, even though they seemed to be at the extreme bottom of the income distribution. Additionally, while in 2015 the AUH allowed 12.5 percent of participating households to overcome poverty, a year later the percentage lowered to 10 percent, which supports the fact that the quantity of the monetary benefit was insufficient to pull households with children and/or adolescents out from poverty and indigence (Cetrángolo et al. 2017).

Comparison of Mexico's *Prospera* and Argentina's AUH

There are similarities between the main social policy programs for the poor in Mexico and Argentina:

1. Although both programs are presented as *universal* policies in decrees and operational rules, in the practice, they are directed to families considered *vulnerable*. In the case of *Prospera*, that means families with a household income equal to or below a certain poverty line, and informal workers or workers receiving less than the minimum wage for the AUH.
2. The main objective of both programs is to benefit children between the ages of 5 and 14 and, through other components, young people between the ages of 15 and 24, with the idea of breaking the intergenerational cycle of poverty. Both programs do not address the influence of parents and families in the cognitive, social, and emotional development of children, thereby excluding them from any direct benefits from the programs—adults are not encouraged to participate in any education, health, or community project.
3. Related to the previous point, both programs highlight the importance of education *only* for children. Neither contemplates the crucial role of education in the development, empowerment, and quality of life of excluded adults and older citizens (Nussbaum 2000; Sen 1992).

4. Health is an important component, as both programs require periodic medical checks and vaccine compliance for minors. However, it has been noted that services are usually scarce and do not reach participants that need them (Centrángolo et al. 2017).
5. In both programs, women/mothers are responsible for childcare and family reproduction. Neither program includes/allows for strategies to change traditional gender relations; on the contrary, both relocate women to traditional roles.
6. Both programs include suspension of benefits when participants fail to show proof of compliance and the benefits' reinstating is done through legal/judicial channels. Beneficiaries are thus punished for noncompliance.

One of the main differences between the AUH and *Prospera* is the targeting method. The AUH has a simpler targeting mechanism, while *Prospera* is more complex since it is done in two levels: geographically and by income.

Additionally, *Prospera* has on-site mechanisms to verify the beneficiaries' living conditions prior to their inscription in the program and a constant supervising channel through the “*promotoras*” that continuously check compliance with the programs' requirements. The AUH compliance check is done through a booklet that beneficiaries present within an indicated period in order to receive their monetary transfer.²⁹

Another difference is that the AUH was initially conceived of as an expansion of social protection instruments, not as an emergency/temporary plan, like the ones established after the crisis: “The AUH takes on an institutional and permanent character as part of a network of protection and as a means to guarantee and extend effective access to the right to Social Security and protection during childhood and adolescence. It is not merely a question of responding to an emergency situation, or targeted assistance to households that meet distinctive characteristics” (Kilksberg and Novacovsky 2015).

²⁹ The AUH booklet is distributed during the inscription to the program and can also be downloaded and submitted electronically. The booklet has four sections: 1. personal data of the child receiving the AUH and his/her guardian; 2. employment affidavit with the guardian's labor status; 3. child's health and immunization information filled in by a registered medical doctor; and 4. child's school attendance, certified by the child's school staff.

Thus, the AUH was created and inserted into the network of Social Security, and is managed as such through the ANSES, which centralizes everything related to the AUH.

Prospera is not embedded into Mexico's social security system, and beneficiaries are informed that it is a temporary program. The program's National Coordination Office is a decentralized arm of the Social Development Ministry (*Secretaría de Desarrollo Social*, or SEDESOL), which puts together the actions of the government agencies involved in the program's activities, such as the education, health, and labor ministries. *Prospera* also has several local delegations that are the liaisons with municipal authorities and other entities related to the program's operations.

CONCLUSIONS

In Latin America, economic growth has been halted by recurrent financial crises that affect most of the population. Highly targeted social policies have been insufficient and ineffective, due to their limited assistance characteristics.

Both Mexico and Argentina follow the residual model of policies of attention to the poor through CCTs. In both countries, the social policy perceives of the poor as having a deficiency of human capital that can be corrected through territorial and social targeting. The policies are manifested in subsidies that seek to correct the failures of those living in extreme poverty and can't compete in the market. The high degree of targeting usually excludes poor people or people who fail to meet a specific requirement but still need help, thus increasing inequality.

Adding to the narrative is the rising violence and crime in poor communities in both countries, which goes hand in hand with a lack of economic growth, the size of the informal economy, and poverty (Buscaglia and van Dijk 2005).

Mexico has been rated among the world's poorest-performing economies in terms of the costs to business of crime and violence, the presence of organized crime, and the unreliability of police services. Economic growth derived from structural reforms has not been inclusive enough to

provide better living conditions for many Mexican families due to the rising disparities between the highly productive modern economy in the north and center, and a lower-productivity traditional economy in the south.

For over 20 years the main program directed to the poor (*Prospera*) has been focused on improving their human capital. Yet, in a recent study that classifies countries according to their human capital, Mexico ranked 104 (out of 195), showing little improvement in the country's education and health indicators (Lim, Murray, and Gakidou 2018).

The AUH has an indisputable alimentary character and, according to its constitutional decree, it enforces the rights of children and adolescents “to a standard of living adequate for their physical, mental, spiritual, moral, and social development. The State must adopt appropriate measures to assist parents and other persons responsible for the child to give effect to this right and, if necessary, provide material assistance and support programs” (Educar 2018).

However, the reform to the pension system in 2018 slashed the AUH budget, despite the inflation and (still ongoing) devaluation of the peso. A fixed limit was established for monetary transfers. The loss for the most poor—estimated to be more than eight million people—at the moment of the budget cut was of US\$25 million, totaling a cut of US\$3 billion for the annual budget.

Both countries are still far from implementing articulated social and economic policies that establish solid ground for development, strengthen citizenship, and reduce inequalities. The beginning of the new millennium brought rays of hope for a different approach to social and economic policies with a vision of rights and a decent life for all citizens. However, as they stand now, the main social policies in both countries offer limited and temporary coverage.

The dismantling of a broad social security system is in line with the conception of social policies proposed by the World Bank. The 2014 edition of the *World Development Report* affirms that the State must have a subsidiary, limited, focused, and complementary role of the private initiative. The universalization of social and economic rights is not considered convenient.

Under the current approach, the State in both countries is responsible for managing systemic risk at the regional and national levels, providing public goods, and remaining as a subsidiary resource, with a clear tendency to limit the assistance offered to the poor. All modifications, adjustments, and budgetary costs are motivated by the need to adjust the public accounts. The release of these resources will serve to pay the interest on the debt. But it is also part of a paradigm shift about social security, and abandoning of the universalization and recognition of rights, to return to the targeted programs promoted by the international organizations.

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