

Conditional cash transfer programmes in Latin America and the Caribbean

Coverage and investment trends

Simone Cecchini
Bernardo Atuesta



UNITED NATIONS

ECLAC

**SOCIAL
POLICY**

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Summary

This document analyses the evolution of the population coverage and investment of conditional cash transfer (CCT) programmes, which are poverty reduction initiatives, in the countries of Latin America and the Caribbean over the past 20 years. The analysis is based on up-to-date, detailed information from the database on non-contributory social protection programmes in Latin America and the Caribbean, which is administered by the Economic Commission for Latin America and the Caribbean (ECLAC) and available to the public via the Internet. The database presents information on the various components of the programmes and the institutions responsible for them and provides data on budgets, expenditure, coverage and transfer amounts of each CCT programme. The paper finds that both CCT programme coverage and investment increased significantly in the region during the 2000s, stabilized after 2010 and fell in 2014 and 2015, primarily due to coverage reductions in Ecuador and Guatemala. As of 2015, CCT programmes served one fifth of the region's population —132 million people and 30 million households— with an investment equivalent to 0.33% of regional GDP, or USUS\$ 153 per capita. Preliminary data for 2016 suggest a further decline in coverage.

Introduction

Conditional cash transfer (CCT) programmes, or co-responsibility transfer programmes, have been one of the main drivers of innovation in Latin American social policy over the past two decades. These poverty-targeted government programmes have succeeded in covering populations traditionally excluded from social protection services, taking a multidimensional approach to coordinate various inter-sectoral actions —particularly in the areas of education, health and nutrition. CCT programmes are also characterized by their innovative management model. By adopting technical mechanisms for selecting the participating families, these programmes represent a break from the traditional clientelistic mechanisms of social policy. Furthermore, CCT programmes have helped to modernize social policy through technological innovation, such as the introduction of beneficiary registries and information management systems (Cecchini, 2013a). Under the original CCT model, cash transfers and services are extended to households in situations of poverty and extreme poverty under certain conditions that are intended to improve the human capacity (mainly in education and health) of household members, especially girls, boys and adolescents. Indeed, a major contribution of CCT programmes has been to reorient social protection towards children and their human development. In so doing, the programmes seek to reduce poverty in the short term by making direct cash transfers that help sustain basic consumption levels, and in the long term by improving the health and education of boys and girls in poor households.

Several impact evaluations have demonstrated that CCT programmes have improved the well-being of the poor population in various regards, including income level, food consumption and access to health and education. Although programme outcomes are not even across the region (Cecchini and Madariaga, 2011), the programmes have been found generally to have a positive effect on human capacity and access to education among boys and girls,¹ on their health-care coverage, on growth and preventive health check-ups, and in some cases on child nutrition.² There is also evidence of a positive

¹ See Bastagli (2008); Schady and Araujo (2006); De Brauw and Hoddinott (2008); Levy and Ohls (2007); Veras Soares and others (2008); Parker (2003 and 2004); Escobar and de la Rocha (2002 and 2008); SEDESOL (2008); Silveira Neto (2010); De Brauw and others (2012); Attanasio and others (2008); Levy and Ohls (2007); Programa Solidaridad (2008); Oliveira and Soares (2013); Cireno, Silva and Proença (2013); and Baez and Camacho (2011).

² See Levy and Ohls (2007); Attanasio, Trias and Vera-Hernández (2008); Paes and Pacheco (2008); Hoddinott and Bassett (2009); Cecchini and Veras Soares (2014); Gertler and Boyce (2001); Gutiérrez and others (2005); DNP (2006); IFPRI/FUSADES (2010); De Brauw and others (2012); Perova and Vakis (2009); Sánchez and Jaramillo (2012); De Brauw and Peterman (2011); Jannuzzi and

effect on the income levels of poor households and on indicators of poverty³ and consumption.⁴ Further evidence indicates that the CCT programmes are associated with reductions in child labour⁵ and improvements in the empowerment of mothers.⁶ These gains in well-being, along with efforts to strengthen social institutions, have helped to consolidate CCT programmes in the region by adapting their design to meet emerging needs, such as improving the workforce and productive integration of programme beneficiaries in order to create the right conditions for them to rise out of poverty and remain so (Cecchini and Martínez, 2011).

However, CCT programmes are not exempt from criticism. The main arguments are that the programmes reproduce traditional gender roles and burden female heads of household with additional hours of unpaid work;⁷ impose conditionalities that are said to differentiate between the —deserving” and the —undeserving” poor,⁸ as well as targeting mechanisms that are alleged to undermine the principle of universality; and exclude certain groups in the poor population, such as families without young children⁹ and foreign immigrant families.¹⁰ It has even been argued that CCT programmes fail to address the structural factors of poverty and are used by the elite as an electioneering and welfare tool.¹¹ Other critiques point up the operational aspects of the programmes that must yet be improved, such as targeting mechanisms that still allow for serious errors of inclusion and exclusion;¹² outdated administrative records and weak monitoring and evaluation processes;¹³ and poorly designed exit mechanisms.¹⁴

The objective of this paper is to present data on the evolution of CCT programme coverage and investment in the countries of Latin America and the Caribbean, as well as in the region in aggregate, since the mid-1990s to the present. The findings have been constructed on the basis of the database on non-contributory social protection programmes in Latin America and the Caribbean, prepared and maintained by the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC), which presents detailed information on the institutional framework and the various components of the programmes, as well as data series on the budgets, expenditures, coverage and amounts of transfers for each CCT programme.¹⁵

Although the trajectory of the programmes has not been even across the region’s countries, the largest expansion in terms of coverage and investment occurred in the 2000s. The rollout of CCT programmes in several countries, especially in 2002 and 2003, is reflected in a strong increase in regional investment and coverage starting in those years. The regional series on coverage and investment level out after 2010. In 2014 and 2015, investment trended downward in real terms and the recipient population of these programmes fell. Preliminary data for 2016 confirm the downward trend.

This paper is organized as follows. Section I describes the information sources that were used to assemble the data on CCT programme coverage and investment. Section II identifies the various programmes in the region’s countries, documents the growth seen in the number of programmes over time and discusses which institutions are responsible for the individual programmes and their implementation.

Pinto (2014); Gertler (2004); Fernald, Gertler and Neufeld (2008); Attanasio, Trias and Vera-Hernández, (2009); Rasella and others (2013); and Cecchini and Veras Soares (2014).

³ See ECLAC (2010a); Cury and others (2007); Fiszbein and Schady (2009); Galasso and Ravallion (2004); Maluccio (2005); Naranjo (2008); Skoufias and McClafferty (2001); Cruces and Gasparini (2012); Veras Soares (2009); Agis, Cañete and Panigo (2010); Lustig, Pessino and Scott (2013); Soares (2012); Veras Soares and others (2006); Colafranceschi and Vigorito (2013); and Amarante and Brun (2016).

⁴ See Hoddinott and others (2000); Camilo de Oliveira and others (2007); and Attanasio and Mesnard (2005).

⁵ See Skoufias and Parker (2001); Ferro and Nicoletta (2007); and Schady and Araujo (2006).

⁶ See Escobar and González de la Rocha (2009); and Veras Soares and Silva (2010).

⁷ See Molyneux (2007 and 2009); ECLAC (2012); Pautassi and Zibecchi (2010); and Martínez and Voorend (2008).

⁸ See Sepúlveda (2014); and Rossel and others (2014).

⁹ See Standing (2007).

¹⁰ See Repetto and Díaz Langou (2010).

¹¹ See Hall (2006 and 2008).

¹² See Veras and others (2007); Adato (2000).

¹³ See Román (2010); Veras Soares (2009).

¹⁴ See Banegas (2008).

¹⁵ See [online] <http://dds.cepal.org/bdptc/>.

Sections III and IV, respectively, present the data and trends corresponding to demographic coverage and investment of CCT programmes for the countries of Latin America and the Caribbean separately, as well as for the region in aggregate. The final section presents conclusions. Annex A to this paper presents the methodology used to harmonize the CCT programme coverage and investment data series for the region's countries, as well as the steps taken to generate the aggregate data on regional coverage and investment.

I. Sources of data on conditional cash transfer programmes in Latin America and the Caribbean

The ECLAC database of non-contributory social protection programmes in Latin America and the Caribbean contains data on budgets, expenditure, coverage and cash transfer amounts, as well as detailed information on the various components of CCT programmes and institutions, on social pensions and on labour and productive inclusion programmes in the countries of Latin America and the Caribbean. In addition, the database provides links to descriptive documents and evaluations for each program.¹⁶ The database is available to the public online in Spanish and English, in accordance with the mandate of the Regional Conference on Social Development in Latin America and the Caribbean. In Resolution 1(I) of the first meeting of the Regional Conference, held in Lima, Peru, in November 2015, the region's countries requested ECLAC "to organize, maintain and systematically update the database of non-contributory social protection programmes in Latin America and the Caribbean, using official data provided by the countries". The information contained in the database is used in official reports published by ECLAC and other international organizations, such as the International Labour Organization's *World Social Protection Report* (ILO, 2015) and the World Bank's *State of Social Safety Nets Report* (World Bank, 2015).¹⁷

¹⁶ Information on CCT programmes, social pensions and labour and productive inclusion programmes can be consulted at [online]: <http://dds.cepal.org/bpsnc/>. Annex table A.II.5 describes the contents of the database on CCT programmes in Latin America and the Caribbean.

¹⁷ The database on CCT programmes has been developed with financial support provided by the *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) through the project "Sustainability of co-responsibility transfer programmes" and by the Swedish International Development Cooperation Agency (SIDA) through the cooperation programme "Social protection and inclusion in Latin America and the Caribbean". The United Nations Development Programme (UNDP) International Policy Centre for Inclusive Growth (IPC-IG) provided the first translation into English of the contents of the database. The Inter-American Social Protection Network (IASPN) of the Organization of American States (OAS) collaborated on the first round of data verification. The "Time for equality: Strengthening the Institutional Framework of Social Policies" and "Promoting equality: Strengthening the capacity of select developing countries to design and implement equality-oriented public policies and programmes" initiatives financed by the United Nations Development Account are supporting efforts to expand and update the information.

The ECLAC database has been built with information from administrative records and official documents from the countries.¹⁸ In general, the executing agencies and/or parties responsible for the programmes periodically disclose information to the public, via their websites and/or official documents, on the status of each programme with respect to coverage, budget, expenditure and transfer amounts. When such information cannot be found, the database draws on other official sources of information that are not necessarily published by the programme agency. For example, programme budgets, as allocated and executed, are typically found in budget records or official documents published by a country's finance or economic affairs ministry, and transfer amounts often appear in press or news releases issued by government agencies. If the information is not available from any of these sources, the ECLAC Social Development Division may request the information directly from the institutions and/or executing agencies responsible for the programmes. Regardless of the means of collection, all data entered into the ECLAC database on CCT programmes is accompanied by information specifying the source used for each variable along with the respective Internet address of the website from which the information was obtained.

It should also be noted that the information provided by the agencies in charge of the CCT programmes is specific to each programme and, therefore, not necessarily homogeneous. Annex A.I presents a detailed account of the methodology used to address the differences between the programmes and prepare comparable data series for purposes of calculating household and individual coverage and investment figures for the region as a whole (expenditure executed and/or budget allocated). The following sections describe the evolution of CCT programmes in Latin America and the Caribbean and present the results of the programme coverage and investment series at the country and regional levels. As a result of the latest update of the database of non-contributory social protection programmes in Latin America and the Caribbean, the data presented in this document may differ from the data reported in various ECLAC publications (Cecchini and Madariaga, 2011; ECLAC, 2010 and 2015).

¹⁸ As described in annex A.I, for purposes of calculating the indicators and running comparisons and estimates, other sources of information have been used, such as household surveys, population series, gross domestic product and exchange rates, provided by ECLAC and the International Monetary Fund, which, in turn, gather the information from official sources.

II. Evolution of conditional cash transfer programmes

Conditional cash transfer (CCT) programmes are a truly Latin American product. The earliest ones were introduced in communities in Brazil in 1995, but it was Mexico that launched the first national CCT programme in 1997, the Education, Health and Food Programme (*Progresa*).

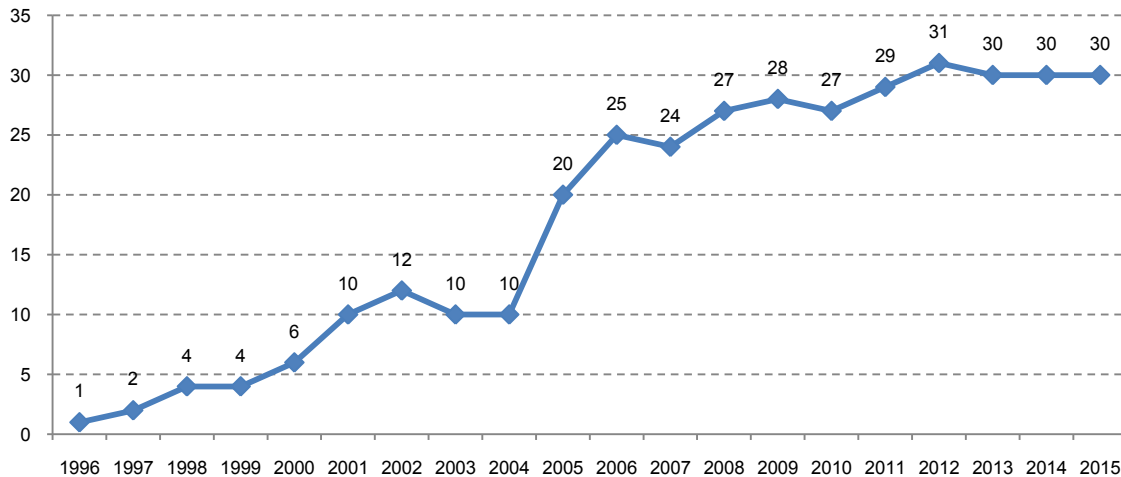
In Brazil, the first programmes were launched in 1995 in the cities of Campinas and Riberão Preto and in the Federal District of Brazil. The parameters of these programmes differed with respect to aspects such as selection criteria and transfer amounts. However, all targeted a similar population, families with school-age children, and made benefits conditional on school attendance by boys and girls. Brazil's federal government launched the Child Labour Eradication Programme (PETI), with education-related conditionalities, in 1996; the Minimum Income Guarantee Programme in 1999; and the *Bolsa Escola* school grant programme in 2001, a CCT programme run by the Ministry of Education. In subsequent years, additional poverty reduction initiatives were introduced, including the *Bolsa Alimentação* food grant, the *Cartão Alimentação* food card and the *Auxílio-Gás* gas subsidy. Although these experiences received positive evaluations, the high degree of fragmentation and overlap of activities that characterized them led, in 2003, to the consolidation of the various sector and local income transfer programmes into *Bolsa Família* (Cecchini and Martínez, 2011), which is presently the largest CCT programme in operation in the region.

The first nationwide CCT programme in Latin America and the Caribbean was *Progresa*, which was launched in Mexico in 1997 and became a benchmark programme for the region. Initially, it operated in rural areas only, delivering cash transfers to families in food poverty.¹⁹ The co-responsibilities of the families receiving the transfers consisted in regular medical check-ups for all household members, nutritional supplementation, attendance by mothers—and in some cases their adolescent sons and daughters—at health orientation sessions and a school attendance rate of at least 85% for children and adolescents.

¹⁹ Households in food poverty are defined as those without sufficient per capita income to cover the nutritional requirements established by the INEGI-ECLAC food basket (Cohen, Franco and Villatoro, 2006).

In 2001, the programme was renamed *Oportunidades* and expanded to serve semi-urban and urban areas, with new components specifically targeted to young adults and elderly adults (Levy and Rodríguez, 2005). In 2014, the programme was replaced by *Prospera*, which continues to provide the benefits offered under *Oportunidades* but also coordinates the institutional delivery of social programmes, particularly those related to productive development, income generation, economic welfare and financial and labour inclusion. At present, there are 30 active CCT programmes in 20 countries in the region. These programmes expanded across Latin America and the Caribbean throughout the 2000s, especially in the middle part of the decade.²⁰ In 2000, for example, Costa Rica launched the *Superémonos* programme, and Nicaragua introduced the Social Protection Network. In 2001, Colombia and Jamaica rolled out their respective programmes Families in Action (now known as More Families in Action) and the Programme of Advancement through Health and Education, and Brazil's federal government launched *Bolsa Alimentação* and *Bolsa Escola*. The number of CCT programmes in the region grew from 10 in 2001 to 20 in 2005 and 25 in 2006 (see figure 1).

Figure 1
Number of conditional cash transfer programmes in Latin America and the Caribbean, by year, 1996-2015



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Note: This figure presents the total number of CCT programmes in active operation for each year.

Table 1 presents a list of the CCT programmes in each country and their respective periods of operation.²¹ Although experiences vary widely, CCT programmes in Latin America and the Caribbean have a number of elements in common and can be grouped into a single category of programme. All are characterized by regularly scheduled, guaranteed cash transfers that are delivered to poor or extremely poor households—based on household and geographical targeting criteria²²—and generally to mothers.

²⁰ The expansion of CCT programmes has also occurred outside the region. Asian countries such as Cambodia, Indonesia and the Philippines introduced programmes in the mid-2000s (Cecchini, 2013b). Egypt, too, has recently launched a programme, inspired by the experience in Latin America.

²¹ Annex table A.II.1 presents a list of Latin American and Caribbean countries referred to in this document and their respective abbreviations. Table A.II.2 presents a list in alphabetical order of the CCT programmes in Latin America and the Caribbean and their respective abbreviations.

²² The Juancito Pinto Grant in the Plurinational State of Bolivia is the exception, inasmuch as it covers all children under 18 years of age attending public schools, up to 8th grade of primary regular school; 3rd grade of productive community-based secondary school and alternative juvenile education; and special education students with no age limit.

Table 1
Conditional cash transfer programmes in Latin America and the Caribbean, by country, 1996-2015

Programmes in operation		
Country	Programme name	Year established
Argentina	Universal Child Allowance for Social Protection	2009
	Porteña Citizenship Programme	2005
Belize	Building Opportunities for Our Social Transformation	2011
Bolivia (Plurinational State of)	Juancito Pinto Grant	2006
	Juana Azurduy de Padilla Mother-and-Child Grant	2009
Brazil	<i>Bolsa Familia</i>	2003
	<i>Bolsa Verde</i>	2011
Chile	Child Labour Eradication Programme	1996
	Solidarity Chile ^a	2002
Colombia	Securities and Opportunities System (Ethical Family Income programme)	2012
	More Families in Action	2001
Costa Rica	<i>Unidos</i> Network	2007
	<i>Avancemos</i>	2006
Dominican Republic	<i>Progresando con Solidaridad</i>	2012
	Human Development Grant	2003
Ecuador	Zero Malnutrition programme	2011
	Solidarity in Communities Support Programme in El Salvador	2005
El Salvador	Solidarity in Communities Support Programme in El Salvador	2005
Guatemala	<i>Mi Bono Seguro</i>	2012
Haiti	<i>Ti Manman Cheri tou nèf</i>	2012
Honduras	<i>Bono Vida Mejor</i>	2010
Jamaica	Programme of Advancement through Health and Education	2001
Mexico	<i>Prospera</i>	2014
Panama	Opportunities Network	2006
	Family food grant programme	2005
Paraguay	<i>Tekoporã</i>	2005
	<i>Abrazo</i>	2005
Peru	<i>Juntos</i>	2005
Trinidad and Tobago	Targeted Conditional Cash Transfer Program	2006
Uruguay	Family Allowance – Equity Plan	2008
	<i>Tarjeta Uruguay Social</i>	2006
Completed programmes		
Country	Programme name	Period of activity
Argentina	Families for Social Inclusion	2005-2010
	Unemployed Heads of Household Plan	2002-2005
Brazil	<i>Bolsa Alimentação</i>	2001-2003
	<i>Bolsa Escola</i>	2001-2003
Colombia	<i>Cartão Alimentação</i>	2003-2003
	Conditional Subsidies for School Attendance	2005-2012
Costa Rica	<i>Superémonos</i>	2000-2002
Dominican Republic	Solidarity	2005-2012
Ecuador	Solidarity Grant	1998-2003
	<i>Mi Familia Progresá</i>	2008-2011
Guatemala	Protection and Development of Child and Adolescent Workers	2007-2008
Honduras	Family Allowance Programme	1998-2009
Mexico	<i>Oportunidades</i> (formerly <i>Progresá</i>)	1997-2014
	Social Protection Network	2000-2006
Nicaragua	Crisis Response System	2005-2006
	National Social Emergency Response Plan	2005-2007

Source: Database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

^a Since 2012, the main programme in Chile has been the Securities and Opportunities System (Ethical Family Income programme), but some families are still enrolled and continue to participate in Solidarity Chile.

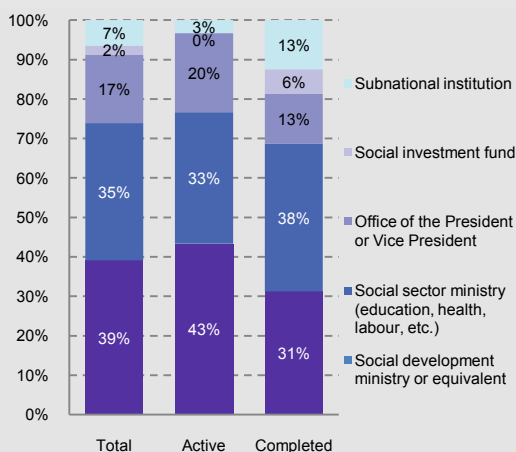
The programmes include conditionalities, related mainly to school attendance and medical check-ups, especially for boys, girls and adolescents in the household.²³ However, the programmes have been adapted to the specific political and institutional context of each country (see box 1), responding to the respective public and economic policy paths (Cecchini and Martínez, 2011).

Box 1 Institutional framework of CCT programmes

Conditional cash transfer (CCT) programmes are increasingly run by social development ministries and secretariats, the creation of which is testament to the institutional strengthening for inclusive social development that has taken place in Latin America and the Caribbean (ECLAC, 2015). Specifically, social development ministries (or equivalent institutions) are responsible for 43% of active CCT programmes, such as the Human Development Grant programme in Ecuador and the Opportunities Network in Panama. Other social sector ministries, such as health, education and labour ministries, are responsible for 33% of active programmes, as is the case with the Juancito Pinto Grant programme in the Plurinational State of Bolivia and the Universal Child Allowance for Social Protection programme in Argentina. Meanwhile, the Office of the Presidency is the responsible agency in 20% of cases, such as with the Better Life Grant programme in Honduras and the *Tekoporã* programme in Paraguay. Some CCT programmes are run at the subnational level and thus by a subnational agency, as in the case of the Porteña Citizenship Programme, which is run by the Ministry of Social Development of the City of Buenos Aires.

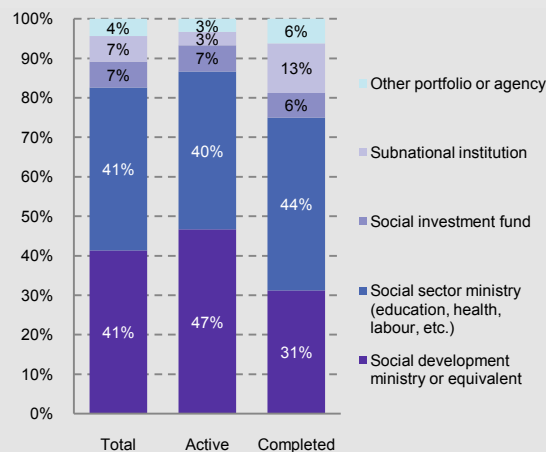
Social development ministries play an important role not only as institutions responsible for CCT programmes but also as executing agencies. Specifically, 14 of the 30 active CCT programmes (47%) are executed by social development ministries. Other social sector ministries, such as health, education and labour ministries, are executing 12 programmes, including the Juana Azurduy de Padilla Mother-and-Child Grant programme in the Plurinational State of Bolivia. Meanwhile, the Solidarity in Communities Support Programme in El Salvador and the *Ti Manman Cheri tou nêf* programme in Haiti are executed by social investment funds. Of active programmes, only the Porteña Citizenship Programme in Argentina is executed by a subnational institution, and only the *Abrazo* programme in Paraguay is executed by an agency or institution outside the social sector, in this case by foundations working to protect and promote the rights of boys, girls and adolescents.²⁴

CCT programme by type of lead agency, 2015
(Percentages)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

CCT programme by type of executing agency, 2015
(Percentages)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

²³ See annex table A.II.3 for more information on the beneficiaries and co-responsibilities of each CCT programme in Latin America and the Caribbean.

²⁴ See annex table A.II.4 for more information on lead and executing agencies for each CCT programme.

This means that there are differences between the CCT programmes in terms of types of benefits, delivery mechanisms, geographic levels of operation, demographic coverage, transfer amounts, institutional linkages and macroeconomic commitments in their financing (Cecchini and Madariaga, 2011). An aspect that varies a great deal from one programme to the next are the programme conditionalities, which can be lax or strict, and the associated penalties of greater and lesser severity for noncompliance with the conditionalities (Roussel, Courtoise and Marsiglia, 2014). In the case of the *Tarjeta Uruguay Social* programme, for example, the only condition is that the card must be used for the sole purpose of purchasing food and personal hygiene and cleaning products. In some cases, benefits are provided without conditions, as with the Securities and Opportunities System (Ethical Family Income programme) in Chile, and may be delivered to individuals and families without children, as in the case of *Bolsa Familia*. *Bolsa Verde* is an exception because the conditionalities are related to natural resource conservation activities, as opposed to the traditional areas of education and health (see annex table A.II.3).

III. Coverage provided by conditional cash transfer programmes

To understand the evolution of the coverage of conditional cash transfer (CCT) programmes from 1996 to 2015, a series was generated for the number of individuals living in recipient households of CCT programmes, expressed as millions of people and as a percentage of the region's total population.²⁵ This series shows that the number of individuals living in recipient households increased from fewer than 1 million in 1996 to 131.8 million in 2015, or 20.9% of the region's total population (see figure 2). The regional coverage of recipient households of CCT programmes increased from fewer than 300,000 households in 1997 to 29.8 million in 2015, or 17.5% of total households in the region (see figure 3). The difference between the percentage of individuals covered and the percentage of recipient households can be explained by the fact that recipient households have a higher average number of members than do non-recipient households.

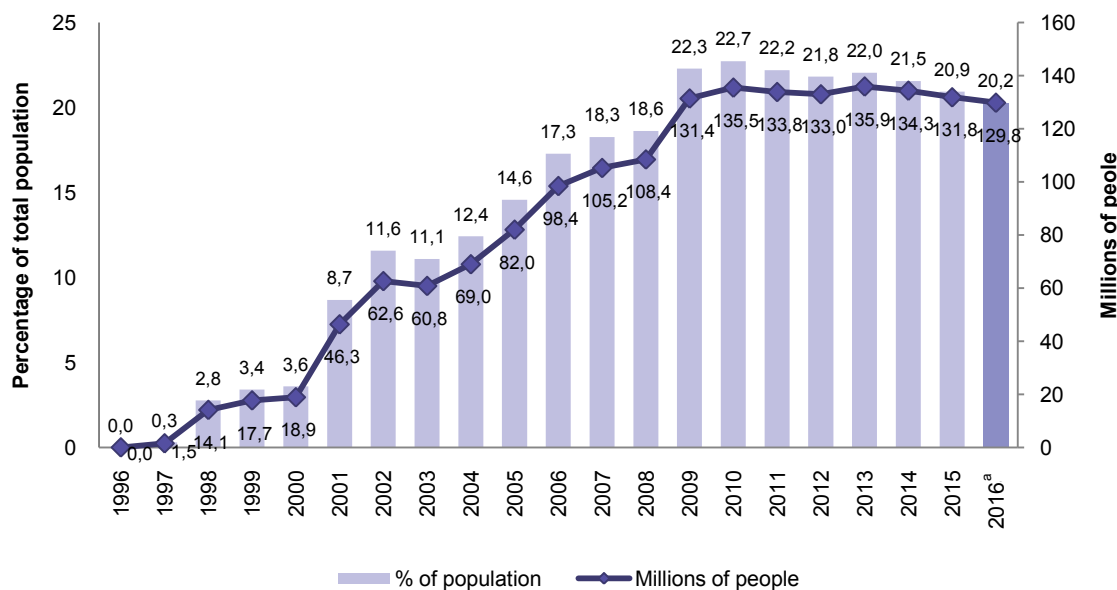
The regional coverage series shows a sustained increase until 2010, with levels then stabilizing over the next five years but declining in 2014 and 2015. According to preliminary data, coverage continues to shrink in 2016. The downward trend observed in 2014 and 2015 seems to represent a turning point and is explained primarily by the declines in coverage of the Human Development Grant programme in Ecuador (-582,000 mothers in the two-year period), the *Mi Bono Seguro* programme in Guatemala (-441,000 households in the two-year period), *Bolsa Família* in Brazil (-149,000 households) and More Families in Action in Colombia (-87,000 households). The decrease in coverage is troubling because it is occurring precisely when the Economic Commission for Latin America and the Caribbean (ECLAC, 2016) has estimated an increase in poverty in the region, from 28.1% of the population in 2013 to 29.2% in 2015. Preliminary data for 2016 show ongoing declines in the number of recipient households of *Bolsa Família* (-367,000 households with respect to 2015) and More Families in Action (-56,000) and also in the number of beneficiaries of the *Juntos* programme in Peru (-101,000 households). The drop in the number of recipient households of *Bolsa Família* is occurring precisely when all indicators point to rising poverty in Brazil, which would suggest that the programme should be expanded, not scaled back (Skoufias,

²⁵ Annex A.I describes the methodology used to calculate the regional aggregate coverage figures for recipient households of CCT programmes and individuals living in recipient households of CCT programmes.

Nakamura and Gukovas, 2016). As a counterpoint to the trend, the Universal Child Allowance programme in Argentina has added 130,000 households in 2016.

Figure 2
Latin America and the Caribbean: Population of households participating in CCT programmes, 1996-2016

(Percentage of total population and millions of people)

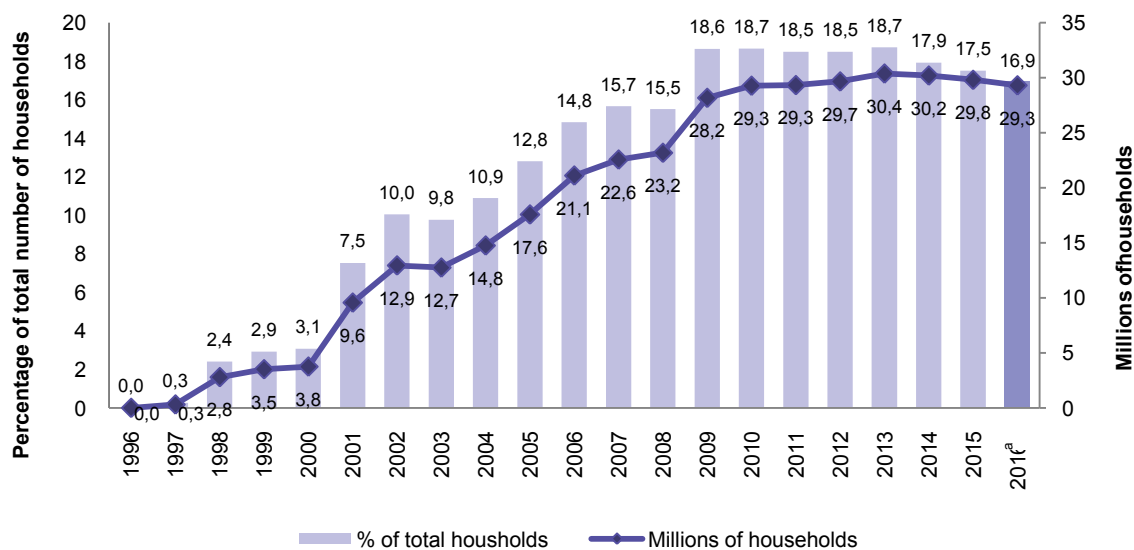


Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the CEPALSTAT database.

Note: ^a Preliminary data.

Figure 3
Latin America and the Caribbean: Households participating in CCT programmes, 1996-2016

(Percentage of the total number of households and millions of households)

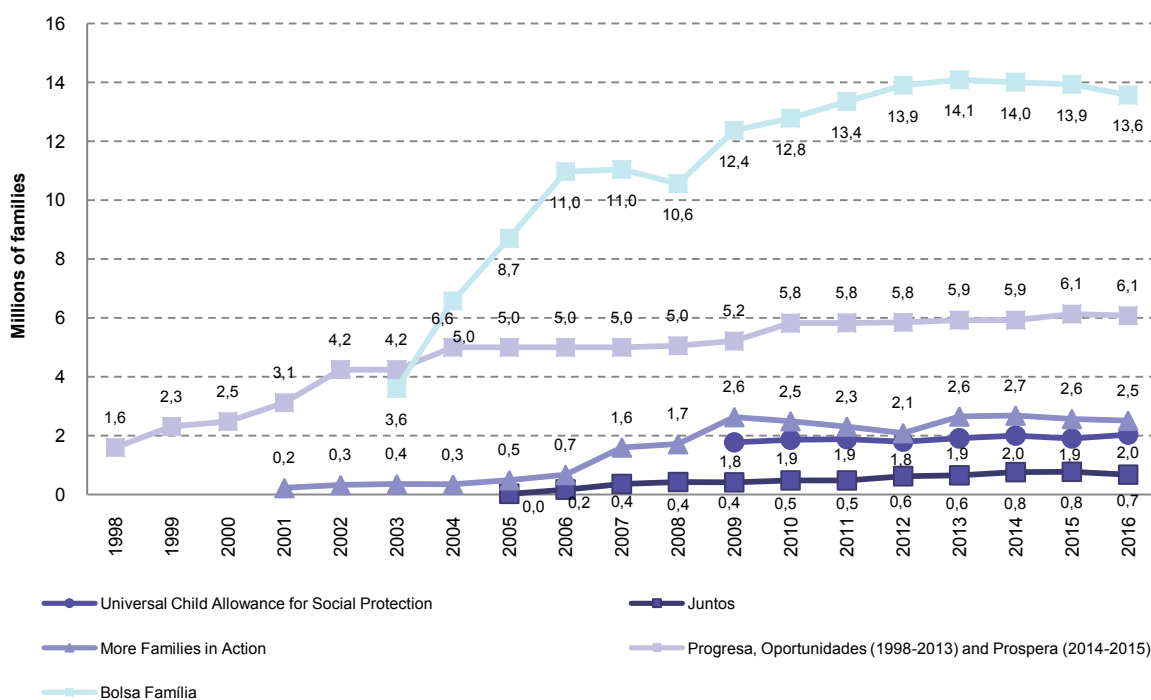


Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the CEPALSTAT database.

Note: ^a Preliminary data.

The programmes with the highest absolute level of coverage of households in Latin America and the Caribbean are the ones in Argentina, Brazil, Colombia, Mexico and Peru. *Bolsa Familia* in Brazil serves the largest number of households in the region, with coverage that increased from 3.6 million households in 2003 to 14.1 million households in 2013 and then fell to 13.6 million households in 2016. The second largest programme in terms of absolute coverage is *Prospera* in Mexico, active since 2014, which was preceded by *Oportunidades* (2001-2014) and *Progresa* (1997-2001). Coverage increased from 1.6 million households under *Progresa* in 1998 to 6.1 million households under *Prospera* in 2016. The next largest programmes are More Families in Action in Colombia, which had peak coverage of 2.7 million families in 2014 and served 2.5 million families in 2016, and Universal Child Allowance for Social Protection in Argentina, which covered 2.0 million households in 2016. Meanwhile, the number of households covered under the *Juntos* programme in Peru grew from 22,500 in 2005 to 769,000 in 2015 and then fell to 668,000 in 2016 (see figure 4 and table A.II.6).²⁶

Figure 4
Coverage provided by conditional cash transfer (CCT) programmes in Argentina, Brazil, Colombia, Mexico and Peru, 1998-2016
(Millions of households)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

The Plurinational State of Bolivia is the country with the highest level of coverage, measured as a percentage of the national population. Coverage provided by the Juancito Pinto Grant and the Juana Azurduy de Padilla Mother-and-Child Grant programmes grew from 37% of the population in 2005 to 61% in 2015, an increase of 24 percentage points over the past decade (see figure 5).²⁷ T

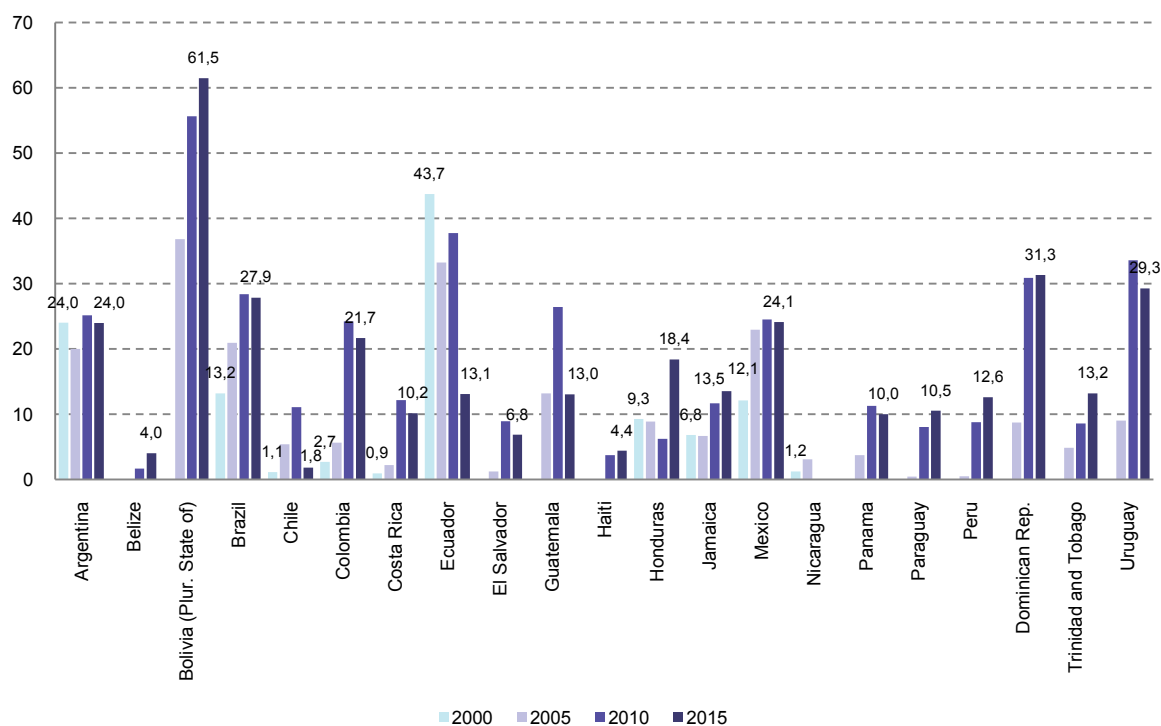
²⁶ Annex tables A.II.6 and A.II.7, respectively, present the coverage data for recipient households and for individuals living in recipient households of CCT programmes in the countries of Latin America and the Caribbean between 1996 and 2016.

²⁷ Annex A.I presents the methodology for measuring coverage at the country and regional levels that was used to generate annex table A.II.8, which presents the underlying data for figure 5.

The Dominican Republic, too, has significantly expanded the coverage provided through its *Progresando con Solidaridad* programme (until 2012, *Solidaridad*), from 8.7% of the population in 2005 to 31.3% in 2015. Uruguay and Colombia, for their part, increased the coverage provided by their CCT programmes by 20 percentage points and 16 percentage points, respectively, over the past 10 years. However, the coverage provided by Colombia's More Families in Action slipped between 2013 and 2016.

In Latin America and the Caribbean, the demographic coverage provided by CCT programmes regionwide increased from 3.6% in 2000 to 20.9% in 2015.²⁸ With the exception of Ecuador, Argentina and Nicaragua, every country in the region has been expanding its CCT programme coverage, in terms of percentage of the national population, since the early 2000s to the present. In Ecuador, coverage fell drastically from 44% in 2000 to 13% in 2015, owing to changes introduced in 2013 to the Human Development Grant programme—the successor to *Bono Solidario*—which have been intended to correct errors of inclusion and enable households to graduate out of the programme. In Argentina, the difference of just 0.05 percentage points is split between two programmes: the Unemployed Heads of Household Plan, which was implemented in response to the serious economic crisis that hit the country in late 2001, and the Universal Child Allowance for Social Protection, which was introduced in 2009 and is now the fourth largest programme in the region in terms of absolute number of beneficiaries (and also expanded its coverage between 2015 and 2016). In Nicaragua, the Social Protection Network, which was launched in 2000 and covered 3% of the national population, was discontinued in 2006 (see figure 5).

Figure 5
Individuals in recipient households of CCT programmes, around 2000, 2005, 2010 and 2015
(Percentage of total population)

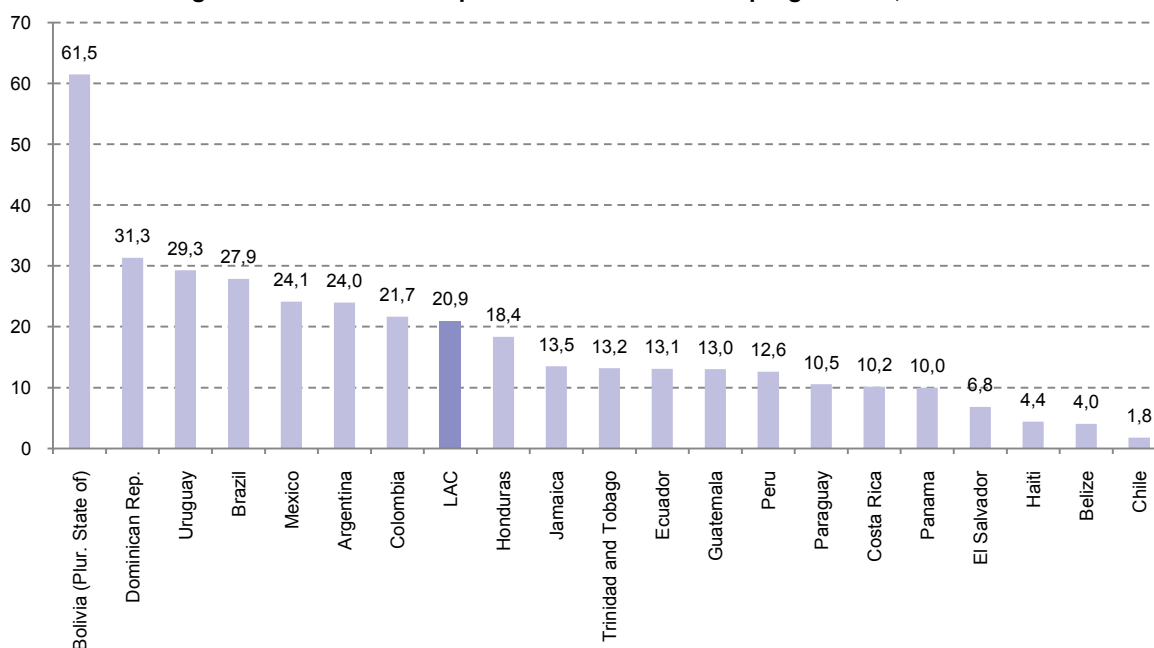


Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

²⁸ These figures use the total population of all the countries of Latin America and the Caribbean for the denominator (source: CEPALSTAT), not just the countries with CCT programmes.

In order to facilitate comparisons of coverage between countries, figure 6 shows coverage of individuals living in recipient households of CCT programmes as a percentage of the total national population around 2015, with the countries arranged in order of highest to lowest coverage. The country with the highest level of coverage, the Plurinational State of Bolivia, is a special case because its main programme, the Juancito Pinto Grant programme, is not targeted based on poverty but rather serves all children attending public school.

Figure 6
Coverage of individuals in recipient households of CCT programmes, around 2015



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

The following programmes were considered in each country: Argentina (AUH and PCP); Belize (BOOST); Brazil (PBF and PBV); Chile (CS and SSyOO); Colombia (MFA); Costa Rica (AVC); Dominican Republic (PROSOLI); Ecuador (BDH); El Salvador (PACSES); Guatemala (MBS); Haiti (TMC); Honduras (BVM); Jamaica (PATH); Mexico (PRO); Panama (RO); Paraguay (ABR and TKO); Peru (JUN); Plurinational State of Bolivia (BJA and BJP); Trinidad and Tobago (TCCTP); and Uruguay (AF and TUS). The coverage year is 2015 in the majority of cases, with the exception of Haiti and El Salvador (2014) and Belize (2012).

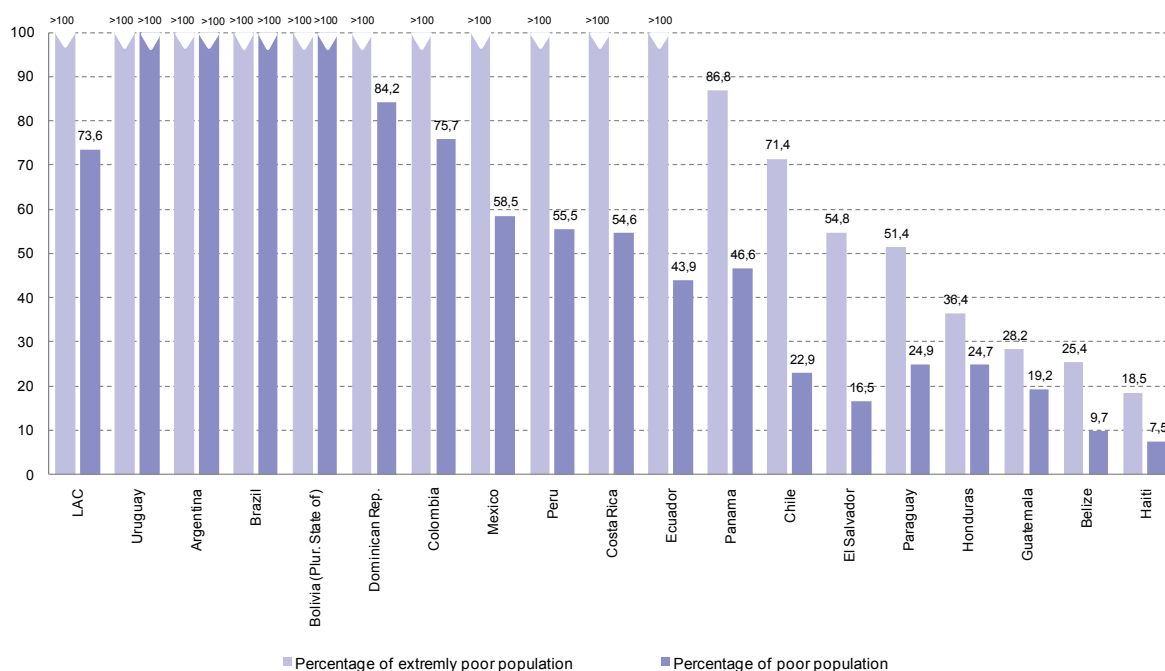
The coverage figure corresponding to Latin America and the Caribbean takes into account the total population of the region according to CEPALSTAT. It is not a simple average of the coverage averages of the countries, which is equal to 17.7%.

Considering that CCT programmes are targeted to the population living in poverty and extreme poverty, it is important to compare the number of individuals living in recipient households of CCT programmes not only with the total population, as in figures 5 and 6, but also with the poor and extremely poor population in the region's countries. Using this indicator, the total number of individuals living in recipient households of CCT programmes in 2015 at the regional level was observed to be greater than the number of people living in extreme poverty but just 73.6% of the number living in poverty. Furthermore, in over half of the countries, the number of individuals in recipient households was equal to or greater than the extremely poor population (see figure 7).²⁹

²⁹ The population in poverty and extreme poverty is calculated using the poverty and extreme poverty rates presented in annex table A.II.9. The methodology for measuring coverage as a percentage of the poor and extremely poor population is described in annex A.I.

Specifically, this is the case in Uruguay, Argentina, Brazil, the Plurinational State of Bolivia, the Dominican Republic, Colombia, Mexico, Peru, Costa Rica and Ecuador. Of these countries, it is only in Uruguay, Argentina, Brazil and the Plurinational State of Bolivia that the number of individuals living in recipient households of CCT programmes is greater than or equal to the population living in poverty.

Figure 7
Latin America and the Caribbean: Individuals in recipient households of CCT programmes



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the CEPALSTAT database [online] http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/Portada.asp.

Notes: ^a Does not take into account errors of inclusion and exclusion.

However, this simply means that in these countries the programmes are big enough to contend with the magnitude of the population living in extreme poverty (or poverty); it does not mean that every person who is living in extreme poverty (or poverty) is covered by a CCT programme. All CCT programmes suffer to some extent from errors of exclusion, which means that a certain number of extremely poor individuals are not covered by the programmes, as well as from errors of inclusion, which means that some people who are neither poor nor extremely poor are participating in these programmes. To evaluate these errors, household survey data on both programme coverage and the poor and extremely poor population must be used.³⁰ Upon analysing household surveys from 16 countries, Robles, Rubio and Stampini (2015) found that, around 2013, only 50.6% of the extremely poor and 42.6% of the poor who were living in households with children (according to national definitions) were covered by CCT programmes in their respective countries.

³⁰ For example, in Uruguay, Colacce and Tenenbaum (2016), using data from the permanent household survey found that, in 2014, 10.4% of children from 0 to 17 years of age living in conditions of monetary poverty did not receive transfers from either the *Tarjeta Uruguay Social* programme or the Family Allowance – Equity Plan.

At any rate, the data presented in figure 7 show that in some countries the programmes are not large enough to cover the poorest segments of the population. In Guatemala, Belize and Haiti, for example, the size of the population living in recipient households of CCT programmes represents less than 30% of the population living in extreme poverty. This evidence supports the call made by the Economic Commission for Latin America and the Caribbean (ECLAC, 2015) to broaden the coverage of income transfer programmes by incorporating the principle of actively seeking eligible beneficiaries in order to reach the entire poor population.

IV. Investment in conditional cash transfer programmes

The data on investment in CCT programmes are based primarily on the annual expenditure series for CCT programmes reported by the respective responsible and/or executing agencies and institutions.³¹ However, given the lack of information on expenditure for some programmes for some years, the expenditure series in this document are supplemented with the budget series also reported by the responsible and/or executing agencies and institutions for the programmes.³² Both the expenditure data and the budget data generally represent the sum total of the cash transfers and other services provided to families and the administrative expenses of running the programmes. A comparison of the budget data with the expenditure data for the 23 programmes for which both types of data are available during the period 1997-2016 reveals that annual expenditure comes in at 10.7% under the budget on average.

Information from the database of non-contributory social protection programmes in Latin America and the Caribbean was used to generate the investment series (in local currency and dollars) for each CCT programme, figures that in turn are expressed as a percentage of gross domestic product (GDP), public social spending and public social spending on social protection. In addition, the investment series are combined with the coverage series to estimate investment per capita in households with beneficiaries of CCT programmes, which provides an idea of the public effort to overcome poverty during the period under consideration. Specifically, this section compares the investment made by countries in CCT programmes in Latin America and the Caribbean from 2000 to 2015 and presents annual series aggregated at the regional level for the period 1996-2015.³³

³¹ Collinao and others (2016) prefers to use the term “outlay” with respect to “expenditure”.

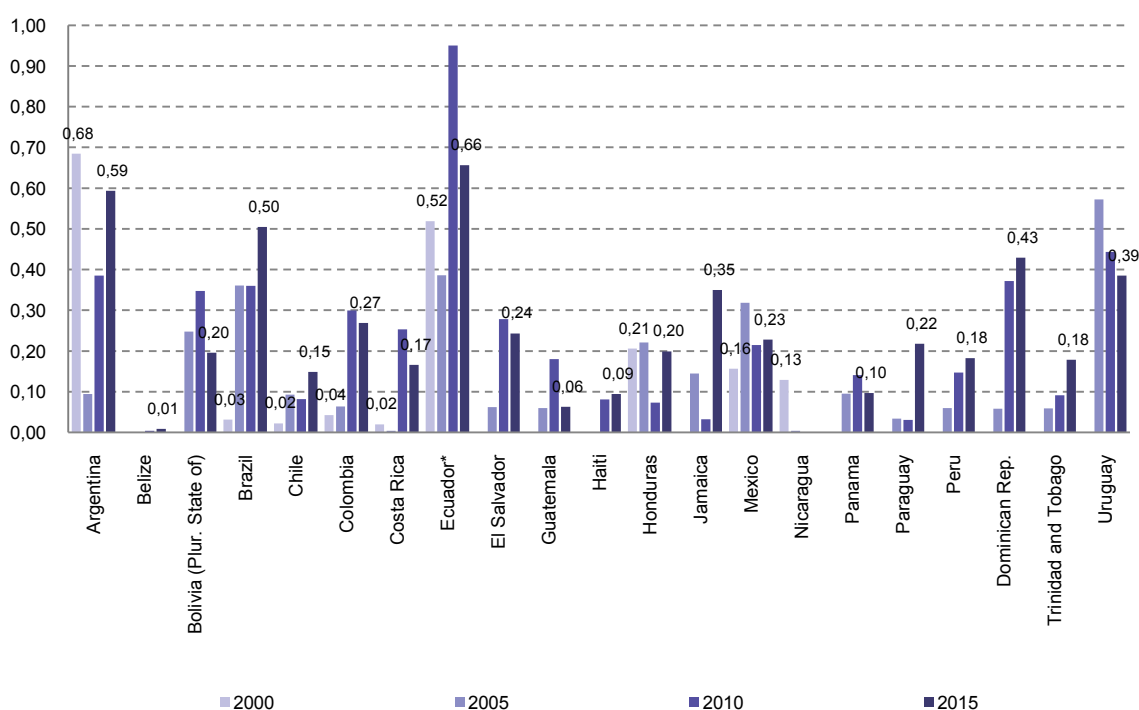
³² Annex tables A.II.10 and A.II.11, respectively, present the available expenditure and budget data for CCT programmes in Latin America and the Caribbean.

³³ Annex A.I describes the methodology used to measure investment in CCT programmes at the country level and the regional aggregation process.

A. Investment in CCT programmes as a percentage of GDP

At the regional level, CCT programme investment was 0.33% of GDP in 2015. Topping the list of countries investing the most in CCT programmes as a percentage of GDP are Argentina (0.59%), Brazil (0.50%), the Dominican Republic (0.43%) and Uruguay (0.39%) (see figures 8 and 9).³⁴ The investment of 0.66% of GDP for the Human Development Grant programme in Ecuador includes not only the conditional cash transfer for families with children (0.26% of GDP) but also the pensions for older adults and persons with disabilities.³⁵

Figure 8
Latin America and the Caribbean: Investment in CCT programmes, by country,
around 2000, 2005, 2010 and 2015
 (Percentage of GDP)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the CEPALSTAT database.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Argentina in 2010, Belize in 2010 and 2015, Ecuador in 2015, El Salvador in 2015, Guatemala in 2005 and Nicaragua in 2000).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 0.3% of GDP in 2015.

Meanwhile, Belize, Guatemala, Haiti and Panama were the countries in the region investing the least in CCT programmes as a percentage of GDP in 2015. These outcomes reflect very disparate situations. In the case of Belize and Haiti, the programmes are very small and should be strengthened to effectively cover the target population and reduce the levels of poverty and extreme poverty. In Guatemala, the budget for the *Mi Bono Seguro* programme was cut by 45% in nominal terms from 2014

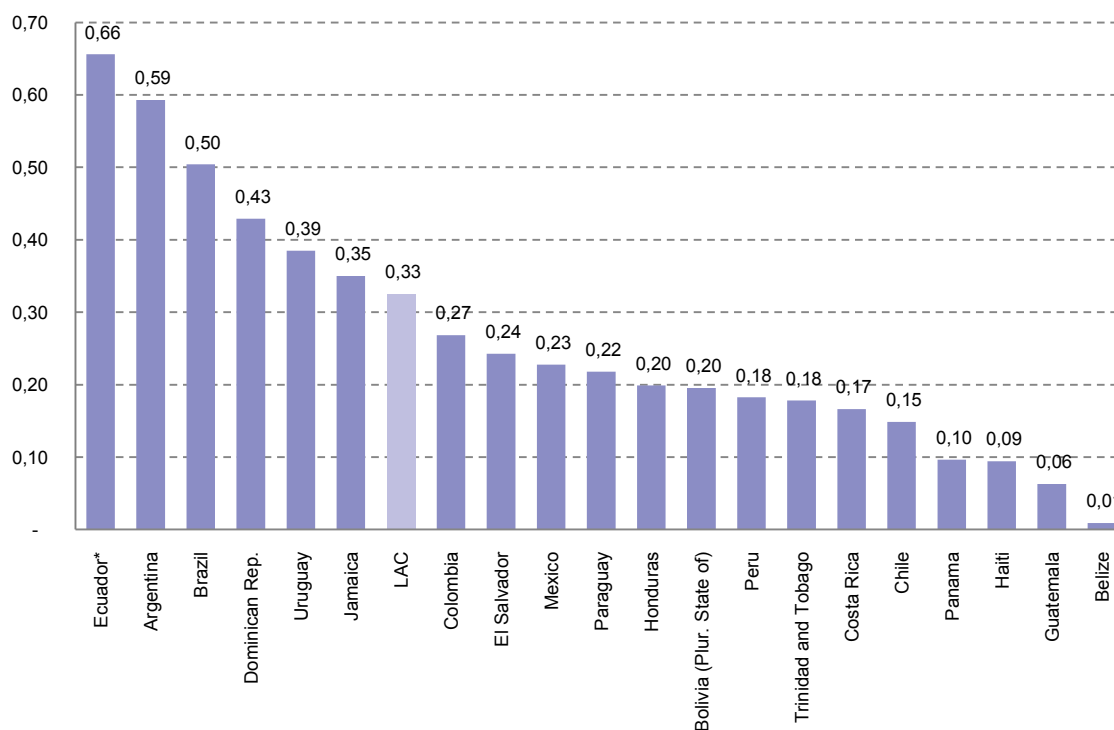
³⁴ Annex table A.II.12 presents the data used to construct figure 8.

³⁵ Strictly speaking, only the expenditure for the grants delivered to mothers should be included as those are the only conditional cash transfers. However, the expenditure for this component can only be calculated starting in 2014.

to 2015. In Panama, the low investment level was the result of a slight reduction in expenditure by the Opportunities Network in 2014 and 2015 in combination with high GDP growth rates.

In terms of trends, Brazil stands out for sustainably increasing its investment in CCT programmes over the last 15 years, from 0.03% of GDP in 2000 to 0.50% of GDP in 2015. Between 2005 and 2015, Argentina and the Dominican Republic reported the largest advances in CCT programme investment as a percentage of GDP, with increases approaching 0.50 and 0.37 percentage points, respectively. During the same period, a decline in investment in CCT programmes as a percentage of GDP was observed in several countries (Honduras, Mexico, the Plurinational State of Bolivia and Uruguay), which is often related to an increase in GDP that is more sustained than the increase in CCT programme investment. In the case of the Plurinational State of Bolivia, for example, both budget and expenditure for the Juancito Pinto Grant programme have increased in nominal terms, but these increases have not kept pace with GDP growth. Similarly, in countries where investment in dollars fell, the decline may not correspond to a decrease in investment in local currency but rather to depreciation of the local currency, as was the case in Brazil and Mexico in 2015.

Figure 9
Latin America and the Caribbean: Investment in CCT programmes, by country, around 2015
(Percentage of GDP)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the CEPALSTAT database.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Belize, Ecuador and El Salvador).

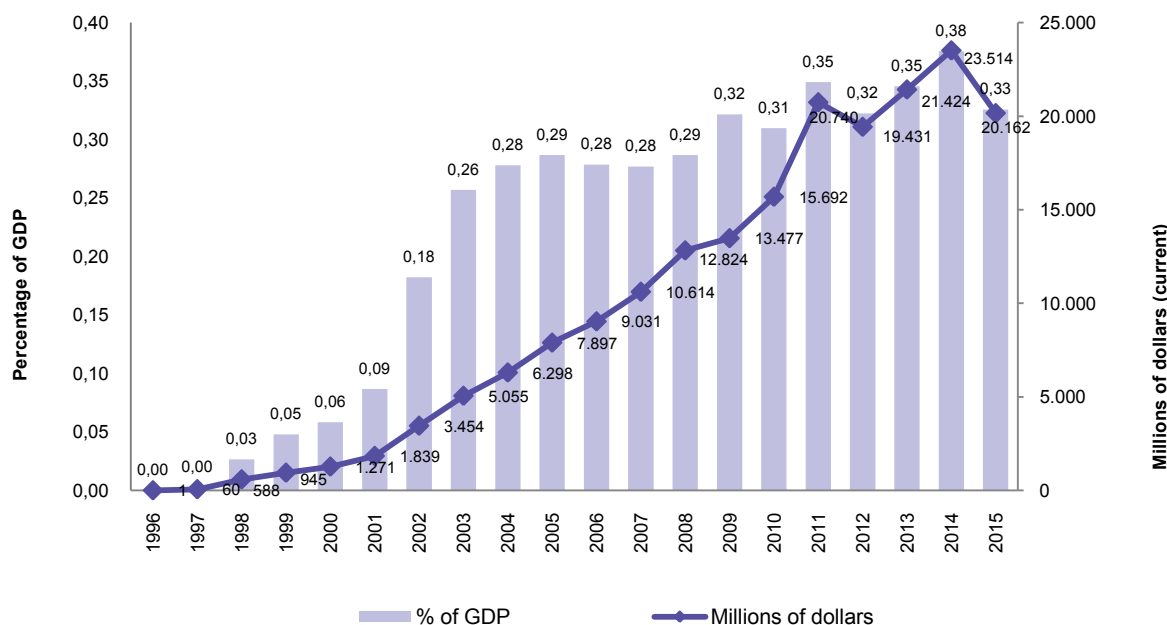
* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 0.3% of GDP in 2015.

Therefore, it is important to supplement the information on investment as a percentage of GDP with the information in dollars, presented in tables A.II.10 and A.II.11 of annex A.II to this document, as well as with the information in local currency, which can be consulted in the database of non-contributory social protection programmes in Latin America and the Caribbean.

Investment in CCT programmes as a percentage of GDP has increased in the majority of countries in Latin America and the Caribbean over the past two decades, as reflected in the regional investment figure, which rose from 0.06% of GDP in 2000 (US\$ 1.271 billion in current dollars) to 0.33% of regional GDP in 2015 (US\$ 20.162 billion in current dollars) (see figure 10).³⁶ Regional investment in CCT programmes rose significantly from 2001 to 2003, from 0.09% of GDP to 0.26% of GDP. From 2004 to 2014, regional investment in CCT programmes continued to grow but with fluctuations from year to year.³⁷ In 2015, CCT programme investment contracted as a percentage of GDP against a backdrop of slower regional growth.

The investment amount in CCT programmes in current dollars has increased every year since 1996, with the exception of 2012 and 2015. The contraction in 2012 was mainly the result of a reduction in expenditure in nominal terms for the *Oportunidades* programme in Mexico, which sank from US\$ 4.759 billion in current dollars in 2011 to US\$ 2.565 billion in current dollars in 2012. The declines from 2014 to 2015 were primarily the result of a decrease in expenditure in nominal terms involving the CCT programmes in Brazil (US\$ -3.057 billion), Mexico (US\$ -783 million) and Colombia (US\$ -276 million). It should also be noted that in the period 2013-2015, other countries reduced investment in their CCT programmes: Ecuador cut the budget for its Human Development Grant programme from US\$ 1.062 billion in current dollars in 2013 to US\$ 651 million in 2015; Honduras reduced the budget for its Better Life Grant programme by US\$ 95 million in current dollars between 2013 and 2015; and Guatemala reduced spending on its *Mi Bono Seguro* programme from US\$ 100 million in 2013 to US\$ 40 million in 2015 (see annex tables A.II.10 and A.II.11).

Figure 10
Latin America and the Caribbean: Public investment in CCT programmes, 1996-2015
(Percentage of GDP and millions of current dollars)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the CEPALSTAT database.

³⁶ See annex A.I for more information on the methodology used to obtain the aggregated annual series for regional investment in CCT programmes.

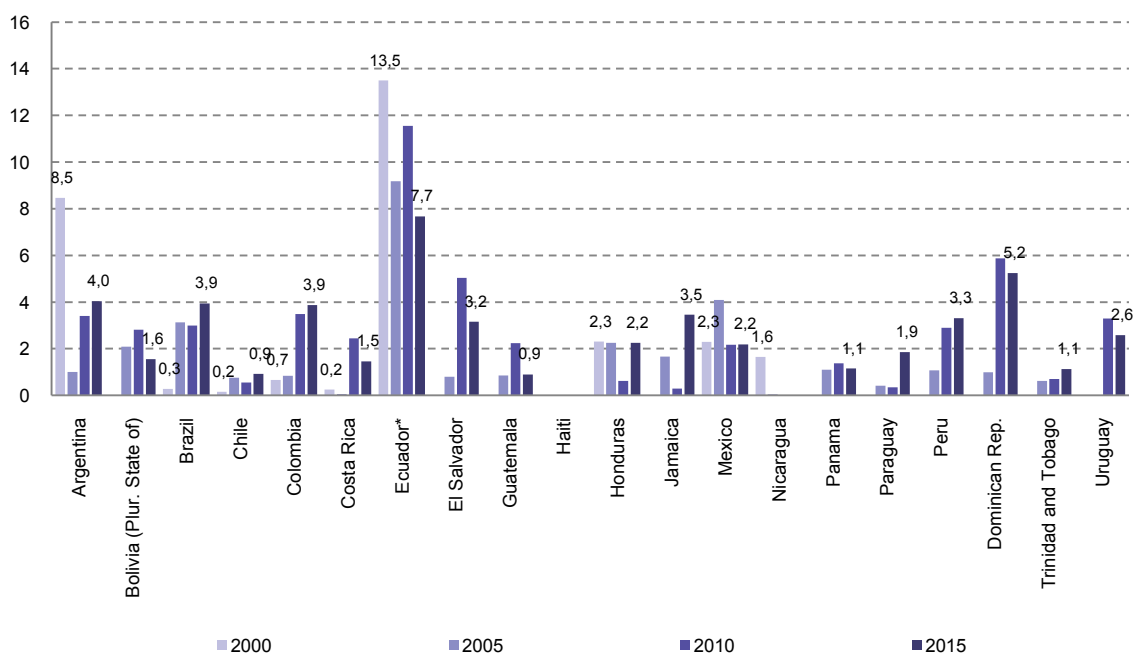
³⁷ The strong growth in regional investment in CCT programmes as a percentage of GDP from 2010 to 2011 was primarily the result of a dramatic increase in investment in the *Bolsa Familia* programme in Brazil and the *Oportunidades* programme in Mexico.

B. Investment in CCT programmes as a percentage of public social spending

Measuring investment as a percentage of public social spending is useful for understanding the relative importance of CCT programmes in the framework of the countries' social policies. As defined by the Economic Commission for Latin America and the Caribbean (ECLAC), public social spending includes, in addition to social protection (whether contributory or non-contributory), education, health, housing and community services; recreational activities, culture and religion; and environmental protection (ECLAC, 2017; Collinao and others, 2016). From 2000 to 2015, the percentage of the regional GDP (weighted average) that the countries of Latin America and the Caribbean, as a region, allocated to finance public social policy grew from 15.4% to 20.7%. Regionwide, the per capita amount grew from an average of US\$ 1,424 to US\$ 2,032 in 2010 (ECLAC, 2017).

Based on the indicator of investment in CCT programmes as a percentage of public social spending, and with the exception of Ecuador (where the data on the Human Development Grant programme include both bonds for mothers and pensions for older adults and persons with disabilities),³⁸ as a percentage of spending on all social policy, the Dominican Republic is the country that invests most heavily in its poverty-targeted programme, at 5.2% in 2015. It is also the country that has increased its investment level the most, as a percentage of public social spending, since 2005 (4.2 percentage points) (see figure 11).³⁹

Figure 11
Latin America and the Caribbean: Investment in CCT programmes, by country, around 2000, 2005, 2010 and 2015
(Percentage of public social spending)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the ECLAC social investment database.

³⁸ Taking into account only the budget for grants for mothers, CCT programme investment in Ecuador was 3% of public social spending in 2015.

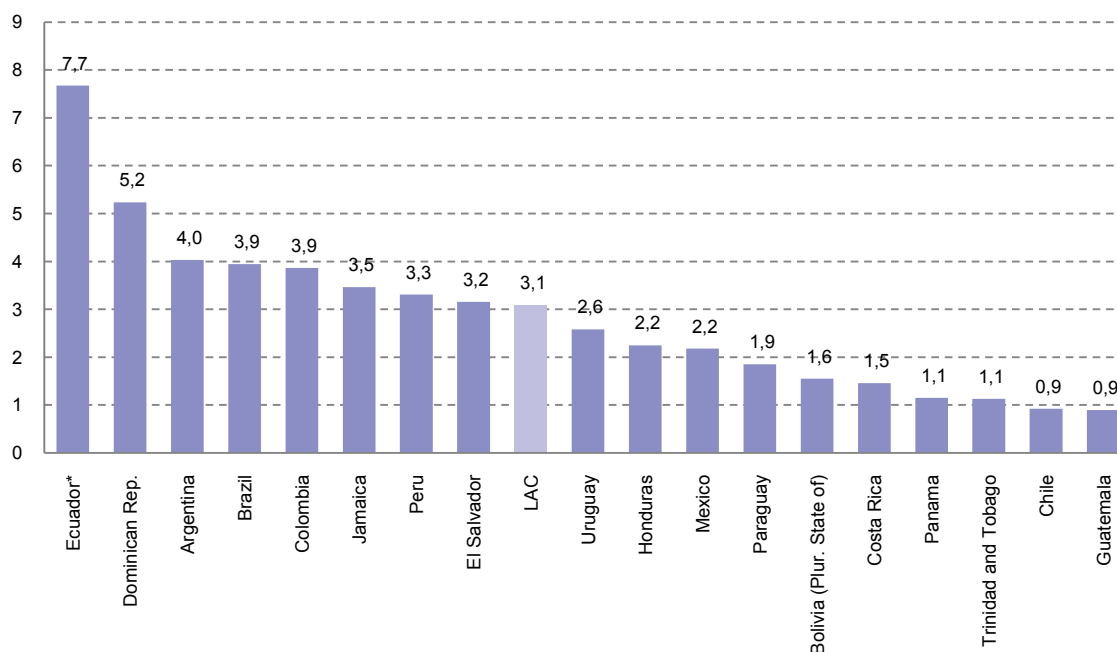
³⁹ Annex table A.II.13 presents the statistical information used to construct figure 11.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Argentina in 2010, Ecuador in 2015, El Salvador in 2015, Guatemala in 2005 and Nicaragua in 2000).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities.

Argentina, Brazil and Colombia also report high levels of investment in CCT programmes as a percentage of public social spending (around 4%) in 2015. Other countries with CCT programme investment above the regional average of 3.1% of public social spending were El Salvador, Jamaica and Peru. Meanwhile, Chile, Costa Rica, Guatemala, Honduras, Mexico, Panama, Paraguay, the Plurinational State of Bolivia, Trinidad and Tobago and Uruguay all had CCT programme investment levels below the regional average as a percentage of public social spending (see figure 12).

Figure 12
Investment in CCT programmes in the countries of Latin America and the Caribbean, around 2015
(Percentage of public social spending)



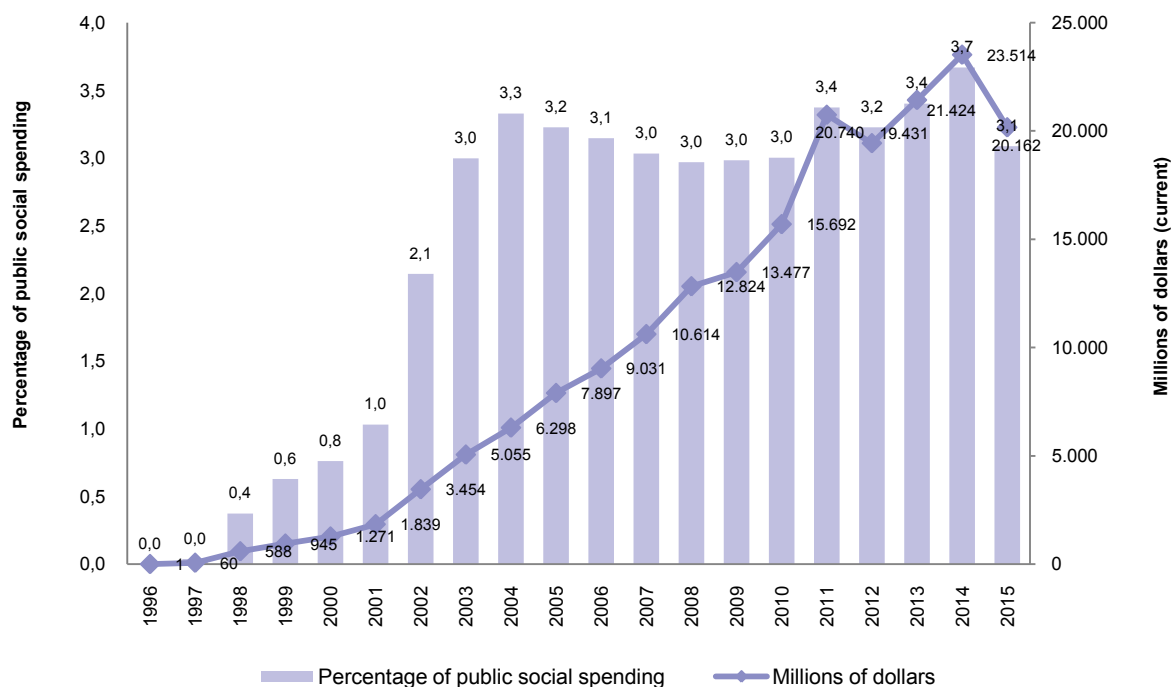
Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the ECLAC social investment database.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Ecuador and El Salvador).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 3% of public social spending in 2015.

The regional series for annual investment in CCT programmes as a percentage of public social spending rose from 0.04% in 1997 to 3.1% in 2015 (see figure 13). As with the series for investment in CCT programmes as a percentage of GDP, this indicator rose slowly from 1996 to 2001, when it stood at 1%, and then jumped to 3.3% in 2004. Starting that year, the level dipped slightly but continually until 2008, when it approached 3%. The decline was due to the fact that, in nominal terms, growth in public social spending outpaced growth in CCT programme investment in the region during those years. After 2009, regional investment in CCT programmes as a percentage of public social spending resumed a growth path but trended similarly to the series for regional investment as a percentage of GDP, with contractions in 2012 and 2015, which owed more to changes in CCT programme investment in the region than to any sharp changes in public social spending.

Figure 13
Latin America and the Caribbean: Public investment in CCT programmes, 1996-2015
(Percentage of public social spending and millions of current dollars)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, the CEPALSTAT database and the ECLAC social investment database.

C. Investment in CCT programmes as a percentage of public social spending on social protection

Measuring investment in CCT programmes as a percentage of public social spending on social protection makes it possible to gauge the relative importance of CCT programmes in the framework of the countries' social protection policies, whether contributory or non-contributory, which as noted by Cecchini and Martínez (2011), are a subset of the larger universe of social policy. Specifically, public social spending on social protection refers to spending on services and transfers provided to individual people and families and spending on services provided to the community, especially social benefits delivered in cash or kind, such as retirement, pension and other payments made to households in the case of illness or disability to replace, in whole or in part, income lost during a temporary work-related disability, allowances based on family and children, unemployment, social exclusion and payments to help buy a home or make rent payments (Collinao and others, 2016; IMF, 2001 and 2014; United Nations, 2001). Social protection (regional average of 5.0% of GDP in 2015), along with education (4.6%) and health (3.4%), is the most important social function of the expanded public sector and has grown over the past 15 years, from 3.7% of regional GDP in 2000 (ECLAC, 2017).

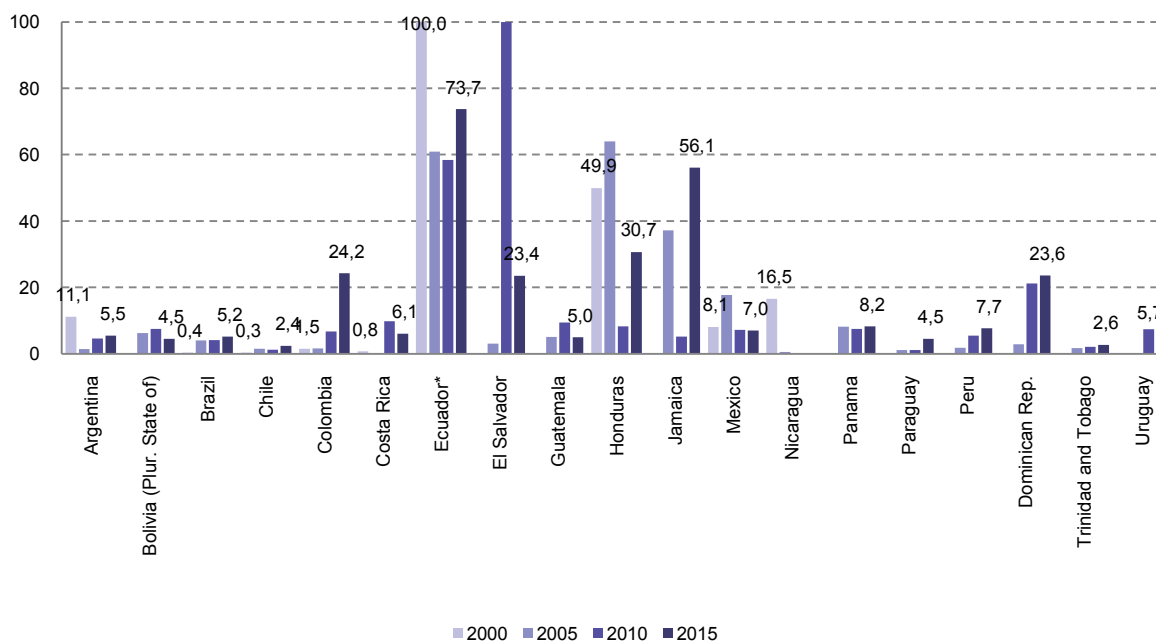
In 2015, along with Ecuador, where, as previously mentioned, investment amounts in CCT programmes also include pensions for older adults and persons with disabilities,⁴⁰ Colombia, the Dominican Republic, El Salvador, Honduras and Jamaica are the countries that invest most heavily in

⁴⁰ Taking into account only investment in grants for mothers, Ecuador's investment in CCT programmes as a percentage of public social spending on social protection would come to 29%, which would be the third highest level in Latin America and the Caribbean.

CCT programmes as a percentage of public social spending on social protection. In fact, the countries that have most scaled up their investment in CCT programmes as a percentage of this type of spending over the past 10 years are Colombia (22.6 percentage points), the Dominican Republic (20.7 percentage points), El Salvador (20.4 percentage points) and Jamaica (19 percentage points) (see figure 14 and 15). The countries that have most scaled back their investment in these programmes as a percentage of this type of spending over the past 10 years are Honduras and Mexico, with declines of 33.4 percentage points and 10.7 percentage points, respectively.⁴¹

The regional series for investment in CCT programmes as a percentage of public social spending on social protection in particular follows a very similar path to the regional series for investment in these programmes as a percentage of public social spending in general, but at an amplified magnitude due to the fact that public social spending on social protection is a component of public social spending and, thus, smaller (see figure 16). From 1996 to 2004, there was a sustained increase of 10.4 percentage points in regional investment in CCT programmes as a percentage of public social spending on social protection, with three significant expansions, in 1998 (1.1 percentage points), 2002 (3.9 percentage points) and 2002-2004 (3.4 percentage points), years in which several countries launched programmes. From 2004 to 2008, investment in CCT programmes as a percentage of public social spending on social protection slipped to 8.8% as growth in this spending component outpaced the increases in regional investment in CCT programmes. Investment in CCT programmes resumed growth in 2009 but dipped 0.8 percentage points in 2012 and then 2.2 percentage points in 2015 to 8.5%, its lowest level as a percentage of social protection spending since 2003.

Figure 14
Investment in CCT programmes in the countries of Latin America and the Caribbean,
around 2000, 2005, 2010 and 2015
(Percentage of public social spending on social protection)



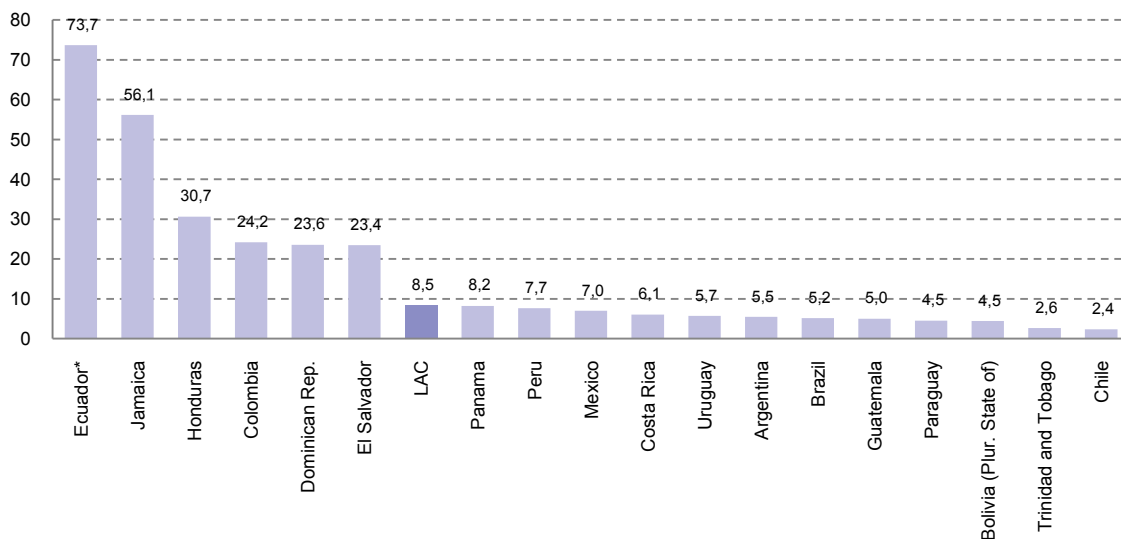
Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the ECLAC social investment database.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Argentina in 2010, Ecuador in 2015, El Salvador in 2015, Guatemala in 2005 and Nicaragua in 2000).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities.

⁴¹ Annex table A.II.14 presents the data used to construct figure 14.

Figure 15
Investment in CCT programmes in the countries of Latin America and the Caribbean, around 2015
(Percentage of public social spending on social protection)

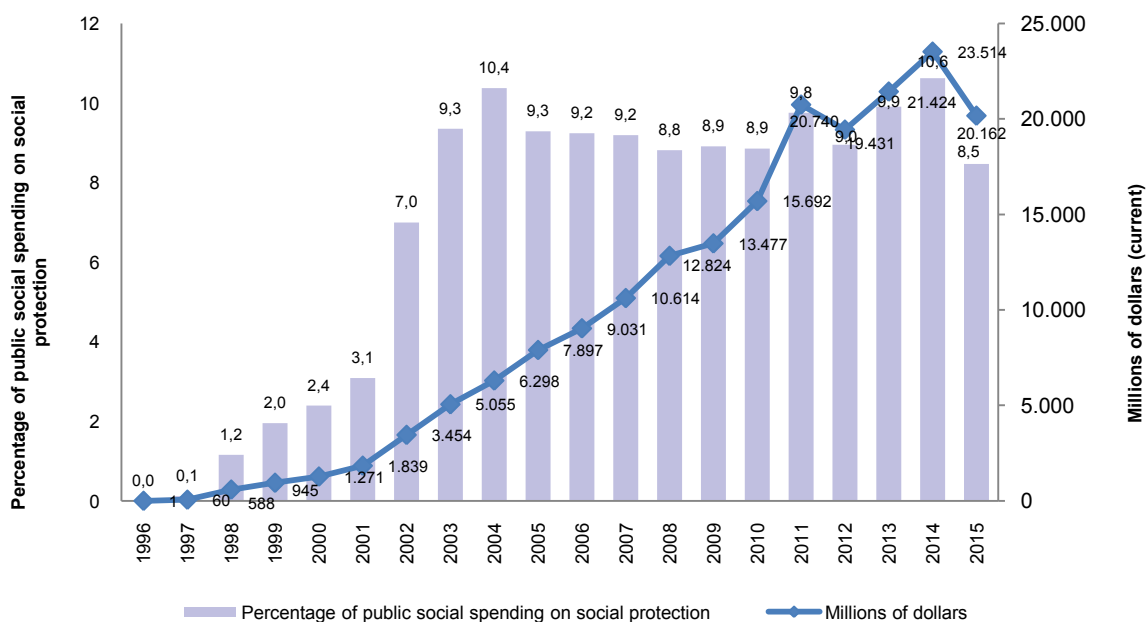


Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the ECLAC social investment database.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Ecuador and El Salvador).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 29% of public social spending on social protection in 2015.

Figure 16
Latin America and the Caribbean: Public investment in CCT programmes, 1996-2015
(Percentage of public social spending on social protection and millions of current dollars)

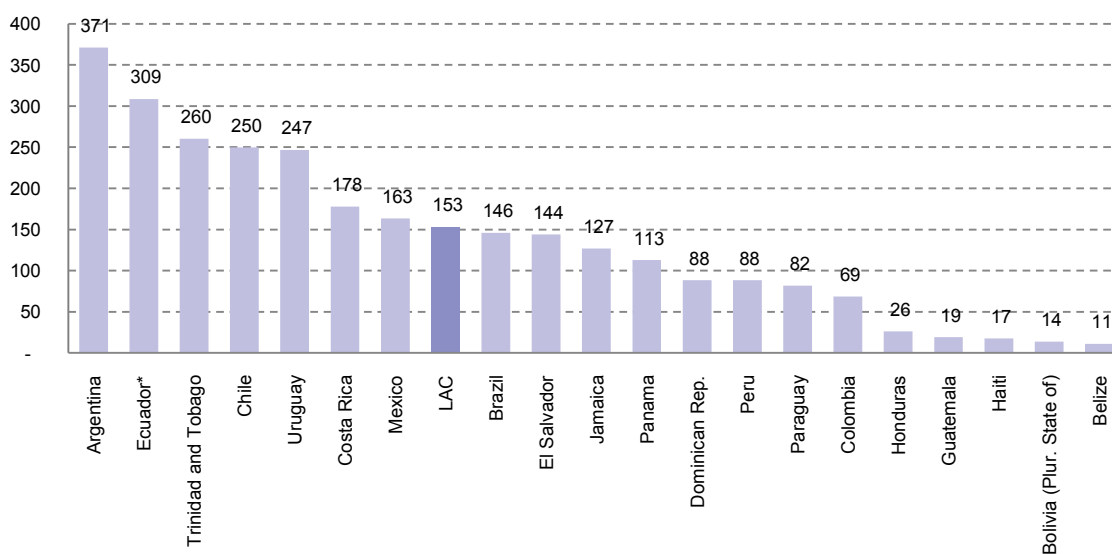


Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, the CEPALSTAT database and the ECLAC social investment database.

D. Annual investment in CCT programmes per capita in recipient households

The main disadvantage of the CCT programme investment indicators presented thus far is that whenever growth in GDP, public social spending or public social spending on social protection outpaces growth in investment in CCT programmes, the indicators suggest a drop in investment, even if the amount invested has actually expanded. This means that the relative measures of investment in CCT programmes presented thus far cannot necessarily be interpreted as indicators of the public effort to fight poverty and inequality. A better indicator of public effort is annual investment in CCT programmes per capita, meaning the amount invested for every person in recipient households. Accordingly, the following section offers data on annual per capita investment in CCT programmes for every country in Latin America and the Caribbean around 2000, 2005, 2010 and 2015, as well as the regional annual series from 1997 to 2015.

Figure 17
Annual public investment in CCT programmes per capita in recipient households in the countries of Latin America and the Caribbean, around 2015
(Current dollars)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the ECLAC social investment database.

Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Belize, Ecuador and El Salvador).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, per capita investment in CCT programmes in Ecuador was \$ 121 current dollars in 2015.

Neither the levels nor the variation of per capita investment in CCT programmes have been even across the countries of Latin America and the Caribbean (see figures 17 and 18).⁴² The countries that had the highest levels of per capita investment in CCT programmes in 2015 were Argentina, Chile, Trinidad and Tobago and Uruguay, with annual investment of over US\$ 245 at current prices per person in recipient households (see figure 17). They were followed by Costa Rica and Mexico, which invested less than US\$ 180 per capita in CCT programmes but more than the regional average of US\$ 153 per capita. As noted previously, the per capita investment figures for Ecuador in 2015 should be interpreted with

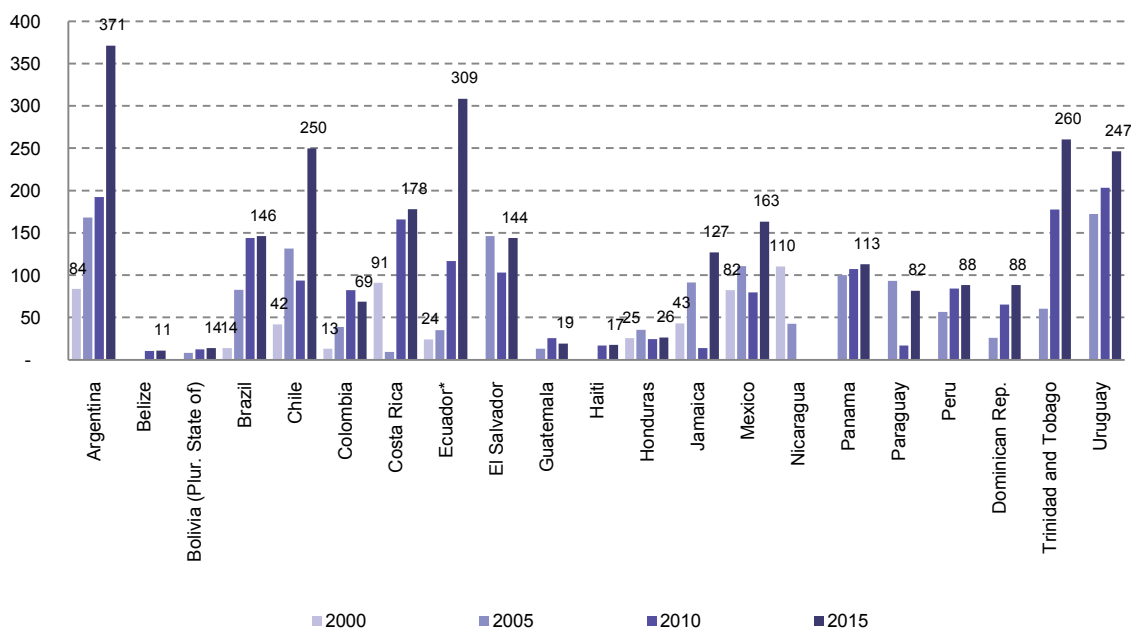
⁴² Annex table A.II.17 gives a detailed account by year and by country of the information presented in figures 17 and 18.

caution because that country's per capita investment comes in at US\$ 121 at current prices if the budget for older adults and persons with disabilities is excluded.

The group of countries with per capita investment in CCT programmes of between US\$ 100 and US\$ 150 comprises Brazil, El Salvador, Jamaica and Panama. Meanwhile, the Dominican Republic, Colombia, Paraguay and Peru make per capita investments of between US\$ 69 and US\$ 88 in current dollars. The countries that invest the least in CCT programmes on a per capita basis are Belize, Guatemala, Haiti, Honduras and the Plurinational State of Bolivia, with annual per capita amounts of between US\$ 10 and US\$ 20. The Plurinational State of Bolivia stands out for being the country that has the highest level of CCT programme coverage as a percentage of the national population in the region but one of the lowest levels on CCT programme investment per capita. The other countries in the latter group have both low coverage and low per capita investment levels.

As for trends, the countries that have most scaled up per capita investment in nominal terms over the past 10 years are Argentina, with an increase from US\$ 168 to US\$ 371 per capita; Trinidad and Tobago, which increased its per capita investment from US\$ 60 to US\$ 260; and Costa Rica, with an increase from US\$ 9 to US\$ 178 per capita in current dollars. Ecuador's annual per capita investment rose from US\$ 35 in 2005 to US\$ 309 in 2015, but this figure includes both grants for mothers and transfers to older adults and persons with disabilities under the Human Development Grant programme. Albeit to a lesser extent, Chile also increased its per capita investment in CCT programmes, from US\$ 132 in 2005 to US\$ 250 in 2015, which can be attributed to the expansion of cash transfers under the Ethical Family Income programme (Cecchini, Robles and Vargas, 2012).

Figure 18
Annual public investment in CCT programmes per capita in recipient households in the countries of Latin America and the Caribbean, around 2000, 2005, 2010 and 2015
(Current dollars)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, and the ECLAC social investment database.

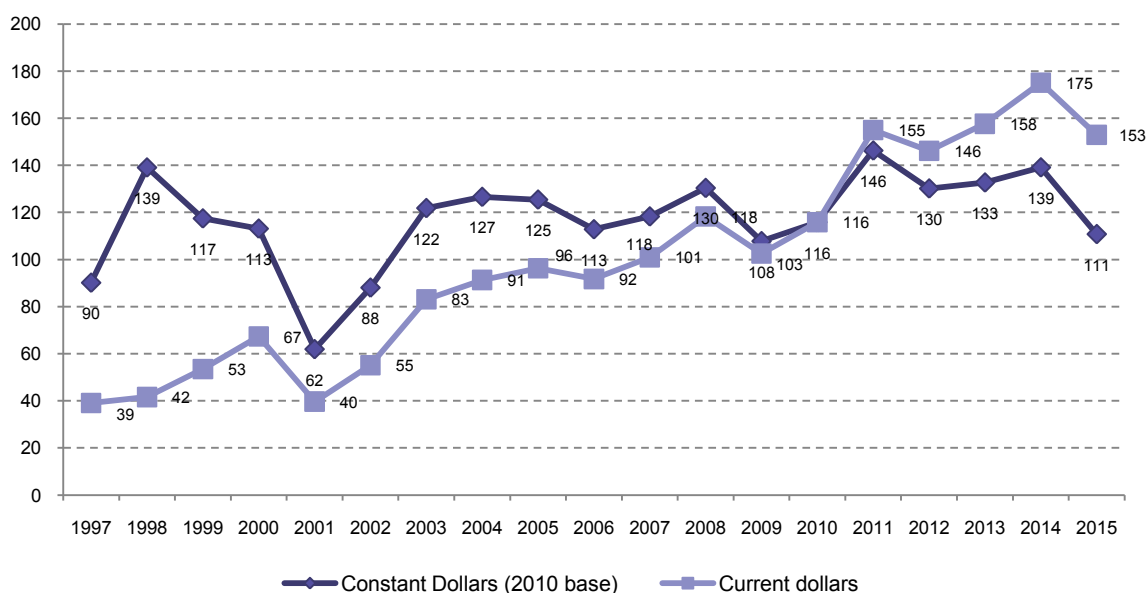
Note: Investment per programme is assumed to be equal to total expenditure for each programme. For those cases in which expenditure data are not available, budget data are used (as with Argentina in 2010, Belize in 2010 and 2015, Ecuador in 2015, El Salvador in 2015, Guatemala in 2005 and Nicaragua in 2000).

* Ecuador's investment corresponds to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, per capita investment in CCT programmes in Ecuador was US\$ 121 current dollars in 2015.

Paraguay, Honduras and El Salvador are the only countries that saw nominal declines in per capita investment in CCT programmes over the past 10 years (US\$ 12, US\$ 9 and US\$ 2, respectively). Per capita investment in CCT programmes either rose slightly or remained relatively constant in the other countries in the region, including Uruguay, Brazil and Mexico, which maintained annual per capita investment above US\$ 80 over the past decade (see figure 18).

While regional annual per capita investment in CCT programmes in nominal terms (in current dollars) has climbed considerably since 1997, real investment (in 2010 constant dollars) has been relatively stable over time. That stability could be interpreted as an ongoing effort in the region to fight poverty, although there was a troubling downturn in real investment in 2014 and 2015 (see figure 19).

Figure 19
Latin America and the Caribbean: Annual investment in CCT programmes per capita in recipient households, 1997-2015
(Current dollars and constant dollars at 2010 prices)



Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, the CEPALSTAT database and the ECLAC social investment database.

Note: The data point for 1996 is not included in the figure because the only programme with data available for that year is the PETI in Brazil, and the coverage data for individuals refer only to the direct beneficiaries of the transfers (children and adolescents). Without additional information for estimating the number of individuals living in recipient households of the PETI in 1996, the investment per capita for that year cannot be accurately estimated.

At the end of the 1990s, annual per capita investment in CCT programmes stood at around US\$ 120 (in 2010 prices) for the region. In 2001, it had descended to US\$ 62 (in 2010 prices), its lowest level in two decades. Even though a number of programmes were launched in 2001 —*Bolsa Alimentação* and *Bolsa Escola* in Brazil, *More Families in Action* in Colombia and *PATH* in Jamaica— leading to an increase in regional investment in CCT programmes, coverage of individuals also rose and at a faster pace, which had the effect of lowering per capita investment. However, the per capita investment level recovered in the space of two years, climbing to US\$ 122 in 2003, mainly due to the rollout of new programmes with large budgets, such as *Bolsa Família* in Brazil and the Human Development Grant programme in Ecuador. From 2003 to 2013, regional per capita investment in CCT programmes remained between US\$ 108 and US\$ 146 per year, the levels attained in 2009 and 2011, respectively. In 2012, per capita investment dropped to US\$ 130 but climbed back to US\$ 139 in 2014. In 2015, the region saw annual per capita investment in CCT programmes decline sharply in real terms, down to US\$ 111 for every person living in a recipient household.

V. Conclusions

This document presents the evolution over the past two decades of the coverage and investment of conditional cash transfer (CCT) programmes in Latin America and the Caribbean at the country level and at the regional level, on the basis of administrative data collected by the Economic Commission for Latin America and the Caribbean (ECLAC) and made available in its database of non-contributory social protection programmes in Latin America and the Caribbean. The construction of this database has been made possible by the willingness of the region's countries to publish detailed information and statistical series on their CCT programmes. However, the countries must be encouraged to continue making such information available to the public in a transparent and systematic manner (especially as concerns the data on demographic coverage and investment) and to strengthen their permanent household survey programmes—including questions on CCT programme participation—in order to facilitate in-depth evaluations and studies.

There are now 20 countries in the region running 30 CCT programmes, which points up the pivotal role that these programmes have come to play within the public policy framework for eliminating poverty in Latin America and the Caribbean. Paralleling the growth in the number of CCT programmes, the number of people living in recipient households of these programmes has also climbed on a sustained basis, from less than 1 million people in 1996 to more than 132 million in 2015, which represents 20.9% of the population and 17.5% of households in the region. Nevertheless, the downward trend observed in the years subsequent to 2013 and confirmed by preliminary data for 2016 is troubling. While the largest absolute declines in the number of recipient households in the period 2013-2015 occurred in Ecuador and Guatemala, the programme that has lost the most recipient households in 2016, according to preliminary data, is *Bolsa Familia* in Brazil.

Historically, the programmes that have had the highest absolute levels of coverage of households and individuals in Latin America and the Caribbean are, in descending order of coverage: *Bolsa Familia* in Brazil, with coverage of 13.6 million households and 55 million individuals in 2016; *Prospera* in Mexico, with coverage of 6 million households and 29 million people; and More Families in Action in Colombia, Universal Child Allowance for Social Protection in Argentina and *Juntos* in Peru. However, the countries that had the highest level of coverage as a percentage of their population in 2015 were the Plurinational State of Bolivia, the Dominican Republic, Uruguay, Brazil, Mexico, Argentina and

Colombia, all with coverage above 20% of the population in 2015. At the other extreme were El Salvador, Haiti, Belize and Chile, with coverage under 10% of the population in 2015.

In over half of the region's countries, the number of people living in recipient households of CCT programmes is greater than the size of the population in extreme poverty. However, of these countries, only in Uruguay, Argentina, Brazil and the Plurinational State of Bolivia is the number of people living in recipient households of CCT programmes equal to or greater than the population in poverty. In the case of Guatemala, Belize and Haiti, the size of the population living in recipient households of CCT programmes represents less than 20% of the poor population. At the regional level, the number of people living in recipient households is greater than the number of people living in extreme poverty but represents just 73.6% of the number of people living in poverty, which suggests that the region's CCT programmes should be expanded to fully and effectively cover their target populations.

At the regional level, investment in CCT programmes has also increased consistently during the period under consideration, rising from US\$ 0.9 million in current dollars in 1996 to US\$ 20.162 billion in 2015, which represents an increase of 0.33 percentage points of regional GDP, 3.1 percentage points of regional public spending and 8.5 percentage points of regional public social spending on social protection. The amount of investment in CCT programmes in current dollars has climbed every year since 1996, with the exception of 2012 and 2015. The contractions seen in 2015 were mainly due to nominal declines in investment in CCT programmes in Brazil, Mexico and Colombia, although investment declines since 2013 in Ecuador, Honduras and Guatemala have also contributed.

The ranking of the region's countries by levels of investment in CCT programmes changes depending on the measure used, although Ecuador (where the investment data also include the social and disability pension components under the Human Development Grant programme) and the Dominican Republic stand out as the countries with the highest levels of investment across all indicators. If investment in CCT programmes is measured as a percentage of GDP, the countries that invest the most are Ecuador, Argentina, Brazil, Uruguay and the Dominican Republic, and the countries that invest the least are Panama, Haiti, Guatemala and Belize. If investment is measured as a percentage of public social spending, the countries topping the list are Ecuador, the Dominican Republic, Argentina, Brazil and Colombia, and the countries at the bottom of the list are Panama, Trinidad and Tobago, Guatemala and Chile. Lastly, if investment is measured as a percentage of public social spending on social protection, the strongest investors are Ecuador, Jamaica, Honduras, Colombia and the Dominican Republic, and the weakest are the Plurinational State of Bolivia, Trinidad and Tobago and Chile.

In order to get a clearer idea of the effort being made by the region's authorities to combat poverty and inequality through CCT programmes, the amount invested in these programmes for every person living in a recipient household has also been calculated. At the regional level, the annual per capita investment in CCT programmes has been relatively stable in real terms over time. Specifically, between 2003 and 2015, the region's annual per capita investment level remained between US\$ 108 and US\$ 146, although a decline to US\$ 111 in 2015 is troubling. The countries with the highest levels of per capita investment in CCT programmes are Argentina, Ecuador (which also includes the budget for assistance for older adults and persons with disabilities), Trinidad and Tobago, Chile and Uruguay, all with annual nominal investment levels of over US\$ 245 per person. At the other extreme are Honduras, Guatemala, Haiti, Belize and the Plurinational State of Bolivia, with annual investment levels of between US\$ 10 and US\$ 30 per person. These countries also have low levels of coverage, with the exception of the Plurinational State of Bolivia, which has the highest level of CCT programme coverage as a percentage of the national population.

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Annexes

Annex I

This annex presents the methodology used to measure the coverage and investment of conditional cash transfer (CCT) programmes in the countries of Latin America and the Caribbean, as well as to construct the regional totals, on the basis of official figures.

1. Methodology for measuring CCT programme coverage

The methodology used to compile, calculate and estimate absolute and relative measures of coverage of individuals and households by CCT programmes in the countries of Latin America and the Caribbean, as well as the regional total, is described below.

(a) Calculation and estimate of absolute measures of coverage

This paper presents two data series on coverage in absolute terms:

- (i) Number of recipient households of CCT programmes (see table A.II.6); and
- (ii) Number of individuals living in recipient households of CCT programmes (see table A.II.7).

The number of recipient households of CCT programmes refers to the number of households in which at least one member receives one or more transfers from a CCT programme. Because this transfer becomes part of the total household income, it is presumed to affect all members of the household either directly or indirectly. Therefore, another definition of CCT programme coverage is also used: the number of individuals living in recipient households of CCT programmes, which can be interpreted as the scope of the programme in demographic terms.

Another definition of coverage is the number of direct beneficiaries of a programme, that is, the individuals to whom the specific services or transfers provided under a programme are delivered. For example, in the case of the Juancito Pinto Grant (BJP) programme in the Plurinational State of Bolivia, this concept of coverage would mean the total number of children attending public schools in the formal, alternative juvenile and/or special education system who meet the school attendance conditionality and thus receive the year-end transfer. Meanwhile, in Honduras, the direct beneficiaries of the Better Life Grant (BVM) programme are children under 5 years of age, children between 6 and 18 years of age enrolled in the public education system and pregnant or lactating women. In these cases, coverage is measured as the number of direct programme beneficiaries and, thus, does not include all members of the household. Other programmes, such as *Bolsa Familia* (PBF) in Brazil, have components whose direct beneficiaries include several household members, such as, for example, children under 17 years of age, pregnant women, older adults and persons with disabilities, and these programmes also have a basic income component whose beneficiaries are all members of the recipient households. In this case, the number of individuals directly benefiting from the programme is expected to be equal to the number of individuals living in recipient households.

Owing specifically to differences between the target populations of each programme, a decision was made to define coverage as broadly as possible in terms of the scope of CCT programmes and in a way that allowed for comparison. In short, coverage was defined as the number of individuals living in recipient households of CCT programmes.

The institutions and agencies responsible for CCT programmes in the region's countries report either the number of recipient households or the number of direct beneficiaries of the programmes. The available official information is used to estimate coverage series for households and/or for individuals living in recipient households, as applicable. Table A.I.1 presents information for each CCT programme in the region on which coverage series comes from official sources and which series is estimated. When the only series available from official sources is for recipient households, the methodology for estimating the series for the number of individuals living in recipient households consists in multiplying the official household coverage series by the average size of recipient households. The average size of

households with beneficiaries is calculated using household surveys.⁴³ If information on the average size of households participating in CCT programmes is not available, the average size of households nationwide in the poorest income quintile is used, based on data from the CEPALSTAT database or official documents.^{44 45}

Table A.I.1
Sources of the data series on CCT programme coverage of recipient households and number of individuals living in recipient households in Latin America and the Caribbean

Programmes in operation			
Country	Programme	Number of recipient households	Number of individuals living in recipient households
Argentina	AUH	Official sources	Estimate
	PCP	Official sources	Estimate
Belize	BOOST	Official sources	Estimate
Bolivia (Plurinational State of)	BJP	Estimate ^a	Estimate ^a
	BJA	Official sources ^c	Estimate
Brazil	PBF	Official sources	Estimate
	PBV	Official sources	Estimate
	PETI	Estimate ^b	Official sources ^d
Chile	CS	Official sources	Estimate
	SSyOO	Official sources	Estimate
Colombia	MFA	Official sources	Estimate
	RU	Official sources	Estimate
Costa Rica	AVC	Official sources	Estimate
Dominican Republic	PROSOLI	Official sources	Estimate
Ecuador	BDH	Official sources ^c	Estimate
	DC	Estimate ^b	Official sources ^d
El Salvador	PACSES	Official sources	Estimate
Guatemala	MBS	Official sources	Estimate
Haiti	TMC	Official sources	Estimate
Honduras	BVM	Official sources	Estimate
Jamaica	PATH	Estimate ^b	Official sources ^d
Mexico	PRO	Official sources	Estimate
Panama	RO	Official sources	Estimate
	BFCA	Official sources	Estimate
Paraguay	TKO	Official sources	Estimate
	ABR	Official sources	Estimate
Peru	JUN	Official sources	Estimate
Trinidad and Tobago	TCCTP	Official sources	Estimate
Uruguay	AF	Estimate ^a	Estimate ^a
	TUS	Official sources	Estimate

⁴³ The programmes for which the average size of households with beneficiaries can be calculated using information from household surveys are: Universal Child Allowance for Social Protection in Argentina; *Bolsa Familia* in Brazil; *Chile Solidario* and the Securities and Opportunities System in Chile; Solidarity in Communities Support Programme in El Salvador; the Family Allowances Programme and the Better Life Grant programme (*Bono 10,000*) in Honduras; *Oportunidades* and *Prospera* in Mexico; the Opportunities Network in Panama; *Tekoporã* in Paraguay; *Juntos* in Peru; the Juancito Pinto and Juana Azurduy de Padilla Mother-and-Child grant programmes in the Plurinational State of Bolivia; and Family Allowance and *Tarjeta Uruguay Social* in Uruguay.

⁴⁴ The CEPALSTAT data come from calculations based on household surveys. In most cases, average household size in the poorest income quintile is for the national level. In Argentina, Ecuador and Uruguay only, owing to availability of information, average household size in the poorest quintile corresponds to urban areas. In the case of Belize, Haiti, Jamaica and Trinidad and Tobago, the average size of poor households is derived from specific calculations for each country. In the case of Belize, the source is the Statistical Institute of Belize (2010); in the case of Haiti, the source is the Haiti quality-of-life survey, prepared by the National Observatory of Poverty and Social Exclusion of Haiti (ONPES), the Ministry of Planning and External Cooperation of Haiti (MPCE) and the World Bank (2014); the data for Jamaica come from the Statistical Institute of Jamaica (2011); and the data for Trinidad and Tobago come from the National Census Report (CARICOM, 2009).

⁴⁵ The information on average household size is not available for all years in some countries, so the missing data are extrapolated. This consists in using the closest data available at either end of the series, i.e., taking the first data point that is available when there are no data prior to the year with missing data or the last data point available when there are no data subsequent to the year with missing data; or performing a linear estimation using data of the previous and subsequent years with available data which are closest to the year with missing information. It is important to note that when estimating the series for the number of individuals living in recipient households of CCT programmes (see annex table A.II.7) based on the average size of recipient households or of households in the poorest quintile, the changes in demographic coverage are due not only to the change in the number of recipient households but also to changes in the data on average household size.

Table A.1.1 (concluded)

Completed programmes			
Country	Programme	Number of recipient households	Number of individuals living in recipient households
Argentina	FIS	Official sources	Estimate
	PJJHD	Official sources	Estimate
Brazil	PBA	Official sources	Estimate
	BE	Official sources	Estimate
	CA	Official sources	Estimate
Colombia	SAE	Estimate ^b	Official sources ^d
Costa Rica	SPF	Official sources	Estimate
Dominican Republic	SOL	Official sources	Estimate
Ecuador	BS	Official sources	Estimate
Guatemala	MFP	Official sources	Estimate
	PDNA	Official sources	Estimate
Honduras	PRAF	Estimate ^b	Official sources ^d
Mexico	OPR	Official sources	Estimate
Nicaragua	RPS	Official sources	Estimate
	SAC	Official sources	Estimate
Uruguay	PANES	Official sources	Estimate

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Note: Estimates are calculated by multiplying or dividing (as applicable) the official series by the average size of the recipient households or households in the first quintile of the income distribution, based on available data.

^a In the case of the BJP programme in the Plurinational State of Bolivia and the AF programme in Uruguay, the responsible agency reports the number of direct beneficiaries only, not the number of individuals living in recipient households. Therefore, the series for the number of individuals living in recipient households was estimated using the ratio between the number of individuals living in recipient households (estimated on the basis of household surveys) and the official number of direct individual beneficiaries. Once the series for the number of individuals living in recipient households was estimated, the series for the number of recipient households was estimated using the average size of recipient households in the programme.

^b In these cases, the beneficiaries of CCT programmes are not all family members, so the estimate of household coverage may be low.

^c This refers to the number of pregnant women who are programme beneficiaries.

^d This refers to the number of direct beneficiaries.

^e This refers to the number of mothers who are programme beneficiaries.

The use of average household size in the first quintile at the national level, which is a statistical series available to the public from CEPALSTAT, is based on the assumption that this indicator offers a good approximation of the average size of recipient households of CCT programmes when the latter data point is not available. However, it should be noted that a comparison of the data available for 13 programmes in 10 countries between 2007 and 2014 revealed a difference between the average size of recipient households of CCT programmes (5.22 individuals) and the average size of households in the first quintile at the national level (4.57 individuals). This means that using the average size of households in the first quintile may lead to an underestimation of the coverage of individuals living in recipient households.

Regarding the availability of data, it should be noted that in some countries the institution or agency responsible for the CCT programme reports only the number of direct beneficiaries of transfers. In the case of the Juancito Pinto Grant programme (BJP) in the Plurinational State of Bolivia, for example, the direct beneficiaries of transfers are school-age children attending public schools. In this case, the number of individuals in recipient households was estimated by calculating the ratio between the number of individuals in recipient households (estimated based on the 2009 and 2013 survey of households) and the official number of beneficiaries (actual coverage) for the same years.⁴⁶ Once the series for the number of individuals in recipient households has been estimated, the series for recipient

⁴⁶ The ratio is equal to 3.18 in 2009 and to 2.74 in 2013. Due to the lack of information for the years before and after these two years, the 2009 ratio is assumed for all years prior to 2009 and the 2013 ratio is assumed for all years subsequent to 2013. For the estimates of the years between 2009 and 2013, a linear decline is assumed from the 2009 ratio to the 2013 ratio, which results in ratios of 3.07 for 2010, 2.96 for 2011 and 2.85 for 2012.

households is estimated using the average size of recipient households in accordance with the Permanent Survey of Households of the Plurinational State of Bolivia.

As with the Juancito Pinto Grant programme, the institutions in charge of the Family Allowance – Equity Plan in Uruguay report only the number of direct beneficiaries of transfers (children under 18 years of age). In this case, the series for the number of individuals in recipient households was estimated by calculating the ratio between the number of individuals in recipient households (estimated based on the 2014 household survey) and the official number of beneficiaries (actual coverage) for the same year.⁴⁷ Once the number of individuals in recipient households was estimated, it was divided by the average size of recipient households (calculated using the Permanent Survey of Households of Uruguay) to obtain the estimated number of households with programme beneficiaries.

In the case of the Juana Azurduy de Padilla Mother-and-Child Grant (BJA) programme in the Plurinational State of Bolivia, the direct beneficiaries of the transfers are pregnant and lactating women and children under 1 year of age without health insurance coverage. For this programme, there is information on both the number of pregnant women and the number of boys and girls under 2 years of age who are programme beneficiaries. Household coverage is assumed to be equal to the number of pregnant women who are programme beneficiaries. This assumption may underestimate household coverage under the programme because there may be households without pregnant women in which the beneficiaries are children under 2 years of age, and these households would not be counted under this assumption. However, if the number of households is assumed to be equal to the sum of pregnant women and children under 2 years who are programme beneficiaries, households with more than one recipient would be counted twice (or even more). The number of individuals in recipient households is estimated as the product of estimated household coverage and the average size of recipient households according to the Permanent Survey of Households of the Plurinational State of Bolivia. Given that household coverage could be underestimated, the number of individuals in recipient households could, too, be somewhat underestimated.

Similarly, in the case of the Solidarity Grant (BS) and Human Development Grant (BDH) programmes in Ecuador, there is information on the number of women, older adults and persons with disabilities who are receiving transfers. For both programmes, it is assumed that the number of recipient mothers of transfers is equal to the number of recipient households of the CCT programme. At first glance, this assumption might be thought to underestimate the coverage of households in the programme because there may be households in which only older adults or persons with disabilities receive transfers, and these households would not be counted under this assumption. However, strictly speaking, only transfers related to the grant for mothers should be counted because it is only mothers who receive conditional transfers, which means that the assumption should, in fact, yield actual household coverage. Meanwhile, the number of individuals in recipient households is estimated by multiplying estimated household coverage by the average size of households in the poorest quintile, based on CEPALSTAT data.

In some cases, not only do the institutions responsible for the programmes report only the number of direct beneficiaries of the transfers but also there are no data available from household surveys or other sources that could be used to estimate the number of individuals living in recipient households. When the direct beneficiaries of the transfers are not all members of the household, dividing the number of beneficiaries by the average size of recipient households to obtain the number of recipient households may underestimate the number of households covered by the programme. However, in those cases in which this is the only available information, our assumption is that it is preferable to underestimate household coverage than to provide no information at all, so household coverage is estimated with a note indicating that is an underestimate. This is the case with the following programmes: Child Labour Eradication Programme (PETI) in Brazil; Conditional Subsidies for School Attendance (SAE) in Colombia; Zero Malnutrition (DC) in Ecuador; Family Allowance Programme (PRAF) in Honduras; and Programme of Advancement through Health and Education (PATH) in Jamaica.

⁴⁷ Due to the lack of information for the years before and after this year, the 2014 ratio (1.72) is assumed for all the years in the series.

(b) Aggregation of coverage series at the country level

In the majority of the cases in which a country has more than one CCT programme running in a given year, the target populations are different and so the coverage series for each programme can be added up to obtain the total coverage figure at the country level, as is the case with the *Abrazo* and *Tekoporã* programmes in Paraguay, to cite one example. However, this cannot be done for all countries. The exceptions are as follows:

- In the case of Brazil, the *Bolsa Família* programme (PBF) was introduced in 2003 but the process of transitioning beneficiaries from other programmes to the new one was gradual, such that PBF coverage in 2003 did not reflect total coverage in the country. Thus, coverage in 2003 is the sum of coverage under *Bolsa Escola* (BE), *Bolsa Alimentação* (PBA) and the Child Labour Eradication Programme (PETI). In addition, in 2006, the Child Labour Eradication Programme (PETI) merged with *Bolsa Família* and began to serve non-poor families that were in child labour situations, which is why coverage for the country is the sum of coverage under the latter two programmes only starting in 2006. In other words, the coverage figures for Brazil in 2004 and 2005 refer only to coverage under *Bolsa Família*.
- In the case of Chile, the coverage reported by the Securities and Opportunities System (SSyOO) includes users of the *Chile Solidario* programme. As a result, starting in 2013, the country's coverage is the coverage indicated by the SSyOO programme and not the sum of the coverage of the two programmes in operation.
- In Colombia, users of the *Unidos* Network programme are also users of the More Families in Action (MFA) programme, so coverage information is taken from just one programme to obtain the national total. However, to calculate national coverage from 2005 to 2012, the coverage figures for the MFA programme are combined with coverage under the Conditional Subsidies for School Attendance (SAE) programme, which was offered in Bogota only.
- In Panama, the households covered by the Family Food Grant (BFCA) programme are also beneficiaries of the Opportunities Network (RO) programme, so national coverage is considered equal to coverage under the RO programme.
- In Guatemala, the *Mi Familia Progresá* (MFP) programme included beneficiaries of the Protection and Development of Child and Adolescent Workers (PDNA) programme in 2008, so national coverage under the MFP programme only is used for that year.
- In the case of Ecuador, the coverage series for the Human Development Grant (BDH) and Solidarity Grant (BS) programmes overlap in 2003, but since the BDH programme provided continuity for the BS programme, only the coverage figures reported by the BDH programme are considered for that year. In addition, all members of the Zero Malnutrition programme should also be beneficiaries of the BDH programme, so only the coverage for the BDH programme is used to calculate the national total.
- In Mexico, the coverage series for the *Oportunidades* (OPR) and *Prospera* (PRO) programmes overlap in 2014, which is when *Prospera* was launched. Since *Prospera* provided continuity for *Oportunidades*, only the coverage reported for the former is used for that year.

Annex tables A.II.6 and A.II.7 present the coverage series for recipient households and individuals living in recipient households for all the CCT programmes in the region's countries, as well as the totals at the country level.

(c) Calculation of relative coverage measures

Based on the series for the number of individuals living in recipient households of each CCT programme, relative measures of coverage have been constructed with respect to the size of the total population of each country and the size of the population living in conditions of poverty and extreme poverty. The resulting series are as follows:

- i) Individuals living in recipient households of CCT programmes as a percentage of the total population;
- ii) Individuals living in recipient households of CCT programmes as a percentage of the poor population; and
- iii) Individuals living in recipient households of CCT programmes as a percentage of the extremely poor population.

Interpreting the differences between these series across countries is more a direct process with these relative measures of coverage than it would be with absolute measures. The total population figures and the poverty and extreme poverty rates were obtained from the CEPALSTAT database. Belize and Haiti are the only cases in which the poverty and extreme poverty rates have not been drawn from the CEPALSTAT database. The Statistical Institute of Belize (2010) provided the poverty and extreme poverty rates for 2002 and 2009. In the case of Haiti, these rates were taken from the Haiti quality-of-life survey, prepared by the National Observatory of Poverty and Social Exclusion of Haiti (ONPES), the Ministry of Planning and External Cooperation of Haiti (MPCE) and the World Bank (ONPES, MPCE and World Bank, 2014).

The method for calculating the series for individuals living in recipient households of CCT programmes as a percentage of the total population consists simply in dividing the series for the number of individuals living in recipient households of CCT programmes by the series for the total national population and multiplying by 100 to express the result as a percentage. As for the measures of coverage relative to poverty and extreme poverty, the poverty and extreme poverty rates for each year are multiplied by the total population for the respective year and divided by 100 to obtain the poor and extremely poor populations for each year. Once these series have been calculated, the series for the number of individuals living in recipient households of CCT programmes is divided by the series for the population in poverty and extreme poverty and multiplied by 100.

(d) Coverage of CCT programmes at the country level around 2000, 2005, 2010 and 2015

Given that not all countries have coverage data for all years, either because the data are not reported by the official institutions and agencies responsible for the CCT programmes or because the programmes are not active, a decision was made to present coverage data for the years around 2000, 2005, 2010 and 2015 for the countries with programmes in operation and data available close to those years. The result is a time series with five-year intervals between the data points that enables comparisons to be made between countries and provides a visual representation of the coverage trend for each country over the past 15 years.

Once the year with coverage data available for every country is identified (see table A.I.2), the coverage of individuals in recipient households is calculated as a percentage of the total population for the respective year. For example, in Honduras, the closest available coverage year to 2000 is 2001 and corresponds to coverage under the Family Allowance Programme (PRAF). This coverage is multiplied by 100 and divided by the size of the total population for 2001, to be consistent with the selected year. The coverage series for individuals in recipient households of CCT programmes as a percentage of the total population for the countries of Latin America and the Caribbean around 2000, 2005, 2010 and 2015 are presented in figures 5 and 6 and in annex table A.II.8.

Table A.I.2.
Programmes and respective coverage year used to obtain coverage data on individuals in recipient households of CCT programmes around 2000, 2005, 2010 and 2015

Country	2000	2005	2010	2015
Argentina	PJJHD (2002)	FIS (2005) and PJJHD (2005)	AUH (2010) and PCP (2010)	AUH (2015) and PCP (2015)
Belize			BOOST (2011)	BOOST (2012)
Bolivia (Plurinational State of)		BJP (2006)	BJA (2010) and BJP (2010)	BJA (2015) and BJP (2015)
Brazil	BE (2001), PBA (2001) and PETI (2001)	PBF (2005)	PBF (2010)	PBF (2015) and PBV (2015)
Chile	CS (2002)	CS (2005)	CS (2010)	CS (2015) and SSyOO (2015)
Colombia	MFA (2001)	MFA (2005) and SAE (2005)	MFA (2010) and SAE (2010)	MFA (2015)
Costa Rica	SPF (2000)	AVC (2007)	AVC (2010)	AVC (2015)
Dominican Republic		SOL (2005)	SOL (2010)	PROSOLI (2015)
Ecuador	BS (2000)	BDH (2005)	BDH (2010)	BDH (2015)
El Salvador		PACSES (2005)	PACSES (2010)	PACSES (2014)
Guatemala		MFP (2008)	MFP (2010)	MBS (2015)
Haiti			TMC (2012)	TMC (2014)
Honduras	PRAF (2001)	PRAF (2005)	BVM (2010)	BVM (2015)
Jamaica	PATH (2003)	PATH (2005)	PATH (2011)	PATH (2015)
Mexico	OPR (2000)	OPR (2005)	OPR (2010)	PRO (2015)
Nicaragua	RPS (2000)	RPS (2005) and SAC (2005)		
Panama		RO (2006)	RO (2010)	RO (2015)
Paraguay		ABR (2005) and TKO (2005)	ABR (2010) and TKO (2010)	ABR (2015) and TKO (2015)
Peru		JUN (2005)	JUN (2010)	JUN (2015)
Trinidad and Tobago		TCCTP (2006)	TCCTP (2010)	TCCTP (2015)
Uruguay		PANES (2005)	AF (2010) and TUS (2010)	AF (2015) and TUS (2015)

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

In order to calculate coverage as a percentage of the population living in poverty and extreme poverty around 2015, some assumptions had to be made due to the lack of information on the poverty and extreme poverty rates for this year at the time of preparation of this document. Specifically, the most recent poverty and extreme poverty rates for each country were multiplied by the total population for the year in which coverage was being measured around 2015, which assumes no variation in the poverty and

extreme poverty rates from the last year with available data to the year, around 2015, of measurement of coverage.⁴⁸ For example, to calculate the population living in poverty in Brazil, the total population figure for 2015 was used in combination with the poverty and extreme poverty rates for 2014. Assuming that the 2014 data is the closest to the 2015 data, the poor and extremely poor populations are calculated by multiplying the rates for 2014 by the total population for 2015. Once that calculation is made, the coverage population and the poor and extremely poor populations are available, so coverage can be calculated as a percentage of these two population groups.

(e) Regional annual series for coverage of individuals and households

In order to construct the regional series for coverage of recipient households and individuals living in recipient households of CCT programmes, some assumptions must be made because even after estimating the coverage of recipient households and individuals living in recipient households of CCT programmes, as described above, there are still some incomplete series for some programmes, which would result in an underestimate. Accordingly, the decision was made to impute the missing data on programme coverage as follows:

1. When the first year with available coverage data for a programme is subsequent to its first year, the coverage values for the initial missing years are imputed from the coverage data for the first year with available data.
2. When the latest available coverage data is for a year prior to the year of programme completion, the coverage values for the missing years are imputed from the coverage data for the latest available year.
3. When coverage data are missing for intermediate years in the series for a programme, the values are imputed by assuming a linear relationship between the two closest years with available coverage data.

To illustrate this imputation, suppose that the coverage series for a given CCT programme has coverage data available for 2004 and 2007 but not for the intervening years of 2005 and 2006. In this case, the estimate is run as follows:

- a. If coverage increases from 2004 to 2007, the coverage for 2005 is calculated as the coverage for 2004 plus the difference in coverage between 2007 and 2004 divided by three. It is divided by three because there are three periods between 2004 and 2007, and the change is assumed to be equal for all periods. Similarly, the coverage for 2006 is calculated as the coverage for 2005 plus the difference in coverage between 2007 and 2004 divided by three.
- b. If coverage decreases from 2004 to 2007, the coverage for 2005 is calculated as the coverage for 2004 less the difference in coverage between 2004 and 2007 divided by three, and coverage for 2006 is calculated as the coverage for 2005 less the difference in coverage between 2004 and 2007 divided by three.

Although this method of linear imputation ignores the possibility of volatility in coverage between years with available data, it allows for a complete coverage series for all CCT programmes and respects variation between the years with available data.

Once the imputations have been run for the missing data, the coverage of individuals and households can be tallied, first at the country level—avoiding errors of double counting, as mentioned in section 1.b of this annex—and then at the regional level.

Coverage of the number of individuals living in recipient households of CCT programmes can be expressed as a percentage of the region's total population. However, calculating the household coverage series as a percentage of the number of households in the region requires additional steps. Because there

⁴⁸ Table A.II.9 in annex A.II presents the year and the most recent poverty and extreme poverty rates for which information is available from the CEPALSTAT database for the countries of Latin America and the Caribbean that have CCT programmes.

is no existing annual series on the number of households in the region, this data is constructed by dividing the total population by the average size of households in the region. With this series, regional coverage of recipient households of CCT programmes is calculated as a percentage of the total number of households in the region. The series on average household size in the region comes from the CEPALSTAT database, but there are some years with missing data, so an imputation method like the one described above is applied in order to work with complete series.⁴⁹

2. Methodology for measuring investment in CCT programmes

This section presents the methodology used to calculate the series on investment in CCT programmes by the countries of Latin America and the Caribbean, as well as the methodology used to aggregate the data at the country level and the regional level.

(a) Budget and expenditure series for CCT programmes in the region's countries and aggregation at the country level

There is a certain degree of variation in how budget and expenditure information on CCT programmes is reported in the region's countries. Some responsible and/or executing agencies report annual budget and expenditure figures on the CCT programmes, others report only one of the two series and others report neither one. In the absence of reporting by these agencies, the information is often officially provided by other government agencies, such as the president's office or the finance ministry. However, for some years and certain CCT programmes, neither budget nor expenditure information appears to be available despite an exhaustive search of official sources.⁵⁰ For example, for the Solidarity in Communities Support Programme in El Salvador (PACSES), budget data are available via the open government portal, but expenditure data are not published. In the case of some programmes, such as the Opportunities Network in Panama, only expenditure data corresponding to transfers are published, which does not include the administrative expenses that are part of the executed budget. In these cases, the information is used only if there is no other information available, but priority is given to budget and expenditure data that include both transfers and administrative expenses.

Once the budget and expenditure series have been established for each CCT programme, if there is more than one programme in a given country, the data is aggregated at the country level. In general, aggregation consists simply in tallying the available budget and expenditure data for all programmes in a country for each year. However, there are cases in which budget and expenditure data are reported on a consolidated basis by two or more programmes in a country. Specifically, Chile reports just one figure for allocated budget and executed budget for its *Chile Solidario* (CS) and Securities and Opportunities System (SSyOO) programmes.⁵¹

In order to make the different budget and expenditure series for the CCT programmes and the country-level totals comparable, they are expressed variously in dollars and as a percentage of the gross domestic product (GDP), public social spending and public social spending on social protection of the respective country. The source for the exchange rate series is the International Monetary Fund (IMF), the 2010 price index and GDP series come from the CEPALSTAT database, and the series on public social spending and public social spending on social protection are prepared by the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC). The budget and expenditure series in local currency can be consulted online in the database of non-contributory social protection programmes in Latin America and the Caribbean.

⁴⁹ Annex table A.II.15 presents these regional series and the annual breakdown of the calculation.

⁵⁰ Annex tables A.II.10 and A.II.11 present available budget and expenditure data in current dollars for all CCT programmes in the countries of Latin America and the Caribbean. The tables provide an annual breakdown showing both the years with available data and the years with missing data.

⁵¹ Based on the budget reports, it is possible to infer the amounts that correspond to the SSyOO associated with the *Bonificación* programme (Law 20595), as reported on the quantitative tab for the SSyOO in the ECLAC database, but the quantitative tab for the CS programme reports the combined total budget and expenditure for the two programmes, so this figure alone is used for the national total in order to avoid an error of double counting.

(b) Investment data on CCT programmes around 2000, 2005, 2010 and 2015

Inasmuch as complete budget and expenditure series are not available for every CCT programme in the region, this document has elected, as it did in the case of coverage, to present data near 2000, 2005, 2010 and 2015 (see table A.I.3). With the goal of preparing tables containing data for as many countries as possible, a series referred to as *investment* in CCT programmes has been generated, which gives priority to expenditure data but uses budget data when expenditure data are not available for a given year. In particular, the investment series uses budget data for Argentina and Nicaragua for 2000, Guatemala for 2005, Belize for 2010, and Belize, Ecuador and El Salvador for 2015. In the case of Ecuador, the decision was made to use the 2015 budget data because the closest year to 2015 with available expenditure data was 2012. Investment series for CCT programmes were then generated with respect to GDP, public social spending and public social spending on social protection.

Table A.I.3
Years with budget and expenditure information on CCT programmes around 2000, 2005, 2010 and 2015, by country in Latin America and the Caribbean

	Budget year (around)				Expenditure year (around)			
	2000	2005	2010	2015	2000	2005	2010	2015
Argentina	2002	2005	2010	2015		2008	2010	2015
Belize			2011	2012				
Bolivia (Plurinational State of)		2006	2010	2015		2006	2010	2015
Brazil	2001	2005	2010	2015	2001	2005	2010	2015
Chile	2003	2005	2010	2015	2003	2005	2010	2015
Colombia	2001	2005	2010	2015	2002	2005	2010	2015
Costa Rica		2006	2009	2015	2002	2006	2010	2015
Dominican Republic		2006	2012	2014		2005	2010	2015
Ecuador	2001	2005	2010	2015	2002	2005	2010	2012
El Salvador		2008	2010	2015		2005	2007	
Guatemala		2008	2010	2015			2010	2015
Haiti							2012	2014
Honduras	2001	2005	2010	2015	2001	2005	2010	2015
Jamaica		2006	2010	2014		2005	2010	2014
Mexico	2000	2005	2010	2015	2000	2005	2010	2013
Nicaragua	2003	2005				2005		
Panama		2006	2008	2014		2006	2010	2014
Paraguay		2007	2010	2015		2007	2010	2015
Peru		2005	2010	2015		2006	2010	2015
Trinidad and Tobago		2008	2010			2008	2010	2015
Uruguay		2008	2011	2014		2006	2011	2015

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean (ECLAC), Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, the CEPALSTAT database and the ECLAC social investment database.

(c) Regional annual series on investment in CCT programmes

As with the coverage data, there are several gaps in information in the budget and expenditure series for some programmes, so calculating the regional investment series requires a method for imputing the missing values. First, as before, a single annual investment series is generated for each CCT programme, giving priority to expenditure data and using budget data only when expenditure data is not available.⁵² Then, the investment series is generated in local currency in 2010 constant prices in order to impute the

⁵² In the case of the Families for Social Inclusion (FIS) programme in Argentina and the *Mi Familia Progresá* programme in Guatemala, expenditure data is available for just one year (2008 and 2010, respectively), so budget data is used so as not to brusquely alter the series trend line.

missing investment data at the programme level. The imputation method is the same one used for the coverage series and consists of the following three steps:

1. When the first year with available investment data for a programme is subsequent to its first year, the investment values for the initial missing years are imputed from the investment data for the first year with available data.
2. When the latest available investment data is for a year prior to the year of programme completion, the investment values for the missing years are imputed from the investment data for the latest available year.
3. When investment data are missing for intermediate years in the series for a programme, the values are imputed by assuming a linear relationship between the two closest years with available investment data.

Next, the imputed annual investment series are tallied at the country level, taking into account the case of Chile, in which investment data are reported on a consolidated basis for the country's CCT programmes and, so as to avoid an error of double counting, should not be tallied. These series are then expressed in current dollars. Lastly, the annual investment series of all countries with CCT programmes are tallied to obtain the regional investment series for CCT programmes. Annex table A.II.16 presents the regional series for investment in CCT programmes as percentages of GDP, public social spending and public social spending on social protection, as well as the annual breakdown for all years.

(d) Annual series on investment in CCT programmes per capita in recipient households

Using the series on investment and coverage of individuals living in recipient households of CCT programmes for the various countries in the region, a series on annual investment for every individual covered by CCT programmes can be developed for the various countries in the region simply by dividing the investment series by the individual coverage series. Once this is done, the available years for each country are selected to construct the series for annual per capita investment in CCT programmes around 2000, 2005, 2010 and 2015 (see table A.I.4). There are three specific cases in which data exist for 2000, 2005, 2010 and 2015, but a decision was nevertheless made to use data from proximate other years:

- (i) In the case of Brazil, 2001 data are reported for the 2000 data point because that is the year in which the *Bolsa Alimentação* and *Bolsa Escola* programmes were launched.
- (ii) In the case of Peru, 2006 data are reported for the 2005 data point because 2006 is the closest year to 2005 with available expenditure data and using budget data from 2005 would introduce an anomaly in the series.
- (iii) In the case of Uruguay, 2006 data are reported for the 2005 data point because the *Tarjeta Uruguay Social* programme was launched that year.

Another special case in the construction of this series is Chile in 2015, for which only the investment made under the Securities and Opportunities System (Ethical Family Income) was used, instead of the sum of investment under that programme and the *Chile Solidario* programme. The decision was based on the fact that the Securities and Opportunities System (Ethical Family Income) was launched in 2013 to replace *Chile Solidario*.

Table A.I.4.
Years with annual per capita investment information on CCT programmes, in recipient households, around 2000, 2005, 2010 and 2015 by country in Latin America and the Caribbean

	Investment year (around)			
	2000	2005	2010	2015
Argentina	2002	2005	2010	2015
Belize			2011	2015
Bolivia (Plurinational State of)		2006	2010	2015
Brazil	2001	2005	2010	2015
Chile	2003	2005	2010	2015
Colombia	2001	2005	2010	2015
Costa Rica	2000	2006	2010	2015
Dominican Republic		2005	2010	2015
Ecuador	2000	2005	2010	2015
El Salvador		2005	2010	2015
Guatemala		2008	2010	2015
Haiti			2012	2015
Honduras	2000	2005	2010	2015
Jamaica	2001	2005	2010	2015
Mexico	2000	2005	2010	2015
Nicaragua	2000	2005		
Panama		2005	2010	2015
Paraguay		2005	2010	2015
Peru		2006	2010	2015
Trinidad and Tobago		2006	2010	2015
Uruguay		2006	2010	2015

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Note: Investment by programme corresponds to the imputed series estimated on the basis of the budget and expenditure series, with priority given to the expenditure data.

Lastly, the regional series on annual per capita investment in CCT programmes is constructed by dividing the regional series on annual investment in CCT programmes by the regional series on the number of individuals in recipient households of CCT programmes. This series does not include 1996 because the only programme with data available for that year is the Child Labour Eradication Programme (PETI) in Brazil, and coverage of individuals under that programme includes only the direct beneficiaries of transfers (children and adolescents), with no information for estimating the number of individuals in recipient households. Starting in 1997, other programmes are launched in the region, with extensive coverage, including *Progresá* in Mexico, followed by *Bono Solidario* in Ecuador and the Family Allowance Programme in Honduras in 1998.

Annex II

Table A.II.1.
Abbreviations of country names

Country	Abbreviation
Argentina	ARG
Belize	BLZ
Bolivia (Plurinational State of)	BOL
Brazil	BRA
Chile	CHL
Colombia	COL
Costa Rica	CRI
Dominican Republic	DOM
Ecuador	ECU
El Salvador	SLV
Guatemala	GTM
Haiti	HTI
Honduras	HND
Jamaica	JAM
Mexico	MEX
Nicaragua	NIC
Panama	PAN
Paraguay	PRY
Peru	PER
Trinidad and Tobago	TTO
Uruguay	URY
Latin America and the Caribbean	LAC

Source: ISO 3166/2.

Table A.II.2.
Abbreviations of names of conditional cash transfer (CCT) programmes in Latin America and the Caribbean

Programme name	Abbreviation
<i>Abrazo</i>	ABR
<i>Asignación Universal por Hijo para Protección Social</i> [Universal Child Allowance for Social Protection]	AUH
<i>Asignaciones Familiares – Plan de Equidad</i> [Family Allowance – Equity Plan]	AF
<i>Avancemos</i>	AVC
<i>Bolsa Escola</i>	BE
<i>Bono de Desarrollo Humano</i> [Human Development Grant]	BDH
<i>Bono Juancito Pinto</i> [Juancito Pinto Grant]	BJP
<i>Bono Madre Niño-Niña Juana Azurduy</i> [Juana Azurduy de Padilla Mother-and-Child Grant]	BJA
<i>Bono Solidario</i> [Solidarity Grant]	BS
<i>Bono Vida Mejor</i> [Better Life Grant]	BVM
<i>Bonos Familiares para la Compra de Alimentos</i> [Family Food Grant]	BFCA
Building Opportunities for Our Social Transformation	BOOST
<i>Cartão Alimentação</i>	CA
<i>Chile Solidario</i>	CS
<i>Desnutrición Cero</i> [Zero Malnutrition]	DC
<i>Familias por la Inclusión Social</i> [Families for Social Inclusion]	FIS
<i>Juntos</i>	JUN

Table A.II.2 (concluded)

<i>Más Familias en Acción</i> [More Families in Action]	MFA
<i>Mi Bono Seguro</i>	MBS
<i>Mi Familia Progresá</i>	MFP
<i>Oportunidades</i> (formerly <i>Progresá</i>)	OPR
<i>Plan de Atención Nacional a la Emergencia Social</i> [National Social Emergency Response Plan]	PANES
<i>Plan de Jefas y Jefes de Hogar Desempleados</i> [Unemployed Heads of Household Plan]	PJJHD
<i>Programa Bolsa Alimentação</i>	PBA
<i>Programa Bolsa Família</i>	PBF
<i>Programa Bolsa Verde</i>	PBV
<i>Programa de Apoyo a Comunidades Solidarias en El Salvador</i> [Solidarity in Communities Support Programme in El Salvador]	PACSES
<i>Programa de Asignación Familiar</i> [Family Allowance Programme]	PRAF
<i>Programa de Ciudadanía Porteña</i> [Porteña Citizenship Programme]	PCP
<i>Programa de Erradicação do Trabalho Infantil</i> [Child Labour Eradication Programme]	PETI
<i>Programa Solidaridad</i> [Solidarity Programme]	SOL
Programme of Advancement through Health and Education	PATH
<i>Progresando con Solidaridad</i>	PROSOLI
<i>Prospera</i>	PRO
<i>Protección y Desarrollo de la Niñez y Adolescencia Trabajadora</i> [Protection and Development of Child and Adolescent Workers]	PDNA
<i>Red de Oportunidades</i> [Opportunities Network]	RO
<i>Red de Protección Social</i> [Social Protection Network]	RPS
<i>Red Unidos</i> [Unidos Network]	RU
<i>Sistema de Atención a Crisis</i> [Crisis Response System]	SAC
<i>Subsidios Condicionados a la Asistencia Escolar</i> [Conditional Subsidies for School Attendance]	SAE
<i>Subsistema de Seguridades y Oportunidades (Ingreso Ético Familiar)</i> [Securities and Opportunities System (Ethical Family Income)]	SSyOO
<i>Superémos</i>	SPF
Targeted Conditional Cash Transfer Program	TCCTP
<i>Tarjeta Uruguay Social</i>	TUS
<i>Tekoporã</i>	TKO
<i>Ti Manman Cheri tou nèf</i>	TMC

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Table A.II.3
Beneficiaries and co-responsibilities of CCT programmes in Latin America and the Caribbean, by country

Programmes in operation			
Country	Programme	Beneficiaries	Co-responsibilities ^a
Argentina	AUH	Children under 18 years of age, pregnant women, unemployed or informal workers and domestic workers	Education: School attendance for children from 5 to 18 years of age. Health: Girls and boys under 6 years of age should be receiving or have completed a full immunization schedule for their age and be registered in <i>Plan Nacer</i> . Children from 6 to 18 years of age should be receiving or have completed a full immunization schedule in accordance with their age and full health check-ups. In the case of pregnant women: an immunization schedule and full medical check-ups recorded on the pregnancy monitoring card.
	PCP	Children and young adults under 29 years of age, pregnant women, persons with disabilities and older adults	Education: attendance for 3- and 4-year-old children at nursery school, 5-year-old children at preschool, 6- to 18-year-old children at primary and secondary school. Documentation and information: National identity document for all members of the household. Health: monthly check-ups during pregnancy, delivery, and the post-natal period; Well-child and nutritional development check-ups (requirements change according to recipient age); Fulfilment of required immunization schedule.
Belize	BOOST	Children under 5 years of age and pregnant women	Education: School attendance rate of 85% for children under 18 years of age. Health: Complete immunizations for children between 0 and 5 years of age; prenatal check-ups for pregnant women.
Bolivia (Plurinational State of)	BJP	Children under 18 years of age	Education: School attendance rate of 80%.
	BJA	Children under 2 years of age and pregnant women	Health: Prenatal check-ups at the assigned health centre, based on the schedule provided at the time of registration. Institutional birth (at a health centre). Post-natal check-up up to 10 days after delivery. Full health check-ups at the assigned health centre. Fulfilment of nutritional recommendations and immunization schedule. Fulfilment of medical recommendations. Attendance at educational sessions and activities.
Brazil	PBF	All household members	Education: Minimum school attendance rate of 85% for boys/girls and adolescents between 6 and 15 years of age; minimum attendance rate of 85% at socio-educational services for boys/girls and adolescents at risk or formerly engaged in child labour. Health: Completion of immunization schedule and growth and development check-ups for boys/girls under 7 years of age; prenatal check-ups and support for breastfeeding mothers between 14 and 44 years of age.
	PBV	All household members	Natural resource conservation activities in the areas defined by Article 5 of Decree 7,572/11.
	PETI	Children under 16 years of age engaged in child labour	Child labour: Remove all boys/girls and/or adolescents from paid work. Education: Minimum attendance rate of 85% for socio-educational services.
Chile	CS	All household members	As per the family contract.
	SSyOO	All household members	Health (children under 18 years of age): health check-ups. Education (children under 18 years of age): enrolment in a school recognized by the Ministry of Education and minimum attendance rate of 90% at the basic education levels and 85% at the intermediate education levels.
Colombia	MFA	Minors under 18 years of age	Health: 100% attendance by all minors in the family to the growth and development check-ups scheduled by their affiliated health institution. Education: Minimum class attendance rate of 80%. Training and information: Enrolled mothers, as members of the recipient families, assume the commitment to attend meeting and training forums and service days scheduled by the municipal government.
	RU	All household members	As per the co-responsibility agreement.
Costa Rica	AVC	Young people between 12 and 25 years of age	Education: Support and ensure students' on-time and permanent attendance; Provide support for students to pass their reading course. Health: During the year, male and female students must receive a full health assessment by the agencies of the Costa Rican Social Insurance Fund.
Dominican Republic	PROSOLI	All household members	Education: Enrolment and minimum school attendance rate of 80% for boys, girls and adolescents. Health: Health check-ups for children under 5 years of age and pregnant women.
Ecuador	BDH	Children under 16 years of age. The non-conditional component is targeted to older adults and persons with disabilities.	Education: Boys and girls between 5 and 17 years of age must be enrolled in school with an attendance rate of 75%. Health: Boys and girls between 0 and 1 years of age must have at least one preventive health check-up every two months. Boys and girls between 1 and 5 years of age must have at least one preventive health check-up every six months.
	DC	Children under 1 year of age and pregnant women	Health: Pre- and post-natal check-ups. For post-natal transfers, the growth and development of the child will be evaluated.

Table A.II.3 (continued)

Programmes in operation			
Country	Programme	Beneficiaries	Co-responsibilities ^a
El Salvador	PACSES	Children under 15 years of age and pregnant women	Education: Enrolment and regular attendance for children from initial to secondary baccalaureate education. Health: Fulfilment of immunization schedule; weight and height check-ups; pre-natal check-ups.
Guatemala	MBS	Children under 15 years of age and pregnant women	Health: Medical check-ups for children and pregnant and lactating women. Education: School attendance. All children in the family must fulfill co-responsibilities, not just one in each age range.
Haiti	TMC	Children enrolled in primary education	Education: School enrolment and attendance.
Honduras	BVM	Children under 18 years of age and pregnant women	Health: Adequate use of micronutrients. Registration of boys and girls and pregnant and lactating women at the Health Unit for check-ups. Education: 1 st and 2 nd quarter enrolment and 3 rd and 4 th quarter at least 80% attendance.
Jamaica	PATH	Children under 17 years of age, older adults, persons with disabilities, pregnant women and/or unemployed adults	Health: Attendance at health centres (different frequencies based on demographic group). Education: Enrolment in a public school and a monthly attendance rate of at least 85%.
Mexico	PRO	All household members	Health: Scheduled medical check-ups (for all household members, frequency based on age). Attendance at health counseling sessions. Nutrition: Appropriate use of food subsidies for the household and use of nutritional supplements. Education: School attendance rate of 85%.
Panama	RO	All household members	Health: pregnant and post-natal women attend medical check-ups; boys and girls under 5 years of age attend growth and development check-ups and receive immunizations. Education: 85% class attendance rate for boys and girls between 4 and 17 years of age during each two-month scholastic period; parents attend meetings for legal guardians at the school. Training: at least one adult in the household participates in training workshops convened every two months.
	BFCA	All household members	Health: Boys and girls under 5 years of age are current on immunizations. Adults and adolescents are current on check-ups (immunizations, pregnancy and Pap tests, in case of women of reproductive age). Education: Boys and girls over 6 years of age attend school. Training: At least one adult in the household participates in training workshops on food production hosted by the Ministry of Agriculture (MIDA) and/or groups of volunteers.
Paraguay	TKO	All household members	Health: Attendance by boys and girls and adolescents at clinics for growth and development check-ups and immunizations; pre-natal check-ups for pregnant women. Check-ups for older adults and persons with disabilities. Education: Enrolment and regular attendance at school by boys and girls and adolescents, and participation by adults in literacy programmes run by the Ministry of Education and Science (MEC). Identification: Possession of identification document.
	ABR	All household members	Health: Children fulfill all health milestones, attend relevant services and achieve indicators of good nutrition. Education: Enrolment in formal school system between 1 st and 6 th grades with monthly school attendance rate of 85% and advancement to next grade. Child labour: Children do not participate in economic activities.
Peru	JUN	Children under 14 years of age	Health: Check-ups for boys and girls from 0 to 5 years and pregnant and lactating women. Nutrition: Participation in the Food Supplementation Programme for High-Risk Groups (PACFO) (children from 6 months to 2 years of age). Education: School attendance rate of 85% for boys and girls from 6 to 14 years of age. Identification: Registration of boys and girls to obtain identification document.
Trinidad and Tobago	TCCTP	All household members	Employment: Registration of eligible members of the household with an employment agency. Professional training: Attendance rate of 85% at job training courses.
Uruguay	AF	Children under 18 years of age and persons with disabilities	Education: School enrolment and attendance. Health: Regular check-ups at public or private clinics for individuals with any type of physical disability. For children and young people with a psychiatric disability, this should be accredited in accordance with the registry created by Law 13,711.
	TUS	Children under 18 years of age or pregnant; and trans people (transsexual, transvestite and transgender people)	Nutrition: Use of the card is authorized to purchase food and personal hygiene and cleaning products only.

Table A.II.2 (concluded)

Completed programmes			
Country	Programme	Beneficiaries	Co-responsibilities ^a
Argentina	FIS	Children under 19 years of age, pregnant women and persons with disabilities	The conditionality control modality assumed in the first phase of implementation of the programme (2005-2008) was replaced by monitoring of education, health and social risks, interstate crosschecking of information about the nuclear family and a commitment by the beneficiaries to update family data and participate in prevention and promotion activities.
	PJHD	Children under 18 years of age, pregnant women, persons with disabilities and unemployed people	Employment: Participation by beneficiaries in social infrastructure projects or training activities requiring a 4- to 6-hour daily commitment. Health: Health check-ups and immunizations. Education: Regular school attendance for school-age minors.
Brazil	PBA	Children under 6 years of age and pregnant women	Health: Fulfilment of immunization schedule for boys and girls; pre- and post-natal checkups for mothers. Participation in educational activities organized by health clinics.
	BE	Children between 6 and 15 years of age	Education: Minimum school attendance rate of 85%.
Colombia	SAE	Children under 19 years of age	Education: School attendance with a maximum of 8 unexcused absences per two-month period (maximum of 10 in the case of young people between 14 and 19 years of age).
Costa Rica	SPF	Children between 6 and 18 years of age	Education: School attendance for boys and girls between 6 and 18 years of age. Nutrition: Coupons may not be used on liquor, cigarettes, drugs or other goods and may not be transferred to third parties.
Dominican Republic	SOL	All household members	Health: Health check-ups for children under 5 years of age. Identification: Apply for and obtain identification documents for all members of the family who do not have them (birth certificate and/or identity card). Training and information: Attendance at health training activities. Education: Enrolment and minimum school attendance rate of 85% for boys, girls and adolescents.
Guatemala	MFP	Children under 15 years of age and pregnant women	Education: School attendance rate of 80%. Health: Medical check-ups and attendance at health trainings.
	PDNA	Children under 18 years of age	Education: School attendance rate of 80%. Good scholastic performance (passing grade in all subjects and minimum average of 60 points) and parental responsibility for scholastic performance of children in the form of signed report cards.
Honduras	PRAF	Children under 15 years of age up to 6 th grade of primary school, minors under 6 years of age with disabilities or at risk of malnutrition, pregnant or lactating women and/or older adults	Health: Check-ups at health clinics. Education: School enrolment and attendance. Daily attendance at school and minimum score of 70%.
Mexico	OPR	All household members	Health: Scheduled medical check-ups (for all members of the household, frequency based on age). Attendance at health counseling sessions. Nutrition: : Appropriate use of food subsidies for the household and use of nutritional supplements. Education: School attendance rate of 85%.
Nicaragua	RPS	All household members	Health: Women and adolescents: Attendance at bimonthly training sessions; Children up to 9 years of age: current on immunization schedule; Boys/girls, adolescents and women of reproductive age: medical check-ups. Education: Boys/girls between 7 and 13 years of age: school attendance (95%) with a maximum of three unexcused absences per month; Household: transfer must be used for educational purposes as specified. Education: Children must be enrolled in school at the start of the school year. Training: Commitment by the household to send young people between 14 and 25 years of age to job training courses.
	SAC	All household members	Health: Women and adolescents: Attendance at bimonthly training sessions; Children up to 9 years of age: current on immunization schedule; boys/girls, adolescents and women of reproductive age: medical check-ups. Education: boys/girls between 7 and 13 years of age: school attendance (95%) with a maximum of three unexcused absences per month; household: transfer must be used for educational purposes as specified. Education: Children must be enrolled in school at the start of the school year.
Uruguay	PANES	All household members	Health: Medical check-ups for the nuclear family. Other: Participation in community activities associated with the <i>Construyendo Rutas de Salida</i> programme.

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Note: ^a The co-responsibilities do not necessarily refer to all programme beneficiaries because some components are not tied to conditions.

Table A.II.4
Responsible and executing agencies of CCT programmes in Latin America and the Caribbean

Programmes in operation							
Country	Programme name	Executing agency (E) and responsible agency (R) for the programme					
		Social development ministry or equivalent	Social sector ministry (education, health, labour, etc.)	Office of the President or Vice President	Social investment fund	Subnational institution	Other portfolio or agency
Argentina	<i>Asignación Universal por Hijo para Protección Social</i> [Universal Child Allowance for Social Protection]		R and E				
	<i>Programa de Ciudadanía Porteña</i> [Porteña Citizenship Programme]					R and E	
Belize	Building Opportunities for Our Social Transformation	R and E					
Bolivia (Plurinational State of)	<i>Bono Juancito Pinto</i> [Juancito Pinto Grant]		R and E				
	<i>Bono Madre Niño-Niña Juana Azurduy</i> [Juana Azurduy de Padilla Mother-and-Child Grant]		R and E				
Brazil	<i>Programa Bolsa Família</i>	R	E				
	<i>Programa Bolsa Verde</i>		R and E				
	<i>Programa de Erradicação do Trabalho Infantil</i> [Child Labour Eradication Programme]	R	E				
Chile	<i>Chile Solidario</i>	R	E				
	<i>Subsistema de Seguridades y Oportunidades (Ingreso Ético Familiar)</i> [Securities and Opportunities System (Ethical Family Income)]	R and E					
Colombia	<i>Más Familias en Acción</i> [More Families in Action]	E		R			
	<i>Red Unidos</i> [Unidos Network]	E	R				
Costa Rica	<i>Avancemos</i>		R and E				
Dominican Republic	<i>Progresando con Solidaridad</i>	E		R			
Ecuador	<i>Bono de Desarrollo Humano</i> [Human Development Grant]	R and E					
	<i>Desnutrición Cero</i> [Zero Malnutrition]		R and E				
El Salvador	<i>Programa de Apoyo a Comunidades Solidarias en El Salvador</i> [Solidarity in Communities Support Programme in El Salvador]			R	E		
Guatemala	<i>Mi Bono Seguro</i>	R and E					
Haiti	<i>Ti Manman Cheri tou nèf</i>		R		E		

Table A.II.4 (continued)

Programmes in operation							
Country	Programme name	Executing agency (E) and responsible agency (R) for the programme					
		Social development ministry or equivalent	Social sector ministry (education, health, labour, etc.)	Office of the President or Vice President	Social investment fund	Subnational institution	Other portfolio or agency
Honduras	<i>Bono Vida Mejor (Bono 10,000)</i> [Better Life Grant]		E	R			
Jamaica	Programme of Advancement through Health and Education		R and E				
Mexico	<i>Prospera</i>	R and E					
Panama	<i>Red de Oportunidades</i> [Opportunities Network]	R and E					
Paraguay	<i>Bonos Familiares para la Compra de Alimentos</i> [Family Food Grant]		E	R			
	<i>Tekoporã</i>	E		R			
Peru	<i>Abrazo</i>		R				E
	<i>Juntos</i>	R and E					
Trinidad and Tobago	Targeted Conditional Cash Transfer Program	R and E					
Uruguay	<i>Asignaciones Familiares – Plan de Equidad</i> [Family Allowance – Equity Plan]	R and E					
	<i>Tarjeta Uruguay Social</i>	R and E					
Completed programmes							
Country	Programme name	Executing agency (E) and responsible agency (R) for the programme					
		Social development ministry or equivalent	Social sector ministry (education, health, labour, etc.)	Office of the President or Vice President	Social investment fund	Subnational institution	Other portfolio or agency
Argentina	<i>Familias por la Inclusión Social</i> [Families for Social Inclusion]	R and E					
	<i>Plan de Jefas y Jefes de Hogar Desempleados</i> [Unemployed Heads of Household Plan]		R and E				
Brazil	<i>Programa Bolsa Alimentação</i>		R and E				
	<i>Bolsa Escola</i>		R and E				
Colombia	<i>Cartão Alimentação</i>		R and E				
	<i>Subsídios Condicionados a la Asistencia Escolar</i> [Conditional Subsidies for School Attendance]					R and E	
Costa Rica	<i>Superémonos</i>	R					E

Table A.II.4 (concluded)

Dominican Republic	<i>Programa Solidaridad</i> [Solidarity Programme]	E		R	
Ecuador	<i>Bono Solidario</i> [Solidarity Grant]	R and E			
	<i>Mi Familia Progres</i>		R and E		
Guatemala	<i>Protección y Desarrollo de la Niñez y Adolescencia Trabajadora</i> [Protection and Development of Child and Adolescent Workers]				R and E
Honduras	<i>Programa de Asignación Familiar</i> [Family Allowance Programme]		E	R	
Mexico	<i>Oportunidades</i> (formerly <i>Progres</i>)	R and E			
	<i>Red de Protección Social</i> [Social Protection Network]				R and E
Nicaragua	<i>Sistema de Atención a Crisis</i> [Crisis Response System]		R and E		
Uruguay	<i>Plan de Atención Nacional a la Emergencia Social</i> [National Social Emergency Response Plan]	E and R			

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Note: E refers to the executing agency and R refers to the agency responsible for the respective programme.

Table A.II.5
Content from the database on CCT programmes in Latin America and the Caribbean

1. General	
Date	Start year and end year of the programme (if it is already closed).
Web	Link to the official website of the programme.
Description	General information on the programme, such as: objectives, recipients, year of launching, linkage with a comprehensive poverty reduction strategy or improvement of living conditions, among others.
Characteristics	
Target population	Target population, whose living conditions are sought to be improved through the programme.
Scope of action	Includes all possible scopes of action in accordance with programme characteristics (technical and professional training, foundation studies and school retention, labour intermediation services and direct job creation, indirect job creation and support for independent workers).
Geographic scale	Geographical level at which the programme is implemented.
Targeting method	Mechanism used to select the recipients of the programme.
Instrument of selection	Instrument of selection (for instance, survey) applied to potentially recipient households.
Registry of recipients	Computer system with the lists of recipients of the programme or of several consolidated social protection programmes.
Exit strategies or criteria	Conditions under which families should leave the programme or lose their eligibility.
Institutionality	
Legal framework	Laws, decrees, resolutions, that regulate the operation of the programme.
Responsible organization(s)	Ministry or other public organization responsible, by law or decree, for the programme.
Executing organization(s)	Ministry or organization in charge of executing the programme.
Funding sources	Funding sources of the programmes, both public and private (as donations) as well as loans from international agencies or another international source.
2. Components	
The components are different transfers or services offered by the programme.	
Recipients	Individuals or households eligible for the transfer or a specific programme service. In the event that they match with the target population specified in the "characteristics" section (see part 1 of this glossary) then the phrase "recipient(s) of the programme" will be found.
Mode of transfer	Variations that can occur in the transfer amounts (in general, related to the characteristics of families and household members as well as the time spent in the programme).
Mode of delivery	Delivery method of the transfer (cash, bank account, magnetic cards, electronic wallet, vouchers and coupons, etc.).
Periodicity of delivery	Cash transfer frequency (monthly, bi-monthly, annual, one-time transfer, among others).
Recipient of the transfer	Individual or household member that receives the transfer directly (head of households, parents, legal tutor, direct recipient, among others).
Maximum per household	Number or maximum amount of transfers that can be received, according to the number of children as well as any other criteria.
Co-responsibilities	Requirements that the programme stipulates in order to allow recipients to get the transfer. These are also known as conditionalities or counterparts.
Description	Brief description of the component and its recipients.
Sanctions	Consequences for recipients who do not comply with the co-responsibilities (conditionalities), and who can be sanctioned by the programme according to the rules of operation. Usually, programmes have a system of penalties with different stages.
Amount	Amount of transfers, whose figures are contained in the Excel spreadsheet in the "Data" section (see section 4).
Comments	Underline any substantive change such as changes in the programme design, implementation of new components, recipients, among other features.
3. References	
This section provides a repository of descriptive and evaluative documents about the programme.	
Title	Title of the document.
Author(s)	Name and surname of the author(s).
Date	Year of the publication.
Publication info	Journal or newsletter issue, institution or unit, publishing house, etc.
Link	Link to download the document.
Topic	Keywords that summarize the information contained in the document.

Table A.II.5 (concluded)

4. Data	
...	No information available.
--	Not applicable.
Budget	Budget allocated to the programme for the corresponding year. The figures are presented in local currency, US dollars and as percentage of GDP.
Expenditure	Executed budget for the corresponding year. The figures are presented in local currency, US dollars and as percentage of the GDP.
Coverage of households	Number of recipient households of the programme.
Coverage of persons	Number of persons participating in the programme. For programmes that do not report data on persons' coverage, this value is obtained by multiplying the number of recipient households by the average number of members of households in the poorest quintile of the income distribution of the nearest available year.
Effective coverage	Coverage observed for the corresponding year.
Expected coverage	Coverage expected for the corresponding year.
Monetary transfers	Monthly value of income transfers. If the transfer is done on a yearly basis, it is divided by 12 to obtain the corresponding monthly value.
Minimum amount per capita	Minimum transfer amount that a family can receive for each member. Where transfers vary according to the characteristics of the member, it considers the transfer with a smaller amount. Where transfers are made per family, the amount is divided by the average number of members of households in the poorest quintile of the income distribution of the nearest available year.
Maximum amount per household	Total amount that a family can receive in cash transfers. This can be specified as either a pre-determined ceiling amount or, in its absence, as the sum of all the transfers received by each member of the family.

Source: Database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Table A.II.8
Coverage of individuals in recipient households of CCT programmes,
by country, around 2000, 2005, 2010 and 2015
(Percentage of total population)

	2000	2005	2010	2015
Argentina	24.00	19.97	25.16	23.95
Belize		-	1.66	4.02
Bolivia (Plurinational State of)		36.82	55.63	61.47
Brazil	13.17	20.93	28.36	27.86
Chile	1.14	5.38	11.07	1.78
Colombia	2.71	5.62	24.19	21.67
Costa Rica	0.93	2.19	12.16	10.15
Dominican Republic		8.70	30.88	31.33
Ecuador	43.73	33.22	37.75	13.09
El Salvador		1.19	8.93	6.85
Guatemala		13.17	26.41	13.02
Haiti		-	3.70	4.40
Honduras	9.25	8.85	6.22	18.37
Jamaica	6.80	6.67	11.64	13.51
Mexico	12.09	22.92	24.51	24.11
Nicaragua	1.24	3.06	-	
Panama		3.73	11.26	9.98
Paraguay		0.44	8.05	10.54
Peru		0.46	8.79	12.59
Trinidad and Tobago		4.83	8.57	13.19
Uruguay		9.00	33.58	29.26
LAC	3.59	14.58	22.72	20.92

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Table A.II.9
Poverty and extreme poverty rates in the countries of Latin America and the Caribbean, around 2015
(Percentages)

	Latest year available	Extreme poverty	Poverty
Argentina	2013	1.4	4.7
Belize	2009	15.8	41.3
Bolivia (Plurinational State of)	2013	16.8	32.7
Brazil	2014	4.6	16.5
Chile	2013	2.5	7.8
Colombia	2014	8.1	28.6
Costa Rica	2014	7.4	18.6
Dominican Republic	2014	17.9	37.2
Ecuador	2014	10.3	29.8
El Salvador	2014	12.5	41.6
Guatemala	2014	46.1	67.7
Haiti	2012	23.8	58.5
Honduras	2013	50.5	74.3
Mexico	2014	16.3	41.2
Panama	2014	11.5	21.4
Paraguay	2014	20.5	42.3
Peru	2014	4.3	22.7
Uruguay	2014	0.8	4.4

Source: Prepared by the authors, on the basis of the CEPALSTAT database [online] http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/Portada.asp. The Statistical Institute of Belize provides poverty and extreme poverty rates for 2002 and 2009. Statistical Institute of Belize (2010) Poverty Assessment [online] <http://www.sib.org.bz/Portals/0/docs/publications/other%20statistical%20reports/Belize%20Country%20Poverty%20Assessment%20Report.pdf>. In the case of Haiti, the poverty and extreme poverty rates come from the document "Investing in people to fight poverty in Haiti", prepared by the World Bank and the Haitian Institute of Statistics (2014).

Table A.II.12
Investment of CCT programmes in the countries of Latin America and the Caribbean around 2000,
2005, 2010 and 2015
(Percentage of GDP)

	2000	2005	2010	2015
Argentina	0.68 ^a	0.09	0.39	0.59
Belize			0.00 ^a	0.01 ^a
Bolivia (Plurinational State of)		0.25	0.35	0.20
Brazil	0.03	0.36	0.36	0.50
Chile	0.02	0.09	0.08	0.15
Colombia	0.04	0.06	0.30	0.27
Costa Rica	0.02	0.00	0.25	0.17
Dominican Republic		0.06	0.37	0.43
Ecuador	0.52	0.39	0.95	0.66 ^b
El Salvador		0.06	0.28	0.24 ^a
Guatemala		0.06 ^a	0.18	0.06
Haiti			0.08	0.09
Honduras	0.21	0.22	0.07	0.20
Jamaica		0.15	0.03	0.35
Mexico	0.16	0.32	0.21	0.23
Nicaragua	0.13 ^a	0.00		
Panama		0.09	0.14	0.10
Paraguay		0.03	0.03	0.22
Peru		0.06	0.15	0.18
Trinidad and Tobago		0.06	0.09	0.18
Uruguay		0.57	0.44	0.39
LAC	0.06	0.29	0.31	0.33

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/> and the CEPALSTAT database.

^a No expenditure data are available, so budget data are used.

^b In the case of Ecuador, budget data are used for 2015 because the latest expenditure data are for 2012. The investment figures for Ecuador include expenditure corresponding to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 0.3% of GDP in 2015.

Table A.II.13
Investment of CCT programmes in the countries of Latin America and the Caribbean around 2000,
2005, 2010 and 2015
(Percentage of public social spending)

	2000	2005	2010	2015
Argentina	8.5 ^a	1.0	3.4	4.0
Belize	-	-	-	-
Bolivia (Plurinational State of)		2.1	2.8	1.6
Brazil	0.3	3.1	3.0	3.9
Chile	0.2	0.8	0.5	0.9
Colombia	0.7	0.8	3.5	3.9
Costa Rica	0.2	0.1	2.4	1.5
Dominican Republic		1.0	5.9	5.2
Ecuador	13.5	9.2	11.6	7.7 ^b
El Salvador		0.8	5.0	3.2 ^a
Guatemala		0.9 ^a	2.2	0.9
Haiti				
Honduras	2.3	2.3	0.6	2.2
Jamaica		1.7	0.3	3.5
Mexico	2.3	4.1	2.2	2.2
Nicaragua	1.6 ^a	0.0		
Panama		1.1	1.4	1.1
Paraguay		0.4	0.4	1.9
Peru		1.1	2.9	3.3
Trinidad and Tobago		0.6	0.7	1.1
Uruguay			3.3	2.6
LAC	0.8	3.2	3.0	3.1

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/> and the ECLAC social investment database.

^a No expenditure data are available, so budget data are used.

^b In the case of Ecuador, budget data are used for 2015 because the latest expenditure data are for 2012. The investment figures for Ecuador include expenditure corresponding to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 3% of public social spending in 2015.

Table A.II.14
Investment of CCT programmes in the countries of Latin America and the Caribbean around 2000,
2005, 2010 and 2015
(Percentage of public social spending on social protection)

	2000	2005	2010	2015
Argentina	11.1 ^a	1.4	4.6	5.5
Belize	-	-	-	-
Bolivia (Plurinational State of)		6.3	7.4	4.5
Brazil	0.4	4.0	4.1	5.2
Chile	0.3	1.5	1.2	2.4
Colombia	1.5	1.6	6.7	24.2
Costa Rica	0.8	0.2	9.8	6.1
Dominican Republic		2.9	21.1	23.6
Ecuador	100.0	61.0	58.4	73.7 ^b
El Salvador		3.1	100.0	23.4 ^a
Guatemala		5.1 ^a	9.4	5.0
Haiti	-	-	-	-
Honduras	49.9	64.0	8.3	30.7
Jamaica		37.1	5.2	56.1
Mexico	8.1	17.7	7.2	7.0
Nicaragua	16.5 ^a	0.5		
Panama		8.1	7.4	8.2
Paraguay		1.1	1.1	4.5
Peru		1.8	5.5	7.7
Trinidad and Tobago		1.7	2.1	2.6
Uruguay			7.3	5.7
LAC	2.4	9.3	8.9	8.5

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/> and the ECLAC social investment database.

^a No expenditure data are available, so budget data are used.

^b In the case of Ecuador, budget data are used for 2015 because the latest expenditure data are for 2012. The investment figures for Ecuador include expenditure corresponding to grants to mothers as well as pensions for older adults and persons with disabilities. Taking into account only the grants for mothers, CCT programme investment in Ecuador was 29% of public social spending on social protection in 2015.

Table A.II.15

Latin America and the Caribbean: regional coverage of households and individuals in recipient households of CCT programmes, 1996-2015

	CCT programme coverage (millions of people)	LAC population (all countries) (millions of people)	Coverage of individuals (as a percentage of the total population of LAC – all countries)	Average household size in LAC (CEPALSTAT)	CCT programme coverage (millions of households)	Millions of households in LAC (all countries)	Coverage of households (as a percentage of total households in LAC – all countries)
1996	0.0	494.5	0.0	4.4 ^a	0.0	112.39	0.0
1997	1.5	502.6	0.3	4.4	0.3	114.23	0.3
1998	14.1	510.6	2.8	4.4 ^a	2.8	116.06	2.4
1999	17.7	518.5	3.4	4.3	3.5	120.59	2.9
2000	18.9	526.3	3.6	4.3 ^a	3.8	122.39	3.1
2001	46.3	533.8	8.7	4.2 ^a	9.6	127.10	7.5
2002	62.6	541.2	11.6	4.2	12.9	128.86	10.0
2003	60.8	548.5	11.1	4.2 ^a	12.7	130.59	9.8
2004	69.0	555.6	12.4	4.1 ^a	14.8	135.50	10.9
2005	82.0	562.5	14.6	4.1	17.6	137.21	12.8
2006	98.4	569.4	17.3	4.0 ^a	21.1	142.35	14.8
2007	105.2	576.1	18.3	4.0 ^a	22.6	144.03	15.7
2008	108.4	582.8	18.6	3.9	23.2	149.44	15.5
2009	131.4	589.5	22.3	3.9 ^a	28.2	151.15	18.6
2010	135.5	596.2	22.7	3.8	29.3	156.89	18.7
2011	133.8	603.0	22.2	3.8 ^a	29.3	158.68	18.5
2012	133.0	609.8	21.8	3.8	29.7	160.48	18.5
2013	135.9	616.6	22.0	3.8	30.4	162.27	18.7
2014	134.3	623.4	21.5	3.7	30.2	168.49	17.9
2015	131.8	630.1	20.9	3.7 ^a	29.8	170.29	17.5
2016	129.8	641.0	20.2	3.7 ^a	29.3	173.25	16.9

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

Notes:

Average household size in LAC comes from the CEPALSTAT database.

^a Estimate based on linear relationships with the latest available data.

Table A.II.16
Latin America and the Caribbean: Investment in CCT programmes, total regional, 1996-2015

	CCT programme investment in LAC (millions of current dollars) ^a	GDP of LAC (millions of current dollars)	Public social spending in LAC (percentage of GDP)	Public social spending in LAC (millions of current dollars)	Public social spending on social protection in LAC (percentage of GDP)	Public social spending on social protection in LAC (millions of current dollars)	CCT programme investment in LAC (percentage of GDP)	CCT programme investment in LAC - (percentage of public social spending)	CCT programme investment in LAC - (percentage of public social spending on social protection)
1996	0.9	2 016 570.4	6.74	136 012.5	2.16	43 555.5	0.00	0.00	0.00
1997	59.8	2 201 359.8	7.27	159 961.4	2.31	50 803.5	0.00	0.04	0.12
1998	588.0	2 202 095.2	7.16	157 571.2	2.31	50 957.1	0.03	0.37	1.15
1999	945.3	1 972 300.0	7.63	150 397.9	2.46	48 470.4	0.05	0.63	1.95
2000	1 270.9	2 180 164.5	7.65	166 877.1	2.44	53 105.2	0.06	0.76	2.39
2001	1 839.4	2 121 274.9	8.42	178 582.3	2.81	59 569.9	0.09	1.03	3.09
2002	3 453.6	1 894 741.8	8.50	161 117.2	2.60	49 350.7	0.18	2.14	7.00
2003	5 054.6	1 966 409.9	8.58	168 622.1	2.75	54 060.2	0.26	3.00	9.35
2004	6 298.2	2 264 834.1	8.35	189 220.0	2.68	60 695.2	0.28	3.33	10.38
2005	7 896.6	2 754 296.5	8.89	244 785.8	3.09	85 047.9	0.29	3.23	9.28
2006	9 031.1	3 240 830.7	8.86	286 998.6	3.02	97 776.1	0.28	3.15	9.24
2007	10 614.4	3 832 823.4	9.14	350 147.6	3.01	115 443.9	0.28	3.03	9.19
2008	12 823.6	4 469 636.1	9.67	432 127.8	3.26	145 518.6	0.29	2.97	8.81
2009	13 477.1	4 190 186.0	10.78	451 696.9	3.61	151 327.5	0.32	2.98	8.91
2010	15 692.0	5 065 568.9	10.32	522 879.9	3.50	177 210.7	0.31	3.00	8.85
2011	20 739.7	5 939 734.8	10.35	614 848.6	3.58	212 649.4	0.35	3.37	9.75
2012	19 430.5	6 025 201.1	10.00	602 311.1	3.60	217 079.6	0.32	3.23	8.95
2013	21 424.0	6 198 124.2	10.16	629 856.7	3.49	216 193.8	0.35	3.40	9.91
2014	23 513.9	6 261 076.2	10.24	640 923.9	3.53	221 285.5	0.38	3.67	10.63
2015	20 161.7	6 190 104.8	10.55	652 925.5	3.85	238 036.8	0.33	3.09	8.47

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, the CEPALSTAT database and the ECLAC social investment database.

^a The investment figures for Ecuador include expenditure corresponding to grants to mothers as well as pensions for older adults and persons with disabilities.

Table A.II.17.
Latin America and the Caribbean: Annual CCT programme investment per capita in recipient households, by country, around 2000, 2005, 2010 y 2015
(Current dollars)

	2000	2005	2010	2015
Argentina	84	168	192	371
Belize			10	11
Bolivia (Plurinational State of)		8	12	14
Brazil	14	83	144	146
Chile	42	132	94	250
Colombia	13	39	82	69
Costa Rica	91	9	166	178
Dominican Republic		26	65	88
Ecuador	24	35	117	309
El Salvador		146	103	144
Guatemala		13	25	19
Haiti			17	17
Honduras	25	35	24	26
Jamaica	43	91	14	127
Mexico	82	111	80	163
Nicaragua	110	43		
Panama		100	107	113
Paraguay		93	17	82
Peru		57	84	88
Trinidad and Tobago		60	178	260
Uruguay		172	203	247
LAC	67	96	116	153

Source: Prepared by the authors, on the basis of the database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>, the CEPALSTAT database (GDP) and calculations (public social spending) by the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC).



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