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Progresa-Oportunidades-Prospera: transformations, reaches and results of a paradigmatic program against poverty

Progresa-Oportunidades-Prospera: avatares, alcances y resultados de un programa paradigmático contra la pobreza

Gerardo Ordóñez-Barba y Aída Silva-Hernández

El Colegio de la Frontera Norte, Mexico
Universidad Autonoma de Baja California, Mexico

Abstract

Two decades ago, the Mexican Federal Government launched one of the first Latin American programs to use Conditional Cash Transfers as its main instrument for overcoming extreme poverty. This program, initially known by the acronym "Progresa," has been one of the most frequently studied in the country, and most evaluations agree on its positive effects on the indicators in the primary areas it seeks to influence: education, health and nutrition. However, other studies have doubted its effectiveness in achieving higher objectives, such as its contribution to breaking the intergenerational cycle of poverty. Using documentary and statistical sources, in this work we assesses the program along three analytical dimensions: the first one examines the changes underlying the original program's transformation into "Oportunidades" and later into "Prospera"; the second describes the program's progress in terms of scope and budgets and evaluates its main results; and the third discusses the program's importance and limitations within the framework of historical efforts to fight poverty in Mexico.

Keywords: Social policy, poverty, targeting, conditional transfers, effectiveness.

Resumen

Hace dos décadas que el gobierno federal mexicano puso en marcha uno de los primeros programas latinoamericanos que empleó las transferencias monetarias condicionadas como su principal instrumento para la superación de la pobreza extrema. Este programa, que originalmente se conoció con el acrónimo de Progresa, ha sido uno de los más evaluados en el país y en su mayoría las valoraciones coinciden en que ha tenido efectos positivos en los indicadores básicos sobre los que pretende incidir en los ámbitos de la educación, la salud y la alimentación. No obstante, otros estudios han dudado de su efectividad para lograr objetivos superiores, como lo sería su contribución a la ruptura del ciclo intergeneracional de la pobreza. Haciendo uso de fuentes documentales y estadísticas relevantes, en este trabajo realizamos un balance del programa en tres dimensiones de análisis: en la primera se revisan los cambios que, desde su diseño, justificaron su transformación a Oportunidades y posteriormente a Prospera; en la segunda se describen sus progresos en términos de cobertura y presupuestos, y se valoran sus principales resultados; y finalmente se discute su pertinencia y limitaciones en el marco de los esfuerzos históricos en el combate a la pobreza en México.

Palabras clave: Política social, pobreza, focalización, transferencias condicionadas, eficacia.

Introduction

It has now been twenty years since the creation of the Programa de Educación, Salud, y Alimentación (Education, Health, and Food Program, Spanish acronym Progresa), and fifteen since its transformation into the Programa de Desarrollo Humano (Human Development Program) Oportunidades. Published studies have offered assessments of its effects, listing, among its major achievements, a series of significant improvements in school registration, drop-out rates, and achievement among the children and youth who benefit from the program, as well as better conditions of health, nutrition, and food supply for the more than 6.4 million households now reached by the program. However, other studies show that the increases in educational level, including high school graduation, have not translated into higher-skilled and better-paid job opportunities. Additionally, since 2007, there has been significant growth in the percentage and absolute number of people in poverty.

These recent results have thrown the efficacy of the program into question, insofar as its capacity to contribute to breaking the intergenerational cycle of poverty or "permanently" lifting the population out of extreme poverty. Perhaps for this reason, in 2015 the program was once again reorganized and was given the new name Programa de Inclusión Social (Social Inclusion Program) Prospera**,** with the intention of making it an instrument to contribute "to the fulfilment of social rights."

In that context, our goal in this essay is to review the successive changes in this paradigmatic program since its outset, as well as to quantify the scope of its coverage and budget, and to assess the main accomplishments over the two decades of its existence. Our final goal is to discuss the importance and the limitations of the program in view of its historical position within the framework of anti-poverty initiatives undertaken in Mexico in the past thirty years. Before taking on these objectives, a next section of the essay will briefly review the theoretical arguments underlying public interventions based on conditional cash transfers. Since that is a flexible model, we will synthesize its multiple variations across Latin America and the particularities of the Mexican program within that setting.

Principles of conditional cash transfer programs (CCTs) and their Latin American variations

As discussed by Valencia (2014), conditional cash transfers

> are targeted governmental intervention programs that seek to prevent the intergenerational reproduction of poverty through investments in human capital in poor households; their basic components are periodic cash payments to households and conditions placed by government on those households' maintaining eligibility for these benefits (Barba & Valencia, 2016:11).

Such attempts involve exceptional operational complexity, because they require participation of various levels of government and attention to both micro and macro dimensions. They must consider, for instance, everything from parents' attitudes toward their children's education and the centrality of the family nucleus as the essential field for administration of resources, to the assessment of available budgetary resources for the program as calculated in relation to a nation's GDP and the understanding of poverty as a predominantly structural phenomenon linked to access to the labor market. In conceptual terms, CCTs are based on the theory of human capital and a capability-building approach, assuming that individuals in poverty are susceptible to investing resources and time to improve their education and health if the state intervenes with monetary support and corresponding service infrastructure.

Within the variety of anti-poverty programs, those based on CCTs may be distinguished, on the on hand, by the assistance- and subsidy-based model that characterized Latin American public policy through most of the twentieth century, with the late 1990s marking a new divide in terms of public policy design; and, on the other, by contrast to the non-conditional cash transfer programs that have viewed social protection as a basic right without regard to requisites that would limit it (Fernández de Castro, 2018: 3). Regardless of their specific designs, CCTs are viewed as elements of a broader system of social protection, to be understood as complementary rather than substitute programs, and potentially compatible with other anti-poverty measures (Fiszbein, Schady, Ferreira, Grosh, Keleher, Olinto, & Skoufias, 2009: 27).

Conditionality is a major characteristic of these programs and the basis of most of the fundamental principles underlying the model. It is seen as a mechanism that creates incentive and that regulates and verifies the resources being offered. Conditionality implies characteristics of targeting, pe-

riodicity, areas of application, and the nature of the resources. Altogether, the central idea of conditional transfers is that, by investing in the human capital of the younger members of poor households —that is, children, adolescents, and youth— it will be possible to improve their educational achievement and their state of health, which could eventually translate into greater opportunities for workforce participation and better incomes for self-sustenance, thus breaking the intergenerational poverty cycle.

Within that logic, CCTs are based on the theory of human capital, seen as a type of investment "in activities that influence future real income through the imbedding of resources in people" (Becker, 1962: 9). That definition implies a prior line of reasoning: that the acts of participation in education and taking care of one of health and nutrition are perceived by people in conditions of poverty as an investment rather than simply an expenditure —with the assumption that the recompense will not come immediately, but only after gaining access to previously inaccessible opportunities in the labor market as a result of being better prepared both educationally and physically. As can be seen, the time factor is crucial to this approach and the sorts of public interventions derived from it, because of the need for a long duration (as long as there are minor children within the households receiving the benefit, or as long as the families are still considered poor or very poor) and expectations of long-term results (breaking the intergenerational poverty cycle). "This generates the need for balanced interventions that will immediately aid those in poverty but that will also help to create the conditions for them to emerge from that condition" (Levy, 1991: 73).

What cash transfers contribute to the attempt at a long-term positive effect is to raise the value that poor people assign to health and education, so that they will tend to devote more attention to these areas in response to this greater value (Fernández de Castro, 2018: 5), given that people would "invest only if only if the expected rate of return was greater than the sum of the interest rate on riskless assets and the liquidity and risk premiums associated with the investment" (Becker, 1962: 41).

In Latin American societies, this can signify a considerable change in attitudes and behaviors related to mechanisms that try to mitigate the effects of poverty, such as child labor in rural areas, especially for male children, and the idea that girls should leave school in the lower grades to devote themselves to tasks in the home. According to the design of the CCTs, those behaviors have been possible because "there is a market failure of incomplete information that translates into a private decision-making failure, causing individuals or households to underinvest in human

capital" (Fernández de Castro, 2018:5). This is "incomplete information" with respect to the best ways of distributing time and resource to obtain economic benefit. By promoting optimal information about the cost-benefit stemming from human capital, the public policy based on CCTs seeks to reverse such tendencies and strengthen the incorporation of the poor into the labor market.

The informational component is key to the basis of those programs, since it requires beneficiaries to be informed and participatory. In the design of the programs in concert with the theory of human capital, those individuals are seen as "rational and informed" (Becker, 1962:41) and as "economic agents [who] explicitly and extensively adopt conduct that maximizes the attainment of determinants of greater well-being" (Dallorso, 2013:122). This reasoning has both economic and personal-motivation implications. Therefore, another key aspect of CCT programs is a capability-building approach.

For Amartya Sen, individuals live by way of a set of "functionings" —interrelated functions that constitute their ways of being and doing. People have freedom to choose such combinations of functionings (Sen, 1992: 39-40) and "in so far as functionings are constitutive of well-being, capability represents a person's freedom to achieve well-being" (Sen, 1992: 49). Thus a power of individual choice, decision, and action is recognized. According to this author, "the process of economic development can be seen as a process of expanding people's capabilities" (Sen, 1985: 144) by virtue of which "the improvement of human capabilities also tends to be accompanied by an increase in their productivity and power to obtain income" (Sen, 2000: 119-20).

The CCTs' goal of avoiding intergenerational reproduction of poverty through investment in human capital is supported by a concept of well-being that that would apply both to poor households and to the state. That is, they advance the perception that medium- and long-term investment in human capital represents an effective strategy for gaining access to the segment of the labor market above the poverty line.

This approach involves an economic justification and a political one, both intended to show why and how state intervention is needed to combat poverty within a country. That logic depends on the paradigms of well-being on which social policy is based. In the case of Latin American CCTs, Barba (2016) follows the path of Esping-Andersen (1990) in identifying a confluence of several notions of well-being —residual, conservative, and universalist— insofar as the various Latin American public policies are

based to greater or lesser degree on the market, the family, and the state. The residual paradigm tend to be associated with an economic outlook that locates well-being within the market sphere; the conservative paradigm is linked to corporatism, with a discourse locating well-being in the family sphere and in reciprocities among occupational groups; the universalist paradigm is associated with the type of welfare administration and social democratic discourse that assigns central responsibility to the state (p. 35). The weight awarded to each component depends on the historical process of each nation, its social practices and interests, and its type of dominant institutions (p. 36).[1] The resulting proportions generate nuances of difference within paradigms of well-being whose theoretical constant is the human capital approach, allowing for economic and political justifications of CCTs that center around the perspective of the state as a partner to its poor population, with the duty to work in favor of that population's well-being and to reduce its vulnerability. Thus, this approach diverges from the assistance-oriented perspective and portrays the conditionality of the provision of monetary resources as a form of "politically viable redistribution . . . linked to the 'good behavior' of those 'poor people who deserve it'" (Fiszbein, Schady, Ferreira, Grosh, Keleher, Olinto & Skoufias, 2009:9,11) —a redistribution that, together with the offer of credit, provides the mechanisms for financing CCT programs, avoiding the need for new taxes and possible market distortions (Paes-Sousa, Regalia & Stampini, 2013: 22-23).

In turn, the issue of identifying the beneficiary population leads to conceptual reasoning about CCTs that relates to targeting and the principle of universality in social policies. Targeting refers to the fact that the CCTs, to be operationally functional, evaluable, and economically possible, are designed to serve a specific population: people in conditions of poverty or extreme poverty. Such segmentation would apparently contradict the principle of universality, which has the goal of "guaranteeing that all members of society can enjoy certain protections or benefits in the form of rights, in the quantity and with the quality deemed necessary for full participation in the society" (CEPAL, 2016:124). However —and this "however" underlies the qualifier "apparently"— the principle of universality also recognizes selectivity "as the tool or set of tools to be used for guiding action and in particular for allocating subsidies, so that the poor can access social services and guarantees. Targeting is thus intended is to make the universalization of social policies more effective" (CEPAL, 2016: 124).

[1] For a deeper analysis of the paradigms of well-being in Latin America, see Barba 2009 and Barba 2007.

Therefore it becomes clear that targeting is a strategy for universalizing the right to well-being because it caters to the neediest, seeking to eventually narrow equality gaps. It is worth noting here, parenthetically, that although universality forms part of the rationale of CCTs, what kind of policy they represent in practice remains an open question: how much they embody a social-rights approach versus one based the requisites of the market, for instance, or the related questions of the roles of externalities and conditionality.

Another important element in the theoretical underpinnings of human capital, and one that is key to targeting and conditionality, is the family, given "the influence of families on the knowledge, skills, values, habits of their children," and the implied close relationship of family members' "earnings, education, and occupations" (Becker 199: 89). As the terrain of children's early development, the family is the point of entry to human capital which CCTs attempt to affect and, at the same time, the unit from which the CCTs require particular actions to achieve their goals. In the literature on these types of monetary transfers, the term "family" is used to refer to the population affected, but without any conceptual discussion.[2] Reference is made to "families receiving benefits" that meet the conditions of being poor or extremely poor and of having at least one minor child. But the term "household" is equally and indiscriminately used (as in references to "poor households") to refer to the family orbit. In any case, when speaking of human capital it is clear that the family members live together in a household and thus share a budget and a strategy for earning and administering income, and that this family involves a blood relationship between at least one minor child and one parent. This requires, in turn, a nuclear or single-parent family structure in order to participate in the CCT programs. The family-related issues that are discussed in the monetary-transfer model, because they are seen a variables that affect the programs' functioning, are: the sizes of rural and urban households; the envisioned role of mothers in administering cash payments and fulfilling the requisite conditions; intra-family inequality by sex and age; parental attitudes toward their children's' health and education; and who constitutes the head of the family (Levy, 1991; Villatoro, 2005; Paes-Sousa, Regalia y Stampini, 2013; Dallorso, 2013; Fernández de Castro, 2018). It would be useful to pause and consider the family as a part of theoretical-conceptual framework of human capital in relation to CCTs so as to incorporate

[2] Such discussion can be found within the field of family studies. See for example Arriagada, 2007.

the mutability and the current variations within this institution, so that the targeting procedures could consider the diverse family configurations in existence in Latin America today, in which the parents are not necessarily present in poor households (the cases, for instance, of grandparents as caretakers because of parents' emigration).

Finally, the aspect of the CCT philosophy that completes the circle to arrive at the ultimate objective of breaking the intergenerational cycle of poverty is the view of employment as the essential tool for access to higher income. The programs focus on health and nutrition because "the extremely poor must first improve their diet, nutrition, and health in order to be able to make full use of opportunities" (Levy, 1991: 51) and on education and capability-building because they represent the most important investments in human capital (Becker, 1992: 85) as far as inputs incorporated into individual resources are concerned:

> The level of accumulated human capital is what determines the size of individual remuneration, given that the theory posits a relationship between investment in human capital, productivity, and wages, so that relative earnings reflect each worker's contribution to the social product; that is, the wage correctly reflects the productive capacity of work. Therefore, the wage structure of an economy reflects individual human capital (Dallorso, 2013: 120).

Empirically, the mechanisms exhibit variabilities throughout the dimensions mentioned in the quote, especially considering the long period over which the intervention must be carried out. This is where various criticisms of the model arise, in the sense of how much impact cash transfers can have on the labor trajectories of parents and children, the actual jobs available in the labor market, and questions about the education-employment relationship as a means of social mobility for poor families.

Latin American CCT programs began in Brazil in 1995 in the cities of Campinas, Riberão Preto and Distrito Federal, and two years later in Mexico at a national level with Progresa. Thereafter they were gradually implemented in other countries in the Southern Cone and Central America (CEPAL, 2016: 72). In 2013 they had come to operate in nineteen countries, totaling 125 million beneficiaries. In that year Brazil stood out as the leader in coverage with 57.7 million, representing 29 percent of the covered population, followed by Mexico with 32.3 million and 27 percent of the coverage (Barba, 2016: 31-32).

The theoretical underpinning based on human capital and capabilities has served as the basis for these programs, despite country-by-country va-

riations in the paradigms of well-being and in particular goals, historical processes of implementation, and size permitted by respective financial situations and externalities (Barrientos, 2012; Barba, 2016; CEPAL, 2016).

Within the spectrum of commonalities and differences among CCT programs in Latin America, Barba (2016) identifies four models: The so-called "investment in human capital" model which includes Progresa-Oportunidades in Mexico, Red Solidaria in El Salvador, and Bolsa Familia in Brazil, all characterized by this type of investment and by a residual vision of social policy; although they attempt to include as many people in poverty as possible, this does not constitute universalism given that the quality of services is less than what is offered within the social security system. The model of "construction of citizenship" includes Asignaciones Familiares no Contributivas in Uruguay, Asignaciones Universales por Hijo in Argentina, and the Brazilian program Beneficio de Prestación Continua; these seek to guarantee social rights of poor families, reduce their conditions of vulnerability and invest in human capital of the youth. The "reduction of vulnerability" model can be seen in Chile Solidario and the Argentinean program Asignación Universales por Hijo, targeted toward population groups in the middle or lower-middle sectors that are especially vulnerable to the extent that they confront situations of uncertainty and impoverishment; it too begins from a residual perspective and one of investment in human capital. The fourth and last model is that "workforce activation" exemplified by the Argentinean program Jefes y Jefas de Hogar y Familias por la Inclusión Social; it concentrates on unemployment and underemployment, and likewise makes use of a human capital strategy (Barba, 2016:52-54).

Evident results among this range of Latin American CCT programs include an increase in school attendance in Brazil, Colombia, Jamaica, Paraguay, the Dominican Republic, and Mexico, as well as declines in school failure or dropout rates and increases in junior high school graduation (CEPAL, 2016: 76). The effects on nutrition and health are varied, with positive effects on pre-school-age children in Mexico, Colombia, Brazil, and Ecuador (CEPAL, 2016: 77). Altogether the CCTs show a significant impact on the poorest populations (Barba, 2016: 52).

As far as criticisms, one of the main areas of questioning is that of determining "how much the residual and contractual aspects of social assistance have undermined advances toward universal forms of social protection" (Barrientos, 2012: 74). In that respect, the programs are judged to have fluctuated, both in theory and in practice, between residual forms and

universalist approaches, given that "CCTs tend to respect the workings of the market and therefore act on the demand side, through cash transfers to the poorest" (Barba, 2016: 49). Also some design premises have been questioned, such as:

> Overestimation of the effectiveness of the regional social protection system and of the quality of healthcare and educational service available for the beneficiaries [and] reluctance to take into consideration the labor context prevailing in Latin America, particularly the insufficient generation of opportunities for formal employment and the low level and instability of available jobs (Barba, 2016: 29).

In terms of monetary income, the effects of the Latin American programs may be limited, in that they are effective at reducing the poverty rate, but insufficient to overcome it (Villatoro, 2005: 89). Another point of debate is the principle of conditionality itself, because it could, in a certain sense, be opposed to the ideals of the rights perspective (CEPAL, 2016: 70). There is also criticism of the tendency to reproduce "family-ism" and gender inequality in the area of care (Barba & Valencia, 2011: 204), understanding "family-ism" to mean "the role of mothers in guaranteeing the effectiveness of public investments" (Barba & Valencia, 2016: 11).

Within the Latin American panorama, Mexico's Progresa-Oportunidades-Prospera stands out mainly for two distinctive characteristics: explicit attention to an attempt to compensate for gender inequality, and concern for systematizing evaluation mechanisms and making them more transparent.

With respect to the former, more socio-cultural than economic, Paes-Sousa, Regalia & Stampini (2013) explain that the results of the gender focus are shown in the increase in years of school attendance by girls and in the program's potential to transform the traditional roles of women (p. 75), although important issues remain unresolved, such as the heterogeneous quality of healthcare service and attention to the relationship between women's empowerment and domestic violence, given an observation that empowerment in some cases maintains or even increases this type of violence (75, 80). Similarly, there is what was referred to above as "family-ism," or the role of women as merely instrumental beneficiaries of the goals of the program, to the extent that they "do not have rights to the transfers as subjects with a right to social protection . . . but only for being the mothers of their children," with a tendency to ignore the responsibilities of the fathers and thus reproduce gender role stereotypes (80).

The second characteristic is seen as one of the great successes of the Mexico CCT program in comparison to others in Latin America. Mexico's system of evaluation through key indicators has been constantly updated in terms of data gathering and public access to information, which in turn facilitates research (Paes-Sousa, Regalia & Stampini, 2013), contributes to the credibility not only of the specific program but of this type of public policy in general (Paes-Sousa, Regalia & Stampini (2013:45), and leads to a prevailing view that the program, in general, that "marks significant changes in the provision of social services in Mexico" (Villatoro, 2005: 96).

From Progresa to Oportunidades and then to Prospera: 1997-2017

During the first year of the administration of Ernesto Zedillo (1995-2000), as a result of the economic crisis that exploded in late 1994, a significant tightening of public finances led to a drop in social spending of approximately 15 percent. Among the first victims of the budget cuts was the National Solidarity Program (Spanish acronym "Pronasol") which had been the emblematic initiative of the previous administration. While the following years did bring a recovery in public financing of social development, the majority of such resources went to restore the funds that had been cut from the IMMS (the Mexican Social Security Institute)

in the liberal reform of the pension system in 1997. Thus, state financial weakness obliged the new administration to postpone the implementation of its own initiatives that could have filled the hole left by Pronasol. But in 1997 it created the Coordinación Nacional del Programa de Educación, Salud, y Alimentación (Presidencia de la República, 1997), which would be the preamble to the launching of Progresa later in that same year. In this first stage, the program's mission was to aid the extremely poor sector of the rural population that had been identified through a sophisticated method of targeting[3], the central objectives of which were to support families with the goal of activating the capabilities of their members and to amplify their opportunities to reach higher levels of well-being. The program

[3] This was "a three-step procedure: a) Limit the target population to inhabitants of rural areas. b) Within that environment, limit to localities of high and very high marginality that have schools and healthcare facilities within a maximum radius of five kilometers. c) Finally, within those localities, select the households in extreme poverty through three measures: initial identification [through a socioeconomic census of the households] on the basis of an 'extreme poverty' line, which is then corrected via the statistical technique of discrimination analysis and which finally, can, in principle, be adjusted by the assembly of beneficiaries of Progresa" (Boltvinik & Cortés, 2000: 31).

planned to take action in the areas of education, healthcare, and nutrition (Sedesol, 1999).

In the educational component, the idea was to provide stipends and to aid in the acquisition of school supplies, thus encouraging school attendance by children between the third year of elementary school and the third year of junior high. In healthcare, it included provision of a basic packet of thirteen types of services, as well as a nutritional supplement for all pregnant or nursing women and all children younger than two years old so as to prevent or respond to malnutrition, and also workshops to increase skills in preventive health, nutrition, and hygiene. Finally, in relation to food supply, the program would grant monetary support to complement family incomes; like the school stipends, these grants would be given to the mothers of the families as a way to guarantee that the spending of these resources would be directed toward buying food for the most vulnerable members. The original directives said that no family could remain in the program for more than three years, although there was a possibility of re-incorporation through a new process of certification.

This strategy was intended to avoid or minimize as much as possible the errors that affected past programs such as Coplamar or Pronasol —including fragmented goals, deviations in the selection of the targeted population, lack of inter-governmental coordination, and cyclical discontinuity— while attempting to maximize the benefits (or effects) through a pattern of complementarities in the offered supports and a group of requisites that the families had to fulfil to remain in the program.[4] Unlike the earlier initiatives that had required a complex system of inter-institutional management to operate, Progresa's mechanisms required, to greater degree, coordinated work among only three federal entities: the Secretariat of Public Education for the educational component and the Secretariat of Health and IMSS-Solidaridad for the health and nutrition component. The school stipends and cash benefits for food would be given directly by the national program.

Successive administrations introduced important changes to the program's rules of operation in three main areas: a) change of name and

[4] Specifically, families were requested to: a) sign up children under eighteen who had not finished basic education in elementary or junior high schools, and support them to attend classes regularly and improve their performance; b) register with the appropriate healthcare unit and regularly go to the periodic appointments made for them by the health system personnel in accordance with the Basic Packet of Health Services; c) attend the monthly healthcare education talks held by the healthcare unit; and d) use the monetary supports for the improvement of family welfare, especially the feeding and school attendance of the children. Failure to fulfil any of the conditions a, b, or c could cause temporary or permanent separation of the family from the program; requirement d is considered only a desirable objective.

broader targeted population in urban areas; b) inclusion of new economic supports for beneficiary families; and c) redefinition of the central goal.

The first of these modifications took place in 2002, when Progresa was renamed "Opportunities," (officially, Programa de Desarrollo Humano Oportunidades, the Opportunities Human Development Program), which implied, among other things, the incorporation of urban families in extreme poverty as potential beneficiaries, preferentially those living in medium-sized cities outside of metropolitan areas (Sedesol, 2002). In 2007 and 2012 came other changes related to the definition of the targeted population. The first was to adapt the methodology for identifying beneficiaries to conform to Coneval's new criteria of multi-dimensional measurement (Sedesol, 2007), although it was not until 2011 that the new method began to be used as the main indicator delineating the floor of minimum well-being, which according to its definition equals the value of the food basket per person per month (Sedesol, 2010). The second modification added the concept of "total coverage" to designate the localities in which all families "are eligible to join the Program, independently of their estimated per capita monthly income" (Sedesol, 2012). This criterion was applied to identify localities of fewer than fifty inhabitants with a high or very high degree of social backwardness or, if such information were not available at that level, to localities located in municipalities with those characteristics (Sedesol, 2013).

The introduction of new cash benefits took place gradually between 2001 and 2012, according the following chronology:

- 2001: Extension of educational stipends to the high school level (Sedesol, 2001).
- 2003: In order to promote school attendance and continuity among the young population, addition of a fourth component called "Youth with Opportunities," intended to give the beneficiaries an economic stimulus at the moment of completing high school. These resources (which in 2003 reached a maximum level of 3000 pesos, around $300) could be used by the beneficiaries, alongside support from other social programs, to continue their studies in higher education, or to open a business, buy a house or improve the house they had, join the IMSS insurance programs Seguro Popular or Seguro de Salud para la Familia, or simply keep as savings. In the latter case, the money would be given to them up to two years after they received their high school diplomas (Sedesol, 2003).

- 2006: Addition of a fifth component called "for Older Adults," which offered a monthly monetary support to adults aged seventy or higher and other members of the benefited families (Sedesol, 2006).[5]
- 2008: Addition of the Energy Component, a monthly subsidy to reduce spending on the consumption of sources of energy (electricity, gas, charcoal, firewood, gasoline, or candles, among others) (Sedesol, 2007).
- 2009: Addition of "Food Support for Better Living," with the explicit goal of compensating for the effect of international food price increases (Sedesol, 2008).
- 2010: Addition of "Child Support for Better Living" to offer families with children from zero to nine years economic support for each child in this age range (Sedesol, 2009).
- 2012: Finally, addition of stipends for children in first and second grade living in localities with fewer than 2,500 inhabitant, and for young people in vocational education programs offered by the Centers for Combined Assistance (Spanish acronym CAM) (Sedesol, 2011).

As can be inferred, most of these benefits were conceived to complete the cycle of support for benefited families with children under twenty-two years of age and, in some cases, to alleviate the effects of the economic instability produced by the international financial crisis that began in 2007 and provoked significant increases in the prices of food and hydrocarbons. With all of these changes, as can be seen in Table 1, in 2014 a family could receive a maximum of 1,710 pesos per month if they had children only in the elementary or junior high school grades, or 2,765 pesos if some children were in high school. (This is without counting the resources given to older adults and the aid for school supplies.) Those quantities represent increases, in real terms, of 25.1 percent and 102.3 percent, respectively, from what the families could receive in 1999, fifteen years before.

[5] In this same year, a specific decree created a pension fund called Opportunities: Saving-for-Retirement Mechanism (Spanish acronym MAROP), whose goal was to complement individual savings of members of the benefitted families aged thirty to sixty-nine, with the goal of their having resources after the age of seventy to acquire a lifetime pension that would contribute to improving their standard of living (Sedesol, 2006). Two years later, before it could go into effect, MAROP was eliminated on the grounds that its implementation would reduce the income that could be offered to families in the present in favor of higher income in the future, and that in any case this type of aid should operate through the existing mechanisms, that is, through the Oportunidades component for older adults, and, in parallel fashion, through the Program of Aid to Adults over 70 in Rural Areas (Sedesol, 2008).

Table 1: Components and benefits provided by Progresa-Oportunidades-Prospera, 1997-2017

Components & benefits	Year begun	Type of support	Size of monthly benefits 1999	2014	2017
Healthcare component					
Basic health services packet	1997	Services	13 services	27 interventions	
Malnutrition prevention & nutritional support	1997	Nutrition support	X	X	X
Food supplement	1997	Supplement	X	X	X
Healthcare self-help training	1997	Workshops & information	X	X	X
Older Adults	2006	Monthly cash grant		345.0	370.0
Food-support Component (1)					
Food Support	1997	Monthly cash grant	115.0	315.0	335.0
Energy Support*	2008	Monthly cash grant			
Complementary Food Support	2009	Monthly cash grant		130.0	140.0
Child Support	2010	Monthly cash grant		115.0	120.0
"No Hunger" Food Support	2016	Monthly cash grant			88.0
Special Transitional Support	2016	Monthly cash grant			475.0
Educational Component					
School supplies					
- Elementary	1997	Annual cash grant	135.00	330.0	350.0
- Junior high	1997	Annual cash grant	170.00	410.0	440.0
- High school	2001	Annual cash grant		415.0	440.0
- Vocational training	2012	Annual cash grant		415.0	440.0
School stipends (2)					
- First grade elementary**	2012	Monthly cash grant		165.0	175.0
- Second grade elementary**	2012	Monthly cash grant		165.0	175.0
- Third grade elementary	1997	Monthly cash grant	75.0	165.0	175.0
- Fourth grade elementary	1997	Monthly cash grant	90.0	195.0	205.0
- Fifth grade elementary	1997	Monthly cash grant	115.0	250.0	265.0
- Sixth grade elementary	1997	Monthly cash grant	150.0	330.0	350.0
		Monthly cash grant	H M	H M	H M
- First year junior high	1997	Monthly cash grant	220.0 235.0	480.0 510.0	515.0 540.0
- Second year junior high	1997	Monthly cash grant	235.0 260.0	510.0 565.0	540.0 600.0
- Third year junior high	1997	Monthly cash grant	245.0 285.0	535.0 620.0	570.0 660.0
- First year high school	2001	Monthly cash grant		810.0 930.0	865.0 990.0
- Second year high school	2001	Monthly cash grant		870.0 995.0	925.0 1,055.0
- Third year high school	2001	Monthly cash grant		925.0 1,055.0	980.0 1,120.0
- Vocational first year***	2012	Monthly cash grant		810.0 930.0	865.0 990.0
- Vocational second year ***	2012	Monthly cash grant		870.0 995.0	925.0 1,055.0
- Vocational third ***	2012	Monthly cash grant		925.0 1,055.0	980.0 1,120.0
- Youth with Opportunities	2003	Cash grant on high school graduation		4,599.0	4,890.0
- Higher education	2017	Monthly cash grant			750.0
- Higher education transportation assistance	2017	Monthly cash grant			200.0
Total monthly family maximum including stipends, elementary and junior high (1 + 2)****		Nominal	695.00	1,710.0	1,825.0
		2010 prices	1,177.6	1,473.4	1,438.3
Total monthly family maximum including stipends, high school (1 + 2)****		Nominal	695.00	2,765.0	2,945.0
		2010 prices	1,177.6	2,382.4	2,321.0

Notes: * From 2012 on, energy support was included in food support. ** Only in localities with population under 2,500. *** For students enrolled in vocational training programs offered by the Centros de Atención Múltiple (Centers for Combined Assistance), CAM. **** The monthly maximums do not include support for older adults or those for higher education. The values for 2010 prices were calculated by use of the INPC.

Sources: Sedesol, 1999- 2016.

The foregoing demonstrates that, although various different cash supports were added to both the nutritional and educational components between 2001 and 2012, the greatest increase came from the inclusion of stipends for high school students. As can be seen in Table 1, the increases in food support and stipends for primary and secondary school students led to a minimal increase for the benefited families with children under eighteen who were enrolled in elementary or junior high levels. For the Healthcare Component, in 2013 the thirteen services offered from the beginning of the program were replaced by twenty-seven interventions included in the Universal Catalog of Health Services (Spanish acronym CAUSES, Sedesol, 2013). Although these new interventions disaggregated some benefits already included in the thirteen originals, the Auditoría Superior de la Federación (ASF) reported that some improvements in access to general preventive measures or full medical exams. "Nonetheless, the selection of the twenty-seven interventions for the population benefitting from PROSPERA [out of the 285 included in CAUSES] was not based on a diagnostic that would define which were appropriate for that population" (ASF, 2016: 288).

Another important change during the Oportunidades period came in 2009, when the general objective of the program was modified, shifting from "support families living in conditions of extreme poverty, with the goal of increasing their members' capabilities and broadening their alternatives for achieving higher levels of well-being through improved options in education, health, and nutrition," to "contribute to breaking the intergenerational cycle of extreme poverty by favoring the development of the benefited families' capabilities in the areas of education, health, and nutrition." This reformulation implied a transition to an approach in which the adult members of the families no longer figured as agents of change, an approach that instead focused the greatest hopes on the younger members overcoming poverty. As we will see in the following section, this change could have stemmed from the increase in the number of people counted as poor because of the economic crisis that began in 2007, which called into question the program's effectiveness in solving the problems of poverty in the short term.

The acceleration of the trend toward an increasing number and percentage of people in poverty that was seen between 2006 and 2015 could also have influenced the restructuring of the program that took place in 2015. The explanation contained in the decree that created the Coordinación Nacional de Prospera explicitly stated that,

> in spite of the positive results. . . to achieve greater success in the reduction of poverty, the Program must offer options that stimulate the productivity of families so that they are able to generate income through their own efforts and diminish their dependency on monetary transfers, as well as facilitating the extension of their educational trajectories and their insertion in the formal labor market with the goal of stimulating their economic independence (Presidencia de la República, 2014).

Therefore, from 2015 on the program broadened its intervention strategy "to the sphere of promoting inclusion in productive activity and the labor force, as well as the generation of income, inclusion in financial institutions, and effective access to social rights," with the general objective being to "contribute to strengthening the effective fulfilment of social rights that improve the capabilities of people in poverty through actions to extend the development of their capabilities in food, health, education and access to other dimensions of well being to contribute to breaking the intergenerational cycle of poverty" (Sedesol, 2014). It is worth noting that the general objective of the program as stated in the ROP (Reglas de Operación, operating rules) for fiscal year 2016 (Sedesol, 2015) did not include its contribution to breaking the cycle of poverty, perhaps because of a judgment that this goal was not compatible with the focus on rights that had been introduced the year before.

The new modalities of intervention were organized into four lines of action labeled as productive, workforce, financial, and social inclusion, which together made up the new Inclusion Component. Specific commitments were established for each line, but, as the Auditoría Superior de la Federación has pointed out, no budget was created to fund meeting these goals (ASF, 2016:174) and invariably the responsibility for the program was limited to stimulating the access of members of the benefited households to other programs or services already in existence —those of public and private institutions, civil society, and domestic and international bodies, such as those promoting productive development and income generation; skill development and employment; financial, savings, life insurance and credit education; or access to social rights.

With respect to the three components previously included in the program, only a few additions to the cash supports that had been provided up to 2015 were made in 2016, and two more in 2017. In 2016, two new categories of grants called Unconditional and Unconditional-No Hunger were added; these were designed for families living in localities without education and healthcare infrastructure, who therefore could not comply

with the established framework of conditions. In the first case, the families could receive only the existing Food Support, Complementary Food Support, and Child Support grants, that is, a maximum of 595 pesos per month; the second added "No Hunger" Food Support, a monthly total of 88 additional pesos that families can use to acquire food products from the DICONSA stores or milk from the LICONSA network. Finally, in 2017, monthly supplements for higher education students in the benefited families were added: a stipend of 750 pesos plus 200 pesos in transportation aid (for ten months of the year).

As can be inferred, in its Prospera version the program acquired the additional commitment of giving support to higher education students and, especially but without a budget to support it, a commitment to promote beneficiaries' access to complementary programs and services that would offer them the opportunity to develop productive projects, acquire new skills and/or find jobs, begin to make use of financial services, or, in a very generic sense, gain access to their social rights. In terms of monthly maximum cash supports to families with children in elementary, junior high, or high schools, the inclusion of the new supports did not bring any change in the previous system, and although the totals were increased in 2015 by about 4.4 percent in real terms, the failure to increase these in the next two years meant a cumulative decrease, by 2017, of an average 2.5 percent with respect to 2014.

Scope and results of Progresa-Oportunidades-Prospera

As can be seen in Table 2, from the time of its creation in 1997 the program grew rapidly in scope, reaching a total of five million families by 2004. From 2005 on, that total tended to remain stable until 2010, when a new significant increase brought in approximately 600,000 more families than had been included in 2009. From then on, the rate of growth in beneficiaries was very low until 2016, when coverage grew by nearly 10 percent compared to 2015 due to the inclusion of beneficiaries (and budgets) that had previously been supported by the Program of Food Support (Spanish initials PAL). In terms of urban families, the figures show that it was in 2002, when Progresa transformed into Oportunidades, that the increase in the share of urban beneficiaries began; after the inclusion of PAL in 2016, they made up about 27 percent of total benefited families.

Table 2: Coverage and budgets of Progresa-Oportunidades-Prospera, 1997-2017

Year	Families supported (thousands)		Rate of growth in number of supported families	Percent urban families	Budget (millions of pesos)		Percent of discretional federal spending	Monthly total awarded per family	
	Total	Urban			Nominal	Constant (2010 =100)		Nominal	Constant (2010=100)
1997	300.7				465.8	1051.5	0.09		
1998	1595.6		430.6		3398.6	6468.2	0.57		
1999	2306.3		44.5		6890.1	11675.0	0.97		
2000	2476.4	5.0	7.4	0.2	9586.9	14908.9	1.12	259.0	402.8
2001	3237.7	113.8	30.7	3.5	12393.0	18459.8	1.32	300.9	448.2
2002	4240.0	533.1	31.0	12.6	17003.8	23961.9	1.58	336.0	473.5
2003	4240.0	482.0	0.0	11.4	22331.1	30265.6	1.80	365.7	495.6
2004	5000.0	677.3	17.9	13.5	25651.7	33050.5	1.93	388.5	500.6
2005	5000.0	697.8	0.0	14.0	29964.2	37361.7	2.03	417.7	520.8
2006	5000.0	684.0	0.0	13.7	33525.7	40174.0	2.01	480.4	575.6
2007	5000.0	710.4	0.0	14.2	36769.2	42464.5	1.92	529.1	611.0
2008	5049.2	759.5	1.0	15.0	41706.5	45214.9	1.87	614.6	666.3
2009	5209.4	859.7	3.2	16.5	46698.9	48880.5	1.90	696.0	728.5
2010	5819.0	1250.4	11.7	21.5	57348.9	57497.2	2.17	726.7	728.6
2011	5827.3	1204.5	0.1	20.7	59119.2	57091.9	2.05	777.3	750.6
2012	5845.1	1207.8	0.3	20.7	66566.7	62069.2	2.13	830.2	774.1
2013	5922.2	1327.9	1.3	22.4	64415.9	57768.0	1.93	864.8	775.6
2014	6129.1	1407.8	3.5	23.0	68547.1	59062.3	1.90	886.8	764.1
2015	6168.9	1179.3	0.6	19.1	72417.0	61094.9	1.88	898.2	757.7
2016*	6757.3	1816.9	9.5	26.9	82780.9	67568.0	1.98	905.8	739.3
2017	6422.6	1727.0	-5.0	26.9	79569.9	62709.8	2.24	896.9	706.9

* In 2016 Prospera folded in the Programa de Apoyo Alimentario (Food Support Program), so that, from then on, it employed two modalities of support: conditional (as is reflected in the information for 2000-2015) and unconditional (which includes the families supported by PAA through 2015). From that year on, the numbers of benefited families and the budget data take both modalities into account. Sources: constructed by the authors on the basis of information from (for 1997-99) Zedillo, 2000:289 and (for 2000-17) Peña, 2017:129.

Compared to the programs that preceded it, Progresa-Oportunidades-Prospera has been, without a doubt, the largest initiative in terms of social coverage. Currently it supports more than 6.4 million families, in households totaling about 26.6 million people. Those figures represent coverage, as of 2016, for 24 percent of all persons living with incomes below the line of minimal well-being (who constitute the target population for the program) and almost 50 percent of all people in poverty according to the latest estimates by Coneval (2017). These statistics show that the program has made some serious errors in targeting, by including families above the established poverty line. By some estimates, in 2014, 59 percent of the households in extreme poverty were not beneficiaries of the program, and of all the beneficiaries, 52 percent were not in extreme poverty. Further, 39 percent of that last group (that is, 20 percent of all benefited households) were not even poor (Damián, 2017).

Another element to note is that the sizeable increase in the program's coverage has not required greater resources than those allotted in the past to other anti-poverty initiatives, even considering that the budget has grown significantly since 2000, both in terms of absolute spending and in terms of average spending per family supported. For example, the previously emblematic Pronasol, in its year of greatest scope (1993) received resources that represented 2.6 percent of discretional federal expenditures (Ordoñez, 2017:105); for Prospera, that share has never been higher than 2.3 percent (see Table 2).

Moreover, both general and specific evaluative studies have offered information to determine the effectiveness of the program in terms of its contribution to improving families' capabilities in education, health, and nutrition, to breaking the cycle of intergenerational reproduction of poverty, and, finally, to "permanently" freeing the population from extreme poverty or (in the more recent terminology) "strengthening effective fulfilment of social rights" (Sedesol, 2016).

Among the principle reported achievements are a series of improvements in children and youths' school enrollment, retention rates, and achievement. In enrollment, between 2005 and 2015, there was very noteworthy increase, among beneficiaries in the prescribed age brackets, of nearly 17 percent in the elementary and junior high school grades and about 20 percent in high school, although in the case of junior high that increase was merely 0.9 percent (ASF, 2016: 326). For retention, as measured in terms of regular school attendance, the figure for 2015 was nearly 100 percent for all grade levels (ASF, 2016L327). Important advances were also recorded

in movement from one educational level to the next: for elementary to junior high transition, the percentage of successful beneficiaries rose from 83.9 percent to 91.1 percent, and for junior high to high school, from 56.2 percent to 75.4 percent — in both cases, for the period 2007-2015 (ASF, 2016: 328). In terms of educational achievement, although comparisons of ENLACE test results between benefited and non-benefited students were unfavorable for the benefited students at all levels (ASF, 2016: 330-40), from other perspectives it has been shown that the benefited children in rural areas have achieved better motor-skills development, lower ages of beginning schooling, better probabilities of finishing junior high school, and a significant increase in promotion from one grade to the next. For urban areas, what stands out is an increase in hours of study and a decrease in the probability of youths' engaging in paid work (Sámano, 2010: 101-103).

In the healthcare area, what stands out is that a very high percentage of the benefited families have had access to regular medical care, which should, in principle, strengthen the prevention, control, and treatment of disease. According to ASF, in 2015 the number of families with medical care was 5.75 million, or more than 93 percent of the total families benefiting from the program (ASF, 2016:286). Also, significant improvements among beneficiaries have been observed in comparison to other populations served by the state healthcare systems, as well as greater efficiency in relation to the costs of medical attention. The indicators showing the best results in both senses are maternal and child mortality figures (child mortality as reported both for those under five years old and for those in the first year of life) as well as the figures for detection of patients with diabetes mellitus (PwC, 2013). The program has also shown positive effect on the quality of prenatal care received and in a greater number of visits to doctors or nurses for prenatal care (Barber & Gertler, 2009; Sosa, Walker, Serván, & Bautista, 2011).

Finally, improvements have been found in beneficiaries' nutritional state, as measured by a drop in the proportion of children with malnutrition from 25 percent to 8.2 percent between 2000 and 2015 (ASF, 2016: 264), as well as by reductions in the prevalence of stunted growth (in minors) and anemia (in minors and women), although the problem of obesity persists and has even tended to worsen (Neufeld, García, Quezada, Fernández, Mejía & Pfeffer, 2012). From a broader point of view, access to an adequate diet in benefited families seems not to receive enough attention from the program. As can be seen in Table 2, although the average monthly size of supports per family rose in real terms between 2000 and 2015, the

current-peso figures for 2017 (896.9 pesos) represented barely 84 percent of the December 2017 value of the food basket required for a person in a rural area (1,066.7 pesos) or 60 percent in an urban one (1,491.65) (Coneval, 2018).

As for labor force inclusion, one study shows that the increase in the levels of education and health among benefited youths in the rural areas, as compared with the situation of their parents or of non-benefited youth, has not had important effects on their access to better and higher-paying jobs (Rodríguez & Freije, 2008). According to CEPAL (2016: 80) "assessments of the workforce trajectories of the recipients of the first program of conditional transfers implemented at a national level in Latin America and the Caribbean —Oportunidades (previously called Progresa) in Mexico— show that the program has had a limited and not very significant impact on intergenerational occupational mobility since its inception. The main result was to increase the beneficiaries' educational levels, but the lack of productive and employment opportunities, especially in rural areas, has not allowed for significant improvement in social condition."

Although in 2015 the program declared inclusion in work and productive activity to be one of its main goals, the fact of not having allotted resources for fulfilment of that goal makes it unlikely that the panorama described in previous studies will change. According to the ASF, in that year only 0.03 percent of beneficiaries of working age joined training or employment programs, and 0.2 percent of the benefited families with joined productive programs of Sedesol; the Secretariat of Agriculture, Livestock, Rural Development, Fishing, & Food; the Secretariat of Labor & Social Welfare; or the National Commission for the Development of Indigenous Peoples (ASF, 2016: 353, 356).

Also, we should not lose sight of the fact that this kind of program has the dual objectives of reducing current poverty and diminishing poverty over the long term. The basic assumption, which gives rise to the importance of the educational component, is that the cash transfers diminish the opportunity cost of school attendance, which translates into greater school attendance by minors under the authority of the head of household and in this way they increase the human capital of benefited families (Paz, 2010). In the short run, Damián's (2017) calculations indicate that transfers from the program to its beneficiaries have an impact on the reduction of the poverty of barely 1 percent, or 2.4 percent for extreme poverty.

Breaking the cycle of poverty through the accumulation of human capita is, evidently, a long-term objective. Why so long? Campos-Vázquez

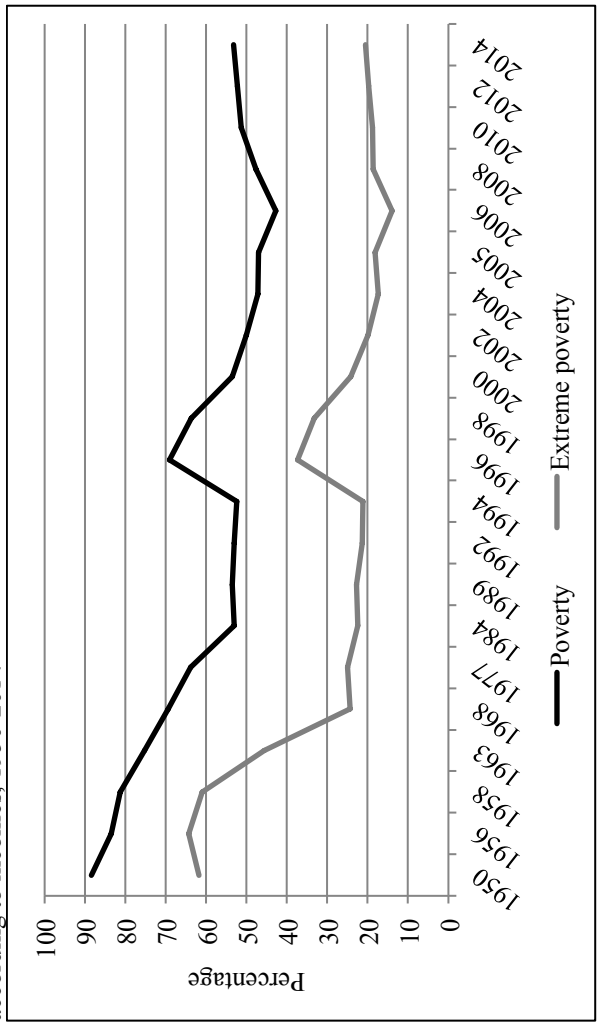
et al. (2013) analyzed the evolution of the benefited families' well-being in order to assess the program's effect on the reduction of poverty and to estimate how long support for each family should be maintained to lift them out of poverty. Using confidential data shared by the program itself, the authors found that the best results occurred in the poorest families, who improved their situation more than less-poor families. However, to pursue its long-term objectives, the program must support the benefited families for a longer period than the three-year maximum established by its first rules, in the Progresa period. On average, getting out of poverty with the help of the program would take the poorest families, those at the bottom of the social scale, in the tenth percentile, an average of twenty-five years for rural families and nineteen years for urban ones (Campos-Vázquez *et al*., 2013: 82). This would be the average time it would take for households classified as poor to prevent their children from ending up in the same situation.

It should be added that these hopes could be even dimmer if we consider the effects of a negative economic environment such as that seen in the country in recent years. The figures of poverty trends resulting from the 2007 crisis cast doubt on the effectiveness of the program as a path for permanently escaping poverty. Between 2006 and 2014, the number of extremely poor or food-poor, the targeted population of the program, grew by nearly 9.5 million, so that in 2014 the proportion of people in poverty reached levels close to those of twelve years before (see Figure 1 and Table 3).

Limitations and significance of Progresa-Oportunidades-Prospera within the historical perspective of Mexican anti-poverty efforts

The last three decades have brought important changes in the management of government programs to combat poverty in our country. A series of measures adopted since the 1980s in the name of fiscally responsible government have attempted to reduce investments while improving their social effectiveness. In terms of reduction, there has been a significant drop in budgets and an observable decrease in state services. In terms of improvement, there is no evidence of important achievements in reducing generalized poverty.

Figure 1: Percentages of the population living in poverty and extreme poverty, according to incomes, 1950-2014



Sources: Constructed by the authors on the basis of (1950-89) Székely, 2005, and (1992-2012) Coneval, 2013, and (2014) Coneval, 2017.

Table 3: Percentage & size of the population living in poverty and extreme poverty, according to income, 1950-2014

Year	Poverty		Extreme poverty	
	Percentage	Population	Percentage	Population
1950	88.4	23,902,145	61.8	16,709,870
1956	83.5	26,840,834	64.3	20,669,049
1958	81.3	27,873,633	61.0	20,913,796
1963	75.2	30,449,341	45.6	18,463,962
1968	69.4	33,095,980	24.3	11,588,362
1977	63.8	39,962,886	25.0	15,659,438
1984	53.0	39,755,673	22.5	16,877,408
1989	53.5	44,765,279	22.7	18,993,866
1992	53.1	46,138,837	21.4	18,579,252
1994	52.4	47,018,805	21.2	19,008,088
1996	69.0	63,967,416	37.4	34,654,309
1998	63.7	60,671,333	33.3	31,682,407
2000	53.6	52,700,549	24.1	23,722,151
2002	50.0	50,406,024	20.0	20,139,753
2004	47.2	48,625,044	17.4	17,914,516
2005	47.0	48,895,535	18.2	18,954,241
2006	42.7	46,549,346	14.0	15,147,499
2008	47.7	53,381,457	18.6	20,789,646
2010	51.3	58,519,936	18.8	21,535,243
2012	52.3	61,350,435	19.7	23,088,910
2014*	53.2	63,817,333	20.6	24,636,773

* The figures for 2014 are not completely comparable to the previous series, because they are based on the well-being and minimum well-being lines defined as part of the multidimensional measurement of poverty, while the earlier data were calculated on the poverty lines according to assets and food supply used by Coneval as its official metric until 2008. Although the source of the 2014 data also contains poverty figures for 2016, these were not included in the current study because of the changes in information-gathering methodology of ENIGHT 2016, which substantially altered the data on household incomes, making their comparison with earlier figures, including those for 2014, unfeasible.
Sources: Constructed by the authors on the basis of (1950-89) Székely, 2005, (1992-2012) Coneval, 2013, and (2014) Coneval, 2017.

Analyzing the evolution of poverty in Mexico over the past sixty years (see Figure 1), it is possible to conclude that the programs implemented in the 1970s, despite all the operational problems they encountered, contributed to some degree to maintaining or even accelerating the downward trend observable after 1950. From the 1980s, although there was discontinuity in the federal strategy in two periods (1883-88 and 1994-96), the implementation of the new initiatives within the liberalization policy framework has not displayed sufficient capacity to reduce poverty levels in a sustained

way. Indeed, the evidence shows that they have been ineffective in keeping the effects of the crisis from falling upon the economically less-favored populations.

Besides demonstrating the persistence of poverty in our country, the historical data also reveal the vulnerability of the populations with fewer resources to the negative effects of economic instability (see Table 3). A consequence of the two crises that occurred within the past twenty years has been a very large resurgence in the number of poor people: between 1994 and 1996 their number grew by nearly 17 million, and between 2006 and 2014 by 17.3 million, reaching a total of more than 63.8 million in the latter year. Currently, 53.2 percent of the population suffers some degree of poverty in terms of income, representing a proportion similar to that of thirty years ago (53 percent in 1984).

Viewed from other angles, the social and geographic distribution of poverty displays a pattern that tends to reinforce the prevailing patterns inequality among regions and social groups. On the geographic level, there continue to be deep gaps between the more urban and industrialized areas of the country and those with a predominantly rural population involved in primary sector activity. The latter includes the states of Oaxaca, Guerrero, and Chiapas, which stand out for been the poorest and having the highest proportion of rural and indigenous inhabitants. In the indigenous case, the intensity with which poverty appears is not limited to those specific locations, because the phenomenon afflicts all of these communities distributed throughout the country. This subset of the population has a poverty rate close to 72 percent (Coneval, 2017).

These results could suggest that, without the programs and resources devoted to overcoming poverty, inequality and the social effects of the crisis would have been much more devastating. In fact, after the end of Pronasol in 1994 and during the impasse of neglect that persisted until the creation of Progresa in 1997, there was spectacular growth in the number and proportion of poor people in the country. More recently, a report by Coneval (2009: 21) determined that, given the growth in the number of people in poverty between 2006 and 2008, "without the existence of government programs that support social protection, poverty in terms of food supply would have been worse" for 2.6 million people. In spite of this evidence, it is at least possible to establish that the social programs utilized in the last thirty years, among which Progresa-Oportunidades-Prospera stands out, have shown an inability to generate conditions that allow people to permanently escape poverty.

From our point of view, the central problem in the fight against poverty has been a tendency to separate the social problem from a general strategy of development. We know that this is a complicated subject requiring extensive research to identify concrete mechanisms that allow individuals, families, and communities to fully participate in all the benefits of development. However, considering the experiences of countries with advanced systems of social welfare, it is possible to derive certain general ideas. The history of countries like England, Germany, and France shows that substantial increases in public intervention in all aspects of well-being (employment, income, and social services) have produced significant improvement in the living conditions of their respective societies. In these nations, targeted programs have the mission of integrating the groups that for physical, cultural, or economic reasons remain marginalized from development (Brown, 1984). That is, they act as an alternative channel of access to a wide system of social welfare that belongs to everyone as a universal right.

Noting these elements and taking into account the complexity and breadth exhibited by the problem of poverty in our country, any proposed solution would have to depend on each and all of the policies, institutions, and resources (legal, financial, human, and technical) in the power of the state, especially in those spheres of action that can contribute to modifying the structures that engender or reproduce inequality and/or marginalization. Schematically, that would imply reorienting the direction of economic and social policies toward a process of convergence that would include the whole society and allow, on the one hand, creation of conditions for growth, job creation, equal opportunity, and fair reward for individual effort, and on the other hand, provide the means for social development of capabilities (in education, health, and food) for living in a worthy and healthful environments (housing, urban infrastructure, etc.) and for facing risk and old age (social security). Without responding to these imperatives, anti-poverty action will continue to be a short-term instrument limited to moderating situations of extreme need.

However, we must recognize that even in the event of adopting a strategy intended to strengthen the system for supporting well-being, the size of the social problem requires the state to maintain a commitment over the short, middle and long ranges to attend to the population whose levels of life are below the acceptable minimum. The issue now is to find and expand the linkages among the programs targeting all facets of well-being

which, by Constitutional requirement, the state must provide in universal fashion: education through junior high school, preventive healthcare and medical treatment, shelter, and social security.

In the particular case of the current Prospera program, it remains to be seen whether it will meet its prime objectives, which explicitly establish effective access to social rights, inclusion in the workforce and productive activity, generation of income, and inclusion in the financial system. This appears to imply convergence toward an interventional model which allows for improving the economic and social welfare of the enormous population of beneficiaries. However, the results achieved in recent years, as well as the negative environment affecting the national economy, allow us to suppose that the program will encounter great difficulty even in containing the tendencies toward rising poverty levels in the country.

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Curricular information of the authors

Gerardo Ordóñez Barba
Doctor en Ciencia Política por la Universidad Complutense de Madrid, obteniendo en 2002 el grado con Sobresaliente Cum Laude. Desde 1990 es investigador en el Departamento de Estudios de Administración Pública de El Colegio de la Frontera Norte. En 2002 obtuvo la distinción Dr. José Gómez de León por haber logrado el primer lugar en la categoría de tesis doctorales en el concurso sobre el Programa de Educación, Salud y Alimentación, organizado por la UNAM. Debido a este logro su tesis dio lugar al libro: La política social y el combate a la pobreza en México (UNAM, 2002). Sus investigaciones se ubican en dos líneas principales: Análisis y evaluación de políticas y programas sociales, y el estudio de la transformación de los gobiernos locales en el norte de México. En 2003 ingresó al Sistema Nacional de Investigadores, actualmente en el nivel III, y a partir de 2013 es miembro de la Academia Mexicana de Ciencias. Fue fundador de la Red Mexicana de Investigación en Política Social y actualmente coordina el Grupo de Trabajo sobre Pobreza y Políticas Sociales de Clacso.
Dirección electrónica: ordonez@colef.mx

Aída Silva Hernández
Doctora en Ciencias Sociales con especialidad en estudios regionales por El Colegio de la Frontera Norte. Candidata a Investigadora Nacional por el SNI. Su línea principal de investigación es la migración independiente de niñas, niños y adolescentes mexicanos y centroamericanos hacia Estados Unidos, abordando temas como estrategias de movilidad, legislación migratoria mexicana, configuraciones familiares y contextualización del flujo de la infancia migrante en México, incluyendo en sus trabajos una serie de recomendaciones para el diseño de políticas. Actualmente es profesora en la Facultad de Medicina y Psicología de la Universidad Autónoma de Baja California.
Dirección electrónica: aida.silva@uabc.edu.mx
ORCID: http://orcid.org/0000-0002-7979-7192