

CHILE SOLIDARIO

**The importance of connections between Social Transfers and
access to other Services. Chile: Chile Solidarity System
(Ministry of Social Development- Chile)**

Week of Social Protection, Mozambique, june 2012

Outline

- ▶ Some background and context – the reasons for reform.
- ▶ Chile Solidario: Design and implementation
- ▶ Outcomes and impacts
 - ▶ On the beneficiaries
 - ▶ On the social policy and social programs implementation



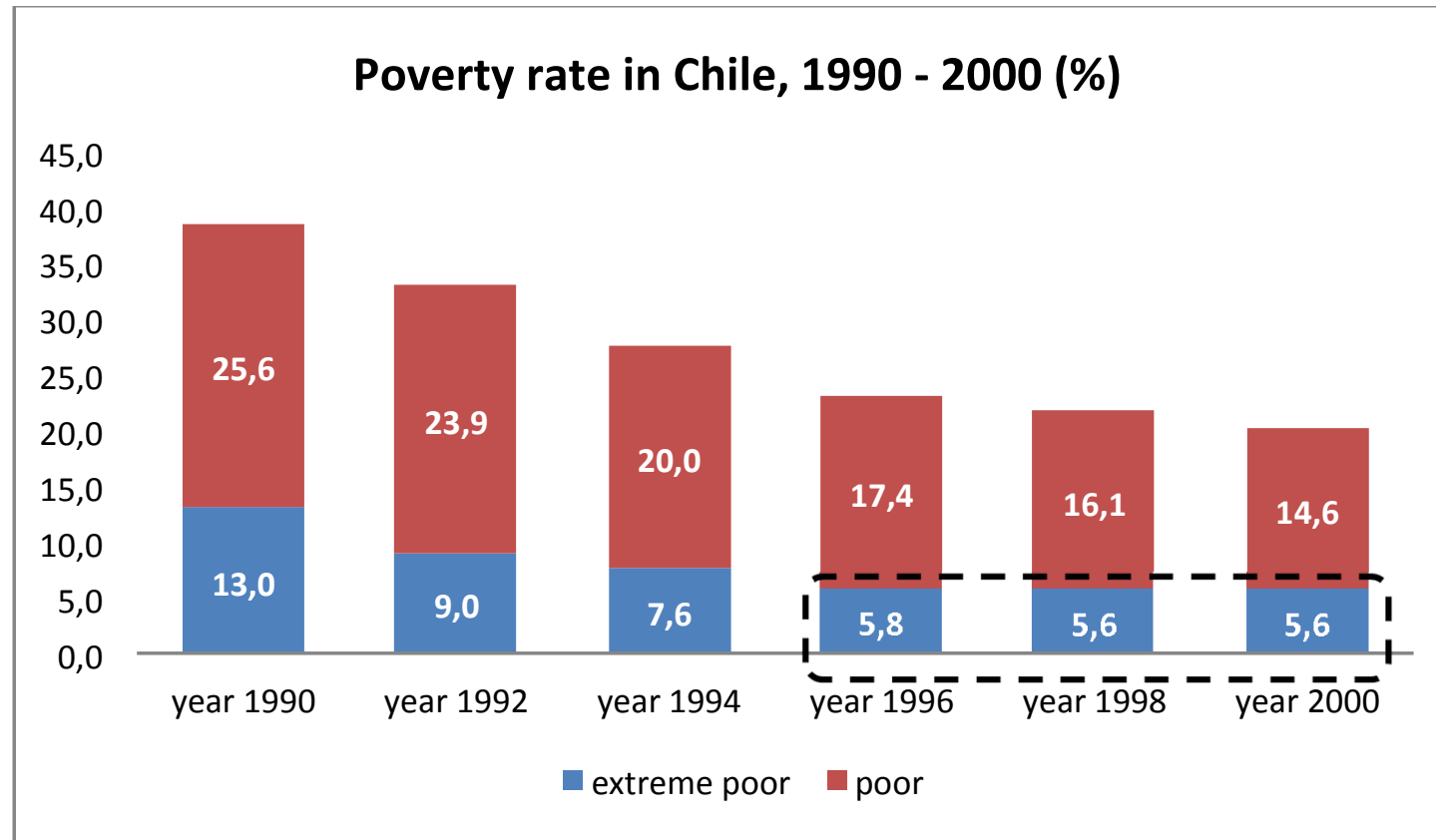


**Where did we start from?
What did we need to change?**



How?

Something was not working ...



- ▶ Extreme poverty rate had stopped decreasing in 1998
- ▶ Problems with targeting



Starting point: We had ...

- ▶ Decentralized (health, education and social assistance services and benefits). In general, with good coverage and outcomes
- ▶ Consolidated targeting instruments. Very good information about poor and extreme poor families.
- ▶ Chile achieved reduce by half the poverty rate, but extreme poverty remained the same
- ▶ Different providers for the same beneficiaries. Sometimes programs are competing for the same beneficiaries . Beneficiaries of social services must navigate trough this diversity of supply without enough information and limited abilities.



What did we need?

- ▶ Social intervention strategies focused on families more than administrative strategies to maintain programs over time.
- ▶ Integrated and coordinate action of public sector focused on necessities of extremely poor families
- ▶ Better use of the existing resources.
- ▶ Strengthen local public institutions – municipalities are the leading providers of social services.
- ▶ Improve the performance of social services.





Design and implementation



How does Chile Solidario work?

Key attributes of CHS' Management Model

Institutional arrangements that facilitate the beneficiaries entry to the system
(**single entry point**)

Mechanisms to ensure effectiveness of the institutions to meet the beneficiaries demands
(**guarantees**)



Permanent adjustments to the contents of social services and benefits (**service standards**)

Institutional networks close to beneficiaries.
(**Municipalities and Local Networks**)



Intervention strategy

At the psychosocial support phase: a family counselor works with the family (in their homes) making an assessment, defining priorities and making contracts to achieve the 53 minimum conditions.

**Family
Counselor**

Education
*Personal
identification*
**Social
services
network**

Family

At the follow up phase: preferent access to social services and guaranteed cash transfers are operating. Families bond with the social network spontaneously.

Health
Family dynamics
Housing conditions
Employment

Income

Main tasks of Family Counselors

To familiarize families with the different social services and benefits available for them.

To encourage families to identify their specific needs and develop the ability to find help in addressing those needs.

Help families to know the services and walk them through the necessary steps to access it and monitor their progress.



Chile Solidario (CHS) is not a social program or a social benefit.

CHS becomes a coordination mechanism to organize service delivery to support extreme poor families to overcome their social and economic condition.

CHS is a management model, based on the articulation of institutional and local networks, to provide social protection to extreme poor families.

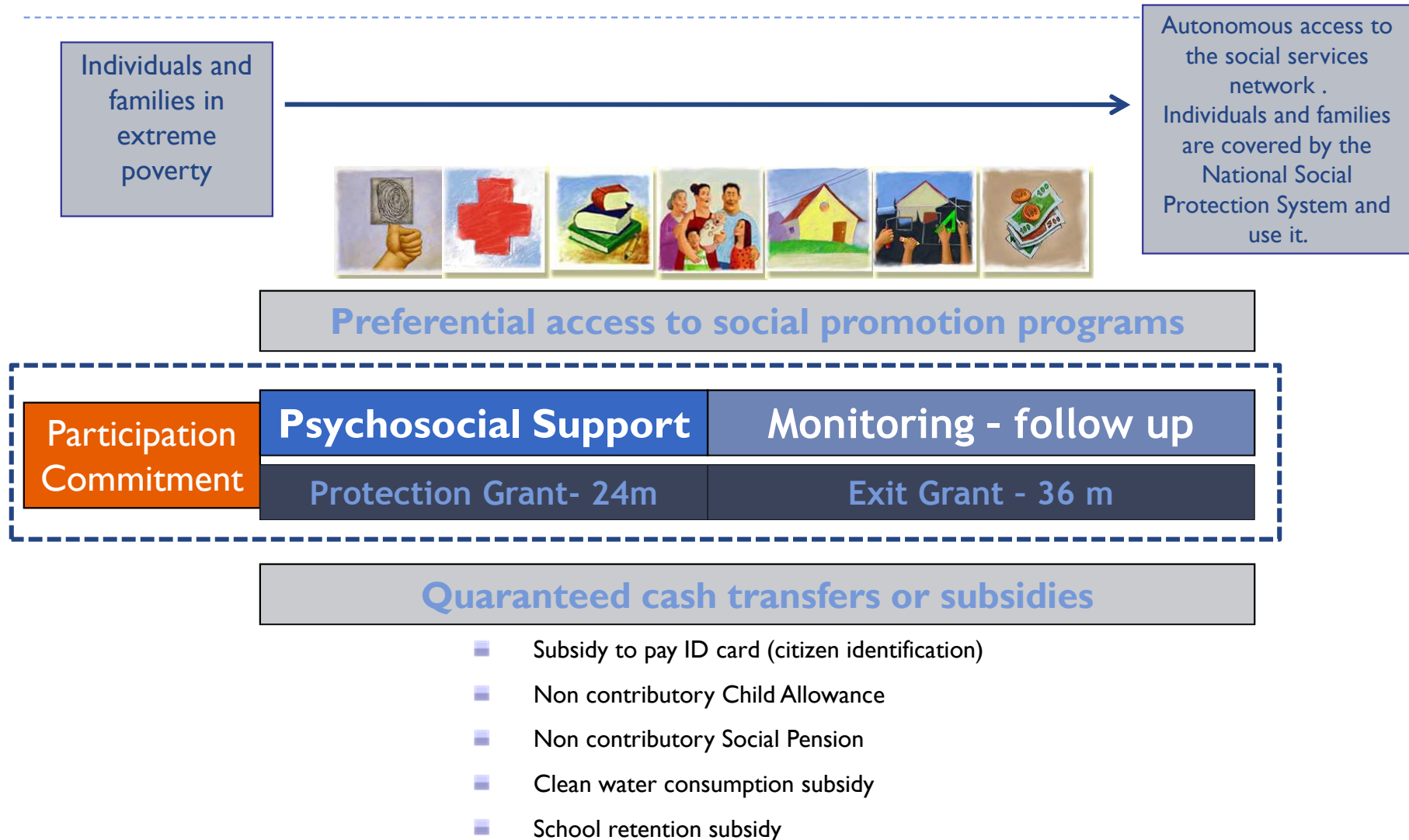
COMPREHENSIVE Intervention Strategy – CROSS SECTORAL
Management Model



Psychosocial Support



Quaranteed Social Protection for 5 years





Chile Solidario: lessons , outcomes and impacts



Social policy and programs

Lessons: be selective with

- Those that don't have information
- Those that don't have enough abilities and or resources to use the services
- Those who dropped out the system (health, education, social services, etc.)
- ▶ **Use all the available information to find them**
 - they are the most needed



Significant impacts on Human Capital Accumulation

- ▶ Enrollment in pre-school
- ▶ Adult literacy
- ▶ More frequent visits to health clinics
- ▶ More awareness of public programs (at local level)
- ▶ More likely to proactively look for help from local institutions.



Impacts on employment and income

- ▶ Rural households: significant gains in employment, total income, labor income and poverty status (poverty rates 20% lower compared to non-participants)
- ▶ Urban households: not good improvements in labor incomes. Training and labor program (especially micro enterprise programs) without changes. The public offering training and employment programs, are not adapted to the needs of families. Only gains in labor income for young families, due to increase of women labor participation



Guarantees and Preferential Access

DIMENSION	Guarantees	Preferential Access
Identification	Subsidy to pay ID card	
Health	Enrollment to free public health services	Technical aids for disabled Oral health for students
Education	School Retention Subsidy (paid to schools) School feeding Early childhood education	Education scholarships Parenting workshops (schools)
Family Dynamics		Family communication workshops Family violence treatment
Housing	Clean water consumption Subsidy	Habitability Program Social Housing Regularization of land ownership
Employment	Enrollment at the Employment Office	Child care services Job Placement programs Self-employment programs Employability programs
Income	Non contributory Child Allowance Non Contributory Social Pension	Support to self-consumption Program



Bold: newly introduced by Chile Solidario

Significant impacts on Psychosocial well-being

- ▶ Better perceptions of the future.
- ▶ Increased self-efficacy.
- ▶ Increased self-confidence.
- ▶ Less depression symptoms

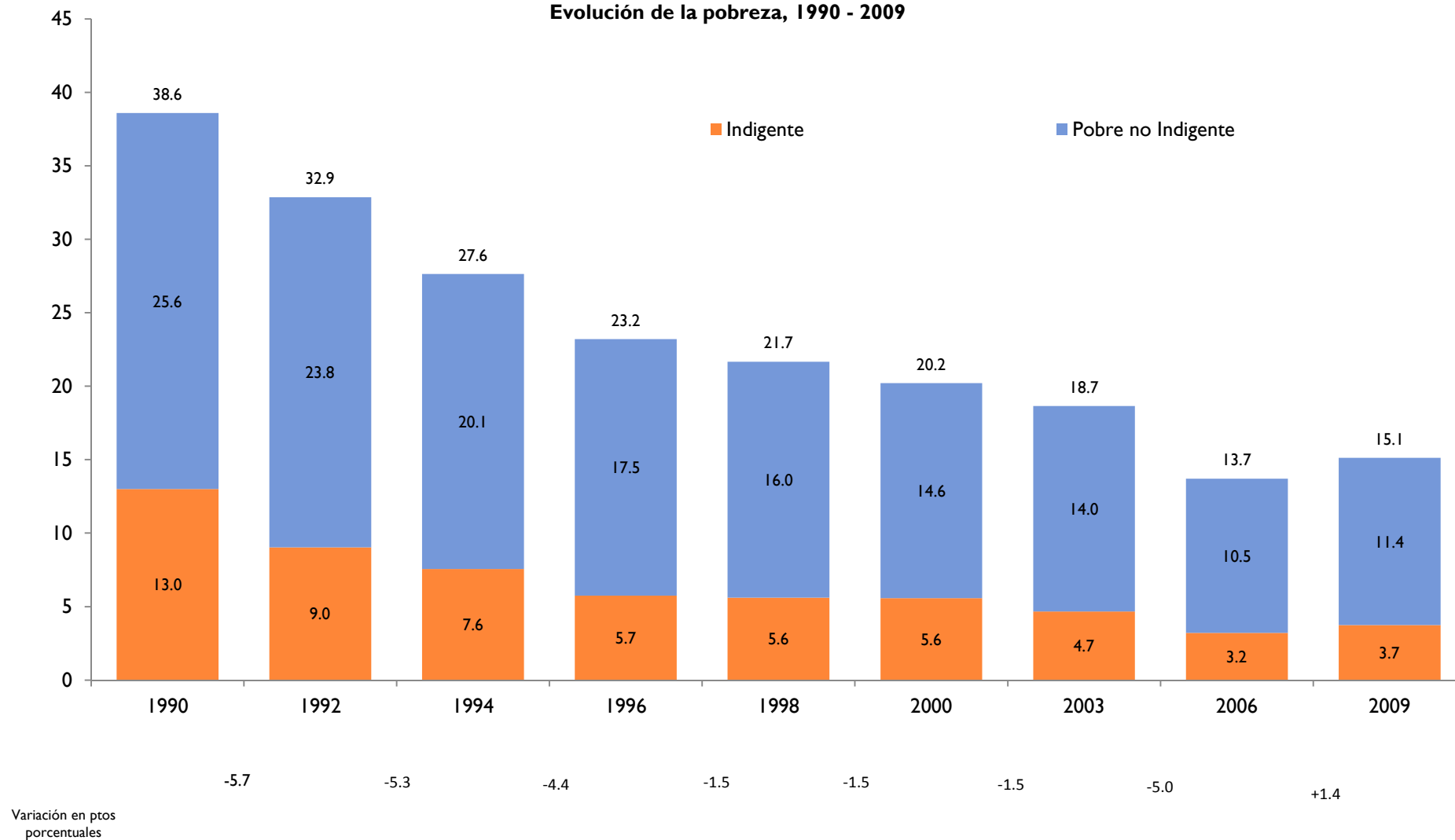


Impacts on social policy and programs

- ▶ Changes in the approach and practice of social intervention against poverty, specially at local level.
- ▶ CHS is an effective program in terms of reaching the poor, notably those outside of traditional social insurance programs, which are often linked to formal employment sector.
- ▶ More resources for communities as a result of the territorial concentration of a diverse program supply. Also programs adaptations to family profiles.
- ▶ Increasing and improving a joint work of local institutions – effective networking. Role of family counselor is central.



Evolución de la pobreza, 1990 - 2009



Fuente: Encuesta Casen, años respectivos, Ministerio de Desarrollo Social.



THANK YOU

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For more information visit the website
www.ministeriodesarrollosocial.gob.cl