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SOCIAL PROTECTION AND POVERTY SECTOR FRAMEWORK DOCUMENT

SOCIAL SECTOR

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CONTENTS

ABBREVIATIONS

CCTP	Conditional Cash Transfer Program
ECLAC	Economic Commission for Latin America and the Caribbean
EITC	Earned Income Tax Credit
GDP	Gross Domestic Product
GMI	Guaranteed Minimum Income
IDB	Inter-American Development Bank
ILO	International Labour Organization
LAC	Latin America and the Caribbean
LTC	Long-term Care
NCP	Non-contributory Pension
OECD	Organization for Economic Cooperation and Development
PwD	Persons with Disabilities
SDGs	Sustainable Development Goals
SFD	Sector Framework Document
UBI	Universal Basic Income
UCTP	Unconditional Cash Transfer Program
WHO	World Health Organization

EXECUTIVE SUMMARY

This Social Protection and Poverty Sector Framework Document (SFD) guides the Inter-American Development Bank (IDB) Group activities in social protection, which includes non-contributory income support programs for the population in a situation of poverty or income vulnerability and services for the population in need of assistance to perform basic activities of daily living. Following the socioeconomic crisis caused by the COVID-19 pandemic, it expands the discussion on income support programs, focused in previous versions on structural poverty, to include protection against transitory shocks for vulnerable populations. It also expands the discussion on the promotion of autonomy and social inclusion of persons with care dependence or disabilities. Other groups, such as young children and youth, are covered under other SFDs.

Between 2000 and 2015, the Latin America and the Caribbean (LAC) region experienced significant improvements in its poverty and inequality indicators, followed by a generalized stagnation in these positive trends and a deep socioeconomic crisis in Venezuela. In 2019, the region observed large-scale social protests largely motivated by inequality and dissatisfaction with the quality of social services. In 2020, the economies of the region were impacted by the COVID-19 pandemic, which resulted in millions of persons from the emerging middle class falling into poverty.

The COVID-19 pandemic simultaneously highlighted the importance and the deep limitations of LAC's social protection systems and their inability to provide a protective floor for poor and vulnerable households. Conditional cash transfer programs, the backbone of LAC social safety nets, suffered from significant under-coverage before the pandemic. In addition, safety nets lacked temporary expansion strategies that enabled covering transient poverty in the face of shocks using the existing tools.

Faced with the urgent need to expand their safety nets to alleviate the COVID-19 socioeconomic crisis, LAC countries implemented 199 social-protection interventions (111 of which were cash transfers). This response was helped by the availability of information systems that allowed beneficiaries to be identified (e.g., social registries) and the delivery of the benefits (e.g., bank accounts or prepaid cards for payment of government benefits). However, the fact that most of these interventions were ad-hoc responses demonstrates that safety nets were not prepared and lacked strategies and tools to respond to shocks, which posed strategic and operational challenges. In addition, most new programs did not have a predefined funding source.

As economies recover, LAC countries face the complex challenge of rationalizing multiple programs and transforming their social protection to create a comprehensive, flexible, and sustainable system that ensures income support in the face of both structural poverty and systemic or idiosyncratic shocks. This challenge is one core motivation for this SFD. Income-support systems may include a combination of the following instruments: (i) targeted conditional cash transfers for structurally poor households that experience gaps in human capital accumulation; (ii) targeted unconditional cash transfers for households experiencing idiosyncratic shocks; and (iii) temporary guaranteed minimum income mechanisms to respond to systemic shocks. Universal Basic Income (UBI) support programs appear to be fiscally unsustainable in the region, with budgets, on average, in excess of 11% of the Gross Domestic Product (GDP). The chosen combination of income support instruments will be country specific, depending on the nature of poverty and the vulnerability to shocks.

Reforming the safety net requires improvements in information systems (social registries, interoperability, electronic payments), strengthening of human resources both in the ministries and in the field, and improved coordination with health, education, and labor institutions, aimed at fostering human capital accumulation and the development of autonomous income-generating capacity. Reforms must be implemented in a difficult macroeconomic context, characterized by high fiscal deficits and slow recovery. Fiscal sustainability may be increased through a variety of reforms that increase tax revenues or rationalize government spending, including the reduction of energy subsidies and tax expenditures that have been shown to be regressive and inefficient.

In addition to reforming and expanding income support, LAC countries face the need to promote autonomy and inclusion of care dependent older persons and persons with disabilities. The pandemic has highlighted the fragility of care and personal assistance services worldwide. In all countries, large numbers of deaths were recorded among residents in long-term care (LTC) facilities. Similarly, persons with disabilities experienced higher risk of mortality, morbidity, and poverty in the face of COVID-19.

LAC is still a young region, but it is aging at an unprecedented rate. In less than 30 years, one in four people living in the region will be over 60. Aging is directly linked to care dependence, when people cannot perform the basic activities of daily living (such as bathing or eating) without help from others. In LAC, care dependence affects over 8 million people, with a prevalence of 12% among persons over the age of 60 and 27% over the age of 80. Care dependence has a double gender dimension, because women live longer and represent most of the persons who need care, and because they bear most of the burden of providing care –with a significant loss of labor market participation.

Some countries in the region are creating or expanding their LTC system. This SFD proposes to support efforts to: (i) build or consolidate a legislative and financial framework for LTC; (ii) define eligibility criteria, which in turn requires a national definition and measure of dependence levels; (iii) provide LTC services, with an emphasis on home care; (iv) coordinate with the health sector to promote older persons' quality of life and ensure that provision of LTC services reduces healthcare costs; (v) define quality standards for service providers and implement oversight mechanisms; and (vi) improve human resources, with an emphasis on soft skills that are key for the quality of the interaction between older person and caregiver (a subject that is related to the objectives of the Skills Development SFD). The development of the care economy has the potential to generate millions of private sector formal jobs in the region.

In LAC, people with disabilities account for about 13% of the population. Prevalence of disability correlates with gender and age (higher for older persons and for women). People with disabilities have higher economic vulnerability, both because they have less income and at the same time face higher expenses for health care, assistive devices, and adaptation of home. Their need for support varies greatly: while some people simply require assistive devices such as walking canes, hearing aids or wheelchairs, data from Peru indicates that approximately 40% require personal assistance.

This SFD focuses on a subset of the policies needed to promote autonomy and inclusion of persons with disabilities (complementing areas of inclusion covered in other SFDs), and proposes supporting LAC countries in their efforts to: (i) create or consolidate national certification systems that facilitate access to existing programs; (ii) increase accessibility of social protection institutions and programs; (iii) implement cash transfer programs to alleviate disability-associated poverty; and (iv) provide personal assistance and assistive technology for persons with disabilities.

I. THE SOCIAL PROTECTION AND POVERTY SECTOR FRAMEWORK DOCUMENT IN THE CONTEXT OF CURRENT REGULATIONS, THE INSTITUTIONAL STRATEGY, AND INTERNATIONAL AGREEMENTS

1.1 **The Social Protection and Poverty Sector Framework Document guides the Inter-American Development Bank (IDB) Group's operational, policy dialogue, and knowledge generation activities with countries and governments regarding social protection**, which include non-contributory income support programs for the population in a situation of poverty or income vulnerability and services for the population in need of assistance to perform basic activities of daily living. This Sector Framework Document (SFD) has been prepared in accordance with the document "Strategies, Policies, Sector Frameworks, and Guidelines at the IDB" (GN-2670-5) and replaces previous versions of the homonymous document (GN-2784-7).

1.2 **This SFD promotes social inclusion** through: (i) income support, to families in structural poverty through efficient mechanisms that enhance human capital accumulation, and to households suffering loss of income caused by transitory shocks, such as the Covid-19 pandemic or climate-related natural disasters; and (ii) services to support the autonomy of persons that require the help of others for daily activities, who are mostly a subset of older persons and Persons with Disabilities (PwD).[1] It adopts a crosscutting approach to close inequities in access and inclusion due to gender, ethnicity, or race.

1.3 **This SFD includes two new aspects that were not discussed in its previous version. First, following the socioeconomic crisis caused by the COVID-19 pandemic, it expands the discussion on income-support programs to include protection against transitory shocks for vulnerable populations.** This perspective is consistent with the notions of resiliency and adaptation to climate change, which is a major cause of systemic shocks (Browne, 2014; Hallegatte et al., 2017; Hallegatte et al., 2016). Also, in response to the unprecedented regional migration flows of the past five years, this SFD discusses the use of cash transfers to alleviate the vulnerability of migrants.

1.4 **Second, this SFD includes the area of social protection policies and social inclusion services that promote personal autonomy of Persons with Disabilities (PwD)**, focusing on disability certification, cash transfers, and personal assistance and assistive devices for those with high support needs. This is only one part of the broader agenda of inclusion and autonomy for this population group, which is complemented by other SFDs, for example regarding equitable access to education, economic autonomy and participation in labor markets, accessibility, and universal design to remove physical barriers in housing and urban development. This area complements the discussion on policies and programs for the care of dependent individuals, focused on older persons, included in the previous version of this SFD. Previous versions of this SFD included services for social inclusion of other groups, such as children and youth, which are now discussed in other SFDs (such as Early Childhood Development SFD, Health SFD, and Skills Development SFD).

[1] Social inclusion is the situation enabling people to achieve a minimum level of welfare, develop their potential, and participate in social, political, and economic life on equal terms.

1.5 **Various SFD cover areas of contributory and non-contributory social protection, complementing each other.** As illustrated in Figure 1, social insurance is analyzed in the Labor SFD (GN-2741-12) (which discusses unemployment insurance and pensions) and in the Health SFD (GN-2735-12) (which discusses protection against health risks, and the importance of healthy aging to prevent care dependence). Active labor market policies are analyzed in the Labor SFD (which discusses job training and placement programs) and the Skills Development SFD (GN-3012-3) (which focuses on cognitive and socioemotional skills development, identifies gaps in educational opportunities and attainment for PwD, categorizes cash transfers as an important tool to lower adolescent school dropout, and emphasizes the relevance of skills as a determinant of successful labor market participation and for a sustainable exit from poverty). Finally, part of the agenda of social inclusion during childhood is analyzed in the Early Childhood Development SFD (GN-2966-2), which focuses on child development (cognitive, language, motor, and socioemotional development of children aged 0–5 years), recognizes the role of cash transfer programs as instruments that promote maternal and child nutrition and attendance to health services, discusses alternative social inclusion services for young children, and presents evidence that investments in early childhood development can contribute to increased earnings and other positive outcomes during adulthood. The Bank recognizes that these SFDs are interrelated and will work to ensure that they are consistent with one another and with policies that boost productivity.

1.6 This SFD also complements the Gender and Diversity SFD (GN-2800-8), in terms of the gender and cultural dimensions of social protection services, as well as gender equality as related to support services for older persons or PwD (largely provided by women within the family); the Agriculture SFD (GN-2709-10), which addresses food security; the Housing and Urban Development SFD (GN-2732-11), as related to pursuing inclusive design that makes cities accessible to all citizens, including older persons and the inequality-reduction role of tax collection and government transfers PwD;[2] and the Fiscal Policy and Management SFD, (GN-2831-8) as related to the inequality-reduction role of tax collection and government transfers. This SFD is also aligned to the IDB Invest's "Poverty and Vulnerability Roadmap", as related to financial inclusion of cash transfer program beneficiaries and, in the medium-term, to increasing access to long-term care services.

1.7 **This SFD is aligned to the Bank´s strategies.** It addresses the social inclusion and equality development challenge of the Update to the Institutional Strategy (AB-3190-2) and aims to further strengthen IDB Group's work in social protection, while also: (i) promoting technology adoption and innovation; and (ii) mainstreaming the crosscutting issues of gender equality and diversity, climate change and environmental sustainability, and institutional capacity and the rule of law. This SFD is also in keeping with the Bank's five sector strategies, in particular the Strategy on Social Policy for Equity and Productivity (GN-2588-4). Overall, overcoming poverty calls for policies that tackle social exclusion and inequality,

[2] The built environment affects the level of personal assistance needed by persons with care dependence or disabilities. Adequate standards for the design, construction, and maintenance of facilities, including public spaces and transportation systems, are an important complement to the social protection services discussed in this SFD.

increase productivity and innovation, foster economic integration, promote institutional capacity and the rule of law, support gender equality and diversity, and address climate change and environmental sustainability (IDB, 2020b).[3]

1.8 **This SFD is in line with many of the United Nations' Sustainable Development Goals (SDGs) for 2030** (primarily goals 1, 2, 3, 4, 5, 10, and 13). Income support mechanisms contribute to: SDG 1 *("End poverty in all its forms everywhere"*; in particular, indicator 1.1, which refers to extreme poverty, and indicator 1.3, which refers to nationally appropriate social protection systems); SDG 2 *("End hunger, achieve food security and improved nutrition and promote sustainable agriculture"*); SDG 10 (*"Reduce inequality within and among countries"*). The human capital development conditionalities of cash transfer programs that target families living in extreme poverty contribute to SDG 4 (*"Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"*). The use of cash transfers to increase adaptive capacity to climate-related hazards contributes to SDG 13 (*"Take urgent action to combat climate change and its impacts"*). Finally, the promotion of LTC and personal assistance services contribute to SDG 3 (*"Ensure healthy lives and promote well-being for all at all ages"*) and SDG 5 (*"Achieve gender equality and empower all women and girls"*, as women represent the majority of persons with care dependence or disability, and women bear most of the burden of care and personal assistance).

1.9 **The rest of the document is organized as follows**: Section II describes the challenges faced by the region in poverty alleviation and the social inclusion of PwD and care dependent older persons. Section III reviews the evidence on the effectiveness of policies and programs that address these challenges. Section IV discusses the lessons learned from the IDB Group's experiences. Section V proposes a set of strategic lines of action to guide the IDB Group's operational, analytical, and dialogue activities in social protection for the poor and vulnerable.

II. KEY SOCIAL PROTECTION AND POVERTY CHALLENGES FOR THE REGION

A. Context: poverty, vulnerability, and inequality

2.1 **Between 2000 and 2015, the region experienced significant improvements in its poverty indicators, but progress stagnated over the period 2016–2019, and reversed in Venezuela.** The poverty rate dropped from 45.1% in 2000 to 26% in 2015 (Figure 2).[4] Over the same period, the rate of extreme poverty fell from 27.8% to 12.8%. Since 2015, however, progress has been sluggish, and the

[3] To accelerate recovery from the COVID-19 pandemic, the IDB Vision 2025 (AB-3266) has identified the importance of focusing on: (i) regional integration, by supporting the reconfiguration of global value chains and integration initiatives; (ii) the digital economy, by facilitating access and creating the capacity to embrace digital technologies and foster innovation; (iii) support for small and mid-size enterprises (SMEs), by generating conditions to maximize the private sector's contribution to the recovery; (iv) climate change, by helping countries foster resilience, mitigation, and adaptation; and (v) gender equality and diversity, by empowering women and vulnerable populations that bear the brunt of the burden of the health and economic crisis (IDB, 2021).

[4] We define poverty as having daily per-capita income under US$5 (and extreme poverty as having daily per-capita income under US$3.1), after purchasing power adjustment. The use of international poverty lines allows comparisons across countries. The adoption of a monetary definition of poverty is consistent with the fact that cash transfers are a main area of focus of this document. We acknowledge that several countries are complementing the measurement of monetary poverty with estimates of multidimensional poverty that also consider unmet basic needs.

socioeconomic crisis in Venezuela led to an increase in the region's rates of poverty and extreme poverty. These reached 28% and 16%, respectively, in 2019. The region experienced a regression in living standards among households previously classified as vulnerable (this group grew from 33.4% of the population in 2000 to 40% in 2015, and then back to 36% in 2019). In contrast, the middle class has steadily expanded from 19.9% of the population in 2000 to 33.4% in 2019. Due to all these trends, income inequality fell over the 2000–2015 period (the Gini coefficient dropped from 0.543 to 0.476), after which it stabilized (the Gini was 0.483 in 2019) (IDB estimates, Figure 3).[5]

2.2 **Trends have been heterogeneous across subregions. The largest reduction in total and extreme poverty was observed in the Andean region**, Venezuela excluded.[6] Poverty fell by 52.6% (from 56.6% in 2000 to 26.8% in 2019), and extreme poverty by 63% (from 36.7% in 2000 to 13.6% in 2019). Inequality decreased most in Andean countries (Venezuela excluded) and Central America. The Gini coefficient of per-capita income dropped by 13% in the former, from 0.555 in 2000 to 0.483 in 2019, and by 10.5% in the latter, from 0.537 in 2000 to 0.481 in 2019.[7]

2.3 The downward trend in poverty compares favorably with the one observed in South Asia (where the poverty rate fell from 91.5% in 2000 to 76.8% in 2019), East Asia and the Pacific (from 79.8% to 41.3%), and in the Middle East and North Africa (from 53.3% to 44.4%) (World Bank, 2020).

2.4 **Poverty in LAC is more prevalent in rural areas, among indigenous people and Afro descendants, among women and in households with children**. In 2019, the poverty rate was: 47.9% in rural areas (2.6 times the percentage for urban areas: 18.1%);[8] 25.3% among women (versus 24.7% for men);[9] 30.5% in households with children (versus 11.9% in households without children); 39.7% among indigenous people, and 34.4% among Afro-descendants (versus 24.6% for the rest of the population).

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[5] Pre-taxes and government cash transfers inequality in Latin American countries is similar to the level observed in the OECD. However, taxes and government cash transfers only reduce inequality by 6% in Latin American countries against 45% in OECD countries (Izquierdo, Pessino and Vuletin, 2018, Figure 4.4). The role of tax systems in reducing inequality is analyzed in the Fiscal Policy and Management SFD.

[6] In Venezuela, the poverty rate decreased from 41.3% in 2000 to 16.1% in 2014, then increased to 95.1% in 2019. For the extreme poverty rate, the figures were 21.7% in 2000, 6% in 2014 and 88.1% in 2019; the Gini coefficient was 0.446 in 2000, 0.398 in 2014, and 0.591 in 2019.

[7] For country data, see Table 1-31. Haiti is not included in these tables, as recent microdata on income poverty is not available. According to the 2012 Post-earthquake Survey on the Living Conditions of Households (ECVMAS, 2012), 59% of the Haitian population lived under the national poverty line (US$2.41/day), while 24% lived in extreme poverty. Estimates made by the Bank using satellite images and mobile data show that the national poverty rate has remained stable in 2014 and 2019 (IDB, 2020).

[8] In Table 32, we show that the incidence of poverty in LAC is 47.9% in rural areas and 18.1% in urban areas. Despite the higher incidence in rural areas, given the high level of urbanization of the region, most poor live in the cities (77.5 million, versus 51.6 million in rural areas). Urban poverty is highly concentrated geographically, particularly in informal settlements that receive migration from rural areas and smaller cities. See (ECLAC, 2019).

[9] As we measure poverty at the household level, i.e., all members of a household are classified as poor when per-capita income is below the poverty line, these figures indicate that women are overrepresented in poor households. In addition, some authors question the homogeneity of wellbeing within a household and show that poor and undernourished women and children are often found also in non-poor households (Brown, Ravallion and van de Walle et al., 2017).

2.5 **In 2019, the region observed major social protests largely motivated by inequality, poor quality of public services, and a feeling of vulnerability and lack of opportunities.** Protests were linked to the region's income distribution remaining one of the most unequal in the world, and to the high inequality in access to and quality of social services, including education and healthcare (Sehnbruch, 2019; Ferreira & Schoch, 2020).

2.6 **In 2020, the economies of the region were impacted by the crisis of the COVID-19 pandemic, which also caused poverty among parts of the population traditionally belonging to the middle class.** The GDP decreased by 7.3% on average (Cavallo & Powell, 2021). Countries relying on tourism were hit particularly hard, with international travel coming to a halt. For example, in tourism-dependent Caribbean countries, GDP contracted by 9.8% in 2020 (Werner et al., 2021). The price of commodities dropped, and international trade decreased dramatically, with exports dropping by more than 10%. An estimated 10% of jobs were lost between February and October 2020 (Cavallo & Powell, 2021).[10] The poverty rate and the extreme poverty rate grew to 31.9% and 19.1% respectively. In a single year, the number of persons living in poverty grew by 25 million (to 206 million), and the number of persons in extreme poverty rose by 20 million (to 124 million). The percentage of the population in the middle class dropped to 32.1%, and the Gini income-inequality coefficient grew by almost 2 percentage points, reaching 0.501 (a value not observed since 2009) (IDB estimates).[11]

2.7 **Recovery may be slow.** After recovering in 2021, the region's economies are expected to stagnate or even contract in 2022 (in the case of a W-shaped recovery), before growing again in 2023 (Cavallo & Powell, 2021). Aggregate output is expected to reach its pre-crisis level only by the end of 2023 (United Nations, 2021). Variations in the speed of recovery will affect the need for social protection interventions in different parts of the region.

2.8 **The outlook of poverty and social exclusion in the region will be affected during recovery and beyond by four trends: demography, migration, climate change, and technology**—and social protection systems must be able to adapt. First, LAC is aging more rapidly than any other region in the world; by 2050, 27.5% of its population will be over 60, which will give rise to vulnerabilities related to care dependence and disabilities. Second, since 1990 the number of migrants in LAC has grown by 185%. In the last six years, the social and economic crisis in Venezuela has driven more than 5.4 million people to leave the country; they have settled mainly in Colombia (1.8 million), Peru (1 million), Chile, Ecuador, and Brazil. Immigrants suffer high incidence of poverty, low access to schooling and health care, and high infant and maternal mortality (del Popolo & Oyarce, 2005). A significant number of migrants are in an irregular situation, which hampers their access to public services in the destination country.[12] Third, the region is

[10] Job losses (and the speed of recovery) are heterogeneous across sectors, depending on the feasibility of remote work.

[11] In 2020, Honduras and, to a lesser extent, Guatemala were affected by hurricanes Eta and Iota, which caused a loss of GDP of 0,8% and 0.1%, respectively. This was on top of the pandemic, which cost 7,4% and 1,5% of GDP, respectively. The existing analysis of poverty for 2020 for these countries rely largely on simulations and do not distinguish between the pandemic and the hurricanes. See evaluations of the impacts of the storms in Guatemala (ECLAC, 2021) and Honduras (ECLAC and IDB, 2021).

[12] Migration can also bring a demographic bonus, as migrants are generally younger than the host country population and may contribute to financing social security and other public services. However, for any

vulnerable to the effects of climate change; anticipated increases in frequency and intensity of natural disasters, together with the slow-onset impacts of climate change, are already disrupting economic activities and causing temporary poverty.[13] Finally, technology is reshaping labor relations, for example by creating a platform-based economy in which the workers fall outside of the scope of traditional contributory social protection.[14] These four challenges affect LAC subregions heterogeneously (for example, aging is most pronounced in the Southern Cone and climate change vulnerability is highest in Central America and the Caribbean), which indicates that social protection systems need to be tailored to each country's specific needs.

B. Challenge 1: Expand and reconfigure the safety net

2.9 **The COVID-19 pandemic highlighted the importance of LAC's social protection systems, and also their deep limitations in providing a protection floor for poor and vulnerable households.** These systems face two ongoing challenges. First, the coverage of contributory social protection is low. Most workers are occupied in the informal sector, and even those in the formal sector have extremely limited access to income protection instruments such as unemployment insurance programs. This first challenge is addressed in the Labor SFD. Second, the backbone of LAC non-contributory social safety nets (i.e., the Conditional Cash Transfer Programs—CCTPs) focuses on structural poverty, exhibits significant under-coverage of its target population, and lacks expansion strategies that allow coverage of transient poverty in the face of shocks. This SFD focuses on this second challenge, i.e., the weakness of LAC's non-contributory safety nets.

2.10 **In the 1990s, CCTPs were created in Latin America and the Caribbean to alleviate structural poverty,** with the dual objective of alleviating current poverty by supporting consumption and incentivizing accumulation of human capital among children and young people through conditionalities. These were later called *co-responsibilities*, as both beneficiaries and the state had a responsibility –the state to provide high quality services, and the beneficiaries to use them. The design of CCTPs generally chooses women to be the transfer recipients. CCTPs spread rapidly throughout LAC and beyond. In 2012, transfers accounted for an average of 20% to 25% of the income in beneficiary households (Stampini & Tornarolli, 2012). In most cases, mature programs invested 0.3%–0.4% of GDP (Paes-Souza et al., 2013). In 2019, CCTPs reached 120 million people in 18 countries, equivalent to 18.5% of the region's population (Table 33).

economic dividend to take place, receiving countries need to invest in human capital and foster employment formality. For Colombia, an analysis conducted before the pandemic suggested that the overall impacts of migration from Venezuela in terms of the economic dividend were small, although with potentially larger impacts in some regions. See:https://s3.amazonaws.com/semanaruralvzla/documentos/1580487478_informe_de_bono_demograficopdf.

[13] See also (Hoffmann, 2021).

[14] See, for example, the International Labor Organization´s 2021 Flagship Report World Employment and Social Outlook (ILO 2021). The IDB is also following the impacts of technology on the labor market through its series on the future of work. In particular see Ripani et al. (2020) and Alaimo et al. (2019).

2.11 **Even before the COVID-19 crisis, CCTPs faced challenges in reaching high levels of coverage.** In 2019 in the LAC region, only 59.9% of the extremely poor and 35.1% of the moderately poor benefited from CCTP (Table 32 and Figure 4).[15] Due to the focus on structural poverty, beneficiaries were meant to remain in the programs for a long duration, leading to sporadic reassessment of eligibility conditions. When the COVID-19 crisis hit, few registries provided an updated picture of the vulnerability of the population faced with this transitory shock. In many cases, registries were associated with specific programs and only included beneficiaries or potential candidates who were poor or close to poor but did not include broader population sectors.

2.12 **In 2020, LAC governments faced the urgent need to expand existing social protection systems to alleviate the COVID-19 related socioeconomic crisis.** As countries declared the health emergency and implemented lockdowns or tight restrictions on mobility and gatherings, social protection (cash transfers in particular) was expanded to compensate households for their lost income and enable people to adhere to stay-at-home orders intended to curb the rampant spread of the virus. Even as restrictions were partially lifted, it was evident that the pandemic's economic impacts in terms of jobs and earnings would be enormous and persistent.

2.13 **LAC countries implemented 199 social protection interventions, mostly cash transfers** (111), followed by wage subsidies (26), vouchers (23), credits on utility bills (15), insurance (15), and tax exemptions (9) (Cejudo et al., 2021). Forty-five interventions built on existing programs, increasing the value of benefits (vertical expansion, in 26 cases) or number of beneficiaries (horizontal expansion, in 19 cases). In contrast, 154 interventions implemented entirely new programs. While the extent and magnitude of the pandemic crisis is unprecedented, most countries lacked strategies and tools to provide temporary income support to vulnerable populations in the face of any type of shock, even of lesser magnitude.

2.14 **COVID-19 social protection interventions averaged 1.4% of GDP**, with wide variation across countries (Cejudo et al., 2021). Overall, this represented almost a 200% increase relative to the pre-crisis expenditure in conditional cash transfers and non-contributory pensions, the region's main cash transfer programs. Chile and Bolivia invested significantly more than any other country (7.7% and 7.4% of GDP respectively), followed by Colombia (3.3%), Brazil (3.0%) and Argentina (2.4%) (Cejudo et al., 2021). The average amount spent on new interventions per capita was US$175 (Cejudo et al., 2021) -compared with an average of

[15] Coverage was higher in rural areas (65.6% of extreme poor and 45.8% of moderate poor) than in urban areas (54.4% of extreme poor and 30.4% of moderate poor) (Table 32). For country data, see Figure 4 in Annex I and Table 6-31 in Annex II. Under-coverage is an historical problem, explained largely by four factors (Robles et al., 2019). First, in some countries, CCTPs have a relatively small scale. For example, in Honduras or El Salvador the number of beneficiaries is smaller than the number of persons living in extreme poverty. Second, targeting mechanisms, such as proxy means tests, are not perfect. Third, poor households are often hard to reach. In general, the poorer a household, the higher the cost (both financially and in terms of effort and human resources) required to reach it and include it in a social protection program and related social services. Fourth, urban areas present special features that can reduce the quality of targeting, the degree of take-up, and the rate of compliance with program rules (which, in the medium term, can determine exit from the program). In these areas, poverty is more transient (Stampini et al., 2016) and less predictable based on the information on asset ownership. The opportunity cost of compliance with program co-responsibilities is higher than in rural areas for working-age members, given a broader range of available labor opportunities. Additionally, in some cases eligibility is restricted to households with children.

US$345 worldwide, US$847 in high-income countries, and US$4 in low-income countries (Gentilini et al., 2021 and Cejudo et al., 2021).

2.15 **COVID-19 social protection interventions reached a number of beneficiaries equivalent to 37.7% of the population of the region** (Cejudo et al., 2021), exceeding the world average, which amounted to 17% (Gentilini et al., 2021). The highest number of beneficiaries relative to the country population was recorded in Bolivia (129%),[16] Chile (77%), Panama (63%), the Dominican Republic (58%), and Colombia (51%) (Cejudo et al., 2021). Most interventions were short lived, arguably due to government budget considerations, with benefits limited to a 3.6-month period (Cejudo et al., 2021), compared with 4 months worldwide (Gentilini et al., 2021).

2.16 **Implementation of the social protection response to the COVID-19 crisis was greatly helped by the availability of information systems**, which enabled identification of beneficiaries (e.g., social registries) and the delivery of the transfers (e.g., bank accounts or prepaid cards for payment of government benefits) (Gelb & Mukherjee, 2020). For example, previous administrative information was used to target 76% of cash transfer and voucher interventions.[17] Similarly, 53% of programs used preexisting benefit delivery platforms (Cejudo et al., 2021). In countries without social registries and electronic payment mechanisms, new information had to be collected in a tight timeframe, with challenges to eligibility verification. Physical distancing was at times hard to enforce, both during application and payment delivery.

2.17 **As countries recover from the crisis, they face the challenge of transforming their social protection into a more comprehensive, flexible, and sustainable system.** They need to complement existing strategies and programs that are focused on structural poverty with others that ensure income support in the face of systemic or idiosyncratic shocks. Coverage and effectiveness of existing CCTPs also need to be improved. Efforts must be made to reach the poorest and most marginalized that are still excluded and to improve coordination with other government sectors to ensure the delivery and quality of health care, education, and nutrition services (so to achieve the desired human capital development objectives). Reforms must be implemented in a difficult macroeconomic context, with overall fiscal deficits that rose by 5.3% of GDP in 2020 (Cavallo & Powell, 2021). To meet the objective, LAC countries, as most countries in the world, face the challenge of strengthening their social protection institutional framework and financial sustainability.

2.18 **The first institutional challenge is that many countries still lack a social or unified registry**, which enables socioeconomic classifications of large parts of the population (identifying structural poverty, transient poverty or vulnerability to shocks) and the frequent entry and exit of beneficiaries. When registries are available, they tend to have low coverage and out-of-date contact information.

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[16] The figure can exceed 100%, as the numerator is the sum of the number of beneficiaries of the different programs based on administrative data, which may be greater than the country's population. This is the case in Bolivia, where two large transfer programs (*Bono Universal* and *Bono Contra el Hambre*) were implemented at different times during the crisis, with overlapping beneficiary populations. An estimation of actual coverage without double counting would require household survey data that are not available yet.

[17] The percentage represents the share of programs (not beneficiaries) for which existing systems were used. New information was collected in 45% of cases. Existing and new information can complement each other, and their use is not mutually exclusive.

Interoperability is insufficient, both within the social protection system and with other sources of administrative data, including civil registries and tax records (Berner & van Hemelryck, 2020) analyzed the features of social information systems in 15 LAC countries and found that only four countries have registries with high coverage and high interoperability. The data collected through the COVID-19 response programs provide a valuable opportunity to expand the coverage of the social registries, identify persons vulnerable to falling into poverty, and improve targeting.

2.19 **The second institutional challenge is that many countries lack electronic payment systems** that are necessary to increase efficiency and transparency of cash-transfer delivery and can promote the financial inclusion of recipients. In many cases, there is space for improving coordination with the financial sector for the use of bank accounts, and for building a legal framework that allows the use of e-wallets and other Fintech solutions.

2.20 **The third institutional challenge is that the ministries in charge of the safety nets generally have limited human resource capacity and/or high staff turnover.** At the central level, qualified human resources are missing to manage the development of information systems, and to conduct in-depth monitoring and evaluation, with most institutions lacking appropriate evaluation mechanisms. In the field, social workers generally serve an excessively high number of beneficiary households. In addition, they often have only temporary contracts and no attractive career development path.

2.21 **The fourth institutional challenge is that the coordination with health, education and labor institutions is often insufficient and hampers social inclusion, human capital accumulation and development of autonomous income-generating capacity.**[18] Within CCTP, governments assume the co-responsibility to provide good quality health and education services to the beneficiaries, but important gaps remain. For example, while the coverage gap in ante-natal care in Guatemala between the richest and the poorest quintile is 13 percentage points (94.2% vs 81.3%), the gap in terms of quality is four times larger, 52 percentage points (90.8% vs 38.4).[19] In addition, according to the Program for International Student Assessment test data in LAC, the average gap between the bottom and top quintile for percentage of students age 15 with poor performance is of 45 percentage points in reading (71.6% vs 26.8%), 43 in math (83.6% vs 40.0%) and 44 in science (74.0% vs 29.6%).[20]

2.22 **Finally, LAC countries face the challenge of making their income support programs more sustainable.** This may be achieved, first, through a variety of reforms that increase tax revenues or rationalize government spending (as analyzed in the Fiscal Policy and Management SFD, document GN-2831-8). These include the reduction of generalized subsidies and tax exemptions, which

[18] It is also important to coordinate with other stakeholders. Gerard et al., 2020 argue, for example, that an effective social protection response to transitory shocks should involve local actors—particularly civil society organizations—in order to reach segments of the vulnerable population that might be excluded from formal registries. At a different strategic level, collaboration with academic institutions can also help in defining and designing social protection policies.

[19] Other countries (such as Honduras, Panama, and Colombia) show similar figures.

[20] See https://cima.iadb.org.

are inefficient and regressive (Cavallo & Serebrisky, 2016)[21] and, in the case of energy subsidies, have negative environmental externalities (Coady et al., 2019).[22] Second, resources can be recovered by reducing leakage from existing CCTPs. Although before the pandemic only 6.9% of beneficiaries were among the middle and high-income class, the income-vulnerable populations represented about 32.9% of beneficiaries (Table 32 and Figure 5).[23] While, in principle, the vulnerable populations could be covered with programs targeted at transitory poverty when faced with temporary shocks, in practice it has proven difficult to identify these groups to improve targeting of CCTPs.[24] Third, for new temporary support programs against systemic shocks, fiscal sustainability may require setting up reserve funds, insurance and catastrophic bonds, contingent financing and regional risk-sharing facilities (Hallegatte et al., 2017). Finally, the interaction between benefits and labor markets should be carefully assessed, both to promote a smooth exit when employment opportunities are available and to ensure that any incentive to work informally is minimized.

2.23 **The characteristics of the reformed social protection systems need to adapt to the different characteristics of the countries of the region, based on the level and type of poverty and vulnerability, and to reflect different public policy objectives.** From the literature on the implementation of cash transfer programs, four elements are worth considering (Ibarraran et al., 2017; Artuc et al., 2020). First, countries may choose a different combination of targeted and quasi-universal programs, with the latter focusing on response to large-scale shocks. Second, countries may select a different mix of conditional or unconditional programs, depending on their population's type of vulnerability and the duration of the intervention. When benefits are conditional, the co-responsibility must be adapted to reflect policy priorities and bottlenecks for human capital accumulation. Third, the program mix and type of conditionality must be adapted to the different realities in rural and urban areas, reflecting differences in type of poverty, access to services, and labor market opportunities. Finally, some countries face the politically sensitive challenge to provide some income alleviation to migrant populations that have traditionally been excluded from social protection systems. This may require, for example, relaxing the requirements of minimum periods of work or residence, providing support to obtain the necessary documentation, or implementing regularization campaigns that grant access to social benefits.

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[21] In a study for 11 countries in LAC, Feng et al. (2018) show that the cost of transferring US$1 to the bottom quintile of the income distribution is US$12 for energy subsidies, which compares to US$1.9 for cash transfers. See also Cavallo & Serebrisky, 2016.

[22] Cash transfers could also be used to compensate the costs of dismantling energy subsidies for the poorest segments of the population (Vogt-Schlib et al., 2019).

[23] LAC data is presented in Table 32 in Annex II; for country data, see Figure 5 in Annex I and Table 6-31 in Annex II.

[24] It is also important to note that, in general, CCTP eligibility excludes non-poor households; however, in several programs households that overcome poverty while in the program are allowed to stay in the roster of beneficiaries temporarily (Ibarraran et al., 2017).

C. Challenge 2: Promote services for the autonomy and inclusion of persons with care dependence or disabilities

2.24 **Promotion of autonomy and social inclusion of persons with disabilities and older persons with care dependence is an ongoing challenge that is drawing increasing attention in the region.**[25] The inclusion and autonomy of persons with disabilities is a priority in the development and human rights agenda, and aging is generating increasing needs of support for care dependent older persons. Additionally, both groups were amongst the hardest hit by the COVID-19 pandemic.

1. Services for the inclusion of older persons in a situation of care dependence

2.25 **LAC is still a young region, but it is aging at an unprecedented rate.** At 11%, the percentage of its population over age 60 is still significantly lower than that of Europe, North America, and East Asia (24%, 21%, and 17%, respectively), but the LAC region is aging at a quicker rate (Aranco et al., 2018). It is projected that, in less than 30 years, one in four people living in LAC will be over 60. When a similar shift took place in Europe and North America, it took around 65 and 75 years, respectively.

2.26 **Aging will take place heterogeneously in the region, as the demographic structure and trends differ greatly across countries.** Aging will have its largest impact in the Bahamas, Barbados, Brazil, Chile, Colombia, Costa Rica, Jamaica, Trinidad and Tobago, and Uruguay, where people over 60 will make up around 30% of the population by 2050, comparable to the current level of aging in Germany, Finland, and Japan. At the same time, in countries such as Belize, Bolivia, Guatemala, Guyana, and Haiti, the proportion of older persons will be much lower (around 15%), similar to the current situation in China. Demographic estimates for 2050 also predict that older persons will live longer. Hence, people over 80 years old, who currently account for 14.5% of older persons in LAC, will make up an estimated 22% of the same group by 2050.

2.27 **Aging and the associated epidemiological transition toward chronic non-communicable diseases are directly linked to care dependence.** Care dependence is the situation when people cannot perform the basic activities of daily living (bathing or showering, eating, using the toilet, dressing, getting around a room, getting in and out of bed, etc.) without help from others. In LAC, over 8 million older persons are care dependent, with a prevalence of 12% among persons over 60 and 27% over 80 (Aranco et al., 2018). Conservative estimates are that by 2050 this figure will exceed 27 million.

2.28 **Age, in particular over 80, is highly correlated with care dependence for both men and women; however, for all age brackets, women show higher care dependence** (Cafagna et al. 2019). This gender disparity is consistent with women living longer than men due to biological (Austad, 2006), social, and behavioral factors (Assari, 2017); women also spend more years in poor health as they are more prone to highly debilitating but nonfatal health conditions (Luy & Minagawa, 2014).

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[25] This SFD specifically focuses on these two groups, while challenges for vulnerable groups (such as children and youth) are addressed in other SFDs (see paragraph 1.8).

2.29 **Due to social and gender norms, women also bear most of the burden of care for older persons within the family.** Data from time-use surveys in Chile, Colombia, Costa Rica, and Mexico show that between 63% and 84% of long-term family (unpaid) caregivers are women and that their work accounts for 72% to 88% of total hours of care provided by families. Multivariate analysis of longitudinal Mexican Health and Aging Study data shows that parents' need for LTC is associated with both a significant drop in the likelihood of employment (by 2.42 percentage points) and a reduced number of hours worked among women ages 50–64 who remain employed (by 7.03%) (Stampini et al., 2020).

2.30 **Longer lives have the potential of being better lives if the additional years are lived with good health.** Longer lives are one of our most remarkable collective achievements (WHO, 2020). As the world enters the Decade of Healthy Aging, the challenge is to promote the functional abilities that enable well-being in older age. Healthy lifestyles and other preventive measures may not only extend lives but also reduce and compress disability and care dependence into a shorter period toward the end of life, decreasing overall lifetime disability and associated healthcare burden (Hubert et al., 2002). In this respect, healthy aging has a strong relationship with the strategies discussed in the SFD of health.

2.31 **In the next 30 years, healthy aging and LTC for older people will become increasingly more urgent in LAC countries,** particularly for those in an advanced stage of the demographic transition. Besides the demographic and epidemiological transitions, the region's supply of informal care, typically provided by women within the family, is dropping due to smaller average family size and higher rates of females participating in the labor force.[26] Countries with consolidated LTC systems began constructing those institutions when key indicators –percentage of the population over 65, life expectancy, fertility rate, and female labor force participation– reached levels similar to those observed today in many LAC countries (Matus López & Rodríguez-Modroño, 2014).

2.32 **Construction of a LTC system rests on four key institutional and technical pillars**: (i) build a solid legislative and financial framework, based on general taxation, contributions to social insurance, private insurance and/or copayments; (ii) define the services offered and related eligibility criteria, which in turn requires a national definition and measure of dependence levels; (iii) coordinate with the health sector to promote quality of life for older persons and ensure that provision of LTC services reduces overall healthcare costs; and (iv) define quality standards for service providers and implement oversight mechanisms, including in the area of human resources, as most of the quality in LTC depends on the quality of the interaction between the older person and the caregiver.

2.33 **Several countries in the region have subscribed to international conventions and developed specific institutions, laws, and programs for older people; however, few have operating LTC systems**.[27] In 2015, Uruguay was the first

[26] According to Cafagna et al. (2019), about 3% of older people who receive care in Mexico pay for those services. It is unclear if statistics measure informal care provided by domestic employees, who typically perform various functions such as cooking, cleaning, taking care of children and of older persons. In any case, less than 10% of households in Latin America have a domestic employee, hence this type of work cannot represent a solution to the increasing need of LTC.

[27] According to the World Health Organization (WHO), LTC services are "the activities undertaken by others to ensure that individuals with a significant ongoing loss of intrinsic capacity can maintain a level of

country in the region to launch a national care system (*Sistema Nacional Integrado de Cuidados*) that covers not only the elderly but also young adults with disabilities and children; caregivers are also acknowledged as a target population. In Chile, a LTC policy (*Chile Cuida*) was launched in 2016 and has so far reached 22 municipalities out of 346. One of the system's main objectives is to improve coordination among the LTC services offered by multiple institutions, with different admission rules and targeted populations. More recently, in 2021, Costa Rica also approved a national LTC policy which is in the process of implementation, and Colombia is in the process of building a national care system. The experience of these countries shows that the construction of LTC systems presents important political economy challenges, related to the generation of broad consensus and the coordination of multiple institutions.

2.34 **In 2020, the COVID-19 pandemic highlighted the fragility of LTC services worldwide**, and LAC has been no exception. Older persons living in LTC residences represented 41% of COVID-19 deaths in 22 high-income countries included in the study by Comas-Herrera et al., 2021, despite being only 0.75% of the population. In Belgium and Scotland, COVID-19 caused the death of more than 9% of persons living in LTC residences (Comas-Herrera et al., 2021). The situation in Latin America was similar. For example, older persons living in LTC residences accounted for 22% of the total of COVID-19 deaths in the metropolitan area of Santiago up to May 2020, and 17% in Uruguay up to January 2021.[28] Most LAC countries have public and private for-profit and nonprofit LTC residences, with the private sector being the most relevant provider in several countries (in Brazil, for example, only 6.6% of LTC residences are operated by the public sector while 65% are nonprofit; in Uruguay 80% of residences are private for-profit and in Mexico only 8% of residences are public).[29] Comprehensive and updated registries of private residences are not available, and accreditation and operational criteria are generally based on infrastructure and personnel aspects, with a lack of standards on quality of service. Private providers are in general small entities that operate one or a few residences and have not developed industry standards. Additionally, many LTC residential facilities operate without authorization or quality certification (Matus, 2015; Oliveri, 2020; and Fortes Valdivia, 2020). Despite these limitations, the projected increase in the demand for, and the development of LTC systems as well as greater access to industry standards and practices from other regions, suggest that the private sector will have an increasingly important role in providing residential services.[30] In the region, 0.54% of people over the age of 60 live in a residential care setting, with peaks of 1.9% in Chile and Uruguay, 0.89% in Costa Rica, and 0.52% in Brazil (Sanders, 2019). These percentages are lower than the 2% to 5% observed in Europe or the US (Centers for Medicare and

functional ability consistent with their basic rights, fundamental freedoms, and human dignity" (WHO, 2015).

28 See http://www.latercera.com/nacional/noticia/el-22-de-los-fallecidos-por-covid-19-en-la-region-metropolitana-vivia-en-un-hogar-de-adultos-mayores/MJ5LJU6KUZFVDGXB5I6I5XCIO4/ and https://www.elpais.com.uy/informacion/salud/muertos-covid-vivia-residencial-ancianos.html. In addition, in LAC the risk of contagion for older persons living at home was high, as they often lived with extended families, and were more likely to work and live-in overcrowded dwellings (Módenes et al., 2020).

29 See Camarano et.al (2010) for Brazil, Aranco and Sorio (2018) for Uruguay, and Lopez Ortega and Aranco (2019) for Mexico.

30 For example, according to Accioly, M. (2021) in the Brazilian state of Minas Gerais, the share of for-profit LTC operators increased from 10% to 30% between 2010 and 2021. Also, in other LTC services such as home-care U.S.-based firms are being franchised to countries such as Mexico.

Medicaid Services, 2015). Four areas of adaptation were identified in response to the pandemic: adjustments of residential services, empowerment of human resources, initiatives (and technologies) to support emotional well-being, and actions at the community and cooperative level (Ortega et al., 2021).

2.35 **The pandemic has also increased women's burden of care, and women have suffered the greatest setback in employment.** According to the IDB's COVID-19 Labor Observatory, female employment between February and September 2020 decreased by 17.7% compared to 13.1% for men.[31] Prior to the pandemic, women in the region dedicated more than twice as many hours to unpaid domestic and caregiving responsibilities as their male counterparts (Bustelo et al., 2019). This gap increased during the pandemic (ECLAC 2020b, 2020); Frisancho & Vera Cossio, 2020) Such overload affects both labor participation and career progression. Provision of LTC services is considered an important policy to support the rebound from this gender employment crisis, in alignment with the Bank´s Employment Action Framework with a Gender Perspective (IDB, 2020a; ECLAC 2020b, 2020).

2.36 **Given this outlook, it is important to place LTC systems high on government agendas**, for three reasons. First, LTC is essential to protecting older people's quality of life. Second, LTC has a strong gender perspective. Third, LTC services have the potential to generate millions of formal jobs and bring down healthcare costs by reducing reliance on emergency and hospital services.

2. Services for the inclusion of Persons with Disabilities

2.37 **Following adoption of the United Nations Convention on the Rights of Persons with Disabilities (PwD) in 2006, the agenda of inclusion and autonomy of PwD has been prioritized and recognized globally.** By 2017, all 26 IDB regional member countries had ratified the Convention. While the agenda is multidimensional (see paragraph 1.8), this SFD will focus on four major components particularly relevant in the context of social protection to PwD: creation or consolidation of national certification systems; increased access to social protection institutions and programs; provision of personal assistance and assistive technologies to PwD with high support needs; and cash transfers to PwD to avert poverty associated with having a disability.

2.38 **In the last fifteen years, since the Convention was adopted, the concept of disability has evolved from a strictly medical model to a social model** (Mitra, 2006). In the social model, disability is defined as the interaction between a person's impairment with external barriers, which may hinder full and effective participation in society on an equal basis with others. It is important to note that disability and care dependence are not synonyms. In Costa Rica in 2018, for example, while 87% of persons with care dependence had a disability, only 36% of persons with disabilities were care dependent (Medellin et al., 2018).

[31] https://observatoriolaboral-bid.herokuapp.com.

2.39 **In LAC, people with disabilities account for about 13% of the population, with this prevalence expected to increase due to population aging** (Berlinsky et al., 2021). Prevalence of disability is correlated with gender and age. It is four to six times higher for people in their 60s than for people in their 20s. Prevalence among persons over age 60 is upwards of 40% in many countries. In the under-30 population, disability prevalence is generally higher among men than women. In the overall population, however, more women than men live with a disability.[32] As a result of population aging, overall disability prevalence in the region is expected to reach 19% by 2050, which will mean 150 million PwD (Berlinski et al. 2021).

2.40 **People with disabilities have higher economic vulnerability.** Data from Mexico, Chile, Costa Rica, and Bolivia show that poverty rates for households with members with disabilities are 5–15 percentage points higher than for other households (Duryea et al., 2021). With a large share of PwD living close to the poverty line, the population is particularly vulnerable to economic shocks. Worldwide, a bi-directional link is observed between poverty and disability; poor people are more likely to have a disability and people with disabilities are more likely to be poor (Braithwaite & Mont, 2009; Huete, 2019).

2.41 **Higher expenditures associated with a disability also contribute to creating economic vulnerability.** Meta-analysis has demonstrated that disability status is associated with extra household expenditures for health care, assistive devices, and adaptation of homes. In low and middle-income countries, households with a PwD experience approximately 10–15% higher expenditures, which rise to 30-50% if the disability is severe (Mitra et al., 2017).

2.42 **PwD have different ranges of dependence and may require assistance to perform everyday tasks.** The type and level of support needed varies greatly. While some people simply require assistive devices such as walking canes, hearing aids or wheelchairs, other people may require such tools plus assistance from a person to get dressed, eat, or use the bathroom. Data from Peru[33] indicates that approximately 40% of PwD require some type of personal assistance.[34]

2.43 **As in the case of older persons with care dependence, unpaid family members are the main providers of support for PwD.** Many PwD, particularly those with high support needs, depend on unpaid family members to assist with daily activities (Ilunion, 2019; United Nations, 2017). Data from Mexico and Chile indicate that between 14% and 37% of people with a severe disability receive assistance from another person to perform everyday tasks such as eating, bathing, or dressing. Such assistance is provided overwhelmingly by female family

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[32] The absolute magnitude of the differences under age 30 is small but is higher for males in 6 of 8 countries studied. The average difference at 18-55 remains small. Over age 55 the prevalence is higher for women, with the difference ranging from 2 to 10 percentage points (Berlinski et al., 2021).

[33] *Encuesta Nacional Especializada sobre Discapacidad 2012 (Perú).*

[34] As outlined in the Convention, PwD are not objects of charity but subjects with rights to self-determination, and as such, the terms *personal assistance* and *personal assistant* are used rather than *caregiving* or *caregiver* in describing support for basic daily activities (such as bathing, eating, dressing, etc.). If a project's primary objective is disability inclusion, the terminology of personal assistance is used, consistently with the Convention. When the project is not focused on PwD –for example, if the primary objective targets those providing support to children or older persons, or a broader system to address all those providing support– the terms *caregiving* and *caregivers* are appropriate.

members. In Peru and Chile,[35] more than 95% of PwD receiving assistance reported receiving it from family members or friends, and only around 5% of assistants received any remuneration for the tasks performed. There is also evidence of unmet needs for assistance. In Mexico, for example, one-third of older persons with severe disabilities who are not receiving assistance expressed an unmet need.[36] Reliance on family members for assistance may be affected by demographic changes in the region—including smaller household sizes and greater female participation in the labor force—which will undoubtedly erode families' capacity for in-home support (Cafagna et al., 2019).

2.44 **PwD experienced high risk of mortality, morbidity, and poverty in the face of COVID-19.** They are at increased risk of developing complications since many have underlying health conditions (heart conditions, diabetes, lung disease, particularly among older people). They faced the crisis starting from a higher incidence of poverty. Other risks include interruptions in provision of personal assistance services due to physical distancing measures (Duryea et al., 2020).

2.45 **Disability policies are generally coordinated and monitored by National Advisory Commissions for the Integration of Persons with Disabilities or National Disability Services.** These agencies typically manage small budgets and implement a small fraction of overall services for PwD.

2.46 **Focusing on the scope of this SFD, LAC countries face the challenge to support the autonomy and inclusion of PwD** through: (i) implementation of national certification systems that facilitate access to existing programs; (ii) improvements in accessibility of social-protection institutions and programs; (iii) implementation of cash-transfer programs that alleviate the poverty of PwD; and (iv) provision of personal assistance and assistive technology that enhance the autonomy and well-being of the PwD, while supporting family members (generally women) who provide assistance.

2.47 **Implementing or updating national disability certification programs is critical for strengthening the targeting and articulation of social-protection programs for PwD.** Interoperable certification systems can help prevent PwD from losing access to services when they transition across programs. They can also avoid that the demanding processes of documenting the disability status is repeated multiple times. Further, expanding national assessment and certification services beyond metropolitan areas into rural areas can increase coverage of disability-specific programs, as people with disabilities are identified in these communities. As part of the update of the certification process, countries can take the opportunity to move away from a purely medical approach of certifying disability to a social one that includes environmental factors in the assessment of disability.

2.48 **Relatively few people with disabilities are enrolled in a national disability registry or have a certificate documenting their disability.** For example, the percentage of PwD with a certificate is only 7% in Chile and 38% in Argentina.[37] In

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[35] *Encuesta Nacional Especializada sobre Discapacidad 2012 (Perú)* and II *Estudio Nacional de la Discapacidad 2015 (Chile)*.

[36] *Encuesta Nacional de Percepción de la Discapacidad en Población Mexicana 2010*.

[37] Low coverage rates in national disability registries may reflect related factors: (i) an underdeveloped certification system; and/or (ii) low interest in certification, particularly if few benefits are conditioned on certification. Given that it is a voluntary process, no country has certified the full population of PwD.

the absence of a disability certification and unified classification instrument, fragmentation of programs is prevalent, with each program generating its own mechanisms for determining the disability status. While each program might use a different disability threshold to select beneficiaries with high support needs, it is considered good practice to adopt a single classification instrument for all programs.

2.49 **To promote the inclusion of PwD, LAC countries also face the challenge of ensuring that social protection programs' websites, documents and services are accessible.** PwD may have to depend on others for relatively simple processes if the right tools are not in place. For instance, people with visual impairments cannot read documents or access websites to check eligibility; people with hearing difficulties cannot call to enroll in a program; and people with cognitive disability face very complex guidelines when reporting a grievance. The accessibility of infrastructure can be addressed most cost-effectively through universal design, but adjustments can also be made through reasonable accommodations (Borau Jordán et al., 2019).

2.50 **A landscape analysis identified 18 non-contributory disability-specific cash-transfer programs across 13 countries in LAC** (Duryea et al., 2021). While all 18 programs are poverty-targeted at the household level, there is a wide variation in transfer levels, eligibility criteria and program conditionalities. Some programs provide a subsidy to address basic higher costs faced by people with disabilities (e.g., the *Programa Pensión para el Bienestar la las Personas con Discapacidad* in Mexico). Others are modelled after insurance programs in the contributory system to function as disability pensions (e.g., the *Pensión no contributiva por invalidez en Argentina)*. A third group of income-transfer program is for people with high support needs (for example, *Bono Joaquín Gallegos Lara* in Ecuador).

2.51 **Many disability transfers programs, particularly those targeted to individuals with high support needs, have protocols or eligibility conditions that restrict the personal autonomy of PwD.** These measures include requiring that another household member receive and manage the benefits, that adult beneficiaries have a guardian, or that the PwD not work in order to continue receiving benefits (Duryea et al., 2021). These restrictions disregard the fact that people with disabilities can perform everyday tasks with varying levels of assistance. Countries in the region face the challenge of correcting this problem.

2.52 **Development of personal-assistance services is incipient in LAC and faces institutional and technical challenges similar to those discussed for LTC systems.** These include: (i) building a solid legislative and financial framework; (ii) defining the services offered and related eligibility criteria; and (iii) defining quality standards for service providers and implement oversight mechanisms, including in the area of human resources. As discussed below in Section III.D, there is a knowledge gap on the cost of implementing this type of program in the region. As for human resources, increasing the supply of skilled personal assistance for PwD with high support needs requires developing training programs and quality certifications. Development of the profession requires establishing career paths associated with higher salaries, all while promoting a more gender-balanced workforce. Certified skills are important because family members may lack confidence in assistance provided by third parties. Pilot programs currently underway in Ecuador and Panama aim to develop trained personnel, as well as

work with families to promote autonomy-centered assistance through professional and family support.

III. Evidence of the Effectiveness of Social Protection Policies and Programs

A. Income support and redistributive programs

3.1 **The core objectives of social protection include supporting minimum levels of consumption in the face of both chronic and transitory poverty.** Previous versions of this SFD have focused on chronic poverty and identified CCTPs as the most widely used instrument in LAC. As discussed in Section II, however, the COVID-19 pandemic has revealed that the region faces the challenge of expanding its social protection to include support in the event of a crisis. In this section, we review the principal income-support programs and analyze their potential to address both types of poverty (complementing the discussion of contributory social insurance systems presented in the Labor SFD).

3.2 **Price controls and subsidies are still widely used, mainly for food and energy, and are typically justified as redistributive policies.** In LAC, energy subsidies represent about 1% of GDP (Coady et al., 2019) and tax expenditures (such as exemptions, exclusions, deductions, deferrals, credits, and tax rates that benefit specific activities or groups) amount to about 3% of GDP (Pelaez, 2018), with 80% benefiting non-poor population groups (Izquierdo et al., 2018). In addition to being inefficient from the redistributive point of view, energy subsidies contribute to increased greenhouse gas emissions (Coady et al., 2019) and contradict the recommendations of the United Nations Commission on Sustainable Development. Reducing energy taxes and compensating low-income groups from price increases through cash transfers has been proposed as part of fiscal and environmental reforms. In this fashion, cash transfer programs have the potential to contribute to just transitions, i.e., the idea of a fair and inclusive energy transition that leaves no one behind and compensates the communities that bear the worst impact from decarbonization.[38]

3.3 **Direct transfers have been used in LAC since the late 1990s.** They are paid to individuals, families, or households, and can be classified based on the following elements: (i) eligibility, which can be universal, based on categories (such as age) or needs; (ii) whether or not they are conditional; and (iii) the transfer modality, which could be in-kind, vouchers or cash. Other important parameters include transfer periodicity and amount.

3.4 **In-kind distribution of basic goods (most commonly food) has been widely used as an emergency humanitarian response and also as part of regular social policies** (school feeding programs, for example). It has high logistic and transaction costs and may have distortionary effects on markets (Aker, 2017; (Cunha et al., 2019). A mixed alternative is distribution of vouchers for specific products (milk, for example, or basic food items). A growing body of literature in recent years has shown that cash transfers are more efficient. Recently, cash-benchmarking—comparing any in-kind or service program to the impacts of

[38] See Karuna Pal (2019), Perez Urdiales et al. (2021) and Vogt-Schlib et al. (2019).

cash-equivalent transfers—has been used in development aid organizations (Blattman & Niehaus, 2014; Rose, 2020).[39]

3.5 **The simplest cash transfer program is the Universal Basic Income (UBI), which is defined as a universal, unconditional, individual, periodic cash payment.** The policy and philosophical debate around the use of the UBI as a viable social policy has historical roots, and has increased in recent years (Uhuru, 2019). UBI programs are administratively simple relative to executing programs that apply targeting criteria or monitor behaviors. A UBI program's specific objectives may be to provide social protection, to mitigate the effects of automation and technical change, or to distribute resource dividends (Almenfi et al., 2020). Recent research shows that UBI programs may have important positive impacts on gender (household dynamics, the care economy, and women in the labor market), health (through increasing access to services and improving the social determinants of physical and mental health), and inequality in the face of automation, among other things (The Stanford Basic Income Lab. Online Research, 2020).

3.6 **Currently no national UBI programs are in place**, and in the past, only Iran (as a compensatory mechanism to a large subsidy reform) and Mongolia (to redistribute resources from a mining boom) have had national programs for a short period of time (Tabatabai, 2012; Guillaume et al., 2011). Several UBI-inspired pilot programs have been implemented to explore feasibility and impacts. It is important to note that practically all UBI-inspired programs do not meet one or more of the defining criteria –payments that are universal, unconditional, individual, recurring and in cash– but share the core principle of being unconditional and having few eligibility requirements.

3.7 **While there have been some discussions regarding UBI schemes in LAC, the cost of a national program is prohibitive for most countries**. Gentilini et al. (2020) estimate that closing the poverty gap (using the international poverty line) would cost between 3.5% and 5.1% of GDP, in lower-middle and upper-middle income countries respectively, but this is a theoretical exercise (as perfect identification of the poor is not possible) and would not constitute a UBI, as it would benefit only the poor and transfers would vary among recipients. In contrast, Ortiz et al. (2018) compute that the cost of transferring one national poverty line for all adults and children in LAC corresponded to 31% of GDP in 2018. The Labor SFD shows that transferring US$1.9 (US$3.2) per day to all citizens would cost on average 11% (19%) of GDP in LAC countries.[40] In the context of the response to the pandemic, ECLAC (2020a, 2020) estimated that a 6-month UBI program with transfers equivalent to the poverty line in Latin America would cost 9.8% of GDP. To reduce this unaffordable budget, ECLAC (2020a, 2020) suggested shorter duration (three months), smaller transfers, or targeting (e.g., of informal workers or persons living in poverty), implicitly departing from the defining criteria of a UBI.

3.8 **The Guaranteed Minimum Income (GMI) is a less expensive alternative to the UBI.** In a GMI program, those that earn less than a given threshold receive, as a benefit, the difference between the threshold and the reported income. The GMI is unconditional, periodic, and targeted based on income. It is most common in

[39] See U.S Agency for International Development (USAID). (https://www.usaid.gov/sites/default/files/documents/CashBenchmarkingSummaryNov2020.pdf).

[40] In Barbados, Chile, Trinidad and Tobago, and Uruguay, however, the cost of transferring US$1.9 per person per day would be more affordable, representing about 4% of GDP. US$1.9 and 3.2 are the extreme and general international poverty lines used as worldwide standard for low-income countries.

Europe (Frazar & Marlier, 2016); for example, in France it is the main social assistance program (*Revenu de solidarté active*), and according to Peña-Casas & Ghailani (2021), most countries in the European Union have a GMI program to support low-income workers and as a tool against work poverty. To benefit from these programs, workers need to be registered and report their income, which is the main eligibility criterion and determines the amount of the benefits. In LAC, the high level of labor informality limits the relevance of this redistributive tool. Nonetheless, some experiences are worth mentioning. For example, Chile has a GMI for formal employees who work between 30 and 45 hours a week and whose gross monthly income is under US$541, designed to guarantee that workers earn a net income of approximately US$430. The maximum implicit wage subsidy is US$58.[41]

3.9 **Income tax credits are a variant of the GMI, that aim to create incentives for participation in the formal labor market by making the benefit contingent on a statement of income.** While several countries have income tax credits (e.g., Australia, Belgium, Canada, Finland, France, and the Netherlands), the best-known and most documented example is the Earned Income Tax Credit (EITC) in the United States, which benefited about 26.5 million families and accounted for approximately 0.35% of GDP in 2016 (Hoynes, 2019). The EITC is a benefit received by households that obtain and declare employment earnings under a specific amount, depending on household size and whether it includes children. The EITC reduces the tax liability to the point that it becomes a cash transfer paid to households. Up to a certain level, receiving higher income raises the value of the support, giving households an incentive to participate in the labor market. While the EITC in the United States pays benefits annually when workers file their taxes, in other countries benefits are paid monthly, providing continuous income support.

3.10 **In the context of the pandemic, several countries implemented wage subsidies and tax credit programs to prevent drastic reductions in labor income for workers in the formal sector.** The member countries of the Organization for Economic Cooperation and Development (OECD) expanded their job retention programs and schemes that guaranteed part of the salary of affected employees. In high-income countries, where most employment is formal, this was the principal instrument of income support (OECD, 2020): by May 2020, these schemes had protected more than 50 million jobs across the OECD, ten times more than during the 2008–2009 financial crisis. For example, the governments of France, United Kingdom and Germany financed up to 60%, 80% and 87% of salaries through the employers, respectively.[42] In the United States, the EITC was expanded to include all workers over 19 years old (eligibility was previously restricted to age 25–64); the maximum benefits for adults without children was increased along with the income eligibility cap. These interventions helped prevent massive layoffs and the risk of falling into poverty (OECD, 2020). In LAC, Colombia, Brazil, and several other countries launched new programs to provide partial wage subsidies to formal-sector workers employed by firms impacted by the

[41] For details on the program, see https://www.chileatiende.gob.cl/fichas/77694-ingreso-minimo-garantizado#:~:text=El%20Ingreso%20M%C3%ADnimo%20Garantizado%20(IMG,m%C3%A1s%20de%2030%20horas%20semanales).

[42] Through the following programs: "Coronavirus Job Retention Scheme - CJRS" in the United Kingdom, "*Activité partielle*" in France (with a cap of 4.5 times the hourly minimum wage), "*Kurzarbeit*" in Germany (OECD 2020).

pandemic. However, the coverage of these measures in the region was limited by the large size of the informal sector (CEPAL/OIT, 2020).

3.11 **In the context of prevalent labor informality, direct cash transfers targeted through proxies rather than declared income are more commonly used** to support poor and vulnerable populations. While Conditional Cash Transfer Programs (CCTPs) were common in LAC before the pandemic, discussions on the costs and benefits of conditionalities have led to consideration of Unconditional Cash Transfer Programs (UCTPs). In addition, the need for broad coverage to protect against systemic shocks resulted in calls for quasi-UBI schemes that exclude only high-income households.

3.12 **UCTPs are common in low-income countries** (Pega et al., 2021; McKinley & Handayani, 2013; Bastagli et al., 2016). They differ from UBI because they are targeted and from GMI because they do not aim to guarantee a minimum level of income (their benefit does not vary by income level). A systematic review of 201 studies of 56 conditional and unconditional cash-transfer programs (Bastagli et al., 2016), with over half of the studies based in LAC) documents the following effects: (i) reduced monetary poverty, in particular, intensity of poverty as measured by the poverty gap; (ii) higher school attendance and some evidence of impact on learning and cognitive development; (iii) greater use of health services, dietary diversity and improved anthropometric measures; (iv) more savings, livestock ownership and/or purchasing, even though this is not a central objective of these programs; (v) women empowerment, with reduction of stress-related abuse and increased bargaining power for women; and (vi) no impact on work participation and intensity in half of the studies, with most of those finding an impact suggesting an increase in work participation. The few with reduced participation reflect reduced labor supply of older persons, those caring for dependents or engaged in casual work; additionally, most studies reported reduced child labor-force participation.

3.13 **During the pandemic, UCTPs provided protection against the economic crisis** (Banerjee et al., 2020). A new UCTP in Colombia (*Ingreso Solidario*) had a positive impact on beneficiary rent and education expenditures, improved mental health, increased financial inclusion and the use of mobile payment mechanisms, all without affecting labor supply (Gallego et al., 2021). In Brazil, where a large-scale and generous UCTP was implemented in response to the pandemic, poverty and inequality were projected to decrease in 2020 (Menezes-Filho et al., 2021; Barbosa & Prates, 2020).[43]

3.14 **Non-contributory pensions (NCPs), which can be classified as either quasi-GMI or UCTP, are a particularly important type of transfer in LAC.** In 2013, they reached 17 million individuals in the region (Duryea & Robles, 2017; Robles et al., 2019), with a budget that in many countries represented about 1% of GDP and is expected to rise due to population aging. NCPs are part of a broad strategy of protection against poverty in old age and should be consistent with policies to boost formalization and mindful of their short- and long-term fiscal costs (as discussed in the Labor SFD, GN-2741-12). In terms of impact on beneficiaries, evaluations document that NCPs reduce poverty, increase consumption, and decrease geriatric depression indicators and work-force participation (Martínez et al.,

[43] However, such large-scale response cannot be sustained for a long period, and it is uncertain what the effects will be when transfers stop.

2019; Bando et al., 2020; Galiani et al., 2016). As expected, receiving a social pension protected households against the pandemic's economic effects. For example, Bottan et al. (2020) found that becoming eligible for Bolivia's quasi-universal social pension *Renta Dignidad* during the pandemic increased by 25% the probability that households had a week's worth of food stocked and decreased the probability of going hungry by 40%. Relative to the pre-pandemic years, the program's effect on hunger was magnified during the crisis, particularly for households that lost their livelihoods. These results suggest that during a systemic crisis, a preexisting near-universal pension program can quickly have a positive impact.

3.15 **CCTPs are the most efficient instrument to support families living in structural poverty in LAC, and a large body of literature documents their positive impact on poverty, consumption, and the use of health and education services** (see Box 1)**.** Their most salient features, which were viewed as innovations in social policy when they were launched in the 1990s in the region, include: (i) they target families living in structural poverty that are generally selected through proxy means tests; (ii) eligible families need to meet certain co-responsibilities to receive the benefits; and (iii) transfers are paid in cash, so families spend their benefits freely. In most CCTPs, women are the recipients of the transfers and are also responsible for ensuring that the household meets the conditions related to the children's health, education, and nutrition. Also, participation in a CCTP is not contingent on current income; in general, it is subject to recertifications that assess structural conditions.

3.16 **Although CCTPs were designed to address structural poverty, there is evidence that receiving them increases resilience against idiosyncratic and widespread shocks**, such as extreme weather events that have become more frequent and intense due to climate change.[44] It has been shown in Mexico, for example, that the "*Prospera*" CCTP reduced vulnerability (Uchiyama, 2019) and its beneficiaries were less likely to take children out of school when affected by adverse events (de Janvry et al., 2006). These shock protection impacts are similar to those documented in the literature on unconditional cash transfers, which have been found to increase resilience and reduce vulnerability (Premand & Stoeffler, 2018); (DFID, 2011); (Bastagli et al., 2016) (Asfaw & Davis, 2018). Consistently with this evidence, the United Nations' World Food Program uses cash transfers as the foundation for shock responsive social protection (FAO, 2017). Similarly, the Food and Agriculture Organization of the United Nations (FAO) considers cash transfers as a key tool to increase resilience of agricultural livelihoods (FAO, 2017).

Box 1 - CCTP impacts in LAC

CCTPs reached the very poorest and met the primary short-term objective of increasing spending and reducing current poverty (Fiszbein & Schady, 2009; Bastagli et al., 2016). These programs also achieved the expected changes in behavior, reducing child labor (Galiani & McEwan, 2013; Edmonds & Schady, 2012; Levy, 2006) and increasing demand for services that help increase human capital. Use of health services increased (from 6.3 percentage points in Nicaragua to 33 in Colombia) (Fiszbein & Schady, 2009) and in some cases led to improvements in children's anthropometric development (Barber & Gertler, 2008) and reduced morbidity (Gaarder et al., 2010). CCTPs also increased school enrollment and attendance (from 0.5 percentage points in Jamaica to 12.8 in Nicaragua) (Fiszbein & Schady, 2009) as well as school progression (from six months to one year in Mexico, after three to five years of exposure).

[44] Case studies cited in Hallegatte et al., 2016, suggest that a large percentage of families falling into poverty cite accidents that may be climate-change related, among other causes.

Rigorous impact evaluations show CCTPs to have positive short-term impacts on child development (motor development, cognitive development, and language) in Mexico (Fernald et al., 2008), on language in Ecuador (Ferald & Hidrobo, 2011); Paxson & Schady, 2010), and on cognitive and behavioral indicators in Nicaragua (Macours et al., 2012). The evidence of impact on learning during school years is somewhat weaker (Fiszbein & Schady, 2009; Saavedra & Garcia, 2012), possibly as a result of the poor quality of educational offerings. Stampini et al. (2018) found that in Jamaica's "Programme of Advancement through Health and Education," male beneficiaries living in urban areas obtained better results in the sixth-grade exam and placed into better secondary schools as a result.

Evidence on whether the short-term impacts of CCTPs are sustained over the long term is less developed. Attanasio et al. (2021) analyze long-term (8-10 years) impacts of Colombia´s CCTP in Medellín, where they can merge administrative and program data. They show important impacts in educational attainment and also on non-targeted outcomes such as reduced arrests for criminal behavior and lower teenage pregnancy. Molina Millán et al. (2019) present a critical review of the literature and conclude that the experimental literature provides consistent evidence of positive long-term effects on schooling (in Colombia, Mexico, and Nicaragua), and some positive effects on cognitive development and learning (in Nicaragua), socioemotional skills (in Mexico), employment and nonagricultural income generation (in Nicaragua). Barham et al. (2013) found positive impacts on school progression and learning in mathematics and language among young Nicaraguan men ten years after they left the "*Red de Protección Soc*ial" program from which they benefited for three years. The impact on learning was equivalent to an extra half year of instruction. A series of studies originated by the 20-year evaluation of Mexico's CCTPs found that the program fostered upward social mobility (Yaschine et al., 2019) and ownership of durable assets (Aguilar et al., 2019). Measurement of long-term impacts is an area that requires additional analysis to fill knowledge gaps and improve program design. However, research is hampered by the difficulty of developing studies with a rigorous identification strategy, given that control groups have typically been included among the beneficiaries, leaving only a differential in time exposure to the programs.

CCTPs have helped reduce gender disparities, enhancing women's autonomy in managing household resources and their power to negotiate decisions about their lives and those of their children (Alemann et al., 2016), reducing the likelihood of suffering physical violence from their partner, delaying early marriage, reducing beneficiaries' fertility, and increasing use of contraceptives (Bastagli et al., 2016). Although rare, some experiences with group education in CCTPs in Brazil, El Salvador, and Honduras have managed to change gender-role attitudes and practices, distribution of responsibilities for care, domestic violence, and use of contraceptives, in particular when the education groups were also able to achieve the participation of beneficiary women's male partners (de Brauw et al., 2014; Hill et al., 2014; the International Food Policy Research Institute and *Fundación Salvadoreña para el Desarrollo Económico y Social*, 2010).

The literature also provides evidence that CCTPs have helped generate social capital and strengthen cooperation within communities (in Mexico: Angelucci et al., 2012; Angelucci & Attanasio, 2009; in Colombia: Attanasio et al., 2009; in Nicaragua: Macours & Vakis, 2014. It has also been reported that CCTPs can facilitate beneficiary families' investments in productive assets (Gertler et al., 2012; Gertler et al., 2012; Trivelli & Clausen, 2013).

The positive impacts were achieved without significant negative, unintended effects. No rigorous evaluation found negative short-term impacts on labor supply (Alzua et al., 2010; Fiszbein & Schady, 2009). Some studies showed evidence of disincentives to formal employment in Uruguay (Amarante et al., 2011) and Ecuador (Araújo et al., 2017), but these effects were small in magnitude and other studies found evidence of increased formal employment (for Colombia, see (Barrientos & Villa, 2013). No other undesirable effects have been found in areas other than employment, such as increased fertility (Glassman et al., 2013) or reduced private transfers (Nielsen & Olinto, 2007).

B. Strategic decisions moving forward

3.17 **As they recover from the current crisis, LAC countries face the challenge of leveraging traditional and COVID-19 cash-transfer programs and considering the redistributive instruments discussed in this section to craft a flexible, efficient, and financially sustainable system that provides protection against both structural and transient poverty.** While doing so, they need to make several strategic decisions on targeting, conditionality, new vulnerable groups, and address challenges in financial and productive inclusion. Institutionally, they will need to leverage the existing registries of beneficiaries and

the payment systems, including those created, sometimes innovating, during the pandemics.

3.18 **The first strategic decision is whether benefits should be targeted or universal.** While several arguments exist for universal coverage (Jacques & Noël, 2018; VerValin, 2018) financial sustainability considerations make targeting a necessity. In a discussion on targeted vs universal programs with a fixed budget, Rema & Olken (2018) argue that targeting methods used in Peru and Indonesia deliver substantial welfare improvements vis-à-vis universal programs, largely due to the small size of the transfers that poor beneficiaries would receive with a universal program. Even in the United States, where the countercyclical financial power to respond to the pandemic was stronger, direct cash payments were targeted to individuals with income under US$99,000.[45]

3.19 **Traditional statistical targeting methods have shown important limitations.** In Mexico, for example, a comparison of existing household targeting with simple geographic targeting resulted in very similar efficiency (Araujo & Ibarraran, 2019). However, there have been recent improvements in methodologies to identify potential beneficiaries, including the use of non-traditional sources of information (e.g., satellite images and cellphone-use data) and artificial intelligence algorithms. For example, the use of state-of-the-art methods and high-dimensional household profiles reduced inclusion and exclusion errors by 39% in Costa Rica and 18% in Colombia (Noriega-Campero et al., 2020). To be effective, the advances achieved through these innovations must be complemented with field efforts, such as active search and communication strategies that increase program take-up in the poorest and most remote areas. Culturally appropriate strategies need to be implemented to reach indigenous populations that are often left behind (Bauchet et al., 2018; ILO, 2018). Behavioral *nudges* (e.g., providing information in particular settings and helping plan the steps that eligible individuals need to take to enroll) may also help boost enrollment and contribute to improved targeting efficiency (Sunstein, 2020).

3.20 **In the response to transitory shocks, targeting focuses on identifying groups that need short-term income support.** Targeting will depend on the nature and scope of the shock. For example, populations affected by earthquakes or droughts are in principle identifiable based on location. During the recent pandemic, some transfer programs focused on workers of hard-hit sectors, such as tourism, restaurants, and retail. During the pandemic, inclusion errors were not the main concern, as there was consensus on the need to provide relief to large sectors of the population (Cejudo et al., 2021). However, during the recovery and moving forward there is consensus that targeting will be key to ensuring the sustainability of income support systems.

3.21 **The second strategic decision is whether transfers should be conditional or unconditional**. There is a long tradition of using conditionalities in social policy. In many countries, for example, access to unemployment insurance is conditioned on people actively seeking work or participating in training or intermediation services. When CCTPs were first launched in the 1990s, conditionalities were used

[45] This amount was the maximum income if filing as individual to receive any support under the first impact payment in April 2020. To receive the full payment, the maximum income was US$75,000. See: https://www.cnbc.com/2020/04/01/whos-eligible-for-covid-19-stimulus-checks-your-questions-answered.html and for the recent impact payments, https://www.irs.gov/newsroom/questions-and-answers-about-the-first-economic-impact-payment-topic-a-eligibility.

to increase program legitimacy, showing that families were investing in human capital. The concept of conditionality evolved into co-responsibility, in which families were responsible for engaging in behaviors that increase human capital while governments were responsible for providing access to quality health and education services (Ibarraran et al., 2017).

3.22 **Although economic theory predicts that all monetary transfers increase human capital because consumption of healthcare and schooling increase with income, the literature shows that impacts are larger when transfers are conditional** (Akresh et al., 2012; Baird et al., 2011; Benedetti et al., 2016; Schady & Araujo, 2008). A review of 75 studies on 35 programs (Baird et al., 2011), shows that the conditions need to be explicit, effectively monitored, and accompanied by penalties for noncompliance. This significantly increases the impact of transfers on school enrollment when compared to unconditional programs.[46] Additionally, verifying compliance with co-responsibilities has contributed to more effective—albeit still insufficient—coordination of the planning and execution of activities to strengthen coverage of health and education services for the poorest. It has also resulted in substantial progress on information systems and use of data to inform public policy decision making.

3.23 **In the context of the pandemic, there was broad support for use of UCTP.** In many CCTPs, the regular conditionalities were suspended, as schooling and healthcare were prevented by mobility restrictions. COVID-19 response programs did not include conditionalities, due to both their limited duration and the lack of accessible services (schools in many countries did not open in the first quarter of 2021, and other services such as job training and labor intermediation were not available at the necessary scale).

3.24 **The third strategic decision is related to how cash-transfer programs could be used as a tool for financial inclusion.** Large-scale cash transfers in response to the pandemic were in part possible due to the already-established use of digital payment mechanisms set up for the payment of preexisting programs (Cejudo et al., 2021). Digital payments were first introduced as a means to reduce transaction costs, which then led countries to promote financial inclusion as an additional social inclusion mechanism (Trivelli, 2013; Tejerina & Pizano, 2016; Maldonado, 2018). However, although transfer programs have helped expand access to bank accounts, the challenge remains: how to increase subsequent use of financial instruments to achieve greater savings and access to credit and insurance (Bruhn & Love, 2013; de Olloqui et al., 2015; Tejerina & Pizano, 2016), as well as to promote women empowerment (Zimmerman et al., 2020). Good practices in financial inclusion have been based on designing products that address customers' needs (as in the case of 22 bank platforms used for payments during the pandemic in Colombia). Large-scale financial education campaigns have been implemented using electronic tablets (J. Rubio & de Reyes, 2018). Evidence suggests that these approaches reduce costs and are an effective way of increasing beneficiaries' financial literacy and use of financial services (Pantelic,

[46] As an alternative to the conditional vs unconditional design of cash transfers, some countries have explored the use of *labeled* transfers. Relying on evidence that consumption of education and health increase with income and on principles from behavioral economics, these programs aim to encourage investments in health and education without monitoring school enrollment or visits to health centers. Rather, the programs provide information and guidance on the same objectives as CCTP. There is some evidence that these programs may have impacts similar to CCTPs' (Benhassine et al., 2015; Heinrich & Knowles, 2020).

2016; Tejerina et al., 2020). In the case of *Ingreso Solidario* in Colombia, mobile payments resulted in financial inclusion and use of financial instruments by beneficiaries (Gallego et al. 2021). The development of digital payment mechanisms and the promotion of financial inclusion are promising areas of collaboration with the private sector.

3.25 **The fourth strategic decision is whether to link cash transfers to productive inclusion initiatives and active labor market policies.** Although some evaluations have shown that cash transfer programs can facilitate beneficiary families' investments in productive assets (Gertler et al., 2012; Trivelli & Clausen, 2013), they are not intended to increase the short-term income generating capacity of beneficiary households. Comprehensive programs that include life-skills coaching, asset and cash transfers coupled with technical-skills training and savings promotion have shown the potential to reduce rural poverty (for Honduras, see Maldonado (2021)), but the evidence on the long-term effects is inconclusive and most of these programs are limited in scale when compared with CCTPs. Promoting microlending or self-employment through CCTPs may not be desirable, as these initiatives have different development objectives (being focused on increasing income generating capacity in the short-run), and could distract efforts from the pressing challenge of raising the quality of health and education services for transfer beneficiaries. However, using social registry platforms to select beneficiaries of productive inclusion programs, for example prioritizing beneficiaries of CCTPs, may help increase household income-generating capacity. There is a debate about how to ensure, post-pandemic, that temporary cash transfers are aligned with the objectives of economic and job recovery by incentivizing job creation and labor market participation (Izquierdo et al., 2020). One option is to link cash transfer beneficiaries with available active labor market programs, when the requirements for participation match the skills of transfer recipients. Alternatively, the use of cash incentives has been explored. For example, the Montana's Return-to-Work Bonus Initiative replaces unemployment insurance with a cash grant to persons who accept a job and keep it for at least one month, results from this debate. Chile's *Bono al Trabajo de la Mujer* is another interesting example of the attempt to combine cash transfers and incentives to formal employment.

3.26 **The fifth strategic decision is whether to extend eligibility to new vulnerable groups, including migrant populations.** Most social-protection measures require minimum periods of work or residence. In several instances, migrants and refugees were excluded from cash-transfer programs initiated in response to the pandemic, despite the fact that they are among the most vulnerable groups due to their precarious legal status. If countries decide that protecting migrants' consumption levels is important to improve their social integration in hosting communities, they will need to implement regularization programs, reform eligibility criteria and implement campaigns to ensure that migrants obtain the documentation required upon application. Countries may also take measures to ensure participation of vulnerable members of host communities (for a discussion of cash transfers in the context of migration, see Box 2).

Box 2 - Evidence on cash transfer programs for migrants

Cash transfers have been a basic component of social protection for refugees and migrants worldwide, both in support of social integration and as a strategy to activate local economies. In Lebanon in 2014, for example, cash transfers to Syrian immigrants helped households meet basic needs, reduced child labor, and improved children's access to school. Transfers had a significant multiplier effect: each dollar generated US$2.13 of GDP for the Lebanese economy (International Rescue Committee, 2014). A cash transfer program implemented in northern Iraq by the German Development Agency (GIZ) targeted vulnerable households of both locals and refugees and was complemented by training and subsidies to small businesses, in order to achieve effects beyond the initial stabilization. It was crucial to target both local and migrant households that were vulnerable in order to promote integration in host communities and reduce situations of conflict (Deblon & Gutekunst, 2017).

In LAC, some cash transfer programs have included migrants as part of the response to the COVID-19 crisis. The Costa Rican Government created *Bono Proteger*, which is a temporary UCTP (up to 3 months) that aims to protect local and migrant workers (in regular migratory status) affected by pandemic-related drops in income.[47] In Peru, a one-off cash payment was provided to Venezuelan refugees and migrants after the national lockdown order in March 2020. Bird et al., 2021 have found that while the cash assistance initially increased lockdown compliance, spending, food consumption, and housing security while reducing the risk of eviction (one week after the transfer), by the third week these impacts had faded out. The brevity of this effect suggests that future transfer design should take into account not just the amount but also their frequency and duration.

3.27 **Institutional strengthening is key to improving the effectiveness and sustainability of income support programs, with focus on five areas:** (i) construction of interoperable social registries; (ii) implementation of electronic payment systems; (iii) strengthening of human resources at central level and in the regions; (iv) improvement in the interinstitutional coordination with other ministries, in particular healthcare and education; and (v) construction of a sustainable financial framework.

3.28 **The region has made progress in building social registries and payment systems that can support the expansion and reconfiguration of the safety nets.** Berner & van Hemelryck, 2020 found that Argentina, Chile, Costa Rica, and Uruguay have registries with high coverage and high interoperability. Uruguay is the LAC country with the highest coverage since every citizen is automatically registered in the social information system (SIIAS, its acronym in Spanish), enabling identification of socioeconomic information for the entire population. During the COVID-19 crisis, several countries implemented innovations in their social information systems and registry of beneficiaries. In Paraguay and Belize, for example, potential beneficiaries were able to request the benefit via electronic means,[48] and the information was validated with administrative data (Rubio et al., 2020). The new data provides an unprecedented and valuable picture of labor informality and economic vulnerability that should be integrated in social registries, making them a fundamental tool for future social protection systems.

3.29 Another important area of progress is the implementation of electronic payment platforms. For example, many financial institutions, both private and public, participate in payment of transfers from Ecuador's Banco de Desarrollo Humano. Participation in the payment system is open; that is, financial institutions that meet

[47] Similarly, in the context of Costa Rica's National Employment Program, the *Empléate* program offers cash transfers to individuals participating in face-to-face or virtual training in order to increase reemployment possibilities once the recovery begins. The transfers (approximately US$345) are made monthly throughout the training. Half covers the training center costs and half the expenses for participating in training (e.g., transportation, food, etc.). According to Ministry of Labor data, 10%–15% of *Empléate* beneficiaries have been immigrants.

[48] Ñangareko food security program in Paraguay and Unemployment Relief Program in Belize.

certain requirements can participate without bidding. In the Dominican Republic, all transfers are managed by the Social Subsidies Administration known as ADESS. All beneficiaries receive an electronic benefits card, which is linked to a virtual account that can be used at affiliated businesses (Ibarraran et al., 2017).

3.30 **During the COVID-19 crisis, several countries introduced innovations that eased electronic payments of cash transfers**. For example, Brazil and Colombia opted to reduce the Know Your Customer requirements for opening bank accounts remotely. In Colombia, an alternative payment method consisted of using mobile apps (Acevedo & Szekely, 2021). Argentina and Guatemala enabled unique code-based payments. Colombia and Peru used e-wallets. Panama developed a technological platform that allowed using identification cards as a payment mechanism at affiliated businesses. These advances in the electronic cash-transfer payments can contribute to the construction of efficient, transparent, and flexible social protection systems.

3.31 **Several countries in the region have made efforts to consolidate a civil service career system that guarantees continuity, develops technical capacity, retains institutional memory, and professionalizes social protection management and implementation**. According to Cortázar et al. (2016), the Civil Service Development Index for the region -which captures these dimensions- increased from 30 to 38 points (on a scale of 100) in 10 years since the early 2000s. In Chile, reform efforts had the highest impact. Countries can build on these efforts to further revitalize the civil service agenda around social protection policies. Strengthening human resources is important both in the central and local governments, as in many countries the latter play a fundamental role in implementing the operational cycles of cash transfer programs. For example, in Brazil's Bolsa Familia, municipalities are in charge of beneficiary registration and recertification (Ibarrarán et al., 2017).

3.32 **The experience with CCTPs implementation shows that it is hard to achieve programmatic coordination with other ministries focusing on human capital development.** Mancera (2008) found that, in Mexico, schools with a high share of CCTPs beneficiaries were not more likely to participate in quality improvement programs, relative to other schools. Similar coordination problems exist with the health sector, despite the World Health Organization (WHO) advocating for Health Ministries to engage with CCTPs, leveraging them as schemes that promote health equity and action on the social determinants of health (Forde et al., 2011). Ecuador and El Salvador have built coordination mechanisms directly under the presidency, while the Dominican Republic and Paraguay created Social Sector Cabinets including a wide array of institutions, all of which participate officially in processes that have clear guidelines for follow-up and accountability. These mechanisms have the potential to create valuable synergies that increase CCTPs' long-term impacts.

3.33 **The region can showcase some positive experiences of countries that have improved the sustainability of their income support programs, in some cases in conjunction with a reform of inefficient energy subsidies.** For example, the Dominican Republic eliminated generalized subsidies on gas and electricity and replaced them with transfers targeted through the unified social registry (Ibarraran et al., 2017), with savings amounting to 75% of the pre-reform subsidy budget. In 2014, Honduras implemented a comprehensive fiscal reform that included closing loopholes, reducing subsidies to electricity, and increasing the value added tax. As

part of the reform, a special fund was created that earmarked resources for social protection programs, including the country´s CCTP *Bono Vida Mejor.*[49] More recently, Panama has nearly eliminated the generalized electricity subsidy, increasing in parallel the budget for non-contributory pensions and conditional cash transfer programs. These examples suggest that reforms of energy subsidies are easier when implemented in periods of low energy prices.[50] They also show that, although the political economy of the reforms is difficult, social protests can be avoided when the objectives are well communicated, and the vulnerable population is compensated through targeted cash transfers.

3.34 The international experience also provides examples of countries that have ensured the sustainability of temporary cash transfers that address systemic shocks, often due to natural disasters, through reserve funds or contingent credit lines (IADB, 2018). For example, the Philippines set up a reserve fund, fed through tax revenues (Hallegatte et al., 2017). Funding may also be ensured through risk-pooling mechanisms, like the Caribbean Catastrophe Risk Insurance Facility. More broadly, sovereign wealth funds have also been used to finance extraordinary expenditures, as was the case of the COVID-19 pandemic in 2020 (Global SWF Report, 2021; Bortolotti et al., 2020). Finally, financial sustainability is increased by setting a fixed and pre-determined duration for the transfers, as done by several LAC countries in response to the COVID-19 crisis.

3.35 **Based on the evidence presented in this section, income support systems may include a combination of the following instruments**: (i) targeted CCTP for structurally poor households that experience gaps in human capital accumulation, only when the Governments are able to guarantee their side of the co-responsibilities by ensuring high quality healthcare and education services; (ii) targeted UCTP for households experiencing idiosyncratic shocks (e.g., temporary loss of income)[51] and for structurally poor households located in areas with substandard healthcare and education services; and (iii) temporary UBI or GMI schemes to respond to systemic shocks (e.g., pandemics, extreme climate events such as hurricanes), focusing on regions or economic sectors, or the general population (with the exclusion of upper-middle-class and high-income households). The fiscal sustainability of these programs may be increased through a mix of policies that raise tax revenues or rationalize government spending, including reducing energy subsidies and tax expenditures that have been shown to be regressive and inefficient. In addition, for temporary programs, sustainability may be increased through reserve funds, contingent financing bonds and credits, insurance, and risk-sharing facilities.

C. LTC services

3.36 **As the development of LTC systems in the region is incipient, institutional strengthening is key for effectiveness and sustainability.** In this section, we review the evidence on the institutional challenges in financing, coordination with the health sector, and training of human resources, in addition to discussing the impacts of different types of service provision.

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[49] The reform created the "*Fondo de Solidaridad y Protección Social para la Reducción de la Pobreza Extrema*" which is sustained by consumption tax revenues. See ICEFI (2017).

[50] See also: https://www.iisd.org/gsi/subsidy-watch-blog/fossil-fuel-subsidies-and-reform-on-the-rise.

[51] Non-contributory pensions are UCTP that form part of a broad strategy against the loss of income during old age, and as such are addressed in the Labor SFD.

3.37 **Although the private sector offers most LTC services, the public sector needs to be involved in the financing of LTC; due to market failures, private insurance only has the potential to be a complementary arrangement.** Both theory and evidence show that the traditional private insurance model does not work well in the context of LTC. Insurance markets work when there is a known and measurable risk, and when costs, should the risk materialize, are also known. In contrast, in addition to the problems of adverse selection and moral hazard common to all insurance markets, LTC is marked by uncertainty in key parameters such as the percentage of the population requiring care services (in a relatively distant future), for how long, how intensively, and at what cost (Barr, 2010).[52] In the United States in 2010, private insurance covered 11.6% of total LTC costs, with Medicaid paying 62.2% (O'Shaughnessy, 2012). In France, private LTC insurance provides a fixed amount of money to individuals who qualify, irrespective of costs associated with receiving care, thus complementing but not replacing public LTC coverage (Doty et al., 2015). In countries with a consolidated care system, funding combines contributions, general taxation, and user copayments (Costa-Font et al., 2015). Scandinavian countries finance their services through general taxation. In contrast, Germany, South Korea, and the Netherlands adopt a social insurance scheme in which citizens and their employers make mandatory contributions, generally through payroll taxes. The collected contributions feed a fund that is earmarked for LTC, and only care dependent people receive benefits. General taxation complements social insurance by funding the services for people who did not contribute to the system (Cafagna et al. 2019).

3.38 **Countries with consolidated care systems invest about 1.6% of GDP in LTC, including social and health services for care dependent people** (OCDE, 2017; European Commission (EC), 2018). Projections for growth of LTC spending are based on strong assumptions (de la Maisonneuve & Oliveira Martins, 2014). At least four LAC countries have simulations of the potential cost of a LTC system, with estimates ranging from 0.13% of GDP in Mexico to 0.19% in Uruguay, 0.45% in Chile and 0.48% in Costa Rica. Unlike figures reported in OECD countries, these estimates do not include healthcare costs.[53]

3.39 **LTC systems provide five types of service: residential care, home care services, day-center services, telecare services, and services for caregivers** (Cafagna et al., 2019; Colombo et al., 2011). Most consolidated systems provide all these services since each is appropriate depending on the level of care dependence. Services in a residential care setting are especially recommended for severely care dependent older persons, particularly if they require continuous medical attention and lack family support. By contrast, day-center and telecare services are generally used for older people with low care dependence levels and to complement other forms of service. Telecare services alone do not solve the need for support in performing basic activities of daily living.

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[52] A complementary explanation provided by (Cutler, 2016), "long-term risks are difficult to insure because much of the risk concerns variability in the average cost of services used, rather than cross-section heterogeneity in service use. When intertemporal risk is large, insurance will provide indemnity benefits rather than a service benefit, and this, in turn, will limit demand for insurance."

[53] See Matus-Lopez and Rodríguez-Modroño (2014) for Chile; Medellin and Matus-Lopez (2019) for Costa Rica; González-González et al. (2019) for Mexico; and Colacce & Manzi (2017) and Matus-Lopez (2017) for Uruguay.

3.40 **There is a notable trend toward use of home-care services rather than residential settings**. The share of all individuals receiving home-care services increased from 61.5% to 64.5% from 1999 to 2009 (KPMG International, 2014), and the trend is continuing. For example, in the Netherlands the share of persons 80 and older living in residential settings fell from 21% in 2005 to 14% in 2015; in Norway, this number dropped from 15% to 1% (Aranco & Ibarraran, 2020). This shift is the result of preferences for "aging in place," i.e., aging in a familiar environment and community (WHO, 2015; Kendig et al., 2017), and because it is less expensive to provide services to people with mild to moderate care needs in their homes rather than in a residential care setting. More generally, in countries with consolidated LTC systems there is a movement towards the adoption of a person-centered approach (Sancho, 2020; Galiana & Haseltine, 2019), which focuses on the needs and preferences of the older persons and attempts to recreate the conditions of home living also when services are provided outside the home (Díaz-Veiga et al., 2014; Stoop et al., 2020).[54]

3.41 **Development of LTC systems has three main types of impact**: it improves the quality of life of older persons and their families; it generates economic activities and drives formal job creation; and it reduces health sector costs.

3.42 **LTC services increase the quality of life of dependent older persons and their caregivers**. Forder et al. (2018) found that community-based long-term care in England significantly improved service users' quality of life. Valenzuela et al. (2021) find that a one-month multidimensional program that included physical and mental exercises for older persons in day centers in Chile significantly improved physical and cognitive measures. Barnay & Juin, 2016 found that informal care reduced the risk of depression in dependent older persons, and that formal care improved their general mental health. Previous studies have also documented the effect of care on several dimensions of caregivers' well-being, including health, employment, and financial well-being (van den Berg & Ferrer-I-Carbonell, 2007). Coe & van Houtven (2009) estimated that providing care for a sick mother increased the number of reported depressive symptoms by 47%. Other studies found evidence of increased use of antidepressants, tranquilizers, painkillers, and gastrointestinal agents among caregivers. Accordingly, subsidized LTC programs can save costs for caregivers' healthcare. A meta-analysis from Pinquart & Sörensen (2003) found both positive and negative effects of caregiving, yet negative effects were more prominent among lower income individuals.

3.43 **Expanding public LTC investment fosters economic activity.** LTC is a unique type of service with some of the features of heavily subsidized healthcare, but its main component is personal care, which has traditionally been provided within the household. In fact, in almost all OECD countries the family is still the main provider, and implicitly the funder of LTC. Nonetheless, de Henau et al. (2016) estimate that the care economy would significantly boost GDP growth; more specifically, they estimate that an investment in the care economy equivalent to 2% of GDP would

[54] According to Galiana & Haseltine (2019), the traditional LTC model takes a more standardized, institutional, medical approach with top-down decision-making inherent in a vertical organizational culture. Person-centered care uses an interpersonal approach steeped in the philosophies of dignity, comfort, well-being, and respect. Person-centered care shifts away from a culture where the provider and staff dictate when people will sleep, eat, and shower, what they will eat, and what they will do for activities, toward care that honors each individual's rhythms and preferences. In a person-centered culture, the staff acts as a single team that shares responsibilities and accountability. The staff is empowered to be part of the system design and care planning and to form meaningful connected relationships with the residents.

expand employment by 6% in the United States, 3.8% in the United Kingdom, and 4% in Australia.

3.44 **The experience of countries furthest along in the demographic transition shows that the LTC market is an important driver of job creation**. An example is Korea, where the LTC system, established in 2008, has created almost half a million jobs; this corresponds to about 1.8% of total employment in the country (Kim H, 2019). Based on data from United States Department of Labor Statistics, the fastest growing occupation from 2014 to 2024 will be home care service provision (Paraprofessional Healthcare Institute, 2016). This economic development opportunity, associated with a longer living population, is an important part of the silver economy (Ortega Cachón, 2018; Ortega Cachón & Huertas Mejias, 2018; Okumura et al., 2020). Supporting companies and jobs in the LTC sector has the potential to increase labor formality, which is particularly important in LAC. Governments can support the development of the market through supply (e.g., subsidized training or certification of caregivers, business incubators, credit facilities, tax breaks, or other mechanism to support enterprises entering the LTC market) and demand policies (e.g., vouchers for the purchase of services). This was the case with telecare in Uruguay, where the LTC system supported the development of telecare companies.

3.45 **An expansion of LTC spending can result in significant healthcare savings.** As discussed in the Health SFD (GN-2735-12), better coordination between health and social services within a person-centered framework can improve the population's health and well-being. Low investment in LTC, due to limited insurance and coordination, can result in costlier hospital care utilization (Hofmarcher et al., 2007; Bodenheimer, 2008; Mur-Veeman & Govers, 2011). This is currently the case in Brazil, were data on older persons' hospitalizations show that about 30% were due to conditions that could be treated or prevented through ambulatory care (de Souza & Peixoto, 2017) with the leading causes for admissions being urinary tract infections, falls and inadequate care of chronic conditions (Dias & Barros, 2019). In contrast, the integration or coordination of social and health services may reduce pressure on health services Bradley & Taylor, 2013; Dorling et al., 2015; Nolte & Pitchforth, 2014). In the United States there is evidence that informal care reduces the length of hospital stays following hip fracture or heart attack (Picone et al., 2003). Similarly, in France, Alzheimer's patients who benefit from subsidies for LTC expenses make less use of hospital emergency services (Rapp et al., 2015). In Japan, one motivation for setting up the LTC system was the high rate of hospital bed occupancy for long periods by older persons (Campbell et al., 2010). Evidence from Spain shows that from 2007 to 2011, expansion of LTC and support systems reduced the number and length of hospital stays, particularly in regions with better coordination between the social and health systems (Costa-Font et al., 2018). It is estimated that the savings amounted to almost 10% of total hospital expenses, and that reductions in LTC benefits due to the fiscal adjustment since 2012 led to a rise in hospital admissions. (Costa-Font et al., 2018) find an 8% reduction in hospitalizations after an insurance extension to include coverage of LTC. Finally, Forder et al. (2019) find evidence of substitution between home care and doctors' visits.

3.46 **Consistent with the social well-being dimension of health, there is a movement towards integration of health and LTC services** (Bradley & Taylor, 2013). A few countries, such as Denmark, Ireland, and Portugal, completely integrate their LTC with the healthcare system (Spasova et al., 2018). In Spain, the United Kingdom, and the Netherlands, social and health services are being consolidated to provide less costly and better-quality LTC to chronic patients, older persons, and vulnerable population groups (O'Toole T.P. et al., 2016; Polanco et al., 2015). The use of "care managers," responsible for designing a care plan for dependent persons in coordination with healthcare providers, is a more common practice that improves care coordination, and is implemented in countries like Japan, Korea, Germany, Denmark, and the United Kingdom (Cafagna et al., 2019; OECD, 2011). Information systems can be put in place to allow for health and LTC needs to be considered jointly.

3.47 **Funding can incentivize coordination**. As part of the Affordable Care Act in the United States, social health management organizations have been developed to encourage coordination between LTC programs provided by Medicare and health programs. This entails the bundling of reimbursements for healthcare and LTC services, through cost-sharing in providers reimbursements or equivalent types of contracts. Similar mechanisms have been adopted, for example, in Spain and in the United Kingdom as part of the National Health Service reform.

3.48 **Development of human resources is fundamental for the development of LTC systems**, along with oversight of service quality. Japan is among the few countries that requires a caregiver certification by law (Cafagna et al., 2019). In general, it is important to increase the professional status of caregivers (National Academies of Sciences Engineering and Medicine, 2017; KPMG International, 2014; Commission on Long-Term Care, 2013), as well as to provide training and respite services for informal caregivers (KPMG International, 2014; Tamsma, 2004). These efforts could be complemented by initiatives to redistribute the burden of care across genders, both by increasing the share of family care provided by men, and by attracting men to the profession.

3.49 **Based on the evidence presented in this section, LAC countries are called to develop LTC services, leveraging private sector initiatives, with a focus on home-based and person-centered care**. This first requires consolidating the existing supply of services, by defining and implementing quality standards, establishing accreditation, and monitoring processes, and creating up-to-date registries of LTC providers. To expand the supply, it then requires developing a well-trained and remunerated workforce, and developing sustainable financing mechanisms, that mix insurance, tax revenues and copayments.

D. Services to promote access, certification, income support, personal assistance, and assistive technologies for persons with disabilities

3.50 **In line with the scope of this SFD, this section reviews evidence on social services that constitute a subset of the policies, programs and tools that promote autonomy and inclusion of PwD**, namely: (i) accessibility of social protection institutions and programs; (ii) national certification systems; (iii) cash transfer programs for PwD; and (iv) personal assistance and assistive technology. As for LTC systems, the provision of services is incipient in the region and institutional strengthening is fundamental to promote their effectiveness and sustainability. In this section, in addition to reviewing the impacts, we discuss the

evidence on the institutional challenges of increasing accessibility and certification, improving the coordination of income support mechanisms with other cash transfer programs, and improving the available information on costs and financing of personal and technical assistance.

3.51 **Accessibility of social protection institutions and programs is critical for PwD.** It is important for social protection institutions to provide the same quality of service to all applicants and beneficiaries. Even when targeting mechanisms are used for identification, without measures to ensure accessibility to services and benefits some PwD may not be able to participate or may prematurely exit programs. While there is limited evidence on the impact of access to social protection, for human rights reasons the programs must consider access needs from the time of a person's application to their graduation from the program. For example, the accessibility of information and outreach campaigns is crucial, and can be accomplished using Braille, sign language and simple-language document formats. Nowadays submission of applications for programs often takes place via internet or phone. As such, digitally accessible websites, and telephones with relay systems for deaf and hard-of-hearing applicants are essential. In-person applications and program delivery require accessible infrastructure and services. Program representatives in direct contact with applicants and beneficiaries should be trained and have the required resources to provide reasonable accommodations to applicants and beneficiaries, such as commissioning a sign-language interpreter or formatting a document that can be read aloud by a screen reader.

3.52 **Certification is an important tool for guaranteeing compatibility of eligibility criteria and access to programs that promote autonomy of PwD.** Although at present there is no rigorous evidence regarding effects of strengthening and expanding certification of disability, in countries without a certification it is common for different programs to measure disability with different criteria, requiring PwD to repeat cumbersome administrative processes to access services. The region has experience in certification that is worth highlighting. For example, Peru has implemented a national system to assess and certify disability that has been successfully scaled up to rural and remote areas through virtual trainings. The system uses the International Classification of Functioning to assess disability status and a digital information system to facilitate the process and provide quality control.

3.53 **Unlike CCTPs and non-contributory pensions where a large body of evidence exists, disability-specific transfer programs in LAC have not been systematically analyzed, either in terms of impact or targeting efficiency**. There is an emerging body of evidence from Europe, the United States, and Canada, with a marked knowledge gap in LAC.

3.54 **The impact of disability insurance on poverty alleviation greatly outweighs past concerns of negative effects on labor-market outcomes**. Studies in Europe (McHale, 2020), Canada and the United States examined the impact of contributory disability pensions in economies with high levels of labor formality. The studies have found modest negative effects on the probability of employment and earnings for beneficiaries and family members, but also important improvements in consumption for the family. A recent rigorous study in the United States found a 16% increase in consumption expenditure in families receiving a disability transfer compared with other similar families (Autor et al., 2019).

3.55 **Recent research indicates that disability insurance improves beneficiary quality of life by reducing housing insecurity, hospitalizations, and mortality.** For homeowners in the United States, the probability of being in foreclosure falls by 2 percentage points with the receipt of disability insurance (Deshpande, 2019). Studies in the US (Gelber et al., 2018) and the Netherlands (Garcia-Mandico et al., 2020) have found that increasing benefits by US$1,000 annually, was shown to reduce mortality by an estimated 0.47 percentage points over four years in the United States (Gelber et al., 2018) and approximately 2.4 percentage points over ten years for women in the Netherlands (Garcia-Mandico et al., 2020). Similarly, non-contributory disability transfers in Brazil result in small reductions in beneficiary and family member labor supply but have positive effects on mortality and financial health, since households are less likely to be sued for not meeting tax obligations (Britto et al., 2021).

3.56 **Integrating non-contributory disability transfers with existing cash transfer programs can lead to cost-efficiency gains.** The stand-alone disability transfer programs deploy many of the same targeting instruments, such as proxy means tests, as transfer programs for the rest of the population. One obvious rationale for a stand-alone program would be if people with disabilities were excluded at higher rates from CCTPs or NCP programs. The empirical evidence from Bolivia, Chile, Costa Rica, and Mexico does not support this hypothesis, as it shows that PwD from poor and economically vulnerable households are equally likely to participate in CCTPs or NCPs as the rest of the population (Duryea et al., 2021). This suggests that there are some cost-efficiency gain opportunities for countries that administer separate programs. Several LAC countries are already following this practice. For example, the Tekopora CCTP in Paraguay follows a unified but differentiated approach, in which PwD receive a subsidy within the overall cash transfer program.

3.57 **Provision of personal assistance aimed at increasing autonomy in persons with disabilities is incipient in LAC countries, but there are promising initiatives.** In Uruguay, a voucher is used to contract and directly pay a personal assistant that provides 80 hours of assistance per month. Costa Rica's program, "*Promoción de la Autonomía Personal de las Personas con Discapacidad"* provides a transfer directly to the person with a disability, conditional on the hiring of a professional personal assistant who must submit periodic reports to the National Council for Persons with Disabilities. While this program is promising, in that it encourages autonomy of beneficiaries and professionalization of personal assistance services, it has small scale and only expanded from 10 to 25 beneficiaries since its inception in 2019. Ecuador and Panama are designing innovative pilots with Bank support to provide trained personal assistance as an alternative to unpaid family assistance.[55] In addition to raising the professionalization of support, these programs are providing training to family members to improve the agency and autonomy of PwD.

3.58 **To increase coverage of personal assistance programs for persons with disabilities, accurate quantification of the cost of these programs is important.** Preliminary research indicates that vouchers for the purchase of personal assistance services are costly to implement and administer (Duryea et

[55] In Panama, the monthly transfer value for *Programa Ángel Guardián* is approximately US$140 and covers 18,000 beneficiaries with high support needs. This subsidy aims to offset lost labor income of the family caregiver. With Bank support, the program will pilot a new personal assistance service.

al., 2021). Nonetheless, there is evidence that investment in personal assistance has the potential to generate significant returns. An impact evaluation of personal assistance in Barcelona concluded that for every euro invested in personal assistance, there is a social return of between 2.71 and 3.20 euros (PREDIF, 2015).

3.59 **Technological aids can also improve autonomy of PwD** (Pinzón-Caicedo & Duryea, 2021). Smartphones, for example, are a fundamental tool for independence and autonomy. They have a broad range of technology innovations and mobile-enabled services that meet the needs of persons with disabilities. Several mobile phone applications have been developed worldwide with information on the accessibility of spaces, and many more facilitate interpersonal communications. This was particularly relevant during the COVID-19 pandemic, to avoid social isolation despite the introduction of physical distancing. In addition, assistive technologies such as canes, wheelchairs and hearing aids can also contribute to increasing personal autonomy.

3.60 **Based on the evidence presented in this section, the promotion of PwD autonomy calls for the improvement and consolidation of income support programs, and the expansion of personal services.** In the short term, cash transfer programs targeting PwD are to be adapted to ensure that eligibility rules promote autonomy, and that the operational cycles exploit administrative synergies with income support programs for other vulnerable populations. The consolidation or expansion of registries and certifications is important to facilitate PwD' access to social protection. In parallel, the core of the policy agenda in the short- to medium-term is represented by the development of personal assistance services, complemented by the provision of technological aids.

E. Knowledge gaps

3.61 **While there is a broad and robust knowledge base on the effectiveness of cash transfer programs, knowledge gaps remain on the important issue of targeting, both to reach the poorest and to identify those hit by temporary shocks.** The first knowledge gap is related to the best strategy to increase coverage among the most marginalized and disenfranchised populations, who are in many cases left out of traditional enrollment efforts. The second is to include households in temporary poverty; dynamic targeting mechanisms need to be developed jointly with efficient strategies for continual updates of social registry information. To achieve this, new knowledge is needed on how to take advantage of big data, non-standard data (e.g., satellite images, cell phone data) and the development of new artificial intelligence algorithms, as well as on how to maximize interoperability while addressing cybersecurity, data privacy, and ethical concerns.

3.62 **Knowledge is also needed on new opportunities to improve CCTP design and operational efficiency.** Although the Bank has systematized and disseminated useful operational lessons from twenty years of CCTPs implementation (Ibarraran et al., 2017), more knowledge is needed on sustainable financing mechanisms, the relationship with labor formalization efforts, and the possibility of aligning them with post-crisis job creation and economic recovery strategies (e.g., by evaluating the impacts of formalization bonuses for CCTPs beneficiaries –see paragraph 3.25). Moreover, technological progress and development of non-traditional financial services and products offer new

opportunities that are worth studying to increase the efficiency of transfer delivery and promote financial inclusion.

3.63 **A pervasive knowledge gap that is important to fill to address all challenges identified in this SFD is how to address the political economy of reforms.** New knowledge, based on a scientific analysis of decision processes, is needed on how to build successful coalitions and strategies to implement complex policy agendas. In the case of safety nets, a pending challenge for LAC is how to design, communicate and implement energy subsidy reforms to open fiscal space for efficient redistributive policies. For both LTC and PwD personal autonomy, there is a knowledge gap on how to coordinate multiple stakeholders with competing agendas, ensuring collaboration and support for the consolidation and expansion of systems of services of personal assistance. For LTC, another knowledge gap is related to raising consensus for reforms today, even though aging appears as a problem of the future.

3.64 **For both LTC and personal assistance for PwD, knowledge is needed on projections of future costs of service provision, as well as on design of financial incentives that promote coordination across institutions.** First, while some financing projections exist for LTC systems in LAC countries, they are based on simplified simulations of service provision; more sophisticated models could improve the simulation of the mix of services (home, day center, residential, telecare), and include better information on the cost of each type of services and the modeling of financing mechanisms. In addition, new models need to be built for personal assistance programs. Second, while there is ample literature supporting and advocating integrated healthcare and broader integration between health and social services, there are no studies that document savings in healthcare attributable to the provision of LTC in LAC (see paragraph 3.44). Answering this question is particularly relevant for health organizations that provide services to older persons and that could save resources by investments in LTC, including in the private sector. Finally, knowledge is needed on the applicability in LAC countries of mechanisms that bundle together the reimbursements for healthcare and LTC services, through cost-sharing in providers reimbursements or equivalent types of contracts.

3.65 **Impact evaluations are necessary to determine the efficiency, efficacy and cost-effectiveness of LTC services and programs of personal assistance for PwD.** The experience from CCTPs is that rigorous and informative impact evaluations provide important input for improving projects and advocating for their continuity and expansion. Careful planning and commitment to learning and improving are necessary to produce such evaluations. Currently, in Bank projects' cost-benefit analysis, the benefits of LTC and personal assistance services are estimated as the value of caretaker time. This approach is very problematic as it focuses on the caretaker rather than on the well-being of the person with care dependence or disability. The value of personal autonomy is much greater than the wage loss of the caretaker. While there are rights-based arguments to support the need for LTC and assistance services for PwD, efficiency considerations and the opportunity cost of fiscal resources require solid justifications to guarantee adequate funding for these policies.[56] The impact evaluations of Bank-supported pilots in Panama and Ecuador may contribute to filling these knowledge gaps by

[56] Similarly, evaluations are needed for innovating pilot programs in assistive technology.

measuring the causal effects of the personal assistance model for PwD on self-determination in daily activities; and as a secondary result, the psychosocial effect and labor-market impact on unpaid family members providing support to PwD. Finally, it will be necessary to analyze ways to ensure the cultural adaptation of care and personal assistance services for indigenous people and other minorities.

IV. Lessons Learned From the IDB Group's Experience in the Social Protection Sector

4.1 In partnership with the Knowledge and Learning Division, IDB Invest and IDB Lab, the team responsible for this SFD extracted lessons from the IDB Group's experience in social protection and inclusion of PwD and care dependent older persons. The team analyzed a sample of related IDB Group loans, grants, and technical cooperation operations (see Annex I).[57] The analysis was based on a review of project documentation and interviews with project team leaders. The IDB Group's work in social protection and inclusion of PwD and care dependent older persons have focused primarily on policies and programs in the public sector, but activities involving private-sector actors have expanded. IDB Lab and IDB Invest provided lessons from the latter. The lessons learned are highlighted below, grouped according to strategic and thematic features.

A. Strategic themes

4.2 **The strategic importance of cash-transfer programs appeared to be declining in the context of an expanding middle class but increased public awareness of inequality in income and opportunities, followed by the COVID-19 crisis, have put them back at the top of the policy agenda.** As a response to the pandemic, in many countries the Bank supported expansion of existing programs, either vertically (temporarily increasing benefits provided, as in Bolivia and Suriname) or horizontally (including additional beneficiaries, as in Ecuador). In others, it supported implementation of new programs (e.g., in Belize, Brazil, Guatemala, Haiti, Paraguay and Uruguay). This financing was of an emergency nature. As countries recover, they will need to extract lessons from COVID-19 interventions (e.g., digital tools for beneficiary identification and payments) and to exploit data collected on new beneficiaries to create a more comprehensive, efficient, and sustainable safety net.[58] The design and implementation of such systems should consider the type of poverty and nature of vulnerability to shocks in each country.

4.3 **The pandemic highlighted the pervasive under-coverage of existing CCTPs.** In many countries, existing CCTPs covered about 60% of the individuals living in extreme poverty (see Figure 4, and Table 6–32). Reasons vary from country to

[57] The sample includes projects with approved Project Completion Reports (BO-L1070, CO-L1252, EC-L1238, BH-L1030, JA-L1037, DR-L1047, DR-L1059, HO-L1193, HO-L1204, ME-L1091, ME-L1257, PN-L1152, BR-L1053), those in advanced stages of execution (BO-L1216, EC-L1129, JA-L1053, BL-L1034, DR-L1053, HO-L1093, HO-L1105, AR-L1302, PR-L1175), and those with special design features (EC-L1236, PN-L1160, UR-L1110, EC-L1270, BR-L1554, CO-T1418). The following documents were reviewed: Project Completion Report, Progress Monitoring Report, Loan Proposals, related Technical Notes, impact evaluations, evaluations by the Office of Evaluation and Oversight, and other relevant documents.

[58] To increase the system's financial sustainability, the Bank supported creation of a special reserve fund to address crisis situations in Paraguay.

country and include insufficient budget, exclusion errors in targeting mechanisms, and failure to reach the most marginalized populations in the field (see footnote 15, paragraph 2.11) (Robles et al., 2019). As part of the reconfiguration of social protection systems, it is necessary to ensure that CCTPs increase their coverage of the extreme poor (see paragraph 4.11).

4.4 **The political economy context is key to social protection reform**. Political economy issues may hinder efforts to streamline social protection spending, adjust program design to improve effectiveness, increase coverage, and coordinate actions and information across sectors and levels of government. For instance, implementing well-targeted cash transfers to reduce regressive and fiscally unsustainable energy subsidies was unfeasible where governments had not developed strong non-partisan political consensus on the reform or ensured widespread public understanding of its equity, fiscal, and environmental benefits. In a different area, the work of IDB's Migration Unit has shown that political economy considerations are fundamental for successfully expanding social safety net interventions to communities hosting migrant populations.

4.5 **All policies discussed in this SFD have a strong gender dimension, even more during the COVID-19 socioeconomic crisis.** Women represent the majority of PwD and care dependent older persons. In addition, personal assistance and LTC policies have a strong impact on women's double burden of work and care within the household. The pandemic increased this gender imbalance, with women bearing an even higher load of domestic work as schools and childcare centers were closed and services for older persons interrupted. During the pandemic women have also suffered more job losses than men, and consequently benefited more from income support programs implemented in response to the crisis. Finally, to address the increase in domestic violence observed during lockdowns, some Bank-supported cash-transfer interventions were complemented by the provision of priority access to integrated services for women victims of violence.

4.6 **Current social protection policies have fallen short of their objective to include persons with care dependence or disabilities.** The pandemic highlighted the greater vulnerability of these two groups and fragility of the services directed at them. For example, as in other regions in the world, there was a clear deficit in oversight of LTC services. Nursing homes and assisted living facilities become hot spots for COVID-19 transmission and mortality. This crisis came on top of a growing demand by clients for an analytical and operative agenda focused on creating or consolidating LTC systems. In collaboration with the French Development Agency and the EUROsociAL+ program of the European Union, the Bank led the creation of the Long-Term Care Policy Network (RedCUIDAR+). This network aims to facilitate the exchange of experiences, provide technical knowledge, and foster policy dialogue in LTC. It has conducted workshops and policy discussions focused on financing, human resource development, and gender imbalances in care. The agenda faces the important challenge of striking a balance between the recognition of needs (based on human rights and demographic trends) and the mobilization of financial resources (which requires setting up long-term financing schemes).

4.7 **Bank support for development of LTC highlights the challenges of developing a comprehensive services system.** As was the case in high-income countries that recently developed LTC systems, there is a relatively long period

between when the agenda gains relevance and alliances are formed to when the agenda is implemented through policies. Several countries in the region are at different stages in this process. When a system is created, normally following policy debate and approval of a law, it is important to develop operational tools that define who is eligible, the services to be provided, and how quality will be defined, measured, and monitored. It is also essential to define a sustainable financing mechanism. Underfunded systems will be ineffective and may create obstacles for the LTC agenda moving forward. Careful monitoring is also important in the early stages of implementation to validate the underlying assumptions; for example, in terms of service uptake, how will potential suppliers react to public policies, and how will copays or any other features that impose costs on beneficiaries affect demand for the program? Countries developing LTC systems are eager to learn from other experiences in and outside the region. In this regard, there is strong demand from IDB countries for process and impact evaluations of alternative service modalities.

4.8 **The Bank is also facing growing demand to assist LAC countries in the development of services that promote the autonomy of PwD.** In response to that demand, the Bank has acquired first-hand experience through operations in Ecuador, Panama, Colombia, and Uruguay. These operations have shown that promotion of personal autonomy requires multisectoral coordination, with contributions from several institutions that typically have limited budgets for PwD inclusion. It also requires coordination with the private sector and creation of incentives to private sector initiatives since personal assistance services are often provided by private-sector operators. Without this coordination, interventions are often limited to pilot programs. Rigorous impact evaluations of these pilots are important to demonstrate that these interventions, in addition to being justified from a human rights perspective, are also cost-effective.

4.9 **Development of LTC and personal assistance services creates new opportunities for collaboration between public- and private-sector arms of the IDB Group.** Ongoing efforts have led to the publication of a paper that outlines business opportunities and employment generation potential in the silver economy (Okumura et al., 2020). It also produced the first mapping of silver economy actors and trends in LAC Jimenez et al., 2021), which found that one third of the mapped businesses are in the LTC domain. In partnership with the Social Sector, IDB Lab is currently leading: (i) a challenge to identify promising businesses capable of expanding silver-economy benefits to all socioeconomic groups, including the vulnerable population;[59] and (ii) the creation of a community of practice to enable business cross-fertilization across countries and sectors and establish a silver-economy branding in the region. Through these initiatives, the IDB intends to establish its leadership in the silver economy in LAC. This collaboration has the potential to be expanded to the area of PwD services, including with support from IDB Invest, since the private sector plays a fundamental role in the care and personal assistance economy.

B. Thematic lessons

4.10 **Technological solutions and information systems, particularly interoperable social registries, are increasingly important in IDB Group's support of cash transfers and other social-protection programs in the region.** Social registries

[59] See: https://convocatorias.iadb.org/en/bid-lab/silver-economy.

and interoperability with administrative data are fundamental for safety-net transparency and efficiency, as they increase traceability and reduce duplication of benefits. They have also enabled countries to respond more efficiently to the COVID-19 crisis, permitting identification of vulnerable households not previously receiving cash transfers. However, exchange of information across government bodies continues to present challenges. These include the definition of the type of information that must be classified as confidential in each government agency's systems, institutional weakness in monitoring and evaluation, gaps in connectivity, and resistance to change. To overcome these challenges, the Bank has learned it is important to: (i) define terms and conditions for information exchange such as through memoranda of understanding; (ii) ensure systematic collection and storage of information across institutions with the aid of digital tools; (iii) create governance frameworks that foster dialogue across institutions; and (iv) implement change and innovation management training and coaching for key human resources (including design thinking and agile methodology).

4.11 **Over the years, artificial intelligence and machine learning have been used to increase coverage of cash transfers among the poorest and to reduce leakage to the middle class.** They have been used to refine existing targeting algorithms, and to exploit information from non-traditional sources, such as cell phones, mobility data and satellite images. Some Bank-supported operations are also exploring use of algorithms to enhance the effectiveness of recertification and other operational processes. The Bank's operational experience, however, also teaches that to increase coverage of the most vulnerable population, technological progress must be complemented with proactive search and culturally adapted communication strategies.

4.12 **Digital payments have been critical for efficient and transparent delivery of cash transfers during the COVID-19 crisis and for creating an opportunity to foster financial inclusion.** The experience with electronic payments in CCTPs points to the need to carry out specific actions to promote financial inclusion (for example, through education in financial literacy and agreements to reduce bank charges). Beneficiaries need to be given support to facilitate the transition from cash payments to electronic payments, and negotiations with financial institutions are needed so beneficiaries can access other types of financial services. The work of IDB Invest in Chile shows that IDBG private sector arms contribute to the expansion of electronic payments through financial institutions that support the execution of cash transfer programs. Financial inclusion is also a pillar of the IDB Invest's Poverty and Vulnerability Roadmap.

4.13 **Audits have played an important role in ensuring the rule of law and transparency in the implementation of cash transfer programs.** The Bank has used project annual audited reasonable assurance reports, conducted by independent audit firms, with scope governed by the Financial Management Guidelines for IDB-financed Projects (OP-273-12) and the Audited Financial Reports and External Audit Management Handbook. These reports have been complemented by annual audits of cash transfer payments, and financial audits conducted by independent firms for justification of expenses. Audits have included: (i) the verification that targeting formulas are calculated correctly and that only households who should qualify for a program are enrolled; (ii) verification that compliance with conditionality is reported accurately (i.e. teachers and health personnel are reporting attendance truthfully); (iii) sample verification that enrolled

beneficiaries are actually the ones who received the transfer; and (iv) verification that the conditions of beneficiary household match those reported in the database used to determine eligibility (house materials, etc.). These arrangements have ensured the transparency and traceability of cash transfer payments, avoiding fraud and unintended use of cash transfer program budgets.

4.14 **Challenges persist in the coordination with the education and health sectors to ensure CCTP beneficiaries have access to quality services.** Regional experience underscores the importance of applying coordination mechanisms with legal, operational, and budgetary capacity to facilitate dialogue and articulate a comprehensive view of social protection. Key tools include setting concrete targets, forming a full-time autonomous execution team, allocating specific budgets—down to the local level—and having information systems and mechanisms that enable accountability. Key requirements include a strong mandate from political authorities (presidency and sector ministries), monitoring of budgetary allocation and execution of transfers, and actions by finance managers to strengthen supply. Some countries have managed to frame these coordination efforts in integrated social-development and poverty-reduction strategies that specify the scope, stakeholders, targets, and responsibilities for program design, execution, and monitoring. It also helps to experiment with innovations aligning transfers with supply-side incentives, including results-based funding mechanisms to change service providers' behaviors with strong focus on ensuring that all extensions in access are implemented with quality in the services provided, as emphasized in the Health SFD (GN-2735-12).

4.15 **The experience in fragile countries highlights the importance of alternative execution schemes and delivery mechanisms.** For example, in the context of fragile institutional settings, it may be appropriate to exploit the operational experience of non-governmental organizations with deep roots in the territory and relationships of trust with the local communities. In addition, where the market for basic goods is characterized by insufficient supply, it may be wise to depart from the paradigm that cash transfers are the most efficient and instead support direct distribution of food items. This scheme has been adopted in operations prior to and during the COVID-19 crisis, in some cases by leveraging the operational framework of school feeding programs.

4.16 **Operational experience of services for inclusion of PwD shows that beneficiaries must actively participate in development of policies and programs, in line with the Convention on the Rights of Persons with Disabilities, in order to empower them and recognize their rights.** It is important to establish an institutional framework to guarantee their continuous participation. This includes appointment of civil society representatives to the governing bodies of public institutions, and organization of outreach events that can act as sounding boards and increase visibility of the policy agenda on social inclusion of PwD. In line with the Convention, the Bank's experience also reinforces the importance of recognizing and leveraging family bonds, civil society entities, and support networks that are strongly rooted in the territory. This enables quality improvements in services and adoption of a person-centered approach.

4.17 **Community participation and cultural relevance of interventions increase the likelihood of success.** Strengthening community processes by establishing beneficiary care points or through social audits raises the population's awareness of the program's objectives and helps position it on the agenda of local community management bodies, while also mitigating integrity risk. Moreover, experience in the

region indicates that in countries with cultural, social, and ethnic diversity, appropriate intervention and social communication strategies from an intercultural perspective contribute to stimulate results and foster stronger program ownership.

4.18 **The Bank's operational experience shows that it is essential for executing units of social protection projects to develop digital skills.** Key areas identified for digital skills capacity-building include: (i) develop a digital culture within the organization; (ii) attract and retain data scientists and specialists in digital technologies, including cybersecurity and data privacy; (iii) advance the technical and technological skills needed to develop or interact within interoperability platforms that integrate digital information from different government agencies; (iv) create capacity for procurement of technologies (including those developed through agile methodologies); and (v) foster a culture of change and innovation.

4.19 **The Bank's operational experience also shows that development and retention of human resources is essential for effective implementation of social-protection programs.** A key issue is the professionalization of social protection management and implementation, which entails establishing educational and training programs to improve the capacity of employees and executives. The subject is equally relevant for case management in cash-transfer programs, LTC, and personal assistance. Once capacity is built, it is important to minimize staff turnover to retain institutional memory. In addition, for projects focusing on PwD, it is important to invest in capacity-building for stakeholders and executing agencies on the Operational Protocol for the Convention on the Rights of Persons with Disabilities, and to foster an understanding of the biosocial model of disability.

V. LINES OF ACTION FOR THE IDB GROUP'S WORK IN THE SOCIAL PROTECTION SECTOR

5.1 This SFD proposes that the IDB Group supports countries' efforts to build efficient, flexible, and transparent social-protection systems that alleviate structural and temporary poverty (in the former case, including incentives for development of human capital), and promote social inclusion and autonomy of PwD and persons in situations of care dependence. Based on the diagnosis presented in Section II, a review of the evidence in Section III, and lessons outlined in Section IV, this SFD proposes three lines of action, whose application should be tailored to the specific context of each country through policy dialogue, diagnostic studies, programming discussions, technical assistance, and lending operations.[60]

A. Line of Action 1: Support efficient and flexible cash-transfer programs that alleviate structural poverty and provide protection against systemic or idiosyncratic shocks.

5.2 **Improvements in coverage, efficiency and efficacy of programs targeting families living in structural poverty, with a focus on promoting human capital accumulation to improve future generations' labor market outcomes, can help reduce poverty and inequality in the aftermath of the pandemic.** Several countries in the region have successfully implemented CCTPs, and there are useful technical and operational lessons on how to improve: (i) coverage of

[60] Lending operations will follow the Bank´s Environmental and Social Policy Framework approved in September 2020.

households in structural poverty, through innovative targeting mechanisms, including artificial intelligence and culturally pertinent active search strategies; (ii) efficiency, through use of digital tools for identification, enrollment, payment, monitoring, and recertification of beneficiaries; (iii) transparency, through the use of information systems that ensure traceability of the transfers and financial audits that minimize the likelihood of frauds; and (iv) efficacy, through improvements in quality of educational and health services provided to beneficiaries (to foster achievement of desired human capital development objectives). Accordingly, the IDB Group will strengthen policy dialogue, knowledge generation, technical assistance, and operations to support the redesign and improvement of existing CCTPs along the lines of these lessons learned. It will also support studies to analyze targeting mechanisms and operational strategies aimed at increasing coverage among the most marginalized and disenfranchised populations.

5.3 **Flexible unconditional cash-transfer programs are key in responding to large transitory shocks such as pandemics, extreme climate-related events, or natural disasters.** While the magnitude of the economic shock caused by the COVID-19 pandemic is unprecedented, the region is vulnerable to climate-related events and natural disasters, and few countries had tools in place to respond to transitory shocks. Most countries in the region responded to the crisis with new programs and significant fiscal effort (see paragraphs 2.12 to 2.15). Through policy dialogue, technical assistance, and operations, the IDB Group will support countries' efforts to leverage data collected and lessons learned from execution of COVID-19 programs, as well as from exposure to other climate-related shocks, to design and implement policies that provide effective protection against transitory poverty for households not covered by contributory social protection (including unemployment insurance and contributory pensions discussed in the Labor SFD). With a similar goal to alleviate temporary poverty, the IDB Group will also support countries that decide to expand income support for migrants and host communities. Finally, it will support studies focused on: (i) development of dynamic targeting mechanisms that allow frequent entry and exit of beneficiaries; and (ii) relationship between cash transfers and labor formalization efforts (considering the context of the future of work and impacts of technology on the labor market, including prevalence of multi-employment, non-standard work arrangements, and telework).

5.4 **Institutional strengthening can support a new generation of social protection policies to provide efficient income support against structural poverty and transitory shocks**. Countries with broader interoperable social registries and updated information and electronic payment systems were better equipped to respond to the pandemic (see paragraph 2.16). Most countries in the region lack these tools (see paragraphs 2.18 and 2.19). To address this gap, the IDB Group will support development of social or unified registries that enable dynamic targeting and frequent entry and exit of beneficiaries, particularly for programs that protect against transitory shocks. This will include increasing interoperability in the social protection system and with other sources of administrative data, such as civil registries and tax records, among others, while ensuring the highest levels of cybersecurity and data privacy. Second, the IDB Group, leveraging the strategic partnership with the private sector, will support efforts to develop electronic payment systems that enable transparent and efficient delivery of cash transfers through bank accounts, e-wallets, mobile money accounts, or non-account arrangements such as unique-code-based payments. These efforts will also aim

to promote the financial inclusion and the access to financial services among the poor and vulnerable populations, leveraging partnerships with the private sector, as financial inclusion constitutes a pillar of IDB Invest´s Poverty and Vulnerability Roadmap.

5.5 **Reduction of regressive and inefficient generalized subsidies and tax expenditures, rationalization of government spending and increasing tax revenues can strengthen the financial sustainability of non-contributory social protection.** Cash transfers are the most efficient redistributive instrument, yet many countries in the region still spend more resources on energy subsidies and tax expenditures. The IDB Group will: (i) support knowledge generation, policy dialogue, and operations to increase the fiscal sustainability of cash transfer programs by rationalizing government spending and reforming energy subsidies and tax expenditures, taking into consideration technical and political economy factors, including the use of cash transfers to compensate the poor and vulnerable that are negatively impacted by such reforms; and (ii) support the design and preparation of contingent financing mechanisms for temporary cash transfer programs against transitory systemic shocks.

B. Line of Action 2: Support LTC systems that promote autonomy of older persons.

5.6 **Development of financially sustainable LTC systems integrated with healthcare helps to address increased demand for support services associated with aging populations.** Based on projected demographic and epidemiological trends (see paragraph 2.28 and 2.29), a big increase in demand for care will take place along with a decrease in the supply of traditional care services provided within the family, largely by women. To address this challenge, using policy dialogue, technical assistance, and operations, the IDB Group will support government and private-sector efforts to expand and improve the supply of LTC services with a focus on home-based and person-centered care, and on rebalancing the burden of care across genders. The IDB Group will work with countries in the region, especially those more advanced in their demographic transition, to: (i) develop a well-trained, motivated, and remunerated workforce; (ii) define and implement quality standards, accreditation and monitoring processes, up-to-date registries of LTC providers; (iii) develop sustainable financing mechanisms based on general taxation, social insurance, and/or copayments; in collaboration with IDB Invest and IDB Lab, explore the potential of private insurance for LTC in the region; (iv) provide LTC services; and (v) evaluate the impact of these services. Participatory processes based on open innovation will be employed to generate broad consensus for the new policies and programs. The IDB Group will also support efforts to address knowledge gaps in the five work areas mentioned, as well as to estimate the effects of developing a LTC system on healthcare costs in LAC. Knowledge production will also center on the relationship between LTC and other care services, such as assistance for PwD with high support needs and care for children, which together constitute the care economy. Finally, the IDB Group will study ways to ensure that LTC services are culturally adapted to serve the needs of indigenous people.

5.7 **Long-term care, part of the silver economy, has significant potential to create good employment opportunities.** Evidence from countries with well-established systems shows that LTC has a significant multiplier effect and directly contributes to job creation in the formal sector through opportunities for caregivers, and

indirectly contributes by enabling increased female participation in the labor force. Use of technology as a complement to personal care may also contribute to the quality of services and well-being of older adults and their families. Through its operations, technical assistance, and the innovation work of IDB Lab (see paragraph 4.9), the IDB Group will support policies and regulations that foster private LTC initiatives, both for and not-for profit. It will promote initiatives that create formal sector jobs in the long-term care sector, ensuring these jobs are attractive for all genders.

C. Line of Action 3: Support services for the inclusion and autonomy of PwD.

5.8 **A national updated registry of PwD based on a unified certification process can help with planning and implementation of policies that support the autonomy of PwD.** Implementing national assessment and certification services, with special attention paid to underserved areas (including rural and remote areas) is the first step toward increasing coverage of programs for PwD; it also enables adoption of the social model of disability in disability assessment. The IDB Group will use technical assistance and operational support with partners in the region to implement disability assessments, build national registries of PwD and develop policies based on this information. To increase access to social protection services, the IDB Group will also support reasonable accommodations and universal design to ensure that the websites, documents, and services of social protection programs are accessible to people with disabilities.

5.9 **In line with the social model of disability and the United Nations Convention, skilled personal assistants can contribute to the autonomy of PwD**. The IDB Group will use technical assistance and operations to expand and improve the supply of trained personal assistance for PwD as an alternative to unpaid family assistance. As a complement to personal assistance, the IDB Group will also support training for family members with a focus on autonomy, and the supply of assistive technologies to increase autonomy and facilitate interpersonal communications. To accomplish this, the IDB Group will address knowledge gaps in: (i) sustainable financing frameworks for provision of assistive technology and personal assistance (based on general taxation and/or social insurance); (ii) benefits of providing personal assistance and assistive technology for beneficiaries' well-being and personal autonomy; (iii) relative effectiveness of alternative modality of provision of personal assistance; and (iv) the cultural adaptation of personal assistance for indigenous PwD.

5.10 **Persons with disabilities face greater economic vulnerability and some require additional income support to avoid poverty and exclusion.** The operational implications of the principles of the United Nations Convention suggest that labor market participation is the best way to achieve economic autonomy for PwD. However, these groups experience more poverty and vulnerability than the rest of the population (see paragraphs 2.38 and 2.39) and require additional income support. The IDB Group will work with clients through policy dialogue, technical assistance, and operations focusing on implementation of cash transfer programs that alleviate poverty associated with having a disability. It will also support efforts to remove operational rules that limit PwD's autonomy through eligibility requirements (see paragraph 2.47). Finally, the IDB Group will help to develop and implement strategies to integrate these transfers into the overall system of income support, thereby increasing administrative efficiency.

ANNEX I. FIGURES

Figure 1. IDB's Approach to Social Protection

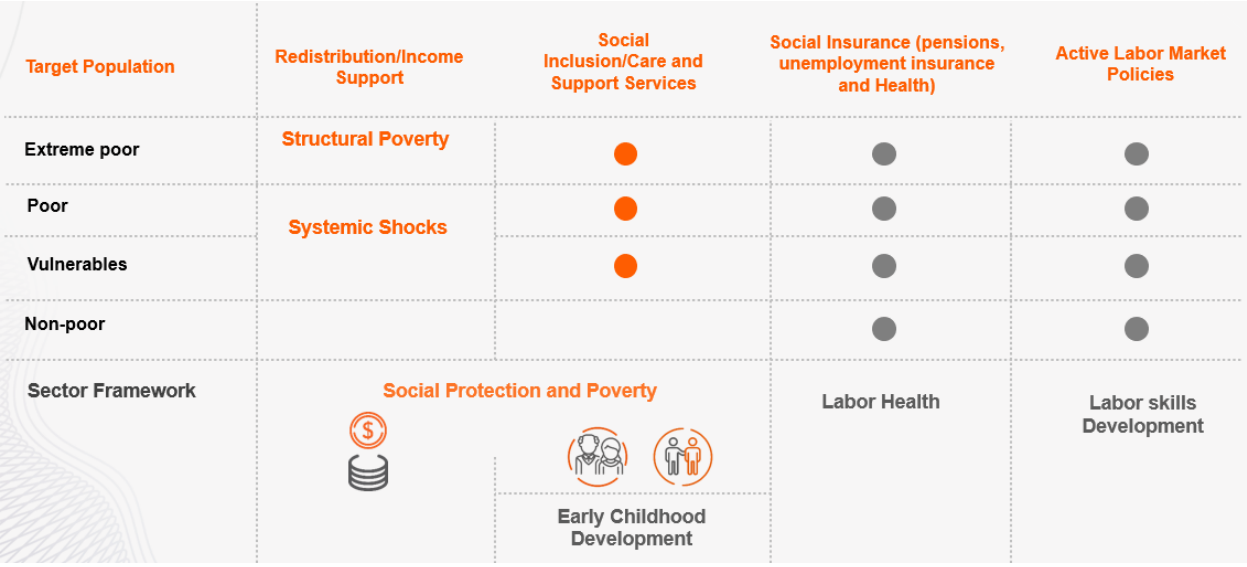
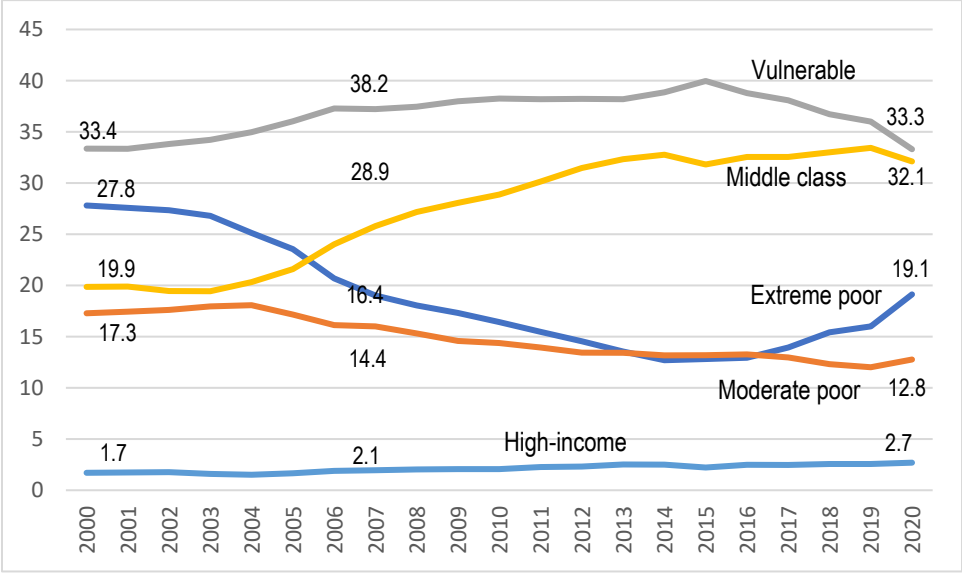
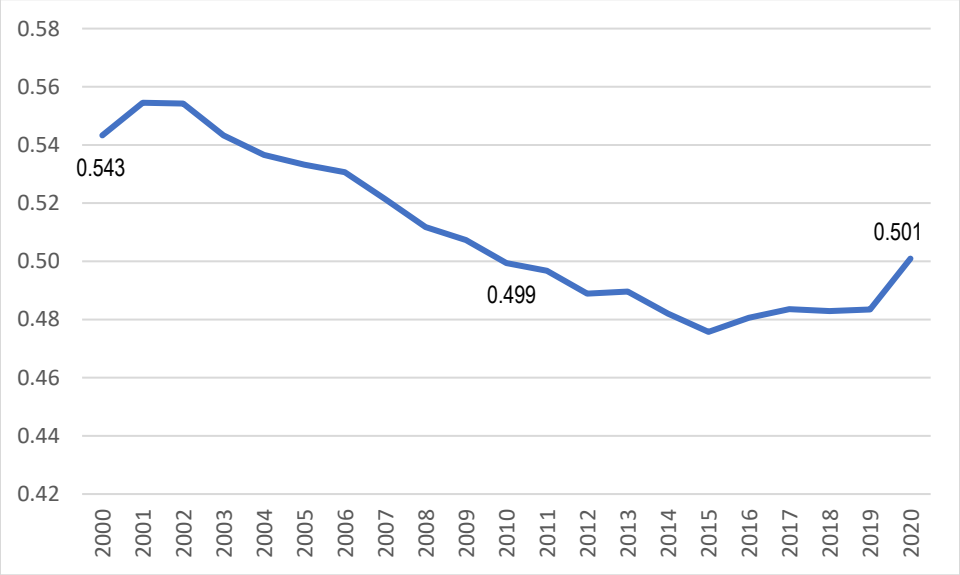


Figure 2. LAC-18 socioeconomic groups 2000-2020 (percentage of population, weighted average)



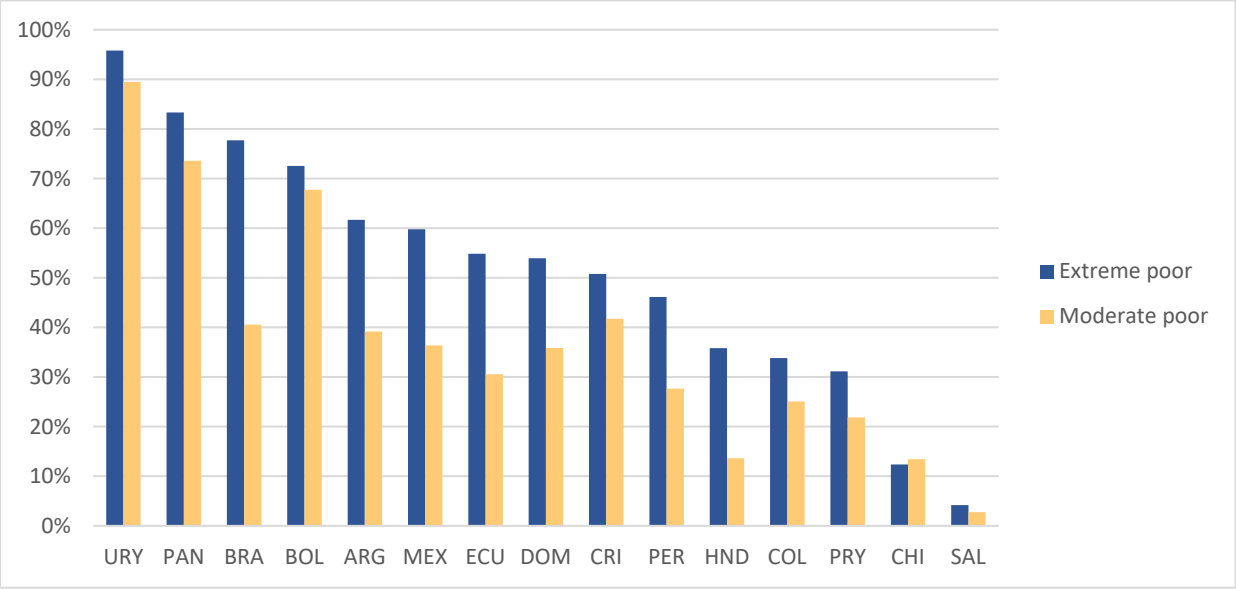
Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." **LAC-18** refers to the weighted average of the following 18 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Paraguay, El Salvador, Uruguay and Venezuela. Eight countries were omitted in this figure due to data limitations (either not updated or incomplete). These countries are Bahamas, Belize, Barbados, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago.

Figure 3. Gini Index of the distribution of per capita income 2000-2020 in LAC-18



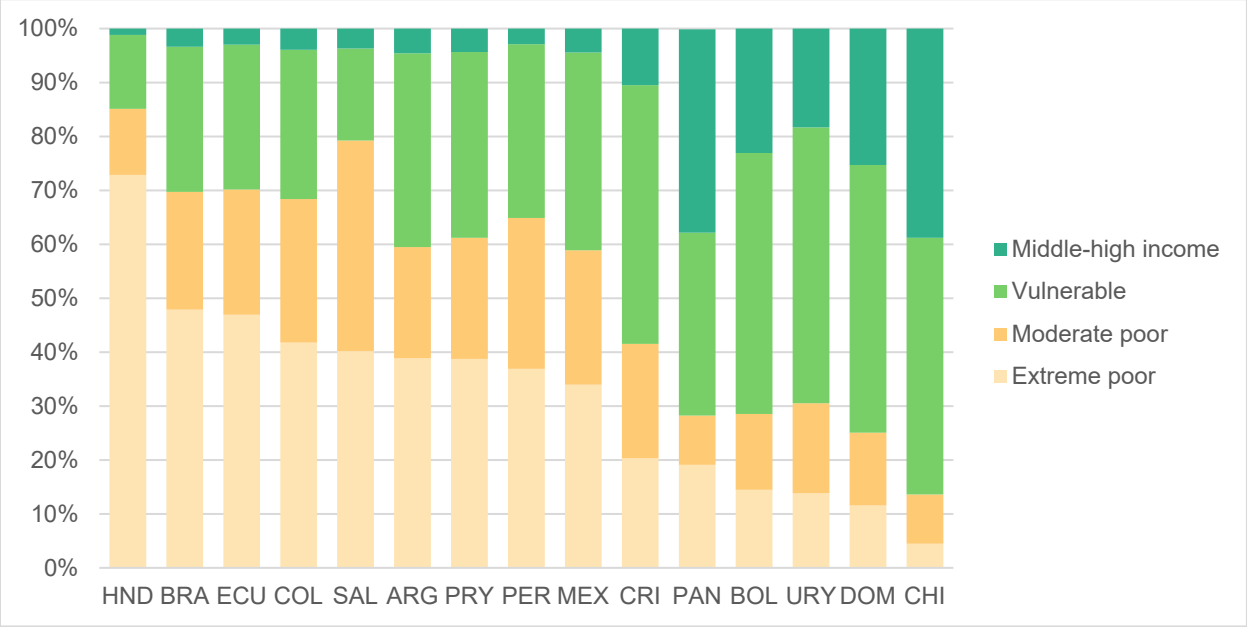
Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." **LAC-18** estimations for Gini include Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Paraguay, El Salvador, Uruguay and Venezuela. Eight countries were omitted in this figure due to data limitations (either not updated or incomplete). These countries are Bahamas, Belize, Barbados, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago.

Figure 4. Percentage of persons living in extreme and moderate poverty who received conditional cash transfers in 2019, by country



Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." Notes: ARG=Argentina (2019), BOL=Bolivia (2018), BRA=Brazil (2019), CHL=Chile (2017), COL=Colombia (2018), CRI=Costa Rica (2019), DOM=Dominican Republic (2019), ECU=Ecuador (2019), HND=Honduras (2018), MEX=Mexico (2018), PAN=Panama (2019), PRY=Paraguay (2018), PER=Peru (2019), SAL=El Salvador (2019), and URY=Uruguay (2019).

Figure 5. Socioeconomic status of conditional cash transfers' beneficiaries in 2019, by country



Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." Notes: ARG=Argentina (2019), BOL=Bolivia (2018), BRA=Brazil (2019), CHL=Chile (2017), COL=Colombia (2018), CRI=Costa Rica (2019), DOM=Dominican Republic (2019), ECU=Ecuador (2019), HND=Honduras (2018), MEX=Mexico (2018), PAN=Panama (2019), PRY=Paraguay (2018), PER=Peru (2019), SAL=El Salvador (2019), and URY=Uruguay (2019)..

ANNEX II. TABLES

Table 1. Extreme poverty in LAC-18: percentage of population with income below US$3.1 per day, adjusted by purchasing power

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ARG	11.8	15.9	24.0	20.4	14.6	11.3	8.2	5.5	5.8	5.7	4.2	3.1	3.4	2.7	3.4		6.7	5.9	6.4	9.3
BHS		1.1	1.7	1.6	1.2	1.5	0.8	1.0	1.2	1.8		2.8	3.6	3.5	3.5					
BLZ								4.8												
BOL	40.5	35.8	38.3	28.3		34.4	32.7	31.3	23.6	21.1		17.0	18.1	15.7	15.5	15.0	16.2	16.0	14.3	10.5
BRA		26.5	25.7	26.9	24.4	22.6	20.6	17.9	15.5	14.8		12.7	10.4	10.3	9.0	10.5	10.9	15.5	10.5	10.2
BRB					1.1	0.6	0.9	0.4	0.4	0.4	0.4	1.4	1.2	1.0	1.5	1.2	1.2			
CHL	11.4			9.8			6.2			4.7		4.1		2.8		2.7		2.6		
COL	37.9	40.5	35.5	32.4	34.4	29.1			26.5	25.2	22.3	19.6	20.0	17.1	16.6	16.1	15.1	14.3	14.9	17.0
CRI	13.5	13.2	13.5	13.0	12.2	10.7	11.0	7.6	6.8	7.1	7.2	9.5	7.5	7.5	6.7	6.8	6.4	5.7	6.4	6.2
DOM	18.6	19.7	19.8	24.6	30.6	24.9	22.4	20.9	20.2	19.5	19.9	18.0	18.4	17.3	15.1	12.2	11.5	7.8	6.9	5.5
ECU	42.3	38.4		35.3	30.7	28.4	24.0	23.3	22.5	22.4	19.3	16.4	16.1	13.9	12.0	12.5	13.3	12.5	13.1	14.6
GTM	43.5		34.3	32.5	44.1		32.0				51.8	50.5	41.3	36.7	35.9	33.5	36.1	36.1	37.6	35.9
GUY																		31.0	31.7	30.8
HND		46.4	48.2	41.6	45.2	43.6	40.9	36.2	32.2	32.1	34.6	37.2	42.5	39.5	35.0	35.5	34.3	36.5	37.3	
JAM																				
MEX	27.6		24.0		20.5	21.2	17.0		18.7		19.3		19.4		17.3		12.4		11.2	
NIC		45.0				43.8				41.1	34.4	31.4	29.0		30.4					
PAN	19.9	25.3	22.8	21.8	21.5	21.8	21.6	19.1	18.7	17.1	16.8	14.8	11.3	12.6	11.1	11.3	9.6	9.1	9.3	9.7
PER	29.0	33.6	29.6	28.9	29.5	32.0	29.4	23.4	20.2	14.2	12.3	13.7	13.2	12.2	11.2	10.8	10.5	10.5	8.9	8.6
PRY		27.6	33.9	28.0	25.2	21.0	26.0	21.1	20.9	19.8	19.4	17.8	17.8	12.9	12.6	13.3	15.0	13.9	11.9	11.9
SLV	28.3	29.5	28.8	26.0	26.2	31.1	25.7	21.8	25.2	25.1	24.9	24.0	22.3	19.3	18.9	16.7	17.6	15.2	13.7	12.0
SUR																		33.4		
TTO	6.9	6.5	5.9	5.6	5.6	5.1	4.0	3.4	3.1	1.2	4.6	3.2	4.1	4.3	4.3	3.9				
URY	3.3	5.0	6.9	8.2	9.9	9.5	6.2	6.8	3.3	4.3	3.3	3.0	3.3	2.8	2.5	2.9	2.7	2.3	2.2	2.3
VEN	21.7	21.5	27.6	34.0	24.4	22.7	13.3	9.9	8.8	7.6	7.7	8.1	7.7	7.7	6.0	8.5	17.4	45.0	78.2	88.1
LAC-18	27.8	27.6	27.3	26.8	25.1	23.6	20.7	19.0	18.0	17.3	16.4	15.5	14.5	13.6	12.7	12.8	12.9	13.9	15.4	16.0

Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." LAC-18 includes the weighted average of 18 countries including ARG=Argentina (urban areas only), BOL=Bolivia, BRA=Brazil, CHL=Chile, COL=Colombia, CRI=Costa Rica, DOM=Dominican Republic, ECU=Ecuador, GTM=Guatemala, HND=Honduras, MEX=Mexico, NIC= Nicaragua, PAN=Panama, PER=Peru, PRY=Paraguay, SLV=El Salvador, URY=Uruguay, and VEN=Venezuela. BHM=Bahamas, BLZ=Belize, BRB=Barbados, GUY=Guyana, HTI=Haiti, JAM=Jamaica, SUR=Suriname, and TTO=Trinidad and Tobago were omitted for LAC-18 weighted average due to data limitations for the whole period.

Table 2. Moderate poverty in LAC-18: percentage of population with income between US$3.1 — 5 per day, adjusted by purchasing power

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ARG	12.5	12.7	14.8	15.1	13.0	11.2	9.2	7.2	7.3	7.8	7.0	6.2	5.4	5.1	5.6		7.4	6.2	7.0	9.9
BHS		1.3	1.4	1.9	1.9	1.8	1.9	1.4	1.8	1.8		2.6	2.6	3.1	2.6					
BLZ								3.2												
BOL	17.7	18.3	16.4	17.2		17.6	15.3	15.0	15.4	13.9		12.4	11.9	11.2	11.6	12.9	10.9	11.5	11.5	11.2
BRA		16.6	16.8	16.4	16.8	16.3	15.3	16.5	15.3	13.1		12.6	11.7	10.8	10.3	10.7	11.0	15.5	10.8	10.6
BRB	0.2				1.3	1.4	1.2	1.1	1.2	1.4	1.3	1.7	2.7	3.0	3.3	2.4	3.1			
CHL	14.0			13.9			11.3			8.3		8.0		5.3		5.5		4.9		
COL	2	20.4	18.5	20.8	19.2	19.7			15.7	16.9	16.4	15.7	15.1	15.1	13.7	14.2	14.7	14.4	14.9	15.2
CRI	14.1	13.6	14.0	12.5	14.7	13.0	12.4	11.4	11.2	10.4	10.1	9.5	9.5	9.2	9.3	8.4	8.2	8.3	8.5	8.8
DOM	15.9	18.0	16.4	18.7	20.7	18.4	17.9	17.6	18.9	18.2	17.3	18.2	18.2	19.0	16.3	15.9	14.6	12.2	11.1	10.9
ECU	20.9	19.5		19.9	18.5	19.0	18.9	19.2	17.7	19.5	19.0	17.9	15.9	16.8	15.1	15.2	14.8	14.2	14.8	16.1
GTM	15.7		16.6	14.4	17.2		16.6				16.7	15.9	16.4	18.9	17.8	19.7	17.5	18.1	19.5	20.2
GUY																		19.0	20.3	17.9
HND		15.8	14.8	18.7	16.7	16.4	15.9	16.1	18.3	17.4	18.0	17.8	17.9	18.8	18.9	18.3	17.6	18.0	18.3	
JAM																				
MEX	18.6		19.3		20.2	18.1	17.9		17.2		18.8		18.6		19.9		16.2		15.8	
NIC		17.7				20.3				20.6	24.3	24.2	21.9		20.6					
PAN	13.2	13.5	13.5	13.1	13.0	13.3	13.0	12.2	10.8	11.4	9.7	10.6	9.7	9.2	8.5	8.3	7.6	7.3	6.5	6.8
PER	19.6	19.5	18.4	18.7	18.2	18.3	17.7	15.5	15.1	13.3	11.8	13.6	12.5	12.8	12.4	11.8	12.2	12.3	11.8	12.0
PRY		12.1	15.9	18.5	19.3	16.9	16.7	17.5	16.2	13.5	13.4	13.4	12.0	11.9	10.4	10.9	12.5	12.3	10.2	10.2
SLV	18.3	17.0	18.0	18.5	21.2	2	20.8	21.3	21.0	21.5	21.2	22.0	20.8	2	19.7	20.1	17.7	18.8	17.1	17.8
SUR																		20.3		
TTO	10.6	9.7	9.0	9.0	8.3	7.3	7.3	7.7	5.7	3.4	7.1	6.9	8.2	7.0	6.8	7.9				
URY	6.8	9.6	11.6	14.4	13.5	11.5	11.3	10.6	8.8	8.0	7.6	5.8	5.1	5.1	4.5	4.6	4.3	3.9	4.1	4.5
VEN	19.7	19.5	19.8	21.6	20.9	18.7	15.4	12.3	11.6	11.7	11.7	11.6	10.7	10.9	10.1	13.1	19.8	20.8	9.6	7.0
LAC-18	17.3	17.4	17.6	18.0	18.1	17.2	16.1	16.0	15.3	14.6	14.4	13.9	13.4	13.4	13.2	13.2	13.3	13.0	12.3	12.0

Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." LAC-18 includes the weighted average of 18 countries including ARG=Argentina (urban areas only), BOL=Bolivia, BRA=Brazil, CHL=Chile, COL=Colombia, CRI=Costa Rica, DOM=Dominican Republic, ECU=Ecuador, GTM=Guatemala, HND=Honduras, MEX=Mexico, NIC= Nicaragua, PAN=Panama, PER=Peru, PRY=Paraguay, SLV=El Salvador, URY=Uruguay, and VEN=Venezuela. BHM=Bahamas, BLZ=Belize, BRB=Barbados, GUY=Guyana, HTI=Haiti, JAM=Jamaica, SUR=Suriname, and TTO=Trinidad and Tobago were omitted for LAC-18 weighted average due to data limitations for the whole period.

Table 3. Vulnerable in LAC-18: percentage of population with income between US$5 — 12.4 per day, adjusted by purchasing power

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ARG	35.9	35.1	35.8	35.9	37.3	36.2	34.3	31.8	32.9	31.3	32.1	30.5	30.6	29.1	33.3		33.7	31.1	32.6	37.1
BHS		14.3	14.9	15.3	14.5	16.0	10.1	9.1	11.0	14.3		17.6	14.5	16.7	19.9					
BLZ								13.4												
BOL	26.2	29.6	29.1	31.8		29.2	31.8	33.3	37.8	39.7		40.2	37.4	38.1	38.7	38.6	38.3	38.6	42.2	
BRA		32.5	33.0	33.0	34.3	35.5	36.3	36.5	37.3	39.1		38.8	38.6	38.5	38.1	39.3	37.8	36.5	33.7	32.7
BRB	2.2				11.5	10.4	11.3	11.1	14.0	14.4	17.1	18.1	19.3	22.2	23.1	22.7	23.6			
CHL	39.1			40.7			40.9			40.6		39.6		36.0		37.9		35.7		
COL	27.0	26.3	29.0	30.4	29.3	32.2			33.8	33.6	35.0	36.2	35.8	36.3	37.1	37.3	38.6	39.2	37.7	37.0
CRI	39.7	39.5	39.7	38.7	40.4	41.9	41.8	41.8	40.9	39.4	39.1	35.6	36.0	36.9	34.9	36.5	35.6	36.2	35.5	36.8
DOM	36.1	35.9	37.8	36.3	32.6	35.6	35.8	39.7	38.2	39.3	38.8	39.7	42.1	40.7	41.4	42.1	41.0	47.7	44.9	44.2
ECU	26.2	28.2		29.9	32.6	33.3	35.5	34.6	37.3	37.6	38.4	39.7	40.8	41.7	43.9	42.7	43.8	43.2	43.3	41.3
GTM	26.9		29.8	31.9	25.5		33.5				22.4	24.7	29.3	31.8	30.4	32.4	31.9	31.0	29.6	30.4
GUY																		34.7	35.3	36.7
HND		25.1	24.2	26.8	24.3	25.6	28.2	30.7	32.2	32.7	30.3	29.9	27.2	28.7	31.7	32.6	32.8	31.7	31.0	
JAM																				
MEX	35.4		37.1		38.9	39.6	41.4		38.4		39.4		39.6		41.2		44.5		45.5	
NIC		25.2				26.9				29.6	31.9	33.7	37.5		35.5					
PAN	34.2	32.4	32.5	33.1	32.8	32.4	33.1	33.9	33.7	34.5	34.3	36.7	33.6	33.9	32.4	30.4	29.8	29.8	28.9	28.2
PER	35.5	32.6	35.1	34.1	35.3	34.4	34.8	37.3	38.6	36.8	37.9	41.2	41.0	41.5	42.1	43.7	41.8	42.0	42.7	43.7
PRY		34.8	31.4	32.6	33.9	36.6	35.8	37.5	37.6	38.9	38.2	36.8	38.0	37.9	37.8	38.3	39.0	39.5	40.8	39.1
SLV	34.3	35.1	34.4	36.8	36.4	34.4	39.0	40.2	38.2	38.5	37.8	39.6	41.6	42.7	43.1	45.3	45.9	47.3	47.1	48.2
SUR																		33.6		
TTO	40.3	40.3	39.0	37.3	37.6	36.0	35.0	33.4	33.6	29.9	37.1	34.6	36.2	39.6	36.2	38.3				
URY	33.3	34.9	37.6	41.5	38.8	39.2	39.2	36.9	37.5	34.2	34.4	30.7	29.3	28.1	26.4	25.7	26.0	25.3	26.1	26.7
VEN	41.2	38.8	36.3	33.1	38.6	40.5	44.4	45.9	44.3	44.7	45.8	45.3	42.1	43.5	44.0	45.5	45.1	28.6	8.5	4.0
LAC-18	33.4	33.3	33.8	34.2	35.0	36.0	37.3	37.2	37.5	38.0	38.2	38.2	38.2	38.2	38.9	40.0	38.8	38.1	36.7	36.0

Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." LAC-18 includes the weighted average of 18 countries including ARG=Argentina (urban areas only), BOL=Bolivia, BRA=Brazil, CHL=Chile, COL=Colombia, CRI=Costa Rica, DOM=Dominican Republic, ECU=Ecuador, GTM=Guatemala, HND=Honduras, MEX=Mexico, NIC= Nicaragua, PAN=Panama, PER=Peru, PRY=Paraguay, SLV=El Salvador, URY=Uruguay, and VEN=Venezuela. BHM=Bahamas, BLZ=Belize, BRB=Barbados, GUY=Guyana, HTI=Haiti, JAM=Jamaica, SUR=Suriname, and TTO=Trinidad and Tobago were omitted for LAC-18 weighted average due to data limitations for the whole period.

Table 4. Middle class in LAC-18: percentage of population with income between US$12.4 — 62 per day, adjusted by purchasing power

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ARG	37.0	33.4	23.9	27.3	33.5	39.2	45.4	51.8	50.7	51.9	53.3	56.6	57.2	59.0	54.8		48.8	53.2	50.9	41.8
BHS		71.0	68.0	68.3	68.0	68.7	64.3	63.6	63.6	63.5		60.2	62.6	62.3	62.1					
BLZ								52.6												
BOL	14.3	15.2	14.6	20.3		17.7	18.8	19.2	21.8	24.3		29.4	31.7	33.5	32.9	32.5	33.6	33.1	32.6	35.3
BRA		22.0	22.0	21.4	22.3	23.2	25.1	26.5	29.1	30.0		32.8	35.9	36.9	38.7	36.2	36.3	31.1	40.8	42.3
BRB	96.6				74.6	77.5	77.4	78.1	76.5	76.0	75.0	74.6	72.5	68.9	67.8	69.5	68.5			
CHL	31.3			31.5			37.3			41.2		42.3		48.9		48.7		51.1		
COL	13.8	11.7	15.5	15.1	15.5	17.3			21.8	22.1	24.0	26.0	26.7	28.9	29.5	30.0	29.1	29.6	30.0	28.5
CRI	31.0	31.2	30.7	33.5	30.7	32.7	32.5	36.0	38.2	38.7	40.0	40.7	42.6	41.7	43.8	43.1	44.3	44.4	44.4	43.2
DOM	27.1	24.7	24.2	19.1	15.2	19.9	22.4	20.6	21.5	21.9	23.2	22.9	20.2	21.7	26.4	28.5	31.1	31.1	35.5	37.9
ECU	9.7	12.8		14.0	16.7	17.9	20.3	21.2	21.2	19.5	22.1	25.1	26.3	26.3	27.8	28.4	27.1	29.1	27.7	27.1
GTM	12.6		17.6	20.1	12.4		16.6				8.7	8.6	12.6	12.1	15.4	14.1	14.0	14.4	12.9	13.1
GUY																		14.7	12.1	13.9
HND		12.1	12.0	12.1	13.1	13.3	14.0	16.1	16.3	17.1	16.1	14.1	11.7	12.2	13.9	13.2	14.8	13.5	13.0	
JAM																				
MEX	17.1		18.1		19.3	20.0	22.1		23.9		21.1		20.9		20.0		25.3		26.2	
NIC		10.7				8.5				8.2	9.1	10.4	11.2		12.6					
PAN	29.5	26.3	28.1	28.9	29.5	29.6	29.2	31.8	33.7	33.8	35.8	35.0	41.1	40.4	44.2	46.0	48.3	48.7	49.6	49.3
PER	15.3	13.5	15.6	16.3	15.9	14.2	17.2	22.4	25.0	33.7	36.0	29.8	32.0	32.2	32.9	32.3	34.1	34.0	35.0	34.6
PRY		23.3	17.5	19.2	20.2	24.0	20.1	22.7	23.5	26.2	27.3	29.7	30.7	35.0	36.7	35.1	31.8	32.2	34.7	37.0
SLV	18.4	17.7	18.1	17.6	15.8	14.1	13.8	16.0	15.2	14.4	15.7	14.1	15.0	17.5	17.9	17.4	18.5	18.4	21.8	21.6
SUR																		12.4		
TTO	40.3	41.9	43.9	45.9	46.3	49.0	51.0	52.8	55.0	62.6	49.4	53.4	50.2	48.1	48.4					
URY	52.3	46.6	41.1	33.9	35.8	37.9	40.5	42.5	47.0	49.4	50.6	56.2	58.4	59.6	61.7	61.7	62.2	63.4	62.6	61.8
VEN	17.0	19.5	15.7	11.1	15.8	17.5	26.0	31.1	34.4	35.0	34.1	34.3	38.5	36.9	38.9	32.2	17.1	5.6	3.2	0.8
LAC-18	19.9	19.9	19.4	19.4	20.3	21.6	24.0	25.8	27.2	28.1	28.9	30.1	31.5	32.3	32.8	31.8	32.6	32.5	33.0	33.4

Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." LAC-18 includes the weighted average of 18 countries including ARG=Argentina (urban areas only), BOL=Bolivia, BRA=Brazil, CHL=Chile, COL=Colombia, CRI=Costa Rica, DOM=Dominican Republic, ECU=Ecuador, GTM=Guatemala, HND=Honduras, MEX=Mexico, NIC= Nicaragua, PAN=Panama, PER=Peru, PRY=Paraguay, SLV=El Salvador, URY=Uruguay, and VEN=Venezuela. BHM=Bahamas, BLZ=Belize, BRB=Barbados, GUY=Guyana, HTI=Haiti, JAM=Jamaica, SUR=Suriname, and TTO=Trinidad and Tobago were omitted for LAC-18 weighted average due to data limitations for the whole period.

Table 5. High-income class in LAC-18: percentage of population with income above US$62 per day, adjusted by purchasing power

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ARG	2.9	2.8	1.5	1.2	1.6	2.1	2.9	3.7	3.3	3.4	3.3	3.7	3.4	4.0	2.8		3.3	3.7	3.0	1.9
BHS		12.4	14.1	13.0	14.3	12.0	22.9	24.9	22.5	18.4		16.9	16.7	14.4	12.0					
BLZ								26.0												
BOL	1.3	1.1	1.5	2.4		1.1	1.3	1.2	1.3	0.9		1.0	0.8	1.6	1.4	1.0	1.0	0.8	0.6	0.7
BRA		2.4	2.5	2.2	2.1	2.3	2.6	2.6	2.9	2.9		3.1	3.5	3.6	3.9	3.3	3.9	3.3	4.2	4.2
BRB	1.1				11.5	10.1	9.2	9.3	7.9	7.7	6.2	4.2	4.4	4.9	4.2	4.3	3.6			
CHL	4.3			4.2			4.3			5.1		6.0		7.0		5.2		5.7		
COL	1.3	1.1	1.5	1.3	1.7	1.7			2.1	2.1	2.4	2.5	2.5	2.6	3.1	2.4	2.5	2.5	2.6	2.2
CRI	1.7	2.4	2.1	2.3	2.0	1.7	2.2	3.1	2.9	4.4	3.7	4.7	4.4	4.7	5.3	5.1	5.6	5.5	5.3	5.0
DOM	2.3	1.8	1.7	1.4	0.9	1.3	1.5	1.3	1.2	1.1	0.8	1.2	1.0	1.3	0.9	1.3	1.9	1.2	1.6	1.5
ECU	0.9	1.1		1.0	1.4	1.4	1.3	1.8	1.3	1.0	1.3	0.8	0.9	1.3	1.2	1.3	1.0	1.1	1.1	1.0
GTM	1.3		1.7	1.1	0.7		1.3				0.3	0.3	0.5	0.5	0.5	0.4	0.4	0.3	0.4	0.4
GUY																		0.7	0.5	0.6
HND		0.5	0.9	0.7	0.7	1.1	1.0	1.0	1.0	0.7	1.0	0.9	0.8	0.7	0.5	0.4	0.5	0.4	0.5	
JAM																				
MEX	1.2		1.5		1.1	1.2	1.6		1.8		1.3		1.5		1.6		1.7		1.3	
NIC		1.4				0.6				0.4	0.4	0.3	0.4		0.9					
PAN	3.2	2.5	3.1	3.1	3.3	3.0	3.1	3.0	3.1	3.1	3.3	2.9	4.3	3.9	3.8	4.0	4.6	5.1	5.7	6.0
PER	0.6	0.8	1.4	1.9	1.1	1.1	1.0	1.4	1.2	2.0	1.9	1.6	1.3	1.2	1.4	1.3	1.4	1.3	1.6	1.1
PRY		2.2	1.2	1.8	1.4	1.5	1.3	1.2	1.8	1.6	1.7	2.3	1.5	2.2	2.4	2.4	1.7	2.0	2.4	1.8
SLV	0.8	0.7	0.7	1.1	0.5	0.5	0.8	0.8	0.4	0.6	0.4	0.3	0.3	0.5	0.4	0.4	0.3	0.3	0.4	0.4
SUR																		0.4		
TTO	1.9	1.6	2.1	2.2	2.2	2.6	2.8	2.7	2.6	2.9	1.8	1.9	1.4	1.0	1.4					
URY	4.3	3.9	2.9	1.9	2.1	2.0	2.8	3.2	3.5	4.2	4.0	4.3	3.9	4.3	4.9	5.1	4.8	5.2	5.0	4.7
VEN	0.5	0.7	0.5	0.2	0.3	0.6	0.8	0.8	0.9	0.9	0.6	0.6	1.1	1.1	1.0	0.7	0.5	0.1	0.4	0.1
LAC-18	1.7	1.7	1.8	1.6	1.5	1.7	1.9	2.0	2.0	2.1	2.1	2.3	2.3	2.5	2.5	2.2	2.5	2.5	2.6	2.6

Source: Authors' calculation based on data from IADB "Harmonized Household Surveys from Latin America and the Caribbean." LAC-18 includes the weighted average of 18 countries including ARG=Argentina (urban areas only), BOL=Bolivia, BRA=Brazil, CHL=Chile, COL=Colombia, CRI=Costa Rica, DOM=Dominican Republic, ECU=Ecuador, GTM=Guatemala, HND=Honduras, MEX=Mexico, NIC= Nicaragua, PAN=Panama, PER=Peru, PRY=Paraguay, SLV=El Salvador, URY=Uruguay, and VEN=Venezuela. BHM=Bahamas, BLZ=Belize, BRB=Barbados, GUY=Guyana, HTI=Haiti, JAM=Jamaica, SUR=Suriname, and TTO=Trinidad and Tobago were omitted for LAC-18 weighted average due to data limitations for the whole period.

Table 6. Argentina

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	28,330,192	-	-
% in extreme poverty (per capita income <US$ 3.1 per day)	9.3%	-	-
% in moderate poverty (per capita income US$ 3.1-5 per day)	9.9%	-	-
% vulnerable (per capita income US$ 5-12.4 per day)	37.1%	-	-
% middle class (per capita income US$ 12.4-62 per day)	41.8%	-	-
% high-income class (per capita income >US$ 62 per day)	1.9%	-	-
Income inequality (2019)			
Gini coefficient of per capita income	0.467	-	-
90/10 ratio (top decile / bottom decile)	18.27	-	-
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	4,862,532	-	-
% of population	17.2%	-	-
Coverage			
% of individuals in extreme poverty	61.7%	-	-
% of individuals in moderate poverty	39.2%	-	-
% of vulnerable individuals	19.3%	-	-
% of individuals in middle and high-income class	2.0%	-	-
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	38.9%	-	-
% of beneficiaries in moderate poverty	20.6%	-	-
% of beneficiaries in vulnerability	35.9%	-	-
% of beneficiaries in middle and high-income class (leakage)	4.6%	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	16.1%
Men	-	-	13.1%
Women	-	-	19.0%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2013/2019)			
Modified Budlender rate (>75) / (15-74) (2019)	0.067	-	-
Rate of care dependence among persons older than 65 (2013)	-	-	12.0%
Men	-	-	7.9%
Women	-	-	14.9%
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	27.8%	-	-
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	98.8%	-	-
Not poor	99.0%	-	-
In poverty	98.5%	-	-
Boys	98.3%	-	-
Girls	98.7%	-	-
% of youth ages 15-20 who attend school	77.1%	-	-
Not poor	79.5%	-	-
In poverty	67.8%	-	-
Boys	65.2%	-	-
Girls	70.1%	-	-

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Argentina Permanent Household Survey (Encuesta Permanente de Hogares - EPH, 2019). This survey is carried out only in urban areas with more than 100,000 inhabitants. As the survey does not include explicitly a question about *Universal Child Allowance for Social Protection (AUH),* the number of beneficiaries was estimated based on public transfers reported by households and their sociodemographic characteristics: families with children under the age of 18 or sons and daughters with disabilities (no age limit). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Older Adults Quality of LIie Survey (Encuesta Nacional sobre Calidad de Vida de Adultos Mayores -ENCAVIAM, 2013).

Table 7. Bahamas

Variable	Urban	Rural	Total
Socioeconomic condition (2014)			
Population	257,966	-	-
% in extreme poverty (per capita income <US$ 3.1 per day)	3.5%	-	-
% in moderate poverty (per capita income US$ 3.1-5 per day)	2.6%	-	-
% vulnerable (per capita income US$ 5-12.4 per day)	19.9%	-	-
% in middle class (per capita income US$ 12.4-62 per day)	62.1%	-	-
% in high-income class (per capita income >US$ 62 per day)	12.0%	-	-
Income inequality (2014)			
Gini coefficient of per capita income	0.485	-	-
90/10 ratio (top decile / bottom decile)	31.0	-	-
Conditional cash transfers (2014)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage	-		
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries	-	-	-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	15.4%	-	-
Men	12.8%	-	-
Women	17.9%	-	-
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2014)			
Modified Budlender rate (>75) / (15-74)	0.041	-	-
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2014)			
Incidence of poverty among persons living in households with at least one child (≤12)	-	-	-
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	-	-	-
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-
% of youth ages 15-20 who attend school	-	-	-
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Bahamas: Labour Force Survey (LFS, 2014). This survey includes urban areas only. Sample limited to individuals aged 14 years and above. Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 8. Barbados

Variable	Urban	Rural	Total
Socioeconomic condition (2016)			
Population	-	-	279,184
% in extreme poverty (per capita income <US$3.1 per day)	-	-	1.2%
% in moderate poverty (per capita income US$3.1-5 per day)	-	-	3.1%
% vulnerable (per capita income US$5-12.4 per day)	-	-	23.6%
% in middle class (per capita income US$12.4-62 per day)	-	-	68.5%
% in high-income class (per capita income >US$62 per day)	-	-	3.6%
Income inequality (2016)			
Gini coefficient of per capita income	-	-	0.347
90/10 ratio (top decile / bottom decile)	-	-	10.5
Conditional cash transfers (2016)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage			-
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries			-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	20.8%
Men	-	-	17.3%
Women	-	-	24.0%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2016)			
Modified Budlender rate (>75) / (15-74)	-	-	0.079
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2016)			
Incidence of poverty among persons living in households with at least one child (≤12)	-	-	-
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	-	-	-
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-
% of youth ages 15-20 who attend school	-	-	-
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Barbados: Continuous Labour Force Sample Survey (CLFS, 2016). Sample limited to individuals aged 14 years and above. Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 9. Belize

Variable	Urban	Rural	Total
Socioeconomic condition (2007)			
Population	146,942	167,156	314,098
% in extreme poverty (per capita income <US$ 3.1 per day) (2007)	3.8	5.6	4.8%
% in moderate poverty (per capita income US$ 3.1-5 per day) (2007)	1.4	4.8	3.2%
% vulnerable (per capita income US$ 5-12.4 per day) (2007)	10.4	15.9	13.4%
% middle class (per capita income US$ 12.4-62 per day) (2007)	54.8	50.7	52.6%
% high-income class (per capita income >US$ 62 per day) (2007)	29.5	23.0	26.0%
Income inequality (2007)			
Gini coefficient of per capita income	0.658	0.641	0.657
90/10 ratio (top decile / bottom decile)	112.1	140.2	124.5
Conditional cash transfers			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage			
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities			
% of persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence			
Modified Budlender rate (>75) / (15-74)	0.039	0.037	0.038
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty			
Incidence of poverty among persons living in households with at least one child (≤12)	4.3%	8.9%	6.9%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	97.8%	95.0%	96.2%
Not poor	97.9%	94.7%	96.0%
In poverty	97.9%	93.9%	95.0%
Boys	100.0%	93.5%	94.8%
Girls	96.8%	94.4%	95.1%
% of youth ages 15-20 who attend school	53.2%	36.7%	44.6%
Not poor	53.1%	32.7%	42.6%
In poverty	66.5%	35.1%	45.1%
Boys	72.5%	29.3%	42.6%
Girls	59.9%	42.3%	48.2%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Belize: Labour Force Survey (LFS, 2007). In Belize, the *Building Opportunities for Our Social Transformation* (BOOST) CCTP was implemented a few years after this survey.

Table 10. Bolivia

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	8,056,484	3,476,686	11,533,170
% in extreme poverty (per capita income <US$3.1 per day)	3.3%	27.3%	10.5%
% in moderate poverty (per capita income US$3.1-5 per day)	8.4%	17.7%	11.2%
% vulnerable (per capita income US$5-12.4 per day)	44.6%	36.8%	42.2%
% in middle class (per capita income US$12.4-62 per day)	42.8%	18.0%	35.3%
% in high-income class (per capita income >US$62 per day)	0.9%	0.3%	0.7%
Income inequality (2019)			
Gini coefficient of per capita income	0.379	0.502	0.426
90/10 ratio (top decile / bottom decile)	13.9	34.0	19.9
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	4,160,187	2,025,831	6,186,018
% of population	51.6%	58.3%	53.6%
Coverage			
% of individuals in extreme poverty	74.2%	72.1%	72.5%
% of individuals in moderate poverty	76.2%	58.0%	67.7%
% of vulnerable individuals	63.5%	56.8%	61.7%
% of individuals in the middle and high-income class	33.2%	41.2%	34.4%
Socioeconomic status of the beneficiaries			
% of beneficiaries in extreme poverty	4.8%	34.4%	14.5%
% of beneficiaries in moderate poverty	12.6%	17.0%	14.1%
% of beneficiaries in vulnerability	54.6%	35.8%	48.4%
% of beneficiaries in middle and high-income class (leakage)	28.1%	12.8%	23.1%
Persons with disabilities (2018/2020)			
% of persons with disabilities (2020)	-	-	12.9%
Men	-	-	11.0%
Women	-	-	14.8%
Incidence of poverty among persons with disabilities (2018)	14.3%	68.5%	37.8%
Men	14.1%	64.5%	37.0%
Women	14.4%	72.4%	38.5%
Care dependence (2018)			
Modified Budlender rate (>75) / (15-74)	0.033	0.061	0.041
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2018)			
Incidence of poverty among persons living in households with at least one child (≤12)	15.0%	51.4%	26.5%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	77.2%	63.6%	72.6%
Not poor	76.5%	65.6%	74.0%
In poverty	81.2%	62.0%	69.4%
Boys	81.4%	63.8%	71.0%
Girls	81.0%	60.3%	67.8%
% of youth ages 15-20 who attend school	69.0%	38.3%	60.6%
Not poor	68.7%	34.7%	62.2%
In poverty	71.6%	42.8%	55.4%
Boys	68.5%	46.5%	56.2%
Girls	74.8%	39.2%	54.5%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Bolivia: Continuous Household Survey (Encuesta Continua de Hogares–ECH 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 11. Brazil

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	180,289,178	29,206,428	209,495,606
% in extreme poverty (per capita income <US$3.1 per day)	7.5%	27.3%	10.2%
% in moderate poverty (per capita income US$3.1-5 per day)	9.7%	16.0%	10.6%
% vulnerable (per capita income US$5-12.4 per day)	32.7%	32.4%	32.7%
% in middle class (per capita income US$12.4-62 per day)	45.3%	23.7%	42.3%
% in high-income class (per capita income >US$62 per day)	4.8%	0.6%	4.2%
Income inequality (2019)			
Gini coefficient of per capita income	0.523	0.497	0.532
90/10 ratio (top decile / bottom decile)	37.0	42.9	47.8
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	26,410,469	12,041,180	38,451,649
% of population	14.6%	41.2%	18.4%
Coverage			
% of individuals in extreme poverty	72.6%	86.5%	77.7%
% of individuals in moderate poverty	37.6%	52.4%	40.6%
% of vulnerable individuals	14.4%	23.4%	15.6%
% of individuals in middle and high-income class	1.2%	3.5%	1.4%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	41.2%	62.5%	47.9%
% of beneficiaries in moderate poverty	23.5%	18.1%	21.8%
% of beneficiaries in vulnerability	31.2%	17.4%	26.9%
% of beneficiaries in middle and high-income class (leakage)	4.0%	2.0%	3.4%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	16.0%
Men	-	-	13.2%
Women	-	-	18.7%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-		-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.054	0.054	0.054
Rate of care dependence among persons older than 65	12.3%	12.5%	12.3%
Men	10.0%	12.6%	10.5%
Women	14.0%	12.4%	13.7%
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	27.7%	60.3%	32.9%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	99.3%	99.0%	99.3%
Not poor	99.4%	99.1%	99.4%
In poverty	99.1%	99.0%	99.1%
Boys	99.1%	98.8%	99.0%
Girls	99.1%	99.3%	99.2%
% of youth ages 15-20 who attend school	64.9%	59.7%	64.1%
Not poor	65.6%	58.4%	64.9%
In poverty	63.7%	61.3%	63.0%
Boys	65.5%	65.4%	65.4%
Girls	62.0%	57.3%	60.6%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Brazil: National Household Sample Survey (Pesquisa Nacional por Amostra de Domicilio–PNAD 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on The Brazilian Longitudinal Study of the Health of Older People (Estudo Longitudinal da Saude dos Idosos Brasileiros–ELSI 2018).

Table 12. Chile

Variable	Urban	Rural	Total
Socioeconomic condition (2017)			
Population	15,550,286	2,257,128	17,807,414
% in extreme poverty (per capita income <US$3.1 per day)	2.3%	4.4%	2.6%
% in moderate poverty (per capita income US$3.1-5 per day)	4.3%	8.8%	4.9%
% vulnerable (per capita income US$5-12.4 per day)	33.9%	48.3%	35.7%
% in middle class (per capita income US$12.4-62 per day)	53.3%	36.3%	51.1%
% in high-income class (per capita income >US$62 per day)	6.2%	2.2%	5.7%
Income inequality (2017)			
Gini coefficient of per capita income	0.486	0.467	0.489
90/10 ratio (top decile / bottom decile)	24.2	18.8	24.4
Conditional cash transfers (2017)			
Number of beneficiaries (all individuals in beneficiary households)	1,053,919	226,506	1,280,425
% of population	6.8%	10.0%	7.2%
Coverage			
% of individuals in extreme poverty	10.8%	18.0%	12.4%
% of individuals in moderate poverty	12.2%	17.5%	13.4%
% of vulnerable individuals	9.3%	11.3%	9.6%
% of individuals in middle and high-income class	4.8%	5.9%	4.9%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	3.7%	8.1%	4.5%
% of beneficiaries in moderate poverty	7.8%	15.4%	9.2%
% of beneficiaries in vulnerability	46.2%	53.9%	47.6%
% of beneficiaries in middle and high-income class (leakage)	42.3%	22.6%	38.8%
Persons with disabilities (2017/2020)			
% of persons with disabilities (2020)	-	-	17.7%
Men	-	-	14.6%
Women	-	-	20.6%
Incidence of poverty among persons with disabilities (2017)	-	-	37.8%
Men	-	-	37.0%
Women	-	-	38.5%
Care dependence (2017)			
Modified Budlender rate (>75) / (15-74)	0.077	0.099	0.080
Rate of care dependence among persons older than 65	-	-	11.9%
Men	-	-	9.3%
Women	-	-	13.8%
Characteristics of poverty (2017)			
Incidence of poverty among persons living in households with at least one child (≤12)	9.3%	17.8%	10.4%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	98.9%	99.6%	99.0%
Not poor	98.9%	99.6%	99.0%
In poverty	99.3%	99.5%	99.4%
Boys	98.8%	99.6%	98.9%
Girls	99.9%	99.4%	99.8%
% of youth ages 15-20 who attend school	77.1%	76.4%	77.0%
Not poor	77.5%	76.3%	77.4%
In poverty	75.0%	77.1%	75.5%
Boys	76.1%	79.1%	76.8%
Girls	74.0%	75.1%	74.3%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Chile (Encuesta de Caracterización Socioeconómica Nacional–CASEN 2017). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Socioeconomic Characterization Survey (Encuesta de Caracterización Socioeconómica–CASEN 2017).

Table 13. Colombia

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	37,959,286	11,016,868	48,976,154
% in extreme poverty (per capita income <US$3.1 per day)	10.6%	38.9%	17.0%
% in moderate poverty (per capita income US$3.1-5 per day)	13.0%	22.9%	15.2%
% vulnerable (per capita income US$5-12.4 per day)	39.1%	29.8%	37.0%
% in middle class (per capita income US$12.4-62 per day)	34.5%	8.2%	28.5%
% in high-income class (per capita income >US$62 per day)	2.8%	0.3%	2.2%
Income inequality (2019)			
Gini coefficient of per capita income	0.512	0.459	0.532
90/10 ratio (top decile / bottom decile)	33.0	32.6	38.0
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	3,617,835	3,251,888	6,869,723
% of population	9.5%	29.5%	14.0%
Coverage			
% of individuals in extreme poverty	28.7%	38.6%	33.8%
% of individuals in moderate poverty	21.2%	32.9%	25.1%
% of vulnerable individuals	8.3%	22.0%	10.8%
% of individuals in middle and high-income class	1.6%	6.0%	1.8%
Socioeconomic status of the beneficiaries			
% of beneficiaries in extreme poverty	32.4%	52.1%	41.8%
% of beneficiaries in moderate poverty	28.4%	24.6%	26.6%
% of beneficiaries in vulnerability	33.2%	21.6%	27.7%
% of beneficiaries in middle and high-income class (leakage)	6.0%	1.7%	3.9%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	15.3%
Men	-	-	12.7%
Women	-	-	17.8%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2018)			
Modified Budlender rate (>75) / (15-74)	0.052	0.057	0.053
Rate of care dependence among persons older than 65	-	-	21.2%
Men	-	-	15.8%
Women	-	-	25.7%
Characteristics of poverty (2018)			
Incidence of poverty among persons living in households with at least one child (≤12)	30.1%	68.6%	39.8%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	95.6%	95.8%	95.7%
Not poor	97.5%	97.5%	97.5%
In poverty	92.6%	95.2%	93.7%
Boys	91.7%	94.4%	92.9%
Girls	93.6%	96.0%	94.7%
% of youth ages 15-20 who attend school	64.8%	51.7%	61.6%
Not poor	67.3%	50.6%	64.9%
In poverty	60.8%	52.7%	57.3%
Boys	63.3%	56.9%	60.5%
Girls	58.3%	47.8%	54.0%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Colombia (Gran Encuesta Integrada de Hogares–GEIH 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Survey on Health, Well-Being and Ageing in Colombia (Encuesta de Salud, Bienestar y Envejecimiento–SABE 2015).

Table 14. Costa Rica

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	3,670,174	1,389,556	5,059,730
% in extreme poverty (per capita income <US$3.1 per day)	4.6%	10.3%	6.2%
% in moderate poverty (per capita income US$3.1-5 per day)	7.1%	13.4%	8.8%
% vulnerable (per capita income US$5-12.4 per day)	33.7%	45.1%	36.8%
% in middle class (per capita income US$12.4-62 per day)	48.4%	29.4%	43.2%
% in high-income class (per capita income >US$62 per day)	6.2%	1.8%	5.0%
Income inequality (2019)			
Gini coefficient of per capita income	0.498	0.474	0.506
90/10 ratio (top decile / bottom decile)	30.6	25.1	31.3
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	512,867	408,200	921,067
% of population	14.0%	29.4%	18.2%
Coverage			
% of individuals in extreme poverty	46.7%	55.8%	50.8%
% of individuals in moderate poverty	37.3%	47.7%	41.7%
% of vulnerable individuals	21.3%	32.1%	24.9%
% of individuals in middle and high-income class	3.3%	7.5%	4.0%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	18.4%	22.8%	20.3%
% of beneficiaries in moderate poverty	19.4%	23.4%	21.2%
% of beneficiaries in vulnerability	49.5%	46.0%	48.0%
% of beneficiaries in middle and high-income class (leakage)	12.6%	7.8%	10.5%
Persons with disabilities (2019/2020)			
% of persons with disabilities	-	-	16.3%
Men	-	-	13.9%
Women	-	-	18.8%
Incidence of poverty among persons with disabilities (2019)	14.3%	68.5%	27.1%
Men	14.1%	64.5%	37.0%
Women	14.4%	72.4%	38.5%
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.058	0.051	0.056
Rate of care dependence among persons older than 65	15.5%	20.4%	16.6%
Men	11.8%	18.7%	13.7%
Women	18.4%	22.6%	19.2%
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	17.3%	30.5%	21.3%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	99.3%	98.7%	99.1%
Not poor	99.4%	99.1%	99.3%
In poverty	99.0%	97.9%	98.5%
Boys	98.9%	99.3%	99.1%
Girls	99.1%	96.6%	98.0%
% of youth ages 15-20 who attend school	79.7%	73.5%	78.0%
Not poor	81.0%	74.7%	79.4%
In poverty	73.1%	72.3%	72.7%
Boys	70.4%	74.6%	72.0%
Girls	76.0%	70.2%	73.5%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Costa Rica (Encuesta Nacional de Hogares–ENAHO 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on National Survey on Disability (Encuesta Nacional sobre Discapacidad–ENADIS 2018).

Table 15. Dominican Republic

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	8,508,058	1,883,093	10,391,151
% in extreme poverty (per capita income <US$3.1 per day)	4.5%	10.1%	5.5%
% in moderate poverty (per capita income US$3.1-5 per day)	9.6%	16.6%	10.9%
% vulnerable (per capita income US$5-12.4 per day)	43.4%	47.7%	44.2%
% in middle class (per capita income US$12.4-62 per day)	40.7%	25.4%	37.9%
% in high-income class (per capita income >US$62 per day)	1.8%	0.1%	1.5%
Income inequality (2019)			
Gini coefficient of per capita income	0.435	0.388	0.434
90/10 ratio (top decile / bottom decile)	16.0	15.5	17.0
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	2,276,968	731,919	3,008,887
% of population	26.8%	38.9%	29.0%
Coverage			
% of individuals in extreme poverty	53.2%	55.4%	53.9%
% of individuals in moderate poverty	31.2%	47.3%	35.8%
% of vulnerable individuals	31.4%	40.1%	33.1%
% of individuals in middle and high-income class	18.3%	25.8%	19.1%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	10.2%	15.9%	11.6%
% of beneficiaries in moderate poverty	11.1%	21.0%	13.5%
% of beneficiaries in vulnerability	50.5%	46.9%	49.7%
% of beneficiaries in middle and high-income class (leakage)	28.2%	16.2%	25.3%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	13.8%
Men	-	-	11.7%
Women	-	-	15.8%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2013/2019)			
Modified Budlender rate (>75) / (15-74) (2019)	0.043	0.063	0.047
Rate of care dependence among persons older than 65 (2013)	13.4%	11.3%	13.1%
Men	11.4%	13.8%	11.3%
Women	15.2%	12.4%	14.8%
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	19.4%	34.7%	22.2%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	96.4%	97.7%	96.7%
Not poor	97.0%	98.6%	97.2%
In poverty	94.8%	96.6%	95.3%
Boys	94.3%	94.9%	94.5%
Girls	95.4%	98.5%	96.3%
% of youth ages 15-20 who attend school	69.8%	64.1%	68.8%
Not poor	69.8%	61.2%	68.5%
In poverty	71.2%	72.1%	71.5%
Boys	67.3%	76.3%	69.5%
Girls	75.7%	68.5%	73.6%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Dominican Republic (Encuesta Nacional de Fuerza de Trabajo–ENCFT 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on National Household Survey for Multiple Purposes (Encuesta Nacional de Hogares de Propósitos Múltiples–ENHOGAR, 2013).

Table 16. Ecuador

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	11,928,561	5,526,339	17,454,900
% in extreme poverty (per capita income <US$3.1 per day)	8.0%	28.7%	14.6%
% in moderate poverty (per capita income US$3.1-5 per day)	14.0%	20.6%	16.1%
% vulnerable (per capita income US$5-12.4 per day)	42.5%	38.8%	41.3%
% in middle class (per capita income US$12.4-62 per day)	34.2%	11.7%	27.1%
% in high-income class (per capita income >US$62 per day)	1.3%	0.1%	1.0%
Income inequality (2019)			
Gini coefficient of per capita income	0.454	0.445	0.474
90/10 ratio (top decile / bottom decile)	20.3	18.8	23.2
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	1,064,892	2,442,677	3,507,569
% of population	8.9%	44.2%	20.1%
Coverage			
% of individuals in extreme poverty	31.6%	67.7%	54.8%
% of individuals in moderate poverty	16.3%	52.8%	30.6%
% of vulnerable individuals	8.2%	27.8%	13.7%
% of individuals in middle and high-income class	1.3%	8.4%	2.2%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	31.7%	53.6%	46.9%
% of beneficiaries in moderate poverty	24.9%	22.5%	23.2%
% of beneficiaries in vulnerability	38.4%	21.8%	26.8%
% of beneficiaries in middle and high-income class (leakage)	5.0%	2.1%	3.0%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	13.7%
Men	-	-	11.6%
Women	-	-	15.7%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.059	0.082	0.066
Rate of care dependence among persons older than 65	-	-	3.4%
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	28.8%	56.4%	38.3%
Incidence of poverty among indigenous people	32.0%	69.9%	62.8%
Incidence of poverty among afro descendants	26.9%	67.2%	40.64
% of children ages 6-14 who attend school	97.3%	97.3%	97.3%
Not poor	98.9%	98.5%	98.8%
In poverty	94.3%	96.5%	95.5%
Boys	95.1%	95.6%	95.3%
Girls	93.6%	97.5%	95.7%
% of youth ages 15-20 who attend school	70.4%	61.4%	67.3%
Not poor	72.3%	60.3%	69.2%
In poverty	67.0%	63.1%	65.0%
Boys	66.3%	65.1%	65.7%
Girls	67.7%	60.7%	64.1%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Ecuador (Encuesta Periódica de Empleo, Desempleo y Subempleo–ENEMEDU 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Forttes (2020). "Envejecimiento y Atención a la Dependencia en Ecuador". Banco Interamericano de Desarrollo, Nota Técnica IDB-TN-2083.

Table 17. El Salvador

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	3,884,243	2,821,026	6,705,269
% in extreme poverty (per capita income <US$3.1 per day)	5.1%	21.7%	12.0%
% in moderate poverty (per capita income US$3.1-5 per day)	13.2%	24.2%	17.8%
% vulnerable (per capita income US$5-12.4 per day)	50.6%	44.7%	48.2%
% in middle class (per capita income US$12.4-62 per day)	30.5%	9.3%	21.6%
% in high-income class (per capita income >US$62 per day)	0.6%	0.1%	0.4%
Income inequality (2019)			
Gini coefficient of per capita income	0.377	0.371	0.399
90/10 ratio (top decile / bottom decile)	13.6	13.6	15.9
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	15,920	67,529	83,449
% of population	0.4%	2.4%	1.2%
Coverage			
% of individuals in extreme poverty	1.2%	5.2%	4.2%
% of individuals in moderate poverty	1.7%	3.6%	2.7%
% of vulnerable individuals	0.3%	0.8%	0.4%
% of individuals in middle and high-income class	0.0%	1.2%	0.2%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	14.3%	46.3%	40.2%
% of beneficiaries in moderate poverty	54.2%	35.5%	39.1%
% of beneficiaries in vulnerability	31.0%	13.8%	17.1%
% of beneficiaries in middle and high-income class (leakage)	0.5%	4.4%	3.7%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	14.2%
Men	-	-	11.5%
Women	-	-	16.6%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2013/2019)			
Modified Budlender rate (>75) / (15-74) (2019)	0.061	0.058	0.060
Rate of care dependence among persons older than 65 (2013)			3.8%
Men			6.4%
Women			5.3%
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	24.4%	51.7%	37.0%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	96.6%	92.7%	94.8%
Not poor	97.1%	94.2%	96.1%
In poverty	95.2%	91.7%	92.9%
Boys	95.5%	91.0%	92.6%
Girls	94.8%	92.4%	93.2%
% of youth ages 15-20 who attend school	62.0%	43.0%	53.4%
Not poor	63.7%	44.3%	56.7%
In poverty	57.3%	42.2%	47.6%
Boys	61.3%	42.7%	49.1%
Girls	54.2%	41.8%	46.4%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". El Salvador (Encuesta de Hogares de Propósitos Múltiples–EHPM 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Social Protection Longitudinal Survey (Encuesta Longitudinal de Protección Social–ELPS 2015).

Table 18. Guatemala

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	8,171,020	9,382,194	17,553,214
% in extreme poverty (per capita income <US$3.1 per day)	27.9%	42.8%	35.9%
% in moderate poverty (per capita income US$3.1-5 per day)	19.0%	21.3%	20.2%
% vulnerable (per capita income US$5-12.4 per day)	36.0%	25.5%	30.4%
% in middle class (per capita income US$12.4-62 per day)	16.5%	10.1%	13.1%
% in high-income class (per capita income >US$62 per day)	0.5%	0.3%	0.4%
Income inequality (2019)			
Gini coefficient of per capita income	0.481	0.511	0.502
90/10 ratio (top decile / bottom decile)	24.4	32.0	29.3
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage			
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries	-	-	-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	11.0%
Men	-	-	9.1%
Women	-	-	12.7%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.040	0.033	0.036
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	57.2%	69.5%	64.1%
Incidence of poverty among indigenous people	52.97	77.8%	75.9%
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	82.0%	78.1%	79.8%
Not poor	86.2%	85.2%	85.8%
In poverty	79.0%	75.6%	76.9%
Boys	79.4%	76.4%	77.6%
Girls	78.7%	74.7%	76.2%
% of youth ages 15-20 who attend school	45.5%	38.5%	41.7%
Not poor	55.8%	52.7%	54.4%
In poverty	34.7%	31.0%	32.5%
Boys	37.4%	32.9%	34.6%
Girls	32.5%	29.3%	30.6%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Guatemala (Encuesta Nacional de Empleo e Ingresos–ENEI 2019). Information on CCTP was not available in this database. Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 19. Guyana

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	205,080	539,944	745,024
% in extreme poverty (per capita income <US$3.1 per day)	23.8%	33.6%	30.8%
% in moderate poverty (per capita income US$3.1-5 per day)	14.7%	19.1%	17.9%
% vulnerable (per capita income US$5-12.4 per day)	38.7%	35.9%	36.7%
% in middle class (per capita income US$12.4-62 per day)	20.9%	11.2%	13.9%
% in high-income class (per capita income >US$62 per day)	1.9%	0.2%	0.6%
Income inequality (2019)			
Gini coefficient of per capita income	0.595	0.486	0.545
90/10 ratio (top decile / bottom decile)	78.1	80.7	84.8
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage	-	-	-
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries	-	-	-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	13.6%
Men	-	-	11.5%
Women	-	-	15.7%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.047	0.031	0.035
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	36.5%	48.6%	45.3%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	96.3%	98.2%	97.7%
Not poor	95.8%	98.5%	97.6%
In poverty	96.8%	97.7%	97.6%
Boys	96.2%	97.9%	97.5%
Girls	97.5%	97.6%	97.6%
% of youth ages 15-20 who attend school	43.5%	30.1%	33.8%
Not poor	48.1%	35.4%	39.6%
In poverty	44.2%	28.9%	32.4%
Boys	36.0%	26.2%	28.1%
Girls	49.1%	31.3%	35.9%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Guyana (Labour Force Survey–LFS 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 20. Haiti

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	-	-	11,263,079
% in extreme poverty (per capita income <US$ 3.1 per day)	-	-	-
% in moderate poverty (per capita income US$ 3.1-5 per day)	-	-	70.3%
% vulnerable (per capita income US$ 5-12.4 per day)	-	-	-
% middle class (per capita income US$ 12.4-62 per day)	-	-	-
% high-income class (per capita income >US$ 62 per day)	-	-	-
Income inequality			
Gini coefficient of per capita income	-	-	-
90/10 ratio (top decile / bottom decile)	-	-	-
Conditional cash transfers			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage			
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities			
% of persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	-	-	0.027
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2016-2017)			
Incidence of poverty among persons living in households with at least one child (≤12)	-	-	-
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	96.3%	87.4%	90.5%
Not poor	-	-	
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-
% of youth ages 15-20 who attend school	53.2%	71.3%	74.7%
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-

Source: United Nations. (2019). World population prospects 2019. *Department of Economic and Social Affairs*, (141).

Table 21. Honduras

Variable	Urban	Rural	Total
Socioeconomic condition (2018)			
Population	4,928,716	4,098,837	9,027,553
% in extreme poverty (per capita income <US$3.1 per day)	16.3%	61.8%	37.3%
% in moderate poverty (per capita income US$3.1-5 per day)	19.4%	17.0%	18.3%
% vulnerable (per capita income US$5-12.4 per day)	42.7%	17.3%	31.0%
% in middle class (per capita income US$12.4-62 per day)	20.7%	3.9%	13.0%
% in high-income class (per capita income >US$62 per day)	0.8%	0.0%	0.5%
Income inequality (2018)			
Gini coefficient of per capita income	0.463	0.507	0.528
90/10 ratio (top decile / bottom decile)	23.2	36.6	50.5
Conditional cash transfers (2018)			
Number of beneficiaries (all individuals in beneficiary households)	399,172	1,303,586	1,702,758
% of population	8.1%	31.8%	18.9%
Coverage			
% of individuals in extreme poverty	17.3%	41.5%	35.8%
% of individuals in moderate poverty	8.0%	22.1%	13.6%
% of vulnerable individuals	8.1%	10.7%	8.7%
% of individuals in middle and high-income class	1.3%	4.2%	1.7%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	36.0%	83.9%	72.9%
% of beneficiaries in moderate poverty	18.7%	10.3%	12.3%
% of beneficiaries in vulnerability	41.8%	5.3%	13.7%
% of beneficiaries in middle and high-income class (leakage)	3.5%	0.5%	1.2%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	11.4%
Men	-	-	9.6%
Women	-	-	13.2%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2018)			
Modified Budlender rate (>75) / (15-74)	0.047	0.049	0.048
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2018)			
Incidence of poverty among persons living in households with at least one child (≤12)	40.6%	79.2%	59.4%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	90.0%	83.5%	86.7%
Not poor	91.9%	89.3%	91.3%
In poverty	89.5%	82.6%	85.0%
Boys	86.6%	81.6%	83.2%
Girls	92.3%	83.8%	86.9%
% of youth ages 15-20 who attend school	53.2%	24.4%	39.6%
Not poor	58.2%	32.2%	52.0%
In poverty	48.3%	22.2%	30.9%
Boys	50.2%	21.1%	30.3%
Girls	46.5%	23.4%	31.5%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Honduras (Encuesta Permanente de Hogares de Propósitos Múltiples–EPHPM 2018). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 22. Jamaica

Variable	Urban	Rural	Total
Socioeconomic condition (2014)			
Population	1,435,019	1,284,582	2,719,601
% in extreme poverty (per capita income <US$3.1 per day)	-	-	-
% in moderate poverty (per capita income US$3.1-5 per day)	-	-	-
% vulnerable (per capita income US$5-12.4 per day)	-	-	-
% in middle class (per capita income US$12.4-62 per day)	-	-	-
% in high-income class (per capita income >US$62 per day)	-	-	-
Income inequality (2014)			
Gini coefficient of per capita income	0.637	0.565	0.600
90/10 ratio (top decile / bottom decile)	68.9	41.6	58.6
Conditional cash transfers (2015)			
Number of beneficiaries (all individuals in beneficiary households)	301,592	527,230	828,822
% of population	21.0%	41.0%	30.5%
Coverage			
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	13.1%
Men	-	-	15.2%
Women	-	-	17.4%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2015)			
Modified Budlender rate (>75) / (15-74)	0.055	0.076	0.065
Rate of care dependence among persons older than 65	-	-	2.6-5.8%
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2015)			
Incidence of poverty among persons living in households with at least one child (≤12y.o.)	31.5%	45.7%	38.8%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	95.5%	94.4%	95.0%
Not poor	95.3%	94.3%	94.8%
In poverty	100.0%	95.2%	98.0%
Boys	100.0%	92.4%	96.3%
Girls	100.0%	100.0%	100.0%
% of youth ages 15-20 who attend school	59.0%	56.5%	57.8%
Not poor	58.5%	56.3%	57.5%
In poverty	76.0%	58.6%	63.3%
Boys	72.7%	80.5%	78.1%
Girls	80.4%	39.2%	48.7%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". For poverty, estimations are based on the Labour Force Survey–LFS, 2014. The number of CCTP beneficiaries is estimated using the Jamaica Survey of Living Conditions (JSLC, 2015), which does not allow analyzing coverage and leakage. Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Mitchell-Fearon (2006). "An Analysis of the Health Care Needs of the Jamaican Elderly: Policy Recommendations for Primary Health Care".

Table 23. Mexico

Variable	Urban	Rural	Total
Socioeconomic condition (2018)			
Population	94,526,827	30,662,791	125,189,618
% in extreme poverty (per capita income <US$3.1 per day)	6.0%	27.1%	11.2%
% in moderate poverty (per capita income US$3.1-5 per day)	13.2%	23.8%	15.8%
% vulnerable (per capita income US$5-12.4 per day)	47.9%	38.1%	45.5%
% in middle class (per capita income US$12.4-62 per day)	31.2%	10.7%	26.2%
% in high-income class (per capita income >US$62 per day)	1.7%	0.3%	1.3%
Income inequality (2018)			
Gini coefficient of per capita income	0.463	0.478	0.483
90/10 ratio (top decile / bottom decile)	20.1	23.7	24.6
Conditional cash transfers (2018)			
Number of beneficiaries (all individuals in beneficiary households)	13,587,858	14,549,282	28,137,140
% of population	14.4%	47.4%	22.5%
Coverage			
% of individuals in extreme poverty	41.6%	72.2%	59.8%
% of individuals in moderate poverty	27.8%	51.8%	36.4%
% of vulnerable individuals	14.9%	33.6%	18.6%
% of individuals in middle and high-income class	2.6%	13.8%	3.7%
Socioeconomic status of the beneficiaries			
% of beneficiaries in extreme poverty	19.9%	47.1%	34.0%
% of beneficiaries in moderate poverty	25.4%	24.5%	24.9%
% of beneficiaries in vulnerability	48.8%	25.3%	36.7%
% of beneficiaries in middle and high-income class (leakage)	5.8%	3.2%	4.4%
Persons with disabilities (2018/2020)			
% of persons with disabilities (2020)	-	-	14.2%
Men	-	-	11.9%
Women	-	-	16.4%
Incidence of poverty among persons with disabilities (2018)	24.2%	53.5%	32.2%
Men	24.5%	53.2%	33.0%
Women	23.9%	53.8%	31.6%
Care dependence (2018)			
Modified Budlender rate (>75) / (15-74)	0.042	0.056	0.046
Rate of care dependence among persons older than 65	-	-	25.2%
Men	-	-	20.2%
Women	-	-	29.6%
Characteristics of poverty (2018)			
Incidence of poverty among persons living in households with at least one child (≤12)	25.4%	57.7%	34.3%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	97.5%	95.7%	97.0%
Not poor	98.2%	97.0%	98.0%
In poverty	95.8%	94.9%	95.4%
Boys	94.9%	94.5%	94.7%
Girls	96.7%	95.3%	96.1%
% of youth ages 15-20 who attend school	64.7%	44.6%	59.7%
Not poor	66.7%	47.9%	63.4%
In poverty	57.9%	41.5%	50.5%
Boys	59.0%	43.9%	52.0%
Girls	56.9%	39.3%	49.1%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Mexico (Encuesta Nacional de Ingresos y Gastos de los Hogares–ENIGH 2018). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Mexican Health and Aging Study (MHAS 2018).

Table 24. Nicaragua

Variable	Urban	Rural	Total
Socioeconomic condition (2014)			
Population	3,625,143	2,615,691	6,240,834
% in extreme poverty (per capita income <US$3.1 per day)	17.6%	47.9%	30.4%
% in moderate poverty (per capita income US$3.1-5 per day)	19.0%	22.8%	20.6%
% vulnerable (per capita income US$5-12.4 per day)	43.8%	24.2%	35.5%
% in middle class (per capita income US$12.4-62 per day)	18.3%	4.8%	12.6%
% in high-income class (per capita income >US$62 per day)	1.4%	0.2%	0.9%
Income inequality (2014)			
Gini coefficient of per capita income	0.488	0.479	0.515
90/10 ratio (top decile / bottom decile)	31.3	61.2	38.7
Conditional cash transfers (2014)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage	-	-	-
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of the beneficiaries	-	-	-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	10.1%
Men	-	-	12.3%
Women	-	-	14.5%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2014)			
Modified Budlender rate (>75) / (15-74) (2014)	0.036	0.030	0.033
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2014)			
Incidence of poverty among persons living in households with at least one child (≤12)	39.3%	71.7%	53.7%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	84.7%	74.8%	80.3%
Not poor	84.4%	75.1%	81.9%
In poverty	84.4%	74.1%	78.4%
Boys	84.4%	72.7%	77.8%
Girls	84.3%	75.5%	79.0%
% of youth ages 15-20 who attend school	59.3%	38.7%	50.2%
Not poor	59.3%	37.6%	52.7%
In poverty	59.6%	38.3%	47.2%
Boys	62.6%	39.4%	48.8%
Girls	56.8%	37.2%	45.6%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Nicaragua (Encuesta de Hogares sobre medición de Niveles de Vida–EMNV 2014). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 25. Panama

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	2,892,020	1,307,216	4,199,236
% in extreme poverty (per capita income <US$3.1 per day)	2.7%	25.3%	9.7%
% in moderate poverty (per capita income US$3.1-5 per day)	3.8%	13.3%	6.8%
% vulnerable (per capita income US$5-12.4 per day)	25.5%	34.2%	28.2%
% in middle class (per capita income US$12.4-62 per day)	59.9%	26.0%	49.3%
% in high-income class (per capita income >US$62 per day)	8.2%	1.2%	6.0%
Income inequality (2019)			
Gini coefficient of per capita income	0.537	0.469	0.513
90/10 ratio (top decile / bottom decile)	23.2	42.0	39.4
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	1,287,735	829,136	2,116,871
% of population	44.5%	63.4%	50.4%
Coverage			
% of individuals in extreme poverty	77.7%	84.9%	83.3%
% of individuals in moderate poverty	69.8%	76.0%	73.6%
% of vulnerable individuals	64.3%	59.1%	62.4%
% of individuals in middle and high-income class	34.7%	40.3%	35.5%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	6.3%	38.9%	19.1%
% of beneficiaries in moderate poverty	5.6%	14.6%	9.1%
% of beneficiaries in vulnerability	36.7%	29.6%	33.9%
% of beneficiaries in middle and high-income class (leakage)	51.4%	16.6%	37.7%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	14.6%
Men	-	-	12.5%
Women	-	-	16.8%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.060	0.075	0.065
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	8.8%	47.9%	22.7%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	99.1%	96.4%	98.0%
Not poor	99.4%	98.7%	99.2%
In poverty	96.6%	94.2%	94.9%
Boys	97.2%	95.0%	95.6%
Girls	96.1%	93.4%	94.1%
% of youth ages 15-20 who attend school	76.3%	57.6%	70.3%
Not poor	76.6%	63.3%	73.7%
In poverty	73.2%	50.5%	56.5%
Boys	66.1%	51.0%	55.1%
Girls	79.8%	49.9%	57.8%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Panama (Encuesta de Propósitos Múltiples–EHPM 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 26. Paraguay

Variable	Urban	Rural	Total
Socioeconomic condition (2018)			
Population	4,448,018	2,662,077	7,110,095
% in extreme poverty (per capita income <US$3.1 per day)	4.8%	23.6%	11.9%
% in moderate poverty (per capita income US$3.1-5 per day)	6.5%	16.4%	10.2%
% vulnerable (per capita income US$5-12.4 per day)	39.1%	39.1%	39.1%
% in middle class (per capita income US$12.4-62 per day)	47.1%	20.1%	37.0%
% in high-income class (per capita income >US$62 per day)	2.5%	0.8%	1.8%
Income inequality (2018)			
Gini coefficient of per capita income	0.447	0.515	0.483
90/10 ratio (top decile / bottom decile)	22.9	36.6	38.2
Conditional cash transfers (2018)			
Number of beneficiaries (all individuals in beneficiary households)	141,640	560,378	702,018
% of population	3.2%	21.1%	9.9%
Coverage			
% of individuals in extreme poverty	14.0%	36.8%	31.1%
% of individuals in moderate poverty	7.4%	31.8%	21.9%
% of vulnerable individuals	4.3%	16.5%	8.8%
% of individuals in middle and high-income class	0.7%	2.8%	1.1%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	21.5%	43.1%	38.8%
% of beneficiaries in moderate poverty	15.3%	24.3%	22.4%
% of beneficiaries in vulnerability	52.5%	29.9%	34.4%
% of beneficiaries in middle and high-income class (leakage)	10.8%	2.7%	4.4%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	12.6%
Men	-	-	10.9%
Women	-	-	14.3%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2018)			
Modified Budlender rate (>75) / (15-74)	0.049	0.051	0.050
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2018)			
Incidence of poverty among persons living in households with at least one child (≤12)	14.1%	43.9%	26.0%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	98.0%	97.2%	97.6%
Not poor	98.5%	97.9%	98.3%
In poverty	95.5%	96.5%	96.2%
Boys	97.2%	96.2%	96.5%
Girls	93.6%	96.9%	95.8%
% of youth ages 15-20 who attend school	68.0%	57.4%	63.9%
Not poor	67.9%	61.0%	65.9%
In poverty	69.5%	53.7%	58.8%
Boys	63.5%	48.6%	52.9%
Girls	74.4%	59.5%	64.8%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Peru (Encuesta Nacional de Hogares–ENAHO 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 27. Peru

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	26,385,983	7,242,052	33,628,035
% in extreme poverty (per capita income <US$3.1 per day)	3.8%	26.2%	8.6%
% in moderate poverty (per capita income US$3.1-5 per day)	8.1%	26.3%	12.0%
% vulnerable (per capita income US$5-12.4 per day)	45.0%	39.0%	43.7%
% in middle class (per capita income US$12.4-62 per day)	41.8%	8.3%	34.6%
% in high-income class (per capita income >US$62 per day)	1.3%	0.1%	1.1%
Income inequality (2019)			
Gini coefficient of per capita income	0.398	0.395	0.427
90/10 ratio (top decile / bottom decile)	15.3	14.7	20.1
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	1,168,479	2,730,214	3,898,693
% of population	4.4%	37.7%	11.6%
Coverage			
% of individuals in extreme poverty	25.6%	56.3%	46.1%
% of individuals in moderate poverty	14.9%	42.5%	27.6%
% of vulnerable individuals	4.4%	27.1%	8.7%
% of individuals in middle and high-income class	0.6%	8.0%	0.9%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	22.6%	43.0%	36.9%
% of beneficiaries in moderate poverty	27.2%	28.3%	28.0%
% of beneficiaries in vulnerability	44.7%	26.9%	32.2%
% of beneficiaries in middle and high-income class (leakage)	5.5%	1.8%	2.9%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	14.8%
Men	-	-	12.8%
Women	-	-	16.8%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74)	0.067	0.080	0.070
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	14.9%	58.9%	25.0%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	96.6%	96.3%	96.5%
Not poor	97.7%	97.8%	97.7%
In poverty	92.8%	95.7%	94.4%
Boys	91.9%	96.0%	94.2%
Girls	93.9%	95.3%	94.7%
% of youth ages 15-20 who attend school	66.7%	64.0%	66.1%
Not poor	67.6%	62.1%	66.9%
In poverty	64.7%	66.2%	65.6%
Boys	67.6%	68.3%	68.0%
Girls	62.2%	64.0%	63.2%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Paraguay (Encuesta Permanente de Hogares–EPH 2019). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 28. Suriname

Variable	Urban	Rural	Total
Socioeconomic condition (2017)			
Population	-	-	494,379
% in extreme poverty (per capita income <US$3.1 per day)	-	-	33.4%
% in moderate poverty (per capita income US$3.1-5 per day)	-	-	20.3%
% vulnerable (per capita income US$5-12.4 per day)	-	-	33.6%
% in middle class (per capita income US$12.4-62 per day)	-	-	12.4%
% in high-income class (per capita income >US$62 per day)	-	-	0.4%
Income inequality (2017)			
Gini coefficient of per capita income	-	-	0.498
90/10 ratio (top decile / bottom decile)	-	-	29.8
Conditional cash transfers (2017)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage			-
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of the beneficiaries			-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	14.1%
Men	-	-	11.7%
Women	-	-	16.6%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2017)			
Modified Budlender rate (>75) / (15-74)	-	-	0.042
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2017)			
Incidence of poverty among persons living in households with at least one child (≤12)	-	-	54.4%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	-	-	98.4%
Not poor	-	-	99.0%
In poverty	-	-	98.6%
Boys	-	-	98.7%
Girls	-	-	98.5%
% of youth ages 15-20 who attend school	-	-	77.2%
Not poor	-	-	80.8%
In poverty	-	-	76.2%
Boys	-	-	70.6%
Girls	-	-	82.1%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Suriname (Survey on Living Conditions–SLC 2017). Data only representative at the national level. Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 29. Trinidad and Tobago

Variable	Urban	Rural	Total
Socioeconomic condition (2015)			
Population	-	-	1,365,341
% in extreme poverty (per capita income <US$3.1 per day)	-	-	3.9%
% in moderate poverty (per capita income US$3.1-5 per day)	-	-	7.9%
% vulnerable (per capita income US$5-12.4 per day)	-	-	38.3%
% in middle class (per capita income US$12.4-62 per day)	-	-	48.4%
% in high-income class (per capita income >US$62 per day)	-	-	1.4%
Income inequality (2015)			
Gini coefficient of per capita income	-	-	0.393
90/10 ratio (top decile / bottom decile)	-	-	11.3
Conditional cash transfers (2015)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage	-	-	-
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries	-	-	-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	17.4%
Men	-	-	14.6%
Women	-	-	20.1%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2015)			
Modified Budlender rate (>75) / (15-74)	-	-	0.053
Rate of care dependence among persons older than 65	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2015)			
Incidence of poverty among persons living in households with at least one child (≤12)	-	-	12.7%
Incidence of poverty among indigenous people	-	-	30.2%
Incidence of poverty among afro descendants	-	-	45.0%
% of children ages 6-14 who attend school	-	-	-
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-
% of youth ages 15-20 who attend school	-	-	-
Not poor	-	-	-
In poverty	-	-	-
Boys	-	-	-
Girls	-	-	-

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". TTO (Continuous Sample Survey of Population–CSSP 2015). Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021).

Table 30. Uruguay

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	2,955,589	562,342	3,517,931
% in extreme poverty (per capita income <US$3.1 per day)	2.2%	2.7%	2.3%
% in moderate poverty (per capita income US$3.1-5 per day)	4.4%	5.2%	4.5%
% vulnerable (per capita income US$5-12.4 per day)	24.9%	35.9%	26.7%
% in middle class (per capita income US$12.4-62 per day)	63.1%	54.9%	61.8%
% in high-income class (per capita income >US$62 per day)	5.4%	1.4%	4.7%
Income inequality (2019)			
Gini coefficient of per capita income	0.425	0.371	0.423
90/10 ratio (top decile / bottom decile)	16.8	11.2	16.4
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	704,365	184,436	888,801
% of population	23.8%	32.8%	25.3%
Coverage			
% of individuals in extreme poverty	96.1%	94.5%	95.8%
% of individuals in moderate poverty	88.9%	91.9%	89.5%
% of vulnerable individuals	49.8%	52.0%	50.3%
% of individuals in middle and high-income class	6.6%	9.9%	7.0%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	14.4%	11.8%	13.8%
% of beneficiaries in moderate poverty	16.6%	16.9%	16.7%
% of beneficiaries in vulnerability	50.2%	54.6%	51.1%
% of beneficiaries in middle and high-income class (leakage)	18.7%	16.7%	18.3%
Persons with disabilities (2020)			
% of persons with disabilities	-	-	18.9%
Men	-	-	15.1%
Women	-	-	22.6%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74) (2019)	0.111	0.108	0.110
Rate of care dependence among persons older than 65 (2013)	-	-	9.0%
Men	-	-	5.9%
Women	-	-	11.2%
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	12.6%	14.9%	13.0%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	98.9%	98.5%	98.8%
Not poor	99.1%	98.7%	99.0%
In poverty	98.0%	97.5%	97.9%
Boys	97.7%	98.0%	97.7%
Girls	98.3%	97.1%	98.1%
% of youth ages 15-20 who attend school	74.2%	67.6%	73.0%
Not poor	75.7%	68.3%	74.4%
In poverty	63.5%	64.7%	63.7%
Boys	61.3%	59.1%	60.9%
Girls	65.9%	70.9%	66.7%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Uruguay (Encuesta Continua de Hogares–ECH 2019. Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on Social Protection Longitudinal Survey (Encuesta Longitudinal de Protección Social–ELPS 2013).

Table 31. Venezuela

Variable	Urban	Rural	Total
Socioeconomic condition (2019)			
Population	-	-	29,338,531
% in extreme poverty (per capita income <US$3.1 per day)	-	-	88.1%
% in moderate poverty (per capita income US$3.1-5 per day)	-	-	7.0%
% vulnerable (per capita income US$5-12.4 per day)	-	-	4.0%
% in middle class (per capita income US$12.4-62 per day)	-	-	0.8%
% in high-income class (per capita income >US$62 per day)	-	-	0.1%
Income inequality (2019)			
Gini coefficient of per capita income	-	-	0.591
90/10 ratio (top decile / bottom decile)	-	-	57.5
Conditional cash transfers (2019)			
Number of beneficiaries (all individuals in beneficiary households)	-	-	-
% of population	-	-	-
Coverage	-	-	-
% of individuals in extreme poverty	-	-	-
% of individuals in moderate poverty	-	-	-
% of vulnerable individuals	-	-	-
% of individuals in middle and high-income class	-	-	-
Socioeconomic status of beneficiaries	-	-	-
% of beneficiaries in extreme poverty	-	-	-
% of beneficiaries in moderate poverty	-	-	-
% of beneficiaries in vulnerability	-	-	-
% of beneficiaries in middle and high-income class (leakage)	-	-	-
Persons with disabilities (2020)			
% of persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (2019)			
Modified Budlender rate (>75) / (15-74) (2019)	-	-	0.051
Rate of care dependence among persons older than 65 (2013)	-	-	-
Men	-	-	-
Women	-	-	-
Characteristics of poverty (2019)			
Incidence of poverty among persons living in households with at least one child (≤12)	-	-	86.6%
Incidence of poverty among indigenous people	-	-	-
Incidence of poverty among afro descendants	-	-	-
% of children ages 6-14 who attend school	-	-	96.2%
Not poor	-	-	98.7%
In poverty	-	-	96.4%
Boys	-	-	95.6%
Girls	-	-	97.3%
% of youth ages 15-20 who attend school	-	-	51.2%
Not poor	-	-	68.3%
In poverty	-	-	50.3%
Boys	-	-	48.0%
Girls	-	-	52.6%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean". Venezuela (Encuesta Nacional de Condiciones de Vida–ENCOVI 2019).

Table 32. LAC

Variable	Urban	Rural	Total
Socioeconomic condition (LAC-25, last year available)			
Population	453,420,566	123,821,607	608,719,608
% in extreme poverty (per capita income <US$3.1 per day)	7.4%	28.7%	15.8%
% in moderate poverty (per capita income US$3.1-5 per day)	10.7%	19.2%	12.0%
% vulnerable (per capita income US$5-12.4 per day)	38.1%	32.7%	35.3%
% in middle class (per capita income US$12.4-62 per day)	39.4%	14.2%	32.5%
% in high-income class (per capita income >US$62 per day)	3.2%	0.4%	2.5%
Income inequality (LAC-25, last year available)			
Gini coefficient of per capita income	0.425	0.371	0.422
90/10 ratio (top decile / bottom decile)	-	-	-
Conditional cash transfers (LAC-15)			
Number of beneficiaries (all individuals in beneficiary households)	61,264,838	41,352,762	102,617,600
% of population	14.1%	39.7%	19.1%
Coverage			
% of individuals in extreme poverty	54.4%	65.6%	59.9%
% of individuals in moderate poverty	30.4%	45.8%	35.1%
% of vulnerable individuals	14.8%	27.7%	17.1%
% of individuals in middle and high-income class	3.0%	9.2%	3.5%
Socioeconomic status of beneficiaries			
% of beneficiaries in extreme poverty	29.7%	51.2%	38.4%
% of beneficiaries in moderate poverty	22.1%	21.6%	21.9%
% of beneficiaries in vulnerability	39.2%	23.5%	32.9%
% of beneficiaries in middle and high-income class (leakage)	9.0%	3.7%	6.9%
Persons with disabilities (LAC-25)			
% of persons with disabilities	-	-	15.1%
Men	-	-	12.6%
Women	-	-	17.5%
Incidence of poverty among persons with disabilities	-	-	-
Men	-	-	-
Women	-	-	-
Care dependence (LAC-25)			
Modified Budlender rate (>75) / (15-74)	-	-	-
Rate of care dependence among persons older than 65	-	-	17.6%
Men	-	-	12.3%
Women	-	-	18.3%
Characteristics of poverty (LAC-25)			
Incidence of poverty among persons living in households with at least one child (≤12)	20.8%	51.6%	30.5%
Incidence of poverty among indigenous people	24.2%	61.3%	39.7%
Incidence of poverty among afro descendants	21.9%	63.5%	34.4%
% of children ages 6-14 who attend school	96.9%	92.7%	95.9%
Not poor	97.8%	95.7%	97.5%
In poverty	95.5%	91.8%	94.3%
Boys	95.1%	91.6%	94.0%
Girls	95.9%	92.0%	94.6%
% of youth ages 15-20 who attend school	66.2%	51.6%	62.3%
Not poor	67.7%	53.5%	65.6%
In poverty	62.2%	50.5%	56.6%
Boys	63.8%	53.2%	58.1%
Girls	60.8%	47.8%	55.2%

Source: Authors' calculation based on data from IDB "Harmonized Household Surveys from Latin America and the Caribbean".

Poverty estimations (LAC-25) include weighted average for last year available (2007-2019) for Argentina (*Encuesta Permanente de Hogares*–EPH 2019), Bahamas (Labour Force Survey–LFS 2014), Barbados (Continuous Labour Force Sample Survey–CLFS 2016), Belize (Labour Force Survey–2007), Bolivia (*Encuesta Continua de Hogares*–ECH 2018), Brazil (Pesquisa Nacional por Amostra de Domicilio–PNAD 2019), Chile (*Encuesta de Caracterización Socioeconómica Nacional*–CASEN 2017), Colombia (*Gran Encuesta Integrada de Hogares*–GEIH 2018), Costa Rica (*Encuesta Nacional de Hogares*–ENAHO 2019), Dominican Republic (Encuesta Nacional de Fuerza de Trabajo–ENCFT 2019), Ecuador (Encuesta Periódica de *Empleo, Desempleo y Subempleo*–ENEMEDU 2019), El Salvador (*Encuesta de Hogares de Propósitos Múltiples*–EHPM 2019), Guatemala (E*ncuesta Nacional de Empleo e Ingresos*–ENEI 2019), Guyana (Labour Force Survey–LFS 2019), Honduras (Encuesta Permanente de Hogares de

Propósitos Múltiples–EPHPM 2018), Jamaica (Labour Force Survey–LFS 2015), Mexico (Encuesta Nacional de Ingresos y Gastos de los Hogares–ENIGH 2018), Nicaragua (Encuesta de Hogares sobre medición de Niveles de Vida–EMNV 2014), Panama (*Encuesta de Propósitos Múltiples*–EHPM 2019), Paraguay (*Encuesta Permanente de Hogares*–EPH 2019), Peru (E*ncuesta Nacional de Hogares*–ENAHO 2019), Suriname (Survey on Living Conditions–SLC 2017), TTO (Continuous Sample Survey of Population–CSSP 2015), Uruguay (E*ncuesta Continua de Hogares*–ECH 2019), and Venezuela (Encuesta Nacional de Condiciones de Vida–ENCOVI 2019). Haiti was omitted from the table due to data limitations.

CCT estimations (LAC-15) include Argentina (*Encuesta Permanente de Hogares*–EPH 2019), Bolivia (*Encuesta Continua de Hogares*–ECH 2018), Brazil (Pesquisa Nacional por Amostra de Domicilio–PNAD 2019), Chile (*Encuesta de Caracterización Socioeconómica Nacional*–CASEN 2017), Colombia (*Gran Encuesta Integrada de Hogares*–GEIH 2018), Costa Rica (*Encuesta Nacional de Hogares*–ENAHO 2019), Dominican Republic (Encuesta Nacional de Fuerza de Trabajo–ENCFT 2019), Ecuador (Encuesta Periódica de *Empleo, Desempleo y Subempleo*–ENEMEDU 2019), El Salvador (*Encuesta de Hogares de Propósitos Múltiples*–EHPM 2019), Honduras (Encuesta Permanente de Hogares de Propósitos Múltiples–EPHPM 2018), Mexico (Encuesta Nacional de Ingresos y Gastos de los Hogares–ENIGH 2018), Panama (*Encuesta de Propósitos Múltiples*–EHPM 2019), Paraguay (*Encuesta Permanente de Hogares*–EPH 2019), Peru (E*ncuesta Nacional de Hogares*–ENAHO 2019), and Uruguay (E*ncuesta Continua de Hogares*–ECH 2019).

Disability indicators based on Berlinski, Duryea & Perez-Vincent (2021). Rate of care dependence based on authors' own calculation based on data from Argentina (ENCAVIAM 2012), Chile (CASEN 2017), Colombia (SABE 2015), Costa Rica (ENADIS 2018), Dominican Republic (ENHOGAR 2013), Mexico (MHAS 2018), Paraguay (ELPS 2015), El Salvador (2013).

Table 33. CCTP beneficiaries in LAC based on national and administrative data

Country	Year	Beneficiaries (Households)	Estimation of the number of people in households with recipients	Program
Argentina	2020	2,446,080	12,964,224	*Asignación Universal por Hijo para Protección Social (AUH)*
Bolivia	2019	1,164,979	6,011,294	*Bono Juancito Pinto*
Brazil	2020	13,058,228	43,706,588	*Bolsa Familia*
Chile	2017		808,356	*Chile Seguridades y Oportunidades - (Ingreso Ético Familiar - IEF)*
Colombia	2019	2,269,344	9,077,376	*Más Familias en Acción*
Costa Rica	2018	154,738	588,004	*Avancemos*
Dominican Republic	2020	927,143	3,894,001	*Progresando con Solidaridad*
Ecuador	2019	418,215	2,007,432	*Bono de Desarrollo Humano*
El Salvador	2018	52,845	243,088	*Programa Familias Sostenibles*
Guatemala	2019	128,000	819,200	*Bono Social (Mi Bono Seguro)*
Honduras	2019	250,600	923,169	*Bono Vida Mejor*
Jamaica	2019	130,000	520,000	Programme of Advancement Through Health and Education (PATH)
Mexico	2018	6,519,330	31,245,838	*Prospera. Programa de Inclusión Social*
Panama	2019	40,642	2,479,162	*Red de Oportunidades*
Paraguay	2019	167,075	918,913	*Tekoporâ*
Peru	2019	747,540	3,363,930	*Juntos*
Trinidad y Tobago	2019	23,000	92,000	Targeted Conditional Cash Transfer Program
Uruguay	2019	139,869	643,397	*Asignaciones Familiares - Plan Equidad*

Source: Authors' calculation based on data from CEPAL. Non-contributory Social Protection Programs Database. Conditional Cash Transfer Programs from 2017 to 2020. Available at: https://dds.cepal.org/bpsnc/cct

ANNEX III. OPERATIONS INCLUDED IN THE SAMPLE AND DOCUMENT REVIEW FOR THE SECTION ON LESSONS LEARNED

Number	Name	Approval Year
BO-L1070	Master Registry of Beneficiaries Program	2011
CO-L1252	Program to Strengthen Policies for the Social and Productive Inclusion and Employment of Persons with Disabilities	2019
EC-L1238	Social Services Reforms to Promote Gender and Disability Equality in Ecuador	2018
BH-L1030	Social Safety Net Reform Program	2012
JA-L1037	Integrated Social Protection and Labor Program	2012
DR-L1047	Support to the Social Protection Program - Third Phase	2011
DR-L1059	Support for the program "Progressing with Solidarity"	2013
HO-L1193	Program to Support Social Protection Reforms	2018
HO-L1204	Program to Support Social Protection Reforms II	2019
ME-L1091	Support to the "*Oportunidades*" Human Development Program	2013
ME-L1257	Support for Strengthening Prospera, Social Inclusion Program	2016
PN-L1152	Program for Transparency and Equity in Spending on Social Protection III	2018
BR-L1053	Support for Social Reforms in Ceará - PROARES Phase II	2009
BO-L1216	Support for Vulnerable Populations Affected by Coronavirus	2020
EC-L1129	Strengthen Social Intersectoral Coordination Program	2014
JA-L1053	Integrated Support to Jamaica Social Protection Strategy	2015
BL-L1034	Support to Safety Nets for Vulnerable Populations Affected by Coronavirus in Belize	2020
DR-L1053	Support for Consolidation of the Social Protection System	2012
HO-L1093	Social Protection System Support Program I	2014
HO-L1105	Program to Support the Social Inclusion Network with Priority in Western Honduras	2016
AR-L1302	Program to Support the Equity and effectiveness of the Social Safety Net in Argentina	2018
PR-L1175	Program for Strengthening Public Policy and Fiscal Management for the Response to the Sanitary and Economic Crisis Caused by COVID-19 in Paraguay	2020
EC-L1236	Support Program for the Social Inclusion of People with Disabilities in Ecuador	2018
PN-L1160	Social Inclusion Program for Persons with Disabilities in Panama	2020
UR-L1110	Program to Support the National Integrated Care System	2016
EC-L1270	Support to the provision of health and social protection services in the context of the pandemic of the coronavirus COVID-19	2020
BR-L1554	Emergency Support Program for vulnerable populations affected by Coronavirus	2020

Note: The review included Project Completion Reports; Project Monitoring Reports; Loan Proposals; Technical Notes; Impact Evaluations; and other relevant documentation. Other operations reviewed included CO-T1418 (support to reform of the social subsidie.

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