

NOTE TO USERS

This reproduction is the best copy available.

UMI[®]

SOCIAL NETWORKING AS A STRATEGY TO OVERCOME POVERTY IN
CHILE: A Data-Mining Evaluation of the Chile Solidario System

By

MAHIA SARACOSTTI

A dissertation submitted to the Graduate Faculty in Social Welfare in
partial fulfillment of the requirements for the degree of Doctor of Philosophy,
The City University of New York

2008

UMI Number: 3310615

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

UMI[®]

UMI Microform 3310615
Copyright 2008 by ProQuest LLC
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

<u>March 10 th, 2008</u>	<u>Dr. Irwin Epstein</u>
Date	Chair of Examining Committee
<u>March 10 th, 2008</u>	<u>Dr. Michael Fabricant</u>
Date	Executive Officer

Dr. Stephen Burghart

Dr. Irwin Epstein

Dr. Michael Smith

Supervision Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract

SOCIAL NETWORKING AS A STRATEGY TO OVERCOME POVERTY IN CHILE: A Data-Mining Evaluation of the Chile Solidario System

by

Mahia Saracosti

Adviser: Professor Irwin Epstein

Poverty reduction remains as one of the main challenges globally. New measurements indicate that poverty has been declining in most Latin American countries since 2002. Some countries have pioneered the implementation of new poverty policies and programs, including components of social capital. This is the case of the Chile Solidario System (CSS), a national program created in 2002 based on the assumption that extreme poverty can be reduced by linking families to public social services. This research attempts to examine whether poverty reduction can be achieved through a social capital strategy and more specifically, by relating the poorest Chilean families to formal public social service organizations.

The *general objective* of this research is to evaluate the early impact of the CSS on social networking and economic well being indicators of Chilean families living in extreme poverty.

A Data-Mining Evaluation is the *methodology* chosen for this study. The primary data source is the CASEN survey, the National Socio-Economic Characterization Survey carried out by the Chilean department of Social Planning.

For the nation as a whole, this monitoring study provided some clues as to whether the incidence and magnitude of social networking dimensions and economic well being have improved or worsened in this early stage of CSS implementation. In fact, this study showed that the CSS had a moderate but statistically significant positive impact on the social participation level of the household heads, the level of family registration in medical centers or in public primary health establishments, and on the application to government housing programs. Second, CSS had a moderate but statistically significant positive impact on the employment activities of the household heads and on the level of autonomous family income. Third, CSS had no significant impact on the dental care and healthcare received by the household heads. Fourth, CSS had a small but statistically significant impact on the level of participation of the household heads in employment specialization courses, and on the level of the total family income. Finally, indigent families participating in the CSS made less use of homeownership subsidies than those indigent families that did not participate in the program.

This research should be interpreted as a *monitoring study providing baseline results for a future evaluative study*. Thus, if programs want to build social capital, long-term evaluations should be developed in the future, using information over long periods in order to learn the effects of Chile Solidario on social and economic conditions of extremely poor households.

Acknowledgments

Faculty, friends, and family members have helped me to complete this dissertation. I would like to express my gratitude to these individuals for their support and assistance.

The faculty of the Social Welfare Ph.D. program has provided me with a tremendous graduate education: they have taught me how to think about social problems; they have provided me with scientific opportunities and economic support; and they have shown me how to approach my work as a social scientist. Several individuals deserve special mention for their contributions to this dissertation.

Sincere thanks to Dr. Irwin Epstein, my advisor for all of the valuable learning opportunities, which he offered along the way. His thoughtfulness, patience, and guidance have continually supported me both academically and personally. He has been a strong and supportive mentor to me throughout my graduate career, but he has always given me great freedom to pursue independent work. In reviewing my writings, he offers painstaking comments, but always respects my voice. He has

always shown faith in my work; has always been a strong advocate for me. Irwin has been a true friend. He has always provided an intelligent, clear-headed perspective on social work topic, and personal issues. He has been a wonderful source of advice and encouragement for me at crucial decision-points in my career.

Special thanks to my dissertation committee members; Dr. Stephen Burghardt, and Dr. Michael Smith for all their contributions during my experience as a doctoral student and to Dr. Tony Tripodi who offered valuable advice about my dissertation proposal. They have been significantly resourceful and inspiring in many ways. I am so grateful for knowing each one of them both as a teacher and as a person.

Professor Michael Smith has been a tremendous resource in discussions about methodological topics and has encouraged my work and kept me focused on the important issues.

In the short time that I have known Professor Tony Tripodi, he has had an enormous impact on the present project and a lasting effect on the way that I think about international social work research.

Professor Stephen Burghardt has played a significant role in helping me to complete

this dissertation. He has taught me about stimulating creativity in my own work.

I thank Professor Michael Fabricant for his warmth and understanding, and Professor Andrea Savage for her counsel and wonderful example of hard work and good humor.

I thank Kelvin Wallace for always having a good word and a friendly greeting. I also thank Harriet Goodman and Emilia Paradel for making the teleconference defense possible.

I have been especially fortunate to know Professor Harold Weissman. Although he was not a member of my dissertation committee, his concern for graduate training and the future of the discipline, his strong opinions and his willingness to share them, have been great assets to me. He will be greatly missed.

I also gratefully acknowledge the institutional support that I have received while working on this project. In particular, I thank the Research Grant Program for Doctoral Students and the Graduate Center of the City University of New York for supporting me with generous fellowships.

I most want to thank my husband Arie Mainemer Katz for his love, sacrifice, and kind indulgence. I also credit our child, Eliau, for inspiring and amazing me every day.

This work is dedicated to all my family, big and small, those who left us (specially my grandmother), those who are with us today, and those whom we have not met yet.

From the heart to my father and mother for everything, I am now.

To my husband for his support, patience, tolerance, and certainly for his kind heart.

To my child for everything he was deprived from in the duration of this work.

Without all of you, I would not have been here today.

Table of Contents

I.	General Introduction.....	1
II.	Theoretical Background.....	8
1.	Poverty in Latin America and Chile: the Problem Scope.....	8
1.1	An Introduction to Poverty in Latin America.....	8
1.2	Poverty in Chile: focusing on the research and social policy problem.....	14
2.	The Public Policy Response as Strategy to Deal with Poverty.....	18
2.1	The Public Policy Responses as Strategy to Deal with Poverty in Latin America: An Introductory Review	18
2.2	The Public Policy Responses as Strategy in Dealing with Poverty in Latin America: Some Innovative Experiences.....	23
3.	Social Capital and Poverty in Latin America: A Literature Review	26
3.1	Social Capital: A Brief Conceptual Review	27
3.2	Social Capital and the Welfare State	30
3.3	Poverty: A Brief Conceptual Review	32
3.4	Social Capital and Overcoming Poverty: Contributions and Limitations ...	33
3.5	Social Capital and Poverty in Latin America: Some Applications.....	36
III.	Program Description	40
1.	Chile Solidario as the Chilean Public Policy Response to Overcome Extreme Poverty: Historical and Political Context	40

2. The Chile Solidario System: Program Description and Early Evaluations	44
3. Social Capital, Social Networking, and Crisis Intervention as Strategic Theoretical Pillars of Chile Solidario System.....	56
4. Building a Bridge with the Municipalities: the Core of Chile Solidario System as Social Networking Strategy	63
 IV. Research Design and Methodology: A Data-Mining Evaluation of the Chile Solidario System	 67
1. Evaluation Goals.....	69
2. Research Design and Methods.....	70
2.1 Characterizing the current beneficiaries of Chile Solidario System: focusing on the indigent families.....	70
2.2 Describing the early impacts of Chile Solidario.....	72
3. Sources of Information and Instruments.....	78
4. Target Population, Sample Type, and Sample Size.....	80
4.1 CASEN Sampling Structure	82
4.2 Sample Description.....	85
5. Definition of Terms	103
5.1 Poverty levels.....	104
5.2 Social Networks Access.....	106
5.3 Economic well being	115

6. Operationalization of Variables	117
6.1 Data Collection Instruments	117
6.2 Variables, Dimensions, and Questions	118
V. Evaluation Findings	129
1. Target population of the Chile Solidario System.....	130
<i>Specific Objective 1: To determine whether the families participating in the Chile Solidario System are those who were intended for program participation, those in extreme poverty.</i>	130
<i>Specific Objective 2: To characterize current beneficiaries (indigent, poor and non – poor families) of the Chile Solidario System.</i>	132
2. Describing the indigent families participating in the Chile Solidario System.	144
<i>Specific Objective 3: To describe indigent families' perception about the Chile Solidario Program</i>	144
<i>Specific Objective 4: To characterize and describe in detail the Social Networking Access of the Indigent Families participating in the Chile Solidario System during 2003.</i>	145
<i>Specific Objective 5: To characterize the economic conditions of the indigent families participating in the Chile Solidario System during 2003.</i>	151
3. The early impacts of Chile Solidario on the Social Networking and Economic Conditions of the Indigent families participating in the system	154
<i>Specific Objective 6: To assess the early impacts of the Chile Solidario System on the social networking of the participants, specifically on social organizations and on the access to public social services.</i>	154
<i>Specific Objective 7: To evaluate the early impact of the Chilean Solidario System on the economic well being of indigent families.</i>	186

VI. Research, Theoretical, Policy, and Practice Implications	199
1. Research Results	199
2. Theoretical Implications	225
3. Practice Implications.....	228
4. Policy Implications	239
VII. Appendices	244
VIII. Bibliography	277

Lists of Tables

Table 1: Percentage of Poverty and Number of Poor in Latin America 1990 – 2005.....	11
Table 2: Human Poverty Index in Latin American Countries.....	12
Table 3: Poverty Line and Indigence Line in Chile (Chilean \$) 1998 and 2003.....	17
Table 4: Public Policy Responses in Latin America to deal with poverty: Some Traditional and Historical Examples.....	22
Table 5: Social Capital and poverty: Some Applications in Latin American Countries.....	36
Table 6: Dimensions and Variables of Fiche CAS.....	45
Table 7: Chile Solidario System Design Components.....	53
Table 8: Evaluations of Chile Solidario System.....	54
Table 9: The Seven Pillars of the Bridge.....	60
Table 10: Strategic points of Chile Solidario System.....	62
Table 11: Chile Solidario Intervention.....	73
Table 12: Number and Percentage of Indigent Households / Individuals in the System between 2002 and 2005.....	74
Table 13: Objectives of CASEN Survey.....	80
Table 14: Sample Size of Households in 2000 and 2003.....	82
Table 15: Urban and Rural Areas.....	83
Table 16: Families participating in the Chile Solidario System, according to CASEN 2003.....	86
Table 17: Participating and Non-participating Indigent families in the Chile Solidario program during 2003 (CASEN 2003).....	87
Table 18: Demographic Description of the Indigent Families participating in the Chile Solidario System.....	88
Table 19: Family Size * PARTICIPATION IN CHILE SOLIDARIO.....	90
Table 20: Chi – Square Test.....	91
Table 21: Symmetric Measurement.....	91
Table 22 Sex of the Household Heads * PARTICIPATION IN CHILE SOLIDARIO.....	93
Table 23: Chi – Square Test.....	93
Table 24: Symmetric Measurement.....	94
Table 25: Educational level of the Household Heads* PARTICIPATION IN CHILE SOLIDARIO.....	95
Table 26: Chi – Square Test.....	96
Table 27: Symmetric Measurement.....	96
Table 28: Illiteracy level * PARTICIPATION IN CHILE SOLIDARIO.....	98

Table 29: Chi – Square test.....	98
Table 30: Symmetric Measurement.....	99
Table 31: Comparative description between the indigent families participatin in the CSS and those indigent families who did not participate in the system.....	100
Table 32: Poverty Line.....	105
Table 33: Indigence Line.....	105
Table 34: Involvement in Social Organizations: Indicators and Questions..	120
Table 35: Perception of Chile Solidario – Puente Programs: Indicators and Questions.....	121
Table 36: Health Services Access: Indicators and Questions.....	122
Table 37: Employment Services Access: Indicators and Questions.....	123
Table 38: Housing Services Access: Indicators and Questions.....	124
Table 39: Social Subsidies: Indicators and questions.....	125
Table 40: Occupational Situation: Indicators and questions.....	126
Table 41: Autonomous Family Income Level: Indicators and Questions....	127
Table 42: Total Family Income Level: Indicators and Questions.....	128
Table 43: Poverty level of the Families Participating in Chile Solidario during 2003.....	131
Table 44: Heads of Chile Solidario Households Participating in Social Organizations segmented by poverty level (percentage).....	133
Table 45: Reasons given by the Heads of Chile Solidario Households for not participating in any Social Organizations Segmented by Poverty Level (percentage).....	134
Table 46: Heads of Chile Solidario Households that are affiliated to the Health Insurance System Segmented by Poverty Level (percentage).....	135
Table 47: Chile Solidario Families that are registered in a Medical Center or in a Public Primary Health Establishment Segmented by Poverty Level (percentage).....	136
Tables 48: Heads of Chile Solidario Households that Have Received Dental Care Segmented by Poverty Level (%).....	137
Table 49: Heads of Chile Solidario Households that are Affiliated to a Social Security System Segmented by Poverty Level (%).....	138
Table 50: Chile Solidario Household Heads that Have Participated in Employment Specialization Courses.....	139
Table 51: Families that Are Applying or Have Applied to Government Housing Programs Segmented by Poverty Level (%).....	140
Table 52: Chile Solidario Families that Have Purchased or are Purchasing their Homes with the Help of Homeownership Government Subsidies Segmented by Poverty Level (%).....	141

Table 53: Heads of Chile Solidario Households Labor Participation Segmented by Poverty Level (%).....	142
Table 54: Total Chile Solidario Family Income per household – including subsidies - segmented by poverty level (Number and Percentage).....	143
Table 55: Indigent Families’ Perception of Chile Solidario Helpfulness.....	144
Table 56: Participation in Social Organizations	146
Table 57: Health Services Access.....	147
Table 58: Employment Service Access.....	148
Table 59: Housing Service Access.....	149
Table 60: Solidary Contribution Access.....	150
Table 61: Economic Well Being of the Indigent Families Participating in the Chile Solidario System.....	152
Table 62: Household Heads’ Participation in Social Organizations and Participation in Chile Solidario.....	155
Table 63: Chi Square Test.....	156
Table 64: Symmetric Measurement.....	157
Table 65: Reasons for not participating in any Social Organization and Participation in Chile Solidario.....	158
Table 66: Chi – Square Test.....	159
Table 67: Symmetric Measurement.....	159
Table 68: Health Insurance System and Participation in Chile Solidario.....	160
Table 69: Chi Square Test.....	161
Table 70: Symmetric Measurement.....	162
Table 71: Families that are Registered in Medical Center or in a Public Primary Health Establishment and Participation in Chile Solidario.....	163
Table 72: Chi Square test.....	164
Table 73: Symmetric Measurement.....	165
Table 74: Head of Households that have received dental care and Participation in Chile Solidario.....	166
Table 75: Chi – Square Test.....	167
Table 76: Symmetric Measurement.....	168
Table 77: Household Heads that Have Received Health Checkup Attention in a Public Primary Health Establishment and Participation in Chile Solidario.....	169
Table 78: Chi Square Test.....	170
Table 79: Symmetric Measurement.....	171
Table 80: Social Security System and Participation in Chile Solidario.....	172
Table 81: Chi Square Test.....	173
Table 82: Symmetric Measurement.....	173
Table 83: Participation in Employment Specialization Courses and	

Participation in Chile Solidario.....	174
Table 84: Chi – Square Test.....	175
Table 85: Symmetric Measurement.....	176
Table 86: Government Housing Programs and Participation in Chile Solidario.....	177
Table 87: Chi Square Test.....	178
Table 88: Symmetric Measurement.....	178
Table 89: Homeownership government subsidies and Participation in Chile Solidario.....	180
Table 90: Chi – square test.....	181
Table 91: Symmetric Measurement.....	181
Table 92: The strength of Association between social networking variables and participation in Chile Solidario.....	183
Table 93: Labor Condition of the Head of Families * PARTICIPATION IN CHILE SOLIDARIO.....	188
Table 94: Chi – Square Test.....	189
Table 95: Symmetric Measurement.....	189
Table 96: Autonomous Family Income – without including subsidies – and participation in Chile Solidario.....	191
Table 97: Chi Square Test.....	192
Table 98: Symmetric Measurement.....	192
Table 99: Total Family Income – including subsidies- and Participation in Chile Solidario.....	194
Table 100: Chi – Square Test.....	195
Table 101: Symmetric Measurement.....	195
Table 102: The strength of association between economic well being conditions and participation in Chile Solidario.....	196

Lists of illustrations, charts and diagrams

Graph 1: Evolution of per capita income in Chile (US\$) 1990-2000.....14

Graph 2: Evolution of Poverty (percentage) 1987 – 2000.....16

Graph 3: Evolution of Indigence (percentage) 1987 – 2000.....16

Figure 1: Institutional Structure.....66

Figure 2: After – Only with Comparison Groups in an Existing Data Set.....75

I. General Introduction

It is important for social policy makers, social work practitioners, and researchers to understand the mechanisms through which poverty can be reduced. Drawing on themes of contemporary interest, this dissertation concentrates on the role of social networks in social and economic development.

In recent years, several studies have been conducted, demonstrating the link between social capital and economic development (Helliwel, 1996; Keefer and Knack, 1996).

As well, the concept of social capital has been used to explain an enormous range of phenomena, from political participation to political performance, from health to corruption, from the efficiency of public services to the economic success of countries. (Sabatini, 2006) Despite the immense amount of research on social capital, its conceptualization remains elusive and there is neither a universal measure method nor a single underlying indicator commonly accepted by literature.

Although the theoretical literature hints at the possible connection between social capital and poverty, still no definitive studies exist about the effects of social networking as a strategy for eradicating extreme poverty. Furthermore, the literature

shows only an embryonic stage of hypotheses that refer to the possible link between social networks and its contribution to poverty in Latin America.

This study is motivated by the need to expand research on social capital and its impact on extreme poverty. This research focuses on elaborating a conceptual methodology model that permits the examination of the development and strengthening of social capital - understood as social institutional networks that function through social public services - and its programmatic effects on the eradication of situations of extreme poverty. From this perspective, this paper addresses the need to look at the wider macro level while examining the early outcomes of the *Chile Solidario System(CSS)* – a national program created in 2002 based on the assumption that extreme poverty could be reduced by linking families to public social services.

This research seeks to determine whether poverty reduction could be obtained through a social capital strategy, and more specifically linking the poorest Chilean families to formal public social service organizations. Thus, the focus of this work is on the description and evaluation of a national public system to overcome indigence in Chile.

CSS, a complete social protection system that started at the beginning of 2002, was specifically designed for the poorest 225,000 families in Chile. The system provides monetary subsidies, preferential access to social welfare programs, and welfare and employment benefits to its beneficiaries. (MIDEPLAN, 2003 b)

CSS has two main intervention approaches: (1) Personalized psycho – social support provided mainly by a social worker who acts *linking* extremely poor families to public social services; and (2) Financial protection through the family Bonus, a monetary help over a period of 24 months. (World Bank, 2004)

Family psycho - social support to link extremely poor families to public social services is the essence of social capital in this program (MIDEPLAN, 2002); intended to develop social networks as explained later in this paper (Putnam, 1993).

Studies from the World Bank (2004) consider the Chile Solidario system a unique and innovative program in Latin America in that it incorporates the concept of social capital and social networks, and in its consideration as a state policy with implications in the local, regional, and national level. This system is specifically directed to families living in situations of extreme poverty. It also represents a major effort in the coordination and integration of programs, benefits, and social services already in

existence as well as the installation of local and national social networks previously non-existent.

In sum, the *general objective* of this research will be to evaluate the early impact of the CSS on the social networking facets and some economic well being indicators of Chilean families living in situation of extreme poverty.

The *specific goals* of this evaluation are:

- (1) To determine whether the families participating in the CSS are those who were intended for program participation, those in extreme poverty.*
- (2) To characterize current beneficiaries (indigent, poor and non – poor families) of the CSS.*
- (3) To describe indigent families' perceptions of the CSS program.*
- (4) To characterize and describe in detail the social networking access of the indigent families participating in the CSS during 2003*
- (5) To characterize the economic conditions of the indigent families participating in the CSS during 2003*
- (6) To assess the early impacts of the CSS on the social networking of the participants, specifically on social organizations and on the access to public social services.*
- (7) To evaluate the early impact of the CSS on the economic well being of indigent families.*

The households that live in severe poverty (indigence) in Chile constitute the target

population of our study. The *type of sampling* employed is a combination of *Stratified Random Sampling* and *Cluster Sampling*. The former involves taking random samples from various strata in the country. The latter involves taking random samples from geographic areas (urban and rural) by randomly selecting clusters of subjects (households). (www.mideplan.cl)

A Data-Mining Evaluation of the Chile Solidario System is the *methodology design* of this study (Epstein, 2001). The *primary data source is the Current Survey named CASEN*, administered by the Department of Social Planning, which is performed every 2 or 3 years in Chile. A series of social and economical dimensions, which permit the estimation of some facets of social networking, have been extracted from CASEN Survey including issues such as: (1) Participation in Social Organizations; and, (2) Access to Social Public Services, among others.

The focus of data analysis is on the description of Chile Solidario beneficiaries and the differences between indigent families participating and indigent families non participating in the system. When characterizing the current beneficiaries of CSS, I include the use of frequency distribution and descriptive statistics. On the other hand, when analyzing the early impacts of Chile Solidario on social networking indicators of indigent Chilean households, the CASEN data makes cross tabulations possible,

presenting and analyzing relationships between two variables. Moreover, using the original cross – tabulation of whole numbers, we can compute the Chi - square statistic, V Kramer and C Contingency, to determine whether the relationship found between two variables is likely to be the consequence of chance alone or the result of a real relationship between variables. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996)

The evaluation results provide a more detailed description of the target population and the current Chile Solidario beneficiaries, employing dimensions that are not limited to income. At the same time, this evaluation would permit to discover both similarities and differences between indigent participating in the Chile Solidario program and indigent families not participating in the system. Furthermore, this research evaluation would permit the discovery of early impacts of Chile Solidario system in social networking levels of indigent families.

This study describes and evaluates the early implementation of Chile Solidario. The outline of this dissertation is as follows. Chapter II describes the relevant literature on poverty and social capital. In the first section, it briefly introduces the scope of poverty in Latin America and Chile. Secondly, it presents the context of social public policies as strategies to deal with poverty in Latin America. Then, it critically reviews

the literature on and the concepts of social capital and social - economic development.

Chapter III presents the Chile Solidario System as a state intervention that promotes social networking between extremely poor Chilean families and public social services. It provides a general approach to the historical and political context of Chile Solidario and its services setting. Program services are fully described.

Chapter IV, the methodological chapter, is a formal presentation of the study objectives, a detailed description of the study design, sampling methods, the measures, and recollection instrument utilized. Chapter V reports the study findings. Finally, Chapter VI discusses the future implications of the findings for policy, theory, research, and practice.

II. Theoretical Background

1. Poverty in Latin America and Chile: the Problem Scope

1.1 An Introduction to Poverty in Latin America

Most countries in the Latin America are classified as middle income by international standards; however, they register poverty rates above what would be expected given their per capita Gross Domestic Product. Thus, poverty reduction remains one of the main challenges for Latin America.

According to Attanasio and Szekely (1999), this high level of poverty in many Latin American countries could be explained by the high levels of inequality leading the highest average level of inequality for any area in the world (Altimir, 2001; Behrman et al, 2002; Attanasio and Szekely, 1999). This could be linked, at least in part, to high levels of inequality in income generating assets and in human and social capital.

Attanasio et al (1999) estimated poverty in 18 Latin America countries, using a method that consists in scaling up household per capita incomes in the surveys to

match PPP¹. From this perspective, the average poverty rate in Latin America during the 1990s was 40%. In terms of absolute numbers of poor, 180 million of Latin Americans lived under the 2 dollars a day poverty line during 1996.

According to Woodon, (1997) the incidence of extreme poverty in Latin America was three times higher in rural than in urban areas. While urban poverty estimates were represented in most countries of the region, only half of the countries include their rural population covered in their surveys. With 75 percent of the Latin American and Caribbean population living in urban areas in 1996, the absolute numbers of families living in situations of extreme poverty was almost the same in rural and urban areas, being a bit larger in urban areas.

According to CEPAL (2005), the described situation has not changed. The poverty and indigence rates continue to be higher in rural areas than in urban ones of Latin America. In urban areas, 38.4% of population lived in situation of poverty in 2004, while the figure was as high as 61.8% in rural areas. However, it is important to recognize that around 75% of the population of Latin American lives in urban areas.

¹ The PPP, the purchasing power priority method, makes different currencies comparable based on the local purchasing power. PPP adjusted private consumption per capita from the national accounts, and using a poverty line of two PPP adjusted dollars per day per person to classify the population into poor and non – poor.

Poverty in Latin America has declined by 13 million people between 2003 and 2005, but it continues to remain high, affecting 213 million people (40.6%), of which 88 million, (16.8%) are indigents. (CEPAL, 2005) New measures indicate that poverty declined in most Latin American countries since 2002. Statistics show that the Latin American and Caribbean economy grew by 4.3% in 2005, per capita GDP has risen by about 3%, the unemployment rate fell from 10.3% in 2004 to 9.3% in 2005, and poverty indices decreased marginally from 44% in 2002 to 40.6% in 2005. For example, in 2004, poverty fell 16% in urban Argentina, while it dropped 2.4 percentage points in Mexico and indigence fell 9.8 percentage points in Argentina since 2002, and dropped 2.8 percentage points in Peru. (CEPAL, 2005)

As shown in table 1, a comparison of the figures from 2000 to 2005 reveals that the poverty rate in Latin America has dropped from 42, 5 % to 40, 6% and the indigence rate from 18.1% to 16.8%. These percentage reductions were not enough to offset population growth, which means that in absolute terms there were 6 million more poor people in 2005 than in 2000, and almost the same number of indigent people between 2000 and 2005.

**Table 1: Percentage of Poverty and Number of Poor in Latin America
1990 – 2005**

Year	Percentage of people (%)		Number of people (miles of millions)	
	Indigent	Poor (non - indigent)	Indigent	Poor (non - indigent)
1990	22.5	48.3	93	200
1997	19	43.5	89	204
2000	18.1	42.5	88	207
2001	18.5	43.2	92	214
2002	19.4	44	97	221
2003	19.2	44.3	98	226
2004	17.4	41.7	90	216
2005	16.8	40.6	88	213

Source: CEPAL, 2005 and 2004.

In short, the new figures of poverty and indigence point to a slight improvement in 2005, though not large enough to offset the deterioration of the three previous years. Thus, poverty remains an enormous challenge for Latin American countries and it is still one of the greatest challenge facing Latin American policy makers and social work practitioners today.

For UNDP (2005), the human poverty index (HPI) attempts to bring together the different features of deprivation in the quality of life. The HPI index concentrates on the deprivation in three elements of human life: longevity², knowledge³, and decent

² The vulnerability to death at a relatively early age.

³ Percent of adults who are illiterate

living standard⁴. As shown in table 2, at the top of the HPI ranking were Uruguay, Chile, and Costa Rica because they had reduced human poverty to the point at which it affected less than 10% of their populations. The worst Latin American countries during 2004 in the HPI index were Guatemala, Honduras, Bolivia, Nicaragua, and Haiti. The following table summarizes the main social indicators given by UNDP.

Table 2: Human Poverty Index in Latin American Countries

		Human Poverty Index Rank	Population living below \$1 day (%)	Population	Population living below the national poverty line (%)
				Living below \$2 a day (%)	
Human Development Index Rank			1990- 2003a	1990- 2003a	1990-2002a
High Human Development					
30	Barbados	4	..	..	..
34	Argentina	..	3.3	14.3	..
37	Chile	2	<2	9.6	17.0
46	Uruguay	1	<2	3.9	..
47	Costa Rica	3	2.0	9.5	22.0
49	Saint Kitts and Nevis	..	..	..	..
50	Bahamas	..	..	..	..
52	Cuba	5	..	..	..
53	Mexico	13	9.9	26.3	10.1
56	Panama	9	7.2	17.6	37.3
57	Trinidad and Tobago	15	12.4	39.0	21.0
Medium Human Development					

⁴ Percent of people with access to health services, safe water, and percent of malnourished children under age of 5

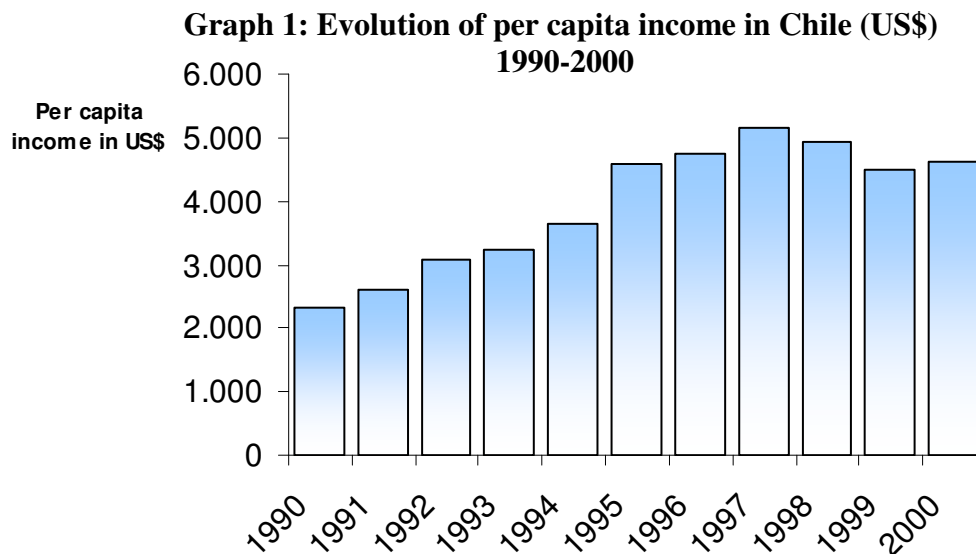
60	Antigua and Barbuda	..	..	..	..
63	Brazil	20	8.2	22.4	17.4
66	Grenada	..	..	..	..
69	Colombia	8	8.2	22.6	64.0
70	Dominica	..	..	..	..
75	Venezuela	14	15.0	32.0	31.3
76	Saint Lucia	12	..	..	..
79	Peru	26	18.1	37.7	49.0
82	Ecuador	22	17.7	40.8	35.0
86	Suriname	23	..	..	..
87	Saint Vincent and the Grenadines	..	..	..	..
88	Paraguay	17	16.4	33.2	21.8
91	Belize	38	..	..	..
95	Dominican Republic	25	<2	<2	28.6
98	Jamaica	21	<2	13.3	18.7
104	El Salvador	34	31.1	58.0	48.3
107	Guyana	31	..	..	35.0
112	Nicaragua	40	45.1	79.9	47.9
113	Bolivia	30	14.4	34.3	62.7
116	Honduras	39	20.7	44.0	53.0
117	Guatemala	51	16.0	37.4	56.2
Low Human Development					
153	Haiti	70	..	..	65.0

Source: World development 2005. World development indicators. UNDP.

- a. Data refer to the most recent year available during the period specified
- b. Data refer to a period other than that specified

1.2 Poverty in Chile: focusing on the research and social policy problem

Chile has made great advances in the fight against poverty. Chile has reduced by almost half the number of people living below the poverty line during the 1990s. The country's sustained growth from the mid '80s up until 1998 lead to a steady reduction of poverty and indigence possible because of the impact that the economic growth had on the labor market and the people's average per capita income as shown in the graph below. In fact, the people's average per capita income rose from US\$ 2,315 in 1990 to US\$ 4,603 in 2000. (MIDEPLAN, 2000)



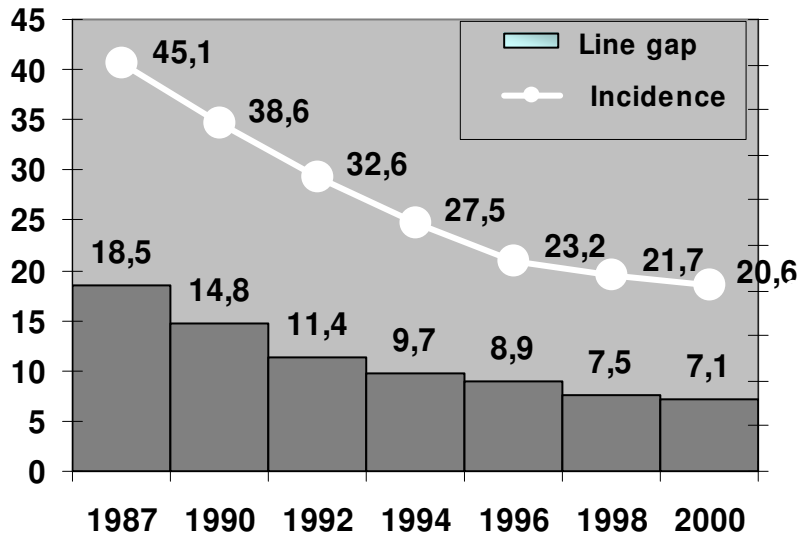
Source: mideplan.cl

Although the positive evolution of per capita income, as shown in graph 1, the number of households living in situations of extreme poverty showed a small increase, between the years 1998 and 2000.

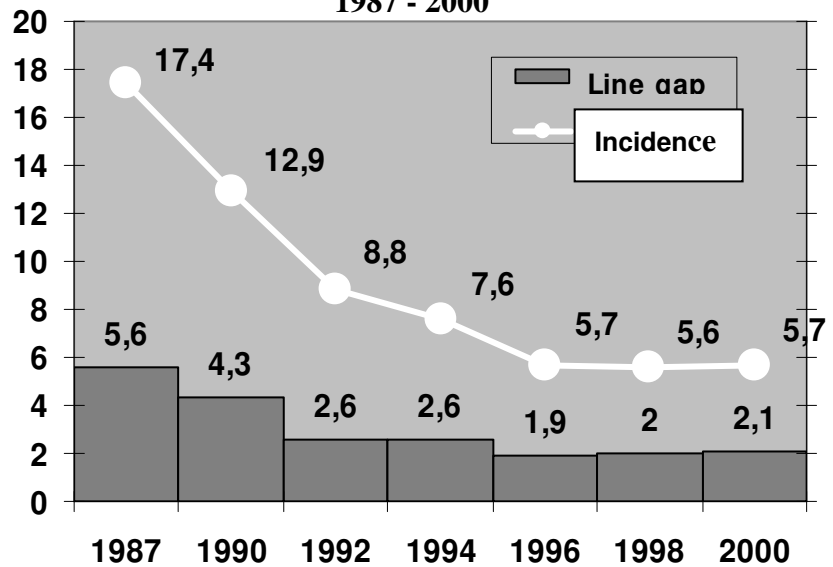
Chile has achieved substantial success in reducing poverty. For almost the entire period from 1987-2000 poverty in Chile declined. The share of the Chilean population below the poverty line has fallen from 40 percent in 1987 to slightly over 20 percent by 2000 while the share in extreme poverty has dropped from nearly 13 % in 1987 to 5.7% in 2000. (MIDEPLAN; 2000) The graphs 2 and 3 show the incidence of poverty and indigence over the time between 1987 and 2000.

The rapid decline in poverty was mainly due to economic growth and an increase in targeted social spending. Nevertheless, the Government has been concerned about the persistent rate of extreme poverty that has slightly risen from 5.6% to 5.7% between 1998 and 2000. (MIDEPLAN, 2000) A core of “hard poverty” remained, demonstrating the inability of conventional social programs and public intervention strategies to eradicate the problem. (MIDEPLAN, 2003 a, CASEN, 2003)

**Graph 2: Evolution of Poverty (percentage)
1987 – 2000**



**Graph 3: Evolution of Indigence (percentage)
1987 - 2000**



Source: MIDEPLAN, 2000.

The Chilean poverty line represents the minimum necessary income per person to cover and satisfy basic needs (food and others). The Chilean severe poverty line represents the minimum necessary income per person to cover and satisfy only basic food needs. At the same time, the severe poverty line represents the minimum necessary to bring them above the indigent level.⁵ In this sense, the indigence line is the cost of monthly per capita nutritional basket of goods, and indigents are people living in households whose per capita income is lower than this value. This means, households that in spite of designating the total income to buy food, they would not be able to cover the nutritional needs of their members.

The table below shows the values in Chilean \$ of the Chilean poverty line and the Chilean extreme poverty line.

**Table 3: Poverty Line and Indigence Line in Chile (Chilean \$)*
1998 and 2003**

	1998	2000	2003
Poverty Line			
Urban Zone			
Rural Zone	37,889	40,562	43.712
	25,546	27,349	29.472
Extreme Poverty Line			
Urban Zone	18,944	20,281	21.856
Rural Zone	14,598	15,628	16.842

Source: MIDEPLAN, 2000 and 2003a.

* 1 US \$ = 517 Chilean \$

⁵ Appendix 2 shows the Chilean Urban Basic Nutritional Basket of Goods

2. The Public Policy Response as Strategy to Deal with Poverty

2.1 The Public Policy Responses as Strategy to Deal with Poverty in Latin America: An Introductory Review

Governments increasingly recognize the need to provide protection for the poorest against income fluctuation and livelihood shocks. Traditionally, governments have addressed poverty and inequality by implementing poverty alleviation programs that involve social safety nets designed to provide temporary relief for the poor. However, these programs do always not attack the causes of poverty. Now, however, there is a clear tendency to sustain social programs to overcome poverty and in particular indigence, over time.

A steady increase in public spending on social welfare in 21 Latin American and Caribbean countries since the early 1990s demonstrates the growing priority assigned to this area by the region's governments. (CEPAL; 2002) The overall improvement to social spending throughout the region has boosted its share of Gross Domestic Product (GDP) from an average 12.8% in 1990-1991 to 15.1% in 2002-2003. (CEPAL, 2004)

Social spending has a very significant impact on household income in the poorest sectors. While for all households overall social spending boosts primary income by

an average 17%, the poorest quintile increases their income by 86%. (CEPAL, 2005).

In the past three decades, Latin America has become a laboratory for economic and social policy experiments aimed at reducing poverty. Some have taken an economic approach, aiming to increase income and consumption capacity among the poor, while others have focused on social abilities, understood as the ability to take part in community and social activities, to feel a sense of belonging in large groups. (Sen, 1997) Some Latin American countries have pioneered poverty programs with additional investment components for human capital through education and health. (Attanasio et al, 2001) A recent example is the Oportunidades Program in Mexico, which combines cash transferences with support for keeping children in school and investing in health and nutrition (Coady, 2000). For others, poverty is a form of social exclusion and a lack of social capital. An example of this last approach would be the Chile Solidario System. (MIDEPLAN, 2002) Finally, in recent years, poverty has been linked not only to the above approaches but also to vulnerability. (Mosser, 1999)

A number of public system alternatives dealing with poverty have been used in Latin America, although there is not a single program that meets all of the criteria in order

to be an efficient and effective system. According to Hicks and Wodon (2001) the main alternatives to deal with poverty in Latin America are:

- Emergency employment programs including specially public works;
- Social Funds that establish special programs particularly in rural areas;
- Nutrition and food interventions, particularly those targeted at vulnerable groups such as children and pregnant women;
- Systems of direct cash grants which may be conditioned on favorable behavior;
- Other instruments, such as pensions and unemployment insurance.

Another way of organizing these systems is to look at the programs in terms of the age groups they serve, considering that different age groups have different needs. (Arriagada, 2003)

In Latin America, almost all the countries have a mixture of the above programs in varying degrees. However, very few of these programs completely fulfill the criteria of an ideal and integral safety net. There is a growing recognition that public social safety systems can play a crucial role in both protecting families from extreme and chronic poverty and promoting long – term development and integration. (Coady,

2000) A good safety public net, according to Hicks and Wodon (2001) should:

- Be well targeted on the poorest, with simple and predictable access;
- Provide sufficient coverage of the population to be reached, particularly the most vulnerable and excluded groups;
- Be sustainable;
- Be able to provide benefits quickly;
- Complement private safety net programs and other social protection mechanisms.

Some examples of typical and traditional Latin American Public Policy responses to deal with poverty are found in table 4.

Table 4: Public Policy Responses in Latin America to deal with poverty: Some Traditional and Historical Examples

Types of Public Policy Responses	Description	Examples
Workfare system	These programs provide employment through specifically designed public works projects.	“Trabajar” (Argentina) PEM y POHJ (Chile, during the 1975 – 1988 period) PROBECAT in Mexico
Social Investment Funds	These were the original World Bank response to the social aspects of adjustment programs. These have evolved into programs designed to provide small – scale social infrastructure in rural and poor areas, using projects generated and executed at the local level. Most social funds are agencies independent of the ministries.	Emergency Social Fund (Bolivia) Honduras Social Fund
Nutrition and food programs	Direct feeding programs provide food to needy recipients, through delivery of unprepared foods from a program warehouse, delivery of prepared food from a community kitchen, or the provision of a lunch or breakfast for children in school. These programs have 3 alternatives to deliver: food, cash, or food stamps. A common way of targeting food programs is by linking distribution to a health program, particularly maternal and child health care.	Food Stamp Program (Jamaica) Mexican School Breakfast Program
Conditional cash transferences	These are the most direct way of providing safety net assistance. In some Latin American countries, cash payment to select households is slowly becoming more common. Unconditional cash payment is usually targeted to women with dependent children, the disabled, the aged, and those unable to work. However, the problems of targeting and controlling cash payments make this approach difficult in poorer countries that lack good administrative arrangements. An alternative is to link cash grants to school attendance or other desirable behavior such as the promotion of good health practices.	Bonosol Program (Bolivia) Bolsa Escolar (Brazil), Progresia (Mexico), Familia Allowance Program (Honduras)

Unemployment insurance and other programs (such as pensions for the elderly)	Unemployment insurance is very rare in Latin America because of its high cost and current labor legislation. In some countries, there is unemployment insurance schemes for formal work in which monthly contributions from payrolls and / or the employer entitle workers to a monthly payment over a limited period, with the payment low enough to reduce disincentive effects.	Argentina, Brazil and Chile (formal sector) Unemployment Insurance Savings Accounts (Chile)
--	--	--

Source: Hicks and Wodon (2001)

2.2 The Public Policy Responses as Strategy in Dealing with Poverty in Latin America: Some Innovative Experiences

Social protection efforts in Latin America are evolving rapidly in the face of continuing changes in the global economy, economic reforms, and country's increasing commitment to ensuring social gains and effective social safety nets. (Tetelman and Utholff, 2003) In this context, social safety net and social protection are the umbrella terms covering series of interventions. "Social Protection refers to the public action taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity and society." (Conway et al, 2000: 5) Social Protection could reasonably be described as safety nets for the new millennium. (Devereu, 2002) From this perspective, in poor developing countries targeted transfers programs partly fill the gap that are filled in wealthier countries by more systematic social welfare policies.

As mentioned earlier, social protection efforts in Latin America are evolving rapidly in the face of continuing changes in the global economy. Countries increasing

commitment to ensure social and effective social protection systems are developing new generations of innovative social policy initiatives.

In the Latin American region, Chile, Mexico, and Brazil offer interesting examples of innovative social assistance policies. Chile, through the Chile *Solidario* System, has launched a proactive effort to root out extreme poverty through a social networking strategy. Mexico, through *Oportunidades* program, has increased the scope of a successful conditional transfer program. And, Brazil, through *Bolza Familia*, has developed a conditional and integrated cash transfer program for the poorest.

Mexico's Oportunidades is a conditional cash transfer program for poor families. It represents a significant effort to expand coverage and benefits provided by that country's highly successful PROGRESA (education, health, and nutrition) conditional cash transfer program. (Coady, 2000; Skoufias and Mc Clafferty, 2001)

The *Oportunidades* Program provides scholarships to promote Children's schooling, a basic health care package focused on preventive health care, nutrition and hygiene education, and cash transfers and nutritional supplements to improve family nutrition. To receive these benefits, families must take specified actions to promote family health, nutrition, and education. (SEDESOL, 2002)

Bolza Familia, created in Brazil in 2003, is the main conditional cash transfer program of the Federal government and has been administered by the Ministry for Social Development. It unifies the other conditional cash transfer programs: *Auxilio Gás* (Cooking gas stipend); *Beneficio de Prestacao Continuada* (continuous cash benefits, means – tested disability grants and old age pension); *Bolsa Alimentacao* (food stipend); *Bolsa Escola* (food school stipend); *Cartao Alimentacao* (food card from the Unger Zero Program); Child Labor Eradication Program and other programs.

Bolza families targets poor families with a monthly per capita income below US\$40 that are registered in the unified roll. Selection of beneficiary families is decentralized and implemented at the municipal level. Families whose per capita income is below US\$25, qualifying as indigents, have access to a monthly benefit of US\$ 25. Families with a monthly per capita income between US\$25 and US\$ 50 are only eligible if they have children between the ages of 0 and 15 and / or pregnant women. Conditionality of the program involve a 85% attendance at school for school age children , updated immunization cards for children between 0 and 6 years old , and regular health center visits for breast feeding and / or pregnant women. At the same time, families receive preferential access to social services for adults such as training and literacy programs,

employment and income generating programs, and civil registration. (Veras et al; 2006)

In Chile, *Chile Solidario program* is a complete social protection system for the poorest 225,000 families in the country, *started at the beginning of 2002*, which provides monetary subsidies, preferential access to social welfare programs and welfare and employment benefits. The Puente - Chile Solidario System has two main components: (1) Personalized psycho - social support, mainly provided by a social worker who acts *linking* extremely poor families to public social services; and (2) Financial Protection through the family Bonus, a monetary help over a period of 24 months to families participating in the program. (MIDEPLAN, 2002; MIDEPLAN, 2003 b; and World Bank, 2004)

3. Social Capital and Poverty in Latin America: A Literature Review

The major concepts that this research includes, as assumptions for the Chile Solidario System, are the terms of Social Capital and Poverty (MIDEPLAN, 2002) Therefore, this paper critically reviews the literature on the concepts of social capital and social - economic development.

3.1 Social Capital: A Brief Conceptual Review

Social capital is generally referred to as the set of trust, institutions, social norms, social networks, and organizations that shape the interactions of actors within a society and are an asset to the individual and collective in the production of well-being. Since Loury (1977) introduced the social capital term into modern social science research, it has spawned a huge amount of literature that runs across disciplines.

The term social capital has been popularized in the last decade due to Bourdieu's (1986), Coleman's (1988, 1990) and Putnam's studies (1992), although it has a long intellectual history in social sciences. (Banfield, 1958) According to Bourdieu, Social Capital is "the sum of the resources, actual or virtual, that accrue to an individual or group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (Bourdieu, 1986: 2). At the end of 80s, Coleman gave new relevance to Bourdieu's concept of Social Capital. From Coleman's perspective, "social capital is defined by its function. It is not a simple entity, but a variety of different entities, with two elements in common: they all consist in some aspect of social structure, and facilitate certain actions of actors within the structure" (Coleman, 1988: 98). In the early 90s, the concept of Social

Capital became a central theme in social sciences debates. In this context, social capital is referred to as “features of social life networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives” (Putnam, 1994: 1)

The concept of social capital, which emerges from capital theories and network analysis, has been influenced by different disciplines. Much of the commonality on social capital definitions is the focus on interpersonal relationship and social networks and the effects on the efficiency of social exchange in the provision of a public good or service, as in Coleman’s (1988, 1990) work, or the better organization of the market, as in Granovetter’s (1973, 1985) studies.

There are some common elements among diverse perspectives of social capital. For example, there is consensus over social capital consisting of certain aspects of *social structure* and implying a *strategy*.

According to Adler et al (2000), a first element in the concept of social capital is the *structure of social relations* that facilitates action. While economic capital is in people’s bank accounts and human capital in their minds, social capital inheres in the structure of their relationships. A person must be related to others, and it is these

'others' that are the actual source of his / her advantages (Porter, 1998). Social capital is not the private property of anyone person. (Coleman, 1990) It exists only when it is shared and embedded in social structure, (Narayan, 1999) and refers to features of social organization that can improve the efficiency of society facilitating coordinated actions (Putnam, 1993) and involving horizontal and vertical social structures that link local organizations to broader social groups (Grootaert, 1997)

A second element in the social capital concept is the presence of a *strategy*. As noted by Woodon (1997) social capital is a network of horizontal relations and associated norms that permit the undertaking of collective activities. It refers to the glue that holds groups and societies together – bonds of shared values, norms, and institutions. (Narayan, 1999) Social capital facilitates cooperation between members of a group or different groups aiming to achieve objectives that could not be attained individually, which permits the expected benefits and costs of each social actor to depend on the actions of others. (Wodon, 1997)

Two strategies have been identified for developing social capital. (Atria, 2002; Adler et al, 2000) The first is the strategy of empowerment, which consists of actions designed to increase group leadership and mobility of resources – economic, political, social, and cultural. The second strategy is associativity, in which actions are

designed to expand or strengthen the ambit, availability or scope of the networks, constituting different types of networks: (1) within a family, group or community (bonding), where the structure of relationships focuses on a collective actor's internal characteristics (family, organization, community, and / or nation); (2) between similar groups or communities (bridging) and, (3) between different groups or communities (linking).

3.2 Social Capital and the Welfare State

Kumlin and Rothstein (2005) say that depending on how they are designed, some types of welfare state programs – or social protection systems - and public institutions can be seen as investment on social capital. One particular difficulty seems to be in discerning the role of the state in relation to social capital (Inglehardt, 1999 and Levi, 1996). It may be the existence, in the first place of well – functioning government institutions that make it possible for people to trust their fellow citizens.

The lack of knowledge about constructing social capital for the poorest and the role of the state is acknowledged in a recent publication by Putnam and Goss. (2002) Citizens frequently come into direct personal contact with many different types of

public agencies and services. Childcare, benefit systems, public health care, public education are some examples. People 's view of the society around them and their opinions about other human beings are partly shaped by their contacts with such public state institutions and social services. (Kumlin and Rothstein, 2005)

According to Kumlin and Rothstein (2005), Welfare State programs have a capacity for both making and breaking social capital. They found that personal contact with selective and needs – tested welfare institutions and services seem to reduce interpersonal trust. Experience with universal institutions, on the other hand, tends to build social capital and trust. In this sense, a multivariate statistical model of trust based upon the analysis of Uslaner (2002) shows that people who receive means - tested are nine percent less likely to be generalized trusted than people who do not receive such benefices. Poor and inequality countries find themselves trapped into continuing inequality, poverty, and lack of social capital. (Kumlin and Rothstein, 2005 and Uslaner, 2002) Secondly, policies supposed to enhance social capital should not necessarily be aimed at supporting various voluntary organizations or informal networks, (Henderson, 2002) because this participation can be more a symptom of social trust than a cause.

3.3 Poverty: A Brief Conceptual Review

Poverty reduction is typically seen to be the objective of welfare state in developed countries and social protection systems in poor countries. Poverty is typically defined as the inability to afford specific consumption in a given society. (Ravallion, 2002) From this perspective, poverty is the enforced lack of those material items, which the majority of people accept as essential for social participation. (Davies, 2000)

For this research, poverty constitutes a multi – dimensional phenomenon that affects all aspects of the lives of those who suffer from it. Moreover, poverty is not a problem of individuals, but of the context in which these individuals operate. “If the context does not change, then it is unlikely that traditional public policies or economic growth alone can make measurable advances in the fight against poverty”. (Attanasio et al. 2001)

According to a World Bank study, poverty was not simply the lack of specific goods but the combination of these deficiencies with the lack of specific bargaining power and the need of defending oneself in the marketplace, the sense of dependence, insecurity, anxiety, impotence, inability, exclusion, lack of opportunities and poor quality of social services, among other characteristics. (Narayan et al, 2000)

3.4 Social Capital and Overcoming Poverty: Contributions and Limitations

Much of the interest in social capital stems from the view that the absence of social capital represents a major impediment for social and economic development. Woolcock (1998) contributes a wide-ranging conceptual analysis of the role of social capital in developing societies and economies. Dasgupta and Serageldin (2000), Grootert and Van Bastelaar (2000) provide a range of social capital applications to economic development.

Social capital literature has provided some evidence that different types of social networks are called upon by those with different economic resources. At the macro level, social capital can affect the economic performance and the processes of economic growth and development. The strong social ties characteristic of poor neighborhoods serve vitally important protection, risk management, and solidarity functions. In the absence of outside networks, social capital inside of poor communities remains a substitute for the resources and services that are normally provided by the state or market. (Gacitua, 1998) Informal child care arrangements in urban slums, self – provision of water and sanitation services, informal credit and saving strategies are still the norm, but they trap people in poverty.

By contrast, the more extensive, leveraged and weaker networks of the non – poor are the key for strategic advancement of material interests (Clert et al, 2001). Several writers have pointed to the importance of ties outside the primary network, including the access to public services and private agencies, as a means to access resources and power. (Narayan, 1999) Granovetter (1973) drew attention to the importance of ties beyond the immediate circle and of ‘*coupling and de – coupling*’ from the tightly knit small family to more expansive, loosely knit networks, with richer resources to achieve social and economic mobility. (Granovetter, 1985)

The concept of social capital can represent a valuable tool for poverty reduction programs. According to Collier (1998), poor people have a lower opportunity cost of time and a lower stock of financial and physical capital than the rich do. Since social interaction is time – intensive and can often substitute for private capital, the poor may choose to rely more upon social capital than the higher income portion of society. Attanasio et al (1999), proposes that policies affecting the stock of assets (human, physical and social capital), the rate at which stock is used by individuals, and its market value will have permanent effects on poverty because they address the long - term income earning capacity of individuals.

Some of the social capital conceptual shortcomings are the failure to analyze the relationship between this concept and others such as power imbalances and gender inequalities; *clientage* between grassroots organizations and government and non – governmental organizations; and the existence of negative social capital that can delay or cancel out the positive effects of social programs. (CEPAL, 2002) A gender inequality perspective, for instance, shows that because women are often excluded from masculine jobs that typically pay more, deployment of the resources available to them through their networks differs from those among men. (Fernandez, 1995)

According to Woolcock, (1998) in order to sustain economic life a mix of different types of social capital is needed at the micro and macro level, determining whether the balance of costs and benefits favors developmental or destructive purposes. It is necessary to recognize that there may be a highly developed social capital within a particular community or family, which helps members, but they may be excluded from other groups. While primary networks provide opportunities to those who belong, they could also reinforce pre – existing social stratification; avoid mobility of excluded groups, minorities or poor people; and become the basis of corruption and co - option of power by the dominant social group. (Narayan, 1999) The concept of social capital has been used to illustrate the role of group identities (Durlauf, 2001) in both promoting and impeding the access of the poor to economic prosperity,

explaining why barriers to group entry may limit access of poor people to required resources.

3.5 Social Capital and Poverty in Latin America: Some Applications

Social capital can be promoted by public services. And, at the same time, social capital complements public services in various ways (Durstun, 2000). For example, the mobilization of communal social capital helps to promote urban micro – enterprises and peasant production in poor Latin American areas. Lessons can be drawn from such experiences that incorporate social capital components into poverty eradication programs. Table 5 summarizes the main characteristics and strategies of some programs.

Table 5: Social Capital and poverty: Some Applications in Latin American Countries

Country / Program	Main Characteristics	Common Goal	Strategies to develop social Capital
Bolivia / <i>El Ceibo Grassroots Program</i>	This program involves a peasant federation of 37 communities - based service co-ops and provides related agricultural services to its 9 hundred small farmer members from <i>Aymara, Quechua and Mosen</i> ethnic groups. Its efforts focus on the production and marketing of cocoa beans grown by its members.	Economic Development	Bonding / Linking: <ul style="list-style-type: none"> • Associativity • Empowerment (Mobilization of Resources)

Brazil / <i>The Participative municipal budget program of Porto Alegre</i>	This program has invited the population to participate in the management of the investment section of the municipal budget- urban development, transport, health-care, leisure, education, and culture.	Public Services	Bonding / Linking: <ul style="list-style-type: none"> • Associativity • Empowerment (Mobilization of Resources)
Chile / <i>The education project – Kelluwun</i>	This program involves the development of social participation in education, and especially an intercultural dialogue in the municipality of Ercilla, Malleco.	Cultural Identity	Bridging: <ul style="list-style-type: none"> • Associativity
Guatemala / <i>The support project for small – scale producers of Zacapa and Chiquimula</i>	This program was applied in eight municipalities to increase the incomes of poor peasants. Its strategy was centered on facilitating the peasants’ access to bank credit and providing support in areas such as technical assistance for agriculture, road construction, organization and management, environmental conservation, improvement of housing, participation of peasant women, and so on.	Economic Development	Bridging: <ul style="list-style-type: none"> • Associativity
Mexico / <i>The Community Museum Program in Oaxaca</i>	This program represents the creation of cultural spaces in village settings, reconstructing community cultural identity and revitalizing elements of indigenous culture such as local history, music and dance, traditional medicine, native languages and archaeology. It intends to achieve a beneficial engagement for their indigenous villages with Mexico’s tourism.	Economic Development / Cultural Identity	Bonding / Bridging: <ul style="list-style-type: none"> • Empowerment (Mobilization of Resources) • Associativity

* Bonding is the relationships within a community. *Bridging is the relationship between communities with similar characteristics. *Linking is the relationship between communities with different communities

3.5.1 Strategies to Develop Social Capital

The programs developed in Brazil, Chile, and Guatemala have emphasized associativity and bridging as ways to develop social capital. In the Support project for small – scale producers in Guatemala, a system of participative planning was designed which linked the kinship groups of the community to a system of core

groups. (Durstun, 1999) In the education project *Kelluwun* in Chile, the participative research methodology has generated social mobilization and organization, cultural reconstruction and articulation among local institutions to build up the demand for a bilingual education. (CEPAL, 2002; Williamson, 2002) In the participative municipal budget program in Brazil, community associations were actively mobilized playing a fundamental role in the various levels of decision – making. (CEPAL, 2002; Klisberg, 2002)

On the other hand, the *Ceibo* grassroots' program, in Bolivia, focused on bonding through self – management and self – practices, involving *Quechuas* and *Mosetenes*. It also used linking in providing increased social status, opportunities to learning new skills, and access to networks in the capitol for program participants. (Healy, 2000)

Finally, the community museum program, in Mexico, has developed both bonding and bridging as development strategies. An intensive training and technical assistance program, including museum management and community involvement, have characterized this program. In addition, a key methodology from the outset has been to foster interaction among representative community members and rotate the sites of the regular meetings to share information and experiences. (Healy, 2000)

3.5.2 Developing Social Capital and Reducing Poverty in Latin America: Main Achievements

Some facets of economic development can be seen in the programs implemented by Bolivia, Guatemala, and Mexico. The *Ceibo* program has become one of the country's most widely respected small farmer organizations for its impressive economic expansion, widespread membership participation, improved stewardship of the tropical forest environment and social equity in the distribution of its economic benefits. (Healy, 2000)

An important achievement of the Community museum program was the creation by the Union of a cooperative enterprise for conducting cultural tourism activities, within the network opened by the proliferation of '*museos comunitarios*' in the *Zapoteca and Mixteca* communities. The Union has also expanded internationally, sending exhibits to Los Angeles and providing training courses for incipient museum groups in Guatemala and Venezuela. (Healy, 2000) Finally, in the support project for small –scale producers of *Zacapa and Chiquimula*, the access to credits has fostered economic achievement. The period of most intense growth coincides with a substantial increase in the number of households receiving credits. (Durston, 1999).

III. Program Description

1. Chile Solidario as the Chilean Public Policy Response to Overcome Extreme Poverty: Historical and Political Context

Conventional social policies oriented solely towards satisfying basic material needs of isolated individuals are insufficient. Significant poverty reduction does not depend solely on interventions based on monetary subsidies. As an alternative to conventional social policies, Chile offers an impressive example of one of the most innovative public social safety net policies today. Taking advantage of its relative low levels of poverty, Chile has launched a proactive effort to root out chronic or extreme poverty through a social network strategy.

In May of 2002, the Lagos Administration announced the Chile Solidario initiative, a package of legislative and administrative reforms to Chile's poverty reduction and social protection policies'. (World Bank, 2004) Lagos' tenure was tainted during its first three years by economic difficulties and surprising corruption scandals that involved government officials and Concertación legislators. However, Lagos's term was plenty of a number of legislative initiatives that were passed by the legislature, several important policy initiatives that were implemented by the executive and, perhaps most notably, by the signing of long-awaited free trade agreements with the

United States and the European Union. A comprehensive health care reform (which was eventually scaled down to secure legislative approval), a profound labor union reform (including the adoption of an unemployment insurance scheme), a state modernization initiative (that created a civil service bureaucracy independent of government turnovers), a campaign finance reform (which included government financing for political parties), and a number of economic modernization initiatives made the Lagos tenure a fruitful one in terms of legislative initiatives and policy reforms. (Navia, 2006) Also, a program aimed at better combating poverty by targeting government resources to those most in need—the Chile Solidario program—was created by the Administration Lagos. The objective of this last program was to bring Chile's 225,000 poorest households out of indigence. The policy reforms would:

- Implement an outreach strategy with the indigent, connecting many who were previously excluded from the social protection system with the protection system;
- Wide the focus from the individual to the family unit;
- Shift from a piecemeal approach by better integrating existing social services and cash transfers, and creating a new temporary conditional cash transfer for the poorest families who choose to participate;

- Connect excluded groups to the public and private network of services;
- Reduce the number of intermediaries between providers and beneficiaries of social protection interventions and services.

In this context, the broadest objective of Chile Solidario could be defined as the social integration of the poorest, by connecting them with the public benefits network. This purpose coincides with the concept of social citizenship defined by Marshall and Bottomore (1998) as a field that ranges from minimum social welfare and economic security to the right to fully share social heritage and live in dignity according to prevailing social standards.

The groups involved in designing Chile Solidario shared the definition of poverty as a multidimensional issue in which lack of monetary income, to cover basic needs, is only one factor in defining extreme poverty. (MIDEPLAN, 2002) Thus, the program Puente (Bridge) – Chile Solidario assumes a multidimensional focus to intervene in this type of extreme poverty, not only intervening in its economic aspects but also in its psychosocial and cultural aspects. In fact, this social protection system emerged from a visualization of extreme poverty as a multidimensional problem related to insufficient monetary income, scarce presence of human capital, high vulnerability to unfavorable events – such as illness, accidents and unemployment, among others –

and weak social capital. (World Bank, 2004)

From the social perspective, institutional networks encouraged by the Chile Solidario – Puente Program may help broken effective access to health, employment, or training services for those services by themselves. In the beginning of the design process of the Chilean Solidario System, the choice of action to achieve a more equitable society grouped both approaches in the program: the skills development and the immediate aid approaches. (Palma and Urzúa, 2005)

The skills development approach is represented in the psychosocial support component, as a form to develop social capital. In this case, it is believed that the logic of eradicating extreme poverty rests on generating skills in the different areas required to improve the quality of life, and on the preferential access to public welfare networks – the direct existing aid available for, for example, employment, physical disability, drug prevention, or education, to those in extreme poverty. On the other hand, the immediate aid approach is presented in the cash components of the Chile Solidario System through the family protection bonus and the guaranteed monetary subsidies that pre – date the program. (Palma and Urzúa, 2005; MIDEPLAN, 2002)

2. The Chile Solidario System: Program Description and Early Evaluations

The Chile Solidario System is defined as a system of social protection for families in extreme poverty that combines aid and skills development in an integrated approach. The system takes the family as the unit for action, and understands extreme poverty as a multidimensional problem that relates to not only lack of income but also to the scarcity of human and social capital and to the family's vulnerability to common events such as unemployment, sickness, and accidents.

The tool that qualifies the beneficiaries of the Chile Solidario Program has been the Social Assistance Card ⁶ (Fiche CAS 2), which corresponds to family information that gives a weighted average of several dimensions of access. In its current version (Fiche CAS 2), this instrument evaluates the situation of families' lacks taking information over 13 variables grounded in four principal dimensions: occupation, income, education, and housing. (Santibañez, 2003) Table 6 shows main dimensions, variables and sub variables of Fiche CAS 2.

⁶ CAS Card 2 is currently in evaluation to improve its targeting purposes.

Table 6: Dimensions and Variables of Fiche CAS

Dimensions	Main Variable	Sub Variables (when it applies)
Occupation	Occupation	
Income / Assets	Per capita Family Income Site' s property type Availability of Boiler Availability of refrigerator	
Education	Number of years of education of the family head	
Housing	Wall Variable Roof Variable Floor Variable Overcrowding Water Supply Variable Shower Existence Type of Excretion System	Wall Material State of Conservation Country's Zone of Residence Roof Material Roof's State of Conservation Country's Zone of Residence Floor Material Floor's State of Conservation Country's Zone of Residence Number of people living in the house / Number of room Type of Public of water supply Availability of shower inside the home

Source: Santibañez, 2003.

The unit of reference is the family, defined as the group of individuals living together who recognize themselves as a family group having or not a kin relationship with the possibility of counting with some monetary income. When the Social Assistance Card is completed, each family receives a respective score. The information is weighted by factor, sub - factor and variable. The information is entered into a computer database,

which calculates the scores and determinates household eligibility, including a score distribution between 350 and 750. The lower the score, the poorer the family is considered, and thus the better its chances in accessing social assistance. According to Asesorías para el Desarrollo (2002), in 2000 when a family received a score below 500, this household was considered extremely poor.

Chile Solidario, a complete social protection system that started at the beginning of 2002, was specifically designed for the poorest 225,000 families in Chile. The program provides monetary subsidies, preferential access to social welfare programs, and welfare and employment benefits to its beneficiaries. (MIDEPLAN, 2002) These services and, particularly, monetary benefits have been granted directly to the women of extremely poor families. The deliberate decision to give cash transfers directly to women was motivated by growing evidence that resources controlled by women are more likely to lead to greater improvements in child health and nutrition than resources placed in the hands of men. Secondly, researchers have found that by increasing control over resources, women's bargaining power within the family increase, which has been shown to have positive effects on children's education. (Skoufias et al, 2001)

It should be mentioned that while the system targets only families living in extreme poverty, it represents a major coordination and integration effort of policies,

programs, existing benefits and services, and the installation of permanent national and local networks, in addition to the identification of families living in these conditions. In this manner, the beneficiaries who were previously disconnected from public agencies due to their state of social exclusion are now given the support needed for them to demand their rights as citizens. (World Bank, 2004)

The main purpose of the Chile Solidario Program is to eliminate extreme poverty using the family unit as the target of intervention. In this context, the bridge between a family and the available social services is a program called “*Puente*” designed by the Solidarity and Social Investment Fund (FOSIS) to act as the entrance to the Chile Solidario System. The goal of this system has been that at least 70% of the participating families would be, “families who support each other, who are integrated into their local surroundings, who take advantage of the social programs offered to meet their needs, who are integrated into existing social networks and with an income above the line of extreme poverty”. (World Bank, 2004:7)

The main services of Chile Solidario include:

Component 1. - Intensive Care over 24 months to those families entering the system.

This support includes two aspects:

(1) Personalized psycho - social support during 24 months through the PUENTE program, in charge of MIDEPLAN – FOSIS (Secretary of Social Planning) in coordination with local networks (council, municipalities, non for profit organizations, etc.). The psychosocial support consists of periodic personal visits by professionals or technical staff. The fundamental role of this counselor, known as “family support” is to link the family with the public and private service networks in health, education, housing, employment, and income areas among others. Thus, the family counselor works to articulate the variety of available programs to resolve family needs. The visits last for 24 months and act to stimulate and empower the family as a nucleus.

(2) Protection through the family Bonus⁷, a monetary help over 24 months to families participating in Puente program and who have signed the Household Contract. This protection voucher is decreased as the family strengthens its own resources.

⁷ The Protection to family Bonus implies: CH\$ 10,500 (US\$) monthly for 6 months; CH \$ 8,000 (US\$) monthly between the months 7 and 12; CH\$ 5,500 between the months 13 and 18; and CH\$ 3,500~~8~~ between the months of 19 and 24.

Both aspects of this first component, the personalized and family psychosocial support and the family bonus, are the essence of social capital in this program, in taking into consideration Putnam's terms of developing networks, norms, and trust as explained later in this paper (Putnam, 1993).

It is assumed that the relationship between the case worker and other social actors, be they public or private non for profits, improves the families existing functioning, promotes better communication and interaction between programs and organizations, as well as aids in the emergence of new social networks. On the other hand, the cash – The Family Bonus- is conditional on the family meeting the contract it signed, and is given to the mother in single parent families or the female partner of the head of family.

The “household contract” implies that household members take responsibility for getting themselves out of poverty, while the programs support their efforts. Thus, the household contract implies that families make commitments in areas such as identification, health, education, family dynamics, work, income, and habitability and quality of life.⁸

⁸ For more detailed information about these areas, please see table 9: The seven pillars of bridge, in 49 pages 80 and 81.

The families who have completed all conditions of their contract at the conclusion of the program automatically become recipients of a protection allowance during an additional three years. The families who have not actively made efforts to achieve the goals stated in their contract will leave the psychosocial component of the Chilean solidarity system, and will receive a standard protection voucher instead of a Family Protection Voucher.

Component 2. - Current monetary assistance (Subsidies). This assistance is assigned to those families entering the system within the 24 months with intensive support to guarantee total coverage by the end of that period, and continuing as long as the eligibility conditions remain. Thus, the families integrated into the system will be guaranteed the traditional and standard monetary subsidies that are their rights – entitlement- as families living in extreme poverty. These include:

- (1) *Subsidio Unico Familiar* (SUF) to minors below 18 years old, subject to school assistance;
- (2) *Pension Asistencial* (PASIS) for Old Age, over 65 years of age, subject to periodic health controls
- (3) *Pension Asistencial* (PASIS) for Disabled persons who are heads of household, subject to periodical health controls;

(4) *Pension Asistencial* (PASIS) for people with mental disabilities.

(5) *Subsidio al Consumo de Agua Potable* (SAP) covering 100% of water bills for up to 15 cubic meters of monthly consumption for connected families.

Component 3. - Preferential Access to Social Promotion Programs (social development, occupational skills, and prevention programs) for extremely poor households incorporated in the system, including:

(1) Educational coverage such as special school retention vouchers for schools attended by indigent children, and special programs

(2) Technical help and assistance for disabled people.

(3) Drug rehabilitation and prevention.

(4) Special programs and treatment for children in social risk.

(5) Support services and prevention programs against domestic violence

(6) Preferential access to primary health care under FONASA, the public health insurance system.

Component 4. - Labor Benefits, which include existent benefits such as:

(1) Social welfare for unemployed heads of households of the participating

families beginning after the required legislation is approved in the year 2005 (unemployment insurance);

(2) Employment programs, insertion and labor training such as preferential subsidies given for employers hiring the unemployed heads of households between 19 and 60 of age pertaining to the families incorporated into the system.

In sum, the main components and design characteristics of the Chile Solidario System can be found in table 7.

It is important to emphasize that those households that participate in and then graduate from the Puente – Chile Solidario system are guaranteed access to all the non-contributory transfers to which they are entitled.

As a new program in Chile, launched in 2002, very few studies exist that evaluate the early or intermediate impacts of Chile Solidario – as social capital and network strategies- on economical well being and social networking facets of extremely poor families, as shown in table 8.

Thus, this research evaluation is specially relevant whether we are interested in exploring short term impacts of the Chile Solidario program on economic well being

(poverty, income, and employment levels, among others) and social networking conditions (participation in social organizations and access to public social services) of indigent Chilean families as a target group.

Table 7: Chile Solidario System Design Components

Components	Description
<p>Component 1: Personalized psychosocial assistance and Temporary Solidary Family Support (Voucher) component)</p>	<p>1.1 Personalized Psychosocial assistance for a period of 24 months under the Bridge Program.</p> <ul style="list-style-type: none"> • A professional or expert serves as Family Support Person and maintains a permanent link with the family through periodic visits to their home. • Families make commitments in the following areas: Identification; Health; Education; Family Dynamics; Work; Income; and Habitability and Quality of Life <p>1.2 Solidary Family Support (Voucher): Monetary support for 24 months linked to participation in the Bridge Program and compliance with a Commitment Declaration. The amounts of the Solidary Support (Voucher) correspond to the following:</p> <p>First Year: CH \$* 10,500 a month for 6 months CH \$ 8,000 a month for 6 months</p> <p>Second Year: CH \$ 5,500 a month for 6 months CH \$ 3,500 a month for the final 6 months</p> <p>Families that complete the program successfully will receive a Graduation Voucher equivalent to the value of one SUF for a period of three years.</p>
<p>Component 2: Monetary Subsidies</p>	<p>Traditional monetary benefits. These benefits will be assigned within the first 12 months after the family joins the System. This benefits include:</p> <ul style="list-style-type: none"> • Sole Family Subsidy (SFS) to children under the age of 18 if they attend school. (CH \$3,607) * • Old age and/or disability Allowance Aid (PASIS), subject to periodic health check-ups. (CH \$36.388) • Subsidy for Drinking Water Consumption (SAP), amounting to 100% of the cost of up to 15 cubic meters, for families with household connections to the public drinking water system.

Component 3: Preferential Access to Social Advancement Programs	Preferential access to Social Advancement Programs To mention only a few: <ul style="list-style-type: none"> ▪ Training and Jobs in the Labor Market ▪ Remedial Studies and/or Labor Skills ▪ Technical aids for the disabled ▪ Prevention and Rehabilitation of Drug Addiction ▪ Care for Children at Risk ▪ Prevention of and Support in cases of Domestic Violence ▪ Preferential subsidy for Job Recruitment
---	---

*US\$ 1= Ch \$ 517

Table 8: Evaluations of Chile Solidario System

Study Center	Methodological Issues	Main Results
Asesorías para el desarrollo, 2002	Evaluate implementation of the Program <ul style="list-style-type: none"> • Analysis of available secondary information • Interviews authorities, technical teams and local authorities Four Municipalities in the metropolitan region	<ul style="list-style-type: none"> • Information flow to families about subsidies, income sources, education, emergency employment programs • Potential existence of paternalistic relationships • Families does not feel motivated to form a social network • Two-year assistance might not be enough to break the poverty trap
CEPAL, 2002	Study operational results of Puente Program Cost-impact analysis <ul style="list-style-type: none"> • Secondary information • Survey social workers (response rate 28.6%) • Survey families (random stratified sample, selected regions) 	<ul style="list-style-type: none"> • Focalization: 2.7% of the families in the program are not part of the targeted population • It requires at least 12 extra months to conduct the whole program • Family support activities: productivity of social workers have increased • 17.5% of the minimum standards were achieved • 1.7% of the families achieved the minimum standard “to have income above the Indigence Line”. <p>Great influence of the socioeconomic context over the program results</p> <ul style="list-style-type: none"> • 97% of Beneficiaries is satisfied with the Program • 94% think the Program has help them solve important problems • 95% think that thanks to the Program they now know better how to solve their problems.

Universidad de Chile, First Semester 2004	Evaluation "Program Puente"	<ul style="list-style-type: none"> • 4.8% of the participants consider the minimum conditions and goals set by the program to be relevant to their lives. • 3.6% agreed that the most important thing about the program goals is that they themselves are the ones responsible for bringing about the changes in their lives. • 4.5% stated that the program helped them to gain a greater sense of self-worth. • 2.7% agreed that their family support counselor helped them to face their problems and provided them with encouragement. • 1.5% believed that they would be able to continue using what they have learned to improve their lives once the family counselor is no longer working with them. • 2.8% stated that since the Chile Solidario System was implemented, they have been better attended at public offices and agencies. • 4.8% believe that when the Program Puente and the Chile Solidario System conclude, they will not return to the place that they started from.
---	-----------------------------	--

Source: Peticara, M. (2005) *“Third Meeting of the Social Policy Monitoring Network, CHILE SOLIDARIO. Programa Ilades Georgetown University, Universidad Alberto Hurtado, Buenos Aires, Argentina*

As explained before, the Chile Solidario System incorporates the concept of social capital and social networks, with implications in the local, regional, and national level. At this moment, it is important to recognize that the Chile Solidario System is based on a unique and different manner of understanding Social Capital, with a different perspective to the most common examples found in Latin American. (See table 8) This unique perspective is explained below.

3. Social Capital, Social Networking, and Crisis Intervention as Strategic Theoretical Pillars of Chile Solidario System

As shown by the PRI project of Canada (2005), some policies already integrate or promote social capital. Some public policy initiatives incorporate elements of social capital in their efforts at helping populations at risk of social exclusions. A social capital perspective in this instance allows one to focus on the multiple dimensions of poverty and exclusion. Inadequate income cannot entirely explain situations of poverty. The level of education and training, as well as shortages in affordable housing and health services, and social ties could be useful in escaping situations of poverty.

As explained before, Chile Solidario's mission as a public policy is to incorporate families who live in situations of extreme poverty into the state's public and private non - for profits social protection networks, guaranteeing preferential placement that supposes the connection, interaction, and reeducation within all existing programs. Chile Solidario – Puente assumes that social protection networks are aware of the synergy produced when integral and complementary resources are combined.

The exclusion from a variety of networks that provide access to public and private risk mitigation instruments is an important determinant of persistent extreme poverty.

With few exceptions, in almost every stage of the life cycle, risks to earning capacity and earned household income are highest among the poorest groups. Furthermore, a vast majority of extreme poor people in Chile have had no access to social protection mechanisms and formal public social services. (Palma and Urzúa, 2005) The widespread of Chile Solidario System must be accompanied by efforts to strengthen the abilities of families living in situations of extreme poverty to claim their rights to receive social protection.

The Chile Solidario system integrated three complementary theoretical approaches: social capital, social networks, and crisis intervention. These theoretical approaches are widely recognized in the literature on poverty. (MIDEPLAN, 2002)

The social capital perspective helped in formulating an integrated analysis of the resources and opportunities available to individuals in terms of skills and other forms of development. This first approach, in working with families living in conditions of extreme poverty, orients to specific actions in order to improve peoples capacity to act and find solutions for their problems. The starting premise of the Chile Solidario Program is that the principal strength of poor households is their desire to live as families. (Crispi et al, 2003) However, several writers have pointed to the importance of ties outside the tightly knit small family as primary network, including the access

to public services and private agencies, as a means to access resources and power and to achieve social and economic well being. (Narayan, 1999; Granovetter, 1985) The family household, as a place in which social relations are characterized as trust and reciprocity, is generally referred to as a form of bonding social capital. (Sabatini, 2005) The social capital perspective focuses mainly on how to unite those families outside institutional networks to available public services, resources, and programs.

In this sense, social workers, acting as family support and linking families to public services, are the focus of the social capital concept in the Chile Solidario system. (MIDEPLAN, 2002) Chile Solidario initiative seeks to overcome the isolation and exclusion of many indigent by actively promoting assistance and protection. Armed with the data identifying Chile's poorest, social workers go door to door and invite indigent families to participate in the two-year social support program. The approach with these families also tries to promote self-initiative and the development of strategies to improve their situations, as well as address specific needs which are different for each family. The overall aim of the strategy is to create opportunities and provide social resources that allow families in extreme poverty to recover or gain access to their own capacity to resolve issues in their personal, family, community, and institutional environment. (Palma and Urzúa, 2005; World Bank, 2004)

A complementary approach, the concept of networks, emphasizes the synergies achieved by combining different resources. Using this perspective, this program assumes an intervention in social institutional networks – supposing that conditions of extreme poverty can be reduced through uniting families with existing state social networks. (MIDEPLAN, 2002) In this context, the *Puente* program acts as the entry point into the social system for indigent households.

If the identified household agrees to participate in the Puente Program, the caseworker helps the household to identify its needs in seven areas: health; education; employment; housing; income; family life; and identification. In conjunction with these areas, the system has defined a set of minimum conditions for an improved quality of life that families should attain because of the Chile Solidario Intervention. (MIDEPLAN, 2003c) Examples of the minimum conditions in each category are found in table 9. The household and the caseworker then draw up a strategy for how these needs will be met, and how progress will be monitored over the two-year duration of the program.

Table 9: The Seven Pillars of the Bridge

Category	Minimum Conditions
Personal Identification	<ul style="list-style-type: none"> • All members of the family must be incorporated into the civil registry and have an identity card • All adult family members should have their legal background record normalized • Members of a family who have a disability should be recognized by the commission of preventative medicine for disability and registered in the national disability registry, if necessary.
Health	<ul style="list-style-type: none"> • All members of the family must be registered in the primary health care system and given healthcare information • Pregnant women and children under six years of age should have their medical check – ups and vaccinations according to guidelines established by the Ministry of Health • Women over 35 years of age should have a recent Papanicolau exam • Elderly members and persons who suffer from a chronic illness should be under the supervision of a doctor • Family members with a disability should be participating in a rehabilitative program.
Education	<ul style="list-style-type: none"> • Children under six years of age should attend a preschool program, especially if the mother works and there is no other adult able to care them. • Children under 15 years of age should attend an educational institution or be in the process of reintegration if they have dropped out. • Children 12 years of age or older and adults should be able to read and write or in the process of learning • An adult should have a positive and responsible attitude for the education of the children, being in contact with the school and attended the most recent parent meeting.

<p>Family Dynamics</p>	<ul style="list-style-type: none"> • The family should be aware of the community resources and development programs available through local networks (sports clubs, senior citizen ´s centers, action groups, and community organizations, among others) • The family should have conversations about topics such as habits, schedules, and play spaces. • There should be clear rules within families and fair distribution of household chores. • A family with incidents of domestic violence should be incorporated into an appropriate support program • A family with a child in foster care or in an institution should make regular visits • A family with a child in the penal system should support him /her and collaborate in the rehabilitation process.
<p>Housing Conditions</p>	<ul style="list-style-type: none"> • If the family wishes to apply to housing program, they should be in the application process • The family should have access to clean water, an adequate energy system, adequate sewage and waste disposal systems. • The home should not be susceptible to floods, severe leakage or extreme humidity • Each member of the family should have a bed with sheets, blankets, and a pillow. • The family should have the basic kitchen and dining material to meet its needs. • The environment around the home should be pollution – free.
<p>Employment</p>	<ul style="list-style-type: none"> • At least one member of the family should have a regular job and a stable salary • All unemployed persons should be registered with the municipal employment information office • No child under the 15 years of age should leave school in order to work.

Income	<ul style="list-style-type: none"> • The family should have an income above the line of extreme poverty • All members of the family who have the right to the family support subsidy and / or social security assistance should be receiving them.
---------------	--

Source: MIDEPLAN (2003 c) “Chile Solidario: Dimensiones Mínimas a Trabajar por las Familias”, Cuenta Pública 2002, Gobierno de Chile, Chile.

Finally, the third approach, crisis intervention, led to short – term therapeutic actions aimed at eliminating the factors that inhibit or reduce the family’s ability function.

The Chile Solidario system includes the following elements: identification of the family as the unit for action and benefits; an inter – connected system for benefits; a basic institutionalism within which to operate; and an information system with interrelated databases to monitor the way the system functioned. The strategic focal points of the system are summarized in table 10.

Table 10: Strategic points of Chile Solidario System

Strategic points	Description
1. Efforts targeting the Family	This is a privileged area in which to generate processes to attain the advancement and development objectives for overcoming extreme poverty.
2. Work coordinated on the basis of institutional networks	The networks confirm the synergic effect produced by the full and complementary combination of different local and national resources.
3. Proactive State	Public presentations are offered according to the specific needs of the families through direct and personalized efforts with each of them.

4. Building a Bridge with the Municipalities: the Core of Chile Solidario System as Social Networking Strategy

From an institutional perspective, MIDEPLAN, the Ministry of Social Planning, is responsible for the System. Its functions include collecting and updating information about the families belonging to the System; overseeing and evaluating the System's progress, establishing, coordinating and supervising national, regional, and local support networks for the poorest families; and, coordinating and targeting for the participating families and their members with all of the social advancement programs aimed at addressing extreme poverty. A description on the institutional structure is found below. (Palma, and Urzúa, 2005, MIDEPLAN 2003 b)

MIDEPLAN is coordinating efforts with other line ministries involved in delivering the payments and services guaranteed to targeted households within the Chile Solidario System. As mentioned before, participating households are granted preferential access to all of Chile's public interventions related to the seven areas specified: health; education; employment; housing; income; family life; and identification. For example, in health, the households in the Chile Solidario initiative should be given priority access to primary health care under FONASA. (The Chilean public health system) In the area of employment, heads of targeted households

should be the priority beneficiaries of active employment programs administered by FOSIS and the Ministry of Labor. In the area of education, schools attended by members of targeted households should receive special school retention vouchers recently introduced by the Ministry of Education. (MIDEPLAN 2003 c; Palma and Urzúa; MIDEPLAN, 2002)

A starting premise of Chile Solidario is that the principal asset of indigent households is their desire to live as a family and the intra-household mutual support that this includes. (Crispi, 2003) Thus, the preferential access to Chile's social protection system created under the Chile Solidario reforms targets households / families, rather than individuals, currently classified as indigent. (MIDEPLAN, 2003 b, MIDEPLAN 2002, World Bank 2004)

The work of each family action unit is supported at the local level. This is convened by the municipalities, and consists of representatives of public and private institutions and organizations that offer services and / or benefits to poor families. Program coordination occurs at the local level, and the articulation of public services at provincial and regional levels is subsidiary to and at the disposal of the local networks. (MIDEPLAN, 2003 b, MIDEPLAN 2002, World Bank 2004)

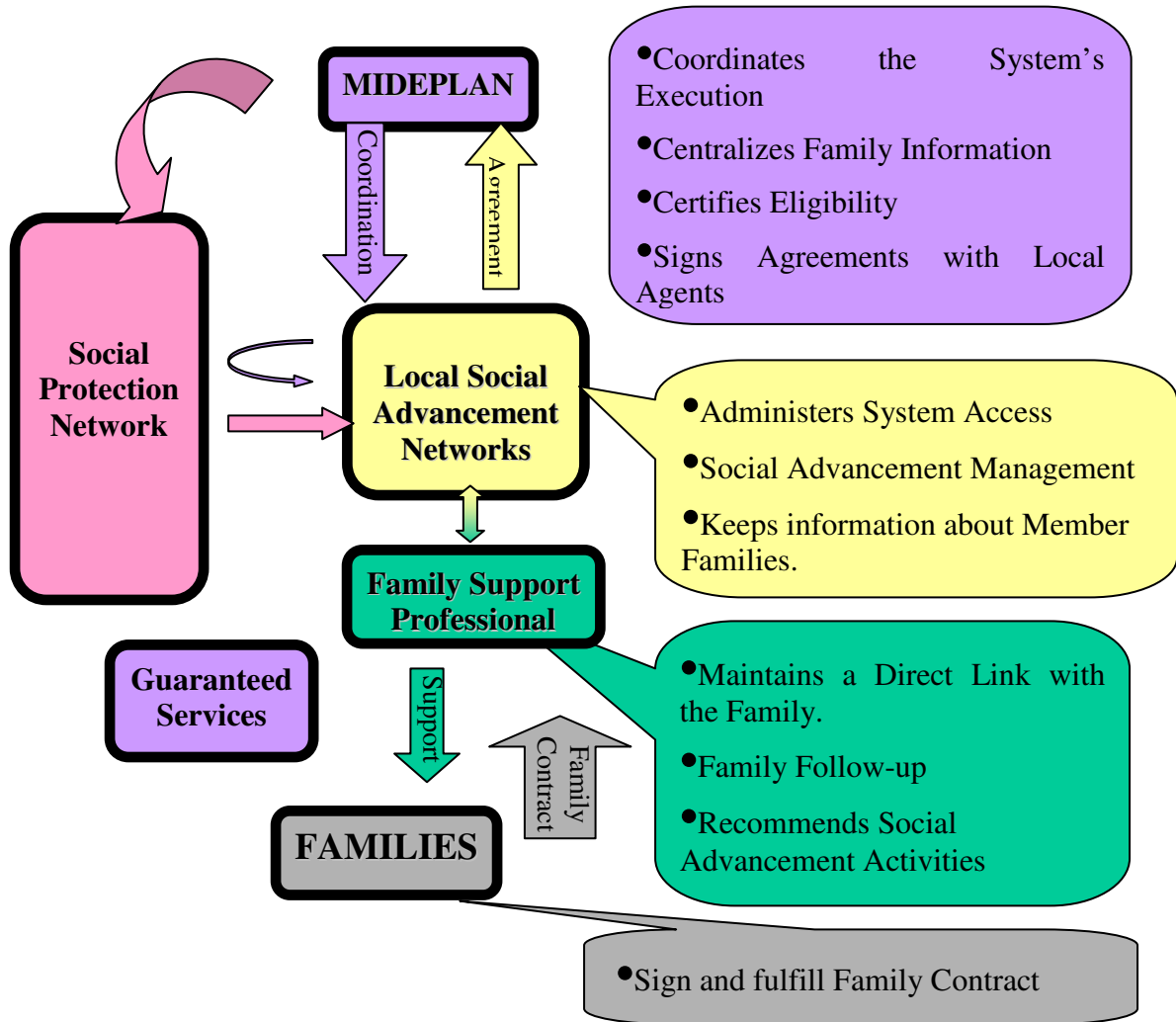
A strategic institutional change implied by Chile Solidario is the expansion of the

role of municipal governments in the implementation of social policy and delivery of social services. From the beginning, the program made the strategic decision to undertake its intervention in conjunction with an institution that had been working in the territory in which the families live. In the local context, the municipalities are a strategic actor in the implementation of social policies. They have accumulated a vast territorial knowledge and have consolidated a strategic network of cooperating institutions. (MIDEPLAN, 2003 b, MIDEPLAN 2002, World Bank, 2004)

The Chile Solidario system considers the formation of local Intervention networks in its administrative model. All community organizations and public and private institutions working with the poorest families of each territory are invited to participate in the Puente – Chile Solidario system. According to the program, this network is able to articulate its resources and actions in accordance with the families needs. Moreover, working with the municipalities facilitates the installation of new abilities at the local level. (MIDEPLAN, 2003 b, MIDEPLAN 2002, World Bank 2004)

As shown in Figure 1, there are specific functions for all the actors involved in the System: Department of Social Planning, Local Social Networks, Family Supporters, and Families.

Figure 1: Institutional Structure



IV. Research Design and Methodology: A Data-Mining Evaluation of the Chile Solidario System

Epstein (2001) proposes that "clinical data-mining" is a viable practice-based research strategy. Moreover, Sainz and Epstein (2001) suggest that available mined data might be used to create experimental analogs yielding comparable evaluation findings as randomized controlled experiments but presenting fewer implementation and ethical difficulties. From a practice-research integration perspective, "clinical data-mining" may be a credible alternative to randomized controlled experiments. In fact, data mining as a methodology takes available information that was collected for other reasons and converts it to evaluation purposes.

As explained by Epstein and Sainz (2001), Social workers in health, mental health and other settings routinely collect and record enormous quantities of clinical information about clients, psychosocial interventions, and client responses to these interventions. This study focuses on available information given by Chilean CASEN Survey. Thus, as explained by Hyman (1972), this research is based on the extraction of information on topics different from those that were the focus of the original surveys. In this sense, the study makes use of Chilean census data to examine the

effects of the Chile Solidario System on the social networking conditions of extremely poor families.

As indicated earlier, social networking is a heterogeneous and multifaceted phenomenon in our society. Consequently, there can be no single indicator that operationally defines it. Instead, this study focuses on describing several social networking indicators of indigent families participating in the Chile Solidario System. In addition, I include Cross tables that show some social networking and economical well being conditions of the current beneficiaries (indigent, poor and non – poor families) of the Chile Solidario System.

Then, this study compares the social networking conditions of indigent families participating in Chile Solidario and indigent families not participating in the system. Based on the findings of univariate and bivariate statistical analysis, I evaluate the Chile Solidario System and show which differences are statistically significant. Evaluation of the Chile Solidario System's early impacts on social networking conditions represents a descriptive and quasi-experimental case study design.

1. Evaluation Goals

This study is motivated by the need to expand research on the effects of efforts of facilitate social networking on extreme poverty. More generally, the research elaborates a conceptual methodology model that permits the examination of the development and strengthening of social capital - understood as social institutional networks through social public services – in poor Chilean families as part of a National Public Policy. From this perspective, the paper addresses the need to look at the wider macro level while describing the current beneficiaries and the early impacts of the Chile Solidario System – a national program created, in 2002, over the assumption of social capital and social networking as linking families living in situations of extreme poverty to the state.

However, the study is both quantitative and exploratory. Its overall purpose is to describe and understand the early impacts of Chile Solidario System in the social networking conditions of family indigents. In summary, the general objective of this descriptive research is:

To evaluate the early impact of the CSS on the social networking facets and some economic well being indicators of Chilean families living in situation of

extreme poverty.

The **specific goals** of this evaluation are:

(1) To determine whether the families participating in the CSS are those who were intended for program participation, those in extreme poverty.

(2) To characterize current beneficiaries (indigent, poor and non – poor families) of the CSS.

(3) To describe indigent families' perceptions of the CSS program

(4) To characterize and describe in detail the social networking access of indigent families participating in the CSS during 2003

(5) To characterize the economic conditions of indigent families participating in the CSS during 2003

(6) To assess the early impacts of the CSS on the social networking of participants, specifically in social organizations and access to public social services.

(7) To evaluate the early impact of the CSS on the economic well being of indigent families.

2. Research Design and Methods

2.1 Characterizing the current beneficiaries of Chile Solidario System: focusing on the indigent families

In the planning stage of phase development, planners of the Chile Solidario defined

the target population as the 225,000 poorest families in Chile. At that moment, the extreme poverty line in Chile was defined as people living with less than US \$ 1 per day per person.

In this evaluation, a more precise and specific characterization of the current beneficiaries, and more specifically the indigent families, of the Chile Solidario System has been included. Thus, this study shows a descriptive face, demonstrating how variables are distributed in a population. Descriptive studies merely describe a population's characteristics; they do not generate or test explanations of phenomena in that population. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996)

The characterization of the current population of Chile Solidario System has been extracted from available and official data (CASEN Survey), including social networking and economic well being dimensions such as Participation in Social Organizations and Access to Public Social Services, among others. In addition, the perception of indigent families about Chile Solidario has also been extracted from official data.

2.2 Describing the early impacts of Chile Solidario

The Chile Solidario System was created in 2002 and, thus, it is possible examining only its early impacts on the poorest Chilean families. Furthermore, the last official data available in which this research is based is on CASEN Survey 2003, which is explained latter in this paper.

To describe the early impacts of Chile Solidario, in terms of the social networking dimensions and the economical well being conditions, on extreme poverty in Chile, we should recognize that the Chile Solidario System is considered as the Intervention of this Evaluative Research. Also, in this research evaluation, I include an After – Only Comparison Groups with Existing Data Set. A rational for this strategy is explained below.

2.2.1 Chile Solidario as the Intervention

As explained before, Chile Solidario's mission as a public policy is to incorporate families who live in situations of extreme poverty into the state's and private non-for profits social protection networks, guaranteeing preferential placement which supposes the connection, interaction, and reeducation within all existing social

services and programs.

The main components of Chile Solidario, as intervention, include:

Table 11: Chile Solidario as the Intervention

Intervention Components
1. Intensive Care over 24 months to those families entering the system (Psychosocial support and Family Bonus)
2. Current monetary assistance (Subsidies).
3. Preferential Access to Social Promotion Programs
4. Labor Benefits. (Social welfare for unemployed heads of households of the participating families; Employment programs, insertion and labor training)

As table 12 shows, the initial contact with indigent households (engagement intervention) started at the beginning of 2002 and finished in the year 2005. At the end of the 2005, all indigent household should be covered by the Chile Solidario system.

Table 12: Number and Percentage of Indigent Households / Individuals in the System between 2002 and 2005

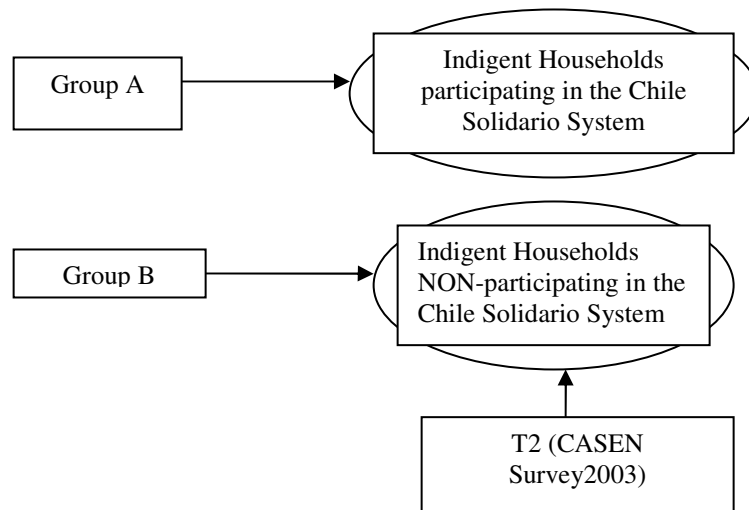
Year	Number of Indigent Households per year integrated to the System	Percentage of Indigent Households per year integrated to the system	Number of Indigent Individuals per year integrated to the system	Percentage of Indigent Individuals Integrated to the system
2002	56,000	24.89 %	235,200	26.26 %
2003	75,400	33.51 %	267,400	29.85 %
2004	60,000	26.67 %	252,000	28.13 %
2005	33,600	14.93 %	141,120	15.75 %
Total	225,000	100%	895,720	100%

2.2.2 The After – Only with Comparison Group in an Existing Data Set

Given that the program was not covered all its target population, I was able to compare the characteristics of indigent beneficiaries of the Chile Solidario System (only extremely poor households that are participating in the system) with extremely poor households that had not been covered by the program during the year 2003. In this form the evaluation captures firmer estimates and more precise information of Post - Chile Solidario enactment trends to extrapolate, and better estimates of the outcomes in social networking and economic well being indicators.

This strategy research includes two comparison groups: (1) Indigent Chile Solidario households and, (2) Indigent households CSS non-participants during 2003, as shown in figure 2.

Figure 2: After – Only with Comparison Groups in an Existing Data Set.



In sum, Indigent Chile Solidario households act as the Comparison Group, and Indigent households non – participating in the Chile Solidario System as the Control Group. Both types of households have been extracted from CASEN 2003, and specifically from the question: Does your family participate on the *Chile Solidario* System, through *Puente* Program?

To compare both groups, Indigent Chile Solidario households and Indigent households non – participating in the Chile Solidario System, these groups similarity should be reviewed first in terms of household size, sex of household heads, age of household head, educational level of household heads, illiteracy level of household heads, among other demographic variables.

This study, an after – Only with Comparison Groups in an Existing Data Set permits the collecting of information from different people. More specifically, the National Survey of Chilean households (CASEN), which is explained later in this paper, has permitted to measure and evaluate the early impacts of Chile Solidario comparing the characteristics of current beneficiaries of the System (only extremely poor households that are participating in the system) with extremely poor households that have not been covered by the program during the year 2003. This type of design is particularly useful in evaluations of full coverage interventions such as nation wide policies and programs in which entire populations participate and there is no scope for a control group.

It is difficult to disentangle the effects of the Chile Solidario System from the influence of other factors, which is one of the main limitations of this study. Thus, with this evaluation, we can only observe net changes in program receipt, social networking access, and economical well being indicators in Chile. Our goal is therefore very modest: to compare the social networking and economical well-being indicators among Chilean extremely poor households participating in Chile Solidario and indigent families non participating in the system. The main questions behind this research are whether extremely poor families who are participating in CSS are doing better through improving their social networking and their economic well-being

dimensions in this early stage of program implementation (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996)

When Policies or Programs affect a whole population, – the 225,000 poorest families in Chile – it is generally not possible to identify or construct a control group. Full coverage and uniformed national programs present special difficulties in developing randomized experiments because such programs cover all persons or households that have the characteristics or requirements of being eligible. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996).

It is important to emphasize that after – Only with Comparison Groups in an Existing Data Set is not an ideal design for estimating net effects. Some policy evaluations have been able to assign people randomly into two groups: those who were invited to participate in the early stages of the program (the program intervention group) and those who were brought to the program later (the control group). Random assignment design has not been considered into the Chile Solidario System and is not possible for this study.

3. Sources of Information and Instruments

This evaluative research is based on re – analyses of an already existing database, the Chilean CASEN Survey, which is named Secondary Analysis. Thus, as explained by Hyman (1972), this research is based on the extraction of information on topics different from those, which were the focus of the original surveys. In this sense, to examine the effects of the Chile Solidario System on the social networking conditions of extremely poor families published Chilean data sources were used.

The National Socio-Economic Characterization Survey (CASEN), carried out by MIDEPLAN, the department of Social Planning, is a survey of household that represents national, regional, urban, rural, district areas. Its last version, in the year 2003, was taken for 302 districts of the country. The CASEN Survey is applied to a certain number of people regardless of the social and economic characteristics of each household. (www.mideplan.cl)

The CASEN survey has been carried biannually since 1985, with the exception of 1989, which was taken in 1990; and the one in 2002, taken in 2003. Surveys taken to date correspond to the years 1985, 1987, 1990, 1992, 1994, 1996, 1998, 2000, and 2003. The next version has been taken but is currently not available.

(www.mideplan.cl)

The CASEN survey allows MIDEPLAN, other ministries, Universities and Academic Centers to carry out the analysis of the socio-economic reality of the country and evaluate social programs, as well as its results, thus carrying out design, coordination and evaluation functions of social policy of the Ministry. In addition, this survey is the main tool for evaluating the impact of social policy on household incomes taking into account social programs that represent a high component of social expense.

This survey provides information about the socio-economic condition of different social sectors of the country, its most significant deficiency, poverty effect, magnitude and characteristics, as well as household income distribution and its income structure. In addition, the survey includes coverage backgrounds and beneficiary profiles of social programs; identifying social sectors that do not have access to such programs, which makes it easy to estimate the lack of assistance.

Thus, the CASEN Survey contains a wealth of information on respondent personal contacts with various kinds of public services. Respondents were asked to indicate whether they have been in contact with institutions, which mainly provide services

marked by bureaucratic discretion in the decision making process of whether a family is entitled to a service or allowance.

To summarize, the CASEN Survey is implemented in order to carry out the following general objectives:

Table 13: Objectives of CASEN Survey

- | |
|---|
| <ul style="list-style-type: none">• To periodically know the situation of households and the population, especially those in poverty, and those groups defined as a priority by social policy regarding to demographic, education, health, and housing, employment, and income aspects.• To evaluate the coverage and distribution of disallowed deductions of the main social programs of national scope among households according to their income level, as well as the expense influence in household income and its own distribution.• To calculate poverty effect and magnitude in households and population, also allowing household and population general view in a poverty situation using other sizes included in the survey in its different modules.• To define population by household income level, according to residence, educational condition, incorporation in the labor market, constitution of family income and other notable variables.• To evaluate social programs in progress, to determine policy guidelines to follow and adjustments to develop in order to make social expense available for population segments identified as priority focuses of social policies and each program. |
|---|

Source: www.mideplan.cl

4. Target Population, Sample Type, and Sample Size

The *population* of our study is constituted by *households that live in extreme poverty* in Chile during 2003 and more specifically, indigent families participating in the Chile Solidario System.

The sampling framework of this research is based on the sampling framework of the 2003 CASEN Survey. This last survey is based on Population Census and Housing backgrounds in 2002, regarding mapping material, as well as population and housing information. The sampling type is stratified in a geographic manner. In order to turn sampling data into population data, weighing factors are used, which are built with population projections from the INE (National Institute of Statistics) in November of the year of Survey.

The *type of sampling* used is *Stratified Random Sampling*, which involves taking random samples from various strata in the country. Chile was divided in various geographic strata, distinguishing geographic areas (urban and rural) and different communities. At the same time, *Cluster Sampling* involves taking random samples from geographic areas (urban and rural) by randomly selecting clusters of subjects (households). (www.mideplan.cl)

This study implies *Random Sampling* as a method of drawing a portion of a population so that each member of that population has an equal chance (probability) of being selected. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996) In this sense, using the *CASEN Survey*, certain numbers of people in Chile are interviewed regarding social and economic characteristics of each household. It is

important to emphasize that the CASEN Survey, which is administered every 2 or 3 years, is applied to different people each time.

The sampling used by the Department of Social Planning of Chile for the CASEN Survey provides sufficient sample size to support the analysis of this report. In this sense, the *sample size* necessary to detect a minimal difference that is statistically significant is a function of the following elements: the desired significance level, the desired power for statistical testing, the magnitude of the difference (or impact) to be detected, and the variability of difference (standard error)

As shown in table 14, the CASEN sample sizes have been:

Table 14: Sample Size of Households in 2003

Number of Households
CASEN 2003
68.153

4.1 CASEN Sampling Structure

For political – administrative purposes, Chile is divided in 13 regions, 51 provinces, and 341 communes. Geographic stratification was used for the selection of samples. In each region, two stratum were formed corresponding to rural and urban zones, from which communes were chosen based on proportional probabilities of number

of housing.

In each region, rural and urban zones are found.

Table 15: Urban and Rural Areas

Urban Area	A group of concentrated housing units over 2000 inhabitants, or between 1001 and 2000 inhabitants, with 50% of its population economically active, committed to secondary or third activities.
Rural Area	A group of concentrated or spread housing units with 1000 inhabitants or less, or between 1001 and 2000 inhabitants, with less of 50% of its population economically active, committed to secondary or third activities.

From each zone, auto represented and co represented communes were extracted.

- Auto represented communes are those which must be present in the samples with an adequate size in order to perform independent estimations. We found 301 auto-represented communes.
- Co represented communes are those communes whose sample size only permits performing estimation on the national, regional or zonal levels.

Both in the urban as in the rural samples, the primary units are constituted by the censal registered sectors. (Housing conglomerates). The secondary units of the

samples are constituted by those housing occupied permanently. In the interior of the housing group chosen, all families and persons who reside within them are taken.

In the communes, the primary units are selected in each stratum, with a frequency that is proportional to the strata size. This size is measured by the number of private houses estimated in the 2002 national census.

The selection probability of a Primary Unit is:

$$n_h \cdot \frac{M_{hi}}{M_h}$$

Primary Units Number selected in the h strata: n_h

Number of houses in the i primary unit of the h strata: M_{hi}

Number of houses in the strata h, according to CENSO 2002: M_h

The sampling fraction or selection probability of a dwelling is equal to:

$$f_{hi} = \frac{n_h M_{hi}}{M_h} \frac{m_{hi}}{M'_{hi}}$$

Number of dwellings registered in the updating date of the Primary Unit of the h strata: f_{hi}

In order for the sample information to be representative for the whole population, it

is necessary to consider regional and communal expansionary factors, which has been calculated, and included in the CASEN 2003, from official population forecasts provided by the National institute of statistics (INE).

4.2 Sample Description

The target families of the Chile Solidario System are extremely poor indigent families, with an average income below the line of severe poverty. In 2003, the national line of severe poverty was less than U\$1 per person a day. Moreover, about 4.7% of all Chilean families lived below the line of extreme poverty. (MIDEPLAN, 2003) The description of the target population; the research sample is based on available information, including dimensions and indicators extracted from the CASEN Survey 2003.

A smaller database, constituted by 2, 246 families that have participated in the Chile Solidario System, was extracted from the CASEN 2003. Weight cases were applied to this smaller database. Weight gives cases different weights (by simulated replication) for statistical analysis. According to this, the sub database includes 66,073 families participating in the Chile Solidario System as it is shown in the table

below.

Table 16: Families participating in the Chile Solidario System, according to CASEN 2003

Families	Number	%
Indigent Families	13,037	19.7%
Poor (non – indigent) families	23,059	34.9%
Non poor families	29,977	45.4%
Total	66,073	100%

It is remarkable, as shown in table no.16, that 34.9% of the Chile Solidario beneficiaries were poor non – indigents and 45.5% were non-poor during 2003. Moreover, only 19.7% of the Chile Solidario beneficiaries were indigent families, the objective group of the system. A further description of the current beneficiaries of the Chile Solidario System will be included later on this paper.

Considering the stated objectives of this study as well as the Chile Solidario System, which focuses on families in extreme poverty, the analysis concentrates on 13,037 indigent families participating in the Chile Solidario Program during 2003. This subset of the overall database has been described and characterized as part of this descriptive evaluation. Additionally, all the indigent families that have participated in the Chile Solidario System were extracted from that subset, in order to be compared with the indigent families that have not participated in the Chile Solidario System yet,

as it is shown in table 17. The latter families were also extracted from CASEN 2003.

Table 17: Participating and Non-participating Indigent families in the Chile Solidario program during 2003 (CASEN 2003)

Indigent families participating in Chile Solidario	Non – participating Indigent families in Chile Solidario
13,037	92,943

The scope of the Chile Solidario Program permitted accessing to more than 13,000 cases that contained information about indigent Chilean families. All case records used in the study were gathered from the CASEN Survey 2003. In order to generalize the results of the study, the sample size is important. This study allowed working with a sample of 13,037 indigent Chilean families.

Descriptive Statistics and Frequency Distributions were obtained from all the variables in order to describe the study sample, considering demographic and background characteristics. The tables below show the main demographic variables of the Chile Solidario target population, the Chilean indigent families.

Table 18: Demographic Description of the Indigent Families participating in the Chile Solidario System

Variable	Values	n	%
Family Size	2 or less persons	391	3.0%
	3 – 7 persons	11738	90.0%
	8 persons or more	908	7.0 %
Sex of the Household Heads	Male	8397	64.4%
	Female	4640	35.6%
Age of the Household Heads	19 – 40	7155	54.9%
	41 – 62	5345	41.0%
	63 - 84	537	4.1%
Educational Level of the Household Heads	Without formal education	785	6.0%
	Complete or Incomplete Primary Education	8965	68.8%
	Complete or Incomplete Secondary School Education	3225	24.7%
	Complete or Incomplete Professional, Technical or University Studies	62	0.5%
Illiteracy Level of the Household Heads (%)	Literate	11301	86.7%
	Illiterate	1736	13.3%

Table 18 shows that, during 2003, 3 to 7 persons constituted the 90.0% of the

indigent families participating in the Chile Solidario System. In addition, the table shows that 64.4% of the heads of the indigent families were men whose ages ranged between 19 and 40 years old (54.9%).

Regarding the educational level, 68.8% of the household heads of the indigent families participating in the Chile Solidario System had complete or incomplete primary education, and most of them could read and write. At the same time, only 0.5% of the heads of indigent households had complete or incomplete professional, technical, or university studies.

A comparative description between the indigent families participating in the Chile Solidario System and those indigent families who did not participate in the system is included. This has helped to determine whether there are possible differences associated with the families that have been involved with the program and have eventually established the demographic comparability of the groups when approaching an experimental evaluation of the program impact (Sainz & Epstein, 2001). For this reason, I evaluate whether there is a significant difference between both groups in terms of demographic characteristics.

Family Size

Table no. 19 shows that small differences existed regarding the family size between the indigent families participating in Chile Solidario and those indigent families who did not participated during 2003. The difference is only of 4.2% between the indigent families who participated in the system, whose family house was inhabited by 1 or 2 persons, and those who did not participate during 2003. In addition, 96.2% of the indigent families participating in the Chile Solidario Program had between 3 and 7 members while 91.6% of the non-participating indigent families had between 3 and 7 members, during 2003. Almost the same percentage of families, in both groups, had 8 or more members during 2003.

Table 19: Family Size * PARTICIPATION IN CHILE SOLIDARIO

		Has your nuclear family participated in Chile Solidario, through the PUENTE program?		Total
		Yes	No	
Family Size	Between 1 and 2 persons per home	391	6676	7067
		3.0%	7.2%	6.7%
	Between 3 and 7 persons per home	12543	85114	97657
		96.2%	91.6%	92.1%
	8 or more persons per home	103	1153	1256
		.8%	1.2%	1.2%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

Consistent with the analysis above, the Chi - Square test does demonstrate the existence of a small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the employment condition between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 20: Chi - Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson's chi - square test	212.741(a)	2	.000
Reason of probabilities	267.516	2	.000
Linear by linear association	108.322	1	.000
Number of Valid Cases	105,980		

*0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 420.95.

Finally, the Contingency Statistic Coefficient shows a weak association, only of 0.057, between the family size and the participation in the Chile Solidario system.

Table 21: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	C - Contingency	.057	.000
Number of valid cases		105,980	

*Assuming the alternative hypotheses.

*Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that both groups, indigent families participating

in the Chile Solidario System and the non-participating families are similar concerning the family size. In fact, although the difference was statistically significant for a sample of this extent (Chi-square = 212.741, $p < .000$), the C - Contingency Coefficient was only .057, indicating a very weak association.

Sex of the Household Heads

The Cross Table no.22 demonstrates that very small differences existed concerning the sex of the household heads between the indigent families participating in Chile Solidario and the non-participating indigent families. The difference is only of 2.6% between the indigent families who participated in the system, whose household heads were women, and those who did not participate during 2003. In addition, 64.4 % of the indigent household heads participating in the Chile Solidario Program were men while 61.8 % of the non-participating indigent household heads were also men. Finally, 35.6 % of the indigent household heads participating in the Chile Solidario Program were women while 38.2 % of the non-participating indigent household heads were men, during 2003

Table 22: Sex of the Household Heads*Participation in Chile Solidario

		Has your nuclear family participated in Chile Solidario, through the Puente program?		Total
		Yes	No	
Sex of the Household Heads	Male	8397	57448	65845
		64.4%	61.8%	62.1%
	Female	4640	35495	40135
		35.6%	38.2%	37.9%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

Consistent with the analysis above, the Chi-Square Test does demonstrates the existence of a very small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the sex of the household heads between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 23: Chi – Square Test

	Value	df	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	32.825(b)	1	.000		
Continuity Correction(a)	32.715	1	.000		
Reason of probabilities	33.060	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	32.825	1	.000		
Valid cases number	105,980				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 4937,16.

Finally, the Phi and V- Cramer Statistic Coefficients show a weak association, only of 0.018, between the sex of the household heads and the participation in the Chile Solidario system.

Table 24: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	.018	.000
	V - Cramer	.018	.000
Number of valid cases		105,980	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that both groups, the indigent families participating in the Chile Solidario System and the non-participating indigent families are comparable in regard to the sex of the household heads. In fact, although the difference was statistically significant for a sample of this extent (Chi-square = 32.825, $p < .000$), the Phi Coefficient was only .017, which indicates a weak association.

Educational level of the Household Heads

The Cross Table no. 25 demonstrates that there were important differences regarding the educational level of the household heads between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. In fact, 68.9 % of the household heads of the indigent families

participating in the Chile Solidario Program had primary school studies while only 54.4 % of the non – participating indigent families had primary school studies. In addition, 24.8 % of the household heads of the participating indigent families had secondary school studies while 39 % of the non - participating indigent families had secondary school studies, during 2003.

Table 25: Educational level of the Household Heads* Participation in CS

		Has your nuclear family participated in Chile Solidario, through the Puente program?		Total	
		Yes	No		
Educational Level of the Household Heads	Without formal Education	785	4158	4943	
		6.0%	4.5%	4.7%	
	Primary Education (Complete or Incomplete)	8965	50303	59268	
		68.9%	54.4%	56.2%	
	Secondary Education (Complete or Incomplete)	3225	36011	39236	
		24.8%	39.0%	37.2%	
	Technical, Professional or University Studies (Complete or Incomplete)	33	1969	2002	
		.3%	2.1%	1.9%	
	Total		13008	92441	105449
			100.0%	100.0%	100.0%

Although the table above shows important differences regarding the educational

level of the household heads, the Chi - Square Test does demonstrate the existence of a small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the educational level of the household heads between the indigent families participating in Chile Solidario and the non-participating indigent families during 2003.

Table 26: Chi – Square Test

	Value	gl	Exact significance (bilateral)
Pearson’s chi - square test	2675.906(a)	10	,000
Continuity Correction(a)	3012.765	10	,000
Reason of probabilities	1950.276	1	,000
Fisher’s exact test	104,791		

a. 0 booths (.0%) have an expected frequency of 5 or lower.

Finally, the Contingency Statistic Coefficient shows a moderate negative association, of 0.111, between the educational level of the household heads and the participation in the Chile Solidario system.

Table 27: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	C- Contingency	.111	.000
Number of valid cases		105449	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that both groups, the indigent families participating in the Chile Solidario System and the non-participating indigent families are not quite comparable in regard to the educational level of the household heads. In fact, although the difference was statistically significant for a sample of this extent (Chi-square = 2675.906, $p < .000$), the C - Contingency was .111, which indicates only a weak association.

Illiteracy level

Cross Table no.28 demonstrates that small differences existed regarding the illiteracy level of the household heads between the indigent families participating in Chile Solidario and the non-participating indigent families. The difference was of 5.5 % between the indigent families who participated in the system, whose household heads were women, and those who did not participate during 2003. Actually, 86.7 % of the household heads of the indigent families in the Chile Solidario Program were able to read and write while 92.2 % of the non-participating indigent families were also able to read and write during 2003. On the other hand, 13.3 % of the heads of the indigent families in the Chile Solidario Program were not able to read or write while 7.8 % of the heads of the non-participating indigent families were not able to either read or write, during 2003.

Table 28: Illiteracy level * Participation in CSS

		Has your nuclear family participated in Chile Solidario, through the Puente program?		Total
		Yes	No	
Are you able to write and read?	Yes	11301	85732	97033
		86.7%	92.2%	91.6%
	No	1736	7211	8947
		13.3%	7.8%	8.4%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

Consistent with the analysis above, the Chi-Square Test does demonstrates the existence of a small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the illiteracy level of the household heads between the indigent families participating in the Chile Solidario system and the non-participating indigent families, during 2003.

Table 29: Chi – Square test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	456.845(b)	1	.000		
Continuity Correction(a)	456.127	1	.000		
Reason of probabilities	403.558	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	456.841	1	.000		
Number of valid cases	105,980				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 98 1100,60.

Finally, the V- Cramer Statistic Coefficient shows a weak association, only of 0.066, between the illiteracy level of the household heads and the participation in the Chile Solidario system. In addition, the Phi Statistic Coefficient shows a negative relationship between the illiteracy level of the household heads and the participation in Chile Solidario.

Table 30: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	-.066	.000
	V de Cramer	.066	.000
Number of valid cases		105,980	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that both groups, the indigent families participating in the Chile Solidario System and the non-participating indigent families are not entirely comparable in regard to the illiteracy level of the household heads. In fact, although the difference was statistically significant for a sample of this extent (Chi-square = 456,845, $p < .000$), the Phi Coefficient was only -.066, indicating a weak and negative association.

The strength of association between demographic variables and participation in the Chile Solidario System

In this section, a comparison is made between the demographic characteristics of indigent families participating in the Chile Solidario System and those indigent families not participating in the program. This will help us determine whether any differences in economic or social outcomes associated with families that have been involved in CSS are likely to be the result of program participation rather than demographic differences. In other words, the demographic comparability of the groups allows us to treat the analysis as an experimental analog (Sainz & Epstein, 2001). For this reason, I sought to determine whether there are significant demographic differences between both groups.

The table below summarizes the comparative description between the indigent families participating in the Chile Solidario System and those indigent families who did not participate in the system during 2003.

Table 31: Comparative description between the indigent families participating in the CSS and those indigent families who did not participate in the system

Variable	Value	Statistics
Educational level of the household heads	.11	C - Contingency
Literacy level of the household heads	.066	V - Kramer
Family size	.057	C - Contingency
Sex of household heads	.018	V - Kramer

This table shows the strength of association between demographic variables and participation in CS. Even though all are low, the strongest relationship was educational level (.11), indicating a weak to moderate association. Then literacy (.066) and family size (.057) indicate a very modest association and, sex of household head (.018) a very weak association. Nonetheless, these are statistically significant because of the very large populations in the two groups.

Regarding education level, the difference is of 14.5% between the indigent families who did not participate in the system, whose household heads had primary school studies, and those who participated during 2003. Thus, indigent household heads non-participating in the system had a higher education level than household heads participating in the system. In fact, 68.9 % of the household heads of the indigent families participating in the Chile Solidario Program had primary school studies while only 54.4 % of the non-participating indigent families had primary school studies. In addition, 24.8 % of the household heads of the participating indigent families had secondary school studies while 39 % of the non-participating indigent families had secondary school studies, during 2003.

Regarding illiteracy of household heads, the difference was of 5.5 % between the indigent families who did not participate in the system, whose household heads were

able to write and read, and those who participated during 2003. Actually, 86.7 % of the household heads of the indigent families in the Chile Solidario Program were able to read and write while 92.2 % of the non-participating indigent families were also able to read and write during 2003. On the other hand, 13.3 % of the household heads of the indigent families in the Chile Solidario Program were not able to read or write while 7.8 % of the heads of the non-participating indigent families were not able to either read or write, during 2003.

Regarding family size, the difference is only of 4.6% between the indigent families who participated in the system, whose family house was inhabited by 3 to 7 persons, and those who did not participate during 2003. 96.2% of the indigent families participating in the Chile Solidario Program had between 3 and 7 members while 91.6% of the non-participating indigent families had between 3 and 7 members, during 2003.

Regarding sex of household heads, the difference is only of 2.6% between the indigent families who did not participate in the system, whose household heads were women, and those who participated during 2003. In fact, 38.2 % of the non-participating indigent household heads were women while 35.6 % of the indigent household heads participating in the Chile Solidario Program were women while,

during 2003.

In conclusion, both groups, the *indigent families participating in the system and non-participating indigent families* are nearly comparable in regard to demographic variables such as family size, sex, educational and illiteracy level of the household heads. However, the differences are not sufficiently great to require controlling for these demographic factors when describing the early impacts of the Chile Solidario System on the economic well being (labor participation, salary income and autonomous income level) and on the social networking level (social participation in organizations and access to public social service networks) of the extremely poor families in Chile.

5. Definition of Terms

This dissertation is motivated by the need to expand research on social networking and extreme poverty. The research elaborates a methodology model that permits the examination of the development and strengthening of social capital - understood as social institutional networks through social public services – in poor Chilean families as part of a National Public Policy. From this perspective, the paper addresses the

need to look at the wider macro level while describing the current beneficiaries and the early impacts of the Chile Solidario System – a national program created, in 2002, over the assumption of social capital and social networking as linking families living in situations of extreme poverty to the state. Thus, *Poverty Condition, Social Networks Access, and Economic Well Being* are the main concepts of this evaluative research.

5.1 Poverty levels

Poverty is a major concept that compromises this research evaluation. The Chilean poverty line represents the minimum necessary income per person to cover and satisfy basic needs (food and others). The Chilean severe poverty line represents the minimum necessary income per person to cover and satisfy only basic food needs. The value of Poverty Line for urban areas is obtained by doubling the value of the Indigence Line, while rural area poverty line value is estimated by increasing in 75% basic food expense calculated for these areas, households having *per cápita* income below these lines, are fit for satisfying their nutritional needs, but not the group of basic needs, and are defined as “poor people and not indigents”.

The value of poverty line on November 2003 was:

Table 32: Poverty Line

In urban area: Chilean \$43,712
In rural area: Chilean \$29,473

*US\$1 = Chilean \$517

At the same time, the severe poverty line represents the minimum necessary to bring them above the indigent level. In this sense, the indigence line is the cost of monthly per capita nutritional basket of goods, and indigents are people living in households whose per capita income is lower than this value. This means, households that in spite of designating the total income to buy food, they would not be able to cover the nutritional needs of their members. It is the cost of monthly per *cápita* nutritional basket of goods, and indigents are people living in households which per *cápita* income is lower than this value. This means, households that in spite of designating the total income to buy food, they would not be able to cover the nutritional needs of their members. Two indigence lines are estimated, one corresponds to urban areas and the other to rural areas.

The value of indigence line on November 2003 was:

Table 33: Indigence Line

In urban area: Chilean \$21,856
In rural area: Chilean \$16,842

*US\$1 = Chilean \$517

5.2 Social Networks Access

Social Network Access refers to the involvement and access to any social organization and public social services available in the municipalities and / or central government.

1) Participation in social organizations: refers to all those household heads that participate in any social organization and the reason why some of them do not participate in any social organization.

- i) **Participation in a Social Organization:** refers to all those household heads that participate (only the organization in which the person dedicate most time) in one of the following social organizations: communal or neighborhood organization; mothers center; women's group; student organization or student federation; sport or recreational club; cultural association or related to artistic creation; play, hobby, or recreational group; political party; religious or church association; voluntary association; professional school; business association; health or self help group; elderly organizations; people with disability organization; parent and legal guardian center; farmers or rural development organization;

NGO, foundation or corporation; indigenous group or association; trade union; cooperative, productive workshop or micro business; or other.

- ii) Reasons for not participating in any social organization:** refers to the reason why household heads do not participate in any social organization, which includes: personal reasons (lack of interest, lack of information, for economic or material reasons, and fear), family factors (because of other responsibilities considered more important such as family or couple duties; because a family member is opposed to participation) organizational factors (lack of space or opportunity, corruption in social organizations or due to the closure of organizations) , or other (for example, other responsibilities considered more important such as work or study)

2) Participation in Public Social Services: refers to the access to housing, educations, employment and health public services, as well as subsidies and social services given by Puente and Chile Solidario programs. Participation in Public Social Services implies the following subdimentions:

- i) Access to Chile Solidario – Puente Programs:** refers to the beneficiaries´

perception of the Chile Solidario and Puente Program, which includes dimensions such as Program Helpfulness to solve problems and the family impacts of Chile Solidario.

- **Program Helpfulness to solve problems:** refers to the beneficiaries' perception (positive or negative) of Chile Solidario helpfulness to resolve their problems and how much they believe the system has helped them to solve them.
- **Family Impacts of Chile Solidario:** refers to the beneficiaries' perception (positive or negative) of Chile Solidario helpfulness as economic support, access to some basic services (education, health, etc.), learning about family strengths, learning about the need of personal effort to overcome problems, and access to better public services.

ii) Health services access: refers to the access of the Chile Solidario – Puente beneficiaries to public services of health, which can be understood as the type of health care system and Health related services received (First Attention Public Establishment Registration, dental care, ER service, health checkup). It includes the following definitions:

- **Type of Health Care System:** refers to the Health insurance system to which household members are affiliated. The alternatives of answers codified for this investigation include: Public system Group A (persons without resources which are beneficiaries of *Asistencial* Pensions, Chile Solidario families, Family Subsidies and / or special programs for people formerly expelled from the country for political reasons), Public System Group B (persons whose family monthly gross income is Ch \$115,648 or less); Public system Group C and D (persons whose family monthly gross income is more than Ch \$115,648); Others (Public System, does not know what group; Air force and military health system; Private health insurance; Others); and non affiliated.

- **Public Primary Health Establishment Registration:** refers to the household members' registration in a medical center or a primary attention public establishment, municipal or National Health System (SNS). Primary attention is understood as the assembly of integral activities of health lent by a general team (does not include specialists) that is fundamentally carried out in establishments of the first level of health attention such as urban or rural general doctor's offices, health centers and pellets of rural health.

- **Dental Care:** refers to all household members that have received dental care, (emergency, treatment, control without treatment) in the last 6 months; and the health establishment in which they have received the attention such as: Public health system (General Medical center, municipal or National health System; Rural primary health center, municipal or National Health System; Specialties health center of National Health System, External hospital health center; Emergency primary health center, SAPU; Emergency care in public hospital, *posta*; National Health System hospital) or private health system (Medical center, clinic or private hospital or at home with a private professional; Air force or military service hospital; Emergency care in private clinic; Mutual Security; Other)

- **Health Checkup:** refers to household heads that have received health checkup attention in a public primary health establishment, during the last 30 days, such as:

- pregnancy checkup (receives programmed pregnancy control, without necessity of being sick at the moment of the consultation),
- chronic control (hypertensions, diabetics, and others that receive programmed control of their illness, without necessity of "feeling

sick) ,

- gynecology control (they receive programmed control, without necessity of "feeling sick"), preventive adult and older adult control (it is an exam directed to detect factors of risks or illnesses, in an early stage, to avoid the appearance of an illness, to stop its progression or to avoid associated complications),
- other control (another type of programmed control, without necessity of "feeling sick")

iii) Employment services access: refers to all household heads 15 years old or older that have participated in Employment specialization courses and are paying for membership in any *previsional* system.

- **Social security system:** refers to household heads 15 years old or older that are currently paying for membership in any social security system such as AFP (Private Pension Fund Administration); INP (National Public Employees Saving Bank, Private employee Saving bank, Social Security System); National defense Savings Bank (CAPRADENA); Police Direction Savings Bank (DIPRECA); other.

- **Participation in Employment specialization courses:** refers to the case where household heads 15 years old or older have participated in any employment specialization courses in the past year. The initiatives of labor qualification can be proposed for:

- Companies (those people that has participated in any course qualification offered by the company in which works or worked, without cost for them);
- Government social programs (those people that have gratuitously participated in any labor qualification courses, as beneficiaries of scholarship or state programs). These social programs include the National Service of Qualification and Employment (SENCE), Fund of Solidarity and Social Investment (FOSIS), National Service of the Woman (SERNAM), Municipal Office of Labor Intermediation (OMIL), among others.
- Personal economic resources (those people that have participated in any qualification courses financed with their own resources)

iv) Housing Services Access: refers to all households that are applying or have applied for government housing programs; and has purchased or are purchasing

their homes with the help of any homeownership government subsidies.

- **Housing Program Applications:** refers to all those households that have formally applied for or have a savings account destined for home ownership in order to apply in the following months to one of the government home ownership programs administered by the Housing Ministry Unified and Municipalities. The government housing programs include: General subsidy; Urban renovation subsidy or priority development; PET (special programs for workers); Basic Housing Subsidy or New Basic (Certified); Rural Subsidy; Basic Housing; Dynamic Social Housing without debt (certified or housing); Progressive Housing phase I (certified or housing); Progressive Housing phase II; Lot with service, sanitary stall or sanitary installation; or Other benefit.
- **Housing Purchase with the help of homeownership government subsidies:** refers to all those households that has purchased or are purchasing their home with the help of any homeownership government subsidies administered by the Housing Ministry and Municipalities. The subsidy covers a fraction of the house value and it is implemented through a direct money transfer and / or the assignment of a house, lot, or chemical

toilette facilities to the selected households. These programs include: Household subsidy (traditional, SUF, or unified general), General unified urban renovation subsidy, General unified subsidy for the conservation of historical zones, housing leasing, PET (special program for workers), rural subsidy, certified basic housing subsidy, Basic housing, older adult basic housing, Progressive 1st stage housing subsidy (private), Progressive 2nd stage housing subsidy (private), progressive 1st stage housing, dynamic social housing without debt, competitive fund for solidary housing projects, lot with service, or other benefit.

v) Social Subsidies Access: refers to whether household members have received an income in the past month from Solidary Contribution.

- This subsidy goes exclusively to the families that have signed a participation commitment in the Chile Solidario program. The subsidy varies according to the time in which the family is into the system (First rung \$10,500: until 6th month; Second rung \$8,000: from 7th month to 12th; Third rung \$6,500: from 13th month to 18th; Fourth rung \$3,716: from month 19);

5.3 Economic well being

Economic well being refers to the situation of households and household members in terms of labor occupation, autonomous household income (without including subsidies) and total household income

1) Labor situation refers to the heads of households who have been looking for a job during the last 2 months or have been working during the last week.

- **Job Seek:** refers to the heads of household who have been looking for a job during the last 2 months. The activities considered are newspapers reading in search of work offers, work places visits, networking and using contacts to obtain job opportunities, among other alternatives.
- **Employed** refers to the head of household that worked, with or without remuneration, at least 1 hour during the last week. This considers the people who worked at least one hour during the previous week of the survey, therefore they receive a payment in cash or goods; to trainees or people that have spent time selling some service or goods; to the

household members who receive no remuneration, and those who have been absent from their jobs because of a license, strike, illness or holiday.

- **Unemployed** refers to the heads of household that, not having a job, in the last two months, made a great effort to find a job. It refers to the household heads who, without having a job in the last two months, made a great effort to find a job
- **Inactive** refers to head of households who were not either working or looking for a job.

2) *The Autonomous Family Income* includes salary and wage income, profits proceeding from the independent work - including self-supply and consumption value of the agricultural commodities produced at home plus property revenue - interest income, allowances and bonus, as well as retirement, pensions, widow's pension and transferences between privates.

3) *Total Family Income*: family income per household corresponds to the addition of the autonomous income and monetary subsidies.

- **Autonomous Income:** This is salary and wage income, profits proceeding from the independent work - including self-supply and consumption value of the agricultural commodities produced at home plus property revenue - interest income, allowances and bonus, as well as retirement, pensions, widow's pension and transferences between privates.
- **Monetary Subsidies:** These are contributions in cash granted by the State to people which cover assistance pension, unemployment benefit, subsidy to poor families, family assignment system, and other monetary transferences from the state to households

6. Operationalization of Variables

6.1 Data Collection Instruments

As indicated earlier, this study is motivated by the need to expand research on Social Capital and its early impacts on extreme poverty. It addresses the need to look at the wider macro level while examining the impacts of the Chile Solidario System – a national program created, in 2002, over the assumption of Social capital as linking

families living in situations of extreme poverty to the state.

To achieve the general objective of this research, *to perform an evaluation of the early performance of public social services networks – Chile Solidario system- on the social and economic well being of Chilean families living in extreme poor conditions*, I am extracting from CASEN SURVEY 2003 a series of questions included in the instrument bellow.⁹ It is important to recognize that CASEN Survey 2003 additionally includes specific questions about the Chile Solidario System for its current beneficiaries.

In sum, to examine the effects of the Chile Solidario System on the social networking conditions of extremely poor families published Chilean data sources were used.

6.2 Variables, Dimensions, and Questions

The concepts presented above are operationalized by questions on the CASEN SURVEY 2003. To *characterize* the current beneficiaries, specifically indigent families of the Chile Solidario System, I am extracting from the CASEN 2003 Survey the social networking dimensions described above. To *evaluate* the early impacts of

⁹ A complete versión of CASEN Survey 2003 is found in appendix 1.

the Chile Solidario System on the social networking of indigent families in Chile, I am extracting from the CASEN survey 2003, the same variables, indicators, and questions that compound each dimension.

The instrument, CASEN SURVEY 2003, is an attachment to this research evaluation. There are 15 yes / no items (questions) which inquire about social networking access, and 7 yes / no items which inquire about economical well being indicators. These items are nominal data and, as such, can be assigned numbers. Additionally, there are 4 response category questions which inquire about social networking access and economical well being condition.

Social Networking Access

As shown in table 34, the variable ***participation in social organizations*** is represented by the module I: Residents of CASEN SURVEY 2003, section 1.2 participation, and questions 7 - *Do you participate in one of the following organizations?*- and 8 - *Why do you not participate in any organizations?*

Table 34: Participation in Social Organizations: Indicators and Questions

Variables	Indicators	Questions
Participation in social organizations	<ul style="list-style-type: none"> • Percentage of Head of indigent households involved in social organizations (%) • Reasons for not participating in any social organizations (%) 	<ul style="list-style-type: none"> • <i>Do you participate in one of the following organizations? (Please identify the organization you dedicate most time)</i> • <i>Why do you not participate in any organizations?</i>

The variable *Perception of Chile Solidario – Puente Programs* by the module I: Residents of CASEN SURVEY 2003, section 1.3 Chile Solidario, and question 12. a. - Do you believe that Chile Solidario through the program PUENTE has helped you in solving your problems?- and question 13 - *Participation in Chile Solidario through the PUENTE program: has been an economic help for my family, has served in accessing some rights, I learned that in order to succeed our effort is important, I realized the strengths our family has, I learned how to face the problems we have as a family, We received better treatment in public services.*

Table 35: Perception of Chile Solidario – Puente Programs: Indicators and Questions

Variables	Indicators	Questions
<p>Perception of Chile Solidario – Puente Programs</p>	<ul style="list-style-type: none"> • Head of Families perception (positive or negative) of Chile Solidario’s helpfulness to solve their problems (%) • Head of Families perception (positive or negative) of Chile Solidario’s helpfulness as economic support (%) • Head of Families perception (positive or negative) of Chile Solidario’s helpfulness to facilitate access to some basic services (%) • Head of Families perception (positive or negative) of Chile Solidario’s helpfulness in learning that in order to succeed our effort is important (%) • Head of Families perception (positive or negative) of Chile Solidario helpfulness in learning about family strengths (%) • Head of Families perception (positive or negative) of Chile Solidario’s helpfulness in learning to face the problems as a family (%) • Head of Families perception (positive or negative) of Chile Solidario’s helpfulness to facilitate access to better public services (%) 	<ul style="list-style-type: none"> • <i>Do you believe that Chile Solidario through the program PUENTE has helped you in solving your problems?</i> • <i>Participation in Chile Solidario through the PUENTE program:</i> <ul style="list-style-type: none"> ○ has been an economic help for my family ○ has served in accessing some rights (access to medical center, education etc) ○ I learned that in order to succeed our effort is important ○ I realized the strengths our family has ○ I learned how to face the problems we have as a family ○ We received better treatment in public services

The variable **Health Services Access** by the module III: Health of CASEN SURVEY 2003, question 1. - *What type of health care do you have?*- question 2 - *Are you registered in a medical center or public primary health establishment?*- question 5 - *In the last 6 months have you received dental care?* and question 12 - *In the last 30 days (last month) have you had any health check up?*

Table 36: Health Services Access: Indicators and Questions

Variables	Indicators	Questions
Health services access	<ul style="list-style-type: none"> • Percentage of Indigent Families that are affiliated to any to the Health insurance system segmented by poverty level and residence zone. (%) • Percentage of Indigent Families that are registered in a medical center or a public primary health establishment (%) • Percentage of Head of Indigent households that have received dental care (%) • Percentage of Head of indigent household that have received health check – up attention in a public primary health establishment, during the last 30 days(%) 	<ul style="list-style-type: none"> • <i>What type of health care do you have?</i> • <i>Are you registered in a medical center or in a public primary health establishment?</i> • <i>In the last 6 months, have you received dental care?</i> • <i>In the last 30 days (last month) have you had any health check up? (pregnancy check up, chronic control or others)</i>

As shown in table 37, the variable *Employment services access* by the module IV: Employment and Income of CASEN SURVEY 2003, question 13. - *Are you currently paying for membership in any previsional system?* - and question 14 - *Have you participated in any employment specialization courses in the past year?*

Table 37: Employment Services Access: Indicators and Questions

Variables	Indicators	Questions
Employment services access	<ul style="list-style-type: none"> • Percentage of Head of Indigent Households that are in any social security system • Percentage of Head of Indigent Households that have participated in any employment specialization courses (%) 	<ul style="list-style-type: none"> • <i>Are you currently paying for membership in any previsional system?</i> • <i>Have you participated in any employment specialization courses in the past year?</i>

As shown in table 38, the variable *Housing services access* by the module VI: Housing of CASEN SURVEY 2003, question 10 - *Have you applied for or do you have a savings account designated for home ownership in order to apply in the following months to one of the following government home ownership programs?- and question 11- Was the home purchased with the help of any homeownership government program?*

Table 38: Housing Services Access: Indicators and Questions

Variables	Indicators	Questions
Housing services access	<ul style="list-style-type: none"> • Percentage of Indigent Families that are applying or have applied for government housing programs (%) • Percentage of Indigent Families that have purchased or are purchasing their home with the help of any homeownership government subsidies (%) 	<ul style="list-style-type: none"> • <i>Have you applied to or do you have a saving account destine for applying in the following months to one of the following government home ownership programs?</i> • <i>Did you buy your home with the help of any homeownership government program?</i>

As shown in table 39, the variable *Social subsidies access* by the module V: Other Income of CASEN SURVEY 2003, question 3 - *In the past month did you receive an income from Solidary Contribution?*

Table 39: Social Subsidies: Indicators and questions

Variables	Indicators	Questions
Social Subsidies access	<ul style="list-style-type: none"> • Percentage of Indigent Families that have received the Solidary Contribution during the last month (%) 	<p><i>In the past month did you receive an income from any of the following government subsidies?</i></p> <p>Solidary Contribution</p> <ul style="list-style-type: none"> – First rung \$10,500 (until 6th month) – Second rung \$8,000 (from 7th month to 12th) – Third rung \$6,500 (from 13th month to 18th) – Fourth rung \$3,716 (from month 19)

Economical Well – Being Condition

As shown in table 40, the variable ***Occupational Situation*** by the module IV: Employment and Income Module of CASEN SURVEY 2003, question 1 - *Have you looked for employment during the past two months*, question 2 - *Even though you did not work during the past week, did you have an employment that you were temporarily absent from due to a medical license, strike, illness, vacation, or other reason?* And, question 3 - *Did you work during the past week?*

Table 40: Occupational Situation: Indicators and questions

Variable	Indicators	Questions
Occupational Situation	<ul style="list-style-type: none"> Percentage of Head of Household that is employed, unemployed, or inactive. (%) 	<ul style="list-style-type: none"> <i>Have you looked for employment during the past two months?</i> <i>Did you work during the past week?</i> <i>Even though you did not work during the past week, did you have an employment that you were temporarily absent from due to a medical license, strike, illness, vacation, or other reason?</i>

As shown in table 41, the variable *Autonomous Family Income Level* by the module IV: Employment and Income Module of CASEN SURVEY 2003, question 8 - *In the past month, what was your income or salary in your primary occupation?;* question 9 - *Including the income declared above, did you receive any other income from your primary employment in the past month;* question 10 - *Do you have any other occupations besides your principal employment?;* and question 11 - *In the past month, what was your total income for this or these occupations?* The variable Autonomous Family Income also includes the Module V: Other Income Module of CASEN SURVEY 2003, question 1 - *In the past month did you receive the family bonus?* and question 2 - *In the past month did you receive an income from pensions....?*

Table 41: Autonomous Family Income Level: Indicators and Questions

Variable	Indicators	Questions
Autonomous Family Income Level	<ul style="list-style-type: none"> • Level of Autonomous Income per household - without including subsidies- 	<ul style="list-style-type: none"> • <i>In the past month, what was your income or salary in your primary occupation?</i> • <i>Including the income declared above, did you receive any other income from your primary employment in the past month?</i> • <i>Do you have any other occupations besides your principal employment?</i> • <i>In the past month, what was your total income for this or these occupations?</i> • <i>In the past month, did you receive the family bonus?</i> • <i>In the past month did you receive an income from pensions....?</i>

As shown in table 42, the variable **Total Family Income Level** by the module V: Other Income of CASEN SURVEY 2003, question 3 - *In the past month did you receive an income from any of the following government subsidies?* The variable **Total Family Income Level** also includes questions about Autonomous Family Income.

Table 42: Total Family Income Level: Indicators and Questions

Variable	Indicators	Questions
Total Family Income	<ul style="list-style-type: none"> • Level of Total Family Income– including subsidies - 	<ul style="list-style-type: none"> • <i>In the past month did you receive an income from any of the following government subsidies?</i> • <i>Questions about Autonomous Family Income included in table 40.</i>

V. Evaluation Findings

The primary focus of the data analysis in this study is on determining whether families participating in the Chile Solidario System are those who were intended for participating in the program; those in extreme poverty, and on characterizing current beneficiaries (indigent, poor and non – poor families) of the Chile Solidario System. When characterizing the current beneficiaries of the Chile Solidario System, I include the use of Descriptive Statistics.

The secondary focus of the data analysis is on the description of the indigent families' perception of Chile Solidario and on the detailed characterization of the indigent families that participated in the system during 2003.

The final focus of the data analysis is on the differences between the indigent families participating in the system and the non-participating indigent families during 2003. Data analysis has included the assessment of the early impacts of the Chile Solidario System on the social networking of the participants, specifically on social organizations and on the access to public social services, and the evaluation of the early impacts of the Chilean Solidario System on the economic well being of indigent families. The CASEN data were used for making cross tabulations, which

permitted presenting, and analyzing the relationships of the early impacts of Chile Solidario on the social networking indicators as well as on the economic well being conditions of the indigent Chilean households. Moreover, by using the original cross – tabulation of whole numbers, it was possible to compute the Chi - Square Statistic, V Kramer, and C Contingency Coefficients to determine whether the relationship between the two variables was likely to be a consequence out of chance or the result of a real relationship between the variables. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996)

All the data were processed using the Statistical Package for Social Sciences (SPSS), version 12.0 for windows. The main evaluation findings are included below.

1. Target population of the Chile Solidario System

Specific Objective 1: To determine whether the families participating in the Chile Solidario System are those who were intended for program participation, those in extreme poverty.

Chile Solidario – Puente System, as explained before, was specifically designed for the poorest 225,000 families in Chile by 2002. However, the table below shows that the system incorporated poor (non – indigent families) and non-poor

families during 2003.

The Chile Solidario System is defined as a system of social protection, which is destined only for families living in extreme poverty. The system regards the family as the unit for action, and understands extreme poverty as a multidimensional problem that refers to not only the lack of income but also to the scarcity of human and social capital and to the family's vulnerability to common events such as unemployment, sickness, and accidents.

Table 43: Poverty level of the Families Participating in Chile Solidario during 2003

Variable	Values	n	%
Poverty level of the families participating in Chile Solidario during 2003	Indigent	13,037	19.7%
	Poor (non - indigent)	23,059	34.9%
	Non - poor	29,977	45.4%

As shown above, 34.9% of the Chile Solidario beneficiaries were poor non – indigents and 45.5% were non-poor during 2003. Moreover, only 19.7% of the Chile Solidario beneficiaries were indigent families, the objective group of the system. This is a very important finding of this research. A further analysis of the current beneficiaries is included below.

Specific Objective 2: To characterize current beneficiaries (indigent, poor and non – poor families) of the Chile Solidario System.

A detailed characterization of the social networking access and the economical well-being of the current beneficiaries of the Chile Solidario System (indigent, poor – non indigent and poor families) are included in this chapter, which incorporates dimensions such as Participation in Social Organizations, Health Services Access, Employment Services Access, Housing Services Access, and Solidary Contribution Access.

Participation in Social Organizations

As shown in the table below, only 40.5% of the household heads of the indigent families participating in Chile Solidario were also participating in social organizations such as: communal or neighborhood organizations, student organizations or student federations, sports or recreational clubs, cultural associations, recreational groups, political parties, religious or church associations, voluntary associations, health or self-help groups, elderly organizations, foundations or corporations and indigenous groups, among others.

Table 44 shows that, during 2003, only 33.7% of the households of the poor (non – indigent) and 47.3% of the non – poor families participating in Chile Solidario were also participating in the Chile Solidario System.

Table 44: Heads of Chile Solidario Households Participating in Social Organizations segmented by poverty level (%)

		Poverty Level			
			Indigent	Poor (non - indigent)	Non - poor
Participation in social organizations	Yes	Frequency	5280	7766	14173
		(%)	40.5%	33.7%	47.3%
	No	Frequency	7757	15293	15804
		(%)	59.5%	66.3%	52.7%
Total		Frequency	13037	23059	29977
		(%)	100.0%	100.0%	100.0%

Table 45 shows that, during 2003, personal reasons - lack of interest, lack of information, economic or material reasons, and fear - were the main reasons why the household heads of the indigent, poor (non – indigent) and non - poor families participating in the Chile Solidario System decided not to be involved with social organizations.

Table 45: Reasons given by the Heads of Chile Solidario Households for not Participating in any Social Organizations Segmented by Poverty Level (%)

			Poverty Level			
			Indigent	Poor (Non - Indigent	Non - Poor	
Reasons for not participating in any social organizations	Personal Reasons	Frequency	3790	5642	8514	
		(%)	49.2%	37.6%	54.2%	
	Family Reasons	Frequency	858	2690	1459	
		(%)	11.1%	17.9%	9.3%	
	Organizational Factors	Frequency	1172	1352	1788	
		(%)	15.2%	9.0%	11.4%	
	Other reasons	Frequency	1882	5325	3941	
		(%)	24.4%	35.5%	25.1%	
	Total		Frequency	7702	15009	15702
			(%)	100.0%	100.0%	100.0%

Health Services Access

Table 46 shows that, during 2003, most of the indigent, poor (non – indigent) and non - poor families participating in the Chile Solidario System were affiliated to the Public system Group A which is addressed to people without resources who are the beneficiaries of *Asistencial* Pensions, Chile Solidario, Family Subsidies and / or special programs for people formerly expelled from the country for

political reasons.

Table 46: Heads of Chile Solidario Households that are Affiliated to the Health Insurance System Segmented by Poverty Level (%)

			Poverty Level			
			Indigent	Poor (Non – Indigent)	Non - Poor	
Health Insurance System	Public System Group A	Frequency	10559	18042	23539	
		(%)	83.5%	78.6%	79.4%	
	Public System Group B	Frequency	1284	3082	3502	
		(%)	10.2%	13.4%	11.8%	
	Public System Group C and D	Frequency	338	1225	1621	
		(%)	2.7%	5.3%	5.5%	
	Others	Frequency	5	32	305	
		(%)	.0%	.1%	1.0%	
	Non Affiliated	Frequency	457	580	685	
		(%)	3.6%	2.5%	2.3%	
	Total		Frequency	12643	22961	29652
			(%)	100.0%	100.0%	100.0%

In addition, the table below shows that most of the indigent, poor (non – indigent) and non - poor families participating in the Chile Solidario System were registered in a medical center or in a public primary health establishment during 2003.

Table 47: Chile Solidario Families that are Registered in a Medical Center or in a Public Primary Health Establishment Segmented by Poverty Level (%)

		Poverty Level			
			Indigent	Poor (Non – Indigent)	Non - Poor
<i>Are you registered in a medical center or in a public primary health establishment?</i>	Yes	Frequency	12562	21372	28085
		(%)	96.6%	92.6%	93.9%
	No	Frequency	437	1696	1824
		(%)	3.4%	7.4%	6.1%
Total		Frequency	12999	23068	29909
		(%)	100.0%	100.0%	100.0%

On the other hand, as shown in table 48, only 13.3% of the household heads of the indigent families participating in Chile Solidario had received dental care (emergency, treatment, and control without treatment) in the last 6 months. In addition, only 12.7% of the household heads of the poor families and 13.4% of the household heads of the non – poor families participating in the Chile Solidario system had received dental care in the last 6 months.

Tables 48: Heads of Chile Solidario Households that Have Received Dental Care Segmented by Poverty Level (%)

		Poverty Level			
			Indigent	Poor (Non – Indigent)	Non - Poor
<i>Have you received dental care in the last 6 months?</i>	Yes	Frequency	1727	2912	3986
		(%)	13.3%	12.7%	13.4%
	No	Frequency	11259	20106	25738
		(%)	86.7%	87.3%	86.6%
Total		Frequency	12986	23018	29724
		(%)	100.0%	100.0%	100.0%

Employment services access

As shown in the table below, most of the Chile Solidario household heads of indigent, poor (non – indigent) and non - poor families were not affiliated to any social security system during 2003.

Table 49: Heads of Chile Solidario Households that are Affiliated to a Social Security System Segmented by Poverty Level (%)

			Poverty Level			
			Indigent	Poor (Non - Indigent)	Non - Poor	
<i>Are you currently paying for membership in any social security system?</i>	Yes, Private Pension Fund Administration	Frequency	1138	6162	6745	
		(%)	8.9%	27.1%	22.9%	
	Yes, National Public Employees' saving banks	Frequency	146	135	592	
		(%)	1.1%	.6%	2.0%	
	Yes, Other System	Frequency	14	0	31	
		(%)	.1%	.0%	.1%	
	Affiliated without paying	Frequency	5190	7008	8465	
		(%)	40.5%	30.9%	28.7%	
	Non - Affiliated	Frequency	6338	9399	13622	
		(%)	49.4%	41.4%	46.2%	
	Total		Frequency	12826	22704	29455
			(%)	100.0%	100.0%	100.0%

In addition, as shown in table 50, most household heads of the indigent, poor and non - poor families participating in the Chile Solidario System had not participated in specialization courses in the last year, according to CASEN 2003.

Table 50: Chile Solidario Household Heads that Have Participated in Employment Specialization Courses

			Poverty Level		
			Indigent	Poor Non - Indigent	Non Poor
<i>Have you participated in any employment specialization course the last year?</i>	Yes, through employer	Frequency	2	511	361
		(%)	.0%	2.2%	1.2%
	Yes, through government social programs	Frequency	1003	1578	1861
		(%)	7.8%	6.9%	6.2%
	Others	Frequency	53	109	118
		(%)	.4%	.5%	.4%
	No	Frequency	11817	20803	27527
		(%)	91.8%	90.4%	92.2%
Total		Frequency	12875	23001	29867
		(%)	100.0%	100.0%	100.0%

Housing services access

As shown in the table below, only 18.6% of the indigent families, 18.2% of the poor families and 13.3% of the non – poor families were applying to, had applied or had a saving account destined for applying in the following months to one of

the government home ownership programs administered by the Housing Ministry and Municipalities.

Table 51: Families that Are Applying or Have Applied to Government Housing Programs Segmented by Poverty Level (%)

		Poverty Level			
		Indigent	Poor Non - Indigent	Non Poor	
<i>Have you applied to or do you have a saving account destined for applying in the following months to one of the government home ownership programs?</i>	Yes	Frequency	2423	4196	3974
		(%)	18.6%	18.2%	13.3%
	No	Frequency	10614	18858	25903
		(%)	81.4%	81.8%	86.7%
	99	Frequency	0	0	2
		(%)	.0%	.0%	.0%
Total		Frequency	13037	23054	29879
		(%)	100.0%	100.0%	100.0%

Additionally, table 52 shows that 34.4% of the indigent families and only 29.0% of the non – poor families had purchased or were purchasing their homes with the help of homeownership government subsidies administered by the Housing Ministry and Municipalities. The subsidy covers a fraction of the house value and it is implemented through a direct money transfer and / or the allocation of a house, lot, or chemical toilette facilities for the selected households.

Table 52: Chile Solidario Families that Have Purchased or are Purchasing their Homes with the Help of Homeownership Government Subsidies Segmented by Poverty Level (%)

			Poverty Level		
			Indigent	Poor Non - Indigent	Non - Poor
<i>Did you buy your home with the help of any homeownership government program?</i>	YES	Frequency	2705	4900	6511
		(%)	34.4%	33.1%	29.0%
	NO	Frequency	5120	9923	15914
		(%)	65.1%	66.9%	70.8%
	99	Frequency	41	0	55
		(%)	.5%	.0%	.2%
Total		Frequency	7866	14823	22480
		(%)	100.0%	100.0%	100.0%

Economical Well Being

As shown in table 53, only 44.6% of the household heads of the indigent families participating in the Chile Solidario System were employed while about 70.0% of the household heads of poor and non – poor families were employed during 2003. The term employed refers to the household heads who worked, at least 1 hour during the last week. This considers the people who worked at least one hour during the week before the survey.

**Table 53: Heads of Chile Solidario Households
Labor Participation Segmented by Poverty Level (%)**

			Poverty Level		
			Indigent	Poor Non - Indigent	Non - Poor
Labor participation condition	employed	Frequency	5818	16273	20945
		Labor situation (%)	44.6%	70.5%	69.9%
	unemployed	Frequency	3368	1471	902
		Labor situation (%)	25.8%	6.4%	3.0%
	inactive	Frequency	3851	5324	8130
		Labor situation (%)	29.5%	23.1%	27.1%
Total		Frequency	13037	23068	29977
		Labor situation (%)	100.0%	100.0%	100.0%

In terms of family income, 86.1% of the indigent families participating in the Chile Solidario System had a total income - including social subsidies- of Ch\$100,000 or less while only 19.8% of the poor families and 5.6% of the non – poor families participating in the Chile Solidario System had a total income - including social subsidies- of Ch\$100,000 or less, during 2003. The Total Family Income per household corresponds to the addition of the autonomous income and monetary subsidies. The Autonomous Income includes salary and wage income, profits proceeding from independent work - including self-supply, and the consumption value of the agricultural commodities produced at home plus

property revenue - interest income, allowances and bonus, as well as retirement, pensions, widow's pension and transferences between privates. Monetary Subsidies are contributions in cash granted by the State, which cover assistance pension, unemployment benefit, and subsidy to poor families, family assignment system, and other monetary transferences from the state to households.

Table 54: Total Chile Solidario Family Income per Household – Including Subsidies - Segmented by Poverty Level (Number and Percentage)

			Poverty Level		
			Indigent	Poor Non Indigent	Non - Poor
Total Family Income	\$0 - \$100,000	Frequency	11222	4573	1678
		(%)	86.1%	19.8%	5.6%
	\$100,001 - \$250,000	Frequency	1815	16061	12386
		(%)	13.9%	69.6%	41.3%
	\$250,001 - \$500,000	Frequency	0	2434	12406
		(%)	.0%	10.6%	41.4%
	\$500,001 - \$750,000	Frequency	0	0	2767
		(%)	.0%	.0%	9.2%
	\$750,001 - \$1,000,000	Frequency	0	0	442
		(%)	.0%	.0%	1.5%
	\$1,000,000 or more	Frequency	0	0	298
		(%)	.0%	.0%	1.0%
	Total	Frequency	13037	23068	29977
		(%)	100.0%	100.0%	100.0%

2. Describing the indigent families participating in the Chile Solidario System

Specific Objective 3: To describe indigent families' perception about the Chile Solidario Program

Table 55: Indigent Families' Perception of Chile Solidario Helpfulness

Variable	Values	n	%
Household Heads' Perception of Chile Solidario helpfulness to solve their problems	Yes	10755	83.6%
	No	2109	16.4%
Household heads' Perception of Chile Solidario helpfulness as economic support	Yes	11352	92.1%
	No	971	7.9%
Household heads' Perception of Chile Solidario helpfulness to facilitate the access to some basic services	Positive Perception	10526	85.4%
	Negative Perception	1797	14.6%
Household heads' Perception of Chile Solidario helpfulness to learn that the personal effort is important to succeed	Positive Perception	11538	93.6%
	Negative Perception	785	6.4%
Household Heads' Perception of Chile Solidario helpfulness to learn about their strengths	Positive Perception	11108	90.1%
	Negative Perception	1215	9.9%
Household heads' Perception of Chile Solidario helpfulness to learn to face the problems as a family	Positive Perception	11195	90.8%
	Negative Perception	1128	9.2%

Household Heads' Perception of Chile Solidario helpfulness to facilitate the access to better public services.	Positive Perception	9662	78.4%
	Negative Perception	2661	21.6%

As shown in the table above, 83.6% of the household heads of the indigent families participating in Chile Solidario perceived that the system was helpful to solve their problems and 92.1% perceived that the system represented an economic support. In addition, most household heads had a positive perception about the system. In fact, household heads believed that the system was helpful to facilitate the access to some basic services (85.4%), and to better public services (78.4%). Finally, household heads believed that the Chile Solidario was helpful to learn that the personal effort is important to succeed (93.6%), to learn about their strengths (90.1%), and to face the problems as a family (90.8%),

Specific Objective 4: To characterize and describe in detail the Social Networking Access of the Indigent Families participating in the Chile Solidario System during 2003

A detailed characterization of the social networking access of the indigent families participating in the Chile Solidario System includes dimensions such as Participation in Social Organizations, Health Services Access, Employment Services Access, Housing Services Access, and Solidary Contribution Access.

Table 56: Involvement in Social Organizations

Variable	Values	n	%
Participation in Social Organizations	Yes	5280	40.5%
	No	7757	59.5%
Reasons for not participating in Social Organizations	Personal Reasons	3790	49.2%
	Family Reasons	858	11.1%
	Organizational Factors	1172	15.2%
	Other reasons	1882	24.4%

As shown in the table above, only 40.5% of the Household heads of the indigent families participating in Chile Solidario were also participating in social organizations such as: communal or neighborhood organizations, student organizations or student federations, sports or recreational clubs, cultural associations, recreational groups, political parties, religious or church associations, voluntary associations, health or self-help groups, elderly adult organizations, foundations or corporations and indigenous groups, among others.

In fact, this table also shows that, during 2003, personal reasons - lack of interest, lack of information, economic or material reasons, and fear - were the main reasons why the household heads of the indigent families decided not to be

involved in social organizations.

Table 57: Health Services Access

Variable	Values	N	%
Families that are affiliated to a Health Insurance System	Public System Group A	10559	83.5%
	Public System Group B	1284	10.2%
	Public System Group C and D	338	2.7%
	Others	5	0%
	Non Affiliated	457	3.6%
Families that are registered in a medical center or in a public primary health establishment	Yes	12562	96.6%
	No	437	3.4%
Household Heads that have received dental care	Yes	1727	13.3%
	No	11259	86.7%
Household heads that have received health check up attention in establishment in the last 30 days	Yes	1692	13.0%
	No	11345	87.0%

Table 57 shows that, during 2003, most of the indigent families participating in the Chile Solidario System were affiliated to the Public system Group A which is addressed to people without resources who are the beneficiaries of *Asistencial* Pensions, Chile Solidario, Family Subsidies and / or special programs for people formerly expelled from the country for political reasons. Additionally, this table shows that most of the indigent families participating in the Chile Solidario

System were registered in a medical center or in a public primary health establishment.

On the other hand, only 13.3% of the household heads of the indigent families participating in Chile Solidario had received dental care (emergency, treatment, and control without treatment) in the last 6 months. In addition, only 13.0% of the household heads of the indigent families participating in the Chile Solidario system had received checkup attention in a public primary health establishment, in the last 30 days.

Table 58: Employment Service Access

Variable	Values	N	%
Household Heads that are affiliated to a social security system	Yes, Private Pension Fund Administration	1138	8.9%
	Yes, National Public Employees' saving banks	146	1.1%
	Yes, other system	14	0.1%
	Affiliated, but without paying	5190	40.5%
	Non – Affiliated	6338	49.4%
Household Heads that have participated in employment specialization courses	Yes, through employer	2	0%
	Yes, government programs	1003	7.8%
	Others	53	0.4%
	No	11817	91.8%

As shown in table 58, most of the household heads of the indigent families were affiliated without paying (40.5%) or were not affiliated (49.4%) to any social security system during 2003. This situation can be explained by the fact that the household heads of the indigent families participating in the Chile Solidario System were not participating in the formal labor market and / or they were unemployed or inactive.

In addition, only 7.8% of the heads of the indigent families participating in Chile Solidario have participated for free in labor qualification courses, as beneficiaries of scholarships or state programs. In addition, most of the household heads of the indigent families participating in the Chile Solidario System had not participated in a specialization courses during the last year.

Table 59: Housing Service Access

Variable	Values	N	%
Families that are applying or have applied to government housing programs	Yes	2423	18.6%
	No	10614	81.4%
Families that have purchased or are purchasing their home with the help of homeownership government subsidies	Yes	2705	34.4%
	No	5120	65.1%

As show in the table above, only 18.6% of the indigent families were applying to, had applied or had a saving account destined for applying to one of the government home ownership programs administered by the Housing Ministry and Municipalities.

Additionally, table 59 shows that 34.4% of the families had purchased or were purchasing their home with the help of homeownership government subsidies administered by the Housing Ministry and Municipalities. The subsidy covers a fraction of the house value and it is implemented through a direct money transfer and / or the allocation of a house, lot, or chemical toilette facilities to the selected households.

Table 60: Solidary Contribution Access

Variable	Values	N	%
Families that have received the solidary contribution during the last month	Yes	6819	52.3%
	No	6218	47.7%

Finally, table 60 shows that only 52.3% of the indigent families participating in Chile Solidario received the solidary contribution voucher during the last month. Protection through the family Bonus is a monetary help over a period of 24

months for the families participating in Puente program and who have signed the Household Contract.

It is important to highlight that the indigent families participating in the Chile Solidario program must receive this bonus from the beginning, as part of the program intervention. As it was explained before, this subsidy is exclusively given to the families that have signed a participation commitment in the Chile Solidario program. The subsidy varies according to the time in which the family entered to the system (First rung \$10,500: until 6th month; Second rung \$8,000: from 7th month to 12th; Third rung \$6,500: from 13th month to 18th; Fourth rung \$3,716: from 19th month).

Specific Objective 5: To characterize the economic conditions of the indigent families participating in the Chile Solidario System during 2003

The labor situation refers to the heads of households who have been looking for a job during the last 2 months or have been working during the last week. Job Seek refers to the heads of households who have been looking for a job during the last 2 months. The activities considered are newspapers reading in search of work offers, work places visits, networking and using contacts to obtain job opportunities, among other alternatives.

Table 61: Economic Well Being of the Indigent Families Participating in the Chile Solidario System

Variable	Values	n	%
Heads of families Labor Participation condition	Employed	5818	44.6%
	Unemployed	3368	25.8%
	Inactive	3851	29.5%
Total Family Income – including subsidies	\$0 – \$100,000	11222	86.1%
	\$100,001 - \$250,000	1815	13.9%
	\$250,000 – or more	0	0%
Autonomous Family Income – without including subsidies	\$0 – \$100,000	12180	93.4%
	\$100,001 - \$250,000	857	6.6%
	\$250,000 –or more	0	0%

As shown in this table, 44.6% of the indigent families participating in the Chile Solidario System were employed during 2003. The term Employed refers to the heads of households that worked, at least 1 hour during the last week. They are the people who worked at least one hour during the week before the survey, therefore, they receive a payment in cash or goods; to trainees or people that have spent time selling some service or goods; to the household members who receive no remuneration, and those who have been absent from their jobs because of a license, strike, illness or holiday. Additionally, about 54.6% of the indigent families were inactive or unemployed during the same year. The term

Unemployed refers to the household heads that, without having a job in the last two months, made a great effort to find a job. The term Inactive refers to the household heads that were not either working or looking for a job.

In terms of family income, most of the indigent families participating in the Chile Solidario System had a total income - including social subsidies- and an autonomous income – without including subsidies – of Ch\$100,000 or less. Autonomous Income includes salary and wage income, profits proceeding from the independent work - including self-supply, and consumption value of the agricultural commodities produced at home plus property revenue - interest income, allowances and bonus, as well as retirement, pensions, widow's pensions and transferences between privates. The Total Family Income per household corresponds to the addition of the autonomous income - explained before - and monetary subsidies. Monetary Subsidies are contributions in cash granted by the State to people and covers assistance pension, unemployment benefit, subsidy to poor families, family assignment system, and other monetary transferences from the state to households.

3. The early impacts of Chile Solidario on the Social Networking and Economic Conditions of the Indigent families participating in the system

Specific Objective 6: To assess the early impacts of the Chile Solidario System on the social networking of the participants, specifically on social organizations and on the access to public social services.

The Chile Solidario System was created in 2002, thus, due to its early life; it was just possible to examine its early impacts on the poorest Chilean families. Furthermore, the last official data available is the CASEN Survey 2003, which was previously explained in this paper. Additionally, in the next CASEN measurement (2007), each beneficiary family should be incorporated into the system and thus, it would be impossible to compare the differences between the indigent families participating in the system and the non-participating indigent families.

To describe the early impacts of Chile Solidario, in terms of social networking dimensions (social participation in organizations and access to public social service networks) on extreme poverty in Chile, we should recognize that the Chile Solidario System is considered as the Intervention of this Evaluative Research. In addition, I include in this research evaluation an After – Only Comparison Group with an Existing Data Set. Consequently, a bivariate analysis has been required.

Household Heads' participation in social organizations

Cross Table no. 62 demonstrates that small differences existed in regard to the participation in social organizations between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 5.1 % more of the Solidario participants were involved with social organizations. (40.5% of the Solidario participants and 35.4% corresponding to those who did not participate in the Solidario program,) A five percent difference was statistically significant for a sample of this extent (Chi-square = 130.09, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .035, indicating a weak association.

Table 62: Household Heads' Participation in Social Organizations and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Participation in Social Organizations	Yes	5280	32883	38163
		40.5%	35.4%	36.0%
	No	7757	60060	67817
		59.5%	64.6%	64.0%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

According to the previous paragraph, the Chi-Square Test does demonstrates the existence of a small but statistically significant difference ($p=0.000$) when

comparing the participation in social organizations between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 63: Chi Square Test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	130.089(b)	1	.000		
Continuity Correction(a)	129.866	1	.000		
Reason of probabilities	128.268	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	130.087	1	.000		
No. Of Valid Cases	105,980				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 4694.57.

However, as shown in table 64, Phi and V – Cramer Statistic Coefficients show a weak association, of only 0.035, between the participation in social organizations and the participation in the Chile Solidario system.

Table 64: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	.035	.000
	V de Cramer	.035	.000
Number of valid cases		105,980	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a significant but very moderate positive impact on the social participation level of the household heads. A future comparison with data from the next CASEN Survey is necessary in order to evaluate whether this tendency persists.

Reasons for not participating in any Social Organization

Cross table Table no. 65 demonstrates that differences existed regarding the reasons for not participating in any social organization between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The table above shows that 58.8% of the non-participating indigent families and 49.2% of the indigent families participating in the system gave personal reasons (lack of interest, lack of information, for economic or material reasons, and fear) for not participating in any social organization. On the other hand, 15.2 % of the indigent families participating in Chile Solidario and 8.7 % of the non-participating indigent families gave

organizational reasons for not participating in any social organizations (lack of space or opportunity, corruption in social organizations or due to the closure of organizations). These percentage differences were statistically significant for a sample of this extent (Chi-square = 445.471, $p < .000$), however, in terms of strength of relationship the Contingency Statistic Coefficient was only .081, which indicates a weak association.

Table 65: Reasons for not participating in any Social Organization and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Reasons for not participating in any social organization	Personal Reasons	3790 49.2%	35184 58.8%	38974 57.7%
	Family Reasons	858 11.1%	5478 9.2%	6336 9.4%
	Organizational Factors	1172 15.2%	5218 8.7%	6390 9.5%
	Other reasons	1882 24.4%	13949 23.3%	15831 23.4%
	Total	7702 100.0%	59829 100.0%	67531 100.0%

As shown in table 66, the Chi-Square Test does demonstrates the existence of a statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the reasons for not participating in any social organization between the indigent families participating in the Chile Solidario system and the non-participating

indigent families during 2003.

Table 66: Chi – Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson's chi - square test	445.471(a)	3	.000
Reason of probabilities	407.627	3	.000
Linear by linear association	142.553	1	.000
Number of Valid Cases Cases	67,531		

a. 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 722,63.

However, The Contingency Statistic Coefficient shows a weak association, only of 0.081, between the reasons for not participating in a social organization and the participation in the Chile Solidario system.

Table 67: Symmetric Measurement

		Value	Approximate d significance
Nominal by nominal	Contingency statistic coefficient	.081	.000
Number of Valid Cases		67,531	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a significant but very moderate positive impact on the reasons for not participating in any social organization. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Health Insurance System

Cross Table no. 68 demonstrates that a difference existed regarding the health insurance system between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 12.4 % more of the Chile Solidario household heads were affiliated to the public system group A. (83.5% of the Chile Solidario participants and 71.1 % corresponding to those who did not participate in the Chile Solidario program.) A twelve percentage difference was statistically significant for a sample of this extent (Chi-square = 886.555, $p < .000$), however, in terms of strength of relationship the Contingency Statistic Coefficient was only .091, indicating a weak association.

Table 68: Health Insurance System and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Health Insurance System	Public System Group A	10559	65967	76526
		83.5%	71.1%	72.6%
	Others	1627	19477	21104
		12.9%	21.0%	20.0%
	None	457	7391	7848
		3.6%	8.0%	7.4%
Total		12643	92835	105478
		100.0%	100.0%	100.0%

Consistent with the previous paragraph, the Chi-Square Test does demonstrates the existence of a statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the health insurance system between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 69: Chi Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson's chi - square test	886.555(a)	2	.000
Reason of probabilities	981.374	2	.000
Linear by linear association	835.829	1	.000
Number of Valid Cases	105,478		

a 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 940,69.

However, the Contingency Statistic Coefficient shows a weak association, only of 0.091, between the family health insurance system and the participation in the Chile Solidario system. It is important to highlight that the indigent families participating in the Chile solidario program did show higher percentages of affiliation to the public system group A than those indigent families who did not participate in the program. In other words, it was demonstrated that the indigent families that did not participate in the Chile Solidario program presented lower levels of affiliation to the public system group A than those indigent families who did participated in the system during 2003.

As it was explained before, Public system Group A is addressed to people without resources who are the beneficiaries of *Asistencial* Pensions, Chile Solidario families, Family Subsidies, and / or special programs for people formerly expelled from the country for political reasons.

Table 70: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Contingency Coefficient	.091	.000
Number of valid cases		105478	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a significant but very moderate positive impact on the employment activities of the household heads. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Families that are registered in medical center or in a Public Primary Health Establishment

Cross Table no. 71 demonstrates that small differences existed in regard to the registration in medical centers or in public primary health establishments between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 4.7% more of the Chile Solidario participants were registered in a medical center or in a public primary health center, during 2003. (96.6 % of the Chile Solidario participants and 91.9% corresponding to those who did not participate in the Chile Solidario program,) This percentage difference was statistically significant for a sample of this extent (Chi-square = 366.391, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .059, indicating a weak association.

Table 71: Families that are Registered in Medical Center or in a Public Primary Health Establishment and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Are you registered in a medical center or in a public primary health Establishment?	Yes	12562	85303	97865
		96.6%	91.9%	92.5%
	No	437	7503	7940
		3.4%	8.1%	7.5%
Total		12999	92806	105805
		100.0%	100.0%	100.0%

Consistent with the previous paragraph, the Chi-Square Test does demonstrate the existence of a small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the registration in medical centers or in public primary health establishments between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 72: Chi Square test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	366.391(b)	1	.000		
Continuity Correction(a)	365.711	1	.000		
Reason of probabilities	442.909	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	366.388	1	.000		
Number of Valid Cases	105,805				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 975,49.

However, the Phi and V – Cramer Coefficients show a weak association, only of 0.059, between the registration in medical centers or in public primary health establishments and the participation in the Chile Solidario system. It is important to highlight that the families participating in the Chile solidario program did

show higher percentages of registration in medical centers or in public primary health establishments in comparison with those indigent families who did not participate in the program. In other words, it was demonstrated that the indigent families who did not participate in the Chile Solidario program presented lower percentage levels of registration in medical centers than those indigent families who did participated in the system during 2003.

Table 73: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	.059	.000
	V de Cramer	.059	.000
Number of valid cases		105805	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a significant but very weak positive impact on the level of registration in medical centers or in public primary health establishments. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Head of Households that have received dental care

Contingency Table no.74 demonstrates that very small differences existed in regard to the dental care services received by the household heads between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is only of 1.0% between the indigent families who participated in the system, whose household heads received dental care, and those who did not participate during 2003.

Table 74: Head of Households that Have Received Dental Care and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Dental Care	Yes	1727	11374	13101
		13.3%	12.3%	12.5%
	No	11259	80735	91994
		86.7%	87.7%	87.5%
Total		12986	92109	105095
		100.0%	100.0%	100.0%

Consistent with the previous paragraph, the Chi-Square Test does demonstrate the existence of a small but statistically significant difference when comparing the dental care service between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 75: Chi – Square Test

	Value	df	Asymptotic Significance (bilateral)	Exact significan ce (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	9.424(b)	1	.002		
Continuity Correction(a)	9.337	1	.002		
Reason of probabilities	9.274	1	.002		
Fisher's exact test				.002	.001
Linear by linear association	9.424	1	.002		
Number of Valid Cases	105,095				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 1618,82.

Finally, the Phi and V- Cramer Statistic Coefficients show a weak association, only of 0,09, between the employment activity variable and the participation in the Chile Solidario system. This demonstrates that the families participating in the Chile Solidario system, particularly their household heads, did not show better dental care service conditions. It is important to highlight that the heads of the families participating in the Chile Solidario program did not show higher percentages of dental care attention in comparison with those indigent families who did not participate in the program. In other words, it was not corroborated that the indigent families' heads who did not participate in the Chile Solidario program presented statistically significant lower percentages of dental care attention than

those indigent families who did participated in the system during 2003.

Table 76: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	.009	.002
	V de Cramer	.009	.002
Number of valid cases		105,095	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system did not have a significant impact on the dental care attention of the household heads. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Head of Households that Have Received Health Checkup Attention in a Public Primary Health Establishment

Contingency Table no. 77 demonstrates that no important differences existed regarding the health checkup attention received by the household heads between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is only of 0.5% between the indigent families who participated in the system, whose household heads have received health checkup attention during the last 30 days, and those who did not participate during 2003.

Table 77: Household Heads that Have Received Health Checkup Attention in a Public Primary Health Establishment and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
In the last 30 days, have you received health checkup attention ?	Yes	1692	12588	14280
		13.0%	13.5%	13.5%
	No	11345	80355	91700
		87.0%	86.5%	86.5%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

As shown in table 78, the Chi-Square Test does demonstrates a small but statistically significant difference when comparing the health checkup attention level between the indigent household heads participating in the Chile Solidario system and the non- participating indigent families during 2003.

Table 78: Chi Square Test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	3.134(b)	1	.077		
Continuity Correction(a)	3.086	1	.079		
Reason of probabilities	3.163	1	.075		
Fisher's exact test				.078	.039
Linear by linear association	3.134	1	.077		
Number of valid cases	105,980				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 1756,64.

Finally, the Phi and V- Cramer Statistic Coefficients shows a weak association, only of -0.005 and 0.005 respectively, between the health checkup attention variable and the participation in the Chile Solidario system. This demonstrates that the families participating in the Chile Solidario system, particularly their household heads did not show a higher level of health checkup attention. It is important to highlight that the heads of the families participating in the Chile solidario program did not show higher percentages of health checkup attention in comparison with those indigent families who did not participate in the program. In other words, it was not corroborated that the indigent families' heads who did not participate in the Chile Solidario program presented lower levels of health

checkup attention than those indigent families who did participated in the system during 2003.

Table 79: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	-,005	,077
	V de Cramer	,005	,077
Number of valid cases		105,980	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system did not have a significant impact on the health checkup attention of the household heads. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Social Security System

Cross Table no. 80 demonstrates that a small difference existed regarding the membership in a social security system between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is only of 3.6 % between the indigent families who participated in the system, whose household heads were affiliated to a social security system, and those who did not participate during 2003. The difference is only of 1.7 % between the indigent families who participated in the system, whose household

heads were affiliated to a social security system without paying, and those who did not participate during 2003.

Table 80: Social Security System and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Are you currently paying for membership in any social security system?	Yes	1298	12615	13913
		10.1%	13.7%	13.3%
	Affiliated but without paying	5190	38790	43980
		40.5%	42.2%	42.0%
	Non Affiliated	6338	40429	46767
		49.4%	44.0%	44.7%
Total		12826	91834	104660
		100.0%	100.0%	100.0%

Consistent with the previous paragraph, the Chi-Square Test does demonstrates the existence of a very small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the membership in a social security system between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 81: Chi Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson's chi - square test	192.375(a)	2	.000
Reason of probabilities	199.021	2	.000
Linear by linear association	189.756	1	.000
Number of Valid Cases	104,660		

a 0 booths (.0%) have a expected frequency of 5 or lower. The minimum frequency expected is 1705,03.

Finally, the Contingency Statistic Coefficient shows a weak association, only of 0.043, between the membership of the household heads in a social security system and the participation in the Chile Solidario system. It is important to highlight that the heads of the families participating in the Chile solidario program did not show higher percentages of membership in a social security system in comparison with those indigent families who did not participate in the program. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Table 82: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	C- Contingency	.043	.000
Number of valid cases		104660	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

Participation in Employment Specialization Courses

Cross Table no.83 demonstrates that small differences existed in regard to the participation of the household heads in employment specialization courses between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is only of 1.7 % between the indigent families that participated in the system, whose household heads participated in employment specialization courses, and those who did not participate during 2003. This percentage difference was statistically significant for a sample of this extent (Chi-square = 50.938, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .022, indicating a weak association.

Table 83: Participation in Employment Specialization Courses and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Have you participated in any employment specialization course during the last year?	Yes	1058	6062	7120
		8.2%	6.5%	6.7%
	No	11817	86705	98522
		91.8%	93.5%	93.3%
Total		12875	92767	105642
		100.0%	100.0%	100.0%

Consistent with the previous paragraph, the Chi-Square Test does demonstrate the existence of a small but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the level of participation in employment specialization courses between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 84: Chi – Square Test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	50.938(b)	1	.000		
Continuity Correction(a)	50.671	1	.000		
Reason of probabilities	48.260	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	50.938	1	.000		
Number of valid cases	105,642				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 867,74.

Finally, the Phi and V - Cramer Statistic Coefficients show a weak association, only of 0.022, between the participation of the household heads in employment specialization courses and the participation in the Chile Solidario system.

Table 85: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	.022	.000
	V de Cramer	.022	.000
Number of valid cases		105,642	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a small but significant impact on the level of participation of the household heads in employment specialization courses. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Government Housing Programs

Cross Table no. 86 demonstrates that differences existed regarding the government housing programs between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is of 6.5% between the indigent families who participated in the system, whose household heads were applying or had applied to government housing programs, and those who did not participate during 2003. This percentage difference was

statistically significant for a sample of this extent (Chi-square = 420.689, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .063, indicating a weak association.

Table 86: Government Housing Programs and Participation in CSS

		Participation in CSS		Total
		Yes	No	
Have you applied to or do you have a saving account destined for applying to any government home ownership programs?	Yes	2423	11183	13606
		18.6%	12.1%	12.9%
	NO	10614	80910	91524
		81.4%	87.9%	87.1%
Total		13037	92093	105130
		100.0%	100.0%	100.0%

Consistent with the previous paragraph, the Chi-Square Test does demonstrate the existence of a moderate but statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the application level to government housing programs between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 87: Chi Square Test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	420.689 (b)	1	.000		
Continuity Correction(a)	420.118	1	.000		
Reason of probabilities	384.164	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	420.685	1	.000		
Number of valid cases	105,130				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 1687,26.

Finally, the Phi and V- Cramer Statistic Coefficients show a weak association of 0.063, between the application of the household heads to government housing programs and the participation in the Chile Solidario system.

Table 88: Symmetric measurement

		Value	Approximated significance
Nominal by nominal	Phi	.063	.000
	V de Cramer	.063	.000
number of valid cases		105,130	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a significant but weak impact on the level of application to government housing

programs. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Homeownership Government Subsidies

Cross Table no. 89 demonstrates that an important difference existed in regard to the homeownership government subsidies between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is of 15.3% between the indigent families who participated in the system, whose homes were purchased or are been purchased with the help of an homeownership government program, and those who did not participate during 2003. A fifteen percent difference was statistically significant for a sample of this extent (Chi-square = 673.597, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .103, indicating a weak association for a social policy context.

Table 89: Homeownership Government Subsidies and Participation in Chile Solidario

		Participation in Chile Solidario		Total
		Yes	No	
Did you buy your home with the help of any homeownership government program?	Yes	2705	27939	30644
		34.6%	50.2%	48.3%
	No	5120	27686	32806
		65.4%	49.8%	51.7%
Total		7825	55625	63450
		100.0%	100.0%	100.0%

The Chi-Square Test does demonstrate the existence of a sizeable, statistically significant difference ($p=0.000$ and thus $p < 0.05$) when comparing the homeownership government subsidies between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 90: Chi – square test

	Value	gl	Asymptotic Significance (bilateral)	Exact significance (bilateral)	Exact significance (unilateral)
Pearson's chi - square test	673.597(b)	1	.000		
Continuity Correction(a)	672.970	1	.000		
Reason of probabilities	685.108	1	.000		
Fisher's exact test				.000	.000
Linear by linear association	673.586	1	.000		
Number of valid cases	63,450				

a Calculated only for a 2*2 contingency table

b 0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 3779.19.

Finally, the Phi Statistic Coefficient shows a moderate and negative association, of -0.103, between the family homeownership government subsidies and the participation in the Chile Solidario system.

Table 91: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	Phi	-.103	.000
	V de Cramer	.103	.000
Number of Valid Cases		63450	

a Assuming the alternative hypotheses.

b Using the asymptotic standard error based on the null hypotheses.

It is important to highlight that the indigent families participating in the Chile

solidario program showed lower percentages of use of homeownership government subsidies than those indigent families who did not participate in the program. In other words, it was not corroborated that the non-participating indigent families presented lower levels of use of homeownership government subsidies than those indigent families who did participated in the system during 2003. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

The strength of Association between social networking variables and participation in Chile Solidario

The table below shows the strength of association between social networking variables and participation in Chile Solidario. Even though all are low, the strongest relationships were use of homeownership government subsidies, affiliation to the health insurance system, application to government housing programs, and family registration in medical centers or in public primary health establishments. Then, the modest associations were affiliation to social security system, participation in social organizations, and the level of participation of the household heads in employment specialization courses. Finally, the weakest associations were the dental care and healthcare received by the household heads.

Table 92: The strength of Association between social networking variables and participation in Chile Solidario

Variable	Value	Statistics
Home ownership subsidies	- .103	Phi and V- Cramer
Health insurance system	.091	C- Contingency
Government housing programs	.063	Phi and V- Cramer
Registered medical center	.059	Phi and V- Cramer
Social security system	.043	C - Contingency
Household Heads' participation in Social organizations	.035	Phi and V - Cramer
Participation in Employment course	.022	Phi and V - Cramer
Household Heads that have received Dental Care	.009	Phi and V - Cramer
Household Heads that have received Health checkup	-.005	Phi and V - Cramer

Regarding use of homeownership subsidies, the difference is of 15.3% between the indigent families who did not participate in the system, whose homes were purchased or are been purchased with the help of an homeownership government program, and those who participated in Chile Solidario during 2003. It is important to highlight that the indigent families participating in the Chile solidario program showed lower percentages of use of homeownership government subsidies than those indigent families who did not participate in the program.

Regarding affiliation to the health insurance system, the difference is of 12.4 % between the indigents families participating in Chile Solidario, whose household heads were affiliated to the public system group, and those household heads non participating in the system.

Regarding applications to government housing programs, the difference is of 6.5% between the indigent families who participated in the system, whose household heads were applying or had applied to government housing programs, and those who did not participate during 2003.

Regarding family registration in a medical center, the difference is of 4.7% between the indigent families who participated in the system, whose household heads were registered in a medical center or in a public primary health center, and those who did not participate during 2003.

Regarding affiliation to social security system, the difference is only of 3.6 % between the indigent families who did not participate in the system, whose household heads were affiliated to a social security system, and those who participated in Chile Solidario during 2003. It is important to highlight that the

household heads participating in the Chile solidario program did show a little lower percentages of membership in a social security system in comparison with those indigent families who did not participate in the program.

Regarding participation in social organizations, the difference is of 5.1% between the indigent families who participated in the Chile Solidario system, whose household heads were involved with social organizations, and those who did not participate in the system during 2003

Regarding level of participation of the household heads in employment specialization courses, the difference is only of 1.7 % between the indigent families that participated in the system, whose household heads participated in employment specialization courses, and those who did not participate during 2003.

Regarding dental care received by the household heads, the difference is only of 1.0% between the indigent families who participated in the system, whose household heads received dental care, and those who did not participate during 2003.

Regarding healthcare received by the household heads, the difference is only of

0.5% between the indigent families who participated in the system, whose household heads have received health checkup attention during the last 30 days, and those who did not participate during 2003.

Specific Objective 7: To evaluate the early impact of the Chilean Solidario System on the economic well being of indigent families.

Labor Situation of the Household Heads

Labor Situation refers to the household heads that have been looking for a job during the last 2 months or have been working during the last week. Job Seek refers to the household heads that have been looking for a job during the last 2 months. The activities include newspapers reading in search of work offers, work places visits, networking and using contacts to obtain job opportunities, among other alternatives. As shown in the table below, 44.6% of the indigent families participating in the Chile Solidario System were employed during 2003. The term Employed refers to the household heads that worked at least 1 hour during the last week. It refers to the people who worked at least one hour during the week before the survey, therefore they have received a payment in cash or goods; to whom have worked as trainees or have spent time selling some service or goods; to the household members who receive no remuneration, and those who, having a job,

were temporarily absent from their jobs because of a license, strike, illness or holiday. In addition, about, 54.6% of the indigent families were inactive or unemployed in the same year. The term Unemployed refers to household heads that, without having a job in the last two months made a great effort to find a job. Inactive refers to the household heads that were not either working or looking for a job.

Table no. 93 demonstrates that small differences existed in regard to the employment activities of the household heads between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is only of 4.4% between the indigent families who participated in the system, whose household heads were employed, and those who did not participate during 2003. This percentage difference was statistically significant for a sample of this extent (Chi-square = 102.779, $p < .000$), however, in terms of strength of relationship the Contingency Statistic Coefficient was only .035, indicating a weak association.

In addition, 25.8% of the indigent families participating in the Chile Solidario Program were unemployed while 29.2% of the non-participating indigent families were unemployed, during 2003. Almost the same percentage of families, in both

groups, was inactive during 2003.

Table 93: Labor Condition of the Head of Families * PARTICIPATION IN CHILE SOLIDARIO

		Has your nuclear family participated in Chile Solidario, by the PUENTE program?		Total
		Yes	No	
Labor Condition	EMPLOYED	5818	37402	43220
		44.6%	40.2%	40.8%
	UNEMPLOYED	3368	27138	30506
		25.8%	29.2%	28.8%
	INACTIVE	3851	28403	32254
		29.5%	30.6%	30.4%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

Consistent with the analysis above, Table 94 shows that the Chi-Square Test does demonstrate the existence of a small, but statistically significant difference when comparing the employment condition between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 94: Chi – Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson's chi - square test	102.779(a)	2	.000
Reason of probabilities	102.816	2	.000
Linear by linear association	47.627		.000
Number of valid cases	105,980		

*0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 3752.66.

However, the Contingency Statistic Coefficient shows a weak association, only of 0.031, between the employment activities of the household heads and the participation in the Chile Solidario system.

Table 95: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	C - Contingency	.031	.000
Number of valid cases		105,980	

* Assuming the alternative hypotheses.

* Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a significant but weak impact on the level of employment and occupation. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Autonomous Family Income

As explained before, Autonomous Income includes salary and wage income, profits from the independent work - including self-supply and consumption value of the agricultural commodities produced at home plus property revenue - interest income, allowances and bonus, as well as retirement, pensions, widow's pension and transferences between privates.

Table no. 96 demonstrates that small differences existed regarding the autonomous family income, without including subsidies, between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. In fact, 73.5% of the indigent families participating in the Chile Solidario Program had an autonomous family income of ch\$68,000 or less while 68.5 % of the non-participating indigent families had an autonomous family income of ch\$68,000 or less, during 2003. In addition, 26.2 % of the indigent families participating in the Chile Solidario Program had an autonomous family income between Ch\$ 68,001 and 139,000 while 28.6 % of the non-participating indigent families had an autonomous family income between Ch\$ 68,001 and 139,000 during 2003. Also, only 0.3% of the indigent families participating in the Chile Solidario Program had an autonomous family income between Ch\$ 139,001 and 210,000 while 3.0 % of the non-participating indigent families had an

autonomous family income between Ch\$ 139,001 and 210,000 during 2003. None family had an autonomous family income of Ch \$210,001 or more.

Table 96: Autonomous Family Income – without including subsidies – and participation in Chile Solidario

		Has your nuclear family participated in Chile Solidario by the PUENTE program?		Total
		Yes	No	
Autonomous Income	\$0 - \$68,000	9578	63643	73221
		73.5%	68.5%	69.1%
	\$68,001 - \$139,000	3422	26541	29963
		26.2%	28.6%	28.3%
	\$139,001 - \$210,000	37	2759	2796
		.3%	3.0%	2.6%
	\$210,001 or more	0	0	0
		0%	0%	0%
Total		13037	92943	105,980
		100.0%	100.0%	100.0%

Consistent with the analysis above, table no.97 shows that the Chi-Square Test does demonstrate the existence of a small but statistically significant difference when comparing the autonomous family income between the indigent families

participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 97: Chi Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson's chi - square test	375,137*	2	.000
Reason of probabilities	548,338	2	.000
Linear by linear association	244,419	1	.000
Number of valid cases	105,980		

*0 booths (.0%) have a expected frequency of 5 or lower. The minimum frequency expected is 343,95.

Finally, the Contingency Statistic Coefficient shows a weak association, only of 0.059, between the autonomous family income variable and the participation in the Chile Solidario system.

Table 98: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	C - Contingency	,059	.000
Number of Valid Cases		105,980	

*Assuming the alternative hypotheses.

* Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a small significant but weak impact on the level of autonomous family income, without

including subsidies. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

Total Family Income

As it was explained before, the Total Family Income per household is the addition of the autonomous income and monetary subsidies. Monetary Subsidies are contributions in cash granted by the State to people, which include assistance pension, unemployment benefit, and subsidy to poor families, family assignment system, and other monetary transferences from the state to households.

Table no. 99 demonstrates that small differences existed in regard to the total family income, between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. In fact, 65.7% of the indigent families participating in the Chile Solidario Program had a total family income of Ch\$ 80,235 or less while 62.7 % of the non-participating indigent families had a total family income of ch\$80,235 or less, during 2003. This percentage difference was statistically significant for a sample of this extent (Chi-square = 212.741, $p < .000$), however, in terms of strength of relationship the Phi

Coefficient was only .045, indicating a weak association.

In addition, 33.1% of the indigent families participating in the Chile Solidario Program had a total family income between Ch\$ 80,236 and 160, 473 while 33.8% of the non-participating indigent families had total a family income between Ch\$ 80,236 and 160, 473 during 2003. Almost the same percentage of families, in both groups, had a total family income between Ch \$ 160,474 and 240,711, during 2003. None family had a total income family of Ch \$240,712 or more.

Table 99: Total Family Income – including subsidies- and Participation in Chile Solidario

		Has your nuclear family participated in Chile Solidario, by the PUENTE program?		Total	
		Yes	No		
Total Family Income	\$0 - \$80.235	8570	58280	66850	
		65.7%	62.7%	63.1%	
	\$80.236 - \$160.473	4314	31394	35708	
		33.1%	33.8%	33.7%	
	\$160.474 - \$240.711	153	3269	3422	
		1.2%	3.5%	3.2%	
	\$240.712 or more	0	0	0%	
	Total		13037	92943	105,980
			100.0%	100.0%	100.0%

Consistent with the analysis above, table 100 shows that the Chi-Square Test does demonstrate the existence of a statistically significant difference when comparing the total family income between the indigent families participating in the Chile Solidario system and the non-participating indigent families during 2003.

Table 100: Chi – Square Test

	Value	gl	Asymptotic Significance (bilateral)
Pearson’s chi - square test	212.741(a)	2	.000
Reason of probabilities	267.516	2	.000
Linear by linear association	108.322	1	.000
Number of valid cases	105,980		

*0 booths (.0%) have an expected frequency of 5 or lower. The minimum frequency expected is 420,95.

Finally, the Contingency Statistic Coefficient shows a weak association, only of 0.045, between the total family income variable and the participation in the Chile Solidario system.

Table 101: Symmetric Measurement

		Value	Approximated significance
Nominal by nominal	C - Contingency	,045	.000
Number of valid cases		105,980	

*Assuming the alternative hypotheses.

* Using the asymptotic standard error based on the null hypotheses.

The previous analysis demonstrates that the Chile Solidario system had a statistically significant but weak impact on the level of total family income, including subsidies. A future comparison with data from the next CASEN is necessary in order to evaluate whether this tendency persists.

The strength of association between economic well being conditions and participation in Chile Solidario

The table below shows the strength of association between indicators of economic well being and participation in Chile Solidario. Even though all are low, the strongest relationship was autonomous family income. Then labor condition of household heads and, finally, total family income

Table 102: The strength of association between economic well being conditions and participation in Chile Solidario

Variable	Value	Statistics
Autonomous Family Income	.059	C- Contingency
Labor Condition of Household Heads	.031	C- Contingency
Total Family Income	.045	C- Contingency

This table shows the strength of association between economic well being conditions and participation in CS. Even though all are low, the strongest relationship was autonomous family income. Then labor condition of household heads and, finally,

total family income

Regarding autonomous income of families, the difference is only of 5.0% between the indigent families who participated in the Chile Solidario System, whose autonomous income were Ch \$68,000 or less, and those who did not participate in the system during 2003. In fact, 73.5% of the indigent families participating in the Chile Solidario Program had an autonomous family income of ch\$68,000 or less while 68.5 % of the non-participating indigent families had a total family income of ch\$68,000 or less, during 2003. In addition, 26.2 % of the indigent families participating in the Chile Solidario Program had an autonomous family income between Ch\$ 68,001 and 139,000 while 28.6 % of the non-participating indigent families had a total family income between Ch\$ 68,001 and 139,000 during 2003.

Regarding labor condition of household heads, the difference is only of 4.4% between the indigent families who participated in the system, whose household heads were employed, and those who did not participate in the system during 2003.

Regarding total family income, the difference is of only 3.0% between the indigent families who participated in the Chile Solidario System, whose total family income were Ch\$ 80,235 or less, and those who did not participate in the system during 2003.

In fact, 65.7% of the indigent families participating in the Chile Solidario Program had a total family income of Ch\$ 80,235 or less while 62.7 % of the non-participating indigent families had a total family income of ch\$80,235 or less, during 2003.

VI. Research, Theoretical, Policy and Practice Implications

1. Research Implications

1.1 Research Results

For the nation as a whole, this monitoring study provided some clues as to whether the incidence and magnitude of social networking dimensions have improved or worsened in this early stage of CSS implementation. More definitively, it provided detailed information on each of the social networking conditions – participation in social organizations and access to public social services – and economic well-being dimensions – autonomous income and labor situation – segmented by poverty level. Overall, the study has provided descriptive findings at national level concerning how the extremely poor Chilean households were before and after the first year's enactment of Chile Solidario, providing extensive information about its early impacts.

With regard to the *target population* of the program, i.e., indigent Chileans, the main findings were as follows:

- 34.9% of the Chile Solidario beneficiaries were poor non – indigents and

45.5% were non-poor, during 2003. Hence in 2003, only 19.7% of the Chile Solidario's service recipients were its intended beneficiaries.

- of the indigent families who were CSS participants, 40.5% of the household heads also participated in social organizations, compared with 33.7% of the households of poor (non – indigent) and 47.3% of the non – poor program beneficiaries.
- Personal problems - lack of interest, lack of information, economic or material reasons, and fear - were the main reasons why the household heads of the indigent, poor (non – indigent) and non - poor families participating in the Chile Solidario System were the reasons given for non-participation in social organizations.
- Despite the fact that the majority of CSS program beneficiaries were not indigent, most service recipients were affiliated to the Public system Group A that is addressed to people without resources.
- Likewise, most of the indigent, poor (non – indigent), and non - poor families alike who participated in the Chile Solidario System were

registered in a medical center or in a public primary health establishment during 2003.

- Only 13.3% of the household heads of the indigent families participating in Chile Solidario had received dental care (emergency, treatment, and control without treatment) in the last 6 months. Additionally, only 12.7% of the household heads of the poor families and 13.4% of the household heads of the non – poor families participating in the Chile Solidario system had received dental care in the last 6 months.
- Most of the Chile Solidario household heads of the indigent, poor (non – indigent) and non - poor families were not affiliated with any social security system during 2003.
- Most of the household heads of the indigent, poor and non - poor families participating in the Chile Solidario System had not participated in specialization courses during 2003.
- Only 18.6% of the indigent families, 18.2% of the poor families and 13.3% of the non – poor families enrolled in CSS were applying for, had

applied or had a saving account destined for applying in the following months to one of the government home ownership programs.

- 34.4% of the indigent families and only 29.0% of the non – poor families had purchased or were purchasing their home with the help of homeownership government subsidies administered by the Housing Ministry and Municipalities.
- 44.6% of the household heads of the indigent families participating in the Chile Solidario System were employed as compared to 70.0% of the household heads of the poor and non – poor families were employed during 2003.
- 86.1% of the indigent families participating in the Chile Solidario System had a total income - including social subsidies- of Ch\$100,000 or less as compared to 19.8% of the poor families and 5.6% of the non – poor families participating in the Chile Solidario System during 2003.

Focusing entirely on the program's target population, in *describing the indigent families participating in the Chile Solidario System*, the main findings were:

- 83.6% of the household heads of the indigent families participating in Chile Solidario perceived that the system was helpful to solve their problems and 92.1% perceived that the system represented an economic support.
- Most household heads had a positive perception about the system. In fact, the household heads believed that the system was helpful to facilitate the access to some basic services (85.4%), and to facilitate the access to better public services (78.4%). Most household heads believed that Chile Solidario was helpful to learn that the personal effort is important to succeed (93.6%), to learning about their strengths (90.1%), and to face the problems as a family (90.8%).
- Only 40.5% of the household heads of the indigent families participating in Chile Solidario were also participating in social organizations.
- Most of the indigent families participating in the Chile Solidario System were affiliated to the Public system Group A that is addressed to people without resources.

- Most of the indigent families participating in the Chile Solidario System were registered in a medical center or in a public primary health establishment.
- 13.3% of the household heads of the indigent families participating in Chile Solidario had received dental care (emergency, treatment, and control without treatment) in the last 6 months.
- 13.0% of the household heads of the indigent families participating in the Chile Solidario system had received health checkup attention in a public primary health establishment, during the last 30 days.
- Most of the household heads of the indigent families were affiliated without paying (40.5%) or were not affiliated (49.4%) to a social security system during 2003.
- Only 7.8% of the heads of the indigent families participating in Chile Solidario had participated for free in labor qualification courses, as beneficiaries of scholarships or state programs.

- 18.6% of the indigent families were applying, had applied or had a saving account destined for applying in the following months to one of the government home ownership programs administered by the Housing Ministry and Municipalities.
- 34.4% of the families had purchased or were purchasing their home with the help of homeownership government subsidies administered by the Housing Ministry and Municipalities.
- 52.3% of the indigent families participating in Chile Solidario were receiving the solidary contribution voucher, a monetary help over a period of 24 months for the families participating in Puente program, during the last month.
- 44.6% of the household heads of the indigent families participating in the Chile Solidario System were employed during 2003; 54.6% of the household heads of the indigent families were inactive or unemployed in the same year.

In a preliminary effort at *evaluating the early impacts of Chile Solidario on the Social Networking and Economic Conditions of the Indigent families participating in the system*, by comparing indigent CSS participants and non-participants, the main findings were:

- There were small differences regarding the participation in social organizations between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 5.1 % more of the Solidario participants were involved with social organizations. (40.5% of the Solidario participants and 35.4% corresponding to those who did not participate in the Solidario program) A five percent difference was statistically significant for a sample of this extent (Chi-square = 130.09, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .035, indicating a weak association.
- There were differences regarding the reasons for not participating in any social organization between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 58.8% of the non-participating indigent families and 49.2% of the indigent families participating in the system gave personal reasons for

not participating in any social organization. 15.2 % of the indigent families participating in Chile Solidario and 8.7 % of the non-participating indigent families gave organizational reasons for not participating in any social organization. These percent differences were statistically significant for a sample of this extent (Chi-square = 445.471, $p < .000$); however, in terms of strength of relationship the Contingency Statistic Coefficient was only .081, indicating a weak association.

- There was a difference in regard to the health insurance system between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 12.4 % more of the Chile Solidario household heads were affiliated to the public system group A. (83.5% of the Chile Solidario participants and 71.1 % corresponding to those who did not participate in the Chile Solidario program,) A twelve percent difference was statistically significant for a sample of this extent (Chi-square = 886.555, $p < .000$), however, in terms of strength of relationship the Contingency Statistic Coefficient was only .091, indicating a weak association.
- There were small differences regarding the families that were registered in

a medical center or in a public primary health establishment between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. 4.7% more of the Chile Solidario participants were registered in a medical center or in a public primary health establishment during 2003. (96.6 % of Chile Solidario participants and 91.9% corresponding to those who did not participate in the program). This percent difference was statistically significant for a sample of this extent (Chi-square = 366.391, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .059, indicating a weak association.

- There were very small differences in regard to the dental care services received by the household heads between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference was only of 1.0% between the indigent families who participated in the system, whose household heads had received dental care, and those who did not participate during 2003.
- There were not important differences regarding the health checkup attention received by the household heads between the indigent families

participating in Chile Solidario and those indigent families who did not participate during 2003. The difference was only of 0.5% between the indigent families who participated in the system, whose household heads had received health checkup attention in the last 30 days, and those who did not participate during 2003.

- There was a small difference regarding the membership in a social security system between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference was only of 3.6 % between the indigent families who participated in the system, whose household heads were affiliated to a social security system, and those who did not participate during 2003. The difference was only of 1.7 % between the indigent families who participated in the system, whose household heads were affiliated to a social security system without paying, and those who did not participate during 2003. Finally, the Contingency Statistic Coefficient showed a weak association, of only 0.043, between the membership of the household heads in a social security system and the participation in the Chile Solidario system.

- There were small differences in regard to the participation of the household heads in employment specialization courses between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference was only of 1.7 % between the indigent families who participated in the system, whose household heads participated in employment specialization courses, and those who did not participate during 2003. This percent difference was statistically significant in a sample of this extent (Chi-square = 50.938, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .022, indicating a weak association.
- There were differences in regard to the government housing programs between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference was of 6.5% between the indigent families who participated in the system, whose household heads were applying or have applied to government housing programs, and those who did not participate during 2003. This percentage difference was statistically significant for a sample of this extent (Chi-square = 420.689, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .063, indicating a weak

association.

- There was an important difference regarding the homeownership government subsidies between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference is of 15.3% between the indigent families who participated in the system, whose homes were purchased or are been purchased with the help of a homeownership government program, and those who did not participate during 2003. A fifteen percent difference was statistically significant for a sample of this extent (Chi-square = 673.597, $p < .000$), however, in terms of strength of relationship the Phi Coefficient was only .103, indicating a modest association for a social policy context.
- There were small differences in regard to the employment activities of the household heads between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The difference was only of 4.4% between the indigent families who participated in the system, whose household heads were employed, and those who did not participate during 2003. This percentage difference was statistically significant for a sample of this extent (Chi-square = 102.779,

$p < .000$), however, in terms of strength of relationship the Contingency Statistic Coefficient was only .035, indicating a weak association.

- There were small differences in regard to the autonomous family income, without including subsidies, between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. The contingency Statistic Coefficient showed a weak association, only of 0.059, between the total family income variable and the participation in the Chile Solidario system.
- There were small differences in regard to the total family income, between the indigent families participating in Chile Solidario and those indigent families who did not participate during 2003. Finally, the Contingency Statistic Coefficient showed a weak association, only of 0.045, between the total income family variable and the participation in the Chile Solidario system.

The previous analysis demonstrates that in the early stages of implementation of Chile Solidario system, it had a statistically significant positive but weak impact on the social networking conditions of its target population, i.e., indigent Chileans.

A future comparison with data from the next CASEN is necessary in order to assess whether these positive trends intensify or not.

1.2 Research Design: Contributions and Limitations

As a “data-mining” study that draws on available information (Epstein, 2001), this type of evaluation design was relatively efficient and inexpensive to implement because we have used measurements and data instruments already available (CASEN Survey). In many ways, this evaluation may be seen as a form of Secondary Analysis in that it employs available quantitative data. As such, it is clearly less expensive and more accessible since fewer resources are required to conduct the research and the resources are more available. What makes this study different from conventional Secondary Analyses is that it employs two data-sets together, neither of which were subjected to a “primary” data analysis and links them for program evaluative purposes in the form of a retrospective experimental analog (Sainz and Epstein, 2001). Irrespective of how one labels the study, it clearly demonstrates that by creatively applying evaluation principles to available information highly useful research findings can be produced with limited time, money, and resources (Kiecolt et al, 1985; Moriarty et al, 1999; Rew et al, 2000; Sales et al, 2006). Another

obvious advantage was that the information available in this context involved extremely large samples that were beyond the capacity and resources of one researcher and allowed for confidence about making generalizations. (Sales et al, 2006)

A major disadvantage of using available information is that it was not collected with this study in mind. Consequently and inevitably some important information was not available. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996). Moreover, a “data-mining” implies no control over the data collection and data entry processes and therefore, the data analyst have to rely more on the data’s accuracy. (Kiecolt et al, 1985; Moriarty et al, 1999; Pollack, 1999; Rew et al, 2000). Additionally, the analysis of this research evaluation seems to be constrained by the availability of data. In this sense, data from CASEN 2006 has not been included in this research evaluation because it is not available yet. According to Sales et al., (2006) most available databases that are used for secondary analysis are large scale survey studies, which continue over a number of years, that take a great deal of time for the original researchers to implement, enter and classify the data. (Krysiak, 2001) In this sense, CASEN Survey 2006 will not be available before the year 2008.

Large – scale survey studies, on the other hand, often include a wide range of

variables that provide extensive information about a specific population group (Morirty et al, 1999; Sales et al, 2006) as the Chilean families that have participated in the Chile Solidario System. Databases that measure many variables, such as the CASEN Survey, frequently operationalize each variable in a relatively superficial or rough manner. (Kiecolt et al, 1985; Riedel, 2000; Rubin et al, 2005)

Through the CASEN Survey – a sample that measures socioeconomic characteristics at national, regional and community level – and with the CAS card¹⁰ – a card that must be filled by every family who wants to receive state benefits for all or for one particular member- Chile Solidario established that in 2000, there were 225.000 families living under extreme poverty conditions, and thus its target by 2005 is to move these families above the national extreme poverty line. (MIDEPLAN, 2003 b).

It is important to recognize that in order to investigate the early impacts of the Chile Solidario System, the information of a body of data is usually too weak to eliminate all causal explanations for social and economic well being. From this perspective, “There is no mechanical algorithm for producing a set of production free facts or causal estimates based on those facts” (Heckman, 2000: 91)

¹⁰ Appendix 4 shows Dimensions and Variables of Ficha CAS

More generally, this research recognizes some methodological limitations when examining the early impacts of the Chile Solidario System – a national program created on the assumption that Social capital can link the extremely poor families and the State – on the social and economic well being of the Chilean families living in extreme poverty. Most empirical studies on social capital and poverty use indirect indicators, not representing or partially representing the key aspects of social capital – networks, trusts. It can be seen that in the most of these cases, the analysis seems to be constrained by the availability of data.

The most serious problem with this kind of research designs is that it does not allow the researcher to distinguish the effects of interventions from other changes occurring at the same time. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996) The situation of the Chile Solidario beneficiaries may change due to reasons independent of the program, and thus, the results can be less reliable and threat internal validity. (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996) In this sense, the few differences detected may be the result of the program as well as anything else that occurred during the time of implementation of the two sets of measurement. According to Campbell and Stanley (1963), alternative explanations of research of evaluation results are labeled as "threats to internal validity". For measurements that may have been affected by changes occurring independently of the program, it is

definitively impossible to sort out the amount of change caused by the program from the change resulting from other causes. For example, this study may detect a significant reduction in the incidence of extreme poverty in Chile, but that reduction may be the result of increased employment opportunities and / or economic growth.

When analyzing the net effect of Chile Solidario on the social well-being of the indigent Chilean households, it may be difficult to disaggregate the different interventions of this new policy. Chile Solidario, as it was explained earlier, is designed as a package of interventions, some of which can have long-term impacts and others short term effects. For example, this policy includes extra cash assistance and access to public social services that may have a short-term effect. At the same time, this system includes other services such as psychosocial support and social promotion programs (education, labor training, and drug rehabilitation, among others) that may have long – term effects.

On the other hand, we have to recognize that given the recent enactment of Chile Solidario, this research evaluation has been designed to measure what will happen in the near future and therefore, it may be measuring early consequences of this program rather than the real long-term consequences. Of course, determining how long such a period of adjustment will take is problematic. At the same time, some effects are

expected to appear in a relatively short period (e.g. increase of the income through cash subsidies), but others are expected to occur after several years (e.g. the impact on children's educational level)

It would be possible to overcome some of the described methodological limitations when analyzing the net effects of Chile Solidario on the social conditions of the indigent Chilean households at different moments; before and after the enactment of this new social policy, by using a line graph (Grinnell, 1997; Weiss, 1998; Epstein et al, 1978; Patton, 1996) Data from the CASEN 2006 will not be available before the year 2008, but a comparison with data from CASEN Survey 2006 would be an interesting research evaluation design for the future, in order to measure long term impacts of Chile Solidario System on the economic well being and the social networking indicators.

Before moving into a more rigorous plan that will control plausible alternative interpretations, the Comparative After - Only design developed in this research evaluation has served to show whether there was a improvement in the social networking levels of the extreme poverty in Chile. At the same time, the use of this Comparative After - Only evaluation has permitted improving the condition of severe poverty in Chile in relation to the amount of service / benefits obtained and to the

characteristics of the program participants.

1.3 Future Research

Ultimately, this research should be interpreted more as a *monitoring study providing baseline results for a future evaluative study than as an outcome evaluation* because, as the social capital literature suggests, building social capital among the poor takes more than the one or two years of program implementation that was captured in this process.. More likely, this research results suggest the entry-level that begins this engagement process.

Chile Solidario is a relatively new system, which has not been able yet to detect the net effects on the conditions of indigent households. Moreover, the effects of some sub – interventions (e.g. social promotion services) on key social and economic outcomes are difficult to detect in the short – term. Thus, if programs want to build social capital, long-term evaluations should be developed in the future, using information over long periods in order to learn the effects of Chile Solidario on social and economic conditions of extremely poor households.

At the same time, it would be important to disaggregate the impact of the different components (benefits / services) of Chile Solidario on diverse economic and social indicators. The set of different social services is critical; it entails simultaneous services and benefits to address different dimensions of poverty and help various specific household members at the same time. Whether the vicious cycle of extreme poverty is going to be broken can only be determined by continuing implementations of the Chile Solidario program and continuing evaluating its long - term impacts on the poorest Chilean Households.

The goal of the Chile Solidario system has been that at least 70% of the participating families would be, “families who support each other, who are integrated into their local surroundings, who take advantage of the social programs offered to meet their needs, who are integrated into existing social networks and with an income above the line of extreme poverty”. (World Bank, 2004: 7)

On the other hand, a detailed Cost – Benefit and Cost – Effectiveness analysis of Chile Solidario would be helpful as a complementary policy evaluation and administrative tools. In addition, the early findings of this evaluation would permit the evaluation of whether there is considerable opportunity of improving some

structural components and the operation of the program, such as a outreach strategy for health and educational services and benefits, or whether it is relevant to find ways to maintain and improve the information and marketing strategies of the Chile Solidario System.

In addition, using both quantitative (outcome) and qualitative (process) evaluation research techniques would generate a valuable combination of useful policy relevant results. The qualitative work would enhance our current evaluation results with insights into the reasons why some expected outcomes of the Chile Solidario system have been achieved while others have not, and how indigent households are experiencing and interpreting this new system, among other aspects.

The cash program, i.e., The Family Bonus, is conditional on the family meeting the contract it signed, and is given to the mother in single parent families or the female partner of the head of family. The household contract implies that families make commitments in areas such as identification, health, education, family dynamics, work, income, and habitability and quality of life. It would be interesting to investigate if Chilean social workers, who are assuming the role of “family support”, really apply this policy.

The starting premise of the Chile Solidario Program is that the principal strength of poor households is their desire to live as families. And, the program is signed a contract and giving the money to the women, so that it would be interesting to study the concepts of family that we have behind this premise and the role of women and men.

It would be also necessary to evaluate if the Chile Solidario system really apply the social promotion components of the designed system. For instance, *Preferential Access to Social Promotion Programs* (social development, occupational skills, and prevention programs) for extremely poor households incorporated in the system. It includes social promotion programs such as special school retention vouchers for schools attended by indigent children, technical help and assistance for disabled people, drug rehabilitation and prevention, special programs and treatment for children in social risk, support services and prevention programs against domestic violence, and employment programs, insertion and labor training, among others.

The Chile Solidario system shows innovative ways to link indigent families with public social services, therefore the next steps will be to develop project evaluation, practice evaluation, and evidence based on better practices in the different regions and communities of Chile.

1.4 Dissemination Strategy

To put research results or new ideas coming from this evaluation into practice, we should recognize the functions of boundary spanning, integrating, and developing new knowledge. At the same time, we should create links and connections between organizational researchers with managerial, professional, and other potential users of this particular information, developing applied research, product, / procedure development, and applying research techniques to common problems. (Beyer et al, 1983)

A good strategy to disseminate the results of this evaluation in the field of social work and human services would be to develop numerous opportunities for academics and practitioners to interact with relevant professional issues. (Kilmman et al, 1983)

Opening up communications and dialogue between academicians, practitioners, policy makers, and legislators would permit to develop coherent decision - making, problem solving, and action making around the new Chile Solidario System. Both managers and researchers should focus on the other side of the equation: issues of validity and real world application. (Kilman et al, 1983).

When we have the results of the early impact evaluation of a new system such as the Chile Solidario System, it is fundamental to think in workshops and journals as important ways to disseminate them. In workshops, we should develop effective strategies to communicate, and apply the early evaluation results and open opportunities to improve the system. In journals, researchers or innovators should consider the extent to which literature should inform practice. According to Beyer (1983) textbooks, small group discussions and professional journals are useful ways for diffusion. Kilmman (1983) enumerates processes and structures directly related to knowledge diffusion, including dissemination or diffusion processes that refer to the direct presentation of a new practice idea to decision makers, transmission across boundaries, training activities, consultancy, writing, and publishing, among others. In this sense, the dissemination of the main findings of this research evaluation has included and will include strategies such as:

- Inclusion of potential users of new research knowledge in the research process .Stakeholders, such as Municipality Administrators implementing the Chile Solidario and Regional Governors should be involved in the process, giving feedback (writings reports) on the early results of this new program and encouraging participation in interpretation of data.

- Making the communication between researchers and practitioners a truly two – way relationship. The description of the target population should be enriched with the practice wisdom of the practitioners (caseworkers). An important matter behind this evaluation is to identify the real characteristics of the target populations. Another matter would be to determine whether this program is reaching the population for whom it was planned. Moreover, early impact evaluations of Chile Solidario would allow thinking about possible improvements in the design of this new program and outreach and information strategies.
- Evaluators can give speeches to municipalities and regional government, presenting findings in conferences and / or participating in professional development workshops.
- Evaluators may establish informal policy networks that maintain contact by telephone, e-mail or other ways, and hold continuous conversations about what is happening and what should happen next.

2. Theoretical Implications

Chile Solidario incorporates the concept of social capital and social networks. It also represents a major effort in the coordination and integration of programs, benefits,

and social services already in existence as well as the installation of local and national social networks previously non-existent.

A vast majority of extreme poor people in Chile have had no access to social protection mechanisms and formal public social services. (Palma and Urzúa, 2005) In this sense, the widespread of Chile Solidario System has been and should be accompanied by efforts to strengthen the abilities of families living in situations of extreme poverty to claim their rights to receive social protection.

Social capital has defined by Putnam as “features of social life networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives” (Putnam). When we talk about Social Capital, a person must be related to others, and it is these ‘others’ that are the actual source of his / her advantages (Porter, 1998).

Social capital exists only when it is shared and embedded in social structure, (Narayan, 1999) and refers to features of social organization that can improve the efficiency of society facilitating coordinated actions (Putnam, 1993) and involving horizontal and vertical social structures that link local organizations to broader social groups (Grootaert, 1997) As noted by Woodon (1997) social capital is a network of

horizontal relations and associated norms that permit the undertaking of collective activities. It refers to the glue that holds groups and societies together – bonds of shared values, norms, and institutions.

Taking into consideration these social capital concepts, in the Chile Solidario System social capital is understood in a very unique way, as social institutional networks that function through social public services.

Moreover, the *Chile Solidario System* is based on the assumption that extreme poverty could be reduced by linking families to public social services. It must be admitted that *Chile Solidario* does not include community and associative issues in its work. Its focus is on the family and it does not create links with others in similar situations and others with different situations.

In this sense, a report by ECLAC experts at the start of Chile Solidario System noted: “It would be useful to bring in a broader perspective, including the neighbourhood in some of the actions”. In the light of this study approach, this suggestion could be broadened to look beyond intra-family relations to support associativity and participation in the community to help build a more active citizenship. I suggest this should be the next step for Chile Solidario redesign and implementation.

On the other hand, as noted by Inglehardt, the role of the state in relation to Social Capital may be the existence of well – functioning government institutions that make it possible for people to trust their fellow citizens. Citizens frequently come into direct personal contact with many different types of public agencies and services. Childcare, benefit systems, public health care, public education are some examples. People ´s view of the society around them and their opinions about other human beings are partly shaped by their contacts with such public state institutions and social services. In this sense, Kumlin and Rothstein (2005) said that Welfare State programs have a capacity for both making and breaking social capital. Given that personal psychosocial support plays a key role in Chile Solidario, it is highly important to create a practice model that permits to develop social capital.

3. Practice Implications

3.1 Clinical Data-Mining in Practice-Based Research

A well-planned research program can help social workers to provide consistent, effective services to their clients, but reduced budgets and tight schedules make it difficult to find the resources for data gathering. In promoting practice-based research, clinical data-mining offers practicing social workers and social work

researchers an opportunity to conduct valuable studies based on existing records already kept by every social welfare institution (Epstein, 2001).

By analyzing case data, social workers are able to identify bio psychosocial factors that affect social and economic outcomes. These practice-based research strategies help social work professionals to see their own work more clearly and to improve the quality of direct services, interventions, new programs, and case evaluations.

Clinical Data-Mining in Practice-Based Research shows the benefits of practice-based research, including matters such as: enhancing clinical and administrative functions, encouraging direct-service workers to become more reflective, fostering cooperation between social workers and other staff members, designing earlier, easier, and more effective interventions, contributing to continue educating staff members, improving client satisfaction, and improving social services.

This study demonstrates that the available clinical information can be "mined" and converted into valuable retrospective, quantitative databases for descriptive and quasi-experimental practice-based research studies.

3.2 Chile Solidario System Implementation

As was made clear earlier, the initiative to create a system of social the combination of immediate aid with skills development components has meant *Chile Solidario* can show real success in terms of creating conditions that allow the participant families to overcome their situation of extreme poverty, and in this sense there has been progress in seeking growth with equity. But consolidating this progress will depend on whether the abilities acquired can alone overcome the inequalities of opportunities that continue to exist.

Chile Solidario design has included the need to set up a multi sector network for aid and services. It forced the program to set up agreements at national and regional level to link ministerial and agency aid programs to its own operational structures, to be able to adjust them to the needs of the participant families. These new agreements have meant both sides accepting new procedures, changing the criteria for defining the intended program beneficiaries, redistributing or increasing spending, and creating organizational and human support to supply the services.

The greatest difficulty, however, has not been in reaching framework agreements for operating norms but in the operating processes themselves. Implementing them

became a critical issue at several levels.

In central government, ministries and services have had to adapt or create regulations and programs to channel compliance with the minimum conditions to overcome poverty set by the Chile Solidario System. At local level, the municipalities have had to set up procedures allowing the beneficiaries direct access to the services and programs to meet the minimum conditions to overcome extreme poverty. Program coordination occurs at the local level, and the articulation of public services at provincial and regional level is subsidiary to and at the disposal of the local networks.

FOSIS signs an agreement giving responsibility for executing the program to the municipality, which coordinates the family action unit of professional or technical staff who provide the family support function. The psychosocial support element of the system is supplied at municipal level, which operates with the municipality's consent, in all the districts where the families are located.

Overall, the process of designing and implementing *Chile Solidario* has thrown up inter- and intra-sector tensions, and strains between central government (the Planning Ministry in this case), and local governments (municipalities). These have their origin partly in the cultural differences between organizations but also in power struggles

among agencies and among individuals – turf fights, disputes over resources, personal leadership battles, attempts by local governments to use the program for political ends, or, on the contrary, opposition to what some see as interference that limits the municipality's own activities.

3.3 A Multi – Method Approach of Community Based Practice

The practice model of caseworker to achieve a more equitable society grouped their proponents in two main blocks: in one group, those who preferred an immediate direct aid approach, and in the other, those who gave more weight to longer-term skills development. Both groups shared a view of poverty as a multidimensional issue in which the lack of monetary income to cover basic needs is only one factor in defining extreme poverty. To this must be added scant human and social capital and high family vulnerability to problems of illness, accident or unemployment. (Sabatier and Jenkins-Smith, 1993; Paul, 1998; Jobert, 2004)

Taking into consideration the research results, a multi – method approach of community based practice is required. This proposed Practice Model should join: (1) case management / casework (direct service advocacy, and helping people with their

personal problems, a key barrier to their social capital formation) and (2) community organizing, helping facilitate the connections and engagement to and from the poor and the social welfare organizations and other similar and non similar groups (social capital development). This would be the kind of community-based practice required for social capital formation, which could also be of great interest theoretically regarding new forms of best practice.

Family problems as barriers to social capital formation: Focusing on the Personalized Attention

The Program's intervention strategy is built upon the work of more than 2,500 family support counselors who provide personalized psychosocial attention to each family during work sessions in the home throughout a two-year period. Through this personalized intervention, the support counselor is able to guide the families in the design and implementation of a work plan to stabilize each of the most precarious elements of their lives, based on their own priorities.

Personalized attention to the families is given to them at their home; families are selected via the CAS card. The intervention is based on working sessions with the family. A Family Support person is assigned to each family for 24 months, contact

with the family decreases over time.

Through the work of the family support counselor, the beneficiary should be recognized as an integral person. According to the Chile Solidario design, the counselor listens to the family members and spaces of conversation are opened with the counselor and within the family itself. The counselor should help families move out of extreme poverty, but also to help them reach their long-term goals (education, homeownership, stable work, etc.). However, the evaluation results shown a weak association between the participation in the Chile Solidario System and the access to public networks and social services. In fact, it is important to recognize that only 52.3% of the indigent families participating in Chile Solidario were receiving the solidary contribution voucher, a monetary help over a period of 24 months specially designed for families participating in Puente program, during the last month.

Through the counselor, the Chile Solidario system bridges the gap between the State's resources and the beneficiaries and works to articulate the variety of programs available to resolve their needs. The counselor effectively is responsible for forging a connection between the family and the State as a means of breaking the cycle of social exclusion in which they have been living. Given that social exclusion is the key factor in the distrust and hopelessness that is characteristic of families living in

extreme poverty, the personal connection formed with the counselor enables confidence building and helps to overcome the crisis in which these families feel that they are not a part of society.

For now, this monitoring study encourages us to *question the program's model of intervention in terms of the effectiveness of personalized psycho - social support* when linking the family with the public and private service networks.

The Chile Solidario System acts as a governmental initiative that is a result of targeting extreme poverty. Once the quota of participating families has been established, the number of “family support” staff can be defined. Some are drawn from the local public agencies, mainly from the social or community area of the municipality (local support), and the rest assigned by FOSIS (additional support), if necessary.

There have been differences between the “family support” workers on the municipal payroll and those who have been specifically hired for the job. The former worked only a limited number of hours with the Chile Solidario families, they tended to have less ideological commitment and more bureaucratic attitudes towards the scheme. The second group was mainly constituted by young professional or technical staff,

highly motivated by the type of work, on short-term contracts, and whose continuation in the job depends on how their work is evaluated by the program leaders.

In August 2004, each family support worker half time with a caseload of 53 families. (Chile Solidario, 2004) This data and some Chilean mass media have shown that these family counselors have had an excessive workload, which makes difficult to have an effective intervention and high social impact. Additionally, some of these family counselors have not being professionalized or skilled enough to handle the complex task given by the Chile Solidario system. As explained before, the kind of community – based practice required for social capital formation requires more than conventional case management models of social work practice. It requires case management, casework and community organizing skills.

Community Organizing as Key Strategy for Capital Social Formation

It must be admitted that *Chile Solidario* does not include community and associative issues in its work. Its focus is on the family (in practice, mainly on women), and it

does not create links with others in similar situations and others with different situations.

As stated earlier, *Chile Solidario* works with the family in isolation. A report by ECLAC experts at the start of *Programa Puente* noted: “It would be useful to bring in a broader perspective, including the neighbourhood in some of the actions”. In the light of our approach to the program, this suggestion could be broadened to look beyond intra-family relations to support associativity and participation in the community to help build a more active citizenship. I suggest this should be the next step for *Chile Solidario* redesign and implementation.

The models of community practice in social work in Latin America, which support the development and empowerment of poor and marginalized communities, should work not only inside but also outside the poor communities. This implies expanding links and access to external resources and groups, through the development of weak ties and linking strategies. According to Keyes et al, (1996) the community development field includes an increasing sophisticated network of foundations, corporations, intermediaries and technical assistance providers, and local and state government agencies, among others.

Several writers have pointed to the importance of ties outside the primary network, including the access to public services and private agencies, as a means to access resources and power. (Narayan, 1999) Granovetter (1973) drew attention to the importance of ties beyond the immediate circle and of '*coupling and de – coupling*' from the tightly knit small family to more expansive, loosely knit networks, with richer resources to achieve social and economic mobility. (Granovetter, 1985)

Finally, two strategies have been identified for developing social capital that should be considered by Chile Solidario designers and administrators (Atria, 2002; Adler et al, 2000) The first is the strategy of empowerment, which consists of actions designed to increase group leadership and mobility of resources – economic, political, social, and cultural. The second strategy is associativity, in which actions are designed to expand or strengthen the ambit, availability or scope of the networks, constituting different types of networks: (1) within a family, group or community (bonding), where the structure of relationships focuses on a collective actor's internal characteristics (family, organization, community, and / or nation); (2) between similar groups or communities (bridging) and, (3) between different groups or communities (linking).

4. Policy Implications

Chilean's policy leaders are encouraged to capitalize on the precedents established by Chile Solidario and to consider the program evaluation as an indispensable and strategic component. As policy makers decide what types of programs can be effective, the lists of questions and concerns about program choices and designs can only grow. For example, is the amount of the cash transfer given to families too high or not high enough? a lower cash transfer could achieve the same impact? What is the impact of the cash transfer? Is the simultaneous intervention in Health, Income, Housing, Education and Employment services better than intervening in these areas separately? Should we invest and focus more on education or on other particular public social service (s) instead of giving a direct cash transfer to the families? What if the benefits were given to fathers rather than mothers? The nature of the program and the scope of the program's impact evaluation can provide, at best, only a tentative answer to some of these questions. More exact answers to these and other questions can be obtained through comparative studies among regions or municipalities that are implementing differently this new policy, incorporating diverse features as part of its structure.

Focusing on the Targeting Process

When characterizing the target population of the Chile Solidario system, the main findings were that only 19.7% of the Chile Solidario beneficiaries belonged to the objective group of the system, indigent families, during 2003.

An explanation would be that the system administrators at the municipal level have failed to attract the indigent Chilean families. In this sense, we would be able to speak of difficulties in the intervention methodology and reach strategy for the poorest groups. Thus, the system designers would not have clarity of how to attract the poorest families of the country, or the program administrators would prefer to work with families that include greater capacities to overcome economic condition and limited access to social networks. In the United States, for example, during the 1970s social programs were addressed to very poor African American families; however, these programs were finally addressed to white working families. Social Workers' prejudices or ignorance of how to deal with the poorest families could explain the previous analysis.

Another alternative explanation would be that given the system implementation at the

municipal level, the implementation results might be affected by political dynamics at the local level. Some municipal workers might have rewarded with subsidies and social services some non – poor families. This is called political patronage system. In fact, the primary data source of this study has been the CASEN 2003, while the municipal elections of mayors were carried out in the year 2004.

A good safety public net, according to Hicks and Wodon (2001) should be well targeted on the poorest, with simple and predictable access. The tool that qualifies the beneficiaries of the Chile Solidario Program has been the Social Assistance Card ¹¹ (Fiche CAS 2), which corresponds to family information that gives a weighted average of several dimensions of access.

As said by Narayan, poverty is not simply the lack of specific goods but the combination of these deficiencies with the lack of specific bargaining power and the need of defending oneself in the marketplace, the sense of dependence, insecurity, anxiety, political impotence, inability, exclusion, lack of opportunities and poor quality of social services, among other characteristics. In this sense, Chile Solidario should recognize that we have different kinds of poverty that need to be targeted on different ways. We cannot create a homogeneous strategy to deal with extreme

¹¹ CAS Card 2 is currently in evaluation to improve its targeting purposes.

poverty. During the early implementation, homeless people were not reached for the system.

Ethical Issues and Political Pressure

Program evaluation of Social Policy has to include an analysis of ethical issues, and political constrains. As noted earlier, this proposed evaluation is based on available data. When studying and evaluating Chile Solidario, we should not underestimate the difficulties of an effective utilization in the governmental policy – making setting. In some ways, both central and local governments are involved when evaluating Chile Solidario. The current central administration of Chile has designed and implemented Chile Solidario and they believe that this is an outstanding program that would help to improve the conditions of people in extreme poverty. From this perspective, ideological bias plays a key role to review and implement this proposal evaluation or others. Moreover, the implementation of Chile Solidario has brought with it an increase in taxes, specifically sales tax, for all Chilean citizens, which would mean strong political pressures to the current administration. Ironically, the poor are the most impacted by this form of capital generation. Then, of course, there are the agency politics. Staff of both central and local Chilean governments may think that their jobs are in risk or that they

will be judged unfairly. Summarizing, it is helpful to be aware about the influence of politics and having a range of diplomacy skills to deal with political dynamics and dissemination strategy. In this complex political process however, evaluation research should play an essential role.

VII. APPENDICES

Appendix 1: CASEN SURVEY

1. Module Residents

1.1 Household Composition

All household members		18 years old or older	All household members
<p>Write the name of your household member</p> <p>1. Relationship with the head of household</p> <p>1 Head of household</p> <p>2 Spouse</p> <p>3 Son or Daughter</p> <p>4 Mother or father</p> <p>5 Mother or father in law</p> <p>6 Son or Daughter in law</p> <p>7 Grandson or granddaughter</p> <p>8 Brother or Sister</p> <p>9 Brother or Sister Law</p> <p>10 Other relative</p> <p>11 No relative</p> <p>12 Domestic Services</p>	<p>2. Gender</p> <p>1. Male</p> <p>2. Female</p> <p>3. Age</p> <p>4. Current Civil Status</p> <p>1. Married</p> <p>2. Non married couple</p> <p>3. <i>Anulado</i></p> <p>4. Legally Divorced</p> <p>5. De Facto separated</p> <p>6. Widow</p> <p>7. Single</p>	<p>5. Have you applied to or do you have a saving account destined applying in the following months to one of the following government home ownership programs?</p> <p>01. Unified general subsidy</p> <p>02. Urban renovation subsidy or priority development</p> <p>03. PET (special programs for workers)</p> <p>04. Basic Housing Subsidy or New Basic (Certified)</p> <p>05. Rural Subsidy</p> <p>06. Basic Housing</p> <p>07. Dynamic Social Housing without debt (certified or housing)</p> <p>08. Progressive Housing phase I (certified or housing)</p> <p>09. Progressive Housing phase II</p> <p>10. Lot with service, sanitary stall or sanitary installation</p> <p>11. Other benefit</p> <p>12. Not registered nor has savings account.</p>	<p>6. Are you registered in the National Disability Registry (Has your disability been certified in COMPIN and registered in the Civil Registry?)</p> <p>1. Yes</p> <p>2. No</p> <p>3. Does not know</p> <p>*Only if somebody has a physical or mental disability</p>

Name	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

1.2 Participation

12 years old and older	12 years old and older
<p>7. Do you participate in one of the following organizations? (Please identify the organization you dedicate most time)</p> <ol style="list-style-type: none"> 1. Neighborhood, communal or neighbor organization? 2. Mothers center 3. Women's group 4. Student organization or Student federation 5. Sport or recreational club 6. Cultural association or related to artistic creation 7. Play, hobby, or pastime group 8. Political party 9. Religious or church association 10. Voluntary association 11. Professional school 12. Businessman association 13. Health or self help group 14. Older adult organizations 15. Persons with disability organization 16. Parent and legal guardian center 17. Farmers or rural development organization 18. NGO, foundation or corporation 19. Indigenous group or association 20. Trade union 21. Cooperative, productive workshop or micro business 22. Other <p><i>Alternatives 1 to 22 proceed to question 9</i></p> <p>23. Does not participate proceed to question 8</p>	<p>8. Why do you not participate in any organizations?</p> <ol style="list-style-type: none"> 1. Lack of interest 2. Lack of information 3. For economic or material reasons (lack of resources, no money, very expensive etc) 4. Lack of space or opportunity (no place to participate, lack of organizations, no space, etc) 5. Because of corruption in social organizations 6. Because of fear (lose employment, insecurity, danger, etc) 7. Because organizations are closed (authoritarian leaders, don't take into account other opinions, others always decide, only a few lead, leaders take control of the organization, etc) 8. Because of other responsibilities considered more important such as family or couple. 9. Because of other responsibilities considered more important such as work or study 10. Because a family member is opposed to participation (couple, children, or other family member that is opposed or interferes) 11. Other 99. Does not know

12	13
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

1.3 Chile Solidario

All household members		Only Chile Solidario Families			All household members				
<p>9. In the last 2 years (November 2001 to October 2003) has the CAS questionnaire been applied to you family?</p> <p>1. Yes 2. No <i>Proceed to question 1 Module Education</i> 3. I requested it but have not been surveyed. 4. Not sure 9. Does not know</p> <p>10. Has your nuclear family participated in Chile Solidario, by the PUENTE program?</p> <p>1. Yes proceed to question 11 2. No, has not been invited 3. No, was invited but decided not to participate 4. No, were participating but not anymore <i>Alternatives 2, 3 and 4 proceed to question 1 Module Education</i></p>		<p>Responds person who receives the voucher, family representative, or nuclear boss.</p> <p>11. Since when is your family visited by the “family support” agent?</p> <p>Please indicate month and year. Register order number and persons RUT who receives voucher and respond questions 9 to 11.</p> <p>12. a. Do you believe that Chile Solidario through the program PUENTE has helped you in solving your problems?</p> <p>1. Yes 2. No. <i>Proceed to 13</i></p> <p>12. b. How much do you think Chile Solidario has helped you resolve your problems?</p> <p>1. A lot 2. So so 3. A little</p>			<p>13. Participation in Chile Solidario by the PUENTE program:</p> <p>a. has been an economic help for my family b. has served in accessing some rights (access to medical center, education etc) c. I learned that in order to succeed our effort is important d. I realized the strengths our family has e. I learned how to face the problems we have as a family f. We received better treatment in public services.</p> <p>For each of the previous statements please respond in the following columns if you:</p> <p>1. Totally agree 2. Agree partially 3. partially disagree 4. completely disagree</p>				
9	10	11	12 a	12 b	13a	13b	13c	13d	13e
1.									
2.									
3.									
4.									
5.									

2. Education Module

All household members	25 years old or younger	All household members
<p>1. Do you currently attend an educational establishment, kindergarten, childcare, or other no conventional preschool program?</p> <p>1. Yes, proceed to question 4</p> <p>2. No, proceed to question 4 if you are 26 years old or more</p> <p>Proceed to question 2 if you are less than 26 years old.</p>	<p>2. What is the principal reason for which you do not currently attend a kindergarten, childcare, or no conventional preschool program or any educational establishment?</p> <ol style="list-style-type: none"> 1. Is not old enough 2. Not necessary because child is taken care of at home 3. No establishment nearby 4. Difficulty in access or transportation 5. Economic difficulty 6. Does not have money to finance transportation 7. works or is looking for work in order to contribute to household budget 8. Works or is looking for work in order to cover expenses 9. works or is looking for work in order to cover childcare 10. helps at home or in household duties 11. requires a special establishment 12. maternity or paternity 13. pregnancy 14. not interested 15. prepares for the PSU (university examination) 16. Is in the military service 17. illness 18. family problems 19. problems in performance 20. finished studying 21. other 	<p>3. When was the last time you formally attended kindergarten, childcare, non conventional preschool program or other educational establishment?</p> <ol style="list-style-type: none"> a. This year (before November) b. Last year c. two years ago d. 3 or more years ago e. never assisted proceed to question 4 if less than 6 years old
1	2	3
1.		
2.		
3.		
4.		

<p>4. Indicate class and type of actual studies (for those who are studying) or the last class passed (for those who are not studying)</p> <p>Type of studies</p> <ol style="list-style-type: none"> 1. Preschool or nursery school education 2. Preparatory (old system) 3. Basic Education 4. Differential education 5. Humanities (old system) 6. Scientific Humanistic High school education 7. Technical, commercial, Industrial, or normalist (old system) 8. Technical professional high school education 9. Incomplete Technical studies (without degree) 10. Complete Technical studies (with degree) 11. Incomplete Professional institute (without degree) 12. Complete professional institute (with degree) 13. Incomplete university degree (without degree) 14. Complete university degree (with degree) 15. Post university degree 16. None of the above 	<p>5. What is the administrative dependency of the educational establishment?</p> <p>For pre basic, basic, and secondary school students</p> <ol style="list-style-type: none"> 1. Municipal 2. Private subsidized 3. Delegate administrative corporation 4. Private non subsidized 5. JUNJI 6. INTEGRA 7. Kindergarten or childcare in parents workplace Only for students of higher education 8. University rector counsel 9. Private University 10. Professional Institute 11. Center for Technical formation 99. Does not know <p>6. During the present school year have you received free nutrition in the educational establishment?</p> <ol style="list-style-type: none"> 1. Breakfast or tea 2. Lunch 3. Breakfast and lunch or lunch and tea 4. Breakfast, lunch and tea (complete nutrition) 5. Complete nutrition plus snack 6. Does not receive 	<p>7. During the present school year (2003) have you received one of the following free benefits in or through the educational establishment?</p> <p>School supplies (notebooks, pens, disks etc.)</p> <p>Scholarly texts</p> <p>School dental attention</p> <p>School medical attention</p> <ol style="list-style-type: none"> 1. yes 2. no <p>8. Do you pay school fees or receive shared financing?</p> <ol style="list-style-type: none"> 1. Yes. Indicate monthly fee 2. No. Proceed to 9.
---	---	---

	4	5	6	7	8
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

All household members	All students that attend or have attended superior education establishment		Only students that attended superior education establishment
<p>9. During the present school year (2003) have you received any of the following scholarships?</p> <p>1. Yes, Presidential scholarship (Medium and higher education)</p> <p>2. Yes, Registration or monthly payment (MINEDUC)</p> <p>3. Other state scholarship (all students)</p> <p>4. Other non state scholarship</p> <p>5. Does not receive</p> <p>What is the monthly sum you receive?</p>	<p>10a. Please indicate the type of career you are currently studying or have studied.</p> <p>1. Superior technical career (4-7 semesters)</p> <p>2. Licensure or professional career (8 or more semesters)</p> <p>3. Post title, diploma, or specialization?</p> <p>4. Master or doctorate?</p> <p>5. other</p> <p>10 b. Do you receive or have you received any of the following university credits?</p> <p>1. Yes, University credit or Fondo Solidario</p> <p>2. yes, CORFO</p> <p>3. Yes, other given by the educational establishment</p> <p>4. yes, other</p> <p>5. No, proceed to health module.</p> <p>Please indicate</p>		<p>10 c. The percent of the monthly cost covered by the credit.</p> <p>In the case of two credits please indicate percent covered by each one.</p>
9	10a	10b	10c
1.			
2.			
3.			
4.			
5.			
6.			
7.			

3. Health Module

All household members	5 years old or younger, pregnant women or breeding	65 years old or older	
<p>1. What type of health care do you have?</p> <p>0. Public system Group A (without resources)</p> <p>1. Public System Group B</p> <p>2. Public system Group C</p> <p>3. Public System Group D</p> <p>4. Public System, does not know what group</p> <p>5. Air force and military health system</p> <p>6. Private health insurance</p> <p>7. Other</p> <p>8. Does not know</p> <p>2. Are you registered in a medical center or first attention public establishment?</p> <p>1. yes</p> <p>2. No</p> <p>3. Does not know</p>	<p>3. In the last 3 months have you withdrawn any type of nutrition or food goods from your medical center?</p> <p>1. Yes, milk Purita</p> <p>2. Yes, “Mi sopita” (soup)</p> <p>3. Yes, Milk Purita and Mi sopita (soup)</p> <p>4. Yes, Cereal milk</p> <p>5. Yes, milk, cereal, and mi sopita (soup)</p> <p>6. No</p> <p>7. Does not know</p>	<p>4. In the last 3 months have you withdrawn any type of nutrition or food goods from a medical center?</p> <p>1. Yes</p> <p>2. No</p> <p>3. Does not know</p>	
1	2	3	4
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

All household members			
5. In the last 6 months have you received dental care? 1. Yes emergency 2. Yes, control without treatment 3. Yes, treatment 4. No, I asked for treatment but did not receive it 5. No. I have not asked for treatment but need it 6. I do not need attention 7. Does not know	5. a In what establishment did you receive attention? 1. General Medical center (municipal or SSNS) 2. Rural primary health center (municipal or SSNS) 3. Specialties health center of SSNS (External hospital health center) 4. SAPU (Emergency primary health center) 5. Emergency care in public hospital (postal) 6. SNSS hospital 7. Medical center, clinic or private hospital or at home with a private professional 8. Air force or military service hospital 9. Emergency care in private clinic 10. Mutual Security 11. Other 99. Does not know	5.b Did you have to pay for the care received? 1. Yes, partial co-payment (C and D) 2. Yes, partial co-payment for dental care in public establishment (B, C and D) 3. Yes, partial with voucher from FONASA (free election) 4. Yes, partial with voucher from private health care 5. Yes, total 6. No, free (group A and B) 7. No, free in public first care health centers 8. No, 100% financing from private health care 9. other 99. Does not know	5.c Were you prescribed any medication? (only for checkups) 1. yes I received them free of charge 2. Yes, I received some free of charge and bought the others 3. yes, I received some free but could not afford the others 4. yes, I bought all 5. yes, I bought some 6. Yes, but I could not afford any 7. No 8. Does not remember
5	5a	5b	5c
1.			
2.			
3.			
4.			

All household members			
<p>6. In the last 30 days have you had any health problems, illnesses or accidents?</p> <p>1. Yes 2. No proceed to 12</p>	<p>7. Did you seek medical attention for this problem, illness or accident?</p> <p>1. Yes 2. No proceed to 11</p>	<p>8. Where or with whom did you seek attention?</p> <p>1. In the pharmacy 2. With an alternative medicine specialist 3. With a homeopathic doctor alternatives 1 to 3 proceed to 12 4. in a public sector health center 5. In a private sector health center 6. In a public emergency care health center 7. In a private emergency health center 8. In mutuality 9. other</p>	<p>9. Did you pay for the medical care?</p> <p>1. yes, partial (FONASA C and D) 2. Yes, partial with vouchers from FONASA 3. yes, partial with vouchers from private health insurance 4. Yes, all 5. No, free (FONASA group A and B) 6. No, free in a state primary care health center (group C and D) 7. No, 100% coverage with private health insurance 8. other 9. Does not know</p>
6	7	8	9
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

All household members		
<p>10. What is your satisfaction level for the following attention received?</p> <p>a. medical b. nurse c. administrative personnel d. bathroom cleanliness e. waiting room</p> <p>1. very good 2. good 3. regular 4. Bad 5. Very bad</p> <p>8. Did not use this attention 9. Does not know</p>	<p>11. Why did you not receive medical care?</p> <p>1. Was not considered necessary, did not do anything 2. was not considered necessary, used home remedies, auto medicated 3. Thought about seeking attention but lacked economic resources 4. Thought about seeking attention but lacked the time 5. Thought about seeking attention but has difficulty in reaching facility (too far, incapacitated, no transportation) 6. Asked for care but did not receive care 7. Asked for care but did not use it.</p>	<p>12. In the last 30 days (last month) have you had any health check up? (Healthy child control, pregnancy check up, chronic control)</p> <p>1. Yes, healthy child control 2. Yes, pregnancy check up 3. Yes, chronic control 4. Yes, gynecology control 5. Yes, preventive adult and older adult control 6. Yes, dental control 7. Yes, other control.</p> <p style="text-align: center;"><i>Alternatives 1 to 7 proceed to 13</i></p> <p>9. No control, <i>proceed to 15</i></p>
10	11	12
1.		
2.		
3.		
4.		
5.		
6.		
7.		

All household members		
<p>13. In what establishment did you seek care?</p> <p>1. Public health center (first care, rural health center, external hospital care center)</p> <p>2. Medical center, clinic, or private hospital</p> <p>3. Air force or military health center</p> <p>4. Other</p> <p>5. Does not know</p>	<p>14. What was your satisfaction level for the following care received?</p> <p>a. medical</p> <p>b. nurse</p> <p>c. administrative personnel</p> <p>d. bathroom cleanliness</p> <p>e. waiting room</p> <p>1. very good</p> <p>2. good</p> <p>3. regular</p> <p>4. Bad</p> <p>5. Very bad</p> <p>8. Did not use this attention</p> <p>9. Does not know</p>	<p>15. In the last 12 months have you been hospitalized or did you undergo any surgical interventions?</p> <p>1. Yes, for surgery</p> <p>2. Yes, for illness that required medical care</p> <p>3. Yes, for pregnancy</p> <p>4. Yes, for labor</p> <p>5. Yes, for caesarean</p> <p>6. Yes, for accident that required surgery</p> <p>7. Yes, for accident that required only medical care</p> <p>8. No</p> <p>9. Does not remember or does not know</p>
13	14	15
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

All household members		
<p>16. In what establishment was you hospitalized or did you undergo surgery?</p> <p>1. Public SSNS hospital</p> <p>2. Air force or military hospital</p> <p>3. Mutual security facility</p> <p>4. Private clinic</p> <p>5. Other</p> <p>6. Does not know</p>	<p>17. Did you pay for the hospitalization or surgery?</p> <p>1. Yes partially (group C and D)</p> <p>2. Yes, partially with FONASA vouchers</p> <p>3. Yes, partially with private health care vouchers</p> <p>4. Yes, totally</p> <p>5. No, free care (group A and B)</p> <p>6. No, 100% health care coverage</p> <p>7. Other</p> <p>8. does not know</p>	<p>18. What was your satisfaction level for the following care received during your hospitalization?</p> <p>a. medical</p> <p>b. nurse</p> <p>c. administrative personnel</p> <p>d. bathroom cleanliness</p> <p>e. waiting room</p> <p>1. very good</p> <p>2. good</p> <p>3. regular</p> <p>4. Bad</p> <p>5. Very bad</p> <p>8. Did not use this attention</p> <p>9. Does not know</p>
16	17	18
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

4. Employment and Income Module

Occupational Situation, 12 years old or older					
<p>1. Did you work during the past week? 1. Yes. Proceed to 7 2. No. Insist with following list of questions</p> <p>Not even 1 hour? Not helping a family member? Not even as an apprentice without pay? Not selling some type of product?</p> <p>1. Yes. Proceed to question 7 2. No</p>	<p>2. Even though you did not work during the past week, did you have an employment that you were temporarily absent from due to a medical license, strike, illness, vacation, or other reason? 1. Yes. Proceed to 7 2. No</p>	<p>3. Have you looked for employment during the past two months? 1. Yes. 2. No. Proceed to 6</p>	<p>4. For how many weeks have you been looking for employment? (mark the number of weeks completed)</p>	<p>5. Have you ever worked? 1. Yes 2. No For both answers proceed to 13</p>	<p>6. Why have you not looked for employment in the past two months? 1. Household duties 2. Did not have someone to leave the children with 3. Chronic illness or disability 4. Student 5. Retired or pensioned 6. Tenant 7. Works sporadically 8. Frustrated with seeking work 9. Is not interested 10. Other All alternatives proceed to 13.</p>
1	2	3	4	5	6
1.					
2.					
3.					

Employed household members				
<p>7. Besides your own effort, thanks to whom do you believe you received your actual employment?</p> <p>1. Family members</p> <p>2. Friends or neighbors</p> <p>3. Ex work mates</p> <p>4. Ex employers</p> <p>5. Municipality</p> <p>6. Employment agencies</p> <p>7. Institute or organization in which you studied</p> <p>8. Decided to work on own account (started an independent activity)</p> <p>9. Other</p>	<p>8. In the past month, what was your income or salary in your primary occupation?</p> <p><i>Please note the monthly amount in Chilean pesos.</i></p> <p>Include discounts for loans and expenditures in department stores.</p> <p>Exclude family allowances, bonuses, rewards, previsional and health discounts.</p>	<p>9. Including the income declared above, did you receive any other income from your primary employment in the past month? (note maximum two situations)</p> <p>1. Bonus or rewards</p> <p>2. Remuneration in gifts or other goods</p> <p>3. withdrawal of goods from the business for personal use (non agricultural products)</p> <p>4. House cost in payment for services</p> <p>0. Did not receive any other incomes.</p> <p>What is the frequency for this income?</p> <p>1. Daily</p> <p>2. Weekly</p> <p>3. Bi-weekly</p> <p>4. Monthly</p> <p>5. Bi-monthly</p> <p>6. Three-monthly</p> <p>7. Four-monthly</p> <p>8. Semestrally</p> <p>9. annually</p>	<p>10. Do you have any other occupations besides your principal employment?</p> <p>1. Yes</p> <p>2. No proceed to 12</p> <p>11. In the past month, what was your total income for this or these occupations?</p> <p>Include total incomes received for secondary employment during the past month.</p>	
7	8	9	10	11
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Employed household members	15 years old or older	
<p><i>12. Are you currently affiliated to an unemployment security?</i></p> <p>1. Yes 2. No 9. Does not know</p>	<p><i>13. Are you currently paying for membership in any previsional system?</i></p> <p>1. Yes, AFP (Pension Fund Administration) 2. Yes, INP (National Public Employees savings bank, CANAEMPU) Private employee Savings bank (EMPART), Social Security System 3. Yes, National defense Savings Bank (CAPRADENA) 4. Yes, Police Direction Savings Bank (DIPRECA) 5. Yes, other 6. Is affiliated but not contributing 7. Is not affiliated 9. Does not know</p>	<p><i>14. Have you participated in any employment specialization courses in the past year? (November 2002 to October. 2003)</i></p> <p>1. Yes, through employer 2. Yes, through government social programs 3. Yes, with personal economic resources 4. Yes, through other means 5. No</p>
12	13	14
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

5. Other Income Module

12 years old or older	All household members	
<p>1. In the past month did you receive the family bonus?</p> <p>1. \$3.716 (base salary up to \$112.098)</p> <p>2. \$3.613 (base salary from \$112.099 to \$226.519)</p> <p>3. \$1.178 (base salary from \$226.520 to \$353.292)</p> <p>0. Did not receive family bonus</p>	<p>2. In the past month did you receive an income from....?</p> <p>1. Old age or retirement pension</p> <p>2. Disability pension</p> <p>3. Widows or MONTEPIO pension</p> <p>4. Orphan pension</p> <p>5. other</p> <p>0. Did not receive this type of income</p> <p>Institution that paid income:</p> <p>1. Pension Fund Administrator</p> <p>2. Previsional Normalization Institute</p> <p>3. CAPREDEN A or DIPRECA</p> <p>4. Mutual</p> <p>5. Insurance company</p> <p>6. Other institution</p>	<p>3. In the past month did you receive an income from any of the following government subsidies?</p> <p>PASIS (minimum sum \$37.412 excluding family bonuses)</p> <p>1. Old age assistant pension</p> <p>2. Disability assistant pension</p> <p>3. Mental disability assistant pension</p> <p>SUF Family bonus (Amount is fixed at \$3.716)</p> <p>4. Family bonus for minor or newborn</p> <p>5. Family bonus for pregnancy</p> <p>6. Family bonus for mother</p> <p>SUF Double Family Bonus (Amount is fixed at \$7.432)</p> <p>7. Family bonus for mental deficiency</p> <p>8. Family bonus for disability</p> <p>Unemployment (Only for unemployed family members)</p> <p>9. \$17.338 per month (0 to 90 days of unemployment)</p> <p>10. \$11.560 per month (91 to 180 days of unemployment)</p> <p>11. \$8.669 per month (181 to 360 days of unemployment)</p> <p>12. SAP (only family heads) Drinking water bonus (variable amount according to use)</p> <p>Solidary Contribution</p> <p>13. First rung \$10.500 (until 6th month)</p> <p>14. Second rung \$8.000 (from 7th month to 12th)</p> <p>15. Third rung \$6.500 (from 13th month to 18th)</p> <p>16. Fourth rung \$3.716 (from month 19)</p> <p>17. Other government subsidy</p> <p>0. Does not receive this type of income</p>

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

6. Housing Module

<p>1. How many rooms of each type does your house have?</p> <p>a. Bedroom (exclusive use) b. Sitting – Dinning room (exclusive use) c. Sitting – Dinning room and Bedroom (multiple use) d. Sitting – Dinning room and Kitchen (multiple use) e. Sitting – Dinning room, bedroom and Kitchen (multiple use) f. Kitchen (exclusive use) g. Bathroom (exclusive use) h. Other non habitable rooms</p>	<p>2. Wall Material of your house</p> <p>1. Reinforced steal 2. Brick, concrete, 3. stone masonry, 4. coated wall, 5. adobe 6. non-coated wall 7. Mud, quincha or dry-stone wall, 8. Waste or any other recycled material 9. Other</p>	<p>3. Roof material of your house:</p> <p>1. Tiles, small tiles, slab or stone 2. zinc, slaty with indoor ceiling 3. Zinc, or slaty with indoor ceiling, 4. FONOLITA, 5. straw, coirón, cattail 6. waste, or any other recycled material</p>	<p>4. Floor material of your house:</p> <p>1. Coated 2. non-coated Radier, 3. wood over crossbeam or beams 4. Wood, plastic, or large cement tiles 5. Soil</p>

<p>6. Which source of water is available at your house?</p> <ol style="list-style-type: none"> 1. Public network with meter in site or housing unit. 2. Public network with shared meter 3. Public network without meter 4. Well or septic tank 5. River or stream 6. Other 	<p>7. Does your house have electric power?</p> <ol style="list-style-type: none"> 1. Yes, public net with own meter 2. Yes, public net with shared meter 3. Yes, public net without meter 4. Yes, private meter 5. Yes, solar plate 6. Yes, other source of electric power 7. No, do not have electric power 	<p>8. Is sewerage available at your house?</p> <ol style="list-style-type: none"> 1. Yes, WC connected to sewer 2. Yes, WC connected to septic tank 3. Sanitation Latrine or cesspool 4. Yes, connected to septic well 5. Yes, connected to drainage channel 6. Yes, connected to other system 7. No, it does not have feces disposal system. 	<p>9. How many households live in the home?</p>	<p>10. Was the home purchased with the help of any homeownership government program? If so, through which program?</p> <ol style="list-style-type: none"> 1. Yes, Household subsidy (traditional, SUF, or unified general) 2. Yes, General unified urban renovation subsidy 3. Yes, General unified subsidy for the conservation of historical zones 4. Yes, habitational leasing 5. Yes, PET 6. Yes, rural subsidy 7. Yes, certified basic housing subsidy 8. Yes, Basic housing 9. Yes, older adult basic housing 10. Yes, Progressive 1st stage housing subsidy (private) 11. Yes, Progressive 2nd stage housing subsidy (private) 12. yes, progressive 1st stage housing 13. yes, dynamic social housing without debt 14. Yes, competitive fund for solidary housing projects. 15. Yes, lot with service 16. yes, other benefit 17. No, did not purchase housing with the help of a housing program <p>11. In what year did you receive the housing or subsidy?</p>

Appendix 2: Urban Basic Basket of Goods (per person)

FOOD	PHYSICS QUANTITY (grammas)	CALORIES (Kcal)	PROTEINS (g)	TOTAL FAT (g)
TOTAL	1.258,646	2.176,002	54,612	54,473
1.1 BREAD AND CEREALS.	362,872	1.072,170	24,685	5,317
Common bread	291,389	812,976	18,649	2,040
Sweet cookie	3,579	15,212	0,315	0,372
First dressing rice, grade 2	36,073	130,945	2,309	2,708
Raw flour	11,234	39,094	0,899	0,135
Pasta	20,597	73,943	2,513	0,062
1.2 MEATS	80,748	109,225	13,222	5,516
Posta	12,095	15,627	2,712	0,356
Chopped meat	17,883	23,105	3,449	0,934
Beef consommé	16,163	12,203	1,802	0,469
Whole chicken	14,663	16,833	1,839	0,944
Chicken by parts	12,695	21,861	2,389	1,226
Sausages	1,479	4,808	0,185	0,439
Cured meat	5,278	13,294	0,781	1,024
Caldo en cubitos	0,492	1,494	0,065	0,124
1.3 FISH	11,979	13,922	1,728	0,705
Hake	8,368	4,628	1,013	0,023
Canned scad	3,611	9,294	0,715	0,682
1.4 DAIRY AND EGGS	164,237	118,614	7,383	5,827
Fresh milk	91,431	52,116	2,926	2,286
Powder milk	41,615	24,595	1,444	1,278
Gauda cheese	1,364	4,308	0,306	0,314
Yogurt	10,113	10,113	0,445	0,273
Eggs	19,714	27,482	2,262	1,676
1.5 OILS	37,073	313,744	0,048	35,467
Bulk oil	13,420	118,227	0,000	13,379
Bottled oil	15,660	137,965	0,000	15,613
Margarine	7,993	57,552	0,048	6,475
1.6 FRUIT	92,734	43,840	0,388	0,239
Lemons	5,974	0,478	0,007	0,000
Oranges	16,208	4,084	0,079	0,034
Apples	54,014	30,248	0,162	0,162
Bananas	16,538	9,030	0,140	0,043
1.7 VEGETABLES, LEGUMES AND TUBERS	312,574	162,030	6,920	0,983
Tomatoes	57,603	9,332	0,415	0,207

Lettuce	4,449	0,334	0,038	0,009
Cabbage	7,734	1,353	0,097	0,016
Pumpkin	31,880	7,906	0,051	0,153
Pepper	3,631	0,356	0,018	0,010
Dried beans	8,839	28,107	1,821	0,141
Lentil	2,960	9,710	0,710	0,038
Tomato sauce	4,519	3,706	0,122	0,045
Garlic	3,699	4,195	0,223	0,013
Assorted vegetables	1,274	0,526	0,028	0,005
Potatoes	116,918	72,022	2,900	0,187
Onions	53,625	19,788	0,386	0,097
Carrots	15,443	4,695	0,111	0,062
1.8 SUGAR, COFFEE, TEA, SWEETS AND SEASONINGS	82,896	262,303	0,113	0,081
Granulated sugar	55,855	215,042	0,000	0,000
Coffee substitute	0,308	1,084	0,054	0,000
Regular tea	3,317	10,217	0,000	0,000
Tea bags	1,046	3,221	0,000	0,000
Sherbet	2,250	1,125	0,000	0,000
Candies	7,221	28,668	0,000	0,000
Popsicle	1,971	2,760	0,055	0,077
Salt	10,876	0,000	0,000	0,000
Pepper	0,052	0,186	0,004	0,004
1.9 CARBONATED BEVERAGE	106,412	72,927	0,016	0,000
Large carbonated beverage	98,320	66,858	0,000	0,000
Large wine bottle	8,092	6,069	0,016	0,000
1.10 MEALS AND BEVERAGE OUTSIDE HOME	7,121	7,227	0,109	0,338
Hot dog	1,542	4,995	0,109	0,338
Carbonated beverage in a counter	5,579	2,232	0,000	0,000

Source: Mideplan, Social Division, CEPAL, Statistic Division, 2003.

Appendix 3.- CASEN Survey: Main Dimension, categories and definitions

Dimensions	Category	Definition
Education	Average Schooling	It is the average number of approved years in the educational system. It can be applied to people of 15 years of age and over.
	Illiteracy Rate	It is the percentage of population who declare not to know how to read and write. It is estimated to the population of 15 years of age and over.
	Education Coverage: Preschool Education	Whole registration of preschool education: $a - b + c$ Where: a = Population under six years of age b = Registration of Primary Education and Special Education under six years of age c = Registration of Preschool Education six years of age and over
	Education Coverage: Primary Education	Whole registration of primary education, plus whole registration of special education: $a + b + c + d + e - f - g$ Where: a = Population from 6 to 13 years of age b = Registration of Primary Education under 6 years of age c = Registration of Primary Education 13 years of age and over d = Registration of Special Education under 6 years of age e = Registration of Special Education 13 years of age and over f = Registration of Secondary school under 14 years of age g = Registration of Preschool Education 5 years of age and over

	Education Coverage Secondary Education	Whole registration of scientific-humanistic secondary, and professional technical secondary $a + b + c - d - e - f - g$ Where: a = Population from 14 to 17 years of age b = Registration of Secondary Education under 14 years of age c = Registration of Secondary Education older than 17 years of age d = Registration of Primary Education from 14 to 17 years of age e = Registration of Special Education from 14 to 17 years of age f = Registration of Adult Education from 14 to 17 years of age g = Registration of Higher Education from 14 to 17 years of age.
	Program Coverage	It is related to the percentage of students who receive the benefit (textbook / school supply) according to educational level.
Employment	Population old enough to work	It is the population from 15 to more years of age.
	Labor force (PEA)	It refers to people who at the time of the survey , were actually working or were actively looking for a job.
	Employed	It is the people who worked at least one hour during the previous week of the survey, therefore they receive a payment in cash or goods; to whom worked as trainees or spent time selling some service or goods; to the household members not remunerated, and those having a job were temporarily absents at their jobs because of a license, strike, illness or holiday.
	Unemployed	It refers to people that, not having a job whatsoever, in the last two months made a great effort to find a job

	Inactives	It refers to people who are 15 years of age and over and who were not either employed or unemployed.
	Salaried Worker	It refers to those employed under a relation of subordination and dependency to an employer. It includes the employees and workers from public and private sector, domestic service, AAFP. and Order.
	Job	It is the employment of the person that is the specific work he does.
Income	Main Employment Income	It represents the income a person gets as a result of his work and in the event of having more than one, it represents the income declared as the most significant.
	Labor Income	This is salary and wage income, profits proceeding from the independent work, including the self-supply and consumption value of the agricultural commodities (including main employment income).
	Autonomous Income	This is salary and wage income, profits proceeding from the independent work, including self-supply and consumption value of the agricultural commodities produced at home plus property revenue, interest income, allowances and bonus, as well as retirement, pensions, widow's pension and transferences between privates.
	Monetary Subsidies	These are contributions in cash granted by the State to people and covers assistance pension, unemployment benefit, subsidy to poor families, family assignment system, and other monetary transferences from the state to households.
	Monetary Income	It is the addition between autonomous income and monetary subsidy.
	Per capita Autonomous Household Income	It is the quotient between autonomous household income and the number of people of that household, excluding inside domestic service.

	Autonomous Regional Quintile	Each quintile refers to the 20% of region households ordered upwards according to per <i>cápita</i> autonomous household income.
	Autonomous National Quintile	Each quintile refers to the 20% of national households ordered upwards according to per <i>cápita</i> autonomous household income.
	Indigence Line	<p>It is the cost of monthly per <i>cápita</i> nutritional basket of goods, and indigents are people living in households which per <i>cápita</i> income is lower than this value. This means, households that in spite of designating the total income to buy food, they would not be able to cover the nutritional needs of their members. Two indigence lines are estimated, one corresponds to urban areas and the other to rural areas.</p> <p>The value of indigence line on November 2003 was: In urban area: \$21.856 In rural area: \$16.842</p>
	Poverty Line	<p>The value of Poverty Line for urban areas is obtained by doubling the value of the Indigence Line, while rural area poverty line value is estimated by increasing in 75% basic food expense calculated for these areas, households having per <i>cápita</i> income below these lines, are fit for satisfying their nutritional needs, but not the group of basic needs, and are defined as “poor people and not indigents”.</p> <p>The value of poverty line on November 2003 was: In urban area : \$43.712 In rural area: \$29.473</p>
Household Composition	Household	It is composed by one person or a group of people - related or unrelated - living together, that means they dwell and eat together, (they share a housing and food expenses in common).

	Family Nucleus	It is composed by part of the household members. That is a legal couple or with unmarried children relying economically or not on the couple, and not being part of another nucleus. In the same nucleus, there are also persons younger than 18 years of age, related or not, economically relying on the couple or head of household acknowledged as such by the family nucleus and having no direct ancestors in the household. Another family nucleus are the people partially complying with some of the specifications of the definition above, e.g.: lone parents or separated with children, or lone people or in charge of a relative.
	Settlement	It calculates the ratio between number of persons of household and number of inhabitable places occupied in one housing unit. It was estimated that settlement takes place when in a household there are more than three persons per inhabitable place.
	Outdoor Gathering	It takes place when there is more than one household per residence. It may be “gathering in household”, if there are two or more households sharing a housing unit, and “gathering on site”, if there are two or more housing units sharing a property.
	Indoor Gathering	It implies more than one family nucleus in the household. It means “compound nucleus” family, “compound extended”, “multiple extended”, (this excludes “census family”).
	Urban Area	A group of concentrated housing units over 2000 inhabitants, or between 1001 and 2000 inhabitants, with 50% of its population economically active, committed to secondary or third activities.

	Rural Area	A group of concentrated or spread housing units with 1000 inhabitants or less, or between 1001 and 2000 inhabitants, with less of 50% of its population economically active, committed to secondary or third activities.		
Housing Dimension	Indicator on living quarters			
		Wall	(G) Good:	Brick, concrete, stone masonry, coated wall, adobe; in “good” or “fair” condition.
			(F) Fair:	Mud, <i>quincha</i> or dry-stone wall, non-coated wall, in “good” or “fair” condition.
			(P) Poor:	Waste, or any other material in “Poor” condition.
		Roof	(G) Good:	Tiles, small tiles, slab or stone, zinc, slaty with indoor ceiling; in “Good” or “Fair” condition.
			(F) Fair:	Zinc, or slaty with indoor ceiling, straw, <i>coirón</i> , cattail; in “good” or “fair” condition.
			(P) Poor:	FONOLITA, waste, or any other material in “ poor” condition
		Floor	(G) Good:	Coated and non-coated <i>Radier</i> , wood over crossbeam or beams; in “Good” or “Fair” condition.
			(F) Fair:	Wood, plastic, or large cement tiles, in “Good” or “Fair” condition.
			(P) Poor:	Soil, and other in “Poor” condition..

	Indicator on sanitation	Water availability	(G) Good:	Public network with faucet in site or housing unit.
			(F) Fair:	other source with faucet in site or housing unit.
			(P) Poor:	by carrying
		Feces disposal system	(G) Good:	WC connected to sewer
			(F) Fair:	WC connected to septic tank
			(P) Poor:	Sanitation Latrine or cesspool or does not have
		Power availability	(G) Good:	has private meter
			(F) Fair:	has a public meter
			(P) Poor:	has no meter

Source: Mideplan, Social Division, CEPAL, Statistic Division, 2003.

Appendix 4: Dimensions and Variables of Ficha CAS

Dimensions	Main Variable	Sub Variables (when it applies)
Occupation	Occupation	
Income / Assets	Per capita Family Income Site' s property type Availability of Boiler Availability of refrigerator	
Education	Number of years of education of the family head	
Housing	Wall Variable Roof Variable Floor Variable Overcrowding Water Supply Variable Shower Existence Type of Excretion System	Wall Material State of Conservation Country' s Zone of Residence Roof Material Roof' s State of Conservation Country' s Zone of Residence Floor Material Floor' s State of Conservation Country' s Zone of Residence Number of people living in the house / Number of room Type of Public of water supply Availability of shower inside the home

VIII. Bibliography

Adler, P. and Kwon, S. (2000) 'Social Capital: the Good, the Bad and the Ugly', Department of Management and Organization, University of South California, California.

Altimir, O. (2001) 'Long Term Trends on Poverty in Latin American Countries', *Estudios de Economía* 28 (1): 115 – 155.

Arriagada, A. M. and Holzman, R. (2003) "Volatility, Risk, and Innovation: Social Protection in Latin America and the Caribbean". World Bank.

Atria, R. (2002) 'Capital Social: Concepto, Dimensiones y Estrategias para su Desarrollo', División de Desarrollo Social, CEPAL, Chile

Attanasio, O. and Szekely, M. (1999) 'An Asset – Based Approach to the Analysis of Poverty in Latin America', IBD, *Research Network Working Paper # R – 376*: 1 – 51.

Banfield, E. G. (1958) "The Moral Basis of a Backward Society". New York, Free Press.

Behrman J., Gaviria, A., and Szekely, M. (2002) 'Social Exclusion in Latin America: Introduction and Overview', IDB, *Research Network Working Paper # R – 445*: 1 – 42.

Beyer et al, (1983) "Current and Prospective Roles for Linking Organizational Researchers and users. In Kilmann, et al (Eds.) "Producing Useful Knowledge for Organizations". Praeger, 675 – 702.

Birdsall, N. Kelley, A. And Sinding, S. (2003) "Population Matters. Demographic Change, Economic Growth, and Poverty in the Developing World", Oxford University Press: New York.

Bourdieu, P. (1986) « The Forms of Capital » in Richardson, John G. (ed), *HandBook of Theory and Research for the Sociology Education*, New York, Greenword Press: 241 – 258.

Campbell, D. and Stanley, J. (1963) "Experimental and Quasi - experimental designs for research. Chicago: Rand - Mc Nally.

CASEN 2003 (2004), Volumen 1: "Pobreza, Distribución del Ingreso e Impacto Distributivo del Gasto Social", MIDEPLAN, Chile.

CEPAL (2002) *Social Panorama of Latin America*, Santiago: United Nations - Economic Commission for Latin America and The Caribbean.

CEPAL (2004) *Social Panorama of Latin America*, Santiago: United Nations - Economic Commission for Latin America and The Caribbean.

CEPAL (2005) *Social Panorama of Latin America*, Santiago: United Nations - Economic Commission for Latin America and The Caribbean.

Chile Solidario (2004) Estadísticas publicadas en la página web programa Puente, actualizadas al 31 de Agosto de 2004. www.chilesolidario.gov.cl/publico/estadisticas.php

Clert, C. Woolcock, M., Kindert, M. and Ibanez, A. (2001) 'Social Exclusion and Empowerment in Guatemala: a Quantitative and Qualitative Study Proposed Framework and Issues Paper', Guatemala Assessment Program, Guatemala.

Coady, D. (2000) "The application of Social Cost – Benefit Analysis to the evaluation of Progresá", International Food Policy Research Institute, Washington D. C., USA.

Coady, D. (2002), Designing and evaluating social safety nets: theory, evidence and policy conclusions, FCND Discussion Paper No. 172, International Food Policy Research Institute.

Coleman, J. (1990) *Foundations of Social Theory*, Cambridge: Belknap Press of Harvard University Press.

Coleman, J. (1988) "Social Capital in the Creation of Human Capital", *American Journal of Sociology* 94: 95 – 120.

Collier, P. (1998) 'Social Capital and Poverty', Working Paper 4, Social Capital Initiative, World Bank, Washington DC

Crispi, J., Packard, T. and Silva, V. (2003) “Chile Solidario: A Proactive Approach to Confront Structural Poverty”, FOSIS, Chile’s Social Investment Funds, Chile.

Davies, M. (2000) ‘Poverty’ in Davis, M. (ed.), *The Blackwell encyclopedia of Social Work*, pp. 263 - 264, Oxford: Blackwell Publishers Ltd.

Durlauf, S. (2001) ‘The Membership Theory of Poverty: the Role of Group Affiliations in Determining Socio Economic Outcomes’, Department of Economics, University of Wisconsin at Madison.

Durston, J. (2000) ‘¿Qué es el Capital Social Comunitario?’ *Serie Políticas Sociales* 38, (LC/L.1400-P): 1 – 44.

Durston, J. (1999) ‘Construyendo Capital Social Comunitario: Una Experiencia de Empoderamiento Rural en Guatemala’, *Series Políticas Sociales* 30: 1 – 29.

Epstein, I and Tripodi, T. (1978) “Research Techniques for Program Planning, Monitoring and Evaluation”, New York, NY: Columbia University Press.

Epstein, I (2001) Using available clinical information in practice - based research: Mining for silver while dreaming of gold. *Social Work in Health Care* 33 (3/4): 15 - 32

Fernandez, R. (1995) ‘Social and Cultural Capital in the Urban Ghetto: Implications for the Economic Sociology of Immigration’ in Portes, A. (ed.) *The Economic Society of immigration: Essays on Networks, Ethnicity, and Entrepreneurship*, pp. 213 - 247 New York: Russell Sage Foundations.

Gacitua, E. and Cord I. (1998) Social Capital and Land Titling in Mexico’s Ejido Sector” in Mexico Ejido Reform: Avenues of Adjustment – Five years later, Background Paper, Environmentally and Socially Sustainable Development Network and Latin America and Caribbean Region, World Bank, Washington DC.

Granovetter, M. (1985) ‘Economic Action and Social Structure: the Problem of Embeddedness’, *American Journal of Sociology* 91 (3): 481 – 510.

Granovetter, M. (1973) ‘The Strength of Weak Ties’, *American Journal of Sociology* 78 (6): 1360 – 1380.

Grinnell, R. (1997) “Social Work Research and Evaluation”, Itasca III: Peacock Press.

Grinnell, R. (2001) “Social Work Research and Evaluations: Quantitative and Qualitative Approaches”, 6th edition, Itasca III: FE Peacock Publishers.

Grootaert, C. (1997) ‘Social Capital: The Missing Link?’, Social Capital Initiative, *World Bank Working Paper 3*: 1 – 32.

Healy, K. (2000) “Building Networks of Social Capital for Grassroots Development among Indigenous Communities in Bolivia and Mexico”, Inter – American Foundation, Middlebury College Conference on Social Capital, Mexico.

Henderson, S. L. 2002. Selling Civil Society: Western Aid and the Non Governmental Organization Sector in Russia. *Comparative Political Studies*, Vol 35, 139 – 169.

Helliwel, J. (1996) “Economic Growth and Social Capital in Asia”, NBER, Working Paper No. 5470.

Hicks, N. and Wodon, Q. (2001) “Social Protection for the Poor in Latin America”, *CEPAL Review 73*.

Inglehardt, R. (1999) Trust, Well Being and Democracy, In M. Warren (ED.) *Democracy and Trust* (pp. 88 – 120): New York, Cambridge University Press.

Jobert, B. (2004), *Estado, Sociedad, Políticas Públicas*, Santiago de Chile: Lom-Cátedra UNESCO de Políticas Públicas

Kesfer, P. and Knack, S. (1997) Does Social Capital have an Economic Payoff? A Cross Country Investigation, *Quarterly Journal of Economics*, 112 (4): 1251 – 1288.

Keyes, Langley C., Alex Schwartz, Avis C. Vidal, and Rachel G. Bratt (1996) ‘Networks and Non profits: Opportunities and Challenges in an Era of Federal devolution’, *Housing Policy Debate 7* (2): 21 – 28.

Kilmman et al, (1983) “The Problem of Producing Useful Knowledge”. In R.Kilmann, et al (Eds.) “Producing Useful Knowledge for Organizations, Praeger, 1 – 22.

Kirk, Stuart (1990) “Research Utilization: The Substructure of Belief”. In L. Videka – Sherman and W. Reid. “Advances in Clinical Social Work Research. NASW, 233 – 250, 251 – 270.

Kliksberg, B. (2000) ‘El rol del capital social y la cultura en el proceso de desarrollo’, en Capital Social y Cultural: claves estratégicas Para el desarrollo’, Inter – American Development Bank, Washington DC.

Kumlin, S. and Rothstein, B. 2005. Making and Breaking Social Capital. The impact of Welfare State Institutions. Comparative Political Studies, Vol 38, No. 4, May 2005, 339 – 365.

Levi, M. 1996. Social and Unsocial Capital: A Review Essay of Social Capital Putnam’s Making Democracy Works, Politics and Society 24, 45 – 55.

Marshall, T.H. and Bottomore, T. (1998) Ciudadanía y Clase Social, Madrid: Alianza Editorial.

MIDEPLAN (2000) “Encuesta CASEN 2000, Gobierno de Chile, División Social, Chile.

MIDEPLAN (2002) “Estrategia de intervención Integral a Favor de Familias de Extrema Pobreza”. Gobierno de Chile, División Social, Chile.

MIDEPLAN (2003 a) “ENCUESTA CASEN 2003”, Gobierno de Chile, División Social, Chile.

MIDEPLAN (2003 b) “Sistema Chile Solidario: Integral Social Protection to the Poorest 225.000 Households of the Country”, Gobierno de Chile, Chile

MIDEPLAN (2003 c) “Chile Solidario: Dimensiones Mínimas a Trabajar por las Familias”, Cuenta Pública 2002, Gobierno de Chile, Chile.

Mosser, C. (1999) “The Asset Vulnerability Framework: Reassessing Urban Poverty Reduction Strategies”, World Development 6 (1), Washington D.C.

Narayan, D. (1999) “Bonds and Bridges: Social Capital and Poverty”, Poverty Group, World Bank.

Narayan, D. (2000) *The Voice of the Poor: Crying out for Change*, Vol. 2, World Bank, Oxford University Press.

Navia, P (2006) *Neo-Liberal and Socialist: Lessons from the Ricardo Lagos Government for Leftist Leaders in Latin America*, Center for Latin American and Caribbean Studies, New York University, Instituto de Ciencias Sociales, Universidad Diego Portales.

Palma, J. And Urzúa, R. (2005) “Antipoverty Policies and Citizenry: The Chile Solidario Experience”, Department of Public Policy, Institute of Public Affairs, University of Chile; UNESCO.

Patton, M. (1996) “Utilization – Focused Evaluation”, (3rd ed.), Thousand Oaks, CA: Sage Publications.

Paul A. (1998), “The Advocacy Coalition Framework: revisions and relevance for Europe”, *Journal of European Public Policy*.

Peticara, M. (2005) “*Third Meeting of the Social Policy Monitoring Network*, CHILE SOLIDARIO. Programa Ilades / Georgetown University Universidad Alberto Hurtado, Buenos Aires, Argentina

Policy Research Initiative PRI (2005), *Social Capital as a Public Tool*, Canada.

Portes, A., (1998), ‘Social Capital: Its Origins and Application in Modern Sociology’, *Annual Review of Sociology* 24 (1): 1-24.

Posavac, E. and Carey, R. (1985) "Program Evaluation: Methods and Case Studies", Prentice - Hall, Inc, Englewood Cliffs: New Jersey.

Putnam, R. and Goss, A. (2002) Introduction. In Putnam (Ed.) *Democracies in Flux: The evolution of Social Capital in Contemporary Society*. (3 - 21) New York, Oxford University Press.

Putnam, R. (1993) ‘The Prosperous Community – Social Capital and Public Life’, *American Prospect* 13: 35 – 42.

Ravallion, (2002) “Targeted Transfers in Poor Countries: Revisiting the Trade offs and Policy Options”, World Bank, Washington D.C., USA.

Reamer, F. (1998) “Social Work Research and Evaluation Skills: a Case” 282

Based, User Friendly Approach”, NY: Columbia University Press.

Rothstein, B. and Uslaner, E. 2005. “All for all: Equality and Social Trust”. In LSE Health and Social Care Discussion Paper Number 15, The London School of Economics and Political Science

Sabatier and Jenkins - Smith (1993) *Policy Change and Learning: An Advocacy Coalition Approach*, Boulder, Co.: Westview Press; Sabatier,

Sabatini, F. (2006) “The Role of Social Capital in Economic Development”, London School of Economics and Political Science European Institute, London.

Sabatini, F. (2005) “Social Capital, Public Spending and the Quality of Economic Development”, University of Rome La Sapienza, Department of Public Economics. Paper accepted for presentation at the COE/JEPA (Center of Excellence / Japan Economic Policy Association) Joint International Conference, "Towards a New Economic Paradigm", Kobe, Japan, 17-18 December 2005.

Sainz, A., & Epstein, I. (2001). Creating experimental analogues with available clinical information: Credible alternatives to "gold-standard" experiments? In I. Epstein & S. Blumenfield (Eds.), *Clinical Data-Mining in Practice-Based Research: Reflecting on Social Work Practice in Hospitals*. Binghamton, N.Y.: Hayworth Press.

Santibañez, C. (2003) “Chile Solidario Project. Measuring and Dealing with Human Poverty in Chile: From an Income to a Capability Approach”, Ministry of Planning of Chile, Chile.

SEDESOL (2002) “Coordinación Nacional del Programa de Desarrollo Humano Oportunidades, Así se construye Oportunidades”. Informe, México.

SEDESOL (2002) “Programa de Desarrollo Humanos Oportunidades. Resumen Ejecutivo de la Evaluación Externa del Programa de Desarrollo Humano Oportunidades. México.

Sen, A. (1997) “Social Exclusion: A Critical Assesment of the Concept and its Relevance”, Asian Development Bank.

Skoufias, E. and McClafferty, B (2001) “Is Progresá Working?”, International Food Research Policy Institute, Washington D.C.

Tetelman, D. and Uholff A. (2003) “The Role of Insurance in Social Protection”, CEPAL Review 81.

Tripodi, T., Fellin, F., and Epstein, I. (1978) “Differential Social Programs Evaluation”, Itasca III: Peacock Press.

UNDP (1997). *Human Development Report*, United Nations Development Program, New York: Oxford University Press.

UNDP (2005) *Human Development Report*, United Nations Development Program, New York: Oxford University Press.

Uslaner, E.M. (2002) *The Moral Foundation of Trusts*, Cambridge, Cambridge University Press.

Vera, F., Soares, S., Medeiros, M. And Guerreiro, R. (2006) “Cash Transfer Programs in Brazil: Impacts on Inequality and Poverty”. International Poverty Center, UNDP.

Weiss, C. (1998) “Evaluation” (2nd Ed.), Upper Saddle River, NJ: Prentice Hall.

Williamson, G. (2002) ‘Proyecto Gestión participativa en educación – kelluwun’, Chile.

Wodon, Q. (1997) ‘Poverty and Policy in Latin America’, *World Bank Technical Paper* 467: 1 – 154.

Woolcock, M. (1998) ‘Social Capital and Economic Development: Towards a Theoretical Synthesis and Policy Framework’, *Theory and Society* 27 (2): 151 – 200.

World Bank (2004) “An introduction to Chile Solidario – El Programa Puente”, International Conference on Local Development