

Country Case Studies on Intersectoral Action for Health WHO Commission on Social Determinants of Health

Innovative Practices for Intersectoral Action on Health: A case study of four programs for social equity

Chile Barrio Chile Solidario Chile Emprende Chile Crece Contigo

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Executive Summary

The Chilean Case Study examines four programs whose ambitious social welfare goals demanded joint action across government sectors and the web of national, regional and local social intervention networks. The programs, all include the word “Chile” in their name, to reflect their relationship to national development objectives and their status as cross-governmental and not just sectoral programs. Chile Barrio, is Chile Neighborhood in English, Chile Solidario, Chile in Solidarity, Chile Empeñe, Chile Enterprise and Chile Crece Contigo, Chile Grows with You.

The initiatives developed between 1998 and 2007 as part of the democratic governments’ on-going and ever-increasing commitment to social action by the State. Each responded to the prevailing understanding of the causes of poverty and social equity and their solutions. Social policy results that fell short of political goals, specifically the decreased rate of poverty reduction, the lack of change in indigence levels and a widening income distribution gap were important focusing events which brought poverty and social equity to the top of the political agenda. Analysis and investigations to explain the causes of this situation and studies to explore new policy alternatives built an evidence base for policy innovation, leading to the formulation of the public policies analyzed in the case study.

Chile Barrio was the first social program to adopt an integrated approach to resolve a highly visible problem: extreme poverty in precarious settlements, tackling not only the evident housing problem but also working for social inclusion and insertion in the labor market.

Chile Empeñe focused on equitable access to markets to increase job opportunities by supporting micro and small business associations in a specific territory in establishing an action plan to maximize productive potential and to facilitate regional, national and global economic integration.

Chile Solidario, also centered on poverty reduction, but takes a different approach, social protection, in which an active State supports families in interacting with social institutional networks to exercise civic and social rights, obtain benefits and strengthen capacities and social inclusion.

Chile Crece Contigo, deepens the social protection perspective, in a universal program for early child development whose policy formulation, implementation and evaluation involved civil society with empowering mechanisms of participation. It is currently in the first stage of implementation in 161 municipalities throughout the country.

In these initiative the basis for intersectoral action was the recognition that disperse sectoral efforts were not reaching families or communities, producing little impact on social equity goals. An integrated approach was deemed necessary to coordinate and organize an adequate, opportune and relevant supply of benefits, goods and services to address multidimensional problems. In addition, the new approaches envisioned an active, caring State that accompanies the individual, the family and the community during critical periods, such as poverty, job loss, and infancy. The idea of accompaniment during critical periods of the life course reaches full development in Chile Crece Contigo. From prenatal control until 4 years of age, every child and his or her family will receive biopsychosocial support in order to achieve full development

potential, independent of socioeconomic circumstances. Children with greater vulnerability and special needs receive additional services.

Local intersectoral action is the basis for all the programs and takes the shape of an integrated intervention network, focused towards supporting the individual and family. At the National level increasingly the Ministry of Planning and Cooperation (MIDEPLAN) exercises leadership to initiate and facilitate intersectoral cooperation, moving towards integration in a national network for social protection.

The management model to sustain IA action in Chile Solidario and Chile Crece Contigo considers multiple incentives with specific mechanisms, instruments and tools. The model is flexible, built on relations and not structures and draws on regional and municipal operational expertise, as well as the support and supervision of the national Executive Secretary in MIDEPLAN, which also monitors performance.

Increasingly the Health Sector has assumed a leading role in the social protection system as a strategic partner to MIDEPLAN in policy formulation and the lead operative sector in Chile Crece Contigo.

The Chilean experience provides valuable insight on the conditions for successful intersectoral action for shared social welfare goals, where health is an important dimension and health equity an indicator of social progress. The lessons include the need to: establish clear policy objectives and goals to align partner visions towards shared outcomes; design appropriate forms of working together backed by mechanisms, tools, incentives and performance assessment; develop strong leadership, based on a culture of respect and horizontal integration; support the local intervention networks where citizens, civil society and public policy come together to generate virtuous bonds to fully realize social rights and to build social capital; and put in place monitoring and evaluation mechanisms, to keep IA on track, measure progress and impact and also drive future policy adaptation and innovation.

Abbreviations and Acronyms

AUGE	<i>Acceso Universal con Garantías Explícitas o Garantías Explícitas en Salud (GES)</i> Guaranteed health plan for priority conditions
CASEN	<i>Encuesta de Caracterización Socioeconómica Nacional</i> National Socioeconomic Characterization Survey
CORFO	<i>Corporación de Fomento y Producción</i> Corporation for the Promotion of Production (Industrial Development Corporation)
DIPRES	<i>Dirección de Presupuesto</i> Budget Management Office
FOSIS	<i>Fondo de Solidaridad e Inversión Social</i> Solidarity and Social Investment Fund
IA	Intersectoral Action
IAH	Intersectoral Action for Health
IADB (BID)	<i>Banco Interamericano de Desarrollo</i> Interamerican Development Bank
INDAP	<i>Instituto Nacional de Desarrollo Agropecuario</i> National Agricultural Development Institute
INJUV	<i>Instituto Nacional de la Juventud</i> National Institute for Youth
MINECON	<i>Ministerio de Economía</i> Ministry of Economy
MIDEPLAN	<i>Ministerio de Planificación y Cooperación</i> Ministry of Planning and Cooperation (Social Policy Coordination)
MINSAL	<i>Ministerio de Salud</i> Ministry of Health
MINVU	<i>Ministerio de Vivienda y Urbanismo</i> Ministry of Housing and Urbanism
PRODEMU	<i>Programa de Desarrollo de la Mujer</i> Program for the Development of Women
PRORURAL	<i>Programa de Desarrollo Rural</i> Program for Rural Development
SEGPRES	<i>Ministerio Secretaría General de la Presidencia</i> Ministry of the Presidency
SENCE	<i>Servicio Nacional de Capacitación y Empleo</i> National Training and Employment Service
SERCOTEC	<i>Servicio de Cooperación Técnica</i> Technical Cooperation Service
SERNAM	<i>Servicio Nacional de la mujer</i> National Service for Women (headed by a Minister)
SUBDERE	<i>Subsecretaría de Desarrollo Regional</i> Undersecretary for Regional Development

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During the interviews, the enormous contribution to the development of social protection and results-oriented mechanisms for intersectoral action of Jaime Crispi (the former head of the Studies Department of DIPRES, coordinator of the Presidential Advisory Council for the Reform of Children's Policies and partner in the Health Reform project) were often mentioned. A posthumous thank you to Jaime.

1. Subject / Scope

This study is part of a country case studies project to outline key learnings from documented experiences in intersectoral action for health (IAH), developed by the WHO Commission on Social Determinants of Health.

Chile's experience is drawn from a comparative analysis of political and management mechanisms used to advance effective intersectoral action (IA) in four integrated social programs developed between 1998 and 2007. The analysis includes a typology of key dimensions that characterize IAH, organized into three components: context, approach and impact, following the scheme used to summarize the Canadian experiences (Chomik 2007).

2. Methodology

Intersectoral action for the country case studies is defined as:

"a recognized relationship between part or parts of different sectors to take action on issues to improve health and health equity"¹

The case study is a useful method to analyze good practice in social management by reviewing the configuration of events in close interaction with the dynamic context in which they occurred, in order to understand how and why mechanisms were put in place and worked (or did not work) in their original context and to determine whether or not they might work in different contexts.

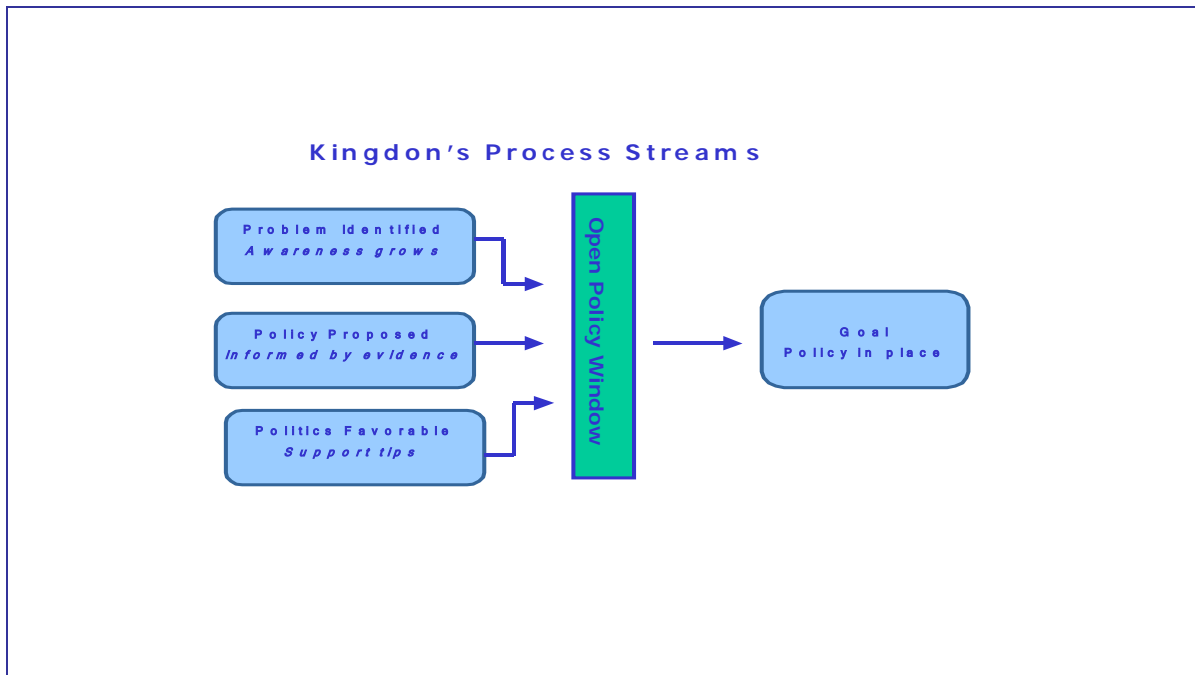
In the case of Chile the Commission Secretariat requested a multiple study of four successful programs of IA for shared goals relating to social equity –in which health is an explicit or implicit component. The experiences included are: Chile Barrio (Chile Neighborhood), Chile Solidario (Chile Solidarity), Chile Emprande (Chile Enterprise) and Chile Crece Contigo (Chile Grows with You).

Telling the story of how the policy process worked from the origins of the problem, its installation on the public agenda, the steps towards policy design and implementation, and the specific opportunity moments and choices made will provide insight on issues related to IA: the context for action, approaches taken and their impact on health and health equity.

Explaining in each of the four cases the translation of a complex, multidimensional problem into a shared cross-governmental objective with a management model for local execution will be guided by Kingdon's framework of policy streams, in which the convergence (or divergence) of three streams –problems, politics and proposals- open (or close) policy windows (Kingdon 1995). See figure 1 below.

¹ TORs for the development of country case studies on intersectoral action for health (IAH)

Figure 1:



Following Yin, this multiple case study design has an underlying replication logic where the commonality of identified conditions for successful intersectoral action may provide more compelling evidence of applicability in other contexts (Yin 1994).

2.1 Aim of the study

The purpose of the work is to identify specific mechanisms and models used in engaging and developing integrated social policies for social equity, in four Chilean experiences and to assess to what extent these different mechanisms and models are effective in contributing to health and health equity and may be applied in different country contexts.

2.2 Main study questions

The analysis of the Chilean experiences advances understanding of the following study questions:

1. What are the key issues for successful integrated policies?
2. What are some of the specific mechanisms used in working on policies and programs to advance IA to benefit health and health equity?
3. How do you get IAH into the broader social welfare agenda?
4. What role or roles does the health system/sector frequently take in these various models?

2.3 Drawing out conditions for successful IA

The exploration of IA issues in the Chilean cases is steered by the overview of country and regional experiences prepared by the Public Health Agency of Canada for the Commission (PHA Canada 2007). The list of “enablers” or conditions for success drawn out in the review is of special interest (summarized in the text box that follows).

Box 1: Considerations for effective IA

- Create a **philosophical framework** and approach to conducive to IA.
- Seek **shared values** and interests and alignment of purpose among partners.
- **Be inclusive** and engage key partners from the beginning.
- Insure **horizontal linking as well as vertical linking** of levels within sectors.
- Invest in the **alliance building**, work for consensus at the planning stage.
- Focus on **concrete objectives** and visible results.
- Ensure **leadership, accountability and rewards are shared**.
- **Build stable teams** of people who work well together and have supports.
- **Develop practical models, tools and mechanisms** for implementation.
- **Ensure public participation**, education and awareness.

Adapted from PHA Canada 2007

The shape of intersectoral activity in the four cases is summarily reviewed using these elements and other key dimensions organized into three components: context, approach and impact, following the typology developed by Chomik.

The comparison of the contents that populate each cell of the typology, presented in an overview table, facilitates the identification of common and diverging elements that are considered in the section on learnings.

2.4 Design and Information sources

Empirical evidence for the four policies aimed to examine the origins of the problems addressed, the ways in which integrated social programs emerged and the forms they took. Particular attention was given to the different forms that working with others takes and the specific planning, financing, performance management and evaluation models, mechanisms and tools used to ensure coherent implementation and impact.

The source of case study data included in-depth semi-structured taped interviews with 15 key policy makers and social managers from the Ministries and public services directly involved in policy development at the central government level (at present or during the relevant periods).²

A fairly extensive review of documents was carried out. The internet sites of all participating government bodies and academic institutions were accessed for official

² The severe time (5 weeks to prepare draft document) and resource restraints limited the number of possible interviews.

documents pertaining to the programs. Through Google other documents were retrieved from academic and international sites, most notably the World Bank reports on Chile Solidario. Reference lists of all documents were reviewed. Interviewees provided other published institutional reports and unpublished documents.

Most of the existing documents focus on Chile Solidario, whose knowledge management structure includes independent evaluations of many program aspects. However, the Chile Barrio experience was the subject of a comprehensive impact evaluation by the Budget Management Office (DIPRES) in 2006 and all published reports were reviewed. Fewer documents, other than institutional reports and presentations, are available for Chile Emprende, probably due to its lower public visibility, and for Chile Crece Contigo, the most recent initiative, which began implementation in the second half of 2007. Presidential announcements relating to the programs were also studied, particularly the annual State of the Nation addresses to Congress held on May 21st, an occasion when Presidential priorities -policies that passed through the window of opportunity- are made public or whose progress is reported on.

3 The story of building a Social Protection System in Chile

"The coming years will be decisive. This will be about consolidating a society that not only acknowledges freedoms, but also defends and promotes them. The State must not only outline rights; it must guarantee them to all its citizens.

We intend to achieve a decent social welfare system that will accompany people throughout the life course, protecting them in their first steps, ensuring access to educational and work opportunities, coverage in case of illness or disability, and guaranteeing an adequate retirement.

The construction of this system—with employment, educational, healthcare, housing and pension components—is a priority objective for my administration. This will be possible thanks to progress made in this country over the years."
(Bachelet 2006)

These words pronounced by President Michelle Bachelet during her first May 21st speech before Congress in 2006, proclaim the great transformation from a contributive individual capitalization system, where each person receives what he or she previously gave, to one that also provides welfare and mutual protection from necessity due to old-age, illness, unemployment or the disadvantages of being born with less. This task, based on the evident, but often forgotten truth, that all members of society share a common destiny, was put forth as the government's unifying objective. And thus, is a presidential directive for intersectoral integration for a broad social welfare objective.

Table 1:
Timeline

	1990	1994	2000	2006	2010
President	→	Patricio Alwyn	Eduardo Frei	Ricardo Lagos	Michelle Bachelet
Social Policy Emphasis	→	Address the social debt (expand sectoral social policies and specific programs for priority groups)	Eradicate extreme poverty (Education Reform)	Increase social equity and guarantee rights (Health Reform)	Build a Social Protection System (Pension Reform)
Programs studied	→		Chile Barrio (1998)	Chile Solidario (2002) Chile Emprende (2004)	Chile Crece Contigo (2007)
Program Objective			To contribute, through integral intersectoral action to overcome the poverty of people living in precarious settlements by acting on their living conditions, their habitat and social and job insertion.	Chile Solidario: To establish a progressive social protection system, based on rights, focused on families and people in extreme poverty in order to promote their inclusion in social networks and access to better living conditions, as a strategy to overcome indigence. Chile Emprende: To contribute to improve income levels and employment conditions in the business and local ambit, with an intervention strategy based on a territorial development approach.	To advance in the implementation of an integral system of social protection, based on rights, for children 0 – 4 years of age with an integrated system of benefits, interventions and social services to support the child and his/her family from gestation, providing them with the tools necessary to develop their maximum potential, in order to equate development opportunities from the start.

The four programs examined in this case study have been the subject of May 21st announcements in their respective years and are part of the social progress that has moved the idea of integrated social protection forward. Two of the programs studied are pillars of the new social welfare system: Chile Solidario for families living in extreme poverty and Chile Crece Contigo, an integrated universal social protection system for children 0 – 4 years of age. Three of them, Chile Barrio, a poverty reduction program focused on precarious settlements, family intervention and social capital, Chile Solidario and Chile Crece Contigo were/are Presidential priorities whose development process was directly overseen by the President’s office. Chile Emprende, a territorially focused public – private program to support economic development plans

and small business networks, began in 2001 as an agreement among three public organisms involved with social development, and was institutionalized, as a Presidential Advisory Commission and program by Executive decree in November 2004.

Each of the programs represents a policy innovation –developed to address complex, multidimensional problems related to social equity; poverty, social promotion and inclusion, equality of opportunity, equitable access to markets and early child development, by effectively delivering social benefits and creating social capital - and was shaped by the particular political, social and policy environment.

Box 2: Chile at a glance (2006)		
	Chile	Latin America
<u>Poverty and social (latest year)</u>		
Population (millions)	16,4	551
GNI per capita (2005 Atlas method, US\$)	5,870	4,008
Poverty % below national poverty line	18.8	-
Urban population % of total population	88	77
Life expectancy at birth (years)	78	72
Infant mortality (per 1,000 live births)	8.4	27
Child malnutrition(% of children under 5)	1	7
Access to an improved water source (% of population)	95	91
Literacy (% of population age 15+)	96	90
<u>Economic (2006)</u>		
GDP (US\$ billions, market exchange rate)	145,8	
GDP (US\$ billions, purchasing power parity)	204,3	
GDP per capita (US\$ market exchange rate)	8,875	
GDP per capita(US\$ purchasing power parity)	12,435	
Major exports 2006 (% of total):		
Copper	55.6	
Fresh fruit	4.1	
Salmon and trout	3.7	
Exchange rate pesos US\$ (average 2007)	526.2	
<u>Inequality</u>		
Gini index (CASEN 2006)	0.54	
Infant mortality equity gap RR rates least educated and university uneducated mothers (Minsal, 2005)	3	

Source: World Bank 2007. www.worldbank.org, ECLAC, MINSAL, The Economist, www.economist.com

3.1 Contextual factors at play

After 17 years of dictatorship, in the December 1988 referendum, mandated under the 1980 Constitution, the Chilean people overwhelmingly voted “NO” to maintaining then military ruler, Augusto Pinochet, in office for a further eight years. The following year, December 1989, democratic presidential and congressional elections were held, electing as President, the candidate of the Center-Left coalition, Concertación de Partidos por la Democracia, Patricio Aylwin. Since then, three Concertación Presidents have been elected, the latest being Michelle Bachelet, who took office on March 11, 2006.

Chile’s political system is presidential, with a bicameral legislature that comprises a 38-seat Senate (the upper house) and a 120-seat Chamber of Deputies (the lower house). Political power is concentrated in the Executive Branch, which initiates most legislation, and is highly centralized, with presidential appointment of the Regional Executives, called “Intendentes”, and the provincial governors. Chile has 15 regions, 51 provinces, and 347 municipalities. The constitutional presidential term is four years (reduced from 6 years in 2006) and immediate re-election is not allowed.

Economic and social flourishing with democracy

As of 1990, Chile together with recovering its democratic tradition and remaking its political system, began a process of strengthening social policies directed towards the abysmal deficits in living conditions suffered by large numbers of the population.

The return to democracy transformed State action on social matters, redefining a virtuously complementary relationship between economic growth and social objectives. Living conditions improved significantly, particularly in terms of income, education, housing and health. These social advances are explained in part by sustained economic growth during most of the 90’s, averaging 7.1% annually and doubling per capita income (De Gregorio 2004). Of equal importance was the resolute strengthening of public social action. Democratic values and rights-based approaches introduced new objectives for social equity and social justice and attempted to move strategies, both universal and focalized, beyond social assistance and towards social investment and capacity building.

Two paragraphs in the section that Chile as “Your best bet” on the Presidential website reflect the social - market economy currently in place:

“Chile is also deeply committed to free trade. Since 1990, we have developed an expanding network of free trade agreements, including Mexico and Canada. The trade agreements signed with China, the European Union, the United States, South Korea and the European Free Trade Association, as well as the Strategic Transpacific Economic Association Agreement with New Zealand, Singapore and Brunei, have not only opened up many more foreign markets to Chilean goods; they have also led to more dynamic cultural and social exchange among these countries and international cooperation in the area of science and technology.

But competitiveness is not only the result of export diversification and international integration; it also requires the joint efforts of all members of

society, not just the government and the business sector. That is the only way to tap into a country's full potential and, by promoting social cohesion, is also what the Chilean Government is seeking to achieve." (Chile 2007)

Two streams of social policies developed during the 1990's. Firstly, sectoral policies with a universal perspective, education and health and in certain measure housing, centered on guaranteeing an adequate level of services and benefits for all the population in an equal opportunity perspective. Secondly, specific programs were directed towards the poor and other disadvantaged vulnerable groups to ensure access to the opportunities available through the sectoral policies, economic growth and development in general. In this latter line, certain priority groups were defined: children, youth, seniors, women, especially household heads, the disabled and Indian Peoples.

Public spending increased in all social programs and was restructured around the new priorities, sectoral universal policies and specific programs, to the detriment of social assistance programs and monetary subsidies. New institutions were created to support social development and the issues and demands of the priority groups (Ruz and Palma 2005, Winchester 2005).

Year	Institution	Purpose
1990	Ministry of Planning and Cooperation (MIDEPLAN)	Executive organ responsible for coordinating social policy, whose mission includes the design and application of national and regional social development policies, coordination of public sector poverty eradication programs and the execution of policies and programs oriented towards priority social groups
1990	Solidarity and Social Investment Fund (FOSIS)	To finance plans, programs, projects, and special activities relating to social development, that contribute in particular to overcoming poverty
1991	National Institute for Youth (INJUV)	To implement actions for the social inclusion of young men and women to better exercise their rights as citizens and improve their quality of life
1991	National Service for Women (SERNAM)	To design and promote public policies destined to achieve equality of opportunities for women
1993	National Corporation for the Development of Indian Peoples (CONADI)	To promote, coordinate and execute State action for the integral development of indigenous people and communities, especially economic, social and cultural rights and to enable their participation in national life
1994	National Fund for the Disabled (FONADIS)	To contribute to the social integration and equal opportunities of disabled people

Decentralization was another aspect of social policy. Local and regional levels received more resources and responsibilities for decision – making, execution and delivery. To support this process mechanisms to include the participation of private sector actors,

³ In 2002 President Ricardo Lagos created the National Service for Senior Citizens (SENAMA) to watch over the social integration of seniors, their protection in case of abandonment or poverty and the full exercise of rights established under the Constitution and law.

consultants, NGOs and academic institutions in the design, planning and carrying out of policies and programs were reinforced. Following the focalization of policies, criteria for territorial equity were also introduced.

The elements of focalization, decentralization and private sector participation are in certain measure aspects of the neoliberal policy changes introduced by the military government that have been maintained and adapted by the democratic governments to the new values and social objectives.

One of the most important priorities impelled by the government coalition was the eradication of poverty, couched by the administration of President Patricio Aylwin (1990 – 1994) with other social objectives in terms of “paying the social debt” that had been ignored by the dictatorship and expressed by President Eduardo Frei’s government as the strategic objective of overcoming extreme poverty. The approaches used were different from those of the past, evolving in the course of the decade to shape a discourse that contained four recurring elements: the idea of citizens with rights, duties and responsibilities instead of beneficiaries, the concept of expanding individual, family and community capacities to develop and carry out initiatives on their own, the need for active public participation in the definition and search for solutions and the conviction that social organization and networks are essential (Ruz and Palma 2005). The new concepts were reflected in the phrasing of poverty goals in terms of “overcoming” or “eradication” and not just “reduction”.

By the mid-nineties social policy innovation had resulted in a proliferation of new programs, often successful in regard to immediate objectives but limited to a specific sphere or group, and unable to address other problems or link to other programs in order to activate the synergies needed to effectively tackle complex social issues (Serrano and Raczynsky 2003). These comments anticipate the critical moments that led to policy innovation in the programs under study that will be reviewed in each story.

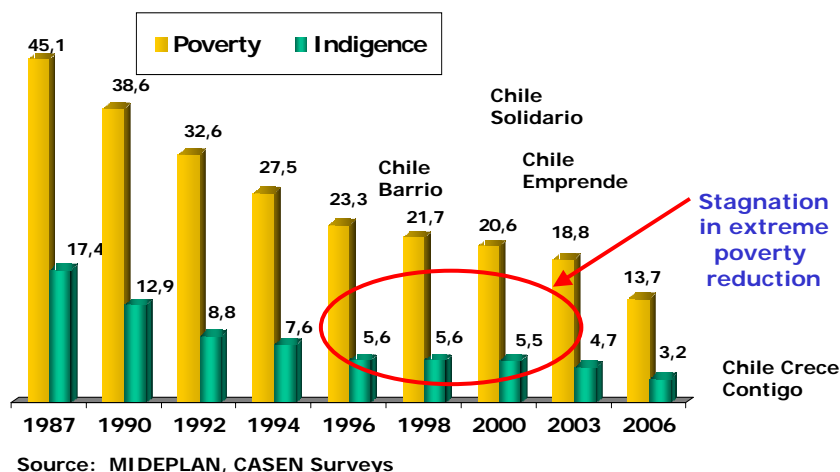
Leveling of poverty reduction rates and the problem of inequality

The official measure of poverty in Chile is calculated every two or three years by the National Socioeconomic Characterization Survey (CASEN), whose method corresponds to a poverty line based on a certain level of income, as an indicator of the capacity to satisfy basic needs or food needs (indigence line). Specifically, a household is poor when its per capita income is less than twice the value of the basic food basket in urban areas and 1,75 times in rural zones. The CASEN characterizes the socioeconomic situation of Chilean families, especially those living in poverty and the social groups defined as priorities in social policies, in regard to demographic aspects, education, health, housing, occupation and income, among other dimensions. Another objective of the CASEN survey is to measure coverage, focalization, distribution of public spending and the impact of social policy on Chile households (MIDEPLAN 2007). The public debate surrounding the evolution of the poverty statistics is an important driver for new policies, and relevant to all four of the case studies.

By the mid-nineties, the positive results of the new social policies in terms of poverty reduction and improvement in living conditions began to show signs of exhaustion. Levels of extreme poverty stagnated and the multiplicity of social programs seemed to have little effect on the dynamics of inequality. Economic growth slowed in the wake of the Asian Crisis in 1997. Consequently, the economic and social development model came under question and became a matter of intense public and political debate. The

political actors, particularly those on the Left, demanded more decisive governmental action in the social sphere. The debate around the goals of development and the role of the State, activated by the CASEN indicators, emerges and re-emerges to shape the public agenda and precipitate new policy strategies in the period covered by this study.

Figure 2: Poverty and Indigence Indicators:
A policy driver



After 17 years, despite Chile's prominence in international rankings, such as country risk, modernization, and the Human Development Index, and the continuous improvements in comparative indicators such as per capita income and infant mortality, internal debate continues on the measures necessary to improve the quality of life of the majority of the population and in particular, the neediest, and social equity is today at the top of the public agenda. Dissatisfaction with the economic model is increasingly expressed by a large proportion of the government coalition. (SUR 2007).

In other words, overall improvement and growth and increased expectations tensions social policy and the protection and assistance systems derived from them, making continuous evaluation and adjustment necessary to achieve greater effectiveness and responsiveness to social demands and changing values.

Box 3: A brief history of social policy in Chile 1880 - 1989

"....it is around the issue of peoples' health that the historic battle lines were drawn that contributed to decisively outline the concern for the collective and the social spheres in Chile. But in fact the issue was not of health but of death. In effect, the social and economic history of Chile...is the history of the death of the people." (Illanes 1993: 21 -22)

Illanes words refer to the origins of social protection and State action on social matters, as a response to violent mobilizations, led by organized workers in the face of the harsh working and living conditions and elevated general and infant mortality rates that characterized the incipient industrialization process at the turn of the 20th Century. The new dependent, salaried working class organized to defend its rights and interests, using strikes and street manifestations to put their demands on the public agenda with consequences that would shape social policy in decades to come. Social problems stopped being seen as matters of charity and became concerns of justice and the State. The first three decades of the century registered a series of new laws granting legal protection in health, occupational health, employment and working conditions, financed by a new tax base, whose principal beneficiaries were the workers. All the result of social upheaval sparked by labor clamor.

From 1930 to 1973 legal protection and the coverage, content and quality of benefits was progressively extended through social policies. This period is associated with the concept of a Welfare State, concerned with national economic and social development, sustaining the industrialization process and developing social policies to improve the situation of the labor force and popular sectors. One group of policies regulated labor relations, working conditions and wages and another was oriented towards satisfying basic needs in education, health, nutrition, housing and Social Security. In this measure a State system of social policies with a universal orientation was beginning to be consolidated. Gradually the benefits were extended to new social groups organized according to occupational status – first workers, then the middle classes and public employees. Each inclusion was translated into differential systems of social protection, characterized as "stratified universalism" that remains a feature of the Chilean health and education systems to this day: one system for the middle and upper classes, with private operators, and another public system for workers and the poor.

During the administrations of Eduardo Frei Montalva and Salvador Allende (1964–1970) two sectors traditionally excluded from social protection were incorporated: peasants (campesinos) and marginal urban proletariat. The Christian Democrat government concentrated on agricultural reform, housing, urban services, community infrastructure and policies that strengthened social organization ("popular promotion"). The Unidad Popular (Popular Unity) integrated economic and social policy in a socialist doctrine that looked towards social liberation and beyond the attenuating measures of liberal social policy.

This process came to an abrupt halt in 1973 with the reforms imposed by the Military Regime: drastic reduction in social spending, increased private sector activity in the production and delivery of social services, introduction of consumer subsidies or vouchers, restricted universal programs with greater focus on compensatory programs to alleviate extreme poverty. The role of the State was subsidiary, stepping in only when private enterprise failed. Adapted from Ruz and Palma 2005

3.2 Together we can do more and better: Chile Barrio

"...traditional Social Policy is unable, by itself, to respond to extreme misery... so it was necessary to innovate radically, going to where people suffer poverty and marginalization."

"Chile Barrio is an effort that redirects, modifies and articulates programs and existing services for their application according to the reality of the different precarious settlements throughout the country." (Frei 1997)

"Our objective is to definitively eradicate all squatter camps, one of the most visible signs of our social divide." (Frei 1998)

An inadequate first approach generated information for innovation

Overcoming poverty, specifically the eradication of extreme poverty, was one of President Eduardo Frei Ruiz-Tagle's key objectives when he took office in 1994. The administration's proposal to tackle poverty focused on intersectoral coordination, decentralization and active community participation, summoning civil society and the private sector to join in comprehensive interventions to be localized in territories, municipalities and smaller physical divisions. An Interministerial Social Committee, presided by the President himself, integrated by 11 Ministers and directed by the head of the Ministry of Planning and Cooperation (MIDEPLAN), was established, to review, evaluate and prioritize all sectoral social programs in order to support intersectoral coordination for poverty elimination at the national, regional and local levels. The Committee developed a comprehensive National Plan to Overcome Poverty with multiple and diverse actions that would be developed by municipal committees, which were also installed. Civil society was included in a National Council to Overcome Poverty in an attempt to leverage public- private collaboration (Ruz and Palma 2005).

Nevertheless, the results fell short of political expectations. Although the country had made significant advances in poverty reduction (more than 2,300,000 people had left poverty behind since 1987) "hard-core poverty", resistant to traditional social programs and economic growth, persisted. The 1996 CASEN survey revealed that 23,2% of the population continued below the poverty line (3,300,000 people) and almost 6% (more than 800,000) lived in extreme poverty. Consequently, the ambitious poverty plan with its multiple objectives and dispersion of activities lost legitimacy and relevance. The search began for an alternative strategy for poverty eradication that could deliver concrete, visible results in the last three years of the administration (DIPRES 2006). Additionally, Cabinet changes were precipitated in the Ministry of Education and the Budget Management Office, DIPRES; to strengthen the administration's key reform project, Education, and the minister of Planning (MIDEPLAN) was also replaced.

"The Poverty Plan had too many simultaneous activities, therefore impact tended to disperse and at the time of the Cabinet adjustment, the President himself pulled the rug, he allowed it to continue to diffuse and his instruction to his new Cabinet was: let's concentrate on a few things." Interviewee 3 Chile Barrio

"It had to do with how the social programs were structured around vulnerable groups: the senior citizen program, the program for infants, a program for women. But, those programs had a problem because that woman, that

adolescent or senior was inserted in a social context that the program had not considered. So we had to advance towards a logic of integrated action in poverty programs.” Interviewee 1 Chile Barrio

That same year the Ministry of Housing and Urbanism (MINVU), MIDEPLAN and FOSIS presented the results of a study carried out as part of the Poverty Plan with the University of Chile’s Faculty of Architecture, which catalogued squatter camps and irregular settlements, identifying 972 throughout the country. The operational definition used for inclusion as a precarious settlement was:

a group of 20 or more contiguous houses where families resided, installed on property belonging to third parties, with or without authorization and without property title, which also presented deficiencies within the dwelling or lacked some or all basic domestic services (drinking water, electricity or sewage systems). (DIPRES 2002)

According to the study 105,888 families or more than 500,000 people lived in the settlements suffering deficient living conditions, poor social networks and limited income-generating capacity (DIPRES 2006).

“The catalogue identified the problem, quantified it, localized it, so we could dimension the problem and act.” Interviewee 3 Chile Barrio

“It was also a matter that the Intendentes of the Regions had raised with the President at the time, that they had pockets of poverty located in specific areas. Basically the concern for the camps was brought to the President’s attention by the territorial heads.” Interviewee 1 Chile Barrio

The catalogue provided objective evidence of the territorial dimension of poverty. The understanding at the time was that the people living in the camps represented a complex type of social marginality, characterized by deprivation in multiple dimensions, economic, as well as educational, cultural, social and material. This multidimensional disadvantage was caused by social exclusion; and explained the ineffectiveness of independent sectorial efforts.

The compellingness of the catalogue information and the orientation from the regions led to the decision to focus the administration’s poverty agenda on the eradication of the squatter camps. In this context, Chile Barrio (Chile Neighborhood) became the first public policy intervention focalized towards groups living in extreme poverty in precarious settlements that embraced the complexity of this situation through innovative, multidimensional intersectoral action (DIPRES 2006).

An integrated program managed outside the Housing Ministry

Initially, the project was referred to as the *Chile Solidarity Program* or the *Interministerial Program to Coordinate Investment in Precarious Settlements*, and sought to redirect existing housing programs and resources. The first policy development steps were led by the Ministry of Housing and Urbanism, MINVU, headed at the time by a charismatic Minister who was emerging as a potential presidential candidate. Unexpectedly, the winter rains revealed structural faults and building errors in newly delivered public housing complexes of such magnitude, it motivated a political scandal that forced the Minister’s resignation; and Housing lost control of the project (Rubilar 1999).

An interministerial commission assumed the program design. Awareness of the complexities of the challenge and knowledge gleaned from national and international experiences, in particular interventions in “favelas” in Brazil, led to a growing conviction on the need for action beyond traditional housing programs. (Rubilar 1999).

“I think the precursor was a project with European cooperation, an integral strategy to eliminate urban poverty during Frei’s Government in different municipalities... it involved territorial interventions with improvements in infrastructure and support to build municipal management capacities.” Interviewee 2 Chile Barrio

“In theory it was a subject of Housing, so it was a housing policy with housing instruments, but it was also sewage systems - not a Housing program. But also, the housing instruments required that the families have minimum savings. All the families had to have savings... So the program had to invest in formation and social capacitation so they could save.” Interviewee 3 Chile Barrio

In this context, Chile Barrio was established to act on poverty and to improve the quality of life of the population living in the precarious settlements included in the catalogue census, by articulating social programs for objectives relating to housing and community infrastructure, community development, social inclusion and job and productive capabilities. Since action was restricted to the 972 listed settlements, a 5-year period for execution was also set, but difficulties would lead to the project’s reformulation in 2001 and extension to 2005 y finally 2007.⁴ The program’s objectives are stated in table 3.

Table 3: Chile Barrio: Components and Objectives		
Objective: To contribute, through intersectoral action, of an integral character, to overcome the poverty of inhabitants of precarious settlements, identified in the National Catalogue of Precarious Settlements of 1996, by making available alternatives for a substantial improvement in the residential situation, the quality of the habitat and opportunities for social and job insertion.		
Components	Original objectives	Changes in 2001
House and neighborhood improvement (Infrastructure)	To facilitate access to housing and associated basic services (drinking water, sewage systems and electrification). To improve the surroundings, environmental quality and access to community equipment and urban services. To resolve problems with property titles.	
Social habilitation	To strengthen community organization and participation to ensure its prominence in the design and implementation of plans and projects. To install capacities to formulate, present and execute community projects and take advantage of available benefits.	
Work and productive habilitation	To improve opportunities to generate income through job training linked to employment alternatives and self-employment.	<i>Component reduced to limited access to: Elementary and secondary study programs</i>

⁴ The Chile Barrio Program will close at the end of December 2007, but specific projects in some settlements will continue into 2008, under the supervision of MINVU.

		<i>Job training programs Support to develop productive initiatives</i>
Institutional strengthening for Poverty Elimination Programs	To generate an intervention model, characterized as intersectoral, decentralized and participatory with adequate articulation of sectors and levels. To contribute to the country's decentralization, increasing regional and municipal responsibilities in the allocation of resources, coherent with strategic development objectives. To install capacities in regional and municipal governments to tackle problems relating to poverty.	<i>Component eliminated</i>

Source: (DIPRES 2006:36)

"The program began operating (in 1997) as a Presidential commission, which included different ministers, but without an institution. For that reason the commission designated an Executive Director." Interviewee 1 Chile Barrio

Chile Barrio's organizational structure is complex (See table 4). Since it is a program and not an institution, essentially it coordinates institutions that work together to achieve shared goals. The program is a pioneer of IA that crosses national, regional and local levels, with horizontal and vertical coordination.

After the first pilot phase that included 20 settlements in a number of regions, the program was formalized by Presidential decree, which established a Board of Directors, presided by the Minister of MINVU and including the Ministers of MIDEPLAN, National Property (Bienes Nacionales), the Undersecretary of Regional Development (SUBDERE), the Directors of Budget Management (DIPRES), the National Service for Training and Employment (SENCE), FOSIS, the Program for Women's Promotion and Development (PRODEMU) and the Executive Director of Chile Barrio. The national organ was conceived as a Board, a new management model in which each member had a share and contributed resources and programs towards common goals.

"The participation of the different Ministries and services in Chile Barrio was conditioned on the following:

- *The delivery of goods and services structured within the objective of resolving the conditions of economic and social marginality and developing capabilities in an integral manner.*
- *The starting point of the actions is an individualized population that includes beneficiaries in different conditions and particularities, all of whom must be attended. This implies that the program must analyze the specific characteristics of its beneficiaries, and from this analysis, identify or develop the sectoral instruments most appropriate for each case." (DIPRES 2002: 3)*

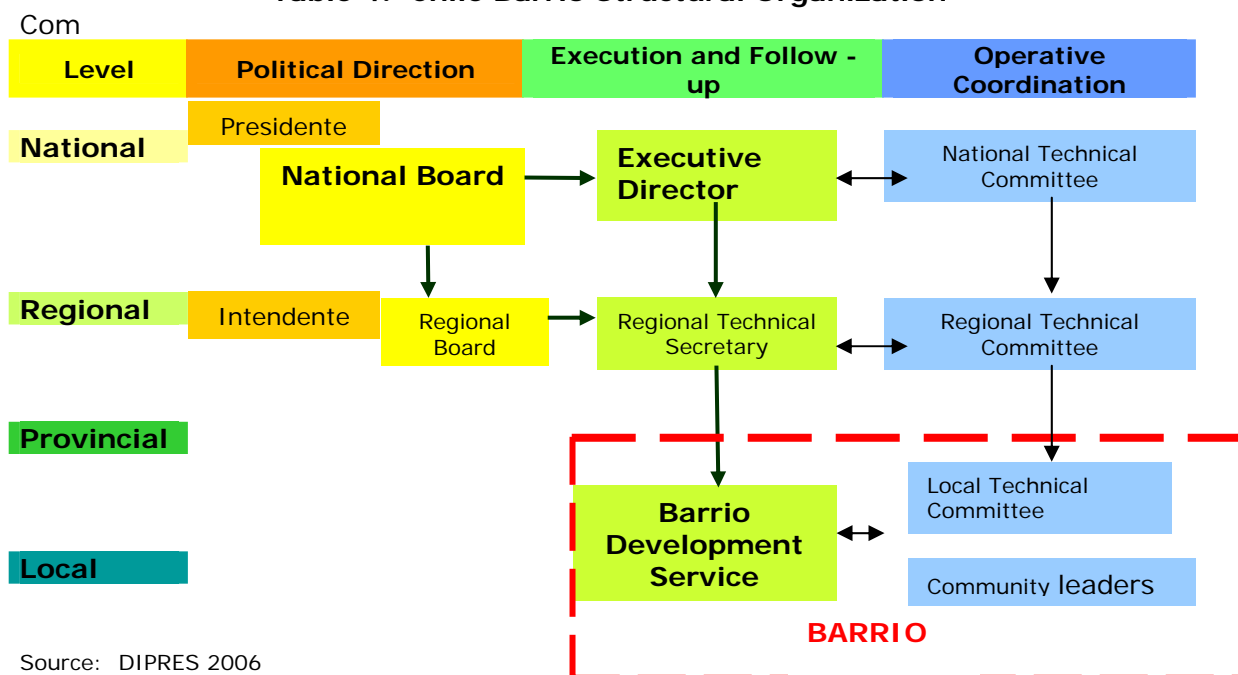
The Board's role is to define and approve the annual action plan and budget; its institutions also form part of the Technical Committee, and Board meetings serve to reach additional bilateral and multilateral agreements. The Executive Director of the program is the nexus between the Board and the operative levels, coordinates the sectoral teams, provides technical and administrative support for the Regions through a staff of regional account executives, and manages program resources. The National

Technical Committee is the operative body that carries out the intervention, supports regional work and elaborates operative tools.

At the Regional and local levels, the structure is completed by a Regional Board, headed by the maximum Regional Authority, the “Intendente” (who is named by the President), and conformed by the regional branches of the participating national institutions, and a Regional Technical Committee, the municipal government and a local technical committee. A pluri-annual program agreement that is included in the region’s investment plan formalized the relationship with the national level. Of special interest is the Barrio Development Service, whose professionals, known as SDBs, are the territorial coordinators, in charge of a settlement and part of the Regional Technical Secretariat. The SBD represents the program at the community – level and carries out multiple functions: articulates and coordinates with the municipality, works with the community, links with sectoral institutions, helps develop the settlement action plan and is responsible for follow-up.

The new organs, the Boards, the Executive and Regional Directors and the Barrio Development Service are operative hubs for decision – making and institutional cooperation, building on existing instances and networks. While all roles and functions were defined the degree of execution depended, in great measure, on the political will and personal commitment and capacities of the Intendentes and the different components of the organization.

Table 4: Chile Barrio Structural Organization



Source: DIPRES 2006

The intervention strategy centered on the construction and implementation of a Shared Action Plan for each settlement. The plan’s design was the responsibility of the regional and local levels, and was meant to respond to the “demand” expressed by the inhabitants, with appropriate projects, actions and short and medium term investments, financed by sectoral resources, assistance agreements and competitive funds. The overall process privileged social participation and local responsibility, using

a model of progressive community engagement, for which existing instruments and procedures were adapted and simplified, made more flexible and joined –up.

“The important thing was how many settlements stopped being precarious and not the results of each one of the public services, but the common result.”
Interviewee 3 Chile Barrio

“During the first years, every year we had to negotiate the list of settlements to intervene the next year with the Regional Authorities. And the partner institutions knew that these were the Barrio settlements and they had to put their money there. The Budget Law also referred to the list of settlements, forcing us to use the financial resources for that purpose.” Interviewee 3 Chile Barrio

The Health Sector role

The Health Sector was not a relevant actor in this program, although the interviewees did mention the participation of primary care institutions in some of the settlement plans, the result of community demands for improved health care services that were incorporated into the action plans. As a result occasional contact with the Ministry of Health occurred when it was necessary to resolve specific problems, relating to health care, but the sector did not participate in the organizational structure at the National or Regional levels nor did it form part of any institutional agreement or budget line.

A new Administration and reformulation

During President Ricardo Lagos’ administration Chile Barrio maintained its status as a priority program, but with less direct Presidential involvement as compared to other new social programs, for example Chile Solidario.

“It went from being a favorite son to a favored nephew, taken care of but not as loved. All Presidents prefer the projects they initiate.” Interviewee 3 Chile Barrio

In 2001 the program fell under criticism due to delays in execution, with respect to the original chronogram.

“It had to do with factors that weren’t considered. ...the complexity of the projects...that privileged maintaining the families in the settlement instead of relocation...In one case just the design of the sanitation system took 3 years. The regions didn’t have enough trained professionals, so we had to send people from Santiago, that also delayed the projects... The technical units in the municipality were weak, so we had to begin by first analyzing the situation of each municipality to see if it was in condition to carry out the project, and then develop a support plan.” Interviewee 1 Chile Barrio

In 2002 DIPRES carried out a Program Evaluation (see box 4) for Chile Barrio that concluded that although the overall design was appropriate to address social and economic marginalization through integrated, multisectoral action, and applauded the individualized approach adopted, in which the specific conditions of each settlement and group of families were taken into account, the social and labor habilitation and the institutional strengthening programs lacked a conceptual vision that could be translated into minimum conditions needed to shape benefits and define goals. In

regard to organization and management, the evaluation identified difficulties in intersectoral coordination at the national level, in part due to tensions between the program's goals and the logic and priorities of the different sectors, and in part to the weak attributions of the Executive Director. The main recommendation was that the program should recover its original integral approach, strengthening the social, labor and institutional components, to revert the tendency to limit itself to being a new housing program for the poor. In addition to a general recommendation to improve intersectoral coordination, a specific point proposed establishing a results-based budget mechanism, especially in relation to the socio-labor components.

As a result of the evaluation, the Executive Director and the Board developed a comprehensive Infrastructure Plan for all the remaining settlements to be carried out in three years, extending the program to 2005. This plan became the program's new frame of reference. However, the focus on infrastructure also strengthened the housing and urbanism bias that was further consolidated by moving the Executive Director's team to MINVU. Nonetheless, the social habilitation component was also bolstered by introducing a new intervention implemented by FOSIS, called the Barrio for My Family program to support families who had just received or were about to receive a housing solution. On the other hand, the job capability and institutional strengthening elements were eliminated. At same time a new budget mechanism was introduced within the framework of the government's managerial system (see box 4 and table 5).

Box 4: Strengthened Governmental Managerial System

Since 1998, the Ministry of Finance has gradually put in place a System of Management Control and Results-Based Budgeting (SMC), which is aimed at ensuring more efficient and results-oriented public resource allocation to programs, projects and agencies. SMC consists of the following tools, which are embedded into the budgeting process: Strategic Definitions; Management Improvement Program; Performance Indicators; Program and Agency Evaluations (including Comprehensive Spending Reviews); Standard Forms to Submit and Process New Budget Proposals; and Comprehensive Management Reports.

Program Evaluation: As a tool, PE comprises three types of evaluation: Governmental Program Evaluation (GPE), Impact Evaluation (IE), and Comprehensive Spending Reviews⁵. Governmental Program Evaluation and Impact Evaluation include dimensions such as program consistency and impact. GPE uses the logical framework methodology utilized by multilateral development agencies such as the World Bank and the Inter-American Development Bank. In all three types, a panel of external reviewers selected through an open application process conducts evaluations. There is also an Inter-Ministry Committee [Presidency, SEGPRES, MIDEPLAN, and Finance (chair)] in charge of providing policy orientations and coordination, and commitment to the evaluation process. DIPRES, which is part of the Ministry of Finance, is responsible for carrying out the process; for integrating the evaluation results into the budget cycle, and for establishing Institutional Commitments for the improvement of the programs evaluated. Members of Congress can propose programs for evaluation and can use the results to discuss programmatic and budgetary decisions with the Executive.

Management Improvement Program: The MIP links the level of attainment in certain indicators to a performance bonus for government employees. Compliance with the management objectives in an annual MIP gives employees the right to a 3% salary increase the following year, provided that the agency has met at least 90% of the annual objectives.

⁵ For a recent appraisal see The World Bank, Poverty Reduction and Economic Management Unit Latin America and the Caribbean: "Chile: Study of Evaluation Program Impact Evaluations and Evaluations of Government Programs" Executive Summary, Final Report, April 18, 2005

The increase is 1.5% if compliance is between 75% and 90%. The preparation of the MIPs by the agencies is delimited by a group of management improvement areas, common to all public sector agencies, known as the Framework Program. The MIP includes goals related human resources management, planning, customer services, financial management and gender equity. The specific institutional goals are tailored according to each Agency's or Ministry's Mission, strategic goals and strategic products.

Adapted MINSAL 2006

Mechanism	Description	Tools
High level political will	Presidential support and direct involvement. Regional level headed by the Intendente.	Presidential priority, backed by a decree (law), close Cabinet monitoring and communicational power
Social management model: Director, Board and Social Development professional	Hub agents move decisions and actions	Simplified administrative procedures.
Evidence for informed action	Good quality information facilitates the prospective design of the program	Catalogue of settlements
Shared Values and Goals	Plans for each settlement Infrastructure plan	Catalogue of settlements Shared action plan Infrastructure plan
Budget mechanisms	Results – oriented Budget mechanisms (Presence of DIPRES in the Board facilitates change) Increased control by MINVU after 2002	First stage: Special CB budget lines permit transfers between institutions for projects included in the action plan As of 2002, CB has its own budget (part of the MINVU budget) with transfers to other institutions conditioned by agreements (contracts).
Follow-up and control mechanisms	Principally housing	Evaluation program

Mixed impact, the Program's end: the need to systematize experiences

In 2006 the Chile Barrio program was the subject of an Impact Evaluation by the Ministry of Finance, which included the areas of focalization, impact and intermediate results, product analysis, quality, use of resources, and process and implementation, using quantitative (case – control survey, program statistics and registers) and qualitative methods (interviews and discussion groups with actors) (DIPRES 2006).

Between 1997 and 2005 the Chile Barrio had intervened in virtually all of the original settlements and had added 23 communities to the catalogue. The housing component had reached 90% of the families (by 2007 projected to 108% coverage). Although the social component had covered 90% of the families in the housing segment, when questioned only a small number of beneficiaries responded that they had participated in specific activities. Intermediate results were positive in certain aspects relating to

the program or resulting from program initiative, but in many others showed no effect. The impact analysis showed that family income had increased, compared to the control families, by \$7,423 pesos monthly, and by \$7,361 pesos from subsidies, representing 6% of the initial family income. Perception of increased spending capacity and the ability to make timely payments for services were also positive. However, there was no evidence that the families had left poverty behind. In regard to the housing solutions, the program families were much more satisfied than beneficiaries of other programs (30% difference), happier with their neighborhood (22%), and less inclined to move (35% difference). Additionally the program was successful in stimulating educational achievement in heads of household (plus 0,21 years average) and in employment (41% greater likelihood that the household head had a job). However, these results do not appear to be directly related to the labor component that had only reached 8% of those surveyed. (DIPRES 2007)

Program registers were poor and information was insufficient to determine efficiency in the use of resources. The budget, which had increased four-fold from 1998 to 2005, reaching \$136,000 million pesos, was executed by an average of 92% for the period. Administrative costs were 3%, as compared to 1% in other housing programs.

While the program had intervened on the 972 settlements included in the 1996 list, more recent studies in 2002 and 2003 revealed the existence of hundreds of precarious settlements throughout the country, a few on land where Chile Barrio settlements had been relocated, affecting approximately 60,000 families. In considering the recommendation on the program's continuation beyond the 2007-scheduled end, DIPRES reviewed the mixed impact results (positive for housing, neighborhood, human capital, and weak in social components). Finally, it considered the fact that the new Housing Policy to Improve Quality and Social Integration, defined in 2006 had already incorporated the instruments and housing improvement alternatives developed by Chile Barrio. In conclusion, the recommendation was to discontinue the program as a complement to regular MINVU activities, but strongly indicated that the learnings of Chile Barrio be systematized and incorporated into the new housing policy (DIPRES 2007).

Participation and social capital

In each settlement the program began intervention with a social – productive, housing and infrastructure diagnosis carried out with the inhabitants or at least validated by them, from which the Shared Action Plan was defined. The plan involved the settlement inhabitants and sought to expand personal and community capacities to organize, manage and produce.

The notions of networks, participation, capacity – building and community management with a territorial focus were present and the program expected to improve social relations and co-habitation in the new habitat, together with improved material conditions in housing, infrastructure, sanitation and labor insertion.

One of the objectives was to strengthen social relations and organizations within the settlement and to expand social networks with public services and institutions and the outside world. Increased capacities were expected at both the individual (confidence, trust, security, information and knowledge) and community levels (associativity, social leaders, organization).

The Barrio Development Service, which looked to build and expand social capital, was more successful when local agents were able to establish permanent relations of support and collaboration, as well as stimulate autonomy. Many SBD showed a high degree of commitment, but this was often expressed as a social assistance approach with rapid, direct and efficient solutions for problems instead of the slower path of capacity building so that leaders and inhabitants could tackle these challenges.

Often the way housing projects were resolved, with an individual application process instead of community development, the spatial disposition of new houses, the introduction of families from other camps or the separation of community leaders for example, created conflict and tension that destroyed or deteriorated the social fabric and made the creation of new relations difficult. Once the new community was build the program's institutions left the settlement, creating a sensation of abandonment. The lack of support to build a new habitat and community, together with frustrations with the deficiencies of the new housing, the higher cost of living, together with the fact that owning the house meant a new socioeconomic status that made it more difficult to accede to social benefits had repercussions on community life. In terms of social capital, the process of social investment that had been activated was often frustrated after the installation of the final housing and urbanization solutions. The old networks and ties were lost and the new neighborhood was not always socially hospitable, resulting in erosion of social capital (Raczynsky and Serrano 2003).

DIPRES' evaluation of Chile Barrio included the examination of the expected results in this area, whose conclusions are summarized in the following table.

Table: 6 Chile Barrio: Evaluation of Participation and Social Capital

Results	Variables	Expected program results	Evidence of achievement
Number of organizations and participation in them	Existence of organizations and participation	More dense and active organizational fabric with neighbor participation	NO
Support of neighbors in case of necessity	Number neighbors that you know and trust	Greater knowledge of and support from neighbors and co-habitation	NO
Human capital	Schooling Number of family members who receive income Formal job insertion	Increase in schooling of adult household members, participation in the work force and quality employment	YES for schooling (+0.21 years) and household head's participation in work force (41% probability) NO for number of working adults and formal employment
Community social capital	Perception of capacity of neighbors to organize to address common problems	Increase capacity of neighbors to organize	YES (18% increase in perception of the capacity to organize)

Source: Adapted DIPRES 2006: 12-13

Lessons for IA from Chile Barrio

The story of Chile Barrio, the first social initiative in Chile that adopted an intersectoral approach based on a program model provides guidance for IAH. However, the model adopted depended strongly on political will, with variations at each regional and local level of intervention. Consequently, as indicated by the Impact Evaluation and other studies (Saborido 2005), what was done in each settlement is a different model. Therefore, the systematization and evaluation of the design, formulation process and implementation of the almost 1,000 Shared Action Plans is a necessary step to draw out good practice for IA. The Chile Barrio Executive Director is now carrying out this task.

Materializing the multisectoral approach proposed by Chile Barrio demanded an enormous capacity to coordinate and articulate that required more than just the political will and commitment of the partner institutions. Concrete management mechanisms, such as the results-oriented budgeting, that could ensure that the goods, services and resources would be available when needed, were central, together with a form of management that was agile and but also able to control results.

The roles of the Barrio Development Service and FOSIS' Habilitation Program at the camp level were crucial. An important aspect of the program was the community capacity to generate savings to accede to housing programs. Although a measure of flexibility was introduced for the program, this requirement was the starting point for concerted community action in the socio-labor components.

Despite the notable advances in integrated action, the Chile Barrio IA model constantly confronted the fact that sectoral goals often prevailed over the shared goals. Tension occurred when the need to respond to program needs meant modifying focalization criteria, changing administrative procedures or adapting services or goods in favor of the Chile Barrio families. The fact that Chile Barrio was a presidential priority even produced some resentment: the people who worked in the program were paid more, had access to authority, were able to change rigid administrative procedures and had greater public visibility. Focalization of benefits in the Chile Barrio families was also seen as unfair, in regard to other families in need, especially those living in extreme poverty in other settlements not included in the program.

"..we had a task to carry out, to resolve the issue of the camps, but each Ministry had a rhythm of execution of resources that that wasn't in accordance with what we needed. .. So there were confrontations and clashes until the institutions were able to adapt and realize they had to make changes."
Interviewee 1 Chile Barrio

Some aspects of the Chile Barrio experience should be emphasized as they seem to promote community social capital: the participative methodology, community engagement in the program solutions and the social investment the program made in resources, political and technical support. Nonetheless, lack of continued support often eroded the gains.

3.3 With their effort and an opportunity⁶: Chile Solidario

"Today, May 21, 2002 we can and will set a great objective. Chile free of misery! No one subjected to the indignity, to the humility of having to recur to another's charity in order to survive. There are approximately 200,000 families, who are outside the social network, who don't even know the benefits they have rights to.

We will not remain with our arms crossed. We will go where they live. We want not only to provide subsidies we want their children to study and to have health care. We want to engage them into social networks, into society as a whole. We are going to build a bridge between them and their rights, so that they can be exercised in order to overcome their conditions of extreme poverty." (Lagos 2002)

In 2000, President Ricardo Lagos came into office in the midst of an economic downturn. The poverty and indigency indicators measured by the 1998 and 2000 CASEN surveys showed a steady state with no reduction. For the first time extreme poverty levels were static for three measures, and Regional differences were marked. For example, the IX Region, with a large Indian population, had a poverty rate of 32,7% compared to the national average of 20,6%. An estimated 225,000 families were living in extreme poverty.

Looking at information in a new way leads to a new strategy

MIDEPLAN's Social Division tried to find explanations to better understand the problem. A first step in 1999 was re-analyzing the CASEN data.

"The culture of data treatment was completely "quintilized". So what we did was extremely simple: look at the data in six groups instead of quintiles to re-group families between the first and second quintiles. Since the quintiles were really averages they hid internal differences within poverty groups....It appeared clearly, a spontaneous isolation of the first group which concentrated all the differences, for example primary school enrolment was 97%, but the 3% were in the first sextile group.. So the concentration of all the vulnerabilities in the first group made us look at it in a different manner." Interviewee 2 MIDEPLAN

At the same time, the Interministerial Social Committee, coordinated by MIDEPLAN, had been working on the task of reviewing and updating the array of public services and benefits for the priority social groups (infancy, youth, seniors, disabled, women and Indian Peoples). One of the recommendations that crossed all the working groups was the importance of the family as the focus of intervention.

Using the CASEN database, MIDEPLAN analyzed the poverty situation of families in Chile, in a panel study to analyze changes during the 1996 – 2000 period. This study identified distinctive characteristics of families in extreme poverty as compared to poor but not indigent families and not poor families, in regard to income from work and the up-take of monetary subsidies and other government services, revealing problems of focalization.

⁶ *With their effort and an opportunity* is the title of a document in the Series of Reflections from the Bridge Program that profiles the Chile Solidario families. The series is a notable example of documentation of the conceptual pillars and the practical aspects of the program, and is part of the knowledge management component of the management model. www.programapunte.cl.

“The Social Committee of Ministers said that if the information demonstrates this, obviously it isn’t enough to have programs targeted on poverty or a good system to distribute resources or allocate benefits. What we need is an integral plan to work with what we called Group 1 Indigents.

At that time it wasn’t just oh, let’s add another priority group to the list...Our hunch was that it had to do with the way we were working. We had been segmenting groups for so long, that the benefits were compartmentalized and not reaching the neediest.” Interviewee 2 MIDEPLAN

This new understanding of the problem of hard-core or residual poverty and the search for policy alternatives began in MIDEPLAN, but parallel efforts to define a new strategy for this group also occurred in different governmental institutions. Table 7 summarizes the stages and actors of the policy development process that led to Chile Solidario, taken from the in depth case study on this topic carried out by Ruz and Palma in 2005.

Stages		Processes	Principal participants	Period
1	Diagnosis and strategy formulation	<ul style="list-style-type: none"> ▪ Study of indigence ▪ Elaboration of a strategy for families in extreme poverty 	Social Division of MIDEPLAN	1999 - 2000
2	Parallel processes: Bridge Program, Social Protection in DIPRES, and strategy in the Presidency	<ul style="list-style-type: none"> ▪ Design and initial implementation of Bridge Program ▪ Ministry of Finance works with World Bank to study the idea of a social protection system ▪ Positioning of the issue in the Presidency 	FOSIS DIPRES President’s office	2001 - 2002
3	Presidential decision to implement a program focused on reducing extreme poverty: process of consultation, examination of alternatives and negotiation	<ul style="list-style-type: none"> ▪ President’s decision ▪ Seminars and consulting experts ▪ Examination of alternatives and inter-governmental negotiation ▪ Final program design 	President Presidential advisors MIDEPLAN FOSIS DIPRES Experts, policy and social science community	April – May 2002
4	Implementation of the Chile Solidario System	<ul style="list-style-type: none"> ▪ Definition of institutional framework ▪ Standards that regulate the program 	MIDEPLAN FOSIS	June 2002 -
5	<i>Installation of a integral Social Protection System</i>	<ul style="list-style-type: none"> ▪ <i>Chile Solidario expands</i> ▪ <i>Chile Crece Contigo</i> ▪ <i>Pension Reform</i> 	MIDEPLAN DIPRES MINSAL (Health) Education MINTRAB	2006 - 2010

Source: Adapted Ruz and Palma 2005

Parallel efforts to address a persisting problem

The Lagos Administration had set goals for the first 100 days of government, including the elaboration of a new social policy for families living in extreme poverty. MIDEPLAN's Social Division was charged with the responsibility of developing the strategy. Evidence had shown that despite the abundance and diversity of public benefits and services (142 programs for the poor in 33 institutions in 2002), these were captured in greater measure and intensity by poor, not indigent families, in part due to a policy design, organized by sector and delivered through a "model of waiting for the demand", that assumed that those who did not demand services did not need them (MIDEPLAN 2004:7 - 8).

"The system demanded of the beneficiaries...something beyond their capacities. It demanded, first a self – diagnosis of their problems...for example the need for training...After that they had to identify the public benefit through which they might find support to resolve the problem, then find the window, and then after all this, find oneself before a passive and unfriendly State." Interviewee 1 MIDEPLAN

The ideas that were floated tended towards a new strategy that was to be integral and multisectoral, articulating existing government benefits and services in a social network, focused on the family as the center of intervention. It would involve integrating the supply of public benefits and services, directed to the poorest families and individuals, and establishing mechanisms to seek out the potential beneficiaries of those offerings, which would also consider their greater vulnerability and so create personalized ties, in order to effectively support them in achieving improved living conditions (MIDEPLAN 2004).

"What was done during years to develop a widely diverse public offering of universal social programs and specific, focalized programs meant that we could structure and organize the benefits in a different way without needing a new package of money, but with an important. It was an interesting challenge to organize what was available, to recognize what was useful, modify it or complement it when necessary. We tried, as you would say in marketing, to focus on the client." Interviewee 2 MIDEPLAN

The working group visited and studied four local experiences, public and private, that had addressed poverty in innovative ways⁷.

"They had tested new intervention models that had a more social, sociocultural or communitarian character." Interviewee 2 MIDEPLAN

Certain key learnings were included in the strategy: the idea of integrated action and "graduation" from the program upon the completion of determined goals, the concept of an interrelated set of minimum conditions to met by the families, the contract with the family, and direct psychosocial support (Ruz and Palma 2005).

They also looked at innovative intersectoral social programs, including Chile Barrio:

⁷ The head of the Social División at the time, Verónica Silva, who later set up the Bridge (Puente) Program in FOSIS, as is currently the Executive Secretary of Chile Solidario (Social Protection) in MIDEPLAN, had worked in one of the initiatives in the municipality La Florida.)

“What was said was that they were innovative because they were intersectoral and you had to be intersectoral to be completely integral. But this did not materialize beyond a restricted coordination model, they were intersectoral programs, not models of intersectoral management.. ..

Bridge emerged as a management model, and the novelty that it added at that time was a service of psychosocial support that as a program didn't exist in the public policy arsenal. Yes there were programs, there still are, in different areas that worked as an intervention model in the psychosocial (sphere) but not as a specialized service whose business was accompaniment to engage the participants.” Interviewee 2 MIDEPLAN

**Box 5: The Bridge Program (Programa Puente)
between the family and their rights**

In January 2002 FOSIS started a pilot program in four Regions (57 of the then 345 municipalities in the country), for the integral support of 14,000 families living in extreme poverty. The Bridge Program proposed a new rights – based approach to social intervention, based on the assumption that the poorest families were excluded from social networks and existing social programs, and also lacked the minimum conditions for an adequate quality of life. The program's objective was to provide psychosocial support and an integrated network of benefits at the municipal level so that:

The families will be able to satisfy their basic necessities by generating income above the extreme poverty line, and by activating social capabilities necessary for integration in available social networks.

The method of working with the families was personalized, with a professional or technician who acted as a “Family Support”, hired by the municipal network or FOSIS, and working in a Family Intervention Unit within the municipality. Each Family Intervention Unit formed part of a Local Intervention Network, integrated by representatives of institutions, public but also private and civil society organizations, that work for families in poverty.

The Family Support works with and supports the family members in reaching minimum conditions for quality of life in 7 dimensions: identification, health, education, family dynamics, habitability, work and income.

Ruz and Palma 2005

While FOSIS was developing and implementing the Bridge Program, DIPRES had been working with experts from the World Bank on the idea of implementing a social protection system that would transform the multitude of social programs into a network of benefits, subsidies and services targeted towards the poor. The characteristics they envisioned pointed to improved coordination of sectoral benefits and the use of common criteria for targeting and selection of beneficiaries to avoid duplication. In other words, the overall objective was to optimize the efficiency of public spending oriented toward the poor.

The key elements for the social protection system that DIPRES and the international experts had identified included: the family as the beneficiary unit, an interconnected system of benefits with a “single window”, a minimal institutional framework necessary

for operational management, and an information system, that linked all data bases to monitor functioning.

The idea was to generate a base of evidence and an institutional proposal, with World Bank support, that would be presented to the Presidency in 2003 for consideration as a major reform to be implemented during the last half of the administration (Ruz and Palma 2005).

The President steps in

To tackle low economic growth and persisting unemployment, the President developed a pro-growth agreement with the private sector. But voices on the Left and from the Church demanded a stronger social agenda to address the structural defects of the development model. The Right was questioning the Government's capacity and probity, with accusations of administrative irregularities. The meager results in poverty reduction revealed by the 2000 CASEN survey added fuel to the fire. In this tense political environment, the President took action and named a new Minister of MIDEPLAN, a sociologist with vast experience in poverty policies, a clear sign of political will.

At this point the issue acquired maximum priority on the President's agenda and the policy formulation process moved forward at an intense pace in just two months, with the goal to announce the new program on May 21, 2002. Experts were consulted and a small seminar in which the President himself participated was held on April 9, 2002. This event was decisive in that it confirmed sufficient consensus on the diagnosis, clear policy alternatives, the feasibility of implementation and the existence of the Bridge pilot (Ruz and Palma 2005).

An intense inter-governmental examination and negotiation of alternatives began, directly supervised by the President and his advisors. FOSIS, MIDEPLAN and DIPRES were asked to come up with a common strategy. Three policy options were on the table: a cash transfer, created by reallocating resources from targeted social programs, to reach a per capita income over the indigence line, the review and integration of current poverty programs and expansion of the psychosocial support model of the Bridge Program.

"When the options of psychosocial support, monetary subsidies guaranteed by law and also preferential access to programs came together, just at that point, did we begin to understand a little more that the design was broader than an institutional set-up to operate intersectorally." Interviewee 2 MIDEPLAN

It was also the beginning of a strategic alliance between MIDEPLAN and DIPRES to develop the idea of social protection.

"The Chile Solidario experience showed that the Budget Office is the best ally you can have for intersectoral action, beyond the money that comes with its understanding the priority of a program, because its authority is recognized by all the other sectors.

This strategic partner was also important because they contributed to a greater understanding of public policy, that I don't even think they were aware of, produced by crossing Educational Reform, AUGE (the Health Reform instrument that introduced the idea of enforceable social rights), and Chile Solidario in

order to make the numbers work. They said it was social investment by the Chilean government through public policy in education, health and poverty.”
Interviewee 2 MIDEPLAN

The final strategy targeted towards families in extreme poverty combined the three alternatives: a cash transfer complemented the Bridge initiative and preferential access to social services in a framework of an escalating system of social protection. MIDEPLAN was the institution politically responsible and FOSIS, an operative organization with attributions and capacity to execute programs, continued in charge of the Bridge Program, which was now conceptualized as the entry point to Chile Solidario (MIDEPLAN 2004).

A law was sent to Congress that envisioned the program as a progressive social protection system. The parliamentary commission work and public audiences contributed to public debate on the strategy adopted. As a result Chile Solidario was positioned in public opinion as an important step towards social welfare. Law N°19.949 of June 5, 2004 formalized the system and gave a legal framework to the program which was being implemented by MIDEPLAN since 2002.

Box 6: The Chile Solidario Social Protection System

The Program is established by law (N° 19.949) as a progressive social protection system, focused on families and people in extreme poverty in order to promote their inclusion in social networks and access to better living conditions, as a strategy to overcome indigence.

The approach is based on the idea of rights and duties. Families that meet the regional socioeconomic criteria, measured by the CAS scorecard, are contacted and invited to participate by the Family Support, a social worker from the municipal Family Intervention Unit. If they accept, they enter into an agreement that stipulates their obligations and indicates the priority areas they have agreed to work on. The psychosocial support process continues for 24 months. At the end of the process a diagnostic tool is used to analyze family capacities, before entering the follow – up phase. When 5 years are completed the family “graduates” after a final evaluation. If the family doesn’t carry out the contracted obligations, show interest or engage actively, participation can be interrupted. Interruption can also be voluntary.

The initial design incorporated three components⁸:

- *Personalized psychosocial support and a Family Protection Cash Transfer*, consisting in personalized accompaniment by the Family Support social worker to develop personal and family capabilities, by working to satisfy minimum quality of life conditions (53 in 7 areas) and to strengthen effective links to the social network and access to available benefits. The psychosocial intervention consists of a sequence of working sessions with the family in the home. This component is managed by FOSIS together with the municipalities, whose participation is also voluntary and regulated by a contract.
- *Guaranteed monetary subsidies*: automatic allocation of the Family Subsidy, Assistance Pension and the water and sanitation bill subsidy for

⁸ The original design presented by the Director of DIPRES and the Minister of MIDEPLAN included a fourth component that anticipated pension reform. Interviewee 1 MIDEPLAN

eligible families.

- *Preferential access to social promotion programs.* In order to support achievement of the 53 minimum conditions defined by the System, access is preferred for all public programs, services, goods and benefits.

The median cash transfer amounts to about 6% of the total income of the families eligible for subsidies. This compares to around 25% of household income in conditional cash transfer programs in Nicaragua and 22% in Mexico. In terms of PPP-adjusted US dollars, the average monthly transfer is US\$22, as compared to US\$85.50 in Nicaragua and US\$82.90 in Mexico (World Bank 2003).

(MIDEPLAN 2004, Galasso 2006)

A new social management model to support local networks

"You cannot separate the strategic from management in public policy, if you understand me. Because something is destined to wither when you separate them. If you think management is just administrative paperwork and the on-line information system is Internet entertainment, then its too late." Interviewee 1 MIDEPLAN

"Things work better when you invert the pyramid and dedicate energy time and invest more at the local level and not so much at the central. Because what's habitual is that one spends a lot of energy and time in organizing at the central level, where you have periodic meetings and talk about a lot of things and you assume that all that trickles down. That it all flows down is false. What can be transmitted are instructions, an ordinance, an orientation...So we made an huge effort, not fully understood for a long time, to try and ensure that the local networks worked." Interviewee 1 MIDEPLAN

Table 8 provides a scheme of Chile Solidario's organizational structure, which as indicated by the quote looks more to function than architecture, reflecting a management model centered on facilitating the functioning of local networks. Political direction is the responsibility of the Social Cabinet, headed by MIDEPLAN and conformed by the Ministers of Health, Education, Labor, Housing, DIPRES and the National Service for Women. MIDEPLAN is the institution responsible for Chile Solidario and presents the budget proposal that has been coordinated with the Cabinet by the Executive Secretary working with the national technical committee, which is integrated by representatives of the ministries and other social service organizations.

The Chile Solidario Executive Secretary manages the system, and is in charge of development, supervision and support for the operative levels.

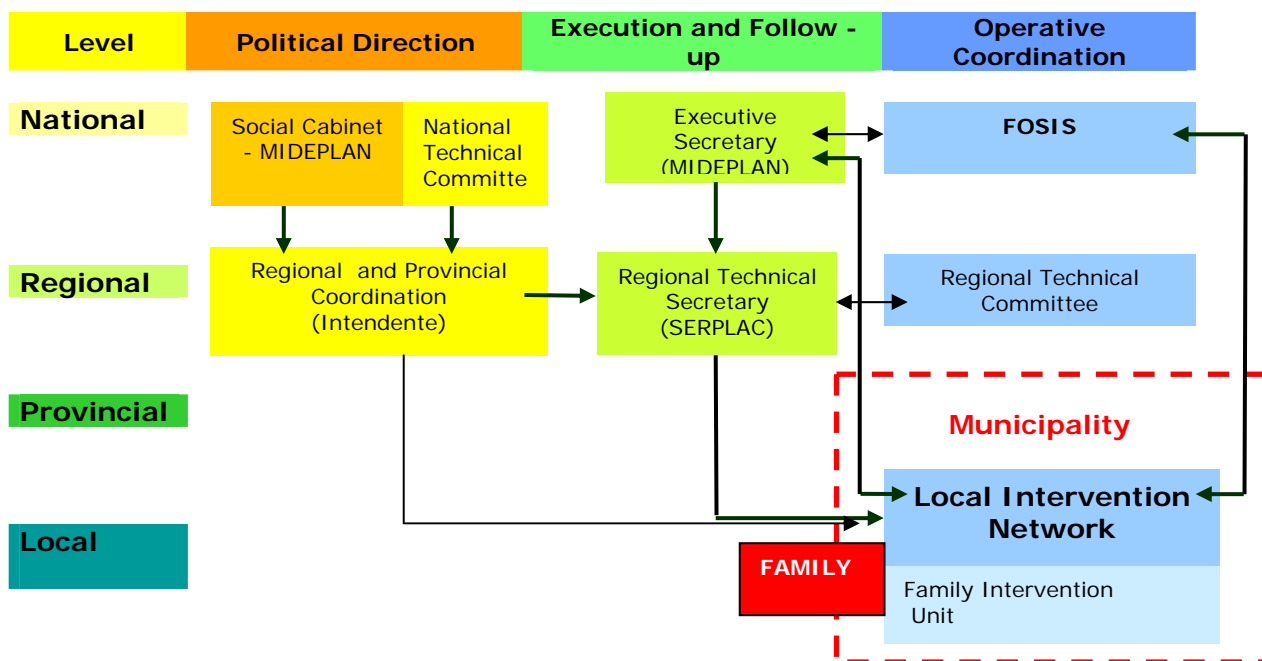
The role of the Health Sector

Health and health equity are key objectives of the Chile Solidario System: 10 of the 53 minimum conditions are related to this fundamental life dimension. Therefore, the health sector is a central actor with an operative role to support families in meeting the health conditions at the Primary Care level, which forms part of the Local Intervention Network. The National Health Fund, FONASA, receives transfers from the Chile Solidarity Budget Program, guided by contracted performance goals established with

MIDEPLAN, and then allocates them to the primary care level to attend Chile Solidario families.

The Minister of Health forms part of the Social Cabinet and health professionals are part of the national technical committee. However, the health sector has not assumed a leading role in policy formulation and tends to see its obligations as “business as usual” (since its benefits are universal, the families already have their rights guaranteed). Health currently does not have a unit or team concerned with analyzing the content of the health conditions and their impact on health equity. Although, Health provided expertise and facilitated the policy development, implementation and monitoring process, MIDEPLAN drove the initial stages of policy development, and its conceptualization established the emphasis on health. It has continually strengthened its leadership role, sustaining and increasing efforts to engage other sectors, in particular health in the strategic review and program planning.

Table 8: Chile Solidario Structural Organization



A strong management model

The management model developed by Chile Solidario considers multiple dimensions. Though each element is accompanied by specific mechanisms, instruments and/or tools, the model is essentially flexible and draws on regional and municipal operational expertise, with the support and supervision of the Chile Solidario Executive Secretary, which monitors performance. Nevertheless regional and local variation is important; capacities, practices and results vary, although the identification and sharing of good practice is also built into the system (SUR 2007).

The key dimensions of the Chile Solidario Management Model (Jara 2007, SUR 2007) are:

1. **Systemic Management** refers to the proactive and integral perspective adopted by the system, which seeks to articulate public programs, institutions,

private and civil society initiatives for the management of social services and programs. It implies the simultaneous and complementary implementation of the three components, responding to the needs of recently incorporated families, as well as those in the follow-up stage, for whom services should be activated upon requirement. Finally, it means generating integral services at the territorial implementation levels: Region, Province and Municipality.

2. **Network Management** consists of articulating and coordinating institutional horizontal linkages (State institutions) to guarantee the coverage, quality and pertinence of benefits and services. This element privileges the local community, since the municipalities are the public entities that respond to the multiple needs of citizens of scarce resources, and therefore are the mainstay of all social sectoral and integrated programs. The web of public services with institutional support from the national, regional and provincial political authorities, works in a connected and integrated manner in tune with community demand and requirements, so that the public social supply can be converted into opportunities and capacities.
3. **Budget Management** considers two strategies: 1. The use of cooperation agreements with a wide range of institutions with relevant programmatic offerings pertinent to the needs and demands of the Chile Solidario families. 2. Conditional transfers from MIDEPLAN to sectors such as Health, based on performance agreements, according to the specific program budget in the annual budget law approved by Congress. This model ensures the existence of an adequate programmatic supply to effectively address the minimum conditions, guarantee access to subsidies and cash transfers, and preferential access to social promotion and assistance programs; and to review and actualize programs.
4. **Information Management** corresponds to the Integrated Social Information System (ISIS or SIIS in Spanish), required by law, which provides comprehensive information on the situation of the families and people in Chile Solidario, to MIDEPLAN, other sectors and the regional and local networks. ISIS consists of a technological platform supported by an associative network that contributes to system management, with special software, hardware, and protocols for sharing data, processing and training, among other actions. This platform permits virtual integration of the network of services linked to Chile Solidario by means of interoperable processes, providing opportune and relevant information to inform decisions at the sectoral and territorial levels.
5. **Knowledge Management** includes a series of instruments and processes to produce, exchange and use knowledge gathered in the implementation and functioning of the system. The knowledge is generated and used by the Family Intervention Units, Family Supports, regional committees, sectoral institutions and the Chile Solidario Executive Secretary. Numerous studies and outside evaluations are included. The knowledge is systematized and made available to all integrants, policy-makers and the public.
6. **Values Management**⁹ leadership and guidance based on values and not just resources. Operationally it corresponds to the set of processes and instructions

⁹ This dimension was included in the systematization and evaluation of Regional Management carried out by SUR consultants in 2007 (SUR 2007).

generated by the system at different levels to ethically guide the execution of tasks, including building confidence, commitment, and creativity on the part of operators and developers, with mechanisms to reinforce commitment to public service. These aspects often prevail in the public sector to augment financial and technical incentives and help drive compliance with institutional goals and social welfare objectives.

The principal instruments of the management model are:

- **Socioeconomic characterization scorecard**, Ficha CAS (Social Protection Scorecard as of 2007): Mechanism of access to Chile Solidario and other social benefits, which measures the socioeconomic vulnerability of the family.
- **Integrated Social Information System**: Permits the virtual integration of the networks to follow and monitor the family throughout the social protection system, registering the benefits received.
- **Impact evaluation** (CASEN survey and other studies): The systemic, periodic analysis of the distributive impact of social spending and social policy is measured by the CASEN survey, together with the specific impact of Chile Solidario (Panel Survey).

It is notable that Chile Solidario has developed a knowledge network to identify and study problems and search for solutions, which engages the scientific community through studies and investigations, and the Chile Solidario community as a whole, in experience – sharing and the transmission of best practice, through an information technology platform.

“The regional, provincial and local implementation of this system, and each of its components, is a matter of continuous construction, and as such, subject to recurrent institutional adjustments and operative improvement. Hence, the importance of collecting information and knowledge inputs to gauge and evaluate the development of the initiatives, in order to improve the quality, pertinence and opportunity of the processes in course”. Series of Studies Chile Solidario 2006.

Box 7: A Tool to Monitor Local Intervention Network Functioning

This practical checklist and evaluation tool is used by the Family Intervention Unit (FUI) to monitor the installation and functioning of the Local Intervention Network (LIN). The areas covered are:

- The actors understand and share the LIN’s vision
- The institutions have adapted their programs to the demands of the families
- The LIN recognizes itself as such (identity and organization)
- The institutions work with a common logic
- The Program has been correctly announced and disseminated in the territory
- The FUI is able to guide the LIN to improve performance
- The municipal network supports and facilitates the Program
- The LIN assumes responsibility for processes and results
- The LIN is installed and functions in a continuous and sustained manner

Each area consists of two or three elements and the degree of achievement is checked from a list of four alternatives. This simple tool provides an overview of network capabilities, reinforces the IA approach and directs regional and national support. Source: Executive Secretary Chile Solidario

Evaluation: Processes, Results and Impact

“My name is Margarita Isabel Diaz but before Bridge that didn’t matter to anyone” (ECLAC 2003: 26)

These words, spoken to the Minister of MIDEPLAN, by a women living in a small farming community in southern Chile reflect the transformation in social policy and government – citizen interaction that Chile Solidario represents.

Chile Solidario’s evaluation system analyzes, using quantitative and qualitative methods, the design and application of mechanisms and instruments, the management processes and effect and impact on the families’ capacities and social welfare conditions.

Figure 3:

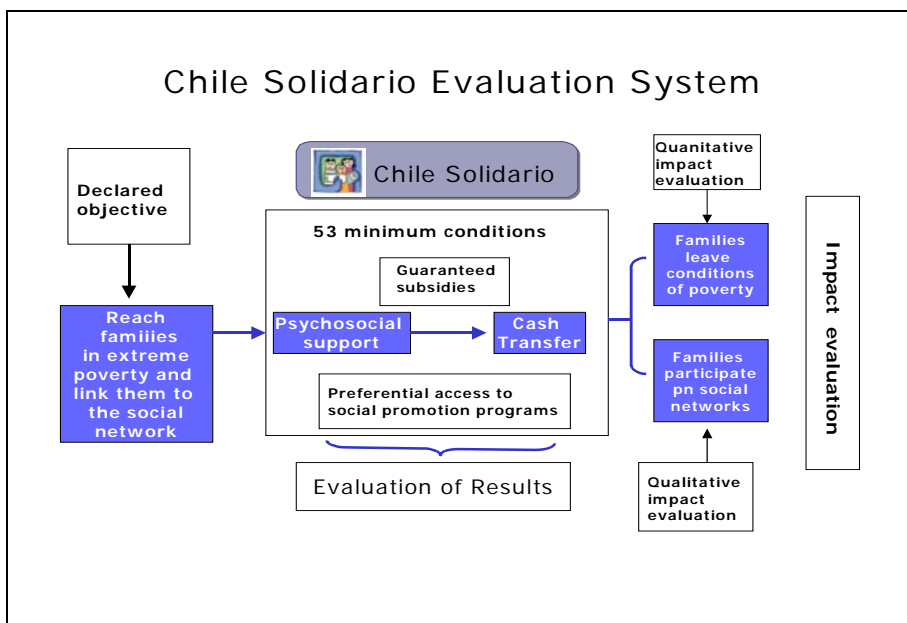
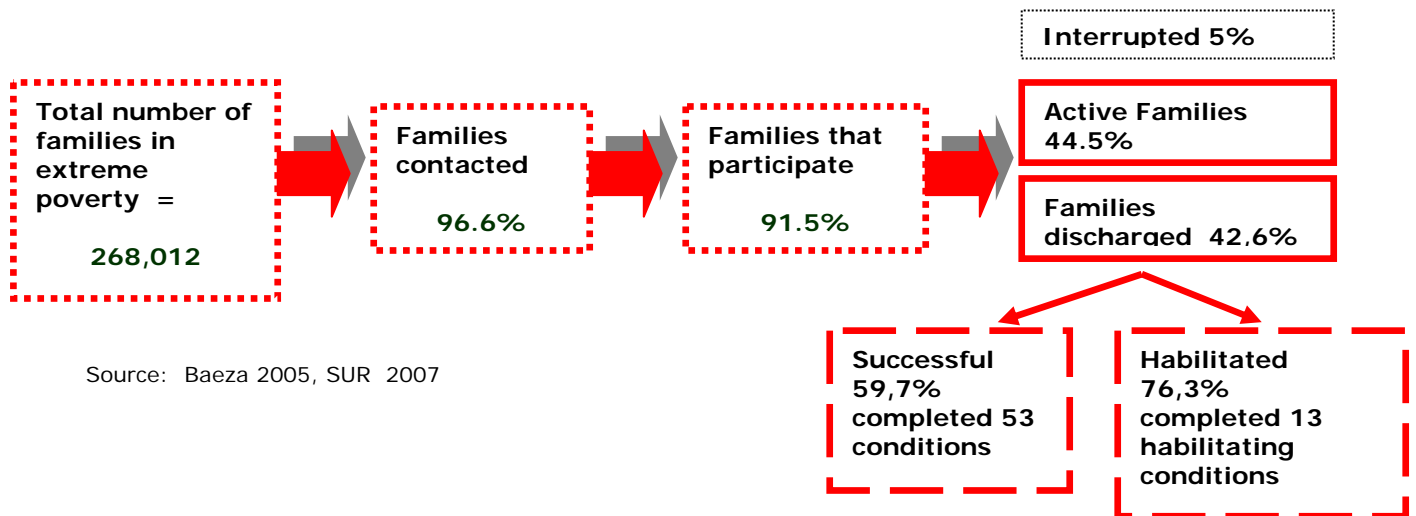


Figure 4: Situation of families in Chile Solidario (December 2006)



Source: Baeza 2005, SUR 2007

Box 8: Evaluation of impact on socioeconomic outcomes

With World Bank technical assistance, MIDEPLAN evaluated the effect of Chile Solidario during its first two years of operation, using the exogenous geographic variation in assignment of the program (CAS cut-off scores vary by Region), and analyzing a subset of participating households and matched non-participants interviewed in the nationwide CASEN survey in 2003 and followed longitudinally in 2004. The results therefore only show short-term impact.

The results from the first two years of intervention of the program show gains along different dimensions of education (preschool enrolment, enrolment into school for 6-15, adult literacy) and health (enrolment in the public health system, as well as preventive health visits for children under 6 and women). The results show also a strong take-up of employment programs, though this participation is not (yet) translated into employment effects. There are no significant effects on household income per capita, though participating households are significantly more likely to be receiving social assistance transfers. There is also evidence that on average Chile Solidario participants have increased their awareness of social services in the community and are more likely to be more optimistic about their future socioeconomic situation (Galasso 2006).

The study also confirms qualitative evidence on the paramount importance of the psychosocial support service.

Adapted from Galasso 2007

The impact of Chile Solidario on the reduction of indigence levels is supported by the results of the 2006 CASEN Survey. Since 2000, extreme poverty fell in 2003 to 4.7% and in 2006 to 3.2% after three measures without change at 5,6%. Additionally, the Gini coefficient showed a small change towards a more equitable income distribution for the first time since 1990, marking 0.54 instead of 0.57 or 0.58. The 20/20 Index also showed a slight improvement in income distribution, in regard to autonomous income and especially in regard to total income. These results strongly indicate that

the social protection approach is moving in the right direction in regard to social equity (MIDEPLAN 2007). However, despite the positive results the program has been the focus of much public debate, including a critical television program in July of this year, which highlighted inefficiencies of the Family Support professionals.

Participation and social capital

Public participation in the Chile Solidario public policy formulation process was basically involving; the evidence generating process sought to ensure that public concerns and aspirations were understood and considered. A limited collaboration did involve some civil society actors, especially the academic experts, in the development of the policy alternatives and the identification of preferred solutions. However, policy application gives a collaborating and even empowering role to participants, who decide whether to participate and define the priority areas to work on.

The Chile Solidario system acts in three stages: the first, accompaniment, consists of psychosocial support, the second corresponds to social insertion, contacting families with the social network and the final stage, development, points to the habilitation of families. All three stages are conducive to the goal of strengthening social capital.

The concept of social capital present in Chile Solidario includes notions of social capital whose focus is linking families to the social web of protection provided by public policy, reducing social risk and vulnerability factors, improving opportunities and building family capacity to initiate a path of autonomy, but does not emphasize social relations of cooperation between people, families or groups.

"Absent in the Chile Solidario design is the area of associativity or community. The support works with each family and they connect to the network of benefits. It doesn't foresee that the families, thanks to the program, connect among themselves or integrate into social organizations." (Raczynski and Serrano 2005)

Chile Solidario works with the family to improve social relations at the family level to build strong bonding ties and linking with public networks of social services. While linking social capital facilitates relations of cooperation in which the power and degree of control of one of the parties is greater than the other, generating greater possibilities of exchange and opening new opportunities, this type of relationship may be reduced to patronage.

The support that the program provides to the families by contacting them in their homes is operated by the Family Support, who acts as a liaison and promoter to open opportunities to develop the family's social capital, self-esteem and sense of worth. However, this experience is not related to participation in social networks, based on the trust that increases with cooperation. On the other hand, the role of the Family Support is gravitating, and as such can contribute to the empowerment of the family group, but may, inadvertently lead to relations of dependence and clientelism (Raczynsky and Serreno 2003).

In the political civic dimension, the program families learn that they are entitled to social minimums, that are basis rights. The concept of rights and not just services, benefits or minimum conditions favors the exercise of citizenship, even though it may not necessarily guarantee the strengthening of the capacity to act and demand or to

make proposals for social welfare or in the public interest. Another perspective of civic affairs is the contact with different agents and spheres of State action, not previously within their reach.

Building family capacities to manage opportunities contributes to a better use of resources, whether autonomously generated or derived from social programs, which helps to break the vicious cycle of vulnerability of families in extreme poverty.

Much debate has arisen around the social capital approach used in Chile Solidario, especially in relation to the lack of community objectives such as associativity. The systematization of the concrete experiences of cooperation among families within the system, has identified interesting examples, such as the formation of committees to accede to housing programs. However, the general recommendation is to design a transversal strategy to tackle and support building this capacity in the Chile Solidario families to enable them to face common situations collectively. The Executive Secretary is currently addressing this challenge, beginning by developing an understanding of what participation means in this context.

“There is a component of participation in the ideological sense, in the measure that when people know their rights, they fight for them.. And people have formed housing committees, which is a good thing, but it's another thing to have an association of the extreme poor, of Bridges or Chile Solidarios. It seems to me totally contradictory with the objective of the program, that people integrate into society.” Interviewee 1 MIDEPLAN

Lessons for IA from Chile Solidario

The Chile Solidario experience is an example of good practice for IA. Its social protection management model has proven to be efficient and effective in meeting challenging multidimensional objectives and goals, whose success requires transversal action across various sectors.

This is due in large measure to the Chile Solidario Executive Secretary, a body that acts as the manager of the system. The style of management introduced provides insight for successful IA:

“At the political level there is confusion between coordinating something, associating directing with coordinating, and that's complicated, because when you work in a network, what you do is lead the network, but you don't direct it. You don't give orders that the others obey. When you lead a coordination system, it's basic that the others give you the leadership, and not just because someone said your institution is the one that coordinates.

The leadership you exercise has to do with values, with maintaining noble objectives....It's not enough though if the one who coordinates is not recognized as someone who knows what they're talking about, who knows what is happening. Because everyone has the ability to participate in a meeting. Secondly, they have to possess the authority to mediate...also to intercede in a dispute.

The other thing is recognizing that each institution sitting at the table has its specialization and the coordinator can't tell them what to do. In other words, I don't tell Health how to attend people. I can tell Health what people are saying,

I can tell them what I think people need from Health, that it would be important to consider such and such....Because you have permanent contact with the people at the local level you can show a sector that in a local network the conditions aren't being met." Interviewee 1 MIDEPLAN

The mechanisms to facilitate joint action include:

- Integrated intersectoral action is backed by law and not just the political will of a given administration.
- The rights-based approach and the psychosocial support model contribute to building social capital and civic participation.
- A management model with multiple pillars supports IA around common goals and shared objectives.
- Strong tools and mechanisms support the management model: information system, results-based budgeting.
- IA efforts are concentrated on supporting Local Intervention Networks and ensuring the sufficient and opportune supply of benefits for effective action at this level.
- The use of evidence, evaluation, and knowledge sharing to identify problems and to adjust the system to secure results.

Mechanism	Description	Tools
Law that establishes the Chile Solidario Social Protection System	Political will is transformed into a legal mandate	Law 19.949
Shared values, a strong conceptual framework	Conceptual framework for social protection	Bridge Reflections Knowledge Network
Integrated management model and a new style of management to support local action	Dimensions of the management model: Systemic, Network, Territorial, Budget, Information, Knowledge	Integrated Management System
Evaluation and sharing good practice	Chile Solidario Evaluation System	CASEN Follow-up panel studies Qualitative studies e-learning platform
Information systems	On-line monitoring and integrated information systems	ISIS
Budget mechanisms	Results- oriented budget mechanisms designed with MIDEPLAN	Chile Solidario Budget Program with transfers to sectors based on contracts with MIDEPLAN, including performance indicators
Rights-based approach	Minimum conditions are social rights	

3.4 Equity in economic opportunities: Chile Emprende

“ In the 2005 Budget we will constitute an integrated program for micro and small businesses, called Chile Emprende, directed by Ministers of organisms that gather the institutions that possess development instruments.

The objective of this program -that will have a special budget line- is to promote and strengthen the development of micro and small businesses, managing in a common strategy and in an articulated manner the productive development instruments that these institutions operate at the regional level.

This last element is key in the design defined for the program. Its expression in each Region has the objective of collecting the necessities of businesses and entrepreneurs directly in the field, and also to yoke them to the development strategies that the Regions have defined. In the near future we will think of joining to this logic of coordinated work, regional resources, public and private, that are directly or indirectly oriented towards the productive development of micro and small businesses.” President Ricardo Lagos, December 2004 (Chile Emprende 2006: 7)

“We will expand Chile Emprende, strengthening the coordinated territorial management of the programs that operate in different development institutions.” (Government Program of President Michelle Bachelet 2005: 45)

Chile Emprende began in 2001 as an agreement among three directors of public services dedicated to social development: FOSIS, the social fund which finances develop plans, programs and special activities for poverty reduction, SERCOTEC, a filial of CORFO the Corporation for the Promotion of Production, an organ of the Ministry of Economy, whose task is to support initiatives to improve the competitiveness of micro and small business, and PRORURAL, a rural development initiative implemented between 1998 and 2002 with international cooperation. It happened that all three executives had been at the head of FOSIS and understood the need to create employment and business opportunities for men and women emerging from poverty. At the time public debate was centered on the problem of unemployment, especially in rural, farming areas; one of the issues related to the fact that economic growth was not translating into more jobs.

The need for an new public – private alliance to create jobs in territories

“The paramount problem in Chile at that time, in my opinion, was the issue of equity in the ability to generate income.”

Chile Solidario had a component to generate income then, but it was still precarious... Producing their own income meant that people had to participate in a market and the circuit of poverty never generates profit because the markets are terribly narrow. So, for example, if you showed someone how to make sweaters, if they sell them in the neighborhood, its limited to the four neighbors that buy the sweaters.

So Chile Emprende was born as a necessity to open markets for the poor.” Interviewee 1 Chile Emprende

In 2001, Mario Ossandón, FOSIS' Director, was visiting two rural municipalities, Lonquimay and Curacautín in the IX Region, to talk about the government's employment programs. But the job opportunities were scarce and the problem great. So he proffered an idea that he had been exploring: instead of competing for job slots, that didn't exist, why not think of ways to create employment. The area had mountains, ocean and forests and businesspersons, why not put a strategy together to create jobs. Ossandón then sought the support of his fellow directors at SERCOTEC and PRORURAL, proposing an inter- institutional alliance to concentrate the different development instruments to support private initiative and to maximize a territory's productive potential.

"It didn't start with a structure but with an agreement, a civic exercise...Therefore, there could be as many Emprende Chile's as there were territories." Interviewee 1 Chile Emprende

"The three directors agreed on changing the vision of the problem of micro and small businesses, which was being approached in a sectoral way. What was needed was a more integrated outlook, that considered the spatial dimension, the territory where this integration could take place. In that space, which wasn't just a settlement, but a larger geographic area, you could resolve the economic cycle of employment, chains of value, the local labor market. It was a space for intervention and the intervention couldn't be just a sum of FOSIS, SERCOTEC and PRORURAL, they had to converge toward a common objective." Interviewee 2 Chile Emprende

Thus, the program, then called Emprende Chile to emphasize the concept of enterprise, began as a public – private agreement.

Other projects followed and the program developed ground rules: First of all, the will to develop a public – private collaboration had to be present. Secondly, collaboration meant the disposition to contribute real money, for the program would only provide half the financing and the private sector the other half.

The pooling of resources financed the first projects. The collaborative spirit of the public institutions was reinforced by the interest in including the "clients" of each institution in the territorial development initiatives.

"FOSIS would contribute its money only if their poor were included, if not there was no agreement, so the discussions were not about resources but about the clients." Interviewee 1 Chile Emprende

The new program was a joint collaboration, belonging to all the institutions. As the initiative grew, a board was established under SERCOTEC's coordination, and two other services entered into the agreement: SENCE and CORFO. But there was no legal support or program budget, just the willingness to combine efforts and transfer monies to the small business community for a common objective. The organizational structure developed not as an institution, but as a "relational operation".

The partner public services planned to hold a seminar in December 2004 to analyze project results as a prelude to presenting a proposal to President Lagos for the purpose of formalizing the program.

However, the problem of persisting unemployment and new studies that deepened the understanding of the dynamics of poverty and social mobility (Contreras 2004) put issues relating to employment and social equity to the forefront of the public agenda. Additionally, a new political concern was gathering force: the new Government Procurement Program, which used an electronic platform, might work to the detriment of small businesses. The President asked the development services to tackle the problem of job growth and to promote small business competitiveness. The answer was ready: Emprende Chile.

On December 1, 2004 President Lagos signed a presidential decree, creating the new structure, now called Chile Emprende (echoing the national identification formula and trademark of his priority programs), as a Presidential Advisory Committee, headed by the Ministry of Economy, the institution that included CORFO and SERCOTEC, seconded by MIDEPLAN, FOSIS' ministry, and conformed by the Ministries of Labor, Agriculture, the Presidency, the Undersecretaries of Regional Development (SUBDERE), Public Works and Finance. The program's Board was augmented by representatives of SUBDERE and Economy.

Box 9: The Chile Emprende Strategy

Working with small businesses to develop business opportunities in specific territories

Chile Emprende looks to facilitate and promote the development of business opportunities for small businesses in specific territories in all of Chile's Regions. It is form of public – private collaboration that encompasses three key social aspirations: more opportunities, more employment, and more participation.

The program promotes cooperation among entrepreneurs and their connection to markets based on participatory public – private management, embodied by a territorial working – group and a shared project, the territorial development plan they had developed.

The State institutions will act as a network to put the set of development instruments at the disposition of the project.

The concepts that sustain the strategy are: social capital and community mobilization, territorial capital, competitiveness, and increased profitability. The three planes of improvement are: 1) income and jobs for people, 2) sales, diversification and value-added for businesses, and 3) an integrated development strategy for the territory.

Adapted Chile Emprende 2004

The Presidential Advisory Commission should meet at least every six months, according to the decree, but it has not been constituted to date. The following functions are contemplated: to propose policies and strategic measures to facilitate the development of micro and small businesses and their positioning in markets, including access to credit and productive and commercial linking; to suggest initiatives to optimize financial and technical resources in support of the development plans and projects in the different territories; to propose annual goals, and to advise on the supervision of the program, informing the President of the advances.

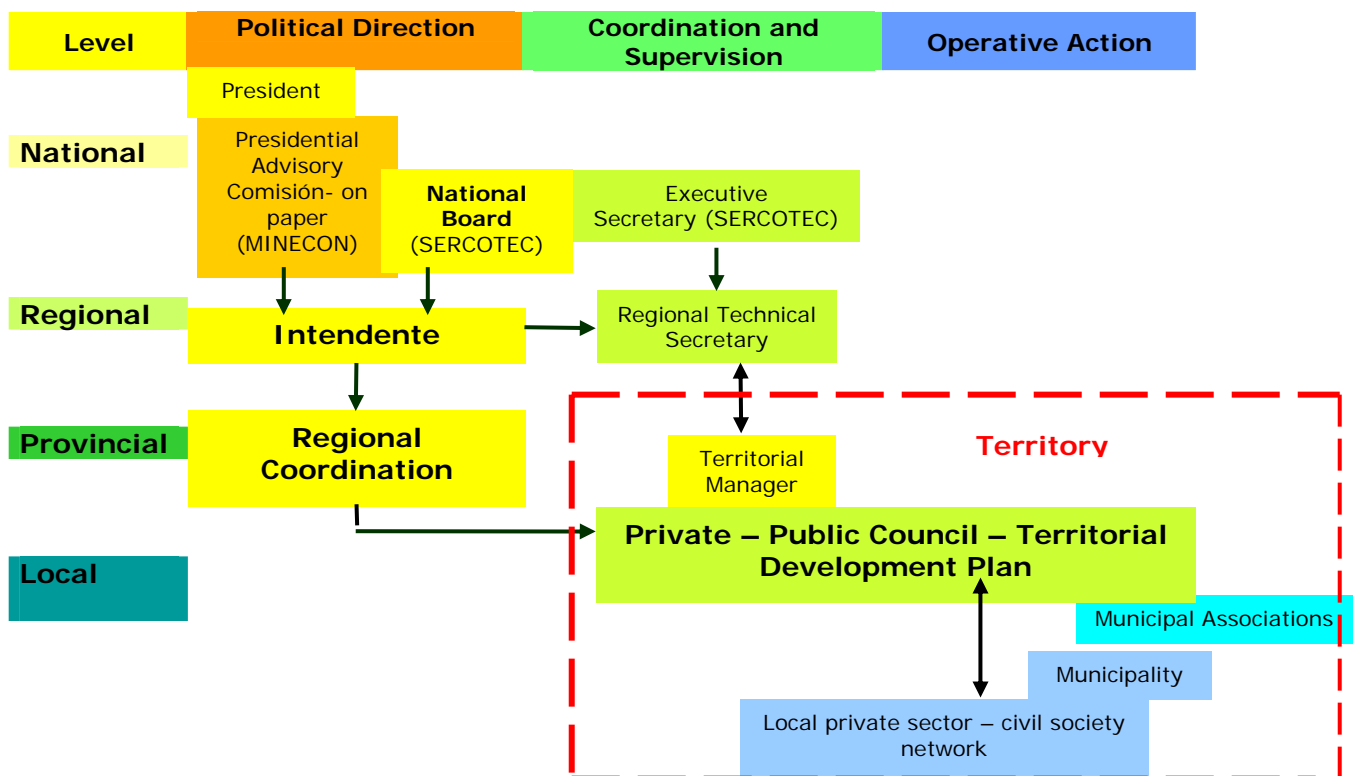
The Board has assumed the program's coordination in the absence of the commission's political guidance. It facilitates the inter-institutional associations necessary for program implementation; defines program objectives, operative strategies and work methodology; develops the annual work plan and the instruments and mobilizes resources from internal and external sources to make it operative; provides technical assistance to Regions and territories; generates the exchange of good practices, and elaborates a trimestral report on program implementation, among other functions.

Table 10: Chile Emprende Policy Formation Steps			
Stages	Processes	Principal participants	Period
1	Informal agreement among Directors of public services and first projects: Emprende Chile	<ul style="list-style-type: none"> ▪ Pilot initiative ▪ Management model ▪ Expansion 	SERCOTEC FOSIS INDAP 2001 - 2004
2	Positioning of the issue	<ul style="list-style-type: none"> ▪ The need to strengthen action to benefit small business ▪ Viable policy alternative 	Political actors October 2004
3	Presidential backing	<ul style="list-style-type: none"> ▪ Decree ▪ Definition of institutional framework ▪ International Seminar 	President SERCOTEC CORFO FOSIS December 2004
4	Installation and first budget to finance public – private agreements	<ul style="list-style-type: none"> ▪ Installation and operation of the Regional coordination bodies ▪ Development territories defined ▪ Standards that regulate the program 	Board 2005 - 2006
5	Expansion and Integration in Regional Development Agencies	<ul style="list-style-type: none"> ▪ Regional Development Agency created ▪ Director of SERCOTEC heads National Board 	Regional Development Agency SERCOTEC Chile Emprende 2007

A Presidential instructive followed the decree, ordering the Regional Intendentes to establish an intersectoral organ or use existing bodies to coordinate the program at the regional level and engage sub-regional and local levels. The regional instances foster the engagement of business, productive and academic actors in territorial development, by opening opportunities for dialogue to stimulate the establishment of cooperative relationships and agreements.

At the sub-regional level, the program foments mechanisms and instances of public – private collaboration, cooperation, and operative management, around the agreed – upon objectives. See Table 11.

Table 11: Chile Emprende Structural Organization



The role of Health

The Health sector does not participate in the National Board or the process of generating the territorial development plan. However, many business initiatives, such as tourism and food elaboration, require health authorization and permits. To facilitate this process, territorial managers and the Regional Technical Secretary of the Intendente have coordinated with the Regional Health Authorities.

IA based on shared interests and supported by flexible budget mechanisms

A shared goal, that requires the combined efforts of all public and private participants – to dynamize the local economy- is at the center of IA in Chile Emprende, but this shared objective is based on an agreement and not a program.

“It breaks the verticality of an institutional program and creates a horizontal relationship based on an agreement.” Interviewee 1 Chile Emprende

“The rules of the game are important and have to be absolutely clear. For example, a great deal of flexibility is permitted, but without going outside the law. And the matching funds. Those two things were not negotiable.” Interviewee 2 Chile Emprende

“Another important initiative in fostering competitiveness is the creation of a budget program for Chile Emprende, designed to coordinate the activities of the public institutions responsible for promoting industrial development and their

relations with local governments ... thereby increasing decentralization and allowing these decisions to be tailored to local needs." DIPRES (2006b: 34)

The Budget law included a budget line in each of the partner services with a special item that enabled transfers between institutions and to the private sector within the frame of the public – private council agreements and the territorial development plans. Territorial budgets are allocated to all the territories during a conference held in May at which the councils present the development plans for discussion and review. Before the new fiscal year, planning sessions are held to organize the services and development instruments for the different plans.

Finally, the figure of the territorial manager, a professional usually an economist, commercial engineer or business expert assigned to each territory, is crucial for successful intersectoral action.

"The role of the territorial manager is to bring about encounters, generate agreements and watch over their compliance." Interviewee 3 Chile Emprende

Mechanism	Description	Tools
Political will	Presidential Commission National Board	Presidential decree (law) Presidential instruction
Regional coordination	Integrated public action to drive and support territorial development plans	Political and technical capacity
Public – Private Councils	Shared objectives	Development plans
Budget mechanism	Transfers based on the development plan	
Territorial manager	Territorial manager supports each public – private council	Monitoring, articulation and negotiation
Evaluation and sharing good practice		Systematization of practices

Results

Since 2004, Chile Emprende has established public – private development councils in 27 territories, covering all the regions of the country and projects up to 40 territories by the end of 2007. Most of the territories are rural and cover almost half the country and around one-third of the population.

During 2006, the plans administered approximately US\$ 30 million, of which Chile Emprende provided 17%, 43% was financed by other institutions, public and private, and the remaining 40% came from the private contributions of the participating entrepreneurs.

Some of the results highlighted by the program are:

- Araucania Andina, the original territory in the IX Region is today a consolidated and thriving tourist destination.
- Chiloé has boosted the number of tourists by 50%, and increased the average-length of stay and money spent.

- The Araucanía Forest Cluster shows the highest national rate of reforestation, with over 10,000 ha since the program started.
- Quality foods produced by micro and small producers are commercialized to restaurants, shops or exported.
- Associations of small fishermen, small furniture manufacturers, home services, rural tourist services, producers of fine foods and farmers have increased earnings by over 50% since the beginning of the program.
- Public services and municipalities participating in Chile Emprende have begun to operate as a “development network” with common objectives and challenges and specialization of services, complementing private enterprise to produce synergy between social policy and economic development (Calderon 2006).

Participating institutions, especially SERCOTEC, have produced the available evaluations and reports. The need for independent studies and built – in systems to evaluate proposed objectives such as the strengthening of social and territorial capital and data on job creation are necessary. Each territorial is an independent project, but integrated knowledge sharing mechanisms should be strengthened.

In 2007 the DIPRES included Chile Emprende in the list of programs to be evaluated.

Lessons for IA

The Chile Emprende program appears to be an example of good practice in a model of inter-institutional public and private action inserted in the Regional governmental framework, promoting an entrepreneurial approach focused towards micro and small businesses and job creation and linked to territorial development.

The territorial intervention model promotes association to establish public – private working groups or councils, where public services, Regional Government, municipalities, or municipal associations converge with the private sector (Ruiz 2005).

Participation, although mainly centered on small business actors, is empowering in Chile Emprende: without active community initiative the program doesn't work. The Public – Private Agreement is the blueprint for concerted action, guiding the budget transfers and evaluation system. The agreements reached are substantive in aspects that are of direct interest to the participants.

Nevertheless, the rhythms and values of the business sector, the public sector and local authorities differ and may produce tension.

“At the end of the day the public servant has to reach a coverage goal, help 100 farmers. The municipality wants to break the sectorality of the public services. They want to strengthen their municipal productive development units and they also want more resources for their community...Finally, there is negotiation and some tension. The private sector has individual interests, and tend to look at the short term and immediate benefits... And the rhythms are different. So these differing interests converge on the battlefield of Chile Emprende. It's on this field that the territorial manager has to work.” Interviewee 3 Chile Emprende

Strategically, this experience will probably find new sustenance in its association with the new Regional Development Agency created by President Michelle Bachelet, which should contribute to expand the integrated territorial development model, which in

turn will impel and support greater decentralization, and as a result greater integrated social and economic development. The Director of SERCOTEC, has been recently named to head the Agency's board in addition to the leading role in Chile Emprende. Consequently, further integration will probably occur.

The mutual benefit, in favor of their respective "clients", of stronger and more permanent institutional links at the national and regional levels between Chile Emprende and Chile Solidario, as well as Chile Crece Contigo, appears evident as the employment and income generating goals are synergetic. The territorial development model can also contribute to enrich community cooperation and social capital, to create community instead of just institutional intervention networks.

3.5 The future of children is always today¹⁰: Chile Crece Contigo

"My goal, at the end of my Government, is have instituted a Protection System for Children destined to equate development opportunities for Chilean children in their first eight years of life, independently of their social status, gender, geographic origin, the structure of their home or any other potential factor for inequity.

The central idea is that by the end of the first cycle of primary education we will have erased the socioeconomic effects on the capabilities of boys and girls to learn and to live together." President Michelle Bachelet, Installation of the Presidential Commission on Infancy, March 30, 2006

Technical consensus based on evidence and the window of opportunity

The concept of social protection and the mandate for its progressive realization through Governmental policy action was reaffirmed with the passing of the Chile Solidario Law in 2004. The next steps that should be taken to expand social protection were being explored by MIDEPLAN and FOSIS, at the same time that they were facing the challenges of full implementation of Chile Solidario.

The focus on children, in particular early child development, as the best means of achieving progress and social equity, had many advocates. The National Policy for the Benefit of Children and Adolescents for the decade 2001 – 2010, presented by a working group of the Committee of Social Ministers for this priority social group, which represented 22 public institutions, called for increased social investment in children, not only as an ethical imperative, related to their basic rights, but as an indispensable condition for social and economic development.

The growing national debate on the problems of social inequity, attributed to the economic model and the inability of social policies focalized on deficiencies and vulnerabilities to fully achieve equality of opportunities, also shaped the course of action.

"So we started to work on the design, whose conceptual framework included the Rights of Children and the State's responsibility to ensure them and was

¹⁰ A line from a poem by the Nobel Prize-winning Chilean poet, Gabriela Mistral, and the title of the final report of the Presidential Advisory Council for the Reform of Policies for Infancy, presented to President Michelle Bachelet on June 30, 2006.

influenced by the successful experience of intersectoral management for social protection of Chile Solidario.” Interviewee 3 MIDEPLAN

“There was a story with Chile Solidario, a different model of intervention in social policy, that brought public services to those in need. A beautiful experience in terms of accompaniment of the families.” Interviewee 2 MINSAL

By 2005 the Chile Solidario team at FOSIS and MIDEPLAN had outlined a proposal for a social protection system for children from 0 to 18 years of age, in the context of an integrated system for social protection, based on rights during the life course (FLACSO 2005). The conceptual framework used to advance the philosophy of social protection drew upon the social risk management approach, enriched with greater emphasis on rights and social promotion.

“An effort that’s worth undertaking, in the area of social protection, is the design and implementation of social protection instruments for children, since they are a priority group for the country’s development. Measures such as expanding pre-school enrolment, the availability of modalities of childcare to favor and stimulate women’s insertion in the job market, family support to disinter minors in social risk from centers and other equivalent measures are important steps towards integral social protection for children, but totally insufficient if they don’t form part of a greater system that orders, organizes and makes this supply effective for the families that require it...”

The principle of universality of the policies implies that they be designed for all boys and girls in the country. In this sense, any tool for social protection for children should include all boys and girls and not just those who are in situations of vulnerability or social risk.” (FLACSO 2006:47)

FOSIS and MIDPLAN had strengthened ties with DIPRES during the Chile Solidario experience and leveraged funding for investigation to systematize and evaluate interesting local projects and to develop possible interventions, including pilot experiences to build a body of evidence to inform policy alternatives.

“Also DIPRES was interested at that time in the subject of insertion of women in the labor market...and had commissioned studies on child care and early infancy.” Interviewee 3 MIDEPLAN

In 2005 MIDEPLAN invited the Ministries of Health and Education to conform working groups, whose objectives were to review available benefits, identify innovative experiences, and to order studies to explore policy alternatives. Intersectoral response and commitment to the new project was immediate.

“It was evident...we would reach out to institutions and support was immediate, as if there was a necessity that it exist.” Interviewee 3 MIDEPLAN

“What the people from MIDEPLAN told us was that they had used the model of the health guarantees to design the new approach to systems of social protection and therefore with a preventive or promotional approach, anticipating the interventions more than waiting for the impaired population to demand a determined service.” Interviewee 2 MINSAL

The evidence base of effective interventions, that MIDEPLAN and the other sectors were building, also looked at international experience, including the work being produced the Knowledge Network on Early Child Development of the WHO Commission on Social Determinants of Health.

The idea of constructing a social protection system for children was included in Michelle Bachelet's presidential campaign program.

"Social protection was a social policy issue. There had always been a network of people working on children's issues. Academic institutions, ECLAC, and international organisms had been working on social protection for some time, so it wasn't strange that in terms of social policy the program opted for that model and not another. Now why, within the proposal of a system of universal social protection, it chose children, I think it was because there already was a design. Ultimately, there were advances. And who knows what other political aspects might have been considered, even the fact that the President is a pediatrician."
Interviewee 3 MIDEPLAN

DIPRES anticipated the implementation of the system, including in the 2006 Budget Bill an item to increase child care and pre-school enrolment and other activities, as part of a group of new projects to strengthen the social protection system that already included Chile Solidario, Health (AUGE and primary care) and Education (DIPRES 2006b).

Stages		Processes	Principal participants	Period
1	Generating technical consensus: Diagnosis, initial strategy formulation and studies	<ul style="list-style-type: none"> ▪ Alliance with DIPRES ▪ Workshops with sectors ▪ Review of sectoral benefits and services ▪ Projects to study and develop benefits and services 	MIDEPLAN FOSIS MINSAL MINEDUC DIPRES Experts	2001 – 2006
2	Presidential Commission: Broad social consensus and new proposals		Expert commission Technical Secretary MIDEPLAN Presidency	June – October 2006
3	Integral Social Protection for Children 0 –4 years: Chile Crece Contigo	<ul style="list-style-type: none"> ▪ Law bills 		
4	First stage Implementation of the Chile Crece Contigo pillar	<ul style="list-style-type: none"> ▪ Legislative package ▪ Strengthening local networks ▪ Health Service implementation projects 	MIDEPLAN MINSAL	May 2007 on – with official launch in August 2007

The Presidential Council: empowering participation mechanisms

On March 30, 2006 President Michelle Bachelet established by Presidential Decree a Council to reform social policies relating to children, integrated by 14 experts, representing a diversity of specialties, expertise, and a cross section of political views, from the Right to the extreme Left, with a petition to present a proposal by the end of June. The MIDEPLAN – FOSIS team, now installed in the Chile Solidario Executive Secretary, whose mandate was widening and in fact was now Social Protection, acted as the technical secretariat of the council, which was presided by the former head of the Department of Studies of DIPRES, who had been instrumental in the design of Chile Solidario and the results – oriented budget mechanisms, that had facilitated intersectoral action in that initiative.

The council worked at an intense pace, convoking 46 audiences with national and international experts, social organizations and other actors. Members also traveled to all the Regions and held public meetings in all the capital cities. It also opened a public consultation through a web page, which received the contributions of thousands of interested parties. The resulting document, reflected a broad social consensus on the need to create a social protection system for Chile's children.

Box 10: Why a social protection system?

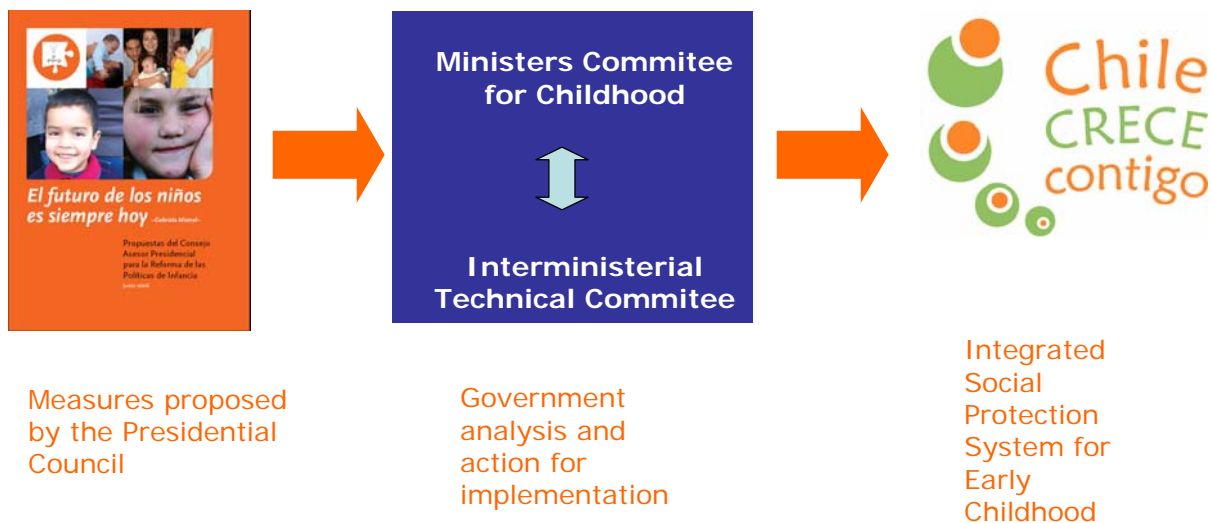
The Council's report to the President, *The future of children is always today*, poses this question and responds it with the following affirmations:

- Because boys and girls have rights
- Because early childhood has great opportunities (and risks) for human development
- Because all boys and girls should have equal opportunities to develop
- Because all boys and girls have the right to proper care, stimulation and education, while their parents work or study outside the home
- Because the investment in early child development is strategic for the country
- Because policies for children should be effective and efficient

(Presidential Council 2006)

The participatory process established in Chile Crece Contigo distinguishes this program from the other programs. The type of broad – based collaboration with Civil Society actors with public consultation characterizes President Bachelet's "citizen government". Other Presidential Commissions have addressed other important topics for social equity, including pension reform, education reform, and most recently the Commission on Social Equity which will tackle questions relating to decent work and economic equity. This last Commission emerged in the wake of the public debate on social justice that intensified with the publication of the 2006 CASEN survey.

Figure 5



An integrated social protection system

In October 2006 President Bachelet announced the creation of the integrated and integral social protection system for early child development, called Chile Crece Contigo (Chile Grows With You) that would be implemented in 2007. Its social equity goal was ambitious and aimed to eliminate socioeconomic differences in achieving maximum development potential across the social gradient.

The system would accompany children and their families from gestation until they entered the school system in pre-kinder, at age 4 years. Chile Crece Contigo would provide universal access to benefits and services for all boys and girls to take care of their necessities and support their development during early childhood. Additionally, it would contribute to induce basic conditions in the psycho-emotional sphere and the physical environment in order to favor harmonious and integral development.

"To take advantage of the windows of opportunity that boys and girls have during early childhood to develop the maximum possible potential, requires longitudinal monitoring of their development throughout this period of life, from gestation. Given the multidimensionality of early childhood development, it is necessary to align simultaneous interventions in the different dimensions that influence the development of boys and girls, in a manner, opportune and pertinent to the particular needs of each one of them." (Chile Crece Contigo 2007)

New programs were introduced for this purpose, which required integrated action by two or more sectors: Support for Biopsychosocial Development (MINSAL (Health Services) – MIDEPLAN), the Fund for Initiatives to Support Child Development (MIDEPLAN – municipalities) and the Fund for Childhood Initiatives (MIDEPLAN – public, private and community agents).

Box 11: Differentiated Support

Chile Crece Contigo offers different levels of support for all boys, girls and their families. To each according to his/her specific needs.

1. Educational program for all citizens
2. Strengthened legislation and standards of protection for maternity and paternity
3. Accompaniment for all boys and girls from the first prenatal control until entry into the school system
 - Improved prenatal controls
 - Humanized birth
 - Improved health controls, especially for the first 2 years (Biopsychosocial support)
4. Differentiated support and guarantees for boys and girls from the 40% poorer homes and/or in special situations of vulnerability.

Nuñez 2007

Box 12: Law Bills for Chile Crece Contigo

- Automatic transfer to the postnatal period of days not used in the prenatal, in the case of premature births
- Right to transfer up to the first three weeks of rest and prenatal benefits to the postnatal period
- Right of working mothers to nurse their children, independently of the existence of a nursery in the workplace (Approved)
- Extension of postnatal leave to one year when the child is born with a disability
- Improved legislation for equal rights for adoptive parents in regard to adoption times, leaves and postnatal subsidies

Nuñez 2007

Reaffirming the Chile Solidario Management Model

The success of the Chile Solidario model for IA determined its application in the new pillar of social protection. In fact it was the effectiveness of Chile Solidario's integrated policy approach centered on the person, his/her family and the community and backed by a results – oriented management model, which acted as a driver for the expansion of social protection, universally for all children. Today both programs share the same management and development team in MIDEPLAN's Chile Solidario Executive Secretary.

"What we are doing is transforming the Chile Solidario Executive Secretary into an executive secretary for social protection. So for example, the area of Chile Solidario called territorial management, where there are 5 people who work with the Regions to technically support the local networks, is working on Chile Solidario and Chile Crece Contigo. The only ones working thematically on early childhood is a team of four people." Interviewee 1 MIDEPLAN

The main adaptations for Chile Crece Contigo have to do with the sectors that need to be involved to fully address the different dimensions of child development. The decree that established the presidential council also established a Committee of 9 Ministers, headed by the Minister of MIDEPLAN and including Health, Education, Justice, SERNAM, Finance, Presidency, Labor, Housing. The national technical committee has also been expanded to include all the public services related to children. The preeminence of Health for early child development is expressed in a permanent working group.

The Regional level is coordinated by the Intendente and the Regional Cabinet with leadership assigned to the Regional Ministerial Secretary of MIDEPLAN, SERPLAC, as coordinator. The Director of the Health Service assumes the role of the territorial manager who coordinates and supports all the primary care centers within its jurisdiction and also articulates Civil Society and private providers to create a web of community services for early child development.

At the level of the Local Intervention Network, the primary care center is the entry point for Chile Crece Contigo, when the mother starts the prenatal control and continuing with the biopsychosocial support program until age 4.

MIDEPLAN's role in managing the social protection system has also been consolidated and its leadership recognized by the other sectors.

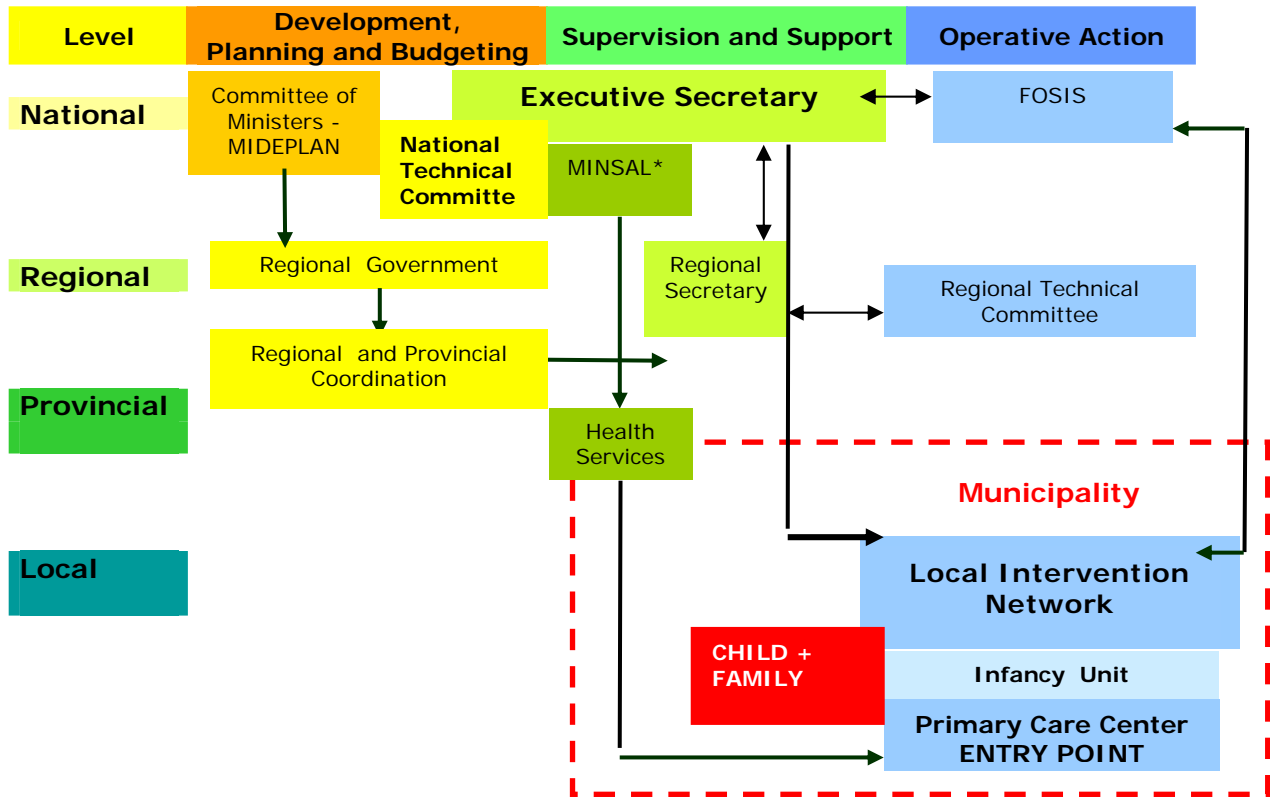
"It's a question of [MIDEPLAN's] leadership. The system of child protection is fundamentally a system of articulation to support the infancy unit or social office of the municipality, so we, in Health, subordinate ourselves in some way, even though we have the most important component of the project. We understand that we are not the leaders of the project, that the leader is the social policy, not the health policy." Interviewee 2 MINSAL

The social protection management model tested by Chile Solidario, continues in Chile Crece Contigo, but with new developments:

- On-line monitoring shared by all participants of the local network. The information system is currently in the final stages of development with an operative demonstration model and scheduled to be in place by the end of this year. It will permit monitoring of the child from the prenatal control until 4 years of age, incorporating all relevant information, as well as reducing bureaucracy.
- This powerful IT system will follow each child through the system, as described in figure 6 below, to monitor the delivery of benefits, intermediate results, and evaluate impact. Since the goal is social equity, this will be measured by a series of indicators, in the process of being developed by each sector with MIDEPLAN's help. The evaluation system will also include the type of panel survey that will enable comparisons between participants and non-participants.
- Support to constitute territorial networks for system management, with national supervision and regional operative coordination.
- A program to strengthen municipal capacities.
- A system to certify the quality of the benefits and services.

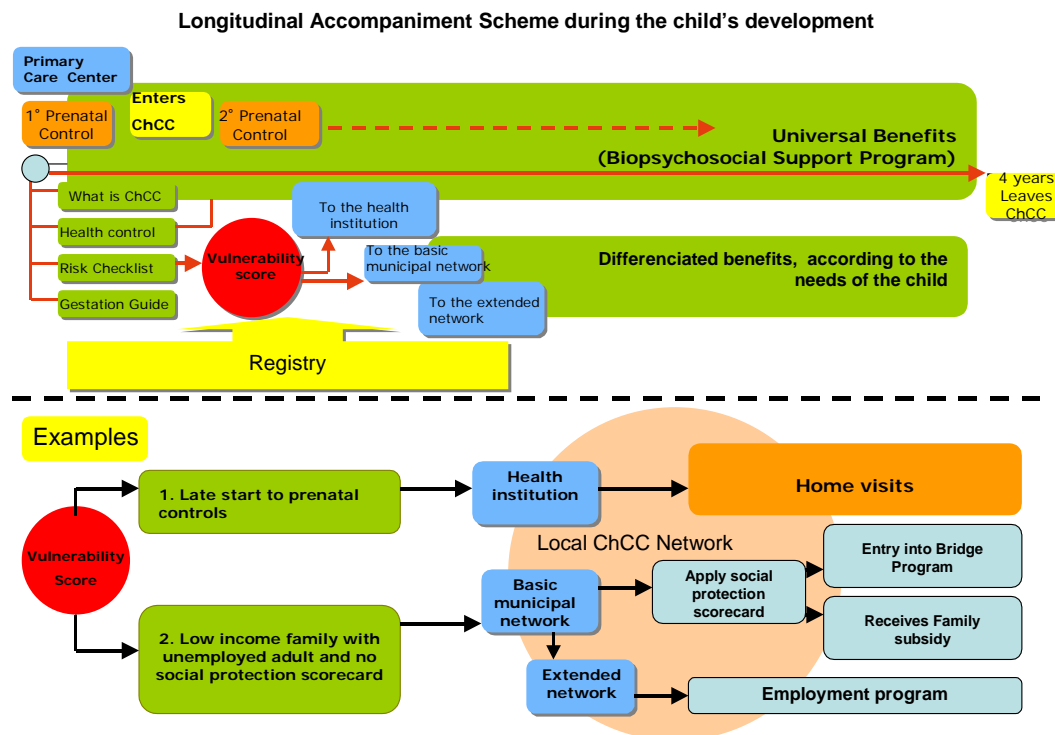
See Table 8 in section 3.3 for a summary of the management mechanisms used in Chile Solidario, that are common to Chile Crece Contigo.

Table 14: Chile Crece Contigo Structural Organization



*A more complete scheme would detail Education and other social sectors in the intervention network as well as Health.

Figure 6



The Chile Crece Contigo experience is especially relevant for IA in health and the Health Sector's understanding of its role in social protection. The Health sector has a leading role in the system, from policy formulation to operation as the entry point, and not only in regard to the specific function of the primary care centers and healthcare networks, but also in disseminating knowledge on the underlying social determinants of health and health equity to inform action by other sectors. Health concepts also inspire the focus on promotion, prevention, anticipating damage, reducing effects and rehabilitation.

The first stage of implementation, currently underway and estimated to be operative in 161 municipalities between May and August 2007, requires close collaboration between MIDEPLAN and the Ministry of Health.

"My perception is that there haven't been great obstacles in the relation with MIDEPLAN, on the contrary, I have perceived a lot of backing, a lot of support, a lot of fluidity, eagerness for us to present our proposals so that they can articulate, and once we contacted the Health Services, their Regional managers, the SERPLAC (Regional Offices of MIDEPLAN) entered through the municipalities." Interviewee 2 MINSAL

To fully describe the implementation process, would require a complete case study in itself and is beyond the scope of this analysis, but several aspects should be highlighted with observations from the participants.

- Forming the local networks

"This month (May 2007) there are meetings in all the municipalities or groups of municipalities, in which the people who carry out the different components of this policy are getting to know each other face to face: the social workers from the municipality, the infancy units, primary care centers, the child care centers. So there is a very personalized articulation in terms of "I know Juanita Pérez in the municipal office who administers the subsidies." Interviewee 2 MINSAL

- Setting up the technological platform

"In a second stage, the system contemplates software that will be accessible to all the different providers, all the actors linked to the program.. If a woman arrives for her first prenatal control, lights will go on in the information system to remind us that she also is entitled to a subsidy or she qualifies for Chile Solidario. The idea is that she will not be red-taped so we can be more proactive."

"We have communicated everything by e-mail and haven't sent out even one formal instructive, yet I have received work proposals from practically every Health Service." Interviewee 2 MINSAL

- Encouraging local innovation

"As a Ministry we had a good design in what had to do with pregnancy, but very little that had to do with the child. So we had to generate local initiatives...as a way of rousing the healthcare networks to contribute to the reflection....A good proportion of the financial resources are given to the interdisciplinary primary care teams to meet and analyze cases from the perspective of psychosocial risk in order to propose a course of action." Interviewee 2 MINSAL

- Changing the culture

"A critical aspect is the change in attitude on the part of people who attend the women and children, that has to be part of the training we will begin with MIDEPLAN in the second semester. This change will generate effectively a new discourse, a different approach that has to accompany this process of growth and development. To listen to the mother and hear her problems. A cultural change." Interviewee 2 MINSAL

- Capacity building from local experience

"The natural tendency is to put the training before beginning to work. In other words, I'm going to train all these people and then they will be capacitated for what they have to do, but I think that it's the other way around. I installed the system in the local network because I think they are capable. You start with the installed capacities and from their performance you generate spaces for formation, training, exchanges of experiences, that results in learning." Interviewee 1 MIDEPLAN

"There's going to be a surge of training, that we will design with MIDEPLAN, during the second semester and not at the start." Interviewee 2 MINSAL

- Measuring results and impact: the need to define outcomes

“The explicit objective of achieving social equity implies a group of impacts, especially in health, that we should produce through biopsychosocial support. The question is how do we understand the outcomes? In terms of intelligence and scores on the PSU (university entrance exam)? School performance? Or that the child isn’t a bully or uses drugs. I think we need a better common understanding of what results we want to achieve.” Interviewee 1 MINSAL

“One of the things we expect in terms of impact is a reduction of all socioeconomic equity gaps. For example school performance scores.” Interviewee 3 MIDEPLAN

Lessons for IA from Chile Crece Contigo

“Chile Crece Contigo should generate a sense of the epic...as an important path to build a better Chile.” Interviewee 1 MINSAL

Firstly, the Chile Crece Contigo story reaffirms the importance of the philosophical framework of social protection as conducive to health equity within a broad whole of government social welfare scheme.

It also reveals the role of equity monitoring and building evidence as a driver for policy formation and the importance of generating a broad base of social consensus on the problem and the solution. Its design is the result of expert convergence on objectives and key pillars of action, despite ideological perspectives that could have resulted in greater discord, enriched by public discussion and audiences that involved thousands of participants.

The system of social protection for early child development is the maximum expression to date of the transformation in social policy and the role of the State, that a rights – based approach brings: if rights and entitlements across various sectors are guaranteed, strong integrated planning, implementation, monitoring and evaluation processes are necessary.

It is also the consolidation of the social management model developed in the Chile Solidario experience and the style of leadership exercised by MIDEPLAN provides valuable insight to articulate, facilitate, operate and monitor effective intersectoral action.

What happens with the on-line information system and the ways in which it can facilitate opportune action, reduce bureaucracy, and strengthen communication as well as monitoring and evaluation of sectoral processes and the measurement of the common outcomes is of special interest for IA. The issue of how information technology can transform institutions and create institutional social capital is another topic for further exploration.

3.6 The Challenges of a Social Protection System

"I said it on the night I won the election: consolidating the foundations of a Social Protection System will be the historic milestone of my government.

The Social Protection System has various components, such as education, pension, health, housing. But what is central to the system, what is central to our vision, what is our own, is the idea of social rights for all citizens.

And I want to underline this point: In establishing social rights for the people and, above all, in guaranteeing them effectively, what we are doing is defining the type of country in which we want to live.

We are saying as a society that there are certain public goods that we want to guarantee to each citizen so they might have a more tranquil life with fewer insecurities, y that will enable them to develop fully and, truly, expand their freedoms." President Michelle Bachelet's Address to Congress on May 21, 2007 (Bachelet 2007)

President Michelle Bachelet introduced a new emphasis and new components to the idea of Social Protection installed by the Chile Solidario law, in particular the notion that social protection is a citizen's right to claim, transforming the system into a proponent of the idea that social policies should give rise to enforceable rights (SUR 2007).

The new approach has a universal perspective which considers that all people, families and communities are vulnerable to multiple risks during the life course. The risks are related to situations particular to each stage of life and conditions of the family, the community and the environment. The social risk management model consists of selecting adequate strategies for prevention, mitigation and management of risks, with a social capital focus.

Creating the conceptual framework of social protection is an on-going task, the common understanding today is sufficient to move the system forward but the need to flesh out the outline is a matter of concern.

"The concept is social risk management and not management of social risks. There is a language twist there that also reflects a conceptual perspective.

We have to build a common understanding of what social protection means. I think the conceptual framework should be a good combination of social risk management, a rights-based approach and the social determinants of health model, vulnerabilities, social cohesion and social integration. We need to develop its philosophy." Interviewee 1 MIDEPLAN

Meanwhile, Chile Solidario is being expanded and as of 2007 includes homeless people and other vulnerable groups such as the disabled and senior citizens who live alone. Two new pillars are being integrated into the system:

- Chile Crece Contigo, reviewed above, is a universal component, with an equity focus oriented to address the social gradient and a differentiated approach

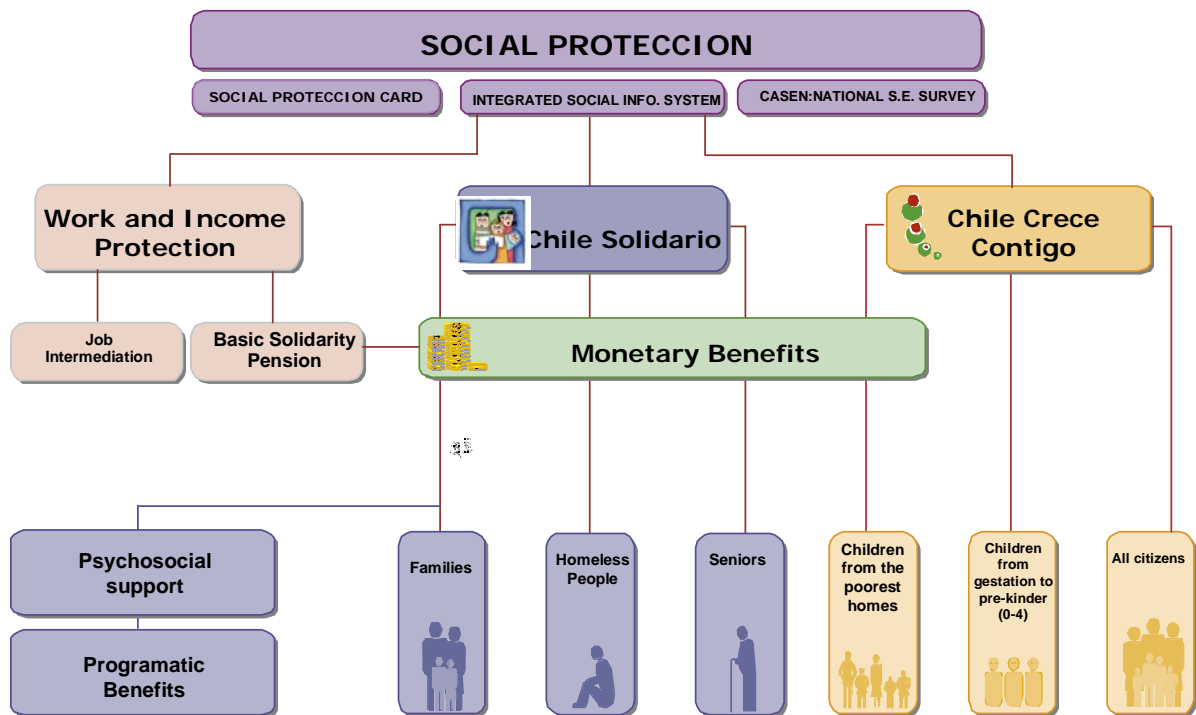
based on a wider understanding of underlying determinants of equity and inequity.

- Social Protection for Work and Income. This component covers men and women workers, including benefits, services and regulations to promote “decent work” and the reform of the pension system, to advance in universal coverage with greater equity, on the basis of strengthening the solidarity pillar and improving the contributive pillar.

A new instrument to measure vulnerability replaced the CAS Scorecard, called the Social Protection Scorecard, in response to the transformations in the poverty profile and the emergence of new risks that threaten broader social sectors, in the logic of social protection. Another instrument related to the system are the Territorial Maps of Vulnerability, which identify localities with precarious or inexistent services or environmental deterioration or other deficits, to trigger the mobilization of IA to strengthen an integral, decentralized intervention model.

Figure 7 provides an image of what basic social protection will look like in Chile in the year 2010.

Figure 7:



Source: MIDEPLAN, adapted by the author based on conversation with the Executive Secretary of Chile Solidario.

Chile Crece Contigo's implementation process, now underway, will further test the management model. The challenges for the model are summarized in table 15.

Table 15: Challenges for Social Protection	
Conceptual challenges	A clear ethical and conceptual framework
	The ecological model
	The role of community networks and citizen participation
	Greater flexibility in interventions to meet the demands and requirements of families, in different circumstances
	Strategic planning for beyond 2010
Metological – Operative Challenges	Is everyone participating who should be? Should everyone participating be there?
Institutional challenges	Territorial differentiation of networks
	Information and communication support: the information system and its platform
	Horizontal and vertical integration at every territorial level
	Social observatory for social protection
	Knowledge networks: evidence for action

Source: Adapted Baeza 2005

Challenges for IA in social protection

In relation to IA, during 2005 many of the actors interviewed for this case study and others directly involved in social policy formation and implementation participated in the dialogues to build the social agenda from the perspective of the social determinants of health approach, developed by the Ministry of Health and the Latin American Faculty for Social Sciences (FLACSO), with WHO and Pan American Health Organization support.

One of working groups discussed the issue of intersectoral action for social protection. Table 16 summarizes the proposals and reviews the current situation in light of recent developments in Chile Solidario and Chile Crece Contigo, summarized in this case study (FLACSO 2006: 91 – 108).

Table 16: Proposals to strengthen IA from the Dialogues	
The proposal	The situation
Redefinition of superior functions of the State, related to a System of Social Protection with an intersectoral and rights-based approach	MIDEPLAN, coordinator of the Social Cabinet and social policy, has consolidated its leadership in a multidimensional social management model; this role is acknowledged by other sectors in a strategic alliance with DIPRES.
Need to define and communicate clearly collective objectives	President Bachelet's address on May 21, 2007; work to clarify philosophical framework and results-based management.
Need to articulate participation, responsibility and incentives to coordinate	The formulation process developed in Chile Crece Contigo is a notable example of participation and strengthens the rights-based approach to social protection. The question still to be answered but under study is: What mechanisms for participation are available for the children and families in the social protection system?
Definition of functions of each institution and of the intersectoral coordination	The social protection management model is a significant advance.
Formation of human resources	The approach to formation through good practice, shared experience and oriented towards problem identification and solving should be monitored and evaluated.
Stable investment in human resources	Administrative and legal restrictions limit this aspect.
Need to evaluate human resources	Some advances.
Need to innovate in evaluation for learning	The evaluation system and knowledge management components of the management model are innovations.
Strengthen articulation at the territorial level	Focus on local intervention networks, certification of competences go in this direction. But the community development experiences of Chile Barrio and Chile Emprende, especially the engagement of non-governmental actors should be looked at and best practices incorporated.
Spaces for local decision in the use of resources	Chile Crece Contigo moves in this direction.
More flexible use of public funds for social action	New administrative controls in the wake of scandals and accusations of misuse of public funds have led to more bureaucracy in the opinion of several interviewees.
More technical support for the local level	The management model considers this aspect.

4 The common threads and the potential of health leadership

4.1 Overview and typology of Chilean experiences of IA

The four Chilean experiences portray a timeline of governmental effort to bring together a wide range of actors, across and between the various levels in order to address, through concerted action, complex multifaceted issues of social equity, that had proved resistant to disperse sectoral activity: families in precarious settlements, families living in extreme poverty and outside social networks, communities unable to compete in economic markets and young children in unequal development conditions.

Chile Barrio and Chile Emprende are settings – based community development approaches, built around a community – defined shared plan of action promoted by a social manager who works directly with the local actors. Chile Solidario and Chile Crece Contigo form part of a broader social welfare approach which seeks to transform the role of State, as a guarantor of social rights and social protection, integrating sectors and the national, regional and local levels, using a management model with multiple dimensions, to support the operation of a powerful local intervention network, which provides psychosocial support to individuals and families, as well as benefits and social services.

A change or steady state of a key indicator, the poverty and extreme poverty rate, the public debate it generated, and the resulting interpretations were important focusing events that put the different social equity issues addressed by the programs on the public agenda. The gathering and use of evidence to demonstrate the urgency of the problem and the feasibility of policy alternatives is another common element, that also confirms the validity of Kingdon's model on agenda setting and policy formation.

Each experience represents in its time a new more democratic way of understanding the interaction between State and citizen and forms part of a new generation of social policy in Chile and internationally. Some of the new trends in the social policy debate are interpreted in these experiences:

Assistance ⇒ Rights
Focalization ⇒ Universal services
Subsidies ⇒ Job creation
Centralism ⇒ Networks
State action ⇒ Cooperation
Individual ⇒ Family (Kliksberg 2006)

But as Raczynski and Serrano note these dichotomies are false, since the functions are complementary, as they do not refer to objectives or goals but the areas in which social policy contributes to a society's profile. Consequently, social policy in Chile includes functions of assistance, social protection, welfare promotion and the realization of social rights (Raczynski and Serrano 2005).

The story of policy development also reflects the parallel efforts to modernize State action and, thus reveals the growing professionalization and technification of social policy and governmental management: systematic information, project analysis, new instruments, revisions such as the new Social Protection Scorecard, monitoring and evaluation. DIPRES contributed to strengthen the new social managerial approach, working in close collaboration with MIDEPLAN and sectoral ministries. The increasing

powerful mechanisms and tools for results-oriented management contribute to more effective IA.

The common threads not only derive from a similar policy context, but also from interaction, in part due to the fact that many of the same actors participated in all or almost all of the initiatives. Among the experts interviewed for this study, 1 had a role in all four, two in 3 of the programs and about half in two of them.

Table 17 presents a summary comparison of the four experiences in aspects relevant to understanding the success of IA and to facilitate identification of the common elements present and the differences.

Aspect	Chile Barrio 1998	Chile Emprende 2002 (2005)	Chile Solidario 2001 (2002)	Chile Crece Contigo 2007
Objective	To contribute through integral intersectoral action to overcome the poverty of people living in precarious settlements by acting on their living conditions, their habitat and social and job insertion	To contribute to improve income levels and employment conditions in the business and local ambit, with an intervention strategy based on a territorial development approach	To establish a progressive social , based on rights, focused on families and people living in extreme poverty in order to promote their inclusion in social networks, and access to better living conditions, to overcome indigence	To advance in the implementation of an integral social protection system, based on rights, for children 0 – 4 years of age with an integrated system of benefits, interventions and social services to support the child and his/her family from gestation, providing them with the tools necessary to develop their maximum potential, in order to equate development opportunities.
Evidence drivers	-Steady state of indigence rates interpreted as residual poverty -Catalogue of precarious settlements -Project with European cooperation -International experience	-Unemployment rates -Difficulties in job insertion for Chile Solidario families -Situation of micro and small businesses -Italian experience	-Steady state of indigence rates -Analysis of CASEN by sextiles and panel study -Study on income shocks -Study on dynamics of poverty and social mobility -Local initiatives on family support -World Bank approach to social risks and protection	-National Policy for Children -Social equity debate -Studies and evaluation of local experiences -Social determinants of health approach and WHO CSDH Early Chile Development KN work -International evidence -Presidential Advisory Council Report “El futuro de los niños es siempre hoy”
Political will	President	Agreement of 3 directors of development, later backed by President	President	President
Policy leader	MINVU	SERCOTEC	MIDEPLAN	MIDEPLAN
Strategic Partner(s)	FOSIS	FOSIS INDAP CORFO SENCE Regional Development Agency	FOSIS DIPRES (Social Cabinet)	DIPRES HEALTH EDUCATION (Committee of Ministers)
Health sector role	Primary care actors involved in some settlements.	Regional Health Authority provides technical assistance	Health plays a key operative role together with other	Health plays a leading, role, both strategic in policy formulation and

Table 17: Overview of the 4 Chilean Experiences on IA				
Aspect	Chile Barrio 1998	Chile Emprende 2002 (2005)	Chile Solidario 2001 (2002)	Chile Crece Contigo 2007
	Occasional contact with the Ministry of Health to address demands included in settlement plans.	when requested by territorial manager in projects that require health authorization.	social ministries, ratified by a performance agreement with MIDEPLAN related to budget transfers. 10 of the 53 conditions the families must meet relate to health.	operative. The primary care center is the entry point for children and families and the principal actor in the accompaniment scheme.
Approach adopted	Settings- based to eradicate extreme poverty in precarious settlements	Settings- based to promote and support economic development in a territory with public –private cooperation	Broader welfare objective: social protection, focused on families living in extreme poverty	Broader welfare objective: universal social protection for early child development
Strategy	Coordinate public benefits and services to support a shared action plan, validated by the community, for settlement improvement	Coordinate public benefits and services to support a territorial development plan elaborated by the public – private council	Invite families to participate in psychosocial support program to achieve 53 minimum conditions and connect them to the local intervention network. Intersectoral integration to support local network	Accompany children and their families from gestation to 4 years of age with education, biopsychosocial development support, provided by the primary care center and differentiated support, according to particular needs. Intersectoral integration to support local network
Equity focus	Reducing gaps “eradicate extreme poverty in precarious settlements”	Access to markets “equate opportunities for development”	Reducing gaps, social inclusion “eradicate extreme poverty”	Social gradient “erase socioeconomic differences”
Intervention unit	Families in precarious settlements	Territories where will for public – private cooperation exists	Families in extreme poverty	Children 0 –4 and their families Additional support for 40% poorest families
Components	Housing, Social Habilitation and Job Insertion	Financing (matching funds) Public development instruments	Psychosocial support Cash Transfers Preferential access to public social promotion programs	Information for all citizens Educational program Legal protection for maternity and paternity Guide to Gestation and Birth Biopsychosocial Development support Differentiated support according to risk (subsidies and free child care for 40% poorest families)
Levels involved	National, Regional, Municipal and Settlement	National, Regional and Territory (cross- municipal)	National, Regional and Local (municipal)	National, Regional and Local (municipal and increasingly community)
Management model	Cooperation around Shared Action Plan	Cooperation around Territorial Development Plan	Integration with multidimensional results oriented management model	Integration with multidimensional, results oriented management model
Local social manager	Barrio Development Service Professional	Territorial Manager with Public – Private	Family support social worker	Primary care team with Municipal infancy unit

Table 17: Overview of the 4 Chilean Experiences on IA				
Aspect	Chile Barrio 1998	Chile Emprende 2002 (2005)	Chile Solidario 2001 (2002)	Chile Crece Contigo 2007
Participation	Collaborative: Elaboration and validation of action plan	Council Empowering for local business actors who elaborate the territorial development plan	Collaborative in policy development and empowering in operation Rights and social capital focus Voluntary participation and shared prioritization of family work plan New mechanisms under study	Empowering in policy development and operation Rights and social capital focus Voluntary participation Active role of the family Social Observatory Other mechanisms under study
Civil Society Role	Validation process, providers in social and labor components	Participation in council, actors in territorial development plans	Collaboration and consultation in policy development, providers in local networks, studies	Empowering and collaborative participatory process for policy formation, providers in local networks, studies, social observatory
Results	Almost all catalogued settlements (close to 1,000) intervened, new housing instruments. Impact on families: increased income, satisfaction with housing and human capital	27 territories with development plans in place. List of economic initiatives, most of which relate to tourism and food industries	Almost 270,000 families have participate or are participating. 60% of discharged families completed 53 conditions. Impact on outcomes: gains education and health and in up-take of employment services and social assistance, connection to networks and optimism. Reduction of indigence levels and idistribution gaps.	First stage implementation starts in May – June 2007 in 160 municipalities
Size Affected Population	115,105 families (over 500,000 people) in 972 settlements	Between 27 - 40 territories in 15 Regions, where 5,000,000 people live	Estimated 1,425,738 people in 2007	Estimated 700.000 children 0-4 years use public health services. Approx. 76,000 expectant mothers and their infants in 161 municipalities will enter the system in 2007
Budget ¹¹	Total US\$ 479,000,000 (1998-2005)	Total 2006 budget of which 17% is public: US\$30,000,000 Public 2007 budget: US\$10.400,000	US\$ 1,071,833,000 Total 2007	US\$ 422,834,000 Total 2007
Time frame and future perspective	Program scheduled to end in 2007	Integration with Regional Development Agency?	In 2007 expanded to new groups: homeless, disabled and seniors living alone.	2008: Implementation in all municipalities.

¹¹ Budget information obtained from different sources: Chile Barrio (DIPRES 2006), Chile Emprende (SERCOTEC 2006 and DIPRES 2007 presentation), Chile Solidario and Chile Crece Contigo (MIDEPLAN web page, 10/10/2006). The budget information for the last two programs is an estimate of the total budget including sectoral programs. This figure varies in different presentations since the data may refer only to budget managed by MIDEPLAN.

Categorizing the type of IA and participatory mechanisms

In regard to the architectural arrangements of the IA approaches used in the Chilean experiences, the principal actors and their roles in policy decision, implementation and evaluation have been described in the story of each program. The specific role of the Health sector is reviewed in section 4.2.

Using the scheme developed by the ESP team to categorize IAH by level of integration, leadership and the vision of health, the programs studied are inserted in the corresponding cell. Chile Solidario and Chile Crece Contigo, are broad social welfare policy frameworks, led by the national government in a whole-of-government approach, and directed by the social coordination ministry, MIDEPLAN. Both are population-based approaches, but the role of health in influencing the prevailing vision of the problem and its determinants and the associated interventions is much greater in Chile Crece Contigo than in Chile Solidario.

Chile Barrio and Chile Emprende are settings-based approaches that can be described as a cooperation, at the national and regional levels, although the shared action plans provide a frame of reference for territorial intervention.

Table 18: Categorizing the "IAH case" by integration, leadership, vision of health

		Level of integration across the government		
		Intersectoral action policies		Integrated policies
		Coordination	Cooperation	Integration
IAH led <u>externally</u>, according to whether leadership is "whole-of-government" or sector specific	<i>From national government</i>			Chile Solidario Chile Crece Contigo
	<i>From specific sector</i>		Chile Barrio (Housing) Chile Emprende (Economy)	
IAH led <u>from within</u> health sector, influenced by the health system's/program's prevailing vision of health and associated interventions	<i>Disease perspective</i>			
	<i>Risk factor perspective</i>			
	<i>Population perspective</i>			Chile Crece Contigo

ESP Country team 2007

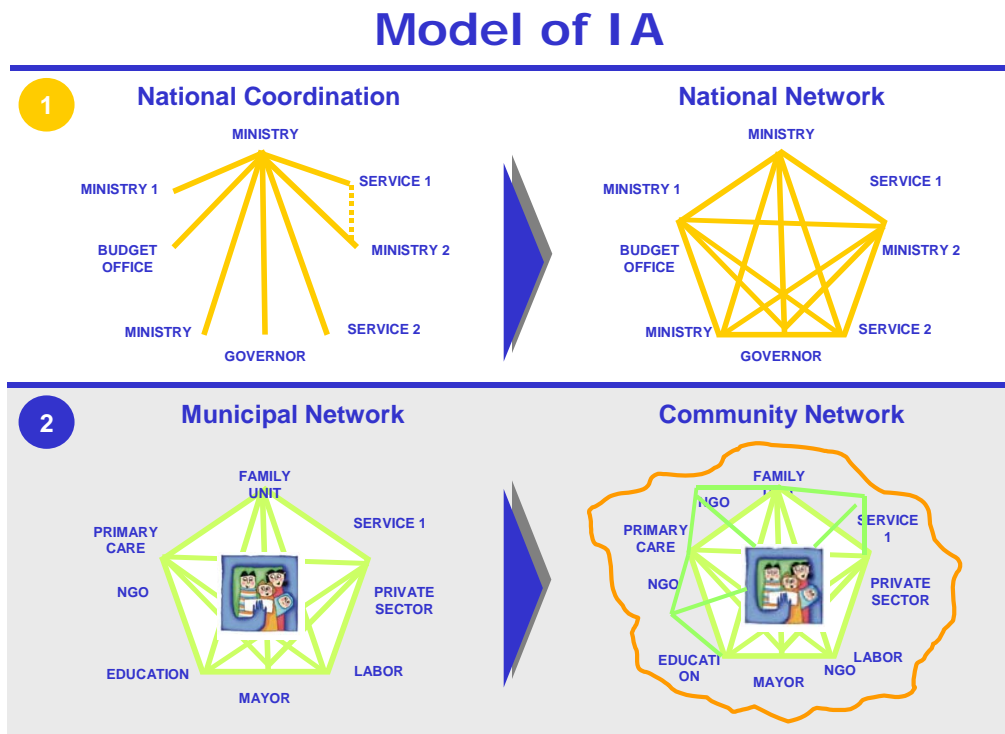
Of special interest is the model of the relationship for IA being developed in the social protection framework, which is summarized in Figure 8. At the national level, this relationship is evolving from a coordination mechanism, where MIDEPLAN acts as the focal point and director towards the conformation of a network where all the sectors are working towards a common goal and MIDEPLAN acts as a hub.

Additionally the bilateral or trilateral links between sectors is strengthening to ensure not only an adequate supply of services or benefits, but improvement in quality and

opportunity, for example, to ensure the correct sequence of benefits. For example, both training and job opportunities are important to increase capacity to produce income, but the training should precede the job, if not the person may not be hired because of lack of qualification.

At the local level, where the network model is strong, active civil society partnership is enriching the web of relations to create a community network and not just a municipal network of governmental services. The type of community social capital approaches developed by Chile Barrio and Chile Emprende, can contribute to this strengthened community web.

Figure 8:



The emergence of stronger participatory mechanisms in policy development, implementation and evaluation is another important aspect of the Chilean experiences. The model of working with the community and/or the family is similar in all four programs. A social manager with strong community ties makes contact and articulates an agreement with the relevant actors: a barrio development plan, a family work plan, a territorial development plan, a child development plan based on risk. The participants have decision-making power in this process and the plan orients the social investment.

Table 19 summarizes the type of participation and the social capital approach of the four programs.

Table 19: Categorizing Participation

Program	Type of Participation	Social capital approach
Chile Barrio	Collaborating	Community social capital
Chile Emprende	Empowering for the business actors, involving of others	Community social capital
Chile Solidario	Empowering (rights approach)	Family social capital
Chile Crece Contigo	Empowering (rights approach)	Family and community social capital

4.2 Health sector leadership

Health was not the initiator of any of the four programs under study, assuming a supportive or partnership role. Nevertheless, the rights-based approach to social protection has positioned the health sector as a key actor, to effectively influence, partner with and support other sectors, in particular in the early child development program, Chile Crece Contigo.

In Chile Crece Contigo, the health sector plays a significant role in identifying policy proposals with potential impact on health and health equity. In the Ministry of Health a working group, coordinated by a member of the Minister's Cabinet and integrated by professionals from both Undersecretaries, is in charge of policy development and coordinating regional and local program implementation. Each Health Service has a Chile Crece Contigo coordinator to organize, support and monitor the primary care centers, which are the entry points for expectant mothers and children, and has presented a work plan in coordination with these establishments for the first stage of implementation, which is currently in progress. This active role marks a significant contrast to the sector's participation in the other three programs, including Chile Solidario. At present no group or program is monitoring, evaluating or reviewing the health component of Chile Solidario, except in relation to budget matters.

Table 18: Health Sector Role

Program	Leader Role	Key Partners	Health Sector Role
Chile Barrio	Housing	FOSIS (MIDEPLAN), SUBDERE, SENCE	Support in plans that included community demands for improved health services
Chile Emprende	SERCOTEC (Economy)	FOSIS (MIDEPLAN), PRORURAL, SENCE, CORFO	Support to facilitate health authorizations and permits
Chile Solidario	MIDEPLAN	DIPRES, Health, Education, Housing, Labor, Women and other social organisms	Partner at the operative level, leaving policy formulation to MIDEPLAN
Chile Crece Contigo	MIDEPLAN	Health, DIPRES, Education, Housing, Labor, Justice, Women and other social organisms	Principal partner in policy formulation and the lead operative sector

While the predominant role of Health in Chile Crece Contigo can be explained in great measure by the sector's historical concern with maternal and infant programs, above all it is a consequence of the social protection model. As the social rights approach to social protection is entrenched, the centrality of the health sector as a defender of health rights, advocate for health and social equity and negotiator for broader social objectives has become increasingly robust. The conceptual frameworks of health action, including the Health Reform idea of enforceable rights, the social determinants approach, the notions of health promotion and the integral process of health care, have directly influenced the philosophy of social protection in Chile. Nevertheless, MIDEPLAN –and not the health sector- has often been the lead advocate of the rights approach and the social equity focus, including the emphasis on health equity.

The opportunity to deepen the influence and leadership of Health in shaping social protection in Chile is present, but in order to do so the sector must see itself as a promotor of social equity across government and actively assume this role, which is consistent with a broad vision of health and its determinants.

“Health has to be a leader, a flea in the year in regard to social determinants of health. You know better than the other sectors than you can't do it without the others. The same is true of social protection.” Interviewee 2 MIDEPLAN

Various initiatives are underway that move in this direction.

Firstly, the challenge of defining social protection from the social determinants perspective is a necessity, that is recognized by the system's leader, MIDEPLAN. The Ministry of Health is developing a concept paper on this issue.

Secondly, health equity is an indicator of social progress, which should be included in monitoring and evaluating the impact of the system. For example, the policy – makers have stated that one of the measures of success of Chile Crece Contigo is the elimination of differences in school performance scores by socioeconomic groups. What other social equity and specific health equity indicators will be included is a question currently being analyzed and not yet completely defined. A project that the Ministry of Health's Health Planning Division is proposing, a comprehensive health equity study using the database of the Integrated Social Information System and health databases, will contribute to this process.

Additionally, strengthened health equity analysis can provide insight to guide the development of interventions. Since the year 2000 the Ministry of Health has increased the scope and regularity of its health equity monitoring system.

Finally, Health is working to drive IA for health objectives, in multiple initiatives. The social determinants of health approach is a compelling argument for IA. The Ministry of Health has moved this work forward in a comprehensive work plan developed and implemented with WHO support. A key development will be the installation this year of a national forum on social determinants of health that will convoke a broad spectrum of actors representing all sectors of society. Box 13 highlights other Health experiences in IAH.

Box 13: IA experiences promoted by the Ministry of Health

- **EGO (Global Strategy against Obesity):** A strategic alliance that works with Education, universities, social organizations and the food industry, whose results include self – regulation, standards and advocacy.
- **Health Urbanization Project:** The project has been presented to the Ministry of Housing and Urbanism’s Quiero Mi Barrio program to coordinate action in the project municipalities: San Joaquín, Lo Prado, Calama, La Serena, Coronel and Puerto Montt.
- **Vida Chile Regional:** Coordinates with the Undersecretary of Regional Development in the context of the Management Improvement Program’s goal of integrated territorial management in the Health Promotion based on social determinants of health approach that includes a working group with the Ministry of Education and its dependent services
- **Health Promotion Program based on Social Determinants of Health:** The Ministry of Health is coordinating with municipalities throughout the country, under the leadership of the Regional Health Authorities to develop a new program to support citizen participation initiatives at the regional and local levels.
- **Ministry of Labor:** To work on issues relating to women migrant farm workers, occupational health and health promotion in the work place.

Source: Healthy Public Policy and Promotion Division. MINSAL

Another initiative, relevant for IAH is a project to strengthen the capacities of regional health teams to leverage intersectoral support for health equity objectives. See box 14.

Box 14: Intervention Model on Social Determinants of Health from the perspective of Public Health Teams

During 2006 Regional Public Health teams in all 13 Regions developed an intersectoral investigation – action process with vulnerable social groups defined using a prioritization strategy based on a health equity analysis. 9 of the Regions worked with adolescents, in urban and rural communities, the others worked with families or seniors living in poverty, disperse rural areas or precarious working conditions.

The product of the process was a diagnosis validated with members of the social group that gave origin to a shared action plan to intervene on a set of social determinants of health, defined by the community as critical for its development. Three key principles guided the process of intersectoral integration and community validation and engagement: Shared planning including the community, intersectoral actors and local authorities, Pooling of resources from all participants, Strengthening social capital to sustain action. The initial health equity analysis carried out by the health team acted as a catalyst for intersectoral commitment and was enriched by including the experiences of others and community information gathered using qualitative techniques.

In 2007 all the Regions are implementing the intervention plans and monitoring indicators of effect and results. This experience is a practical application of the social determinants of health approach to define public health interventions on underlying determinants, to generate intersectoral commitment, and to strengthen the capacities

of the health teams in health equity analysis and in management abilities for integrated collaboration, based on an ethical commitment to community development.

Source: Health Planning Division MINSAL

5 Learnings on IA from the Chilean Experiences

The analysis of the Chilean experiences of IA confirms the list of “enablers” for effective concerted action identified in the WHO commissioned report that synthesizes country and regional experiences. Box 15 repeats these conditions for success, which were presented in the section on methodology.

Box 15: Considerations for effective IA

- Create a **philosophical framework** and approach to conducive to IA.
- Seek **shared values** and interests and alignment of purpose among partners.
- **Be inclusive** and engage key partners from the beginning.
- Insure **horizontal linking as well as vertical linking** of levels within sectors.
- Invest in the **alliance building**, work for consensus at the planning stage.
- Focus on **concrete objectives** and visible results.
- Ensure **leadership, accountability and rewards are shared**.
- **Build stable teams** of people who work well together and have supports.
- **Develop practical models, tools and mechanisms** for implementation.
- **Ensure public participation**, education and awareness.

Adapted from PHA of Canada. 2007

However, the particular perspective of a middle – income country grappling with issues of social equity, and the kinds of leadership, skills, information, and management approaches used to effectively address them may be a useful source of “advice” for others, in particular for IA on social determinants of health. This case study is an attempt to summarize relevant aspects that explain the how effective IA materialized in four major social programs developed in a 10 year span.

Although the programs emerged in a socioeconomic and political context of democracy and citizen participation, where the development strategy seeks to potentiate an open market economy with a strong social agenda and a commitment to social equity, the approaches used, the mechanisms and tools, architectural arrangements, and impact monitoring are applicable, at least in part, to other policy environments.

Some key features of the Chilean experiences may require high level national commitment, sustained over time:

- the broad social protection framework based on guaranteed social rights,
- the substrate of universal social programs in health and education,
- the social equity and public policy monitoring system of the CASEN survey,
- the government managerial system,
- the municipal management of social programs through strong local intervention networks.

However, the stories also reveal that all the programs had local precursors, that were scaled-up when the policy window opened. In other words, the approaches, interventions and tools can be translated and replicated on a smaller scale in different contexts.

Some specific insights from the Chilean experiences follow. This list echoes and interprets the comments and opinions of the policy-makers interviewed for the case study. Many of the lessons pose other questions that are still being worked out.

- **The philosophical framework of equity and rights leads to IA**

The commitment to social equity and social rights provides philosophical underpinnings conducive to the development of a broad social welfare approach that crosses sectors.

One of the principal lessons of the Chilean experiences is that economic growth is insufficient to successfully tackle problems of social exclusion and poverty. The development process has attempted to virtuously integrate the social dimension, with an ethical perspective based on social justice, solidarity and equity, and not just as a factor to contain and mitigate inequalities. This human development perspective places the person, the family and the community, and their needs, expectations, rights and duties as citizens at the center of public policy. The interrelatedness and interdependence of social rights reinforces the need for integrated IA.

“Every so often you have to bring to mind the ethical foundations to reaffirm the political and institutional pact for rights and social protection and to renew commitment and ensure investment, because without concrete action it’s just a naive declaration.” Interviewee 3 MIDEPLAN

- **Equity monitoring and evidence: a catalyst for IA**

The problems addressed by the four programs became priorities on the public agenda and the Presidential agenda as a result of public and political debate on poverty and social equity triggered by the situation of poverty indicators reported in 1996, 1998 y 2000. The evaluation of government policy action on the socioeconomic characterization of the population, measured by the CASEN, is a recurring focusing event, to use Kingdon’s term, which helps to call attention to the problem of social equity.

In the decade of social policy development covered by the case study, the definition of the problem evolved from poverty reduction to social equity and policy approaches expanded from reducing gaps to addressing the social gradient. The changes in policy focus reflect an evolving understanding of poverty and social inequity, its causes and solutions, built upon evidence generated from studies that were catalyzed by the change (or in this case lack of change) in indicators that embody the values of society.

This year the results of the 2006 CASEN survey were published and even though they indicate that social policy is moving in the right direction, the indicators are being scrutinized, interpreted and debated. In this context, a new Presidential Commission on social equity has been constituted, setting the stage to open once again a “policy window”.

What evidence can Health present on the problem of social equity and possible policy solutions to put integrated action on structural social determinants of health through the policy window? (Kingdon 1995)

- **Political will is crucial but not enough**

Presidential support was crucial for the success of IA in all four programs, not only because of the President's authority over public institutions, but because it brought with it the idea that each was a government program.

But the disposition to participate of multiple institutions with different institutional cultures, objectives and experiences cannot depend on presidential or ministerial will alone. Technical and political leadership are qualities that also have to be present at the hubs of the joined-up networks and must be accompanied by clear shared objectives, goals and results and safeguarded by concrete mechanisms.

Without architectural arrangements, mechanisms and tools to facilitate and sustain IA, and the ability to show results and impact, Presidential support can vanish, Ministers can be changed, programs shelved and a new policy window opened. The policy development stories of the Chilean programs also chronicle the failures of other policy alternatives that were abandoned, transformed or modified.

- **Shared results and not just common objectives**

"In the last years important efforts for inter-institutional action have occurred. There have been an abundance of intersectoral working groups, work commissions, task forces, territorial tables, interinstitutional networks, among other initiatives. These efforts are welcome but they have lacked a central element: common results. It's true that these coordinating instances have established common objectives, but what they need are common results, in which the work of each actor is indispensable to achieve a shared result." (FLACSO 2005:46)

Shared results mean agreement on concrete measurable results. Each sector contributes in a specific area but the common result is integral to all the efforts. This idea of joined-up outcomes means that each sector's contribution is important but on its own does not produce the complete result. In other words, there is a reason to take the intersectoral approach.

*"It has to be very clear why and what we need intersectoral action for, because from a public management principle many things can be done sectorally or with minimal coordination without the effort of integrated action." Interviewee 3
MIDEPLAN*

- **The management model and its tools determines the results**

Integrated intervention strategies require intersectoral management models to overcome the fragmentation intrinsic to sectoral institutional frameworks, where each institution is responsible for its own programs. How things are done determines what is done. The design of the management model cannot be an afterthought or something that develops in the process of implementation, although it should have the flexibility to adapt in the face of problems. Concrete mechanisms and tools and performance management and evaluation are important dimensions of the management model.

"Each level has to support the level that follows and not just to monitor and supervise but to provide technical assistance, share methodology, and guidance.

We spend too much time on the organizational design and not enough on the functions of the nodes, the relations should be agile.” Interviewee 3 MIDEPLAN

- **Understanding that Santiago’s great expectations depend on local capacity**

Concentrate on the “doing” instances and less on the “talking” instances. IA doesn’t produce effective results at the meeting table in Santiago. To paraphrase Exworthy (2002), the understanding and capacity of local networks and operators will determine what is really done. The social protection management model focuses on supporting local networks.

“It’s a model anchored in the local community where the structures and networks function. The focus is on the family and the different sectors coordinate for that clientele...The social sphere of the municipality is widely ample.

What we are doing is a process of certifying municipal capability for social protection.” Interviewee 2 MIDEPLAN

“Don’t forget that things happen in the spaces that are closest to people’s daily lives.” Interviewee 3 MIDEPLAN

- **Expertise for IA: Social Managers and social development professionals**

New expertise is required for social management. Each of the programs studied places social managers at the national, regional and especially the local operative levels: social development professionals, territorial managers, family supports or primary care workers. They work with the community and/or the family to development and carry out an action plan –neighborhood, territory or family- that is the frame for social investment.

- **A new culture of respect**

Working together in a concerted fashion changes the way we relate to one another. The Chilean experiences provide many examples of this change, as a correlate of the idea of human dignity and mutual respect from which the concept of rights emerges. Rights - based approaches and democratic values demand a culture of respect. In these experiences Government action is proactive but not prescriptive. Regions and municipalities are invited to participate, the duties and obligations are negotiated and set forth in contracts. Families are invited to participate. They set the priorities and the workplan.

The expertise of the sectors sitting around the table is recognized by the coordinator. Leadership is earned because the coordinator does his/her job: convokes, articulates, leverages, supports, supervises, not because law number 5.000 or Presidential decree 50 says so.

- **Institutional social capital**

Shared institutional values, associative capacity, networking, capacity to mobilize, participation, trust are aspects of social capital present or not in an institution, that will be put to the test in integrated programs whose ultimate aim is to respond to citizens needs, face to face, in a respectful and caring interaction. The management

models should contribute to create, develop and strengthen institutional social capital. What practices and mechanisms can help? How can internet and on-line communication support institutional social capital?

Intra - institutional coordination shouldn't be forgotten. MIDEPLAN tells the story of a representative from one of the health undersecretaries who said in a meeting that he couldn't make a decision on a matter relating to the other undersecretary. MIDEPLAN responded: "Tell her, she's sitting in front of you."

- **Strengthening the community: the challenge of participation**

"I think that a program like this should act like a "yeast" to produce a good product: social capital. By providing an articulated and rational supply of public benefits and services on behalf of a community and that is should be complementary to a community that dialogues, is organized, that makes proposals, and that mutually supports itself." Interviewee 2 MINSAL

Though much has been done, this aspect remains the focus of criticism. The Chile Barrio evaluation showed mixed results in the strengthening of social capital. The question remains: What can the social protection system and/or other governmental programs do to promote an empowering participation? How will new mechanisms like the social observatory and a national commission on social determinants of health contribute to strengthen participation?

- **Be persistent and move forward**

Finally, the story of Chile's intersectoral experiences to address complex social issues is one of persistence. To shape a problem so that it bursts upon the agenda, to move forward by gathering evidence, testing alternatives, requires sustained effort.

The phrases used by the policy entrepreneurs interviewed reiterate this lesson: "you have to insist and insist and repeat an idea until they finally understand", "we presented the proposal three times until it was approved", "we will move forward anyway", "we tried again".

6. References

Bachelet M. 2007. Mensaje Presidencial 21 de mayo de 2007. www.gobierno.cl

Bachelet M. 2006. Presidential Message to the Nation May 21, 2006
http://www.chileangovernment.cl/index.php?option=com_content&task=view&id=914&Itemid=2

Baeza P. 2005. Modelo de evaluación del sistema de protección social Chile Solidario: un sistema que se retroalimenta. X Congreso Internacional del CLAD sobre la Reforma del Estado y la Administración Pública. Santiago.

Calderon C. 2006. Experiencia y política de desarrollo económico territorial en Chile. El Programa Chile Emprende. Presentación Quito.

Chile 2007. Chile Your Best Bet. Chilean Government. www.presidencia.cl

Chile Crece Contigo. 2007. Descripción general del sistema de protección integral a la primera infancia. Santiago. www.crececontigo.cl

Chile Crece Contigo. 2007b. Sistema de protección a la primera infancia. Santiago. www.crececontigo.cl

Chile Emprende. 2004. Más negocios. Más empleos. Más participación. Documento de difusión. Santiago.

Chile Emprende. 2006. Definiciones Presidenciales sobre emprendimiento y desarrollo. Reproducciones de citas del programa del Gobierno y discursos de la Presidenta Michelle Bachelet. Documento interno. Santiago.

Chile Solidario. 2006. Sistematización de Experiencias de participación social en el programa Chile Solidario. MIDEPLAN. Santiago. CD Serie de Estudios

Chomik T 2007. Typology of Canadian Experiences of Intersectoral Activity at Federal and Provincial/Territorial Levels. Document prepared for WHO Commission on Social Determinants of Health. March 15, 2007

Contreras D. Cooper R. Herman J. Neilson C. 2004. Dinámica de la Pobreza y Movilidad Social. Chile 1009 – 2001. Departamento de Economía. Universidad de Chile. Santiago.

De Gregorio J. 2004. Crecimiento Económico en Chile: Evidencia, Fuentes y Perspectivas. Banco Central. Documentos de Trabajo. N° 298. Santiago.
<http://www.bcentral.cl/jdegrego/pdf/dtbc298esp.pdf>

DIPRES. 2002. Evaluación Programa Chile Barrio. Síntesis Ejecutiva N° 11. Santiago. www.dipres.cl

DIPRES. 2006. Evaluación de Impacto Programa Chile Barrio. Informe Final Revisado. Santiago. www.dipres.cl

DIPRES. 2006b. Report on Public Finances. Fiscal Policy and the Budget Bill for 2006. Santiago. www.dipres.cl

- DIPRES. 2007. Minuta Ejecutiva Programa Chile Barrio Ministerio de Vivienda y Urbanismo. Santiago. www.dipres.cl
- ECLAC (CEPAL). 2003. Seminario Capital Social y Programas de Superación de la Pobreza. Lineamientos para la Acción. Santiago. www.eclac.cl
- Exworthy M. Berney I and Powell M. 2002. How great expectations in Westminster may be dashed locally: the local implementation of national policy on health inequalities. *Policy and Politics* 30: 1:79-96.
- FLACSO. 2006. Construyendo la agenda social desde la mirada de los determinantes sociales. Documento síntesis del ciclo de diálogos democráticos. Santiago.
- FOSIS. 2004. Avance de las Obras. Cuadernillo de Trabajo N° 1. Serie de Reflexiones desde el Puente. www.programapuerto.cl
- FOSIS. 2004b. Las condiciones mínimas para la construcción del puente. Cuadernillo de Trabajo N° 3. Serie de Reflexiones desde el Puente. www.programapuerto.cl
- Frei. E. 1997. Mensaje Presidencial 21 de mayo 1997. Cited by Rugiero 2004, original text not available.
- Frei E. 1998. Mensaje Presidencial 21 de mayo 1998. www.congreso.cl
- Galasso E. 2006. With their effort and one opportunity. Alleviating extreme poverty in Chile. World Bank.
- Gobierno de Chile. 2001. Política Nacional a Favor de la Infancia y la Adolescencia. Santiago. www.mideplan.cl
- Illanes M.A. 1993. En el nombre del pueblo, del Estado y de la ciencia... Historia social de la salud pública. Chile 880 – 1973. Santiago. Colectivo de Atención Primaria.
- Jara P. 2007. Presentación Módulo Pobreza. Taller de trabajo Acortando Distancias: Intervención en determinantes sociales de la salud. MINSAL. Santiago.
- Kingdon J. 1995. *Agendas, Alternatives and public policy*. New York. Harper Collins.
- Kliksberg B. 2006. Hacia una nueva generación de políticas sociales en Latinoamérica. *Reforma y Democracia*. Revista del CLAD. 35: 5-44. Caracas.
- Lagos R. 2002. Mensaje Presidencial 21 de mayo 2002. www.congreso.cl
- Lagos R. 2005. Mensaje Presidencial 21 de mayo 2002. www.congreso.cl
- Martín. M.P. 2005. Gestión presidencial: la experiencia en Chile de la asesoría en políticas públicas. X Congreso Internacional del CLAD sobre la Reforma del Estado y la Administración Pública. Santiago.
- MIDEPLAN 2007. Encuesta de Caracterización Socioeconómica Nacional. Presentation by Minister Clarisa Hardy before the President in La Moneda. June. www.mideplan.cl

MIDEPLAN. 2006. Chile Crece Contigo. Descripción Integral del Sistema de Protección Integral a la Primera Infancia. Santiago. www.crececontigo.cl

MIDEPLAN. 2004. Conceptos fundamentales Sistema de Protección Social. Chile Solidario. Documento. www.mideplan.cl

MINSAL. 2007. Internal documents relating to the implementation of Chile Crece Contigo. Santiago.

MINSAL. 2006. Making the case for Social Determinants of Health through the Social Protection System. The Chilean Case. Document presented WHO Commission – UK Department of Health. London.

Muñoz J.A. 1999. El Programa Chile Barrio y sus aportes a la modernización de la gestión pública. Estudio de Caso. Santiago. http://www.subdere.cl/1510/articles-66381_recurso_1.pdf

Nuñez P. 2007. Presentación Sistema de Protección Integral a la primera infancia. Taller de trabajo Acortando Distancias: Intervención en determinantes sociales de la salud. MINSAL. Santiago.

Presidential Council on Infancy. 2006. El futuro de los niños es siempre hoy. Santiago. www.crececontigo.cl

PHA Canada. 2007. Public Health Agency of Canada in collaboration with the Health Systems Knowledge network of the WHO Commission on Social Determinants of Health. Intersectoral action for health: A synthesis of country and regional experiences. Revised draft January 31, 2007

Raczynsky D. and Serrano C. 2003. Chile Programas de Superación de la Pobreza y capital social. Evidencias y aprendizajes de las experiencias en Chile. Seminario Capital Social y Programas de Superación de la Pobreza. Lineamientos para la Acción. CEPAL. Santiago. www.eclac.cl/cgi-bin/getProd.asp?xml=/dds/noticias/noticias/3/13523/P13523.xml&xsl=/dds/tpl/p1f.xsl&base=/dds/tpl/top-bottom.xsl

Raczynsky D. and Serrano C. 2005 Las políticas y estrategias de desarrollo social aportes de los años 90 y desafíos futuros. Asesorías para el Desarrollo. www.asesoriasparaeldesarrollo.cl

Rubilar M.G. 1999. Programa Chile Barrio ¿Una propuesta de intervención pública innovadora en asentamientos precarios? Departamento de Ingeniería Industrial. Facultad de Ingeniería. Universidad de Chile. Santiago. <http://www.dii.uchile.cl/mgpp/estudioscaso/CASO33.pdf>

Rugiero A.M. 2004. Antecedentes para la Formulación de un proyecto de investigación evaluativa del programa Chile Barrio. Boletín del Instituto de la Vivienda. Vol.19:051. Universidad de Chile. Santiago. www.redalyc.com

Ruz M.A and Palma J. 2005. Análisis del Proceso de Elaboración e Implementación del Sistema Chile Solidario. Informe Preliminar. Instituto de Asuntos Públicos. Departamento de Políticas Públicas. Universidad de Chile. Santiago.

Saborido M. 2005. El Programa Chile Barrio: lecciones y desafíos para la superación de la pobreza y la precariedad habitacional. CEPAL (ECLAC). <http://www.eclac.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/9/23989/P23989.xml&xsl=/dmaah/tpl/p9f.xsl&base=/dmaah/tpl/top-bottom.xsl>

Serrano C. and Raczynsky D. 2003. Derechos sociales básicos, superación de la pobreza y protección social ante la vulnerabilidad. Asesorías para el Desarrollo. www.asesoriasparaeldesarrollo.cl

Silva. V. 2004. Presentation. Second International Workshop on Conditional Cash Transfer Programs. Sao Paolo.

SUR Consultores. 2007. Sistematización y análisis de gestión regional, aplicación Chile Solidario. Santiago. Document provided by MIDEPLAN.

Universidad Arcis. 2006. Sistematización de la Ejecución del Programa un Barrio para mi Familia entre los años 2002 y 2005 en la Región de Valparaíso. Convenio FOSIS –V Región. Text in paper received from Chile Barrio.

World Bank. 2004. Household Risk Management and Social Protection. Human Development Unit. Country Management Unit for Argentina, Chile, Paraguay and Uruguay. Washington. www.worldbank.org

World Bank. 2006. Chile Towards Equality of Opportunity, 2006 – 2010 Policy Notes. Human Development Unit. Country Management Unit for Argentina, Chile, Paraguay and Uruguay. Washington. www.worldbank.org

Winchester L.J. 2005. Gestión social municipal de programas de superación de la pobreza en Chile: reflexiones a partir de la experiencia con el Programa Puente y Chile Solidario. X Congreso Internacional del CLAD sobre la Reforma del Estado y de la Administración Pública, Santiago. 18 – 21 Octubre.

Yin R. 1994. Case Study Research. Design and Methods. Second Edition. Sage Publications. Thousand Oaks, California.