

Accessibility and social policies in contemporary Argentina: an interpretation from the perspective of experts in cash transfer programmes

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Abstract. By examining the experience of institutionalisation of cash transfer programmes in Argentina (2003-2015), this article proposes an approach to the idea of accessibility in social policies from the perspective of experts and State institutions in this area. The pattern of growth and expansion of Argentinian cash transfers will be explored to identify the presence of experts involved in the consolidation of social policies for the provision of cash to large vulnerable sectors of society. This pattern will allow us to explain cash transfers as policies that have transformed social protection schemes and forms of State intervention as regards poor people and poverty, have broadened the notion of accessibility of social policies, and have contributed to the creation of new political and legal debates on how to understand those entitled to State support.

Key words: social policies; accessibility; experts; Argentina; cash transfers.

Summary: Introduction. 1. Argentina's CT Experience. 1.1 A context of emergency. 1.2 Accessibility as a premise for social monetary expansion (2003-2008). 1.3 CT consolidation and accessibility. 2. Argentina's CTs: intervention from experts and plural forms of accessibility. 3. References.

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Introduction

In the past few decades, social policies focused on money transfers to the poor have proliferated worldwide. Despite their multiple definitions, these are social cash transfer (CT) programs which share similarities: they all replace the traditional provision of goods and services with cash transfers and impose conditions regarding the health and education of minors in the household (health checks and school attendance).

Since their inception, development agencies and experts associated with the World Bank (WB) and the Inter-American Development Bank (IDB) have engaged in the assess-

ment and expansion of CT programs (Teichman, 2007). Since 2006, the Economic Commission for Latin America and the Caribbean (ECLAC) has promoted the incorporation of these programs as the main strategy for "fighting poverty" in the region and redefining non-contributory social protection methods. Said proposal reached its peak with the coining of the term "Social Protection Floor" by the United Nations (UN).

The spread of CTs went hand in hand with a series of debates between the expert knowledge of various regional, national and international organizations associated with social policy. Several papers (Lomeli, 2009; Sugiyama, 2011) have reconstructed experiences regard-

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ed as emblematic for CTs – *PROSPERA* (Mexico) and *Bolsa Familia* (Brazil) – and exposed multiple global diffusion strategies promoted by expert actors and several international financial organizations.

In a recent paper, we pointed out that CTs have altered the discussion agendas of international and regional organizations associated with social protection and driven changes in monetized social policies (Hornes & Maglioni, 2018). In this paper, we will use those discussions to propose a novel perspective. Charting the recent experience of monetization of social policy in Argentina, we will start a reflection on accessibility from the sphere of political and technical decisions that set the scope of social needs of the poor by defining their approach, type, quality and coverage³.

We understand accessibility as a concept denoting a complex link that develops between individuals and the institutions that provide a socially recognized service (Stolkiner & Barcala, 2000; Carballeda, 2014; Elizalde & Maglioni, 2014) and therefore leads to approximations and disagreements between the actors involved.

This perspective poses the articulation of two actors with their own rationale in the accessibility to social policies: users and effectors⁴. Thus, this process of interaction implies, by its own nature, an asymmetric relationship: the main decision is made by who offers “solutions” rather than who needs and demands them. Clemente (2010) argues that the act of defining a policy presupposes that the need for it has already been defined and that this definition is expressed on the type of response materialized by it: the demarcation of “needs” concerns decision makers in every layer, for they define the satisfactors that will be provided as an “answer.”

Taking this into account, we will focus on the role of expert knowledge⁵ in the processes of legitimization and expansion of CTs in

Argentina, considering that knowledge as an example of the importing of ideas linked to the “emblematic programs” in the region. We argue that Argentina represents a monetary laboratory: concepts from international organizations; regional experiences; the exchange of ideas between experts; assessments, meetings and gatherings on “good practices” are among the activities that impacted on the CT policies we see today.

We will reconstruct Argentina’s CTs’ recent history through an analysis of documentation from international (WB, IDB, IMF), regional (ECLAC, OAS, MERCOSUR) and local (ANSES, MDS, etc.) organizations. We are interested in tackling the process of emergence of CTs in order to locate the particular traits of Argentina’s case, focusing on interventions from institutions and expert knowledge (officials from regional/national/international organizations, social policy specialists, experts from the third sector (NGOs, foundations) etc.) in policy formulation⁶.

This article will be structured mirroring the rise of Argentina’s CTs and the specific local sociohistorical contexts that enabled the expansion of CT programs, which in turn broadened perspectives on accessibility in public policy. Lastly, we will reflect on the challenges posed by accessibility in the recent transformation of CTs in Argentina.

1. Argentina’s CT Experience

1.1. A context of emergency

After the economic, political, social and institutional crisis that led to Argentina’s social collapse in December 2001, the provisional government led by Eduardo Duhalde (2002-2003) took a few economic and social measures that played a vital role in reverting the dramatic indicators seen in that context⁷: 1) It abandoned

³ For the definition of accessibility on which this article is based, see: Clemente *et al.* (2014).

⁴ Regarding effectors, two subsystems may be identified: one for the political and technical decisions intervening on policy design and formulation, and another one for the institutional effectors acting on policy implementation, whose engineering varies depending on the particular traits of each sector (health, education, housing, etc.) (Clemente *et al.*, 2014).

⁵ Expert knowledge does not just denote the actors who possess knowledge, but also expertise fields: “types of intervention in the field of power and production of material/symbolic goods that refer to technically proven knowledge, associated with a scientific discipline or a professional field (...) The creation of a domain of *expertise* implies legitimizing expert discourse, the technical instruments deployed and experts themselves as possessors of that discourse and that knowledge” (Vommaro and Morresi, 2012: 13-14).

⁶ For more on this subject in general and the methodological approach in particular, see Hornes, 2018 and Maglioni, 2018.

⁷ By July 2002, according to data from the Permanent Household Survey (EPH) from the National Statistics and Census Institute (INDEC), Argentina reached a 21.5% unemployment rate – the highest on the country’s records. Poverty levels were also unprec-

the country's currency board, thus ending the Argentine peso's peg to the US dollar; 2) It declared a state of employment, food and public health emergency in order to focus social intervention efforts on the poorest; and 3) It met the representatives of the National Front Against Poverty (*Frente Nacional contra la Pobreza* – FRENAP), a multisector organization sponsored by the Argentine Workers' Central Union (CTA), which had been promoting since June 2001 an income redistribution strategy based on three elements: employment/education benefits for unemployed heads of household, an allocation for every child under the age of 18 and another subsidy for people older than 60 with no social security benefits.

The measures taken were agreed by what was known as the Argentine Social Dialog (*Diálogo Social Argentino*), a national process promoted by the Argentine Episcopate and endorsed by the United Nations Development Programme (UNDP) representing political sectors and social organizations. This was the backdrop for the creation of the Plan for Unemployed Heads of Household-Right to Social Inclusion (*Plan Jefes y Jefas de Hogar Desocupados-Derecho de Inclusión Social* – PJyJHD) in April 2002, which became the first mass CT experience in Argentina targeting the most disadvantaged sectors of society, which had no access to employment and lived in extreme poverty.

Funded by export duties and later expanded through a loan from the WB, the PJyJHD was set up as a CT targeted at unemployed heads of household with at least one dependent child under the age of 18, a disabled child of any age or a pregnant spouse that did not receive any other kind of government assistance. The PJyJHD program, run by Argentina's Ministry of Labor, Employment and Social Security (MTEySS) and supported by the National Social Security Administration (ANSES), established a monthly transfer on the condition that recipients performed some kind of work defined by the municipal bodies in charge of carrying out social policy. It also made school attendance mandatory for children and teenagers and required to complete a mandatory vaccination plan.

These features confirm the meanings that the cash transferred to the poor began taking

on: Argentina started implementing CTs as targeted interventions in a context of economic crisis, aiming to provide direct assistance to people living in extreme poverty, thus ensuring social stability and governability.

In order to analyze the construction of accessibility to CT programs, we will go back to a few significant contributions regarding the design process of the PJyJHD to observe the role of expert knowledge in the institutionalization of CTs as a new social policy paradigm in the "fight against poverty" in Argentina.

The program's subtitle, "Right to Social Inclusion," is a response to a demand made by the President himself as well as the actors at the Social Dialog (Repetto, Potenza & Villas, 2005) and is also clearly connected to the claims voiced by FRENAP.

However, despite the link established between *the family's right to a minimal threshold of dignity* and *the duty to perform work as a compensation*, during the inception of the PJyJHD any kind of compensation or condition to receive the transferred cash would be put aside, as "the top priority was to urgently kickstart cash transfers in order to reduce the levels of poverty and social strife" (Uña, Lupica & Strazza, 2009, p. 22).

One singular trait of Argentina's CTs was the fact that, just like Brazil, the country had historically debated the notion of basic income. Those discussions encompassed a few proposals that predate the PJyJHD, advocated by certain actors with expertise in social policy, who were nevertheless not formally summoned by the government to take part in the program's design phase. These proposals include:

1. A 'Citizen Income' (Ingreso Ciudadano) proposed in 1995 by the Center for Public Policy Research (CIEPP). This proposal sparked a public debate in 1997, when then-federal deputies Elisa Carca y Elisa Carrió, from the Radical Civic Union party (UCR), presented a bill proposing the creation of a 'Citizen Income for Childhood' (Ingreso Ciudadano para la Infancia – INICI);
2. The 'Income for Human Development' (Ingreso para el Desarrollo Humano) initia-

edented, with more than 50% of the country's population (18,500,000 people) falling below the poverty line – and 24.8% of those (8,700,000 people) below the extreme poverty line.

tive, created in 1999 by Irene Novacovsky and Claudia Sobrón from the Argentine Social Policy Association (AAPS) and based on the experiences of Mexico and Brazil; and

3. Also in 1999, the 'Human Development Income' (Ingreso de Desarrollo Humano) proposed by Horacio Rodríguez Larreta and Gonzalo Robredo from Grupo SOPHIA.

By analyzing the emergence of CT programs in Argentina from the point of view of their accessibility, we may approach the expert knowledge and political decision makers' take on the country's critical social situation. They acknowledge poverty has causes that are exogenous to the individuals: "poverty was blamed on the country's economic performance and palliative steps, regarded as 'urgent', were accommodated to meet elemental needs due to the rise of social strife" (Arias, 2012, p. 181). Therefore, the CT aimed to ensure a basic level of consumption for poor households in order to reduce social conflict. Hence the reason the conditions attached became secondary and were not strictly enforced.

We will now go into detail about our reflections on expert knowledge and expertise practices regarding CTs in Argentina, incorporating references to the changes in the political and social backdrop.

1.2. Accessibility as a premise for social monetary expansion (2003-2008)

The inauguration of Néstor Kirchner⁸ in 2003 set up specific ideological and political variables in order to support social intervention strategies, kicking off a period of transformations anchored on "four pillars: employment/wage recomposition policies, adding jobs through economic recovery, the reduction of informal employment and an expansion of social security coverage and income transfer efforts" (Kessler, 2014, p. 71). The last pillar marks the dawn of a period of CT policy proliferation in Argentina.

Against a backdrop of economic recovery and reconstruction of the labor market, the PJyJHD was restructured, initially by splitting its beneficiaries into "unemployables" and "employables." This categorization created by experts denotes the inception of new initiatives featuring CTs: the Families for Social Inclusion program (*Familias por la Inclusión Social, 2005-2010*), managed by the Ministry of Social Development (MDS) and the Training and Employment Benefit (*Seguro de Capacitación y Empleo -SCyE, 2006-*), managed by the MTEySS.

The *Familias* program was created in 2005 as a revamping of the Assistance for Vulnerable Groups Program -Income for Human Development Subprogram (*Programa de Atención a Grupos Vulnerables- Subprograma de Ingreso para el Desarrollo Humano- PAGV-IDH*), which had been created in 2002 and was funded by the IDB. Targeted at poor families with children under the age of 18 or unemployed pregnant women with no income of any other kind (contributive or non-contributive), this program consisted of a monthly CT with the mother as beneficiary; payments were calculated by establishing a minimal amount per family and monthly additional sums for pregnant women or per child (up to five children).

The *Familias* program imposed conditions that had to be fulfilled mainly by mothers in their capacity as beneficiaries: school attendance, vaccination plans and health checks for children and pregnant women and taking part in personal, family and community development activities. Thus, it directly imported the guiding premises of the "emblem programs" featuring CTs: Mexico's PROSPERA - *Oportunidades* and Brazil's *Bolsa Familia* (Hornes & Maglioni, 2018).

Interestingly, the emergence of this type of intervention implied the institutionalization of a program that set in motion a scheme where CTs targeting the poor in Argentina began to be integrated into the development of a comprehensive social protection system, in line with what had been taking place in the region since 2006 (ECLAC, 2006)⁹.

⁸ Kirchner finished in second place in the 2003 presidential elections, with 22.24% of the vote. He became president after Carlos Menem abstained from disputing a second turn (ballotage).

⁹ For an expanded interpretation of the particular political context that paved the way for said transformations in the region, see: Hornes & Maglioni, 2018.

The Familias program became one of the outlets of the PJyJHD and also, more particularly, a strategy to split the beneficiaries of the first CT program by gender: a targeted selection focusing on vulnerable and/or young women with dependent children. We could assert that the “unemployables” category used in Argentina reinstates the innate qualities usually attributed to women in the programs: the CTs that place mothers or female heads of household as beneficiaries assume a better handling of money and a guarantee of human capital accumulation for minors in the household (World Bank, 2009).

The SCyE was created in 2006 as a training and employment integration policy line targeting “employable” beneficiaries still covered by the PJyJHD. This benefit, provided for 24 months, effectively meant a definitive waiver of PJyJHD coverage and required attending traditional employment-program assistance events (trainings, completion-of-education programs, employment practices and job boards).

The number of SCyE beneficiaries was considerably smaller than the number of people who migrated to the Familias program. This is due to two central aspects that led to the creation of both TCs: 1) most PJyJHD recipients were unemployed women with dependent children under the age of 18, and therefore part of the “unemployables” category, and 2) the fact that the SCyE was intended as a transition program to help integrate as many beneficiaries into the formal labor market as possible.

We cannot overlook another significant event from the historic period we are reconstructing in this paper. Since 2003, cash transfers provided by the government had expanded sizably in the form of non-contributive social pensions (NSC). These began to expand due to the imposition of requirements for resource allocation instead of the quota systems that had been in place since their creation in 1948. Thus, CTs targeted at women with 7 or more children, disabled people and/or older adults “increased from just over 340,000 in 2003 to 1,543,781 in 2014” (Lombardía & Rodríguez, 2015, pp. 13-14).

Taking stock of the proliferation of CT programs in Argentina enables us to highlight a

number of new figures on which transfers began to concentrate. In other words, as we’ve been asserting based on our perspective focusing on the accessibility of social policy, expert knowledge multiplied CTs by creating “new recipients” of government monetary assistance.

Whereas the PJyJHD focused money transfers on the unemployed head of household, these new lines of intervention laid in a context of economic recovery sought to set up “new recipients.” It is possible to assert that CTs began to be linked to various beneficiaries –women, pregnant mothers, minors, the unemployed, disabled people, the elderly and poor/extremely poor households– with new attributes that go beyond social contention – a safety net, consumption, rehabilitation (methods for the development of the poor) and reentry into the labor market.

The proliferation of CT programs during this period also resulted in an expansion of coverage. In this sense, we consider that the streamlined model of CTs as an intervention method to solve various poverty-related issues affords CTs more possibilities to become widespread by loosening the constraints on people’s access to various social action systems.

In the following section, we will show another conceptual pivot regarding accessibility, as expert knowledge and expertise practices begin a reinterpretation based on regarding CTs as a way to reinstate rights for several age and social groups.

1.3. CT consolidation and accessibility

By 2008, the international economic context began giving way to a crisis in financialized capitalism, whose effects were quickly felt in Argentina. Whereas the country had a 7.6% annual growth rate since 2003, in 2008-2009 that indicator reached just 0.9%, impacting on employment and poverty levels.

This complex international backdrop was compounded by local events such as:

A famous lockout from the agricultural sector¹⁰, against Resolution N° 125/2008 from the Ministry of Economy, that stipulated for the creation of a sliding taxation system on soy, wheat and corn exports.

¹⁰ For 129 days, the four largest agricultural and livestock farming organizations in Argentina (Sociedad Rural Argentina, Confederaciones Rurales Argentinas, CONINAGRO and Federación Agraria Argentina) blocked highways throughout Argentina and led to a shortage of products in the country’s largest cities.

Remarks from Pope Benedict XVI, who argued that social exclusion and poverty were a “social scandal” for Argentina, which would be echoed by Cardinal Jorge Bergoglio, the archbishop of Buenos Aires and president of the Episcopate.¹¹ A few academic studies spread on news media showed that 39% of the country’s population was poor.¹²

The administration’s defeat in the 2009 legislative elections, where its party lost a significant number of deputies and senators.

This context of dispute set the stage for an attempt of the ruling party to regain control of an adverse political landscape by launching initiatives with a large social impact. In the second half of 2009, new lines of intervention featuring CTs were created targeting several social actors as entitled to rights (Abramovich & Pautassi, 2009). Government funds reclaimed a core position in the political sphere in order to meet social demands and settle controversies, extend the protection spectrum to the new social groups, reinvigorate consumption and promote welfare and development.

Against this backdrop, the creation of the Social Income with Work – Argentina Works program (*Programa Ingreso Social con Trabajo – Argentina Trabaja*) would organize 100,000 people from the poorest and most socially vulnerable urban agglomerations in the Greater Buenos Aires area in worker cooperatives in charge of executing public works. In a speech, then-president Cristina Kirchner highlighted two central dimensions of CT programs by adding the concept of “social income with work,” meaning “a different approach from the historical way social assistance has been delivered in our country, as passive handouts” and by pointing out that the problem in Argentina is “social inequality and income distribution” rather than poverty¹³.

The program’s main action points were based on social inclusion through work, training from a comprehensive perspective and the promotion of cooperative organization. Its beneficiaries were people belonging to households with a high degree of social vulnerability and no other income from formal employment,

pensions, retirement benefits or incompatible national/provincial welfare programs.

In its foundations, the program required to perform a concrete work activity in a municipal seat to be eligible for CTs. These were deposited into a personal account and beneficiaries were regarded as “social single-tax payers” (*monotributistas sociales*). Currently, the program is called “We Make Future” (*Hacemos Futuro*) and requires the completion of every educational level and professional training.

However, the most widespread and impactful CT policy in Argentina is the so-called Universal Child Allowance for Social Protection (*Asignación Universal por Hijo para la Protección Social – AUH*), created by executive order in October 2009. Its implementation started in the first half of 2010 with the essential goal of “evening out the income of children whose parents are excluded from the formal labor market” and therefore “do not receive a child allowance as stipulated in the contributive family-allowance regime” (MECON, 2009). In line with other regional CTs, the AUH centers on direct cash transfers, specifically predicated and focused on minors from the household and transferrable to the adults in charge of them.

In mid-April 2011, the Universal Pregnancy Allowance (*Asignación Universal por Embarazo – AUE*) was created in order to reduce infant mortality. Its beneficiaries were pregnant women from the twelfth week of gestation onwards, who must attend every prenatal check required by the public health system.

In order to receive a Universal Allowance, recipients must register in a system created by ANSES. In the case of AUE and AUH, payments are subject to prenatal check attendance for the former and school attendance, health checks and completion of vaccination plans for the latter.

A noteworthy aspect pointed out by experts that sets the AUH apart from other Latin American CTs is the fact that it was added to the system of family allowances, as part of a solidary, non-contributive subsystem that extends the right to a child allowance to wor-

¹¹ For the remarks by Pope Benedict XVI and their local repercussions, see: <http://www.lanacion.com.ar/1159565-para-el-papa-la-pobreza-en-la-argentina-es-un-escandalo>, <http://www.lanacion.com.ar/1159600-bergoglio-reitero-la-advertencia-del-papa-la-pobreza-es-escandalosa>

¹² The aforementioned statistics are from a study conducted by the Social Debt Barometer (Barómetro de la Deuda Social) from Universidad Católica Argentina (UCA).

¹³ Speech by President Cristina Fernández de Kirchner during the launch of the Ingreso Social con Trabajo – Argentina Trabaja program. Available at <http://www.caserosada.gov.ar/>

kers not formally covered by social security (Lombardía & Rodríguez, 2015). Thus, it incorporates all meanings of CT money into the right-reinstatement and entitlement regime: in some documents issued by government agencies involved in the implementation of the AUH (MTEySS, 2012; ANSES, 2012), we have found clear similarities to regional approaches regarding changes in social protection systems promoted by the ECLAC, the UN and the ILO.

Like other regional initiatives, the AUH approaches CTs under the paradigm of entitlement to economic, social, political and cultural rights. This will allow to contemplate other prospective government cash transfers under diverse models, such as those CTs described as “historical reparations” (Luzzi, 2014).

In the years that followed the inception of the AUH, a series of CT-centric initiatives were launched, including the Support for Argentine Students Program (*Programa de Respaldo a Estudiantes Argentinos - PROGR. ES.AR*) and the revamps of the Social Security Inclusion Plan (*Plan de Inclusión Previsional - PIP, 2005-2015*).

PROGR.ES.AR consists of a monthly CT targeting people from 18 to 24 years old who are either unemployed, informally employed or earn the adjustable minimum living wage and wish to start or complete their studies at any educational level.

The PIP (Act No. 25.955/2011) started out as a retirement method for those who had achieved the mandatory retirement age but did not have the required 30 years of retirement contributions, who could also apply for the early-retirement system by making contributions in the last five years before the minimum retirement age. This initiative not only granted access to retirement benefits for a significant number of people, but it also led to the creation of Argentina’s Integrated Social Security System (*Sistema Integrado Previsional Argentino - SIPA*), which unified the retirement-benefit system and allowed the government to recover, through the ANSES, the funds from the individual capitalization regime created in the 1990s. Thus, the government reclaimed an area of social security that had been privatized and reinstated a public, solidary distribution system (Arza, 2013). In this context, Argentina’s retirement-benefit coverage not only reached a historical record level, it also offered the widest coverage in Latin America.

This brief overview of the PIP enables us to reflect on the scope of recent reforms in the social benefit system and mention deadline extensions for inclusion under the form of CTs under several models: a) contributive: for those who completed the required contribution period, b) semi-contributive: for those who completed the required contribution period according to the options provided in the extensions and c) non-contributive, for those who received the minimum retirement benefit without registering any of kind retirement contributions (Grushka, Casanova, Bertranou, & Cetrangolo, 2012).

We wish to highlight that said scheme – tripartite but also integrated – allows us to establish a link between various government CTs: The deadline extension for inclusion in the retirement-benefit system shows the presence of a meaningful CT that, just as in the case of a critical measure like the AUH, emphasizes money as a gateway to the realization of historically infringed rights.

2. Argentina’s CTs: intervention from experts and plural forms of accessibility

Over the course of our analysis, we were able to focus on the process of monetization of social policy in Argentina and on a new interpretation of the ways of fighting poverty. The introduction of government measures allowed us to reveal an intervention strategy that tended to the widespread use of CTs to target different social groups and referred to several issues linked to poverty as a new social concern.

Just over a decade after the emergence of the first CT-centric initiative –the PJyJHD– we observed a significant pivot in the discourse on the programs: expert knowledge, government premises and government agencies went from the task of ending of the crisis and delivering social contention to face the need for wide/comprehensive social protection systems, and thus consolidated cash transfers under the paradigm of entitlement to rights.

We were also able to establish a link between expert knowledge and CT social policy initiatives that took hold in the past few years in Argentina. We followed several expert and institutional debates on the forms that monetary intervention against poverty should take. The emergence of CT policies in Argentina was influenced by a strong international de-

pendency, as local experts became recipients and importers of that knowledge and reproduced it by creating discourses rooted in the country's history and adapting recommendations to the scientific traditions and national perspectives on social problems (Hornes & Maglioni, 2018).

This paper also allowed us to detect several changes in the rationale behind the accessibility of CT policies, proposed by experts. The rise of CTs in Argentina gives an account of the role of experts in the construction of a legitimate understanding of money as a connector between various solutions to the phenomenon of poverty. In this sense, following the concerns and debates among experts, we may assert that the CT model facilitated access to social policies: a) CT funds grant access to basic goods and promote consumption; b) the attached conditions are simple and feasible; c) the money is easily transferrable and grants institutional transparency; d) it is cheap – in terms of social spending – e) it dissolves the intervention of social mediators and f) the money as an element associated with the entitlement to rights allows to pluralize accessibility into multiple benefit recipients (the poor, the unemployed, children, teenagers, students, the elderly, heterogenic age groups, etc., beyond any distinction based on gender) (Barrientos, Hulme, & Hanlon, 2008).

When we consulted other works on social policies, we noticed the following kinds of barriers to accessibility: the geographical barrier, i.e. the time and distance separating the population from resources and making access to them more difficult; economic barriers, a lack of access with the available economic resources; the administrative barrier, bureaucratic aspects that come into play during access; and the symbolic and cultural barriers, referring to the population's uses, customs, social imaginaries and representations (Comes & Stolkner, 2004; Comes *et al.*, 2006). As we have stated throughout this paper, the monetization of Argentina's social policy has helped to soften barriers to accessibility to a degree: money and the qualities attributed to it by expert knowledge in CTs have played a crucial role in that operation, by adding technological, administrative and technical innovations.

However, we must emphasize that the biggest unresolved issue after the monetization of social policy, a problem that has been in-

sufficiently posed by experts, is the quality of public health and education services linked to CTs. In this sense, although the last few years have seen progress in legislation and policies to expand the coverage and protection capabilities of public health and education services, the increase in demand boosted by CT requirements faces a sectorial supply that, in many cases, has failed to overcome historical difficulties in accessibility that have characterized the ties between poor families and health and education institutions.

On this matter, it is worth noting that the regular, stable flow of CTs has fostered transformations in the everyday activities of the households that receive those transfers, which enabled an expansion in the scope of intervention beyond basic reproduction and also *new* accesses, behaviors, plans and demands that strain the sectorial supply of basic services. This turns accessibility into an issue and inevitably promotes changes in supply and its quality.

In summary, throughout this paper we have established a tension between CTs and the processes of accessibility, as well as the backdrops where said processes occur – on one hand, the institutional and benefit-demand sequences that have enabled to expand accessibility to CTs; on the other hand, the particular sociohistorical (physical, economic, social and legal-normative) conditions where said processes take place.

Latin America's "shift to the right" has caused a setback and a deterioration of social protections. In the particular case of Argentina, since the beginning of his President Mauricio Macri's term (2015), his administration has pursued a series of macroeconomic policies that have negatively impacted on sources of work (both formal and informal) and the households' purchasing power and has changed the guidelines for protection and social-rights policies. In this sense, we can notice a shift towards a development model where social policy trades the paradigm of social inclusion centered on the entitlement to rights for a residual approach based on subsidies, similar to the one adopted during the years of neoliberal hegemony in the 1990s. We believe that these changes have an impact on accessibility, as they reframe CT scope in the current context by suggesting new "processes" and "scenarios."

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