

The impact of self-reinforcing and self-undermining policy feedback on Mexican social policy: the end of the conditional cash transfer programme

Viviana Ramírez¹

Ricardo Velázquez Leyer²

¹Universidad de las Américas Puebla, Mexico

²Universidad Iberoamericana Ciudad de México, Mexico

Abstract:

The conditional cash transfers programme (CCT) for poor families was terminated in Mexico in 2019. CCTs seek to fight poverty under a social investment logic by promoting the formation of human capital through the compliance of behavioural conditionalities. The programme – the first of its kind introduced at national level - accomplished several achievements and was maintained and developed by three successive federal administrations. As the backbone of anti-poverty policy for more than two decades, its achievements included delivering positive results to a significant proportion of the population; and triggering the expansion of social policy beyond social insurance. As a result, it was emulated by governments across the globe. A programme of these characteristics would have been expected to generate path dependency and policy stability, yet it was swiftly terminated with practically no opposition. This article applies a framework of historical institutionalism to analyse the feedback effects developed during the duration of the programme from the perspectives of beneficiaries, in order to contribute to the explanation of its termination. The research is based on qualitative empirical data from interviews with former beneficiaries. Our findings show that self-undermining mechanisms linked to a ‘hard’ design and implementation of conditionalities counterbalanced the self-reinforcing mechanisms derived from the benefits supplied by the programme, causing beneficiaries to become apathetic towards its continuity or termination. Conclusions yield theoretical insights that might serve to examine policy feedback in similar contexts, as well as lessons for policy-makers regarding the design and implementation of social programmes.

Key words:

Policy feedback, historical institutionalism, social policy, social investment, conditional cash transfers, CCT, behavioural conditionalities, Mexico

Introduction

The conditional cash transfer programme (CCT) of Mexico was terminated in 2019. CCTs are social programmes that seek to combat poverty by paying cash transfers to poor people attached to behavioural conditionalities deemed necessary to fight poverty through the formation of human capital, like children's school attendance and mothers' participation in health promotion activities. CCTs have become a popular anti-poverty policy, given their positive evaluations and advantages over other anti-poverty instruments. They originated in Latin America and Mexico was the first country to introduce one at the national level in 1997. Albeit with different names, the last one being Prospera, the CCT in this country subsisted for four federal administrations, with gradual and constant expansions in terms population coverage and benefits' types and amounts, and was diffused through different mediums around the globe. Yet, in spite of its long duration, wide coverage and positive results in several fronts, the government that took office in December 2018 swiftly put an end to it without any visible opposition from any social or political actors, notably from policy recipients. The disappearance of Prospera represents an interesting conundrum for current theoretical arguments on policy development, which suggest a tendency for path dependence and continuity in cases of social programmes that deliver positive results for a large number of people during a long time period. Hence, this article applies historical institutionalism to analyse the policy feedback mechanisms that may have developed at the frontline of the programme's implementation and that may contribute to the explanation of its termination.

Historical institutionalism is a theoretical perspective that seeks to explain how temporal processes and events influence the development of economic and political institutions, including public policies (Fioretos et al. 2016). Policy continuities are considered to be due to the path dependencies created by past and present institutional arrangements. As time

passes, the unfolding of the norms and regulations that shape and reproduce a certain path, makes it more attractive for the actors involved to continue along that same path. Hence, path dependence is generated by self-reinforcing feedback mechanisms like the resistance to changes by beneficiaries of existing institutional arrangements. Policy changes are deemed to be the product of critical junctures or internal incremental initiatives, which may be associated with self-undermining mechanisms embodied in design and implementation processes (Béland et al. 2022, Fioretos et al. 2016). This article follows a case study research strategy to identify and suggest possible causes of the policy change (Gerring and Christenson 2017), by applying theoretical arguments from historical institutionalism. Because of its previous duration, diffusion and apparent success, the termination of the Mexican CCT can serve as an influential and diagnostic case to test and refine existing historical-institutional theories on policy continuity and change (Gerring and Christenson 2017).

The article analyses policy feedback from the perspectives of programme recipients. Empirical primary data was collected in interviews conducted after the termination of the programme with women who were former beneficiaries in a semi-rural community of the state of Puebla. The research found that in spite of the benefits provided by the programme, interviewees were mainly indifferent to its termination because of the exigencies posed by its conditionalities. The concept of policy apathy is proposed to signify situations in which the perceived costs of receiving a public good or service cancel out its perceived benefits.

The rest of the article is organised in four sections. The first section offers a literature review of current theoretical concepts on policy feedback, continuity and change under a historical-institutionalist perspective. The next section summarises the evolution of the CCT in Mexico

since the late 1990s until its termination in 2019. The following section presents the analysis of the data and results of the research; relevant empirical data is included from the interviews with women who were formerly enrolled in the programme, in order to illustrate the development of self-reinforcing and self-undermining mechanisms. A fourth section compares both types of feedback and offers a discussion on the relation between them and their contribution to the explanation of the policy change, also backing up arguments with empirical data. The last section offers some concluding remarks.

Historical institutionalism, policy feedback and policy development

Historical institutionalism emerged as a theoretical perspective to analyse and explain the development of institutions and public policies. Institutional paths generate political dynamics that enable their continuity or promote their change. Policy feedback refers to the effects that the development of existing policies have on political and policymaking processes. The consequences of past events around a specific policy shape the contemporary context and create the opportunities and constrains for continuities and changes. Policy design generates political dynamics during the implementation phase that affect the subsequent development of the policy (Millar et al. 2020, Béland and Schlager 2019, Skogstad 2019, Fioretos et al. 2016). Policy feedback is not only shaped by the material interests of political and social actors regarding a certain policy path, but also by their causal and normative ideas formed from their values and perceptions of social reality (Béland and Cox 2016). Béland et al. (2022) highlight the feedback effects of policies on the political participation and attitudes of both the people involved in their development and the public in general, which can emanate from the relations created between bureaucrats and recipients, the personal experience of people covered by a policy, reactions to threats of benefit losses

from proposals of policy changes, as well as the interpretation of the deservingness and right to state benefits and their perceived value by beneficiaries and the public, among other mechanisms.

Continuities are explained by the path dependence of institutions and policies generated by self-reinforcing feedback mechanisms. Without assuming that institutional and policy arrangements are static, self-reinforcing mechanisms present obstacles for path divergencies, because of they raise the political, financial and material costs of attempting and carrying out changes. Each new step that is taken along a path can increase the attractiveness and incentivise the preferences of social and political actors for the reproduction of that undertaken path. (Mahoney et al. 2016, Pierson 2004). The political support to a policy course that results from the development of feedback processes, like the support offered to an existing policy by its beneficiaries, represent self-reinforcing mechanisms that promote stability. Policy constituencies who would favour continuity and oppose changes can be formed by the people who receive the benefits of a policy, e.g. people enrolled in a social programme. The political leverage, power and capacity to block changes of such constituencies would tend to increase as a trajectory progresses and expands with time, reinforcing the continuity of an undertaken path (Béland 2010, Pierson 2004).¹ Self-

¹ Other sources of path dependence may be the institutional density that grows as a public action expands and incorporates additional government institutions and agencies into its governance, creating an increasingly complex environment with lock-in effects that hinder attempts for changes; and the opacity of politics that enables the reproduction of existing interpretative frameworks of the public problems already addressed and could block the incorporation of new interpretations and issues into public and political agendas (Metler and

reinforcing feedback effects grow as the amount or level of benefits that a policy offers to its constituencies increases or as the number of benefited people or groups grow. Not only to the material benefits delivered and received create feedback, but also the interpretation of their value by recipients. Hence, interpretive feedback should be considered when processes of policy development are analysed (Millar et al. 2020, Skogstad 2017).

In some cases, path dependence does not develop and institutions do not acquire the resilience that they do in other cases, resulting in major and structural or minor and gradual changes.² Structural changes are thought to be the consequence of exogenous factors introduced as a result of critical junctures, defined as short time periods during which there is a substantial probability that the preferences of actors alter political processes and institutional structures, hence producing changes in an existing policy trajectory. Changes in the contexts in which a policy unfolds caused by crises, can lead political and social actors to question the legitimacy of existing institutional frameworks to address the causes of the problems posed by the new contexts, hence opening the possibility for structural and abrupt changes that can produce

Sorelle 2018, Béland 2016, Pierson 2004). Research into the possible effects of such factors on the termination of Prospera could complement the arguments made in this article.

² Institutional weaknesses may also explain institutional and policy development. An institution is considered weak when it does not meet its intended objectives due to its insignificance when intentionally introduced for political purposes only, to noncompliance when its design may be solid but officials choose not to or are incapable of enforcing it, or to political instability that provokes constant alterations of the overarching institutional framework (Brinks et al. 2020). However, none of these factors seemed to have been present in the Mexican CCT, on the contrary, the programme was commonly praised for its stability and solid design and implementation processes (Díaz Cayeros et al. 2017).

path divergencies and tend to be followed by long periods of stability (Volpi and Gerschewski 2020, Capoccia 2016, Hall 1993). Minor or incremental changes that gradually transform institutions can be observed when path dependence is strong and proponents of change lack the sufficient agency to introduce structural reforms. Modes of gradual changes can be the layering of an additional policy next to the one that could not be reformed, the internal conversion of a policy by changing its objectives without altering its basic structure, the displacement of a policy through the reactivation of inactive institution and the drift of a policy by gradually withdrawing the resources that institutions need to operate and adapt to a changing context (Dodds 2018, Hacker 2004, Thelen 2003).³

Whether structural or incremental, institutional and policy changes can be promoted and enabled by endogenous features that emanate a type of feedback that enhances their probability. These endogenous self-undermining mechanisms can create the conditions for changes when the opportunity for reformers to introduce them appear. Policies may have consequences that in the long term erode their own political viability. Policy choices at one moment in time create effects that shape political and social actors' preferences or choices at

³ The policy termination literature links decisions to end a policy with financial imperatives, governmental efficiencies and political ideologies, with the latter being the most frequent explanation (DeLeon and Hernández-Quiroga 2001). These issues are all covered in the historical institutionalism literature.

Particularly, the ideological factor may have played a role in the change analysed in this article, since CCTs have been associated with a certain neoliberal logic (Borges 2018) and the decision to terminate it in Mexico may have been triggered by a backlash against neoliberalism undertaken by the current government. Yet, ideological postures would not explain why decision to end the policy was successful and carried out with virtually no opposition.

later moments. These effects may erode the support for a set of institutions and eventually enable their reform or termination (Béland et al. 2022, Millar et al. 2020, Jacobs and Weaver 2015). Jacobs and Weaver (2015) identify three types of self-undermining mechanisms: unanticipated losses for organised groups, losses in mass cognition and expansion of policy alternatives. The first type refers to unbalances in the original calculations of the costs and benefits of public policies and of their distribution over time. Béland et al. (2022) comment that in the case of social programmes, means-testing and conditionality can have undesired outcomes that represent self-undermining mechanisms and may reduce their political support, by creating weaker constituencies of recipients that can be both less capable and willing to influence policy development and act when faced with benefit cuts.

Self-undermining mechanisms develop from the unintended effects of policies, derived from consequences not predicted or contemplated by political actors at the moment of policy design, which end up diminishing their political support and render them susceptible to changes or termination (Millar et al. 2020, Jacobs and Weaver 2015). Hence, the probability of change increase when the actual impact of policies diverges from their original sought objectives. Political support for an existing policy can wane and opposition to it rise when certain groups are affected by unintended costs during policy implementation unforeseen in the design phase. Interpretive feedback from the subjective perception of the costs by social and political actors can be as important or more than their material and objective value. Policies with incoherent logics or causal complexity may be more susceptible to producing self-undermining feedback (Béland and Schlager 2019, Millar et al. 2020, Skogstad 2017).

Each policy has embedded in its design and subsequent implementation both self-reinforcing and self-undermining feedback mechanisms. Policy development can ultimately be explained

by the balance between both. Policy stability can be expected when self-reinforcing mechanisms aggregate enough political support to overcome any self-undermining mechanisms, and conversely, changes could occur when self-undermining mechanisms reduce the positive effects of self-reinforcing mechanisms (Béland et al. 2022, Sewerin et al. 2020). The research presented here sought to capture the self-reinforcing and self-undermining feedback of the Mexican CCT, in order to contribute to the explanation of its termination.

The case of Prospera

The CCT programme was created in Mexico in 1997 with the name *Progesa*⁴ by a government of the Institutional Revolutionary Party (PRI). The new programme represented a paradigm shift in the country's social policy, explained by the need to respond to a steep increase in poverty produced by the economic crisis that hit the country in 1995, the democratic opening experienced in those years with the gradual dismantling of the hegemony of the PRI, and the diffusion and adoption of human capital-social investment ideas in social policy. Contrary to previous anti-poverty initiatives, *Progesa* paid cash transfers to poor people instead of delivering in-kind benefits; required the compliance with education and health conditionalities to promote the formation of human capital, especially among children, in order to break with the intergenerational transmission of poverty; was designed, implemented and evaluated with rigorous and transparent rules and was notably exempt of clientelistic practices. The programme's name was changed to *Oportunidades* by the government of the National Action Party (PAN) that took office in 2000 and again to

⁴ Acronym in Spanish for Programme for Education, Health and Nutrition.

Prospera when the PRI came back to power in 2012. In spite of the name changes, not only were the policy objectives and architecture never modified, but coverage and benefits were constantly and steadily expanded over two decades (Velázquez Leyer 2020, Hernández Licona et al. 2019, Díaz-Cayeros et al. 2017, Borges Sugiyama 2011, Fiszbein & Schady 2009, Levy and Rodríguez 2006).

Figure 1 illustrates the programme's development. Progresá targeted families in extreme poverty of rural areas. It was implemented in 357 municipalities of the 12 poorest states of the country, with a coverage of 300,000 households, less than 1 percent of the national total. When the name changed to Oportunidades, coverage was expanded to urban areas and to the entire country, reaching 23 percent of all the population by 2005. Coverage remained steady over the years. At the time of its termination, Prospera operated in practically all the municipalities of the country's 32 states and covered around one quarter of the population (Hernández Licona et al. 2019, CEPAL 2019a, Dávila 2016).

(Figure 1 here)

The programme was initially designed with cash transfers for food consumption paid to all registered families, scholarships for families with children in primary and secondary education, which at the latter level were higher for girls to promote their enrolment, plus a transfer for school supplies. Over the years, transfers were incorporated for high school students, with children who finished basic education and older adults, as well as additional food transfers for all families.⁵ Transfers amounts were adjusted annually according to

⁵ New transfers were introduced in 2001, 2003, 2008, 2009, 2010, 2012, 2016 and 2017 (Ordoñez-Barba and Silva-Hernández 2019).

inflation and were capped to disincentivise large families. Because of the expansion of transfers' types and amounts, the cap increased in real terms from \$2,012 MXN per month in 1997 to \$2,945 MXN in 2018.⁶ Transfers were paid to women because they were assumed to be more responsible managing money than men (Ordoñez Barba and Silva 2019, Hernández Licona et al. 2019, CEPAL 2019a, CEPAL 2019b).⁷

The programme also included primary healthcare and health promotion services, like regular medical appointments for all family members and health talks and workshops for mothers. The scheduling of appointments depended on age, gender and health condition, for example, new-borns, pregnant women, women in post-partum and the elderly had to attend appointments at least every two months. Health promotion activities targeted women, especially mothers, with the aim of providing them with information about health topics related to their family's welfare. Beneficiary women in rural localities had to attend six workshops in a year, women in urban localities four. The CCT's primary health services constituted a gateway to access services supplied by the Popular Health Insurance (PHI) programme,⁸ created in the early 2000's to provide healthcare to the segment of the population without social insurance coverage, formed by people not formally employed or not economic dependents of a formal employee, like the majority of CCT's beneficiaries

⁶ Amounts in 2018 Mexican pesos, in 2018 US dollars, approximately from \$100 to \$147.

⁷ The programme also included life insurance for mothers.

⁸ The current government substituted PHI with a programme called National Institute for Health Welfare (INSABI by its acronym in Spanish), with failed results in the quality and access of public health services (Reich 2020).

(Ordoñez Barba and Silva 2019, Hernández Licona et al. 2019, Dávila 2016, Levy and Rodríguez 2006).

CCTs were conceived with a social investment logic, under which conditionalities are necessary to modify the behaviour of the beneficiary of a policy, to achieve the policy objectives of promoting the formation of human capital (Barrientos 2013, Giddens 2001). After enrolment, families were obliged to comply with certain requirements to keep the right to the benefits, which were deemed necessary for the formation of human capital, especially among children. Compulsory conditionalities sought to guarantee that beneficiary families were utilising the programme's benefits to invest in their health and education (Dávila 2016, Barrientos 2013). Cash transfers were suspended if families did not comply with the health conditionalities, namely compulsory attendance to health appointments and activities, and education conditionalities, namely regular school attendance by children. As mentioned above, beneficiary families had to register in a health centre, all members had to schedule medical appointments and in the particular case of mothers, participate in health promotion activities. Transfers were suspended after one month of not complying with health conditionalities in rural areas and two months in urban areas. Longer periods of non-compliance brought about the expulsion from the programme. To meet with the education conditionalities, children in school age had to be enrolled in school and had to attend regularly. Four or more absences in one month produced the suspension of the payment of scholarships for the next month. An accumulation of four months of suspension or 12 absences in a school year produced the suspension of scholarships for the rest of that school year (Dávila 2016). Women had to assume the duty of complying with the conditionalities within a household, because as mothers they were responsible for the school attendance of

their children or because they directly had to meet most health conditionalities (Díaz-Cayeros et al. 2017, Molyneux 2006). Some beneficiary women also performed special roles in the management of the programme, either as mediators (*vocales* in Spanish) to provide guidance to other beneficiaries about the compliance of the conditionalities, or as members of health committees, selected to conduct cleaning work and other chores at the health centres. These roles were temporary.

Solid and abundance evidence of positive results from impact and operational evaluations and academic research was produced from the programme's onset. Significant improvements were registered in many health, nutrition and education indicators (Martínez-Martínez et al. 2019, Hernández Licona et al. 2019, Baird et al. 2014, Bastagli et al. 2019, Fiszbein and Schady 2009, Levy 2006). The Mexican experience was adopted and emulated by international organisations and governments across the world. The CCT model would eventually become a paradigmatic policy of the fight against poverty in the twenty first century (Lavinás 2013, Barrientos 2013, Borges Sugiyama 2011, Slater 2011, Samson et al. 2006).

Yet, several problems and shortcomings were also detected and lead to criticisms.⁹ One series of criticisms derived from the design and enforcement of conditionalities. Conditional programmes vary in the degree in which they incorporate and monitor their compliance. A distinction has been made between 'hard' and 'soft' conditionalities (Peck and Theodore

⁹ Another common criticism was that poverty did not drop significantly in the present century, although there is evidence that persistent high rates were caused by a fall in poor families' labour income and not due to a lack of an impact of government transfers (Velázquez Leyer 2019, Krozer et al. 2015).

2015, Barrientos 2013). Samson et al. (2006) comment that ‘hard’ CCTs have rigid conditions when recipients receive severe penalties for noncompliance, which can include the reduction of benefits or the expulsion of recipients from the programme. ‘Soft’ CCTs, in contrast, are more flexible in the enforcement of conditions. Before imposing harsh penalties, warnings are issued to the non-compliant recipient. The Mexican programme was classified as a CCTs of hard conditionalities. Evidence shows that whilst the programme was effective at modifying the behaviour of recipients through the conditionalities, there were also negative unintended effects, especially on women, on whom the largest responsibility of meeting with the conditionalities fell within the household (Ramírez 2021a, Barrientos 2013, Molyneux 2006, González de la Rocha 2005). Such problems identified in impact evaluations triggered some policy changes; for example, the shift in the health model applied in rural and urban localities was the result of a study showing that the conditionalities were not working well in urban areas; it was found that families were not complying with the health appointments and workshops because of time and economic constraints. Therefore, some of the conditionalities were relaxed for urban households although not for rural households (Dávila 2016, citing IDB 2008). Nonetheless, the programmes main approach to the hard design and enforcement of conditionalities was never modified.

The CCT was terminated in 2019 by the government of the leftist National Regeneration Movement (MORENA), considered to be the first left-wing party to win a competitive democratic presidential election in the country’s history, which arrived with an ambitious agenda of changes in all public policy fronts and a new president who quickly undertook an aggressive critique of the previous governments and began to concentrate power in the executive office (Centeno 2021). The government argued that new programmes of

scholarships for children in public education, targeted on poor children for basic education and paid to all children in secondary and high school, would substitute Prospera and improve state welfare provision. Conditionalities were eliminated,¹⁰ a child only needs to be registered in a public school to receive the transfer. However, the coverage of the scholarships is more limited than the CCT because they exclude childless households, whilst transfers' amounts are lower: for primary school, a family can only receive one monthly transfer of \$800 MXN regardless of the number of children enrolled in school and only for the duration of the school year of 10 months, and not the entire year (Jaramillo Molina 2022, 2021, SEP 2019).

The case of the termination of the CCT in Mexico represents an interesting conundrum to existing theoretical arguments on policy feedback. Given the programme's duration, characteristics, outputs and outcomes, it could have been expected that a strong path dependence would have developed. However, the termination of the CCT was possible swiftly after December 2018, with no visible opposition from programme recipients, programme employees, politicians or other social or political actors. The CCT distinguished itself for its solid design, implementation and enforcement of regulations, in fact its introduction in 1997 represented a path departing decision from previous politicised targeted social programmes plagued with clientelism, design and implementation deficiencies (Díaz-Cayeros et al. 2017) Ideological factors may have played a part in the programme's termination, but they do not explain why reformers were able to successfully do away with any feedback mechanisms that might have developed. The following section analyses and

¹⁰ Nonetheless, implicitly and at least partially, the school conditionality was kept (Jaramillo Molina 2021).

compares the self-reinforcing and self-undermining mechanisms that can contribute to explain the termination of the programme.

The policy feedback of Prospera

Qualitative empirical data to investigate the policy feedback dynamics of the programme was collected in semi-structured interviews conducted during the first semester of 2022 with 20 women who were former beneficiaries, in a semi-rural community of the state of Puebla, in the south of the country, close to the metropolitan zone of the state's capital. That setting was chosen to capture the dynamics of beneficiaries that interacted with the programme under both rural and urban contexts. Although it is not possible to make analytical generalizations with our data, Puebla can illustrate the characteristics of different types of communities in Mexico: the state capital and adjacent municipalities form the fourth largest metropolitan area in the country and they represent a relatively wealthy and highly industrialised context, at the same time that the state has the fourth highest poverty rate among the country's 32 states (INEGI 2022, CONEVAL 2022).

The interviews scrutinized the perceptions of beneficiaries of the costs and benefits that Prospera offered to them and their experiences during the transition of programmes. The sample was constructed with a snowball sampling approach. Snowball sampling "starts with one or a few relevant and information-rich interviewees and then asks them for additional relevant contacts" (Patton, 2015:270). Key informants are located which then help to identify other potential interviewees. The initial informant of this research was known by the co-author of this article since 2013 when she conducted research in this locality. At the time, the informant was a mediator of Prospera, thus, she had extensive contacts among former

beneficiaries, providing access to more participants, which in turn provided access to other participants and so the sample was built up by snowballing.

Interviews were conducted in spaces where participants felt comfortable, usually their houses. Rapport was built by asking participants to sign an informed consent explaining the aims of the study, the protection of their identity and requesting permission to record the interview. To reduce any possible biases in the data collected, it was underscored that this study was not linked to any government programme or agency. Interviews were conducted until it was determined that data saturation was reached and further data collection would not produce additional findings.

Self-reinforcing feedback mechanisms

Interviewees expressed a favourable perception of five aspects of the programme's benefits, each of which can be classified as a self-reinforcing mechanism. The first one relates to amount of the cash transfer. Beneficiaries appreciated the cash support offered and mentioned that it constituted a significant portion of their household's income. They expressed dissatisfaction with the elimination of the programme's cash benefits. As an example,¹¹ in this quote a woman comments how the transfer was a central source of income for her family's economy.

I was in Prospera for 16 years and my four children received the support. Before López Obrador [presidency] began, I had one in kinder garden, two in primary school and one in secondary. The girl received more... I received around \$5,000 (MXN)... I use

¹¹ All quotes were translated from Spanish by the authors.

that money for the children's expenses and groceries. Since the arrival of López Obrador and our benefits were reduced, one feels economically tight... Now we barely make it through. 16 years in the CCT.

Secondly, interviewees highlighted the coverage of different types of households and individuals. That coverage was the outcome of the programme's initial design that considered the payment of transfers to all poor families, regardless of whether they had children, and its later steady and constant expansion. First it was extended from rural to urban areas and new benefits were gradually added for different family members, like older adults and high-school students. For example, this beneficiary mentioned the fact that Prospera paid benefits to her mother, who is not old enough yet to receive an old-age non-contributory pension.

Prospera supported families even if they had no children and also older people. Now only people 65 (years old) and over receive a pension, but before there were people of 50, 55 years old who did receive support. One of them was my mother, and the support she received was very helpful. We [her children] are already married and with kids, so she is all on her own and is difficult for her to get employment now at 60 years old. 12 years in the CCT.

Thirdly, since its inception, the CCT constituted a comprehensive policy intervention that generated close links between its three components: nutrition, education and health. At the frontline, recipients obtained these in the form of preventive health activities, medical care when ill, referrals to second and third-level hospitals, the delivery of medicines, workshops on the prevention of diseases, and education for children at school age. The programme was a platform through which its beneficiaries were referred to and obtained access to services supplied by PHI. Interviewees valued the integral design of the CCT and the interactions that

it built with other social programmes. The various types of interventions and services offered by the programme were by recipients as contributing to their self-esteem, their family's health and relationships, and their educational progress. These two quotes illustrate these topics.

I really miss the talks they gave us about not letting ourselves be humiliated as women.

They gave us many kinds of talks about self-esteem, family problems, illnesses, family planning, what our children need, our bodies. 6 years in the CCT.

Now that Prospera was taken away from us, the health centres were closed and Seguro Popular [Popular Health Insurance] was taken away from us, we no longer have medicines for our sick, so we fall deeper into poverty. 12 years in the CCT.

The fourth self-reinforcing mechanism relates to the CCT's successful implementation. Interviewees mentioned the reliability and predictability of the programme's operation. At the beginning of each year, recipients received a report card with the most important dates in which they had to attend the health clinic during that year. Recipients could also rely on mediators to receive ongoing information about the activities of the programme. The complex network of front-line officers coordinating and monitoring the conditionalities –which included doctors, nurses, school teachers and mediators– gave certainty to recipients about the benefits they would receive and at what times of the year, which helped them plan their expenses and their work and family responsibilities.

It was a support that you already knew was going to arrive and you could organise yourself. I thought: I spend on this today and then when the support arrives I can spend on tennis shoes, or whatever they [the children] need. 19 years in the CCT

We used to have a mediator – actually three to five mediators - who would meet the director of the clinic or go to the programme’s attention desk and they would then inform us about paydays, dates for the health workshops, or any other activity of Prospera. 12 years in the CCT

In the fifth place, the regularity of the activities of the programme and the participation of recipients in multiple tasks and roles within it, promoted the creation of a close social network among recipients. Mediators and health committee members were able to create stronger links with other recipients, but overall interviewees reported benefiting from their constant interactions with fellow recipients and the friendships they formed. The relations seem to have had long lasting effects and continue even after the termination of the programme. The following quote illustrates the positive social dynamics that beneficiaries valued about the programme.

I really enjoyed the health workshops and the get-togethers with the other beneficiaries. We hung out with the other beneficiaries, we became friends, you met people, and as a mediator you listened to other people, and they followed you a lot, even though you were no longer a mediator. 6 years in the CCT.

Self-undermining feedback mechanisms

In spite of the self-reinforcing feedback mechanisms that developed over the years of the CCT’s implementation, interviewees also mentioned various self-undermining feedback mechanisms that might contribute to understand the termination of the programme. These mechanisms relate to the effects of the ‘hard’ design and enforcement of the conditionalities

that characterised the programme. The issues around these effects can be grouped in four types of mechanisms.

Firstly, interviewees mentioned the time burden of complying with the conditionalities. As has been reported in previous research (Molyneux 2006, Rubio 2002), in practice, the programme represented a third work shift, additional to their paid employment and to their household work. Conditionalities often conflicted with women's household, family and employment responsibilities. Especially problematic for women who worked outside the home was the fact that their children were left on their own for long periods of time and that it was difficult to keep a steady job because employers were not empathetic of their recurrent absences due to the programme's activities. For example, two interviewees mentioned the following problems with complying with conditionalities.

With Prospera we had to stay at the clinic, they gave us the talk, then they gave us news, and then I don't know what else. I ended up wasting a lot of time on the street complying with the programme's activities, instead of being here with my children. 6 years in the CCT.

When you had to comply with all those activities every two months, it is difficult to get permission at work for so much. So, it's either you work or you lose the programme. 12 years in the CCT.

Enrolment in the programme also implied financial costs for recipients, not considered in the design phase. Beneficiaries reported significant transportation costs when traveling to the health centres to attend the programme's activities and forced work absenteeism that generated losses of labour earnings, as also detected in previous research (Escobar Latapí

2000). Interviewees also complained about requests for financial donations from mediators and health practitioners to purchase materials needed for the programme's operation, including resources for the maintenance of health facilities. The following two quotes illustrate these types of complaints.

We even had to collect money, 20 or 30 pesos per person, to buy things so that we could receive medical care, and so on. The government did send materials, but not enough, and the health centre was always full. 3 years in the CCT.

Prospera helped us, but it also had its drawbacks because the mediators asked us for money. They asked us for a minimum cooperation, which is perhaps not much, it's 10 pesos, but here we are about 200 [beneficiaries]... I don't know about that [what they did with the money], but if you didn't give it to them, they looked at you badly. 16 years in the CCT.

The third self-undermining mechanism derives with the relations that beneficiaries had to develop with street-level bureaucrats. The design of the CCT meant that recipients had to interact constantly with the public officials who organised and delivered services at the same time that they monitored compliance with conditionalities. The programme gave significant discretionary power to health promoters, physicians and schoolteachers who had the task of supervising attendance and participation in health and education services. Issues of mistreatment, power abuse and discrimination by front line officers have been identified in evaluations and research on the programme (Ramírez 2021b, 2016, Díaz Cayeros et al. 2017). In the interviews conducted for this article, beneficiaries also mentioned negative effects of interactions with street-level bureaucrats.

We were forced to go to health appointments, to vaccinations, to take dogs to be vaccinated. And if we didn't have a dog, doctors made us get one from the neighbour, from wherever, but we had to bring at least three dogs. And if you didn't comply, the doctors wouldn't sign your report card and you would get an absence, so you ended up not getting your support the next month. Also for pap smears and mammograms: as I wasn't old enough, I had to get a woman to go. That was ugly, we were forced. 12 years in the CCT.

There were doctors who bullied us. The doctor who was more imposing told us that we were fat, obese, that we had to lose weight. 8 years in the CCT.

A very rude promoter would come to threaten us and tell us that we owed the support [to the government] and that it wasn't a gift... They saw us as their 'dummys' and looked down on us. 1 year in the CCT.

The final self-undermining mechanism is the absence of a notion of the programme as a social right. The 'hard' approach to the conditionalities hindered the construction of the policy as a right and the development of citizenship among beneficiaries. Interviewees spoke of the programme as a gift from the state, which could be taken away without warning. In their narratives, it seems that women never constructed the programme and the services it offered as rights or entitlements or that they could exercise their citizenship to defend them. Instead, beneficiaries expressed feelings of submission, frustration and undeservingness. They recalled feeling incapable to voice their opinions, comments and complaints about the way Prospera was delivered either individually or collectively. The following three quotes illustrate these shortcomings of the CCT.

It was not a lot of money, but honestly, who gives you 100 pesos as a gift? Beneficiary, 3 years in the CCT.

We are aware that it is just a support and that at some point it was going to end. Beneficiary, 12 years in the CCT.

The programme was like 'go and obey'. There was a complaints box in the clinic, but the doctor was the one who checked it, and she was the one who mistreated us. There was also an attention desk where we could complain, but they always asked us for our ID card, so how could you say something in those conditions? The ones who had credibility were the doctors. 12 years in the CCT.

The analysis of the data from the interviews shows that the CCT implied economic, time, relational and psychosocial costs, which recipients had to assume to keep enrolment. Even if they valued the programme's benefits, the costs generated an apathetic position towards the programme's continuity, as discussed in the next paragraphs.

The counterbalance between self-reinforcing and self-undermining mechanisms

Data collected in the interviews with former beneficiaries revealed the simultaneous development of both self-reinforcing and self-undermining mechanisms, as outlined in Table 1. The lists include mechanisms that can be linked to both the objective and material dimensions of the programme, as well as to the perception that beneficiaries held of the effects that it had on them and their families. The first four of the self-reinforcing mechanisms derive from the objective benefits that the programme sought to deliver, whilst only the positive social relations that beneficiaries reported were an implicit outcome. On the contrary, all self-undermining mechanisms can be associated with the implicit costs that the

programme generated not considered in the policy's design, which included objective quantifiable time and financial costs along with subjective and relational effects.

(Table 1 here)

Interviewees mentioned several negative consequences of the programme's disappearance, which suggests a certain strength of the self-reinforcing mechanisms. Beneficiaries valued the benefits previously received and expressed dissatisfaction with their termination. Reductions in household income and the uncertainty provoked by the deficient implementation of the new policies were two issues identified in the interviews, as the following two quotes illustrate.

We do feel the change in the amount of money they give us. It does affect us because it is not very much. 4 years in the CCT.

There are no more programme mediators. In schools, they don't say anything anymore either. Now you have to look for information. Nobody tells you anything anymore, everything has changed very, very badly. Before, they used to tell us in advance and say, 'go make your schedule'. Now we don't and many people have lost their support. They set up a help desk, where you go if you have any doubts, but they just say: 'Give me your number and I'll let you know', and then they never call you. 12 years in the CCT.

Yet, when interviewees were questioned about the balance between the benefits and costs of the programme, they tended to give more weight to the latter. From the beneficiaries' perspectives, the implicit costs associated with the enrolment in the CCT outweighed the benefits it offered. Interviewees expressed a preference for their current situation without

benefits over their former enrolment in Prospera, for reasons related to the costs of that ‘hard’ conditionalities represented for themselves and their families. The termination of the programme freed their daily schedule from the compliance with conditionalities, allowing them to have more time to engage in other activities at home and with their children. Respondents referred to health promotion activities as a ‘waste of time’ with little or no impact on their livelihoods. Prospera’s conditionalities caused recipients to feel controlled by the programme and obliged to comply with an ever-increasing number of activities it demanded from them. These three quotes that reflect the preferences for a situation without the CCT.

The truth is that now I prefer not to waste the time I used to waste in Prospera. Now I can be at home more, I enjoy my children more. Because before I used to go to the clinic, and go to who knows what, and so on, so I wasted a lot of time on the street, and I wasn't with my children. 6 years in the CCT.

The truth is that we were going out of obligation, you have a lot of things to do, work, housework, and in Prospera it was always that you had to go here and there. They kept us in line. 8 years in the CCT.

One feels a little freer without Prospera. One went to the clinic and complied with the conditions out of obligation. 12 years in the CCT.

Besides having more time for the family, recipients who worked outside the home do not miss the complexity of juggling with their work and previous programme responsibilities. Enrolment in the programme created problems for the development of labour occupations of beneficiaries, especially if considering that many engage in informal activities where they

get paid by the day and the days they had to miss to comply with the CCTs conditionalities represented a loss of income for the household. These two quotes illustrate these issues.

Now we have more time to do other things without feeling that you are in a hurry up to comply with all the activities of Prospera. Sometimes in Prospera they would call us today to go to the health centre the first thing the next morning. So you didn't even have time to ask for permission at your job, and even if you would, they wouldn't give you permission. 12 years in the CCT.

When I didn't work I didn't have problems with Prospera, but when I started working the situation became difficult. I didn't want to remain in Prospera because they were always asking us to go to the health centre, but when could I work? My boss will fire me. 6 years in the CCT.

The elimination of the conditionalities of the CCT, although it came with lower benefits, it also brought about lower costs for family, work and psychological wellbeing. To compensate for the loss of income, interviewees reported adaptations to their practices in relation to work and the allocation of their scarce resources. Some mothers began working outside the home for the first time or for longer hours, or used the transfers they did receive for some of their children to support the children who are no longer entitled to scholarships, as these two quotes show.

With Prospera, I received more money... What they gave us did help us a lot and now we receive less but I make up for it with work. But before I didn't work, only my husband. 5 years in the CCT.

My daughter was on a Prospera scholarship until she finished high school and she wanted to go to university, but she didn't continue because she didn't get a scholarship. But with what I get for the other children, that's what I use to pay for her school tuition now, that's how I help myself, taking from here and giving to her there. Like that, my daughter entered university. 19 years in the CCT.

What these data indicates is that in spite of the objective benefits delivered by the CCT, from the perspective of recipients the programme had considerable negative effects that explain their indifference towards the continuity of the programme. Beneficiaries did not show a preference for the continuity of Prospera compared to the new programmes that deliver less cash benefits but without conditionalities. They did not seem to mind receiving less cash as long as they did not have to comply with the conditionalities. Their narratives are suggesting that the costs associated with the conditionalities (self-undermining) counterbalanced the benefits they received (self-reinforcing). What unfolded was a process that can be defined as policy apathy, which can occur when the perceived implicit or explicit costs linked to the reception of the benefits of a policy cancel out the perceived value of the benefits that are delivered, generating political indifference to its continuity or termination from social and political actors.

Contrary to other social policy retrenchment measures undertaken by the current federal government, like the substitution of PHI by INSABI or the termination of a network of childcare centres for children of poor women, where protests by a variety of political and social actors have been highly visible, in the case of the termination of Prospera there have been not been any strong protests by either politicians, public officials, groups of beneficiaries or any other civil society actor. In the cases of beneficiaries, the research

presented in this article suggests that the apathy towards the programme, consequence of its self-undermining mechanisms, disincentivised or inhibited any possible political actions.

The findings of this research are in line with several of the arguments on policy development found in the literature. The targeted and conditional design of the programme generated self-undermining mechanisms like the negative experiences of beneficiaries derived from the compliance of conditionalities, the power unbalances between the providers and recipients of benefits and the interpretation of those benefits as a give-away and not a social right. As argued in Béland et al. (2022), these mechanisms can lead to explanations of the political behaviour and attitudes of people covered by a social programme and of the eventual enactment of policy changes. Such disadvantages are frequently found in the social policy literature, especially when comparisons are made with universal programmes (Martínez Franzoni and Sánchez-Ancochea 2016, Korpi and Palme 1998). Targeted programmes can be more vulnerable to retrenchment since they automatically divide the population between tax-paying funders and recipients, potentially obstructing the aggregation of political preferences for their continuity, and because the groups covered by those types of programmes are formed by poor people who tend to face more collective action problems and lower levels of political leverage than other social groups. Future research on the Mexican case could focus on generating empirical evidence on the actual capacity and willingness of beneficiaries of targeted programmes, or more generally of poor population, to mobilise to influence policy development.

Concluding remarks

This article presented an explanation of the reaction of the beneficiaries of the Mexican CCT to its termination. Qualitative empirical data was used to test current theoretical arguments

on policy development from the perspectives of beneficiaries. Even if the benefits delivered by the programme were appreciated, self-undermining mechanisms not contemplated in policy design unfolded overtime, diminished the support of the programme and eventually generated apathy towards its continuity. These mechanisms were linked to the obligatory compliance of behavioural conditionalities. Whether or not other self-undermining mechanisms played a role in the termination of the CCT is a question that should be addressed by further research. Those additional mechanisms could derive from the low political leverage of beneficiaries, as commented above, but also could be associated with other social and political actors, like the incentives for potential electoral gains or losses that politicians from different ideological positions may have sought or evaded by supporting or opposing the policy change, the consequences of the concentration of power in the presidency and the absence or withdrawal of veto players that could have acted to obstruct policy retrenchment, as well as the consequences of a highly centralised operation that excluded subnational government actors and the fragile institutional architecture never incorporated in the national legislation.

The arguments of this research can represent important lessons for policy makers. Social investment emerged in recent decades as an alternative to adapt social policy to contemporary social, political and economic contexts. Behavioural conditionalities represent a central element of a social investment perspective foremostly to promote co-responsibility and avoid welfare dependency. The explanation of the termination of Prospera suggest that a too strict or 'hard' application of those conditionalities can end up undermining social programmes which in fact deliver significant benefits to the population. Interestingly, no negative effects of school conditionalities were mentioned by the former beneficiaries that formed the sample

of this research. It seemed that the health promotion conditionalities were the ones that generated a dissatisfaction with the programme. The crucial role that street-level bureaucrats perform and the relations they build with recipients seems to also be an aspect that policymakers should not ignore if they want their initiatives to endure over time.

The findings of this article can also serve to examine policy feedback of other social investment programmes. Whether the policy apathy identified in this research also unfolded in other parts of the country or if they may be present in the development of similar social programmes in other countries is a question that can be explored by further research. Social policies may be delivering valuable benefits that have a positive impact on the population, as the Mexican CCT during more than two decades, but if policymakers do not consider the perceptions of beneficiaries and the feedback effects of their design and implementation, their continuity may be at risk.

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