Social Policies, Attribution of Responsibility, and Political Alignments. A Subnational Analysis of Argentina and Brazil[1]

Abstract

This paper assesses how the political context shapes policy implementation in decentralized countries. It finds that effective implementation of non-contributory social policies depends on political alignments across different territorial levels. Subnational units governed by the opposition hinder the implementation of national policies, but only if the policy carries clear attribution of responsibility. On one hand, conditional cash transfers have clear attribution of responsibility and thus pose risks for opposition subnational governments, who as a result have incentives to obstruct such policies. On the other hand, in social services attribution of responsibility is blurred and therefore their implementation is not shaped by political alignments. By analyzing policy implementation, disaggregating social policies, and incorporating multilevel political alignments, this paper contributes to theories of the welfare state and multilevel governance. The empirical foundation includes an analysis of the factors that shape the successful implementation of social policies in Argentina and Brazil through a combination of pooled time series analysis and extensive field research.

INTRODUCTION[2]

Since the early 2000s, Latin American governments have expanded the welfare states of their

countries. Aided by commodity export booms, they have enacted broadly targeted transfers and

social services that have the potential to improve the living conditions of the most vulnerable sectors

of the population. These policies have been truly transformative. Conditional cash transfers (CCTs),

for instance, have been partly responsible for reducing poverty, inequality, child labor, and of

improving health check-ups and education attendance (Handa & Davis, 2006). Some of these

national policies are nonetheless implemented unevenly across subnational units in decentralized

countries. This is in part because some states, provinces, and municipalities engage in activities to enhance the implementation of national policies, while others actively hinder their implementation. This pattern raises important questions: under what conditions do states have incentives to hinder or advance the implementation of national policies that are beneficial for broad sectors of the population? In more general terms: what explains the successful implementation of national social policies in decentralized countries?

To answer these questions, one of the main contributions of this paper is to move away from welfare state theories that analyze policy design and focus on policy implementation to argue that it is not the ideology of parties that matter but political alignments between the federal and subnational governments. This is particularly true for countries in which parties are ill-defined ideologically, and in which coalitions vary at the national and subnational levels. However, subnational opposition parties do not hinder all social policies, but rather those that carry clear attribution of national responsibility.[3] That is, subnational opposition governments will offer resistance only to those policies for which recipients can clearly identify who is responsible for and therefore know who to reward. The second main contribution of this paper is to disaggregate the welfare state and argue that not all social policies are alike.

The level of attribution of responsibility differentiates cash transfers from social services. Cash transfers are palpable instruments that can aid reelection when delivered at key moments before the election (Tufte, 1978, p. 9). In the case of the Brazilian CCT *Bolsa Família* (Family Grant, BF), for instance, a survey of 2,669 voting-age individuals found that 76 percent of respondents identified the federal government as responsible for the program in 2010 (Zucco & Power, 2013, p. 814). For the Argentine CCT, a survey of 2,240 people showed that 86.5 percent in 2010

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[3] In this paper, every time I use the term "attribution of responsibility", it refers to attribution of "national" responsibility unless otherwise stated.

identified the federal government as the main responsible entity (Deloitte & Anses, 2010).

Conversely, in social services attribution of responsibility is harder for the voter because the direct beneficiary is not the user of the system. The recipients of federal transfers are social providers such as health clinics or schools. Available surveys show that a minority of users know of the existence of health policies at all in Argentina and Brazil, and they rarely attribute these policies to the federal government. This variation across CCTs and health services shapes political dynamics governing implementation. Political alignments of states and provinces significantly matter for the implementation of CCTs but are irrelevant for explaining the implementation of health policies.

This paper includes Argentina and Brazil, countries that are highly decentralized and that share similar trajectories in welfare state development – they originated in the 1930s with employment-based social insurance, underwent neoliberal reforms during the 1980s, and have expanded their social protection systems since the 2000s (Hooghe et al., Forthcoming 2016; Huber & Stephens, 2012). In 2009, the Argentine government enacted a CCT for families in poverty named *Asignación Universal por Hijo* (Universal Child Allowance, AUH). Seeing the program as a federal imposition, the opposition province of San Luis obstructed its implementation, using its own employment program to compete with the federal one. In the words of the province's former governor, "In the past we suffered the Washington Consensus, now we suffer the Buenos Aires consensus, and San Luis does not follow it …We don't accept national policies because [the federal government uses] them politically."[4] Similarly, when the Brazilian government launched the

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[4] Author interview with Alberto Rodríguez-Saá, San Luis, 06-21-2012. Throughout this paper, all direct quotations from secondary sources and personal interviews in Spanish and Portuguese have been translated by the author. The subnational units described in this paper (the states of Goiás and Rio Grande do Sul in Brazil and the provinces of San Luis and Mendoza in Argentina) share similar levels of GDP per capita within countries but show variation in the level of opposition to the national government. Therefore, I select cases which are average on a central control variable and show variation in the main independent variable. Since the aim of this case selection is to demonstrate the robustness of causality from cause to effect (Lieberman 2005, p. 444), selecting on values of the independent variable avoids "cherry-picking" cases that support the causal argument. For a thorough description of the multilevel case selection strategy, including selection across

conditional cash transfer Bolsa Família in 2003, the opposition state of Goiás hindered its implementation, promoting instead its own state cash transfer.

Subnational governments in Argentina and Brazil are not alone in shaping the implementation of national policies. In decentralized countries around the world multiple levels of authority mediate the process through which policies on paper become realities for citizens. In these countries, social protection that individuals receive comes from both national and subnational levels of government. Regions in Australia, Austria, Belgium, Bolivia, Canada, Indonesia, Italy, Mexico, Spain, Switzerland, and the United States have the authority to affect national policies, in part through their own subnational policies.[5] The opposition governments of the Federal District of Mexico City, for instance, have criticized the national CCT *Oportunidades* (Opportunities) program advocating instead for a more universal approach. Mexico City engages in a number of activities to distance itself from the national government, including enacting the Law of Social Development for Mexico City in 2000, to establish their own party's signature on social policy. The three main social programs that emerged from this law account for almost 20 percent of the municipal budget. Partly as a result of these policies, coverage of the national CCT is low in Mexico City (Luccisano & Macdonald, 2014). On the other side of the Atlantic, Harguindéguy (2015) identifies regions that challenge and regions that support the Spanish government's austerity policy. While most of the communities that remained faithful to the central government belonged to the party of the President most regions who challenged the policies of the President belonged to opposition parties.

The analysis here incorporates variation across states, policies, and time. It draws from fifteen months of field-research in Argentina and Brazil in 2011 and 2012, where I conducted 235

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countries, two states and two provinces, eight municipalities, four national policies, and four subnational policies see: Niedzwiecki (2014a).

[5] Only decentralized countries provide the opportunity of subnational governments to design and implement their own social policies (Bonvecchi 2008). For a description of regional policy authority in these countries, see Hooghe et al. (Forthcoming 2016).

in-depth interviews with public officials and policy experts at the national, state, and municipal levels, as well as 148 structured interviews with social policy recipients. In these places, I participated in councils, forums, and meetings that tackled social protection issues, and conducted archival research in the main newspapers of the opposition province in Argentina and opposition state in Brazil. The empirical section combines this field research with pooled time series analysis to measure the average effect of political alignments on the successful implementation of social policies across the 24 provinces in Argentina and 27 states in Brazil from the time that the first policy was implemented in each country (1998 in Brazil and 2008 in Argentina) until 2012.

EXISTING PERSPECTIVES: WELFARE STATES AND MULTILEVEL GOVERNANCE THEORIES

This paper brings together theories on welfare states and multilevel governance in order to construct an analytic framework that explains the factors that shape the process of policy implementation in decentralized countries. Welfare state theories have addressed the political determinants of social policy regimes and their outcomes, but have mostly focused on policy design and have restricted their analyses to national-level variation (e.g. Esping-Andersen, 1990; Haggard & Kaufman, 2008; Huber & Stephens, 2012; Niedzwiecki, 2014b, 2015). This paper innovates by moving away from the design of policies toward their implementation. Additionally, the wide dispersion in welfare outcomes, state capacity, and levels of democracy within countries justifies the focus on lower levels of government (Charron & Lapuente, 2013; Gervasoni, 2010; Gibson, 2012; Giraudy, 2010; Pribble, 2015; McGuire 2010b). These variables have been crucial for the study of welfare states in developing countries. In particular, the record and quality of democracy matters for social policy development (McGuire, 2010a), when it appears in tandem with state capacity (Norris, 2012), policy

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legacies, economic performance (Haggard & Kaufman, 2008), and left parties (Huber & Stephens, 2012).

Left partisanship has been a central variable for explaining variation in the design of social policies in advanced industrial democracies and in Latin America (Esping-Andersen, 1990; Huber & Stephens, 2001; Huber & Stephens, 2012; Pribble, 2013). When focusing on policy implementation rather than on policy design, I argue that it is not necessarily ideology that matters, but political alignments between national and subnational governments. This is true in contexts where parties are ill defined ideologically and thus their linkages to citizens may not respond to programmatic demands. That is the traditional image of Latin American party systems, with profound variation across countries (Coppedge, 1998; Kitschelt, Hawkins, Luna, Rosas, & Zechmeister Elizabeth J., 2010; Mainwaring & Scully, 1995; Roberts, 2002). Kitschelt et al. (2010, 111) argue that "[t]he overall substantive content of the left-right semantics is relatively low in Latin America when compared to other regions in the world. This is true for comparisons not only in Western Europe…but also with Eastern Europe."

This image represents relatively well the particular cases of Argentina and Brazil (Kitschelt et al., 2010; Mainwaring & Scully, 1995), countries which also have the lowest levels of party nationalization in the region (Jones & Mainwaring, 2003, pp. 140, 148).[6] In Argentina the major party, the Peronist party, has changed its traditionally labor-based ideology during market-reforms in the 1990s. The party has been defined as a party with weak structure that allows for the flexibility to replace the weak union-based linkages with personal-based clientelistic networks (Levitsky, 2003). Experts and voters disagree on where to place the Peronist party along a left-right dimension.[7] In

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[6] A party system has low nationalization when the votes of major parties differ between national and subnational levels, and among states or provinces (Jones and Mainwaring 2003, pp. 140, 148)

[7] Coppedge (1997), for example, finds no expert agreement on the classification of the Peronist Party, and therefore codes it as 'other'. The 1997 Parliamentary Elites of Latin America Expert Survey places the party at the center (Kitschelt, Hawkins, Luna, Rosas, and Zechmeister Elizabeth J. 2010, p. 102). Calvo and Murillo

addition, electoral dynamics and coalitions vary throughout the provinces thus promoting different party systems and a de-nationalization of party competition (Calvo & Escolar, 2005; Jones & Mainwaring, 2003, p. 150). The trend towards incongruence between national and subnational party systems has been increasing since 2003 (Suarez-Cao & Gibson, 2010, p. 28).

For Brazil, Mainwaring (1995) and Ames (2001) argue that the only ideological parties are those on the left, while center and right parties are motivated by distribution of resources. Center and right parties in Brazil are pragmatic; they will not oppose the implementation of policies if it benefits themselves or their parties. If they oppose the implementation of policies, it is for a logic of political competition, to maintain their base, but not for ideological considerations. At the same time, Brazil has a highly fragmented party system and therefore national and subnational governments form coalitions to win elections and govern. The number of coalitions between right and left parties has increased since the 1986 elections, reaching more than 60 percent of all coalitions for gubernatorial elections. In addition, the same party can join widely different coalitions at the three territorial levels (Krause & Alves Godoi, 2010, pp. 43, 55). Even the *Partido dos Trabalhadores* (Workers' Party or PT) has made a strategic move since 2003, making alliances with parties far from its ideological positioning (Hunter, 2010). The regional differences in the coalitions of the PT are also significant. While in the state of Rio Grande do Sul, for instance, the PT mostly makes alliances with the left, in Goiás the PT is mostly aligned to right parties. Having said this, and different from Argentina, there are no subnational party labels in Brazil so the larger parties tend to be present at the three territorial levels.

Besides moving away from policy design and party ideology explanations of the welfare state, this paper also incorporates multilevel governance theories, particularly by studying the role of

conducted a nationally representative survey with 2,800 respondents and confirmed "the difficulty of Argentine voters for the ideological placement of two major Argentine political parties" (Calvo and Murillo 2012, p. 860).

political dynamics to explain vertical competition on policy areas. While there is research on subnational resistance to federal policies in the United States (Miller & Blanding, 2012; Regan & Deering, 2009), as well as studies on horizontal fiscal and policy competition (Oates, 2005; Weingast, 2007; Borges Sugiyama, 2013), there has not been systematic research on competition between national and subnational levels on social policy areas. To do so, I build upon research on fiscal federalism that includes the role of party alignments for encouraging or hindering national-subnational cooperation (Garman, Haggard, & Willis, 2001; Larcinese, Rizzo, & Testa, 2005; Riker & Schaps, 1957; Rodden, 2006). I contribute to this literature by incorporating the analysis of social policy implementation to that of fiscal and macroeconomic policymaking. To my knowledge, this topic has been omitted in the literature, with partial exceptions.[8] In this process, the formal characteristics of decentralization are the framework that shapes these possible strategic interactions. However, the question is not *who* has the authority to do *what*, but *when* do subnational units enhance or hinder nationally designed policies in contexts of high levels of subnational authority.

ATTRIBUTION OF RESPONSIBILIY AND POLITICAL ALIGNMENTS

The assumption is that politicians are motivated first and foremost by getting themselves or their parties reelected; as well as by continuing their careers in (particularly subnational) government (Mayhew, 2004; Samuels, 2003). To achieve these aims, they seek government and go through parties (Aldrich, 2011, pp. 5, 15). In federal countries, the electoral fates of national executives influence the electoral chances of subnational politicians (Campbell, 1986; Carsey & Wright, 1998). The more positive a voter assesses the president and her performance, the greater the likelihood that this voter will support subnational candidates affiliated with the president's party (Gélineau &

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[8] Leibfried (2005, p. 340) is a partial exception mentioning that the effect of local experimentation with social policy can both hinder or enhance welfare state expansion.

Remmer, 2006, p. 137). In addition, recent literature has shown that citizens reward national incumbents who provide conditional cash transfers (De La O, 2013; Hunter & Power, 2007; Zucco & Power, 2013). Therefore, co-partisan governors have incentives to boost the implementation of national level policies in which recipients identify the federal government as the main provider. In fact, there is some evidence that governors that are aligned with the president, have also benefitted electorally from the implementation of national CCTs (Borges, 2007, pp. 129–130).[9]

In these same circumstances in which attribution of national responsibility is clear, opposition governors have incentives to hinder these policies. This is because, on one hand, their own opposition at the subnational level may be aligned with the national government, and therefore their main incentive is avoiding that their local opposition wins votes through the national policy. On the other hand, governors may also be playing in the national arena, because they or their allies will be competing for national elective positions. In this case, their belonging to the national opposition explains their incentives to obstruct policies that can benefit the national executive.

The main argument of this paper is that there are two kinds of social policies: those that clearly "belong" to the national government, and those in which attribution of responsibility is much fuzzier. For the former, both the national government and subnational leaders who are aligned with the president will potentially gain electorally from the successful implementation of these policies. For such policies, non-aligned governors will obstruct policy implementation, while aligned governors will facilitate it. In contrast, for policies in which national attribution of responsibility is more difficult, subnational leaders will be able to claim credit regardless of their alignment with the

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[9] Contrary to macroeconomic adjustment policies in which national and subnational politicians potentially fear the negative electoral consequences of these policies, cash transfers and social services are examples of policies for which politicians generally want to claim credit. In general, treatment responsibility, or the responsibility to alleviate a given problem, is positively perceived by voters (Iyengar 1989).

national government, or at least the opposition will not gain electorally, so all governors will want these to be implemented successfully.

It should be noted that this is an argument about politicians' expectations rather than actual voters' behavior. In other words, only when recipients can attribute policy responsibility to the national government and can recognize multilevel alliances, can they potentially reward that party or government level in the elections. This is because attribution of responsibility can have an independent effect on public opinion (Iyengar, 1989). However, this does not mean that policy recipients will automatically vote for the incumbent, or that they will recognize these alliances, since there are other issues that shape voting behavior, including the performance of subnational incumbents (Gélineau & Remmer, 2006), and since there is a debate in the literature about the actual effect of CCTs on voters, presidents, and co-partisans (e.g: Zucco, 2013). In other words, as long as subnational politicians think that CCTs will benefit or hurt them electorally, they will adjust their behavior accordingly.

Policy recipients can *only* reward national incumbents and their subnational allies with their votes when they can establish that the federal government is responsible for such policies. Attribution of responsibility is therefore a necessary mechanism to reward or punish elected politicians: it determines who is responsible for a particular outcome and it leverages these judgments to hold leaders accountable (Atkeson & Maestas, 2012, p. 105). If the president is considered responsible for a given outcome, then her party will be rewarded (or punished) in the elections (Abramowitz, Lanoue, & Ramesh, 1988). Conversely, when she is not considered to be responsible for that particular outcome, then citizens' votes will not be shaped by it (Marsh & Tilley, 2010). The stronger attribution of responsibility, the harder it is for subnational opposition governments to claim credit, and the higher the incentives to hinder the implementation of such policies. The weaker attribution of responsibility, the easier it is for opposition parties to claim credit

for the policy and its outcomes and the harder it is for incumbents to gain electoral support. In this latter case, opposition subnational governments are also interested in enhancing the implementation of such policy.

A central contribution of this paper is the distinction among social policies with regard to whether voters know who to reward. I use the term attribution of responsibility. Cash Transfers are clearly palpable and attributable instruments that can aid reelection when delivered at key moments before the election (Tufte, 1978, p. 9). In cash transfers credit claiming is "easier" because policy recipients are the direct beneficiaries. In addition, the provider's logo appears in the ATM Card or the provider directly distributes the cash transfer. For these types of policies, attribution of responsibility tends not to be disputed.

For social services, especially when provision is public and universal, providers such as health clinics or schools (and not users) are the direct recipients of the funds and therefore it is "harder" for voters to identify who is responsible. A policy that aims at improving the quality of health and education, for instance, faces the problem of information asymmetry because the good called "quality" is not tangible and clearly observable. In particular, citizens cannot verify whether the promises of better services have been met (Melo, 2008, p. 182). For these policies, attribution of responsibility tends to be blurred. The distinction between "easy" and "hard" issues is relevant because, as Carmines and Stimson (1980) argue, while "easy" issues do not require sophistication in voting decisions, "hard" issues call for voters with high conceptual skills.

CCTs also enjoy clearer attribution of responsibility because they are centralized at the federal government. The money tends to go from the capital city directly to the individual, without intermediaries in the territory. States and municipalities may be in charge of checking for the completion of conditions, but the ultimate word in terms of who receives the CCTs and who does not is in the hands of the central government. This is important because the literature on attribution

of responsibility agrees with that as the number of actors increases, clarity of responsibility decreases and thus voters find it more challenging to determine whom they should reward. In particular, the decentralization of social services contributes to blurring attribution of responsibility because power is shared among different levels of government and thus voters may confuse who is responsible; in this context, political elites can use this fuzziness to their advantage (Anderson, 2006; Atkeson & Maestas, 2012, p. 112).

Politicians adopt a distinctive set of strategies for maximizing credit-claiming opportunities. Parties have incentives to increase policy ownership, especially during election campaigns, and especially on issues for which they have advantage over their opponents. In the context of the United States, for instance, Petrocik (1996) finds that Democrats are seen by the electorate as better able to handle welfare issues while social order issues are better handled by the Republican party. Therefore, candidates during campaigns will emphasize the particular issues owned by their parties. As a result, one of the ways to enhance attribution of responsibility is to emphasize conditional cash transfers over social services. This has provided electoral advantages to incumbent presidents in Latin America (De La O, 2013; Hunter & Power, 2007; Zucco, 2013). In the particular case of Brazil, the potential electoral benefits of CCTs produced that competing parties at the national and subnational levels developed and claimed credit for CCTs that preceded Bolsa Família (Borges Sugiyama, 2011, pp. 30–31). The importance of CCTs for electoral outcomes also explains why former President Luiz Inácio "Lula" da Silva changed the name of his predecessor's flagship program (*Bolsa Escola*, School Grant) to Bolsa Família. This change in name made credit claiming easier (Melo, 2008).

Having learned from previous failed experiences with CCTs, Lula originally tried to circumvent potential governors' reluctance to implement this policy by giving municipalities the central responsibility in implementation (Montero, 2010, p. 118). As a result, the legislation declares

that states are merely in charge of coordinating and training municipalities, thus giving them a secondary role. However, states also have the legal authority to design and implement their own social policies (Brasil. Congreso Nacional, pp. Arts. 27-28). Cooperation from states is therefore important for complementing Bolsa Família. Whether states decide to use these subnational policies to present direct policy competition or complement the national policy is a political decision. At the same time, in order for states to have the actual option to design and implement their own policies, they need to have access to sources of funding besides from having legal prerogative over policy innovation.

While some states and provinces have the option to provide policy alternatives, others cannot realistically compete with the federal government. Instead, poorer provinces (and almost all municipalities) can potentially provide bureaucratic obstacles or refuse to sign agreements between federal and subnational governments. Signing agreements that allow for sharing the lists of beneficiaries of provincial social policies enhances the implementation of national policies because the federal government does not need to find every new recipient, since it has access to a database of potential candidates. Nevertheless, subnational governments can undermine the implementation of a policy by refusing to sign such agreements and therefore imposing additional obstacles for the federal government to reach the targeted population.

Subnational units that are not rich can also hinder or enhance the implementation of a given policy by obstructing the functioning of federal institutions in the territory. In general, federal institutions function more efficiently in subnational units aligned to the federal government. This is particularly salient when the responsibility to staff and fund these institutions is shared between different territorial levels. The functioning of federal social assistance and employment institutions in provinces and municipalities in Argentina is a clear picture of this mechanism. In 2012, in the opposition province of San Luis, there were no *Oficinas de Empleo* (Municipal Employment Offices),

while in the allied province of Mendoza there were at least fifteen. An employment training policy such as *Plan Jóvenes con Más y Mejor Trabajo* (More and Better Jobs for Young People) that works through employment offices is expectedly more successful in Mendoza's municipalities than in San Luis'. [10]

MEASUREMENT OF MAIN VARIABLES

Social Policy Implementation

The dependent variable, social policy implementation, is defined as the degree to which policies effectively provide social protection to the targeted population. The concept is continuous in nature; national and subnational units implement social policies to a certain extent. In addition, there is no substantive reason to think that social policy implementation could be translated into typologies. In other words, there is no clear threshold to differentiate successful from unsuccessful implementation. The operationalization is also continuous through levels of coverage of national policies as a percentage of the targeted population. This is measured on a yearly basis, from the moment the policy is first implemented (or from the moment there is available data) to the present. In other words, the unit of analysis is the province or state and the year.

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[10] It is generally at the intermediate level (states and provinces) where political opposition to the federal government has a greater effect. Municipalities cannot realistically compete with the federal government, but they could potentially resist state or provincial policies, and decide not to put the territorial infrastructure under their control at the service of the national policy. For this reason, the empirical section focuses on the state or provincial level. For an analysis of the role of local governments for the implementation of national policies, see Niedzwiecki (2014a). It should be noted that in addition to the potential electoral benefits that opposition governors receive from hindering the implementation of national social policies, there could also be economic and political costs associated with this behavior. Theoretically, the main cost for the subnational unit is economic: if they resist a national policy, they will have to fund a subnational alternative. This could be avoided if the subnational unit complemented or simply fully implemented the national policy. The political costs, in turn, depend on the national government and recipients' reaction. The national government could potentially retaliate through denouncing these actions in the mass media or through withholding funds to the subnational unit. Recipients can change their electoral preference if they consider that their subnational government is depriving them of a national policy that could provide them welfare. Empirically, I have only encountered the economic cost of funding a competing subnational policy.

A description of the four national policies analyzed in this paper will clarify this operationalization. The primary health policy in Brazil, *Estrategia Saúde da Família* (ESF) includes data from 1998 to 2012. It aims at strengthening preventive healthcare, including immunization, nutritional controls, and basic medical and dental assistance to children, women, and populations at risk such as people with high blood pressure, diabetes, or tuberculosis. It targets the entire population and therefore its coverage is calculated as a percentage of total population. The standard deviation of this variable is 26 percent, and it covers almost the full possible range of the values (0-97%).[11] Figure 1 shows the coverage of this policy in each of the 27 states in Brazil in 1999 and 2012.[12] Although there is variation across time within states, there are also differences between more and less successful states. While 21 states had comfortably reached more than half of the population in 2012, six states were still below 50 percent of coverage. Distrito Federal, Pará, Amazonas, Rio Grande do Sul, São Paulo, and Rio de Janeiro were among the worst performers.

When the targeted population is narrower, such as in Brazil's Bolsa Família and Argentina's Asignación Universal por Hijo, the denominator is also narrower. These are cash transfers to poor families conditioned upon health check-ups and school assistance. Brazil's government determines the quantity of people who are poor and thus should be included in the Single Registry (Cadastro Único). Successful implementation is therefore measured as a percentage of this population, from 2004 to 2012. The standard deviation of this variable is 16 percent and it ranges from a minimum of 1.4 percent to a maximum of 89.4 percent. Figure 2 depicts its level of implementation across Brazilian states in 2004 and 2012. The states that have not reached 50 percent of coverage are São

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[11] Descriptive statistics of all variables are in Appendix A1.

[12] The original data in all the graphs is not transformed (by standardizing it, for example) to keep its substantive meaning. I include two years of available data, from highest to lowest coverage in the first year of implementation.

Paulo and Santa Catarina, and the states with the slowest start were Goiás, Pará, São Paulo, Matto Grosso do Sul, Amapá, and Rio de Janeiro.

The Argentine conditional cash transfer Asignación Universal por Hijo is also measured as a percentage of a narrower population: people living below the poverty line as calculated by the national statistics institution (Instituto Nacional de Estadísticas y Censos, INDEC).[13] Its range of values is 2009 to 2012 in the regressions.[14] Its mean value is 122 percent and it varies from a minimum of 16 percent to a maximum of 694 percent.[15] Figure 3 represents the variation across provinces and time in the implementation of this policy. Provinces such as La Pampa, Mendoza, Formosa, La Rioja, and Santiago del Estero have been the best performers. Conversely, other provinces such as San Luis, Entre Rios, the City of Buenos Aires (CABA), and Corrientes had a slower start.

The health policy in Argentina, Plan Nacer (Birth Plan), provides basic health coverage to uninsured women until the age of 64 and children and teenagers until the age of 19.[16] It is measured from 2008 to 2012. To measure its success, the Argentine Health Ministry collects data on the average of the percentages of coverage of ten medical practices. The following percentages are averaged: pregnant women with the first prenatal checkup before the 20th week of gestation, new borns' health check-ups, new born babies who are not underweight, vaccine coverage of pregnant women, fully evaluated cases of maternal mortality or death of infant under one year of age, vaccine coverage in babies under 18 months, sexual and reproductive counseling to puerperal women within

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[13] I thank James McGuire for facilitating access to poverty figures.
[14] Available data until 2014, but some independent variables are available only until 2012.
[15] Percentage coverage is higher than 100 because population below the poverty line (estimated targeted population) is sometimes larger than actual coverage. The official data of poverty in Argentina is known to be underestimated. The government calculates percentage coverage as a percentage of people between ages 0-17 (Anses 2011). However, not everyone between those ages should be part of the targeted population, only those that are in poverty.
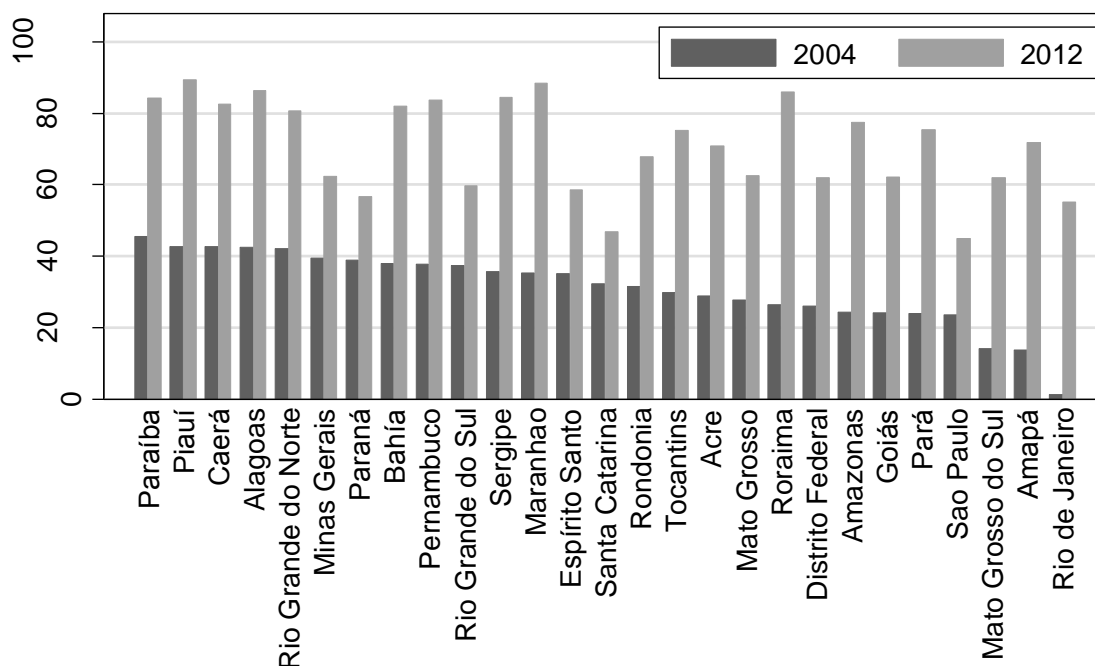[16] The policy has been renamed "Programa Sumar".

45 days after giving birth, children's complete health check-ups, and personnel trained in indigenous medicine. The level of coverage across provinces and time is presented in figure 4. The provinces of Tucumán, Jujuy, Chaco, Misiones, and Corrientes, among others, started their implementation early (in 2005) and have surpassed 30 percent of coverage for some time. Other provinces, such as Chubut, Neuquén, San Luis, and Santa Cruz did not start until 2007 or later but have quickly reached high levels of coverage. Conversely, the City of Buenos Aires, and the provinces of Buenos Aires, Catamarca, Tierra del Fuego, and Rio Negro have not reached 30 percent of coverage. The standard deviation of this variables is 23 percent, which is high considering that it reaches a minimum value of 0 and a maximum value of 38 percent.

Figure 1: Estrategia Saúde da Família Coverage as a % of Total Population (1999 and 2012)
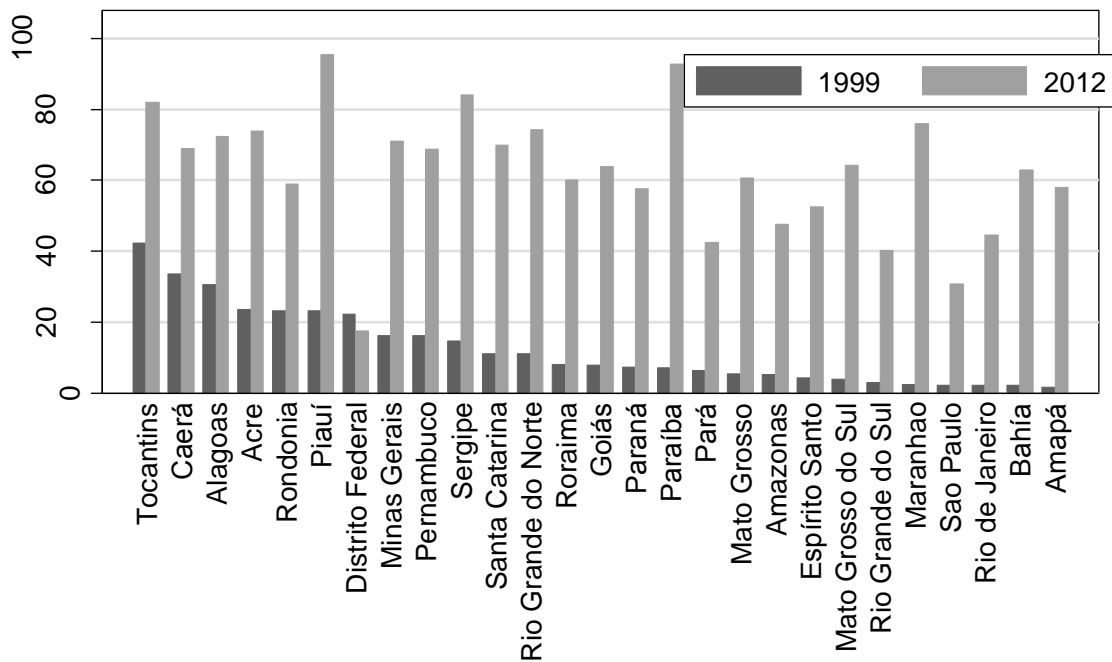
Source: Brasil. Datasus, Ministério da Saúde Sistema de Informação de Atenção Básica (2014)

Figure 2: Bolsa Família Coverage as a percentage of Targeted Population (2004 and 2012).

Figure 3: Asignación Universal por Hijo Coverage (2009 and 2011) as a Percentage of People Living below the Poverty Line.
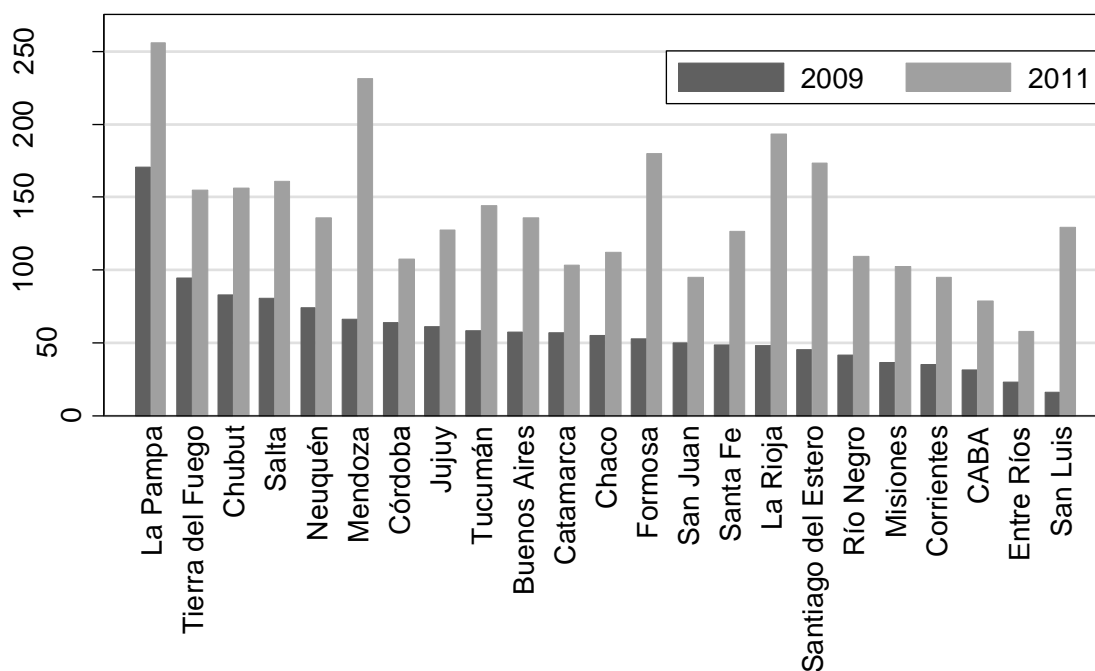
Note: The province of Santa Cruz is excluded for presentation purposes, due to its high values. Percentage coverage is higher than 100 because population living below poverty line is underestimated by official figures and can therefore be lower than coverage.

Figure 4: Degree of Implementation of Plan Nacer in Argentina (2008 and 2012).

Source: Argentina. Ministerio de Salud de la Nación, Plan Nacer (2015)

Conceptualization and Measurement of Independent and Control Variables[17]

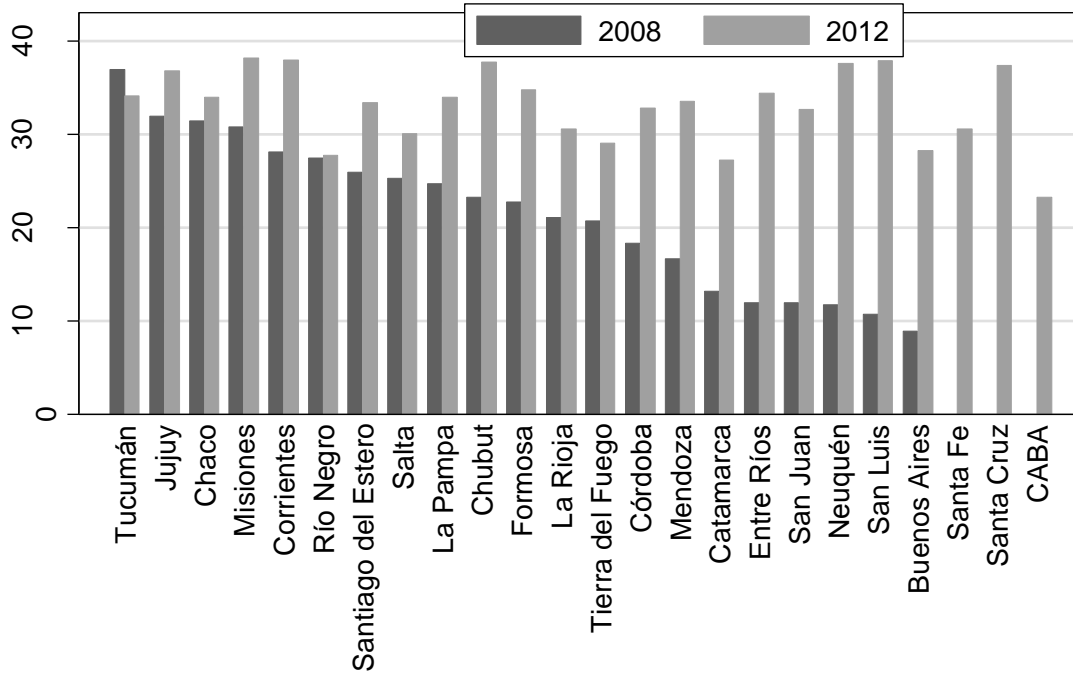To measure the main independent variable, political alignments, I code the level of opposition of the state or provincial governor towards the president throughout time. This variable is measured at the moment of elections, thus tapping into electoral alignments or the explicit position of elected candidates at the moment of elections. The main advantage of this measurement decision is that it is straightforward: candidates tend to make their position toward the president explicit at the moment of the election. It therefore keeps the same value for two years in Argentina and for four years in Brazil. This is because while gubernatorial and presidential elections are concurrent in Brazil, that is not necessarily true in Argentina where provinces have the authority to set the date of elections.[18]

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[17] Tables A.1 to A.3 in the appendix include summary statistics, description of variables, and sources.

[18] The coding assumes that political alignments remain stable from one election to the next. Although alignments can certainly change after an election, measuring changes in-between elections would be problematic both for theoretical and empirical reasons. Theoretically, the measurement would confound political alignments at the moment of elections with actions that show their alignment in non-election

Given the different characteristics of the party system in each country, this variable is coded differently across the two countries.

The highly fragmented party system in Brazil requires that national and subnational executives form coalitions to win elections. The coding therefore includes electoral coalitions. In addition, party names in Brazil are consistent across local, state, and federal levels, meaning that there are no subnational party labels. This allows for measuring political alignments between the president and the governor by observing party labels. I therefore code the level of opposition as whether the governor and president belong to the same party (=0), the governor and the president share at least one common party in their coalition (=1), or no party in the coalition of the president and the governor coincide (=2). In the multivariate regressions, the category aligned (=0) serves as the base category and the other two are included as dummy variables.

In Argentina, party labels are less meaningful because of the large number of provincial parties that have unique names. The coding, therefore, cannot be based on party names. In addition, some of these parties self-identify as "Peronist", in spite of being in opposition to the (also Peronist) national government. Therefore, the coding needs to be sensitive to opposition from within the Peronist party. I use a database that incorporates these complexities.[19] A team of researchers coded newspaper articles a month before and a month after the elections, to decide whether the governor was aligned or opposed to the president in that particular election.[20] The first step was to identify

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moments (such as hindering the implementation of policies, among other actions). In other words, measuring alignments through actions in-between election years would make it challenging to analyze the consequences of such alignments, which is the main interest of this paper. Empirically, measuring political alignments in non-election moments (such as years, months, or even days) would make coding decisions more arbitrary, because the coder would have to decide which specific actions or expressions merit changing the coding from aligned to non-aligned. While in some cases this decision may be straightforward, in many it would be arguable.

[19] Cherny, Freytes, Niedzwiecki, and Scherlis (2015) measure alignments though newspaper coding. See Appendix A.4 for the coding of each province in each election year.

[20] The coding included the two main national newspapers, La Nación and Página12, as well as one or two provincial newspapers when these were available online.

whether the governor self-identified as Peronist or non-Peronist. In the former case, there were higher chances that the governor was aligned. However, in the cases in which the governor self-identified as Peronist but decided to break with the federal government, this was made very explicit in media outlets.[21] In the case of non-Peronist governors, there are higher chances that they belong to the opposition. The cases of non-Peronist alignment to the federal government tend to also appear very explicit in the newspapers.[22] Given that alignment and non-alignment to the federal government is clear at the time of the elections, the variable includes whether the governor is aligned with the president (=0) or the governor is opposed to the president (=1).

State capacity and GDP per capita are important additional variables to account for successful implementation of national social policies. To measure state capacity, I follow Soifer's (2008) conceptualization of Mann's infrastructural power. I am particularly interested in the aspect of this concept that captures subnational variation: "the relationship between the central state and its radiating institutions [which] captures the spatial reach of the state and its subnational variation (Soifer, 2008, p. 235).[23] I therefore include an indicator that taps into territorial reach, is space and time variant, and available in both countries: the proportion of births in private homes, parallel to the indicators proposed by Diaz-Cayeros and Magaloni (2010).[24]

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[21] Such is the case of the province of San Luis, a stronghold of the Peronist opposition to the federal government, and thus coded as "opposition" throughout the analyzed period, as Appendix A.4 shows.

[22] This was prominent in 2007 elections, when Cristina Kirchner ran in a coalition platform with a Radical (UCR) governor from the province of Mendoza, Julio Cleto Cobos, as the vice-President.

[23] Soifer (2008) explains that the other two dimensions include the national capabilities approach (state resources) and the effect of the state on society (the "weight" of the state). There is a debate in the literature about the best way to measure state capacity (see, for example, the special issue in Revista de Ciencia Política 2012 Vol 32, No 3: http://www.revistacienciapolitica.cl/numero/32-3/ as well as Harbers (2015) for a focus on subnational state capacity). I here take the conceptualization and measurement that is more relevant for the question at hand regarding territorial reach for the implementation of policies across states or provinces. Spatial variation within countries is therefore a key dimension of the indicators.

[24] Diaz-Cayeros and Magaloni (2010) propose the share of babies delivered by doctors as a measure of state capacity. Measuring state capacity, especially at the subnational level, is challenging in no small part due to limited data availability. The share of births in private homes is available in both countries (and thus allows for consistency across country regressions) and captures important aspects of state strength associated with policy implementation.

In addition, positive policy legacies can also account for successful policy implementation. In particular, the requirement of health check-ups to receive cash transfers may increase health coverage, and health agents in the territory inform the population about the cash transfers.[25] In these ways, the health policies and CCTs nicely complement each other. I use levels of coverage of the cash transfers in the health policies' regressions and of the health policy in the cash transfers' regressions. Finally, I have included ideology of the party of the governor in Brazil, by following Krause et al. party positioning as left (-1), center (0), or right (1).[26]

STATISTICAL ANALYSIS

Table 1 shows bivariate regressions between the dependent and independent variables. While conditional cash transfers are negatively and significantly (at the 0.05 level) affected by opposition parties, the presence of opposition is irrelevant for predicting changes in health policies, for which attribution of responsibility is blurred.

	Coefficient	Standard Error	P>|t|
Conditional Cash Transfers			
Bolsa Família (Brazil)	-7.47***	1.28	.000
Asignación Universal por Hijo (Argentina)	-55.39**	23.73	.02
Health Policies			
Estrategia Saúde da Família (Brazil)	.44	1.64	.79
Plan Nacer (Argentina)	-.44	1.70	.79

Note: *** p≤0.01; ** p≤0.05; ; *p≤0.1

Table 1. Bivariate Regression between Coverage of Policies and Opposition Parties.

[25] The federal government in both countries develops activities to inform health care workers on their role in the CCTs, both providing health conditionalities and informing the population.
[26] Krause, Dantas and Miguel (2010) is the product of the agreement between seventeen experts, who coded parties every four years, from 1990 to 2006. I used 2006 party coding to code the ideological position of the party of the governor in 2010. In Argentina, the lack of data on party positioning at the subnational level responds in part to the difficulty of mapping different parties self-identified as Peronists in a left-right continuum. For examples of experts' and voters' disagreements on where to place the Peronist party along a left-right dimension see footnote 6. The number of provincial parties self-identified as Peronist aggravates this challenge at the subnational level. I have therefore decided not to control for ideology in Argentina.

The effect of political alignments is expected to be stronger in the implementation of Argentina's Asignación Universal por Hijo than in Brazil's Bolsa Família. Figures 2 and 3 show that the coverage gap between Argentina's highest and lowest coverage provinces (La Pampa and CABA or Entre Rios, for instance) is larger than that of Brazil. Table 1 also appears to show that governors in Argentina are more effective at resisting policy implementation than their counterparts in Brazil. This is in part because political alignments are more blurred in Brazil – the party system is more fragmented and therefore national and subnational governments form coalitions to win elections, and these coalitions vary at the national, state, and local levels. Additionally, parties in Argentina (particularly the Peronist Party) are more centralized and disciplined than in Brazil (with the exception of the PT).[27] This high level of party fragmentation and lack of discipline also contributes to blurring clear attribution of responsibility (Powell & Whitten, 1993), thus further weakening the effect of political alignments.[28]

In addition, the effect of political alignments is stronger when a given social policy is initially launched. Brazil's Bolsa Familia began in 2003, six years before Argentina's Asignación Universal por Hijo began in 2009. At least since 2012, attribution of responsibility in Bolsa Família is becoming less clear, in part as a result of an active strategy from the federal government to share credit with subnational levels of government. The federal government actively asked states to develop programs or use existing programs to complement Bolsa Família, in exchange for which the

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[27] Nomination and electoral rules boost these differences. In the closed list PR system in Argentina, provincial party leaders control the rank order of the party list, and national party leaders can also intervene. In Brazil, the open list electoral system encourages candidates to employ personal vote strategies through making political alliances with subnational executives (Garman, Haggard, and Willis 2001, p. 214).

[28] The only institutional characteristic that would favor clearer attribution of responsibility in Brazil is that presidential and gubernatorial elections are concurrent there while in Argentina provinces have the authority to set the date of their elections. Samuels (2004) argues that in presidential systems, concurrent executive elections promote clarity of responsibility.

logo of the state would be placed on the ATM card that recipients use every month to withdraw the funds.[29] For all these reasons, we should expect political alignments to have a weaker role in Brazil than in Argentina on the successful implementation of these conditional cash transfers. With these caveats in mind, subnational units controlled by opposition parties have hindered the implementation of both Bolsa Família and Asignación Universal por Hijo, including providing direct policy competition and through raising bureaucratic obstacles.

The following models incorporate relevant control variables to analyze the determinants of successful social policy implementation. The dependent variables are percentages and linear in nature. Therefore, Generalized Least Squares are the appropriate choice of model. Given that we are in a time series context, time trend in the dependent variable needs to be discussed. The coverage of policies as a percentage of the targeted population increases over time, and therefore the models include a time trend (i.e: consecutive numbers for each year) to avoid omitted variable bias. The models are Prais-Winsten regressions: panel corrected standard errors (PCSE) and first order autoregressive corrections, that deal with contemporaneous correlation of errors across states or provinces (Beck & Katz, 1995).[30]

The results of the statistical analysis, presented in tables 2 and 3, are consistent overall with the analytic framework that guides this paper.[31] Opposition parties have a significantly negative effect upon the implementation of social policies when such policies can be attributed to the federal

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[29] This recent policy and its effect on the diminished role of political alignments is only now appearing in some of the case studies for which I conducted field research in 2012. Therefore, it does not show up in the statistical analysis that covers until 2012.

[30] I did not include a lagged dependent variable because, as Achen (2000) shows, they can bias the coefficients toward negligible values and artificially inflate the effect of the lagged dependent variable due to high serial correlation and trending in the exogenous variable.

[31] None of the following models suffer from serious multicollinearity since there is no VIF larger than 6.55, which is below the threshold of 10. I performed a modified jackknife by taking one state or province at a time and confirmed that the exclusion of each subnational unit does not alter the main results. In particular, the exclusion of the province of La Pampa and Santa Cruz together, which show very high levels of coverage, does not change the results (see Table A.5 in Appendix). Finally, the analysis of the primary health policy in Brazil for the Cardoso period only does not alter the results (see Table A.6 in Appendix).

government and are irrelevant in the case of health policies, where attribution of responsibility is blurred.

Table 2 presents the regression results of the implementation of two of the main non-contributory social policies in Brazil: CCT Bolsa Família and health policy Estrategia Saúde da Família, measured in coverage as a percentage of the targeted population. Bolsa Família enjoys clear attribution of responsibility. The Brazilian Electoral Panel Study project conducted 4,611 interviews with 2,669 voting-age Brazilians throughout 2010, an election year. It found that six months before the presidential election 76 percent of respondents identified the federal government as responsible for the program. By the time of the election this number had risen to 84 percent (Zucco & Power, 2013, p. 814). In addition, previous analyses have shown that Bolsa Família benefits incumbent presidents by increasing the performance of their party in presidential elections (Hunter & Power, 2007; Zucco, 2008), as well as PT and aligned governors (Borges, 2007, pp. 129–130). The assumption of these studies is that attribution of responsibility is clear. In other words: the electorate can reward presidents for Bolsa Família only because they are able to identify the national government as the main actor responsible for this policy.

Accordingly, table 2 shows that higher levels of opposition between the state and the national government decrease the level of coverage as a percentage of the targeted population. A one unit increase in the level of opposition, from the governor's and president's party being the same (the base category), compared to not sharing any party in their coalition, significantly decreases coverage by around 4.8 percentage points. This is a noticeable change given that the average level of coverage throughout the country is around 55 percent. In the early stages of the implementation of the policy in the year 2004, for instance, a 4.8 percent would translate into an average of around 11,700 families per state. In the particular state of Goiás and in the same year, for instance, 4.8 percent would translate into around 6,500 recipients.

Births in private homes, a proxy for state capacity, is significant for accounting for successful implementation of Bolsa Família and Estrategia Saúde da Família.[32] Increases in births at home (as opposed to at a health facility) as a percentage of all births show lower state capacity. As a result, lower state capacity decreases the successful implementation of these policies. In addition, the variable ideology of the party of the governor is insignificant for predicting changes in Bolsa Família's and Estrategia Saúde da Família's implementation. GDP per capita is also negative and significant in both models: as GDP per capita increases, the implementation of Bolsa Família and Estrategia Saúde da Família worsens. This is in part because the federal government has an active strategy of focusing on the states with the lowest levels of GDP per capita, generally located in the Northeast, and thus the highest levels of overall coverage are located in this area.

This clear attribution of responsibility partly explains why coverage has been lower than the Brazilian mean in the opposition state of Goiás (Figure 2), particularly in the first years after implementation. In this state, elected governors have belonged to the opposition parties PSDB (Partido da Social Democracia Brasileira) and PP (Partido Progressista), at least since the Worker's Party won the presidency in 2003. This state hindered the implementation of Bolsa Família by presenting direct policy competition through its own CCT called *Renda Cidadã* (Citizen Income), a cash transfer targeted to poor families enacted in 2000. In order to convince people to stay in the state program, Goiás offered a higher cash transfer than Bolsa Família. In 2007, for example, Bolsa Família recipients received from US\$7 to US\$47, while Renda Cidadã offered around US\$40.[33] The state program reached a maximum of 160,000 families in 2004-2005 or roughly half of all families living with less than one minimum salary in 2002 (Faria, 2005, p. 85). In addition, Goiás refused to

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[32] The p-value of Births in Private Homes for Estrategia Saúde da Família is 0.155, for which reason it barely misses the 0.1 cut-off value. In addition, this variable is highly significant when only analyzing the Cardoso period (Appendix A.6).
[33] Exchange rate US\$1=R\$2, as of January 24, 2013.

provide the federal government with the list of people included in Renda Cidadã, and banned these recipients from receiving any federal policy. To receive the state cash transfer, people could not be included in the Single Registry, a fact that excluded them from any policy that came from the federal government such as Bolsa Família. When I asked subnational politicians *why* the state refused to sign such agreements, the answer was that Bolsa Família brought clear "political dividends" and "gains" to the federal government, because it was clearly personified in former president Lula or current president Dilma.[34]

Conversely, in the state of Rio Grande do Sul, when an aligned PT governor was elected in 2009, one of the first measures was to create a new policy that would directly complement Bolsa Família, called *RS Mais Renda Mais Igual* (Rio Grande do Sul More and Better Income); thus showing the immediate effect that alignments can have on the implementation of a national policy.[35] Indeed, the year in which the aligned governor was elected saw a noticeable increase in the level of coverage of Bolsa Família in this state. The program targets Bolsa Família families with children in high school, and complements their transfer. Recipients of Bolsa Família who qualify for this extra transfer receive a card with the state's logo. The Director of the state program expressed: "We feel very close to the federal government, and that is why we work for the improvement of Bolsa Família…The main characteristic of the state government is our complete alignment to the federal government."[36]

Different to Bolsa Família, the health policy Estrategia Saúde da Família does not face particular challenges in clearly opposition subnational units. This is because attribution of

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[34] Author interview with Chistiane Baylão Lobo, Goiânia 11-06-2012.
[35] When Bolsa Família was launched, the state was led by an opposition PMDB-PSDB coalition (2002-2006). This opposition government eliminated its cash transfer program targeted at poor families (called *Família Cidadã*, Citizen Family) that had been implemented by the previous PT governor since 1998 (Dualibi 2009). Therefore, when the federal policy was launched, the state government actively decided *not* to complement the federal policy with its existent subnational program.
[36] Author interview with Márcia Bauer, Porto Alegre 08-07-2012.

responsibility is blurred for this policy. Although this health policy is mostly funded and designed by the federal government, a great majority of the users of the system do not attribute this policy to this government level. Of the 45 people who I asked where the policy came from, only one answered that it came from the national government – 78 percent answered they did not know where the policy came from, 15 percent thought the municipal government was the main responsible, and five percent identified the state government as the main responsible. Along similar lines, in interviews with medium and high level bureaucrats at the local, state, and national levels, many expressed the idea that Estrategia Saúde da Família does not belong to any particular government or that any government could claim credit for it.[37] These ideas show the same underlying fact – attribution of responsibility is fuzzy in this health policy and it can therefore belong to no government or to any government.

This lack of clear attribution of responsibility is a quality of the policy – as a service (compared to a cash transfer) the direct recipients of federal transfers are health posts and not patients. As a result, patients do not identify receiving any particular policy. In fact, 86 percent (out of a total of 44 who answered this question) of users of this policy answered they did not know which services this policy provided. In addition, the fact that the policy has been implemented for almost 20 years means that it has survived changes in national, state, and municipal administrations. The policy was implemented in the midst of economic adjustment policies in 1994, for which reason some initially miss-categorized it as a neoliberal policy. The policy was then strengthened by the left-leaning PT government since 2003 (Chapman Osterkatz, 2013, p. 248). These changes in government administration across time and territorial levels further contribute to blurring attribution of responsibility. Finally, the decentralized implementation of this policy also opens the possibility

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[37] Author interviews with Juliana Pinto, Porto Alegre 08-17-2012; and Heloisa Rousselet de Alencar, Porto Alegre, Brazil, 08-15-2012.

for self-attribution at different levels of government. The face of the policy is the municipality, although the main source of funding is the federal government. Therefore, governments at the three levels have claimed responsibility of this policy.

Table 2: Determinants of Bolsa Família (2004-2012) and Estrategia Saúde da Família (1998-2012) implementation measured as coverage as a percentage of targeted population. Prais-Winsten PCSE.

	Bolsa Família		Estrategia Saúde da Família	
Opposition Parties	-4.81 **	(2.42)	-1.08	(1.44)
Medium Opposition Parties	-2.23	(2.72)	-3.24	(2.36)
Estrategia Saúde da Família Implementation	.03	(.07)		
Bolsa Família Implementation			.03	(.08)
Births in Private Homes	-1.22 ***	(.35)	-.38	(.27)
GDP per capita	-.001 ***	(.0003)	-.001 ***	(.0002)
Ideology of the Party of the Governor	.75	(.83)	.14	(.85)
Time Trend	3.59 ***	(.40)	3.29 ***	(.45)
R^2	.95		.75	
Rho	.21		.86	
States	27		27	
Observations	243		405	

Note: *** p≤0.01; ** p≤0.05 ; * p≤0.1. Standard Errors in brackets.

Table 3: Determinants of Asignación Universal por Hijo (2009-2012) and Plan Nacer (2008-2012) implementation measured as coverage as a percentage of targeted population. Prais-Winsten PCSE.

	Asignación Universal por Hijo		Plan Nacer	
Opposition Parties	-33.15 *	(17.36)	.58	(1.62)
Plan Nacer Implementation	-.04	(1.15)		
Asignación Universal por Hijo Implementation			.003	(.01)
Births in Private Homes	-35.23 ***	(9.48)	-.09	(.46)
GDP per capita	-.95 ***	(.29)	-.15 ***	(.02)
Time Trend	10.42 ***	(2.52)	1.68 ***	(.10)
R^2	.70		.94	
Rho	.62		.24	
Provinces	24		24	
Observations	93		107	

Note: *** p≤0.01; ** p≤0.05 ; * p≤0.1. Standard Errors in brackets.

Table 3 shows the determinants of successful social policy implementation in Argentina for conditional cash transfer Asignación Universal por Hijo and health policy Plan Nacer. For the former, the national government successfully claims credit, and therefore the effect of opposition

parties is significant and negative. Conversely, party alignments are insignificant in the health policy, for which attribution of responsibility is blurred.

Regarding Asignación Universal por Hijo, a survey of 2,240 people showed that 96.7 percent know of this policy and 86.5 percent identified that the National Social Security Administration (*Administración Nacional de la Seguridad Social* or Anses) is in charge of implementing it. In addition, almost 70 percent of the sample identified that Anses is present in media outlets and word of mouth due to Asignación Universal por Hijo. This survey was conducted in May 2010 by an independent polling agency, and it was representative of the national population in terms of geographic distribution, age, and gender (Deloitte & Anses, 2010). In personal interviews with the author, 90 percent of the 63 eligible recipients who were asked the questions "Where do you think this policy comes from? or Who do you think funds it?" also identified the provider of this policy as the federal government. The answers varied, including: "Cristina," "Kirchner," "The President," "the national government," "Buenos Aires", or "Anses."

Since credit claiming is clear, it follows that political alignments have a significant effect on its implementation. This is confirmed in the regression analysis in Table 3. A one unit increase in the level of opposition, from a governor fully aligned with the president to a governor in opposition to the national executive, significantly (with a p-value of 0.056) decreases the successful implementation of Asignación Universal por Hijo by around 33 percentage points, or an average of 50,000 children in 2014. As is the case in Brazil, and for the same reasons, the percentage of births at home and GDP per capita have a significantly negative effect on the implementation of the policy.

The opposition province of San Luis, for instance, hinders the implementation of this CCT with both bureaucratic obstacles and direct policy competition. To begin, the province refused to share lists of beneficiaries of provincial social policies with the federal government. This imposes a challenge to the implementation of AUH, since the national government determined that this policy

is incompatible with the provincial workfare program. Given the incompatibility between the two

policies, people living in the province of San Luis and recipients of AUH have to deal with an extra

formality: every six months they have to present a certificate of negativity, a proof signed by both

Anses and the Provincial Ministry of Social Development, located in the capital of the province, that

shows they are not beneficiaries of the provincial workfare program. This means that every six

months, AUH is cancelled and it can only be re-activated after each recipient provides this piece of

paper. Besides from not sharing the databases of recipients, the principal way San Luis hinders the

implementation of AUH is by providing direct policy competition through the provincial program

Plan de Inclusión Social (Social Inclusion Program), which has existed since 2003.[38] From the 22

recipients of this workfare program whom I asked whether they would change to the national AUH,

none of them answered positively. One of the justifications for this answer was that, after comparing

the two programs they realized they would lose money.

Conversely, the province of Mendoza has been aligned with the national government since

2006. In the words of a current Sub-Secretary of Social Development in the province: "We not only

support the national model, we *are* the model."[39] As a result, this province is a full supporter of the

national CCT. Besides signing basic agreements in which the province shares the list of recipients of

provincial programs with the national government, Mendoza went a step further: it adapted its

provincial program to complement AUH. Before AUH was enacted, the province of Mendoza had

been developing a program of scholarships for low income children who attended school. It was

called *De la Esquina a la Escuela* (From the Corner to School). When AUH was implemented, the

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[38] Existent subnational CCTs can compete with national policies by being retooled to compete against the national one. Recipients of this program work six hours per day, five days a week, in exchange for a meager monthly stipend. The majority of beneficiaries work planting trees by the road, in public safety activities, in health centers, schools, or municipalities. This policy is fully designed and funded by the province, representing 20 percent of the provincial budget in 2003, and around three percent in 2012 (Author interview with Alberto Rodríguez-Saá, San Luis, Argentina, 06-21-2012).
[39] Author interview with Dolores Alfonso, Mendoza, Argentina, 05-16-2012.

province decided to provide this scholarship (which was defined by the national government as incompatible with the national CCT) only to those not eligible for AUH. The province further complements the national policy by providing tutors for children who were going back to school thanks to the national policy. In addition, this province made sure that the population had access to national IDs needed to receive the national cash transfer.

While the implementation of AUH faces particular challenges in opposition provinces, that is not the case for the implementation of the health policy Plan Nacer. This is because eligible patients do not generally recognize the services that this policy provides or that they are actual or potential beneficiaries of it, and therefore it is not clear to them whom they should reward for it. This is reflected in the regression results, which show that the level of opposition of the governor is statistically insignificant for predicting changes in Plan Nacer's coverage. In an official document, the Argentine National Ministry of Health referred to the difficulty of measuring primary health policy Plan Nacer users' satisfaction in the following terms: "Given that Plan Nacer's design aims at improving human resources in health facilities, the population rarely attributes the benefits that Plan Nacer generates to the policy itself" (Ministerio de Salud de la Nación, p. 6). As a result of this challenge, the National Ministry of Health can only measure users' satisfaction by observing changes in satisfaction with the overall public health system in the places where the policy has been implemented. In fact, a survey conducted by that same ministry in 2007 revealed that among 5,159 eligible pregnant women belonging to indigenous populations, 60 percent of the sample did not know Plan Nacer at all (Argentina. Ministerio de Salud de la Nación, Plan Nacer, 2007). In personal interviews with potential recipients, 64 percent of 47 respondents did not know where the policy was coming from.

The design of the policy contributes to blurring attribution of responsibility. First, there is no direct relationship between Plan Nacer and the patient. The monetary incentive is given to health

centers and hospitals, and not to patients. The indirect benefit for patients is that they receive more medical check-ups (because the health unit receives money for each medical procedure) and that the conditions of the building improve (because the transfers from the federal government can be invested on enhancing the health unit). Nevertheless, the patient does not necessarily connect more health check-ups and better facilities with Plan Nacer. Another characteristic in the design of this policy that blurs attribution of responsibility is that at every level, ranging from the federal government to a small health-center, each considers itself autonomous and independent in the implementation of the policy (Cortez, Romero, Camporeale, & Perez, 2012, p. 36). These many levels of implementation contribute to further blurring credit claiming.

As a result of this blurred attribution of responsibility, there is no record of a province who has decided not to sign the agreement with the federal government. The opposition province of San Luis, for example, signed the agreement with the national government on January 1, 2007, and was among the first provinces to join the expansion of Plan Nacer in 2012. The Director of Primary Healthcare in the province of San Luis expressed that the province "works very well with the national government in healthcare…We consider Plan Nacer as our own child, our own child that we have to defend."[40]

CONCLUSIONS

Building on theories of welfare states and multilevel governance, this paper argues that incongruity of political alignments across territorial levels has consequences for social policy provision, and attribution of policy responsibility matters for the possibility of cooperation. States and provinces opposed to the president's party are interested in hindering upper level policies when recipients of

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[40] Author interview with Ana Fajardo, San Luis, Argentina, 06-15-2012.

the policy can identify where the policy is coming from and thus reward that party or government level in elections. Clear attribution of responsibility is more salient in conditional cash transfers compared to social services. This theoretical framework was analyzed through a combination of statistical analysis and field research. Political alignments statistically significantly predicted lower levels of coverage as a percentage of the targeted population in the CCTs Asignación Universal por Hijo and Bolsa Família, policies which can be attributed to the national government. In the cases where the policies could not be attributed to any government level, such as health services Plan Nacer and Estrategia Saúde da Família, political alignments were insignificant. As a result, subnational opposition governments hindered the implementation of national cash transfers through direct policy competition or through providing bureaucratic obstacles. In the case of health policies, opposition subnational units did not behave different from aligned subnational units.

This paper studies a dilemma faced by national-level politicians: whether to take credit for popular policies or to promote even implementation of national policies. On the one hand, when attribution of responsibility is clear and therefore national governments can successfully claim credit for national policies, there are more chances of obtaining electoral gains. On the other hand, in precisely this context subnational opposition governments have incentives to hinder the implementation of such policies.

The conditional cash transfers and health services analyzed in this paper are representative of the expansion of social states in much of Latin America. This development has been particularly salient in the most advanced welfare states of Argentina, Brazil, Chile, Costa Rica, and Uruguay, which introduced more broadly targeted social policies (Huber & Stephens, 2012; Huber & Niedzwiecki, 2015; Pribble, 2013). The policies implemented in the last decade have been referred to as "basic universal" policies to differentiate them from pure universal policies found in Scandinavian countries (Esping-Andersen, 1990). Basic Universalism should guarantee basic welfare, and social

policies should be good-quality and broadly targeted (Molina, 2006). The more universal social assistance and services are, the more they can promote social inclusion and the development of human capital. These policies "ensure that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social and cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live" (European Union, 2010). Given its impact upon the well-being of citizens, the study of non-contributory schemes and their (uneven) implementation is an increasingly significant area of study.

The findings presented in this paper likely travel to decentralized advanced industrial democracies; however, it may require the incorporation of ideology as a relevant variable in cases where parties have strong programmatic linkages to voters. In other words, we would expect subnational governments to hinder or enhance national policies also based on their ideological affinity to the proposed reforms. This may be a relevant addition to the analytic framework when it travels to countries such as Australia, Austria, Belgium, Canada, Germany, Netherlands, Spain, Switzerland, and the United States.

Table A.1: Summary statistics: Brazil and Argentina.

(a) Brazil

Variable	Obs.	Mean	Std. Dev.	Min	Max
Estrategia Saúde da Família Implementation	405	45.76	25.60	0	97.32
Bolsa Família Implementation	243	55.46	16.33	1.37	89.37
Opposition Parties	405	.52	.50	0	1
Middle Opposition Parties	405	.29	.45	0	1
Births in Private Homes	405	3.48	4.71	.14	34.35
GDP per capita	405	14967	9809	4579	66624
Ideology of Party of Governor	405	-.18	.70	-1	1
Time Trend[+]	405	18	4.33	11	25

[+]Time trend starts with 1 the first year in the series (1988) and increases by 1 each year until 2012.

(b) Argentina

Variable	Obs.	Mean	Std. Dev.	Min	Max
Plan Nacer Implementation	162	22.56	8.87	.03	38.19
Asignación Universal por Hijo Implementation	138	161.8[+]	121.6[+]	16.31	694[+]
Opposition Parties	162	.22	.41	0	1
Births in Private Homes	114	.72	1.03	0	5.17
GDP per capita (in thousands)	114	24.81	15.91	7.57	86.96
Time Trend[++]	162	18.09	1.98	15	21

[+] Percentage coverage in Asignación Universal por Hijo is higher than 100% because data on total quantity of people below the poverty line is lower than AUH coverage. The national survey data for families in poverty is biased toward underestimating the number since 2007; however, official poverty figures are biased equally throughout the country, so that should not affect the comparison across provinces and time.
[++]Time trend starts with 1 the first year in the series (1994) and increases by 1 each year until 2014.

Table A.2: Variable description and sources (Brazil).

Variable	Variable Description	Source
Social Policy Implementation		
Estrategia Saúde da Família	Families covered by Estrategia Saúde da Família as a percentage of the total estimated population. Data is taken as of December of each year.	Ministério da Saúde, Sistema de Informação de Atenção Básica http://dab.saude.gov.br/portaldab/historico_cobertura_sf.php
Bolsa Família	Families covered by Bolsa Família as a percentage of poor families (Cadastro Único Profile). There is registry of percentage coverage since 2009. 2004-2008: own calculations based on Cadastro Único poverty figures.	Secretaria de Avaliação e Gestão da Informação, Ministério do Desenvolvimento Social e Combate à Fome - http://aplicacoes.mds.gov.br/sagi/mi2007/tabelas/mi_social.php
Political Alignments		
Party Alignments (Dummies)	Alignment: governor's party same as presidents party (baseline category), Middle: at least one party in the coalitions of the president and governor coincide Opposition: no party in the coalition of the president and governor coincide.	Information on coalitions taken from Nicolau, Jairo: http://jaironicolau.iesp.uerj.br/ Last accessed on April 29, 2012.
Control Variables		
Births in Private Homes	Births in private homes as a percentage of all births	Instituto Brasileiro de Geografía e Estadística http://seriesestatisticas.ibge.gov.br/series.aspx?no=2&op=1&vcodigo=RC68&t=nascidos-vivos-ocorridos-registrados-ano-local ; http://seriesestatisticas.ibge.gov.br/series.aspx?no=2&op=1&vcodigo=RC71&t=nascidos-vivos-ocorridos-ano-local-nascimento
GDP per capita	State GDP per capita at current market prices - In a thousand Brazilian reals.	Instituto de Pesquisa Econômica Aplicada www.ipeadata.gov.br Regional-Estados-Contas Nacionales
Ideology	Ideology of the party of the governor. Expert coding 1990, 1994, 1998, 2002, and 2006. 2006 Coding of parties used for 2010. -1: left, 0: center, 1: right.	Krause, Silvana; Danta Humberto; Miguel Luis Felipe. 2010. Coaligações Partidárias na Nova Democracia Brasileira. Perfis e Tendências. Rio de Janeiro; São Paulo: Ed. UNESP; Konrad-Adenauer-Stiftung; Editora UNESP

Table A.3: Variable description and Sources (Argentina)

Variable	Variable Description	Source
Policy Implementation		
Asignación Universal por Hijo	Coverage of Asignación Universal por Hijo as a Percentage of people living below the poverty line.	Administración Nacional de la Seguridad Social (Anses). "Asignación Universal por Hijo para Protección Social. Datos de cobertura por mes y provincia." 2015. Official data. Poverty and population data: Instituto Nacional de Estadísticas y Censos (INDEC) (2014). Poverty data Compiled by James W. McGuire, Department of Government, Wesleyan University, Middletown, Connecticut, USA. Contact: jmcguire@ wesleyan.edu. Calculated from Argentina. Ministerio de Economía y Finanzas Públicas (2014). "Evolución de la población que habita hogares por debajo de la línea de pobreza - EPH."
Plan Nacer	Average of coverage: pregnant women with the first prenatal checkup before the 20th week of gestation, new borns' health check-ups, new born babies who are not underweight, vaccine coverage of pregnant women, fully evaluated cases of maternal mortality or death of infant under one year of age, vaccine coverage in babies under 18 months, sexual and reproductive counseling to puerperal women within 45 days after giving birth, children's complete health check-ups, and personnel trained in indigenous medicine.	Ministerio de Salud de la Nación, Plan Nacer, Official data. Data as of March of every year.
Political Alignments (Opposition)		
Governor's Opposition	Expert coding: 0: governor aligned with president; 1: governor is opposed to the president. This variable is updated every two years for 2003-2014. See appendix A.4	Cherny, Nicolás, Carlos Freytes, Sara Niedzwiecki, and Gerardo Scherlis. 2015. *Base de Datos de Alineación Política Subnacional, Argentina 2003-2015*. Instituto de Investigaciones Gino Germani, Universidad de Buenos Aires.
Control Variables		
Births in Private Homes	Births in private homes as a percentage of all births.	Compiled by James W. McGuire, Department of Government, Wesleyan University, Middletown, Connecticut, USA. Calculated from Argentina. Ministerio de Salud. Dirección de Estadísticas e Información de Salud. Estadísticas vitales. "Información básica: Nacidos vivos registrados según local de ocurrencia."

| Gross Geographic Product per Capita | Gross Domestic Product by Province divided by population, in thousand Argentine pesos. Data for 1994-2009, 2010-2012 take on 2009 values. | Argentina. Ministerio del Interior de la Nación. 2011. Producto Bruto Geográfico (en miles de pesos) por Provincia. |

Table A.4. Coding of Political Alignments in Argentine Provinces

Province	Political alignment of the governor with regard to the President (by election year)			
	2007	2009	2011	2013
Buenos Aires	Aligned	Aligned	Aligned	Aligned
CABA	Opposition	Opposition	Opposition	Opposition
Catamarca	Aligned	Aligned	Aligned	Aligned
Chaco	Aligned	Aligned	Aligned	Aligned
Chubut	Aligned	Opposition	Aligned	Aligned
Córdoba	Aligned	Opposition	Opposition	Opposition
Corrientes	Aligned	Opposition	Opposition	Opposition
Entre Ríos	Aligned	Aligned	Aligned	Aligned
Formosa	Aligned	Aligned	Aligned	Aligned
Jujuy	Aligned	Aligned	Aligned	Aligned
La Pampa	Aligned	Aligned	Aligned	Aligned
La Rioja	Aligned	Aligned	Aligned	Aligned
Mendoza	Aligned	Aligned	Aligned	Aligned
Misiones	Aligned	Aligned	Aligned	Aligned
Neuquén	Aligned	Aligned	Aligned	Aligned
Río Negro	Aligned	Aligned	Aligned	Aligned
Salta	Aligned	Aligned	Aligned	Aligned
San Juan	Aligned	Aligned	Aligned	Aligned
San Luis	Opposition	Opposition	Opposition	Opposition
Santa Cruz	Aligned	Aligned	Opposition	Opposition
Santa Fe	Opposition	Opposition	Opposition	Opposition
Santiago del Estero	Aligned	Aligned	Aligned	Aligned
Tierra del Fuego	Aligned	Aligned	Aligned	Aligned
Tucumán	Aligned	Aligned	Aligned	Aligned

Source: Cherny, Nicolás, Carlos Freytes, Sara Niedzwiecki, and Gerardo Scherlis. 2015. *Base de Datos de Alineación Política Subnacional, Argentina 2003-2015*. Instituto de Investigaciones Gino Germani, Universidad de Buenos Aires.
Note: The value is kept constant for two years, until the next election.

Table A.5: Determinants of Asignación Universal por Hijo (2009-2012) implementation, excluding the provinces of La Pampa and Santa Cruz. Prais-Winsten PCSE.

	Asignación Universal por Hijo
Opposition Parties	-36.37 *** (10.73)
Plan Nacer Implementation	2.21 ** (.97)
Births in Private Homes	-22.16 *** (8.61)
GDP per capita	-.73 * (.38)
Time Trend	5.28 *** (1.97)
R^2	.82
Rho	.33
Provinces	22
Observations	86

Note: *** p≤0.01; ** p≤0.05; * p≤0.1 Standard Errors in brackets.

Table A.6: Determinants of Estrategia Saúde da Família implementation, only for the Cardoso period (1998-2002). Prais-Winsten PCSE.

	Estrategia Saúde da Família	
Opposition Parties	-5.46	(5.04)
Medium Opposition Parties	-3.76	(5.54)
Births in Private Homes	-.92 ***	(.28)
GDP per capita	-.0003	(.0005)
Ideology of the party of the Governor	1.09	(2.25)
Time Trend	2.70 ***	(1.06)
R^2	.60	
Rho	.88	
States	27	
Observations	108	

Note: *** p≤0.01; ** p≤0.05; * p≤0.1 Standard Errors in brackets.
The variable "Bolsa Família Implementation" is not included in the analysis because Bolsa Família had not been implemented before 2003.

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