Cash Transfers and the Revenge of Contexts

An Introduction

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Cash transfer (CT) programs are having something of a field day. In just over a decade they have become the main form of intervention channeled in the direction of the most vulnerable families in low- and middle-income countries (LMICs). Having originated in Brazil and Mexico in the 1990s, they initially spread to Latin America before being adopted throughout the world from around 2005. Their progression is spectacular: from three countries in 1997, they were implemented in twenty-seven countries by 2007 (Fiszbein et al. 2009) and, by 2016, in 130 countries (Bastagli et al. 2016). In 2016, CT's share of total humanitarian aid exceeded 10 percent (CALP 2018).

A Simple Mechanism with Multiple Forms and Functions

The "mechanism" that lies at the heart of CTs is very simple (see Olivier de Sardan, chapter 1): the basic formula involves the occasional or regular distribution of sums of money to vulnerable households in most cases. This mechanism differs from social security payments (which are contributory), "cash for work" (in which payments are conditional on the performance of work), and aid in kind (for example, food). CTs also differ from universal cover in that they are targeted at a particular category of the population. They can be either conditional (in most cases subject to the school enrollment of children or completion of medical checkups) or unconditional in nature.

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Apart from this common basis, numerous variations can be observed in terms of the norms and procedures governing the payments: some are paid in cash, others by bank transfer, and others, again, in the form of "vouchers"; they can be one-off, monthly, bimonthly, or trimestrial; they vary considerably in terms of their duration and can be exceptional (cases of emergency in the context of disastrous events), permanent (hence they become a new form of social benefit), or paid over intermediate periods (a number of years, similar to the "social security nets" that are intended to enable people to emerge from the poverty trap or cope with recurrent food crises); in the majority of cases the recipients are women, but they are sometimes paid to men, and, apart from the main targets of poor or very poor families, the recipients can originate from different social categories—pregnant women, earthquake or famine victims, disabled persons, refugees, demobilized military veterans, etc. Combined with the simplicity of the "game" or "mechanism" itself, this flexibility regarding the rules that govern the game is clearly one of the reasons behind the global success of the CT system.

This plasticity also explains the wide diversity that exists in the institutional embedding of CTs: they are sometimes the product of a proactive social policy adopted by the state (as is the case in Latin America and South Africa); they sometimes involve international aid in the form of "projects" instigated by international institutions (World Bank, ECHO, US-AID, WFP, etc.); and they are often relayed by NGOS (as is the case in Africa, the Middle East, and Asia). In the latter case, the CTs are focused on two main areas: humanitarian aid distributed in the event of food crises or natural disasters, which is usually unconditional, and development aid, which is generally conditional (promotion of resilience to and fight against poverty) and can also assume more atypical forms (disarmament, demobilization, reintegration programs, or DDR [see Chelpi-den Hammer, chapter 11]; displacement of populations in case of dam building; settlement of migrants, etc.).

Hence the explicit or implicit socioeconomic functions of CTs are varied and based on the institutional contexts in which they arise and the political-economic frameworks that guide them. Needless to say, they are located in a global economic context dominated by neoliberalism, the financialization of capitalism, and the growth of inequality, and in which no structural solution can be found to the intertwined issues of poverty, marginalization, and exclusion. However, CTs do not constitute a single answer to these problems—contrary to the belief of Ferguson (2015), who interprets CTs solely on the empirical basis of their implementation in South Africa as a "new politics of distribution of capitalism" and even, more generally, as a sign heralding a new age of capitalism.[1]

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On the contrary, CTs are based on multiple agendas. They can represent a provisional response to a cyclical rise in poverty or an attempt to stem its structural growth in the long term; in this case, they can become a new social right. They can have the aim of eradicating extreme poverty or breaking the intergenerational cycle of poverty. They can also set out to integrate marginalized communities into the market and state arena. They can offer a means of increasing school enrollment rates and access to modern healthcare through the mechanism of financial incentives. They can constitute a temporary response to traumatic events and be associated with different forms of reintegration. They can also act as a tool for the empowerment of women. In many cases, they combine several of these objectives.

Perceptions, Reactions, and Contexts

Each CT program is implemented in a specific context that is linked not only to the always varying and specific features of the political, institutional, and social context, but also to the different representations and strategies of the multiple actors involved in their implementation—in other words, the various "strategic groups"[2] of the country or region involved: the enumerators and statisticians, investigators, program officials, extension agents and frontline workers, public servants, local political authorities, and, of course, the populations themselves (direct and indirect beneficiaries, nonbeneficiaries), etc.

In terms of the target populations, the abundant gray literature on CTs (in particular NGO or World Bank reports) insists that a large number of beneficiaries express their satisfaction with this welcome form of financial support. Given that the system involves the distribution of resources to cruelly deprived populations, this positive assessment is unsurprising. This obvious function of providing aid, emergency support, and resilience support forms the basis of the institutions that operate CT systems. These operations demonstrate an increase in "capabilities" (to use the language of Amartya Sen ([2000]) by referring to the distributed sums and vulnerability of the populations involved, and to the comments made at various focus groups held with beneficiaries.[3] The CT institutions frequently engage in the active and emphatic promotion of these successes.[4]

Simultaneously, they show a strong propensity for minimizing or ignoring the problems associated with the CT system. While the advantages of CTs are associated with the mechanism itself and, in a way, have a positive impact a priori and irrespective of the specific contexts involved (receiving money is always "convenient" for people who lack it), the problems are context-dependent. They should be investigated in detail

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against the background of each new situation—something that necessitates the use of qualitative methods. And this is precisely what this book attempts to do. Each chapter identifies problems associated with the contexts; furthermore, many of them were written by anthropologists who were already familiar with the contexts in question before focusing on the introduction of a CT system there. As a consequence, the methodology used by most of the authors for producing their data was typically a qualitative one (based on long-term familiarity with the settings and the stakeholders, open interviews, repeated observations, and case studies), following the principles of a rigorous policy of fieldwork: triangulation, saturation, management of bias, "emicity," counterexamples, etc. (Olivier de Sardan 2015).

In effect one of the greatest challenges facing a traveling model like CTs is the fact that they are implemented in extremely different contexts with respect to continents, countries, and sectors (see chapter 1). The majority of the problems encountered by CTs arise from this almost inevitable divide between the model and the local realities. The insufficient consideration of contexts lies behind the multiple strategies for "circumventing" the programs uncovered by the authors of this book—irrespective of whether these strategies are adopted by program officials (e.g., extra conditionalities), local authorities (e.g., "elite capture"), program beneficiaries (e.g., failure to comply with instructions), or nonbeneficiaries (e.g., denigration and stigmatization). Countless misunderstandings arise everywhere and sometimes result in the designation of CTs as the "devil's work" or, conversely, as more or less celestial "manna." For this reason, we refer here to the "revenge of contexts." Being underestimated or ignored, the contexts come back and erupt into the game in an unexpected way, widening the implementation gaps and distorting the objectives of the programs.

This revenge of contexts is expressed through a number of "critical nodes" that involve many spaces of ambiguity, division, and confrontation between the CT programs and the strategic groups involved. We provide an initial comparative inventory of these critical nodes here: some are typical of Latin America (or part of it), others relate to the development rent, which is so omnipresent in Africa and the Middle East, others, again, involve the state (real or imaginary, repressive or benevolent) and NGOs, and many concern the CT targeting, gender, and public services. The critical nodes vary according to the contexts and can also extend across several contexts.

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Some of the "Critical Nodes"

The State

Despite being relatively ignored in the literature on CTs, paradoxically, the differential position of the state in relation to the implementation of CT programs is probably the most important of the critical nodes. First, many CTs are managed and funded by states, and constitute a central pillar of their social policy. This is the case in Latin America, where all CT programs are derived from the Brazilian and Mexican models, and in some instances also in South Africa. Second, in many—in particular African and conflict-affected—countries, in which the state does not have many resources at its disposal, does not have a social policy, and has disengaged from humanitarian action, the international aid donors and NGOs assume control of the CT programs from beginning to end. Hence there are two extremes here: state CTs and nonstate CTs, and of course, various permutations in between.

Moreover, the role of the state within CT programs can be variable in itself. In Latin America, for example, the objectives of CTs tended to differ on the basis of their successive phases. At the outset, they were intended as a stopgap measure to counteract the effects of the economic crises and political adjustments; they were later conceived as programs aimed at providing a means of accumulating human capital and breaking the intergenerational transmission of poverty; and, finally, in certain cases they acted as a way of redistributing some of the revenues derived from extractive activities[5] (see Dapuez and Gavigan, chapter 7).

State CTs have spread in countries with very different indices of human development (from Nicaragua to Argentina) and have been promoted by governments with extremely wide-ranging political options—with "Chavist" Venezuela constituting a very special case in point (Sugiyama 2011). This broad distribution makes them one of the most widespread and consensual public policies.

The political use of state CTs varies from country to country. Sometimes, as is the case in Brazil and South Africa, they underpin a welfare-state rhetoric, occasionally with populist overtones. As is the case in Peru, they can also be used to promote the establishment of other public policies (in particular programs originating in ministries for development and social inclusion) or form part of broader development policies (in the areas of health, education, and agriculture). In a number of countries, CTs are deployed by the state as an instrument for establishing its presence in remote or marginalized areas, mainly the Andean and Amazonian regions. They arrive in places where the state has previously had little or

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no presence and facilitate the registration of the population, the development of the administration and public services (schools, health), and the organization of negotiations with companies.

With respect to nonstate CTs, these work on the basis of an external rent, particularly in places where the state is not very present or effective (see Olivier de Sardan and Hamani, chapter 12)

Rent

Some of the LMICs are "under an aid regime" (Lavigne Delville 2010). This means that the resources provided by international aid (in the form of development or humanitarian aid, project aid, sectoral or budgetary aid, public or private aid, and aid provided to associations) are a key element of the conception and implementation of public policies in these countries. What is involved here, in a sense, is a particular type of rentier state,[6] in which the development aid acts as external rent (external revenue) in the same way, but based on different modalities, as mining rent (in some cases the two are combined). The crucial importance of development aid for public budgets and for civil society creates an aid dependency, similar in many ways to oil dependency. It favors many strategies to capture and disseminate the rent flow.

In such contexts, the populations have become accustomed over decades to benefiting from an endless and assorted series of "projects," funding, support, subventions, and aid. Hence the arrival of the CTs is nothing more than the latest formula for the supply of this external "manna." Alain Morice (1995: 50) used this metaphor in relation to development aid some time ago, and we have adopted it again in reference to CTs (Olivier de Sardan 2014).[7] This "manna" can manifest through innumerable mechanisms (the only limits on which are the imaginations of the development experts and the good will of the aid donors). Irrespective of the mechanism involved, in the vast majority of cases it triggers the adoption of a "common sense" strategy among the "beneficiaries," which is found in the most wide-ranging contexts and is very widely perceived as legitimate: that is, the attempt to obtain the maximum while giving the minimum in return. In the context of conditional cash transfers (CCTs), this translates into "take the money, and comply as smoothly as possible with the conditionalities." In the context of unconditional CTs, it translates into a simpler strategy of "take the money," and this obviously accounts for the popularity of this form of CT, particularly compared with the numerous "cash for work" programs, which have been long promoted in the same areas where, in order to obtain the cash, recipients have to work long hours in the sun building dikes or planting trees.[8]

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However, these rent capture strategies are not exclusive to the populations; they are also deployed by the staff involved in the implementation of the CT programs. In Africa, CTs come from two main channels. The first of these is the "World Bank channel," which sets out to involve the states by requiring that they contribute to the financing of the CTs and locate each CT program within a state service (while also retaining control through a project management unit) in the (by no means always fulfilled) hope that the state will assume full responsibility for the scheme on completion of the project. It would not be incorrect to speak of semistate or pseudostate CTs in this context. With this type of CT, it is the agents of the state (or various other entities—private operators, consultants, NGOs—with whom they deal) who attempt to benefit as much as possible from the rent.

The second is the "humanitarian channel," which is essentially populated by international and national NGOs that establish CT programs using finance from international institutions and bi- or multilateral cooperation (ECHO, WFP, UNICEF, US-AID, etc.). With this type of CT, the NGOs are the actor primarily concerned by the rent as the CTs account for an increasingly significant if not the main proportion of their turnover.

Targeting

This central device of the CT mechanism, which constitutes the first step in the implementation of a CT program, is particularly complex. It is the topic of countless expert debates and copious gray literature both in relation to the populations being targeted and the targeting techniques to be used (del Ninno and Mills 2015). An initial debate among experts, which is both technical and ideological in nature, pits the supporters of targeted transfers to poor or vulnerable populations (which involve a targeting process)—that is, the majority of CTs—against the advocates of universal cover, the distribution of universal subsidies to predefined and clearly delimited social categories (registration instead of targeting): for example, all persons of a certain age (pensions), all mothers (family allowances), all sick persons who attend a health center (global fee exemptions), all persons with a disability, etc.

Other more technical debates concern methods—geographical targeting, means testing, proxy means testing (by far the most commonly used method),[9] or community-based targeting—and compare their costs, efficiency, and biases (errors of inclusion or exclusion).[10] In this regard, it is astonishing to note in the literature on CTs the knowledge gap between the significant accumulation of technical information about these methods and the lack of information about how the populations involved perceive

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the targeting. The same knowledge gap exists in the majority of the countless training courses provided on the topic of CTs: most of the attention here is focused on the processes, procedures, and protocols for CTs and very little on the practices and reactions of the populations involved. This book attempts to address some aspects of this knowledge gap.[11]

A common type of local reaction contests the actual principle of targeting. In communities that are characterized as being generally poor, targeting creates an externally imposed threshold effect between beneficiaries and nonbeneficiaries, and, in many cases, this division does not make sense to the populations and appears arbitrary or illegitimate from their perspective. The case of Niger (see Olivier de Sardan and Hamani, chapter 12) is particularly significant in this regard.[12] However, the same type of reaction can be found in very different contexts, for example in Latin America, where the threshold effect generates logics of competition or denunciation (Piccoli 2014) or results in targeting being perceived as a lottery (see Correa Aste, Roopnaraine, and Margolies, chapter 5). The populations involved never have a say in relation to the principle behind the targeting. However—revenge of contexts!—the failure to adhere to this principle justifies the "circumventions," to which the rules governing CTs are often subjected at local level.

Another type of reaction challenges the objectivity of the targeting and generally incriminates the political elites and/or program officials, who are suspected of "favoritism" or "clientelism" (this is a "selection bias" or "inclusion error" in the language of the CT experts). This links up with the well-known body of literature on what was sometimes referred to as "elite capture" in development projects and more specifically in community-driven development projects (Platteau 2004; Wong 2010; Lund and Saito-Jensen 2013; Musgrave and Wong 2016). It also links up with another less familiar body of literature on the low-level staff of the public services and development projects, particularly in Africa and conflict-affected countries, and regarding, among other things, the "fabrication of figures," a practice in which state or NGO agents frequently indulge when carrying out surveys and quantified reports: fanciful, tendentious, or "negotiated" questionnaire administration sometimes lead them a long way away from the formal rules laid down by the statisticians and methodologists, which they are supposed to apply and in which they have received the necessary training.[13]

Conditionalities

One of the major differences between the different cash transfer programs relates to their conditional or nonconditional nature. In the versions found

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in Latin America, where the CT system originated (and were later adopted across the world), the allocation of the cash is not based exclusively on targeting but also on the compliance of the beneficiaries (in general the mothers of poor families), who must comply with a series of conditionalities. In general, the conditionalities are of three types: possession of identity papers, school attendance by children, and attendance at health checks.[14] These conditionalities are sometimes invested with the language of "coresponsibility" and hence present a quid pro quo or "mutual contract" logic.[15] In practice, they are often perceived as "obligations," however. They may also be incorporated into a logic of a "reciprocal gesture" and gratitude (see Agudo Sanchiz, chapter 2; Correa Aste, Roopnaraine, and Margolies, chapter 5), and less commonly a logic of "responsibility" (see Piccoli and Gillespie, chapter 6). Hence the CCTs combine a logic based on redistribution (through the targeting of poor families) and a logic of the formation of human capital (through conditionalities focused on health and school enrollment of children).

A common indirect conditionality that arises frequently, and is not presented as such but is nonetheless imposed in an institutionalized manner, also warrants a mention here: participation in the banking system. While in some cases the transfers are made in the form of vouchers, cash, and mobile telephones, the distribution systems are very often based on bank transfer (as in Latin America). This means that all beneficiaries must have a bank account. The money is then paid into their accounts, and they must withdraw it themselves, either at an ATM or at a bank counter (a process that mostly involves waiting in long queues: see Balen, chapter 4).

In Peru, the CT program is linked with other financial inclusion programs (Proyecto Capital), savings programs, and programs for the development of microloans. Hence the CTs there are integrated into a system of financial education and are powerful instruments of market inclusion (Lavinas 2013). Moreover, simultaneous to the implementation of the CT programs, there was an explosion in the number of financial institutions in the country's rural areas. This inclusion of the marginalized populations in the financial system obviously involves a large number of risks as it opens the door to debt for precarious rural households, whose most precious possession is land that is regularly coveted by developers.

The significance assigned to the formal conditionalities varies between countries and programs. While the conditionalities are secondary in some countries, as in Brazil and Argentina, in others they are more central and strictly monitored (Mexico, Peru). In countries with nonstate CTs, some CT programs are even based entirely on the conditionalities, and their main objective is to "buy" the frequentation of a public service by a potential user. Hence they go beyond the policies of fee exemption,

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which merely eliminate the financial barrier to access public services (e.g., health services), and are closer in orientation to a direct financial incentive.[16]

The existence of stringent conditionalities gives rise to a common phenomenon whose existence has been confirmed in various Latin American countries: the emergence of additional "informal conditionalities" or "extra conditionalities" that are imposed by the program or state officials.

As demonstrated by the book's chapters on this topic (see Correa Aste, Roopnaraine, and Margolies, chapter 5; and Piccoli and Gillespie, chapter 6), the nature of these extra conditionalities is particularly well developed in the case of Peru. The state program officials, the health centers, the schools, and the local authorities add their own lists of obligations to the official ones and fill the mothers' timetables with multiple activities and "voluntary participation." These extralegal conditionalities arise on the periphery of public policies and are neither outside the system nor truly official. They sometimes act as "tolerated instruments" for the purpose of satisfying policy indicators (number of medicalized births, vaccinations, etc.) and as stopgap measures aimed at compensating for the underfinancing of public institutions (lack of equipment for school activities, etc.).

These extra conditionalities operate in a largely uncontrollable gray area where debate is not really possible. When faced with the threat of withdrawal of the aid, the beneficiaries have no possibility of publicly challenging the officials who require them to fulfill these extra conditionalities. These extra conditionalities often involve the condemnation of local practices (in relation to hygiene, food, birthing, education, etc.), and various forms of disregard and violence toward the communities (see Piccoli and Gillespie, chapter 6; Nagels, chapter 8).

The Public Services

CT conditionalities always involve the frequentation of certain public services by poor populations. The preliminary diagnosis common to all cases everywhere CCTs have been deployed is the insufficient frequentation of these public services by mothers and children: insufficient numbers of prenatal consultations and medically supervised births, insufficient numbers of medical examinations and vaccinations for children, and weak school enrollment and/or early school leaving. This diagnosis, which is confirmed by all of the available statistics, obviously concurs with the Millennium Development Goals (MDG), which essentially concern the LMICs. It is necessary to combat the maternal and neonatal mortality, illiteracy, lack of education and training, and child labor that are rife in these countries, hence no one can argue with these objectives in principle.

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With a view to bringing about a shift in this direction, the strategy behind the conditionalities is to bring about a change in maternal behavior based on the quid pro quo of the cash transfers;[17] this change is seen, of course, as being "in their [i.e., the mothers'] own interest" or "in the interest of their children." To put it in more crass terms, it is the old tactic of the "carrot," which is now repackaged and designated in the form of (financial) "incentives."

The idea is to take action in relation to demand by presenting the implicit hypothesis that the problem lies essentially on the demand side: the low levels of service frequentation are seen as being mainly due to poverty, insufficient awareness among mothers, a lack of "awareness-raising," a lack of information, and even a local ancestral culture that advocates inadequate behavior and represents an obstacle to the promotion of modern healthcare and education (everyone has heard of and encountered numerous examples of this on occasion—for example, women giving birth at home standing or kneeling, rumors about the hidden agenda of vaccinations made by the "whites," the young girls kept for domestic work, etc.).

However, based on our experience in the field and, in some cases, longitudinal research studies on the health services,[18] we believe that the problem originates more often in a lack of faith in the supply side and in the supply side itself. The inadequate quality of the public services provided to the populations is a major cause of the low frequentation rates. The disregard shown to "indigenous"[19] or "bush" women, the prejudice against them, the greed displayed by the public officials, the scheming, "arrangements," and various forms of minor extortion are equally repulsive to the mothers (and fathers). Summary consultations, standardized treatments, drug shortages, the ignoring of children's pain, the failure to respect modesty in the health centers: all of these elements regarding the health system are found in the majority of the locations in which CCTs are operated. In the context of schools, oversized classes and badly trained, poorly motivated, and sometimes absent teachers exist side-by-side with more or less mandatory "contributions" and meetings and "recommended private courses" and exams, in which success is guaranteed if parents are willing to put their hands in their pockets.

Needless to say, the ways in which public services are delivered in the areas of education and health differ from one context to the next; the dysfunctions are not equal in either scale or "variations." Corruption is not the same everywhere and is not even necessarily a relevant factor. Nonetheless, the fact remains that, apart from a few exceptions, the quality of services provided in the health and educations sectors remains a key problem in the majority of countries in which CCTs are used.

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It should not be concluded either, however, that there is no problem in relation to demand. Nonetheless, it may be stated, at least, that problems with demand are more or less always combined with problems in relation to supply. Thus there is a certain inconsistency in an approach that involves the promotion of greater frequentation of services through CT conditionalities without attempting to achieve a significant improvement in the quality of the services offered by the public authorities.

A "Maternalist Perspective" between Empowerment and Stigmatization

While the CT principle is not exclusively applied to women, the majority of the programs and the most prominent ones are aimed at women and implemented in the context of combating poverty. With the exception of chapter 11 (Chelpi-den Hammer), which focuses on the army veterans in Côte d'Ivoire, all of the texts contained in this volume involve CTs aimed at women.

The approach to combating poverty using CTs is "maternalist" in its orientation (Molyneux 2000; Jenson and Nagels 2015). As mothers, women are considered a priori the best recipients and users of the aid. The system of reference behind these CTs as a public policy[20] avails of the image of the mother as someone who is naturally inclined to sacrifice herself for the family and make purchasing decisions for the good of the children, in contrast to her male counterpart, who is more likely to be attracted by "temptation goods." Women are perceived exclusively as mothers and efficient channels through which their families can be reached, and not as program beneficiaries in themselves. Of course, some CTs have objectives in terms of women's empowerment, but this empowerment is essentially based on the reinforcement of the maternal figure.[21] It isolates women and assigns them exclusively to the dimension of "care" (Nagels 2011).

The actual relationship between gender and money is far more nuanced in local contexts, however. In northeastern Brazil, for example, women and men both contribute sums of money to the household, but based on different timeframes (see Morton, chapter 3) and, as is the case in many African countries, the men in Niger are responsible for managing the budget for food and healthcare for the children (Olivier de Sardan and Hamani, chapter 12).

Another aspect of the "maternalization" of the aid is the identification of women as "poor mothers." They are included in the CT programs with a view to breaking the intergenerational cycle of poverty, for which they are implicitly recognized as being partly responsible. Hence, based on this co-responsibility (in the case of the conditional CTs), they must act to terminate the reproduction of this poverty. Poverty is not perceived,

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therefore, as a collective and political problem but as a matter of family and maternal responsibility (see Agudo Sanchiz, chapter 2).

The case of indigenous women in Mexico, Columbia, Peru, and Bolivia (see Agudo Sanchiz, chapter 2; Balen, chapter 4; Piccoli and Gillespie, chapter 6; Nagels, chapter 8) is particularly illuminating in this regard.[22] These women are doubly penalized here: in order to respond to the requirements of the programs, they must comply with exogenous hygiene standards while also being subjected to the violence of the institutions that discriminate against them—sometimes directly, for example through disdainful treatment, insults, and extra conditionalities, and sometimes indirectly, for example through long waits for meetings, checkups, and administrative and banking services. The long queues, which some people perceived as the "gates of hell" in their religious visions (Piccoli 2014), represent the physical staging of the monetary transfer in the public space. Being forced to tolerate heat and humiliation while waiting in a queue is a form of selection (see Balen, chapter 4) as is the public labeling of poor mothers.

The CT Staff

The staff involved in implementing the CT programs—the enumerators, researchers, social workers, NGO workers, public servants, etc.—are more or less completely ignored in the literature. There is no reference to the problems they encounter, their own perceptions, their difficulties, or their strategies. However, they are not simply the transparent executors of a system; they have their own difficulties, constraints, and scope for maneuvering, all of which vary considerably depending on the context in which they operate. These issues are discussed in several chapters of this book.

In Egypt (see Solkamy, chapter 10), the replacement of previous forms of social assistance by CTs resulted in the reclassification and loss of autonomy on the part of social workers. In Niger (see Olivier de Sardan and Hamani, chapter 12), the NGO workers "mess up" the strategic targeting surveys due to a lack of time and motivation.

In Peru, the staff responsible for implementing cash transfers, who are often criticized for their discriminatory attitudes toward the indigenous communities, face an entire series of difficulties. Working in the Andean and Amazonian regions is exhausting (particularly due to the difficulties of getting around), and the staff are under various pressures from the authorities. In effect, in addition to ensuring that the legal conditions of the programs are respected, these CT workers are encouraged to incentivize the women to carry out other activities promoted by them or by other institutions. Their position is precarious due to the risk of denunciation.

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When a television program (*Cuarto Poder*) broadcast in 2011 condemned the obligation placed on mothers to paint a flag on their doors, the program reacted by firing an employee despite the fact that the enforcement of this "obligation" was widespread in the Andes. This double bind (enforcing extra conditionalities but not being caught out publicly for it) is combined with having to deal with the potential aggression of the mothers who are excluded from the programs and who perceive the targeting processes as arbitrary. The stress management guidebook compiled by the program seems like a rather weak and inadequate response in the face of these structural problems.

Mutual Adaptations

The "confrontations" between the CTs and strategic groups specific to the different contexts as we have envisaged them through the above-presented critical nodes should not simply be seen from a static and one-dimensional perspective. They evolve over time on the basis of the adaptive strategies adopted by the different parties involved.

Initial phases of refusal or open resistance in the strict sense of the term, as observed in Peru when the CTs were perceived at the local level as the expression of a "diabolical" repressive state, may be followed by phases that combine acceptance and passive resistance, and even actual compliance with the CT procedures when attempts are made to rectify the errors that have been made.

In fact, the three traditional options described by Hirschmann (1970)—"voice," "exit," and "loyalty"—do not cover all of the attitudes adopted by the target populations in response to CTs. To describe the dominant strategy that we referred to earlier—that is, "the attempt to obtain the maximum while giving the minimum in return"—a fourth option should be added to this list: "cunning."

Given that the continuation of the delivery of the resource represented by the CTs is an objective largely shared by the local populations, the "exit" option is very rarely deployed. Some exceptions can be observed here, of course—for example, by staunch evangelicals in Mexico (see Agudo Sanchiz, chapter 2), or people convinced that the money originates from the devil, whether in the form of the monstrous *Pishtaco* in Peru (Piccoli 2014) or freemasons in Congo.[23]

Recourse to the "voice" option is equally rare, at least in the context of humanitarian CT programs (which are operated by NGOs), obviously because in the eyes of the populations it could result in exclusion from CTs and the end of the "manna." This explains why, as demonstrated by various cases in Palestine, Yemen, and Mozambique (see Samuels and

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Jones, chapter 9), as well as in Niger (see Olivier de Sardan and Hamani, chapter 12), the complaint mechanisms that are often provided by the CT programs generally remain unactivated. In contrast to this, the voice option is sometimes deployed in the case of state CCTs in Latin America. In Peru, it often takes the form of whispered objections involving the use of diabolical or mythical images to express local fears (Piccoli 2014).

Although "loyalty" can sometimes be demonstrated, this option is far from being the one that triumphs. Our feeling is that "cunning" is the most widely adopted strategy. This is at the root of what the economists refer to as opportunist strategies that "circumvent" the objectives of the CTs discreetly and quietly. Conditional CTs sometimes elicit apparent compliance with the formal conditionalities while the informal conditionalities are sabotaged (see Piccoli and Gillespie, chapter 7). In the case of unconditional CTs involving distribution of "manna" instead, the "cunning" option is played out either around the selection of the recipients (what must be done to be included in the list) or around the uses of the manna (the redistribution of the received cash, its use for social spending rather than the recommended food spending, or its investment in the migration of a young family member when the CTs are supposed to prevent migration, etc.).

However, changes may also be induced in the attitudes of the populations toward the CTs through the introduction of changes in the CT procedures themselves. A central element in the implementation of a public policy should be the latter's capacity for self-adjustment and "learning by doing" (Rose 1991). This capacity is often weak, but it can nonetheless exist in certain circumstances. Sometimes it is the program officials who attempt to modify their own behavior or arguments (as in Peru by clearly specifying the origin of the funds with a view to alleviating fears). Sometimes it is the programs themselves that reform their protocols and mechanisms over the course of time in response to undesirable effects (as is the case in Brazil and Mexico, the two original experiences with the CT system), which in most cases are demonstrated through qualitative studies. The case of Niger (see Olivier de Sardan and Hamani, chapter 12) presents an attempt by certain NGOs active in the area of CTs to modify some elements of their systems (e.g., complaints committees and targeting techniques) in response to the findings of a socioanthropological research study.

For this reason, we believe that this book, which primarily aims to provide information about CT programs' implementation, in particular their interaction with the contexts in which they are deployed, could also enable the CT programs to self-adjust to local realities, should they wish to.

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About This Book

Heuristic Value

The four contributions made by this book can be defined as follows:

1. It represents the first comparative study of CTs based on a socioanthropological perspective that prioritizes the study of the contexts in which the CTs are carried out and the representations of the actors involved on the ground. This enables us to demonstrate the significant difference between the countries in which CTs are a national policy implemented by a strong state (Latin America) and countries in which they are associated with the aid sectors (international institutions and NGOS). A second difference exists in Latin America between the countries in which CTs basically constitute a social policy (Brazil, Argentina) and those in which they are also used as an instrument for the "inculturation" of rural and indigenous communities (Mexico, Peru). The absence of case studies from Asia (which appears to range between the African and South-American systems) is, however, one of the limitations of this book.
2. Due to the proliferation of programs, their extension into different fields, and their globalization, CTs have assumed a place among the main "development industries." The CT system is a traveling model that has enjoyed global success: it is not solely a strategy of the World Bank, and it has been adopted by numerous aid donors and states. The "CT business" has become an unavoidable reality in the world of development and humanitarian aid: it is a sector that creates employment (nationally and internationally) and very important markets.
3. Beyond the CTs in the strict sense, the case of CTs in general enables the reconsideration or more detailed examination of a series of classical problems associated with development and, more generally, public policies in the LMICs: the central role played by "traveling models" at the expense of the contexts (Olivier de Sardan, chapter 1); the unintended consequences of development aid rent (chapter 1; Olivier de Sardan and Hamani, chapter 12); the stigmatization of indigenous communities in Latin America (Agudo Sanchiz, chapter 2; Balen, chapter 4; Piccoli and Gillespie, chapter 6; Nagels, chapter 8); the uncertain status of street-level bureaucrats in general and social workers in particular (Solkamy, chapter 10); the illusions of numerous "participative" strategies (Olivier de Sardan and

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Hamani, chapter 12); gender representations and their impact on the implementation of programs (Morton, chapter 3; Nagels, chapter 8); the dynamics of resistance, acceptance, and deviation (Agudo Sanchiz, chapter 2; Piccoli and Gillespie, chapter 7), etc.

4. This book shows, once again (however, in view of the quantitavist obsessions, "once again" is never too much in this field), that qualitative methods are in a better position to reveal some important and central issues regarding the implementation of public policies that are not very accessible to quantitative methods (public statistics and questionnaires) and sometimes even evade them. In fact, quantitative methods are not very "context-sensitive." The current fashion for randomized controlled trials (RCTs), which focus on the impact of a single variable (the "mechanism"), is an illustration of this (see Olivier de Sardan, chapter 1). And these extremely costly RCTs consume a large proportion of the funding and attention devoted to the assessment of CTs to the detriment of implementation studies. It should be stressed, however, that some people within the CT world have availed themselves of qualitative methods and have become advocates of their undeniable contribution (Devereux and Getu 2013; Barca et al. 2015; Watson 2016).

Structure and Chapters

Chapter 2 by Jean-Pierre Olivier de Sardan follows up on the introduction and complements it by tracing the transformation in the initial experiences of CTs into a "traveling model" that is now exported to a large part of the planet. The process of production by international experts of a miracle mechanism, at the core of the model, is based on two success stories (Mexico and Brazil). The "mechanism" is accredited with an intrinsic value that guaranteed the specific efficacy of the model and is expressed in three complementary institutional devices. It is distinguished therefore from the contexts in which it is implemented and to which it is supposed to adapt. In this instance, the CTs are a relevant example of a much bigger group of development projects and public policy transfers that follow the same system of standardization and that, like the CTs, encounter the "revenge of contexts": underestimated, insufficiently taken into account, and poorly understood, the local contexts are at the heart of the implementation gaps of CT programs. The strategies of the officials (and their practical norms), and the reactions of the populations (and their social norms), collide with the CT programs (and the formal norms they impose) and produce a panoply of unplanned unintended consequences, circumventions, and informal arrangements.

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Following this general chapter, the book presents a series of case studies divided into two parts, which each outline a historical, geographical and political stage in the spread of the CT programs: the first concerns the continent on which CTs originated—that is, Latin America—and the second concerns its subsequent areas of expansion (Africa and the Middle East here). However all chapters highlight the role of the local contexts.

Conditional Cash Transfers in Latin America

As indicated above, in Latin America CTs are conditional, on the one hand, and based on a voluntarist social policy of the state, on the other. These two elements extend across all of the chapters in which the relationships with the state and public services play a central role, both in the reality and representations.

Alejandro Agudo Sanchiz (chapter 2) examines the local reinterpretation of conditionalities in the Chiapas state in Mexico. For women, the informal conditionalities involve the completion of community work or negotiation of compensation for local intermediaries. This chapter confirms the importance of the context in the face of the apparent verticality of public policies.

Gregory Duff Morton (chapter 3) demonstrates how, in the context of the family economy in Brazil, collective needs (e.g., food) are covered financially by the men, while the "women's money" is used to cover everyone's individual needs (clothes, furniture, etc.). Thus masculine and feminine financial resources correspond to different and complementary areas. The author also shows that CTs have the greatest impact on gender relations when they are received by less poor households.

Maria Elisa Balen (chapter 4) addresses a phenomenon that is seemingly anecdotal but nonetheless central to the cash transfer programs in Colombia from the perspective of the beneficiaries: queues (at the bank, administrative services, etc.). Something that might appear to be a simple undesirable side effect functions both as a source of discrimination and instrument of social control. Based on perseverance and the capacity to resist humiliation, the queues select "those whose needs are greatest."

Norma Correa Aste, Terry Roopnaraine, and Amy Margolies (chapter 5) analyze the implementation of CTs in the indigenous context in the Amazon region of Peru. While highlighting the importance of CTs for families, their study reveals a series of problems that arise in the course of their implementation: misunderstandings in relation to targeting, large numbers of conditionalities that considerably exceed the legal framework, and the generation of fears in association with the program.

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These observations are shared by Bronwen Gillespie and Emmanuelle Piccoli (chapter 6) who study the implementation of the same program in the Andean region. They return to the legal and extralegal conditionalities, which set out to train "good mothers" in accordance with a modernist and Western vision, and which disapprove of a series of Andean practices that are considered both backward and harmful. The beneficiaries respond with alternating reactions involving a certain degree of resistance, but above all acceptance and reproduction of the alternating hierarchization.

Andres Dapuez and Sabrina Gavigan (chapter 7) present an analysis of the promises and future projections enshrined in the CT programs in Mexico and Argentina. Each stage of their implementation is guided by a specific vision of the future. Thus CTs are alternately understood here as a means of adjusting to the new economic realities of the 1990s, a policy aimed at the accumulation of human capital, and, finally, a redistribution policy, particularly in Argentina.

Finally, Nora Nagels (chapter 8) studies the impact of CTs on ethnic and gender relations in Bolivia. She shows that contrary to the "pro-indigenous" discourses, in practice, the implementation of CT programs contributes to the reinforcement of discrimination and violence toward indigenous women. The practical norms deployed by healthcare staff remain unchanged, in effect, and continue to result in the stigmatization of the women.

Cash Transfers in Africa and the Middle East

The second part of the book contains the case studies carried out in countries in which international institutions and NGOs are largely responsible for the diffusion of CTs in the context of development policies and humanitarian interventions. The contexts, roles of the states, and aims of the programs are extremely varied here. Many of the CTs distributed in these regions are nonconditional.

Fiona Samuels and Nicola Jones (chapter 9) demonstrate how the establishment of unconditional monetary transfer programs in Mozambique, Palestine, and Yemen affects the perception of wellbeing. Their contribution illustrates both the positive impacts and limits of the programs, and highlights the fact that CTs cannot be considered a magic formula. They are dependent in particular on the political contexts in which they are implemented, which also remain the determining elements of social accountability, governance issues, and the wellbeing of populations in conflict-affected contexts (as shown by the extreme cases of war and occupation).

Hania Solkamy (chapter 10) examines the role of officials in the establishment of CT programs in Egypt, where they replace previous social

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programs. She shows that it is not possible to understand these programs without taking into account the functioning of the administration and strategies of social workers who have relinquished a significant proportion of the scope for maneuvering they previously enjoyed.

Magali Chelpi-den Hammer (chapter 11) analyzes a program for the demobilization and reintegration (DDR) of military veterans of the crisis in Côte d'Ivoire in which cash transfers are used as an instrument for the support of reintegration. Although the cash provides effective aid for the beneficiaries, the impact on the DDR policy is minimal. CTs everywhere have the effect of a breath of fresh air but do not have any miraculous impact on broader and more significant problems.

Jean-Pierre Olivier de Sardan and Oumarou Hamani (chapter 12) focus on a group of CT programs in Niger, developed by international NGOs, from the perspective of the fight against food insecurity in a context of chronic poverty in rural areas. They show how the program norms (targeting procedures, transparency rules, payments to women, etc.) collide with the local social norms and are circumvented as much as possible by the populations. The attempt by some CT operators to take the findings of this research into account should also be noted here.

Conclusion

Although this book highlights numerous problems associated with CTs, which have generally gone unacknowledged within the CT world, and highlights their unexpected effects, it does not set out to take a stand *against* CTs. We do not have a basic ideological position for or against CTs. They are one social policy among others, and are diffused today on a global scale. As social science researchers, we aim to understand how CTs function, how they are perceived, what kind of reactions they trigger in different contexts, and what kind of implementation gaps arise between their objectives and reality.

From the perspective of the beneficiaries, the data on whom were collected using various qualitative surveys, despite all of the reservations and circumvention strategies highlighted in the following chapters, CTs are generally experienced as a largely positive form of aid. They enable people to boost their "dignity" (see Morton, chapter 3; Samuels and Jones, chapter 9); the comments recorded about them frequently focus on "relief" ("positive changes in household well-being," Barca et al. 2015: xii) and the reestablishment of links between the recipients and their communities ("re-entering the social life," Barca et al. 2015: xvi) is also cited in a number of cases. A "reduce[d] reliance on negative coping strategies" (Barca et al.

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2015: xii) is confirmed as is the fact that, in rural areas, CTs have "enabled beneficiaries to reduce their engagement in casual labor and use their time to work more on their own farms" (Barca et al. 2015: xiii).

In terms of the institutions that deliver the CTs, the fears regarding certain possible negative effects were not confirmed: the distributed cash is not wasted on "temptation goods" like alcohol and gambling (Evans and Papava 2014), and food markets have not been disrupted (Barca et al. 2015). Finally, even if the methods used and quality of public services provided raise serious questions, the conditionalities of the CTs have led to an increase in the school enrollment and health monitoring of children (Angle 2015).

Nevertheless, the multiple evaluations carried out within the CT business itself reveal certain limits in terms of the expected effects of the programs. "A large gap remains regarding the cost-effectiveness of CT in general and for addressing nutrition outcomes in particular" (REFANI 2015). CTs "did not significantly transform structural gender norms, particularly concerning the gender balance of strategic household decision-making, but instead conformed to existing gender patterns of roles and responsibilities and practices" (Barca et al. 2015: xiv). The "emergence from poverty" is still far from being confirmed.

From the perspective of reforming or improving the CT system, the contribution made by this volume is to demonstrate the importance of the contexts in which they are implemented. This contrasts with a certain glorification (or even "fetishism") of the "mechanism," which can sometimes be observed as thriving within CT organizations and among CT experts. In our view, the main challenge for CT programs is whether the traveling model of the CT is capable of better understanding the contexts in which it is implemented, of taking them in account systematically, and of adapting to the reactions of these contexts to it rather than trying to make the reality adapt to its model. Can the perceptions, limitations, and expectations of the populations—and of the frontline workers and program officials—be taken into account seriously, including when they challenge some of the strategic orientations of the CT programs (e.g., the principle of targeting, the targeting procedures, the conditionalities, and the methods of distributing the cash)? This question remains an open one.

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lasdel.net), and is associate professor, in charge of the master's program Anthropology of Health, at Abdou Moumouni University, Niamey. He has authored numerous books in French and in English, and is currently working on an empirical anthropology of public actions and modes of governance in West Africa. Honors and awards include Chevalier des Palmes académiques de la République du Niger, 2004; Docteur honoris causa de l'Université de Liège, 2012; Chevalier de l'Ordre national de la Légion d'honneur de la République française, 2012; and Prize Ester Boserup, University of Copenhagen, 2014.

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Notes

The authors would like to thank Susan Cox for the translation.

1. Anthropology does not lack examples of overinterpretation, alas. On this point, see Olivier de Sardan 2015, chapter 7.
2. The exploratory concept of "strategic groups," which was originally formulated by Evers and Schiel (1988), and reformulated by Bierschenk (in Bierschenk and Olivier de Sardan 1997), is used in the anthropology of development to designate groups of actors who adopt a similar position in relation to a given issue or "problem"; various strategic groups face each other in a given "arena."
3. See, for example, Angle 2015: the two major points of satisfaction expressed by the CT beneficiaries surveyed in three countries (Republic of Congo, Nepal, and Philippines) are (1) the capacity for choice (spending of received sums as beneficiary sees fit) and (2) the restoration of dignity (reintegration into local social context). The only source of dissatisfaction concerns the amounts of money paid, which are considered insufficient to enable people to get out of poverty. According to a report from the Food and Agriculture Organization (FAO) of the United Nations (Barca et al. 2015), cash transfers encouraged income-generating activities; cash transfers had positive—if minor—effects on the local markets in all countries; and regular cash transfers improved the access of beneficiaries to economic collaboration with others—the only concerns in this case being the communication and link between worker and beneficiaries).
4. For example, the Cash Learning Partnership (CaLP) network organized a side event at the World Humanitarian Summit (Istanbul, 23 May 2016) under the self-laudatory heading "Four ways to join the cash revolution."

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5. These policies can also function in the opposite way: mining policy is justified by the distribution of CTs, the sum of which merely represents a very small proportion of the taxes received and *a fortiori* of the value generated. This is one of the ways in which the CTs are perceived in Peru (See Correa Aste, Roopnaraine, and Margolies, chapter 6).
6. On the concept of the rentier state, see Beblawi and Luciani 1987; Yates 1996. For comparisons of oil rent and aid rent, see Collier 2006; Olivier de Sardan 2013.
7. We can see how far we are here from the perception of CTs as a new global "social right" in accordance with Ferguson's (2015) interpretation.
8. On the "cash for work" system, see Subbarao 1997.
9. For a critical (but technical) analysis of the use of proxy means testing, see Australian Aid 2011.
10. See Coady, Grosh, and Hoddinott 2004; Fiszbein et al. 2009; Harvey and Bailey 2011; World Food Programme 2014.
11. Nonetheless, a number of studies within or on the periphery of the CT business that have attempted to fill this gap should be acknowledged: Devereux and Gatu 2013; Oxford Policy Management 2013; Watson 2016.
12. It should be noted that, according to the international statistics, around 10 to 20 percent of the African populations benefit from CTs, while the poverty level is around 50 percent. In Niger, the CT officials translate this reality through a form of community-based targeting that is strongly controlled (by them) and requires villagers to classify the local population in four categories: (1) "those who have wealth"; (2) "those who get by"; (3) the poor; and (4) the very poor; the latter category alone will be targeted with CTs (see chapter 12).
13. If the issue of false data in African statistics has already been raised (see "poor numbers," Jarven 2013), including by the World Bank (see "Africa's statistical tragedy," Devarajan 2013), one of its causes remains largely unrevealed, which concerns the practical norms of civil servants (Bierschenk and Olivier de Sardan 2014; Olivier de Sardan 2015): distorting, concealing, or inventing data to fit donors' or governments' objectives and injunctions are not infrequently routinized practices.
14. To this is added the implicit condition of opening a bank account (in cases in which the payments are made through the bank, which happens in the majority of cases).
15. These semantic modifications and the importance of the contractual logic are also reminiscent of the modification of the language and practices associated with social assistance in Europe, particularly in Belgium (obligation to sign a "contract of integration" for all beneficiaries of social assistance from 2016).
16. Thus programs exist in Africa in which mothers receive cash when they take their infants to routine medical consultations. In a completely different context, vouchers are currently being distributed by maternity services in France to pregnant women who stop smoking (*Le Parisien*, 7 May 2016).
17. In effect these are supposed to be the driving force of school enrollment and attendance at health centers by children everywhere. This point, which concerns gender, is discussed later in the chapter.
18. Regarding West Africa, see *Une médecine inhospitalière* (Jaffré and Olivier de Sardan 2003).
19. For an analysis of the "abuses and discrimination" to which the indigenous populations are subjected by health officials (in the case of Guatemala), see Cerón et al. 2016.
20. Müller 2009.
21. As noted by Jenson and Nagels (2015), the Mexican program Progresa, which was at the origin of CTs, highlighted the empowerment dimension. However, in the process of the standardization of CTs and their export to other South American countries, it was abandoned, and the maternal role of women became the real priority.

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22. Discrimination against indigenous people is frequently labeled "neocolonialism" in Latin America literature.
23. Ongoing research by LASDEL on CTs in the Democratic Republic of Congo.

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